



New Jersey Department of Banking and Insurance

**APPLICATION FOR ARBITRATION OF PAYMENT FOR INADVERTENT,
EMERGENCY OR URGENT OUT-OF-NETWORK HEALTH CARE SERVICES**

In accordance with P.L. 2018, c. 32 (N.J.S.A. 26:2SS-1 to -20)

N.J.S.A. 26:2SS-1 to -20 permits health care providers, carriers and, in certain instances, covered persons to apply for arbitration when they cannot agree on the appropriate reimbursement for health care services rendered by an out-of-network health care provider on an inadvertent¹, emergency or urgent basis. This is the Out-of-Network Arbitration System (OON Arbitration).

Use this form to request OON Arbitration only if:

1. The covered person to whom health care services were rendered was covered under a network-based health benefits plan that was issued by a carrier in New Jersey;
2. The health care service was rendered in New Jersey by a New Jersey licensed facility or practitioner;
3. The health care provider that rendered the health care services is not in the network of the covered person's health benefits plan;
4. The covered person received out-of-network services from: (a) an out-of-network health care provider at an in-network health care facility on an inadvertent basis; (b) an out-of-network health care facility and/or practitioner on an emergency or urgent basis; or, (c) an out-of-network bio-analytical laboratory that performed a test that was ordered by an in-network health care provider and the covered person was not provided the opportunity to select an in-network bio-analytical laboratory; and
5. There is no dispute as to whether the health care services provided were Medically Necessary², cosmetic, experimental or investigational, or warranted an in-plan exception and the services are otherwise covered under the terms of the covered person's health benefits plan.

This application for arbitration can be submitted by a health care provider, by the carrier (which, for purposes of this process includes the SHBP, the SEHBP, a MEWA, and any other payor providing a self-funded health benefits plan that opts into arbitration), or by a person covered by a self-funded health benefits plan in New Jersey that did not opt to participate in arbitration. However, a health benefits plan does not include coverage through Medicare or Medicaid.

Self-funded Plans

Employers that self-fund may elect to use the OON Arbitration. If a self-funded plan chooses to use the OON Arbitration, the plan will be bound by the decision of the arbitrator. Persons covered by self-funded plans that do not opt into OON Arbitration and the providers who treat such persons can still request OON Arbitration but the arbitrator's decision will not be binding on the self-funded plan and will not be based on the final offers of the provider and the self-funded plan. The arbitrator's decision will be binding on the covered person and the provider.

Release of Medical Records

If a health care provider needs to provide medical records to support a claim in OON Arbitration, the health care provider must submit a completed *Consent to Representation in Appeals of Utilization Management Determinations and Authorization for Release of Medical Records in UM Appeals and Independent Arbitration of Claims*. A covered person does not need to submit this form. The form is available at https://www.state.nj.us/dobi/division_insurance/drcorner.htm.

Other Issues

If dissatisfied with a claims determination, but the situation does not meet the requirements for a OON Arbitration, there are other processes available for health care providers or consumers to use. See https://www.state.nj.us/dobi/division_insurance/drcorner.htm.

Submit this completed form and attachments to the OON Arbitration vender's website.

¹ N.J.S.A. 26:2SS-3 defines inadvertent to refer to services provided by an out-of-network provider in an in-network facility where in-network services are unavailable in the facility for any reason.

² N.J.S.A. 26:2SS-3 defines medically necessary as a health care service that a health care provider, exercising prudent clinical judgment, would provide to evaluate, diagnose or treat an illness, injury, disease or its symptoms, and that is consistent with generally accepted medical practice, clinically appropriate, not primarily for the convenience of the covered person or health care provider, and not more costly than an alternative service or services at least as likely to produce equivalent therapeutic or diagnostic results.



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Applicant's Name (please print): _____

Applicant is/represents the (check one): Provider Carrier TPA Employer Patient

A. Provider Information	1.Provider Name:		2.TIN/NPI:	
	3.Provider Group (if applicable):			
	4.Contact Name:		5.Title:	
	6.Contact Address:			
	7.PH:	8.Fax:	9.Email:	
B. Patient & Coverage	1.Patient Name:		2.ID:	
	3.Subscriber's Name:		4.ID:	
	5.Coverage Type (check one): <input type="checkbox"/> Individual/Nongroup <input type="checkbox"/> Group/Employer-based <input type="checkbox"/> SHBP/SEHBP			
	6.Coverage is provided/administered by (check one, and add the appropriate name below): <input type="checkbox"/> Carrier <input type="checkbox"/> TPA <input type="checkbox"/> Employer (Plan Sponsor) – select this if there is no TPA or Carrier indicated Name: _____			
	7. a. Is the group coverage a self-funded health benefits plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable b. If yes, has the plan sponsor agreed to this Independent Arbitration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
C. Claim Information	1.Date of Service:		2.Service Type (check one): <input type="checkbox"/> Emergency/Urgent <input type="checkbox"/> Inadvertent	
	3.Claim #:		4.Authorization #:	
	5.List the codes in dispute:		6.Attach the following: <input type="checkbox"/> Claim <input type="checkbox"/> Initial EOB/Carrier's Initial Offer <input type="checkbox"/> Additional EOBs / Carrier's Final Offer <input type="checkbox"/> Health Care Provider's Final Offer	
			7.Specify one: <input type="checkbox"/> The Consent to Representation in Appeals of Utilization Management Determinations and Authorization for Release of Medical Records in UM Appeals and Independent Arbitration of Claims is attached, with medical records <input type="checkbox"/> Medical records have not been submitted and are not needed	

Applicant's Signature: _____ Date: ____/____/____