

**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](mailto:contact@abchealthcare.com) Primary point of contact: Name: Dr. Michael Johnson Email: [michael.johnson@abchealthcare.com](mailto: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

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### Contact Information

**Name:** ABC Health Plan

**Mailing Address:** 789 Main Street

**City:** Central City

**State:** AZ

**Zip Code:** 54321

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

**Phone:** (987) 543-2109

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### Primary Point-of-Contact

**Name:** Out of Network Disputes

Email: [idr@abchealthplan.com](mailto:idr@abchealthplan.com)

**Phone: (987) 543-2109**

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## Secondary Point-of-Contact

Name: Bob Anderson

Email: [bob.anderson@abchealthplan.com](mailto:bob.anderson@abchealthplan.com)

**Phone: (987) 543-2109**

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## 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](mailto:idr@regionalemergencyservices.com)

**Phone:**

(123) 456-7890

### Primary Point-of-Contact

**Name:**

Jane Davidson

**Email:**

[janed@regionalemergencyservices.com](mailto:janed@regionalemergencyservices.com)

**Phone:**

(123) 456-7890

### Secondary Point-of-Contact

**Name:**

Mike Brown

**Email:**

[mikeb@regionalemergencyservices.com](mailto: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](mailto: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:

- 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).
- ix. Texas Medical Association vs. Department of Health and Human Services rulings.
- x. Legislative intent and guidance provided by Congressional Budget Office assessments.
- xi. 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.