Rules & benefits of member policies
Member policies state that benefit for eligible treatment must be provided by Specialists who are recognised by AXA PPP healthcare for the provision of services to our members. Where treatment is provided by a Specialist who is not recognised by us for benefit purposes, the entire claim will be invalidated, including any associated hospital/facility, specialist or diagnostic charges. For the avoidance of doubt, any offer (and change) of recognition status will be made in writing by us to the individual (to the last correspondence address provided to us) and is effective from the date of the letter.

Nature of care
Our policies are designed to cover the costs of the short term treatment of acute medical conditions. They do not cover continuing supportive, palliative or social care.

Recognition as an approved Specialist
We employ robust and consistent procedures to offer, review and withdraw recognition status in an attempt to ensure our members receive a high standard of service provision and are safeguarded against aberrant practice. We therefore do not consider recognition for benefit purposes to be a right, based purely on qualifications and experience nor on meeting our recognition criteria alone.

Types of approved recognition
Recognition of Specialists may be considered either individually or as a group.

Individual recognition status is considered for those Specialists who meet our recognition criteria, agree to abide by these terms of recognition and who will invoice and be reimbursed directly for the eligible treatment they provide to our members. Payments to any bank accounts that are not in the name of the approved Specialist are not permissible unless we have formalised an agreement with the third party e.g. an out-patient clinic. To review the criteria relevant to each specialty and where appropriate, apply for recognition, please refer to our website https://healthcareprofessionals.axapphealthcare.co.uk/becoming-recognised/.

If your specialty is not listed within our recognition criteria, it is likely that your services are not eligible for benefit under the terms of our member policies. As such, approved status cannot be considered.

Group recognition status may be considered for a group practice where the group is properly constituted e.g. a limited liability partnership, and is prepared to formalise an agreement with us based on quality and cost guarantees. In this respect, the group will be responsible for the services provided and will invoice on behalf of the attending Specialists for all eligible treatment undertaken as part of the group practice. It should be noted however that this is not available to all Specialists and each individual Specialist working within the group practice will still need to retain current recognition with us.

Website listing
Specialists who are offered approved status will automatically have their specialty, contact and consulting details published on our website for the benefit of mutual and potential clients. Any Specialist who does not wish their details to be published on our website must advise us in writing so that their listing may be removed.

Updating personal details
It is the responsibility of each approved Specialist to ensure that his or her clinical and business details are kept up-to-date to ensure customers have access to current information and that Specialists receive appropriate and timely communications.

A change of details form is available on our website https://healthcareprofessionals.axapphealthcare.co.uk/.

Insurance
Specialists who are recognised must maintain up to date professional knowledge and competence through participation in appropriate medical activities. Specialists must also hold a current license to practice and must maintain professional indemnity insurance for the treatment a Specialist will provide to our members.
De-recognition
We continually review and maintain our database of recognised Specialists in an effort to ensure that it is up-to-date. We may suspend, pending a possible investigation, and even withdraw your recognition status at any time. Such suspension or withdrawal will be solely at our discretion and we will have no obligation to discuss or inform you of the reasons for such decision.

At that time, we will confirm this in writing to the individual concerned using the last correspondence address we have been given. Should the situation change and sanctions be lifted, we may consider re-instatement although this is not guaranteed.

We also undertake regular audits of claims submitted by Specialists and will consider de-recognition should anomalies be identified. Failure to comply with the terms of recognition, including but not limited to the fee reimbursement limits will be taken seriously and may result in temporary or permanent withdrawal of recognition by AXA PPP healthcare for benefit purposes.

Effective & appropriate medical treatment
We do not provide benefit for experimental or unproven procedures, including those using new technologies or drugs, where safety and effectiveness have not been established.

Specialists must contact our medical department specialistfees@axa-ppp.co.uk before undertaking treatment which might fall into this category. Under no circumstances should codes intended for existing procedures be used for new and as yet un-coded procedures. The narratives and codes are protected by copyright and may not be altered or used in any other way except as published in our Schedule of Procedures https://healthcareprofessionals.axappphealthcare.co.uk/supporting-you-and-your-practice/schedule-of-procedures-and-fees/

In all instances Specialists must work within their scope of practice and in line with their professional codes of conduct. Any new procedures that are not routinely undertaken within their routine practice must be considered and agreed by us in advance and in conjunction with the clinical governance committees at the treating facility.

Specialist fees
Specialists offered approved status subsequent to 01 April 2010 must invoice in accordance with our Schedule of published fees (https://online.axappphealthcare.co.uk/SpecialistForms/SpecialistCode.mvc) and must apply the tariff in accordance with the principles outlined in our Billing Principles. A copy of our fees and the Billing Principles are available on our website https://online.axappphealthcare.co.uk/SpecialistForms/SpecialistCode.mvc/Introduction and we will update these on a regular basis.

Charges will be subject to periodic audit and any charges made in breach of these principles are re-payable to us immediately and will also include written assurances that future billing will be in accordance with our published fee.

Specialists must not ask our members to pay any additional amount themselves. The only exception to this is where members have a policy excess or co-payment policy – in these circumstances the benefit statement which will accompany the remittance advice will indicate that an excess or co-payment has been applied. Members will therefore be responsible for payment of the excess or co-payment but only to the maximum of the applicable charges set out within our Schedule of procedures and fees.

Submission of claims
For instruction on where to invoice, what an invoice should include, please use the following link https://healthcareprofessionals.axappphealthcare.co.uk/working-together./

Payment
Payment will be made by monthly interval payment. This will be accompanied by a remittance advice which provides a breakdown of the total amount paid, the members it relates to and any shortfalls in payment made e.g. due to an excess on the member policy.

A corresponding benefit statement is also sent to the member advising them of any liability including an invoice to show the amount of any shortfall and to whom this should be paid. To support this payment, the member will also be provided with the details of the Specialist’s invoice address that was either submitted on the application form or more recently on a change of address form. Specialists are advised to consider this if they have provided a home rather than a business address for this purpose.

Fraud and misrepresentation
The Fraud Act 2006 sets out the legal definition of fraud and creates offences of fraud by false misrepresentation, fraud by omission and fraud by abuse of position. A person who makes a false statement, omits material facts or misuses a position of trust with the intention of causing loss to a third party is guilty of fraud even if he or she does not personally gain and even if the deception fails. The law includes false statement made to any device capable of receiving information.

Home Office guidance on the application of the Fraud Act 2006 states that it is intended to cover false statements made to insurance companies at underwriting.

Our business is conducted on the basis of good faith. We monitor claims using data mining software and routinely audit claims by reference to medical records. We will not tolerate fraud and misrepresentation and will cease doing business with any provider who provides false, misleading or selective information.

We will also refer cases of fraud to the General Medical Council and/or relevant regulatory or professional bodies and to the police as appropriate.

We consider the following examples constitute fraudulent billing:

a) Exaggeration of the complexity of the procedure performed – for example coding a diagnostic procedure as if it were therapeutic;

b) Misrepresentation of the medical history or the procedure performed;

c) Omission of material facts;

d) The use of jargon or technical information which whilst strictly correct is presented in a way likely to mislead a non-medically qualified claims assessor (an example would be a claim for laser in situ keratomileusis (LASIK) coded as a keratoplasty); and

e) Unbundling.

Audit
On occasion, we conduct audits of medical notes as part of our quality control procedures. Specialists who are recognised by us for benefit purposes are required to provide this information on receipt of a signed consent letter from the member authorising this disclosure.
day-patient treatment
Treatment which, for medical reasons, means the member requires a period of supervised recovery but does not need to stay overnight.

diagnostic tests
Investigations, such as x-rays or blood tests, to find or to help to find the cause of symptoms.

eligible
Those treatments and charges which are covered by the member’s policy.

policy
The insurance contract between the member and us.

Specialist
A medical practitioner with particular training in an area of medicine with full registration with the General Medical Council and all relevant regulatory and/or professional bodies and is compliant with all applicable medical legislation, who meet our criteria for Specialist recognition for benefit purposes and whom we have told in writing that we currently recognise them as a Specialist for benefit purposes in their field of practice.

The professions concerned are Anaesthetists, Pathologists, Physicians, Psychiatrists, Radiologists, Surgeons, Musculoskeletal Medicine Specialists, Sports Medicine Specialists and Practitioners in Podiatric Surgery. Full details of our criteria for recognition of each specialist profession concerned can be found on our website https://healthcareprofessionals.axapppphealthcare.co.uk/becoming-recognised/apply-to-become-recognised/. We may add further professions to this list at our sole discretion.

treatment
Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

we/us/our
AXA PPP healthcare