Anthem Blue Cross and Blue Shield Administrative Policy

Title: Use of a Non-Participating Provider Advance Patient Notice Policy
Policy Status: Active
Effective: 09/01/2015

Please note: All policies are subject to the terms, conditions and limitations of the member’s plan or program

Description

It is important that Anthem Blue Cross and Blue Shield (“Anthem”) members be made fully aware of the financial implications when they are referred by their physician, on a non-urgent basis, to a non-participating provider when the member would not ordinarily be aware that a referral has occurred. An example of this situation is when a participating physician draws blood in his or her office but sends the specimen to a non-participating lab for processing or when a participating surgeon involves a non-participating assistant surgeon in a patient’s surgery.

Another area where we receive a high volume of patient complaints is when a patient is referred to a non-participating facility such as an ambulatory surgical center, endoscopy suite or office based surgical suite without the patient’s acknowledgement. Often patients mistakenly believe that these centers or suites are participating in Anthem’s network because: (1) their physician recommended it, (2) their physician or their physician’s partner is performing the procedure or surgery at the facility, or (3) the surgical suite appears to be an extension of the participating physician’s office. While some members may have out-of-network benefits, it is very disconcerting to them when they are presented with unexpected financial obligations for medical services.

In an effort to address these concerns, the “Use of a Non-Participating Provider Advance Patient Notice Policy,” will become effective September 1, 2015. This policy requires physicians to provide advance written notice to their patients when they refer their patients to the following types of non-participating facilities and/or when the following types of non-participating providers will be involved in their care. These are all situations when there is a high likelihood that your patient will not know that he/she will be receiving care in or from a non-participating facility, physician or provider until they receive a bill for the services rendered:

- In office anesthesiologist - i.e., anesthesia for in-office surgeries or anesthesia provided in connection with surgery or services performed at a free standing surgical center owned in whole or in part by the referring physician
- Surgical assistant (regardless of surgical setting)
- Specialty drug vendor for specialty drugs provided in the office
- In office home infusion therapy (HIT)
- In office durable medical equipment
- Laboratory services for specimens collected in the physician’s office when the specimen is sent to a non-participating reference lab
- Ambulatory surgical centers (this excludes hospital outpatient ambulatory surgical departments)
- Endoscopy suites
- Surgical suites
Policy

In our effort to assist you in ensuring that your patients are active participants in the decision to use a non-participating physician, facility or provider in the situations described above, Anthem has created the “Advance Patient Notice Form (the “APN Form”).” This form will provide your patients with the pertinent information to make an informed decision about coverage and options when they are being referred to a non-participating facility, physician or other non-participating healthcare provider. This prior notification must be in the form of the APN Form. To be compliant with this policy, please provide your patient with this form for signature prior to scheduling services with, or making a referral to, a non-participating facility, physician or other provider and maintain it in your files.

Please note that this policy does not apply to emergent situations. Likewise, this policy does not apply when you or the member has obtained Anthem’s prior approval for an out-of-network referral. When you or your patient has contacted us and received approval in advance to obtain services from an out-of-network facility, physician or other provider on an in network basis, the use of the APN Form is not required.

To assist you in your compliance with this policy, the following are examples of situations where the APN Form is and is not required:

Example: A participating gastroenterologist is scheduling an endoscopy and plans to use a non-participating anesthesiologist. The patient must be presented with the APN Form at the time the procedure is scheduled unless the physician or the patient obtained Anthem’s approval.

Example: A provider collects a lab specimen in the provider’s office but plans to send specimens to a non-participating laboratory. The patient must be presented with the APN Form before the specimen is sent to the non-participating laboratory unless the physician or the patient obtained Anthem’s approval.

Example: A participating orthopedic surgeon refers a member to a non-participating neurosurgeon for a future consult in the neurosurgeon’s separate office. The use of the APN Form is NOT required.

Example: A participating gastroenterologist is scheduling an endoscopy and plans to use a non-participating Ambulatory Surgical Center or Endoscopy Center. The patient must be presented with the APN Form before the procedure is scheduled or the referral is made unless the physician or the patient obtained prior Anthem’s approval.

Example: A physician schedules a procedure at a non-participating surgical suite. The patient must be presented with the APN Form before the procedure is scheduled unless the physician or the patient obtained Anthem’s prior approval.

Example: A participating surgeon schedules a procedure and the surgeon or patient obtain Anthem’s prior written authorization for the use of a non-participating assistant surgeon during the procedure on an in network basis. The use of the APN Form is NOT required.

Again, the purpose of this policy is to ensure that patients receive prior notification of the use of a non-participating facility, physician or other provider in situations when there is a high likelihood that the patient will not be knowingly receiving care from a non-participating facility, physician or provider. This policy is not
intended to deter patients from using their out-of-network coverage to the extent available. To the contrary, this policy is designed to ensure that, in non-emergent situations, when our members receive services at or from a non-participating facility, physician or other provider it is because they were involved in the decision making process and made a conscious election.

Anthem will track the use of non-participating facilities, physicians and providers in the instances stated above and may request a copy of the APN Form. Other than an occasional administrative error that can occur, failure to provide a copy of the signed APN Form will result in an initial warning from Anthem. Repeated failure to comply with this policy, after initial warning, may result in termination from Anthem’s network(s).

For a complete listing of our participating facilities, physicians and providers, please go to anthem.com. If you have any questions about the use of the APN Form or our Use of a Non-Participating Provider Advance Patient Notice Policy; please contact Provider Services at (800) 922-3242. We appreciate your cooperation as we work together to ensure that your patients are active participants in decisions regarding the use of non-participating providers and facilities in their healthcare and welcome your feedback regarding the quality and service of our existing network.
Advance Patient Notice Form

Your physician is referring you to, or arranging for you to receive services from, a non-participating physician, provider or facility for certain healthcare services. You have the right to receive services at a participating facility or by a participating physician or provider in order to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network physician, provider or facility to provide the service or procedure, please contact Anthem Blue Cross and Blue Shield (“Anthem”) Member Service at the telephone number listed on the back of your Member ID card.

<table>
<thead>
<tr>
<th>To be completed by the referring physician:</th>
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</thead>
<tbody>
<tr>
<td>Please check the type of referral (check all that apply):</td>
</tr>
<tr>
<td>☐ NonPar Physician or Provider ☐ NonPar Facility ☐ Both</td>
</tr>
<tr>
<td>Referring Physician Name:</td>
</tr>
<tr>
<td>Patient Name:</td>
</tr>
<tr>
<td>Non-Participating Physician Name:</td>
</tr>
<tr>
<td>Non-Participating Facility Name:</td>
</tr>
<tr>
<td>Reason for non-par referral:</td>
</tr>
</tbody>
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To be completed by the patient or patient’s legal guardian:
By placing my signature on this waiver form below, I acknowledge the following:
1. I am aware that the non-participating facility/provider that will be involved in my care does not participate with Anthem.
2. I understand that I may be responsible for additional costs for all services provided by the non-participating facility/provider, as specified in my benefit contract.
3. I was given an opportunity to contact Anthem before obtaining these services to confirm my benefits for these non-network services and to obtain names of participating facilities and/or participating providers that can provide the recommended service or procedure.
4. I understand that absent special circumstances (e.g., financial hardship), the non-participating facility/provider is prohibited from waiving co-payments, deductibles, coinsurance or other member cost sharing amounts.
5. I am voluntarily choosing on behalf of myself or my child/legal guardian to obtain the service or procedure from the non-participating facility and/or physician.

| Signature of Patient, Parent (if patient under age 18) or Legal Guardian: |
| Printed name of Patient, Parent (if patient under age 18) or Legal Guardian: |
| Date: | Daytime Phone Number: |

Use of Administrative Policy:
This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits. Administrative Policy is constantly evolving and we reserve the right to review and update these policies periodically.