The California attorney general's office has subpoenaed several large hospital networks in the state as part of a civil investigation into hospital consolidation and potential antitrust issues.

Hospital chains that reportedly received subpoenas include Dignity Health, Sutter Health, Scripps Health, Sharp HealthCare, and the Cottage Health System. According to a Sept. 13 story in the Wall Street Journal, which cited “individuals familiar with the matter,” the state is looking into hospital consolidation, closer ties between hospital networks and physician groups, and potential antitrust violations.

Some healthcare systems acknowledged receiving subpoenas while others declined to comment or did not respond to calls from California Healthfax seeking comment. A spokesperson for California Attorney General Kamala Harris declined to comment on the matter.

Sharp HealthCare said it received a request for information from the state attorney general: “We received a subpoena requesting documents and we know that a number of other health systems and hospitals in California also received subpoenas in connection with the Attorney General’s inquiry. We have provided documents in response to the subpoena.”

Scripps Health issued a similar response, noting that the “focus of the subpoena appears to be related to antitrust issues” and that it complied with requests for information.

A spokesperson for Sutter Health declined to comment, noting that “our practice is to comment only on matters of public record.” Dignity Health and the Cottage Health System did not return calls seeking comment on the matter.

The five hospital chains collectively operate 72 hospitals in the state. Dignity Health operates 30 hospitals and Sutter Health has 27 hospitals located primarily in Northern California. Sharp Healthcare operates six hospitals and Scripps Health has five hospitals all located in San Diego County. Cottage Health System operates four hospitals and is based in Santa Barbara.

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Top Stories

Hospital Consolidations cont.

While not citing the investigation specifically, California Hospital Association President C. Duane Dauner said many hospitals choose to become part of larger systems because of the financial, administrative, and clinical benefits. "Many individual hospitals could not meet the state’s expensive earthquake construction requirement without the financial strength of a larger system,” said Dauner. "Similarly, hospital systems can provide each institution within the system with administrative and clinical services and support which an individual hospital cannot provide on its own.”

Dauner also touched on the trend of hospital chains establishing closer ties with physician groups and insurers, noting that relationships such as ACOs are being encouraged under federal healthcare reform. “Criticism of hospitals that are responding to the demands of federal and state laws is unwarranted,” said Dauner. “Those who manufacture such allegations fail to look at the demands being placed on hospitals or the expectations being created by federal and state laws.”

A study on the relationship between hospital consolidation and healthcare costs was published in 2010 in the journal Health Affairs. It found that hospital consolidation in California had shifted power to providers and resulted in “higher payment rates and premiums,” though a review of the study conducted by the American Hospital Association suggested the data it used was primarily anecdotal.

Gerald Kominski, director of the UCLA Center for Health Policy Research, said hospital consolidation is being driven by a number of factors. "On the one hand, efforts to promote ACOs favor consolidation and closer affiliation between hospitals and physician groups," said Kominski. “On the other hand, economic theory, antitrust law, and empirical evidence indicate that consolidation leads to higher prices.” He added that antitrust concerns are primarily an issue in urban areas and that “most hospital chains avoid acquiring multiple hospitals in close geographic proximity to avoid the appearance and reality of market concentration.”

Overall, Kominski said consolidations “improve the negotiating power of hospital chains with insurers” and that the increased power "probably results in higher prices to insurers and then to the purchasers of insurance.” —Doug Desjardins

Association Sues Health Net for Denying Patient Claims

Dispute centers on ‘medically necessary’ procedures

A Los Angeles professional association representing physicians has filed a lawsuit against Health Net alleging the insurer has denied claims made by patients

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Gov. Jerry Brown has signed legislation that will require all newborn infants in California hospitals to be screened for critical congenital heart disease (CCHD) before they are discharged. Assembly Bill 1731 was authored by Marty Block (D-San Diego) and sponsored by the March of Dimes. Starting July 1, 2013, hospitals will be required to conduct pulse oximetry screenings for CCHD within 48 hours of an infant's birth. According to the March of Dimes, CCHD is the leading cause of birth defect-related infant deaths in California and accounts for 30 fatalities in the state each year. The March of Dimes said those deaths "can be prevented if CCHD is detected and treated early."

HealthCare Partners LLC has acquired Arta Health Network and Arta Medical Group. The acquisition of the 800-member independent physician group and health network based in Irvine expands HealthCare Partners' physician network in Southern California. Terms of the deal were not disclosed. "Arta further expands our geographic coverage in Orange County, allowing us to provide quality, cost-effective healthcare for a growing number of Californians," said Robert Margolis, MD, chairman and CEO of HealthCare Partners. The acquisition of Arta includes Western Medical Management, a management services organization affiliated with Arta. The acquisition was the second in September for HealthCare Partners, a Torrance-based medical group operator with operations in California, Florida, Nevada, and New Mexico. Earlier

for procedures it did not deem medically necessary.

The lawsuit—filed in Los Angeles Superior Court by the Los Angeles County Medical Association (LACMA) and two Health Net plan members—charges Health Net with "unfair and unlawful business practices" and claims that "unless Health Net is restrained, they will continue to commit acts to cause irreparable harm and injury to the public."

One patient represented in the case said he had to pay for surgery he needed for a rare form of prostate cancer after Health Net refused to approve it. A second patient said she was denied payment for a procedure to remedy chronic neck pain, a decision that was later reversed when the California Department of Insurance ruled that Health Net should cover the procedure. William Shernoff, lead attorney for the lawsuit that is seeking injunctive relief and damages for the two patients, said claim denials "are a huge problem for thousands of policyholders who are routinely refused coverage for necessary medical procedures."

In a statement, Health Net defended its decisions and said it was following state guidelines. "Medical care is complex and sometimes there are differing medical opinions as to what constitutes medically necessary care. In these instances, Health Net carefully follows the guidelines established by the state of California's two regulators, the Department of Managed Health Care (DMHC) and the California Department of Insurance. The statement added that, when claims are denied, patients have access to "regulatory procedures that provide a ready path for a member to seek a review of Health Net decisions made by medical professionals who are not affiliated with Health Net."

The lawsuit is the latest in a series of disputes between physician groups and insurers in the state. In July, the California Medical Association (CMA) and more than 60 individual physicians filed a lawsuit against Aetna claiming the insurer was threatening to deny coverage to patients for services provided by out-of-network physicians even under plans that allowed out-of-network care. Aetna claims the lawsuit was filed in retaliation for a suit it filed in February by out-of-network physicians claiming that physicians were referring patients to surgery centers that charged inflated prices.

In August, the Department of Managed Health Care ordered Anthem Blue Cross to stop attempts to collect reimbursements from physicians for overbilled medical claims. The intervention by the DMHC was made at the request of the CMA, which said dozens of physicians had complained that Anthem was seeking reimbursements for claims that were more than a year old in violation of state law. Anthem said it was attempting to collect on claims that were the result of double-billing, which is an exception to the state's one-year limit. —Doug Desjardins

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this month, it acquired ABQ Health Partners in New Mexico.

» Dozens of Filipino employees at Delano Regional Medical Center will share in a $1 million settlement stemming from a lawsuit that accused the hospital of singling out Filipino employees for speaking a language other than English at work. According to an Associated Press report, the lawsuit filed against the hospital by the Asian Pacific American Legal Center and the U.S. Equal Opportunity Employment Commission alleged that Delano Regional reprimanded Filipino employees for speaking Tagalog and other Filipino languages but did not do the same to employees who spoke other languages such as Spanish. Approximately 70 Filipino employees said they were called into a workplace meeting in 2006 and told not to speak in their native language while at work but alleged the meeting was not attended by other workers who spoke a foreign language. In a statement, Delano Regional Medical Center said it did nothing wrong and was simply enforcing its policy, which requires workers to speak either English or a patient’s preferred language while providing care at work. As part of the settlement, the 156-bed acute care hospital agreed to develop stronger protocols for handling complaints about discrimination in the workplace.

» Kaiser Permanente opened the new Orange County Anaheim Medical Center on Sept. 12. The 262-bed replacement hospital features private
rooms, 36 emergency department bays, 10 operating rooms, 10 labor and delivery rooms, and 20 neonatal intensive care beds. The new campus, located several miles away from the Kaiser Permanente Lakeview Hospital that it replaced, also features a parking structure with 1,600 spaces, a helicopter landing pad for transporting trauma patients, and a three-acre Healing Garden for patients and hospital visitors. "The new Anaheim Medical Center has been created as a 'Sanctuary of Healing,' providing the very best in healthcare services," said Julie Miller-Phipps, senior VP and executive director of Kaiser Permanente Orange County.

The board of directors for St. Rose Hospital in Hayward voted to sign a letter-of-intent to sell the hospital to Alecto Healthcare Services, a company owned by former Prime Healthcare CEO Lex Reddy. "Alecto is keenly aware of the role St. Rose plays in providing top quality healthcare to Hayward and the surrounding communities," said Reddy in a prepared statement. "Its survival is essential to the continuity of care and well-being of all who look to the hospital for care." St. Rose said it has been losing up to $1 million per month and needed to find a buyer that would turn it around financially. The sale must still be approved by the state’s attorney general.

The state of California will begin offering scholarships to medical students who agree to serve a minimum of three years in an underserved region of the state after graduation. The scholarship program was established under Assembly Bill 589, authored by assembly member Henry Perea (D-Fresno) and signed into law this month by Gov. Jerry Brown. Under the program, medical students will be eligible for up to $105,000 in scholarship funding. "California will soon have millions of newly insured patients with the implementation of healthcare reform and ensuring that there are enough physicians working where those patients are is crucial to those patients getting treated," said James T. Hay, president of the California Medical Association, which supported the bill. Perea said the program is mutually beneficial, providing students with money for medical school while ensuring that residents in rural and underserved areas have access to care. "This scholarship program will improve opportunities for students who want to serve in rural areas but can’t afford medical school," said Perea.

A new report on obesity found that 23.8% of California residents are obese and estimates that number could rise to 46% by 2030 if current trends continue. The report conducted by the Trust for America’s Health and the Robert Wood Johnson Foundation projects that increased obesity rates in the United States will lead to 6 million new cases of Type 2 diabetes by 2030 and 5 million new cases of coronary heart disease and stroke. "The potential rise in health-related problems associated with obesity and the rise in healthcare costs could be staggering," said Jeffery Levi, executive director of the Trust for America’s Health. The report found that Colorado had the lowest percentage of obese residents at 20.7% while Mississippi had the highest rate at 35.7%. California’s rate of 23.8% ranked 46th in the U.S.

Oct. 11-12. California Primary Care Association Annual Conference. Hyatt Regency San Francisco Airport, Burlingame. Annual gathering of primary care providers with a focus on providing healthcare services for uninsured, low-income, and minority communities in the state. To register, please visit http://www.cpca.org/index.cfm/learning-center/cpca-annual-conference/

Oct. 15-17. Disaster Planning for California Hospitals. Sacramento Convention Center. A three-day gathering of hospital emergency and disaster management coordinators with a focus on new technologies and programs to address catastrophic incidents. Sponsored by the California Hospital Association. To register, please visit http://www.calhospital.org/disaster-planning

Oct. 15-17. 27th Annual CAHP Conference. Hyatt Regency Huntington Beach. An annual gathering of health plan professionals with a focus on managed care. Hosted by the California Association of Health Plans. To register, please visit http://www.cahealthplans.org/events.html

The Senior Product Manager is accountable for leading the development and implementation of market strategies and competitive product/benefit offerings for CareMore. **Education and/or Experience:** Bachelor’s Degree (or equivalent experience), Masters Preferred. **Certificates, Licenses, Registrations:** PMP desired. **Other Qualifications:** 10 years of managed care experience required, with a successful track record in two or more of the following areas: product development, product management, business development, strategic planning, or market management. Experience organizing, leading and successfully completing Health Plan related projects or implementations (5+ years experience preferred). Knowledge of CMS Part C and D requirements and Medicaid experience preferred.

**PROGRAM DIRECTOR, CLINICAL EXPANSIONS**
(Cerritos, CA)

This position will be responsible for managing the expansion of CareMore’s clinical model in new markets. This includes facilitation and oversight of expansion project plans, development and execution of initiatives to support replication and scalability, and partnering with the Senior Medical Officer to integrate the clinical model with new provider partners. **Education and/or Experience:** Bachelor’s degree required; Master’s degree preferred. 7-10 years in a program/project director and manager role, or: a Network Operations role directly responsible for execution of large scale change efforts. 5+ years health care experience.

**TOUCH NURSE PRACTITIONER**
(Phoenix, AZ / Tucson, AZ / San Jose, CA)

The Nurse Practitioner for our “Touch” program (institutional special needs plan), ensures effective and efficient treatment of our Touch members. This individual will be responsible for managing patient care at multiple facilities through the implementation of cohesive and efficient processes, with emphasis to include patient and family satisfaction and physician and facility support. This individual provides general medical care and treatment to members in institutionalized settings such as nursing homes, assisted livings, or board & care facilities, under the direction of the Physician. **Education and/or Experience:** Bachelor’s degree in Nursing required, Master’s degree preferred. 7-10 years in a program/project director and manager role, or: a Network Operations role directly responsible for execution of large scale change efforts. 5+ years health care experience.

**SALES REPRESENTATIVE**
(Los Angeles, CA / Orange County, CA)

The primary objective of the Sales Representative is to identify prospective Medicare-eligible members, explain the features and benefits of the available products in that marketplace and enroll the prospects into a product that best fits their needs. Successful candidates generate leads from a variety of sources including networking, physician and pharmacy referrals, grassroots sources as well as from member referrals. **Education and/or Experience:** Bachelor’s degree preferred, high school diploma or equivalent required. Prefer 1-2 years of experience selling Medicare Advantage products or relevant sales experience with a track record of success. **Certificates, Licenses, Registrations:** Must maintain a current, active Life and Disability agent license for the state in which the representative enrolls prospects. Ability to travel within assigned region. The successful candidate must have reliable means of transportation. Candidate must have strong leadership skills.

(Continued next page)
of reimbursement methodologies, contract language, negotiation strategies, financial modeling and analysis, managed care and Medicare Advantage plans. This individual will analyze cost/revenue trends to develop, implement and monitor corrective action plans in partnership with internal and external clients. In addition, will develop new and existing provider networks as necessary. Education and/or Experience: Bachelor’s degree or equivalent experience. Minimum of 5 years managed care contracting/network development experience. Certificates, Licenses, Registrations: none required. Ability to travel within assigned region. The successful candidate must have reliable means of transportation. Candidate must have strong leadership skills.

PROJECT MANAGER
(Cerritos, CA)

The Project Manager is responsible for managing large complex projects with cross-departmental/business entity work efforts that are executed by CareMore’s Development and Planning Department. Specifically managing projects related to market expansion, business integration and development for CareMore. Manage large complex projects involving cross functional teams and across different lines of business, for example; duals integration between plan partners and business entities, product specific market expansion and special projects/new business strategies. Education and/or Experience: Bachelor’s degree required and experience working in Managed Medicare and/or Medicaid space strongly preferred. Certificates, Licenses, Registrations: none required. Ability to travel within assigned region. The successful candidate must have reliable means of transportation. Candidate must have strong leadership skills.

CLINICAL INSTRUCTION DESIGNER
(Cerritos, CA)

The Clinical Instructional Designer is responsible for analyzing, designing, developing, implementing, evaluating, and facilitating comprehensive learning solutions to develop training that supports the delivery of the CareMore model for diverse clinical teams within CareMore. Clinical teams include Physicians, Nurse Practitioners, Case Management, Medical Assistants, and Clinical Department Educators. Work independently as a part of the Clinical Operations Department, which also includes Program Managers. The role of the Clinical Operations Department is to assist CareMore’s Clinical Teams to: develop and implement new systems, clinical programs, and work processes; improve operating infrastructure where needed; and roll out market expansions. Education and/or Experience: Bachelor’s degree in related field or combination of education and experience. Master’s degree strongly preferred. Minimum of 2 years of training and development experience. ASTD certificates a plus. Minimum of 2 years of training and development experience. 2 years of experience working with Physicians, Nurse Practitioners, or other Health Care professionals.

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3 or more years of successful experience leading, managing and motivating teams in a managed care or health care program environment. Exemplary interpersonal and customer service skills. Proven leadership with staff, projects and management. Strategic thinking abilities and analytical skills. Detail oriented with problem-solving abilities. Strong effective verbal and written communication skills to multi-level audiences. Responsible for managing the daily operations of the Enrollment team, whose focus is on member enrollment and dis-enrollment, eligibility determination and reporting to the state. Ensures all applicants and re-enrolling members receive prompt, courteous attention; knowledgeable assistance; and timely follow up on their inquiries, issues, complaints and concerns. Ensures the staff’s ongoing compliance with IEHP eligibility and enrollment policies, process and procedure; and with all applicable state, federal, local or government agency laws, regulations, ordinances and administrative guidelines. Bachelor’s degree required.

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Under the direction of the Provider Services Director, this position is responsible for all aspects of Network development and servicing, staff recruitment, training and supervision. The Network Manager will monitor and create access and availability within the provider network and will identify, develop and implement departmental objectives, policies and procedures. The Network Manager will develop, implement and maintain provider recruitment and servicing standards, goals and objectives; will develop and maintain relationships with key providers; will administer provider contractual compliance and will monitor and evaluate network capacity. The Network Manager also develops recruitment strategy based on market analysis, monitoring of provider satisfaction with payment policies, provider capacity and accessibility. Conducts initial and ongoing staff training and development, including ensuring superior knowledge of Plan policies, procedures, contract terms and conditions and payment policies.

The ideal candidate will: Be a clear communicator both verbally and in writing. Have a strong ability to develop effective relationships with internal and external customers. Be an experienced, seasoned manager. Have familiarity with regulatory requirements for Network development. Have some experience with Medicare.

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The position requires a current, unrestricted California Registered Nurse license. Other Health Care licensure may be substituted for RN license, i.e. Physical Therapist, Occupational Therapist, Podiatrist, Respiratory Therapist, etc. Bachelor’s degree is required, Master’s preferred or an equivalent combination of education and experience. A minimum of four (4) years of clinical background, preferably in inpatient and outpatient care, a minimum of three (3) years of supervisory experience is required. Managed Care experience, preferably managing a Quality Improvement/Management Department is also required.

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