



Request for Open Negotiation

NON-PARTICIPATING PROVIDERS SHOULD USE THIS FORM TO INITIATE THE NEGOTIATION PROCESS UNDER THE FEDERAL NO SURPRISES ACT (NSA) OPEN NEGOTIATION PROCESS FOR INITIAL CLAIM PAYMENT OR CLAIM DENIAL

Date of Notice: _____

Ambetter Health is receiving this notice because _____
Enter Name of Servicing/Billing Provider

a(n) _____
Enter one: Health Care Provider, Health Care Facility, or Provider of Air Ambulance Services

is disputing the out-of-network rate for:

Non-Emergent Professional Service, Emergency Services, Post-stabilization Services, Air Ambulance Services

The No Surprises Act provides a Federal independent dispute resolution (Federal IDR) process that health insurance issuers of group and individual health insurance coverage, and out-of-network or non-participating 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 from receipt of this form 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 for a non-participating provider of air ambulance services to a participant, beneficiary, or enrollee in a group health plan or group or individual health insurance policy 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 on or about*:

Enter 30 business days after the date of notice entered above. Does Not Include Federal Holidays.

either of us may initiate the Federal IDR process by:

Enter date 4 business days after the end of the negotiation period.
Does Not Include Federal Holidays.

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>

PLEASE COMPLETE AND SIGN SUPPLEMENTAL FORM

Completed forms can be emailed to
AmbetterFederalIDRandOpenNegotiationRequests@centene.com

Or mailed to:
Ambetter – NSA Request
PO Box 10407; Van Nuys, CA 91410



Please refer to the following Market Notice at [Ambetterhealth.com](https://www.ambetterhealth.com)

[illegible]



Supplemental Open Negotiation Request Form

Non-participating providers may dispute the initial amount paid or denial of a claim for emergency services, certain services provided by out-of-network providers at an in-network facility, or air ambulance services that are in eligible for the Federal No Surprises Act (NSA) Negotiation and Dispute process. Please refer to the following Market Notice at [Ambetterhealth.com](https://www.ambetterhealth.com)

Contact for Negotiation	Name:		
	Facility, Group or Provider Representing:		
	Phone:		Email:
Best Time of Day for Virtual Meeting	Option 1:		Option 2:

Provider Information	Name of Facility where Services Were Rendered:		
	Place of Service Address:		
	City:	State:	Zip:
	TIN #:	NPI #:	

By signature, I attest that I am authorized to submit this request and that the information on this form is accurate and complete to the best of my knowledge.	
Signature:	Date:

The 30-day negotiation period starts when we receive a fully completed request form(s) and remit statement(s) at the email or mailing address below.

PLEASE COMPLETE AND SIGN SUPPLEMENTAL FORM

Completed forms can be emailed to
AmbetterFederalIDRandOpenNegotiationRequests@centene.com

Or mailed to:
Ambetter – NSA Request
PO Box 10407
Van Nuys, CA 91410