Date: March 5, 2020

To: JLMBC

From: Staff

Subject: Projects & Activities Report

RECOMMENDATION
That the JLMBC (1) receive and file the projects and activities report regarding informational items, project updates, staffing summary, and upcoming meetings calendar for February 2020 and (2) identify a JLMBC member to replace former JLMBC member Cheryl Parisi on the Ad Hoc Governance Subcommittee.

DISCUSSION
Following are updates for the LAwell Civilian Benefits Program (LAwell Program) for February 2020:

A. Informational Items

- **WageWorks Updates** – As a follow-up from the February 4, 2020 JLMBC meeting in which WageWorks presented the annual plan review for the City’s tax advantaged spending accounts services for calendar year 2019, below are the responses to the questions posed by the JLMBC.

  1. **Question:** Are FastTrack toll road fees an eligible commuter expense?
     **Answer:** No. Section 132 of the Internal Revenue Code excludes FastTrack toll road fees as an eligible commuter expense.

  2. **Question:** Regarding customer service call quality, what are first-call resolution results?
     **Answer:** Approximately 84% of City participants’ inquiries were resolved the first time the participant called, with no additional follow-up required. This metric exceeds WageWorks’ standard benchmark of 80% for its overall book of business.

  3. **Question:** Regarding customer service quality, what are post-call customer survey satisfaction results?
     **Answer:** During 2019, 341 City participants completed a WageWorks post-call satisfaction survey. Approximately 86% of survey respondents indicated they were satisfied with their overall experience vs. 88% for WageWorks’ overall book of business.

- **Anthem Blue Cross (Anthem) Network Agreement Updates** – Staff provides monthly updates in the monthly projects & activities report regarding Anthem provider negotiations that may
potentially impact City members. Below is the monthly Anthem network update for February 2020.

1. **HealthCare Partners/City of Hope** – Anthem notified the City on February 6 that HealthCare Partners mailed a letter to impacted members notifying them of the termination of its direct contract with the City of Hope Medical Foundation effective April 1, 2020. The City of Hope Medical Foundation provides specialty care related to cancer treatment. A copy of HealthCare Partners’ letter is provided as Attachment B. Anthem confirmed with HealthCare Partners that 63 Narrow Network and Vivity HMO employees and dependents are impacted by this termination.

   This termination does not impact Anthem’s direct contractual relationship with City of Hope. HMO members who currently access HealthCare Partners as their medical group may: 1) remain with HealthCare Partners and request to be referred to another specialist; or 2) transfer to another medical group in accordance with the terms of the member’s Evidence of Coverage (EOC). Impacted members who wish to remain with HealthCare partners may request continuity of care with the terminated specialist for chronic, serious, or acute conditions by calling HealthCare Partners directly.

2. **Riverside Physician Network** – Anthem notified the City on February 10 that it will terminate its agreement with Riverside Physician Network effective March 31, 2020. Anthem indicates that Riverside Physician Network was acquired by PrimeCare of Riverside. The City has 19 Narrow Network HMO members utilizing Riverside Physician Network. Anthem mailed letters to impacted members on February 7, 2020 to inform them they will be transferred to alternate participating medical groups effective March 31, 2020. Copies of the letters are provided as Attachment C.

### B. Project Updates

- **Ad Hoc Governance Subcommittee: JLMBC Bylaws Review** – At its February 8, 2018 meeting, the JLMBC established an Ad Hoc Governance Subcommittee to work with staff to review the “Policies Governing the Joint Labor-Management Benefits Committee” bylaws and recommend revisions and updates as necessary to ensure sound governance practices. Staff has completed a draft of proposed revisions to the bylaws and is ready to move forward with a scheduling a meeting for the Ad Hoc Governance Subcommittee’s review.

The current members of the Ad Hoc Governance Subcommittee are Rich Llewellyn, Matthew Rudnick, and Chris Hannan. Cheryl Parisi, who retired in May 2018, was also a member of this Subcommittee. Accordingly, staff recommends that the JLMBC confirm a JLMBC member to replace former JLMBC member Cheryl Parisi on the Ad Hoc Governance Subcommittee. Subsequently, staff will work with Subcommittee members to convene the Ad Hoc Governance Subcommittee for review and discussion of the proposed revisions to the bylaws. Any recommendations adopted by the Subcommittee will then be presented to the JLMBC for further consideration.
• **Benefits Plan Administration and Communications Consulting Update** – At its November 7, 2019 meeting, the JLMBC approved release of a Request for Proposals (RFP) for two different benefits services: 1) Benefits Plan Administration Consulting Services and 2) Benefits Communication Consulting Services. The RFP for these two services was released on December 23, 2019. A mandatory pre-proposal conference was held on January 9, 2020. The deadline for submitting a proposal was February 6, 2020. Staff received two proposals from Keenan and Associates and The Segal Company. The two proposals are currently being evaluated for compliance with the City’s general contracting requirements. Staff will review and score those proposals that meet the City’s general requirements and anticipates presenting its recommendations to the JLMBC at its May 7, 2020 meeting.

• **Ad Hoc Plan Design Subcommittee** – At its May 17, 2019 meeting, the JLMBC established an Ad Hoc Plan Design Subcommittee to: (a) assess the current status of the LAwell Program plan and benefit menu design; (b) identify best practices in other comparable employer-sponsored programs; and (c) recommend strategies for design improvements consistent with the staffing and administrative resources available to support the LAwell Program. The first meeting of the Ad Hoc Plan Design Subcommittee was held on September 17, 2019. A second meeting, scheduled for February 12, 2020, was cancelled and is anticipated to be rescheduled in March 2020. Ongoing meetings will be scheduled as needed throughout 2020 to accomplish the work of the Subcommittee.

• **Affordable Care Act (ACA) Tax and Annual Reporting Update** – As previously reported to the JLMBC, staff worked with Ernst & Young and the City’s new benefits Third Party Administrator, Morneau Shepell, to provide ACA tax reporting services for the 2019 tax year. Final data to populate and generate the ACA related Internal Revenue Service (IRS) tax forms for all eligible employees was provided to Ernst & Young in mid-January. Staff completed its review of the tax forms and approved the forms for production and mail fulfillment in mid-February. Over 45,000 2019 ACA tax forms were mailed to City employees by the March 2, 2020 IRS deadline.

Under the ACA, fully-insured health plans such as Kaiser and Anthem are required to provide IRS Form 1095-B to demonstrate whether an individual and dependents had health insurance coverage during the calendar year. Both Kaiser and Anthem completed the mailing of Form 1095-B to eligible City employees.

To provide informational resources to City employees on the different tax forms they will receive from both the City and health plan carrier, the following communications materials completed by staff:

- **Citywide Newsletter Announcement** – The Personnel Department included an announcement regarding the ACA tax forms in its Citywide March 2020 newsletter. The newsletter included a link to the Frequently Asked Questions posted on the [www.keepingLAwell.com](http://www.keepingLAwell.com) website to answer commonly asked questions regarding the ACA and IRS tax forms.
• **Frequently Asked Questions (FAQs)** – An ACA FAQs has been posted on [www.keepingLAwell.com](http://www.keepingLAwell.com). The FAQs provide additional information on the ACA and includes links to questions and answers regarding the ACA on the IRS website.

• **Ernst & Young Call Center** – Starting in February 2020, Ernst & Young began providing call center support services for ACA calls. Staff provided a copy and reviewed the ACA FAQs with Ernst & Young to prepare their call center representatives for receiving questions from City employees related to the ACA IRS tax forms. Staff also provided instructions for the LAwell Benefits Service Center call center service representatives to refer calls to the Ernst & Young call center should employees call the LAwell Benefits Service Center regarding their ACA tax forms. Since the Citywide email was released and the mailing of the ACA tax forms, both the Ernst & Young call center and LAwell Benefits Service Center have received a minimal number of calls on this subject matter.

• **New Hire Benefits Presentations** – Staff conducted two CHOOSEwell new hire benefits presentations in the month of February. The department, date, and approximate attendance of the presentations is provided in the table below:

<table>
<thead>
<tr>
<th>Department</th>
<th>Date</th>
<th>Approximate Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreation &amp; Parks</td>
<td>February 13</td>
<td>60</td>
</tr>
<tr>
<td>Library</td>
<td>February 18</td>
<td>18</td>
</tr>
</tbody>
</table>

Staff will continue to provide ongoing new hire benefits presentations as requested by City departments throughout the calendar year. Additionally, staff is developing changes to its availability and capacity for delivering benefits presentations moving forward. An update is anticipated to be provided to the JLMBC at its next meeting.

**C. Staffing Summary**

Following is a summary of staff positions supporting the LAwell Program:

<table>
<thead>
<tr>
<th>Position Authority</th>
<th>Staff Member</th>
<th>Function</th>
<th>Est. % Allocated to LAwell Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Personnel Analyst</td>
<td>Steven Montagna</td>
<td>Division Chief</td>
<td>60%</td>
</tr>
<tr>
<td>Senior Management Analyst II</td>
<td>Jenny M. Yau</td>
<td>Governance-Wellness-Contracts/Procurements</td>
<td>60%</td>
</tr>
<tr>
<td>Senior Personnel Analyst II</td>
<td>Paul Makowski</td>
<td>Section Manager</td>
<td>100%</td>
</tr>
<tr>
<td>Senior Management Analyst I</td>
<td>Chuong Tran</td>
<td>TPA Administration/ACA/Member Services</td>
<td>100%</td>
</tr>
<tr>
<td>Senior Personnel Analyst I</td>
<td>Theodore Vasquez</td>
<td>Communications/Payroll/Contracts</td>
<td>100%</td>
</tr>
<tr>
<td>Senior Personnel Analyst I</td>
<td>Leo Reyes</td>
<td>Wellness Program Coordinator</td>
<td>100%</td>
</tr>
<tr>
<td>Personnel Analyst</td>
<td>Robyann Jumaoas</td>
<td>COBRA/Employee &amp; Family Assistance Program</td>
<td>100%</td>
</tr>
<tr>
<td>Personnel Analyst</td>
<td>Helen Georgeson</td>
<td>Participant Services/BPP/JLMBC</td>
<td>100%</td>
</tr>
<tr>
<td>Personnel Analyst</td>
<td>Vacant</td>
<td>Wellness Program Assistant</td>
<td>100%</td>
</tr>
<tr>
<td>Management Analyst</td>
<td>Eric Lan</td>
<td>Contractor Efficiency and Procurements</td>
<td>100%</td>
</tr>
<tr>
<td>Management Analyst</td>
<td>Susan Valencoure</td>
<td>FSA Administrator/Life Insurance Claims</td>
<td>100%</td>
</tr>
<tr>
<td>Benefits Specialist</td>
<td>Brianna Collins</td>
<td>Member Services Rep: A-F</td>
<td>100%</td>
</tr>
<tr>
<td>Benefits Specialist</td>
<td>Khia Moore</td>
<td>Member Services Rep: G-I / K-M</td>
<td>100%</td>
</tr>
<tr>
<td>Benefits Specialist</td>
<td>Ariana Alvarez</td>
<td>Member Services Rep: N-V</td>
<td>100%</td>
</tr>
<tr>
<td>Benefits Specialist</td>
<td>Maria Lopez</td>
<td>Member Services Rep: J, W, Z, Sworn</td>
<td>100%</td>
</tr>
</tbody>
</table>
D. Upcoming Meetings Calendar

Staff maintains a calendar of upcoming Board meetings and proposed topics (Attachment A). The calendar is subject to change based on Committee members’ availability.

Submitted by:  
Paul Makowski, Senior Personnel Analyst II

Approved by:  
Steven Montagna, Chief Personnel Analyst
<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>AGENDA ITEM</th>
<th>PRESENTATION (VENDOR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Apr-20</td>
<td>Benefits Service Provider Presentation</td>
<td>Anthem (Health Insurance)</td>
</tr>
<tr>
<td></td>
<td>2020 Open Enrollment Data Review</td>
<td>Morneau Shepell (Benefits Third-Party Administrator Services)</td>
</tr>
<tr>
<td></td>
<td>Health-Dental-Vision Procurements Development</td>
<td></td>
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<td></td>
<td>LIVEwell Program Update</td>
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<td></td>
<td>Monthly Projects &amp; Activities Report</td>
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</tr>
<tr>
<td>7-May-20</td>
<td>Benefits Service Provider Presentation</td>
<td>EyeMed (Vision Plan)</td>
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<tr>
<td></td>
<td>2021 LAwell Plan Design and Renewals</td>
<td></td>
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<tr>
<td></td>
<td>Benefits Plan Administration Consultant RFP Evaluation</td>
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<tr>
<td></td>
<td>Benefits Communications Consultant RFP Evaluation</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Monthly Projects &amp; Activities Report</td>
<td></td>
</tr>
<tr>
<td>21-May-20</td>
<td>2021 LAwell Plan Design and Renewals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Benefits Trust Fund Staffing Reimbursements</td>
<td></td>
</tr>
</tbody>
</table>
January 23, 2020

Dear HealthCare Partners Patient,

**IMPORTANT NEWS**

**Your Specialty Provider Will No Longer Be Contracted With HealthCare Partners Medical Group**

We understand that you may currently be receiving care from City of Hope Medical Foundation. This is to advise you that City of Hope Medical Foundation will no longer be contracted with HealthCare Partners Medical Group as of 03/31/2020. This termination will impact you if you are undergoing an active course of treatment from this physician.

**To continue with this specialty provider:**

You may be eligible to continue receiving care from your specialty provider following the termination. Continuation of care may require the terminated specialty provider to agree to the terms and conditions of the contract. Continued care from the terminated specialty provider may be provided for up to ninety (90) days or a longer period if:

- medically necessary for chronic, serious or acute conditions, or
- through postpartum for pregnancy related conditions, or
- until your care can safely be transferred to another provider.

All requests for continuity of care will be considered on a case-by-case basis and will require prior authorization.

**Will Your Medical Benefits Change?**

No. All of your benefits and services through your health plan will remain the same.

**Will You Continue to See Your Same Primary Care Physician?**

Yes. You will still see the same primary care physician who will continue to coordinate your care.
What Options Are Available To Me For Specialty Care?

To transfer care to another specialty provider:

Please call your primary care physician to request a referral to another specialty provider within HealthCare Partners Medical Group. Please see the enclosed insert for HCP clinic sites and available providers.

You may request permission to continue receiving treatment from the terminated specialty provider beyond the termination date by calling your HealthCare Partners Primary Care Physician. Your primary care doctor in consultation with your terminated specialty provider will determine the best way to manage your ongoing care.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact the Healthcare Partners Patient Support Center at 1-800-403-4160, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-888-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at http://www.hmohelp.ca.gov.

If you need further assistance, please contact HealthCare Partners Patient Support at 1-800-403-4160 (TTY user’s call 711) between the hours of 8 AM and 5 PM Monday through Friday.

Sincerely,

HealthCare Partners Medical Group
It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

LPE-DM [CA] (10/2016)
Get help in your language

Notice of Language Assistance

Curious to know what all this says? We would be too. Here’s the English version:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-888-254-2721. (TTY/TDD: 711)

Arabic

ممكن أن تقرأ هذه الرسالة؟ إذا لم تستطع، فكنت الاعداد لشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا باللغة العربية. للحصول على المساعدة المجانية، يرجى الاتصال فورًا بالرقم 1-888-254-2721. (TTY/TDD: 711)

Armenian

Ակնառություն: Հանդիպում եք այս գրառության դեմ? եթույթ չի՞ ինչպես մետ փոխել տեքստի բջիջի մեջ։ Հեռախոս համարին սպասարկվում է հետևյալ համարը՝ 1-888-254-2721. (TTY/TDD: 711)

Chinese

重要事项：您能看懂这封信吗？如果您看不懂，我们可以找人帮助您。您有可能可以获取用您的语言编写的本信函。如需免费协助，请立即拨打1-888-254-2721。 (TTY/TDD: 711)

Farsi

همه‌ای می‌توانند این نام‌ را بخوانند؟ اگر نعم، می‌توانیم شخصی به شما معرفی کنیم تا در خواندن این نام شما را کمک کنند. ممکن است این نام‌ را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، می‌توانید با شماره 1-888-254-2721 تماس بگیرید. (TTY/TDD: 711)

Hindi

क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उपलब्ध करा सकते हैं। आप यह पत्र अपनी आशा में लिखवाने में भी सक्षम हो सकते हैं। निष्कर्ष मदद के लिए, कृपया 1-888-254-2721 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm cia lwm tus pab nyeem rau koi mloog. Tsis tas li ntawv tej zaum koi kuj tseeum yuav tau tais daim ntawv no sau ua koi hom lus thiab. Txog rau kev peb dawb, thov hu tam sim no rau tus xov tooj 1-888-254-2721. (TTY/TDD: 711)

Japanese

重要：この書簡を読めますか？もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたものを入手することもできます。次回にございます電話して、無料支援を受けてください。1-888-254-2721 (TTY/TDD: 711)

Khmer

ខ្មែរ: អត្ថប្រយោជន៍ជាមួយអ្នក? អង្កាយអាចបង្កើតប្រយោជន៍នៅក្នុងជញ្ជាំងអំពីការជួយអ្នក។ សូមទូរស័ព្ទទៅកាន់ ឯកសារអំពីសេវាកម្ម មេប្រុងប្រែប្រុងជាពិសេស 1-888-254-2721 (TTY/TDD: 711)
February 7, 2020

Dear 【FNAME】 【LNAME】:

Our records indicate that you are currently assigned to 【Riverside Physician Network】. This letter is to inform you that 【Riverside Physician Network】’s CaliforniaCare agreement with 【Anthem Blue Cross】 will terminate effective March 31, 2020. As a result, it will no longer be part of the 【Anthem Blue Cross】 commercial HMO Network.

There is nothing you need to do. We understand the importance of maintaining the patient/doctor relationship. Every effort will be made to keep you assigned with your current primary care physician if he or she practices with another 【Anthem Blue Cross】 participating medical group.

A new 【Anthem Blue Cross】 identification (ID) card will be mailed to you no later than five days before the March 31, 2020 effective date. We encourage you to contact your new medical group once you receive your new ID card and familiarize yourself with the medical group. For example, the specialists and hospitals used by the new medical group may be different from those offered by 【Riverside Physician Network】. You will also be able to use the Find a Doctor Internet feature available on 【anthem.com/ca】 to see the physicians available to you.

What if I want to select a different doctor or medical group?

Once you receive your new ID card, if you wish to choose another 【Anthem Blue Cross】 primary care physician within your area, you can use the Find a Doctor feature available at 【anthem.com/ca】 or contact us using the toll-free number on your current ID card.

What if I am currently receiving care from 【Riverside Physician Network】?

We realize that if you are in a course of treatment, it’s important to not interrupt that care. Please contact us using the toll-free number on your current ID card if you:

- Are pregnant
- Have a maternal mental health condition diagnosed by your treating health care provider
- Currently receiving ongoing medical care
- Have a newborn child up to 36 months old who is receiving care
- Have a current authorization for health care services
- Otherwise concerned that this change will disrupt your care

You can request completion of care or ask for further explanation of your rights to continued care. An 【Anthem Blue Cross】 Customer Service representative can assist you. Eligibility for continuity of care depends on factors outlined in your Evidence of Coverage and the 【Anthem Blue Cross】 Continuity of Care Policy. You can access and print Continuity of Care Policy online by visiting our website, 【www.anthem.com/ca】. Begin by clicking on the Individual & Family tab. Under the Support Column, select ‘FAQS’ to arrive at the State FAQs. Next select the box entitled ‘Benefits & Claims’ to arrive at a listing of questions. Click on the plus (+) sign next to the question, “How do I request transition/continuity of care?” to obtain the response along with a link to the “Continuity of Care, Transition of Care Policy”. Click on the link to access the policy.

【Anthem Blue Cross】 is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. 【Anthem】 is a registered trademark of 【Anthem Insurance Companies, Inc.】.
Who do I contact if I have more questions or concerns?

Anthem Blue Cross is required by law to provide you with the following information:

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your health plan's customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number, 1-888-466-2219, or at a TDD number for the deaf or hard of hearing at 1-877-688-9891, or online at www.dmhc.ca.gov.

Are my health care benefits changing?

No, your enrollment in your Anthem Blue Cross plan remains the same and is not otherwise affected in any way. As always, if you receive a bill for covered services other than co-payments, co-insurance, or deductibles, please call Anthem Blue Cross Customer Service at the telephone number on your ID card so that it can be reviewed by our staff.

Your health care needs are very important to us, and we are committed to providing you with exceptional service. Please be assured that your health care coverage will not be interrupted and that this change will not result in a change to your covered benefits.

Si usted necesita asistencia en español, por favor llame al Departamento de Servicio al Cliente de Anthem Blue Cross al número de teléfono gratis en su tarjeta de identificación.

Sincerely,

Anthem Blue Cross
Dear Anthem Blue Cross Member:

Our records indicate that you are currently assigned to Riverside Physician Network. This letter is to inform you that Riverside Physician Network’s CaliforniaCare agreement with Anthem Blue Cross will terminate effective March 31, 2020. As a result of this termination, you will be reassigned to PrimeCare Medical Group of Riverside (henceforth “PrimeCare of Riverside”).

There is nothing you need to do. We understand the importance of maintaining the patient/doctor relationship. Every effort will be made to keep you assigned with your current primary care physician through his or her affiliation with PrimeCare of Riverside.

A new Anthem Blue Cross identification (ID) card will be mailed to you no later than five days before the March 31, 2020 effective date. We encourage you to contact PrimeCare of Riverside once you receive your new ID card to familiarize yourself with the new medical group, as the specialists and hospitals used by PrimeCare of Riverside may be different from those offered by Riverside Physician Network. You will also be able to use the Find a Doctor Internet feature available on anthem.com/ca to see the physicians available to you.

What if I want to select a different doctor or medical group?

Once you receive your new ID card, if you wish to choose another Anthem Blue Cross primary care physician within your area, you can use the Find a Doctor feature available at anthem.com/ca, or contact us using the toll-free number on your current ID card.

What if I am currently receiving care from Riverside Physician Network?

We realize that if you are in a course of treatment, it’s important to not interrupt that care. If you wish to request continuity of care, please contact PrimeCare of Riverside if you:

- Are pregnant
- Have a maternal mental health condition diagnosed by your treating health care provider
- Have a serious chronic condition
- Have a newborn child up to 36 months old who is receiving care
- Have an authorization for surgery or other procedure
- Have a terminal illness
- Have an acute condition

You can request completion of care or ask for further explanation of your rights to continued care. An Anthem Blue Cross Customer Service representative can assist you. Eligibility for continuity of care depends on factors outlined in your Evidence of Coverage and the Anthem Blue Cross Continuity of Care Policy. You can access and print Continuity of Care Policy online by visiting our website, www.anthem.com/ca. Begin by clicking on the Individual & Family tab. Under the Support Column, select ‘FAQS’ to arrive at the State FAQs. Next select the box entitled ‘Benefits & Claims’ to arrive at a listing of questions. Click on the plus (+) sign next to the question, “How do I request transition/continuity of care?” to obtain the response along with a link to the “Continuity of Care, Transition of Care Policy”. Click on the link to access the policy.

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Who do I contact if I have more questions or concerns?

Anthem Blue Cross is required by law to provide you with the following information:

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your health plan’s customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number, 1-888-466-2219, or at a TDD number for the deaf or hard of hearing at 1-877-688-9891, or online at www.dmhc.ca.gov.

Are my health care benefits changing?

No, your enrollment in your Anthem Blue Cross plan remains the same and is not otherwise affected in any way. As always, if you receive a bill for covered services other than co-payments, co-insurance, or deductibles, please call Anthem Blue Cross Customer Service at the telephone number on your ID card so that it can be reviewed by our staff.

Your health care needs are very important to us, and we are committed to providing you with exceptional service. Please be assured that your health care coverage will not be interrupted and that this change will not result in a change to your covered benefits.

Si usted necesita asistencia en español, por favor llame al Departamento de Servicio al Cliente de Anthem Blue Cross al número de teléfono gratis en su tarjeta de identificación.

Sincerely,

Anthem Blue Cross