

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-789012 Contact information: Name: ABC Healthcare Center Mailing address: 456 Hospital Drive City: Capital City State: CA Zip: 90210 Phone: (555) 987-6543 Email: contact@abchealthcare.com Primary point of contact: Name: Dr. Michael Johnson Email: michael.johnson@abchealthcare.com Phone: (555) 123-4567 Additional information I am a health care provider Practice or facility size: 30 employees Batched items or services: Yes Bundled items or services: No Line item: DR7890123 9876543210 Provider or facility practice specialty: Cardiology Claim number: 5432109876 Location of service: CA

FILENAME: ./test_output/dispute line items_generated.docx**Federal IDR Portal****DLI - 3012548****Dispute Line Item****Name:** DLI - 3012548**Date of Item or Service:** 07/15/2023**IDRE Dispute:** DISP-789012**Line Item Type:** Final Resolution**Claim Number:** DR78901234 5432109876**Initiating Party Final Payment Offer:** \$1,500.00**Non-Initiating Party Final Payment Offer:** \$700.75**Initiating Party Percentage of QPA:** 150.00%**Non-Initiating Party Percentage of QPA:** 70.00%**Complainant Air Ambulance Vehicle Type:** Ground **Respondent Air Ambulance Vehicle Type:** Helicopter**Complainant Practice Specialty:** Emergency Medicine**Respondent Practice Specialty:** Air Ambulance Services**Complainant Coverage Area Zip Code:** 67890**Respondent Coverage Area Zip Code:** 34567**Complainant Geographic Region:** Capital City, CA**Respondent Geographic Region:** Rural Town, IA**Air Ambulance Point of Pick-Up Zip Code:** 67890**Complex State Applicability:** California**Last Modified By:** IDR Notice of Offer Site Guest User, 10/18/2023 09:30 AM**Payment Information****Description of the Item or Service:** DR78901234 5432109876**Cost Sharing Amount:** \$150.00**Qualifying Payment Amount:** \$700.75**Initial Payment Amount:** \$550.75

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

Service Code: 99234

Post-Stabilization Service(s): None

Place of Service Code: 21

Professional Service(s): Emergency Medicine

Location of Service: IA

Hospital-Based Service(s): No

Other Item(s) or Service(s) Description: Out-of-network emergency room service(s)

Other: Provide Description

Notes & Attachments

Complainant Clinical Capacity Level: Moderate

Respondent Clinical Capacity Level: High

Non-Participating Provider-Participating HCF: Non-Participating

Proof of QPA

- **Capital Emergency Services, LLC**
- **DISP-789012**
- **DLI - 3012548**
- **10/18/2023: QPA : QPA Info.docx**
- **Type:** File
- **Last Modified:** Jane Doe
- **Description:** Documentation 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-789012

Contact Information

Name: ABC Health Plan

Mailing Address: 789 Main Street

City: Central City

State: AZ

Zip Code: 54321

Email: idr@abchealthplan.com

Phone: (987) 543-2109

Primary Point-of-Contact

Name: Out of Network Disputes

Email: idr@abchealthplan.com

Phone: (987) 543-2109

Secondary Point-of-Contact

Name: Bob Anderson

Email: bob.anderson@abchealthplan.com

Phone: (987) 543-2109

Additional Information

I am a: Group health plan

Plan Type: Fully insured private group health plan

Batched Items or Services?: No

Bundled Items or Services?: Yes

Documents attached:

- ABC Notice of Offer DISP-789012.pdf

Line Item

Claim Number: DR54321098 7654321098

Provider or facility practice specialty: Emergency Medicine

Location of Service: IA

Date of Service: 07/15/2023

Service Code: 99234

Final Payment Offer: \$700.75

Percentage of QPA: 100.00%

QPA for applicable year: \$700.75

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: ABC Health Plan

Date: 10/18/2023

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-789012

Contact Information

Name:

Regional Emergency Services, LLC

Mailing Address:

789 Emergency Lane

City:

Urgentville

State:

UR

Zip Code:

54321

Email:idr@regionalemergencyservices.com**Phone:**

(123) 456-7890

Primary Point-of-Contact**Name:**

Jane Davidson

Email:janed@regionalemergencyservices.com**Phone:**

(123) 456-7890

Secondary Point-of-Contact**Name:**

Mike Brown

Email:mikeb@regionalemergencyservices.com**Phone:**

(123) 456-7890

Additional Information**I am a:**

Health care provider

Practice or facility size:

10-20 Employees

Batched Items or Services?:

No

Bundled Items or Services?:

No

Documents attached:

- Request for Records.pdf
- DISP-789012.pdf

Line Item**Claim Number:**

DR98765432 1234567890

Provider or facility practice specialty:

Emergency Medicine

Location of Service:

IA

Date of Service:

07/15/2023

Service Code:

99234

Final Payment Offer:

\$1,500.00

Percentage of QPA:

150.00%

QPA for applicable year:

\$1,000.00

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:

Jane Davidson

Date:

10/18/2023

FILENAME: ./test_output/provider submission_generated.docx**Provider Submission Document: No Surprises Act (NSA) Requirements****Document Number: DISP-789012****1. Provider Information:**

- **Provider Name:** Johnson Emergency Services, LLC
- **Provider Address:** 100 Oak Street, Phoenix, Arizona, 85001
- **Contact Email:** contact@johnsonemergencyservices.com
- **Contact Phone:** 602-123-4567

2. Health Plan Information:

- **Insurance Provider:** Blue Cross Blue Shield
- **Contact Name for Negotiations:** Sarah Williams, 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:** High (99234 CPT code)
- **Service Date:** 10/15/2023

4. Provider Offer Information:

- **Final Offer of Payment:** \$1,150.00

- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 95% of Johnson Emergency Services, LLC's usual and customary charges
- **Comparison to Blue Cross Blue Shield's indicated QPA:** \$1,000.00 (115% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have a track record of providing high-quality emergency services with positive outcomes.
- **Patient Acuity and Complexity of Providing Clinical Services:**
 - All patients receiving emergency care at our facility demonstrate high acuity levels requiring intensive care.
- **Market Share:**
 - Johnson Emergency Services, LLC serves a significant portion of Blue Cross Blue Shield's insured population in our region.
- **Previous Contracting History:**
 - No past agreements exist with Blue Cross Blue Shield, with discrepancies in fair payment discussed but unresolved.
- **Previous Reimbursement Rates:**
 - Historical payments received were below market rate for the emergency services provided.
- **Increased Costs of Clinical Services:**
 - Operating costs have risen by 10% in the past year due to enhanced safety measures and staffing requirements.
- **Evidence of Good Faith Negotiation Efforts:**
 - Multiple attempts made to engage with Blue Cross Blue Shield to establish a fair reimbursement rate for emergency services.

6. Additional Documentation:

- **Exhibit 1:** CV of Dr. Michael Johnson highlighting expertise in emergency medicine.
- **Exhibit 2:** Case study illustrating the complexity and urgency of care provided by Johnson Emergency Services, LLC.

7. Submission Notes:

- **Critical Deadlines under NSA:**
 - IDR decision expected within 30 business days to ensure timely resolution for all parties.
- **Legal References:**
 - Precedents set in recent disputes highlighting the significance of adhering to the NSA guidelines for fair resolution.

Contact for Further Information:

- **Provider Contact:** Johnson Emergency Services, LLC
- **Phone:** 602-123-4567

Conclusion: Johnson Emergency Services, LLC advocates for a transparent and equitable judgment in the independent dispute resolution process, prioritizing fair reimbursement for emergency care services essential for the community's well-being and health.

Thank you for your attention and diligent review in reaching an informed decision within the required timeframe.

References:

- The U.S. Departments of Health and Human Services, Labor, and the Treasury.
- 42 U.S.C. §§ 300gg-111(a), 300gg-111(b).
- 42 U.S.C. § 300gg-111(c)(5)(D).
- 87 Fed. Reg. 52628 (Aug. 26, 2022).
- Id.
- 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.
- 45 C.F.R. §§ 149.510(f)(1)(iv), 149.510(f)(1)(v)(E).
- 42 U.S.C. § 300gg-111(c)(7)(A)(v).
- Texas Medical Association vs. Department of Health and Human Services rulings.
- Legislative intent and guidance provided by Congressional Budget Office assessments.
- Recent legal precedents emphasizing compliance with NSA requirements for IDR outcomes.

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