

ASSIGNMENT OF BENEFITS & BALANCE BILLING

Policy Number: ADMINISTRATIVE 181.12 TO

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Related Policy

- [Speech Therapy and Early Intervention Programs/Birth to Three](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

PURPOSE

The purpose of this policy is to outline Oxford's policy regarding Assignment of Benefits to non-network providers and the instances in which participating and "covering" non-participating providers are authorized to balance bill an Oxford member.

DEFINITIONS

Assignment of Benefits: An arrangement by which a patient requests that their health benefit payments be made directly to a designated person or facility, such as a physician or hospital.

Balance Billing: Occurs when a provider bills a member for some or all of the remaining charges not paid for by Oxford, which may include those charges that are above what Oxford would typically pay for a service or item.

Note: This term does not apply to bills for applicable member cost share (e.g., copayment, coinsurance, and/or deductible) as noted on the Oxford Explanation of Benefits or Remittance Advice statement.

Participating Provider: Refers to facilities, physicians and other health care professionals who are contracted with Oxford to provide specific services to members. Providers who are participating with Oxford are subject to all Oxford referral, precertification and privileging policies and procedures. Balance Billing of members is prohibited when a provider has not followed these rules, as described below.

W500 Network: Extends the network of providers available to members outside their primary network for select services (urgent, emergent, gap exceptions). members with additional network benefits display W500 on the back of their ID card.

Assignment of Benefits

Many plans do not allow Assignment of Benefits. However, if a member requests that Oxford make payment directly to a non-participating provider or facility Oxford may honor this assignment and issue reimbursement as requested by the member. Oxford reserves the right to reimburse the member directly even in instances where the member requested the non-participating provider be reimbursed. Refer to the [Procedures and Responsibilities](#) section below for additional information.

Balance Billing**Participating Providers**

The instances in which a Participating Provider is authorized to balance bill an Oxford member are listed in the [Procedures and Responsibilities](#) section below. Providers are still required to follow Oxford's privileging, referral and/or precertification requirements.

Note: To the extent that the terms and conditions of a Participating Provider contract conflict with guidelines set forth in this policy, the terms and conditions of the participating contract shall prevail.

Non-Participating Providers

Non-participating providers (i.e., those who are not contracted with Oxford in any way) have the right to balance bill members at any time with two exceptions. Refer to the [Procedures and Responsibilities](#) section below for additional information.

PROCEDURES AND RESPONSIBILITIES

Assignment of Benefits**Payment to a Non-Participating Provider**

Many plans do not allow Assignment of Benefits. However, if a member requests that Oxford reimburse a non-Participating Provider directly, Oxford will reimburse the non-participating provider as requested. In this instance, reimbursement will be issued to the non-participating provider, will represent the benefit amount payable by Oxford for the service and will be attached to an Explanation of Benefits (EOB). The member is responsible for making payment to the non-participating provider for any applicable copay, coinsurance, deductible or other cost-share allowance, according to their benefit plan.

If Oxford decides to pay a non-participating provider directly, it is not waiving its rights. Members should not rely on the direct payment of future claims. Oxford reserves the right to reimburse the member directly for services rendered by a non-participating provider, even in instances where the member has requested that the non-participating provider be reimbursed. In this instance, claim payment will be made directly to the member, instead of the non-participating provider. We will continue to reimburse the provider directly when services are provided:

- To all New Jersey (NJ) plan members (all plans and products)
- By all NJ providers
- In an emergency room setting (includes emergency ambulance services)
- For early intervention services; refer to the policy titled [Speech Therapy and Early Intervention Program/Birth To Three](#) for additional information.
- To a New York (NY) plan member for a surprise bill when the member has signed the [New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form](#); for additional information refer to our website for [Information for Members in New York Insurance Plans: Emergency Services and Surprise Bills](#).

Note: Directing claim payment to the member rather than the non-participating provider does **not** change the determination of coverage, benefit level, or pricing for a non-participating claim, only the recipient of the payment.

Payment to a Member

If a member requests that Oxford reimburse them for services rendered by a non-participating provider, Oxford will make the claim payment directly to the member, as requested. Reimbursement will be issued to the member, will represent the benefit amount payable by Oxford for the service and will be attached to an EOB. The member will be responsible for making payment to the non-participating provider for the full amount of the check mailed to the member, in addition to any applicable copay, coinsurance, deductible, or other cost-share allowances, according to their benefit plan.

Exceptions:

- **All CT fully insured members and members in fully insured Non-CT plans if the employer has 51% or more of their employees located in the state of CT:** A member who receives services related to the diagnosis and/or treatment of a substance use disorder shall be deemed, by law, to have made an Assignment of

Benefits/authorization for payment to CT non-participating providers. In this instance, Oxford will pay the non-participating provider directly.

- **NY surprise bills:** Oxford negotiates and reimburses a non-participating provider directly when a member receives a surprise bill and has filled out the [New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form](#); for additional information refer to our website for [Information for Members in New York Insurance Plans: Emergency Services and Surprise Bills](#).

Balance Billing

Participating Providers

A Participating Provider may balance bill a member when:

- Applicable copays, coinsurance and/or permitted deductibles;
- A service or item is not a covered benefit (i.e., the service is excluded in the "Exclusions and Limitations" section of the member's Certificate of Coverage);
- The benefit limit, if any limit is applicable, is exceeded/exhausted;
- Oxford denied a request for precertification (prior to the service being rendered) and the member proceeded to receive the service anyway;
- Oxford denied a concurrent certification request (i.e., the member is currently receiving the service) and the provider obtained the member's signature to a clear, written statement acknowledging they would be responsible for the cost of the service, prior to the service being rendered; or
- A member self-refers to a provider that does not participate in a member's network (i.e., a Liberty member self-refers to a non-Liberty Oxford Participating Provider). In this instance, if the provider participates in the W500 Network, the provider may only bill up to their contracted rate for emergent services.

Other than the situations outlined above, a Participating Provider **MAY NOT** balance bill an Oxford member.

Reminders

- A Participating Provider (for the member's network) may not balance bill the member for a covered service that was denied by Oxford for administrative reasons (i.e., because there was no referral or authorization on file with Oxford when one was required, etc.).
- In the event that a member is being **inappropriately** balance billed by a provider (see above when providers are authorized to balance bill), the member has the right to file a complaint or grievance, orally or in writing, regarding the Balance Billing.
- Participating Providers who repeatedly violate these restrictions on billing Oxford members will be subject to discipline up to and including termination of their provider participation agreement.
- If a Participating Provider **inappropriately** balance bills a member, Oxford will hold the member harmless and pursue the matter directly with the provider.

Non-Participating Providers

A non-participating provider (i.e., those who are not contracted with Oxford in any way) has the right to balance bill a member at any time with the following exceptions:

- **Non-Participating Covering Physicians:** Oxford Participating Providers are required to have covering physicians who are either Oxford participating physicians or agree to accept the Oxford rate (and applicable Oxford cost share) as payment in full. Therefore, if there is no Participating Provider available, a "covering" non-participating provider may deliver the service but will be deemed an agent of the participating provider and paid the Oxford rate applicable to the Participating Provider for whom they are covering. Non-participating providers in such situations may not balance bill the member for the difference between their charges and the participating fee schedule.
Note: Oxford must certify any non-participating health care professionals used to provide coverage for a Participating Provider.
- **Transitional Care Providers:** Non-participating providers who treat Oxford members in a transitional care arrangement may not bill members for unpaid charges, except for the instances outlined under the Participating Provider section above.

Reminders

- When a member or an Oxford Participating Provider has received authorization from Oxford for a member to be treated by a non-participating specialist as an in-plan exception, the member will be held harmless, except for cost share responsibilities as applicable under the in-network provisions of the member's Certificate.
- If a non-participating provider **inappropriately** balance bills a member, Oxford will hold the member harmless and pursue the matter directly with the provider.

REFERENCES

Oxford Certificate of Coverage

Assignment of Benefits & Balance Billing
UnitedHealthcare Oxford Administrative Policy

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POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
07/01/2018	<ul style="list-style-type: none"> • Updated definitions; removed definition of: <ul style="list-style-type: none"> ○ Discretionary Health Care Services ○ Non-Discretionary Health Care Services • Revised policy guidelines for Assignment of Benefits to indicate: <ul style="list-style-type: none"> ○ Many plans do not allow Assignment of Benefits; however, if a member requests that Oxford make payment directly to a non-participating provider or facility, Oxford may honor this assignment and issue reimbursement as requested by the member ○ Oxford reserves the right to reimburse the member directly even in instances where the member requested the non-participating provider be reimbursed; refer to the <i>Procedures and Responsibilities</i> section [of the policy] for additional information • Revised procedures and responsibilities for Assignment of Benefits: <ul style="list-style-type: none"> ○ Modified language pertaining to Payment to a Non-Participating Provider to indicate: <ul style="list-style-type: none"> ▪ Many plans do not allow Assignment of Benefits; however, if a member requests that Oxford reimburse a non-Participating Provider directly, Oxford will reimburse the non-participating provider as requested ▪ In this instance, reimbursement will be issued to the non-participating provider, will represent the benefit amount payable by Oxford for the service and will be attached to an Explanation of Benefits (EOB) ▪ The member is responsible for making payment to the non-participating provider for any applicable copay, coinsurance, deductible or other cost-share allowance, according to their benefit plan ▪ If Oxford decides to pay a non-participating provider directly, it is not waiving its rights ▪ Members should not rely on the direct payment of future claims ▪ Oxford reserves the right to reimburse the member directly for services rendered by a non-participating provider, even in instances where the member has requested that the non-participating provider be reimbursed ▪ In this instance, claim payment will be made directly to the member, instead of the non-participating provider ▪ We will continue to reimburse the provider directly when services are provided: <ul style="list-style-type: none"> - To New Jersey (NJ) plan members (all plans and products) - By NJ providers - In an emergency room setting (includes emergency ambulance services) - For early intervention services; refer to the policy titled <i>Speech Therapy and Early Intervention Program/Birth To Three</i> for additional information - To a New York (NY) plan member for a surprise bill when the member has signed the New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form; for additional information refer to Information for Members in New York Insurance Plans: Emergency Services and Surprise Bills ▪ Directing claim payment to the member rather than the non-participating provider does not change the determination of coverage, benefit level, or pricing for a non-participating claim; only the recipient of the payment ○ Modified language pertaining to Payment to a Member: <ul style="list-style-type: none"> ▪ Replaced language indicating “if a member <i>elects to assign benefits to himself/herself</i> for services rendered by a non-participating provider, Oxford will make the claim payment directly to the member, as requested” with “if a member <i>requests that Oxford reimburse them</i> for services rendered by a non-participating provider, Oxford will make the claim payment directly to the member, as requested” ▪ Added exception language to indicate claim payment will not be made to the member in the follow scenarios: <ul style="list-style-type: none"> - CT fully insured members and members in fully insured non-CT plans if the employer has 51% or more of their employees located

Date	Action/Description
	<p>in the state of CT: A member who receives services related to the diagnosis and/or treatment of a substance use disorder shall be deemed, by law, to have made an assignment of benefits/authorization for payment to CT non-participating providers; in this instance, Oxford will pay the non-participating provider directly</p> <ul style="list-style-type: none"> - NY surprise bills: Oxford negotiates and reimburses a non-participating provider directly when a member receives a surprise bill and has filled out the New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form <ul style="list-style-type: none"> • Archived previous policy version ADMINISTRATIVE 181.11 TO