

A year of commitment, courage and resolve

As 2021 closes, I am filled with appreciation for our provider community's continued commitment, courage and resolve. Your efforts have not gone unnoticed, especially by those whose experience matters most, the patients. At a recent Department of Health Care Services (DHCS) Quality Conference, the Alliance was recognized as the medium-sized plan with the highest ratings of pediatric patient satisfaction. Additionally, 89% of respondents to our 2021 Provider Satisfaction Survey reported satisfaction with the Alliance, and 99% would recommend the Alliance to other physicians. In this bulletin, we also recognize the exceptional performance of a few primary care practices for their quality care to members. Lots of good news about our shared ability to contribute to members' health and satisfaction, even during such challenging times.

As we head into 2022, this shared ability to advance member health and engagement remains important. DHCS is implementing significant Medi-Cal program changes on January 1, 2022. First, retail pharmacy services will be administered by a DHCS contractor, Magellan, and not by Medi-Cal managed care plans like the Alliance. Members are receiving notices of this change, and the Alliance will work with Magellan over the coming months to support members and providers in navigating this shift.

Second, the Medi-Cal program will add a new benefit, Enhanced Care Management, for adults who are experiencing homelessness, are high utilizers and/or are experiencing severe mental illness (SMI) and/or substance use disorder (SUD). This community-based care management will meet members where they are and provide needed supports to improve health outcomes. This work picks up from county efforts in the Whole Person Care pilots and is the first step in implementing the broader CalAIM initiatives, which seek to transform the Medi-Cal delivery system.

As we enter this new phase of change and transformation, we remain grateful for our partnership and collaboration with you.

Stephanie Sonnenshine
Stephanie Sonnenshine, CEO

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Alliance Board Meetings

January 2022

No meeting scheduled

Wednesday, Feb. 23, 2022
3–5 p.m.

Due to the pandemic, all meetings are being held via teleconference. Please check the Alliance website for meeting details.

Physicians Advisory Group Meeting

Thursday, March 3, 2022
Noon to 1:30 p.m.

Whole Child Model Clinical Advisory Committee Meeting

Thursday, Dec. 16, 2021
Thursday, March 17, 2022
Noon to 1 p.m.



2021 HEDIS Award Winners



The Alliance’s Quality Improvement team has successfully completed HEDIS measurement year (MY) 2020 (reporting year 2021). This retrospective review of claims, supplemental source data, and medical records sought to evaluate that Alliance providers delivered the best care possible in 2020. In review, new benchmarks were achieved and steady improvements were made across our network.

Starting with Santa Cruz and Monterey, high performance levels were realized for immunizations for children and adolescents, postpartum follow-up, and asthma medication ratio. In addition, sizeable improvements were made in antidepressant medication management and prenatal care.

Merced County providers continue to demonstrate steady gains in care delivery. Antidepressant medication

management-effective acute phase treatment showed statistically significant improvement of 6.44%, as well as continuation phase treatment with an increase of 5.78%. Additional advances were achieved in cervical cancer screening, childhood and adolescent immunizations, prenatal and postpartum care, and asthma medication ratio.

Without question, the COVID-19 pandemic has resulted in significant challenges for the Alliance’s provider network, and yet providers rose to meet the innumerable challenges presented. In recognition of provider service excellence, the Alliance’s HEDIS MY 2020 Award of Excellence and Partnership Award recipients have been decided. Please take a moment to review the following high-achieving providers and join us in congratulating their great efforts in serving our members.

HEDIS MY 2021 – measure list update

The Alliance has received an updated measure set called the Managed Care Accountability Set (MCAS) for HEDIS measurement year (MY) 2021. The MCAS continues to align with the Centers for Medicare and Medicaid Services Child and Adult Core Sets, as well as the National Committee for Quality Assurance’s HEDIS standards.

The MY 2021 MCAS consists of 29 measures. The Alliance will be held to the minimum performance level (MPL) for 16 of these measures. **See page 4** for a list of updated MCAS measures that are held to the MPL, including brief descriptions of their requirements. For more information and technical specifications, please email QI@ccah-alliance.org.



Apex Medical Group, Inc. (Radiology), Merced County

“With agreed shared goals to enhance the efficiency and quality of services and care, there has been a great outcome, and it has been very beneficial to many patients.”



Salinas Pediatric Medical Group, Monterey County

“Our practice has a strong focus on promoting preventive care. We have dedicated, hardworking providers and staff members who work together to ensure that we provide the best care for our patients.”

Not pictured

Exceptional standout providers for HEDIS MY 2020



Montage Medical Group (Carmel), Monterey County

"Montage Medical Group has been working closely with our Population Health Care Coordinators, specifically assigned to manage our CCAH population, to ensure that every patient receives their necessary screenings. We are so pleased to receive this award!"



Plazita Medical Clinic, Santa Cruz County

"Plazita Medical Clinic staff works together to ensure that our patients get the best health care possible. From the front staff to the MAs, medical providers and administrative personnel, we look for when a patient is due for routine health maintenance exams or vaccinations."



Romie Lane Pediatrics, Monterey County

"We attribute our success to our internal system for flagging patients as well as reviewing the Alliance Provider Portal reports for noncompliant members. We actively call members to come in if needed and regularly submit any missing information via the Alliance's Data Submission Tool."



Santa Lucia Medical Group, Monterey County

"We attribute our success to our dedication to best practices and a good foundation of procedures and efficiencies. Our practitioners and administration staff work together to ensure that we are providing the highest quality of care to our patients."



St. Junipero Children's Clinic, Monterey County

"We are honored to receive the HEDIS award three years in a row. We also want to thank our staff for keeping communication open with each other to ensure prompt scheduling for all well-child, well-baby and urgent care visits. We're looking forward to continuing to do our best in the years to come."



Gettysburg Medical Clinic, Inc., Merced County

"We are so excited about the HEDIS partnership award we received for breast cancer screening! We are always happy to help our members in all their medical needs!"

**Melissa Lopez-Bermejo, MD,
Santa Cruz County**

**Newman Medical Clinic,
Merced County**

**Long Thao, MD, Inc.,
Merced County**

MY 2021 Managed Care Accountability Set (MCAS)

Measures held to MPL	Brief description
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Chronic Condition Measures

Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%)	Adults ages 18-75 with a diagnosis of diabetes (type 1 and 2) who had HbA1c control >9.0%.
Controlling High Blood Pressure (BP)	Members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90).
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Women's Measures

Breast Cancer Screening	Women ages 50-74 who had a mammogram to screen for breast cancer anytime on or between Oct. 1, 2019, and Dec. 31, 2021.
Cervical Cancer Screening	Women who were screened for cervical cancer using the following criteria: <ul style="list-style-type: none"> • 21-64 years of age who had cervical cytology performed within the last 3 years. • 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.
Chlamydia Screening in Women	Women 16-24 years of age who were identified as sexually active and who had a test for chlamydia.
Prenatal and Postpartum Care – Timeliness of Prenatal Care	Women who had a prenatal visit within the first trimester (or within 42 days of enrollment).
Prenatal and Postpartum Care – Postpartum Care	Women who had a postpartum visit between 7 and 84 days after delivery.

Children and Adolescent Measures

Child and Adolescent Well-Care Visits	Members 3-21 years of age who had a comprehensive well-care visit with a PCP or an OB/GYN practitioner.
Childhood Immunization Status – Combo 10	Children who received the following immunizations before their second birthday: <ul style="list-style-type: none"> • 4 DTaP. • 3 IPV. • 1 HepA (New). • 3 HebB. • 3 Hib. • 2 Flu (New). • 1 VZV. • 1 MMR. • 2 or 3 RV (New). • 4 PCV.
Immunizations for Adolescents	Adolescents who received the following immunizations by their 13 th birthday: <ul style="list-style-type: none"> • 1 MCV (given at 11-13 years). • 1 Tdap (given 10-13 years). • 2 HPV (given 9-13 years).
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN, and who had documentation of: <ul style="list-style-type: none"> • BMI percentile. • Counseling for nutrition and physical activity.
Well-Child Visits in the First 30 Months of Life	Members who had the following number of well-child visits with a PCP during the last 15 months: <ul style="list-style-type: none"> • Children who turned 15 months old during the measurement year: Six or more well-child visits. • Children who turned 30 months old during the measurement year: Two or more well-child visits.

2022 Care-Based Incentives (CBI) Program

Central California Alliance for Health's CBI Program comprises a set of measures encouraging preventive health services and connecting Medi-Cal members with their primary care providers (PCPs). The program offers financial incentives and technical assistance to support providers in helping members self-manage their care and reduce proximal health care costs.

The CBI Program consists of provider incentives that are paid to qualifying contracted provider sites, including family practice, pediatrics and internal medicine. Provider incentives are broken into:

- **Programmatic measures** that are paid annually based on rate of performance in each measure.
- **Fee-for-service (FFS) measures** that are paid quarterly when a specific service is performed or a measure is achieved.

New Programmatic Measures

Quality of Care Measures

- **Breast Cancer Screening:** This measure has been moved from an exploratory measure to a programmatic measure. Measure performance is based on the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the past two years.
- **Screening for Depression and Follow-Up Plan:** This measure has replaced the Antidepressant Medication Management

measure. Measure performance is based on the percentage of members 18-64 years of age who are screened for depression on the date of the visit using an age-appropriate standardized depression screening tool and, if positive, receive a documented follow-up plan on the date of the positive screen.

Measure Changes

- **Plan All-Cause Readmission** points have been redistributed to the **Post-Discharge Care measure**.
- Points from **Ambulatory Care Sensitive Conditions** and **Preventable Emergency Visits** have been reallocated to the **Quality of Care measures**.
- **The Joint Commission PCMH certification** has been removed from the **Behavioral Health Integration FFS measure** as a stand-alone qualification.

New Exploratory Measures

These measures will not qualify for payment in 2022 but will be considered for addition as paid measures in the 2023 CBI Program.



- **Adverse Childhood Experiences (ACEs) in Children and Adolescents:**

Performance is based on the percentage of members 1-21 years of age who are screened for ACEs annually using a standardized screening tool.

- **Health Plan Health Disparity:** This measure will look at health plan performance using the HEDIS Child and Adolescent Well-Care Visit to determine whether different ethnic groups had or did not have equal access to primary care, relative to our largest member population.

Retired Measures

- **Antidepressant Medication Management.**
- **Maternity Care: Postpartum.**
- **Maternity Care: Prenatal.**



For additional information and resources, please visit the Care-Based Incentives page of the Alliance's website.

Pharmacy carve-out: Upcoming transition to Medi-Cal Rx and provider training information

Beginning Jan. 1, 2022, Medi-Cal pharmacy benefits will be provided through the new delivery system called Medi-Cal Rx, administered by Magellan Medicaid Administration, Inc. (Magellan). All pharmacy claims will be directly managed by the state.

The California Department of Health Care Services (DHCS) has training available for pharmacy providers, prescribers and staff as they transition to Medi-Cal Rx. A summary of these trainings is provided below. For more information, including registration links and training dates, please visit the DHCS Medi-Cal Rx Education and outreach page: [medi-calrx.dhcs.ca.gov/home/education](https://www.medi-calrx.dhcs.ca.gov/home/education).

You may also contact the Medi-Cal Rx Education and Outreach Team with any questions at MediCalRxEducationOutreach@MagellanHealth.com.

User Administration Console Training

All Medi-Cal Rx pharmacy providers, prescribers and their staff will need to complete secured registration in order to access the secured areas of the Medi-Cal Rx Web Portal. Access to the Medi-Cal Rx Secured Provider Portal starts with registration via the User Administration Console application.

Saba Learning Management System (LMS) Training

Saba LMS is the one-stop shop for education and outreach information for Medi-Cal Rx pharmacy providers and prescribers. Saba training session topics include how to view the education and outreach events calendar, how to register to attend an event or take an online course, and how to complete evaluations of training effectiveness.

Medi-Cal Rx Transition, Resources and Web Portal Training

This training is intended to give pharmacy providers and prescribers an overview of the Medi-Cal Rx transition and the resources that are available on the Medi-Cal Rx Web Portal. Topics that will be covered in this training include the following:

- Medi-Cal Rx background and high-level changes affecting pharmacy providers and prescribers.
- Point-of-sale (POS) technical and operational readiness.
- Web claims submission and overview of the Finance Portal.

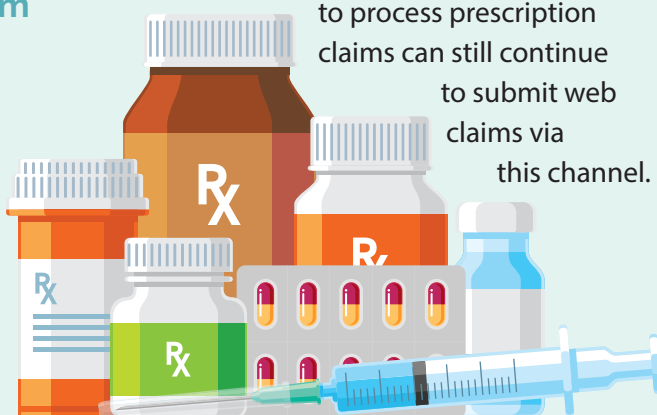
Prior Authorization Training

A Prior Authorization (PA), previously known as a Treatment Authorization Request (TAR), requires providers to obtain approval before rendering certain services such as prescriptions. This training is intended for pharmacy providers and prescribers that plan to use the new Medi-Cal Rx Secured Provider Portal to submit PAs.

Web Claims Submission Training

This training will give providers an overview of the new Medi-Cal Rx web claims submission system. Providers currently using a POS system

to process prescription claims can still continue to submit web claims via this channel.



COMING
SOON

Enhanced Care Management and community supports

As of January 2022, the Alliance will have a contract with community-based organizations to provide Enhanced Care Management (ECM) in Santa Cruz and Monterey counties, where the Whole-Person Care pilots will be sunsetting. ECM will be offered in Merced County in July 2022.

ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and nonclinical needs of high-cost and/or high-need Alliance members through systematic coordination of services and comprehensive, community-based care management. ECM is part of a broader population health system design within CalAIM, under which the Alliance will systematically risk-stratify enrolled populations and offer a menu of care management interventions at different levels of intensity.

ECM will be initially provided to three populations of focus:

1. Individuals and families that are experiencing homelessness AND have at least one complex physical, behavioral or developmental health need with inability to successfully self-manage, for whom coordination of services would

likely result in improved health outcomes and/or decreased utilization of high-cost services.

2. High-utilizing adults.
3. Adults with serious mental illness and/or substance use disorders.

ECM contracted providers will offer the following services to qualifying members:

- Outreach and engagement.
- Comprehensive assessment and care management planning.
- Enhanced coordination of care.
- Health promotion activities.
- Comprehensive transitional care planning.
- Member and family supports.
- Coordination of and referral to community and support services.

Community supports are medically appropriate and cost-effective alternative services. DHCS strongly encourages health plans to offer a robust menu of community supports to comprehensively address the needs of members with the most complex health issues, including conditions caused or exacerbated by lack of food, housing or other social determinants of health.

As of Jan. 1, 2022, the Alliance will offer the following

community supports:

- Housing transition navigation services.
- Housing deposits.
- Housing tenancy and sustaining services.
- Medically tailored meals.
- Sobering center (Monterey County only).

The Alliance will contract with community-based organizations with expertise and training in the community supports they are contracted to provide. Community supports are optional for both the Alliance and the member and must be approved by DHCS.

Alliance drug formulary changes Q4 2021 – additions to formulary for IHSS members only

Narcan (naloxone 4 mg nasal spray)

Kloxxado (naloxone 8 mg nasal spray)

Naloxone carpject (cartridge-type syringe)

Naloxone syringe



Dialysis code changes as of June 1, 2021

The following local dialysis codes have been terminated by Medi-Cal for dates of service on or after June 1, 2021 (refer to Medi-Cal General Medicine Bulletin 563/May 2021):

Code Description

- Z6012 Home training dialysis, including routine laboratory charges.
- Z6014 Home training dialysis only.
- Z6030 Home dialysis (peritoneal or hemodialysis), including laboratory, support services, routine injections and home dialysis supplies on a monthly basis.
- Z6042 Home training dialysis only (CMS approved).

The following dialysis codes are new Medi-Cal benefits effective for dates of service on or after June 1, 2021:

Code Description

- S9335 Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem.
- S9339 Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately).

Billing for twins

To facilitate the payment for twins, enter the babies' names in the Patient's Name field. If the infants have not yet been named, write the mother's last name followed by "Baby Boy" or "Baby Girl." Each baby from a multiple birth must also be designated by a number or letter (example: Jones Baby Girl Twin A). For more information regarding twin billing, refer to the following sections of the Part 2 Medi-Cal manual:

- Pregnancy Examples: CMS-1500 (preg ex cms): **files. [medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/obubex.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/obubex.pdf)**.
- Obstetrics: UB-04 Billing Examples for Inpatient Services (ob ub ex): **files. [medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/obubex.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/obubex.pdf)**.
- UB-04 Completion: Outpatient Services (ub comp op): **files. [medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ubcompop.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ubcompop.pdf)**.

CMS 1500 and UB-04 claim completion reminder

To facilitate correct adjudication of claims, do not enter decimal points anywhere on the claim form. For more information regarding claim completion, refer to the following sections of the Part 2 Medi-Cal manual:

- UB-04 Completion: Outpatient Services (ub

comp op): **files. [medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ubcompop.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ubcompop.pdf)**.

- CMS-1500 Completion (cms comp): **files. [medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/cmscomp.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/cmscomp.pdf)**.



Communicating with members who are deaf or hard of hearing

Central California Alliance for Health is committed to providing equal access to quality health care to all Alliance members.

Members who are deaf or hard of hearing are more likely to experience barriers when accessing health care, receiving health information, conducting health research and pursuing health-related careers, which limits their ability to achieve optimal health for themselves, their families and their communities. The full effect of these barriers on chronic disease continues to be mostly unmeasured. According to the Centers for Disease Control and Prevention, adults in the United States who have been deaf since birth or early childhood are less likely to have seen a physician than adults in the general population.

One of the main contributing factors that limit members who are deaf or hard of hearing from receiving adequate health care services is a lack of trained American Sign Language (ASL) interpreters. In order to address the ASL interpreter shortage, the Alliance has partnered with various agencies to provide ASL interpreting in Merced, Monterey and Santa Cruz counties. To request a trained ASL interpreter, please submit a request to our Cultural and Linguistic Services team. You can retrieve a copy of the Face-to-Face Interpreter Request Form via the Alliance provider website at **www.thealliance.health/for-providers/manage-care/cultural-and-linguistic-services** or call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

Source: ncbi.nlm.nih.gov/pmc/articles/PMC3073438

Urgent maternal warning signs



According to the Centers for Disease Control and Prevention (CDC), over 700 women in the United States die each year due to problems related to pregnancy or delivery complications. It is estimated that two-thirds of pregnancy-related deaths in the U.S. could have been prevented. It is also estimated that up to 50,000 women experience severe, unexpected health problems related to pregnancy that may have long-term health consequences. In response to this issue, the CDC has launched the Hear Her campaign. This campaign is raising community and health care provider awareness about urgent maternal warning signs.

The campaign advocates for pregnant and postpartum women to be heard by those who support them – including partners, friends, family and providers – when something doesn't feel right. Being aware of urgent maternal warning signs and symptoms during pregnancy and in the year after delivery can help a woman get medical attention quickly and possibly save her life. For additional resources on how to communicate with patients about urgent maternal warning signs,

Advise members to seek care right away!

The CDC lists the following urgent maternal warning signs to be aware of. Providers should encourage pregnant and postpartum patients to seek medical care immediately if they experience:

- Severe headache.
- Severe belly pain.
- Discharge after pregnancy.
- Dizziness or fainting.
- Severe nausea and throwing up.
- Baby's movement stopping or slowing during pregnancy.
- Changes in vision.
- Severe swelling.
- Thoughts about harming herself or her baby.
- Fever.
- Vaginal bleeding or fluid leaking during pregnancy.
- Trouble breathing.
- Overwhelming tiredness.
- Heavy vaginal bleeding or
- Chest pain.

please visit [cdc.gov/hearher/healthcare-providers/index.html](https://www.cdc.gov/hearher/healthcare-providers/index.html).

Pregnant and postpartum women also have the Alliance for support during and after pregnancy. The Alliance's Healthy Moms and Healthy Babies program provides education to support a healthy pregnancy and encourages pregnant women to seek early prenatal and postpartum care. Members enrolled in the program are contacted by Alliance Health Educators, who provide information on a variety of topics, such as breastfeeding, pediatric care, prenatal and postpartum health, and parenting. Members also receive referrals to local resources,

including Women, Infants, and Children (WIC) and free or low-cost community resources.

Providers can refer members to the Healthy Moms and Healthy Babies program by using the new Health Education and Disease Management Referral Form located on our website: www.thealliance.health/for-providers/manage-care/health-education-and-disease-management/health-programs-referral-form.

Please note that each referral is assessed for program eligibility and requirements. To learn more, call the Alliance Health Education Line at **800-700-3874, ext. 5580**.

Palivizumab and atypical off-season respiratory syncytial virus (RSV) spread

RSV activity in the United States usually begins in the fall and extends through spring, with peak activity typically occurring in early February. Following the institution of nonpharmacologic interventions (e.g., masking, social distancing) for the prevention of COVID-19 in March 2020, the number of RSV infections in the United States decreased rapidly. RSV activity in the United States remained very low through the traditional 2020–2021 fall to winter season, but it began to increase in spring 2021.

This interseasonal increase in activity is believed to be the result of the relaxation of nonpharmacologic interventions that were previously implemented to prevent the spread of COVID-19. Consequently, RSV activity is on the rise in certain regions of the United States, including California, with corresponding increases in emergency department visits and hospitalization of infants and children.

Palivizumab (Synagis) prevents severe RSV illness in infants and young children who are at high risk. Supplementing its standard recommendations for prophylaxis, the American Academy of Pediatrics (AAP) recently published interim guidance for using palivizumab, considering the current increase in RSV infections. It is unknown how long the increased RSV activity will continue.

Please review the following key points about RSV infections:

- Off-season RSV infections are increasing in California this summer.
- Administer prophylactic palivizumab to high-risk infants and young children per AAP guidance.
- The need for palivizumab administration to eligible infants during this atypical interseason should be supported where activity approaches fall to winter season and should be reassessed at least monthly.
- Consider testing for RSV in patients with respiratory symptoms, especially those who test negative for COVID-19.
- Persons with RSV infection typically have fever,

cough, wheezing and a runny nose. Infants and young children may be irritable, lethargic, feed poorly and have no fever.

- Encourage parents and caregivers to keep young children with acute respiratory illnesses out of child care, even if they have tested negative for COVID-19.
- Discourage health care personnel, child care providers and staff of long-term care facilities from working while acutely ill, even if they have tested negative for COVID-19.

References and additional information

- Alliance Synagis Statement of Medical Necessity Form: www.thealliance.health/for-providers/manage-care/pharmacy-services/synagis-statement-of-medical-necessity.
- Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization from Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread: aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization.
- Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection: pediatrics.aappublications.org/content/134/2/415.full.
- California Department of Public Health Health Advisory on Off-Season Respiratory Syncytial Virus Infections and Use of Palivizumab: eziz.org/assets/docs/2021Aug18OffSeasonRSVActivitySummer.pdf.



Important phone numbers

Provider Services	831-430-5504
Claims	831-430-5503
Authorizations	831-430-5506
Status (non-pharmacy)	831-430-5511
Member Services	831-430-5505
Web and EDI	831-430-5510
Cultural & Linguistic Services	831-430-5580
Health Education Line	831-430-5580



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New providers



Sign up

to receive provider news by email

Two easy steps:

1. Text: "CCAH" to 22828.
2. Follow the text prompts.

Santa Cruz County

Primary Care

- Robert Rocco, MD, Family Medicine
- Jalia Tucker, MD, Family Medicine

Referral Physician/Specialist

- Lydia Yun, DPM, Podiatric Medicine

Monterey County

Primary Care

- Sattar Hadi, MD, Internal Medicine
- Eric Parsons, MD, Family Medicine
- Ruth Pedraza, MD, Family Medicine
- Rosalicia Torres, MD, Family Medicine

Referral Physician/Specialist

- Paul Baez, MD, Radiology
- Tracy Chen, DO, Radiology
- Ryan Casserly, MD, Otolaryngology
- Amy Lantis-Stemerman, MD, Radiology
- Nicholas Stienstra, MD, Rheumatology
- Kristen Wulff, MD, Radiology
- Zachery Zhang, MD, Radiology

Merced County

Primary Care

- Carol Burch, MD, Family Medicine

Referral Physician/Specialist

- Rahul Bhardwaj, MD, Internal Medicine
- Christopher G. Clark, MD, Pediatrics
- Shiva Kolangara, MD, Internal Medicine
- Walker Wynkoop, MD, Orthopaedic Surgery

ALLIANCE HOLIDAY CLOSURES

- Thursday, December 23, 2021
- Friday, December 24, 2021
- Friday, December 31, 2021
- Monday, January 17, 2022
- Monday, February 21, 2022