

Appeal and Arbitration Processes Grid

Process Name	Issues that can be Resolved	Who can Initiate	Who Decides	Citations
<p style="text-align: center;">Independent Health Care Appeals Program (established by Health Care Quality Act)</p> <p style="text-align: center;">IHCAP</p>	<p>Medical Necessity of services, including whether a service is experimental, investigational, cosmetic, and dental rather than medical, whether an in-plan exception is warranted, and whether services are required on an emergency or urgent basis</p>	<p style="text-align: center;">Covered person, or provider acting with consent of the covered person</p>	<p style="text-align: center;">Independent Utilization Review Organizations under contract with the Commissioner, MAXIMUS as of 1/1/22</p>	<p style="text-align: center;">N.J.S.A. 26:2S-11 and 12, N.J.A.C. 11:24-8.7 and N.J.A.C. 11:24A-3.6</p>
<p style="text-align: center;">Program for Independent Claims Payment Arbitration (established by Health Claims Authorization, Processing and Payment Act)</p> <p style="text-align: center;">PICPA</p>	<p>What is the appropriate payment for a covered service rendered by a provider, excludes disputes that can be submitted to the IHCAP and OON Arbitration</p>	<p>Network providers - any type of covered service, Out-of-network providers – services that do not qualify as inadvertent or emergency or urgent</p>	<p style="text-align: center;">Nationally recognized independent arbitration organization under contract with the Commissioner, currently MAXIMUS</p>	<p style="text-align: center;">N.J.S.A. 17:48-8.4e(2), N.J.S.A. 17:48A-7.12e(2), N.J.S.A. 17:48E-10.1e(2), N.J.S.A. 17B:26-9.1e(2), N.J.S.A. 17B:27-44.2e(2), N.J.S.A. 26:2J-8.1e(2), N.J.S.A. 17:48F-13.1e(2) and N.J.A.C. 11:22-1.13</p>

<p>Out-of-Network Inadvertent and Emergent/Urgent Arbitration (established by Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act)</p> <p>OON Arbitration</p>	<p>Whether the final offer of the carrier or the final offer of the out-of-network provider is the appropriate reimbursement for inadvertent or emergency or urgent services rendered by the out-of-network provider where the person is covered by an insured plan, MEWA, SHBP/SEHBP or by a self-funded plan that opts to participate in the binding OON Arbitration process,</p> <p>Or</p> <p>What is a reasonable payment for inadvertent, emergency or urgent (involuntary) services rendered by the out-of-network provider when the person is covered by a self-funded plan that does not opt to participate in the binding OON Arbitration process</p>	<p>Out-of-network providers and carriers for insured plans, MEWAs, SHBP/SEHBP, out-of-network providers and plan administrators for self-funded plans that opt in to OON Arbitration, and covered persons and out-of-network providers for self-funded plans that do not opt in to OON Arbitration</p>	<p>Entity with experience in health care pricing arbitration and using American Arbitration Association certified arbitrations that is under contract with the Department, MAXIMUS</p>	<p>N.J.S.A. 26:2SS-10</p>
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<p>Federal Independent Dispute Resolution (IDR) Established under the federal No Surprises Act</p>	<p>Determining the out-of-network rate that federally-regulated plans (that have not opted into the arbitration process in under the Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act) are required to pay providers for claims subject to surprise billing protections under PHS Act section 2799A-1 subsection (a)(1) or (b)(1), regarding coverage of emergency services and coverage of non-emergency services performed by nonparticipating providers at certain participating facilities.</p>	<p>Out-of-network providers and federally-regulated plans that have not opted into the OON arbitration under the Out-of-network Consumer Protection, Transparency, Cost Containment and Accountability Act.</p>	<p>Independent Dispute Resolution (IDR) entities selected by the federal Department of Health and Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury (collectively, the Departments).</p>	<p>Section 2799A-1(c)(6) of the Public Health Service Act (PHS Act), as amended by Title I (No Surprises Act) and Title II (Transparency) of Division BB of the Consolidated Appropriations Act, 2021.</p>
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