

OPEN NEGOTIATION NOTICE

Date of this notice:

You are receiving this notice because:

<i>Enter name of party initiating negotiations</i>
<p>A(n) [Select one]</p> <ul style="list-style-type: none"> Group health plan Health insurance issuer Federal employee health benefits (FEHB) carrier Health care provider Health care facility Provider of air ambulance services
<p>is disputing the out-of-network rate for provided <i>[insert appropriate descriptor of the item(s) or service(s)]</i></p>

More information regarding these items or services is provided below. The No Surprises Act provides a Federal independent dispute resolution (Federal IDR) process that group health plans, health insurance issuers of group and individual health insurance coverage, and FEHB carriers and out-of-network or nonparticipating health care providers, facilities, and providers of air ambulance services may utilize to determine the out-of-network rate for certain services following the end of an open negotiation period. The Federal IDR process is available only for certain services, such as out-of-network emergency services, certain services provided by out-of-network providers at an in-network facility, or air ambulance services. The Federal IDR process is also only available if a state All-Payer Model Agreement or specified state law does not apply.

What is an open negotiation period?

The open negotiation period is a period of up to 30 business days to determine an agreed-upon amount for the total out-of-network rate (including any cost sharing) for an item or service furnished by a nonparticipating provider, nonparticipating facility, or a nonparticipating provider of air ambulance services to a participant, beneficiary, or enrollee in a group health plan, group or individual health insurance policy, or FEHB carrier and for which a payment is required to be made by the plan or coverage.

What happens at the end of the open negotiation period?

If we have not agreed upon a payment amount by the end of the open negotiation period:

[Insert date 30 business days after the date on the open negotiation notice]

either of us may initiate the Federal IDR process by:

[Insert date 4 business days after the open negotiation period]

under which a certified IDR entity will select the payment amount for the item(s) and/or service(s) at issue.

Initiating the Federal IDR process does not prohibit us from agreeing on a payment amount after the open negotiation period has ended and before the certified IDR entity determines the payment amount.

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>.

Form Submission Instructions:

1. Please digitally fill form and submit to Availity at www.availity.com.
2. Once in, go the **Attachments – New** – *under the Claims & Payments tab*.
3. From the **Attachments Dashboard** click the **Send Attachment** button.
4. **Select your organization** and **BCBSWY as the Payer**.
5. Then **enter your NPI or TIN and your organization name** and then **enter the patient information**.
6. Next **enter Patient Account Number** (this can be any number used by your organization to identify the patient). **Click the “Generate” button**. The “Generate” button creates a random document number necessary to upload documents.
7. **Complete the required claim number and service date boxes**.
8. **Attach your documents then click send attachments**.
9. If you do not have an account on the Availity portal, please fax form and documentation to 307-634-5742.

Information on the Parties and Item(s) and/or Service(s)

<i>Enter name of party initiating negotiations</i>
is initiating an open negotiation period with BCBS of Wyoming for the out-of-network rate of the following item(s) and/or service(s)
To negotiate, please contact me <i>[the initiating party]</i>
at the e-mail address or number below.

Item(s) and/or service(s) [use additional pages if necessary]

#	Claim Number	Description of Item(s)and/or Service(s)	Date of Service	Service Code	Initial Payment & Receipt Date <i>(If no initial payment amount, write N/A)</i>	Offer for Total Out-of-Network Rate <i>(including any cost sharing)</i>	Surprise Billing Protection Form on file? <i>(Yes or No)</i>
1							
2							
3							
4							
5							

Signature [REQUIRED]		Date	
Print Name		Relationship to person(s) or entity listed above	
Mailing address			
City		State	Zip Code
Tax ID:			
Telephone number			
Email Address			

Please keep a copy of this notice for your records.