



### A Message from the CEO

On behalf of Community Health Group, I would like to take this opportunity to thank you and your staff for all of the exceptional service and quality care you have provided to your patients – our members. We realize that your job is not easy and that being a physician in today’s environment can be challenging. You continue to be at the heart of our organization. Through you, we are able to offer a complete, professional and caring physician and ancillary network to our growing membership.

November marked a milestone for our organization as our Medi-Cal enrollment surpassed the 100,000 mark. We continue to be committed to our customers and look forward to 2011 and continued growth. Recognizing that 2011 brings new opportunities, we are preparing for the upcoming changes to our programs. Beginning June 2011, Medi-Cal recipients who are in the aid codes of seniors and persons with disabilities will be mandatorily enrolled into managed care. We look forward to incorporating this population into managed care. We will work with you and your staff as we prepare for this change.

We look forward to 2011 and working with you and your staff as we enter into another year of serving our members alongside you and your team. Happy holidays to you, your family and your staff. Thank you again for your help.

Mil Gracias,

Norma Diaz  
Chief Executive Officer

#### HIGHLIGHTS AT A GLANCE



- Physician Satisfaction Surveys coming your way soon.
- HEDIS 2010 encounter data submittal due.
- Seniors and persons with disabilities moving into Medi-Cal managed care starting June 1, 2011
- Report Fraud—call CHG’s toll-free Fraud Hotline 1 (800) 651-4459.



## CMS Requirement for Fraud, Waste and Abuse Compliance Training – ICE Training Now Acceptable

Community Health Group would like to thank providers and their staff for complying with all Fraud, Waste and Abuse (FWA) Compliance requirements during 2010. According to regulations issued by the Centers for Medicare and Medicaid Services (CMS), Medicare Advantage organizations (MAOs) are required to have annual training, education and lines of communication for all participating providers, including Medicare Part D participating providers.

All Community Health Group providers that 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 this training, refer to ICE's Website at:

[www.iceforhealth.org/librarysearch.asp?SearchText=Fraud](http://www.iceforhealth.org/librarysearch.asp?SearchText=Fraud)

## Notice to Physicians

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

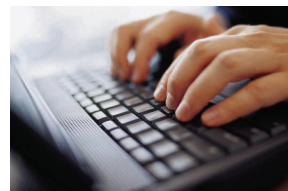
Physicians will be notified of any information that varies substantially from the information they personally provided on the credentialing application. The physician will be given the opportunity to correct or have corrected any erroneous information obtained during the verification process.

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



## Provider Satisfaction Survey

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 the training for next year. Thank you in advance for your participation.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

*MONTHLY RECOGNITION*

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



**Provider of the Month for October 2010  
Collin Teguh, D.O., North Park Medical Center  
Specialty: Family Practice**

Happy  
Holidays



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

*MONTHLY RECOGNITION*

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



**Provider of the Month for November 2010**  
**Enrique Espinosa-Melendez, M.D., National City Family Clinic**  
**Specialty: Nephrology and Internal Medicine**



**Provider of the Month for December 2010**  
**Josie Nuqui, M.D. , Operation Samahan Health Clinic—Mira Mesa**  
**Specialty: Family Practice**



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## LANGUAGE ASSISTANCE PROGRAM

Dealing with language barriers in health care is never an easy task. CHG's language assistance program is dedicated to meeting the language needs of our members. Language assistance services, both clinical and non-clinical, are provided in a culturally competent manner and accessible to all members, including those with:

- limited English proficiency and or reading skills,
- hearing or visual impairment, and
- diverse cultural and ethnic backgrounds.

Language assistance services can be used to explain diagnoses, discharge instructions from an acute care hospital, specifics on a treatment plan or simply follow up to ensure appropriate care is provided.

CHG employs Spanish-speaking and Vietnamese-speaking staff with many years of experience in the provision of health care services to our members. Approximately 70 % of our staff is bilingual in English, Spanish, Vietnamese and other staff members have abilities in other languages. Members' linguistic needs are frequently met by CHG staff directly; however, if a member identifies a unique need, CHG contracts with the Language Line to provide interpreter services for more than 140 languages. Additionally, CHG contracts with Language Translation, Inc., to provide face-to-face personal interpretation to our members.

CHG members have the right to:

- Availability of interpreter services at no cost to the member;
- Not to use family members or friends as interpreters;
- Request services during discussions of medical information;
- File a grievance or complaint if their culturally linguistic needs are not met; and
- Receive written materials in their primary language.

We would like to remind you to document members' requests or refusal of interpreter services in their primary care medical record. Interpretation services, whether medical or non-medical in nature, are available to all members at all points of contact. Please note that the language assistance program is accessible at no cost to either the member or the provider.

Language assistance services are simple to access. Just call Member Services 24 hours a day, 7 days a week at 1 (800)-244-4430. Staff is ready to help you coordinate language assistance services for our members.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## **CMS Recommendations for Screening of High Risk Medicare Members for HIV**

We would like to thank our primary care physicians and specialty providers who have been providing care to our CommuniCare Advantage (HMO-SNP) members. To keep you informed of changes with Medicare, we are sharing key information from a recent release by the Centers for Medicare and Medicaid (CMS) regarding recommendations for screening of high risk Medicare members for the Human Immunodeficient Virus (HIV).

In accordance with the recommendations from the United States Preventive Services Task Force (USPSTF) effective July 1, 2010, Medicare recommends plans and providers work together to promote HIV screening for members with the following risk profiles:

- Men who have had sex with men after 1975
- Men and women having unprotected sex with multiple partners
- Past or present injection drug users
- Men and women who exchange sex for money or drugs and have multiple partners
- Individuals whose past or present sex partners were HIV infected, bisexual or injection drug users
- Persons being treated for sexually transmitted diseases
- Persons with a history of blood transfusions between 1978 and 1985
- Persons who request HIV screening despite reporting no individual risk factors
- Pregnant women during the third trimester and at labor

Please screen your patients to identify those with high risk profiles and offer HIV screening during routine office visits. Coordinate the testing with our contracted laboratory provider, Quest. When ordering these tests, please use the following procedure codes: HCPCS codes G0432, G0433, G0435 and diagnosis code V73.89.

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

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



**COMMUNITY HEALTH GROUP**  
CONTACTS FOR PHYSICIANS

**VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457**  
**NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476**  
**MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430**

## New DMHC Regulation: Timeliness of Appointments

The Department of Managed Health Care (DMHC) finalized timeliness of appointments rules to help improve patient access to medical care. These regulations will become effective on January 17, 2011 and will apply to all Community Health Group physicians, mid-level practitioners and mental health providers.



### What do I need to know?

The main requirements affect appointment waiting times for routine and urgent appointments, for both primary care physicians (PCPs) and specialty physicians.

### Phone Calls

Must be returned within 30 minutes of the patient's phone call

### Routine appointments

PCPs: Must be made within 10 working days from the time of the patient's request

Specialists: Must be made within 15 working days from the time of the patient's request

### Urgent appointments

Must be made within 48 hours from the time of the patient's request

### What if the patient doesn't need to be seen so soon?

The regulations allow the following: If visits are planned according to recommended periodic screening (e.g., pediatric appointments following American Academy of Pediatrics guidelines) or following an established treatment plan (e.g., diabetic patients seen every six months as part of their chronic care management), that is acceptable.

If, when a patient calls for an appointment, the physician or health professional performing triage/screening determines, within professionally recognized standards of practice, that a longer waiting time will not have a detrimental effect on the health of the patient, then an extension (longer than the usually required waiting times) may be granted. All of the above must be documented in the patient's record.

Community Health Group recognizes that these new regulations may seem like an extra step that has to be done to care for our members. However, these regulations apply to any member of a managed care plan—not just Community Health Group members. Since this is now the law, Community Health Group is responsible for carrying out these requirements, and we must institute corrective action plans with providers who do not regularly meet them.

We ask for your help as we work together to implement these new regulations. In addition, we are here to help you take the steps necessary to meet these new requirements. If you have questions or would like assistance on this matter, please call Victor Gonzalez at (619) 498-6457.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## HEDIS

It is hard to believe that the fourth quarter of 2010 is almost over. We are finalizing the 2010 HEDIS encounter data push, only to quickly begin the HEDIS 2011 data collection. Our team has been out to your office providing you lists of members for whom we have record of visiting your office in 2010 and many of your staff were able to provide us with additional information.

We want to thank those of you who assisted us in our efforts and those who also took the time to call members to come in for well visits in 2010. The HEDIS project just never really ends; we continue to look for ways to make it easier for both you and Community Health Group.

If you have encounter data that you would like to submit to us electronically, we would be happy to work with your team in a test phase to facilitate this process. If you don't have electronic capability and would like to begin using our on-line PM160 forms for your Medi-Cal well visits, it would be a good first step.

The bottom line is that we want to make it as easy as possible for you to submit all of your data for all of your Community Health Group members. We need both the well and sick visits to most accurately reflect the care you provide to your patients – our members. Our HEDIS scores are posted statewide on our regulatory agencies' websites and are used as a report card for health plans, and really reflect the care our physicians provide to our members.

If you would like to submit your encounter data electronically or are interested in the on-line PM160 submittal, please call Victor Gonzalez at (619) 498-6457.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

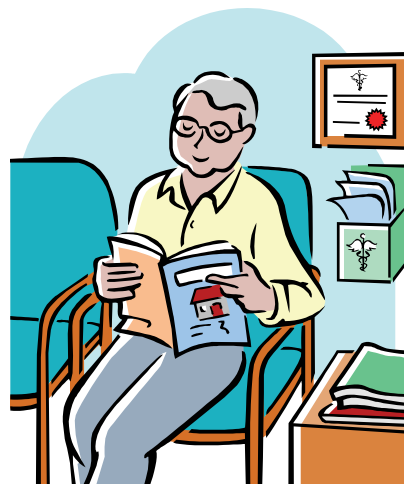
## Seniors and Persons with Disabilities

Beginning in June 2011, Medi-Cal beneficiaries who are classified by the State of California as being Seniors and Persons with Disabilities (SPD) will be required to join a Medi-Cal managed care plan. The Department of Health Care Services has given the plans specific regulations regarding the services we must ensure these new members receive. For Community Health Group, every new SPD member will be assessed to determine the level of services that they need based on their risk level. All SPD members will receive enhanced case management and care coordination.

Coordinating care will be a key aspect to helping our new SPD members thrive. There will be times that they are able to continue receiving services from non-contracted providers which may make coordination more of a challenge for Community Health Group and our providers.

Many services available to Medi-Cal managed care members are covered by other programs. Examples include specialty mental health, dental and services provided by the San Diego Regional Center. Though Community Health Group is not the payor for these services, the State will require us to ensure that our providers are coordinating care with them.

As June 2011 approaches, Community Health Group will be sending you contact information for key staff that can help you better coordinate care for this new group of Medi-Cal beneficiaries who will be joining our plan. We will work closely with you to make a difference in the health of our new members.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## CHDP PMI60 Coding Made Easier

For those of you utilizing our on-line PM160 form, we have made it easier to document when you counsel a parent or an older child on the need to implement or increase physical activity/exercise. When you are discussing such changes as part of a healthy life style or to maintain a healthy weight, we have added a check box on the on-line form. This check box is located in the "free text area"



to make it easy to document this counseling.

This recommendation is often alongside nutrition counseling when obesity or maintaining a healthy weight is discussed. There is a box on the PM160 form to note such nutritional counseling (Box 03) and no change has been made.

If you are not using the on-line PM160 form and completing the hard copy form, just complete a note in the top right hand "free-text" box indicating "counseled for physical activity or exercise." This will ensure you and CHG receive HEDIS credit for these very important HEDIS measures.

## Community Health Group's Affirmative Statement about Financial Incentives

Community Health Group affirms that:

- Utilization Management (UM) decision-making is based only on appropriateness of care and service, and existence of coverage.
- We do not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage, service, or care.
- Financial incentives for UM decision-makers do not encourage decisions that result in under utilization.

For more information about Community Health Group's UM decision-making process, please contact Martha Jazo-Bajet, R.N., Director of Utilization Management, at (619) 498-6430.

## Model of Care for CommuniCare Advantage Members

As a component of our Special Needs Plan, Community Health Group's Model of Care program continues to be our primary vehicle to assess the individual needs of Medicare members. The goal of the Model of Care is to provide an infrastructure to quickly and specifically address the socio-economic, cultural and linguistic, disease-related needs of Medicare members.

CHG's Model of Care specifically addresses the needs of dual eligibles by:

- Early and on-going assessment of the needs and development of customized care plans specific to each enrollee.
- Processes to provide care by non-contracted providers when clinically needed.
- Health education network to provide culturally-sensitive and linguistically appropriate services.
- Member Services 24 hours a day, seven days a week.
- Language Assistance Programs available to members and providers 24 hours a day, seven days a week.
- Nurse triage/telephone advice services.
- Comprehensive case management.
- Behavioral Health Services through contracted providers.
- Integration of drug therapy with all aspects of medical and mental health.

Through this Model of Care, staff may contact you to ask for your assistance in coordinating care for our CommuniCare members. We thank you so much for your ongoing partnership and for providing quality care to our members.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## Community Health Group Member's Rights & Responsibilities

Community Health Group members have rights and responsibilities. These rights are made available to protect our members as health plan consumers. Community Health group 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 provider 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.

Community Health group 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.
- Present your member ID card(s) 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.



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430

## Disease Management Programs Available

Did you know that Community Health Group has developed and implemented disease management programs for four targeted chronic conditions: Asthma, Diabetes, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)? These programs are designed to support the physician-patient relationship and plan of care. The programs emphasize the prevention of exacerbation and complications using evidence-based practice guidelines and health education services that are culturally and linguistically appropriate.

The overall goal is to improve the health outcomes for members with these targeted diseases. Interventions focus on promoting knowledge of the disease process, lifestyle changes to better manage disease and linking key strategies to targeted Health Plan Employer Data and Information Set (HEDIS) measures.

Educational mailings are sent to identified members. Members are also strongly encouraged to access health education services available without prior authorization and at no cost to the member. Contracted health education providers are available county-wide and offer services in all the targeted topics and more. Services are also available in various languages. If you would like additional information on health education services, please contact Member Services at 1 (800) 224-7766.

## Quality counts!

Community Health Group cares about the quality of care and service our members receive. That's why we have a Quality Improvement Program. As a health plan, we look at our performance in many ways. One of those ways is how healthy our members are. Based on our studies, we set up special programs to improve the care our members receive.

Currently we are working to:

- Improve the health of our members who have asthma and diabetes.
- Increase the number of members who receive postpartum care (after childbirth), mammograms and immunizations.

If you would like more information about our Quality Improvement Program and its achievements, please call Carole Anderson at (619) 498-6454.

Community Health Group adopts clinical practice guidelines based on the highest standards of care. The following guidelines were updated during 2006 by the Clinical Quality Improvement Committee and are located on our website at [www.chgsd.com](http://www.chgsd.com):

- Management of Type 2 Diabetes Mellitus
- Asthma Management – Step Therapy Guidelines
- Chlamydia Screening and Treatment
- Major Depression in Adults in Primary Care
- Postpartum Depression Screening and Treatment
- Diagnosis & Management of Attention Deficit Hyperactive Disorder



COMMUNITY HEALTH GROUP  
CONTACTS FOR PHYSICIANS

VICTOR GONZALEZ, PROVIDER RELATIONS SUPERVISOR (619) 498-6457  
NOREEN KOIZUMI, DIRECTOR, HEALTH CARE OPERATIONS (619) 498-6476  
MARTHA JAZO-BAJET, DIRECTOR, UTILIZATION MANAGEMENT (619) 498-6430