

Overview

Dignity Health issued a notice to terminate its Contracting Hospital Agreement with Anthem Blue Cross. It was Anthem Blue Cross's intent to reach reasonable contractual language and reimbursement rates that are beneficial to both organizations. Unfortunately, to date, Anthem Blue Cross and Dignity Health have been unable to reach agreement and the hospital contract with Dignity Health **terminated effective July 15, 2021**. Dignity Health includes the following hospitals located throughout California:

- Bakersfield Memorial Hospital (050036)
- California Hospital Medical Center (050149)
- Community Hospital of San Bernardino (050089)
- Dominican Santa Cruz Hospital (050242)
- French Hospital Medical Center (050232)
- Glendale Memorial Hospital & Health Ctr (050058)
- Marian Regional Med Ctr-Arroyo Grande (0050LP)
- Marian Medical Center (050107)
- Mark Twain St Joseph's Hospital (050366)
- Mercy General Hospital (050017)
- Mercy Hospital of Bakersfield (050295)
- Mercy Hospital of Folsom (050414)
- Mercy Medical Center – Mt Shasta (050419)
- Mercy Medical Center – Redding (050280)
- Mercy Medical Center Merced (050444)
- Mercy San Juan Medical Center (050516)
- Methodist Hospital of Sacramento (050590)
- Northridge Hospital Medical Center (050116)
- Sequoia Hospital (050197)
- Sierra Nevada Memorial Miners Hospital (050150)
- St Bernardine Medical Center (050129)
- St Elizabeth Community Hospital (050042)
- St Francis Memorial Hospital (050152)
- St. John's Pleasant Valley Hospital (0056L4)
- St John's Regional Medical Center (050082)
- St Joseph's Medical Center of Stockton (050084)
- St Mary Medical Center Long Beach (050191)
- St Mary's Medical Center (050457)
- Woodland Memorial Hospital (050127)

How Members are Affected

1. How do members know if their doctor will be affected by this hospital termination?

Many doctors have admitting privileges at more than one hospital. Just because a member's doctor may have admitting privileges at Dignity Health does not necessarily mean that a doctor cannot treat his or her patients at another participating hospital.

Physicians, Medical Groups, and Alternate Hospitals

2. What other participating hospitals are located near Dignity Health?

Anthem Blue Cross has a statewide hospital network of over 300 acute care facilities. The *Find a Doctor* function at www.anthem.com/ca can be used to locate a participating hospital in a specific area. You may also reference the list of alternate facilities for participating general acute care hospitals in the Dignity Health service area. ***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.*** For a **complete** list of contracted hospitals, as well as ambulatory surgical centers and other ancillary facilities, please see the Anthem Blue Cross website at www.anthem.com/ca.

3. Will Anthem Blue Cross notify PPO physicians about the contract termination?

Letters to admitting PPO physicians will be mailed immediately following the hospital's termination to inform them that the contract did in fact terminate while again asking that they gain alternate admitting privileges if they have not already done so. PPO physicians have agreed in their contracts to admit members to Anthem Blue Cross participating hospitals to ensure that each member receives the maximum benefit level under his or her benefit agreement. As the *Prudent Buyer Participating Physician Agreement* (the "Provider Agreement") requires PPO physicians to maintain privileges at a participating hospital, physicians with exclusive admitting privileges to Dignity Health needed to obtain admitting privileges at an alternate

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participating hospital prior to July 15, 2021 in order to continue the Provider Agreement. This will ensure that any necessary transition is as smooth and seamless as possible for them, their patients (our members) and the alternate participating hospital.

Post-Termination Care – Dignity Health

4. What if a member is in-patient at Dignity Health on the day the contract terminates?

If a member is in-patient at 11:59 PM the day before the contract terminates, then the member will continue to receive uninterrupted care at Dignity Health until he or she is discharged. In addition, the member's in-network benefit levels will apply for the entire in-patient stay.

5. What about members who need to complete a course of treatment (continuity of care) at Dignity Health after the contract termination date?

California law provides for completion of covered services/continuity of care for certain medical conditions following a provider's termination if, among other things, the provider and the plan agree on a rate of payment. The current contract between Anthem Blue Cross and Dignity Health has provisions that cover members for continuity of care/completion of covered services after the contract terminates. If a member began a course of treatment at Dignity Health before the contract termination date for one of the following conditions, the member or his or her physician can request continuity of care by calling Anthem Blue Cross at the toll-free customer service number, 1-844-971-0117, or the toll-free member services telephone number on their identification card:

- Members in an active course of treatment for an acute medical or behavioral health condition
- Members in an active course of treatment for a serious chronic condition
- Members who are pregnant, regardless of trimester
- Members with a maternal mental health condition diagnosed by their treating health care provider
- Members with a terminal illness
- Members who are newborn children between the ages of birth and 36 months

Continuity of care/completion of covered-services will be considered by the Anthem Blue Cross on a case-by-case basis. When a case is approved, the claim is 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 deductibles, coinsurance and/or co-payments. If an Anthem Blue Cross member has one of the conditions that qualify for Continuity of Care listed above, but Anthem Blue Cross does not approve the request (i.e., the member service was not planned and/or authorized prior to termination at one of the Dignity facilities before the termination date), a continuity of care approval 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.

6. If a member does not have access to an alternate participating provider or a particular service is not available elsewhere, can he or she receive that service from Dignity Health?

Anthem Blue Cross assures its members that they will have timely access to care. If a service is not available at an alternate participating provider, and benefit available for out-of-network, PPO members may request an out-of-network referral by contacting Anthem Blue Cross at the toll-free customer service number, 1-844-971-0117, or the toll-free member services number on their ID card. Requests will be reviewed on a case-by-case basis pursuant to the Anthem Blue Cross out-of-network referral policy. When an out-of-network referral is approved by Anthem Blue Cross, the member's in-network benefit levels will apply. However, because Dignity Health will no longer participate in the Anthem Blue Cross provider network, members may be responsible for higher out of pocket expenses, depending on their benefit plan. Every effort will be made to assist members in understanding the potential financial consequences of the decision to seek services from a non-participating provider.

7. What about members who need emergency medical care at Dignity Health following the contract's termination date?

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