

No Surprises Act – Open Negotiation Notice

Enter date of this notice

You are receiving this notice because [*Enter name of party initiating negotiations*] _____, a(n) [group health plan, health insurance issuer, Federal employee health benefits (FEHB) carrier, health care provider, health care facility, or provider of air ambulance services] _____ is disputing the out-of-network rate for [*insert appropriate descriptor of the item(s) or service(s)*] provided _____.

More information regarding these items or service 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 specific 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 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>.

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 issuer or plan/provider, facility, or provider of air ambulance services] _____ for the out-of-network rate of the following item(s) and/or services). To negotiate, please contact me (the initiating party) _____ at the e-mail address or number below:

Item(s) and/or service(s) [insert additional rows as appropriate]

	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 cost sharing)
1.					
2.					
3.					
4.					
5.					
6.					

Signature

Date

Print Name

Relationship to person(s) or entity listed above

Mailing Address

Telephone Number

Email Address

Open Negotiation Notice – Molina Healthcare Supplemental Data

Molina Healthcare needs additional information to process your No Surprises Act (NSA) Open Negotiation request. In addition to the matrix completed on the previous page, please fill in this additional information. Please enter the Provider Tax ID #, Molina Claim # and rationale for additional payment on the same line that was used in the previous completed matrix

	Provider Tax Id #	Molina Claim #	Date Provided	Service Code	Rational for requesting additional payment
1.					
2.					
3.					
4.					
5.					
6.					

In order to be considered under the No Surprises Act Federal Regulation, please submit both completed forms: 1) Open Negotiation Notice and 2) Open Negotiation Notice – Molina Healthcare Supplemental Data to the following secured Email address: NSA.Provider@Molinahealthcare.com

 Provider Name

 Date

 Email Address

By checking this box, I authorize Molina to send an acknowledgement letter and a resolution letter to this Open Negotiation dispute to this email which may contain Protected Health Information (PHI)