

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 Tax ID:	
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

Enter date of this notice:	
You are receiving this notice because	
(enter name of party ini	tiating negotiations), a:
group health plan	health insurance issuer
Federal employee health benefits (FEHB) carrier	health care provider
health care facility	provider of air ambulance services
is disputing the out-of-network rate for:	
[insert approprie	ate descriptor of the item(s) or service(s)] provided
More information regarding these items or services is provided independent dispute resolution (Federal IDR) process that ground and individual health insurance coverage, and FEHB carriers are providers, facilities, and providers of air ambulance services may for certain services following the end of an open negotiation providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility, or out-of-network air ambulance services providers at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the services are services at an in-network facility and the service	up health plans, health insurance issuers of group ad out-of-network or nonparticipating health care ay utilize to determine the out-of-network rate period. The Federal IDR process is available only s, certain services provided by out-of-network lance services. The Federal IDR process is also
What is an open negotiation period?	
The open negotiation period is a period of up to 30 business of the total out-of-network rate (including any cost sharing) for a provider, nonparticipating facility, or a nonparticipating provide beneficiary, or enrollee in a group health plan, group or individed for which a payment is required to be made by the plan or covered to the plan or	n item or service furnished by a nonparticipating ler of air ambulance services to a participant, dual health insurance policy, or FEHB carrier and
What happens at the end of the open negotiation period?	
If the parties have not agreed upon a payment amount by the	end of the open negotiation period,
(insert date 30 business days after the domay initiate the Federal IDR process by the open negotiation period), under which a certified IDR entity and/or service(s) at issue.	

Initiating the Federal IDR process does not prohibit the parties 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 https://www.nsa-idr.cms.gov.

Information on the Parties and Item(s) and/or Service(s) (Enter name of party initiating negotiations) is initiating an open negotiation period with (enter name of the non-initiating party) for the out-of-network rate of the following item(s) and/or service(s). To negotiate, please contact me (the representative of the initiating party) at the email address or telephone number below: ltem(s) and/or service(s) (Insert additional rows as appropriate.) Name of provider, facility, Description of item(s) and/or service(s) Claim Date Service Initial payment Offer for total Number or provider of air Provided Code (if no initial out-of-network ambulance services, and rate (including payment National Provider any cost amount, Identifier (NPI) write N/A) sharing) 1. 2. 3. 4. 5. Signature Date Print Name Relationship to person(s) or entity listed 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)	Claim Number	Name of provider, facility, or provider of air ambulance services, and National Provider Identifier (NPI)	Date Provided	Service Code	Initial payment (if no initial payment amount, write N/A)	Offer for total out-of-network rate (including any cost sharing)