

Working together

Guide for Bupa consultants



Bupa 

Welcome from Dr Robin Clark



Hello

We want to help consultants get the most out of their partnership with us.

So we've developed this guide to answer the questions we're asked the most by consultants who are new to private practice, and those who've been treating Bupa patients for some time.

Consultants have told us that one of the areas they'd like to know more about is marketing their private practice, so we explain how to promote yourself to Bupa patients and what it means to be an Open Referral consultant.

Clinical coding is another topic consultants are keen to learn more about. We explain the options when invoicing us for treating Bupa patients, how procedure codes are set in the private sector and how to request new ones.

We also explain how we can work together most effectively, what Bupa patients expect of us and you, and the policies and procedures that underpin the way we work together.

There may be times when you want to query an invoice, and we explain how to do this and let you know the best way to get in touch with us for fast and efficient support.

We've also created a useful online guide to help you understand your patients' health insurance policies and schemes, and your role when delivering care to your Bupa patients. You can find it here [Important points about your Bupa patients' cover](#)

Please take some time to read through this guide and use it whenever you have a question. If you can't find the answer or would like to see any other topics included in future, please email provmtgconsultants@bupa.com

Thank you for the treatment and care you give your Bupa patients. We wish you all the best.

Dr Robin Clark MBBS BSc MRCGP MBA

Medical Director

Bupa Global and UK Insurance

Information to help you



About health insurance and Bupa

Pages 4-7



Tools to help you in your Bupa private practice

Pages 8-9



Working together

Pages 10-17



Billing and invoicing

Pages 18-23



Open Referral consultant network

Pages 24-27



Bupa Platinum consultants

Pages 28-29



The quality of service Bupa patients expect

Pages 30-33



Change in circumstances and ending Bupa recognition

Pages 34-35



How to contact us

Page 37

About health insurance and Bupa

In this chapter we share information about Bupa, what it means to be recognised by us, and some of the important details about Bupa UK insurance.

Bupa UK Insurance



we're the leading UK health insurer, with **2.4 million** customers.



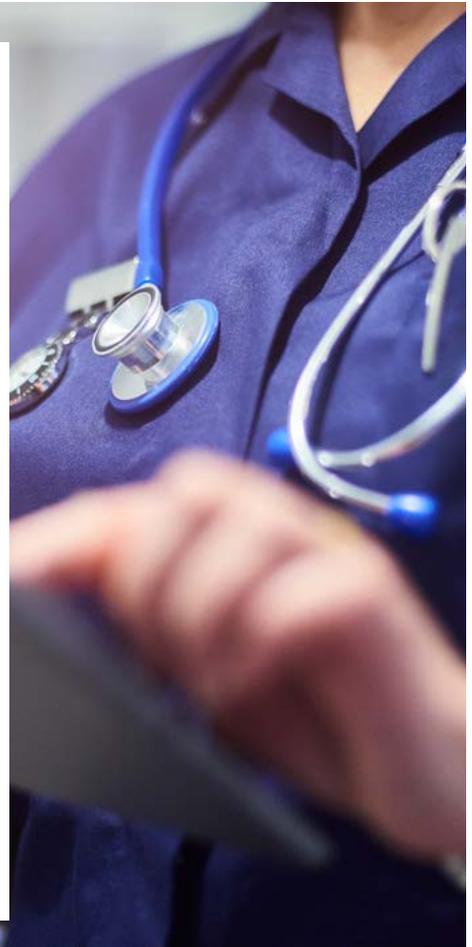
our call centres receive over **3 million** calls a year from our customers in the UK.



we provide healthcare products and services to **75 percent** of FTSE 100 companies.



every year we deal with more than **3.5 million claims**, paying over **£1.3 billion** to healthcare professionals, hospitals and clinics for care for our UK customers.



How Bupa works in partnership with healthcare professionals

We deliver our purpose in partnership with healthcare professionals.

If healthcare professionals, hospitals and clinics want to offer treatment and care to Bupa patients and invoice us for it, they need to become Bupa recognised. This means that they meet medical professional standards and offer care in line with the legal and regulatory requirements in the UK.

Bupa recognition is a mark of quality, reassuring our customers that they're getting quality healthcare from doctors who are experts in their field.

Bupa recognised consultants are expected to meet all relevant professional standards, including:

- regulatory standards such as those set by the General Medical Council (GMC), Care Quality Commission (CQC) and Financial Conduct Authority (FCA).
- general professional standards, including regular appraisal and audit.
- any specialty-specific requirements, including those which are procedure-specific and/or training related.
- We expect Bupa recognised consultants to be familiar with and apply the following core standards and guidance:
 - [GMC Good Medical Practice](#)
 - [GMC Leadership and Management or Doctors, which includes important guidance on planning, using and managing resources](#)

Explanatory GMC guidance on:

- [financial issues](#)
- [consent](#)

Consultants need to:

- be listed on the General Medical Council Specialist Register
- have professional indemnity cover
- have practising privileges at a hospital or clinic that is also Bupa recognised, and
- agree to charge within Bupa's benefit limits.

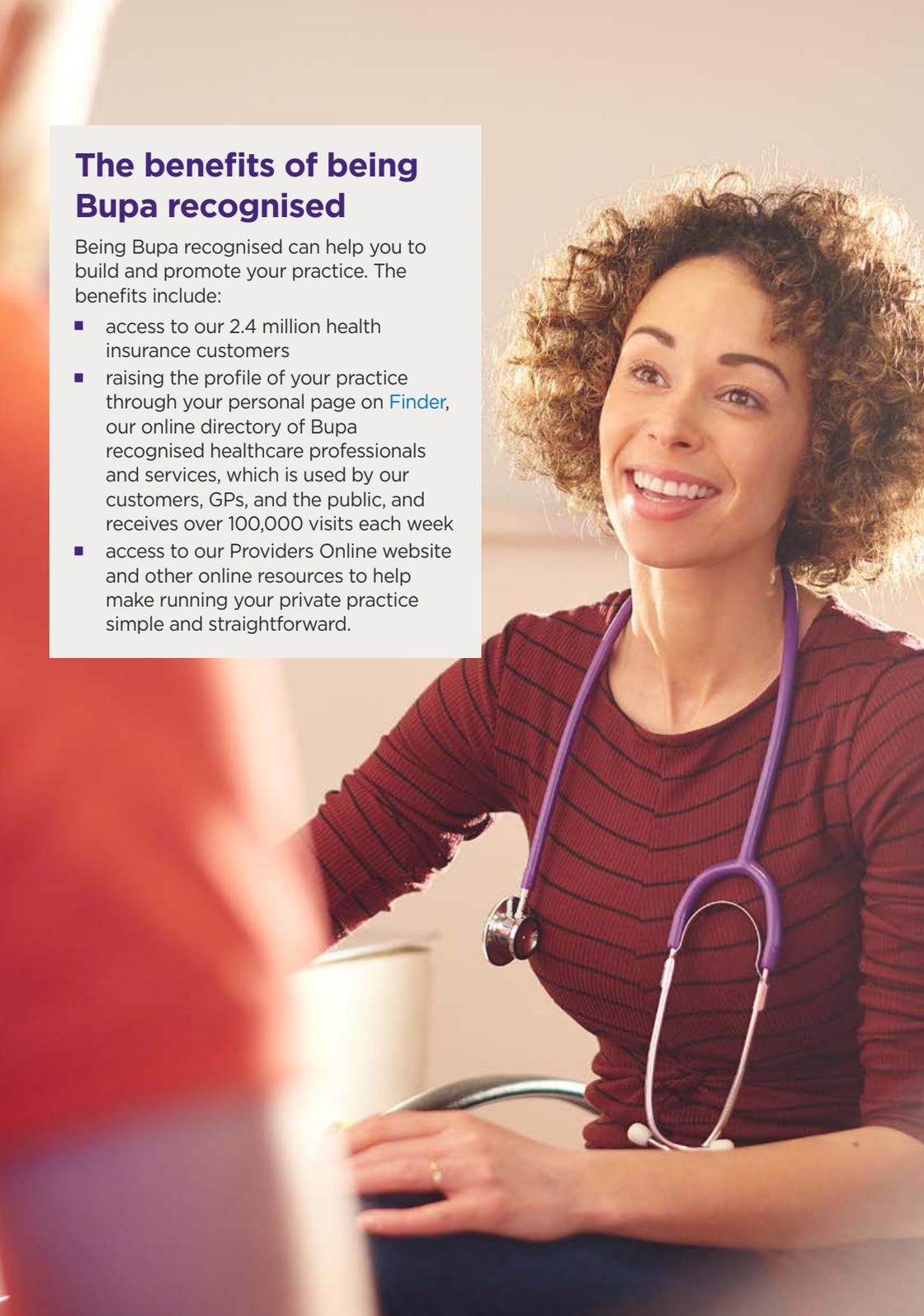
Our customers, or their employers, can choose from a selection of hospital networks as part of their policy, depending on their budget. For example, some customers may wish to pay more for access to a network which includes Central London hospitals where treatment is usually more expensive than others, and a more comprehensive list of hospitals.

When our customers want to claim for treatment on their health insurance policy, they're covered to see a Bupa recognised consultant at a Bupa recognised hospital included in their network.

The benefits of being Bupa recognised

Being Bupa recognised can help you to build and promote your practice. The benefits include:

- access to our 2.4 million health insurance customers
- raising the profile of your practice through your personal page on [Finder](#), our online directory of Bupa recognised healthcare professionals and services, which is used by our customers, GPs, and the public, and receives over 100,000 visits each week
- access to our Providers Online website and other online resources to help make running your private practice simple and straightforward.



Your Bupa provider number and why it's so important

Your Bupa provider number includes your GMC number, making it unique to you. We use it to identify you when you contact us, so please include it in all your correspondence, as it helps us answer you quickly.

It's also important that you include your Bupa provider number when you invoice us for Bupa patients' care so we can review them without delay. Please don't allow anyone else to use it to invoice us for care that they've provided.



When our customers call us to authorise their treatment, we help them find a consultant by looking at:

- **the customer's clinical requirements** - we match them to consultants using their speciality, areas of interest and the procedures they have delivered to our customers in the last 12 months.
- **convenience** - we offer customers a choice of consultants practising close to their chosen address, which may be their home or work.
- **avoiding shortfalls on fees** - we offer customers a choice of Bupa Platinum consultants who are fee assured and available on all policies and schemes, ahead of those who aren't. This means we can guarantee customers no shortfalls for in-patient and day-patient treatment.
- **customer experience** - we offer the reassurance that all our recognised hospitals and clinics have passed a quality assessment and are subject to ongoing monitoring, including assessment of patient experience. We also take into account complaints from our customers about consultants, therapists, hospitals and clinics.

Tools to help you in your Bupa private practice

Using Finder to promote your practice

All Bupa recognised consultants have their own personal profile on Finder finder.bupa.co.uk - our free online directory of consultants, therapists, and healthcare services. This is used by our customers, GPs, and the public, and receives over 100,000 visits each week.

Your Finder profile includes information about your practice taken from your application for Bupa recognition and your invoices, such as your name and qualifications, your specialty or sub-specialty, the hospitals, and clinics where you practise (both private and NHS) and your contact details.

You can enhance your Finder profile by including information about any professional body roles you may have, your research interests, the languages you speak, publications you've written, outcomes information, photos and more.

To make sure that Finder promotes the latest information to Bupa patients, other healthcare professionals and members of the public who use it, we ask you to check your profile at least twice a year. This should only take five minutes and means you don't risk missing out on patients because an email address or phone number has changed since your last update. Don't worry about remembering to do this, we'll send you an email every six months to give you a little nudge.

When you review your personal Finder profile, we ask you to complete a short questionnaire confirming the scope of your practice and that you meet and adhere to professional standards. As well as maintaining your Bupa recognition, this also means that the blue tick logo appears on your profile, showing Finder's visitors that the information is current and that you've verified it.

How Finder benefits you



Promote your services and your private practice to more than 100,000 visitors each week.



It's a powerful way to tell people about your clinical expertise and private practice.





Follow these simple steps to review and enhance your personal profile on Finder at finder.bupa.co.uk

Creating a compelling Finder profile

To help you get set up, we've created a sample profile here:

finder.bupa.co.uk/finder-demo

Many Bupa patients use Finder to research consultants before calling us about their care, so it's important to make sure that the language you use on your profile is simple, straightforward, and easily understood by patients.

When completing your profile, we expect that the information you supply is correct and compliant with the standards and codes of conduct specified by your relevant regulatory bodies.

You can find the [GMC's explanatory guidance on communicating information here](#).

- 1 Type your name into the 'consultant name' field and click 'find'
- 2 Click your name to open your profile, then scroll down and click 'edit details'
- 3 Use your Providers Online username and password to log into Finder
- 4 Check your details are correct and add information to promote your practice
- 5 You can add as little or as much information as you like
- 6 When you're finished press 'submit' to publish your updates

A photograph of two healthcare professionals, likely nurses or doctors, wearing blue scrubs. They are shown in profile, facing each other as if in conversation. The background is a soft, warm light. A white rectangular box is overlaid on the left side of the image, containing text.

Working together

Health insurance and checking what's covered

With **7.1 million people (over 10% of the UK population)** covered by health insurance*, understanding what policies cover is key for consultants in private practice.

Health insurance gives patients fast access to private care for acute conditions which are covered by their policy or scheme, start after their cover begins and are in line with their underwriting terms.

An acute condition is a disease, illness or injury that is expected to respond quickly to treatment and get people back to their previous level of health. Health insurance doesn't usually cover chronic conditions – you can find out more about this in the What's not covered section on page 12.



Bupa health insurance covers the cost of:

- medically necessary, planned private consultations, tests and treatment for acute conditions
- consultations and treatment from consultants and therapists we work with (Bupa recognised consultants and therapists)
- care at Bupa recognised hospitals and clinics

i

The policies and schemes your Bupa patients or their employers choose can differ. There are varying levels of cover, for example, some include cancer cover or diagnostic tests, while others don't, and out-patient allowances vary.

Checking whether a procedure is covered - the Bupa Schedule of Procedures

Each procedure has its own individual code. You can check which procedures Bupa covers by searching for them in our Schedule of Procedures (codes.bupa.co.uk) which is a list of industry standard surgical and medical services that's updated monthly.

In-patient, day-case and out-patient stays are shown as I/P, D/C and O/P. Where a patient needs to stay in hospital for a procedure, the expected maximum length of stay (anticipated length of stay) is shown as a number.

The Schedule of Procedures also includes the maximum reimbursement for surgeons' and anaesthetists' fees (Bupa Benefit Limit).

When recommending treatment for a Bupa patient, please give them the relevant procedure code(s) and description to help them pre-authorise their care with us. This will avoid any ambiguity for them, make it easier for you to invoice us and means that we can pay you promptly.

Checking what we've authorised for your Bupa patient

You can find details of any patients' consultations, tests and treatments we've authorised with you (or for which you're the lead consultant or referrer) quickly and easily on Providers Online bupa.co.uk/providers-online

Simply select the 'Search members and pre-authorisations' tab on the left, then enter the pre-authorisation number (or the patient's full name, date of birth and postcode) and you'll be able to see any pre-authorisations linked to them in the last two years.

What's not covered

There are some things health insurance doesn't usually cover. These include:

- the management and maintenance of chronic conditions
- relieving symptoms commonly associated with natural processes (eg ageing, the menopause etc)
- treatment of allergies
- cosmetic surgery and treatment that involves the removal of healthy tissue (ie tissue which is not diseased)
- treatment for pregnancy

Your Bupa patients can find details about what is and isn't covered in their policy guides.

Where a consultation, test or treatment isn't covered, it doesn't mean that it's not medically necessary. It just means that it's not covered by the patient's policy or scheme.

Chronic conditions

Like most other health insurers, our cover doesn't usually include the treatment and care of chronic or long-term conditions. We use the Association of British Insurers' (ABI) definition of chronic conditions. This is:

A disease, illness or injury which has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

What this means in practice

Chronic or long-term conditions often need consultations over a long period, checks on medication, long-term therapy or treatment which usually keep a condition or its symptoms under control. When this happens, treatment for the ongoing management of the condition isn't covered because the symptoms are either expected, or part of the condition's natural progression.

Diagnosis and tests

Patients may have cover for diagnosis and some tests if they're unwell. However, once a chronic condition is diagnosed, Bupa cover for it is no longer available. They'll need to be referred to their GP and the NHS for the ongoing management, screening and monitoring of the condition. Or they may decide to self-pay for private treatment with you.

Unexpected acute flare-ups

If your Bupa patient has an unexpected acute flare-up of a chronic condition, they may be covered for a short course of treatment that can modify or cure the symptoms. Treatment is covered when the condition is likely to respond quickly and the treatment aims to restore them to their previous level of health immediately before the acute flare-up. After this, the patient would need to be referred to the NHS for the ongoing management of their condition as health insurance cover isn't available for this, or they may decide to self-pay for private treatment with you.

Emergency treatment

Our health insurance policies and schemes don't cover treatment at Accident and Emergency departments or walk-in centres (either NHS or private). If a patient needs emergency treatment, they should visit their local NHS emergency services, or if they wanted to go to an equivalent private care service they'd need to pay for it themselves.

Once the patient's condition has stabilised, they may be able to transfer to private care for any planned treatment needed so long as:

- their condition and the treatment are both covered by their policy or scheme; and
- the consultant in overall charge of their treatment agrees that they're well enough to transfer to private care; and
- a Bupa recognised consultant accepts responsibility for their care at a Bupa recognised hospital or clinic; and
- we've confirmed to the patient or their consultant that their treatment is covered by their policy or scheme.

Intensive care treatment

Our policies and schemes cover intensive care when it follows planned Bupa funded private treatment at a Bupa recognised hospital or clinic with a critical care unit.

The cost of transferring a patient from an NHS hospital or clinic to intensive care in a Bupa recognised hospital or clinic, or vice versa, is only covered if:

- the patient was transferred from an NHS critical care unit to an NHS general ward for more than 24 hours; and
- their consultant agrees that they're well enough to move; and
- we've confirmed that their care is covered by their policy or scheme.

You can check if intensive care is usually covered after a planned procedure using our code search at codes.bupa.co.uk Codes marked with an (i) mean that intensive care is routinely required after that procedure. The maximum number of days that cover is available for both general ward and critical care unit is referenced under the 'anticipated length of stay' column.

To check whether intensive care is available at a Bupa recognised hospital or clinic, search for it on finder.bupa.co.uk and click on the 'Facilities and Services' tab. If a patient needs critical care, you'll need to send us a completed funding request form, which you can find online at www.bupa.co.uk/itu-hdu-request so that we can check whether it's covered.

Please don't agree to transfer the patient until we've let you know that their care is covered.

When we need more information to pre-authorise treatment

We work hard to make sure we meet our regulatory requirements to treat our customers fairly and apply the terms of their policies consistently. This means we might need to ask you for some information before we can confirm whether your Bupa patient's treatment is covered.

Sometimes we may ask you to complete a funding request form for a Bupa patient's test(s) or treatment as this will give us all the information we need to see whether they're covered. Occasionally, we may need you to provide us with a medical report.

If this happens, we'll need the patient's permission before we ask you for more information about their consultation, tests or treatment. The Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (NI) Order 1991 gives patients certain rights which are:

- they can give permission for their doctor to send us a medical report without asking to see it before they do.
- they can give permission for their doctor to send us a medical report and ask to see it before they do.
- they'll have 21 days from the date we ask their doctor for the medical report to contact them and arrange to see it.
- if they don't contact their doctor within 21 days, we'll ask the doctor to send the report straight to us.

- they can ask their doctor to change the report if they think it's inaccurate or misleading; if the doctor refuses, they can insist on adding their own comments to the report before the doctor sends it to us.
- once they've seen the report, they can withdraw their permission for it to be sent to us.

They can withhold their permission for their doctor to send us a medical report. If they do, we'll be unable to see whether the consultation, test or treatment is covered by their policy or scheme, so won't be able to give them a pre-authorisation number or confirm whether we can contribute to the costs.

If we ask for a medical report, please make sure your reply is suitably detailed and includes all information you think is relevant and helpful so we can see whether the patient's care is covered by their policy or scheme.

If the treatment isn't covered, this doesn't mean we believe it's clinically inappropriate, it's usually because it's not covered by the patient's policy or scheme. For example, the ongoing treatment of a chronic condition wouldn't usually be covered, even though this may be clinically necessary.

Referrals to another consultant

There may be times when you need to refer a Bupa patient to another clinician for treatment. If this happens, you need to refer them to a Bupa recognised consultant who is qualified to provide the treatment and who is fee assured where possible. You can use finder.bupa.co.uk to check both these things.

Please try to make sure that the anaesthetists you work with when treating Bupa patients are also listed as fee assured. This will avoid Bupa patients incurring shortfalls if their anaesthetist isn't fee assured.

Surgical fee uplifts

Our Schedule of Procedures is a list of industry standard surgical and medical services that's updated monthly. It includes more than 2,500 standard surgical or medical services to relieve or cure a disease, illness or injury that are covered by Bupa policies and schemes.

While comprehensive, it can't address every potential medical situation for all Bupa patients. So you can request a surgical fee uplift where:

- a procedure is more complex (and may take significantly longer) than indicated in the Schedule of Procedures; or
- more than one consultant operates on a patient during the same theatre session (known as two-handed or multiple-handed surgery).

Follow these steps to request a fee uplift:

1 Before the surgery (if possible):

Please complete our Complex surgery fee uplift request form, which you can find under the 'All specialities' heading [here](#), and send it to us by secure email to: hcp-providersandclaims@bupa.com along with any supporting information.

2 We'll check whether the patient has pre-authorized the procedure and give you the pre-authorization number which you'll need when you invoice us. We're unable to pay uplifts on procedures that haven't been pre-authorized.

3 After the surgery: Send us your invoice electronically ([click here for Providers Online](#)) with the Bupa Benefit Limit published in the Schedule of Procedures as soon as possible. Make sure it's within six months of the surgery as we'll be unable to pay invoices submitted after that.

We'll automatically amend your invoice if the uplift is agreed, so there's no need to wait until you've heard back from us about the uplift. If we're unable to do so, we'll pay the usual fee for the procedure.

You can find more detail about requesting an uplift in section 8.4 of the [Essential Notes in the Schedule of Procedures](#)



Billing and invoicing

How we set and agree fees

Consultation fees

We agree out-patient consultation fees with consultants in multiple specialties. These fees reflect the differing nature of the services consultants provide. For example, consultant psychiatrists deliver the majority of care during out-patient consultations whereas a surgeon will deliver care in a range of settings, so we offer fees that reflect these differences.

Procedure fees

We list the fee levels, and surgical and anaesthetic benefit limits for all procedures in our Schedule of Procedures.

We reimburse consultants for delivering treatment to Bupa patients based on the complexity, time and skill required to carry it out. We publish an extensive list of procedures and complexity codes in our Schedule of Procedures and the rates up to which recognised consultants and anaesthetists can claim. You can find more details about how we review procedures [here](#).

Diagnostics and other fees

Hospitals and clinics normally provide diagnostics and bill for them, however consultants can provide these services as well. If you'd like to do this, you'll need a separate agreement with us which sets out the services offered and the fees we've agreed for them.

Our Schedule of Diagnostic Tests lists all the out-patient diagnostic tests (OPDT) that you can invoice for, so long as you perform them yourself in your consulting room using equipment that you've purchased and maintained. They're marked with OPDT under the procedure code. Unfortunately we're unable to reimburse consultants for these tests if they don't have a separate agreement with us for providing them.

You can sign up for an OPDT agreement at any time by clicking this [link](#).

Getting informed financial consent from patients

Unexpected bills are a major cause of complaints from our customers which is why we explain to Bupa patients what they're covered for. This is particularly important for diagnostic tests and out-patient fees, as some policies and schemes have an allowance, such as £500 or £1,000 a year.

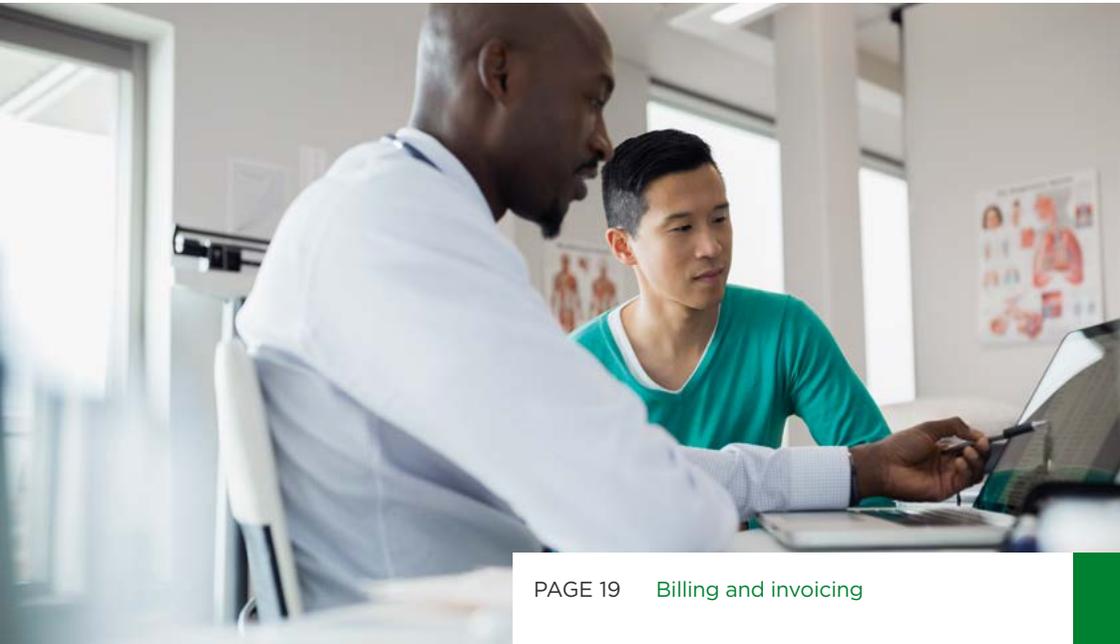
We expect all Bupa recognised consultants to give Bupa patients a written indication of their fees before seeking informed consent to provide any care or service. We also expect them to clearly explain the likely cost of all elements of care for the entire anticipated patient journey, including adequate explanation of how much to pay, when and how to pay, and the treatment they'll receive.

Guidance on discussing costs with patients

General Medical Council explanatory guidance on financial and commercial arrangements [here](#).

Care Quality Commission (Registration) Regulations 2009 'Regulation 19: Fees'

British Medical Association guidance on good billing practice is available to BMA members through the BMA website: www.bma.org.uk



What you can bill us for

Bupa recognised healthcare professionals can bill us for the cost of consultations, tests and treatments they've carried out so long as these are covered by the Bupa patients' policies and schemes.

Our policies and schemes cover the cost of treatment of an acute condition that is:

- consistent with generally accepted standards of medical practice and representative of best practice in the medical profession in the UK
- clinically appropriate in terms of type, frequency, extent, duration and the hospital, clinic or location where the services are provided
- demonstrated through scientific evidence to be effective in improving health outcomes

Some Bupa recognised consultants can also charge for other services, such as diagnostic tests, so long as they have a specific agreement with us to do this. Find out more about this on [page 16](#).

If you or your Bupa patients are unsure about whether their treatment is covered, please ask them to call their usual Bupa helpline before their treatment begins.

How to invoice us

We want to make sure you're paid quickly, correctly and efficiently, which is why we ask all Bupa recognised consultants to be familiar with our pre-authorisation and billing processes and the Bupa Schedule of Procedures. This also helps to avoid shortfalls and billing errors, which can be frustrating for you and for your Bupa patients.

We also ask you to make sure you invoice us electronically within six months of consultations, tests or treatment. This gives us an up-to-date picture of Bupa patients' claims and means we can let them know about their available allowances in their current policy year. It also means we can calculate renewal prices fairly. If we receive invoices late, Bupa patients may end up with unexpected bills as a result of exceeding their allowances and we're unable to calculate their renewal premiums accurately meaning increases may be higher at future renewals. We'll be unable to pay invoices received more than six months after consultations, tests and treatment have taken place.

Invoicing electronically is an easy way to make sure invoices reach us and are paid promptly. There are a number of ways to do this, including using our free [Providers Online](#) website. We created your own Providers Online account when you became Bupa recognised and you can use this to view pre-authorisations, pre-populate invoice details and track the progress of your accounts and when they will be paid.

If you've lost your Providers Online login details, please call us on 0345 755 3333 and we'll be able to help.

To find out more about the other options, visit: <https://www.bupa.co.uk/healthcare-professionals/billing-and-payment>

Benefits of using Providers Online

- **quicker and easier** – you'll know straight away that we've received your invoice and that it includes all the information we need to process it, ensuring that you get paid quickly and correctly.
- **cheaper and more environmentally friendly** – not only does it save you money on stationery and postage, it also saves on paper too, helping make a better world.
- **safer** – as sensitive patient information is secure and only visible to those who process your invoice.

For more details please visit:
bupa.co.uk/providers-online

Information we need to pay you quickly

- your patient's full name, date of birth and Bupa membership or registration number
- your Bupa provider number (your General Medical Council number with a '0' at the start)
- the relevant procedure code(s) which can be found online in our Schedule of Procedures codes.bupa.co.uk

How to avoid common billing mistakes

- 1** Make sure you use the correct coding. We update the Schedule of Procedures codes.bupa.co.uk every month. Any invoice that you submit needs to include the relevant code from our Schedule of Procedures for the date the treatment was carried out, rather than the date of the invoice.
- 2** Make sure you follow CCSD Coding Principles. Certain combinations of codes can't be billed together for procedures performed on the same Bupa patient on the same day in the same setting. This is known as 'unbundling'. Some examples of 'unbundling' include:
 - **when one procedure is already included in another** – for example, when an "introduction of Mirena coil" code is billed alongside a "hysteroscopy (including biopsy, dilatation, curettage and polypectomy +/- Mirena coil insertion)" code.
 - **impossible combinations** – for example, billing an "anaesthetic block of a major nerve trunk" code alongside a code for a procedure on an unrelated part of the body.
 - **highly similar or identical procedures** – for example, billing a code for laparoscopic surgery as well as a code for open surgery when only one method has been used.
 - **when a single code is available** – for example, billing separately for a hysterectomy and an oophorectomy when a "hysterectomy including oophorectomy" code can be used.

You can find unbundling combinations for each code at:

www.ccsd.org.uk/CCSDSchedule

We apply all CCSD unbundling combinations to all codes listed in the Bupa Schedule of Procedures.

If we receive an invoice for an unbundled combination for the same Bupa patient, on the same day, in the same setting, we'll check which procedures took place and then pay the highest value code in the unbundled combination.

You can read more about the CCSD Coding Principles by visiting <https://www.ccsd.org.uk/ccsdschedule/ccsdcodingprinciples/>

How you're paid

We'll pay you by BACS in line with your agreement within seven days of clearing the invoice for payment. You can view your statement on Providers Online, and download it as a PDF or into Excel. Statements will show where patients also need to make any payments to you, for example where their policy or scheme hasn't covered the full treatment costs and they have an excess to pay.

Patients' excesses and co-insurance

Excesses: When people take out our health insurance policies or schemes, they can choose to pay a voluntary excess to lower the premium or their employer may opt for this. This excess applies to each person covered by the policy or scheme and for each policy or scheme year. They usually pay it once when they make the first claim in each policy or scheme year.

Every time the patient renews their policy, they also renew their excess for that policy year. So if they're having treatment when they renew, they may need to pay two excesses - one for the previous policy year and the other for the new one.

Co-insurance: Your Bupa patients may also have co-insurance (sometimes called co-pay). This means that they pay a set proportion of each claim up to a maximum amount in a policy or scheme year and we pay the rest up to their benefit allowance available. This is also applied to each person on the policy or scheme.

Please don't ask the patient to pay their excess up front because we calculate the amount they need to pay when we receive your invoices. We'll send you a statement to let you know how much each of your Bupa patients is due to pay. We'll also write to patients explaining how much excess they need to pay and how to contact you to make payment. We'll include the phone number which you've provided on your Finder profile, which is why it's important to keep your Finder details up-to-date.

You can update your Finder profile through Providers Online by selecting 'update my Finder profile'.

You can also update your bank details by selecting 'manage my details'.

Out-patient allowances

Many policies and schemes cover all stages of care, however some Bupa patients may choose to apply an annual out-patient allowance to lower the premium or their employer may opt for this. This usually covers hospital or clinic appointments with consultants and therapists, diagnostic tests, treatments which aren't surgical procedures and x-rays. Once they've used up this allowance, patients will need to pay for any out-patient claims themselves.

Some policies and schemes don't cover any out-patient charges, including diagnostics, unless they follow in-patient treatment that's covered.

This is why it's important that your Bupa patients call us to check their available allowances before having any consultations, tests or treatment.



Open Referral Consultant Network

Open referral means that a patient's GP decides the specialty of the consultant that they need to see for a consultation, tests or treatment rather than refer them to a specific consultant.



We have some policies and schemes based on this referral pathway, which mean that when patients call us to arrange their care, we use the information from their GP to offer them a choice of up to three Bupa recognised consultants or therapists with the appropriate expertise.

About a third of Bupa patients' policies and schemes are based on the open referral pathway which, as well as giving them access to consultants who deliver high quality care, means their care pathways are cost effective and offer them good value for money.

Open Referral is really popular with Bupa patients. Nine out of ten of those who've used Open Referral:

- said the quality of care they received was "excellent" or "very good".
- rated their Open Referral consultant as "excellent" or "good".

Consultants who treat our customers with Open Referral policies and schemes need to meet our cost of care, clinical practice, and patient experience criteria.

Being part of the Open Referral Consultant Network

To see whether a consultant can join our Open Referral Consultant Network, we look at the cost of the care they provide, their clinical practice, and their patient experience.

As we recognise over 20,000 consultants across the UK, we review a specialty at a time. We do this approximately every two years, and we use peer-group risk-adjusted comparisons with other Bupa recognised consultants in the same specialty and subspecialty.

We look at information from consultants' invoices, those of their peers and from hospitals and clinics for providing treatment and care to Bupa patients, and we use this information to see whether a consultant can join our Open Referral Consultant Network.

Our methodology for choosing Open Referral consultants has been independently reviewed and verified as being rigorous and fair.

The network criteria

To be included in the network, consultants need to meet all the following criteria:

- the total cost of care for their Bupa patients (consultations, tests, hospital services and care provided by other healthcare professionals) is in line with the majority of their peers with a similar case mix
 - have no or few patient complaints in line with the majority of Bupa recognised consultants
- We also consider specialty specific criteria which include:
- practising in line with guidance for the conditions they treat published by their professional body, the National Institute for Health and Care Excellence (NICE)* and Getting It Right First Time (GIRFT), where applicable
 - having surgical intervention, repeat procedure and average length of stay rates in line with their peers in the same specialty
 - the ratio of consultations for their Bupa patients compared to the number of Bupa patients they treat is in line with their peers when adjusted for the patient's age and the complexity of their procedure



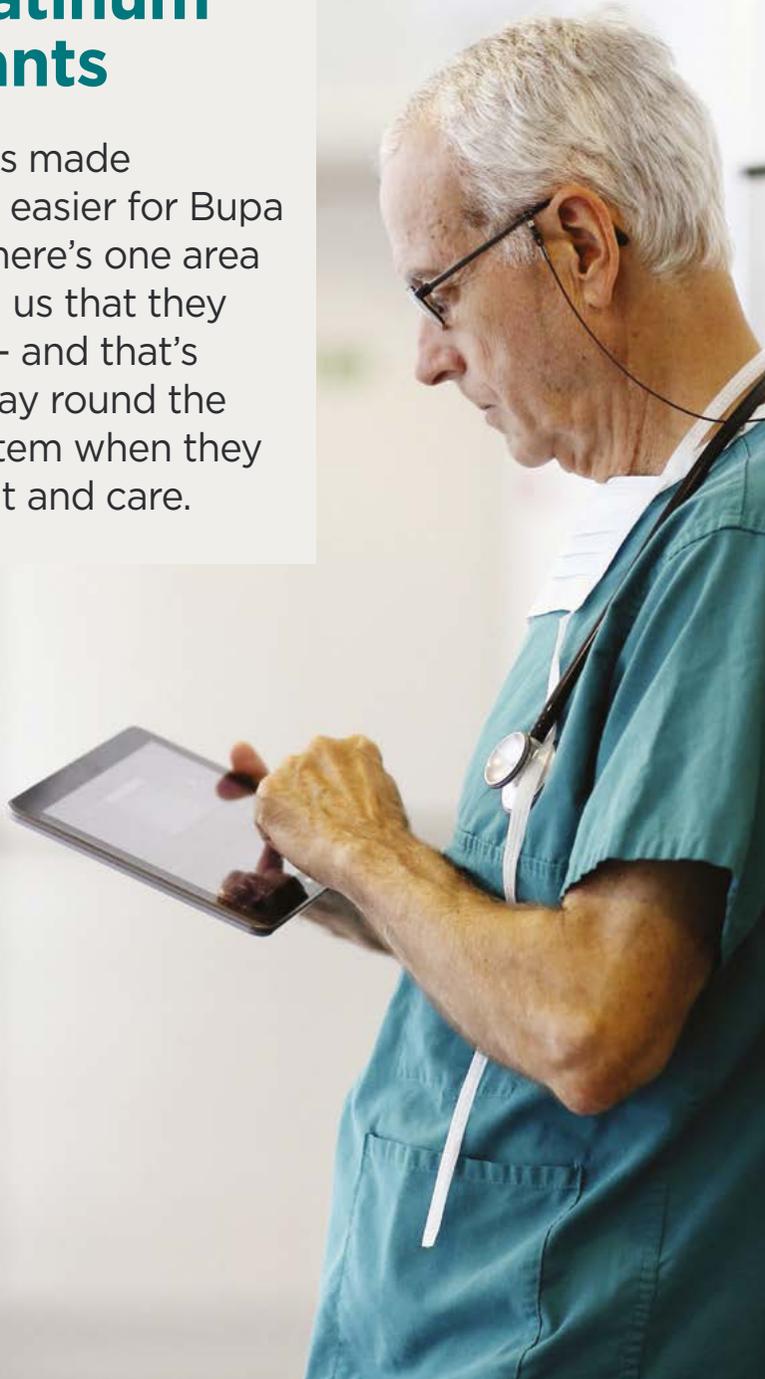
*Where we use criteria developed in the NHS (such as NICE guidance) we risk adjust for case mix because NHS hospitals are more easily comparable due to their more standard case mix, unlike private hospitals where there could be wide variation.

Some tips to help you meet the criteria

- 1 Get to know what health insurance covers:** Some consultants unwittingly invoice us for things that aren't covered, such as emergency treatment, management of chronic conditions, or experimental treatment. Use the information in this guide or check out our booklet, [Important points about your Bupa patients' cover](#) and use Providers Online to see what we've authorised for your Bupa patients: Find out how on [page 18](#) of this guide.
- 2 Manage the cost of the patient's entire care pathway:** As well as offering high quality care, Open Referral consultants' choices mean patients' care pathways are cost effective. This includes the cost of initial consultations, diagnostic tests, follow up consultations, services hospitals or clinics deliver on a consultant's behalf (e.g. pathology and other diagnostic tests) and care provided when consultants refer patients to other healthcare professionals (such as physiotherapists).
- 3 Check whether other healthcare professionals you refer your Bupa patients to are fee assured.** More than 70% of the consultants we work with are already fee assured which means they've agreed to bill within our benefit limits. Working with these consultants (e.g. when you need an anaesthetist, an onward referral or second opinion) is one factor consultants can consider to help offer more cost effective care pathways to their patients.
- 4 Where clinically appropriate for the patient, prescribe generic or biosimilar drugs.** We appreciate that biosimilars, in particular, aren't interchangeable so wouldn't expect any Bupa patients to be switched to biosimilar mid-treatment regime. However, where possible, we ask you to use generic and biosimilar drugs because we have agreements with many hospitals and clinics that support their use.

Bupa Platinum consultants

Technology has made accessing care easier for Bupa patients, but there's one area where they tell us that they still need help - and that's finding their way round the healthcare system when they need treatment and care.





To find out how we could be a better healthcare partner, we asked people with health insurance about their expectations of private healthcare. We found that half of them said that they wouldn't know how to find the right consultant for any treatment they needed, and nine out of ten wanted their health insurer to help them find the right consultant.

They also placed importance on seeing a consultant who treats lots of people with Bupa health insurance, with 93% of those surveyed saying that they'd find it reassuring.

So we introduced Bupa Platinum consultants to help Bupa patients make a more informed choice about who they see.

Bupa Platinum consultants are covered by all our healthcare policies and schemes, including Open Referral (they're all in our Open Referral Network), they're fee assured and they make up about half of all Bupa consultants. They were rated good or excellent by 97% of their Bupa patients too.

Bupa Platinum consultant criteria

All consultants who meet these criteria are Bupa Platinum consultants:

- members of our Open Referral Network
- fee assured, which means these consultants charge within Bupa's benefit limits, so Bupa patients won't receive any extra bills for treatment so long as it's covered by their policy.
- have at least 20 Bupa patients start a clinical pathway with them in a three year period.

Benefits of being a Bupa Platinum consultant

- a highlighted profile on Finder: This makes it even easier for Bupa patients to find them. Finder is our online directory of healthcare professionals and services which receives more than 100,000 visits each week.
- continued membership of our Open Referral network of consultants which:
 - gives them access to more Bupa patients than non-network consultants
 - means that Bupa patients with an Open Referral policy are covered for consultations, tests and treatment with them, and all their surgical procedure fees are reimbursed. These consultants' Finder profiles will also feature an Open Referral Network badge.
 - means they're included in the choice of consultants we offer Bupa patients when they call us looking for someone in their specialty in their area.



We'll be offering Bupa Platinum consultants the option to have initial consultations booked directly into their diaries when customers call us to authorise care. They'll also benefit from simpler authorisation with no need to complete funding requests forms for their Bupa patients' care.

The quality of service Bupa patients expect

We ask Bupa recognised consultants to provide high standards of customer service. This applies to all aspects of a customer's care, from booking appointments and tests, to clinical care, treatment and procedures, including:

Out-patient appointments

- providing Bupa patients with out-patient appointments within a maximum of 10 working days of their request, in line with their clinical needs.
- making sure that someone in your team can be contacted to arrange appointments with you between 9am and 5.30pm on weekdays.
- providing an 'out-of-hours' answer-phone service that patients can call when no-one is available to take calls in person, and making sure that they receive a call back within 24 hours of leaving a message (Monday to Friday).

Diagnostic tests

- making sure diagnostic tests are completed, and the results reported and shared with patients in good time.
- providing all the support needed to offer diagnostic tests, where contracted to do so, including the interpretation of the test results and/or readings. These should be completed and reported in a timely manner.
- routinely providing copies of test results to patients at their request.



Clinical care and consultations

- reviewing a patient's progress at least daily and in person while they are in hospital, recording the clinical update in their medical notes every time.
- updating the patient's family when requested and with the patient's consent.
- personally attending the patient for provision of any treatment.
- offering follow-up consultations. The number you offer should be in line with evidence-based clinical best practice and the patient's needs.
- routinely providing copies of medical letters and notes to patients in line with Department of Health guidance ([Copying letters to patients: good practice guidelines, DoH](#)).

Helping patients understand their treatment choices

Making sure that patients are fully informed about all the various treatment options available to them and that care is appropriate to their personal needs.

Our approach to clinical quality

Our priority is the safety and wellbeing of our customers. We expect the quality of care provided by Bupa recognised consultants to be underpinned by the standards set by the General Medical Council (GMC), the Medical Royal Colleges, British Medical Association (BMA), faculties and other relevant organisations.

How we handle complaints from Bupa patients

We take all complaints we receive from Bupa patients extremely seriously. It's unusual for us to receive more than one patient complaint about a consultant or therapist in a year, and very rare for us to receive more than two.

We know patients are more likely to complain than share positive feedback and that complaints aren't always a reflection of a consultant or therapist's overall practice.

Complaints from Bupa patients most often relate to:

- **billing:** particularly unexpected shortfalls or any other unexpected requests for payments.
- **clinical issues:** such as quality of care or patient safety.
- **unsatisfactory service:** including poor communication, attitude or administration.

Complaints are most quickly and effectively addressed when a patient shares them directly with their consultant or therapist, so we usually suggest that they do this in the first instance. However, if the complaint is about a consultant or therapist's attitude or behaviour, we may also share the complaint details with their consultant with their permission to do so.

Complaints about billing can be prevented by making sure that patients have pre-authorised their treatment with us before carrying out their treatment.

There are also rare occasions where we'll receive a serious clinical complaint and when this happens, we'll ask the consultant for further information about the incident. We'll ask for the information to be shared with us within five working days so that we can resolve the matter quickly for both the patient and consultant.

Consultants need to let us know about any serious complaints that they're involved in relating to any Bupa patients and any formal investigations.

How you can raise a concern

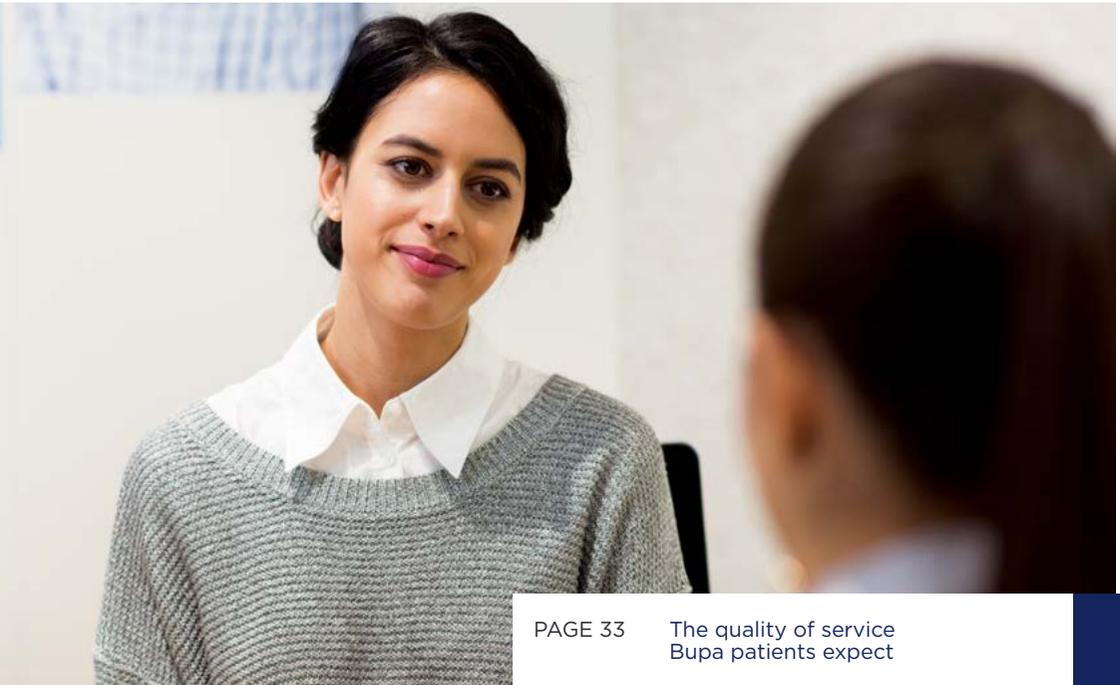
If you have a concern about pre-authorisation, invoices or whether a patient's treatment is covered, please call us on **0345 755 3333**, and we'll be happy to help.

Or if your concern is about your Bupa recognition, please call us on **0345 600 5422**, or you can email provmtconsultants@bupa.com

We'll always try to resolve issues immediately, and if this isn't possible we'll let you know why and what the next steps will be. We keep a record of all complaints we receive from patients and healthcare professionals and monitor them to improve our service.

What if we have a disagreement that cannot be resolved?

It's very rare that disagreements with consultants can't be resolved. As a last resort, and if we can't reach a mutually acceptable resolution within a reasonable period, we may discuss ending a consultant's Bupa recognition with them.



Ending Bupa recognition

When we may suspend or end your Bupa recognition

The vast majority of Bupa recognised consultants provide Bupa patients with high quality clinical expertise and excellent service, work effectively with us, and charge in line with our agreed terms. It's rare for us to consider suspending or removing a consultant's Bupa recognition, however, there are circumstances when we may need to do this. When this happens, we'll always contact the consultant to explain.

Our policy for suspension and removal of a consultant's recognition is based on GMC licensing and standards, and BMA guidance.

For example, if a consultant is suspended from the GMC register of licensed medical professionals, we'll remove their recognition. We may also suspend or remove a consultant's recognition if we identify treatment practices which appear to represent a threat to patient safety, or if fees are significantly and consistently excessive causing complaints from patients about shortfalls or their out-patient allowances being unnecessarily used up.

Investigations by professional bodies

The GMC and other professional bodies regularly update us about any investigations that they are carrying out, as do hospitals and clinics when they remove a consultant's practising privileges.

When consultants become Bupa recognised, they agree to notify us immediately by calling our Clinician Contracting Team on **0345 600 5422** if one of the following happens:

- there's a change to their GMC registration (including conditional registration or investigation);
- they're suspended or dismissed from the NHS;
- a formal investigation of their practice is undertaken by any party (such as a hospital or clinic, regulator or governing body); or
- there's any change to their practising privileges at an independent hospital or clinic.

If a governing body decides to suspend or put restrictions on a consultant's practice, or if their practising privileges have been removed, we'll suspend their Bupa recognition immediately and will consider reinstating recognition once investigations are complete.

In line with GMC guidance, in these circumstances it's essential that the consultant ensures continuity of care by either making suitable arrangements to transfer the care of any Bupa funded patients to an alternative Bupa recognised consultant, or arranging to continue treating patients on a self-pay basis or in the NHS.

Once all restrictions on the consultant's practice have been lifted, we'll be able to consider an application for reinstatement of the consultant's Bupa recognition.

Other circumstances for suspension or removal of Bupa recognition include:

- not following the terms agreed when they became Bupa recognised. Unexpectedly high levels of patient complaints, including those about general customer service
- a serious clinical complaint
- a pattern of fraudulent billing behaviour such as overbilling and/or unbundling
- failure to respond to correspondence from Bupa about clinical or commercial matters
- failure to resolve a commercial disagreement within a reasonable period of time
- not providing treatment to any Bupa patients for two years or more.
- not providing relevant information to demonstrate continuous oversight of patients care

If you want to end your Bupa recognition

Consultants can end their Bupa recognition at any time by emailing us at ProvRec@bupa.com giving 30 days written notice, simply stating that they no longer wish to be Bupa recognised. We'll respond to confirm that in 30 days from the date notice was given, the consultant will no longer be included in our list of recognised consultants and they'll no longer be able to claim reimbursement from us for treating Bupa patients. We'll also remove their profile from our online directory Finder immediately.

If you decide to end your Bupa recognition, to avoid any unnecessary disruption to the care of Bupa patients that are wishing to continue with Bupa funded treatment, we ask that you refer them onto another Bupa recognised clinician or refer them back to us so that we can help them find an alternative Bupa recognised consultant.





How to get in touch with us

For questions about billing, Finder, Providers Online, pre-authorisations and what's covered by our customers' policies and schemes

Call **0345 755 3333***

For questions about Bupa recognition

For recognition questions call **0345 600 5422*** and press option 1.

Alternatively you can email [^]
ProvRec@bupa.com

For questions about the Open Referral Network

call **0345 600 5422*** and press option 2.
Alternatively you can email [^]
ConsultantNetwork@bupa.com

To apply for Bupa recognition:

<https://www.bupa.co.uk/healthcare-professionals/for-your-role/consultants/consultant-recognition>

* We may record or monitor our calls

[^] Information you send us by email isn't usually secure until it reaches us

Call 0345 755 3333
for information on all other Bupa services.

We may record or monitor our calls.

Bupa health insurance is provided by Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Arranged and administered by Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 3829851. Registered office: 1 Angel Court, London EC2R 7HJ.

©Bupa 2022