



PROVIDER BULLETIN

MARCH 2019

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MEETINGS

Alliance Board Meetings

Wednesday,
Mar. 27, 2019
3–5 p.m.

Wednesday,
May 22, 2019
3–5 p.m.

Physicians Advisory Group (PAG) meeting

Thursday,
June 6, 2019
Noon–1:30 p.m.

Whole Child Clinical Advisory Committee (WCCAC) meeting

Thursday,
Mar. 21, 2019
Noon–1 p.m.

EXECUTIVE REPORT

Making Healthcare Work Better

This is a historically significant year for the Alliance. In October 2019, we will celebrate the anniversaries of the Alliance's operations in Monterey County (1999) and in Merced County (2009). Over the past 20 years, we improved provider participation and satisfaction in the Medi-Cal program, achieved high performance in quality measures, and supported member satisfaction. Together, we provided Medi-Cal recipients in our communities with access to quality health care, guided by local innovation.



Now, 2019 is also shaping up to be significant for the Alliance's future. The federal dialogue about health care remains vibrant, with continued emphasis on the value of the Medicaid and Medicare programs. In California, the Newsom administration took early action on health care, including a strong emphasis on the social determinants of health and early childhood and prevention. California is looking to control costs for prescription drugs, to expand coverage to young adults and through Covered California, and to take action to improve prevention in early childhood, while also prioritizing services for people experiencing homelessness and considering the integration of services to better address the social determinants of health.

This year, the Alliance maintains focus on our strategic priorities of Member Wellness, Access and Value. This means emphasizing activities that support our members in being knowledgeable about their benefits and confident in accessing them; ensuring that the Alliance's operations are efficient and effective; and ensuring the availability of data analytics and information exchange to inform our actions and improve outcomes. Our actions this year will prepare the Alliance to advance Wellness and Value for Alliance members for the next 20 years.

Our history indicates that a million local agreements can make health care work better. Thank you for your partnership, dedication and service to our members over these past many years. We look forward to the next 20 years of working with you to make health care work better.

Stephanie Sonnenshine

Stephanie Sonnenshine, CEO

Alliance Drug Formulary Changes Q4 2018

Additions to Formulary

Digoxin solution (added to the formulary for children less than 12 years old)

Nitroglycerin patch 0.1mg, 0.2mg, 0.4mg, 0.6mg

Fluoxetine 10mg tablet (added to the formulary for children 2–12 years)

Dextroamphetamine sulfate ER capsule

Methylphenidate solution 10mg/5ml

Methylphenidate LA 50-50 capsule 60mg

Chlordiazepoxide HCL capsule

Modafinil tablet

Desmopressin nasal spray (refrigerated)

Cabergoline oral tablet (limit of eight tablets per month)

Removed from Formulary

Propafenone ER capsule 225mg, 325mg, 425mg

Mirtazapine 7.5mg tablet, Mirtazapine orally disintegrating tablet

Imipramine pamoate capsule, Desipramine tablet, Clomipramine capsules

Methamphetamine tablet

Bupropion XL 450mg tablet

Bromocriptine oral tablet

Etidronate oral tablet

Donnatal, Phenohydro

Prescriptions for legacy members taking a medication prior to its reclassification as non-formulary will be honored.

Staffing News

Please Join Us in Welcoming Cleo Herb to Our Provider Relations Staff



"I am honored to work with Alliance providers and excited to continue serving the community I love."

Cleo Herb • Provider Relations Representative, Santa Cruz County

Cleo joined the Alliance in October 2015 as a Care Coordinator in Case Management for Santa Cruz and Monterey Counties. She transitioned to her new role as a Provider Relations Representative in December 2018. Prior to joining the Alliance, Cleo worked as a Care Navigator and in Admissions at Manor Care Skilled Nursing Facility in Walnut Creek, California. Cleo earned her Bachelor of Arts in Communication Studies from San Francisco State University. She is thrilled to be a part of the Provider Relations team, and to be continuing her career at the Alliance.



PROVIDER WEBINAR CORNER

The Alliance invites you to take advantage of the resources on the Provider Webinars, Workshops and Training page of the Alliance provider website. Stay informed of upcoming trainings and view resources from past trainings at www.ccah-alliance.org/workshops.html.

For more information, contact a Provider Services Representative at **(800) 700-3874, ext. 5504.**



The Alliance's Practice Coaching Program

To support network clinics in making improvements that enhance the quality of care for our members, the Alliance recently established the Practice Coaching Program, an initiative built on the success of practice coaching grants through the Alliance's Medi-Cal Capacity Grant Program (2015 to 2018), to support our providers to improve the way they deliver care.

Practice coaches, also known as practice facilitators, leverage the knowledge, skills, and tools of high-performing primary care practices and share that rich knowledge with peer practices to help them improve processes to gain better outcomes. This quality improvement (QI) approach is used nationwide with positive success. Several members of the Alliance's QI team have received formal training in practice coaching from experts at UCSF and Qualis Health, and are providing support to a small number of primary care practices in our service areas. Expanding this into an established program at the Alliance, practice coaches will be available to share extensive knowledge of practice improvement and the patient-centered medical home (PCMH) model to support the QI work of network providers.

How Does Practice Coaching Work?

Practice coaches work collaboratively with a clinic to support their ongoing QI work, such as organizing and prioritizing QI activities, providing hands-on help with QI project implementation and providing resources and

information to disseminate best practices. Practice coaches are trained to listen to and learn from providers and staff when discussing challenges facing their practices and work collaboratively to develop tailored solutions. Coaches promote a culture of continuous learning and data-driven improvement.

How Does a Practice Benefit from Coaching?

The providers benefit from on-site support from staff trained in QI methods and PCMH primary care concepts. The coaches work closely with clinic leadership and staff to identify improvement activities and projects, and may offer assistance with tasks such as assessing current processes, developing workflows, tracking progress toward practice goals, and

evaluating tests of change. The Practice Coaching Program may also connect providers to Alliance resources, provide technical assistance for improving data management, and offer trainings and other improvement-related tools and resources to develop and strengthen QI skills and knowledge. By cultivating collaborative relationships with providers and staff, practice coaches can influence change that promotes better, more efficient functioning and more enjoyable work environments.

Since establishing this new initiative, the Alliance hopes to continue to identify new ways to support our providers in their QI efforts.

To learn more about the Practice Coaching Program, contact the Alliance QI department at **(831) 430-2658**.



30-Day Readmissions Exclusion List Expanded

The Alliance has expanded the exclusion list for the 30-Day Readmissions measure in the Care Based Incentives (CBI) program to include chemotherapy and surgical complications. This measure highlights the rate of readmissions within 30 days of discharge from an inpatient hospital stay per 1,000 members per year. Since this is an inverse measure, a lower rate of readmissions qualifies for more CBI points. The addition of the chemotherapy and surgical complications to the exclusions list was reviewed by Alliance medical directors in response to feedback received from providers.



HEDIS 2019 Update

Cervical Cancer Screening Changes

The Department of Health Care Services (DHCS) has decided to not hold Medi-Cal plans to the minimum performance level for 2019 reporting of the National Committee for Quality Assurance (NCQA)'s Healthcare Effectiveness Data and Information Set (HEDIS®) Cervical Cancer Screening (CCS) measure. DHCS's decision was due to measure specifications that are not in alignment with the most recent U.S. Preventive Services Task Force (USPSTF) recommendations. USPSTF expanded their cervical cancer screening recommendation for women 30–64 years of age to include high-risk human papillomavirus (hrHPV) testing alone every five years. DHCS will re-examine whether this remains an issue for 2020 to determine if the measurement specifications do not meet clinical guidelines. Alliance providers should continue to provide the preventive services based on the latest guide to the clinical preventive services published by USPSTF.

“It’s 3 a.m., and I’m Really Sick.”

Helping Alliance Members with the NAL

Research shows that up to 55 percent of ER visits are unnecessary. To help curtail unnecessary visits, providers can help direct Alliance members to our Nurse Advice Line (NAL), available 24/7 at **(844) 971-8907** or **TTY: 7-1-1**. Our NAL staff can help members set an appointment with their own PCP if the illness can wait. Providers can also help Alliance members access the NAL by programming the phone number into their mobile phones. Knowing who to call will make calling for medical help a lot easier.

New Immunization Member Incentives for 2019

The Alliance has been closely monitoring vaccination rates for children and adolescents in all counties.

Unfortunately, vaccine rates are continuing to decline despite the performance improvement projects that have been implemented in collaboration with our provider network. Through these efforts, the Alliance has seen tremendous engagement from providers to ensure that children and adolescents receive all of their necessary vaccinations.

We received feedback from providers that it has been difficult to ensure that parents return for their child's routine wellness visits and receive the recommended vaccines. Providers have also noticed that parents are reluctant to return for their children to receive pneumococcal and HPV vaccines because they are not required for school entry at this time.

The Alliance's goal in 2019 is to increase childhood immunizations rates for 2-year-olds to 72.03 percent in Santa Cruz and Monterey Counties and 44.99 percent in Merced County, and to increase rates of adolescent immunizations (13-year-olds) to 64.29 percent in Santa Cruz and Monterey Counties and 30.60 percent in Merced County. In an effort to increase immunization rates, the Alliance has implemented two new member incentives for 2019:

1. Adolescent members will be entered into a raffle to receive a \$50 gift card if their vaccinations are up to date by their 13th birthday. To be considered, the patient must have received one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series on or before their 13th birthday.
2. Toddlers will be entered into a raffle for a \$100 gift card when they complete their required vaccines by their second birthday. Required vaccines include four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) doses.

Raffles will be drawn quarterly, with one winner per county. In order for members to qualify for the incentive, providers must bill a claim for each vaccine and update the immunization registry.

The Alliance recommends providing vaccine schedules for parents to help them keep their children on track for receiving necessary vaccines and thus qualifying for incentives.



Your Toddler May Qualify for a Member Reward in 2019!

Central California Alliance for Health is excited to share a new Alliance Member Rewards Program for members who are turning two years of age.

Contact your doctor to see what vaccines your child needs and how you can keep your child on track.

WIN a \$100 Target gift card!

Complete the required vaccines by their 2nd birthday and get entered into a raffle four times a year for a chance to win.



If you have questions about the Alliance Member Rewards Program, call the **Alliance Health Education Line** at **(800) 700-3874, ext. 5580**



Your Teen May Qualify for a Member Reward in 2019!

Central California Alliance for Health is excited to share a new Alliance Member Rewards Program for members who are turning 12 years of age.

Contact your doctor to see what vaccines your child needs and how you can keep your child on track.

WIN a \$50 Target gift card!

Complete the required vaccines by their 13th birthday and get entered into a raffle four times a year for a chance to win.



If you have questions about the Alliance Member Rewards Program, call the **Alliance Health Education Line** at **(800) 700-3874, ext. 5580**

Autoclave and Spore Testing Best Practices

Sterilization of medical tools is an important process that destroys all microorganisms on the surface of an item and prevents disease transmission associated with its use and reuse. The most widely used and reliable method for sterilization is steam sterilization, which can be achieved in an autoclave.

The four parameters of steam sterilization (steam, pressure, temperature and time) should be

monitored by spore testing. If live, highly resistant, nonpathogenic spores are killed during the run cycle, it's assumed that all microorganisms are destroyed, the load is sterile and the autoclave is working properly.

The CDC recommends spore testing at least weekly and DHCS requires spore testing at least monthly, even if autoclave use is inconsistent. Documentation of spore testing must include the

date, results, type of spore test used and the name of the person performing the test. Written procedures for spore testing and the response to positive spore test results should be available to staff on-site (please refer to the step-by-step guide at right).

If you have additional questions or would like tips on best practices, please contact an Alliance Quality Improvement Nurse at (831) 430-2622.

Understanding Hidden Dangers and Best Practices in Benzodiazepine Prescribing

Widely used in the treatment of anxiety, insomnia and depression, the rate of benzodiazepines dispensed more than tripled between 1996 and 2013. As a consequence, the CDC has seen the overdose death rate involving benzodiazepines increase fivefold from 2001 to 2014, with opioids involved in 75 percent of these deaths. Multiple studies have established that within as little as 4 to 6 weeks, benzodiazepines cause physical dependence with increased risk for addiction, and can have fatal consequences.

If benzodiazepines are used, consensus statements reveal clear best practices:

- Benzodiazepines should be limited to the lowest dose possible for no more than 2 to 4 weeks with a clearly defined exit plan;
 - Unintentional fatal outcomes result from co-administration with opioids; prescribe naloxone.
- When considering benzodiazepine reduction or discontinuation:

- Avoid abrupt discontinuation, as precipitated withdrawal and rebound symptoms can be lethal;
- Provide written instructions on the taper plan



and educate patients on withdrawal symptoms and safety;

- Implement a slow (3 to 6 months) tapering protocol to maximize chances of a successful outcome;
- Begin by converting from shorter-acting to longer-acting agents to mitigate withdrawal symptoms;
- Closely monitor patients for withdrawal effects, which can worsen existing symptoms, and augment with pharmacotherapy or psychotherapy;
- Remember that reduction in dose is still valuable even if discontinuation cannot be achieved.

For more information, please contact Julio Porro, MD, Alliance Medical Director, at juliop@ccah-alliance.org or Michael Blatt, PharmD, Alliance Pharmacy Director, at mblatt@ccah-alliance.org.

SPORE TESTING *Ensuring Patient Safety with Proper Sterilization of Instruments*

1 CLEAN

- Soak, remove debris, rinse instruments and inspect;
- Never sterilize dirty instruments.

2 PACKAGE AND LOAD

- **Package instruments:** Insert chemical quality indicator strip if not already built into the packaging. Place instruments handle-side-first into package. Apply gauze to keep scissors and forceps open;
- **Label package with:** Date, load number and operator initials;
- **Load into autoclave:** Place packages on their sides (preferably on a rack) with space in between;
- **Include spore test strip:** Perform at least monthly (DHCS).

3 STERILIZE IN AUTOCLAVE

- Expose instruments to steam at the right:
→ **Time**; → **Temperature**; → **Pressure**;
- Document load settings and contents on autoclave run log.

4 CHEMICAL INDICATOR (CI)

- Color change of the CI indicates correct processing;
- Document passing CI test.

5 SPORE TESTING *(biological quality indicator)*

SPORE TEST

- Complete **SPORE TEST**;
- Do not disperse instruments until results are received.

PASS SPORE TEST?

Yes

No

NON-PASSING SPORE TEST

- ✓ **REMOVE** autoclave from service;
- ✓ **REPORT** failed spore test result to supervisor;
- ✓ **RECALL** instruments sterilized since last passing spore test;
- ✓ **RE-SPORE TEST**;
- ✓ **DOCUMENT** results and actions taken.

PASS SPORE TEST?

Yes

2ND NON-PASSING SPORE TEST

- ✓ **REPAIR** autoclave;
- ✓ **RE-SPORE TEST**—a total of three times;
- ✓ **DOCUMENT** results and actions taken;
(Refer to policy for continued failed spore tests.)

RESTERILIZE recalled instruments.

6 STORAGE

- Protect packages from damage;
- Place newly sterilized instruments in the back to rotate through your inventory;
- Resterilize if packages are:
 - Opened;
 - Wet/moist;
 - Discolored/damaged.
- Dedicate one person to check the status of packages monthly.

KEY



Refer to policy

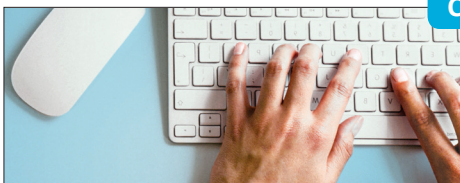


Follow manufacturer's guidelines

Source: (1) CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 (2) Department of Health Care Services, 2014 (DHCS)

CLEANING AND MAINTENANCE—*Don't forget!*

- Dedicate one person and a back-up to complete the required spore testing, cleaning and maintenance;
- Follow required daily, weekly, monthly, and annual cleaning and maintenance to ensure proper function of your autoclave.
- **CALENDAR:**
 - Monthly spore testing;
 - Checking the status of the packages;
 - Cleaning and maintenance.



Authorizations and Referrals in the Portal

When submitting a new authorization or referral in the Alliance Provider Portal, please include the staff name and direct telephone number in the “Department” field and direct fax number in “Fax” field. Please keep descriptions in the “Chief Complaint” field specific and brief.

When changing, canceling or adding notes to an approved authorization or referral, please include the same contact information so the Alliance can contact you with questions.

For more information, please contact the Provider Portal Support Specialist at **(831) 430-5518**.

Invalid Patient Discharge Codes

It's important to select the correct patient discharge status code. In cases where two or more patient discharge status codes apply, providers should code the highest level of care known. Omitting a code or submitting a claim with an incorrect code is a billing error and could result in the claim being rejected or canceled. Billing with the correct code will help ensure that providers receive prompt and correct payment.

For more information and a list of status codes, please reference <http://morehealth.org/dischargecodes>.

Reminder: CHDP Program Reimbursement for Snellen Test

Per Alliance policy 600-1043—Child Health and Disability Prevention (CHDP) Program Reimbursement for Snellen Test, located in Section 10: Claims of the Alliance Provider Manual located at www.ccah-alliance.org/provider-manual-toc.html, and effective for dates of service on or after Jan. 1, 2018, unless otherwise defined in a Child Health and Disability Prevention (CHDP) Provider's contract with the Alliance, CPT Code 99173 will be reimbursed in accordance with the CHDP Program guidelines and at the Alliance's contracted rates that were in effect for CHDP Code 06 as of Dec. 31, 2017.

For more information, please contact an Alliance Claims Customer Service Representative at **(800) 700-3874, ext. 5503**.

Codes and effective dates	Code definition	Age restrictions	Claim forms
CPT code 99173 (as of Jan. 1, 2018)	Screening test of visual acuity, quantitative, bilateral	3 years–20 years, 11 months old	CMS 1500 or UB 04
CHDP code 06 (prior to Jan. 1, 2018)	Snellen eye test	3 years–20 years, 11 months old	PM 160



Communicating with Older Adults

Communication between patients and providers is an important component of health care. The fastest growing population in the United States are those turning 65 and older. It's important to learn how to effectively communicate with older adults, especially with those with limited English proficiency (LEP).

According to the Administration on Aging, older adults make nearly twice as many physician office visits per year (average 7.1 visits) compared to adults age 45 to 65 (3.7 office visits).¹ An important component of communication with older adults is personalizing the communication to each patient.

Recognizing a patient's tone, inflection, or nonverbal cues can be just as important as spoken words. Below are some tips that can help improve interactions overall, as well as face-to-face communication with older adults.

Tips for Improving Interactions

- Recognize the tendency to stereotype older adults;
- Avoid speech that might be seen as patronizing to an older person (also known as "elder speak").

Tips for Improving Face-to-Face Communication

- Monitor and control nonverbal behavior;
- Minimize background noise;
- Face older adults when you speak with them;
- Use visual aids, such as pictures and diagrams, to help clarify key information;
- Ask open-ended questions and genuinely listen.



Tips for Improving Health Care Interactions

- Express understanding and compassion to help older patients manage fear and uncertainty;
- Ask questions about an older adult's living situation and social contacts;
- Include older adults in the conversation even if their partner and/or family member is in the room;
- Customize care by seeking information about older adult's cultural beliefs and values related to illness and death;
- Engage in shared decision-making;
- Avoid ageist assumptions when providing information and recommendations about preventive care;
- Use direct, concrete, actionable language when talking to older adults;
- Verify listener comprehension during a conversation;
- Use humor and a direct communication style with caution;

- Help internet-savvy older adults with chronic diseases find reputable sources of online support.²

Lastly, be sure to ask which language patients prefer to speak. If English is not the primary language, providers can access the Alliance's language assistance services for both telephonic and face-to-face interpreters (prior approval is required).

For more information, call the Alliance Health Education Line at (800) 700-3874, ext. 5580, or visit the Cultural and Linguistic Services page of the Alliance provider website at www.ccah-alliance.org/cultural_linguistic.html.

¹U.S. Department of Health and Human Services, Administration on Aging. (2011). A profile of older Americans. Retrieved from <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

²The Gerontological Society of America. (2012). Communicating with Older Adults: An Evidence-Based Review of What Really Works. Washington. Retrieved from aging.arizona.edu/sites/aging/files/activity_1_reading_1.pdf



Update: Weight Watchers Support Program is Now Called Wellness that Works Support Program

The leading service provider of weight management services has officially changed their name from Weight Watchers to Wellness that Works®. The new name reflects wellness and helping individuals build healthy habits. In alignment with this change, the Alliance's Weight Watchers Support Program is now called Wellness that Works Support Program (WWSP).

The updated program description and application forms are now available on the Health Education and Disease Management page at www.ccah-alliance.org/healthed_dm.html. Please review eligibility and program description prior to referring members to WWSP.

For more information, please contact the Alliance's Health Education line at (800) 700-3874, ext. 5580.

The Alliance's Healthier Living Program

The Alliance's Healthier Living Program (HLP) is based on Stanford's Chronic Disease Self-Management Program and designed to help Alliance members diagnosed with chronic conditions gain self-confidence to control symptoms and understand how their health problems affect their lives. The program focuses on problems common to individuals suffering from any chronic condition, such as pain management, nutrition, exercise, medication usage, emotions and communicating with providers. The HLP is led by two trained Alliance staff facilitators and workshops consist of six, 2½ hour sessions. Classes are offered in English and in Spanish throughout the year in the Alliance's Tri-County service area.

For additional information regarding HLP classes, please call the Alliance's Health Education line at (800) 700-3874, ext. 5580.

Care Management Resources for Alliance Members

Nurse Advice Line (844) 971-8907

Members can receive health advice 24 hours a day, 7 days a week.

Case Management Line (800) 700-3874 ext. 5512

Supports providers in managing care for members with complex health issues.

Health Education Line (800) 700-3874 ext. 5580

Programs to help members stay healthy and manage chronic diseases.

Beacon Health Options (855) 765-9700

Referrals for outpatient behavioral health services 24 hours a day, 7 days a week.



Comprehensive Prenatal Care

Early and regular prenatal care is important to ensure a healthy pregnancy and presents opportunities for providers to identify and treat existing health problems while mitigating risks and preventing poor outcomes.

In order to offer patients the best evidence-based care, the Alliance recommends that contracted providers follow current American College of Obstetricians and Gynecologists (ACOG) prenatal standards and guidelines, as well as applicable U.S. Preventive Services Task Force (USPSTF) recommendations.

According to ACOG, comprehensive prenatal care should include an individualized management plan that takes into consideration the medical, nutritional, psychosocial and educational needs of the patient and their family. Because timeliness of the various recommended prenatal screenings and interventions is particularly important, good care coordination is key. Checklists and protocols should be incorporated into clinic systems as a way to help practitioners ensure that all patients receive recommended care at the appropriate time.

Prenatal Depression Screening

Among the critically important but often overlooked evidence-based recommendations is prenatal depression screening. Research indicates that the prevalence of antenatal depression may be as high as 15 to 25 percent. USPSTF and ACOG support routine screening for depression during pregnancy using a standardized

instrument such as the PHQ-2/PHQ-9 or the Edinburgh Postnatal Depression Scale. While there is no consensus on the ideal timing for prenatal depression screening, both organizations emphasize the importance of having adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Vaccinations During Pregnancy

Vaccinations are another aspect of evidence-based prenatal care that warrants special attention. Influenza is more likely to cause severe illness in pregnant women than in nonpregnant women of reproductive age. Accordingly, ACOG and the CDC recommend that all women who will be pregnant through the influenza season (October through May) receive inactivated influenza vaccinations. Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine should also be routinely given during the third trimester of

every pregnancy—regardless of the patient's Tdap history. Tdap immunization helps protect mothers and their babies from serious illness and the complications of pertussis. The vaccine should be administered at the earliest opportunity between 27 and 36 weeks' gestation, as it takes at least two weeks for maternal antibodies to be transplacentally transferred to the fetus.

Depression screening and vaccinations are just two elements of comprehensive prenatal care. Engaging pregnant members to seek prenatal services at the earliest possible point in their pregnancy is an Alliance priority. With your partnership, we can work to ensure that all pregnant Alliance members receive the timely and evidence-based care and information that best supports a healthy pregnancy.

References:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1>

<https://www.acog.org/About-ACOG/News-Room/Statements/2016/ACOG-Statement-on-Depression-Screening>

<https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

<https://www.cdc.gov/pertussis/pregnant/hcp/pregnant-patients.html>



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

Santa Cruz County

Primary care

- Victoria Chew, MD,
Family medicine
- Amy Hockenbrock, MD,
Family medicine

Referral physician/specialist

- David Godley, MD,
Orthopedic surgery
- Daniel Greene, MD,
Urology

Monterey County

Primary care

- Barbara Boyer, DO,
Family medicine
- Anna Kong, MD,
Family medicine
- Nathaniel Lepp, MD,
Family medicine
- Michael McGlue, MD,
Family medicine

- Nicholas Raubitschek, MD,
Family medicine
- Daniel Torba, MD,
Family medicine

Referral physician/specialist

- Mark Anderson, MD,
Neurological surgery
- Stella Asuquo, MD,
Vascular surgery
- Muneera Atcha, MD,
Rheumatology
- Azra Ayubi, MD,
OB/GYN
- Thomas Cunningham, MD,
OB/GYN
- Blair Tull, MD,
OB/GYN
- Jane Wang, MD,
*Physical Medicine
and Rehabilitation*
- Wendy Wong, MD,
*Plastic and Reconstructive
Surgery*

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

Merced County

Referral physician/specialist

- John Abdulian, MD,
Gastroenterology
- Ajit Arora, MD,
Gastroenterology
- Ibrahim Azer, MD,
Surgery
- Denver Briley, DO,
Internal medicine
- Grace Cavallaro, MD,
OB/GYN
- Mehdi Hakimipour, MD,
Internal medicine
- Faisal Mirza, MD,
Orthopedic surgery



ALLIANCE HOLIDAY CLOSURES

The Alliance offices will be
closed on the following day:

**Monday, May 27, 2019,
Memorial Day**