

FILENAME: ./test\_input/IDR initiating party notice\_2.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 Medical Center
  - **Mailing address:** 456 Care Avenue
  - **City:** Capital City
  - **State:** CA
  - **Zip:** 90001
  - **Phone:** (555) 987-6543
  - **Email:** [contact@abcmedical.com](mailto:contact@abcmedical.com)
- **Primary point of contact:**
  - **Name:** Dr. James Johnson
  - **Email:** [james.johnson@abcmedical.com](mailto:james.johnson@abcmedical.com)
  - **Phone:** (555) 123-4567
- **Additional information:**
  - **I am a health care provider**
  - **Practice or facility size:** 75 employees
  - **Batched items or services:** No
  - **Bundled items or services:** No
- **Line item:**
  - **Claim number:** DR98765432 246813579
  - **Provider or facility practice specialty:** Cardiology
  - **Location of service:** CA

FILENAME: ./test\_input/dispute line items\_2.docx

## Federal IDR Portal

DLI - 2468135

### Dispute Line Item

- **Name:** DLI - 2468135
- **Date of Item or Service:** 11/15/2022
- **IDRE Dispute:** DISP-987654
- **Line Item Type:** Final Resolution
  
- **Claim Number:** DR98765432 246813579
- **Initiating Party Final Payment Offer:** \$1,200.00
- **Non-Initiating Party Final Payment Offer:** \$480.00
- **Initiating Party Percentage of QPA:** 250.00%
- **Non-Initiating Party Percentage of QPA:** 100.00%
- **Complainant Practice Specialty:** Cardiology
- **Respondent Practice Specialty:** General Practice
- **Complainant Coverage Area Zip Code:** 90001
- **Respondent Coverage Area Zip Code:** 30506
- **Complainant Geographic Region:** Capital City, CA
- **Respondent Geographic Region:** Lakeview, GA
- **Complex State Applicability:** California

Last Modified By: IDR Notice of Offer Site Guest User, 10/20/2023 02:32 PM

## Payment Information

- **Description of the Item or Service:** DR98765432 246813579
- **Cost Sharing Amount:** \$48.00
- **Qualifying Payment Amount:** \$480.00
- **Initial Payment Amount:** \$432.00
  
- **Type of Qualified Item(s) or Service(s):** Cardiac catheterization
- **Service Code:** 93458
- **Post-Stabilization Service(s):** None
- **Place of Service Code:** 21
- **Professional Service(s):** Cardiology
- **Location of Service:** CA
- **Hospital-Based Service(s):** Yes
- **Other Item(s) or Service(s) Description:** Outpatient cardiology services

## Notes & Attachments

- **Complainant Clinical Capacity Level:** High
- **Respondent Clinical Capacity Level:** Moderate
- **Non-Participating Provider-Participating HCF:** Participating

## Proof of QPA

- **ABC Diagnostic Center**
- **DISP-987654**
- **DLI - 2468135**
- **3/28/2023:** QPA Documentation.pdf
- **Type:** File
- **Last Modified:** Jane Doe
- **Description:** Supporting documentation for the Qualifying Payment Amount

FILENAME: ./test\_input/notice of offer non initiating party\_2.docx

## Notice of Offer

- **OMB Control Number:** 1210-0169
- **Expiration Date:** 06/30/2025
- **Dispute Reference Number:** DISP-987654

## Contact Information

- **Name:** HealthFirst Insurance
- **Mailing Address:** 789 Coverage Lane
- **City:** Urbanville
- **State:** UT
- **Zip Code:** 54321
- **Email:** [disputes@healthfirst.com](mailto:disputes@healthfirst.com)
- **Phone:** (890) 123-4567

## Primary Point-of-Contact

- **Name:** Dispute Resolution Department

- **Email:** [dispute.resolution@healthfirst.com](mailto:dispute.resolution@healthfirst.com)
- **Phone:** (890) 654-3210

## Secondary Point-of-Contact

- **Name:** Bob Smith
- **Email:** [bob.smith@healthfirst.com](mailto:bob.smith@healthfirst.com)
- **Phone:** (890) 654-7890

## Additional Information

- **I am a:** Managed Care Organization
- **Plan Type:** Fully insured group health plan
- **Batched Items or Services?:** No
- **Bundled Items or Services?:** No
- **Documents attached:**
  - Anthem Notice of Offer DISP-987654.pdf

## Line Item

- **Claim Number:** DR98765432 246813579
- **Provider or facility practice specialty:** Cardiology
- **Location of Service:** CA
- **Date of Service:** 11/15/2022
- **Service Code:** 93458
- **Final Payment Offer:** \$480.00
- **Percentage of QPA:** 100.00%
- **QPA for applicable year:** \$480.00
- **Coverage Area Zip Code:** 30506
- **Geographic Region:** Lakeview, GA

## 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:** 10/20/2023

**FILENAME:** ./test\_input/notice of offer\_2.docx

## Notice of Offer

- **OMB Control Number:** 1210-0169
- **Expiration Date:** 06/30/2025
- **Dispute Reference Number:** DISP-987654

## Contact Information

- **Name:** XYZ Emergency Services
- **Mailing Address:** 789 Rescue Road
- **City:** Lifesavingtown

- **State:** LS
- **Zip Code:** 98765
- **Email:** [contact@xyzemergencyservices.com](mailto:contact@xyzemergencyservices.com)
- **Phone:** (987) 654-3210

## Primary Point-of-Contact

- **Name:** John Smith
- **Email:** [john.smith@xyzemergencyservices.com](mailto:john.smith@xyzemergencyservices.com)
- **Phone:** (987) 654-3210

## Secondary Point-of-Contact

- **Name:** Sarah Johnson
- **Email:** [sarah.johnson@xyzemergencyservices.com](mailto:sarah.johnson@xyzemergencyservices.com)
- **Phone:** (987) 654-3210

## Additional Information

- **I am a:** Emergency Care Provider
- **Practice or facility size:** 30 employees
- **Batched Items or Services?:** No
- **Bundled Items or Services?:** No
- **Documents attached:**
  - Emergency Room Sample Documentation.pdf

## Line Item

- **Claim Number:** DR98765432 246813579
- **Provider or facility practice specialty:** Emergency Medicine
- **Location of Service:** GA
- **Date of Service:** 11/15/2022
- **Service Code:** 99285
- **Final Payment Offer:** \$800.00
- **Percentage of QPA:** 200.00%
- **QPA for applicable year:** \$400.00

## 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 Services

**Date:** 10/20/2023

**FILENAME:** ./test\_input/provider submission\_2.docx

**Provider Submission Document:** No Surprises Act (NSA) Requirements

**Document Number:** DISP-987654

### 1. Provider Information:

- **Provider Name:** City Care Urgent Medical Center

- **Provider Address:** 987 Relief Avenue, Healing Springs, GA, 30506
- **Contact Email:** [contact@citycare.com](mailto:contact@citycare.com)
- **Contact Phone:** 678-543-2109

## 2. Health Plan Information:

- **Insurance Provider:** HealthGuard Insurance
- **Contact Name for Negotiations:** Emily Davis, 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:** Moderate
- **Service Date:** 11/15/2022

## 4. Provider Offer Information:

- **Final Offer of Payment:** \$1,200.00
- **Percentage of Historical Out-of-Network Reimbursement Rate (2021):** 350% of City Care Urgent Medical Center's usual and customary charges
- **Comparison to HealthGuard Insurance's indicated QPA:** \$480.00 (250% of QPA)

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

- **Training, Experience, and Quality Outcome Measurements:**
  - The urgent care physicians at City Care Urgent Medical Center are certified and have maintained high-quality performance metrics.
- **Patient Acuity and Complexity of Providing Clinical Services:**
  - Moderate acuity cases are carefully managed with detailed patient history reviews and appropriate diagnostic and treatment methods.
- **Market Share:**
  - City Care Urgent Medical Center serves 18% of HealthGuard Insurance's urgent care clientele in the Healing Springs region.
- **Previous Contracting History:**
  - Historical attempts to join the HealthGuard Insurance network failed due to unreasonable reimbursement terms, leading to the out-of-network status.
- **Previous Reimbursement Rates:**
  - City Care Urgent Medical Center received \$600 for similar out-of-network services in 2021.
- **Increased Costs of Clinical Services:**
  - A 12% increase in operational costs from the previous year due to rising overhead expenses.
- **Evidence of Good Faith Negotiation Efforts:**
  - Proposal submitted to Emily Davis on 10/20/2023 without successful dialogue with HealthGuard Insurance.

## 6. Additional Documentation:

- **Exhibit 1:** Credentials of Dr. Sara Richards, highlighting experience in urgent care medicine and patient satisfaction ratings.
- **Exhibit 2:** Clinical notes illustrating the appropriate use of diagnostic testing and treatment modalities for moderate acuity cases.

## 7. Submission Notes:

- **Critical Deadlines under NSA:**
  - The IDR entity must render a decision within 30 business days post-submission.
- **Legal References:**
  - Key rulings from the American Medical Association on provider fees and reimbursement standards under the NSA.

## Contact for Further Information:

- **Provider Contact:** Dr. James Anderson
- **Phone:** 678-543-2109

**Conclusion:** City Care Urgent Medical Center seeks equitable resolution based on the documented factors, historical rates, and the critical role urgent care facilities play in the community healthcare ecosystem.

Thank you for reviewing the submission and facilitating a prompt resolution through the independent dispute resolution process.

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