Alternative Dispute Resolution (ADR)

What
Alternative dispute resolution (ADR) refers to using other methods to resolve a dispute, such as making investigative telephone calls or educating parties on the rules. MRT utilizes ADR to resolve billing disputes involving a variety of situations including when a reduction of a medical bill or failure to pay a bill within 45 days occurs.

Why
A large percentage of the disputes that come into MRT can be resolved quickly using ADR methods.

Who submits ADR disputes
Disputes are submitted by providers, attorneys, workers, and insurance companies.

Who in MRT processes ADRs
MRT has a designated ADR specialist. All medical reviewers have the expertise and knowledge to do both ADR and formal disputes and may assist with ADR’s when needed.

Timeframe For Filing
Parties must request administrative review by the director within 90 days of the explanation of benefits (EOB) mailing date, or for workers, within 90 days of the knowledge of the dispute.

Timeframe For MRT
ADRs are typically resolved within 7 days. The insurer has 3 days to respond to a MRT request for information.

How Disputes are Submitted
Billing disputes are submitted using Form 2842 and 2842a with any corresponding documentation such as HCFAs, EOBs, letters, and proof of collection attempts.

ADR Adjuster/Insurer Tips

ADR Provider Tips
Formal Disputes and Resolution

TIPS for Disputes

If I ignore it......
will it go away??

Disputes, Disagreements, and Dogs
Dutchess says: The completed Form 827 is notice of a claim.

Action Required
1. The insurer must forward the claim to either the correct insurer or
2. forward to the director within three days of the date the insurer determined it was not responsible for the claim.

Trout says: “Otherwise, a bad thing may happen...”
Sanctions

- Assessment of a $500 civil penalty may occur.

Billing 101
Elective Surgery

<table>
<thead>
<tr>
<th>Action</th>
<th>Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>You give notice of surgery to insurer</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>The insurer must approve surgery or send you Form 3228 and may request a second opinion exam</td>
<td>7 days</td>
</tr>
<tr>
<td>The second opinion exam must be completed</td>
<td>28 days</td>
</tr>
<tr>
<td>The insurer must send you the second opinion report</td>
<td>7 days</td>
</tr>
<tr>
<td>If you disagree with the insurer’s decision or the second opinion and you can’t resolve the disagreement with the insurer, notify the insurer in writing or sign Form 3228</td>
<td>N/A</td>
</tr>
<tr>
<td>The insurer must request Administrative Review</td>
<td>21 days</td>
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**Notice of Proposed Action on a Medical Dispute**

March 28, 2019

EAB Corporation
12345 Street
City, State 12345

RE: [Ref. No.]

WCD File No.

This letter is in response to a request for an Administrative Review regarding a medical service dispute.

To: [Insurer]

Workers’ Compensation Board
Workers’ Compensation Division

**Specification of Disputed Medical Issues**

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Medical Provider</th>
<th>Diagnosis</th>
<th>Treatment Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 7, 2012</td>
<td>[Provider Name]</td>
<td>[Diagnosis]</td>
<td>[Notes]</td>
</tr>
</tbody>
</table>

[Consider all questions listed above.

1. The required medical service is approved because:
2. The claimant has no known allergy or condition that would contraindicate the service.
3. The service is an accepted, necessary medical service.
4. The service is medically necessary.
5. The service is received from a licensed provider.
6. The service is received within the time frame specified in the contract.
7. The service is received within the time frame specified in the contract.
8. The service is received within the time frame specified in the contract.
9. The service is received within the time frame specified in the contract.
10. The service is received within the time frame specified in the contract.

Date of Injury: [Date]

WCD File No.: [WCD File No.]

[Signature]

[Position]

[Date]

[Signature]

[Position]

[Date]

[Signature]

[Position]

[Date]
Contact the Medical Resolution Team

Phone: 503-947-7606
Fax: 503-947-7629
E-mail: wcd.medicalquestions@Oregon.gov
Web: www.oregonWCDisc.info

"A DOG IS ONE OF THE FEW THINGS IN LIFE THAT IS AS IT SEEMS."
- Mark J. Asher