



To be completed by OIC	OIC Tracking Number:

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

Read the information on the back of the form. Submit completed form to: [BBPA\\_Arbitration@oic.wa.gov](mailto:BBPA_Arbitration@oic.wa.gov)

<b>1. VERIFICATION: You must check all applicable boxes or this will be rejected.</b>	
The patient's plan is regulated by the OIC or is a self-funded group health plan that has elected to participate in the BBPA (See information on back.) IF NOT, DO NOT SUBMIT.	
I have attached a copy of the notice of payment that shows the date(s) of payments and attest that the most recent date of payment was in the last 40 days. IF IT'S NOT, IT'S UNTIMELY. DO NOT SUBMIT.	
I have not attached anything that requires encryption or password protection.	
If this is a request for multiple claims, I have checked that all the claims involve the same carrier and provider/facility. IF NOT, YOU MUST SUBMIT INDIVIDUAL CLAIMS.	
The other party has been included as a courtesy copied recipient to this emailed request. Their email address has been verified and is the correct contact.	
<b>2. DATE CHECK:</b>	
(a) Date of most recent payment – must be within last 40 days or will be rejected.	(b) Date of completion of 30-day period of good faith negotiation
(c) Date of notice to non-initiating party (notice to initiate arbitration)	(d) Date(s) of service. If multiple claims, note the date of service for each claim
<b>3. FILING INFORMATION:</b>	
If the person filing the request to initiate arbitration is filing on behalf of a provider, facility or carrier, please provide the following information: Please indicate if you are a legal representative of the filing party.	
Name(s):	
Address:	Telephone:                      Email:
<b>4. INITIATING PARTY:</b>	
The requesting entity is a: <input type="checkbox"/> Health care facility *If checked, provide License type: <input type="checkbox"/> Health care provider *If checked, provide Specialty type: <input type="checkbox"/> Carrier/Third Party Administrator	
Name(s):	
Address:	Telephone:                      Email:
<b>5. NON-INITIATING PARTY:</b>	
The non-initiating party is a: <input type="checkbox"/> Carrier/third-party administrator <input type="checkbox"/> Health care <input type="checkbox"/> provider <input type="checkbox"/> facility	
Name:	
Address:	Telephone:                      Email:
<b>6. DESCRIPTION OF HEALTH CARE SERVICES PROVIDED (including any applicable CPT codes):</b>	
Description:	
<b>7. ADDITIONAL INFORMATION: (if multiple claims, can attach on separate sheet)</b>	
(a) Group/plan number(s):	
(b) Claim number(s):	
(c) Initiating party's final offer:	

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

1. This form and any attachments submitted will become public records and are subject to public disclosure laws. Do not provide sensitive or confidential information that is not necessary for the OIC to assign the claim to arbitration (you will have the opportunity to submit relevant information during the arbitration). OIC may dispose of any documents filed that are not necessary to process a claim for arbitration. Personal health information (PHI) disclosed to OIC is not subject to public disclosure under RCW 48.02.068.

2. 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 billing protections for their members.

3. 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.

4. 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-035(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.

5. 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. The 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.

6. 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.

[Statutory Authority: RCW 48.49.060 and 48.49.110. WSR 20-22-076, § 284-43B-085, filed 11/2/20, effective 12/3/20.]