

Independent Dispute Resolution (IDR) Notice of Initiation Web Form



Job Aid

May 2022

IDR Notice of Initiation Web Form

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Introduction

This job aid contains instructions for completing the Independent Dispute Resolution (IDR) Notice of Initiation web form. This document is applicable to health care providers, plans, and issuers to resolve payment disputes.

Important information

- You can start the Federal IDR process within 4 business days after the end of the 30-business-day open negotiation period if a determination of the total payment for the qualified IDR item(s) or service(s), including cost sharing, was not reached.
- Use this form if you participated in an open negotiation period that has expired without an agreement for an out-of-network total payment amount for the qualified IDR item or service.
- You will need to provide information for both parties involved in the dispute.
- The parties can still reach an agreement on a payment amount during the IDR process, but you must reach an agreement before the certified independent dispute resolution entity determines the payment amount.



Important: Send any questions regarding the IDR Notice of Initiation process and the web form to: FederalIDRQuestions@cms.hhs.gov.

1. Before Starting the Web Form

Before starting the IDR Notice of Initiation web form:

- Make sure that this dispute belongs in the Federal IDR process. You can review the [IDR State](#) list to help determine which states have processes that may apply to payment determinations for the items, services, and parties involved.
- Have the following items available to provide along with the form:
 - Information to identify the qualified IDR items or services (and whether they are designated as batched or bundled items or services).
 - Dates and location of qualified IDR items or services.
 - Type of qualified IDR items or services such as emergency services and post-stabilization services.
 - Item and Service codes for corresponding service and place-of-service.
 - Attestation that qualified IDR items or services are within the scope of the Federal IDR process.
 - Your preferred certified IDR entity.

IDR Notice of Initiation Web Form

Complete and submit the form in a single session. For security reasons and protection of personal data, your session will time out after 60 minutes of inactivity. After 60 minutes of inactivity, the following message will display.

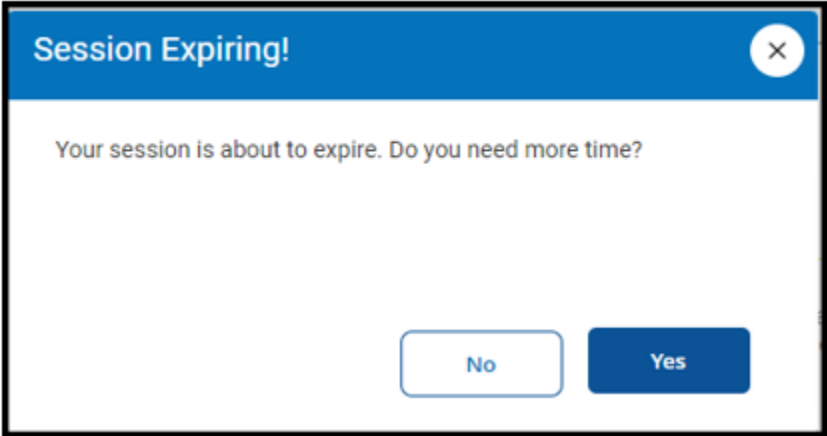


Figure 1: Session Expiring

If the you do not respond within 60 seconds, the system will terminate the session and return you to the No Surprise’s Act page. Selecting **Continue** will restart the 60-minute timer for inactivity.

If you exit the form prior to completing all the information, the information you have entered will not be saved. When you select **Exit**, the following dialog box will appear.

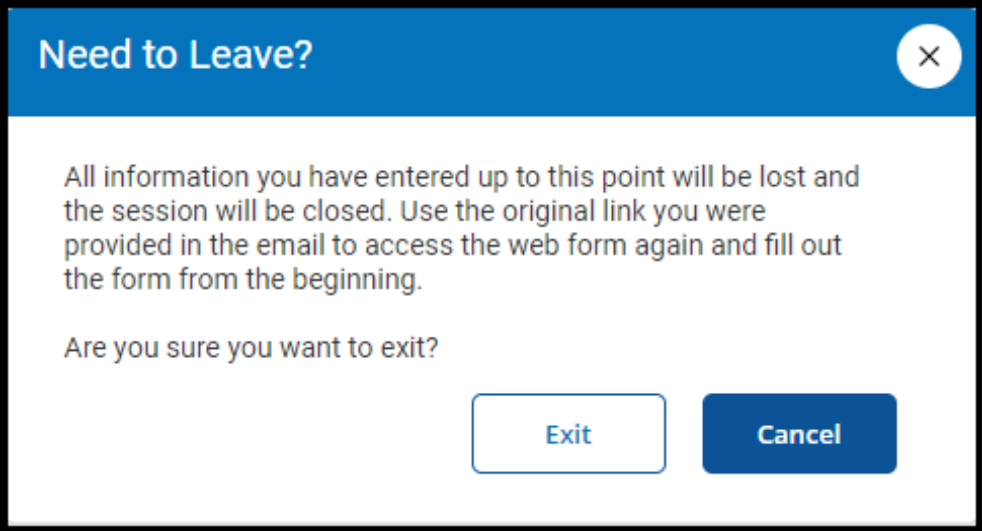


Figure 2: Exit Warning

2. Notice of Initiation Form — Qualification Questions

This form must include, among other information, the relevant qualifying payment amount (QPA), the initiating party’s preferred certified IDR entity, and the qualified IDR items or services at issue. The initiation date of the Federal IDR process is the date that the Departments receive the Notice of IDR Initiation. The initiating party’s information will display first on the form.

2.1. Welcome Page

1. Review the instructions before proceeding.
2. Select the check box next to the statement:
 - I hereby agree to the terms and conditions expressed in the security and privacy agreement at the bottom of the welcome page. Failure to do so will prevent you from moving forward in the form and will display the following warning message.

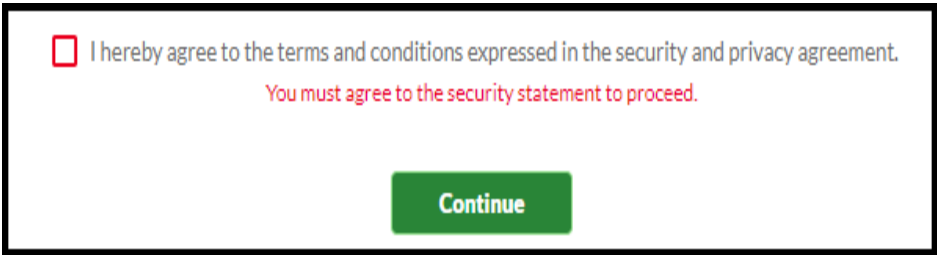


Figure 3: Security Statement Check Box Warning

3. Select the *Continue* button to proceed to the *Qualification Questions* page.

2.2. Qualification Questions

The following screens contain a series of questions to confirm eligibility for the payment dispute process. The initiator will only be allowed to proceed, and a dispute will only be created, if the dispute is eligible. Any fields marked with a red asterisk (*) are required fields on the form. If you’re a third-party administrator or third-party representative, please indicate which party you are working on behalf of. You can also access a glossary of terms referenced in this document by selecting the link contained within the Need help with terms section.

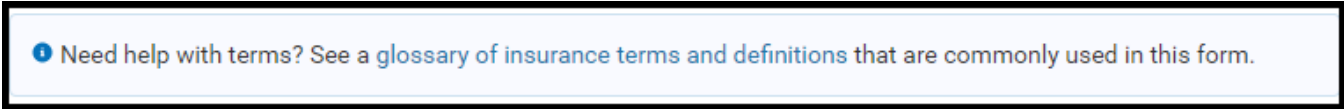


Figure 4: Need help with terms?

IDR Notice of Initiation Web Form

2.2.1. Page 1

1. Complete the following questions:
 - a. **Was the service in question provided prior to 1/1/2022?**
 - i. Select the radio button next to Yes or No. If the dispute was provided prior to 1/1/2022, you will see the following message after selecting the blue Continue button.


 This dispute is not eligible for the federal IDR process because the date of service you provided is before 1/1/2022.

Figure 5: Date of Service Error Message

- b. **I am (or I am acting on behalf of) a:** (select one)
 - i. Select the radio button identifying your organization type.
 - **Group Health Plan**
 - **Individual health insurance issuer**
 - **Federal Employees Health Benefits (FEHB) carrier**
 - **Health care provider**
 - **Health care facility**
 - **Provider of air ambulance services**
2. Select **Continue**.

2.2.2. Page 2

1. Complete the following questions:
 - a. **When did the open negotiation period start?**
 - i. **Use the calendar icon to select the date.**
 - ii. **The date must be greater than or equal to 01/01/2022.**
 - iii. **The date must not be a future date.**



Important: You must wait until the 30 business-day open negotiation period has expired before submitting the Notice of Initiation. However, you must submit the notice within (4) four business days from the close of open negotiations.

- b. **Did the health care provider or health care facility get consent from the participant, beneficiary, or enrollee to waive surprise billing protections for these items or services?**
 - i. Select the radio button next to **Yes** or **No**. If the surprise billing protections were waived, you will see the following message after selecting **Continue**.


 This dispute is not eligible for the federal IDR process. Based on your selection, the surprise billing protections were waived, and the items and services do not qualify for the dispute process.

Figure 6: Surprise Billing Protections

2. Select *Continue*.

2.2.3. Page 3

1. Complete the following question:
 - a. **What are you disputing today?** (Select one)
 - i. Select the radio button next to the appropriate response.
 - **Single patient encounter. All items and services in this dispute relate to a single patient encounter, possibly including multiple items and services.**
 - **A batched dispute. I'm disputing items and services related to multiple patients because they are similar in nature and can be reviewed together by an independent review**
2. Select *Continue*.

3. Notice of Initiation Form — Initiating and Non-Initiating Party Contact Information

In this section of the form, the initiating party provides contact information for themselves and the non-initiating party. The contact information of the initiating party will display first. For example, if the initiating party is a health care provider, health care facility, or provider of air ambulance services, fields for their information will display first and the group health plan, health insurance issuer, FEHB carrier or Third-party administrators (TPAs) will be displayed second. If the health insurance issuer is the initiating party, then the fields associated with the health care issuer will display first.

3.1. Special Instructions for Completing the Form

3.1.1. Third-Party Administrators

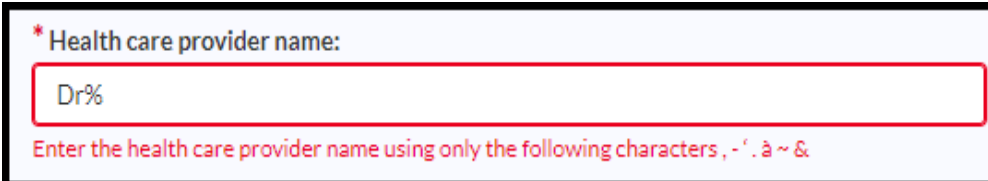
TPAs for health plans should provide their contact information in the primary point-of-contact section. Third-party representatives for providers should provide their contact information in the primary point-of-contact section. Any fields marked with a red asterisk (*) are required fields on the form.

3.1.2. Use of Special Characters

3.1.2.1. Name Fields

The system will display the error message below if a special character is used in a name field that is **not** in the list of valid special characters: comma (,), hyphens/dash (-), apostrophe (') period (.), accent mark (à), ampersand (&), and tilde (~). The error message will be displayed in the following fields when clicking anywhere outside of the field, hovering out of the field, selecting the tab button on the keyboard, or selecting the **Continue** button.

- **Health Care Provider Name**
- **Hospital, Health Care Facility; Group Name**
- **Primary point-of-contact if different from above: (Initiating Party)**
- **Secondary point of contact (optional) (Initiating Party)**
- **Health Insurance Plan or Company**
- **Primary point-of-contact if different from above: (Non-Initiating Party)**
- **Secondary point of contact (optional) (Non-Initiating Party)**
- **Initiating Party Signature**



* Health care provider name:
Dr%

Enter the health care provider name using only the following characters , - ' . à ~ &

The screenshot shows a text input field with the text "Dr%" entered. The field is highlighted with a red border. Above the field, the label "* Health care provider name:" is displayed. Below the field, a red error message reads "Enter the health care provider name using only the following characters , - ' . à ~ &".

Figure 7: Special Character Error Message for Name Fields

3.1.2.2. Address Fields

The system will display the error message below if a special character is entered in an address field that is **not** in the list of valid special characters: number sign (#), comma (,), hyphen/dash (-), apostrophe ('), period (.), accent mark (à), ampersand (&), tilde (~), forward-slash (/), backward-slash (\) and colon (:). The error message will be displayed in the following fields when clicking anywhere outside of the field, hovering out of the field, selecting the tab button on the keyboard, or selecting the **Continue** button.

- **Mailing Address (initiating party)**
- **City (initiating party)**
- **Mailing Address (non-initiating party)**
- **City (non-initiating party)**

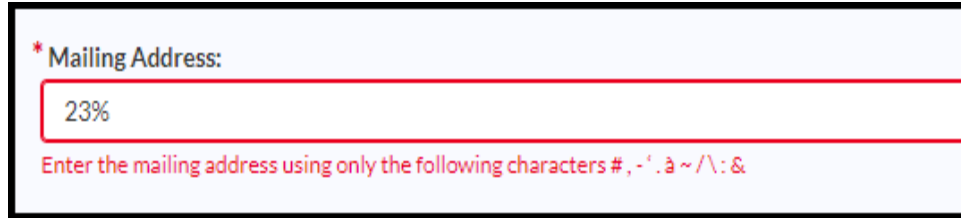


Figure 8: Special Character Error Message for Address Fields

3.2. Initiating Party Contact Information

Enter the information in the following text fields:

1. Name and Address Information
 - **Health care provider name**
 - **Hospital, health care facility or group name**
 - **Mailing Address**
 - **City**
 - **State**
 - **Zip Code**
 - **Email**
 - **Phone**
2. Primary point-of-contact if different from above:
 - **Name**
 - **Email**
 - **Phone**
3. Secondary point-of-contact: (optional)
 - **Name**
 - **Email**
 - **Phone**

3.3. Non-Initiating Party Contact Information

Enter the information in the following text fields.

1. Name and Address Information
 - **Health Insurance Plan or Company**
 - **Mailing Address**
 - **City**
 - **State**
 - **Zip Code**
 - **Email**
 - **Phone**

2. Primary point-of-contact if different from above:

- **Name**
- **Email**
- **Phone**

3. Secondary point-of-contact: (optional)

- **Name**
- **Email**
- **Phone**

4. Notice of Initiation Form — Line-Item Information

This section of the form must include, among other information, the relevant QPA for each item or service, the initiating party's preferred certified IDR entity, and the qualified IDR items or services at issue. The initiating party must also furnish the Notice of IDR Initiation to the Departments by submitting notice using the Federal IDR portal, available at <https://www.nsa-idr.cms.gov>. The initiation date of the Federal IDR process is the date that the Departments receive the Notice of IDR Initiation.



Important: *If this dispute involves a Federal Employees Health Benefits (FEHB) Carrier that has a contract with the Office of Personnel Management that includes terms to adopt a state process for making out-of-network payment determinations, you will need to inquire with your state on how to handle your dispute. Similarly, if this dispute involves an Employee Retirement Income Security Act (ERISA) plan that has opted in to the state process for determining an out-of-network payment rate, you will need to inquire with the state on how to handle your dispute.*

4.1. Input Date of the qualified IDR item or service

Use the calendar icon to select the date of the item or service.

4.2. Add Payment Information

1. Enter the description of the item or service.
2. Qualifying payment amount (QPA).
3. Upload any relevant documentation about the QPA. The total file size limit for all uploaded documents is 500MB. Be sure your files meet this limitation.
4. You must upload at least one file.
5. When the information has been successfully loaded, the file name will be displayed.
6. Select the file name to view what has been submitted.
7. Cost sharing amount allowed.

5. Initial payment amount for the item(s) and/or service(s) (if applicable)

1. Select the item(s) or service(s) under dispute by selecting the checkbox next to the service. You may choose more than one service category.
 - **Emergency item(s)/service(s)**
 - **Post-stabilization service(s)**
 - **Professional service(s)**
 - **Hospital-based service(s)**
 - **Item(s)/service(s) furnished by an out-of-network provider at an in-network health care facility**
 - **Out-of-network air ambulance service(s)**
 - **Other: Provide description** (Put description in text box provided)
2. Provide the service code.
 - **Service Code** (five-digit code)
 - **Place of Service Code** (two-digits)
 - **Location of Service Code** (state)
3. Enter Additional Services (if needed)
4. Select **Save & Add Another** to enter additional services and payment information.

5.1. Save Line-Item Section Entries

After all services are added, select **Save**.

1. When the **Finished** dialogue box appears, if you are ready to submit your form, select **Continue**. If you still need to add items or services, select **Back**.
2. After selecting **Continue**, review the **Summary of Qualified Items and/or Services** table displayed on the next page.
3. Select the link displayed in the table if you need to make changes to an item or service.
4. Select **Add Another Item** to add an item or service.
5. After reviewing your inputs on the table, if you do not have any other items to add, select the **Sign & Submit** button on the bottom left of the page.

6. Submit IDR Notice of Initiation Form

The final steps in completing the IDR Notice of Initiation Form includes selecting a preferred certified IDR entity and attesting that no conflict of interest (COI) exists between the initiating party and the selected certified IDRE.

6.1. Complete Preferred IDR Entity Selection Section

Select the dropdown arrow in the field **Certified IDR entity legal business name and** select the entity you prefer to handle the dispute.

6.2. Complete COI Attestation

Select the checkbox next to the following statement:

“I (We), the undersigned Initiating party(ies), attest that to the best of my (our) knowledge the preferred certified IDR entity doesn’t have a disqualifying conflict of interest and that the item(s) and/or service(s) at issue are qualified IDR item(s) and/or service(s) within the scope of the Federal IDR process.”

1. Enter your name in the **Initiating party** field and the date in the **Date** field.
2. Select **Submit**.

IDR Notice of Initiation Form Received Confirmation

Once the form has been submitted, you will receive confirmation the form has been received and the next steps.

Confirmation OMB: XX-XXXXXXX
Expiration Date:

You have submitted the IDR initiation notice to the Departments. This notice must also be furnished to the non-initiating party the same day the notice is furnished to the Departments. We advise you print, save, and send a copy of this notice to the non-initiating party to fulfill the requirements for initiating the federal IDR process.

Next steps:

- As the initiating party, it is your responsibility to provide the non-initiating party with a copy of the Notice of IDR initiation on the same day you submitted this form.
- Select **Print PDF** to print this document for your records.
- You'll receive an email from FederalIDRQuestions@cms.hhs.gov confirming the initiation date of the dispute.
- The non-initiating party will be notified that an IDR notice has been submitted and they will be asked to review the preferred IDR entity.
- You'll receive a selection notice via email confirming the selection of the certified IDR entity or notifying you that the non-initiating party has selected an alternative certified IDR entity. If an alternative IDR entity has been selected, you will be given the opportunity to accept or deny the alternate selection.
- After a final certified IDR entity has been selected you will be notified of the selection and will be provided with information regarding the next steps, including how to submit your offers to the certified IDR entity and how to submit the administrative and IDR entity fees.
- To exit the web form, select **Exit**.

Print PDF | **Exit**

Figure 9: Confirmation Page

7. Next steps include

As the initiating party, it is your responsibility to provide the non-initiating party with a copy of the Notice of IDR initiation on the same day you submitted this form.

1. Select Print PDF to print this document for your records.
2. You'll receive an email from FederalIDRQuestions@cms.hhs.gov confirming the initiation date of the dispute.
3. The non-initiating party will be notified that an IDR notice has been submitted and they will be asked to review the preferred IDR entity.
4. You'll receive a selection notice via email confirming the selection of the certified IDR entity or notifying you that the non-initiating party has selected an alternative certified IDR entity. If an alternative IDR entity has been selected, you will be given the opportunity to accept or deny the alternate selection.
5. After a final certified IDR entity has been selected you will be notified of the selection and will be provided with information regarding the next steps, including how to submit your offers to the certified IDR entity and how to submit the administrative and IDR entity fees.
6. To exit the web form, select ***Exit***.