



P.O. Box 70000
Van Nuys, CA 91470

Sutter Termination - HMO FAQs

Q: *Does this impact all Anthem members?*

A: HMO consumers assigned to Sutter physicians are being notified that they will be assigned to another primary care physician effective April 1. Those consumers will continue to have in-network access to Sutter facilities and doctors until that time.

Q: *What about other commercial members (PPO)? Will they be redirected to other providers?*

A: We continue to actively negotiate with Sutter in an effort to reach an agreement prior to April 1 when consumers covered by an HMO plan will be transitioned to another in-network physician should a deal not be reached. State regulations require us to notify HMO consumers 60 days in advance of any changes to their health plan, which is why we sent letters to these consumers on January 31. As for other commercial consumers (PPO plans) they can continue to see their Sutter physician as we have no plans at this time to divert them to another physician/facilities. It is our hope we will soon have a new agreement with Sutter.

Q: *What other participating Anthem network hospitals are available in the vicinity of the Sutter Hospitals?*

A: It is important to note, consumers with HMO health plans can continue to have in-network access to Sutter facilities and doctors for the time being.

However, Anthem has a broad, statewide hospital network of more than 300 acute care facilities. The Find a Doctor feature available on www.anthem.com/ca can be used to locate a participating hospital in a specific area. The file below provides a partial list of alternate participating general acute hospitals in the Sutter Health service area. Note, the alternate hospital(s) may not be participating in all Anthem networks. Anthem members will be advised to verify with both their provider and the Anthem Blue Cross website at www.anthem.com/ca that the alternate facility is participating in their benefit plan's network.

Q: *Does this impact CalPERS members PPO members?*

A: There is no impact to CalPERS PPO members, or other PPO consumers at this time. We continue to provide updates as negotiations continue.

Medical Management and network specific questions:

Q: *Do the receiving PCPs have capacity to accept Anthem's enrollees from Sutter Health?*

A: In preparation for the contract termination between Anthem Blue Cross and Sutter Health, 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 Sutter Health.



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Q: *What is Anthem doing to provide Continuity of Care / Transition Assistance services to members?*

A: Members wishing to request continuity of care should contact their new participating medical group or PCP. If an Anthem Blue Cross member began a course of treatment with Sutter Health before the March 31, 2019 transitional period end 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 January 1, 2019 and is scheduled within 180 days after the contract's termination date.

When a case is approved for continuity of care through Anthem's Transition Assistance Unit, the claim is processed at in-network benefit levels. Once a member is determined to be eligible for transition assistance, the member is only financially responsible for applicable deductibles, coinsurance and/or co-payments. If an Anthem Blue Cross member has one of the conditions that qualify for transition assistance listed above, but transition assistance does not approve the request (i.e. the member was not in a course of treatment with Sutter Health before the termination date), continuity of care will not be provided. 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.

Q: *What about members who need emergency medical care from a Sutter hospital following the contract termination date?*

A: A hospital's emergency medical services are considered a covered benefit and therefore do not require pre-authorization, regardless of where they are delivered. The Sutter hospitals must provide services for members requiring emergency care. Coverage will be provided according to the member's policy benefits. Anthem encourages members to make informed decisions about when to use urgent care as opposed to emergency room care. Urgent care is appropriate when a member needs a physician's attention for a condition that is non-life threatening. A member who needs urgent care should go to the nearest immediate or urgent care facility when his or her physician or network provider is unavailable.