



## **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 his/her contract, changes location or changes the population they serve.

The following guidelines must be followed:

- 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 we receive notification.
- 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 Managed Health Care, the California Department of Health Care Services 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.

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

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