



Advance Patient Notice for Use of a Non-Participating Provider

It is important to us 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 in their own office for services such as laboratory, anesthesia, specialty drugs, infusion therapy or durable medical equipment. Likewise, members should be made aware if their selected participating surgeon has chosen to use a non-participating assistant surgeon in a scheduled surgery. While certain members may have out-of-network benefits, it is very disconcerting to them when they are presented with unexpected financial obligations for medical services. We hope you agree.

In our effort to assist you in ensuring that your patients are active participants in the decision to use a non-participating provider in the situations described, Empire has adopted a policy regarding disclosure to our members when a participating provider involves a non-participating provider in their patient's care (the "Use of a Non-Participating Provider Advance Patient Notice Policy"). Based on input received, Empire will delay the effective date of this policy to October 15, 2009. This policy is intended to ensure that patients receive prior notification of the use of a non-participating provider when the provision of those services is within the control of the physician or other healthcare provider and the patient, in the absence of this notice, is unlikely to be aware that he/she will be receiving care from a non-participating provider until they receive a bill for the services rendered.

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 services from a non-participating provider it is because they were involved in the decision making process and made a conscious election. Therefore, we have developed an Advance Patient Notice (APN) to be used when you deem it necessary to refer out of network for these services. This APN basically provides the patient with the information he or she would need to make an informed decision about coverage and options. We expect that you will provide the patient with this form before involving a non-participating provider in your patient's care in the situations noted and maintain it in your files for future verification and/or audit.

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 has contacted us and received approval in advance to proceed with an out-of-network service in your office or use a non-participating surgical assistant in a scheduled surgery, you may do so, without use of the APN form. As always, Empire will grant approval for the use of non-participating providers on an in-network basis as provided in our network exception policies (such as when no in-network surgeon practicing within an appropriate surgical specialty is available to assist in a surgery requiring a surgical assistant) and as provided or required under applicable law. Of course, we believe that we have a large enough network to accommodate the needs of your patients through participating 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.

This prior notification must be in the form of the APN form for the following non-participating services only:

- 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

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- Laboratory services for specimens collected in the physician's office when the specimen is sent to a non-participating reference lab

Example: A participating gastroenterologist is scheduling an endoscopy and plans to use a non-participating anesthesiologist or assistant surgeon. 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.

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 nonparticipating 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 physicians, please go to www.empireblue.com and click on "Find a Doctor".

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 in their healthcare and welcome your feedback regarding the quality and service of our existing network of participating providers.



Advance Patient Notification Form

Your physician is arranging for a non-participating provider to be involved in your care. You have the right to receive services from a participating provider in order to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network provider 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 or provider:

Patient Name: _____ Member ID#: _____
Non-participating provider to be involved in the patient's care _____ Specialty _____
Type of service/procedure (i.e., anesthesia, surgical assistant) _____ Date of scheduled procedure _____
Reason(s) for involving a non-participating provider: _____

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 provider to 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 provider, as specified in my benefit contract.
3. I am aware that I can contact Empire before obtaining these services to confirm my benefits for these non-network services and to obtain names of participating providers that could provide the recommended service or procedure.
4. I understand that absent special circumstances, the non-participating 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 provider.

Print Name of Patient, Parent (if patient under age 18) or Legal Guardian

Signature of Patient or Legal Guardian

Date: