

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



**Job Aid**

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**November 2022**

# IDR Notice of Initiation Web Form

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## Introduction

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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, health care facilities, providers of air ambulance services, health plans, and health insurance issuers that use the Federal IDR process 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 an agreement is not reached between the disputing parties. .
- Use this web 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.

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

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## 1. Before Starting the Web Form

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Before starting the IDR Notice of Initiation web form:

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**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 web form in a private or incognito window to access the updated IDR initiation web form.

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- 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 web form:
  - o Documents to confirm the open negotiation period start date (for example, the notice of open negotiation). Additionally, any party that enters an open negotiation start date more than 34 business days earlier than the date on which the form was completed must also

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upload at least one of the following to confirm that the claim is still eligible for the IDR process:

- Documents to confirm the extension approval received from the federal IDR mailbox.
  - Documents to confirm the certified IDR entity's request to re-submit the dispute due to batching or bundling errors.
  - Documents to confirm the 90-day cooling offer period has expired.
- o Information to identify the qualified IDR items or services, including claim number, (and whether they are designated as batched or bundled items or services).
  - o Dates and location of qualified IDR items or services.
  - o Type of qualified IDR items or services such as emergency services and post-stabilization services.
  - o Item and Service codes for corresponding service and place-of-service.
  - o Qualifying payment amount (QPA) and cost-sharing amount.
  - o Documents to confirm the claim and Qualifying Payment Amount information (i.e., the notices associated with the initial payment or notice of denial of payment).
  - o Open negotiation period start date.
  - o Your preferred certified IDR entity.

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- Complete and submit the web 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.

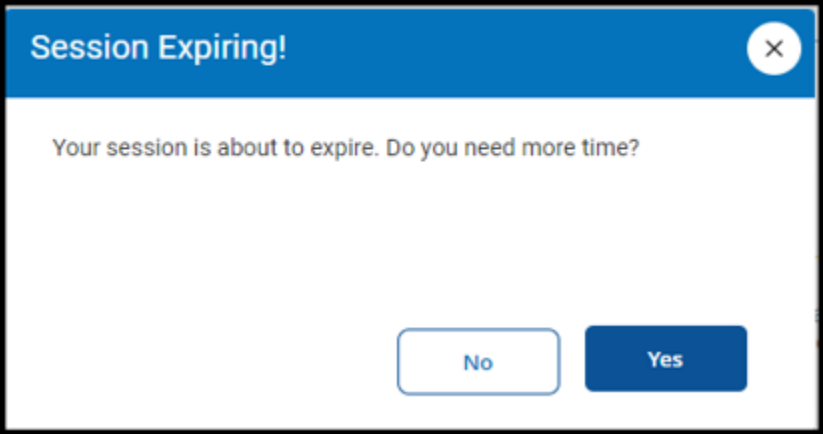


Figure 1: Session Expiring

- If you do not respond within 60 seconds, the system will end 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 web 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.

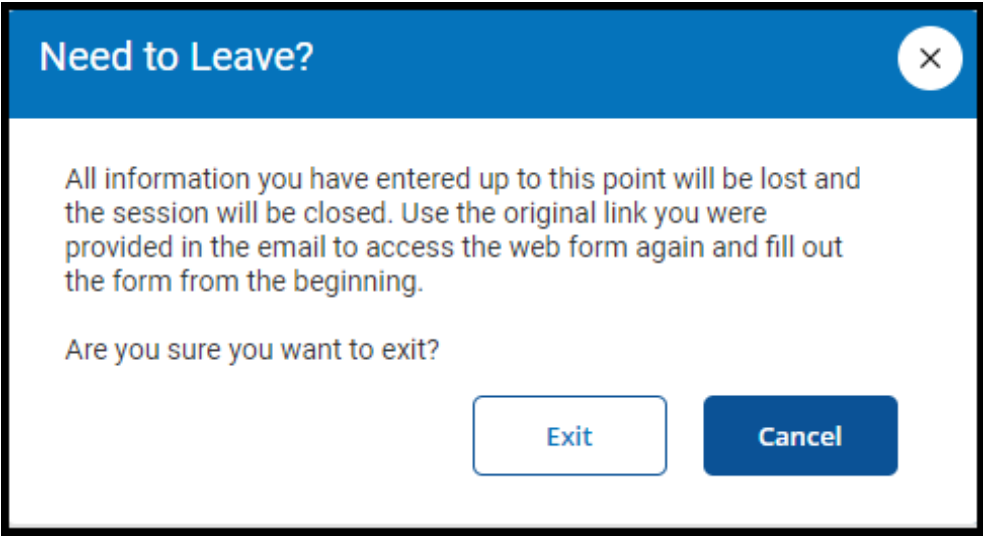


Figure 2: Exit Warning

## 2. Notice of Initiation Web Form — Welcome Page and Qualification Questions

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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 web form.

### 2.1. Welcome Page

The first page of the Notice of Initiation web form 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 web 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 web form and will display the following warning message.

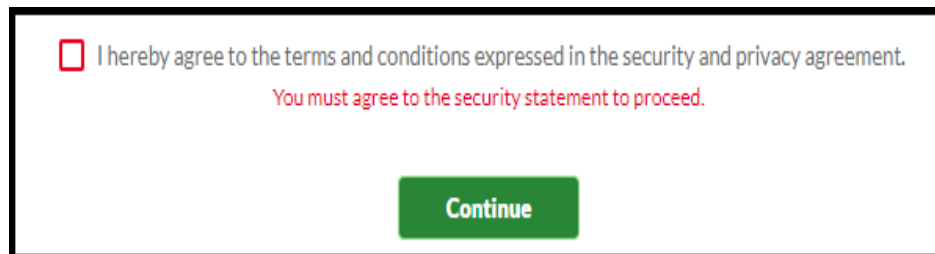


Figure 3: Security Statement Check Box Warning

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 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 web 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.

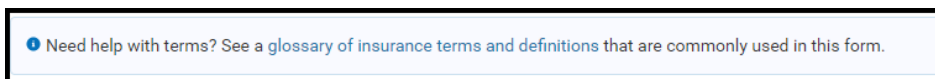


Figure 4: Need help with terms?

# IDR Notice of Initiation Web Form

## 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:

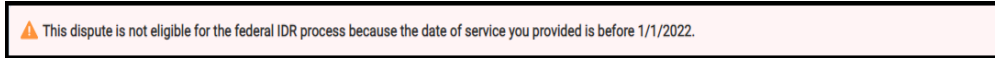


Figure 5: Date of Service Error Message

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**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.**

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- 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**

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**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.**

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- c. If you are (or are acting on behalf of) a **health care provider, health care facility or provider of air ambulance services** the following additional fields will display. You must complete at least one of the two fields:
  - i. **Tax ID.** Your TIN number must be 9-digits.
  - ii. **National Provider Identifier (NPI).** Your NPI number must be 10-digits.
- d. **Health Plan Type (required for all disputing parties):** (select one)



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Select the dropdown and identify the health plan type.

- i. Individual health insurance issuer*
  - ii. Fully insured private group health plan*
  - iii. Either partially or fully self-insured private (employment-based) group health plan*
  - iv. Federal Employees Health Benefits (FEHB) carrier*
  - v. Church plan*
  - vi. Non-federal government plan (or state or local government plan)*
  - vii. No Plan/Issuer Response*
- e. If you select ***either partially or fully self-insured private (employment-based) group health plan***, you must also answer the following question: ***Is the ERISA plan self-insured?***

Select the radio button identifying whether the ERISA plan is self-insured.

- i. Yes*
  - ii. No*
- f. If you select ***Federal Employees Health Benefits (FEHB) carrier*** you must provide the three (3) digit ***Enrollment Code***.

Select "***Continue***".

## 2.2.2. Page 2

Complete the following questions:

- a. ***When did the open negotiation period start?*** The initiating party must upload evidence of the open negotiation period start date. For example, a copy of the notice or notices of open negotiation for the claim or claims in this dispute that was sent to the non-initiating party.

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***To upload evidence, select the "Upload Files" button or drag and drop documents into the appropriate space on the web form, which will appear after you select the extension reason, or drag and drop documents into the "Or drop files" area of the web form. The file limitation for the entire dispute is 500MB. Be sure your file(s) meets this limitation. You must upload at least one file. The file name is displayed when the information is loaded.***

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***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.***

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- 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.

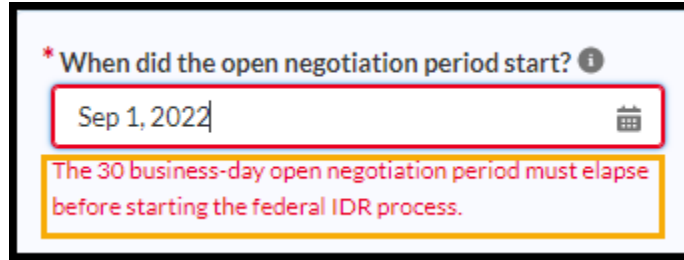


Figure 6: Open Negotiation Must Elapse Error Message

- ii. If you enter a date that is more than 34 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 and upload evidence of the extension reason.
  - 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 web form.*** If you select this extension reason an additional ***“Upload Files”*** button will display and you will be required to upload a copy of the extension approval you received from the federal IDR mailbox.
  - b. ***I am correcting a previous dispute submission that required corrections to how dispute line items were batched or bundled.*** If you select this extension reason an additional ***“Upload Files”*** button will display and you will be required to upload a copy of the email from the certified IDR entity requesting that the dispute be resubmitted with corrections to batching or bundling errors. Additionally, you will also be required to provide the number of the dispute being corrected. Refer to Step iii below for more information on this.
  - 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.*** If you select this extension reason an additional ***“Upload Files”*** button will display and you will be required to upload a copy of the email from the certified IDR entity requesting that the dispute be resubmitted with corrections to batching or bundling errors.

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The screenshot shows a web form with a date selection field and a pop-up message. The date field is labeled "When did the open negotiation period start?" and contains the text "Aug 2, 2022". Below the date field is a pop-up message with a yellow border. The message text is: "The federal IDR process must be initiated within four days of the open negotiation period ending. Please provide a reason why this dispute is eligible for an extension to this requirement." Below the message text are three radio button options: "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.", "I am correcting a previous dispute submission that required corrections to how dispute line items were batched or bundled.", and "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

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***Important: To upload evidence of the extension reason select the “Upload Files” button, which will appear after you select the extension reason, or drag and drop documents into the “Or drop files” area of the web form. The file limitation for the entire dispute is 500MB. Be sure your file(s) meets this limitation. The file name is displayed when the information is loaded.***

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- 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 web form labeled ***What is the number of the dispute being corrected?*** Enter the dispute number being corrected.

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\*When did the open negotiation period start? ⓘ  
Jul 11, 2022

\*The federal IDR process must be initiated within four days of the open negotiation period ending. Please provide a reason why this dispute is eligible for an extension to this requirement.

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.

I am correcting a previous dispute submission that required corrections to how dispute line items were batched or bundled.

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.

\*What is the number of the dispute being corrected?  
DISP->XXXX

Figure 8: Dispute Number Field

- 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***.

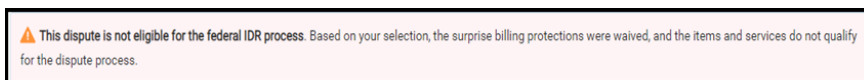


Figure 9: Surprise Billing Protections

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

Select the appropriate radio button in response to the question: ***What are you disputing today?***

- 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 payment arrangement).***
- b. When the single dispute radio button is selected, indicate ***Yes*** or ***No*** to the second question: ***Are you disputing a bundled payment arrangement (multiple items or services billed or reimbursed under one service code)?***

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- c. ***A batched dispute. I'm disputing multiple items or services, all of which have the same or a comparable service code for the same item or service under a different procedural coding system.*** If the radio button for a batched dispute is selected, a pop-up will appear under the heading: ***Do your disputes qualify for the batching process?*** Review the list of questions in the pop-up and select the **No** or **Yes** button. Selecting No will return you to the question to select the single dispute option. After doing so, select ***“Continue”***. Selecting Yes takes you to the next screen.

\*What are you disputing today?  
 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 and/or services (a bundled payment arrangement).  
Are you disputing a bundled payment arrangement (multiple items or services billed or reimbursed under one service code)?  
 Yes  No  
 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.

Figure 10: What are you disputing today?

Select ***“Continue”***.

## 3. Notice of IDR Initiation — Contact Information Section

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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. If you enter a name in the Primary or Secondary point-of-contact fields, you are then required to enter the full contact information, including the mailing address.

### 3.1. Initiating Party Contact Information

Enter the information in the following text fields:

1. ***Name and Address Information*** (*This is where the initiating party enters their contact 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***

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2. **Primary point-of-contact if different from above** (if there is a TPA, this is where the TPA enters their contact information):
  - a. **Name**
  - b. **Mailing Address**
  - c. **City**
  - d. **State**
  - e. **Zip Code**
  - f. **Email**
  - g. **Phone**
3. **Secondary point-of-contact:** (optional)
  - a. **Name**
  - b. **Mailing Address**
  - c. **City**
  - d. **State**
  - e. **Zip Code**
  - f. **Email**
  - g. **Phone**

## 3.2. Non-Initiating Party Contact Information

Enter the information in the following text fields. Required fields are marked by a red asterisk (\*) on the web form.

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. **Mailing Address**
  - c. **City**
  - d. **State**
  - e. **Zip Code**
  - f. **Email**
  - g. **Phone**

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

- a. **Name**
- b. **Mailing Address**
- c. **City**
- d. **State**
- e. **Zip Code**
- f. **Email**
- g. **Phone**

## 3.3. 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 web form.

## 3.4. Use of Special Characters

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

### 3.4.1. 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*

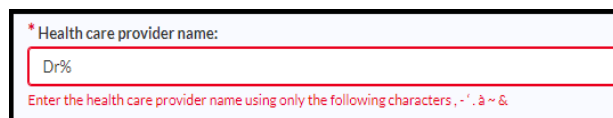


Figure 11: Special Character Error Message for Name Fields

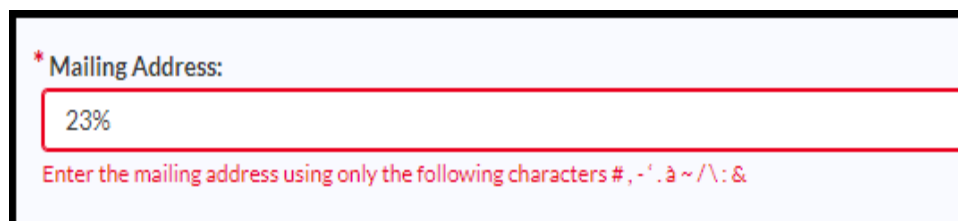
### 3.4.2. Address Fields

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

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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)**



\* Mailing Address:  
23%  
Enter the mailing address using only the following characters #, -, ' . â ~ / \ : &

Figure 12: Special Character Error Message for Address Fields

## 4. Notice of IDR Initiation — Dispute Item and Payment Section

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 other party and 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 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

The fields populated in this section reflect the information provided under the qualification question section of the web form, specifically in response to the question: **What are you disputing today?** Possible choices include Single Line Item - Not Bundled, Single Line Item – Bundled, or Batched Items or Services.

#### 4.1.1. Single Line Item — Not Bundled

If the dispute involves a single line item with no bundling, the **Line Item Information** section will display the **Claim Number** field and the **Date of the qualified item or service** calendar field.



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

The screenshot shows a form titled "Line Item". It contains two input fields. The first is labeled "\* Claim Number:" and has the text "123456" entered. The second is labeled "\* Date of the qualified IDR item or service:" and has the text "Jan 5, 2022" entered next to a small calendar icon.

Figure 13: Notice of Initiation — Line Item Section

## 4.1.2. Single Line Item — Bundled

If the dispute involves a single line item bundled, the **Line Item Information** section will display the **Item or Service Type** field, the **Claim Number** field and **the Date of the qualified item or service field**.

- a. First Item Entry: The **Item or Service Type** field is grayed out and indicates **Bundled Item or Service**.

---

**Important:** Your first entry will automatically default to the bundled item or service code, which is the claim under dispute.

---

The screenshot shows a form titled "Line Item". The "Item or Service Type" field is highlighted with a yellow border and contains the text "Bundled Item or Service". To its right is a blue tooltip box with a white background containing the text: "Bundled item or service (primary line item): Your first entry will automatically default to the bundled item or service code, which is the claim under dispute." Below this are the "Claim Number" and "Date of the qualified IDR item or service" fields, with a red box around the date field and a small calendar icon.

Figure 14: Line Item Section — First Bundled Item or Service

- b. Subsequent Item Entries: The **Item or Service Type** field is grayed out and indicates **Component Item or Service**. If there are no additional entries, proceed through the form. Component entries are optional.

---

**Important:** Component item or service (secondary line item): Additional services billed under the primary claim.

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# IDR Notice of Initiation Web Form

Figure 15: Line Item Section — Subsequent Item or Service

## 4.1.3. Batched Items and Services

If the dispute is a batched dispute, there are multiple claims for the same or similar qualified IDR items and services billed under the same service code. The fields in this section are **Claim Number** and **Date of the qualified IDR item or service**. To enter an additional claim for the dispute, select “**Save & Add Another**” at the bottom of the page.

Figure 16: Line Item Section — Batched Disputes

## 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 of the claim and QPA. Examples of acceptable documentation include the initial payment or notice of denial of payment, remittance form and explanation of benefits, explanation of payments.

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**Important:** To upload relevant documentation, select the “Upload Files” button or drag and drop documents into the appropriate space on the web form or drag and drop documents into the “Or drop files” area of the web form. The file limitation for the entire dispute is 500MB. Be sure your file(s) meets this limitation. You must upload at least one file. The file name is displayed when the information is loaded.

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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.

# IDR Notice of Initiation Web Form

**Payment Information**  
Qualified IDR items or services that are billed by a provider, facility, or provider of air ambulance services as part of a bundled payment arrangement, can be submitted under one item or service code for the entire episode of care.

\* Enter the description of the item or service.

\* Qualifying Payment Amount(QPA):

\* Upload documentation of the claim and QPA. Examples of acceptable documentation include the initial payment or notice of denial of payment, remittance form and explanation of benefits, explanation of payments.  
 Or drop files      No File Selected.  
File limitations for entire dispute (500MB)

\* Cost sharing amount allowed:

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

Figure 17: Notice of Initiation — Payment Information Section

## 4.3. Type of Qualified Item(s) or Service(s)

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 a nonparticipating provider at a participating 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** (state)
  - d. If you enter a state from the Complex State list, further screening for dispute eligibility is required. 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>.***

\* Service Code:  \* Place of Service Code:  \* Location of Service:

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>

Figure 18: Complex State Attestation Statement

# IDR Notice of Initiation Web Form

3. Save the form based on the type of dispute you are submitting.
  - a. **Single Line Item – Not Bundled:** After completing the service code information for your dispute, select the “**Save**” button.

The screenshot shows a web form titled "Type of Qualified Item(s) or Service(s)". Below the title is the instruction "Select the Item(s) or service(s) under dispute and provide the service code." There are seven radio button options: "Emergency Item(s)/service(s)" (checked), "Post-stabilization service(s)", "Professional service(s)", "Hospital-based service(s)", "Item(s)/service(s) furnished by a nonparticipating provider at a participating health care facility", "Out-of-network air ambulance service(s)", and "Other: Provide description". Below these are three input fields: "Service Code:" with the value "96541", "Place of Service Code:" with the value "11", and "Location of Service:" with a dropdown menu showing "AL". At the bottom of the form are three buttons: "Exit", "Back", and "Save". The "Save" button is highlighted with a yellow border.

Figure 19: Type of Qualified Items or Services — Single Not Bundled Dispute

- b. **Single Line Item – Bundled:** After completing the service code and/or subsequent service code information for your dispute, select the “**Save**” or “**Save & Add Another**” button. You may save without adding any component services as component services are optional. The criterion for a bundled dispute is listed under the service code information.

This screenshot is identical to Figure 19, showing the same form fields and options. However, the "Save" button is highlighted with a yellow border, and a new "Save & Add another" button is visible to its right. Below the input fields, there is a section titled "Bundled dispute criteria:" containing a text box with the following text: "A bundled payment arrangement represents multiple items or services that are billed or reimbursed under one service code. To be a bundled payment arrangement, the billed or reimbursed item or service could be broken into more than one component item or service. For more information see [link to August TA]."

Figure 20: Type of Qualified Items or Services — Single Bundled Dispute

- c. **Batched Disputes:** After completing the service code information for your dispute, you must enter another item or service before selecting the “**Save**” button. You may not save without adding any additional services. If you try to save after entering only one item, you will receive the warning: **Batched items or services require two or more line items. Enter another item or service. If you do not have another item or service to report, you will need to select Back and choose "single" dispute from the qualification question.**

**!** Batched items or services require two or more line items. Enter another item or service. If you do not have another item or service to report, you will need to select Back and choose "single" dispute from the qualification question.

Figure 21: Type of Qualified Items or Services — Batched Warning

4. After selecting “**Save**”, 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**”.

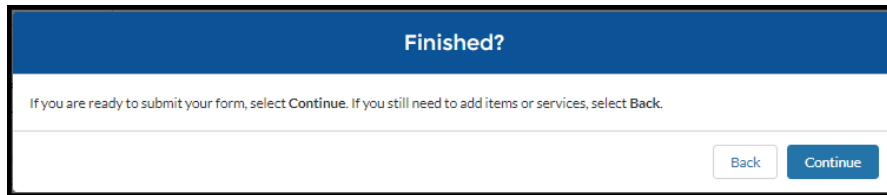


Figure 22: Notice of Initiation — Finished Dialogue Box

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

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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 Table

- After selecting “**Continue**”, review the **Summary of Qualified Items and/or Services** table displayed on the next page.
- Select the link displayed in the table if you need to make changes to an item or service.
- Select the “**Add Another Item**” button to add an item or service. **Note:** If you are submitting a single dispute the “Add Another Item” button will not display.
- The column headings in the table reflect the type of dispute you are initiating: Single Line Item - Not Bundled, Single Line Item – Bundled, or Batched Items or Services.

#### 5.1.1. Single Line Item — Not Bundled

The single line item – not bundled table displays the following columns:

- a. **Description of Items or Services**
- b. **Claim Number**
- c. **Date of Item or Service**
- d. **Qualifying Payment Amount (QPA)**
- e. **Location of Service (include state)**
- f. **Service Code**
- g. **Place of Service Code(s)**

# IDR Notice of Initiation Web Form

Summary of Qualified Items and/or Services							
	Description of item(s) or service(s)	Claim Number	Date of item or service	Qualifying Payment Amount(QPA)	Location of service (include state)	Service Code	Place of service code(s)
1	x-ray of the right femur	12345	04/14/2022	600	AK	96541	11

Figure 23: Notice of Initiation — Summary of Qualified Items and/or Services Table Single Line Item — Not Bundled

## 5.1.2. Single Line Item — Bundled

The single line item – not bundled table displays the following columns:

- a. **Description of Items or Services**
- b. **Claim Number**
- c. **Line Item Type**
- d. **Date of Item or Service**
- e. **Qualifying Payment Amount (QPA)**
- f. **Location of Service (include state)**
- g. **Service Code**
- h. **Place of Service Code(s)**

Summary of Qualified Items and/or Services					
	Description of item(s) or service(s)	Claim Number	Line item type	Date of item or service	Qualifying Payment Amount(QPA)
1	x-ray of the right femur	12345	Bundled Item or Service	04/22/2022	600
2	professional services	12345	Component Item or Service	04/14/2022	600

Figure 24: Notice of Initiation — Summary of Qualified Items and/or Services Table Single Line Item — Bundled

## 5.1.3. Batched Items or Services

The batched items or services table displays the following columns:

- a. **Description of Item(s) or Service(s)**
- b. **Claim Number**
- c. **Date of Item or Service**
- d. **Qualifying Payment Amount (QPA)**
- e. **Location of Service (include state)**
- f. **Service Code**
- g. **Place of Service Code(s)**

# IDR Notice of Initiation Web Form

	Description of item(s) or service(s)	Claim Number	Date of item or service	Qualifying Payment Amount(QPA)	Location of service (include state)	Service Code	Place of service code(s)
1	x-ray of the right femur	12346	05/05/2022	600	NY	96541	11
2	x-ray of the right femur	12347	06/07/2022	600	NY	96541	11
3	x-ray of the right femur	12345	04/14/2022	600	NY	96541	11

Add Another Item

Figure 25 Notice of Initiation — Summary of Qualified Items and/or Services Table Batched Items or Services

## 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.

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**Important:** To upload additional supporting documentation, select the “Upload Files” button or drag and drop documents into the appropriate space on the web form or drag and drop documents into the “Or drop files” area of the web form. The file limitation for the entire dispute is 500MB. Be sure your file(s) meets this limitation. You must upload at least one file. The file name is displayed when the information is loaded.

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2. 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.

---

**Important** If you try to upload a file greater than 500MB, this message will appear: The file you are attempting to upload exceeds the 500MB file size limit for the entire dispute and cannot be uploaded. Reduce the file size and try attaching the document again.

---

**Additional Supporting Documentation**

If you need to add additional documents select Upload.

Or drop files

File limitations for entire dispute (500MB)

No File Selected.

Supporting documentation:

- Providing additional supporting documentation at initiation can help expedite review and avoid delays. Examples of potential documentation may include copies of Initial payment or notice of denial of payment and associated documents (e.g., a remittance advice or an explanation of benefits), the Notice of Open Negotiation, emails requesting a previously-submitted dispute be resubmitted with corrections to batching errors, or evidence of extensions being granted.
- Only include information directly relevant to this dispute. Submitting information not relevant to this dispute may delay processing of your dispute.

Figure 26: Notice of Initiation — Additional Supporting Documentation Section

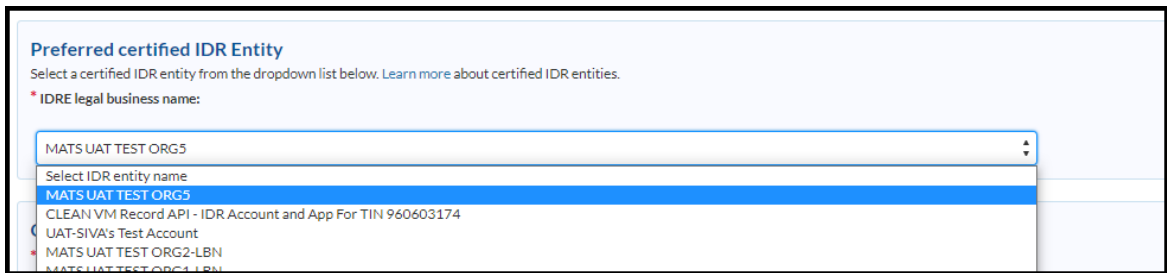
## 6. Notice of Initiation Form — Submit IDR Notice of Initiation Web Form

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The final steps in completing the IDR Notice of Initiation Web 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.



The screenshot shows a form section titled "Preferred certified IDR Entity". Below the title, there is a sub-header "Select a certified IDR entity from the dropdown list below. [Learn more about certified IDR entities.](#)". A red asterisk indicates a required field: "IDRE legal business name:". Below this is a dropdown menu with "MATS UAT TEST ORG5" selected. A list of options is visible, including "MATS UAT TEST ORG5", "CLEAN VM Record API - IDR Account and App For TIN 960603174", "UAT-SIVA's Test Account", "MATS UAT TEST ORG2-LBN", and "MATS UAT TEST ORG1-LBN".

Figure 27: Notice of Initiation — Preferred Certified IDR Entity Section

### 6.2. Complete COI Attestation

1. Select the **Yes** or **No** radio button next to the following statement: ***“Is the undersigned individual below a third party administrator or other service provider initiating on behalf of the plan, issuer, carrier, or Health Care Provider/Health Care Facility/Provider of Air Ambulance Services?”***
2. Select the checkbox next to the following statement: ***“I (We), the undersigned Initiating party(or representative of the initiating party), attest that to the best of my knowledge the preferred certified IDR entity does not 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.”***
3. Enter your name in the **Initiating party** field.
4. The **Date** field will automatically populate with today’s date and cannot be changed.
5. Select **“Submit”**.

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**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.**

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# IDR Notice of Initiation Web Form

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

### Conflict of Interest attestation

\*As the initiator, you will need to attest the following: 0

Is the undersigned individual below a third party administrator or other service provider initiating on behalf of the plan, issuer, carrier, or Health Care Provider/Health Care Facility/Provider of Air Ambulance Services?

Yes  No

I, the undersigned initiating party (or representative of the initiating party), attest that to the best of my knowledge the preferred certified IDR entity does not have a disqualifying conflict of interest and that the Item(s) and/or service(s) at issue are qualified Item(s) and/or service(s) within the scope of the Federal IDR process.

\* Initiating party (or representative of the initiating party):  \* Date:

Figure 28: Notice of Initiation — Conflict of Interest Attestation

## 7. IDR Notice of Initiation Web Form Confirmation

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

### Confirmation

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.

You must provide the non-initiating party with a copy of the Notice of the IDR Initiation.

**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](mailto: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**.

Figure 29: 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 web 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.

- Select **Print PDF** to print this document for your records.
- You'll receive an email from [FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov) confirming the initiation date of the dispute.

## IDR Notice of Initiation Web Form

- The non-initiating party will be notified that an IDR notice has been submitted and they will be asked to review the preferred certified 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 certified 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 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***.