## Notice of Intent to Arbitrate Form

Please complete this form and send it to: <u>BBVA@scc.virginia.gov</u>

**O** Attach copies of both the notice of payment and payment, if both are available. This request must be submitted to both the SCC <u>and the non-initiating party</u> within 40 days of the earlier of the provider's receipt of the payment or payment notification; <u>otherwise, the request will be rejected</u>. For bundled claims, attach a separate sheet

listing all requested information. All claims within the bundle must meet the timeframes set below, the dates of service must be within two months of each other, the claims must relate to similar CPT codes and involve the same carrier and health care professional or facility.

Step	Claim Payment Negotiation History				Screening Information				
1.	Date the provider received the payment(s) or payment notification related to the claim(s), whichever is earlier. Attach all copies of notice of payment(s) and payments received by provider related to the claim(s):				Are all claims submitted related to a plan regulated by the SCC Bureau of Insurance, the state employee health plan, or an elective group health plan? (See Information and Instructions below) Yes □ No □ If "no," do not submit this request.				
2.	Date notice was provided to non-initiating party putting claim payment into dispute ( <i>must be within 30 days of Step 1</i> ):				Do all claims relate to services rendered in Virginia? Yes Do No De If "no," STOP and contact <u>BBVA@scc.virginia.gov</u> prior to submitting this request.				
3.	Date of completion of 30-day period of good faith negotiation ( <i>add 30 days to Step 1 date</i> ):				Name of the health care professional initiating arbitration, and name, phone number and email address of the submitter:				
4.	Date of request to SCC to initiate arbitration ( <i>must be within 10 days after Step 3 date</i> – <b>do</b> <i>not submit prior to Step 3 date</i> ):								
5.	provided t	ce of intent to initiate arbitration on the initiating party (must be step 3 date):			If the party initiating arbitration is a provider, indicate the provider's employer or business entity in which the provider has an ownership interest and address:				
Servio	Services are: Emergency   Non-emergency								
	sting ation is a:	ng Health care professional: Other health care provider: Other health care provider: Type:		e type: alty type: te which:					
Is the facility In-Network for the service? Yes  No  Description of health care services provided (including any applicable CPT codes):									
Is this request for multiple claims? Yes  No  (If so, all claims must meet the above stated requirements)									
Date(s) of service: (for bundled claims, must be within two months of each other)									
Group/plan number:       Claim number:         Complete name of non-initiating party (carrier), and name, phone number and email address of its contact person to which notice was sent/is being sent:									
(For bundled claims, report the sum of all charges to be arbitrated for each offer below)									
Initial	billed amou	unt of covered services:			Carrier/TI	PA allowed amount (use latest EOB):			
Provic	ler final offe	er provided with this request:			Most recent carrier/TPA payment offer (if different from latest EOB allowed amount):				

 To be completed by SCC

 SCC Tracking

 No.:

 Received Date

 Date Closed

 Closed reason

## **Information and Instructions**

 Only claim payments made in connection with managed care plans regulated by SCC, the state employee health plan and eligible group health plans defined in <u>14 VAC 5-405-20</u> can use the arbitration process. Examples of health benefit plans that are not included are:

> Medicare and Medicaid Federal Employee Health Benefit Plans

- Please check the list of elective group health plans at: <u>Search Elective Group Health Plans</u> | <u>Balance Billing (virginia.gov)</u> to determine whether a plan has elected to participate in balance billing protections for their members.
- An out-of-network provider or facility subject to Virginia law and providing emergency services at a hospital or non-emergency services if those services involve surgical or ancillary services at an in-network facility may submit this arbitration request to both the SCC and the noninitiating party if it is believed that the payment offered for the covered services was not a commercially reasonable amount. A carrier or an elective group plan may also submit a request for arbitration.
- Upon SCC review and acceptance of a request for arbitration, both the initiating and noninitiating parties must choose an arbitrator from a list of arbitrators approved by the SCC. If the parties cannot agree on an arbitrator, the SCC will choose one and notify the parties, using the process outlined in § 38.2-3445.02 of the Code of Virginia and <u>14 VAC 5-405-40</u>.
- Within 10 business days of the initiating party notifying the SCC and the non-initiating party of intent to initiate arbitration, both parties must agree to and execute a nondisclosure agreement.
- Once the arbitrator has been chosen, the SCC will send the arbitrator a copy of the Notice of Intent to Arbitrate Form. Both parties have 30 days from the date of notice of intent to arbitrate to make written submissions to the arbitrator. The non-initiating party must provide the initiating party their final offer at this time. <u>The arbitrator's fee is payable within 10 calendar</u> <u>days of the assignment of the arbitrator, with the health carrier and the provider to divide the fee equally.</u> A party that fails to make timely written submissions without good cause shown will be in default and agrees to pay the final offer amount submitted by the party not in default. The arbitrator also can require the party in default to pay expenses incurred to date in the course of arbitration, including the arbitrator's fee.
- No later than 15 calendar days after the receipt of the parties' written submissions, the arbitrator will:
  - Issue a written decision to the parties and the SCC requiring payment of the final offer amount of either the initiating party or the non-initiating party;
  - Provide each party with the other's written submissions, and
  - Provide the additional information described in § 38.2-3445.02 E of the Code of Virginia and 14 VAC 5-405-40 G to the SCC.

## **Arbitration Timeline**

			Example
Step 1		Out-of-network provider submits clean claim to carrier/payer.	2/15/21
Step 2	Within 30 days of Step 1 date	Carrier/payer pays or offers to pay out-of-network provider.	3/1/21
Step 3	Within 30 days of Step 2 date	Provider may dispute payment or payment offer by notifying carrier/payer.	3/15/21
Step 3 continued	Ends 30 days after Step 2 date	Parties are engaged in good faith negotiation. <u>Parties</u> <u>must complete the full 30-day good faith negotiation</u> <u>period.</u>	3/31/21
Step 4	Within 10 days of the end of Step 3 continued	Carrier/payer or provider can request arbitration by sending this form to the SCC and to the non-initiating party. Initiating party must include their final offer with request.	4/9/21
Step 5	Within 10 business days of Step 4 date	Nondisclosure agreement signed by the initiating and non-initiating parties. The parties decide on the agreement to sign.	4/23/21
Step 6	Within 20 days of Step 4 date	Arbitrator is chosen. Commission notifies initiating and non-initiating parties of chosen arbitrator and copies chosen arbitrator.	4/29/21
Step 7	Within 30 days of Step 4 date	Both parties must make written submissions in support of final offer.	5/9/21
Step 8	Within 10 days of Step 6 date	Parties each pay arbitrator their half of the applicable fee.	5/9/21
Step 9	Within 15 days of Step 7 date	Arbitrator issues decision.	5/24/21
Step 10	Within 10 days of Step 9 date	Claim payment is made.	6/3/21

Parties can come to an agreement at any time during this process; however, once an arbitrator is chosen, the arbitrator must receive payment. Claim must be paid within 10 days of agreement.