

Notice of Intent to Arbitrate Form

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

📎 Attach copies 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 provider's receipt of the initial payment or payment notification; otherwise, the request will be rejected. For bundled claims, all claims within the bundle must meet the timeframes set below and the dates of service must be within two months of each other.

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

Step	Claim Payment Negotiation History	Screening Information																	
1.	Date the provider received the initial 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? <i>(See Information and Instructions below)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If "no," STOP and contact BBVA@scc.virginia.gov prior to submitting this request.																	
3.	Date of completion of 30-day period of good faith negotiation <i>(must be within 30 days of Step 1)</i> :	Name, phone number and email address of the party initiating arbitration:																	
4.	Date of request to SCC to initiate arbitration <i>(must be within 10 days of the end of Step 3 and within 40 days of Step 1)</i> :																		
5.	Date notice of intent to initiate arbitration was provided to non-initiating party <i>(must be within 10 days of the end of Step 3 and within 40 days of Step 1)</i> :	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:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; padding: 5px;">The party requesting arbitration is a:</td> <td style="width: 25%; padding: 5px;">Health care facility:</td> <td style="width: 5%; padding: 5px;"><input type="checkbox"/></td> <td style="width: 25%; padding: 5px;">License type:</td> <td style="width: 30%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Health care professional:</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Specialty type:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Other health care provider:</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Type:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Carrier or administrator:</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">Indicate which:</td> <td style="padding: 5px;"></td> </tr> </table>			The party requesting arbitration is a:	Health care facility:	<input type="checkbox"/>	License type:		Health care professional:	<input type="checkbox"/>	Specialty type:		Other health care provider:	<input type="checkbox"/>	Type:		Carrier or administrator:	<input type="checkbox"/>	Indicate which:	
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	Carrier or administrator:	<input type="checkbox"/>	Indicate which:																
If services were rendered at a facility, provide the name and address of the facility (or facilities if multiple claims):																			
Description of health care services provided (including any applicable CPT codes):																			
Is this request for multiple claims? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If so, all claims must be for the same carrier, administrator or provider and same or similar CPT codes)</i>																			
Group/plan number (or numbers if multiple claims):																			
Claim number (or numbers if multiple claims):																			
Date(s) of service: (if multiple claims, identify the date of service for each claim – <i>dates of service must be within two months of one another</i>)																			
Carrier or TPA payment offer (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 to which notice was sent/is being sent:																			

Attach a separate sheet for any additional information. Please review the Information and Instructions at the end 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 eligible group health plans defined in 14 VAC 5-405-20 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 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 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 non-initiating 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 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 and 14 VAC 5-405-40.
- 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 14 VAC 5-405-40 G to the SCC.

Arbitration Timeline

	Day 0	Out-of-network provider submits clean claim to carrier/payer.
On or before	Day 30	Carrier/payer pays or offers to pay out-of-network provider.
On or before	Day 60	Provider may dispute payment or payment offer by notifying carrier/payer. Parties are engaged in good faith negotiation.
On or before	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.
On or before	Day 80 (10 business days from Day 70)	Nondisclosure agreement signed 10 business days after request to initiate arbitration is made.
On or before	Day 90	Arbitrator is chosen. Commission notifies initiating and non-initiating parties of chosen arbitrator and copies chosen arbitrator.
On or before	Day 100	Both parties must make written submissions in support of final offer.
On or before	Day 100	Parties each pay arbitrator their half of the applicable fee.
On or before	Day 115	Arbitrator issues decision.
On or before	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.