

Advance patient notice for use of an out-of-network breast reconstruction surgeon

As noted in Anthem's existing "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-emergent basis, to a non-participating provider. One particular area where we have received complaints is when members are referred by their in-network mastectomy surgeon to an out-of-network breast reconstruction surgeon when that mastectomy surgeon has recommended that reconstruction surgery be performed in the same operative session as the mastectomy.

Accordingly, Anthem is adopting a separate **new policy** entitled "**Advance Patient Notice for Use of an Out-of-Network Breast Reconstruction Surgeon**" to ensure that Anthem's members receive prior notification of the surgeon's intent to refer to a non-participating breast reconstruction surgeon when the reconstruction surgery is to be performed in the same operative session as the mastectomy or in a separate operative session. Often, members mistakenly believe that these breast reconstruction surgeons are participating in Anthem's network because their in-network mastectomy surgeon recommended or referred them to the out-of-network reconstruction surgeon. While some members may have out-of-network benefits, others do not. In either case, members are often surprised and unhappy, when they are presented with unexpected financial obligations for medical services.

In an effort to address these concerns, Anthem is adopting this new Advance Patient Notice policy specific to an Out-of-Network Breast Reconstruction Surgeon that will be effective July 1, 2014. We have also updated our Advance Patient Notice (APN) form to require advance written notice prior to the member being referred to an out-of-network breast reconstruction surgeon. This new APN form will provide Anthem's members with the pertinent information to make an informed decision about coverage and options when they are being referred to an out-of-network breast reconstruction surgeon. To comply with this policy, please provide the member with the attached APN form for signature **prior to** scheduling services with or making a referral to, an out-of-network breast reconstruction surgeon, and retain the signed original in your files. This prior notification must be in the form of the enclosed APN. This new policy will require you, the mastectomy surgeon, to know whether the reconstruction surgeon participates in the network.

Example: An in-network breast surgeon is scheduling a mastectomy and plans to use an out-of-network breast reconstruction surgeon as part of the procedure. **The member must be presented with the APN form before the procedure is scheduled or the referral made so that the member can contact Anthem for information about**

getting an exception approved for the out-of-network breast reconstruction surgeon before the referral is made and the procedure is scheduled.

Please note that this policy does **not** apply to emergencies. Likewise, this policy does not apply when you or the member have obtained Anthem's prior approval for the referral. When you or the member have contacted us and received approval in advance to proceed with an out-of-network service or use of an out-of-network physician, you may do so without use of the APN form. As always, Anthem will grant approval for the use of out-of-network physicians on an in-network basis as provided in our network exception policies (such as when no in-network surgeon within an appropriate service area is available) and as provided or required under applicable law.

As noted above, once completed, the original signed form should be kept on file to be provided to Anthem upon request and a copy should be given to the member. Although the use of the APN form will not be required under the circumstances identified in the paragraph above, the referral shall be subject to member benefits and any applicable Anthem policies including any policies applicable to referrals. Anthem will track the use of out-of-network breast reconstruction surgeons in the instances stated above. Repeated failure to comply with the APN policy, after initial warning, may result in termination from the Anthem network. For a complete listing of Anthem network facilities, physicians and providers, please go to <https://providers.anthem.com/ny> or call one of our representatives.

If you have any questions about the use of the Advance Patient Notice for Use of an Out-of-Network Breast Reconstruction Surgeon 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 out-of-network providers in their healthcare and welcome your feedback regarding the quality and service of our existing network.

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, when our members receive services from an out-of-network breast reconstruction surgeon in non-emergent situations, they are involved in the decision-making process, understand the financial impact, and make a conscious election to receive out-of-network services.

Advance patient notification for use of an out-of-network breast reconstruction surgeon form

Your physician is recommending that breast reconstruction surgery following your mastectomy be performed by an out-of-network breast reconstruction surgeon in the same operative session as the mastectomy or in a separate session.

Please note that the cost of using an out-of-network breast reconstruction surgeon will be greater than the cost of using an in-network breast reconstruction surgeon, or may not be covered at all under your policy. You have the right to receive services by an in-network breast reconstruction surgeon in order to obtain full benefits under your health plan. If you have questions or would like to locate an in-network breast reconstruction surgeon to provide the service or procedure, please contact us at the Anthem Customer Service at the telephone number listed on the back of your identification card. Also, please see Anthem's policy attached to this form which outlines our policy concerning requests for an Out-of-Network Exception. If you choose to request an Out-of-Network Exception, you should contract Anthem immediately by calling the Customer Services number on the back of your ID card, prior to scheduling the surgery.

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 physician that will be involved in my care does not participate with Anthem.
2. I have read Anthem's Out-of-Network Exception policy and understand that I will be responsible for additional costs for all services provided by the non-participating physician, as specified in my benefit contract, unless I have received Anthem's prior approval for an in-network exception based upon its policy. I further understand that if I seek an Out-of-Network exception, I should contract Anthem immediately at the Customer Service number on the back of my ID card, prior to scheduling the surgery.
3. I was given an opportunity to contact Anthem before obtaining these services to confirm my benefits for these non-network services and to obtain names of participating physicians that can provide the recommended service or procedure.
4. I understand that absent special circumstances (e.g., financial hardship), the non-participating physicians are 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 physician.

Signature of Patient, Parent (if patient under age 18) or

LegalGuardian: _____

Signature

Printed name of Patient, Parent (if patient under age 18) or

Legal Guardian: _____

Date: _____

Daytime Phone Number: _____

To be completed by the referring physician:

Referring Physician Name: _____

NPI # _____

Patient Name: _____

Member ID# _____

Non-Participating Physician Name: _____

Specialty: _____