STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
ARBITRATOR APPLICATION

Please submit this completed form to BBVA@scc.virginia.gov to apply to be an Arbitrator.

Section 38.2-3445.02 of the Code of Virginia directs the State Corporation Commission (SCC) to develop a list of approved arbitrators for use by parties pursuing arbitration of out-of-network balance billing disputes.

The law sets up a process for a baseball style of arbitration that includes:

- a timeline;
- a method for choosing an arbitrator; and
- factors for consideration by the arbitrator before a written decision is issued by the arbitrator requiring payment of the final offer amount of either party to the arbitration.

The SCC proposed Rules Governing Balance Billing for Out-of-Network Health Care Services at 14VAC5-405-50 that outline the minimum qualifications for potential arbitrators. After submission of an application, the SCC will inform the individual of its decision. If selected, the arbitrator's name, fees and other information submitted with the application will appear in a searchable directory on the SCC webpage, available to the public, as well as to health care providers and carriers participating in arbitration.

The SCC will make information available on its website for potential applicants, including applicable webinars and training information regarding the new arbitration process.

Contact Information

Arbitrator Name:
Firm Name, if applicable:

Provide the contact information to which an Arbitration Request should be sent (electronic delivery will be used in most cases)

Email:
Phone:
Fax:
Address:

Please list the fee(s) to be charged for arbitration through this process. The fee(s) stated below must be the final amount, inclusive of indirect costs, administrative fees, and incidental expenses.

Fee(s) for individual claim:
Fee(s) for bundled claims:
Address/manner for paying arbitration fee:

Arbitration/Dispute Resolution Experience

Arbitration certification/other professional license, including year admitted/year license issued:

Report any professional license not in good standing:

Membership in associations related to healthcare, arbitration or dispute resolution:

Completion of any professional arbitration association courses (course name, description and date completed):

Legal practice/health professional positions:

Indicate number of years' experience, percentage of dedication to any of the following activities, and if the following were conducted for health carriers, please provide the name(s):

- Health care billing disputes:
- Carrier and provider/facility contract negotiations:
- Health services coverage disputes:
- Coding expertise or experience (also explain the expertise or experience):
- Practicing attorney:
- Arbitration experience:
- Other applicable experience (include any specific areas of arbitration expertise not identified above):

List your most recent training related to healthcare or dispute resolutions by the American Arbitration Association, the American Health Lawyers Association or a similar entity:

Indicate the name of any training you completed for arbitrator applicants made available by the SCC:
Note: There may be a period when the training has not been developed.

Conflict of Interest

Do you represent insurance carriers: __ Yes, I do __Yes, my firm does __ No
If yes to either, designate the percentage of yours/your firm's practice dedicated to this activity:

Do you represent providers or facilities: __ Yes, I do __ Yes, my firm does __ No
If yes to either, designate the percentage of yours/your firm's practice dedicated to this activity:

Please indicate any (i) current or recent ownership of, or partial ownership of; (ii) material professional, familial, or financial conflict of interest; or (iii) employment with, any health carrier, or health care professional, health care facility or other health care provider:

If applicant performs external reviews for health carriers or independent external reviews, please disclose that here:

Affirmation

Affirmation (to be signed by the individual):

I, _____, do hereby certify that I will adhere to the rules of the arbitration process, and arbitrator reporting requirements and deadlines established pursuant to § 38.2-3445.02 of the Code of Virginia and applicable Rules Governing Balance Billing for Out-of-Network Health Care Services. I agree that neither me nor my firm will use information gained through this arbitration process for any other purpose. I will arbitrate all matters coming before me faithfully and with fairness to all parties and perform all associated duties with due diligence and good faith. I will disclose information, including any potential conflicts of interest to the parties and the Commission as required by applicable rules. My signature acknowledges that the information provided in this application is true and correct and that I have read and understand the requirements of § 38.2-3445.02 of the Code of Virginia, and I agree to be bound by it, along with applicable rules.

Signed_____

Date_____