Independent Dispute Resolution (IDR) is an online application in Availity® Essentials to request negotiation and settlement of non-participating provider disputes over Blue Cross and Blue Shield of Illinois (BCBSIL) claim payments impacted by the No Surprises Act (NSA) and Illinois Public Act 102-0901 (IL HB-4703).

Negotiation Timeframe for NSA-eligible claims:

Providers have 30 business days from the claim determination date to initiate negotiation with BCBSIL, and then given an additional 30 business days to negotiate the payment. Either the provider or BCBSIL may pursue IDR within 4 business days of the failed negotiation period.

Negotiation Timeframe for Illinois Public Act 102-0901 claims:

Providers have 30 calendar days from a claim payment or denial date to initiate negotiation with BCBSIL. Either the provider or BCBSIL may pursue IDR of a failed negotiation.

When IDR should be used…

- **To determine the payment for disputed claims** for certain emergency services, non-emergency items and services furnished by non-participating providers at participating health care facilities, and for air ambulance services furnished by non-participating providers of air ambulance services (if the health plan already covers the services in-network or specified state law does not apply).

- **Only when parties fail to negotiate payment** and when either the provider or BCBSIL requests IDR.
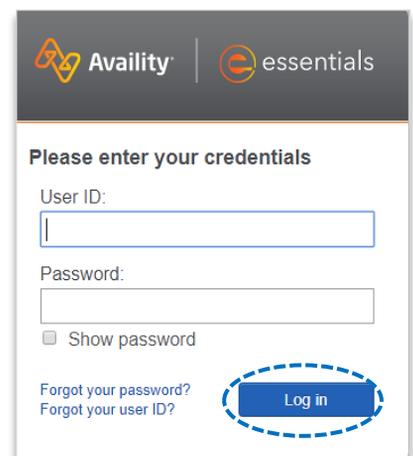
*You must be a **registered Availity user** to access and use the **IDR application**. If you are not yet registered, go to **Availity** and complete the guided online registration, at no charge.*

Getting Started

- Go to Availity
- Select **Availity Essentials Login**
- Enter User ID and Password
- Select **Log in**

Availity Administrator: Users must be assigned the appropriate role in Availity to access the IDR application. Grant user access by going to:

*My Account Dashboard → Maintain User or Add User → select role **Claim Status**.*

Availity | **essentials**

Please enter your credentials

User ID:

Password:

☐ Show password

Forgot your password?
Forgot your user ID?

Log in

Manage My Organization Setup

To utilize this application, the Availity Administrators and/or user must first add the billing and/or rendering provider NPI and Tax ID numbers to **Manage My Organization**.

▶ Select **Manage My Organization** from *My Account Dashboard* on the Availity homepage
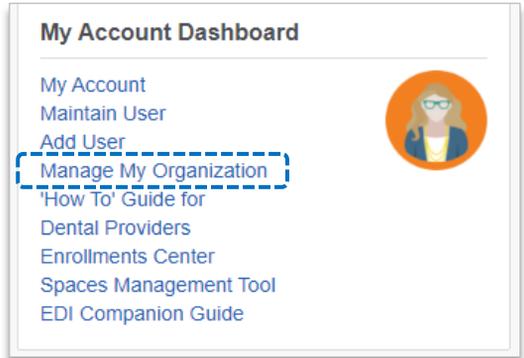
▶ Within **Manage My Organization**, select **Add Provider**

▶ Enter the Provider **Tax ID** and **NPI numbers** and select **Find Provider**

> *Quick Tips:*
>
> → *If you have multiple providers to add to your organization, select "Upload up to 500 at once via spreadsheet upload."*
>
> → *For more details, refer to the **Manage My Organization User Guide** published in the Provider Tools section of our website.*

Associated provider information will return based on the NPI number entered. Review and/or update the information:

▶ **Step 1:** Review and/or update the provider **Name** and **Primary Specialty/Taxonomy** and select **Next**

▶ **Step 2:** Review and/or update the provider **Identifiers** and select **Next**

Manage My Organization Setup *(continued)*

▶ **Step 3:** Review and/or update the provider **Address** and select **Next**

▶ **Step 4:** Review all information, choose the **provider's relationship to your organization**, then click *"I certify that this provider's information and relationship to my organization information is correct"* and select **Submit**

1) Accessing IDR

▶ Select **Payer Spaces** from the navigation menu

▶ Select **Blue Cross and Blue Shield of Illinois**

▶ In the BCBSIL Payer Spaces section, select the **Applications** tab

▶ Next, click on **Independent Dispute Resolution**

Note: Contact your Availity administrator if Independent Dispute Resolution is not listed in Applications.

1) Accessing IDR *(continued)*

- ▶ Select an **Organization**
- ▶ Choose the **Billing** or **Rendering Provider** from the **Select a Provider** drop-down list
- ▶ Select **Submit**

Independent Dispute Resolution

Select an Organization
ABC ORGANIZATION

Select a Provider
ABC EMERGENCY PHYSICIANS

Cancel   Submit

Quick Tip:

→ *Select a Provider displays the providers that have been added to your Manage My Organization. Refer to previous step for setup instructions. For more details, refer to the Manage My Organization User Guide published in the Provider Tools section of our website.*

2) Start IDR Negotiation

- ▶ Select the **Plan** of IL
- ▶ Enter the 13- or 17-digit BCBSIL **Claim Number**
- ▶ Choose the **Provider Role** of Billing or Rendering Provider
- ▶ Select **Claim Lookup**

Start New Negotiation

Check your claim eligibility.

Plan   Claim Number (DCN)
IL   Enter 13 or 17 digit Claim Number

Select Your Role
◉ Billing Provider   ○ Rendering Provider

You also have the option to submit an open negotiation request using the written request process. You can download the form using this link.
You may email the form to us at NSA.DISPUTES@BCBSTX.COM or Fax to 855-523-7003.

Clear   Claim Lookup

Quick Tip:

→ *Make sure the Provider Role (Billing or Rendering) selection matches the provider chosen from "Select a Provider" drop-down list on the previous step.*

Check Your Claim's Eligibility: This negotiation and IDR process ONLY applies to IL HB-4703 and NSA-eligible claims.

- ▶ If the claim is NOT eligible, users will receive the message:

  "This claim is not eligible for dispute"

Start New Negotiation
Check your claim eligibility.

⚠ This Claim is not eligible for dispute.

- ▶ If the dispute is NOT filed timely, users will receive the message:

  "This dispute is not eligible for submission as it exceeds timely filing requirement."

  Note: Refer to the Claim Review and Appeal page on our website to learn how to request review for claims NOT impacted by IL HB-4703 or NSA.

Start New Negotiation
Check your claim eligibility.

⚠ This dispute is not eligible for submission as it exceeds timely filing requirement.

3) Submit IDR Negotiation

▶ For IL HB-4703 or NSA-eligible claims, **Enter Your Offer**, including cost-sharing and any amounts already paid for the claim and select **Confirm Offer**

Open Negotiation Details

Claim Notification Date	Claim No.	Plan	Group	Subscriber
09/05/2023	0202200000000000X	IL	123456	000999999999

Patient Name	Patient DOB	Total Billed Amount	Total Allowable Amount	Patient Share
Jane Doe	03/30/1984	$280.00	$195.57	$114.54

Total Paid Amount	Date(s) of Service	Service Code(s)		
$81.03	08/12/2023 - 08/12/2023	99283,93010		

Enter the total amount of your offer, including cost-sharing and any amounts already paid for the claim.

Enter Your Offer $280.00

Cancel   **Confirm Offer**

▶ **Confirm** or **Edit** you offer

▶ Select the **check box** and **Submit Offer**

Please Confirm Your Offer and Submit **$280.00**   Edit Offer

☑ Please enter your offer for total out-of-network rate for this claim, including cost-share and sums already paid for these item(s) or service(s). We will review your offer along with the claim. If your offer is accepted, this step will finalize the claim. We will issue payment according to the agreed-upon amount. Members will not be responsible for amounts above their cost-share.

Cancel   **Submit Offer**

▶ Select **Accept** or **Reject** to take action on the counter-offer

Dispute ID: 99999999999999

Open Negotiation Details

Level of Review	Claim Notification Date	Claim No.	Plan	Group
Negotiation	08/27/2023	0999999999999999X	IL	123456

Subscriber	Patient Name	Patient DOB	Total Billed Amount	Total Allowed Amount
000999999999	Jane Doe	03/30/1984	$838.00	$46.00

Patient Share	Total Paid Amount	Date(s) of Service	Service Code(s)	Your Offer
$46.00	$0.00	03/12/2023 - 03/12/2023	99283, 99291	$838.00

Plan Decision	Plan Counter Offer	Regulation		
Not Accepted	$399.62	IL HB-4703		

Your offer has not been accepted. Please review our counter-offer and accept or reject it.

Your Offer $838.00   Plan Counter-Offer **$399.62**   Dispute ID: 999999999999

Reject   **Accept**

4) Negotiation and Dispute History

▶ View **Open Disputes** on the IDR homepage

▶ Select **Dispute History** to view the negotiation status

▶ Within the **Dispute History** section, expand the **Action icon** (>)

▶ Scroll over to view the **Negotiation** details and BCBSIL **Plan Decision**

● If there is an amount in the **Plan Counter-Offer** field, select **Accept** or **Not Accept** for the offer

▶ After an **Action** is taken, select **Submit** from the top right corner of the screen

▶ Confirm your **Action** taken by selecting the **check box** and **Submit**

5) IL HB-4703: Claims Eligible for Dispute

▸ Users will receive the *below message* when the negotiation is **eligible for dispute under Illinois State Specified Law**

▸ **Enter Your Offer** and **Confirm Offer**

Your Open Negotiation

You are eligible to file this dispute under Illinois State Specified Law.

Open Negotiation Details

Claim Notification Date	Claim No.	Plan	Group	Subscriber
08/27/2023	9999999999999990X	IL	123456	000123456789

Patient Name	Patient DOB	Total Billed Amount	Total Allowed Amount	Patient Share
Jane Doe	03/30/1984	$838.00	$46.00	$46.00

Total Paid Amount	Date(s) of service	Service Code(s)
$0.00	03/12/2023 - 03/12/2023	99283, 99291

Enter the total amount of your offer, including cost-sharing and any amounts already paid for the claim.

Enter Your Offer   **$838.00**

[Cancel]   [Confirm Offer]

▸ **Confirm** or **Edit** you offer

▸ Select the **check box** and **Submit Offer**

Your Open Negotiation

You are eligible to file this dispute under Illinois State Specified Law.

Open Negotiation Details

Claim Notification Date	Claim No.	Plan	Group	Subscriber
08/27/2023	9999999999999990X	IL	123456	000123456789

Patient Name	Patient DOB	Total Billed Amount	Total Allowed Amount	Patient Share
Jane Doe	03/30/1984	$838.00	$46.00	$46.00

Total Paid Amount	Date(s) of service	Service Code(s)
$0.00	03/12/2023 - 03/12/2023	99283, 99291

Please Confirm Your Offer and Submit   **$838.00**   Edit Offer

☑ Please enter your offer for total out-of-network rate for this claim, including cost-share and sums already paid for these item(s) or service(s). We will review your offer along with the claim. If your offer is accepted, this step will finalize the claim. We will issue payment according to the agreed-upon amount. Members will not be responsible for amounts above their cost-share.

[Cancel]   [Submit Offer]

More Information and Resources:

U.S. Department of Labor [No Surprises Act](#)

Centers for Medicare & Medicaid Services [Overview of Rules and Fact Sheets](#)