

# Washington Balance Billing Arbitration

MAXIMUS Federal is an approved entity for providing arbitration services for Washington Balance Billing Protection Act. Section 8 of the Balance Billing Protection Act (Chapter 427, Laws of 2019) directs the Office of the Insurance Commissioner (OIC) to develop a list of approved arbitrators or entities that provide arbitration for use by parties involved in balance billing disputes. The act calls for arbitrators to preside over disputes between health care providers, facilities and carriers.

## Arbitration Filing Process

1. Only one party will electronically initiate arbitration within the MAXIMUS portal. Then, MAXIMUS will notify and request an arbitration response from the responding party within the MAXIMUS portal.
2. Before electronically filing with MAXIMUS
  - ✓ The initiating party must notify the Commissioner of its intent to seek arbitration.
  - ✓ The initiating party and responding party must execute a nondisclosure agreement and submit to the Commissioner.
  - ✓ The parties in dispute must agree on an arbitrator from the list provided by the Commissioner.
    - If the parties do not agree on an arbitrator, they must notify the Commissioner who must provide a short list of five (5) arbitrators to choose from. Each party may veto two (2) of the five (5) named arbitrators. If one arbitrator remains, that person is the chosen arbitrator. If more than one arbitrator remains, the commission must choose the arbitrator from the remaining arbitrators.
  - ✓ The parties and the Commissioner must complete this selection process within twenty (20) calendar days from the receipt of the original list of arbitrators provided by the Commissioner.
  - ✓ Review eligibility requirements. Or for more information visit:
    - [Washington Office of Insurance Commissioner](#)
    - [Summary of Surprise Billing Law](#)
3. Prepare for electronic filing
  - ✓ Gather dispute data and documentation. Here's a list of documentation:
    - All claim forms pertinent to the dispute
    - All copies of Explanation of Benefits and/or Explanation of Payments
    - Pertinent communication between out-of-network provider/facility and Carrier
    - Rationale for asserting the proposed final offer amount
    - Documentation demonstrating good faith negotiation
  - ✓ Register for an account to use the MAXIMUS Federal Portal to file electronically
    - Once your account has been created, log in and activate your newly created account

4. File for arbitration electronically at <https://dispute.maximus.com/wa>
- ✓ When you file for arbitration electronically you will be given the opportunity to enter information for multiple claims.
  - ✓ In accordance with the Washington Balance Billing Protection Act, multiple claims may be addressed in a single arbitration filing if the claims:
    - Involve identical carrier and provider or facility parties;
    - Involve claims with the same or related CPT codes; and
    - Occur within a period of two months of one another.

Please gather this information prior to Filing for Arbitration electronically at <https://dispute.maximus.com/wa>

General Information			
<p>1. Why was Maximus chosen?</p> <p>Selected by Commissioner</p> <p>Parties both agreed</p> <p>Initiating party selected MAXIMUS because responding party failed to timely respond</p>			
<p>2. Select the type of service:</p> <p>The enrollee received emergency services from an out-of-network facility</p> <p>The enrollee received emergency services from an out-of-network provider</p> <p>The enrollee received non-emergency surgical or ancillary services at an in-network facility from an out-of-network provider</p>			
<p>3. Carrier Name: (This will be a drop-down menu)</p>		<p>4. Is this a <a href="#">self-funded plan</a>?</p> <p>Yes</p> <p>No</p>	
Provider/Facility Details			
<p>1. Provider Name:</p>			
<p>2. Provider's Organization type:</p> <p>Private Practice</p> <p>Group Practice</p> <p>Hospital</p> <p>Health care system</p>			
<p>3. Provider's Organization name:</p>			
<p>4. Provider's Specialty:</p>			
<p>5. Healthcare Facility where services were provided:</p>			
<p>Address:</p>	<p>City:</p>	<p>State:</p>	<p>Zip code:</p>

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Enrollee Details				
Full Name:			Health Plan ID#:	
Address:		City:	State:	Zip code:
Which state was the health plan/contract issued in?				
Claim Information				
Claim #:				
1. Date claim was submitted to Carrier:			2. Date claim was initially paid or denied by Carrier:	
3. Date Provider or Facility rejected Carrier's initial allowed amount:				
4. Negotiation end date (30 calendar days from #3):				
5. Date of Carrier's Final Allowance/Final Offer:			6. Date Commissioner was notified in writing of arbitration request:	
7. Date responding party was notified in writing of arbitration request:				
8. Service delivered at: Level I Trauma Center Level II Trauma Center Rural Facility Other				
9. Date of service start:			10. Date of service end:	
CPT code including modifier	Billed Amount	Provider's Final Offer	Carrier's Initial Allowed Amount	Carrier's Final Allowance/Offer

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CPT code including modifier	Billed Amount	Provider's Final Offer	Carrier's Initial Allowed Amount	Carrier's Final Allowance/Offer

## Arbitration Timeframe

Each party has 30 calendar days, after final selection of the arbitrator, to make written submissions to the arbitrator in support of its position. A party that fails to make timely written submissions without good cause shall be considered to be in default; this may result in a favorable decision for the party not in default and the party in default may be required to pay the full arbitration fees.

Within 7 business days of receipt of a Washington Arbitration Application, MAXIMUS will acknowledge receipt of the application. If there are deficiencies in the Arbitration Filing or accompanying documents, then the initiating party has 7 calendar days to correct deficiencies or the Arbitration Filing will be deemed withdrawn. If the Washington Arbitration Filing is complete and deemed initially eligible then the initiating party and responding party will be notified. The responding party has 15 calendar days to provide requested documentation.

Within 30 calendar days after the receipt of the parties' written submissions, MAXIMUS will issue a decision.

## To Contact MAXIMUS

1. By E-mail at: [waarb@maximus.com](mailto:waarb@maximus.com)
2. By Facsimile at: (585) 869-3388
3. Mail: MAXIMUS Federal  
Attn: WA Surprise Billing Arbitration  
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Pittsford, NY 14534