



HASC Briefs

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The Centers for Medicare and Medicaid Services released a Memorandum of Understanding (MOU) it has entered into with the California Department of Health Care Services on the Duals Demonstration Project that seeks to test a new model for providing more patient-centered, coordinated care to Medicare-Medicaid enrollees. Moving forward, the pilot program will be called Cal MediConnect.

California is the fourth state with approval for a capitated demonstration to better integrate and coordinate care delivery for Medicare-Medicaid enrollees. The demonstration includes eight counties, including Los Angeles, Orange, Riverside and San Bernardino Counties, and approximately 456,000 beneficiaries will be eligible.

Key MOU highlights:
Timeline: Enrollment in Cal MediConnect will begin no earlier than October 2013. Beneficiaries would begin receiving notices about their choices and upcoming changes no earlier than July 2013.

Enrollment Strategies: The MOU describes the enrollment strategy for each of the eight counties. For Los Angeles County, enrollment will be over a 15-month period. Voluntary enrollment will take place from

October to December 2013. Starting January 2014, beneficiaries will be passively enrolled. A comment period will be undertaken to determine an enrollment strategy (ex. birth month, geography etc.).

In Orange County, the CalOptima board of directors is expected to make a final go/no-go decision to participate in the Demonstration in June, once rates are available from the state. Passive enrollment will commence October 1, 2013 under a birth order strategy. The CalOptima board of directors has approved an open network, which will allow several pathways for physician participation, including direct contracting with the agency outside of health networks. This is intended to preserve patient choice and minimize the likelihood of patients opting out due to lack of participation by their physicians.

In Riverside and San Bernardino Counties, enrollment will occur over a 12-month period; the goal is an October 1 start date.
Size of the Demonstration: The MOU allows for 456,000 total beneficiaries to be eligible for enrollment into the Cal MediConnect program. This is almost half the size called for in the Governor's 2012-2013 budget. The MOU does cap enrollment in Los Angeles County to no more than 200,000 beneficiaries. In Orange

County, the target population numbers 57,000. Riverside County has 35,000 and San Bernardino County has 36,000 eligible for the demonstration project.

Stable Enrollment Period: Beneficiaries who enroll in Cal MediConnect can opt out at any time; there will be no stable enrollment period.

A CMS fact sheet is available at: <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4562&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cbOrder=date>.

Cal MediConnect will conduct readiness reviews of the selected health plans; finalize capitation rates, and execute a three-way contract and continue to develop the operational systems needed for activities like enrollment, monitoring and evaluation. Additional details on the MOU will be circulated to hospitals after it is fully analyzed.

Contact: Jaime Garcia
(213) 538-0702,
jgarcia@hasc.org

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Reforms Sought in Responding to Orange County Psychiatric Emergencies

Orange County officials have advised a coalition of hospitals and emergency room physicians that it would be up to designated hospital facilities, not the County, to determine whether their emergency room physicians could be authorized to release 5150 (psychiatric emergency) involuntary holds not meeting state criteria. The hospital/ER physician coalition had asked the County

to designate emergency room physicians to perform this function.

Under current County policy, emergency room physicians are trained and designated to write involuntary holds but are not designated to release them. Sometimes, patients arrive in hospital emergency rooms on a law-enforcement-initiated 5150 hold, but skilled medical personnel determine that the

patient is suffering from causes that are not related to mental health emergencies and that are readily stabilized through other means.

The ability to release holds that do not meet criteria will expedite appropriate care for patients and help prevent emergency room crowding.

Contact: Julie Puentes
(714) 663-0294, jpuentes@hasc.org

Hospital Closures Could Mean Capacity Challenges for Orange County Patients

Pacific Health Corporation's Anaheim General and Newport Specialty Hospitals will close, effective May 23 of this year, along with Anaheim General's 31-bed skilled nursing facility. Anaheim General is a 172-bed acute-care facility that until this month, operated an emergency room; Newport Specialty is a 177-bed long-term acute-care facility.

The loss to the county is particularly significant on the sub-acute

side, since hospitals with distinct part skilled nursing facilities are facing devastating Medi-Cal cuts that could threaten those units' survival. This would severely limit sub-acute and long-term care capacity in the county.

The hospitals have not been HASC members for the past year.

Contact: Julie Puentes
(714) 663-0294, jpuentes@hasc.org

HASC Convenes Discussions Regarding ED Use in Inland Counties

HASC convened a recent meeting of San Bernardino County hospitals and the Inland Counties Emergency Medical Agency (ICEMA) to conduct follow-up discussions regarding emergency department (ED) crowding. ED utilization in the region has continued to see large increases, with a 20 percent increase in ambulance transports to San Bernardino County hospital EDs since 2009. In addition, San Bernardino sees a larger population through the ED than even state averages: 360 visits per 1,000 relative to the state average of 320 per 1,000.

The meeting, which consisted of further discussion to find potential solutions, consisted of 12 hospital

CEOs, ICEMA staff and the medical director from San Bernardino County Public Health. There was agreement that this is truly a system issue that will require collaboration to find relief. The group agreed to convene several work groups to look at best practices not only in hospitals but also EMS, ambulance and behavioral health best practices.

Additional work groups will also look at regulatory issues and operational issues. These groups will meet over the coming months and present best practices through the HASC Emergency Health Services committee.

Contact: Dimitrios Alexiou
(951) 222-2284, dalexiou@hasc.org

HASC CEO Changes for First Quarter 2013

The following leadership changes have been made in the Southern California region from January through March, 2013:

Robert Braithwaite, CEO, Hoag Memorial Hospital Presbyterian

Michael Carter, Executive Director, Kaiser Permanente Woodland Hills

Richard Castro, CEO, Whittier Hospital Medical Center

Shane M. Elliott, Acting Medical Center Director, VA Loma Linda Healthcare System

Georgina Garcia, Executive Director, Kaiser Permanente West Los Angeles

Raymond T. Hino, CEO, Bear Valley Community Hospital

Bernard Klein, MD, Chief Executive/Chief Medical Officer, Providence Holy Cross Medical Center

Douglas Long, CEO, West Hills Hospital & Medical Center

Craig G. Myers, Interim CEO, California Hospital Medical Center

Suzanne Richards, CEO, Victor Valley Global Medical Center

Janet Sanders, Interim Administrator/Chief Nursing Officer, Shriners Hospitals for Children - Los Angeles

Contact: Pat Wall
(213) 538-0715, pwall@hasc.org

Registration Open for June 3 Patient and Family Centered Care Conference

Learn about Patient and Family Centered Care (PFCC) initiatives taking place across a variety of health care settings and be inspired to advance PFCC in your own facility by attending the 2013 Patient and Family Centered Care Conference. Presented by National Health Foundation and PFCC Partners, the day-long event will take place June 3 at the Renaissance Hotel, Long Beach.

A diverse panel of presenters will discuss innovative strategies for the adoption of PFCC philosophy and culture across health care settings as well as outcomes related to PFCC including

improved safety, quality, patient satisfaction, workforce morale and lower health care costs.

Participants will focus on these key objectives:

- Identify practical ways to engage and empower patients and families in the delivery of their own care or the care of their family members.
- Describe how innovations in patient and family centered care can impact quality of care and improve outcomes for patients, clinicians and health care systems.
- Describe the impact of culture and

environment on the delivery and experience of health care and identify how PFCC principles are reflected in culture and environment.

- Discuss ways to integrate PFCC principles and strategies into different practice settings.

For more information and to register, go to <http://events.constantcontact.com/register/event?llr=yetzwlcab&oeidk=a07e76zlnv5625cb8fe>.

Contact: Mia Arias

(213) 538-0743, marias@nhfca.org

Thank You, 2013 Annual Meeting Sponsors

HASC thanks the following sponsors of the 2013 Annual Meeting. We hope to see you at the St. Regis Monarch Beach Resort in Dana Point, May 8-10.

In commemoration of HASC's 90th anniversary, the theme for this year's Strolling Dinner and Sponsor Reception on Thursday, May 9 will be "The Roaring 20s." Theme dress encouraged.

Register online at www.hasc.org/2013AnnualMeeting.

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Contact: Pat Wall

(213) 538-0715, pwall@hasc.org

HASC Welcomes New Members

HASC is pleased to welcome the following new hospital and associate members:

Hospital Members:

Children's Hospital at Mission

Kimberly C. Cripe, CEO

License Category: General Acute Care

Licensed Beds: 48

Temecula Valley Hospital (*facility still under construction*)

Darlene Wetton, CEO

License Category: General Acute Care

Licensed Beds: 140 (*anticipated number*)

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Associate Member:

Buchalter Nemer—Irvine, CA

Carol K. Lucas, Health Care Practice Group Leader/Shareholder

Buchalter Nemer provides health care legal counsel to hospitals, independent practice associations, medical groups, physicians, provider trade organizations, health care lenders, and drug and device companies.

Contact: Pat Wall

(213) 538-0715, pwall@hasc.org