

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

IDR Initiating Party Notice of Offer OMB Control Number: 0938-XXXX Expiration Date: 12/31/2024 Dispute reference number: DISP-987654 Contact information: Name: ABC Hospital Mailing address: 456 Healthy St. City: Metro City State: CA Zip: 90001 Phone: (999) 987-6543 Email: contact@abchospital.com Primary point of contact: Name: Dr. John Doe Email: john.doe@abchospital.com Phone: (999) 123-4567 Additional information I am a health care provider Practice or facility size: 75 employees Batched items or services: Yes Bundled items or services: No Line item: DR8765432 9876543210 Provider or facility practice specialty: Cardiology Claim number: 1234567890 Location of service: CA

FILENAME: ./test_output/dispute line items_new_case.docx**Federal IDR Portal****DLI - 1098765****Dispute Line Item****Name:** DLI - 1098765**Date of Item or Service:** 11/15/2022**IDRE Dispute:** DISP-789012**Line Item Type:** Final Resolution**Claim Number:** DR87654321 9876543210**Initiating Party Final Payment Offer:** \$2,009.99**Non-Initiating Party Final Payment Offer:** \$700.10**Initiating Party Percentage of QPA:** 420.00%**Non-Initiating Party Percentage of QPA:** 125.00%**Complainant Air Ambulance Vehicle Type:** None**Respondent Air Ambulance Vehicle Type:** Helicopter**Complainant Practice Specialty:** Pulmonology**Respondent Practice Specialty:** Air Ambulance Services**Complainant Coverage Area Zip Code:** 54321**Respondent Coverage Area Zip Code:** 67890**Complainant Geographic Region:** Oceanview, CA**Respondent Geographic Region:** Skyline, NV**Air Ambulance Point of Pick-Up Zip Code:** 54321**Complex State Applicability:** Nevada**Last Modified By:** IDR Notice of Offer Site Guest User, 10/19/2023 08:24 PM**Payment Information****Description of the Item or Service:** DR87654321 9876543210**Cost Sharing Amount:** \$70.01**Qualifying Payment Amount:** \$700.10**Initial Payment Amount:** \$630.09

Type of Qualified Item(s) or Service(s): Outpatient service(s)

Service Code: 93010

Post-Stabilization Service(s): None

Place of Service Code: 22

Professional Service(s): Transportation

Location of Service: NV

Hospital-Based Service(s): Yes

Other Item(s) or Service(s) Description: Emergency air transport service(s)

Other: Provide Description

Notes & Attachments

Complainant Clinical Capacity Level: Moderate

Respondent Clinical Capacity Level: High

Non-Participating Provider-Participating HCF: Participating

Proof of QPA

- Skyline Air Services, LLC
- DISP-789012
- DLI - 1098765
- 4/02/2023: QPA : QPA Info.docx
- Type: File
- Last Modified: Jane Roe
- Description: Documentation of the Qualifying Payment Amount
- Download

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

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-789012

Contact Information

Name: XYZ Insurance **Mailing Address:** 789 Insurance Way **City:** Safeville **State:** CA **Zip Code:** 90123 **Email:** idr_info@xyzinsurance.com **Phone:** (987) 654-3210

Primary Point-of-Contact

Name: Out of Network Claims Department **Email:** idr_outofnetwork@xyzinsurance.com **Phone:** (987) 654-3210

Secondary Point-of-Contact

Name: Bob Johnson **Email:** bob.johnson@xyzinsurance.com **Phone:** (987) 654-3210

Additional Information

I am a: Insurance company **Plan Type:** Self-insured private (employment-based) group health plan **Batched Items or Services?:** No
Bundled Items or Services?: Yes **Documents attached:**

- XYZ Notice of Offer DISP-789012.pdf

Line Item

Claim Number: DR1234987 0987654321 **Provider or facility practice specialty:** Pulmonology **Location of Service:** NV **Date of Service:** 11/15/2022 **Service Code:** 93010 **Final Payment Offer:** \$700.10 **Percentage of QPA:** 100.00% **QPA for applicable year:** \$700.10 **Coverage Area Zip Code:** 67890 **Geographic Region:** Skyline, NV

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 Insurance **Date:** 10/19/2023

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Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-789012

Contact Information

Name:

Oceanview Emergency Medical Center

Mailing Address:

456 Ocean Blvd

City:

Oceanview

State:

CA

Zip Code:

54321

Email:

idr@oceanviewemd.com

Phone:

(987) 654-3210

Primary Point-of-Contact

Name:

Jane Roe

Email:

janeroe@oceanviewemd.com

Phone:

(987) 654-3210

Secondary Point-of-Contact

Name:

Alice Smith

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

(987) 654-3210

Additional Information

I am a:

Health care provider

Practice or facility size:

30-50 Employees

Batched Items or Services?:

No

Bundled Items or Services?:

Yes

Documents attached:

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

Line Item

Claim Number:

DR7890123 4567890123

Provider or facility practice specialty:

Emergency Medicine

Location of Service:

NV

Date of Service:

11/15/2022

Service Code:

99285

Final Payment Offer:

\$2,009.99

Percentage of QPA:

245.00%

QPA for applicable year:

\$800.99

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:

Oceanview Emergency Medical Center

Date:

10/19/2023

FILENAME: ./test_output/provider submission_new_case.docx

Provider Submission Document: No Surprises Act (NSA) Requirements

Document Number: DISP-789012

1. Provider Information:

- **Provider Name:** Coast Emergency Services, LLC
- **Provider Address:** 801 Beachfront Avenue, Los Angeles, California, 90001
- **Contact Email:** contact@coastemergencyservices.com
- **Contact Phone:** 310-123-4567

2. Health Plan Information:

- **Insurance Provider:** Blue Cross Blue Shield
- **Contact Name for Negotiations:** Rob Johnson, Director of Network Services
- **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 (99285 CPT code)
- **Service Date:** 5/31/2023

4. Provider Offer Information:

- **Final Offer of Payment:** \$2,103.50
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 200% of Coast Emergency Services, LLC's usual and customary charges
- **Comparison to Blue Cross Blue Shield's indicated QPA:** \$1,051.75 (200% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have been rated high performers with a score of 90% in quality measurements.
- **Patient Acuity and Complexity of Providing Clinical Services:**
 - All patients fully qualify for a high acuity level, involving significant diagnostic and medical decision-making.
- **Market Share:**
 - Coast Emergency Services, LLC treats 30% of Blue Cross Blue Shield's commercially insured patients in our community.
- **Previous Contracting History:**
 - No contractual agreements exist with Blue Cross Blue Shield due to previous failed negotiations which did not meet market competitive reimbursements.
- **Previous Reimbursement Rates:**
 - In 2021, Coast Emergency Services, LLC received \$973 for 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 Rob Johnson on 5/31/2023 without successful engagement from Blue Cross Blue Shield.

6. Additional Documentation:

- **Exhibit 1:** Curriculum Vitae of Dr. Bella Sterling, showing 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:**

- California Medical Association 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. Bella Sterling
- **Phone:** 310-123-4567

Conclusion: Coast 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.