

Advance Patient Notice for Use of a Non-Participating Physician, Provider or Facility

As previously noted in the "Use of a Non-Participating Provider Advance Patient Notice Policy" which became effective on October 15, 2009, it is important that our 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. These entities are at times partly or fully owned by the participating, referring physician. Often these patients mistakenly believe that these Ambulatory Surgical Centers are participating in Empire's network because their physician recommended it or their physician or their physician's partner is providing the surgery at the facility or that the surgical suite is participating because it is 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, and as a second phase to our Use of a Non-Participating Provider Advance Patient Notice Policy, effective November 15, 2010, we are expanding this policy to require advance written notice when patients are being referred to the following types of non-participating facilities and/or the following types of non-participating providers will be involved in their care (the additions to our existing policy are noted in bold face type):

- 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 Out-Patient Ambulatory Surgical Departments)**
- **Endoscopy Suites**
- **Surgical Suites**

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, Empire has updated the Advance Patient Notice form (APN). This form will provide your patient 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. To be compliant with this policy, please provide the 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.

This policy is intended 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 your patient is not aware 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. This prior notification must be in the form of the APN.

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

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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.

Please note that this policy does not apply to emergent situations. Likewise, this policy does not apply when you or the member have obtained Empire's prior approval for the referral. When you or your patient have contacted us and received approval in advance to proceed with an out-of-network service or use of a non-participating facility/physician, you may do so without use of the APN form. As always, Empire will grant approval for the use of non-participating facilities, physicians and providers on an in-network need as provided in our network exception policies (such as when no in network facility within an appropriate service area is available) and as provided or required under applicable law. We believe that we have a large enough network to accommodate the needs of your patients through participating facilities, physicians and providers and ask that you contact us if you feel this is not so. We welcome your feedback, whether through a phone call, letter or use of the APN form, regarding the quality and service level of our existing network of participating providers that support your care of our members.

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 Empire's approval.

Example: A provider collects a lab specimen in the provider's office but plans to send specimens to a lab other than Quest or another participating laboratory. The patient must be presented with the APN form at the time the procedure is scheduled unless the physician or the patient obtained Empire's approval.

Example: A participating Primary Care Physician refers to a non-participating specialist and the physician or member has obtained authorization. The use of the APN form is NOT required.

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 Empire's approval.

Example: A physician schedules a procedure at a non-participating surgical suite that is billed as a non-participating facility. The patient must be presented with the APN form before the procedure is scheduled unless the physician or the patient obtained Empire's prior approval.

As noted above, once completed, a copy of the signed form should be kept on file to be provided to Empire upon request. Although the use of the APN form will not be required under some circumstances, the referral shall be subject to member benefits and any applicable Empire policies including any policies applicable to referrals.

Empire will track the use of non-participating facilities, physicians and providers in the instances stated above and may request a copy of the APN. Other than an occasional administrative error that can occur, your failure to provide a copy of the signed APN will result in an initial warning from Empire. At this time, Empire will not invoke a financial penalty after the initial warning but may elect to update this policy in the future. Repeated failure to comply with this policy, after initial warning, may result in termination from the Empire network.

For a complete listing of our participating facilities, physicians and providers, please go to www.empireblue.com.

If you have any questions about the use of this form or our Use of a Non-Participating Provider Advance Patient Notice Policy; please contact your Network Management Consultant. 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 Empire Customer Service at the telephone number listed on the back of your Empire identification card.

To be completed by the referring physician:	
Please check the type of referral (check all that apply):	
<input type="checkbox"/> Non-Par Physician or Provider <input type="checkbox"/> Non-Par Facility <input type="checkbox"/> Both	
Referring Physician Name:	NPI #:
Patient Name:	Member ID#:
Non-Participating Physician Name:	Specialty:
Non-Participating Facility Name:	Type of Facility:
Reason for non-par referral:	Date of Service:

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 Empire.
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 Empire 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: