

Administrative Policy: Use of Non-Participating Provider Advance Member Notification Policy (Commercial)



EFFECTIVE DATE	APPROVED BY
2/01/2019	Reimbursement Policy Committee (RPC)

Overview

The purpose of this policy is to protect ConnectiCare members from instances where a member is unaware that they are receiving care from a non-participating physician, facility and/or other health care provider resulting in potential additional financial responsibility.

Examples of such instances include:

- A participating physician draws a member’s blood in the office but sends the sample to a non-participating laboratory for processing.
- A participating surgeon involves a non-participating assistant surgeon in a member’s surgery.
- A member is referred to a non-participating facility such as an ambulatory surgical center, endoscopy suite or office based surgical suite.
- Durable Medical Equipment (DME) order is placed by a participating physician’s office and the office makes the arrangements with or gives the member instructions to contact a specific DME provider that is non-participating.

It is the expectation that ConnectiCare members will be made fully aware of the financial implications when:

- They are referred by their physician, other health care provider or a facility to a non-participating physician, facility and/or other health care provider (*on a non-urgent basis*)
- When a non-participating provider is brought in to assist in their care.

The intent of this policy is not to deter members from using their out-of-network benefits (if applicable); but rather to ensure that our members are involved in the process and are making an informed decision prior to receiving any non-emergent services from/at a non-participating provider/facility.

Policy statement

This policy requires all providers and facilities to provide advance written notice to a member when the following types of non-participating providers or facilities will be involved in their care (*with the exception of emergent care*):

Ambulatory Surgical Center	<i>excludes hospital outpatient ambulatory surgical departments</i>
Anesthesiologist (In-Office)	Anesthesia for in-office surgery 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
Durable Medical Equipment (DME)	Orders issued by a physician or other health care provider for DME delivery from or refers the member to a non-participating DME provider

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Laboratory Services	For specimens collected in the physician's office when the specimen is sent to be non-participating reference lab
Outpatient Dialysis	
Pathology	
Radiology	A hospital performs a radiology test on a member and outsources the reading to a non-participating provider practice
Surgical Assistant	<i>Regardless of surgical setting</i>
Surgical/Endoscopy Suites	

To ensure that our members are active participants in any decision to use or involve a non-participating physician, facility or other health care provider; ConnectiCare has created the Advance Member Notice Form (AMN Form). This form will provide members with written notification of their being referred to or involved with a non-participating physician, facility or other health care provider as well as information necessary to make informed decisions about their coverage and options.

As part of the informed decision process, you must:

1. Discuss options and costs with the member
2. Provide participating health care provider/facility alternatives and explain the reason for using a non-participating health care provider/facility
3. Discuss the cost of using a non-participating health care provider/facility
 - *If a member has out-of-network benefits, they can use those benefits; however they may pay more*
 - *Members who do not have out-of-network benefits may have to pay all the costs for the non-participating provider/facility*
4. Review this policy and the [ConnectiCare Advance Member Notice \(AMN\) Form](#).
5. Complete the required information on the AMN Form and have the member sign it
 - *A separate form is required for each non-participating care provider/facility/service*
6. A copy of the signed AMN Form must be retained in your records.

To be compliant with this policy, you must provide your patient with the AMN Form for signature prior to scheduling services with or making a referral to any non-participating provider or facility. ConnectiCare may request a copy of the signed AMN Form at any time.

Please note that this policy does not apply to emergent situations. This policy also does not apply when you or the member has obtained prior approval exception from ConnectiCare to utilize a non-participating physician, facility or other health care provider.


Administrative Actions for Non-Compliance

ConnectiCare tracks the use of non-participating providers and facilities. Repeated failures to comply with this policy may result in termination from ConnectiCare's Provider Network(s)

For a complete listing of our participating providers and facilities, please go to www.ConnectiCare.com or contact Provider Services at #800-828-3407.

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ConnectiCare Advance Member Notice (AMN) Form	
	

Revision History:

DATE	REVISION
12/2018	<ul style="list-style-type: none">New administrative policy implemented effective 2/01/2019