



Dave Jones
Insurance Commissioner

California Department of Insurance

Independent Dispute Resolution Process (IDRP) Response Form

Issued: September 1, 2017
Insurance Code § 10112.81

IDRP Request Number: _____ *For Department Use Only*

Responding Party Information

Responding Party Name:	
National Provider Identifier (NPI) Number (If applicable)	
- Responding Party Contact Person (if different from Responding Party):	
- Responding Party Address:	
- Responding Party Phone:	
- Responding Party Email:	
Does Responding Party designate an Authorized Representative? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Authorized Representative Name	
- Authorized Representative Address:	
- Authorized Representative Phone:	
- Authorized Representative Email:	

¹ If the Responding Party elects to designate an Authorized Representative, all subsequent communication regarding this matter will be directed to the Authorized Representative unless the Responding Party notifies the Department in writing that it withdraws the designation of the Authorized Representative. See Insurance Code § 10112.81(b)(4)

Response

All claims in this IDR Request Form must be for services rendered on or after July 1, 2017, provided by the same noncontracting individual health professional, provided at a contracting health facility, and all bundled claims² must be for the same or similar services.³

IDR Item #	Dispute ⁴ (Brief, may be expanded in Narrative below)	Responding Party Final Offer (\$) ⁵
1		
2		
3		
4		
5		

Responding Party Narrative Summary

Address all information relevant to its suggested appropriate reimbursement amount for the claim(s) at issue. (Cite to specific supporting documentation as necessary.) Do **NOT** provide proprietary or confidential information at this time. This form and supporting documentation will be shared with the Requesting Party and/or their authorized representative.

(Use additional pages as necessary.)

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Provider Qualifications (To be completed by the Provider if the Provider is the Responding Party)

Length of Time in Practice:	
Training and Qualifications:	
Nature of Services Provided:	

² Up to 50 claims may be bundled in one IDR Request Form.

³ See California Department of Insurance Implementation Guidance AB 72:2, "Independent Dispute Resolution Process," available at www.insurance.ca.gov.

⁴ Indicate whether the dispute is based on: coding, correct payor, covered service, emergent / non-emergent service, value of services, or other reason.

⁵ Prevailing Party's Final Offer for Resolution will be the amount awarded by the IDRO. You will not have another opportunity to propose an offer for resolution to the IDRO.

Fees usually charged for this type of service (categorize by CPT code) by this provider:	
Other aspects of the economics of the physician's practice that are relevant:	
Any other relevant qualifications:	

Other Factors (Optional)

The fees usually charged by similar providers for the service in the geographic area in which the services were rendered:	
The capacity of the insurer's network to provide access to the services subject to IDRP:	
Any unusual circumstances in the case:	
Rates for the same services as listed in the FAIR Health Database:	
Any other relevant factor:	

Supporting Documentation

It is the Responding Party's responsibility to provide any information and documents it believes to be relevant to its suggested appropriate reimbursement amount for the claim(s) at issue and that they would like the Independent Dispute Resolution Organization (IDRO) to consider when making an IDRP decision.

CONFIDENTIALITY: It is the responsibility of the Responding Party to redact all proprietary, confidential, or protected health information that should not be viewed by the parties to the IDRP. Additionally, it is each IDRP participant's responsibility to redact from documents all identifying information relating to patient claims that are not the subject of the IDRP.

SUBMIT

Submit IDRP Request Form and Supporting Documentation to the Department as follows:

- Providers: Submit as an attachment through the electronic Health Care Provider Complaint portal at <https://cdiapps.insurance.ca.gov/HPP/login/>.
- Insurers: Submit as an attachment through the electronic Consumer Complaint portal at <https://cdiapps.insurance.ca.gov/CP/login/>.