



PROVIDER BULLETIN

SEPTEMBER 2019

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MEETINGS

Alliance Board Meetings

Wednesday,
Sept. 25, 2019
3–5 p.m.

Wednesday,
Oct. 23, 2019
3–5 p.m.

Meetings are held
via video conference
at the Alliance
offices unless
otherwise stated.

Physicians Advisory Group (PAG) meeting

Thursday,
Dec. 5, 2019
Noon–1:30 p.m.

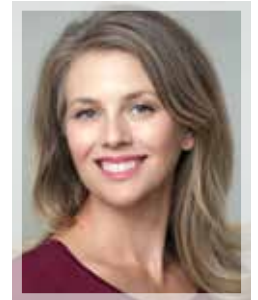
Whole Child Model Clinical Advisory Committee meeting

Thursday,
Sept. 19, 2019
Noon–1 p.m.

EXECUTIVE REPORT

Working Toward Shared Goals

As we've discussed throughout 2019, Oct. 1 is a historically significant date for the Alliance. It is the 20th anniversary of the Alliance operating in Monterey County and the 10th anniversary in Merced County. I was an Alliance employee for both of those implementations, serving as a Provider Services Representative during the Monterey County go-live and the Provider Services Director for the Merced go-live. Like today, 1999 and 2009 were times of realignment and adjustment for the Alliance.



Reflecting on those days, I can still feel the energy, hard work, determination and partnership that staff and our community partners relied on to bring improved access, quality and cost to achieve better health for lower income residents in our region. I remain inspired and engaged by people working together toward a shared goal to create positive change in their communities, and it is why I am committed to the work I do. The characteristics that made those implementations successful remain visible today in the actions of our providers, partners and staff. Our collective energy, hard work, determination and partnership achieved improved health outcomes, delivered better provider payments and supported coverage for more people with lower incomes in our communities. It has also supported innovation in the delivery of care and in advancing our capacity to deliver care.

Those success factors will be important as we continue to pursue health and prevention for all in our communities in 2020, in the midst of a federal election with a significant focus on health care and vulnerable people. As we head into the fourth quarter of 2019, we at the Alliance are preparing for the expansion of Medi-Cal to young adults 19–26 years of age without documentation in early 2020 and the distribution of payments to providers eligible for the DHCS Value Based Payments programs, and focusing efforts toward achieving the 50th percentile across the newly defined Medi-Cal Accountability Set measures. We are also eagerly awaiting the state's information about its vision for the federal 1115 and 1915 waivers to advance care in the Medi-Cal program in 2021 and beyond, and the outcome of the health plan efforts to retain utilization management functions relating to pharmacy services within the health plan. We are mindful of the dialogue at the federal level which keeps potential changes to Medicaid in the periphery, but we do not stall in our action to deliver on our mission of accessible, quality health care guided by local innovation or our shared vision of healthier communities.

Our environment continues to be one characterized by opportunity, challenge and change. Our energy, hard work, determination and partnership will ensure that we deliver on the promise of accessible, quality health care guided by local innovation for our Alliance members for the remainder of 2019 and beyond.

Stephanie Sonnenshine

Stephanie Sonnenshine, CEO

Screening for Adverse Childhood Experiences

A landmark 1997 study¹ by the Centers for Disease Control and Prevention and Kaiser Permanente² found that incidents of childhood trauma (abuse, neglect, violence) presented health risks for adults later in life. Born was the term Adverse Childhood Experiences (ACEs), and the pursuit to strengthen childhood early intervention and prevention support services took shape. Today, ACEs are not only addressed in Governor Gavin Newsom's 2019 budget, but they have also assumed the headliner role in childhood preventative health. What's more, Governor Newsom appointed the state's first surgeon general, Dr. Nadine Burke Harris, to lead the ACEs effort. Burke Harris is a nationally known pioneer in the study of ACEs. She created the screening tool for pediatricians to detect ACEs, help them interpret the results and direct children and caregivers to appropriate treatment services. ACEs will be a focus area for all California Medi-Cal health plans moving forward.

Integrating the Screening

Screening for ACEs is relevant at any age. Governor Newsom plans to leverage Proposition 56 funding for ACEs screening within the Medi-Cal population. Primary care clinicians working with both pediatric and adult patients should integrate screening into their practices. It is anticipated the state's Department of Health Care Services will require screenings to everyone on Medi-Cal younger than 65 at least once every three years, beginning in January 2020. The American Academy of Pediatrics outlined a process and tips regarding the thoughtful approach to addressing ACEs in the pediatric setting, as well as the family practice setting with adult patients. This document is available at aap.org/en-us/documents/ttb_addressing_aces.pdf and can serve as the first step in developing a trauma-informed practice.

1. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

2. <https://www.ncbi.nlm.nih.gov/pubmed/9635069>



National Depression Screening Day

National Depression Screening Day is Thursday, Oct. 10. With more than 300 million people estimated to have depression globally, the World Health Organization¹ considers it the leading cause of disability worldwide. The federal government has recommended depression screenings since 2002, and the U.S. Preventive Services Task Force recommends screening the entire general adult population (including pregnant and postpartum women). According to the Office on Women's Health, perinatal depression additionally affects the mother's infants and children and can result in higher risk of obesity, difficult behaviors and difficulty with socioemotional adjustment.² For both adults and adolescents, annual exams are an ideal opportunity to screen for depression.



New Depression Tool Kit

The Alliance has created a depression tool kit for providers to address common symptoms of depression. The tool kit includes screening tools, referral options, suicidality and information about how to implement depression screening. Many depression symptoms are hard to diagnose and include symptoms based on culture, in relation to chronic conditions and adverse effects of medication. These materials are available in the 2019 CBI Tool Kits section of the 2019 Care-Based Incentives Resources page of the Alliance provider website: www.ccah-alliance.org/cbi-resources.html.

1. <https://www.who.int/news-room/fact-sheets/detail/depression>

2. <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

Reducing Avoidable Readmissions

Patients are especially vulnerable to hospital readmission in the period immediately following hospital discharge. To reduce readmissions, patients need immediate access to their trusted provider who can answer questions, provide advice and help ensure that their clinical condition remains stable. Below are some tips providers can use to help to reduce avoidable readmissions.



Educating Your Patients:

- Make sure the patient has their PCP's phone number
- Instruct them to call for a follow-up appointment after their hospital discharge
- Suggest the Alliance's Nurse Advice Line: **(844) 971-8907**, available 24 hours a day, 7 days a week, 365 days a year
- Give patients our Care

Transitions Brochure for added guidance and support

- Utilize Ask Me 3® — encourage patients to ask three specific questions to access their health condition:
 - What is my main problem?
 - What do I need to do?
 - Why is it important for me to do this?

Clinic Staff Best Practices:

- Monitor the Alliance

Provider Portal reports for tracking linked members who were recently admitted to the hospital

- Check in with the patient a few days after their post-discharge visit and reiterate the care plan. Refer Alliance members to Care Management Services, including Complex Case Management and Care Coordination, by calling **(800) 700-3874, ext. 5512**

- Patients who have transportation challenges should be referred to the Alliance's Transportation Coordinator at **(800) 700-3874, ext. 5577**

References:

Institute for Healthcare Improvement. (n.d.). Ask Me 3: Good Questions for Your Good Health. Retrieved from <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>

White, MD, B.; Carney, PhD, P.; Flynn, MD, J.; Fields, MD, MHA, S.; Department of Family Medicine. (2014, February). Reducing hospital readmissions through primary care practice transformation. Retrieved from <https://www.mdedge.com/jfponline/article/80074/practice-management/reducing-hospital-readmissions-through-primary-care>

The Importance of Taking a Good Family History

Without a comprehensive family history, providers can miss the opportunity to systematically screen for hereditary cancer syndromes. These cancers aren't as rare as some may think:

- 38 percent of the population will have cancer in their lifetime (not including skin cancer)
- 5–10 percent of cancer is caused by a hereditary cancer syndrome
- Therefore, 2–4 percent of the population may have a hereditary cancer

The U.S. Census Bureau estimates that there are more than 329 million people living in the United States. Therefore, statistically, 6.5 million–13 million people in the U.S. have a family history which likely includes a hereditary cancer syndrome. That's a sizable population!

The Alliance encourages providers to ask patients if they have a history of colon, uterine, breast, ovarian or pancreatic cancer. More information on hereditary cancers and the importance of taking a comprehensive family history for each patient can be found at projectDNA.org.

Successfully Fighting Antibiotic Demand

Kudos to the providers and clinic teams fighting against “antibiotic demand”! Providers in all three counties of the Alliance service area have made dramatic improvements in compliance for the Healthcare Effectiveness Data and Information Set (HEDIS) Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) measure. For HEDIS 2019, Santa Cruz and Monterey providers performed above High Performing Level, and Merced providers were less than five percentage points away from that same level.

Looking back to 2013–2016, our performance was close to or below Minimum Performance



Level. In 2017, the Alliance’s Quality Improvement team began partnering with our provider network to share AAB data and resources. These avoidance of antibiotic resources, including posters and prescription pads, are still available upon request. Contact your Provider Relations Representative for a supply at **(800) 700-3874, ext. 5504**. Find the latest information on antibiotic resistance at cdc.gov/drugresistance/index.html.



PROVIDER EDUCATION CORNER

The Alliance invites you to take advantage of the resources on the Provider Webinars, Workshops and Trainings page of our provider website. Stay informed about upcoming trainings and view resources from past trainings at

www.ccah-alliance.org/workshops.html.

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



Highlights of HEDIS 2019

The Alliance’s Quality Improvement team has successfully completed HEDIS 2019 reporting. We would like to recognize our providers for their outstanding contributions that touched multiple domains of care. In reflection of 2018’s claim and medical record review, the HEDIS retrospective marked many notable improvements across the tri-county service area.

Starting with Santa Cruz and Monterey, Alliance providers had a combined rate of achievement that exceeded the 50th percentile in all measures and indicators. This extraordinary accomplishment, from a health plan’s perspective, signifies that our contracted providers are managing member

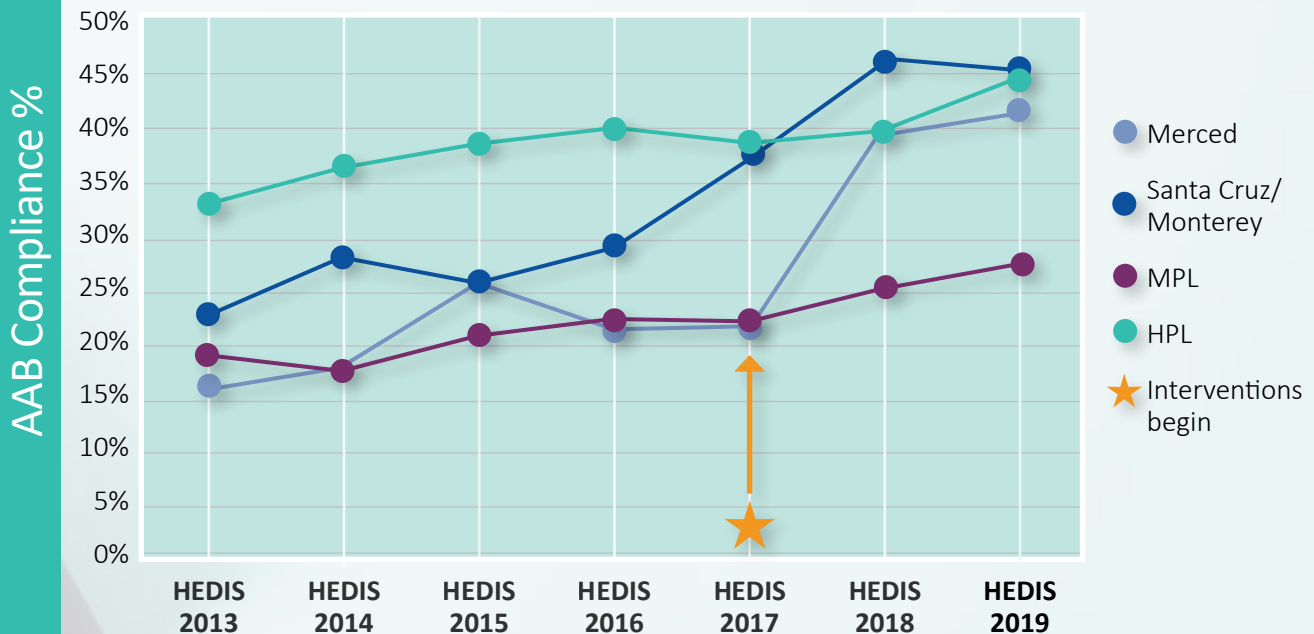
care at levels exceeding the national average. This is a proud moment at the Alliance, as it should be for our providers who made this happen!

Continual Improvement

Merced providers are continually improving and advancing their HEDIS efforts, and this year was no exception. In all, Merced providers exceeded the 50th percentile in 15 indicators, up from 11 the year prior. Most notably, great gains were achieved for pediatric care, with increases in immunizations, access and counseling for physical activity. This is a significant shift for Merced — an indication that improvement efforts are successfully underway and being administered effectively.

The Alliance’s Quality Improvement department is currently evaluating providers who performed at the highest level during HEDIS 2019, and award recipients are currently being assessed. In the months to come, once provider performance assessments are complete, we will notify recipients and deliver awards. This is a prestigious industry award of great significance and a great achievement of nationally recognized importance. Please make sure to read the Alliance’s December Provider Bulletin, where we will announce award recipients. We thank all of our providers for advancing the care of our members and look forward to naming the winners!

HEDIS 2013–2019 AAB Compliance Over Time





Influenza Vaccine During Pregnancy

With the upcoming influenza season, it is important to remind members, especially those who are pregnant, to get their flu vaccine. Pregnant women are more prone to severe illness from influenza than women of the same age who are not pregnant. The American College of Obstetricians and Gynecologists considers the influenza vaccine an essential part of prenatal care.

The influenza vaccine can be administered at any time during pregnancy and should not be limited to the fall season. It's recommended that vaccines be offered in the primary care setting, as well as in the OB-GYN office. Pregnant Alliance members can receive influenza vaccines from a retail pharmacy without a referral. To aid in further protection, providers are also encouraged to offer the influenza vaccine to the entire family.

Educating pregnant patients about the importance of the flu vaccine is just one preventable measure providers can take to support a healthy pregnancy for Alliance members.

Alliance Drug Formulary Changes Q2 2019

Additions to the Formulary

Pain: Oxycodone 5mg/5mL solution — quantity limit of 30mL/day

Pupil Dilation: Atropine sulfate 1% eye ointment

Gingivitis or periodontitis: Peridex mouthwash

Psoriasis: Calcipotriene 0.005% cream — quantity limit of 60g/month

Skin disorders: Betamethasone dipropionate 0.05% (Diprosone) ointment

COPD: Anoro Ellipta

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

Patient Education

Safe Disposal of Unused Medicine

According to the California Department of Public Health (CDPH), almost 22 million opioid prescriptions were dispensed across California in 2017; and yet, systematic review reveals that as many as 92 percent of patients report that their prescribed opioids remain unused.¹ As a result, millions of prescription opioids are left in the home. That same year, CDPH reports that 2,194 Californians died from an opioid overdose.

These tragedies can be prevented. There are three simple steps that providers can take to single-handedly affect the epidemic of opioid overdose and addiction:

STEP 1. Talk safety. Share safe guidelines and tips about the use of prescription opioids. According to the Substance Abuse and Mental Health Services Administration, more than 70 percent of people who misused pain medication got them from a family or friend. Sharing prescriptions is illegal and may be deadly.

STEP 2. Storage reminder. Discuss how to safely store medications in a locked box, pouch or drawer out of the reach of children and pets and always in its original bottle or container. These storage units can be purchased from most local pharmacies, retail stores or online.

STEP 3. Disposal. Urge your patients to safely dispose of unused medications. A list of authorized medication drop-off sites can be found on the Alliance provider website. Share it with your patients — or members can ask for a free at-home medicine disposal kit from many local retail pharmacies.

For more information, please contact Suzette Reuschel-DiVirgilio, DNP, WHNP-C, at (831) 430-4173 or sreuschel@ccah-alliance.org.

1. <https://www.ncbi.nlm.nih.gov/pubmed/28768328>

Access to Care Standards

The Alliance is required to monitor members’ timely access to care as mandated by Title 28 CCR Section 1300.67.2.2 and as specified by our contract with the State of California.

Periodically, providers may be contacted by the Alliance or a third-party vendor for the purpose of conducting appointment availability and after-hours access surveys. The Alliance would like to remind providers of the standards outlined in the table below.

Specific guidelines and procedures for monitoring timely access to care are outlined in Alliance Policy 401-1509–Timely Access to Care and Policy 300-8030–Monitoring Network Compliance with Accessibility Standards, which can be found in the Alliance Provider Manual at www.ccah-alliance.org/provider-manual-toc.html.

The Alliance appreciates the ongoing collaboration with our providers as we all strive toward providing excellent care to the members we serve. If you have questions, please connect with a Provider Relations Representative at **(800) 700-3874, ext. 5504**.



Appointment Time	Standard Time Frame
Non-Urgent Primary Care Appointment	Within 10 business days (or via Advanced Access)
Non-Urgent Specialist Appointment	Within 15 business days
Non-Urgent Obstetrics-Gynecology (includes initial Prenatal Care Appointment)	Within 10 business days (within 1st trimester per ACOG)
Non-Urgent (non-physician) Mental Health Care Appointment — Outpatient Services	Within 10 business days (delegated to The Holman Group)
Non-Urgent Ancillary Services Appointment (for diagnosis or treatment)	Within 15 business days*
Urgent Care Appointment	Within 48 hours*
Emergency Care	Immediately*
Primary Care Triage and Screening	Within 30 minutes*
Mental Health Care Triage and Screening	Within 30 minutes* (delegated to The Holman Group)
Wait Time in Office	Within 30 minutes*
After Hours Care	24 hours a day*
Telephone Access	24 hours a day*

*reflects separate regulatory and/or industry standards



Provider Portal Enhancements

The Alliance is excited to announce new enhancements to the Alliance Provider Portal. New reports have been added to the Linked Member List reports, Quality reports and Care-Based Incentives (CBI) data. These reports were enhanced to support our providers in identifying services essential to their patients' needs.

In addition, in order to ensure timely data is available to our providers, there are several reports that will be refreshed monthly rather than quarterly. Providers can improve clinic performance on CBI measures by regularly reviewing and tracking these reports to monitor progress. Providers can also utilize the new member search function to identify members that are due for services.

- Alliance Provider Portal updates include:
- Linked Member High ED Utilizer Report
 - Monthly Quality Reports:
 - New! Prenatal Immunizations
 - Diabetes Care (formerly a quarterly report)
 - CBI Reports:
 - New CBI Reports were created to assist in understanding your clinic's CBI performance
 - New! Member Search Function
 - New! CBI Forensics Report
 - CBI Dashboard — now customizable with easier labels for black-and-white printing

If you have questions, please connect with a Provider Relations Representative at **(800) 700-3874, ext. 5504**.

Help with Claims Questions

Have you ever been puzzled by a claim? Here are some helpful tips from the Alliance Claims department.

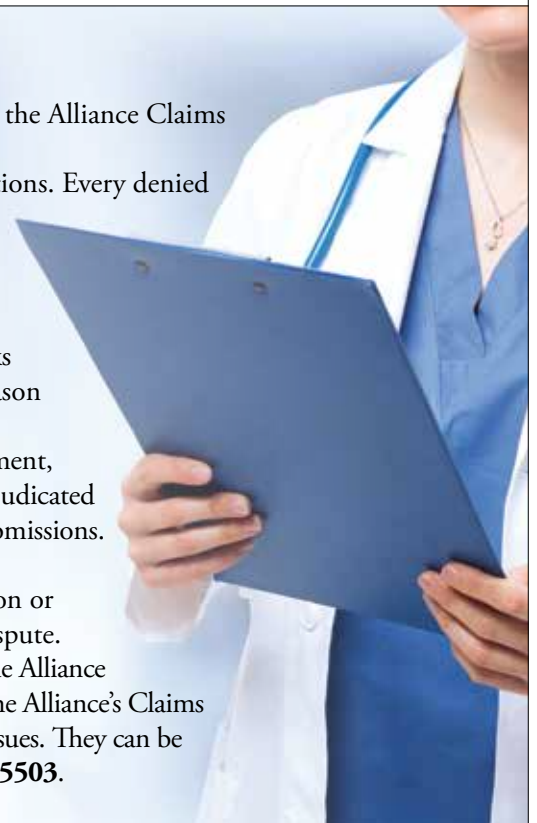
Resubmit a Claim. Review Remittance Advice Explain Code descriptions. Every denied claim line has an explain code that supports the reason the line was denied. Explain codes may also contain helpful billing advice.

Submit a Corrected Claim. A corrected claim form and new claim form must be submitted when making corrections to previously paid claims. Electronic claims must state "corrected claim" in the EDI remarks box and also include the original claim number, line number and the reason the claim is being corrected.

Submit a Claim Inquiry. If you disagree with the denial reason or payment, complete the Provider Inquiry form to request additional review of the adjudicated claim. A Provider Inquiry form is not required for denied claims and resubmissions. Resubmit the claim directly to the Alliance Claims department.

Submit a Provider Dispute. If you disagree with a claim's denial reason or payment, a Provider Inquiry form must be submitted prior to filing a dispute.

Information regarding Corrected Claims and Disputes can be found in the Alliance Provider Manual at www.ccah-alliance.org/provider-manual-toc.html. The Alliance's Claims Customer Service representatives are also available to answer claim-related issues. They can be reached 9 a.m. to 4 p.m., Monday through Friday, at **(800) 700-3874, ext. 5503**.



Alliance’s Language Assistance Services

The Alliance is committed to delivering culturally and linguistically appropriate health care services to our diverse membership. The Alliance ensures that all Limited English Proficient (LEP) Alliance members are entitled to free language assistance when accessing health care services. In addition, the Americans with Disabilities Act requires that persons who are deaf or hard of hearing be offered free communication assistance (dial 7-1-1) when accessing health care services.

In an effort to reduce health disparities and bridge the gap of language barriers to accessing health care services, the Alliance health plan covers interpreting services and written information in other formats for all LEP, deaf or hard-of-hearing

members, as well as for members with disabilities. Additionally, the Alliance ensures that all members have access to health care providers and services in their language of choice when accessing Alliance-covered services.

Under a combination of federal and state regulations and Alliance requirements, contracted medical providers must also:

- Offer qualified interpreters, at no cost
- Not require patients to bring their own interpreters or suggest that they use a friend or family member to interpret
- Avoid using untrained interpreters
- Document the patient’s language choices in the medical record
- Document the medical record if the patient refuses an interpreter

and prefers to use a family member or friend

The Alliance offers the following services to our providers, eligible members and Alliance staff at no cost:

- Written information in other formats: services include braille, large-print font, accessible electronic formats, via auxiliary aids and other formats upon request
- Telephone-based Interpreter Services: available in more than 200 foreign languages and indigenous languages (from Mexico and Central America). No prior approval needed.
 - Face-to-face Interpreter Services: available when members are deaf or hard of hearing, for end-of-life issues and for abuse or sexual assault issues. Prior approval required

Request face-to-face interpreting services by faxing the Face-to-Face Interpreter Request form, located on the Cultural and Linguistic Services page of the Alliance provider website. Allow 5–7 business days for all American Sign Language (ASL) requests and 7–10 business days for non-ASL (foreign language) requests to process prior to the appointment date. All non-ASL requests require supporting medical documentation in order to establish eligibility.

If you have questions about Language Assistance Services, please call the Health Education Line at **(800) 700-3874, ext. 5580**. Please also reference the Interpreter Services Provider Quick Reference Guide located on the Cultural and Linguistic Services page of the Alliance provider website, www.ccah-alliance.org/pdfs/Interpreter-Services-PROVIDER-QR-Guide-v3.pdf.





September is National Childhood Obesity Awareness Month

One in five children in the United States is obese. Childhood obesity puts children at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure and heart disease.

The good news is that childhood obesity can be prevented. In honor of National Childhood Obesity Awareness Month, the Alliance encourages providers to start conversations with families about how to make healthy changes together.

To assist providers, the Alliance works with contracted providers to identify and refer members ages 2–18 with a Body Mass Index (BMI) at or above the 85th percentile to the Alliance Healthy Weight for Life (HWL) program. In an effort to educate members and reduce childhood obesity, the HWL

program is designed to help young Alliance members achieve healthy lifestyles. In addition, the program aims to promote children's healthy eating and activity habits by increasing parents' self-efficacy and self-sufficiency in managing children's weight-related behavior. Member outreach is based on stratification risk levels, which determine the level of intervention. All provider-referred Alliance members are informed of community resources, including no-charge or low-cost exercise and weight-loss programs. Raffles and gift cards are available to members who lower their BMI percentile.

HWL interventions are based on the nationally recognized 5210+ campaign, an evidence-based program endorsed by clinical organizations to address childhood obesity prevention. Using the

techniques of motivational interviewing and trauma-informed care practices, Alliance Health Educators work with members' parents to set goals that support the adoption of healthier lifestyles.

5210+ Campaign:

- 5** Eat at least five fruits and vegetables each day (fresh or frozen are best)
- 2** Limit screen time to two hours or less each day (TV, video games, computers, etc.)
- 1** Be active at least 1 hour each day (walk, ride a bike, play sports, etc.)
- 0** Drink 0 sodas or sweet drinks each day (sweet tea, sports drinks, etc.)
- +** Get plenty of sleep

Reference: <https://healthfinder.gov/NHO/SeptemberToolkit.aspx>

REFERRING MEMBERS TO HWL PROGRAM

Providers who refer members and fax an HWL initial referral and a follow-up form 6–12 months later may be eligible for payment through the Fee-for-Service Incentives of the Alliance's CBI program. For more information about how to refer members to the HWL program, please call the Alliance Health Education Line at **(800) 700-3874, ext. 5580**.

Tips & resources to help you communicate better with Alliance members

Valley Fever on the Rise

In the last two years, cases of Valley fever have increased significantly in parts of the Alliance tri-county service area. Coccidioidomycosis, known as Valley fever, is a lung infection caused by inhalation of spores from the soil-dwelling fungus *Coccidioides*. The condition is endemic in California's San Joaquin and Salinas valleys, where its incidence has consistently trended upward over the last several years. In Monterey County alone, diagnoses of Valley fever increased from 24 in 2014 to 240 in 2018.

While anyone exposed to the *Coccidioides* fungus can contract Valley fever, those performing soil-disturbing activities, such as construction or agricultural work, are at increased risk. Other risk factors include weakened immunity, pregnancy and diabetes. People of certain ethnicities also have a higher risk for severe Valley fever. There have recently been an unusually high number of pediatric diagnoses among local cases. Data from December 2018 indicate that 10 children — whose cases appear unrelated — had already been diagnosed with Valley fever in Monterey County compared to only three children over three years from 2015 to 2017.

Diagnosis and Treatment

The highest rates of Valley fever typically occur between September and March. Approximately 60 percent of infected individuals have no symptoms or only mild symptoms. When symptoms do appear, it is usually one to three weeks after exposure to the *Coccidioides* fungus. The infection usually presents



similarly to common seasonal lower respiratory infections: common manifestations include fatigue, cough, fever, chills, dyspnea, headache, night sweats, myalgias, chest pain and rash on the upper body or legs. Mild cases of Valley fever usually resolve without treatment, while more severe cases may require prescription antifungals to resolve. As such, providers must be vigilant and suspicious and order specific testing to diagnose if the history or course of disease (e.g., worsening pneumonia with conventional treatment) suggests *Coccidioides* as the cause. Chronic infection with lung nodules or disseminated disease resulting in severe complications, including meningitis, can occur and can be fatal. More extreme infections can result when diagnosis is delayed and

the opportunity to provide timely treatment is missed.

Focus on Prevention

Prevention of Valley fever is difficult, but patients at increased risk should be advised to avoid breathing in dirt/dust in endemic areas. In consideration of the risk and increasing incidence in local areas, providers are strongly encouraged to include Valley fever in their differential diagnoses for patients presenting with persistent cough and/or flu-like symptoms. Early and accurate diagnosis is essential for timely intervention, which may help avert some of the more serious effects of Valley fever. Increased provider awareness is an important strategy to help minimize such adverse outcomes for patients.

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



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

New Providers

Santa Cruz County

Referral physician/ specialist

- Christopher Casstevens, MD,
Orthopedic Surgery
- Jeffrey Coe, MD,
Orthopedic Surgery
- Vikas Jain, MD, *Sleep Medicine*
- Daniel Katzenberg, MD,
Sleep Medicine
- Jennifer Liebenthal, MD,
Sleep Medicine
- Anisha Sarma, DO, *OB-GYN*
- Sunita Singh, MD,
Infectious Disease

Monterey County

Primary care

- Nupur Aggarwal, MD,
Internal Medicine
- John Gray, DO,
Family Medicine
- Laura Ireland, MD,
Family Medicine
- Steven Liu, MD,
General Practice
- Hieu Nguyen, MD, *Pediatrics*

Referral physician/ specialist

- Michael Klassen, MD,
Orthopedic Surgery
- Ambreen Laeeq, MD,
*Thoracic Surgery (Cardiothoracic
Vascular Surgery)*
- Aarush Manchanda, MD,
Cardiovascular Disease
- Megan May, MD, *Nephrology*

- James McCarrick, MD,
OB-GYN
- Mahendra Nath, MD, *Physical
Medicine and Rehabilitation*
- Michael Presti, MD,
Sleep Medicine
- Richard Ravalin, MD,
Orthopedic Surgery
- Gregory Spowart, MD,
Thoracic Surgery
- Frank Yoo, MD,
Neurological Surgery

Merced County

Primary care

- William Entwistle, MD,
Family Medicine
- Parshotam Kumar, MD,
Pediatrics
- Natasha Kyte, MD,
Internal Medicine

Referral physician/ specialist

- Amber Chatwin, MD,
Orthopedic Surgery
- William Kalanta, DPM,
Podiatric Medicine
- Vladimir Leibovsky, DO,
OB-GYN
- Todd Mack, DPM,
Podiatric Medicine
- Rajveen Sendher, MD,
Orthopedic Surgery
- Kris Siriratsivawong, MD,
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

The Alliance offices will be closed
on the following days:

Monday, Nov. 11, 2019
Thursday and Friday, Nov. 28 and 29, 2019