

**COMMUNITY HEALTH GROUP  
NOTICE TO NON-CONTRACTED PROVIDERS  
and  
“1317.4a Notice to Non-Contracted Providers”**

Community Health Group (CHG), a California licensed health plan, is required to provide information to all non-contracting hospitals in California where one of its members might receive post-stabilization services, be admitted or transferred, with specific contact information needed for the provider to notify CHG.

**Please ensure that the appropriate staff members at your facility are informed of the following contact information:**

**CONTACT INFORMATION FOR NON-CONTRACTED HOSPITALS TO NOTIFY  
CHG OF NEED FOR POST-STABILIZATION CARE, ADMISSION OR TRANSFER**

**Non-psychiatric Admissions or Transfers  
Community Health Group Member Services  
(Available 7 days a week, 24 hours per day)  
(800) 224-7766**

**Behavioral Health Admissions or Transfers  
Community Health Group Behavioral Health Services  
(Available 7 days a week, 24 hours per day)  
(800) 404-3332**

For Community Health Group's Medi-Cal members, inpatient psychiatric treatment is the responsibility of the San Diego County Mental Health Plan. To obtain authorization to admit a Community Health Group Medi-Cal member to a psychiatric hospital, please call the San Diego County Access & Crisis Line at (888) 724-7240.

**Please also note that CHG contact information is available on the member's I.D. Card.**

As a non-contracted facility, you have certain obligations to notify us before providing post-stabilization care to one of our members and our obligation is to promptly respond to your requests for authorization to provide that post-stabilization care to our member.

Therefore, we want to ensure that you have all the information that you need to contact us when one of our members presents to your facility with an emergency medical condition, including those requiring psychiatric care.

Please share this contact information with all staff members who provide the clinical care, patient registration, case management, and business office functions at your facility.

**Steps to ensure coordination of care:**

1. Contact us for authorization to provide post-stabilization care.
2. Review, distribute, and post our contact information for notification and/or authorization for all post-stabilization care.
3. Contact us if you transfer a member to a higher level of care due to a psychiatric emergency condition.
4. Contact us if you receive a member from a transferring hospital in order to provide the member with psychiatric services and care.

**Steps to meet obligations as California non-contracted hospital:**

- Make every effort to identify the member's health coverage and document such efforts in the patient's medical record.
- Contact CHG for authorization to provide post-stabilization care, regardless of whether stabilization occurs in the emergency department prior to admission or after the patient has been admitted as part of the stabilizing process.

CHG values the care you provide to our members and our goal is to promote timely communication and coordination of care.

Notification to CHG avoids any financial impact to you resulting from failure to notify us timely with complete information. If you do not obtain our authorization to provide post-stabilization care to a member, neither CHG nor the member will be financially responsible for any unauthorized post-stabilization care that the hospital provides.

**Psychiatric Emergency Notification (CA Health and Safety Code, Section 1317.4a)**

In the event a member presents to your facility with a psychiatric emergency medical condition and you are unable to provide the care and treatment necessary to relieve or eliminate that psychiatric emergency medical condition, you may need to transfer our member to the psychiatric unit of a general acute care hospital or an acute psychiatric facility that can provide the needed treatment.

As required by California law, you must call/notify us that you are transferring our member. We will work with you to arrange a transfer to one of our facilities where we can provide our member with the care and treatment necessary to relieve the psychiatric emergency medical condition.

If your hospital has received via transfer from another hospital one of our members who is experiencing a psychiatric emergency, you must call/notify us that you have received our member and to request authorization to provide post-stabilization care.

**Please see contact information above.**

**To facilitate future notices from us, please provide your e-mail or fax number to our Provider Relations Department at [vmgonza@chgsd.com](mailto:vmgonza@chgsd.com).**