

FILENAME: ./test_input/IDR initiating party notice2.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 Solutions Mailing Address: 456 Wellness Ave. City: Harmony State: CA Zip: 98765 Phone: (999) 888-7777 Email: contact@abchealthcare.com Primary point of contact: Name: Dr. John Johnson Email: john.johnson@abchealthcare.com Phone: (999) 543-2109 Additional information I am a health care provider Practice or facility size: 40 employees Batched items or services: Yes Bundled items or services: No Line item: DR9876543 56789012345 Provider or facility practice specialty: Pediatrics Claim number: 3456789012 Location of service: CA

FILENAME: ./test_input/dispute line items2.docx**Federal IDR Portal****DLI - 2090876****Dispute Line Item****Name:** DLI - 2090876**Date of Item or Service:** 06/15/2023**IDRE Dispute:** DISP-789012**Line Item Type:** Final Resolution**Claim Number:** DR98765432 1234567890**Initiating Party Final Payment Offer:** \$875.00**Non-Initiating Party Final Payment Offer:** \$567.89**Initiating Party Percentage of QPA:** 268.89%**Non-Initiating Party Percentage of QPA:** 98.96%**Complainant Air Ambulance Vehicle Type:** N/A**Respondent Air Ambulance Vehicle Type:** N/A**Complainant Practice Specialty:** Pediatrics**Respondent Practice Specialty:** Urgent Care**Complainant Coverage Area Zip Code:** 99999**Respondent Coverage Area Zip Code:** 88888**Complainant Geographic Region:** Harmony, CA**Respondent Geographic Region:** Springfield, IL**Air Ambulance Point of Pick-Up Zip Code:** N/A**Complex State Applicability:** California**Last Modified By:** IDR Notice of Offer Site Guest User, 10/25/2023 09:08 AM**Payment Information****Description of the Item or Service:** DR98765432 1234567890**Cost Sharing Amount:** \$56.79**Qualifying Payment Amount:** \$567.89**Initial Payment Amount:** \$511.10

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

Service Code: 99213

Post-Stabilization Service(s): None

Place of Service Code: 15

Professional Service(s): Pediatrics

Location of Service: CA

Hospital-Based Service(s): No

Other Item(s) or Service(s) Description: Developmental screening

FILENAME: ./test_input/notice of offer non initiating party2.docx

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-789012

Contact Information

Name: Health Solutions Inc.

Mailing Address: 678 Health Lane

City: Careville

State: CV

Zip Code: 54321

Email: disputes@healthsolutions.com

Phone: (345) 678-9012

Primary Point-of-Contact

Name: Out of Network Claims

Email: claims@healthsolutions.com

Phone: (345) 678-9012

Secondary Point-of-Contact

Name: Bob Rodgers

Email: bob.rodgers@healthsolutions.com

Phone: (345) 678-9012

Additional Information

I am a:

Health insurance company

Batched Items or Services?: Yes

Bundled Items or Services?: No

Documents attached:

- DISP-789012.pdf

FILENAME: ./test_input/notice of offer2.docx

Notice of Offer

OMB Control Number: 1210-0169

Expiration Date: 06/30/2025

Dispute Reference Number: DISP-789012

Contact Information

Name:

Health Support Services, LLC

Mailing Address:

789 Relief Rd

City:

Helpville

State:

HL

Zip Code:

98765

Email:

idr@healthsupport.com

Phone:

(987) 654-3210

Primary Point-of-Contact

Name:

Jerry Williams

Email:

jerrywilliams@healthsupport.com

Phone:

(987) 654-3210

Secondary Point-of-Contact

Name:

Emma Brown

Email:

emmabrown@healthsupport.com

Phone:

(987) 654-3210

Additional Information

I am a:

Health care provider

Practice or facility size:

50-100 Employees

Batched Items or Services?:

Yes

Bundled Items or Services?:

No

Documents attached:

- QPA Statement.pdf
- Updated claim details.pdf

Line Item**Claim Number:**

DR34567890 1234567890

Provider or facility practice specialty:

Urgent Care

Location of Service:

IL

Date of Service:

06/15/2023

Service Code:

99213

Final Payment Offer:

\$567.89

Percentage of QPA:

98.96%

QPA for applicable year:

\$567.89

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:

Jerry Williams

Date:

10/25/2023

FILENAME: ./test_input/provider submission2.docx**Provider Submission Document: No Surprises Act (NSA) Requirements****Document Number: DISP-789012****1. Provider Information:**

- **Provider Name:** Liberty Emergency Services, LLC
- **Provider Address:** 123 Freedom Blvd, Libertyville, IL, 54321
- **Contact Email:** contact@libertyemergency.com
- **Contact Phone:** 312-555-1234

2. Health Plan Information:

- **Insurance Provider:** Health First Insurance
- **Contact Name for Negotiations:** Emily Stone, 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:** Low Acuity (99213 CPT code)
- **Service Date:** 06/15/2023

4. Provider Offer Information:

- **Final Offer of Payment:** \$567.89
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 102% of Liberty Emergency Services, LLC usual and customary charges
- **Comparison to Health First Insurance's indicated QPA:** \$567.89 (100% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
 - Our providers have been consistently rated high performers, maintaining a quality standard of care score of 96%.
- **Patient Acuity and Complexity of Providing Clinical Services:**
 - All patients treated receive a low acuity level of care, indicative of non-life-threatening conditions.
- **Market Share:**
 - Liberty Emergency Services, LLC has a 30% market share in Libertyville, IL.
- **Previous Contracting History:**
 - No previous contract agreements exist with Health First Insurance due to insufficient reimbursement rates.
- **Previous Reimbursement Rates:**
 - Previously, Liberty Emergency Services, LLC was reimbursed \$553 for similar out-of-network services.
- **Increased Costs of Clinical Services:**
 - Operational costs have increased by 7.2% in the last year.
- **Evidence of Good Faith Negotiation Efforts:**
 - Substantial efforts made to engage with Health First Insurance, including negotiations with supporting data provided.

6. Additional Documentation:

- **Exhibit 1:** CV of Dr. Emily Reynolds, illustrating extensive experience in emergency care.
- **Exhibit 2:** Narrative describing the low acuity patient case dynamics, emphasizing resource utilization.

7. Submission Notes:

- **Critical Deadlines under NSA:**
 - IDR entity must render a decision within 30 business days post-selection.
- **Legal References:**
 - Satisfying the requirements outlined by the NSA to ensure transparency, fairness, and protection for entities involved.

Contact for Further Information:

- **Provider Contact:** Dr. Emily Reynolds
- **Phone:** 312-555-1234

Conclusion: Liberty Emergency Services, LLC requests a fair evaluation while considering all relevant factors to facilitate a prompt and equitable resolution through the IDR process. Your review and decision are vital to ensuring fair and consistent outcomes in line with the NSA regulations.

Thank you for your attention and consideration of this matter.

Warm Regards, Liberty Emergency Services, LLC

References:

- No Surprises Act (NSA) legislative language and guidelines.
- 45 C.F.R. § 149.502.
- Data on the low percentage of premium dollars currently devoted to provider payment compared to other health system entities.

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