



**San Benito Medical Associates (OTM)
Frequently Asked Questions
Dated: July 5, 2019
INTERNAL / EXTERNAL**

Overview

Anthem Blue Cross will not renew its CaliforniaCare Agreement with San Benito Medical Associates. As a result, San Benito Medical Associates will no longer be part of the Anthem Blue Cross commercial HMO Network beginning **September 4, 2019**. Members currently enrolled with San Benito Medical Associates will be transferred to alternate participating medical groups. San Benito Medical Associates is located in the City of Burlingame in San Mateo County.

How Members are Affected

1. What does the termination of San Benito Medical Associates mean for members assigned to the medical group?

Anthem Blue Cross will transition members from San Benito Medical Associates to alternate medical groups effective **September 4, 2019**. When possible, members are reassigned to alternate medical groups with which their PCPs are affiliated. Members who are not matched to their current PCP through another medical group are assigned to a new PCP or participating medical group near their home. Please note that the hospitals to which members may be admitted will vary according to the admitting privileges maintained by each physician. The hospitals primarily used by San Benito Medical Associates' doctors may be different than those used by a member's new medical group or PCP.

2. What about members who need emergency medical care from a hospital that is not affiliated with the new receiving medical group?

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.

3. Were members informed that they will be transferred to another medical group?

Letters were mailed in advance of the September 4, 2019 effective date to members who are affected by this change. The letters mailed on July 5, 2019. Additionally, letters were sent to related Large Group clients and brokers as well as to ISG agents informing them of this situation.

4. Will affected members receive a new membership ID card?

Yes, members affected by this contract termination will be sent a new ID card no later than five days before the **September 4, 2019** effective date.

5. What if a member does not want to transfer to the medical group to which they are being assigned and instead would prefer to self-select a new PCP and medical group?

When possible, members will be assigned to alternate medical groups with which their PCPs are affiliated. However, if a member wishes to choose another Anthem Blue Cross primary care physician and/or medical



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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 listed on their ID card.

6. What Anthem Blue Cross products are affected by this termination?

This termination affects Anthem Blue Cross members enrolled in Commercial HMO and POS plans and assigned to San Benito Medical Associates.

Alternate Medical Groups

7. Do the receiving PCPs have capacity to accept Anthem's enrollees from San Benito Medical Associates?

In preparation for the contract termination between Anthem Blue Cross and San Benito Medical Associates, Anthem Blue Cross carefully considers physician panels and whether each provider has available capacity to accept additional patients. The PCPs to which the enrollees will be assigned are willing and capable of serving the health care needs of the Anthem Blue Cross enrollees being transitioned from San Benito Medical Associates.

8. Will Anthem Blue Cross provide Continuity of Care services to members?

Members wishing to request continuity of care should call the number on their identification card for assistance from an Anthem Blue Cross Customer Service representative. If an Anthem Blue Cross member began a course of treatment with San Benito Medical Associates before the contract termination date for one of the following conditions, he or she may be eligible to receive continuity of care:

- 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.
- 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 September 4, 2019 and is scheduled within 180 days after the contract's termination date.

When a case is approved for continuity of care by Anthem Blue Cross, the claim will be processed at in-network benefit levels. Once a member is determined to be eligible for continuity of care, the member is only financially responsible for applicable participating deductibles, coinsurance and/or co-payments. If an Anthem Blue Cross member has one of the qualifying conditions listed above, but was not in a course of treatment with San Benito Medical Associates before September 4, 2019, Anthem Blue Cross will not approve the request for continuity of care. In this situation, the provider will be considered out-of-network and the member, if he or she chooses to receive care from the provider, may incur significant out-of-pocket expense, depending on their benefit structure.



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9. **If a member does not qualify for continuity of care, can he or she choose to go to a San Benito Medical Associates affiliated provider anyway?**

For HMO members, most specialty and hospital services must be approved by the member's participating medical group ("PMG"), independent physician association ("IPA"), or Anthem Blue Cross (if Anthem Blue Cross is responsible for members' medical management, for example through an Administrative Site). If approved, Anthem Blue Cross will cover the claim at the member's in-network benefit levels. If not approved by the member's PMG/IPA, 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 San Benito Medical Associates providers 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.