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CALIFORNIA EDITION

Five California Hospitals Make *U.S. News & World Report* 2020-21 National Honor Roll of Top 20 Hospitals

U.S. News & World Report has released their 2020-21 Best Hospitals rankings, which is the 31st edition of the rankings. Five California hospitals made their National Honor Roll of the top 20 hospitals overall, including:

- 4. UCLA Medical Center, Los Angeles (tie)
- 7. Cedars-Sinai Medical Center, Los Angeles
- 8. UCSF Medical Center, San Francisco
- 13. Stanford Health Care-Stanford Hospital, Palo Alto, California
- 18. Keck Medical Center of USC, Los Angeles (tie)

U.S. News & World Report's rankings include "The Best Regional Hospital Rankings," which they state "help patients find the top rated hospitals in both specialty care and in more widely experienced conditions and needed procedures in metro, state and regional areas."

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Medi-Cal Agency's New Head Wants to Tackle Disparities and Racism

By Samantha Young, California Healthline

When Will Lightbourne looked at the statistics behind California's coronavirus cases, the disparities were "blindingly clear": Blacks and Latinos are dying at higher rates than most other Californians. As of Monday, Latinos account for 45.6% of coronavirus deaths in a state where they make up 38.9% of the population, [according to data](#) collected by the California Department of Public Health. Blacks account for 8.5% of the deaths but make up 6% of the population.

Lightbourne, who led California's Department of Social Services under Gov. Jerry Brown, describes this pandemic as one that "rips the bandage off" a health care system long riddled with inequity. So, when Gov. Gavin Newsom asked Lightbourne, 70, to come out of retirement in June to lead the Department of Health Care Services, he said, he couldn't say no.

"He has committed his whole professional life to public service," said Mike Herald, director of policy advocacy at the Western Center on Law & Poverty. "He's not joking when he talks about the importance of these issues and the important role that government plays in addressing societal inequities." The Department of Health Care Services oversees the state's Medicaid program for low-income people, called Medi-Cal, which provides health care to some 12.5 million Californians.

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COVID-19 in California By The Numbers

(Source: CDPH – Data is as of the dates indicated)



July 28th	July 21st	June 7th	June 23rd	June 9th	May 26th	May 12th	March 31st	
466,550	400,769	277,774	190,222	136,191	98,980	71,141	8,155	Positive cases
65,781	64,261	54,857	33,207	18,504	14,923	12,326	5,620	New cases past week
9.0%	8.6%	8.2%	7.6%	6.5%	5.2%	3.8%	1.1%	% Age 0-17 cases*
60.5%	60.3%	58.6%	55.8%	53.5%	51.6%	50.1%	50.9%	% Age 18-49 cases*
19.3%	19.4%	20.2%	21.5%	22.7%	23.9%	24.9%	26.2%	% Age 50-64 cases*
11.2%	11.6%	13.0%	15.0%	17.3%	19.3%	21.2%	21.7%	% Age 65+ cases*
6,896	7,091	5,989	4,095	3,240	3,114	3,301	1,855	Confirmed Hospitalizations
28.6%	28.3%	29.1%	31.0%	33.6%	35.2%	32.6%	41.7%	Confirmed % ICU
1,421	1,590	1,510	1,304	1,479	1,430	1,244	3,168	Suspected Hospitalizations
8,518	7,755	6,448	5,632	4,776	3,884	2,934	171	Deaths
763	668	468	424	415	448	522	118	New Deaths Past Week

* excludes unknown age case

Additional COVID-19 Numbers

California: New York Times COVID-19 Database as of July 29, 2020

- 475,196 total cases
- 8,717 deaths
- Los Angeles County: 178,196 cases and 4,426 deaths
- Riverside: 35,910 cases and 672 deaths
- Orange County: 34,833 cases and 581 deaths
- San Bernardino County: 29,962 cases and 395 deaths
- San Diego County: 28,068 cases and 547 deaths
- Top Five Counties: 65% of cases and 76% of deaths. These counties comprise 54% of the state population.

●● News Bullets ●●

- California AG conditionally approves sale of 2 hospitals to AHMC Healthcare
- Fitch Downgrades Pioneers Memorial HC District to 'BB'
- County officials overseeing Ventura County Medical Center end merger talks with Dignity Health
- New Non-Profit Study Finds That 90% of California Adults Say They Are Complying with Mask Wearing & Social Distancing Directives
- UC Davis Health, Adventist Health Lodi Memorial launch telehealth ICU services
- Study shows large gaps in access to oral health care for poorest Californians

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Five California Hospitals Make U.S. News & World Report 2020-21 National Honor Roll of Top 20 Hospitals...continued

Hospitals with top rankings in the three major California metro areas include:

San Francisco metropolitan area:

1. UCSF Medical Center
2. John Muir Health-Walnut Creek Medical Center
3. John Muir Health-Concord Medical Center
4. California Pacific Medical Center (San Francisco)
5. Sequoia Hospital (Redwood City)
6. Kaiser Permanente San Francisco
7. Stanford Health Care-ValleyCare (Pleasanton)
8. (tie) Alta Bates Summit Medical Center-Oakland; Mills-Peninsula Health Center-Burlingame

Los Angeles metropolitan area

1. UCLA Medical Center
2. Cedars-Sinai Medical Center (Los Angeles)
3. Keck Medical Center of USC (Los Angeles)
4. Hoag Memorial Hospital Presbyterian (Newport Beach)
5. UCI Medical Center (Orange)
6. Torrance Memorial Medical Center
7. MemorialCare Long Beach Medical Center
8. Mission Hospitals - Mission Viejo and Laguna Beach
9. Kaiser Permanente Anaheim and Irvine Medical Centers
10. (tie) Memorial Care Orange Coast Memorial Medical Center (Los Angeles); Providence Holy Cross Medical Center (Los Angeles)

San Diego, California metropolitan area

1. (tie) Scripps La Jolla Hospitals; UC San Diego Health-Jacobs Medical Center
3. Sharp Memorial Hospital (San Diego)
4. Kaiser Permanente Zion and San Diego Medical Center
5. Sharp Chula Vista Medical Center
6. (tie) Palomar Medical Center Escondido; Sharp Grossmont Medical Center (La Mesa)

The hospital rankings are broken into two subcomponents: specialty rankings for patients with life-threatening or rare conditions in 16 areas of care; and procedure and condition ratings, which focus on more common conditions with a full range of patients. More details on ranking methodology are available at: <https://health.usnews.com/health-care/best-hospitals/articles/faq-how-and-why-we-rank-and-rate-hospitals>.

Medi-Cal Agency's New Head Wants to Tackle Disparities and Racism...continued

Lightbourne said he sees the job as a chance to refocus Medi-Cal on reducing disparities — improving people's health not only by providing better access to doctors, but also by linking them with behavioral health programs and using health care dollars to get them into housing.

He said the department also plans to amend contracts with health providers and use routine performance reviews to make sure providers are addressing disparities.

Health care advocates say Lightbourne has a track record of getting things done.

At the Department of Social Services, he persuaded Brown, a known penny pincher, to increase cash assistance to low-income families, restoring cuts lawmakers had made in the Great Recession. And he was instrumental behind the scenes in the repeal of the contentious policy that had prohibited Californians from receiving increased welfare income if they had more children while receiving public assistance, Herald said.

"Will is very purpose-driven and has made substantive changes in every role he has ever had," said Graham Knaus, executive director of the California State Association of Counties.

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Medi-Cal Agency's New Head Wants to Tackle Disparities and Racism...continued

Before embarking on state service, Lightbourne served as director of the Santa Clara County Social Services Agency, the Human Services Agency of the City & County of San Francisco and the Santa Cruz County Human Services Agency.

Lightbourne's local and state experience give him a valuable skill set as state and county officials grapple with providing health care to some of California's most vulnerable residents during a pandemic, Knaus and other advocates said.

The task won't be easy. The previous director of the Department of Health Care Services, Brad Gilbert, left the job after less than four months.

Lightbourne talked to California Healthline about why he returned to state government, how the department is responding to COVID-19 and how he hopes to improve access to health care for those who need it. The interview has been edited for length and clarity.

Q: *Why did you come out of retirement to take a job that's difficult under normal circumstances — and even tougher during a pandemic?*

Events of the past six months have made it blindingly clear that we've got structural inequities that are not just immoral but are, at an existential level, unsurvivable. It's a pandemic that landed on top of a pandemic of inequalities, opportunity and income that's been raging since the 1980s. And that pandemic has been enabled by a pandemic of racism that has rotted in our society for generations.

I think we have to use the moment to insist that our publicly financed health care system really partners up with our public health network and with our social safety-net system to address community and population health with a laser focus on reducing disparities.

Q: *How has the department responded to COVID-19 to address the most vulnerable Californians?*

The growth in telehealth is something that would not have occurred without this experience. There's work still underway to look at how we can come up with some approaches to reduce the number of people in skilled nursing facilities, where the rate of spread is so much more severe and with really mortal results.

I have the suspicion that we're never really going to get to a point where we say the effect of COVID is over. The mere fact that so much health care utilization is down now, particularly down in the places where people who start at a disadvantage normally seek care, we're going to find long-term health consequences into the future, even post-vaccine.

Q: *In January, Gov. Newsom outlined a proposal to broaden a Medi-Cal program known as CalAIM that addresses physical and behavioral health needs in patients' care, and even pays for their housing with health care money. Can your department still move forward with those goals even though there isn't money in the budget for it?*

We may be delayed to some extent. It was never intended initially as a big-bang system change. It was always going to be a degree of iterative development, and that remains true — whether some things have to go a little slower because of money reasons.

Q: *You have talked about access to health care and how COVID-19 has really highlighted systemic disparities. In Medi-Cal, lack of access to care has long been a problem, especially in rural areas. So has inadequate care for [children](#). Are those issues you intend to address?*

One of the things we need is an adequate network of providers that really covers the medically underserved areas of the state. We need to work effectively with our rural health clinics, as well as our urban Federally Qualified Health Centers to expand access, particularly to the populations that historically haven't had that access.

In terms of services for children, that's a big part of that agenda both in physical and behavioral health and also the dental health system. There's a big focus on how to improve access and preventive services for children.

Q: *In the Great Recession, California lawmakers made many deep cuts to safety-net programs, some of which have been restored only recently. The governor proposed a number of health care-related cuts this year that were ultimately rejected by the legislature. How will you ensure that Medi-Cal enrollees won't see their benefits scaled back in the future?*

It's going to be my job to make the case not to reduce services that poor people rely on. That said, we live in the real world and if we ever have to reduce things, my approach would be to try to say, "How can we reduce things we can readily rebuild rather than destroy things that are foundational?"

Goal No. 1 at this point is to work very closely with our congressional delegation to really encourage the federal government to support the core services and activities so that we can meet the needs of the people of the state.

This story was produced by Kaiser Health News, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

California Physicians' Service dba Blue Shield of California Enrollment and Utilization Table as of 3/31/2020

QUARTERLY STATEMENT AS OF March 31, 2020 - California Physicians' Service dba Blue Shield of California
ENROLLMENT AND UTILIZATION TABLE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Source of Enrollment	Total Enrollees At End of Previous Period	Additions During Period	Terminations During Period	Total Enrollees at End of Period	Grandfathered Enrollees (also included in Column 5)	Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period - Physicians	Total Member Ambulatory Encounters for Period - Non-Physicians	Total Member Ambulatory Encounters for Period	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay	
1. Large Group Cor	555,078	9,823	35,589	529,312		1,589,052	870,141	74,112	944,253	21,232	160	4.60	
2. Medicare Risk	94,982	14,578	7,997	101,563		303,682			0	9,330	369	3.90	
3. Medicare Suppl	196,270	16,422	6,608	206,084		607,523			0		0		
4. Medi-Cal Risk				0					0		0		
5. Individual	105,354	28,932	30,462	103,824		308,191	234,387	6,203	240,590	3,951	154	4.20	
6. Point of Service - Individual				0					0		0		
7. Point of Service - Small Group				0					0		0		
8. Point of Service	44,529	11	1,877	42,663		128,190	77,354	7,930	85,284	1,880	176	4.70	
9. Small Group Cor	162,641	6,123	6,261	162,503		488,199	274,544	8,402	282,946	4,829	119	4.30	
10. Healthy Families				0					0		0		
11. AIM				0					0		0		
12. Medicare Cost				0					0		0		
13. ASO	793,434	94,618	56,592	831,460		N/A	N/A	N/A	0	N/A	N/A	N/A	
14. PPO Individual	599,205	95,302	89,682	604,825		1,808,529	1,556,276	1,454,352	3,010,628	49,853	331	4.70	
15. PPO Small Group	396,919	13,648	26,000	384,567		1,154,361	948,303	734,619	1,682,922	17,180	179	3.80	
16. PPO Large Group	609,630	28,728	27,997	610,361		1,825,333	1,520,172	858,950	2,379,122	19,334	127	4.30	
17. Aggregate Contracted from Other Plans	0	0	0	0		0	0	0	0	0	N/A	N/A	
18. Aggregate Other Source of Enrollment	0	0	0	0		0	0	0	0	0	N/A	N/A	
19. Total Members	3,558,042	308,185	289,065	3,577,162	0	8,213,060	5,481,177	3,144,568	8,625,745	127,589	N/A	N/A	

Source: Quarterly Statement 3/31/2020 California Physicians' Service dba Blue Shield of California, Enrollment and Utilization Table



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