

FILENAME: ./test_input/case_file_2_IDR initiating party notice.docx IDR Initiating Party Notice of Offer OMB Control Number: 0938-XXXX Expiration Date: 06/30/2025 Dispute reference number: DISP-234567 Contact information: Name: ABC Medical Center Mailing address: 456 Health Rd. City: Capital City State: CA Zip: 90001 Phone: (999) 555-1234 Email: contact@abcmedical.com Primary point of contact: Name: Dr. John Doe Email: john.doe@abcmedical.com Phone: (999) 987-6543 Additional information I am a health care provider Practice or facility size: 75 employees Batched items or services: No Bundled items or services: No Line item: DR3456789 5432167890 Provider or facility practice specialty: Cardiology Claim number: 5432167890 Location of service: CA

FILENAME: ./test_input/dispute line items_2.docx

Federal IDR Portal

DLI - 1098765

Dispute Line Item

Name: DLI - 1098765

Date of Item or Service: 11/30/2022

IDRE Dispute: DISP-234567

Line Item Type: Final Resolution

Claim Number: DR34567890 5432167890

Initiating Party Final Payment Offer: \$800.00

Non-Initiating Party Final Payment Offer: \$400.00

Initiating Party Percentage of QPA: 200.00%

Non-Initiating Party Percentage of QPA: 100.00%

Complainant Practice Specialty: Cardiology

Respondent Practice Specialty: General Medicine

Complainant Coverage Area Zip Code: 90001

Respondent Coverage Area Zip Code: 10001

Complainant Geographic Region: Capital City, CA

Respondent Geographic Region: Metropolis, NY

Ambulance Point of Pick-Up Zip Code: 90001

Complex State Applicability: New York

Last Modified By: IDR Notice of Offer Site Guest User, 11/10/2023 10:45 AM

Payment Information

Description of the Item or Service: DR34567890 5432167890

Cost Sharing Amount: \$40.00

Qualifying Payment Amount: \$400.00

Initial Payment Amount: \$360.00

Type of Qualified Item(s) or Service(s): Cardiac catheterization

Service Code: 93505

Post-Stabilization Service(s): None

Place of Service Code: 21

Professional Service(s): Cardiology

Location of Service: NY

Hospital-Based Service(s): No

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

Other: Description Attached

Notes & Attachments

Complainant Clinical Capacity Level: High

Respondent Clinical Capacity Level: Moderate

Non-Participating Provider-Participating HCF: Non-Participating

Proof of QPA

- **Capital City Cardiology Group**
- **DISP-234567**
- **DLI - 1098765**
- **3/27/2023: QPA : QPA Info.docx**
- **Type:** File
- **Last Modified:** Jane Smith
- **Description:** Documentation of 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

Dispute Reference Number: DISP-234567

Contact Information

Name: XYZ Health Insurance

Mailing Address: 789 Health Street

City: Smalltown

State: ST

Zip Code: 12345

Email: idr@xyzhealth.com

Phone: (987) 654-3210

Primary Point-of-Contact

Name: Non Participating Disputes

Email: idr@xyzhealth.com

Phone: (987) 654-3210

Secondary Point-of-Contact

Name: Bob Johnson

Email: bob.johnson@xyzhealth.com

Phone: (987) 654-3210

Additional Information

I am a: Health Insurance Company

Plan Type: Self-insured group health plan

Batched Items or Services?: No

Bundled Items or Services?: No

Documents attached:

- Healthnet Notice DISP-234567.pdf

Line Item

Claim Number: DR54321678 9012345670

Provider or facility practice specialty: Cardiology

Location of Service: NY

Date of Service: 11/30/2022

Service Code: 93505

Final Payment Offer: \$400.00

Percentage of QPA: 100.00%

QPA for applicable year: \$400.00

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: XYZ Health Insurance

Date: 11/12/2023

FILENAME: ./test_input/provider submission_2.docx **Provider Submission Document: No Surprises Act (NSA) Requirements**

Document Number: DISP-234567

1. Provider Information:

- **Provider Name:** EFG Cardiology Services, Inc.
- **Provider Address:** 700 Main Street, Smallville, ST, 54321
- **Contact Email:** contact@efgcardiology.com
- **Contact Phone:** 555-678-9012

2. Health Plan Information:

- **Insurance Provider:** Healthnet
- **Contact Name for Negotiations:** Sarah Thompson, Director of Network Development

- **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 (93505 CPT code)
- **Service Date:** 11/30/2022

4. Provider Offer Information:

- **Final Offer of Payment:** \$400.00
- **Percentage of Historical Out-of-Network Reimbursement Rate (2022):** 100% of EFG Cardiology Services, Inc.'s usual and customary charges
- **Comparison to Healthnet's indicated QPA:** \$400.00 (100% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have maintained a high level of quality with a 96% success rate in cardiac procedures.
- **Patient Acuity and Complexity of Providing Clinical Services:**
 - The services provided include high acuity diagnostics and treatment plans for complex cardiac conditions.
- **Market Share:**
 - EFG Cardiology Services, Inc. serves a significant portion of Healthnet's insured population for cardiology services in the region.
- **Previous Contracting History:**
 - Previous negotiations with Healthnet failed to reach a mutually agreeable rate despite reasonable offers from EFG Cardiology Services, Inc.
- **Previous Reimbursement Rates:**
 - In 2021, EFG Cardiology Services, Inc. received \$300.00 for comparable out-of-network claims.
- **Increased Costs of Clinical Services:**
 - A 5% increase in costs to provide cardiac services was experienced in the last year due to inflation and resource demands.
- **Evidence of Good Faith Negotiation Efforts:**
 - Multiple attempts were made to engage in negotiation with Healthnet representatives, but responses were delayed and inconclusive.

6. Additional Documentation:

- **Exhibit 1:** Curriculum Vitae of Dr. Elizabeth Grant, highlighting expertise in interventional cardiology procedures.
- **Exhibit 2:** Clinical summary report detailing a complex patient case managed by EFG Cardiology Services, Inc.

7. Submission Notes:

- **Critical Deadlines under NSA:**
 - Timely resolution of the dispute is necessary, and any post-acceptance obligations will be honored promptly.
- **Legal References:**
 - Ensuring compliance with the No Surprises Act while advocating for fair and equitable compensation for essential medical services is the core objective of this submission.

Contact for Further Information:

- **Provider Contact:** Dr. Elizabeth Grant
- **Phone:** 555-678-9012

Conclusion: EFG Cardiology Services, Inc. seeks a just resolution through the established independent dispute resolution process. We are committed to providing high-quality cardiac care and are hopeful for a fair review of the documented factors influencing the payment dispute. Thank you for your thorough consideration in resolving this matter promptly and equitably.

Thank you, EFG Cardiology Services, Inc.

References:

- i. No Surprises Act (NSA) Law Documentation

ii. Centers for Medicare & Medicaid Services (CMS)

iii. American College of Cardiology

iv. Federation of State Medical Boards

v. The Joint Commission

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