



Anthem – Scripps Contract Meeting FAQ's

1. What do you need to know about the contract negotiations between Anthem and Scripps?

Answer: Every 2-3 years, providers, medical groups, and hospitals send notices of termination to carriers like Anthem to initiate contract negotiations. Usually regarding reimbursement rates. While these notices might sound alarming, they rarely lead to actual terminations or network disruptions. This case has received attention because the contract negotiations between Anthem and Scripps are nearing a critical point, with less than 30 days until the contract could end.

2. How often do contract terminations like this happen?

Answer: Contract terminations between healthcare providers and insurance carriers are a common industry practice. They happen multiple times each year, and most terminations are resolved within 3 months or less. Notable examples include large medical groups like Providence and Sutter Health, which have also been in similar negotiations with Anthem.

3. Does this contract negotiation impact all Anthem plans?

Answer: The Anthem – Scripps contract termination impacts both PPO and HMO active and under-65 retiree plans that are part of Anthem. However, if you are a member of the **EGWP PPO plan** or **Companion Care plan** (for retirees aged 65+), and you use a Medicare contracted provider, then you are not affected by these negotiations because Medicare is your primary coverage.

4. Does this affect Kaiser members?

Answer: No, this situation does not impact Kaiser members, as their network and contract are separate from Anthem and Scripps.

5. If the contract ends, what will happen to my access to Scripps providers?

Answer: If the contract is not renewed by December 31, 2024, Anthem members will no longer have in-network access to Scripps facilities and providers starting January 1, 2025. However, in the case of an emergency, you will still have access to Scripps for stabilization of your condition. After stabilization, you would need to move to an in-network facility.

6. What should I do if I am currently undergoing medical treatment (e.g., cancer treatment, pregnancy care)?

Answer: If you are undergoing active treatment and the contract ends, you can request **continuity of care** by contacting Anthem's customer service. If approved, continuity of care ensures you can continue receiving care without disruption, even if the contract ends. Anthem will also help you find a new in-network provider, if necessary, when appropriate.

7. How do I stay updated on the status of the contract negotiations?

Answer: Anthem has created a website where you can check the latest updates on the contract situation, <https://www.anthem.com/ca/scrippshealth/>. You can also call Anthem customer service for up-to-date information about providers and network changes.

8. What happens if an agreement is not reached before December 31, 2024?

Answer: If an agreement is not reached by December 31, 2024, then Scripps providers and facilities will be considered out-of-network on the Anthem PPO and HMO plans. You can search for other in-network providers through Anthem's website or [Sydney app](#). Keep in mind that you may be temporarily assigned a new provider starting January 1, 2025, but you can request a change if desired.

9. Will this affect my ability to get prescription refills?

Answer: No, this situation does not affect your prescription benefits. If you already have a prescription from a Scripps provider, it will remain valid, even if the contract ends. Your prescription will continue to be processed through the pharmacy, and the prescription will remain valid for the duration of its term.

10. How can I choose a new provider?

Answer: You can search for Anthem's full network of providers through their [website](#) or the [Anthem Sydney app](#). The app allows you to view your benefits, claims history, and digital ID card, making it a convenient option for managing your care. Additionally, the Anthem customer service team can provide you with a list of available providers in your area.

11. If the contract is successfully negotiated, what happens?

Answer: If the agreement is reached before the contract termination date (December 31, 2024), you will not experience any disruption in your care. If you are moved to a different provider due to the negotiations, you can contact Anthem customer service to request a return to your original provider once the new agreement is finalized.

12. What if I have surgery scheduled after December 31, 2024, and my provider is no longer in-network?

Answer: If your provider is no longer in-network after the contract ends, you may need to find another surgeon or provider. However, if the surgery is part of an ongoing treatment plan, you may be able to temporarily continue care with your current provider by contacting Anthem member services.

13. Will behavioral health services be impacted by these negotiations?

Answer: No, behavioral health services are managed separately from your medical group and will not be affected by these contract negotiations. You can continue to access behavioral health care as usual.

14. How do I get help with continuity of care if I am receiving treatment?

Answer: If you are currently receiving treatment, especially for ongoing conditions like cancer or pregnancy, you can call Anthem customer service to request **continuity of care**. This ensures that you can continue your care with your current provider without interruption, even if the contract ends.

15. Does this impact other medical plans beyond the Anthem PPO and HMO?

Answer: This negotiation primarily affects Anthem PPO and HMO plans. If you are enrolled in a different plan, such as a dental or vision plan, there should not be any impact. However, if you have specific concerns, it is best to reach out to Anthem for confirmation.