

Notice of Intent to Arbitrate Form

Please complete this form and send it to: BBVA@scv.virginia.gov

📎 Attach a copy of both the notice of payment and payment, if both are available.

This request must be submitted to both the SCC and the non-initiating party within 40 days of the earlier of the initial notice of payment or payment. If not, the request will be rejected.

To be completed by SCC	SCC Tracking Number:
(rec'd date)	

Claim Payment Negotiation History		Is the patient's plan regulated by the SCC Bureau of Insurance, the state employee health plan, or is it an elective group health plan? <i>(See Information on back)</i>	
Date initial payment(s), including notice of payment(s) received by provider (attach copies):		Yes	No
Date notice was provided to Non-initiating Party putting claim payment into dispute:		If "no", do not submit this request.	
Date of completion of 30-day period of good faith negotiation:		Name, phone number and email address of the party initiating arbitration:	
Date of request to SCC to initiate arbitration:			
Date notice to initiate arbitration was provided to non-initiating party:			
The party requesting arbitration is a:	Health care facility:		License type:
	Health care professional:		Specialty type:
	Other health care provider:		Type:
	Carrier or third-party administrator (TPA):		
Description of health care services provided (including any applicable CPT codes):			
Is this request for multiple claims <i>(must be the same carrier, TPA and provider)</i> ?			
Group/plan number (or numbers if multiple claims):			
Claim number (or numbers if multiple claims):			
Date(s) of service: (if multiple claims, note the date of service for each claim – <i>must be within two months of one another</i>)			
Carrier or TPA payment amount(s) for each claim:			
Initiating party's final offer:			
Name of non-initiating party, and name, phone number and email address of its contact person:			

Please review important information on the back of this form prior to submitting this request.

Information and Instructions

- Only claim payments made in connection with managed care plans regulated by SCC, the state employee health plan, and self-funded group health plans and other defined eligible health plans according to § 38.2-3445.06 of the Code of Virginia and applicable rules, that have elected to participate in balance billing protections can use the arbitration process, referred to as “elective group health plans.” 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 scc.virginia.gov to determine whether a plan has elected to participate in balance billing protections for their members.
- An out-of-network provider or facility providing emergency services 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 non-initiating party if it is believed that the payment made 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 non-initiating 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 or applicable rules. 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. The arbitrator’s fee is payable within 10 calendar days of the assignment of the arbitrator, with the health carrier and the provider to divide the fee equally. 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 requiring payment of the final offer amount of either the initiating party or the non-initiating party, notify the parties of its decision, and provide the decision as well as additional information described in § 38.2-3445.02 E of the Code of Virginia and applicable rules regarding the decision to the SCC.

Timeline

Day 0: Out-of-network provider submits clean claim to carrier/payer.

Day 30: Carrier/payer pays out-of-network provider.

Day 60: Provider may dispute payment by notifying carrier/payer. Parties are engaged in good faith negotiation.

Day 70: 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.

Day 80 (business): Nondisclosure agreement signed 10 business days after request to initiate arbitration is made.

Day 90: Arbitrator is chosen. Commission notifies initiating and non-initiating parties of chosen arbitrator and copies chosen arbitrator.

Day 100: Both parties must make written submissions in support of final offer.

Day 100: Parties each pay arbitrator their half of the applicable fee.

Day 115: Arbitrator issues decision.

Day 125: Claim payment is made.

Parties can come to an agreement at any time during this process. Claim must be paid within 10 days of agreement.