Open negotiation notice



	OMB control no. 1210-0169
Date:	Expiration date: June 30, 2025
You are receiving this notice because (insert name of a (group h	. , ,
employee health benefits, also known as FEHB, carriprovider of air ambulance services) is disputing the carriprovided.	er, health care provider, health care facility, or
More information regarding these items or services is federal independent dispute resolution process, also can insurance issuers of group and individual health insuration or nonparticipating health care providers, facilities, and to determine the out-of-network rate for certain services. The federal IDR process is available only for certain services ambulance services. The federal IDR process is also or specified state law does not apply.	alled a federal IDR, that group health plans, health nce coverage, and FEHB carriers and out-of-network of providers of air ambulance services may utilize as following the end of an open negotiation period. Tryices, such as out-of-network emergency services, at an in-network facility or out-of-network air
What is an open negotiation period?	
The open negotiation period is a period of up to 30 bus	iness days to determine an agreed-upon amount

What happens at the end of the open negotiation period?

for the total out-of-network rate (including any cost sharing) for an item or service furnished by a

FEHB carrier and for which a payment is required to be made by the plan or coverage.

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

Initiating the federal IDR process does not prohibit the parties 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 **nsa-idr.cms.gov**.

Inf	formation on the partie	s, item(s) a	nnd/or service(s)						
for	sert party) the out-of-network rate of rty) at the e-mail address of	the following r telephone n	item(s) and/or service(s). I umber below:	To negotiate,	•				
Item(s) and/or service(s) (insert additional sheet if extra rows are needed)									
	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)		
1.									
2.									
3.									
4.									
5.									
Signature:						. Date:			
Pri	nt name:		Relation	ship to perso	on(s) or entity	y listed above:			
Ad	dress:								
Ph	one: Email:								

Please keep a copy of this notice for your records. Submit this form to Samaritan Health Plans via:

• Email at **SHPprovider@samhealth.org**, Attention: Contracting Dept.