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DEPARTMENT OF MANAGED HEALTH CARE
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8 BEFORE THE DEPARTMENT OF MANAGED HEALTH CARE

9 OF THE STATE OF CALIFORNIA

10
11 IN THE MATTER OF:

12 **EMPLOYEE HEALTH SYSTEMS
MEDICAL GROUP, INC.**

13
14
15 **ADVENTIST HEALTH PLAN, INC.**
DMHC License No. 933 0508

16 **AETNA HEALTH OF CALIFORNIA,
INC.**
DMHC License No. 933 0176

17
18 **BLUE CROSS OF CALIFORNIA, INC.**
DMHC License No. 933 0303

19
20 **CARE 1ST HEALTH PLAN**
DMHC License No. 933 0326

21 **CIGNA HEALTHCARE OF
CALIFORNIA, INC.**
DMHC License No. 933 0152

22
23 **FRESNO-KINGS-MADERA REGIONAL
AUTHORITY**
DMHC License No. 933 0484

24
25 **HEALTH NET OF CALIFORNIA, INC.**
DMHC License No. 933 0300

26
27 **LOCAL INITIATIVE HEALTH
AUTHORITY FOR L.A. COUNTY**
DMHC License No. 933 0355
28

Enforcement Matter No.: 17-1703

ORDER TO CEASE AND DESIST

(Health & Saf. Code., §§ 1341, 1344, 1367.02,
subds. (a) & (d), & 1391.)

1 **MOLINA HEALTHCARE OF**
2 **CALIFORNIA, INC.**

3 *DMHC License No. 933 0322*

4 Respondents.

5 The Director of the Department of Managed Health Care, by and through her designee,
6 Deputy Director and Chief Counsel, Drew Brereton ("Complainant"), after investigation,
7 determines as follows:

8 **I. PARTIES AND JURISDICTION**

9 1. The Department of Managed Health Care ("Department") is the state regulatory
10 agency charged with administering and enforcing the Knox-Keene Health Care Service Plan Act of
11 1975, as amended (Health & Saf. Code, § 1340, et seq.), and title 28 of the California Code of
12 Regulations (collectively referred to herein as the "Knox-Keene Act").

13 2. Respondent **Adventist Health Plan, Inc.**, is now, and has been since February 14,
14 2014, a full service health care service plan licensed by the Department (License No. 933 0508),
15 and is subject to the Knox-Keene Act. Its principal place of business is located at: 2100 Douglas
16 Boulevard, Roseville, California 95661.

17 3. Respondent **Aetna Health of California, Inc.**, is now, and has been since
18 August 6, 1981, a full service health care service plan licensed by the Department (License No.
19 933 0176), and is subject to the Knox-Keene Act. Its principal place of business is located at:
20 2850 Shadelands Drive, Walnut Creek, California 94598.

21 4. Respondent **Blue Cross of California, Inc.**, is now, and has been since January 7,
22 1993, a full service health care service plan licensed by the Department (License No. 933 0303),
23 and is subject to the Knox-Keene Act. Its principal place of business is located at: 1 Wellpoint
24 Way, Thousand Oaks, California 91362.

25 5. Respondent **Care 1st Health Plan** is now, and has been since November 1, 1995, a
26 full service health care service plan licensed by the Department (License No. 933 0326), and is
27 subject to the Knox-Keene Act. Its principal place of business is located at 601 North Potrero
28 Grande Drive, Monterey Park, California 91755.

1 (Health & Saf. Code, § 1341.)

2 12. Pursuant to Health and Safety Code section 1391, the Director is vested with the
3 power to issue an order directing a plan, solicitor firm, or any representative thereof, a solicitor, or
4 any other person to cease and desist from engaging in any act or practice in violation of the
5 provisions of the Knox-Keene Act.

6 13. The Director may adopt orders as are necessary to carry out the provisions of the
7 Knox-Keene Act. (Health & Saf. Code, § 1344, subd. (a).) This includes an order directing a health
8 plan to cease and desist from engaging in any act or practice in violation of the Knox-Keene Act.
9 (Health & Saf. Code, § 1391, subd. (a).)

10 14. A health plan which delegates “any services it is required to perform to its medical
11 groups, independent practice associations, or other contracting entities” cannot waive its legal
12 obligations under the Knox-Keene Act. (Health & Saf. Code, § 1367, subd. (j).)

13 15. “Economic profiling” is “any evaluation of a particular physician, provider,
14 medical group, or individual practice association based in whole or in part on the economic costs
15 or utilization of services associated with medical care provided or authorized by the physician,
16 provider, medical group or individual practice association.” (Health & Saf. Code, § 1367.02,
17 subd. (d).)

18 16. Each health care service plan that uses economic profiling is required to file with
19 the Department a description of any policies and procedures related to economic profiling utilized
20 by the plan and its medical groups and individual practice associations. The filing must, among
21 other things, describe how these policies and procedures are used in utilization review, peer
22 review, incentive and penalty programs, and in provider retention and termination decisions. The
23 filing must also indicate how the economic profiling activities avoid being in conflict with Health
24 and Safety Code section 1367, subdivision (g), which requires each plan to demonstrate that
25 medical decisions are rendered by qualified medical providers, unhindered by fiscal and
26 administrative management. (Health & Saf. Code, § 1367.02, subd. (a).)

27 **III. STATEMENT OF FACTS**

28 **17. Respondents, and each of them, maintain or maintained contracts with Employee**

1 Health Services Medical Group, Inc. (EHS), a for-profit corporation. Respondents delegate
2 numerous functions to EHS to perform specified functions pursuant to its contracts with
3 Respondents, including reviewing and authorizing requests for coverage for health care services
4 (utilization review), claims payment, quality assurance, provider contract administration, and
5 provider credentialing. EHS subcontracts these functions exclusively to SynerMed, Inc.
6 (“SynerMed”), which performs nearly all of its medical and administrative functions, including
7 utilization review, quality assurance, provider contract administration, provider credentialing,
8 provider claims administration, capitation management, medical economics/data analysis, financial
9 management and accounting, general contracts administration, and governmental relations.

10 18. Under its arrangement with EHS, Respondents’ enrollees typically access care
11 through EHS’s network of contracted primary care providers (“PCP”s). When a PCP determines
12 that it is necessary for Respondents’ enrollees to obtain specialty care, the PCP will submit a
13 request for authorization for the enrollee to see a specialist. The request is made to SynerMed,
14 which processes these requests for authorization on EHS’s behalf and maintains the ability to
15 approve, modify, or deny these requests. Without an authorization, EHS will not provide coverage
16 for care from specialists.

17 19. As part of its administration of the EHS provider network, SynerMed provides an
18 electronic online provider portal where contracted PCPs can access and view the available EHS
19 contracted medical specialists in their region, and from which those PCPs can select or request a
20 specific specialist when submitting a request for authorization for specialist services.

21 20. On June 21, 2017, SynerMed’s CEO, James P. Mason, issued a “Contracting
22 Playbook” in an e-mail which listed five directives aimed at lowering specialist costs for EHS.
23 These directives included: “Re-narrow the specialty network via termination and removing them
24 from the portal.”

25 21. In implementing the “Contracting Playbook”, SynerMed staff was affirmatively
26 directed to hide, or “suppress,” providers from the referral system based in whole or in part on the
27 cost of the services rendered by those providers. Using a data analytics program called “Tableau,”
28 SynerMed Provider Networking staff examined EHS’s provider list to identify and suppress

1 “high-cost” providers, beginning with cardiologists, within EHS’s network. Additional specialists
2 identified to be narrowed included: diagnostic radiologists, dialysis providers,
3 hematologists/oncologists, nephrologists, ophthalmologists, and rheumatologists.

4 22. In suppressing providers from SynerMed’s referral system, SynerMed actively and
5 secretly restricted “high-cost” specialists who maintained contracts with EHS from delivering care
6 to enrollees assigned to EHS. These specialists continued to maintain contracts with EHS to
7 provide services. However, as a practical matter, enrollees assigned to EHS by Respondents had no
8 access to these numerous suppressed providers, which SynerMed unilaterally deemed to be
9 high-cost. As a result of this conduct, SynerMed narrowed the specialty network available to
10 Respondents’ enrollees and to EHS’s contracted PCPs.

11 23. EHS, through SynerMed, therefore redirected Respondents’ enrollees to a limited
12 set of specialty providers through an otherwise undisclosed, narrow network, restricted
13 substantially based on cost.

14 24. The Department has conducted a diligent search of Department records and has
15 found that none of the Respondents have previously disclosed the above-described and ongoing
16 economic profiling of EHS’s provider network through SynerMed.

17 IV. FINDINGS

18 25. Respondents, and each of them, are licensees subject to the Department’s
19 jurisdiction for purposes of compliance with the Knox-Keene Act, and are responsible for
20 continuous compliance with the Knox-Keene Act.

21 26. SynerMed took steps to narrow EHS’s provider networks by restricting access to
22 services and removing the ability of patients to be seen by certain contracted providers who were
23 suppressed from EHS’s specialist network based in whole or in part on the cost of the provision of
24 services. As described herein, Respondents, through EHS, have engaged in the practice of
25 economic profiling.

26 27. None of the Respondents have filed a proper economic profiling policy describing
27 the above-described practice of restricting high-cost specialty providers from EHS’s network based
28 in whole or in part on cost, in violation of Health and Safety Code section 1367.02, subdivision (a).

- 1 c. A description of the steps that Respondent has implemented, and will implement, to
2 ensure that continuity of care is maintained as enrollees transition from EHS; and
3 d. A description of the steps that Respondent has implemented, and will implement, to
4 ensure that EHS is not utilizing economic profiling to restrict its network of
5 specialists in the brief period that Respondent remains contracted with EHS.

6 32. By **February 5, 2018**, Respondents, and each of them, shall file a final proof of
7 compliance (“Final Proof of Compliance”) with this ORDER with the Department’s Office of
8 Enforcement via e-mail to christopher.lee@dmhc.ca.gov and kyle.monson@dmhc.ca.gov. The
9 Final Proof of Compliance shall describe and affirm the cessation of Respondents’ relationship
10 with EHS.

11 33. This ORDER shall be effective as of the date of this ORDER, and shall continue in
12 full force and effect until further ORDER by the Director.

13 34. This ORDER is solely intended to abate the present ongoing violation and shall not
14 be the exclusive remedy to be exercised by the Department, pursuant to Health and Safety Code
15 section 1394.

17 MICHELLE ROUILLARD
18 Director
19 Department of Managed Health Care

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21 Dated: December 26, 2017

22 
23 DREW BRERETON
24 Deputy Director | Chief Counsel
25 Office of Enforcement

