



Sanctions and Medical Resolution Team Overview



Department of Consumer
and Business Services

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MEDICAL RESOLUTION TEAM (MRT)

Purpose

MRT resolves medical disputes and provides training related to statutes and rules.

What MRT does

MRT reviewers write legally binding, unbiased orders based on Oregon workers' compensation statutes and rules to resolve medical disputes.

Types of issues MRT resolves

- Appropriateness of medical treatment, such as surgeries or therapy services.
- Whether the worker, provider, insurer, and/or the managed care organization has followed workers' compensation rules. This might include requests for authorization or timeliness of requests for review.
- Billing or fee disputes related to reduced or unpaid bills.
- Worker reimbursement for out-of-pocket medical expenses.

Alternative dispute resolution

Most billing disputes go through an alternative dispute resolution process and can be resolved by communicating with parties and informally resolving the issue. In these cases, formal orders are not issued.

Tip: For questions before or after a dispute is filed, contact MRT.

Phone: 503-947-7606

Email: WCD.Medicalquestions@dcbs.oregon.gov

Tip: MRT offers free training and education online or in person.

For training videos, go to <https://wcd.oregon.gov/Pages/trainingvideos.aspx>.

For in-person training requests:

Phone: 503-947-7606

Email: WCD.Medicalquestions@dcbs.oregon.gov

HOW TO FILE A MEDICAL DISPUTE

Who can file a dispute?

- Workers
- Workers' attorneys
- Insurers
- Insurers' attorneys
- Medical providers

What documents are needed to file a dispute?

- A statement regarding the dispute, including:
 - » What is the issue?
 - » Why are you submitting the dispute to MRT?
- Include copies of relevant documents to support your dispute, such as chart notes, bills, receipts, denials, explanations of benefits, or anything else that would be helpful to the reviewer in understanding the dispute.
- Filling out [Form 2842](#) will ensure the medical reviewer has the relevant information.
- Form 2842 and other forms are available at <https://wcd.oregon.gov/forms/Pages/forms.aspx>.

Where to send medical dispute information and get help with submission

Workers' Compensation Division web portal

MRT strongly encourages the use of its secure web portal for dispute submissions.

You can review portal instructions [here](#). Instructions also are available from the portal [login page](#).

You will need a username and password from your company's application administrator or WCD. If your company does not have a portal account, call 503-947-7565 to have one created.

Biscom

Biscom is a secure messaging and file transfer system. To begin using Biscom, email MRT at WCD.Medicalquestions@dcbs.oregon.gov.

Fax

Fax documents to 503-586-6795.

Mail

Documents can be mailed to:

Medical Resolution Team
Workers' Compensation Division
P.O. Box 14480
Salem, OR 97309-0405

Who do I contact for help with submitting a dispute?

You may direct questions regarding dispute resolution to MRT by phone at 503-947-7606, or email at WCD.Medicalquestions@dcbs.oregon.gov.

You can also find more information on our website at <https://wcd.oregon.gov/medical/pages/dispute-resolution.aspx>.

Tip: Be sure to pay attention to timelines for submitting a dispute.

NOTICE OF REQUIRED ACTION

Purpose

A notice of required action (NORA) is a document that is sent to the insurer to gather other documents relevant to the dispute.

Timeline

Insurers have 14 days to respond to a NORA. MRT may initiate sanctions against the insurer if the response to a notice is not received timely or if the response is incomplete.

What is needed

Send relevant documents and those listed on the notice, such as:

- All medical records related to the dispute
- Notice of injury (801/827)
- Managed care organization enrollment
- Initial notice of acceptance
- Modified notice of acceptance

Insurer responsibility

Insurers must respond to the NORA and are responsible for providing records. Other parties may submit information, but are not required to do so.

Tip: Read the NORA carefully and follow instructions. If you have any questions, call or email the medical reviewer who wrote the notice. Contact information is found near the bottom of the page.

SPECIFICATION OF MEDICAL DISPUTE

Purpose

The purpose of a specification of medical dispute (SPEC) is to determine if the dispute is related to a compensable condition. This document also allows the insurer to challenge issues of appropriateness or issues regarding rule violations.

Timeline

Insurers have 14 days to respond to a NORA and include the SPEC. MRT may initiate sanctions against the insurer if a response to the notice is not received timely, or if the SPEC is incomplete.

What is needed

You must specify why a service was disapproved by checking either "Yes" or "No" for each statement.

Check all appropriate boxes that apply:		
Yes	No	The disputed medical service is disapproved because:
<input type="checkbox"/>	<input type="checkbox"/>	The underlying condition has been formally denied.
<input type="checkbox"/>	<input type="checkbox"/>	The service is not causally related to the accepted condition.
<input type="checkbox"/>	<input type="checkbox"/>	The service is excessive, inappropriate, ineffectual.
<input type="checkbox"/>	<input type="checkbox"/>	The service is not a compensable medical service under ORS 656.245(1)(c).
<input type="checkbox"/>	<input type="checkbox"/>	The service is in violation of the medical service rules (specify rule) _____
<input type="checkbox"/>	<input type="checkbox"/>	The service is for a new/omitted condition which:
		<input type="checkbox"/> the worker has not asked for acceptance or
		<input type="checkbox"/> the worker has asked for acceptance and a decision is pending.

Insurer's responsibility

Insurers are required to complete the SPEC.

Tip: If an insurer checks "Yes" to a violation of a rule, it must indicate which rule was violated.

Tip: If an insurer checks "No" for every reason, it would indicate the insurer had no reason to disapprove the disputed services. This would require additional explanation.

Tip: NORAs do not always have a SPEC, but if they do, insurers must complete it.

WHAT HAPPENS AFTER I SUBMIT MY DISPUTE?

Step 1: MRT assigns the dispute to a medical reviewer.

Step 2: The medical reviewer issues a NORA and SPEC that are sent to the insurer and all other relevant parties.

Step 3: The medical reviewer reviews the submitted information and writes a legally binding administrative order, stipulated agreement, or general letter. Once completed, all parties will receive a copy in the mail.

There is no specific time frame for resolution of disputes.

What if I disagree with an MRT decision?

Appeal rights are provided on all administrative orders. Follow the instructions and deadlines provided. Failure to timely appeal a decision will result in the order becoming final and loss of further appeal rights.

Tip: If you have any questions during or after the medical review process, contact the medical reviewer at the phone number or email that is listed on the NORA or the administrative order.

SANCTIONS UNIT

Purpose

The Sanctions unit resolves disputes involving noncooperation and noncompliance with workers' compensation statutes and rules. Compliance is achieved through education and enforcement.

What Sanctions does

Disputes are resolved by formal letter, reprimand, or legally binding and unbiased administrative orders.

1. Authorizes suspension of a worker's benefits for:

- Unreasonable failure to cooperate or help an insurer with the investigation of a deferred claim.
- Unreasonable failure to attend or cooperate in an independent medical exam (IME).
- Committing insanitary practices, failing to adhere to medical advice, or failing to participate in rehabilitation.

2. Discretionary civil penalty reviews:

Insurers, self-insured employers, employers, medical providers, managed care organizations, and attorneys that fail to comply with statutes and administrative rule requirements may be assessed a civil penalty payable to the Workers' Benefit Fund.

3. Compensation penalties:

Assesses penalties payable to the worker and their attorney when an insurer or self-insured employer unreasonably delays compensation to a worker.

4. Monetary penalty assessment:

May assess a monetary penalty against the worker's future benefits for unreasonable failure to attend an IME.

Tip: For questions before or after sanctions, contact the Sanctions unit at 503-947-7590.

Tip: Sanctions offers free training and education online or in person. For more information, email WCD.Medicalquestions@dcbs.oregon.gov.