

Information on Anthem Blue Cross and UC Health Contract Negotiations

Employees in the MegaFlex/Flex Anthem HMO and Point of Service (POS) plans who use the UC Health Network, recently received letters alerting them to the expiration of the contract between Anthem and UC Health on March 1, 2024. Following are FAQs that provide more information on the situation. The Department of Human Resources is monitoring this matter closely and will update this FAQ with up-to-date information.

What is happening? Is UC Health dropping out of the Anthem networks?

You received this notification letter because the contract between Anthem and UC Health will end on March 1, 2024, if the two organizations do not reach agreement on a new contract. These discussions are a standard, normal, and routine part of the healthcare industry. Anthem indicates it will continue to work in good faith with UC Health and remains committed to reaching a new contract agreement.

The letter you received is a requirement of the California Department of Managed Health Care. Anthem must inform members within 60 days of the end of a contract with a medical group. These contract negotiations take place on a regular basis (typically every three to four years). Should the entities be unable to reach agreement, UC Health, which includes UCLA Medical Group, would be removed from the Anthem HMO network used in both the HMO and POS as of March 1, 2024.

Do I have to change doctors?

If Anthem and UC Health reach agreement on a new contract, nothing will change for you and no action will be necessary. Should UC Health leave Anthem's networks, Anthem will assign you to another medical group near where you live. You could then change to another Medical Group of your choice within the Anthem HMO and POS, such as Cedars Sinai, Optum or Huntington.

What if I have on going treatment? Would I have to change doctors?

If you are in the midst of a medically necessary acute care situation, e.g., pregnancy, scheduled surgery, cancer treatment, etc., you would be covered by Anthem's Continuity of Care arrangement until the acute phase was over. See the attached request form. You may file the request form as early as February 12 to avoid any potential gap in care.

The Continuity of Care arrangement would apply until the treatment of the condition that qualified you for it was complete. For example, if someone was undergoing cancer treatment, their scheduled surgeries/chemo/radiation would continue with the current care team. Once that was complete, they would have to get a new oncologist, etc. for follow up care and monitoring in the future.

Do you have other resources to learn more?

Attached you will find an Anthem FAQ published on its Website (1/16/2024 version) and Anthem's Continuity of Care Request form. Anthem may update the FAQ, and you can find the most up-to-date version here: [Anthem.com/ca/uhealth](https://www.anthem.com/ca/uhealth)

Attachment I

Find the latest update of this Anthem FAQ at [Anthem.com/ca/uhealth](https://www.anthem.com/ca/uhealth).

Network Status Update: University of California Health System

January 2024

Anthem Blue Cross (Anthem) and University of California Health System (UC Health) are actively engaged in good faith contract discussions, as their current facility and professional contract agreements are set to expire on March 1, 2024.

These discussions, which began more than a year ago, are a standard, normal and routine part of the healthcare industry and something we take very seriously. The majority of our members -- nearly 80 percent -- are covered through self-insured, employer-sponsored benefit plans who pay for their medical expenses directly, not Anthem. It is imperative for us to negotiate on their behalf to help keep their health costs affordable and predictable.

As with all potential contract terminations, Anthem is taking steps in case an agreement is not reached by March 1, 2024, including notifying members, regulatory agencies, physicians, and medical groups about the potential for a contract termination to ensure there are no gaps in care and all entities have ample time to prepare.

We want to assure you that we are doing everything we can to work collaboratively with UC Health, as well as the physicians and medical groups that maintain admitting privileges at the UC Health hospitals, to ensure a smooth transition for our members if an agreement cannot be reached by March 1, 2024.

It is important to note that as these negotiations continue, there is no impact to Anthem members who continue to enjoy in-network access to UC Health System hospitals and doctors.

FAQs

Q: Why are Anthem Blue Cross and UC Health renegotiating a new contract?

A: The current facility and professional contract agreements between Anthem and UC Health System are set to expire on March 1, 2024. Both Anthem and UC Health are currently engaged in active negotiations, with the goal of reaching a new agreement. As these negotiations continue, there is no impact to Anthem members who continue to enjoy in-network access to UC Health System hospitals and doctors.

Q: What are Anthem Blue Cross and UC Health System talking about in your discussions?

A: These contract discussions, which began more than a year ago, are a normal and routine part of the health care industry. Discussions are broad and include both financial and nonfinancial elements and something both Anthem and UC Health have done several times in the past. We regularly negotiate contracts with hospitals and doctors across California to help keep health care costs affordable and ensure you have access to high-quality care. It's a critical part of what we do with the goal of limiting your out-of-pocket costs and keeping premiums affordable for you and your family. The contracts we hold with partners like UC Health are key to ensuring our members receive the highest quality care at an affordable cost. It is our goal to reach an agreement that achieves that – providing predictability for members – while also ensuring costs remain affordable and we're paying care providers fairly.

Q: Does this impact Anthem members who are being treated for ongoing conditions such as cancer or other long-term conditions at UC Health facilities?

A: There is no immediate impact to those currently receiving care or who have pre-authorized services through UC Health. For those being treated for certain serious and complex conditions like pregnancy or cancer, we will work to ensure they continue their care with their current doctor if an agreement cannot be reached by March 1, 2024. If an Anthem member is actively undergoing a medically necessary course of treatment with UC Health prior to March 1, 2024, they may be eligible to receive continuity of care. This includes members receiving treatment for cancer, a pregnancy, and other chronic conditions.

Q: What happens if there is no new agreement reached by March 1, 2024?

A: Our commitment stands firm to establish an agreement before March 1st, and we remain optimistic about shared dedication to this objective. In an event where an agreement is unfortunately not reached, we can assure our members that we have a substantial network of partners throughout the state prepared to provide care for members currently under UC Health. We pledge to work alongside these providers and our members for a seamless transition should such a situation arise. Anthem takes pride in providing access to one of California's most extensive provider networks. Our partnerships extend to over 450 hospitals, 200 medical groups, 75,000 doctors, and more than 30,000 behavioral health professionals making up our members' networks.

Q: Why did Anthem send some HMO health plan members a letter saying they will be assigned to a new primary care physician?

A: In January, we notified some members who are enrolled in an Anthem HMO health plan and assigned to a UC Health primary care physician that

they will be reassigned to a new physician, effective March 1, 2024. These notices and actions are required by the state and consistent with our efforts to ensure our members continue to have uninterrupted access to high-quality care if an agreement with UC Health is not reached by March 1, 2024. Note Anthem Vivity HMO plan members who are assigned to University of California Los Angeles Health (UCLA Health) are not impacted. Further, a termination would not affect the in-network availability of UC Health facilities and providers for UC employees, UC students with UC SHIP coverage, UC medical residents and clinical fellows in the Anthem UC Medical Residents and Fellows PPO plan or UC retirees. Their health plans are governed by separate UC-Anthem agreements.

Q: Do these negotiations include Anthem Blue Cross Vivity Health plan members?

A: These negotiations do not impact Anthem Vivity Health plan members.

Q: What is Anthem doing to prepare for a potential termination with UC Health?

A: We are committed to ensuring our members receive the right care, at the right time, and in the right setting. We are taking precautionary steps well in advance of the potential termination date to ensure there is no disruption in care for our members who may be impacted, and they experience a seamless transition without any gaps or surprises in case an agreement is not reached. It is simply common sense - and in our members' best interests - to not wait until the last possible moment, and instead to ensure our members have certainty well in advance about where and how they can continue to access the care they need.

We've already communicated with doctors who hold admitting privileges at UC Health to make them mindful of the impending contract expiration. We are also working diligently with state regulators to mitigate the situation. In January 2024, we will inform affected HMO members and

facilitate measures to guarantee uninterrupted access to high-quality health care, irrespective of whether an agreement is reached or not.

Anthem has a broad network of high-quality care providers throughout the state, and we will continue to have nationally recognized, high-quality health care alternatives for our members in the event we are not able to reach an agreement with UC Health.

Staying Informed

For the most up-to-date information continue to refer to this site. Anthem members who have questions or need assistance can call the toll-free member number listed on their Anthem member ID card.

Continuity of care and **transition of care** are ways of making sure that if you're already in the middle of treatment or scheduled for treatment, you may be able to continue care with your current provider for a limited period of time, despite your provider terminating from the network or if you change health plans.

Anthem may offer you transition/continuity of care options when:

- Your primary medical group (PMG), independent physician association (IPA), preferred provider organization (PPO) provider, hospital or other provider leaves or is terminated from your health plan. That's called **continuity of care**.
- You're a newly covered member to Anthem Blue Cross and the doctor or other provider for your treatment is not part of your new Anthem Blue Cross plan. That's called **transition of care**.
- There are other reasons that you have no control over, which puts the continuity of your care at risk.

The option is NOT available if you:

- Have chosen to make changes to your coverage, in which your doctor or other provider is no longer in your plan.
- Require ongoing care for a chronic condition, but you're not in an acute phase of an illness requiring a special course of treatment.

In these cases, there's no need to fill out this form. Instead, contact Member Services at the number on your Anthem ID for support with finding a doctor or other provider who can give you the care you need. If your doctor is leaving your Anthem PMG or IPA, contact your medical group directly and they will assist you with finding a new primary care doctor. If you are changing plans and your current medical provider is in our network, you're all set.

Health conditions where continuity or transition of care is considered:

An acute condition. A medical or behavioral health condition that involves a sudden onset of symptoms due to an illness or injury — or one that requires prompt medical attention (but for a limited time). Completion of covered services shall be provided for the duration of the acute condition.

Serious chronic condition. A medical or behavioral health condition due to a disease, illness or other medical or behavioral health problem or disorder that is serious and continues without a full cure, worsens over time or requires ongoing treatment to keep it in remission or from getting even worse. Completion of covered services shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health plan in consultation with the enrollee and the terminated provider or non-participating provider and consistent with good professional practice. Completion of covered services will be considered for a limited period of time not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

Pregnancy. You can complete covered services for the three trimesters of your pregnancy and the immediate postpartum period.

Maternal mental health condition. A mental health condition that can impact a woman during pregnancy, peri or postpartum, or that arises during pregnancy, in the peri or postpartum period, up to one year after delivery. For an individual who presents written documentation of being diagnosed with a maternal mental health condition from their treating health care provider, completion of covered services for the maternal mental health condition will be considered for a limited period of time, not to exceed 12 months from the diagnosis or from the end of the pregnancy, whichever occurs later.

Terminal illness. An incurable or irreversible condition that has a high probability of causing death within one year or less. You can complete covered services, even if the duration of the terminal illness goes longer than 12 months from the contract termination date or from the effective date of coverage for a new enrollee.

Care of a newborn child between birth and 36 months old. Completion of covered services will be considered for a limited period of time, not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

Surgery or other procedure that has been authorized by the plan or its delegated provider and is scheduled to occur within 180 days of the contract's termination date — or within 180 days of the effective date of coverage for a newly covered enrollee.

If the above situations apply to you, call Anthem Blue Cross Member Services to request continuity/transition of care OR for help in filling out this form to help make sure your care is not interrupted.

For medical requests for California members, fax this completed form to 1-877-214-1781.

For behavioral health requests for California members, fax this completed form to 1-877-521-4787.

For applied behavior analysis services for California members, fax this completed form to 1-866-582-2287.

Continuity/Transition of Care Request Form California



Help us review your request by:

1. Filling out the form completely and not leaving any blanks. Use "N/A" if the question doesn't apply to you.
2. Using a separate form for each family member who needs to have care transitioned to another provider.

Subscriber/Patient information

Subscriber last name		First name		M.I.	Subscriber ID, if issued
Subscriber employer name				Date active with Anthem (MM/DD/YYYY)	
Patient last name		First name		M.I.	Relation to subscriber
Date of birth (MM/DD/YYYY)	Gender	Allergies			
Preferred phone no. <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Secondary phone no. <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Are you a new enrollee to Anthem? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in the green-shaded areas a) and b). If No, skip to the yellow-shaded area c).					
Name of terminating insurance plan: _____					
a) Type of terminating plan: <input type="checkbox"/> HMO <input type="checkbox"/> Vivity <input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> CDHP <input type="checkbox"/> Other: _____					
Member ID and/or medical record number of terminating insurance plan: _____					
Name of PMG/IPA with terminating plan: _____ Name of new Anthem Blue Cross PMG/IPA: _____					
b) New Anthem Blue Cross plan: <input type="checkbox"/> HMO <input type="checkbox"/> Vivity <input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> CDHP <input type="checkbox"/> Other: _____					
c) Please provide the name of your doctor or hospital canceling your care or terminating with Anthem Blue Cross: _____					
Diagnosis (include pertinent history and physical findings): _____					

1. Do you have an upcoming appointment to see a specialist? Yes No If yes, please provide the applicable information below.

Specialist type	Provider name (last, first)	Provider address	Provider phone no.	Date of next office visit	Reason
Obstetrician for pregnancy					
Due date: (MMDDYYYY) Hospital for delivery: _____					
Applied behavior analysis (ABA) provider					
Blood or cancer specialist					
Heart specialist					
Infectious disease specialist					
Kidney specialist					
Licensed clinical psychologist					
Licensed clinical social worker (LCSW)					
Licensed marriage and family therapist (LMFT)					
Lung specialist					
Neurologist					
Orthopedic specialist					
Psychiatric/mental health nurse practitioner (PMHNP)					
Psychiatrist					
Other (please be specific):					

2. Are you currently receiving any of the following services? Yes No If yes, please provide the applicable information below.

Services	Facility	Company	Provider name	Provider address	Phone no.
Applied behavior analysis (ABA)					
Clinical laboratory					
Dialysis					
Home therapy					
Intensive outpatient					
IV medication/chemotherapy					
Medical equipment					
Medication assisted treatment					
Medication management for a behavioral health condition					
Occupational therapy					
Organ or stem cell/bone marrow transplant					
Outpatient electroconvulsive therapy					
Oxygen					
Partial hospitalization					
Physical therapy					
Psychological testing					
Radiation therapy					
Rehab treatment					
Residential care					
Speech therapy					
Transcranial magnetic stimulation					
Other (please be specific)					

3. Do you have any hospitalizations, surgeries or procedures scheduled? Yes No If yes, please provide the applicable information below.

Date scheduled (MM/DD/YYYY)	Type of surgery/procedure	
Name of physician performing surgery/procedure	Physician phone no.	Hospital/facility name

4. Requested start date for transition of care/continuity of care

Date (MM/DD/YYYY)

5. Other needs

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Signature required

I authorize Anthem Blue Cross to leave confidential information on my voicemail at the number(s) provided on the form above. Please check all that apply: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Do NOT leave confidential information on my voicemail		
Signature of patient if age 18 or over X	Printed name	Date (MM/DD/YYYY)
Signature of parent or guardian if patient is under age 18 X	Printed name	Date (MM/DD/YYYY)

**Continuity/Transition of Care Request Form
Authorized Disclosure Form
California**



Patient information

Patient last name	First name	M.I.	Date of birth (MM/DD/YYYY)
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Authorization – Signature required

I, _____ (patient's name) hereby authorize my provider to give the Anthem Blue Cross reviewing unit and/or Care Management any and all information and medical records pertaining to my current course of treatment as necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand that, with the exception of behavioral health services, the Anthem Blue Cross reviewing unit and/or Care Management may share information and discuss my care with my new primary care physician/medical group under my Anthem plan. I understand that the Anthem Blue Cross reviewing unit may need to contact my current provider in order to complete my request, and I authorize such communications. I understand that I can help by following up directly with my provider to let them know that I have requested transition assistance and need their cooperation.

Unless I specify otherwise on this form, I intend this authorized disclosure to include, if applicable, all substance use disorder records maintained by my provider about me pertaining to my current course of treatment and relevant to the transition assistance. I understand that my substance use disorder records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke (or cancel) this authorization at any time. I understand that I cannot cancel this authorization when this form has already been used to disclose information.

I understand that I am entitled to a copy of this authorization form.

Signature of patient if age 18 or over X	Printed name	Date (MM/DD/YYYY)
Signature of parent or guardian if patient is under age 18 X	Printed name	Date (MM/DD/YYYY)