|  |  |
| --- | --- |
| To be completed by OIC | OIC Tracking  Number: |
|  |
|  |  |
|  |  |



**Balance Billing Protection Act Arbitration Initiation Request Form**

Please complete this form and send it to [BBPA\_Arbitration@oic.wa.gov](mailto:BBPA_Arbitration@oic.wa.gov)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of request  to initiate arbitration: | | | | | | | Is the patient’s plan regulated by the OIC or is it a self-funded group health plan that has elected to participate? *(See information on back.)* | |
| Date notice to initiate arbitration was provided  to non-initiating party: | | | | | | | Yes No | |
| Date of completion of 30-day  period of good faith negotiation: | | | | | | | **If “no”, do not submit this request.** | |
|  | | | | | | | | |
| Name and contact information of the entity initiating arbitration: | |  | | | | | | |
| The entity requesting arbitration is a: | Health care facility: | |  | License type: | | | |  |
| Health care provider: | |  | Specialty type: | | | |  |
| Carrier or third-party administrator: | | | | |  | | |
|  | | | | | | | | |
| Description of health care services provided (including any applicable CPT codes): | | | | | | | | |
| Is this request for multiple claims? If so, identify carrier and provider/facility. | | | | | | | | |
|  | | | | | | | | |
| 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) | | | | | | | | |
| Carrier or third party administrator payment amount(s) for each claim: | | | | | Date payment(s) received by provider/facility:  *(Attach a copy of the notice of payment to this form.)* | | | |
| Date notice was provided to Non-initiating Party putting claim payment into dispute: | | | | | | | | |
| Initiating party’s final offer: | | | | | | | | |
| Name and contact information of non-initiating party identified for arbitration: | | | | | | | | |

1. Only claim payments made in connection with health insurance plans regulated by OIC and self- funded group health plans that have elected to participate in balance billing protections can use the arbitration process. Examples of health insurance plans that are not included are:

* Medicare and Medicaid
* Federal employee benefit plans

[Please check the list of self-funded group health plans at https://www.insurance.wa.gov/self-funded-group- health-plans to determine whether a self-funded group health plan has elected to participate in balance](https://www.insurance.wa.gov/self-funded-group-health-plans) billing protections for their members.

1. An out-of-network provider or facility providing emergency, surgical or ancillary services at an in-network facility may submit this request if it is believed that the payment made for the covered services was not a commercially reasonable amount. A carrier or self-funded group health plan that has elected to participate in balance billing protections for its members may also submit a request for arbitration.
2. Upon OIC review and acceptance of a request for arbitration, both the initiating and non-initiating parties will be provided with a list of approved arbitrators and arbitration entities by OIC. If the parties cannot agree on an arbitrator or arbitration entity, OIC will choose one and notify the parties, using the process outlined in WAC 284-43B-030(5). Within 10 business days of the initiating party notifying the commissioner and the non-initiating party of intent to initiate arbitration, both parties must agree to and execute a nondisclosure agreement.
3. Once the arbitrator has been chosen, OIC will send the arbitrator/arbitration entity a copy of the Arbitration Initiation Request Form and both parties will have 30 days to make written submissions to the arbitrator. A party that fails to make timely written submissions without good cause shown will be considered to be in default and will be ordered to pay the final offer amount submitted by the party not in default. They arbitrator also can require the party in default to pay expenses incurred to date in the course of arbitration, including the arbitrator's expenses and fees and the reasonable attorneys' fees of the party not in default.
4. No later than 30 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 the information described in RCW 48.49.050 regarding the decision to OIC.