



HEALTHCARE PARTNERS (HCP) TERMINATION WITH PARTNER HOSPITALS/MEDICAL GROUPS
Frequently Asked Questions
Dated: March 2, 2020 Update
INTERNAL / EXTERNAL

Overview

HealthCare Partners/HCP is or may be terminating its contract with certain hospital and/or medical group partners. As a result, Anthem Blue Cross members enrolled in any Commercial HMO/POS and Medicare Advantage HMO plans; and, assigned to HealthCare Partners will no longer have access to the listed providers if the termination(s) occur, as described in more detail below.

- HCP / Memorial Care Hospitals - contract terminated effective 1/1/2020
 1. Long Beach Memorial Medical Center
 2. Miller Children's & Women's Hospital Long Beach
 3. Orange Coast Memorial Medical Center
- HCP / Adventist Health Glendale - potential contract termination effective 2/29/2020
- HCP / Emanate Health Hospitals – potential contract termination effective 3/31/2020
 1. Emanate Health Foothill Presbyterian Hospital
 2. Emanate Health Inter-Community Hospital
 3. Emanate Health Queen of the Valley Hospital
- HCP / City of Hope Foundation - potential contract termination effective 4/1/2020

How Members are Affected

1. How do these terminations affect the contract with Anthem?

There is no affect. Anthem still contracts with both HealthCare Partners and these providers.

2. What does the termination mean for HCP members?

Anthem members who currently have HCP as their medical group can either 1) remain with HCP and request they have the medical group direct them to other contracting facilities, or 2) they can change their PCP and medical group to one that contracts with the HCP terminating facility according to the terms of their employer group and/or the members' EOC. If the member has any questions or wants to change their PCP, they can call the Anthem toll-free customer service number, 1-844-971-0117, or the toll-free number on the back of their ID card and our customer service representatives will be able to assist.

3. What about members who need emergency medical care from a hospital which no longer partners with HCP?

Emergency medical services do not require pre-authorization, regardless of where they are delivered. Hospitals must still provide services for members requiring emergency care. Coverage will be provided according to the member's policy benefits.

4. Were members informed of HCP's termination/potential termination with their partner providers?

As Anthem still contracts with both HealthCare Partners and these providers, Anthem does not send out member letters because neither provider is terminating from the Anthem network and it would be confusing to members.

5. Will HCP members receive a new membership ID card?

As HealthCare Partners still contracts with Anthem, members will not receive new ID cards.

6. What if an Anthem member wants to change their HCP PCP and medical group?



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If a member wishes to choose another Anthem Blue Cross primary care physician and/or medical group (when available) within their service area, members can use the *Find a Doctor* feature available on www.anthem.com/ca. Members who need assistance in selecting a different PCP and/or medical group are encouraged to call the Anthem Blue Cross Customer Service department using the toll-free telephone number, 1-844-971-0117, or the toll-free number listed on their ID card. Please note for certain employer group members, their benefit design will not allow them to switch medical groups outside of open enrollment.

7. What Anthem Blue Cross products are affected by these termination/potential terminations?

These terminations affect Anthem Blue Cross members enrolled in any Commercial HMO/POS and Medicare Advantage HMO plans; and, assigned to HealthCare Partners.

8. Will Continuity of Care / Transition Assistance services be provided to members?

If an Anthem Blue Cross member began a course of treatment with the listed hospital and/or medical group before the contract termination date for one of the following conditions, he or she may be eligible to receive continuity of care through HCP subject to the limitations specified below:

- The member is in an active course of treatment for an acute medical condition, behavioral health condition, or serious chronic condition.
- The member is pregnant, regardless of trimester.
- Members with a maternal mental health condition diagnosed by their treating health care provider
- The member has a terminal illness.
- The member is a child between the ages of birth and 36 months.
- The member has a surgery or other procedure that was authorized before the termination date and is scheduled within 180 days after the contract's termination date.

However, we recognize that members who have chosen HCP as their medical group realistically will not get approval to go to these partner providers post-term. HCP is however required to offer continuity of care to these members in accordance with CA law, but that law has restrictions on when such requests have to be approved (e.g., HCP can refuse to approve if it doesn't have a satisfactory financial arrangement with the provider at issue). If HCP rejects such COC, the members can submit an appeal with Anthem's Grievance and Appeals Department (G&A).

9. If a member does not qualify for continuity of care, can he or she choose to go to a HCP non-partner provider anyway?

For HMO members, most specialty and hospital services must be approved by HCP. If approved, the claim will be covered at the member's in-network benefit levels. If not approved by HCP, the claim will be denied for PMG/IPA authorization as stated in the member's EOC.

Members, who are enrolled in a point-of-service (POS) plan and continue to access providers that no longer partner/affiliate with HCP after the termination date, may have significantly higher out-of-pocket costs. Members should be advised to check their Evidence of Coverage, which outlines coverage for seeking care from a provider who does not participate in Anthem Blue Cross's network.