

**How to comply with [All Plan Letter 21-003](#),
Medi-Cal Network Provider and Subcontractor Terminations,
for Blue Shield of California Promise Health Plan Medi-Cal Network Providers**

In accordance with the Department of Health Care Services (DHCS), Blue Shield Promise members are required to receive at least 30 days' prior notice of an upcoming physician termination, including specialist or specialty group termination. Because Blue Shield Promise does not assign members to specialist physicians/specialty groups, the responsibility to notify the member of upcoming specialist terminations rests with the provider.

Notification process

The table below describes what to do when a specialist terminates from your group.

What	How	When
1 Identify impacted members.	Impacted members include those seen regularly by the specialist or specialty group whose contract is terminating.	When a specialist or specialty group terminates.
2 Notify impacted members in writing.	Refer to the member notification letter requirements on the next page of this document.	At least 30 days prior to the specialist's effective termination date.
3 Send a Specialist Termination Report to Blue Shield Promise, including: <ul style="list-style-type: none"> • Provider information • Number of impacted members • Date (or date range) on which notification letters were sent to impacted members 	<ul style="list-style-type: none"> • Download the IPA Specialist Terminations Report Template from the All Plan Letters Summaries page on Provider Connection. • Complete the report and save the file with your group name and month/year (e.g., <i>MyIPA_Specialist_Term_Report_May2022</i>) • Email the completed report to the Delegation Oversight Department to BSCPHP_TermNotices@blueshieldca.com with the subject line "Specialist Terminations." • If you need assistance, please contact Provider Services at (800) 468-9935 between 6 a.m. and 6:30 p.m., Monday through Friday. 	<p>By the 10th of each month for the prior month's data.</p> <p>Please note: The specialist termination monthly report does not negate any required reporting due to Provider Operations, as set forth in the Blue Shield Promise Provider Operations Manual.</p>

[How to comply with All Plan Letter 21-003,](#)
[Medi-Cal Network Provider and Subcontractor Terminations,](#)
for Blue Shield of California Promise Health Plan Medi-Cal Network Providers

Member notification letter requirements

Per APL 21-003, member notification letters must include, at a minimum, the information outlined below.

- Effective date of the contract termination;
- A description of how the contract termination will impact the member's access to covered services, if applicable;
- Name of the terminating/terminated Network Provider/Subcontractor;
- Name of the new Network Provider/Subcontractor that the member is being assigned to, if applicable;
- Member rights information on how to request a new provider if the member elects to change from the provider the MCP reassigned them to;
- If applicable, the name of another hospital the member will be assigned to or can access in the service area;
- All language required by HSC section 1373.65, including the member's continuity of care (C.O.C.) rights to the terminating/terminated Network Provider/Subcontractor, unless the Network Provider/Subcontractor has been excluded from participating in the Medi-Cal Program (exception: member notices for County Organized Health System plans may omit non-applicable requirements from the notice); and
- Language providing the member with the MCP's Member Services telephone number and the toll-free telephone number of DHCS' Office of the Ombudsman.

If a contract is successfully renegotiated with a Network Provider/Subcontractor before the effective date of the contract termination, and member notices were already mailed out, the MCP must mail another notice to inform members that the contract is not being terminated. MCPs may submit a template notice for DHCS approval and must include, at a minimum:

- An explanation that an agreement has been reached with the Network Provider/Subcontractor;
- An explanation of the member's option to remain with, or change Network Providers;
- All language required by HSC section 1373.65; and¹⁶
- The MCP's Member Services telephone number and the toll-free telephone number of DHCS' Office of the Ombudsman.

[How to comply with All Plan Letter 21-003,](#)
[Medi-Cal Network Provider and Subcontractor Terminations,](#)
for Blue Shield of California Promise Health Plan Medi-Cal Network Providers

Audit information

- Blue Shield Promise's Delegation Oversight Team will audit providers on this process (including checking policies and procedures) during its annual delegation audit process. Audit points include how your organization:
 - Identifies "affected members" regularly seen by a specialist or specialty group;
 - Informs affected members of the specialist/specialty group termination; and
 - Assigns or directs affected members to select another specialist or specialty group.
- In addition, your provider organization is required to maintain copies of all notification correspondence sent to affected members.