

How To Make Your IDR Documentation Stronger

The most important factor impacting an Independent Dispute Resolution (IDR) entity's determination is the accuracy and completeness of each party's documentation.

An arbitrator considers only the information provided in each dispute and cannot independently investigate a claim – meaning, the information each party provides and the QPA is the only information considered in their review.

While providers and health plans should ensure they include comprehensive documentation, only pertinent documentation should be included, narrowing it down to only what is clearly relevant to the specific case. Burying the arbitrator in irrelevant information only makes it difficult to sift out the pertinent details.

It's also important to note that an arbitrator must select an offer submitted by either the initiating party or the non-initiating party. Certified IDR entities do not have the authority to create a wholly unique payment amount to substitute in place of a submitted offer.

To properly initiate and support their case in an independent dispute resolution (IDR) under the No Surprises Act, the parties (provider or facility and the health plan) will typically need to provide the following documentation:

Copies of Relevant Plan Documents

Such as the insurance policy, provider contract, and plan terms/benefits explaining the coverage.

Proof of Payment/Remittance Advice

Documentation showing the initial payment made by the health plan and the amount in dispute.

Medical Records/Treatment Details

Clinical notes, operative reports, and any other records substantiating the items/services rendered to the patient.

Provider Credentials and Qualifications

Evidence that the provider was properly credentialed, board-certified, etc. for the services provided.

Previously contracted and/or negotiated rates

Contracted and/or negotiated rates information that parties are using to determine their appropriate payment positions.

Complicating Factors Documentation

Details on extenuating circumstances, complexity adjustments, etc. that may affect payment amounts.

State-Specific Documentation Requirements

Some states have issued their own guidance requiring additional documentation for IDRs involving their health plans/providers, such as whether certain self-insured plans are applicable to the state or federal IDRE process.

Notice of Offer Form

Both parties are expected to submit a Notice of Offer Form expressing their position on payment amount. It provides a final offer of an out-of-network rate and is submitted along with the supporting documentation listed above. Offers and other documentation are due no later than 10 business days after the entity determines the dispute to be eligible.

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By presenting a well-documented case, you increase your chances of a favorable determination.

If you are ever interested in understanding the reasoning behind the determinations reached or wish to review the opposing party's documentation, you can request this information from our team at idre@fhas.com. We are here to assist you in navigating the IDR process and ensuring your submissions are as robust as possible.

The FHAS Difference

- ✓ Highly trained and experienced arbitrators with an average of 10+ years of expertise in arbitrating claims
- ✓ Diverse arbitration pool capable of handling surges in case volumes
- ✓ Rigorous Conflict of Interest Screening and Attestation Process to rule out any potential conflicts in arbitrating claims
- ✓ Industry Leaders in Healthcare claims adjudication
- ✓ Timely adjudications within the federally mandated timelines
- ✓ Over 100,000 payment determinations issued

Partner with FHAS

FHAS is a certified Independent Dispute Resolution Entity (IDRE) under the No Surprises Act. We provide impartial and efficient resolution of payment disputes between healthcare providers and health insurance plans for out-of-network services.



Contact us online, at [570-779-5122](tel:570-779-5122), or by email at IDRE@fhas.com