

# No Surprises Act Open Negotiation Notice

#### Form Instructions

Under the Consolidated Appropriations Act of 2021, the Open Negotiation Notice form is intended for use by non-participating network providers performing emergency or certain other services at a network facility. It may also be used by air ambulance providers to dispute the reimbursement for emergency services.

Use the attached form to initiate the No Surprises Act, 30-day open negotiation period. You must complete and return the Open Negotiation Notice form within 30 business days of the date of receipt of initial payment.

To process your request:

1. Include your NPI and Tax ID:		
NPI	Tax ID	

- 2. Include the **claim number(s)** associated with the services in dispute, along with a short description in the "Description of Items or Services" column on the table provided. If you need more than five rows, please report as appropriate on the Additional Claims Information Worksheet.
- 3. Send the completed form to <u>providerdisputesCAA@bcbsla.com</u>.

If the Open Negotiation Notice form does not allow you to provide sufficient information to support your case, please include additional documentation when submitting your request.

If you have any questions about the No Surprises Act open negotiation process, you may call Blue Cross and Blue Shield of Louisiana's Customer Care Center at 1-800-922-8866.

## **Open Negotiation Notice**

Date Completing Form:	
This notice is being completed by	, (name of party initiating
group health plan	health insurance issuer
Federal employee health benefits (FEHB) carrier	healthcare provider
healthcare facility	provider of air ambulance services
This is a dispute of the out-of-network rate for:	
insert appro	opriate descriptor of the item(s) or service(s) provided
More information regarding these items or services is proviously independent dispute resolution (Federal IDR) process that go and individual health insurance coverage, and FEHB carriers healthcare providers, facilities, and providers of air ambulant network rate for certain services following the end of an operavailable only for certain services, such as out-of-network endormed providers at an in-network facility, or air ambulational available if a state All-Payer Model Agreement or specified services.	roup health plans, health insurance issuers of group and out-of-network or non-participating ce services may utilize to determine the out-of- en negotiation period. The Federal IDR process is mergency services, certain services provided by out- ince services. The Federal IDR process is also only
What is an open negotiation period?	
The open negotiation period is a period of up to 30 business the total out-of-network rate (including any cost sharing) for provider, nonparticipating facility, or a nonparticipating probeneficiary, or enrollee in a group health plan, group or ind for which a payment is required to be made by the plan or of	or an item or service furnished by a nonparticipating viderof air ambulance services to a participant, ividual health insurance policy, or FEHB carrier and
What happens at the end of the open negotiation period	d?
If we have not agreed upon a payment amount by the end	of the open negotiation period
•	e date on this open negotiation notice), either of us
may initiate the Federal IDR process by negotiation period), under which a certified IDR entity will se service(s) at issue.	•

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Initiating the Federal IDR process does not prohibit us from agreeing on a payment amount after the open

negotiation period has ended and <u>before</u> the certified IDR entity determines the payment amount.

## **Open Negotiation Notice**

For more information on the Federal IDR process and to obtain the notice to initiate the Federal IDR process, visit <a href="https://www.nsa-idr.cms.gov">https://www.nsa-idr.cms.gov</a>.

	Information on	the Parties and	d Item(s) an	d/or Service(s)	
			(e <i>r</i>	nter name of party in	itiating negotiations)
	tiating an open negotiation period wit				
of th addr	er name of issuer or plan/provider, facile e following item(s) and/or service(s). The ess or number below: (s) and/or service(s) (Insert additional	o negotiate, pl	ease contact		
iteiii				1	
	Description of item(s)and/or service(s)	Date Provided	Service Code	Initial payment (if no initial payment amount, write N/A)	Offer for total out-of- network rate (including any costsharing)
1.					
2.					
3.					
4.					
5.					
1					
Sign	ature	[	Date		
Print	t Name	F	Relationship to p	person(s) or entity listed a	above
Mailing Address			Telephone Number		

Email Address



# No Surprises Act Open Negotiation Notice Additional Claims Information Worksheet

#### Additional Item(s) and/or service(s)

Use this worksheet to report additional entries for open negotiations beyond the table on the previous page.

Item #	Description of item(s) and/or service(s)	Date Provided	Service Code	Initial payment (if no initial payment amount, write N/A)	Offer for total out-of- network rate (including any costsharing)