

Provider notification process

This notice serves as a reminder of what to do if a provider who is part of the Anthem Blue Cross (Anthem) network terminates their contract, changes location, or changes the population they serve. This applies to both primary care physicians (PCPs) and all specialists.

Please adhere to the following guidelines:

- The provider should notify Anthem within a minimum of **120 calendar days** to ensure timely member notifications can be sent.
- The provider's termination and/or changes will become effective no less than **120 calendar days** after the notification is received.

The provider's decision to terminate from Anthem could impact participation in other Anthem lines of business and may prevent the provider from participating with Anthem in the future.

This is a contractual requirement. It is imperative that these minimum timelines be met to ensure members, the California Department of Health Care Services (DHCS), and the health plan are notified as required, ensuring systems are updated in a timely manner. Future instances of untimely notification may result in issuance of a corrective action plan, including but not limited to financial sanctions and/or a breach of contract notice.

Additional details and information can be found in the *Provider Manual*, available online at <https://providers.anthem.com/ca> > Resources > Provider Manuals, Policies & Guidelines > Medi-Cal Managed Care and Major Risk Medical Insurance Program Provider Manual.



Email is the quickest and most direct way to receive important information from Anthem Blue Cross.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3ILgko8>).

<https://providers.anthem.com/ca>

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