



Dave Jones
Insurance Commissioner

California Department of Insurance

Independent Dispute Resolution Process (IDRP) Request Form

Effective: September 1, 2017
Insurance Code § 10112.81

IDRP Request Number: _____ *(For Department Use Only)*

Requesting Party Information

Requesting Party Name:	
National Provider Identifier (NPI) Number (If applicable)	
- Requesting Party Contact Person (if different from Requesting Party):	
- Requesting Party Address:	
- Requesting Party Phone:	
- Requesting Party Email:	
Does Requesting 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 Requesting Party elects to designate an Authorized Representative, all subsequent communication regarding this matter will be directed to the Authorized Representative unless the Requesting Party notifies the Department in writing that it withdraws the designation of the Authorized Representative. See Insurance Code § 10112.81(b)(4).

Initial Determinations

Please respond to each of the below questions:

1. Do bundled claims associated with a single CPT code, or other applicable procedure code system, exceed 50?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all claims for services rendered on or after July 1, 2017?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the IDR request involve an insurer subject to the jurisdiction of the California Department of Insurance ("Department")?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the IDR request involve service(s) for emergency services? ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the IDR request involve service(s) that were provided at a contracting health facility by a noncontracting health professional? ³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The IDR request includes a dispute as to the proper procedure code (such as CPT code) applied to the involved service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claim Information

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 claims⁴ must be for the same or similar services.⁵ You must provide this information on the *IDR Claim Information Spreadsheet* and upload the spreadsheet with this form. The spreadsheet may be found at: <https://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>

Narrative Summary Justification

In addition to the below listed supporting documents, a completed application should include a narrative summary justification that addresses all issues, information, and arguments relevant to the Requesting Party's suggested appropriate reimbursement amount for the claims at issue. Only a single narrative summary justification will be allowed even if claims are bundled. Do **NOT** provide proprietary or confidential at this

² "Emergency services" shall have the same definition as in Health & Safety Code §1317.1

³ "Contracting health facility" shall have the same meaning as Insurance Code §10112.8(f)(1).

⁴ Up to 50 claims may be bundled in one IDR Request Form.

⁵ See California Department of Insurance Implementation Guidance AB 72:2, "Independent Dispute Resolution Process," available at www.insurance.ca.gov.

time. This form and supporting documentation will be shared with the Responding 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 Requesting Party)

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

Required Supporting Documentation

- Claim Form(s) – If bundling claims, supporting documentation must be submitted for each claim within a bundle. If each individual claim form does not provide the information listed below, the following data table must be completed for that claim so as to allow the Responding Party to identify the claim(s) and accurately respond:

Subscriber Name	
Patient Name	
Patient ID#	

Patient Date of Birth (DOB)	
Dates of Service (DOS)	
Provider Name	
Contracting Health Facility Name	
Claim Number	

- Health Insurer Internal Dispute Resolution Determination Letter.
 - Note: If a provider attempted an internal payment dispute resolution with the health insurer, but did not receive a final determination letter from the insurer and at least 45 working days have passed since the provider submitted the request, plus 5 business days if the request was submitted by mail, the provider may submit dated proof of the attempted internal payment dispute resolution with the health insurer in lieu of a determination letter.
- Explanation of Benefits or Remittance Advice.
- Any other documents Requesting Party considers relevant. It is the Requesting Party's responsibility to submit all information that it believes to be relevant to the suggested appropriate reimbursement amount for the claim(s) at issue and that it would like the IDRO to consider when making an IDR decision. It is the Requesting Party's responsibility to explain the relevance of this documentation in its narrative summary justification (above).

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

SUBMIT

Submit IDR Request Form, Claims Spreadsheet, 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/>.