

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

IDR Initiating Party Notice of Offer OMB Control Number: 0938-XXXX Expiration Date: 12/31/2024 Dispute reference number: DISP-654321 Contact information: Name: ABC Hospital Mailing address: 456 Medical Blvd. City: Metroville State: NY Zip: 20002 Phone: (555) 987-6543 Email: contact@abchospital.com Primary point of contact: Name: Dr. John Doe Email: john.doe@abchospital.com Phone: (555) 123-4567 Additional information I am a health care provider Practice or facility size: 60 employees Batched items or services: No Bundled items or services: No Line item: DR9876543 1234567890 Provider or facility practice specialty: Cardiology Claim number: 3692581470 Location of service: NY

FILENAME: ./test_output/dispute line items_mock.docx**Federal IDR Portal****DLI - 1069589****Dispute Line Item****Name:** DLI - 1069589**Date of Item or Service:** 01/15/2023**IDRE Dispute:** DISP-369258**Line Item Type:** Final Resolution**Claim Number:** DR98765432 1234567890**Initiating Party Final Payment Offer:** \$950.00**Non-Initiating Party Final Payment Offer:** \$450.00**Initiating Party Percentage of QPA:** 200.30%**Non-Initiating Party Percentage of QPA:** 80.00%**Complainant Service Description:** Cardiac MRI**Respondent Service Description:** Cardiology Consultation**Complainant Practice Specialty:** Cardiology**Respondent Practice Specialty:** Cardiology**Complainant Coverage Area Zip Code:** 20500**Respondent Coverage Area Zip Code:** 20002**Complainant Geographic Region:** Metroville, NY**Respondent Geographic Region:** Metroville, NY**Complex State Applicability:** New York**Last Modified By:** IDR Notice of Offer Site Guest User, 10/12/2023 09:24 AM**Payment Information****Description of the Item or Service:** DR98765432 1234567890**Cost Sharing Amount:** \$100.00**Qualifying Payment Amount:** \$500.00**Initial Payment Amount:** \$400.00

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

Service Code: 75565

Post-Stabilization Service(s): None

Place of Service Code: 21

Professional Service(s): Cardiology Consultation

Location of Service: NY

Hospital-Based Service(s): No

Other Item(s) or Service(s) Description: Cardiac MRI

Other: Provide Description

Notes & Attachments

Complainant Clinical Capacity Level: Medium

Respondent Clinical Capacity Level: High

Non-Participating Provider-Participating HCF: Non-Participating

Proof of QPA

- Metroville Cardiology Center, LLC
- DISP-369258
- DLI - 1069589
- 9/30/2023: QPA : QPA Info.docx
- Type: File
- Last Modified: Jane Smith
- Description: Documentation of the Qualifying Payment Amount
- Download

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

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-369258

Contact Information

Name: Best Health Care Network

Mailing Address: 789 Medical Lane

City: Healthville

State: IL

Zip Code: 60006

Email: inquiries@besthealthcare.com

Phone: (987) 654-3210

Primary Point-of-Contact

Name: Out of Network Affairs

Email: ona@besthealthcare.com

Phone: (987) 654-3210

Secondary Point-of-Contact

Name: Bob Johnson

Email: bob.johnson@besthealthcare.com

Phone: (987) 654-3210

Additional Information

I am a: Health Maintenance Organization (HMO)

Plan Type: Fully insured group health plan

Batched Items or Services?: No

Bundled Items or Services?: Yes

Documents attached:

- QPA Documentation.pdf

Line Item

Claim Number: DR36925814 7531594628

Provider or facility practice specialty: Cardiology

Location of Service: IL

Date of Service: 01/15/2023

Service Code: 75565

Final Payment Offer: \$500.00

Percentage of QPA: 100.00%

QPA for applicable year: \$500.00

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: Best Health Care Network

Date: 10/12/2023

FILENAME: ./test_output/notice of offer_mock.docx

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-369258

Contact Information

Name:

XYZ Emergency Care

Mailing Address:

567 Emergency Lane

City:

Urgentville

State:

UR

Zip Code:

45678

Email:emergency@xyzemergency.com**Phone:**

(987) 654-3210

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

Alice Smith

Email:alicesmith@xyzemergency.com**Phone:**

(123) 456-7890

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

Bob Johnson

Email:bob.johnson@xyzemergency.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:

- Medical Records.pdf

Line Item**Claim Number:**

DR75315946 3692581470

Provider or facility practice specialty:

Emergency Medicine

Location of Service:

UR

Date of Service:

01/15/2023

Service Code:

75565

Final Payment Offer:

\$950.00

Percentage of QPA:

200.30%

QPA for applicable year:

\$500.00

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 Emergency Care

Date:

10/12/2023

FILENAME: ./test_output/provider submission_mock.docx**Provider Submission Document: No Surprises Act (NSA) Requirements****Document Number: DISP-369258****1. Provider Information:**

- **Provider Name:** Metroplex Emergency Services, LLC
- **Provider Address:** 123 Quick Response St., Urgentville, UR, 45678
- **Contact Email:** contact@metroplexems.com
- **Contact Phone:** 987-654-3210

2. Health Plan Information:

- **Insurance Provider:** Health Vector Insurance
- **Contact Name for Negotiations:** Sarah Green, 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 (75565 CPT code)
- **Service Date:** 01/15/2023

4. Provider Offer Information:

- **Final Offer of Payment:** \$500.00

- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 100% of Metroplex Emergency Services, LLC's Usual and Customary Charges
- **Comparison to Health Vector Insurance's Indicated QPA:** \$500.00 (100% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have been rated excellent 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:**
 - Metroplex Emergency Services, LLC treats 25% of Health Vector Insurance's commercially insured patients in our community.
- **Previous Contracting History:**
 - No contractual agreements exist with Health Vector Insurance due to previous failed negotiations which did not meet market competitive reimbursements.
- **Previous Reimbursement Rates:**
 - In 2021, Metroplex Emergency Services, LLC received \$720 for the identical out-of-network claims.
- **Increased Costs of Clinical Services:**
 - A 7.5% increase in cost to provide clinical services from the previous year.
- **Evidence of Good Faith Negotiation Efforts:**
 - Proposal forwarded to Sarah Green on 10/12/2023 without successful engagement from Health Vector Insurance.

6. Additional Documentation:

- **Exhibit 1:** Curriculum Vitae of Dr. Samantha Roberts, illustrating 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:**
 - American College of Emergency Physicians 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. Samantha Roberts
- **Phone:** 987-654-3210

Conclusion: Metroplex 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.

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