

Joint announcement to end delegation in Ohio

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Anthem Blue Cross and Blue Shield (Anthem) and agilon health,* doing business in Ohio as CORE Care Select (CCS), have been partners in a value-based relationship providing Anthem members enrolled in Medicare Advantage with high-quality services to enable them to achieve their best health. The strong relationship between Anthem and CCS continues to grow, and in light of that growth, the time was right to re-evaluate our processes and make some revisions.

The current agreement between Anthem and CCS included delegation of certain Anthem functions to CCS (utilization management, claims payment, provider services, etc.) for members attributed to providers affiliated with CCS (listed below). Anthem and CCS have mutually decided to discontinue the delegation components of our agreement at the end of 2020:

- COPC Senior Care Advantage — a partnership with Central Ohio Primary Care Physicians
- Paradigm Senior Care Advantage — a partnership with Pioneer Physicians Network
- Greater Dayton Senior Care Advantage — a partnership with Premier Integrated Medical Associates (PriMed Physicians)
- Trusted Senior Care Advantage — a partnership with the Physicians Group of Southeastern Ohio

This change will become effective on January 1, 2021, for dates of service on that date and beyond. CCS will continue to manage all runout for service dates that occurred in 2020.

Effective January 1, 2021, member ID cards will no longer include the Senior Care Advantage names identified above, but will continue to include the name of the member's designated primary care provider.

This decision was arrived at jointly and will mark an end to the three-year period of delegation. Steve Sells, agilon's CEO, stated that it was time to focus on areas where the company could create the greatest positive impact for their partners and the patients they serve. Anthem's Kelly Owen, Regional Vice President, Ohio Provider Collaboration, acknowledged that this chosen path plays to both parties' respective strengths and reiterated that the partnership between Anthem and agilon health remains strong.

Q&A:

1. When will this change become effective?

Delegation of certain services granted by Anthem to CCS will end as of midnight on December 31, 2020.

2. What are the specific services affected?

Utilization management, claims payment services, credentialing, provider services and care management.

3. What impact will this change have on Anthem members enrolled in Medicare Advantage in 2021?

Members will receive new ID cards, which will no longer show the name of the Senior Care Advantage program on their face. Otherwise, the members should experience no other changes.

4. Will members be asked to change their primary care physician as a result of this?

No, members may continue with their designated primary care physician as they have in the past. As always, members may change their PCP at any time by contacting Anthem Member Services at the number on the back of their ID card.

5. What happens if my claim is sent to CCS for a service received in 2021?

The claim will be denied back to the provider with instructions to file the claim to the local Anthem location.

6. What happens to an authorization I had approved by CCS in 2020 for a service that won't occur until 2021?

CCS will send Anthem a file of all approved, open authorizations for dates of service in 2021 so that Anthem can apply them appropriately as claims are received.

7. Will members be able to track their claims on Anthem's Member Portal?

Yes, all claims with dates of service in 2021 will be displayed on this portal.

8. Where do I call next year if I have a question on how a claim was paid in 2020?

CCS will continue to support the Provider Services line (1-833-440-5652) well into 2021 to address any questions on claims incurred in 2020.

9. What if I had a contract with CCS but not with Anthem's Medicare Advantage network? Must I stop seeing Anthem patients enrolled in Medicare Advantage in 2021?

These members will only have in-network benefits when covered services are rendered by a provider contracted with Anthem for the member's plan.

10. What if a patient is admitted to a facility in late December 2020 and is not discharged until January 2021? Where is this claim sent for processing?

CCS will be responsible for any admissions that begin prior to January 1, 2021, even when the member remains inpatient after January 1, 2021. CCS will also continue to provide concurrent review services for members admitted prior to January 1, 2021, until the member is discharged.

* agilon health is an independent company providing physician support services on behalf of Anthem Blue Cross and Blue Shield.

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