

FILENAME: ./test_output/IDR initiating party notice_generated.docx

IDR Initiating Party Notice of Offer OMB Control Number: 0938-XXXX Expiration Date: 12/31/2024 Dispute reference number: DISP-984562 Contact information: Name: ABC Health Services Mailing address: 456 Care Ave. City: Capital City State: CA Zip: 90210 Phone: (111) 222-3333 Email: contact@abchealth.com Primary point of contact: Name: Dr. John Doe Email: john.doe@abchealth.com Phone: (111) 444-5555 Additional information I am a health care provider Practice or facility size: 40 employees Batched items or services: No Bundled items or services: No Line item: DR9876543 0987654321 Provider or facility practice specialty: Cardiology Claim number: 1234567890 Location of service: CA

FILENAME: ./test_output/dispute line items_generated.docx**Federal IDR Portal****DLI - 1067588****Dispute Line Item****Name:** DLI - 1067588**Date of Item or Service:** 09/15/2022**IDRE Dispute:** DISP-784932**Line Item Type:** Final Resolution**Claim Number:** DR9876543 0987654321**Initiating Party Final Payment Offer:** \$1,250.00**Non-Initiating Party Final Payment Offer:** \$400.00**Initiating Party Percentage of QPA:** 325.68%**Non-Initiating Party Percentage of QPA:** 105.43%**Complainant Air Ambulance Vehicle Type:** Fixed Wing**Respondent Air Ambulance Vehicle Type:** Rotor Wing**Complainant Practice Specialty:** Emergency Medicine**Respondent Practice Specialty:** Air Ambulance Services**Complainant Coverage Area Zip Code:** 54321**Respondent Coverage Area Zip Code:** 98765**Complainant Geographic Region:** Port City, CA**Respondent Geographic Region:** Oceanville, CA**Air Ambulance Point of Pick-Up Zip Code:** 95123**Complex State Applicability:** California**Last Modified By:** IDR Notice of Offer Site Guest User, 10/12/2023 10:32 AM**Payment Information****Description of the Item or Service:** DR9876543 0987654321**Cost Sharing Amount:** \$40.00**Qualifying Payment Amount:** \$400.00**Initial Payment Amount:** \$360.00

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

Service Code: 99285

Post-Stabilization Service(s): None

Place of Service Code: 21

Professional Service(s): Air Ambulance

Location of Service: CA

Hospital-Based Service(s): No

Other Item(s) or Service(s) Description: Out-of-network air ambulance service(s)

Other: Provide Description

Notes & Attachments

Complainant Clinical Capacity Level: High

Respondent Clinical Capacity Level: Moderate

Non-Participating Provider-Participating HCF: Non-Participating

Proof of QPA

- Port City Emergency Services, Inc.
- DISP-784932
- DLI - 1067588
- 3/01/2023: QPA Documentation.docx
- Type: File
- Last Modified: Jane Smith
- Description: Verification of the Qualifying Payment Amount
- Download

FILENAME: ./test_output/notice of offer non initiating party_generated.docx

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-784932

Contact Information

Name: Delta Health Plan

Mailing Address: 789 Grove Street

City: Another City

State: AC

Zip Code: 54321

Email: idr_disputes@deltahealth.com

Phone: (123) 456-7890

Primary Point-of-Contact

Name: Dispute Resolution Team

Email: resolutionteam@deltahealth.com

Phone: (123) 456-7890

Secondary Point-of-Contact

Name: Bob Thompson

Email: bob.thompson@deltahealth.com

Phone: (123) 456-7890

Additional Information

I am a: Group health plan

Plan Type: Fully self-insured private group health plan

Batched Items or Services?: No

Bundled Items or Services?: No

Documents attached:

- Delta Health Plan Offer DISP-784932.pdf

Line Item

Claim Number: DR1234567 0987654321

Provider or facility practice specialty: Pediatrics

Location of Service: CA

Date of Service: 09/15/2022

Service Code: 99281

Final Payment Offer: \$400.00

Percentage of QPA: 105.43%

QPA for applicable year: \$380.00

Coverage Area Zip Code: 98765

Geographic Region: Oceanville, CA

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: Delta Health Plan

Date: 10/12/2023

FILENAME: ./test_output/notice of offer_generated.docx

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-784932

Contact Information

Name:

Fictional Emergency Services, LLC

Mailing Address:

789 Fictional Road

City:

Samplecity

State:

FC

Zip Code:

54321

Email:

idr@fictionalservices.com

Phone:

(123) 456-7890

Primary Point-of-Contact

Name:

Alice Smith

Email:

alicesmith@fictionalservices.com

Phone:

(123) 456-7890

Secondary Point-of-Contact

Name:

Robert Johnson

Email:

robertjohnson@fictionalservices.com

Phone:

(123) 456-7890

Additional Information

I am a:

Health care provider

Practice or facility size:

20-50 Employees

Batched Items or Services?:

No

Bundled Items or Services?:

No

Documents attached:

- Request for Records.pdf

- DISP-784932.pdf

Line Item

Claim Number:

DR1234567 0987654321

Provider or facility practice specialty:

Pediatrics

Location of Service:

CA

Date of Service:

09/15/2022

Service Code:

99281

Final Payment Offer:

\$400.00

Percentage of QPA:

101.44%

QPA for applicable year:

\$394.00

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:

Fictional Emergency Services, LLC

Date:

10/12/2023

FILENAME: ./test_output/provider submission_generated.docx**Provider Submission Document: No Surprises Act (NSA) Requirements****Document Number: DISP-784932****1. Provider Information:**

- **Provider Name:** Harmony Emergency Services, LLC
- **Provider Address:** 789 Harmony Lane, Columbus, Ohio, 43228
- **Contact Email:** contact@Harmonyes.com
- **Contact Phone:** 614-722-9876

2. Health Plan Information:

- **Insurance Provider:** Harmony Health
- **Contact Name for Negotiations:** Sarah Davies, Vice President National Health Contracting
- **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:** High (99281 CPT code)
- **Service Date:** 5/18/2023

4. Provider Offer Information:

- **Final Offer of Payment:** \$1,250.00
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 94% of Harmony Emergency Services, LLC's usual and customary charges
- **Comparison to Harmony Health's indicated QPA:** \$400.00 (104% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have been rated exceptional performers with a score of 95% in quality measurements.
- **Patient Acuity and Complexity of Providing Clinical Services:**
 - All patients fully qualify for a high acuity level, involving considerable diagnostic and medical decision-making.
- **Market Share:**
 - Harmony Emergency Services, LLC treats 18% of Harmony Health's commercially insured patients in our community.
- **Previous Contracting History:**
 - No contractual agreements exist with Harmony Health due to previous failed negotiations which did not meet market competitive reimbursements.
- **Previous Reimbursement Rates:**
 - In 2021, Harmony Emergency Services, LLC received \$768 for the identical out-of-network claims.
- **Increased Costs of Clinical Services:**
 - A 10% increase in cost to provide clinical services from the previous year.
- **Evidence of Good Faith Negotiation Efforts:**
 - Proposal forwarded to Sarah Davies on 5/18/2023 without successful engagement from Harmony Health.

6. Additional Documentation:

- **Exhibit 1:** Curriculum Vitae of Dr. Emma B. Thompson, showing extensive qualifications and experience in emergency medicine.
- **Exhibit 2:** Clinical narrative detailing the high-complexity medical decision making for a typical high acuity patient case.

7. Submission Notes:

- **Critical Deadlines under NSA:**
 - The IDR entity must select one of the offers and notify all parties within 30 business days post-selection.
- **Legal References:**
 - Texas Medical Association vs. Department of Health and Human Services rulings on the NSA and interpretation of the QPA in the reimbursement decision process.

Contact for Further Information:

- **Provider Contact:** Dr. Emma B. Thompson
- **Phone:** 614-722-9876

Conclusion: Harmony Emergency Services, LLC requests a fair determination by considering all the documented NSA required factors, historical rates, and the context in which emergency services are urgently delivered. We seek acknowledgment of the specialty-specific implications on reimbursement needs due to the acuity of care and our critical role in the healthcare system.

Thank you for your consideration and timely resolution in this independent dispute resolution process.

Respectfully submitted, Harmony Emergency Services, LLC

References:

- i. The U.S. Departments of Health and Human Services, Labor, and the Treasury.
- ii. 42 U.S.C. §§ 300gg-111(a), 300gg-111(b).
- iii. 42 U.S.C. § 300gg-111(c)(5)(D).
- iv. 87 Fed. Reg. 52628 (Aug. 26, 2022).
- v. Id.

vi. Congressional Budget Office, Estimate for Divisions O Through FF H.R. 133, Consolidated Appropriations Act, 2021 (January 14, 2021), p. 3, available at CBO Estimate.

vii. 45 C.F.R. §§ 149.510(f)(1)(iv), 149.510(f)(1)(v)(E).

viii. 42 U.S.C. § 300gg-111(c)(7)(A)(v).

FILENAME: ./test_output/qpa_generated.docx

Qualifying Payment Amount (QPA) Documentation

Date: October 12, 2023

To: National Medical Reviews, Inc.

Dear National Medical Reviews, Inc.,

We truly appreciate your engagement to determine the correct reimbursement for the services included in this packet. For these services, we paid the Provider 100% of the QPA. With this letter, we will explain why this is the correct amount.

The Credibility of the QPA

First, through the No Surprises Act (“NSA”) and its rulemaking, Congress and the Departments, respectively, assigned tremendous importance and credibility to the QPA. According to them, the QPA:

- **Is the right amount on which to base a patient’s cost share.**
- **Is the only benchmark you are to consider.**
- **Will “often” represent “an appropriate out-of-network rate,** because the QPA is largely informed by similar information to what would be provided as information support of the additional statutory circumstances.

Harmony's QPA Already Captures Other Factors

Second, our QPA already captures the other factors you are permitted to consider. This matters because you can’t consider the same factor twice. The final rule makes clear: “the certified IDR entity should not give weight to information related to a factor if the certified IDR entity determines the information was already accounted for in the calculation of the QPA, to avoid weighing the same information twice.

In the following table are the factors you are permitted to consider—but, in this instance, can’t—because those factors are already accounted for in our QPA, and you must consider the QPA.

Factor You Can Consider	How that Factor is Already Accounted for in our QPA
Market Share	How we reimburse contracted providers—and thus our QPA—changes according to the applicable geographic region to account for the market dynamics within that region. This means our QPA already includes the market share dynamics of OCEANVILLE.
Patient Acuity or Complexity of Care	The CPT code itself at issue is used to indicate patient acuity and level of complexity. Emergency room visits are categorized by the AMA on a five-level scale according to severity and intensity of services, which are represented by CPT codes 99281 – 99285. Level 1 is used for cases with a lesser degree of complexity, while Level 5—the highest of the levels—is reserved for the most serious and complex cases, as determined by patient history, examination, and medical decision-making. Our contract reimbursement rate increases from Level 1 to Level 5 to reflect the increased severity or resources associated with the higher levels. Because we are required to calculate the QPA at the service code level and/or modifier level, our QPA for this service code necessarily already includes patient acuity or complexity of care.

What Harmony Emergency Services, LLC May Argue About Market Share

Even though, as laid out above, our QPA already accounts for market share, we expect Harmony Emergency Services, LLC to argue that because Harmony is generally a big company nationally, it follows that in the geography in question Harmony has the power to force network providers into unfair rates while keeping Harmony’s QPA low. This argument doesn’t reflect facts or reality. For the geographic region at issue, Harmony is one of several payor groups who compete in a well-functioning market. Harmony simply does not have the power to force providers to accept artificially low rates or manipulate the QPA. In fact, the size of Harmony’s contracted network is evidence that all but a few opportunistic providers are comfortable with the arms’-length terms they have been able to negotiate with Harmony. This factor cannot establish that Harmony’s QPA is unreasonably low.

A Reminder About the Goal of the NSA

We close with a point regarding the NSA itself: whether the NSA achieved its goal of controlling inflated out-of-network rates and escalating health care costs will be determined, in large part, by the frequency and extent to which an IDR determination deviates from the QPA. Congress repeatedly emphasized the importance of the QPA to reducing overall health care spending. Indeed, since the Congressional Budget Office expected out-of-network rates emerging from IDR determinations to converge closer to the median contracted rate, it estimated that the NSA would reduce premiums by 0.5 to 1.0%. To track progress on that goal, the NSA requires that all IDR determinations be reported as a percentage of the QPA on a monthly basis, and made publicly available on a quarterly basis. Congress will use this QPA-anchored data to determine whether its legislation had the desired effect of controlling health care costs. If there is too much deviation from the QPA, Congress' goal of controlling health care inflation will not be met.

Respectfully submitted, Delta Health Plan

References:

- i. The U.S. Departments of Health and Human Services, Labor, and the Treasury.
- ii. 42 U.S.C. §§ 300gg-111(a), 300gg-111(b).
- iii. 42 U.S.C. § 300gg-111(c)(5)(D).
- iv. 87 Fed. Reg. 52628 (Aug. 26, 2022).
- v. Id.
- vi. Congressional Budget Office, Estimate for Divisions O Through FF H.R. 133, Consolidated Appropriations Act, 2021 (January 14, 2021), p. 3, available at CBO Estimate.
- vii. 45 C.F.R. §§ 149.510(f)(1)(iv), 149.510(f)(1)(v)(E).
- viii. 42 U.S.C. § 300gg-111(c)(7)(A)(v).

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