

# Working Together for Our Communities

Typically, my first *Provider Bulletin* message of the year is focused on the vision for the future, whether detailing key aspects of California health care policy or the Alliance's priorities and initiatives. However, 2021 will not be a typical year, and so this is not a typical message.

Our communities remain significantly impacted by the COVID-19 pandemic, with expanded focus and action on vaccination. The shared commitment to effective action to slow the spread and save lives is critical over the coming months. Action to yield equity in health care access and outcome is a necessary component of the pandemic response. These are incredibly challenging times. Our provider and community partners continue to adapt, flex and adjust to support patient and client access to care, finding ways to carry on under extremely challenging and ever-evolving circumstances.

As I reflect on the past year and consider the months to come, I keep coming back to a sense of deep gratitude for the incredible resolve you all have demonstrated over the past year, and how resolute you all remain toward the year to come. These times require that we act in parallel paths to respond to the immediate circumstances the pandemic creates, while also advancing the more traditional aspects of our work. This requires a purposeful and unwavering commitment to serving our fellow community members with Medi-Cal and adapting our approach to meet our member needs. The Alliance is grateful for your work and commitment to our communities.

*Stephanie  
Sonnenshine*  
Stephanie Sonnenshine, CEO

**Page 2** *Member Incentives for 2021!*

**Page 4** *Drug Overdose Prevention:  
Your Words Make a Difference*

**Page 6** *The Alliance's Focus on  
Timely Access to Care*

**Page 11** *COVID-19 Vaccination Efforts*

## Alliance Board Meetings

Wednesday, March 24, 2021  
3-5 p.m.

Wednesday, April 28, 2021  
3-5 p.m.

Wednesday, May 26, 2021  
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, June 3, 2021  
Noon to 1:30 p.m.

## Whole Child Model Clinical Advisory Committee Meeting

Thursday, March 18, 2021  
Noon to 1 p.m.



# 2021 Alliance Member Incentives

The Alliance is here to help you work with our members to stay healthy. With the **Alliance Health and Wellness Rewards Program**, members can get a reward for getting routine care.

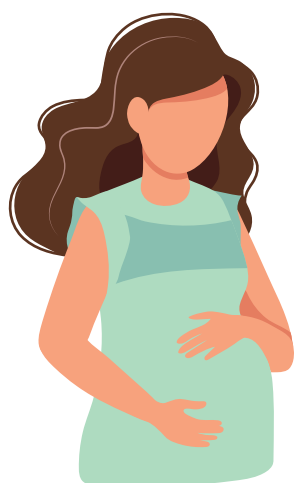
## Who is eligible?

Only Medi-Cal members are eligible for these rewards. If they have other health insurance, they will not be eligible to receive these rewards.

## What are some ways that members can earn rewards for themselves and their families?



Program or Service	Details	Incentive(s)
Alliance Nurse Advice Line	When members call the Alliance Nurse Advice Line about their health questions, they will be entered into a raffle.	Members get entered into a monthly raffle for a \$50 Target gift card.
Healthy Moms and Healthy Babies Program	When members see their doctor within the first 13 weeks of being pregnant or 6 weeks of joining the Alliance.	Members get entered into a monthly raffle for a \$50 Target gift card.
	When members see their doctor 3 to 8 weeks after having their baby.	Members can win a \$50 Target gift card.
Healthy Weight for Life Program	When members attend a 10-week workshop, they can receive a gift card. <i>Note: Structure to this program has slightly changed. More details will be shared soon.</i>	Members can receive up to a \$100 Target gift card. Members will also get entered into a raffle for a bike if they attend the 10-week workshop.
Immunizations	When children complete all of their childhood immunizations before age 2, they will be entered into a raffle.	Members get entered into a raffle for a \$100 Target gift card.
	When children complete all of their adolescent immunizations before age 12, they will be entered into a raffle.	Members get entered into a raffle for a \$50 Target gift card.
Well-Child Visit: 15 Months and Younger	Every time children complete a well-child visit in the first 15 months, they will be entered into a raffle. When children complete 6 or more well-child visits before turning 15 months, they will get entered into a yearly raffle.	Members get entered into a monthly raffle for a \$25 Target gift card. Members get entered into a yearly raffle for a \$150 gift card.



Providers can refer members to any of the Alliance Health Education and Disease Management programs by utilizing the **new Health Education and Disease Management Referral Form**, located on our website: [www.ccah-alliance.org/healthed\\_dm.html](http://www.ccah-alliance.org/healthed_dm.html). Please note that each referral is assessed for program eligibility and requirements. For additional information, please call the Alliance Health Education Line at **800-700 3874, ext. 5580**.

## Health Programs During COVID-19 Highlights:

# The Healthier Living Program

The Alliance's Healthier Living Program (HLP) is an evidence-based self-management program originally developed at Stanford University. It is designed to help Alliance members diagnosed with chronic conditions gain self-confidence in their ability to control their symptoms and understand how their health problems affect their lives. The program focuses on problems that are common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, stress reduction, emotions and communicating with doctors. Traditionally, the HLP workshops were held in-person at community locations for Alliance members. Due to COVID-19, the Alliance modified this program to offer it over the phone. The telephonic HLP workshop is led by trained Alliance Health Education staff and the workshops consist of six 1-hour sessions.

## What members are saying about the HLP and what they find most helpful

- "I felt accomplished with myself each week."
- "The action planning and holding oneself accountable."
- "I have always wanted to give myself time to meditate or do yoga and never made time. Thanks to this class, I was able to accomplish meditation and relaxation, and I am happy to say I will continue to incorporate this as part of my weekly routine."

During the telephonic HLP workshops, Alliance members create weekly action plans that include goal-setting around managing their chronic condition(s) and healthier living. Each week, the Alliance Health Educators work with members to review the weekly action plans and discuss successes and challenges. The HLP allows members to also receive support and share ideas with other members who are experiencing similar life challenges living with a chronic condition.

Providers can refer members to any of the Alliance Health Education and Disease Management programs by utilizing the **new Health Education and Disease Management Referral Form**, located on our website: [www.ccah-alliance.org/healthed\\_dm.html](http://www.ccah-alliance.org/healthed_dm.html).



### Please Note:

Each referral is assessed for program eligibility and requirements. For additional information, please call the Alliance Health Education Line at **800-700 3874, ext. 5580**.





## Words Matter When It Comes to Drug Overdose Prevention

The Centers for Disease Control and Prevention (CDC) recently announced that approximately 81,230 drug overdose deaths occurred in the U.S. in the 12 months ending May 2020—the highest number ever recorded in a 12-month period—with California experiencing a percent change of  $\geq 20\%$  ( $\geq 50\%$  in deaths involving synthetic drugs). Coinciding with the implementation of widespread mitigation measures, this data reveals how the coronavirus

pandemic has only fueled the drug overdose epidemic, which arose from untreated substance use disorder (SUD). And despite the existence of effective, potentially lifesaving treatments, far too few of the approximately two million people in the U.S. with opioid use disorder receive appropriate care.

### What causes undertreatment?

To help answer this question, the 2016 National Survey on Drug Use

and Health investigated reasons why respondents did not seek treatment, despite knowing they had an opioid or SUD and needed treatment. Notably fear of negative opinions, judgment and retribution were the most significant barriers to seeking care or revealing their substance use to their providers. And for those brave enough to take those first steps, evidence demonstrates that negative and stigmatizing attitudes from clinicians frequently lead to the undertreatment of



using evidence-based, person-first language to replace common terminology that often suggests that substance use, misuse and SUDs “are the result of a personal failing; that people choose the disorder or that they lack the willpower or character to control their substance use.” Some examples of language to use include: “person with a substance use disorder” (not addict, drug seeker or junkie); “urine is positive” (not dirty); and “person in recovery” (not clean). When we use less stigmatizing, less judgmental and more compassionate vocabulary, the therapeutic relationship between patient and clinician improves, and people are more likely to seek treatment.

A common saying in the field is that “the opposite of addiction isn’t sobriety, it’s **connection.**” Making headway against the current opioid crisis depends on an attitudinal shift away from blame, shame and stigma and toward respect and compassion. Treating people with dignity brings humanity back into the picture. According to the former Assistant Secretary for Health at HHS, “If we don’t choose our words carefully, we perpetuate bias, cloud understanding and end up distancing ourselves from the people we want to help.” Put simply, individuals with SUDs are our patients who need treatment. Words can be powerful, and they matter. Everyone can make a difference by working to reduce stigma and its consequences.

patients with SUDs, adversely affecting quality of care and subsequent treatment outcomes.

Not only does stigma discourage people with SUDs from seeking care, but it also compromises the care they receive when they do seek it. In fact, a World Health Organization (WHO) study ranked drug addiction as the single most stigmatized social problem in society—more than poverty, homelessness and incarceration. As a result, stigma is now an integral part of the five-point strategy of the U.S. Department of Health and Human Services (HHS) for addressing the opioid crisis.

More recently, the White House Office of National Drug Control

Policy focused its attention on the importance of language in the discussion of substance use and SUD. It warned that in caring for people with SUDs, health care professionals can unintentionally contribute to, or perpetuate, stigma. As such, it is essential that providers preserve the dignity of those with SUDs, beginning with communication standards that avoid stigmatizing language.

### Stopping the stigma

One simple and effective solution is to change our vocabulary. The National Institutes of Health recommends

# Appointment Wait Time Standards

In December 2020, Alliance staff completed an annual Provider Appointment and Availability Survey to our contracted primary care, specialist, mental health and mammogram/physical therapy providers. Through this work, we reached out via phone and email to confirm upcoming appointment availability, services available, contact information and contracted status. The Alliance appreciates the feedback and data gathered through this work and extends our thanks to the groups that took the time to participate in the survey.

The Alliance partners with you, our provider network, to improve access to health care for more than 364,000 members of our communities. Our Provider Relations Representatives are available to provide resources and best practices for your clinic to assist you in ensuring access to appointments within the required appointment wait times, outlined below, as we

work together to improve access to care.

## CBAS services available to Alliance members in the tri-county service area

The CBAS (Community-Based Adult Services) program is an alternative to institutional care for Medi-Cal-eligible older adults and/or adults with disabilities who can live at home with the aid of appropriate health, rehabilitative, and personal care and social services.

### Criteria for members:

- One or more chronic medical conditions that are limited or require assistance or supervision with activities of daily living (ADLs).
- Moderate to severe cognitive impairment (Alzheimer’s or other dementia) that requires assistance with ADLs.
- Organic, traumatic brain injury/ chronic mental illness requiring

significant assistance with ADLs.

- Developmental disability impacting ADLs.

### Services provided:

- Professional nursing and physical, occupational and speech therapies.
- Social and therapeutic activities and mental health services.
- Personal care, hot meals and nutritional counseling.
- Transportation to and from the participant’s residence to and from CBAS facility.
- During shelter-in-place order, services are provided via telehealth, curbside/doorstep and meal delivery.

### Contact the nearest CBAS Center for referral:

- Santa Cruz County: Elderday, **831-458-3481**.
- Monterey County: La Casa, **831-998-8130**.
- Merced County–Merced: DayOut, **209-388-9175**.
- Merced County–Atwater: DayBreak, **209-357-0765**.



For more information, please contact Provider Relations at **800-700-3874, ext. 5504**.

NON-URGENT CARE APPOINTMENTS	WAIT TIMES
Primary care appointment (including first prenatal visit and preventive visits)	10 business days
Mental health care appointment (with a non-physician provider)	10 business days
Specialist/specialty care appointment (including psychiatrists)	15 business days
Ancillary service appointment for the diagnosis or treatment of injury, illness or other health condition	15 business days
Skilled Nursing Facility Services and Intermediate Care Facility Services (Santa Cruz County)	Placement within 7 business days
Skilled Nursing Facility Services and Intermediate Care Facility Services (Monterey and Merced counties)	Placement within 14 calendar days

URGENT CARE APPOINTMENTS	WAIT TIMES
Services that do not require prior authorization	48 hours
Services that do require prior authorization	96 hours

# Whole Child Model Update

## Title V Needs Assessment

The *Title V 2018-2020 Needs Assessment of California Children's Services (CCS)* report released in March 2020 revealed some interesting demographic data, along with accenting some areas of challenge for our members' families. The Needs Assessment was conducted by UCSF's Family Health Outcomes Project (FHOP).

Local providers caring for these children with special health care needs and their family members will likely not find this data surprising.

Based on the Alliance's Whole Child Model demographic data in our service area, compared to the state of California, our members and their families:

- Are predominately Hispanic.
- Have a lower income than the members in the rest of the state.
- Have less educational attainment.
- Are more medically complex.
- Require interpreting services more often.

As a reflection of the medical complexity of our members, our families are stretched, putting forth significant effort to care for the health of their children, as evidenced by their responses in the survey:

- 33% of our families spend at least 20 hours per week coordinating care.
- 20% spend 20-30 hours per week providing care.
- 72% have needed to decrease work hours or leave their jobs to care for their children.

### CCS referrals and enrollment

There has been a noted decrease in provider referrals in counties after the Whole Child Model implementation. The Alliance has been working on addressing this drop in referrals through assessing authorizations and claims data; reaching out to community providers, both to encourage

referrals and CCS paneling; and having monthly meetings with the counties to facilitate the referral process.

The decrease in provider referrals could be attributed to a number of factors, including that some providers were not aware they still need to refer to CCS, since the Alliance authorizes the services. Another challenge to referrals is that the list of CCS-eligible conditions is not simple or straightforward. We are here to support you in making the referrals to the county CCS offices and in helping you know when to refer. Here is a link to the DHCS site for CCS diagnoses: [www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx).

In addition to increasing referrals, we would like to encourage providers to become CCS-paneled, thereby allowing them to care for children with CCS-eligible conditions. The process is fairly quick and simple. In particular, the CCS-paneled providers needed most are orthopedists, ophthalmologists, otolaryngologists and audiologists, but we would like to encourage any interested provider to apply. Here is a link for more information and to apply to become CCS-paneled: [www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx).





## Streamlining Authorization Processes

The Alliance is working to improve authorization processes to support our providers in the provision of timely and accessible care. We have identified several services for which authorizations have been required that have a very high approval rate and/or are allowed, without authorization, by other health plans.

As of Jan. 1, 2021, the 49 codes outlined in the memo distributed to providers on Dec. 21, 2020, will not require prior authorization:

[www.ccah-alliance.org/providerspdfs/Provider\\_Memos/2020/12212020\\_Auth\\_Process\\_Update\\_Fax\\_Email.pdf](http://www.ccah-alliance.org/providerspdfs/Provider_Memos/2020/12212020_Auth_Process_Update_Fax_Email.pdf). Providers are highly encouraged

not to submit prior authorization requests for these specific codes. If an authorization request is submitted for these codes, the Alliance will void the request and send such notification back to the submitting provider. This does not mean that the authorization was denied; it means that the authorization was voided as not required.

The Alliance is pleased to make this change in support

of efficiency for our staff and providers. We will continue to evaluate additional codes for which authorization is not required and will communicate those updates accordingly. For any questions about this change and to retrieve a full list of codes, please contact your Provider Relations Representative.

### Reminder: Three payment options offered by Change Healthcare and ECHO Health, Inc.

In early December 2020, the Alliance officially transitioned payments for fee-for-service (FFS) and capitation to third-party vendors, Change Healthcare/ECHO Health, Inc. Most providers enrolled in electronic funds transfer (EFT) prior to the transition were automatically enrolled in EFT at go live. Providers that did not “opt out” of the virtual credit card (VCC) payment option and were previously receiving paper checks were defaulted to a VCC payment method.

Providers still have the option to change their preferred payment method. If your office would like to make any changes to your current payment method (EFT, VCC or paper check payment), please contact Change Health Care/ECHO Health, Inc., at **888-834-3511**.



For any questions or concerns specifically related to payment, providers can contact Change Healthcare/ECHO Health, Inc., directly at the designated phone number for Alliance providers at **888-983-5574**.





# Alliance Language Assistance Services

Central California Alliance for Health (the Alliance) is committed to treating our members equally. The Alliance does not discriminate; exclude people; or treat them differently because of race, color, national origin, age, disability or sex. We follow federal civil rights laws.

The Alliance provides the following services to our Alliance providers to ensure that we meet language assistance requirements for our members when accessing Alliance services:

- Aids and services to people with disabilities to help them communicate better at no cost, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Language assistance services to people whose primary language is not English at no cost, such as:
  - Qualified interpreters.
  - Written information in other languages.

If you have questions about these

services, please call the **Alliance Health Education Line** at **800-700-3874, ext. 5580**, or visit our webpage at [www.ccah-alliance.org/cultural\\_linguistic.html](http://www.ccah-alliance.org/cultural_linguistic.html).

## 2020-2021 Population Needs Assessment strategies

As the Alliance plans for our 2021 Population Needs Assessment (PNA), we want to share some of the activities in which we plan to

engage in follow-up to our 2020 PNA. The PNA is a new annual requirement from the Department of Health Care Services (DHCS). The goal of the PNA is to provide insight that can be utilized as one data source to plan activities that improve the health outcomes of our members and ensure that we are meeting member needs.

Below are some of the specific activities in which we may engage in response to the 2020 PNA results:

ACTION PLAN	STRATEGIES
Access to Care	Promote our Nurse Advice Line and urgent access visits.
Behavioral Health	Work with local partners to address access to behavioral health services.
Cultural and Linguistic	Develop and share tools with providers on how to effectively communicate with members through provider trainings.
Health Education	Increase member referrals to Alliance Health Services programs by working with our network providers.
Quality Improvement	Increase member education on seeking pediatric preventive care.



If you have questions about the Alliance 2020-2021 PNA action plan and strategies, please call the **Alliance Health Education Line** at **800-700-3874, ext. 5580**.



## Addressing Vaccine Hesitancy

Immunization is widely described as one of the most successful public health interventions to date, yet rates are stagnating with complacency and vaccine concerns on the rise.

The World Health Organization (WHO) defines vaccine hesitancy as a “delay in acceptance or refusal of vaccines despite availability of vaccination services.” In 2019, vaccine hesitancy was listed as one of the top 10 threats to global health.

One in five U.S. children has a parent who is hesitant about childhood vaccines; rates of flu vaccination were 26 percentage points lower in children of “hesitant” parents, and one-third of children are not vaccinated on schedule. What’s more, 27% of the public remains hesitant to receive a COVID-19 vaccine.

Although there is no single, effective strategy, research

recommends the following techniques to strengthen vaccine confidence, empower families and increase acceptance:

### 1. Use a whole-team approach to communicate vaccines.

Provide consistent messaging on the importance of vaccines throughout the visit, and share educational materials tailored to parents’ questions.

### 2. Build trust.

- 93% of parents say their child’s provider is the most trusted source of vaccine information.
- Research indicates that one of the main reasons hesitant parents reconsider or change their minds about vaccination is a conversation with a trusted provider.

### 3. Start early.

- Most mothers make vaccine decisions for their child before or during pregnancy.
- Provider satisfaction in parents of

young infants is associated with improved vaccine uptake.

### 4. Use a presumptive approach and restate the recommendation after addressing parents’ concerns.

- This method is three to five times more effective than a participatory approach.
- Presumptive initiation is associated with greater parental perceived urgency for vaccination and trust in the information received from the provider.

### 5. Try motivational interviewing (MI).

The use of MI techniques have been shown to increase vaccine uptake by 7% to 10% and allows the provider to:

- Cultivate a culture of partnership, validation and empathy with the parent.
- Inform parents about vaccinations according to their specific needs and level of knowledge while respecting their beliefs.
- Elicit and strengthen parents’ internal motivation to change by exploring ambivalences or discrepancies between the current situation and what the parent desires.

### 6. Facts are not enough.

- Providers who responded to parents’ questions or concerns by sharing emotional messages, personal stories and personal experiences with vaccine safety among their patients saw the most effectiveness with skeptical parents.
- Provide balanced, honest information on risks and benefits.
- Frame vaccination as the social norm.



For more information and resources based on the CDC’s strategic framework for strengthening vaccine confidence, go to [cdc.gov/vaccines/partners/vaccinate-with-confidence.html](https://cdc.gov/vaccines/partners/vaccinate-with-confidence.html).



## Supporting COVID-19 Vaccination Program Efforts

The COVID-19 pandemic will continue for the foreseeable future, but widespread vaccination could facilitate its end. Implementation of the COVID-19 Vaccination Program is underway in our communities.

The California Department of Public Health (CDPH) is overseeing the state's COVID-19 Vaccination Program. The program is following a phased approach. Early in the COVID-19 Vaccination Program, we saw a limited supply of the vaccine, and efforts focused on reaching health care personnel and essential workers. As the supply of available vaccines increases, distribution will expand and increase access to vaccination.

Distributing a COVID-19 vaccine has required a large-scale effort by public health agencies and a

variety of community partners to enroll providers, distribute vaccines and track administered doses. As a local health plan, the Alliance is uniquely positioned to support vaccine program efforts. The Alliance has always played an important role in ensuring its members receive their recommended vaccinations, which will serve as a foundation for local COVID-19 vaccination planning.

Additionally, we have a good understanding of the perceptions and unique challenges faced by our members that may create obstacles for uptake. The Alliance will support local public health agencies by identifying high-risk groups, ensuring vaccines are accessible, and providing timely and accurate provider and community member education

and outreach to ensure vaccine acceptance and uptake.

The Alliance recognizes that providers play an important role in ensuring access as more doses become available to include a broader section of the population, which will require more provider involvement and a larger count of providers engaged in the effort. The Alliance has continued to work closely with public health agencies to support providers during vaccination efforts by:

- Supporting providers as they join the efforts to vaccinate the community to ensure high-quality services.
- Providing up-to-date information on provider enrollment and vaccine administration, reporting and reimbursement.
- Partnering with providers to make sure vaccines are recommended during office visits and appropriate resources are available to increase uptake.

Reaching intended vaccine recipients is essential to achieving desired levels of COVID-19 vaccination coverage. The Alliance is committed to helping ensure that all members can receive a COVID-19 vaccine by collaborating with local public health agencies to support equitable access and serving as a trusted resource for both members and providers.

Sources: [cdc.gov/vaccines/imz-managers/downloads/Covid-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/Covid-19-Vaccination-Program-Interim_Playbook.pdf)

[cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx)

## Important phone numbers

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



Standard  
U.S. Postage  
**PAID**  
Walla Walla, WA  
Permit No. 44



# New Providers

## Santa Cruz County

### Primary Care

- Elisabeth Bedolla Rocha, MD, *Family Medicine*
- Kaitlin Best, MD, *Family Medicine*
- Patricia Christie, MD, *Family Medicine*
- Patrick Cudahy, MD, *Family Medicine*
- Benjamin Ramsden-Stein, DO, *Family Medicine*
- Gary Zane, DO, *Family Medicine*

### Referral Physician/Specialist

- Caitlin Lim, DO, *Urology*
- Robert McCabe, MD, *Infectious Disease*
- Karl Segnitz, MD, *Family Medicine*
- Jennifer Yu, MD, *Physical Medicine and Rehabilitation*

## Monterey County

### Primary Care

- Grace Casserly, MD, *Internal Medicine*
- Kara Coleman, DO, *Family Medicine*
- Eric Gama, MD, *Family Medicine*
- Michael Gorman, MD, *Family Medicine*
- Jon-Peter Meckel, DO, *Family Medicine*
- Michael Nilmeier, DO, *Family Medicine*
- Pablo Veliz, MD, *Family Medicine*

### Referral Physician/Specialist

- Scott Anderson, MD, *Orthopedic Surgery*
- Steven Lome, DO, *Cardiovascular Disease*
- Kearnan Welch, DO, *Internal Medicine*

## Merced County

### Primary Care

- Neha Mahajan, DO, *Pediatrics*

### Referral Physician/Specialist

- Niren Angle, MD, *Vascular Surgery*
- Sumesh Jain, MD, *Cardiovascular Disease*
- Ramesh Veeragandham, MD, *Thoracic Surgery (Cardiothoracic Vascular Surgery)*



## Sign up

to receive provider news by email

Three easy steps:

1. Text: CCAH
2. To: 22828
3. Follow the text prompts



## ALLIANCE HOLIDAY CLOSURES

- Monday, May 31, 2021 (Memorial Day)