

FILENAME: ./test\_output/IDR\_initiating\_party\_notice\_case2.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 Health Clinic Mailing address:  
456 Wellness Blvd. City: Harmony State: TX Zip: 76543 Phone: (555) 987-6543 Email: [contact@abchealth.com](mailto:contact@abchealth.com) Primary point of  
contact: Name: Dr. Michael Johnson Email: [m.johnson@abchealth.com](mailto:m.johnson@abchealth.com) Phone: (555) 543-2109 Additional information I am a health care  
provider Practice or facility size: 30 employees Batched items or services: Yes Bundled items or services: No Line item: DR987654  
76543210987 Provider or facility practice specialty: Internal Medicine Claim number: 5432109876 Location of service: TX

FILENAME: ./test\_output/dispute\_line\_items\_case2.docx

## Federal IDR Portal

**DLI - 1067588**

### Dispute Line Item

**Name:** DLI - 1067588

**Date of Item or Service:** 09/15/2022

**IDRE Dispute:** DISP-654321

**Line Item Type:** Final Resolution

**Claim Number:** DR5432109876 76543210987

**Initiating Party Final Payment Offer:** \$624.50

**Non-Initiating Party Final Payment Offer:** \$175.00

**Initiating Party Percentage of QPA:** 192.67%

**Non-Initiating Party Percentage of QPA:** 54.50%

**Complainant Air Ambulance Vehicle Type:** Ground

**Respondent Air Ambulance Vehicle Type:** Helicopter

**Complainant Practice Specialty:** Internal Medicine

**Respondent Practice Specialty:** Emergency Medical Services

**Complainant Coverage Area Zip Code:** 76543

**Respondent Coverage Area Zip Code:** 54321

**Complainant Geographic Region:** Harmony, TX

**Respondent Geographic Region:** Austin, TX

**Air Ambulance Point of Pick-Up Zip Code:** 73456

**Complex State Applicability:** Texas

**Last Modified By:** IDR Notice of Offer Site Guest User, 09/20/2023 10:30 AM

## Payment Information

**Description of the Item or Service:** DR5432109876 76543210987

**Cost Sharing Amount:** \$30.00

**Qualifying Payment Amount:** \$175.00

**Initial Payment Amount:** \$145.00

**Type of Qualified Item(s) or Service(s):** Telehealth service(s)

**Service Code:** 99214

**Post-Stabilization Service(s):** None

**Place of Service Code:** 19

**Professional Service(s):** Internal Medicine

**Location of Service:** TX

**Hospital-Based Service(s):** No

**Other Item(s) or Service(s) Description:** Initial telehealth consultation

**Other:** N/A

## Notes & Attachments

**Complainant Clinical Capacity Level:** Medium

**Respondent Clinical Capacity Level:** High

**Non-Participating Provider-Participating HCF:** Non-Participating

### Proof of QPA

- Harmony Internal Medicine
- DISP-654321
- DLI - 1067588
- 9/10/2023: 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\_case2.docx

## Notice of Offer

**OMB Control Number:** 1210-0169 **Expiration Date:** 06/30/2025

## Dispute Reference Number: DISP-654321

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### Contact Information

**Name:** HealthFirst Insurance

**Mailing Address:** 789 Health Ave.

**City:** Wellnessville

**State:** TX

**Zip Code:** 87654

**Email:** [idr@healthfirst.com](mailto:idr@healthfirst.com)

**Phone:** (876) 543-2109

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### Primary Point-of-Contact

**Name:** Out of Network Claims

**Email:** [claims@healthfirst.com](mailto:claims@healthfirst.com)

**Phone: (876) 543-2109**

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## Secondary Point-of-Contact

Name: Bob Anderson

Email: [bob.anderson@healthfirst.com](mailto:bob.anderson@healthfirst.com)

**Phone: (876) 543-2109**

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## Additional Information

I am a: Health insurance plan

Plan Type: Fully insured group health plan

Batched Items or Services?: Yes

Bundled Items or Services?: Yes

Documents attached:

- HealthFirst Notice of Offer DISP-654321.pdf

## Line Item

Claim Number: DR12345678 9876543210

Provider or facility practice specialty: Emergency Medicine

Location of Service: TX

Date of Service: 09/15/2022

Service Code: 99285

Final Payment Offer: \$624.50

Percentage of QPA: 100.00%

QPA for applicable year: \$624.50

## 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: HealthFirst Insurance

Date: 09/20/2023

FILENAME: ./test\_output/notice\_of\_offer\_case2.docx

## Notice of Offer

OMB Control Number: 1210-0169 Expiration Date: 06/30/2025 Dispute Reference Number: DISP-654321

## Contact Information

Name:

Vital Emergency Care

**Mailing Address:**

789 Emergency Lane

**City:**

Urgencytown

**State:**

TX

**Zip Code:**

54321

**Email:**[contact@vitalemergency.com](mailto:contact@vitalemergency.com)**Phone:**

(987) 654-3210

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

Jane Doe

**Email:**[janedoe@vitalemergency.com](mailto:janedoe@vitalemergency.com)**Phone:**

(987) 654-3210

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

Tom Smith

**Email:**[tomsmith@vitalemergency.com](mailto:tomsmith@vitalemergency.com)**Phone:**

(987) 654-3210

**Additional Information****I am a:**

Health care provider

**Practice or facility size:**75 Employees **Batched Items or Services?:**

No

**Bundled Items or Services?:**

Yes

**Documents attached:**

- QPA Documentation
- QCode Ledger

**Line Item****Claim Number:**

DR87654321 2109876543

**Provider or facility practice specialty:**

Emergency Medicine

**Location of Service:**

TX

**Date of Service:**

09/15/2022

**Service Code:**

99285

**Final Payment Offer:**

\$824.00

**Percentage of QPA:**

126.54%

**QPA for applicable year:**

\$650.83

## 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:**

Tom Smith

**Date:**

09/20/2023

FILENAME: ./test\_output/provider\_submission\_case2.docx **Provider Submission Document: No Surprises Act (NSA) Requirements****Document Number: DISP-654321****1. Provider Information:**

- **Provider Name:** Harmony Internal Medicine, LLC
- **Provider Address:** 789 Treatment Ave, Harmony, TX, 76543
- **Contact Email:** [contact@harmonymedical.com](mailto:contact@harmonymedical.com)
- **Contact Phone:** 876-543-2109

**2. Health Plan Information:**

- **Insurance Provider:** HealthPlus Insurance
- **Contact Name for Negotiations:** Mary Johnson, Director of Claims
- **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:** Medium (99214 CPT code)
- **Service Date:** 9/15/2022

**4. Provider Offer Information:**

- **Final Offer of Payment:** \$624.50
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 192.67% of Harmony Internal Medicine, LLC's usual and customary charges
- **Comparison to HealthPlus Insurance's indicated QPA:** \$324.07 (100% 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 89% in quality measurements.
- **Patient Acuity and Complexity of Providing Clinical Services:**
  - All patients fully qualify for a medium acuity level, involving moderate diagnostic and medical decision-making.
- **Market Share:**
  - Harmony Internal Medicine, LLC treats 18% of HealthPlus Insurance's commercially insured patients in our community.
- **Previous Contracting History:**
  - Contractual agreements exist with HealthPlus Insurance.
- **Previous Reimbursement Rates:**
  - In 2021, Harmony Internal Medicine, LLC received \$523 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 Mary Johnson on 9/15/2022 without successful engagement from HealthPlus Insurance.

#### 6. Additional Documentation:

- **Exhibit 1:** CV of Dr. Patrick Larson, showing extensive qualifications and experience in internal medicine.
- **Exhibit 2:** Clinical narrative detailing the moderate-complexity medical decision making for a typical 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:**
  - Supreme Court case of TMA vs. HHS and rulings on the NSA and interpretation of the QPA in the reimbursement decision process.

#### Contact for Further Information:

- **Provider Contact:** Dr. Jane Rogers
- **Phone:** 876-543-2109

**Conclusion:** Harmony Internal Medicine, LLC requests a fair determination by considering all the documented NSA required factors, historical rates, and the context in which medical services are provided. We seek acknowledgment of the specific implications on reimbursement needs due to the level of care and our role in providing essential health services.

Thank you for your attention and prompt resolution in this independent dispute resolution process.

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