

# NON-PARTICIPATING PROVIDER CONSENT FORM PROTOCOL

**Policy Number:** ADMINISTRATIVE 243.4 T0

**Effective Date:** March 1, 2018

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## Related Policy

- [New York Participating Provider Laboratory & Pathology Protocol](#)

## 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.

**Exceptions:** This protocol does not apply:

- In emergent situations
- When the participating provider or member has obtained an in-network exception to utilize a non-participating physician, facility or other healthcare provider
- When the participating provider does not involve or direct the member to any of the included non-participating provider types or services listed in the policy

## POLICY

In order to help our members make informed decisions regarding their healthcare and effectively control their out-of-pocket healthcare costs, it is imperative that, in non-emergent situations, prior to services being rendered, a member know when his or her participating provider includes a non-participating physician, facility or other healthcare provider in his/her care (for example, in situations where a participating gastroenterologist performs a procedure at a non-participating ambulatory surgery center). The use of a non-participating provider in a member's care has the potential to carry additional out-of-pocket costs for the member. In fact, a member who does not have out-of-network benefits may be responsible for the entire cost of the services obtained from non-participating providers.

## PROCEDURES AND RESPONSIBILITIES

### In Advance of Any Services Being Rendered

- **You must verbally discuss Provider options and financial impacts with the member:**
  - Review this policy and the *Member Advance Notice Form* with the member.
  - Provide participating alternatives and explain the reason for the non-participating provider.
  - Discuss the financial impact of utilizing a non-participating provider.

- If the member has out-of-network benefits, they may utilize those benefits to receive services from a non-participating provider, however; they may have higher out-of-pocket costs when using a non-participating provider.
- Members that do not have out-of-network benefits may be responsible for the entire cost of the service(s) provided by the non-participating provider.

### **Impacted Provider/Service Types**

- Ambulatory Surgical Centers (ASC); free-standing and hospital outpatient non-emergent
  - Assistant surgeon: a physician or other health care professional who is assisting the physician performing a surgical procedure, where the participating surgeon has influence/control over the selection of the assistant surgeon
  - Home health
  - Air ambulance; fixed-wing non-emergency transport
  - Laboratory services; for specimens collected in the physician’s office then sent out to a non-participating laboratory for processing
    - For Oxford New York products members, refer to the Oxford policy [New York Participating Provider Laboratory & Pathology Protocol](#) for specific requirements and instructions on non-participating laboratory and pathology services.
  - Outpatient dialysis
  - Specialty drug vendor
- **Complete the Member Advance Notice Form**  
If the member elects to use a non-participating provider, complete the *Member Advance Notice Form* and obtain the member’s signature.
    - The participating Provider must keep a copy of the signed form on file to present to Oxford upon request.
    - A separate *Member Advance Notice Form* is required for each non-participating provider/service.

**This Protocol does not apply in emergent situations** or instances where the care provider or member has obtained an in-network exception to utilize a non-participating physician, facility or other healthcare provider.

This Protocol is not intended to deter members from using out-of-network benefits, if available. Members who have out-of-network benefits can exercise their right to use those benefits at any time.

### **Administrative Actions for Non-Compliance**

Oxford will monitor the involvement of the non-participating provider types and services outlined above in our member’s care and may request a copy of the completed *Member Advance Notice Form* at any time from providers with a pattern of non-participating provider utilization. Compliance with this Protocol will be reviewed by Oxford. Failure to comply with the Protocol may result in appropriate action according to the participation agreement, which may include, but is not limited to, ineligibility for performance based compensation, or termination of your participation agreement.

## ATTACHMENTS/REFERENCE DOCUMENTS

### Member Advance Notice Form



Member Advance Notice Form - English



Member Advance Notice Form-Spanish

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/01/2018	<ul style="list-style-type: none"> <li>• Reformatted attachments/reference documents; transferred content to embedded PDF format (no change to policy guidelines)</li> <li>• Archived previous policy version ADMINISTRATIVE 243.3 TO</li> </ul>