

# Independent Dispute Resolution (IDR) Notice of Offer Web Form



**Job Aid**

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**December 2023**

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## Introduction

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This job aid contains an overview of the **Independent Dispute Resolution (IDR) Notice of Offer web form** and tips for successfully completing and submitting the form. This document is applicable to health care providers, health care facilities, providers of air ambulance services, group health plans, health insurance issuers and Federal Employees Health Benefits (FEHB) Program carriers, subject to the Federal IDR process,<sup>1</sup> to resolve payment disputes. As referred to in this document, a health care provider, facility, or provider of air ambulance services, and a plan, issuer, or FEHB carrier are the “parties” or “disputing parties” to the Federal IDR Process.

The Notice of Offer web form is used during the **submission of offers and payment of fees phase** of the **Federal IDR Process**. This phase of the Federal IDR Process comes immediately after the certified IDR entity assigned to the parties’ dispute has attested that the certified IDR entity does not have a conflict of interest and has indicated that the dispute is eligible for the Federal IDR Process. During the submission of offers and payment of certified IDR entity fees phase, **disputing parties will be asked to submit their final payment offers** for the item(s) or service(s) being disputed. **Effective November 2022, all disputing parties must submit their offers through the IDR Notice of Offer web form.**

There are five main steps that disputing parties need to complete during the submission of offers and payment of certified IDR entity fee phase of the Federal IDR Process, one of which is completing the Notice of Offer web form.

### **Submission of Offers and Payment of Certified IDR Entity Fee Phase Overview:**

1. **Receive an email from the certified IDR entity requesting payment of the administrative fee and certified IDR entity fee.**
2. **Receive an email from [FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov) with a unique link** to the Notice of Offer web form for the dispute you are a party to.
3. **Submit** both the **administrative fee** and certified **IDR entity fee** directly to the certified IDR entity.
4. Complete and **submit** the **Notice of Offer form, including** supporting documentation.
5. You will **receive an acknowledgement email** once the form is submitted and communications from the certified IDR entity if more information is needed related to your offer.

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<sup>1</sup> Requirements Related to Surprise Billing; Part II, 86 FR 55980-55994 (October 7, 2021), <https://www.federalregister.gov/d/2021-21441>.

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## **Important Information about the Notice of Offer Web Form:**

- The Notice of Offer web form must be submitted, and the administrative and IDR entity fees paid, **no later than 10 business** days after the email with the Notice of Offer web form link is sent. **Important:** The day the email with the Notice of Offer web form link is sent is Day 0 of the 10-business-day period that the parties have to submit their offer and pay their administrative and certified IDR entity fees. You may open and view the web form link any number of times before submission.
- Some of the prepopulated fields on the Notice of Offer web form will not be editable. **If any of the prepopulated fields that are not editable have information that you think is incorrect, contact your certified IDR entity** and explain what information is incorrect and why it is incorrect. You may be asked to provide evidence to support your assertion.
- You may **submit the Notice of Offer web form only once**. If you need to make a correction to your Notice of Offer web form after submitting the form, contact your certified IDR entity.
- You may exit the form without submitting it by selecting the **“Exit”** button on the bottom of the page. Doing so will **clear all of the information you have entered on the web form**. You will be able to access the link again but will have to re-enter any information you previously entered.

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*Guidance issued by the Departments of the Treasury, Labor, and Health and Human Services, and the Office of Personnel Management on the calculation and use of QPAs, as well as their related exercise of enforcement discretion, can be found in “FAQs about Consolidated Appropriations Act Implementation, 2021 Part 62” (October 6, 2023) (available at: <https://www.cms.gov/files/document/faqs-part-62.pdf>.) Guidance issued by the Departments of the Treasury, Labor, and Health and Human Services, and the Office of Personnel Management on the initiation of batched disputes and disputes involving air ambulance services can be found in No Surprises Act (NSA) Independent Dispute Resolution (IDR) Batching and Air Ambulance Policy FAQs (November 28, 2023), available at <https://www.cms.gov/files/document/faqs-batching-air-ambulance.pdf> and FAQs about Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 63 (November 28, 2023), available at <https://www.cms.gov/files/document/faqs-part-63.pdf>.*

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Send any questions regarding the IDR Notice of Offer process and the web form to:  
[FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov).

## 1. Before Starting the Notice of Offer Web Form

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Before starting the IDR Notice of Offer web form, you should have the following items available to submit along with the form:

- A final offer of an out-of-network rate expressed as a dollar amount.
- Any information requested by the certified IDR entity relating to the offer.
- Information regarding the circumstances included in Table 1 or Table 2 below relating to the offer.
- Any additional information that you would like the certified IDR entity to consider that does not include information on prohibited factors (for more information on the prohibited factors see the relevant IDR Process for Disputing Parties Guidance here: <https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets>).



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***Important: For information about the Qualifying Payment Amount (QPA) in light of the Texas Medical Association, et al. v. U.S. Department of Health and Human Services, et al., Case No. 6:22-cv-450-JDK (TMA III) order, please see <https://www.cms.gov/files/document/faqs-part-62.pdf>.***

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**Table 1: Circumstances/Factors for Qualified Non-Air Ambulance Items and Services to be Considered**

<b>Circumstances/Factors for Qualified Non-Air Ambulance Items and Services</b>
1. <b><i>The level of training, experience, and quality and outcomes measurements</i></b> of the provider or facility that furnished the qualified IDR item or service (such as those endorsed by the consensus-based entity authorized in Section 1890 of the Social Security Act).
2. <b><i>The market share</i></b> held by the provider or facility or that of the plan in the geographic region in which the qualified IDR item or service was provided.
3. <b><i>The acuity of the participant, beneficiary, or enrollee</i></b> receiving the qualified IDR item or service, <b><i>or the complexity of furnishing</i></b> the qualified IDR item or service to the participant, beneficiary, or enrollee.
4. <b><i>The teaching status, case mix, and scope of services</i></b> of the facility that furnished the qualified IDR item or service, if applicable.
5. <b><i>Demonstrations of good faith efforts (or lack thereof) made by the provider or facility or the plan to enter into network</i></b> agreements with each other, and, if applicable, <b><i>contracted rates</i></b> between the provider or facility, as applicable, and the plan during the previous 4 plan years.
6. <b><i>Additional information submitted by a party</i></b> that relates to the offer for the payment amount for the qualified IDR item or service that is the subject of the payment determination and that does not include information on prohibited factors.
7. <b><i>The QPA submitted.</i></b> Certified IDR entities may request, and disputing parties may provide, additional information relevant to the submitted QPA. Certified IDR entities can consider such information when determining the appropriate payment amount for an item or service, to the extent such information does not include the prohibited factors identified in 26 CFR 54.9816-8T(c)(4)(v), 29 CFR 2590.716-8(c)(4)(v), and 45 CFR 149.510(c)(4)(v).

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**Table 2: Circumstances/Factors for Qualified Air Ambulance Items or Services to be Considered**

<b>Circumstances/Factors for Qualified Air Ambulance Items or Services</b>
1. <b><i>The quality and outcomes measurements</i></b> of the provider of air ambulance services that furnished the services.
2. <b><i>The acuity of the condition of the participant, beneficiary, or enrollee</i></b> receiving the services, or the <b><i>complexity of providing services</i></b> to the participant, beneficiary, or enrollee.
3. <b><i>The level of training, experience, and quality of medical personnel</i></b> that furnished the air ambulance services.
4. <b><i>The air ambulance vehicle type, including the clinical capability level of such vehicle.</i></b>
5. <b><i>The population density of the point of pick-up</i></b> for the air ambulance (such as urban, suburban, rural, or frontier).
6. <b><i>Demonstrations of good faith efforts (or lack thereof) made by the provider of air ambulance services or the plan to enter into network agreements, as well as contracted rates</i></b> between the provider and the plan during the previous 4 plan years.
7. <b><i>Additional information submitted by a party</i></b> that relates to the offer for the payment amount for the qualified IDR item or service that is the subject of the payment determination and that does not include information on prohibited factors.
8. <b><i>The QPA submitted.</i></b> Certified IDR entities may request, and disputing parties may provide, additional information relevant to the submitted QPA. Certified IDR entities can consider such information when determining the appropriate payment amount for an item or service, to the extent such information does not include the prohibited factors identified in 26 CFR 54.9816-8T(c)(4)(v), 29 CFR 2590.716-8(c)(4)(v), and 45 CFR 149.510(c)(4)(v).

Applicable to providers and facilities only:

- Number of employees employed by the provider practice or facility.
- Practice specialty or type (if applicable).

Applicable to providers of air ambulance services only:

- Air ambulance vehicle type, including the clinical capacity level of such vehicle.

Applicable to plans and issuers and FEHB carriers only:

- Coverage area of the plan, issuer, or FEHB carrier (e.g., the zip code where the item or service was furnished).
- Geographic area used to calculate the QPA.
- Health plan type (i.e., fully insured, self-insured, partially self-insured, FEHB carrier).

## 2. Completing the Notice of Offer Web Form

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The initiating and non-initiating party will receive an email from [FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov) with information and instructions on how to complete the Notice of Offer web form and a unique link for them to complete the Notice of Offer web form.

### 2.1. Agreeing to the Security Statement

After selecting the unique link provided to you via email from [FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov) you will land on the Notice of Offer welcome page. Review all information provided on the page and **select the check box** at the bottom of the web page to agree to the security and privacy agreement. Select **“Continue”**.

### 2.2. Entering the Dispute Reference Number

On the next page of the web form, **enter the Dispute Reference Number** (referred to as IDR Reference Number on the email you received containing the unique link to the Notice of Offer web form) and select **“Continue”**. A **warning message** will appear letting you know that once the Notice of Offer is submitted you will not be able to make any changes to your information. Select **“Continue”**.

### 2.3. Updating Point-of-Contact Email Addresses (If necessary)

Next, if necessary, you may **update the email address(es)** provided for your organization by navigating to the appropriate **email field** and typing in the correct email address.

### 2.4. Completing the Additional Information Section

**The information displayed in the “Additional Information” section will vary based on whether you are the initiating party or the non-initiating party and whether you are a health care provider, health care facility, provider of air ambulance services, plan, issuer, or FEHB carrier.**

#### 2.4.1. I Am A

**If you are completing the web form as the initiating party** the “I Am A” field will display in the “Additional Information” section and will be grayed out. This field is prepopulated based on how the initiating party completed the Notice of IDR Initiation web form.

**If you are completing the web form as the non-initiating party** the “I Am A” field will display in the “Additional Information” section and will be prepopulated based on how the initiating party completed the Notice of IDR Initiation web form. **Confirm the information provided in the “I am a” field is correct and update if necessary.**

## 2.4.2. Plan Type

*If you are completing the web form as a group health plan, individual health insurance issuer, or FEHB carrier* the plan type field will display in the “Additional Information” section. This field will be prepopulated based on how the initiating party completed their Notice of Initiation web form. You will need to **review the plan type listed in the “Plan type” field and update if necessary.**

## 2.4.3. Practice or Facility Size

*If you are completing the web form as a health care facility or a health care provider* the “Practice or facility size” field will display in the “Additional Information” section. Select the dropdown next to the “Practice or facility size” field to **select the size of your practice or facility.** This field is required for health care facilities and health care providers.

## 2.4.4. Additional Information

You may upload files relevant to the offer via the **“Upload Files”** button at the bottom of the **“Additional Information”** section by **selecting** the **“Upload Files”** button **or dragging and dropping files** in the “Or drop files” area of the **“Additional Information”** section.

Before uploading documentation, be sure the document is clearly labeled so your certified IDR entity will know which line item or service the document is supporting.

## 2.5. Completing the Payment Information Section

In the first part of the “Payment Information” section you may review previously submitted attestations about whether the dispute items or services are batched qualified item(s) or services and whether the items or services are bundled qualified item(s) or service(s).

The next part of the “Payment Information” section is a payment information summary table.



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*The information displayed in the payment information summary table will vary based on whether you are a provider, facility, provider of air ambulance services, plan, issuer, or FEHB carrier and whether the dispute is a single, bundled, or batched dispute.*

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The following fields **will be displayed for all parties.** These fields will be **prepopulated** based on how the initiating party completed the Notice of IDR Initiation web form and the fields **are not editable.**

**If any of the prepopulated fields that are not editable have information that you think is incorrect, contact your certified IDR entity** and explain what information is incorrect and why it is incorrect.

- **Description of Item or Service**
- **Claim Number**
- **Location of Service**
- **Date of Service**
- **Service Code**
- **Qualifying Payment Amount (QPA) for Applicable Year**

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The **“Final Payment Offer”** field will be displayed for all parties and **all parties will be required to complete the field**. The “Final Payment Offer” field is a numeric field that supports decimals. **Use this field to provide your final payment offer for the dispute line item.**

The **“Percentage of QPA”** field will be displayed for all parties and **will be automatically populated** based on the Final Payment Offer you provide and the QPA or Applicable Year the initiating party provided when the initiating party completed the Notice of IDR Initiation web form. The percentage of QPA field is not editable.

The following additional fields **will be displayed only if you are a provider of air ambulance services**. These fields are required for providers of air ambulance services:

- **Air Ambulance Vehicle Type**
- **Clinical Capacity Level of such Vehicle**
- **Air ambulance point of pick up zip code** (i.e., the location of the patient at the time they were placed on the air ambulance).

The following additional field **will be displayed only if you are a health care provider or health care facility**. This field is required for health care providers and health care facilities:

- **Provider or Facility practice specialty**

The following additional fields **will be displayed only if you are a group health plan, individual health insurance issuer, or FEHB Carrier**. These fields are required for group health plans, health insurance issuers, and FEHB Carriers.

- **Coverage Area Zip Code** (e.g. the zip code where the item or service was furnished)
- **Geographic Region**

The “Coverage Area Zip Code” field should be used to provide the Zip Code where the item or service was furnished.

The “Geographic Region” field should be used for adding the relevant geographic area (i.e. the nearest metropolitan area) where the items or services were rendered for the purposes of calculating the QPA. This is a dynamic field. When you type in the first three letters of the geographic region options will begin to populate. Select the applicable geographic region when it appears.

Parties may upload files relevant to the dispute line items or services via the **“Upload Files”** button at the bottom of the **“Payment Information”** section. Before uploading documentation, be sure the document is clearly labeled so your certified IDR entity will know which line item or service the document is supporting.

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**Note: When completing a Notice of Offer web form for a bundled dispute, an additional Line Item Type column will display on the offer summary table. This column will tell you whether the dispute line item was submitted as the bundled item or service or a component item or service. Component items or services are not required to be submitted.**



*If component items or services were submitted, you may notice that some of the field values that were provided for the bundled item or service were not provided for the component items or services.*

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## 2.6. Signing & Submitting the Notice of Offer Web Form

To sign and submit the Notice of Offer web form:

- Select the **check box** next to the following statement "I agree to: Pay the administrative fee, Pay the IDR entity fee if my dispute is found eligible for the IDR process, Pay the outstanding amount (if any) of the out-of-network rate that is my responsibility as determined by the certified IDR entity, and I also understand that the final payment determination made by the certified IDR entity is binding upon the parties and not subject to judicial review except under certain circumstance."
- Type your name into the "**Signature**" text box. The date field is grayed out and cannot be edited.
- Select "**Submit & Continue**".
- From the pop-up window select "**Submit**".

## 3. Notice of Offer Web Form Confirmation

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Once you submit the form, you will receive a confirmation email that the form has been received and a set of next steps.

**Next steps:**

- **Make sure you have paid the certified IDR entity fee and administrative fee** directly to the certified IDR entity.
- The certified IDR entity will contact you if it needs additional information.
- The certified IDR entity will select one of the offers submitted by the disputing parties.
- You will receive an email from the certified IDR entity with a determination within 30 business days after the date the certified IDR entity was selected.
- Select "**Print PDF**" to print this document for your records. **Important:** Be sure to print or save the PDF for your reference. **After exiting the web form you will not get another chance to see what you submitted.**
- To exit the web form, select "**Exit**".