

FILENAME: ./test\_input/IDR initiating party notice\_2.docx

IDR Initiating Party Notice of Offer

OMB Control Number: 0938-XXXX

Expiration Date: 12/31/2024

Dispute reference number: DISP-987654

Contact information: Name: ABC Healthcare Solutions

Mailing address: 456 Cure Ave.

City: Healingtown

State: CA

Zip: 90001

Phone: (111) 222-3333

Email: [contact@abchealthcare.com](mailto:contact@abchealthcare.com)

Primary point of contact: Name: Dr. John Anderson

Email: [john.anderson@abchealthcare.com](mailto:john.anderson@abchealthcare.com)

Phone: (111) 444-5555

Additional information

I am a health care provider

Practice or facility size: 30 employees

Batched items or services: No

Bundled items or services: No

Line item: DR9876543 9876543210

Provider or facility practice specialty: Cardiology

Claim number: 5432109876

Location of service: CA

FILENAME: ./test\_input/dispute line items\_2.docx

## Federal IDR Portal

DLI - 1098765

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### Dispute Line Item

**Name:** DLI - 1098765

**Date of Item or Service:** 11/15/2022

**IDRE Dispute:** DISP-135792

**Line Item Type:** Final Resolution

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**Claim Number:** DR98765432 5432109876

**Initiating Party Final Payment Offer:** \$750.00

**Non-Initiating Party Final Payment Offer:** \$325.00

**Initiating Party Percentage of QPA:** 230.77%

**Non-Initiating Party Percentage of QPA:** 100.00%

**Complainant Air Ambulance Vehicle Type:** Fixed Wing

**Respondent Air Ambulance Vehicle Type:** Rotor Wing

**Complainant Practice Specialty:** Emergency Medicine

**Respondent Practice Specialty:** Cardiology

**Complainant Coverage Area Zip Code:** 54321

**Respondent Coverage Area Zip Code:** 98765

**Complainant Geographic Region:** Healingtown, CA

**Respondent Geographic Region:** Healthyville, TX

**Air Ambulance Point of Pick-Up Zip Code:** 92001

**Complex State Applicability:** California

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**Last Modified By:** IDR Notice of Offer Site Guest User, 11/10/2023 09:30 AM

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## Payment Information

**Description of the Item or Service:** DR98765432 5432109876

**Cost Sharing Amount:** \$32.50

**Qualifying Payment Amount:** \$325.00

**Initial Payment Amount:** \$292.50

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**Type of Qualified Item(s) or Service(s):** Emergency item(s)/service(s)

**Service Code:** 99284

**Post-Stabilization Service(s):** None

**Place of Service Code:** 21

**Professional Service(s):** Cardiology

**Location of Service:** TX

**Hospital-Based Service(s):** No

**Other Item(s) or Service(s) Description:** Out-of-network cardiology service(s)

**Other:** Information in attached documents

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## Notes & Attachments

**Complainant Clinical Capacity Level:** Moderate

**Respondent Clinical Capacity Level:** High

**Non-Participating Provider-Participating HCF:** Participating

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## Proof of QPA

- **Healingtown Healthcare Solutions**
- **DISP-135792**
- **DLI - 1098765**
- **10/20/2023: QPA Documentation.pdf**
- **Type:** File
- **Last Modified:** Jane Smith
- **Description:** Evidence supporting the Qualifying Payment Amount
- **Download** FILENAME: ./test\_input/notice of offer non initiating party\_2.docx

## Notice of Offer

**OMB Control Number:** 1210-0169

**Expiration Date:** 06/30/2025

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**Dispute Reference Number:** DISP-135792

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## Contact Information

**Name:** XYZ Insurance Solutions

**Mailing Address:** 789 Policy Lane

**City:** Insureville

**State:** TX

**Zip Code:** 54321

Email: [idr\\_disputes@xyzinsurance.com](mailto:idr_disputes@xyzinsurance.com)

Phone: (123) 456-7890

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### Primary Point-of-Contact

Name: Out of Network Resolution

Email: [resolution@xyzinsurance.com](mailto:resolution@xyzinsurance.com)

Phone: (123) 456-7890

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### Secondary Point-of-Contact

Name: Bob Thompson

Email: [bob.thompson@xyzinsurance.com](mailto:bob.thompson@xyzinsurance.com)

Phone: (123) 456-7890

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### Additional Information

I am a: Insurance provider

Plan Type: Fully insured private (employment-based) group health plan

Batched Items or Services?: No

Bundled Items or Services?: No

Documents attached: - QPA Calculation Worksheet\_135792.pdf

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### Line Item

Claim Number: DR54321098 7654321098

Provider or facility practice specialty: Cardiology

Location of Service: TX

Date of Service: 11/15/2022

Service Code: 99284

Final Payment Offer: \$325.00

Percentage of QPA: 100.00%

QPA for applicable year: \$325.00

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### Sign & Submit

I agree to:

- Pay the administrative fee.
- Pay the outstanding amount (if any) of the out-of-network rate determined by the certified IDR entity.

I also understand that the determination made by a certified IDR entity is binding upon the parties and not subject to judicial review except under certain circumstances.

Signature: XYZ Insurance Solutions

Date: 11/10/2023 FILENAME: ./test\_input/notice of offer\_2.docx

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### Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-135792

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### Contact Information

Name:  
Heal All Medical Center

**Mailing Address:**  
789 Hope Avenue

**City:**  
Wishingwell

**State:**  
CA

**Zip Code:**  
98765

**Email:**  
[idr@healallmedical.com](mailto:idr@healallmedical.com)

**Phone:**  
(123) 456-7890

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## Primary Point-of-Contact

**Name:**  
Mark Johnson

**Email:**  
[markjohnson@healallmedical.com](mailto:markjohnson@healallmedical.com)

**Phone:**  
(123) 456-7890

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## Secondary Point-of-Contact

**Name:**  
Sarah Thompson

**Email:**  
[sarahthompson@healallmedical.com](mailto:sarahthompson@healallmedical.com)

**Phone:**  
(123) 456-7890

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## Additional Information

**I am a:**  
Health care provider

**Practice or facility size:**  
50-100 Employees

**Batched Items or Services?:**  
No

**Bundled Items or Services?:**  
No

**Documents attached:**

- QPA Documentation
- Prior Correspondence

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## Line Item

**Claim Number:**  
DR54321098 7654321098

**Provider or facility practice specialty:**  
Cardiology

**Location of Service:**  
TX

**Date of Service:**  
11/15/2022

**Service Code:**  
99284

**Final Payment Offer:**  
\$750.00

**Percentage of QPA:**

230.77%

QPA for applicable year:  
\$325.00

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## Sign & Submit

I agree to:

- Pay the administrative fee.
  - Pay the outstanding amount (if any) of the out-of-network rate determined by the certified IDR entity.  
I also understand that the determination made by a certified IDR entity is binding upon the parties and not subject to judicial review except under certain circumstances.
- Signature:**  
Heal All Medical Center  
**Date:**  
11/10/2023  
**FILENAME:** ./test\_input/provider submission\_2.docx **Provider Submission Document: No Surprises Act (NSA) Requirements**

**Document Number: DISP-135792**

### 1. Provider Information:

- **Provider Name:** Caring Cardiology Clinic
- **Provider Address:** 345 Heart Street, Loveville, TX, 54321
- **Contact Email:** [contact@caringcardiology.com](mailto:contact@caringcardiology.com)
- **Contact Phone:** 210-555-1234

### 2. Health Plan Information:

- **Insurance Provider:** Super Health Insurers
- **Contact Name for Negotiations:** Janet Heart, Director of Provider Relations
- **Lack of Information Provided by Health Plan:**
  - Qualified Payment Amount (QPA)
  - Contact Phone Number
  - Contact Email Address
  - Information on the 30-business-day open negotiation period

### 3. Patient Information:

- **Patient Acuity Level:** Medium (99284 CPT code)
- **Service Date:** 11/15/2022

### 4. Provider Offer Information:

- **Final Offer of Payment:** \$325.00
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 100% of Caring Cardiology Clinic's usual and customary charges
- **Comparison to Super Health Insurers' indicated QPA:** \$325.00 (100% of QPA)

### 5. Factors for Independent Dispute Resolution Consideration According to NSA:

- **Training, Experience, and Quality Outcome Measurements:**
  - Our providers have consistently performed above national standards in cardiology care.
- **Patient Acuity and Complexity of Providing Clinical Services:**
  - Patients treated always fall within the medium acuity range, requiring diagnostic and therapeutic services.
- **Market Share:**
  - Caring Cardiology Clinic accounts for a significant portion of Super Health Insurers' cardiology network in the area.
- **Previous Contracting History:**
  - Contract negotiations have been respectful but have not resulted in competitive reimbursements.
- **Previous Reimbursement Rates:**
  - Historical reimbursement rates have been below the average for cardiology services.
- **Increased Costs of Clinical Services:**
  - A recent increase in equipment and staffing costs has led to a rise in operating expenses.
- **Evidence of Good Faith Negotiation Efforts:**
  - Multiple attempts at negotiation have been made with Super Health Insurers without success.

### 6. Additional Documentation:

- **Exhibit 1:** Qualifications and certifications of lead cardiologists at Caring Cardiology Clinic.
- **Exhibit 2:** Case study showing the complexity and benefit of mid-acuity cardiac patient care.

### 7. Submission Notes:

- **Critical Deadlines under NSA:**
  - Identification and notification of the IDR entity will be completed within the specified timeframe.
- **Legal References:**
  - Recent legal precedents in similar disputes have favored fair reimbursement practices for services.

### Contact for Further Information:

- **Provider Contact:** Dr. Catherine Heart
- **Phone:** 210-555-1234

**Conclusion:** Caring Cardiology Clinic respectfully presents our case for fair reimbursement based on the documented factors and the requirements of the No Surprises Act. We trust in a just and equitable resolution through IDR.

## Qualifying Payment Amount (QPA) Documentation

Date: November 10, 2023

To: National Healthcare Dispute Resolution Center

Dear National Healthcare Dispute Resolution Center,

We appreciate your role in ensuring a fair resolution to the reimbursement dispute detailed in the attached documentation. This letter serves to clarify the basis for the Qualifying Payment Amount provided and to address key factors relevant to the Independent Dispute Resolution process.

### The Significance of the QPA in Dispute Resolution

The No Surprises Act underscores the importance of the Qualifying Payment Amount (QPA) as the benchmark for determining fair reimbursement in out-of-network situations. The QPA is intended to reflect a reasonable rate for services provided, offering a neutral reference point for payment considerations.

### Comprehensive Consideration of Relevant Factors

Our determination of the QPA incorporates various factors crucial to the service provided and the prevailing market conditions. By considering these essential elements, the QPA accounts for the complexity and value of the services delivered:

Factor Considered	How It Influences the QPA
Patient Acuity Level	The CPT code 99284 signifies a mid-level acuity patient case, reflecting the resources and expertise needed for effective care. The QPA is set to align with this specific level of service.
Prevailing Market Rates	The QPA is calculated based on the regional market dynamics and customary charges, ensuring competitive but fair reimbursement levels in alignment with industry standards.
Provider Expertise and Performance	Recognizing the high-quality care provided by the clinic influences the QPA to reflect the superior outcomes and patient satisfaction achieved by the facility.

### Addressing Additional Factors Impacting Reimbursement

Despite the complexity of factors considered in setting the QPA, we are prepared to engage in constructive dialogue and provide further evidence to support the reimbursement amount. It is our aim to arrive at a resolution that respects the interests of all involved parties and upholds the principles of fairness and transparency.

### Conclusion and Commitment to Fair Resolution

We trust that the QPA presented accurately represents the value of the services rendered, and we are fully committed to engaging in the Independent Dispute Resolution process in good faith. Our goal is to achieve a just and mutually agreeable outcome that reflects the merits of the case and promotes equitable reimbursement practices.

Thank you for your attention to this matter, and we look forward to a prompt and equitable resolution through the IDR process.

Sincerely,

Heal All Medical Center

#### References:

- No Surprises Act, 42 U.S.C. § 300gg-111.
- U.S. Department of Health and Human Services, 45 C.F.R. § 149.500 et seq.
- Key Provisions of the No Surprises Act: Protecting Patients [PDF]. Congressional Research Service.
- Metro Area ZIP Code Profiles: Dance, D., Poetry, B., & Theater, C. (2022). Urban Living Dynamics, 17(9), 120-135.
- Understanding Acuity Levels in Medical Emergencies: Comprehensive Guide [Book]. Medical Education Press, 2022.

Note: The details presented in the mock data above are solely fictional and for educational purposes only.