

# Questions and answers from the Independent Dispute Resolution health plan webinar on March 30, 2020

## Editing incorrect information entered by the provider

### Health plan question:

If information submitted by the provider is not accurate (example: the claim number is not a valid claim number, amount is not close to the amount over the allowable amount, etc.), would it be the responsibility of the health plan to edit the request to have correct information?

### TDI answer:

It depends:

- Health plan type: If reason is "Other," mark claim as ineligible.
- Out-of-network question: If the provider was in-network, mark claim as ineligible.
- Minor discrepancies: You can edit the claim number, patient name, group policy number, and plan ID:

The screenshot shows a web browser window with the URL <https://appscenert.tdi.texas.gov/medarb/requestDetails/822>. The page title is "Claim details for Doctor Smith". The form contains the following fields and questions:

- Claim number:** 123123123
- Patient name:** Jane Patient
- Group policy number:** 1235212
- Plan ID:** 213512
- What type of plan does the patient have?**
  - Their health plan card has TDI or DOI on it
  - Their health plan card has HealthSelect of Texas on it (ERS / Employees Retirement System of Texas)
  - Their health plan card has TRS-ActiveCare on it (TRS / Teachers Retirement System of Texas)
  - Other
- The claim is for:**
  - Emergency care
  - Laboratory services or supplies
  - Diagnostic imaging services or supplies
  - Other care, services, or supplies
- Date of service:** 01/15/2020
- Date health plan paid the provider:** 02/15/2020
- Did you file an appeal with the health plan?**
  - Yes
  - No
- Was Doctor Smith out of network for Jane Patient on 01/15/2020?**
  - Yes
  - No
- Did Jane Patient sign the balance billing waiver (Form**
- Did Jane Patient get services or supplies in Texas?**

- If services were provided out of state: Mark claim as ineligible.
- If claim was denied: Mark claim as ineligible.

- If the billed amount, amount health plan paid, or patient share amount need to be corrected: Make those corrections on this screen:

The screenshot shows a web browser window with the URL <https://appscenert.tdi.texas.gov/medarb/requestDetails/822>. The main content is a form titled "Claim details list" with a "Hide columns" button. The form is overlaid on a background of a web application interface. The form contains the following sections:

- The claim is for:**
  - Other
  - Emergency care
  - Laboratory services or supplies
  - Diagnostic imaging services or supplies
  - Other care, services, or supplies
- Date of service:**
- Date health plan paid the provider:**
- Did you file an appeal with the health plan?**
  - Yes
  - No
- Was Doctor Smith out of network for Jane Patient on 01/15/2020?**
  - Yes
  - No
- Did Jane Patient sign the balance billing waiver (Form AH025)?**
  - Yes
  - No
- Did Jane Patient get services or supplies in Texas?**
  - Yes
  - No
- Were the services or supplies denied for Jane Patient?**
  - Yes
  - No
- Billed amount - covered service only:**
- Amount plan paid:**
- Patient share amount:**

At the bottom right of the form, there are two buttons: "Exit" (orange) and "Save" (green).

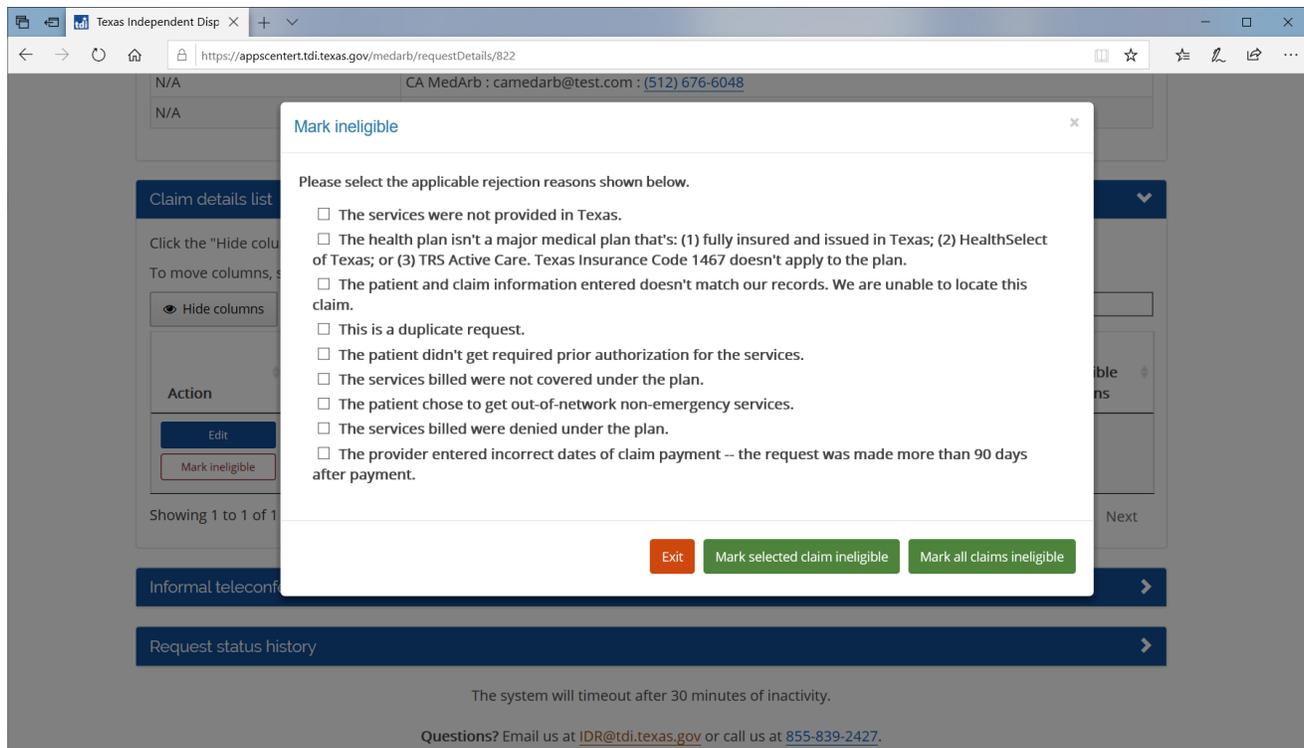
## Provider name doesn't match the provider on the claim

### Health plan question:

Is the request ineligible if the servicing/rendering provider on the request does not match the servicing/rendering provider on the claim?

### TDI answer:

Yes. You can mark the claim ineligible for that reason, and you can follow up with an email to TDI for clarification as well. We are adding a comment box to the portal and once that is available, you may enter the details there instead of sending an email.



## Provider failed to notify the health plan of a dispute

### Health plan question:

What if the provider does not notify the health plan?

### TDI answer:

If the provider doesn't notify you, let us know. We will correspond with the provider to remind them of their responsibility.

## Deadline for selecting a mediator or arbitrator

### Health plan question:

We've been told that, if we want to remove two mediators/arbitrators from the list, we must do that within 5 days from the submission date. We've also been told we must do that on or before the 30th day. Which is correct?

### TDI answer:

We gave the 5 days guidance before we had the portal enhancement that enables you to strike them at any time. You have until the 30th day to do this; however, we suggest that you do it as early as possible

## Reasons not listed on the “Mark ineligible” screen

### Health plan question:

Is there a way to have an option for "other" under “Mark ineligible” if the reason is not listed? Or, if we come across other reasons, who can this be provided to? Example: Not enough information provided to locate a claim for the provider submitting the request.

### TDI answer:

For that specific example, there is an option already. We think we have a list that encompasses all the points of ineligibility, but if you have a question or need some help, email [IDR@tdi.texas.gov](mailto:IDR@tdi.texas.gov).

## Arbitration dispute amount was incorrectly entered as less than \$5,000

### Health plan question:

If the provider enters in the incorrect disputed amount for multiple arbitration claims and the actual/true total amount is more than \$5,000, would we mark all claims as ineligible?

### TDI answer:

- If it is a single arbitration claim: It can be for any amount – that includes more than \$5,000.
- If it is for multiple arbitration claims: The max disputed amount is \$5,000. You can mark it as ineligible. If you do this, send us an email stating why you marked it as ineligible. We will then make it so the system can accept a duplicate – another request with the same claim number. This way, the provider can enter it again with the correct information. Once the comment box is available in the portal, you may enter the details there instead of sending an email.

## Deadline to enter payment details

### Health plan question:

If there is a settlement between health plan and provider, how many days does the health plan have to enter the payment details? If the payment details are not entered within the 30 days of the informal teleconference period, will the arbitration process keep going, even though the arbitration was settled during the informal teleconference?

### TDI answer:

For arbitration, [Texas Insurance Code Chapter 1467.089\(d\)](#) states that the payment is due within 30 days of the arbitrator’s decision. Mediation does not specify a timeframe.

The outcome of the informal settlement conference is due by day 30. Payment details can be entered later when the information is known. Please review timelines carefully for

each request. IDR staff will periodically send out reminder emails when milestones are approaching or if information is missing in the portal.

## **Character limit for Plan ID field**

### **Health plan question:**

Can TDI increase the character limit for the Plan ID field? Currently, it looks like it allows only 10 digits. Sometimes the provider includes the letters at the beginning of the plan ID and runs out of room before they can enter the entire ID number.

### **TDI answer:**

Yes, our IT department is working on this.

## **Diagnoses billed not considered an emergency**

### **Health plan question:**

If an OON facility-based provider billed for their services rendered at an OON ER, but the diagnosis billed by the facility-based provider is not considered an emergency (example: R05 - cough), we consider that situation not eligible for dispute because it's not an emergency. But there is not a selection for this situation under the "Mark Ineligible" button, can this option be added?

### **TDI answer:**

Diagnosis codes are not relevant to whether the services were provided in an emergency setting when the patient presented with symptoms they believed were an emergency. So, the claim would not be ineligible for dispute simply based on the diagnosis codes. Providers that contact us about down-coding and claim denials based on ER claim diagnosis codes will be encouraged to file a complaint so TDI can review compliance with the prudent layperson rule.

## **Arbitrator has a conflict of interest**

### **Health plan question:**

If we discover an arbitrator is no longer eligible to be on the TDI list due to a conflict of interest, should we email TDI?

### **TDI answer:**

Yes. We will remove that person immediately. Email us at [IDR@tdi.texas.gov](mailto:IDR@tdi.texas.gov) to notify us of any conflicts of interest.

## **Deadline to enter teleconference results**

### **Health plan question:**

Are informal teleconference results due by day 30? What if the parties have agreed to extension?

### **TDI answer:**

Yes, teleconference results should be entered by the end of day 30. If the parties agreed to extension, the teleconference results should be entered by the end of the extension.

To read other FAQs about the IDR system, go to our [mediation and arbitration requirements and processes FAQs page](#).