

Participating Providers Using Non-Participating Providers Protocol

Policy Number: Administrative 243.6 T0
Effective Date: July 1, 2022

[➔ Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> • Participating Gastroenterologists Using Non-Participating Anesthesiologists: In-Office and Ambulatory Surgery Centers Protocol • Participating Providers Using Non-Participating Laboratory and Pathology Providers Protocol • Participating Surgeons Using Non-Participating Assistant Surgeons and Co-Surgeons Protocol • Participating Surgeons Using Non-Participating Providers for Intraoperative Neuro-Monitoring (IONM) Protocol

Applicable Lines of Business/Products

This protocol applies to the following providers/services:

- Air ambulance; fixed-wing non-emergency transport
- Assistant and/or Co-surgeon
- Ambulatory Surgical Centers (ASC); free-standing and hospital outpatient non-emergent
- Gastroenterology procedures In-Office or at an ambulatory surgery center
- Home health care
- Intraoperative neuro-monitoring (IONM)
- Laboratory services for specimens collected in the physician’s office then sent out to a non-participating laboratory
- Outpatient dialysis
- Specialty drug vendors

Refer to the following associated protocols for the applicable state(s):

Provider/Service	Applicable State(s)	Applicable Protocol
Assistant Surgeons/ Co-Surgeons	New York	Participating Surgeons Using Non-Participating Assistant Surgeons and Co-Surgeons Protocol
Gastroenterology procedures In-Office or at an ambulatory surgery center	New York	Participating Gastroenterologists Using Non-Participating Anesthesiologists: In-Office and Ambulatory Surgery Centers Protocol
IONM	Connecticut New York	Participating Surgeons Using Non-Participating Providers for Intraoperative Neuro-Monitoring (IONM) Protocol

Provider/Service	Applicable State(s)	Applicable Protocol
Labs	Connecticut New York	Participating Providers Using Non-Participating Laboratory and Pathology Providers Protocol

If a provider/service and/or state is not listed in this table, use this protocol.

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

If a Participating provider intends to utilize a non-participating physician, facility or other healthcare provider in a member's care, the provider is required to:

- Verbally discuss Provider options and financial impacts with the member:
 - The Participating Provider must review this policy and the [Member Advance Notice Form](#) with the member.
 - The discussion must provide participating alternatives and explain the reason for the non-participating physician, facility or other healthcare provider.
 - The discussion must include a conversation explaining the financial impact of utilizing a non-participating physician, facility or other healthcare provider.
 - A copy of the [Member Advance Notice Form](#) must be provided to the Member.
 - If the member has out-of-network benefits, they may utilize those benefits to receive services from a non-participating physician, facility or other healthcare 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 physician, facility or other healthcare provider.
- Obtain a completed [Member Advance Notice Form](#)
 - The member will need to agree or disagree to use a non-participating physician, facility or other healthcare provider. If the member:
 - Does not agree to the use of a non-participating physician, facility or other healthcare provider: Following the discussion, if the Participating Provider:
 - Is unable to locate a participating physician, facility or other healthcare provider, they must contact the health plan for assistance in locating a participating provider.
 - Still wants to recommend the non-participating physician, facility or other healthcare provider, they must contact Oxford to request and initiate an In-Network Exception request.
 - Does agree to the use of a non-participating physician, facility or other healthcare provider: The Participating Provider must ensure that the Member understands the financial obligations of using a Non-Participating physician, facility or other healthcare provider.
 - For Members with out-of-network benefits: Non-Participating physician, facility or other healthcare providers will be paid at the out-of-network benefit level. Out-of-network cost shares and deductibles will apply. In addition,

Members may be responsible to the Non-Participating Provider for any amount above the amount paid by the health plan, as determined by the Member's out-of-network benefit; or

- For Members with only in-network benefits: Non-Participating physician, facility or other healthcare providers claims will be denied because the Member has no coverage for services provided by Non-Participating Providers. Members will therefore be responsible for the entire cost of the service(s).
- 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.

Non-Compliance With This Policy

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/References Documents

[Member Advance Notice Form](#) (English)

[Member Advance Notice Form](#) (Spanish)

Policy History/Revision Information

Date	Summary of Changes
07/01/2022	<ul style="list-style-type: none">• Routine review; no change to policy guidelines• Archived previous policy version ADMINISTRATIVE 243.5 T0

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. 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.