

APPENDIX 7

**Patient-Provider Dispute Resolution Process
 Data Elements**

The Departments of the Treasury, Labor, and Health and Human Services (HHS) (collectively, the Departments) have issued the Requirements Related to Surprise Billing; Part II interim final rule (XX FR XXXXX), which provides protections for the uninsured by requiring the Secretary of HHS to establish a process (referred to as patient-provider dispute resolution) under which an uninsured (or self-pay) individual, with respect to an item or service, who received, from a health care provider or facility a good faith estimate of the expected charges for furnishing such item or service to such individual and who after being furnished such item or service by such provider or facility is billed by such provider or facility for such item or service for charges that are substantially in excess of such estimate, may seek a determination from a selected dispute resolution (SDR) entity for the charges to be paid by such individual to such health care provider or health care facility. Note that this PRA package is for HHS requirements at 45 CFR 149.620.

The table below identifies data elements that an uninsured (or self-pay) individual, provider, or facility is required to include in the patient-provider dispute resolution process.

RESPONSIBLE PARTY	DATA ELEMENT	DESCRIPTION
Provider or Facility	Copy of the Good Faith Estimate	A copy of the notification of expected charges for a scheduled or requested item or service, including and items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service, provided by a co-health care provider or co-health care facility consistent with statutory provisions in PHS Act section 2799B-6(2).
Provider or Facility	Copy of the Billed Charges	A copy of the billed charges provided to the uninsured (or self-pay) individual for the qualified item or service under dispute.
Provider or Facility	Justification for the Difference Between the Good Faith Estimate and the Bill	If available, information to demonstrate that the difference between the billed charges and the expected charges reflects the costs of a medically necessary qualified item or service and is based on unforeseen circumstances that could not have reasonably been anticipated by the provider or facility when the good faith

		estimate was provided.
Provider or Facility	Contact Information of the Health Care Provider or Health Care Facility (if not included in Good Faith Estimate)	Contact information of the health care provider or health care facility involved, including name, email address, phone number, and mailing address, in the event that it is not included in the good faith estimate.
Uninsured (or Self-Pay) Individual	Information on the Item or Service Under Dispute	Information sufficient to identify the item or service under dispute, including the data of service or the date the item was provided.
Uninsured (or Self-Pay) Individual	Copy of the Provider's or Facility's Total Billed Charges for the Items or Services	A copy of documentation showing the total billed charges, by each health care provider or health care facility, for all primary items or services that were provided to an uninsured (or self-pay) individual and all other items and services furnished in conjunction with the primary items and services, regardless of whether such items or services were included in the good faith estimate.
Uninsured (or Self-Pay) Individual	Copy of the Good Faith Estimate	A copy of the notification of expected charges for a scheduled or requested item or service, including and items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service, provided by a co-health care provider or co-health care facility consistent with statutory provisions in PHS Act section 2799B-6(2).
Uninsured (or Self-Pay) Individual	Contact Information of the Parties Involved	Contact information of the parties involved, including name, email address, phone number, and mailing address in the event that it is not included in the good faith estimate.
Uninsured (or Self-Pay) Individual	State Where the Item or Service in Dispute Was Furnished	The State where the item or service in dispute was furnished, in the event that it is not included in the good faith estimate.
Uninsured (or Self-Pay) Individual	Communication Preference	The uninsured (or self-pay) individuals communication preference, through the federal IDR portal, or electronic or paper mail.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The Departments are seeking OMB approval for the model as part of the approval for a new OMB control number 0938-XXXX the time required to complete this information collection is estimated to average of 13.5 hours per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.