



May 18, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

RE: Recommendations to support the submission of dispute resolution claims via the Independent Dispute Resolution (IDR) Portal

Dear Administrator Brooks-LaSure:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) is pleased to submit the following comments to support the continued development of the federal Independent Dispute Resolution (IDR) Portal.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups comprising more than 350,000 physicians. These groups range from small independent practices in remote and other underserved areas to large regional and national health systems that cover the full spectrum of physician specialties.

MGMA greatly appreciates the continued engagement from the Centers for Medicare and Medicaid Services (CMS) to ensure stakeholders have the opportunity to provide feedback on the development and implementation of the IDR Portal. Further, on behalf of our member practices, we would like to specifically thank the Center for Consumer Information and Insurance Oversight for their ongoing efforts to provide educational opportunities for providers to learn about the federal IDR Portal and dispute resolution process under the *No Surprises Act*.

Recognizing the agency intends to continue developing and updating the federal IDR Portal to streamline the federal dispute resolution process, MGMA is pleased to provide priority recommendations for the next portal update, including:

- 1. Enabling communication between disputing parties and the selected IDR Entity via the platform,**
- 2. Providing the ability to edit an application after entering information, and**
- 3. Updating specific form field requirements.**

While we recognize the time necessary to develop the technical infrastructure of a robust IDR Portal, in the current environment it is even more critical that the IDR Portal and process are as streamlined and efficient as possible. Practices are struggling with staffing shortages, additional administrative costs, inflation, the looming end of the public health emergency and resulting changes in healthcare policy, as well as implementing new processes and practices to comply with other requirements under the *No Surprises Act*. The support of a more robust IDR Portal would be especially impactful for smaller and rural practices, that

are unable to quickly adapt to changing policies and less financially resilient. MGMA strongly urges CMS implement our recommended IDR Portal enhancements to support practices across the entire country in a time of uncertainty.

Priority Recommendations

Communication via the IDR Portal

Under the current version of the IDR Portal, practices are not able to communicate directly with the other disputing party or communicate directly with the selected IDR Entity. MGMA recommends CMS prioritize developing a platform with appropriate capabilities to ensure all parties engaged in a dispute resolution case are permitted to communicate via the portal platform during the dispute resolution process.

Ongoing, open communication among all involved parties is critical to ensure a transparent dispute resolution process. Currently, practices must download the submitted IDR claim and email the documentation to the non-initiating party. This creates additional burdens and the potential for missed communication. Further, a platform that permits practices to track and communicate the status and stage of the disputed claim ensures all parties are aware of the timeline and applicable deadlines and would eliminate potential confusion.

Additionally, because the dispute process does not currently occur in a centralized manner, both practices and plans are required to maintain and update robust contact lists to ensure communication is received by the other disputing party and must also ensure secure record tracking of different dispute claims that are initiated. MGMA and our members are concerned about a disparate process in which disputing parties do not have visibility into the process. The existing process is equally as administratively challenging for larger practices that may have higher volumes of claims under the federal IDR process, as well as for smaller practices that do not have the staff and resources available to invest in manually tracking claims through the IDR process. **An interactive platform that tracks existing disputes, incorporates a clear timeline for the required process, and serves as a communication platform among all involved parties is critical to reduce the current burden for disputing parties and ensure the IDR process is accessible to all practices.**

Editing Existing Applications Prior to Submission

To ensure practices have access to a robust IDR Portal and communication platform, practices would require specific login credentials and have continued access to an IDR claim. As CMS works to update and improve the portal, another critical function that should be simultaneously implemented is the ability to save an IDR application and return to the form later through a practice login.

MGMA recommends several critical functions be incorporated into the IDR dispute submission process to eliminate redundancies and support a streamlined submission process:

- **To the extent possible, all information that is redundant throughout the IDR dispute initiation claim should be auto populated, including dates and contact information required in the dispute initiation claim and the offer submission process.** Many practices have standard emails and contact information that is used for all dispute resolution claims. Streamlining the process further with auto populating contact information will reduce the amount of time essential staff time is spent re-entering information.
- Within the “Notice of IDR Initiation,” practices must enter in information about each line item being disputed on a claim. When selecting “Save & Add Another” to include an additional service, there is no current function permitting practices to delete the line item or see the line items that have already been submitted. **MGMA recommends CMS develop a functionality that both permits practices**

to edit line items that have been “Saved” within a dispute claim, view what line items have been entered and saved, and delete any extraneous claims that should be deleted.

Updating Specific Form Fields in Notice of IDR Initiation

In addition to enhanced functionality of the IDR Portal, MGMA recommends CMS make adjustments to certain required information to support the IDR process to more appropriately reflect the different information practices and health plans have readily available to them:

- **MGMA recommends CMS incorporate a new field that permits providers and health plans to communicate what specific beneficiary service(s) are being disputed under a given singular claim and for a batched dispute.** We recognize the importance of appropriate safeguards for protected health information; however, we recommend a unique identifier field that providers and health plans can leverage to ensure both disputing parties understand which service(s) are being disputed.
- **The form field to input the qualified payment amount (QPA) should be an optional field for providers and facilities to input to save a line item within the dispute form.** While the QPA is required information for health plans to include on any claims for which the QPA is used as the determining factor for patient cost sharing and is also used to communicate to providers that the health plan determined that the federal process of balance billing protections apply for determining the cost sharing amount, the QPA is not always included on claims.

If providers are required to delay submission of an IDR dispute form until this information is provided by a health plan, the tight timeline to submit a Notice of IDR Initiation may pass. In conjunction with other MGMA recommendations to create a more interactive and robust IDR Portal platform, this information could easily be provided by the health plan involved with the dispute. As health plans are calculating the specific QPA, MGMA believes plans should be held responsible for ensuring this critical information in the negotiation process is appropriately communicated to all involved parties. Additionally, MGMA recommends CMS provide additional clarity about what documentation about the QPA should be provided and is sufficient to support the dispute resolution process.

- Another form field that requires information that practices may not have readily available is insurer type. The Notice of IDR Initiation requires the provider indicate the type of the health plan involved in the dispute: group health plan, health insurance issuer, or Federal Employees Health Benefit program. Practices do not have insight into the type of insurer. **MGMA recommends this form field be optional for practices submitting an IDR initiation and permitting the disputing health plan to supplement the information provided with the appropriate plan type if the practice does not have the information readily available.**

Additional Recommendations

In addition to our priority recommendations that are critical updates to the IDR Portal to support the most transparent and streamline dispute process under the *No Surprises Act*, MGMA is pleased to provide the following additional recommendations to support the ongoing implementation of the IDR process.

Timeline of IDR Process

From providing the service to a patient, to receiving the initial payment or notice of denial, to initiating the Open Negotiation period prior to the formal IDR process, there are many different strict timelines that both

practices and health plans must stick to in order to comply with the regulations. MGMA recommends CMS create and link within all surprise billing materials a timeline that concisely lays out the different timing requirements, similar to the abbreviated timeline that was presented during the IDR Portal Walkthrough for disputing parties on April 27, 2022.

Additional Clarity about the Batched Submission Process

Permitting practices to submit batched claims under a single dispute, ensures practices are able to expedite an otherwise redundant process. However, practices are still struggling with how to appropriately submit a batched dispute within the IDR Portal. MGMA recommends CMS continue to provide additional education and make adjustments to the submission process as necessary to ensure practices fully understand how to leverage this pathway under the federal dispute resolution process.

Additional Education Opportunities

MGMA appreciates the ongoing educational efforts from CMS support practice understanding of how to appropriately submit a claim through the IDR Portal. MGMA recommends CMS provide continuing educational opportunities to engage with practices and health plans on best practices to submit claims through the portal.

MGMA is committed to continuing to partner with CMS to implement the *No Surprises Act* protecting patients from surprise billing practices. If you have any additional questions, please do not hesitate to contact Kelsey Haag, Associate Director of Government Affairs, at khaag@mgma.org or (202) 293-3450.

Sincerely,

/s/

Anders Gilberg, MGA
Senior Vice President, Government Affairs
Medical Group Management Association

CC: The Honorable Martin J. Walsh, Secretary of the Department of Labor
The Honorable Janet Yellen, Secretary of the Treasury