

Physician Update



Community Health Group Newsletter

Winter 2011



A Message from the CEO

With 2012 right around the corner, Community Health Group would like to take a moment and recognize three organizations for their efforts in achieving the top HEDIS scores for our Medi-Cal line of business. The scores were based on services provided in 2011 from data received to date.



LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights • El Cajon • National City • Lemon Grove



SAN DIEGO FAMILY CARE
A California Non-Profit Corporation

Please join me in congratulating Children's Primary Care Medical Group, La Maestra Community Health Centers, and San Diego Family Care. These providers had the highest HEDIS scores for our Medi-Cal product. When asked for the secret to their success, they shared with us that they rolled up their sleeves and took advantage of the tools and expertise CHG offers to ensure everyone's success in this project:

- Quick reference guides describing the required HEDIS codes.
- List of member and provider incentives.
- On-line CHDP module.
- One-on-one training with billing staff.
- On-line access to missing HEDIS services.

We look forward to sharing the final reports and outcomes with you in 2012. If your organization has not taken advantage of our HEDIS tools and training, please contact Gabriela Rubalcava, HEDIS Manager, at 619-498-6535.

Mil Gracias,

Norma Diaz
Chief Executive Officer



HIGHLIGHTS AT A GLANCE

- Please be sure to submit your HEDIS 2011 data to CHG
- Provider Satisfaction Survey now in progress
- Report Fraud—call CHG's toll-free Compliance Hotline 1-(800) 651-4459.



Please circulate to others and file in your *Provider Manual* for future reference.

HEDIS 2011 REMINDER!!!

In our continued efforts to improve Community Health Group (CHG) HEDIS scores, we would like to remind you and your staff about one of our online eligibility features, HEDIS Pop Up screen. This feature allows your staff to view HEDIS measures that your patients, our members, are missing at the time they verify eligibility online giving them and you the opportunity to perform or schedule the necessary services needed to fulfill the required HEDIS measure.

We are happy to announce that we had a very positive response in 2010 from several of you, our providers and partners. For this reason we are thrilled to inform you that as of March 1, 2011, any time your staff verifies eligibility online for any of your CHG patients, they will get a Pop Up screen with HEDIS measures for the measurement year 2011. If you do not have access to verify eligibility online or need further assistance, please contact our Provider Relations Department at (619) 498-6457.

Remember, this tool is easy to use; as soon as your staff enters the Member ID, SSN or CIN, a Pop Up screen will appear reminding your staff of any appointments the member may need under certain HEDIS measures. This feature will provide your staff with information on CPT Coding, Diagnosis Codes, and a brief explanation of the specific HEDIS Measure. Additionally, if there is an incentive for you the provider or the member, this feature will let you know. We believe by adding this feature to our online tools, it will assist you and your staff to increase your HEDIS scores. Now your staff can alert you prior to the member's appointment arrival so you can ensure that the HEDIS measures for specific members are completed before the end of the 2011 HEDIS measurement year.

All of us at CHG thank you for your assistance and look forward to working with you to improve our HEDIS scores.

The Use of Antibiotics for Acute Bronchitis

One of the measures that Community Health Group scored poorly on in calendar year 2010 was “Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis.” This measure looks at the percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. As you are aware, empiric antibiotic treatment is **not** indicated for acute bronchitis. Yet, according to our performance on this measure, many of our members **are** receiving antibiotics for acute bronchitis.

The HEDIS specifications allow for members with co-morbid conditions and a diagnosis of acute bronchitis (466.0) to receive antibiotic treatment. The co-morbid conditions are specific by diagnostic code and are listed in the table below for your reference.

Description	ICD-9-CM Diagnosis
HIV disease; asymptomatic HIV	042, V08
Cystic fibrosis	277.0
Disorders of the immune system	279
Malignancy neoplasms	140-209
Chronic bronchitis	491
Emphysema	492
Bronchiectasis	494
Extrinsic allergic alveolitis	495
Chronic airway obstruction, chronic obstructive asthma	493.2, 496
Pneumoconiosis and other lung disease due to external agents	500-508
Other diseases of the respiratory system	510-519
Tuberculosis	010-018

We realize that at times it is more expedient to say “yes” to a patient rather than to convince them otherwise. If a member will not be swayed, this is where we can help. If you feel that it is inappropriate to treat a particular member with antibiotics, let the member know that you will have to obtain prior authorization from their health plan prior to providing them with a prescription. On the authorization request, state that member is requesting antibiotic treatment for acute bronchitis and note that the member has no co-morbid conditions. We will deny the request as not meeting our medical necessity guidelines for antibiotic treatment. If acute bronchitis persists beyond two weeks in a member without a co-morbid condition listed above, please avoid coding the diagnosis as “acute bronchitis,” if appropriate.

In cases of acute bronchitis where it is appropriate to treat with antibiotics, please be sure to code the applicable co-morbid condition on your encounter form. It would also be helpful to note these diagnoses on the request form if the prescribed antibiotic requires prior authorization.



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Processing “Green” Referrals

In our efforts to “Go Green”, Community Health Group continues to search for opportunities to communicate electronically. In response to requests from our physician partners, we developed an online module to submit referrals and check referral status. This module has been up and running successfully for two years and we are happy to share that providers who use it are very pleased with its features. For key referrals, our module also provides immediate feedback (i.e., certain California Children Services cases, services that do not require prior authorization, immediate approval for selected services).



We also have the capability to upload clinical notes with your requests, which now makes this streamlined process virtually paperless! All you need is to scan clinical notes

and use the upload feature when submitting electronically.

If you have not yet used our online system, we encourage you to do so. We are confident it will make your process of submitting referrals to CHG easier and quicker. As always when submitting a referral request, please ensure all diagnoses and services are properly coded. In addition, we also request that you submit recent and complete clinical notes. This will facilitate a quicker turnaround time and processing of your referrals.

If you have any questions regarding our referral process, please feel free to contact us at (619) 498-6400 or toll free at 1-(800) 945-5570.

Update Contact Information

To ensure we communicate accurate member information with the right provider, we are asking for your assistance to keep us informed of any future changes to your contact information including address, telephone, and fax numbers.

This will allow us to share sensitive clinical information timely and accurately and prevent any Health Insurance Portability and Accountability Act (HIPAA) violations.



Please remember to always include your area code when updating your fax or phone numbers.

We thank you in advance for your assistance in keeping us informed and updated. Remember, the protection of your patients', our members', personal information is of utmost importance to all of us!

If you have any questions or concerns, please feel free to contact our Provider Relations Department at (619) 498-6457. You may also contact our Utilization Management Department at (619) 498-6400. Thank you once again for your cooperation and continued commitment to quality care.



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Notice to Physicians

Physicians have the right to review information obtained by Community Health Group to support their credentialing application.

We will notify you of any information that varies substantially from the information you personally provided on the credentialing application. You will be given the opportunity to correct or have corrected any erroneous

information obtained during the verification process.



To receive information about credentialing, please contact Sandra Coleman, Credentialing Services Manager at (619) 498-6438.

Rapid Strep Test

According to established clinical guidelines, when a child is diagnosed with acute pharyngitis (ICD-9-CM code 462) or acute tonsillitis (ICD-9-CM code 463), a rapid antigen detection test for Group A Strep or a throat culture should be performed prior to prescribing an antibiotic. In circumstances when rapid antigen detection test results are in doubt, please perform or order a throat culture to confirm results. Your support is crucial to mitigate antibiotic resistance and improve patient safety and clinical quality.

For data submission, please use CPT code 87880 (Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A) **and modifier QW** (CLIA-waived test) when administering the Rapid Strep Test in your office.

Provider Satisfaction Survey, please don't forget to complete and return it to us!

Each year, Community Health Group surveys our physicians asking for their feedback on our customer service and multiple functions which we provide. The questionnaire is short and you can participate on-line or via hard copy. We just need a moment of your time to ensure we

hear directly from you. The feedback

gives us an opportunity to improve our service, make program changes and develop our training for next year. Thank you in advance for your participation.



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Model of Care for CommuniCare Advantage Members

Community Health Group's CommuniCare Advantage care model assesses and addresses the needs of our dual eligible Medicare members. Our primary goal is to improve the care for Medicare beneficiaries with special needs through improved coordination and continuity of care. Because we are both the Medicare and Medi-Cal plan to most of our CommuniCare Advantage members, we are able to combine benefits available through Medicare and Medi-Cal in a way that is seamless to our members.

The primary aspects of our CommuniCare Advantage model of care include:

- Early and ongoing assessment of a member's needs through an initial and annual health risk assessment,
- Development of individualized care plans with care management goals,
- Involvement of an interdisciplinary care team, which includes our primary care physicians and their case management staff,
- Involvement of the member and/or the member's authorized agent, whenever possible,
- Use of clinical practice guidelines and protocols,
- Communication between all parties involved in a member's care, and
- Annual training of staff and providers of care.

In 2012, we will be enhancing the training we provide to you and your staff. Rather than provide training on components of our CommuniCare Advantage model of care in our general case managers' meetings, HEDIS training sessions, and other forums, we will conduct specific care model training sessions for our contracted Medicare physicians. If you are contracted with us for CommuniCare Advantage, you will soon receive an invitation for the required training.

If you have any questions about our care model or our upcoming training sessions, please contact Noreen Koizumi, PharmD, Director of Health Care Operations, at (619) 498-6423.



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Prevention and Screening Services for CommuniCare Advantage Members

We would like to thank our primary care physicians who continue to provide care to our CommuniCare Advantage members. To keep you informed of changes with Medicare requirements, we are sharing key information on Medicare Star Ratings. The Centers for Medicare and Medicaid (CMS) monitors health plans' administrative data addressing access to preventive health services. We appreciate the partnership we have with primary care physicians to promote health and well being.

In accordance with the latest recommendations from the United States Preventive Services Taskforce (USPSTF), guidelines recommend plans and providers work together to promote access to preventive health services, with special emphasis on the following:

- Annual flu vaccines
- Pneumonia vaccines
- Colorectal cancer screening
- Glaucoma testing
- Osteoporosis management
- Controlling blood pressure
- Testing to confirm diagnosis of COPD
- Improving/maintaining physical health
- Improving/maintaining behavioral health

Please screen your patients and offer these screenings during routine office visits. You may coordinate the testing with our contracted laboratory provider, Quest, and diagnostic services through our contracted free standing facilities. To access information on our contracted network, please access our home page at www.chgsd.com.

For any questions on claims submittal or coding, please contact Victor Gonzalez, Provider Relations Supervisor, at (619) 498-6457.

For general questions about these screenings, please contact Martha Jazo-Bajet, RN, MPH, Director of Utilization Management, at (619) 498-6430.



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Providing a Quality Language Assistance Program

Community Health Group (CHG) is committed to providing quality health care services to all members with a special focus on members of diverse communities. For members with Limited English Proficiency (LEP), or vision or hearing impaired, CHG has implemented the Language Assistance Program to ensure members have timely access to interpretation and translation services.

Many of our contracted providers share that goal, as providers and staff speak many languages. For providers who may not speak the languages spoken by our members and need to access our language assistance services, here are a few friendly reminders:



- For current information on the language spoken by your patients, please access your enrollment listings through our secured web page, www.chgsd.com. These listings are updated monthly.
- Please contact our Member Services Department to access our language assistance program and schedule interpretation services for any CHG patient. Our staff will coordinate telephonic or face to face interpretation services for all points of contact where language assistance is needed. Our staff is available 24 hours a day, 7 days a week. You may reach our Member Services staff at 1 (800) 224-7766.
- As of today, the designated threshold languages for San Diego County are English, Spanish, Vietnamese and Arabic.
- Language assistance services are made available by Community Health Group at no charge to members or providers.

Through many venues, our members are informed of:

- their right to have access to language assistance services for all points of contact and at no charge;
- their right to file a complaint or grievance if linguistic needs are not met.
- access to language services is simple and available; and that
- we strongly discourage members from using minors, family or friends as interpreters.

Please help us remind them that they have access to these quality language assistance services; if they refuse, please document their refusal in your medical record.

- If a member informs you that they are not satisfied with the language assistance services provided by CHG, please remind them of their right to file a grievance and seek an independent medical review in threshold languages and through oral interpretation. Grievance forms are found in all threshold languages via our web site, www.chgsd.com.
- Community Health Group has translated the following key documents in threshold languages.
 - Evidence of Coverage,
 - Grievance forms and others are available to members and providers upon request and at no charge.

If you need to access vital documents in a threshold language, please contact our member services department or visit our website at www.chgsd.com.

Through self reporting, CHG monitors the languages spoken by you and your staff. This information is maintained in our provider directories. To keep this information current, please notify us if there is a change in your staffing. Please contact Victor Gonzalez at (619) 498-6457.



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Initial Health and Home Environment Assessments

Community Health Group (CHG) is celebrating our fourth year of participating as a Medicare Advantage Special Needs Plan. We are excited about our CommuniCare Advantage line of business and appreciate the assistance many of you have provided to help in growing this new product.

One benefit we want to remind you of is the Initial Health and Home Environment Assessment (IHA) that is provided to all new CommuniCare Advantage members shortly after enrollment.

The assessment is conducted by a contracted physician. The intent of the assessment is to document advanced disease level status and member knowledge of his/her current medical condition. The assessment also provides CHG's disease and high-risk case management nurses a head start for understanding the individual needs of these members. In addition, an assessment is made of any home safety needs or issues (for example, shower grab bars which CHG will purchase and install, if needed).



The results of the IHA, along with any recommendations, are forwarded to the member's primary care physician for placement in the member's chart. The findings assist the primary care physician with the member's overall treatment plan.

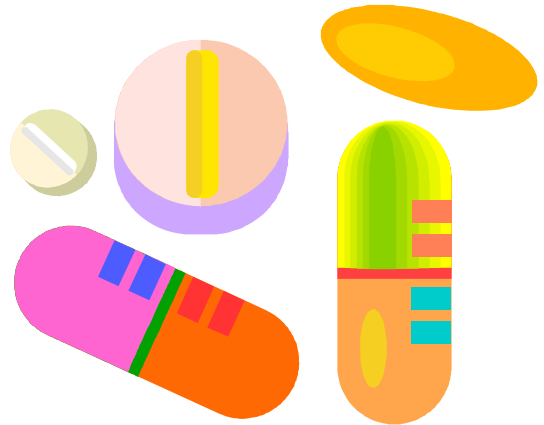
When primary care physicians receive these reports, we ask for help with the following:

- 1) Review any recommendations;
- 2) Ensure the medical record reflects the findings of the IHA;
- 3) Develop and implement a treatment plan;
- 4) Adjust the treatment plan as needed;
- 5) Request assistance of CHG Case and Disease Management staff for hard to manage members;
- 6) Use standing referral process for members who may have ongoing needs; and
- 7) Share pertinent findings with involved specialists

We thank you in advance for your assistance in working with our members through this process. We believe that the data gained through the IHAs will enable all of us to better manage our new members.

Community Health Group's Formularies

Community Health Group's three formularies – one for each of our Medi-Cal, Healthy Families, and Medicare products – are available on our website (www.chgsd.com). To access the formularies, click on the link for Providers. The formularies can be viewed or printed and retained for your reference. For those who do not have Internet access, you can request a copy of the formularies by contacting our Member Services Department at 1-(800) 224-7766. The formularies are updated periodically and the most current version is posted on our web site. A list of recent changes is also included within the Medi-Cal and Healthy Families formularies.



The "Introduction" section of each formulary contains some pertinent information about Community Health Group's pharmaceutical management procedures. Our Medication Request Form (MRF) is posted on our web site for your convenience. The MRF is used to request a non-formulary drug or to request an override of any prior authorization, step edit, quantity limit, or any other utilization management requirement. Our goal is to make a decision on all requests within 24 hours or one business day. To avoid a decision to pend a request, it helps to have a fully completed MRF. It is also helpful to list the direct phone number and fax number of the person in your office who is best able to provide information about a particular request. Each decision is based on a benefit provision, coverage or clinical guideline, protocol or criterion. You may request a copy of the applicable criterion any time during the prior authorization process by calling our Pharmacy Department at (619) 498-6507.

Our Pharmacy and Therapeutics Committee meets four times a year. We welcome your comments regarding our formularies. Formulary recommendations may be submitted to the Committee by mail: Attention: P&T Committee, 740 Bay Blvd., Chula Vista, CA 91910; fax: (619) 407-4653; telephone: (619) 498-6476; or e-mail: NKoizu@chgsd.com.

Member Rights & Responsibilities

Member Rights & Responsibilities

Members of our health plan have rights and responsibilities. Their rights protect them as health care consumers and plan members. Members also need to understand their responsibilities in order for their doctors and others who care for them to do their best job!

Member Rights

Members have the right to:

- Receive information about Community Health Group, its services and its doctors and other providers in a way that may be easily understood.
- Receive information about your rights and responsibilities as a Community Health Group member.
- Be treated with respect and dignity.
- Privacy.
- Choose a Primary Care Physician from within our network of contracted providers.
- Participate with your doctor in decision making about your health care, and to refuse treatment.
- An open and honest discussion of your treatment options regardless of cost or health plan benefits.
- Get appointments within a reasonable amount of time.
- Complain about Community Health Group or the care you receive.
- Appeal when you don't agree with a decision Community Health Group has made.
- Ask someone to explain or translate if you don't understand something that is said or written.
- Request an interpreter at no charge to you.
- Use interpreters who are not your family members or friends.
- File a complaint if your linguistic needs are not met.
- Prepare Advance Directives.
- Have your medical records kept private.
- See your medical records.
- Make recommendations regarding Community Health Group's rights and responsibilities policies.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Exercise these rights without adversely affecting how you are treated by Community Health Group, its providers, or the State.



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Member Rights & Responsibilities

Member Responsibilities

Members have the responsibility to:

- Give correct information to Community Health Group, its doctors and other providers so that they can care for you.
- Follow the plans and care instructions that you have agreed to with your doctor and others who provide care to you.
- Know your doctor's name.
- Bring your member ID card(s) with you when getting medical care. If you have other insurance, take that card too.
- Use emergency services only in cases of an emergency or as directed by your provider.
- Remember what your doctor tells you about your health problem.
- Understand your health problems and participate in developing treatment goals.
- Ask questions if you don't understand what you are told.
- Keep follow-up visits with your doctor.
- Tell your doctor if you don't want to follow a treatment plan.
- Make and be on time for medical appointments or cancel appointments at least one business day ahead of time.
- Treat all Community Health Group personnel and health care providers respectfully and courteously.
- Go with your children who are under age 18 (if they are enrolled in the plan) when they are getting medical care. You can sign a form that allows the child to be treated without you there.
- Help Community Health Group maintain accurate and current records by providing timely information regarding changes in address, family status, and other health coverage.
- Notify Community Health Group as soon as possible if a provider bills you inappropriately or if you have a complaint.

Please see your Combined Evidence of Coverage and Disclosure Form (Member Guide) for a complete list of your rights and responsibilities.



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CMS Requirement for Fraud, Waste and Abuse Compliance Training

Community Health Group would like to thank providers and their staff for complying with all Fraud, Waste and Abuse (FWA) Compliance requirements. The Centers for Medicare and Medicaid Services (CMS), requires Medicare Advantage organizations (MAOs) to have annual training, education and lines of communication for all participating providers, including Medicare Part D participating providers.

All Community Health Group providers who hold a direct contract with an MAO (first-tier entities) must complete this training. First-tier entities are responsible for their downstream entities' (entities with which a first-tier entity contracts to provide services to Medicare Advantage (MA) members) completion of the training. Providers may also use the Industry Collaboration Effort (ICE) training (details below) to fulfill this requirement.

INDUSTRY COLLABORATION EFFORT TRAINING

ICE published its version of the Fraud, Waste and Abuse Compliance Training for Medicare providers. Community Health Group reviewed the ICE training and agrees that it meets the requirement for California providers.

To access the ICE Medicare General Compliance FWA Training Presentation, please use the following link:

www.iceforhealth.org/librarysearch.asp?SearchText=Fraud



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MONTHLY RECOGNITION

Community Health Group would like to recognize the following Providers of the Month:



**Provider of the Month for September 2011
San Diego Family Care—Linda Vista**

This provider received the award for their wonderful partnership and participation demonstrated towards assisting our marketing department to increase our CommuniCare Advantage line of business.



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MONTHLY RECOGNITION

Community Health Group would like to recognize the following Providers of the Month:



Provider of the Month for October 2011

Neighborhood Healthcare Center–Adults (top photo)

Neighborhood Health Center–Pediatrics (bottom photo)

Both Neighborhood Healthcare Center sites received the award for their collaboration and assistance to increase our CommuniCare Advantage and Medi-Cal lines of business.



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MONTHLY RECOGNITION

Community Health Group would like to recognize the following Providers of the Month:



**Provider of the Month for November 2011
Lifetime Women's Healthcare**

They received the award for providing outstanding support to CHG efforts to increase our annual HEDIS scores. Thank you for all your assistance, we appreciate it!



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