Independent Dispute Resolution
Fax Number (801) 587-9985
UUHP_Appeal_Compliance_Team@hsc.utah.edu

Independent Dispute Resolution Process:

Open Negotiation Notice and Form

To begin the 30-Day Open Negotiation Period Process, complete the form and email or fax it to the email address or fax number above within 30 days of the initial payment or notice of denial.

The following notice and form are provided from the Departments of the Treasury, Labor, and Health and Human Services, and the Office of Personnel Management (OPM)[1].

Open Negotiation Notice:

[Enter date of this notice]

OMB Control No. 1210-0169
Expiration Date: 11/30/2025

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 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 non-participating health care providers, facilities, and providers of air ambulance services may use 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 non-participating provider, non-participating facility, or a non-participating 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 NSA-IDR.CMS.Gov.

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Open Negotiation Form:

To start a 30-day open negotiation period, please complete the information below and submit the form and all relevant documentation through the secured fax number. An email address is required on this form.

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 service(s). 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]

	Claim Number(s) and Description of Item(s) and/or Service(s)	**Date Provided**	**Service Code**	**Initial Payment** (If no initial payment amount)	**Offer for Total Out-of-Network Rate** (Including any cost sharing)
1					
2					
3					
4					
5					

Signature _____ Date _____

Print Name _____ Relationship to Person(s) or Entity listed above

Mailing Address _____ Telephone Number _____

Email Address _____

Please keep a copy of this notice for your records.

[1] http//www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/no-surprises-act/surprise-billing-part-ii-information-collection-documents-attachment-2.pdf