



BULLETIN 21-EX-9

TO: ALL HEALTH INSURERS AND HEALTHCARE PROVIDERS IN THE STATE OF GEORGIA

FROM: JOHN F. KING
INSURANCE AND SAFETY FIRE COMMISSIONER

DATE: JUNE 16, 2021

RE: IMPLEMENTATION OF HB 888, THE “SURPRISE BILLING CONSUMER PROTECTION ACT”

The arbitration program pursuant to HB 888, the “Surprise Billing Consumer Protection Act” codified in OCGA § 33-20E, will begin on July 1st, 2021. This Bulletin is intended to set out the broad procedures to be used by providers, facilities, and insurers.

Requests for Arbitration

Requests for arbitration under OCGA § 33-20E-9 should be sent to the Department via the email address AdminProc@oci.ga.gov. The requests may also be mailed to the Administrative Procedure Department, but this will cause a delay in the processing time. The same request should be sent concurrently to the health insurer.

The requests must contain, at a minimum:

1. Name and address of the requestor.
2. The claim number.
3. The date of the services provided.
4. The amount billed by the requestor and the amount paid by the insurer.
5. The location of the services provided.
6. A description of the type of healthcare services provided.
7. Whether the provider is a non-participating provider with the insurer at issue.
8. A point of contact for communications with the Administrative Procedure Division.
9. Any other relevant information a requestor wishes to provide.

Facilities and providers should note that the arbitration provisions under OCGA 33-20E do not apply to general billing disputes. Providers and facilities should only submit cases for arbitration where they believe an insurer is not complying with the provisions of either OCGA § 33-20E-4 or OCGA § 33-20E-5.

All health insurers should provide the Administrative Procedure Division with a single point of contact for all communications relevant to claims submitted for arbitration.

The Department has contracted with Green Court to create a portal for arbitration requests, which is tentatively scheduled to go live in early fall. More information and instructions will follow as that date gets closer.

After Requests are Received

Once a request for arbitration is received, the Administrative Procedure Division will communicate to both the requestor and the insurer that the request has been received and may ask for additional information to determine whether arbitration is appropriate. Additionally, both parties will be given 30 calendar days to negotiate a settlement on the claim before being sent to arbitration.

After this 30-day period has elapsed and all necessary information has been received, no settlement has been reached, and it is determined that the disputed charges are appropriate for arbitration, the claim or claims will be referred to an arbitration provider.

If, at any time before the claim is referred to arbitration, the Administrative Procedure Division determines that the submitted request is not eligible for arbitration, both parties will be notified and the claim will not be referred to a resolution organization. Moreover, if the parties reach a negotiated settlement, the matter will be closed by the Department.

Referrals for Arbitration

Currently, the Department has approved and contracted with one organization to conduct arbitration of claims. Maximus Federal has been approved to handle arbitration claims under the Surprise Billing Consumer Protection Act. The Department is also in discussions with several other resolution organizations about becoming approved arbitration providers. Inquiries should be sent to the Administrative Procedure Division at AdminProc@oci.ga.gov.

Maximus Federal has its own claims portal, and once a claim or claims has been referred for arbitration, both parties will receive instructions on loading their information into the portal. Parties should not file claims with Maximus Federal until referred by the Department. Once the arbitration process has begun, the Department's involvement in the claim will end.

Claims Data

Due to the lack of a state-based all-payer health claims database, the Department has contracted with FairHealth to provide claims data for Georgia. The relevant claims data for each claim or claims will be accessible by the arbiter during each arbitration. Because the information contained in the dataset is proprietary, the entire dataset cannot be made available for free. However, the entire dataset or portions of it may be purchased from FairHealth if so desired.



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