

The provider offered a final payment of \$950.00. The plan offered a final payment of \$500.00. The IDR entity has decided the final payment will be \$500.00.

Factors Considered:

- Qualifying Payment Amount (QPA)
- Historical out-of-network reimbursement rates
- Medical complexity and patient acuity
- Market share and prior contracting history
- Overall cost of services
- Evidence of good faith negotiation efforts

The provider has been rated highly for quality outcomes with experience in handling high acuity level cases. There has been a noticeable increase in the cost of providing clinical services compared to the previous year.

\$500.00

The decision by the IDR entity to select the payment amount of \$500.00 was based on the QPA set for the year, detailed comparison of historical rates, and the percentage of QPA detailed in both offers. Additional considerations were given to the factors outlined applicable under the No Surprises Act. The offer submitted by the health plan matched the QPA exactly and was thereby considered fair within the regulatory framework.

This final determination complies with all applicable regulations set forth by the No Surprises Act, confirming both provider and plan were given due consideration under the law.

Both parties have agreed to pay the administrative fee as per the notices of the offer. Fees for the IDR entity's services were covered by both parties equally in compliance with the rules governing IDR procedures under the No Surprises Act. The IDF official certifies that all records and submissions relevant to this case will be maintained for a coeriod required by law.

John Q. Arbitrator JQArbitrator 12/20/2023

Dr. John Doe JohnDoe 12/20/2023

Bob Johnson BJohnson 12/20/2023

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