

# Certified Independent Dispute Resolution (IDR) Entity Selection Form Job Aid



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**Job Aid**

**December 2023**

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# Introduction

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This job aid contains instructions for completing the Independent Dispute Resolution (IDR) certified IDR entity selection process (also referred to as “**Selection of Certified IDR Entity**”). This job aid is for health care providers, health care facilities, providers of air ambulance services, health plans, health insurance issuers and Federal Employees Health Benefits (FEHB) carriers 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” in the Federal IDR process; certified Independent Dispute Resolution entities are referred to as “certified IDR entities”, “certified entity”, or “IDRE”; the Department of Health and Human Services, the Department of Labor, and the Department of Treasury are collectively referred to as “the Departments.”

## 1. Selection of Certified IDR Entity Phase Overview

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*Important: As illustrated in Figure 1 below, the “Selection of Certified IDR Entity” phase is the second phase in the Federal IDR process, occurring immediately after the “Federal IDR Initiation” phase. During the “Federal IDR Initiation” phase, the initiating party submits their “Notice of IDR Initiation” form where, among other information, they indicate their preferred certified IDR entity. During the “Selection of Certified IDR Entity” phase, the parties have three (3) business days to agree on a certified IDR entity to arbitrate their payment dispute.*



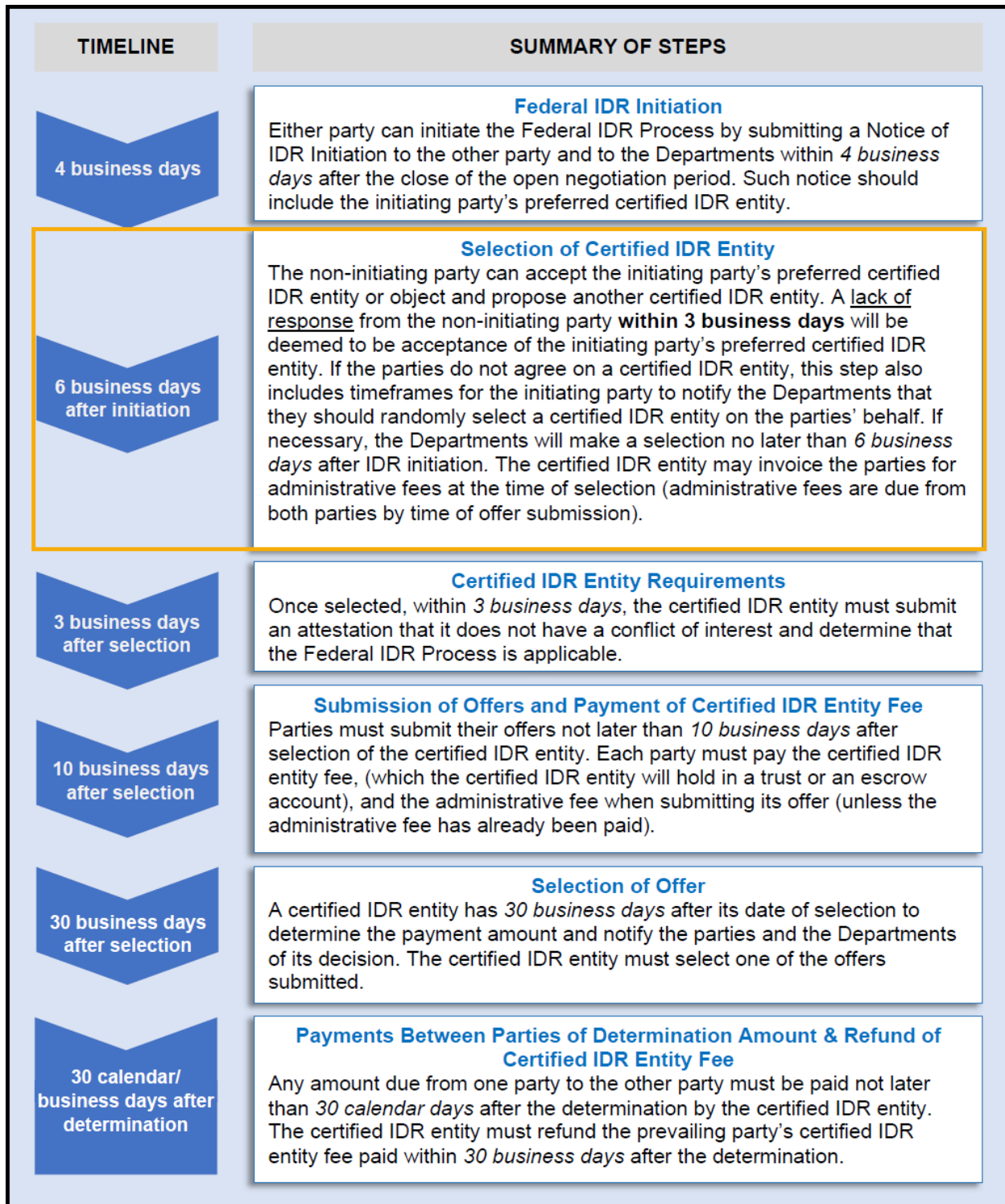
*Important: Send any questions regarding the certified IDR entity selection process and the selection and reselection response web form to: [FederalIDRQuestions@cms.hhs.gov](mailto:FederalIDRQuestions@cms.hhs.gov).*



*Important: Guidance issued by the Departments of the Treasury, Labor, Health and Human Services, and Office of Personnel Management on the calculation and use of QPAs and details relating to the Departments’ and OPM’s exercise of enforcement discretion, can be found in “FAQs about Consolidated Appropriations Act, 2021 Implementation Part 62” (October 6, 2023), available at: <https://www.cms.gov/files/document/faqs-part-62.pdf>.*

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Figure 1: Federal IDR Process Timeline and Summary of Steps



## 2. IDR Entity Selection Response Form

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The “**IDR Entity Selection Response Form**” is sent to the non-initiating party immediately after the initiating party initiates the Federal IDR process by submitting the “**Notice of IDR Initiation**” form. The “**IDR Entity Selection Response Form**” gives the non-initiating party an opportunity to, among other things, indicate whether they have a conflict of interest (COI) or disagree with the initiating party’s preferred certified IDR entity and attest to whether the Federal IDR process applies to the items and services under dispute.

When completing the “**IDR Entity Selection Response Form**” the non-initiating party will be asked to review the dispute information that has been provided and answer the following questions:

- Do you have a COI with the selected certified IDR entity?
- Do you agree to the certified IDR entity selected by the initiating party to handle this dispute?
- If you have a COI or don’t agree to the selected certified IDR entity, review the list of certified IDR entities and select an alternative certified IDR entity. You must not have a conflict of interest and should choose an alternative certified IDR entity with which you do not have a COI.
- Do you agree that the items or services under dispute qualify for the Federal IDR process, and if not, why?

If the non-initiating party **has a COI** with the initiating party’s preferred certified IDR entity, the non-initiating party will be required to **indicate their preferred alternative certified IDR entity**. If the non-initiating party **attests that the Federal IDR process does not apply**, additional **justification will be required** and additional rationale text and/or documentation may be required.

Any fields marked with a red asterisk (\*) are required fields on the form.



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***Important: If the non-initiating party does not complete and submit their IDR Entity Selection Response form within three (3) business days, the Departments will proceed with using the certified IDR entity selected by the initiating party for the dispute unless the certified IDR entity has a COI.***

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## 2.1. Before Starting the IDR Entity Selection Response Form

- If you reviewed the “*Notice of IDR Initiation*” form provided to you by the initiating party, and determined the Federal IDR process does not apply to one or more of the items or services under dispute, then you may need to submit additional information and/or documentation. To identify the specific information and/or document you must provide in the “*IDR Entity Selection Response Form*”, review Section 2.5.
- You must complete and submit the “*IDR Entity Selection Response Form*” in a single session.
  - o 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.

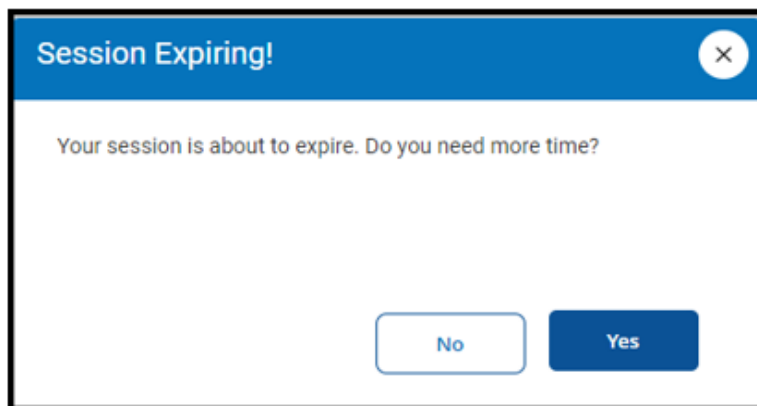


Figure 2: Session Expiring

- o If you do not respond within 60 seconds, the system will end the session and return you to the [No Surprises Act web page](#). Selecting “*Continue*” will restart the 60-minute timer for inactivity.
- o If you exit the form before completing all the information and submitting it, the information you have entered will not be saved. When you select “*Exit*”, the following dialogue box will appear.

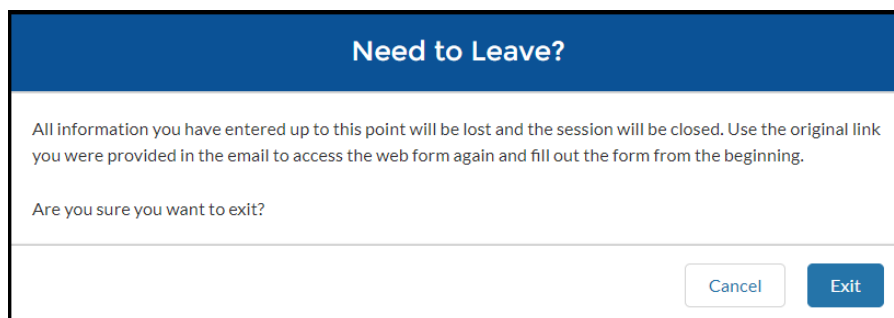


Figure 3: Exit Warning

- o If you exit the form (for any reason) before completing all the information and submitting, you can re-access the form through the link again until you submit the form or until the deadline to submit the form passes, whichever comes form.

## 2.2. IDR Entity Selection Response Form – Welcome Page

The first page of the “*IDR Entity Selection Response Form*” is the Welcome page. This page contains some overall information about the form and the privacy and security terms.

1. Review the information and 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.

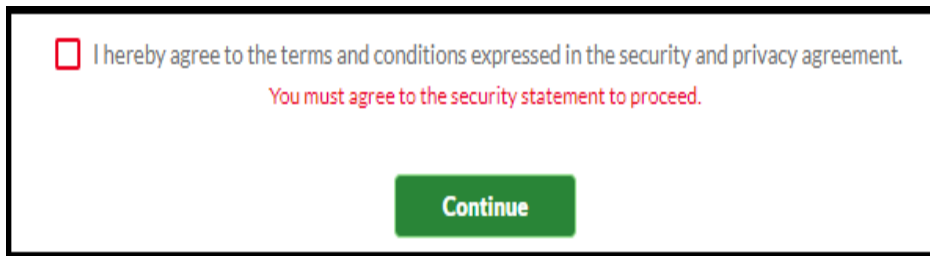


Figure 4: Security Statement Check Box Warning

3. Select the “*Continue*” button to proceed to the “*Enter your dispute reference number*” page.

## 2.3. IDR Entity Selection Response Form – Enter your Dispute Reference Number

1. On the “*Enter your dispute reference number*” page enter the five (5) to nine (9) digit IDR “*Dispute Reference Number*” in the following format: DISP-XXXXXXXX. The “*Dispute Reference Number*” (also referred to as “*IDR reference number*”) is provided in the email you received from [auto-reply-federalidrquestions@cms.hhs.gov](mailto:auto-reply-federalidrquestions@cms.hhs.gov) with the subject line: “***Action Required: Certified IDR Entity selection agreement or disagreement needed.***”

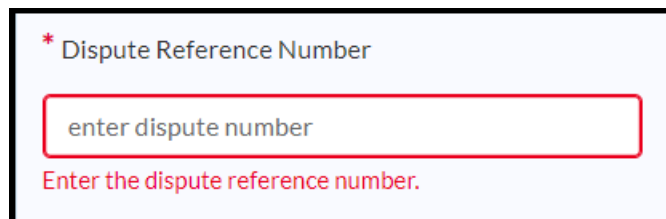
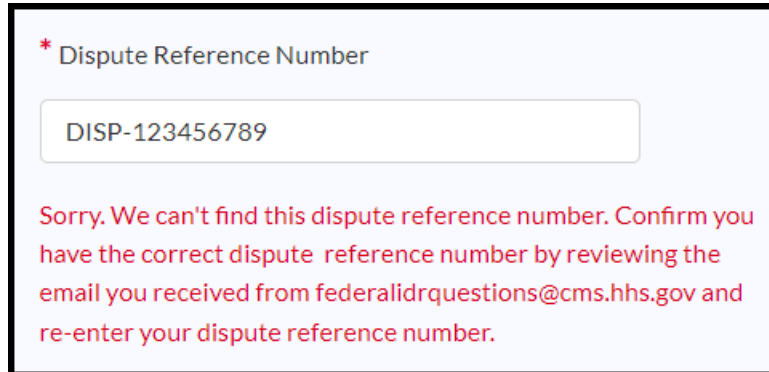


Figure 5: Dispute Reference Number field



2. If you enter the incorrect number or you do not enter the dispute number using the correct format (DISP-XXXXXXXX), you will receive one of the following error messages.

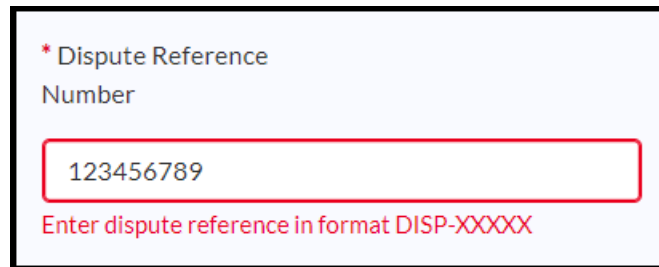


\* Dispute Reference Number

DISP-123456789

Sorry. We can't find this dispute reference number. Confirm you have the correct dispute reference number by reviewing the email you received from federalidrquestions@cms.hhs.gov and re-enter your dispute reference number.

Figure 6: Dispute Reference Number Can't be Found Error Message



\* Dispute Reference Number

123456789

Enter dispute reference in format DISP-XXXXX

Figure 7: Dispute Reference Number Entered Incorrectly Error Message

3. After entering the correct "**Dispute Reference Number**", using the proper format, select "**Continue**" to navigate to the next page of the "**IDR Entity Selection Response Form**". Selecting "**Back**" will take you to the Welcome page.

## 2.4. IDR Entity Selection Response Form – Point of Contact and Items and Services

In this section of the form, the non-initiating party, among other things, should review the legal business name of the initiating party's preferred certified IDR entity, verify their contact information and update it, if necessary. The non-initiating party should also review the summary of qualified items and/or services provided in the "**Summary of Qualified Items and/or Services**" table.



**Important:** If a field that you would like to change is not editable, please ask your certified IDR entity to update this information in the Federal IDR portal after you receive an email that a certified IDR entity has been selected for your dispute. To complete this page:

1. Review the instructions provided on the top of the screen.
2. Review the name provided in the "**Initiating Party Name**" field to see who filed the dispute.

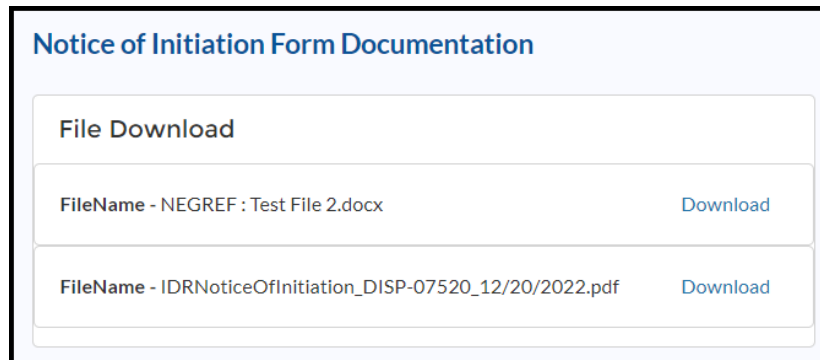
3. In the “**IDRE Legal Business Name**” field, review the name of the initiating party’s preferred certified IDR entity. If you have a COI, or do not agree to, the initiating party’s preferred certified IDR entity, you will have an opportunity to indicate so later on in the form.



Initiating Party Name: Blue Sky Hospital    IDRE Legal Business Name: SIVA TESTING

**Figure 8: Initiating Party Name and IDRE Legal Business Name**

4. In the “**Notice of Initiation Form Documentation**” section review the documentation provided by the initiating party via the “**Notice of IDR Initiation**” web form. In this section, the following naming convention is utilized:
  - IDRNoticeOfInitiation: PDF of the Notice of IDR Initiation web form.
  - ProofofOpenNegotiation: Document with proof of the open negotiation start date.
  - NEGEXT: Document with proof that the initiating party received an extension approval from the Federal IDR mailbox.
  - NEGREF: Document with proof that the previous dispute submission had incorrectly bundled dispute line items.
  - NEGCOOL: Document with proof that 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.



**Notice of Initiation Form Documentation**

File Download	
FileName - NEGREF : Test File 2.docx	<a href="#">Download</a>
FileName - IDRNoticeOfInitiation_DISP-07520_12/20/2022.pdf	<a href="#">Download</a>

**Figure 9: Notice of Initiation Form Documentation**

5. Review the date that the initiating party provided for the start of the open negotiation period for this dispute in the “**When did the open negotiation period start?**” field. Download and review the “IDRNoticeOfInitiation” PDF in the above “Notice of Initiation Form Documentation” section or navigate to the summary of qualified item(s) or service(s) table at the bottom of the screen to review which claims are part of the dispute.

6. If the non-initiating party is a health plan, issuer, or FEHB carrier, they should also verify their health plan type which is listed in the **“Health Plan Type”** field. The “Health Plan Type” field is pre-populated based on information the initiating party provided on the “Notice of IDR Initiation” form. If necessary, health plans, issuers and FEHB carriers may update their listed health plan type by selecting the dropdown next to the **“Health Plan Type”** field and selecting the appropriate health plan type. The health plan type options are:
  - **“Individual health insurance issuer”**
  - **“Fully insured private group health plan”**
  - **“Either partially or fully self-insured private (employment-based) group health plan”**
  - **“Federal employees health benefits (FEHB) Carrier”**
  - **“Church plan”**
  - **“Non-Federal governmental (or state and local government) plan”**
  - **“No plan/issuer response”**
7. If the non-initiating party is a health care provider, health care facility or provider of air ambulance services they must indicate their **“Tax ID”** or their **“National Provider Identifier (NPI)”** by providing their nine (9) digit Tax ID in the “Tax ID” field or providing their ten (10) digit National Provider Identifier (NPI) in the “National Provider Identifier (NPI)” field. If the non-initiating party is a health plan, issuer, or FEHB carrier the “Tax ID” and “National Provider Identifier (NPI)” fields will not be displayed on this form.
8. Review the **“Name”** provided for you and make corrections if necessary. This field should contain the legal business name for the organization that is the non-initiating party to the dispute.
9. Review the **“Mailing Address”**, **“Mailing Address Line 2”**, **“City”**, **“State”**, and **“Zip Code”** provided for you and make corrections if necessary. This field should contain the contact information for the organization that is the non-initiating party to the dispute.
10. Review the **“Email”**, **“Phone Number”**, and **“Fax”** provided for you and make corrections if necessary. This field should contain the contact information for the organization that is the non-initiating party to the dispute.
11. Review contact information provided in the **“Primary Point-of-Contact Information”** section, if applicable, and if necessary, make corrections by typing in the field. The “Primary Point-of-Contact Information” fields should be completed if there is a specific person handling the dispute, or if there is a separate organization (for example, a TPA) that is handling the administration of the dispute.
12. Review contact information provided in the **“Secondary Point-of-Contact Information: (optional)”** section, if applicable, and if necessary, make corrections.
13. Add a “Primary Point-of-Contact” or a “Secondary Point-of-Contact”, if applicable. If you enter a name in the Primary or Secondary point of contact fields you will then be required to enter the full contact information, including the mailing address.

14. Review the summary of qualified items and/or services provided in the “**Summary of Qualified Items and/or Services**” table. This table displays the complete list of items or services that are being disputed. Review each item or service and:

- Determine whether the Federal IDR process applies to each item or service listed. If you determine the Federal IDR process does not apply to one or more of the items or services, you will have the opportunity to indicate this on the next page of the form.
- Update any of the editable fields if appropriate. If a field that you would like to change is not editable, once a certified IDR entity is assigned you can reach out to them to update the information.

Summary of Qualified Items and/or Services									
This is a summary of the dispute items or services entered.									
	Description of item(s) or service(s)	Claim Number	Date of Service	Cost Sharing Allowed	Initial Payment Amount	QPA for Applicable Year	Location of Service	Service Code	Place of Service Code(s)
1	Test Item or Service 1	12345	8/31/2022	\$1,000.00		\$1,000.00	AK	12345	23

**Figure 10: Example Summary of Qualified Items and/or Services Table**

15. Select “**Submit & Continue**” to navigate to the next page of the “IDR Entity Selection Response Form”. Selecting “**Back**” will take you to the “Enter your dispute reference number” page.

## 2.5. IDR Entity Selection Response Form – Conflict of Interest and Eligibility Attestation

1. Review the name provided in the “**IDRE Legal Business Name**” field, which is the legal business name of the initiating party’s preferred certified IDR entity.
2. Indicate whether you have a COI with the initiating party’s preferred certified IDR entity by selecting the “**Yes**” or “**No**” radio button for the following attestation: “**Do you have a conflict of interest (COI) with the selected certified IDR entity?**”
3. Indicate whether you agree to the certified IDR entity selected by the initiating party by selecting the “**Yes**” or “**No**” radio button for the following question: “**Do you agree to the certified IDR entity selected by the initiating party to handle this dispute?**”
  - If you selected “**Yes**” to the previous COI attestation this question will be automatically answered as “**No.**”
4. If you indicate that the certified IDR entity selected by the initiating party does have a COI, or if you indicate that you do not agree with the certified IDR entity selected by the initiating party, you will be required to select an alternative certified IDR entity from the “**Certified IDR entity legal business name**” dropdown list. For more information on the certified IDR entities refer to the [list of certified IDR entities](#).

Certified IDR entity legal business name \*

Select alternative IDR entity name

Figure 11: Certified IDR entity legal business name dropdown list

5. Complete the second COI attestation by selecting the radio button next to the appropriate COI attestation. The available COI attestations are:
  - ***“I (We), the undersigned non-initiating party, attest that to the best of my (our) knowledge the selected certified IDR entity doesn’t have a disqualifying conflict of interest.”***
  - ***“I (We), the undersigned non-initiating party, attest that to the best of my (our) knowledge the alternative certified IDR entity doesn’t have a disqualifying conflict of interest.”***
  
6. Attest to whether the items or services at issue are within scope of the Federal IDR process by selecting the radio button in front of the appropriate applicability attestation statement:
  - ***“I (We), the undersigned non-initiating party, attest 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.”***
  - ***“I (We), the undersigned non-initiating party, attest that the Federal IDR process is NOT applicable to the items and services under dispute.”***
  
7. If you attest that the Federal IDR process is not applicable you must select one or more justifications to support why the items and services under dispute do not belong in the Federal IDR process. Select all applicable justifications by selecting the **check box** next to each applicable justification and provide additional supporting information, if applicable. The justifications are:
  - ***“This dispute is eligible for a state process to determine the out of network rate, and so is not eligible for the federal IDR process.”*** If you select this justification you must also:
    - o Provide a description in the ***“Please provide specific citation(s) for state law or regulation that constitutes a specified state law or all-payer model agreement that applies to the items or services in this dispute”*** text box.
    - o Select the ***“Upload Files”*** button and upload a document or supporting materials related to a state law applying to an item or service in dispute, including proof of the health plan type and in the event that the health plan is a self-funded plan that has opted into a state process, proof that the health plan has opted into the state process.
  - ***“The open negotiation period was not initiated for this dispute.”***
  - ***“The open negotiation period was not completed for this dispute.”*** If you select this justification you must also:

- o Provide a date in the ***“When will open negotiation period be completed?”*** date field.
- o Select the ***“Upload Files”*** button and upload a document or supporting materials to show when the initiating party initiated open negotiation with you.
- ***“The dispute was initiated more than 4 business days after the open negotiation period ended.”*** If you select this justification you must also:
  - o Provide a description in the ***“When was the end of the four-business day period?”*** text field.
  - o Select the ***“Upload Files”*** button and upload a document or supporting materials to show when the initiating party initiated open negotiation with you.
- ***“The notice of initiation was not submitted as required.”***
- ***“The dispute includes items or services not covered under the No Surprises Act.”*** If you select this justification you must also:
  - o Provide a description in the ***“Please provide list of which items and services were not covered under the No Surprises Act and for each item or service listed, an explanation as to why they were not covered. For example, if the emergency item or service was not provided by an emergency department of a hospital or a freestanding emergency department, or if the scheduled service with an out-of-network provider was at an out-of-network facility”*** text box.
- ***“The dispute includes items or services under a coverage type not subject to the No Surprises Act.”*** If you select this justification you must also:
  - o Provide a description in the ***“Which items or services are under a coverage type not subject to the NSA and what coverage type(s) is the item or service under?”*** text box.
- ***“The dispute includes items or services not covered by the patient’s insurance policy.”*** If you select this justification you must also:
  - o Provide a description in the ***“Which items or services are not covered by the patient’s insurance policy?”*** text box.
  - o Select the ***“Upload Files”*** button and upload a document or supporting materials to show that these items or service are not covered by the patient’s insurance policy, such as a copy of the policy.
- ***“The dispute includes incorrectly batched claims.”*** If you select this justification, you must also:
  - o Provide a description in the ***“Please provide a list of items or services that were improperly batched, and for each item or service on the list, indicate the requirement that was not met (i.e., why are they batched incorrectly?)”*** text field.
  - o Select the ***“Upload Files”*** button and upload a document or supporting materials to show incorrectly batched claims.

- ***“The dispute includes incorrectly bundled items or services.”*** If you select this justification you must also:
    - o Provide a description in the ***“Please provide a list of the items or services that were improperly bundled, and for each item or service on the list, indicate the requirement that was not met (i.e., why are they bundled incorrectly?)”*** text box.
    - o Select the ***“Upload Files”*** button and upload a document or supporting materials to show incorrectly bundled items or services.
  - ***“The 90-day cooling off period applies to this dispute and has not been completed.”*** If you select this justification you must also:
    - o Provide a dispute reference number in the ***“Please provide the dispute number for the payment determination that initiated the 90-calendar-day cooling off period”*** field. Enter the five (5) to nine (9) digit dispute number in the following format: DISP-XXXXXXXX.
    - o Select the ***“Upload Files”*** button and upload a copy of the payment determination that initiated the 90-calendar-day cooling off period.
  - ***“The item or service associated with this dispute was furnished prior to the first plan or policy year to which the No Surprises Act’s surprise billing protections apply.”*** If you select this justification you must also:
    - o Provide a date in the ***“When did the plan or policy year associated with the dispute begin?”*** date field.
    - o Select the ***“Upload Files”*** button and upload a document or supporting materials to show when the plan or policy year associated with this dispute began.
  - ***“Other.”*** If you select this justification you must also:
    - o Provide a description of the ***“Other”*** justification by entering text in the ***“Please explain why you believe the Federal IDR process does not apply and upload supporting materials if applicable”*** text box.
    - o Upload supporting documentation via the ***“Upload Files”*** button.
8. Sign your Federal IDR process applicability attestation by typing your name in the ***“Non-Initiating party”*** text box.
  9. The date will automatically populate with today’s date and cannot be edited.
  10. Select ***“Sign & Submit”*** to navigate to the ***“Sign & Submit”*** page of the form. Selecting ***“Back”*** will take you back to the ***“Point of Contact and Items and Services”*** page.

## 2.6. IDR Entity Selection Response Form – Sign & Submit

Sign and submit the ***“IDR Entity Selection Response Form”*** by:

1. Selecting 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.***
  - ***I also understand that the final payment determination made by a certified IDR entity is binding upon the parties and not subject to judicial review except under certain circumstances.***
2. Typing in your name in the “Non-Initiating party” text box.
  3. The date will automatically populate with today’s date and cannot be edited.
  4. To submit the form, select “Submit & Continue”. Selecting “Exit” will close out the page without saving the information you have entered and without submitting the form. Selecting “Back” will take you to the “Conflict of Interest and Eligibility Attestation” page.

## 2.7. IDR Entity Selection Response Form – Confirmation

After selecting “**Submit & Continue**” you will land on the “**Confirmation**” page, and you will also receive an email from [no-reply-FedearlIDRQuestions@hhs.cms.gov](mailto:no-reply-FedearlIDRQuestions@hhs.cms.gov) that your form was successfully submitted and that provides you with next steps.

1. Review the Next Steps:
  - You’ll receive an email confirming the selection of the certified IDR entity. If an alternative certified IDR entity has been selected, you will be given the opportunity to accept or deny the alternative 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 offer to the certified IDR entity and how to submit the administrative and certified IDR entity fees.
2. Select “**Print PDF**” to print a PDF of the “**IDR Entity Selection Response Form.**” Important: This is your only opportunity to view and print the “**IDR Entity Selection Response Form.**”
3. Select “**Exit**” to close the window. Selecting “**Exit**” will land you on the [No Surprises Act web page](#).

## 3. IDR Entity Reselection Response Form

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The “**IDR Entity Reselection Response Form**” is sent to you when the other party did not agree to your certified IDR entity selection or they attested to a conflict of interest.

When completing this form, you will be asked to review the dispute information that has been provided and will need to answer the following questions:



- Do you have a COI with the newly selected certified IDR entity?
- Do you agree to the certified IDR entity newly selected by the other party to handle this dispute?
- If you have a COI or don't agree to the newly selected certified IDR entity, review the list of the remaining certified IDR entities and select an alternative certified IDR entity. You should choose an alternative certified IDR entity with which you do not have a COI.

Any fields marked with a red asterisk (\*) are required fields on the form.

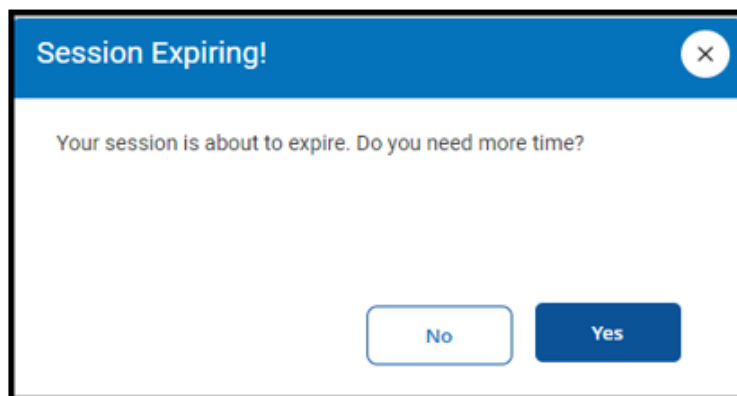


**Important:** You have three (3) business days from the date of IDR initiation to respond and agree upon a certified IDR entity. If you do not complete this reselection form within three (3) business days from the date of IDR initiation or fail to come to an agreement on a certified IDR entity within those three (3) business days, the Departments will either assign the last selected certified IDR entity or will randomly assign a certified IDR entity to your dispute, depending on the status of your dispute.

### 3.1. Before Starting the IDR Entity Reselection Response Form

You must complete and submit the “**IDR Entity Reselection Response 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 12: Session Expiring**

- If you do not respond within 60 seconds, the system will end the session and return you to the No Surprises Act web 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.

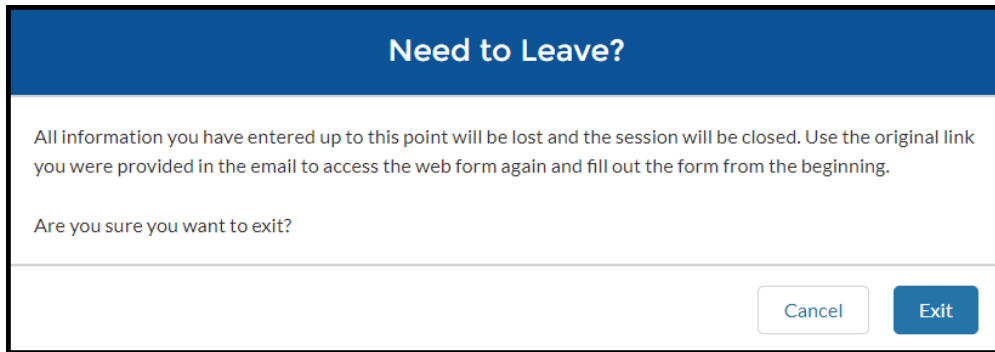


Figure 13: Exit Warning

### 3.2. IDR Entity Reselection Response Form – Welcome Page

The first page of the “*IDR Entity Reselection Response Form*” is the Welcome page.

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 error message.

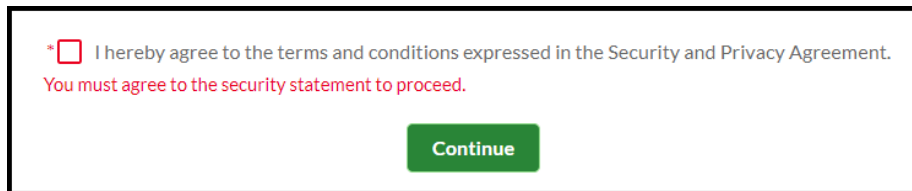


Figure 14: Security Statement Check Box Warning

3. Select the “*Continue*” button to proceed to the “*Enter your Dispute Reference Number*” page.

### 3.3. IDR Entity Reselection Response Form – Enter your Dispute Reference Number

1. On the “*Enter your Dispute Reference Number*” page enter the five (5) to nine (9) digit “*Dispute Reference Number*” in the following format: DISP-XXXXXXXX. The “*Dispute Reference Number*” (also referred to as “*IDR reference number*”) is provided in the email you received from [auto-reply-federalidrquestions@cms.hhs.gov](mailto:auto-reply-federalidrquestions@cms.hhs.gov) with the link to the “*IDR Entity Reselection Response Form.*”

**Figure 15: Dispute Reference Number field**

2. If you enter the incorrect “**Dispute Reference Number**” or you do not enter the dispute number using the correct format (DISP-XXXXXXXX) you will receive one of the following error messages.

**Figure 16: Dispute Reference Number Can't be Found Error Message**

**Figure 17: Dispute Reference Number Entered Incorrectly Error Message**

3. After entering the correct “**Dispute Reference Number**”, in the proper format, select “**Continue**” to navigate to the next page of the “**IDR Entity Reselection Response Form.**” Selecting “**Back**” will take you back to the Welcome page.

### 3.4. IDR Entity Reselection Response Form – Main Page

1. Review the “**Dispute Number**” provided in the “**Dispute Number**” field.
2. Review the name of the other party to the dispute, provided in the “[Initiating or Non-Initiating] **Party Name**” field.
3. Review the “**IDRE Legal Business Name**” of the other party’s selected certified entity.
4. Indicate whether you have a conflict of interest with the selected certified entity by selecting the “**Yes**” or “**No**” radio button for the following question: “**Do you have a conflict of interest with the selected certified IDR entity?**”

5. Indicate whether you agree to the certified IDR entity selected by the other party to make the payment determination for the dispute by selecting the “Yes” or “No” radio button for the following question: **“Do you agree to the certified IDR entity selected by the [initiating or non-initiating] party to make the payment determination for this dispute?”**
  - If you selected “Yes” to the previous conflict of interest attestation this question will be automatically answered as “No.”
6. If you indicate that the certified IDR entity selected by the other party to the dispute does have a COI, or if you indicate that you do not agree with the certified IDR entity selected by the other party to the dispute, you will be required to select an alternative certified IDR entity from the **“Certified IDR entity legal business name”** dropdown list. The dropdown list will only include the certified IDR entities that have not already been ruled out to handle the payment dispute. For more information on the certified IDR entities refer to the [list of certified IDR entities](#).

The image shows a screenshot of a web form element. It is a dropdown menu with a light blue border and a white background. The title above the dropdown is "Certified IDR entity legal business name \*". Inside the dropdown, the text "Select alternative IDR entity name" is displayed in a light gray font, followed by a small downward-pointing arrow icon on the right side.

**Figure 18: Certified IDR entity legal business name dropdown list**

7. Complete the additional conflict of interest attestation by selecting the radio button next to the **“Conflict of Interest Attestation”** statement.
  - If you indicated you have a COI or disagree with the other party’s certified IDR entity the following COI attestation will be displayed: **“I (We), the undersigned [initiating or non-initiating] party (or our representative), attest that to the best of my (our) knowledge the new certified IDR entity chosen doesn’t have a disqualifying conflict of interest.”**
  - If you indicated you do not have a disqualifying COI and agree with the other party’s certified IDR entity the following COI attestation will be displayed: **“I (We), the undersigned [initiating or non-initiating] party (or our representative), attest that to the best of my (our) knowledge the alternative certified IDR entity selected by the [initiating or non-initiating] party doesn’t have a disqualifying conflict of interest.”**
8. 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.**
  - **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 limited circumstances.”**

9. Type your name in the “[Initiating or Non-Initiating] **Party (or its representative)**” text box to sign the form.
10. The date will automatically populate with today’s date and cannot be edited.
11. Select “**Submit & Continue**” to submit the form. Selecting “**Exit**” will close out the page without saving the information you have entered and without submitting the form. Selecting “**Back**” will take you back to the previous page.

### 3.5. IDR Entity Reselection Response Form – Confirmation

After selecting “**Submit & Continue**” you will land on the “**Confirmation**” page, and you will also receive a confirmation email from [no-reply-FederalIDRQuestions@hhs.cms.gov](mailto:no-reply-FederalIDRQuestions@hhs.cms.gov) that your form was successfully submitted and that provide you with next steps.

1. Review the next steps:
  - You’ll receive an email confirming the selection of the certified IDR entity. If an alternative certified IDR entity has been selected and it has been less than three (3) business days from the date of IDR initiation, you will be given the opportunity to accept or deny the alternative IDR entity selection through another Reselection Response form.
  - If you fail to come to an agreement on a certified IDR Entity within those three (3) business days, the Departments will randomly assign a certified IDR entity to your dispute.
  - 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 certified IDR entity fees.
2. Select “**Print PDF**” to print a PDF of the “**IDR Entity Reselection Response Form.**” Important: This is your only opportunity to view and print the “**IDR Entity Reselection Response Form.**”
3. Select “**Exit**” to close the window. Selecting “**Exit**” will land you on the [No Surprises Act web page](#).



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**Note:** You could receive additional reselection forms during the “**Selection of Certified IDR Entity**” phase if you and the other party to the dispute continue to disagree with each other’s alternative certified IDR entity or the selected certified IDR entity attests to having a COI.

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