

Maine Surprise Bill Independent Dispute Resolution Self-Insured Employer election to participate in Maine Independent Dispute Resolution (IDR)

Maine law allows for independent dispute resolution of a bill for covered emergency services rendered by an out-of-network medical service provider. The law's protections apply to bills for such emergency medical services received on or after October 1, 2020. For more details, see [Maine 2019 Public Law, Chapter 668](#) (An Act to Protect Consumers from Surprise Emergency Bills).

A self-insured employer may elect to participate in (opt-in to) the Maine IDR process pursuant to 24-A M.R.S. §4303-E(2) and subsection 6(7) of Rule 365.

The Bureau has contracted with IMPROVE Health to resolve certain disputes involving bills for covered emergency services rendered by out-of-network medical service providers. Independent dispute resolutions apply to out-of-network bills for emergency medical services rendered on or after October 1, 2020.

<https://www.maine.gov/pfr/insurance/Consumers/independent-dispute-resolution>

Opt-in Process

1. Complete and sign this form.
 2. Attest that plan documents (e.g., health benefit plan, coverage policies, contracts, etc.) will be amended to reflect the applicability of the IDR process to the plan's enrollees.
 3. Securely send this completed form to the State of Maine
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1. By secure E-mail at: Insurance.PFR@maine.gov
 2. By fax at: (207)-624-8599

Maine IDR Self-insured Employer Opt-in Form

Please submit the following information:

Self-Insured Employer Information			
Self-insured employer name:	Group ID#:	Plan year expiration date:	
Employer's Designated Contact Name/Title:			
Address:	City:	State:	Zip:
Phone number: Email:		Fax number:	
Requested Effective Date:			
Plan Administrator name:		Account Manager Name:	
Phone number:			
Email:			

Reminders: The self-insured employer should amend health benefit plan, coverage policies, contracts and any other plan documents to reflect the applicability of the IDR process to the plan's members. The self-insured employer's election to participate in the Maine IDR process is valid until the plan year expiration date. To continue participation, the self-insured employer will need to submit an updated opt-in form 30 days prior to the end of the plan year.

Signature*: _____

Title: _____ Date: _____

*By submission of this form, _____ (self-insured employer contact) elects _____ (the self-insured employer) to participate in the Maine IDR process pursuant to 24-A M.R.S. §4303-E(2). SWCA, Incorporated (the self-insured employer) agrees to submit to the jurisdiction of the Superintendent and to be bound by the requirements of Rule 365, the applicable provisions of the Maine Insurance Code, and any order or decision made by an Independent Dispute Resolution Entity (IDRE) pursuant to this rule. The self-insured employer also attests that they will make appropriate changes to their plan documents to reflect the applicability of the IDR process to the plan's enrollee