Independent Dispute Resolution (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.
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.

![Session Expiring](image1)

If 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 dialogue box will appear.

![Need to Leave?](image2)
2. Notice of Initiation Form — Welcome Page and 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

The first page of the Notice of Initiation page is the Welcome page.

*Important: If you have initiated an Independent Dispute Resolution (IDR) case through this portal in the past, clear your computer’s cache or open this form in a private or incognito window to access the updated IDR initiation form.*

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.

   ![Security Statement Check Box Warning](image)

   **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 is only allowed to proceed, and a dispute created, if the dispute is eligible. Any fields marked with a red asterisk (*) are required fields on the form. If you are 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.

![Need help with terms?](image)

**Figure 4: Need help with terms?**
2.2.1. Page 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**.
   
   ii. You will see the following message if you select the **Yes** radio button for this question:

   ![Figure 5: Date of Service Error Message](image)

   *Important: If the plan renewal date for plan year 2022 is after the date of service, the dispute will not be eligible for the IDR process.*

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

   *Important: If a member is only enrolled in coverage other than through a group health plan, an individual health insurance issuer, or a FEHB carrier (such as Medicare, Medicaid, CHIP, or TRICARE plan coverage), the dispute is not eligible for the IDR process.*

Select **Continue**.

2.2.2. Page 2

Complete the following questions:

a. **When did the open negotiation period start?**

*Important: If the parties can't agree on an out-of-network rate, the 30 business-day open negotiation period must elapse before starting the Federal IDR process.*
i. If you enter a date that is less than 31 business days prior to the current date, you will receive the error message displayed below:

![Figure 6: Open Negotiation Must Elapse Error Message](image)

ii. If you enter a date that is more than 35 business days prior to the current date, a pop-up will display as pictured below. Select an appropriate reason why this dispute is eligible for an extension.

   a. I received an extension approval from the federal IDR mailbox, and will upload evidence of this extension in the Supporting Documentation section of this webform
   b. I am correcting a previous dispute submission that required corrections to how dispute line items were batched or bundled
   c. The item(s) or service(s) under dispute was subject to the 90-day cooling off period which ended no more than 30 business days from today.

![Figure 7: Open Negotiation Extension Pop-Up Message](image)

iii. In the pop-up, if you chose the option, I am correcting a previous dispute submission that required corrections to how dispute line items were batched or bundled, a new field will display on the webform labeled What is the number of the dispute being corrected?. Enter the dispute number being corrected.

![Figure 8: Dispute Number Field](image)
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**.

![Figure 9: Surprise Billing Protections](image)

ii. If the surprise billing protections were waived, you will see the message above after selecting the **Yes** radio button. Select **Continue**.

### 2.2.3. Page 3

Complete the following question:

a. **What are you disputing today?** (Select one)

i. Select the radio button next to the appropriate response.

   a. **A single dispute. I’m disputing either (a) one service code that represents one item or service, or (b) one service code that represents multiple items or services (a bundled service code).**

   b. **A batched dispute. I’m disputing multiple items or services all of which have the same or a comparable service code under a different procedural coding system.**

ii. If the radio button for a batched dispute is selected, a pop-up will appear under the heading: **Do your disputes qualify for the batched process?** with a list of questions. Review the list of questions and select the **No** or **Yes** button at the bottom of the pop-up.

![Do your disputes qualify for the batching process?](image)

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

This section outlines how to complete the form if you are a third-party administrator and provides guidance on the use of special characters in form fields.

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

This subsection outlines which special characters may be used in name and address fields.

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.
i. Health Care Provider Name
ii. Hospital, Health Care Facility; Group Name
iii. Primary point-of-contact if different from above: (Initiating Party)
iv. Secondary point of contact (optional) (Initiating Party)
v. Health Insurance Plan or Company
vi. Primary point-of-contact if different from above: (Non-Initiating Party)
vii. Secondary point of contact (optional) (Non-Initiating Party)
viii. Initiating Party Signature

Figure 11: Special Character Error Message for Name Fields

3.1.2.1.1. 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 (â), 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.

i. Mailing Address (initiating party)
ii. City (initiating party)
iii. Mailing Address (non-initiating party)
iv. City (non-initiating party)

Figure 12: 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:
   a. Health care provider name
   b. Hospital, health care facility or group name
   c. Mailing Address
d. **City**  
e. **State**  
f. **Zip Code**  
g. **Email**  
h. **Phone**

2. **Primary point-of-contact if different from above:**
   
a. **Name**  
b. **Email**  
c. **Phone**

3. **Secondary point-of-contact:** (optional)
   
a. **Name**  
b. **Email**  
c. **Phone**

### 3.3. Non-Initiating Party Contact Information

Enter the information in the following text fields.

1. **Name and Address Information**
   
a. **Health Insurance Plan or Company**  
b. **Mailing Address**  
c. **City**  
d. **State**  
e. **Zip Code**  
f. **Email**  
g. **Phone**

2. **Primary point-of-contact if different from above:**
   
a. **Name**  
b. **Email**  
c. **Phone**

3. **Secondary point-of-contact:** (optional)
   
a. **Name**  
b. **Email**  
c. **Phone**

### 4. Notice of Initiation Form — Service and Payment 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

**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 into 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. **Line-Item Information**

1. Add the claim number for each dispute line item entered. The claim number field accepts up to 40 characters and is alphanumeric.
2. Use the calendar icon to select the date of the item or service.

![Image](Figure 13: Notice of Initiation – Line-Item Section)

4.2. **Payment Information**

1. Enter the description of the item or service.
2. Enter the qualifying payment in the Qualifying payment amount (QPA) field.
3. Upload any relevant documentation about the QPA.
   a. The file limitation for the entire dispute is 500MB. Be sure your files meet this limitation.
   b. You must upload at least one file.
   c. The file name is displayed when the information is loaded.
   d. Select the file name to view what has been submitted.
4. Enter the cost sharing amount in the Cost sharing amount allowed field.
5. Enter the initial payment in the Initial payment amount for the item(s) and/or service(s) (if applicable) field.
4.3. **Type of Qualified Items or Services**

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.
   
   a. *Emergency item(s)/service(s)*
   
   b. *Post-stabilization service(s)*
   
   c. *Professional service(s)*
   
   d. *Hospital-based service(s)*
   
   e. *Item(s)/service(s) furnished by an out-of-network provider at an in-network health care facility*
   
   f. *Out-of-network air ambulance service(s)*
   
   g. *Other: Provide description (Put description in text box provided)*

2. Provide the service codes in identified fields below.
   
   a. *Service Code* (five-digit code)
   
   b. *Place of Service Code* (two-digits)
   
   c. *Location of Service Code* (state)

   iv. If you enter a state from the Complex State list, further screening for dispute eligibility is required.

   v. You are required to attest to the following statement: *I have reviewed the state-specific eligibility criteria regarding the IDR processes for this item or service and I attest it is eligible for the federal IDR process. More information regarding state-specific IDR processes can be found at [https://www.cms.gov/files/document/applicability-federal-idr-bifurcated-states.pdf](https://www.cms.gov/files/document/applicability-federal-idr-bifurcated-states.pdf).*
3. A list of **Batched dispute criteria** is located directly beneath the service codes. Verify you meet the criteria if submitting batched items.

![Figure 16: Notice of Initiation – Batched Dispute Criteria](image)

4. Select the **Save & Add Another** to enter additional services and payment information.
5. After all services are added, select the **Save** button.
6. 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**.

![Figure 17: Notice of Initiation – Finished Dialogue Box](image)

5. **Notice of Initiation Form — Summary of Qualified Items and/or Services**

This section of the form contains a summary table of the items and services added to the form and allows the upload of additional information to support the dispute.

5.1. **Summary of Qualified Items and/or Services**

1. After selecting **Continue**, review the **Summary of Qualified Items and/or Services** table displayed on the next page.
2. Select the link displayed in the table if you need to make changes to an item or service.
3. Select **Add Another Item** to add an item or service.

![Figure 18: Notice of Initiation – Summary of Qualified Items or Services Section](image)
5.2. Additional Supporting Documentation

1. Upload any additional supporting documentation that is relevant to the dispute. Additional supporting documentation may prevent delays in processing the dispute and expedite the process. Examples of additional documentation may include:
   a. Copies of initial payment
   b. Notice of denial of payment and associated documents (e.g., a remittance advice or an explanation of benefits)
   c. Notice of Open Negotiation
   d. Emails requesting a previously submitted dispute be resubmitted with corrections to batching errors
   e. Evidence of extensions granted

2. To add additional documentation, select the **Upload** button or drag and drop documents into the appropriate space on the form. The file limitation for the entire dispute is 500MB.

3. 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.

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6. Notice of Initiation Form — 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. Preferred Certified IDR Entity

Select the dropdown arrow in the **IDRE legal business name** field and select the entity you prefer to handle the dispute.
6.2. Complete COI Attestation

1. 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.”

2. Enter your name in the Initiating party field and the date in the Date field.

3. Select Submit.

Important: Applicability for the Federal IDR process includes meeting the 90-day cooling off period for like items and services to the same plan/issuer.

7. IDR Notice of Initiation Form Received Confirmation

Once you submit the form, you will receive a confirmation email that the form has been received and a set of next steps.
## IDR Notice of Initiation Web Form

### Figure 22: Confirmation Page Next Steps

**Important:** 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. If you select the Notice of IDR Initiation link located in the banner on the Confirmation page, there is additional information regarding the requirement to provide the non-initiating party with a copy of this notice.

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<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Select <strong>Print PDF</strong> to print this document for your records.</td>
</tr>
<tr>
<td>1.</td>
<td>You’ll receive an email from <a href="mailto:FederalIDRQuestions@cms.hhs.gov">FederalIDRQuestions@cms.hhs.gov</a> confirming the initiation date of the dispute.</td>
</tr>
<tr>
<td>2.</td>
<td>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.</td>
</tr>
<tr>
<td>3.</td>
<td>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.</td>
</tr>
<tr>
<td>4.</td>
<td>After a final certified IDR entity has been selected you will be notified of the selection and will be provided with information regarding next steps, including how to submit your offers to the certified IDR entity and how to submit the administrative and IDR entity fees.</td>
</tr>
<tr>
<td>5.</td>
<td>To exit the web form, select <strong>Exit</strong>.</td>
</tr>
</tbody>
</table>