



Ohio Surprise Billing Arbitration User Guide

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Introduction

Welcome to the user guide for the Maximus Portal for Ohio Surprise Billing Arbitration. The portal allows eligible parties to electronically apply for arbitration services and submit a response to an arbitration dispute application. This user guide will help users navigate the online process.

Eligible Parties:

- Health care provider, facility, emergency facility or ambulance
- Health plan issuer/Carrier

Party Types:

- Initiating Party – eligible party who initiated the arbitration by filing an application (e.g., health care provider)
- Responding Party – party responding to the arbitration dispute (e.g., health plan/carrier)

File a Case

Eligible parties will be able to **File a Case** via the link at the top of the home page.

1. Click on the **File a Case** link.



2. Download the Ohio Surprise Billing Arbitration [application](#).
3. Complete and sign the application.
4. Upload the signed application form along with supporting documentation via the **Upload Documents** section.

How to Upload Documents

1. To upload your application and supporting documentation, navigate to the **Upload Document** section.
2. Since this a new request for arbitration, leave the **Reference Number** field blank. The reference number will be auto-generated upon clicking **Save**.
3. Enter your name in the **Uploaded By** field.
4. Select a **Document Type** from the drop-down menu.

Note: Select **Other** and provide a description, in the **Description** field if the other options do not apply.

5. Click on **Upload Files** to browse your computer for the file you wish to upload.

Note: You may upload multiple files and document types before submitting your application by repeating steps 4 and 5.

Upload Document

Reference Number

* Uploaded By

Provider Test

* Document Type

Other

Description

Additional Patients

Upload File

Upload Files

Or drop files

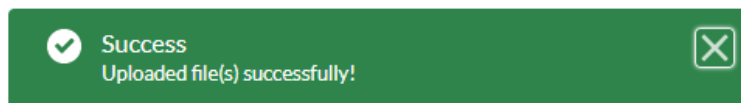
List of uploaded documents

File Name	Uploaded By	Type	Description	Remove
OH_Surprise Bill_Application_ProvTest.pdf	Provider Test	Arbitration Application	OH Arbitration Form	
OH Arb_Negotiation Request.docx	Provider Test	Proof of appeal/negotiation/attempt to negotiate		
OH ARB_EOP1.pdf	Provider Test	Explanation of benefits (EOBs)		
OH Arb_Additional Providers.xlsx	Provider Test	Other	Additional Providers	
OH Arb_Additional Patients.xlsx	Provider Test	Other	Additional Patients	

Cancel

Save

6. Click **Save** to submit your application to Maximus. You will receive confirmation of successful submission of your application and documents with a reference/case number.



Upload Successful - your information has been submitted to Maximus. Please keep the reference number for your records.
OH22-00002282

7. Maximus will acknowledge receipt of your application within 3 business days.
8. To return to the home page, click the Maximus logo.
9. If you forget to attach a document, navigate to the **Upload Documents** section, enter the **Reference Number** you just received (e.g., OH22-00002282) then follow steps 3-6.



Respond to Request(s) for Information

Maximus will initiate a request for information (RFI) via email to (1) request the responding party's response to the arbitration application or (2) to request further information from either party.

Both parties have 10 business days to provide requested documentation. If either party fails to respond and/or correct deficiencies within 10 business days, the award may be issued based on the information Maximus has received.

To respond to the Request for Information you may submit documentation online:

1. Click on **File a Case** on the home page.



2. Navigate to the **Upload Document** section.
3. Enter the **Maximus reference/case number** in the **Reference Number** field.

Note: The **Maximus reference/case number** will be in the request for information email/letter (e.g., OH22-00002282).

4. Enter your name in the **Uploaded By** field.
5. Select a **Document Type** from the drop-down menu.

Note: Select **Other** and provide a description, in the **Description** field if the other options do not apply.

6. Click on **Upload Files** to browse your computer for the file you wish to upload.

Note: You may upload multiple files before submitting by repeating steps 5 and 6.

7. Click **Save** to submit your documents to Maximus.

Upload Document

Reference Number

OH22-00002282

* Uploaded By

Health Plan Issuer

* Document Type

Request for Information

Description


Arbitration Response

Upload File

Upload Files

Or drop files

List of uploaded documents

File Name	Uploaded By	Type	Description	Remove
Ohio Health Plan A Response.docx	Health Plan Issuer	Request for Information	Arbitration Response	

Cancel

Save



Success
Uploaded file(s) successfully!



Upload Successful - your information has been submitted to Maximus. Please keep the reference number for your records.
OH22-00002282

8. To return to the home page, click the Maximus logo.



Ohio Department of Insurance

APPLICATION FOR ARBITRATION OF PAYMENT FOR EMERGENCY SERVICES AND UNANTICIPATED OUT-OF-NETWORK CARE

In accordance with Sub. H. B. No. 388 (OH R.C. § 3902.50 to 3902.54)

Ohio Rev. Code § 3902.50 to 3902.54 permits health care providers to apply for arbitration when the provider and health plan issuers cannot agree on the appropriate reimbursement for health care services rendered by an out-of-network health care provider on an emergency basis or for unanticipated out-of-network care.

This application for arbitration can be submitted by a health care provider.

Use the table below to review eligibility requirements before proceeding with the application:

	Health Benefit Plan Fully-Insured
Application Submission cut-off	This application will be submitted to Maximus within 30 business days after the Provider's receipt of the Carrier's notification of its final offer allowed charge/amount.
Health Benefit Plan	<ul style="list-style-type: none"> Regulated by Ohio Department of Insurance (ODI) Excludes out-of-state plans, Federal plans and Managed Medicaid plans
Provider Type	<ul style="list-style-type: none"> Must be out-of-network only Must be licensed or certified in Ohio
Service Type	<ul style="list-style-type: none"> Emergency services or unanticipated out-of-network care Clinical laboratory services Ambulance services Service must be delivered or issued for delivery in Ohio
Service Date	<ul style="list-style-type: none"> Must be on or after January 12, 2022
Covered Person	<ul style="list-style-type: none"> Must be enrolled in the health benefit plan at the time of service
Disputed Amount	<ul style="list-style-type: none"> Must be greater than \$750
Negotiation	A provider, facility, emergency facility, or ambulance may notify the health plan issuer that the provider, facility, emergency facility, or ambulance wishes to negotiate reimbursement. Upon receipt of such notice, the health plan issuer shall attempt a good faith negotiation with the provider, facility, emergency facility, or ambulance. Parties are allowed 30 business days for negotiation.
Review OON eligibility requirements	<ul style="list-style-type: none"> Service in question was no more than one year prior to this request. The billed amount must exceed \$750.00 for one claim. In a bundled case, the sum of all claims must exceed \$750.00. No more than 15 claims, all with the same plan, coding set and a provider of the same license type.

Application Process

1. To review Ohio Surprise Billing Arbitration eligibility, or for more information, visit:
<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA133-HB-388>
2. Complete and sign this application (pages 3 & 4 of this document)
3. Gather supporting documentation such as:
 - Copy of covered person's health benefit plan
 - Copy of covered person's health benefit card
 - Claim form
 - Initial EOB/Carrier's Initial Offer
 - Additional EOBs/Carrier' Final Offer
 - Documentation supporting in-network rates that other health benefit plans reimburse or have reimbursed the provider
 - Documentation of any in-network reimbursement rates previously agreed upon between the health plan issuer and provider (contractual relationship in the previous last six years)
4. Upload signed application and supporting documentation to the **Maximus Portal for Ohio Surprise Billing Arbitration**

OH Arbitration Form		Reference/Case Number: Internal Use Only	
Print, complete and sign this form.			
Provider Information: If submitting for multiple providers please attach Excel, Word or PDF with the requested provider information.			
1. Negotiation Dates:			
2. Provider's Name:		3. TIN/NPI:	
4. Provider Group (if applicable):			
5. Contact Name:		6. Contact's Title:	
7. Contact Address:			
8. Phone Number:		9. Fax Number:	
10. Email:			
Patient & Coverage Information: If submitting for multiple patients please attach Excel, Word or PDF with the requested patient information.			
1. Patient Name:		2. Patient's Plan ID #:	
3. Subscriber's Name:		4. Subscriber ID:	
5. Coverage Type (indicate): Individual /Nongroup Group/Employer-based Other Self-funded Plan Other (indicate if Federal Plan, including Medicare Supplement, Medicare Advantage, Medicaid FFS or Managed Medicaid):			
6. Coverage is provided/administered by (indicate): Carrier TPA Employer (Plan Sponsor) – select this if there is no TPA or Carrier indicated Unknown			
7. Name: _____			

Claim Information: If submitting for multiple claims please attach Excel, Word or PDF with the requested claim

1. Date(s) of Service:		2. Was the service:	<input type="radio"/> Emergency/Urgent <input type="radio"/> Unanticipated out-of-network care		
3. Claim #'s:					
4. List the codes in dispute:					
5. Date claim was initially submitted to Carrier:		6. Date Carrier remitted payment for initial allowed/charge amount (Date of initial EOB):			
7. Date Provider rejected the initial allowed charge/amount:		8. Date of Carrier's Final Offer (Date of final EOB):			
9. Indicate one: <ul style="list-style-type: none"> • Medical records are needed for this arbitration • Medical records are not needed for this arbitration • Unknown 	10. Provider's Final Offer Amount:				
	11. Disputed Amount:				
	12. Carrier Final Offer:				
13. Gather and upload the following documentation if available: A copy of the covered person's health benefit plan A copy of the covered person's health benefit card Claim form Initial EOB/Carrier's Initial Offer Additional EOBs Carrier's Final Offer Health Care Provider's Final Offer					
Applicant's Signature: <input type="text"/>					
Date: _____					

Ohio Surprise Billing Arbitration Timeframe

Within 3 business days of receipt of an Ohio Arbitration Application, Maximus will acknowledge receipt of the application. If there are deficiencies in the Arbitration Application or accompanying documents, then the initiating party has 7 business days to correct deficiencies.

Both parties have 10 business days to provide requested documentation. If either party fails to respond and/or correct deficiencies within 10 business days, the award may be issued based on the information Maximus has received.

If the Arbitration Application is complete and eligible then the initiating party and the responding party will be notified.

Within 30 business days of the receipt of a complete/eligible Arbitration Application and accompanying documents (from initiating party and/or responding party), Maximus will issue a decision.

To Contact Maximus

1. By secure E-mail at: OHArbitrations@maximus.com
2. By fax at: (585) 425-5296
3. By mail: Maximus Federal
Attn: State Appeals/OH ARB
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534