



PROVIDER BULLETIN

DECEMBER 2019

INSIDE

Page 2

2019 HEDIS Awards
of Excellence

Page 5

Important Facility
Site Review
Changes

Page 6

2020 CBI Program

Page 11

Childhood
Immunizations and
Well Visits

MEETINGS

Alliance Board Meetings

Wednesday,
Jan. 22, 2020
3–5 p.m.

Wednesday,
Feb. 26, 2020
3–5 p.m.

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

Whole Child Model Clinical Advisory Committee (WCMCAC) meeting

Thursday,
Dec. 19, 2019
Noon–1 p.m.

EXECUTIVE REPORT

California Advancing and Innovating Medi-Cal



On Oct. 29, 2019, the Department of Health Care Services (DHCS) announced California Advancing and Innovating Medi-Cal (CalAIM), a multi-year set of proposals to improve the quality of life and health outcomes for people with Medi-Cal. CalAIM has three primary goals: Identify and manage member risks and needs, make Medi-

Cal a more consistent and seamless system by reduced complexity and increased flexibility, and improve quality outcomes and transform the delivery system. The proposed reforms touch on every aspect of the Medi-Cal delivery system and seek to improve the continuum of care from birth to the end of life. Proposals range from the implementation of population health management to full integration of physical, behavioral and oral health.

In 2020, the DHCS focus will be on working with stakeholders to refine the proposals, obtaining necessary California legislative and federal approvals and preparing for implementation of some concepts in 2021.

Many of these bold concepts align well with actions we've taken locally to advance care. The Alliance has achieved strong quality outcomes through your efforts. We've used value-based payments to reward provider performance through CBI, and we've invested in capacity to ensure adequate networks and services for patients with complex conditions. For over 20 years, we've been achieving accessible quality care through our local innovations. We look forward to partnering with you to advance and innovate in 2021 and beyond.

Stephanie Sonnenshine

Stephanie Sonnenshine, CEO

HEDIS 2019 Awards of Excellence Announced!

The Alliance's Quality Improvement team has successfully completed Health Care Effectiveness Data Information Set (HEDIS) reporting for 2019. We would like to recognize our providers for their outstanding contributions in our communities. In reflection of 2018's claim and medical record review, the HEDIS retrospective marked many notable improvements across our 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 contracted providers are managing member care at levels exceeding nationally recognized benchmarks. It's a proud moment at the Alliance, as should it be for our providers who made this happen!

Merced providers continually improve and advance their HEDIS ranking, and this year was no exception. In all, Merced providers exceeded the 50th percentile in 15 indicators, up from 11 the year

HEDIS 2019 Award Winners



ACACIA FAMILY MEDICAL GROUP-SALINAS

Award of Excellence, Monterey County

"Great staff coordination contributed to our success in HEDIS this past year!"



PLAZITA MEDICAL CLINIC

Award of Excellence, Santa Cruz County

"Working hard to provide quality care, including chart prepping and appointment reminder calls, contributed to our success!"

prior. This is a significant shift, an indication that improvement efforts are underway and constantly being considered and administered. Most notably, pediatric care saw great gains, with increases in immunizations, provider access and counseling for physical activity.

Award selections were based on many factors, including each provider's administrative standing with the health plan and adherence to HEDIS measurement standards. We'd like to thank our providers for their dedication to providing excellent care for our members.



JOSEFA SIMKIN
Award of Excellence,
Santa Cruz County

“The biggest credit, of course, goes to my patients, for their trust. A toast: L’chiam (to health)!”



MADHU RAGHAVAN
Pediatric Award of Excellence

“QI’s assistance and coaching the staff in HEDIS measures, VFC training and how to document correctly has significantly added to our success.”



MERCED FACULTY ASSOCIATES—G STREET AND PARKSIDE LOCATIONS
Award of Excellence,
Merced County

“A focus on outstanding medical care, while being nice to each other and our patients, contributed to our success!”



SALINAS PEDIATRIC MEDICAL GROUP
Pediatric Award of Excellence

“We have extended our hours and we refer to Nurse Advice Line, which helps our hard-working employees who are dedicated to providing excellent care to our patients!”



SANTA LUCIA MEDICAL GROUP
Award of Excellence,
Monterey County

“Providing evidence-based quality of care is of the utmost importance to our organization!”



ST. JUNIPERO CHILDREN’S CLINIC
Pediatric Award of Excellence

“Understanding the benchmarks really helps us meet those goals. When we are not sure, we reach out to the Alliance staff for clarification, and we also rely on the CCAH portal to know where we may need improvement!”

HEDIS 2020: New Measures and Reporting Requirements

In March 2019, under the direction of Governor Gavin Newsom, the Department of Health Care Services (DHCS) notified all California Medi-Cal Managed Care Health Plans of new quality measures that are required to be reported in 2020. This measure set, titled Managed Care Accountability Set (MCAS), aligns with the Centers for Medicare and Medicaid Services’ (CMS) Child and Adult Core Sets, as well as the National Committee for Quality Assurance’s (NCQA) Healthcare

Effectiveness Data and Information Set (HEDIS).

The MCAS represents a significant shift for the Alliance and its provider network. Consisting of over 35 measures, the Alliance will be held to the Minimum Performance Level (MPL) for 19 of these measures. In addition, the state has shifted the MPL from the 25th to the 50th percentile. Health Plans falling below the 50th percentile will be subject to stiff economic sanctions and corrective action

plans—all of which underscores the importance of each provider constantly reviewing and improving patient care according to MCAS-based measures.

Please find the MCAS measures with brief descriptions of their requirements on the next page. For further detail or more advanced technical specifications, please contact Britta Vigurs, Quality Improvement Project Specialist at bvigurs@ccah-alliance.com or (831) 430-2620.

2020 Managed Care Accountability Set (MCAS) (Measurement Year 2019)

Measures Held to MPL	Brief Description	Measure Type
General Measures		
Adult Body Mass Index (ABA)	Members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during 2018 or 2019	NCQA
Plan All-Cause Readmission (PCR)	Members 18–64 years or older who had an unplanned acute readmission within 30 days of an inpatient stay	CMS
Chronic Condition Measures		
Antidepressant Medication Management—Acute Phase Treatment (AMM)	Members 18 years of age and older who remained on antidepressant medication for at least 84 days (12 weeks)	NCQA
Antidepressant Medication Management—Continuation Phase Treatment (AMM)	Members 18 years of age and older who remained on an antidepressant for at least 180 days (6 months)	NCQA
Asthma Medication Ratio (AMR)	Members ages 5–64 who have persistent asthma and had a rate of ≥ 0.50 of controller medications for 2018	NCQA
Comprehensive Diabetes Care—HbA1c Test (CDC)	Adults ages 18–75 with a diagnosis of diabetes (type 1 and type 2) who had a hemoglobin A1c test (looks at the HbA1c test in the measurement year)	NCQA
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) (CDC)	Adults ages 18–75 with a diagnosis of diabetes (type 1 and type 2) who had hemoglobin A1c control >9.0%	NCQA
Controlling High Blood Pressure (CBP)	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year	NCQA
Women's Measures		
Breast Cancer Screening (BCS)	Women ages 50–74 who had a mammogram to screen for breast cancer	NCQA
Cervical Cancer Screening (CCS)	Women 21–64 years of age who had cervical cytology performed within the last 3 years Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years	NCQA
Chlamydia Screening in Women (CHL)	Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year	NCQA
Prenatal & Postpartum Care—timeliness of prenatal care (PPC)	Women who had a prenatal visit within the first trimester (or within 42 days of enrollment)	NCQA
Prenatal & Postpartum Care—postpartum care (PPC)	Women who had a postpartum visit between 7–84 days after delivery	NCQA
Children and Adolescent Measures		
Adolescent Well-Care Visits (AWC)	Children 12–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year	NCQA
Childhood Immunization Status—Combo 10 (CIS)	This measure changed from Combo 3 to Combo 10 requiring three additional vaccines. Children who receive the following immunizations before their 2 nd birthday: 4 DTaP 3 IPVP 1 Hep A (new)P 3 Heb BP 3 HiBP 2 Flu (new) 1 VZV 1 MMR 2 or 3 RV (new) 4 PCV	NCQA
Immunizations for Adolescents	Adolescents who receive the following immunizations by their 13 th birthday: 1 MCV (given 11–13 years), 1 Tdap (given 10–13 years) 2 HPV (given 9–13 years)	NCQA
WCC: Body Mass Index Assessment	Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN, and who had BMI percentile documentation during the measurement year	NCQA
Well-child visit in the first 15 months of life—6+ visits	Members who turned 15 months old during the measurement year and who had six or more visits with a PCP during their first 15 months of life	NCQA
Well-child visits in the 3 rd , 4 th , 5 th and 6 th years of life	Members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year	NCQA

PROVIDER NEWS



Important Facility Site Review Changes

Significant changes are occurring in the Facility Site Review (FSR) process. The FSR and Medical Record Review (MRR) criteria have been updated by the Department of Health Care Services (DHCS) to align with current state and federal regulations and to ensure provision of preventive services recommended by the American Academy of Pediatrics, U.S. Preventive Services Task Force, and The American College of Obstetricians and Gynecologists.

The number of MRR criteria has increased from 77 to 150. Most of the additions will assess preventive care for pediatric and adult members, including maternal care when applicable. The updated surveying tools and guidelines are on the Alliance website at www.ccah-alliance.org/facilityreview.html.

DHCS and the Alliance recognize that the implementation of the new 2019 criteria will impact providers. Therefore, through June 2020, the Alliance will be conducting reviews using the updated FSR and MRR criteria but calculating a score based on the original 2012 criteria. During this implementation period, findings based on the new 2019 criteria will not result in a Corrective Action Plan (CAP) or a reduction in score. In July 2020, the new 2019 criteria will be used to assess and score providers.

In the meantime, it will be important for providers and staff to review the updated criteria and implement changes that align with the new DHCS guidelines.

If you have questions, please contact the Quality Improvement department at (831) 430-2622.

Most of the additions will assess preventive care for pediatric and adult members, including maternal care when applicable.

Alliance Drug Formulary Changes Q3 2019

Additions to Formulary
Hypertonic saline (sodium chloride 3%, 3.5%, 7%)
Esbriet
Tudorza
Stiolto Respimat

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



2020 Care-Based Incentives Program

The Alliance's Care-Based Incentives (CBI) Program is designed in collaboration with our providers. The CBI Program consists of a set of measures to encourage preventive health services and connecting members with their primary care physicians (PCP). The program offers financial incentives, as well as technical assistance to support providers in assisting members to self-manage their care and reduce proximal health care costs.

The incentive program is categorized based on method of calculation and interval of payment:

1. **Programmatic Incentives** are paid annually, based on the rate of success in each measure.

2. **Fee-for-Service (FFS) Incentives** are paid quarterly.

2020 DEPARTMENT OF HEALTH CARE SERVICES (DHCS) PROGRAM UPDATE:

The Department of Health Care Services (DHCS) notified the Alliance of the new Quality Measures that are required to be reported in 2020. The new measures align with the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Measure Sets. As a result, the Alliance has modified the 2020 CBI Program to incorporate some of the CMS measures.

Clarification has also been provided by the DHCS All Plan Letter 19-005 for

Pay-For-Performance (P4P) to Federally Qualified Health Centers (FQHC) and Rural Health Clinics. The Alliance may not utilize financial incentives to pay an additional rate per service or visit based on utilization. As a result, changes have been made to the FFS measures for CBI 2020.



NEW PROGRAMMATIC MEASURES:

Care Coordination: Access Measures

- **Developmental Screening in the First Three Years:** Payment is based on members screened for risk of developmental, behavioral and social delays, using a standardized tool in the 12 months preceding or on their first, second or third birthday.

Quality of Care Measures

- **Antidepressant Medication Management:** Payment is based on members 18 years of age or older who were treated with antidepressant medication, had a diagnosis of major depression and remained on antidepressant medication for at least 84 days (12 weeks).
- **BMI Assessment–Adult:** Payment is based on members 18–74 years of age who had a visit with their PCP and whose BMI was documented on the claim.
- **BMI Assessment–Children and Adolescents:** Payment is based on members 3–17 years of age

who had a visit with their PCP and whose BMI percentile was documented on the claim.

- **Well-Child Visits–First 15 Months of Life:** Payment is based on members turning 15 months during the measurement year who had six or more well-child visits with a PCP.
- **Maternity Care–Prenatal Visit:** Moved from FFS to programmatic. Continuous enrollment criteria changed to 43 days prior to delivery through 60 days after delivery.

MEASURE CHANGES:

- **Cervical Cancer Screening:** Now includes women 30–64 years of age who had cervical high-risk human papillomavirus testing performed every five years.
- **HbA1c Good Control <8.0% has changed to HbA1c Poor Control >9.0%.** Payment is based on members 18–75 with diabetes (type 1 and type 2) with an HbA1c score >9.0%. **This is a reverse measure; a lower number is a better score.**
- **Immunizations Children: (Combo 3) has changed to Combo 10 to include additional vaccines (2 or 3 Rotavirus, 1 HepA and 2 Influenza).**
- **Maternity Care–Postpartum Visit:** Measure specifications changed; payment is based on members who receive a postpartum visit with a PCP within 7 and 84 days after delivery.



FEE-FOR-SERVICE MEASURES:

- **New Measure—Behavioral Health Integration:** Payment is based on CBI sites that achieve a NCQA Distinction in Behavioral Health. Providers with The Joint Commission (TJC) Patient-Centered Medical Home (PCMH) certification will also receive payment, as it is included in the certification.
- **Measure Change: Patient-Centered Medical Home (PCMH):** NCQA levels were removed. Payment is based on NCQA accreditation or The Joint Commission PCMH recognition.

NEW EXPLORATORY MEASURES (FORMERLY PROVISIONARY):

- These measures will not qualify for payment in 2020. They are being considered to be added as a paid measure in the 2021 CBI Program.
- **90-Day Referral Completion—** Members who complete their initial referral from a PCP to a specialist within 90 days.
 - **Application of Dental Fluoride Varnish—** Members ages 6 months to 5 years of age (up to before their 6th birthday) who received at least one topical fluoride application by staff at the PCP office within the CBI reporting year.
 - **Breast Cancer Screening—** Female members 50–74 years of age who had a mammogram on or between Oct. 1, two years

prior to the measurement period and the end of the Measurement Period.

- **Chlamydia Screening in Women—** Female members 16–24 years of age who were identified as sexually active and received at least one test for chlamydia in the last 12 months.
- **Controlling High Blood Pressure—** Members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) in the last 12 months.
- **Immunizations: Adults—** Members 19 years of age or older should receive all of the following vaccines:
 - Influenza;
 - Tetanus, diphtheria toxoids and acellular pertussis (Tdap);
 - Members 50 years of age or older: Zoster.
- **Member Satisfaction—** Provider's member satisfaction scores for:
 1. Getting Timely Appointments, Care and Information;
 2. How Well Providers Communicate with Patients.

RETIRED MEASURES:

- **Depression Screening and Follow-up;**
- **Diabetic Retinal Exam;**
- **eConsult;**
- **Healthy Weight for Life** (Form is being retired. Data will be captured through BMI

Assessment measure);

- **Maternity Care: Prenatal Care FFS Measure;**
- **Formulary Adherence;**
- **Formulary Medication Utilization: AirDuo & Basaglar.**



For additional information and resources on the 2020 Care-Based Incentive Program, please visit the Alliance's Provider Website at www.ccah-alliance.org/providerincentives.html.



Alliance's Data Submission Tool Update: Accepting New Measures

The Alliance's Data Submission Tool (DST) allows providers to upload data files via the Provider

Portal to achieve compliance in the Care-based Incentives (CBI) Program, HEDIS audit and quality improvement projects. Submitting data is optional, but it is recommended to ensure a complete data set is reported for CBI and HEDIS. The Alliance is accepting data for the following measures:

- Alcohol Misuse Screening and

Counseling (AMSC)

- **New!** Hysterectomy codes
- Cervical Cancer Screenings
- **New!** Blood Pressure
- **New!** Body Mass Index (BMI)
- Depression Screenings
- Diabetic Eye Exams
- HbA1c lab values
- Immunizations for Adults, Children and Adolescents
- Initial Health Assessments (IHA)
- Lab Panels for Members on Persistent Medications
- **Coming soon!** Well-Child Visits First 15 Month of Life (W15).

The DST Guide is available on the Provider Portal, which includes a list of accepted codes, step-by-step instructions, required information and how to upload.

If you do not have access to the Provider Portal DST or if you have any questions regarding the tool, please contact your Provider Services Representative at (831) 430-5504 or email portalhelp@ccah-alliance.org.



New Upcoming BMI Measures

Did you know the prevalence of obesity in the U.S. during 2015–2016 was at 39.8% for adults and 18.5% for children?¹ In order to help combat the increasing obesity rates in California, the state of California has included two new BMI measures in the MCAS that are required to be reported for HEDIS 2020.

To be compliant with these new measures, providers need to submit the appropriate ICD-10 code once a year, for members 3 years and older, via claims or the DST on the Provider Portal.

- **Adult BMI Assessment and Weight Assessment (ABA)**

→ Adults, 21 years of age and older: ICD-10 code range V68.1-V68.45

→ Included in the 2020 CBI Program as an exploratory measure for consideration as a paid measure for the 2021 CBI Program.

- **Counseling for Nutrition and Physical Activity: BMI Assessment (WCC-BMI)**

→ Children 3–20 years of age: ICD-10 code range Z68.51-Z68.54

→ Will be incorporated into the 2020 Care-Based Incentive (CBI) program as a programmatic measure.

¹CDC Overweight & Obesity Statistics

Nearly

9 out of 10

adults have difficulty using the everyday health information that is available in health care facilities.



Building Health Literacy in Your Practice

Health literacy is defined as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.¹

According to the U.S. Department of Health and Human Services National Action Plan to Improve Health Literacy, nearly 9 out of 10 adults have difficulty using the everyday health information that is available in health care facilities. When patients do not have a clear understanding of prevention and self-management of conditions, they are more likely to disengage in their health care. These patients can also visit the emergency room more often and have challenges managing chronic diseases.²

Health literacy affects all people regardless of their cultural background, education or economic status. It is possible that health literacy issues can occur at your health care facility when:

- A patient is not familiar with medical terms or how the body works
- A patient is diagnosed with a serious illness or chronic condition that requires complicated care
- A patient is scared or confused and not able to comprehend all of the information given at once

- The health education materials at your health care facility are written at a high reading level
There are several resources available for health care providers to use to improve health literacy in their offices:

- Center for Disease Control and Prevention, Health Literacy website: [cdc.gov/healthliteracy/gettraining.html](https://www.cdc.gov/healthliteracy/gettraining.html)
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Health Literacy website: [health.gov/communication](https://www.health.gov/communication)
Additionally, the Alliance Cultural and Linguistic (C&L) Services Program provides Cultural Competency and Health Literacy trainings and tools to our contracted providers to improve provider-patient communication. For information about the Alliance's Cultural and Linguistic Services Program, please call the Alliance Health Education line at (800) 700-3874, ext. 5580 or email us at ListC&L@ccah-alliance.org. You can also access the Cultural and Linguistic Services Program website at www.ccah-alliance.org/cultural_linguistic.html.

¹Centers for Disease Control and Prevention, Health Literacy Basics: <https://www.cdc.gov/healthliteracy/learn/index.html>

²U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy: <https://www.health.gov/communication/initiatives/health-literacy-action-plan.asp>



Smoking and Tobacco Use

Resources for Health Care Providers

According to the Centers for Disease Control (CDC) and Prevention, tobacco use is the leading cause of preventable disease, disability and death in the United States. Nearly 40 million U.S. adults still smoke cigarettes, and about 4.7 million middle and high school students use at least one tobacco product, including vaping

devices, also known as e-cigarettes.¹ Although cigarette smoking has reduced over time in the U.S., there are still millions of adults that smoke. The CDC also reports that cigarette smoking remains high among specific groups such as men, the uninsured or on Medicaid, and those living below the poverty level.² As the CDC investigates the

outbreak of lung injury and deaths associated with e-cigarette use and vaping, health care providers might receive additional questions from patients and their families due to the publicity of the issue. The Alliance is committed to supporting members who wish to stop smoking and/or using tobacco products. To accomplish this, the Alliance offers members the Tobacco Cessation Support Program (TCSP). When members enroll in TCSP, Alliance Health Educators will reach out to members via telephonic outreach and connect them with tobacco cessation services in the community.

For additional information on the Alliance's TCSP, please call the Alliance Health Education line at **(800) 700-3874, ext. 5580**. You can also visit the Alliance Health Education and Disease Management Programs website at www.ccah-alliance.org/healthed_dm.html.

¹ Centers for Disease Control and Prevention—Smoking & Tobacco Use Resources for Healthcare Providers: cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html

² Current Cigarette Smoking Among Adults in the United States: cdc.gov/tobacco/infographics/adult/index.htm#down

Changes are Coming to the Alliance Member Rewards Programs

The Alliance Member Rewards Program will be changing starting Jan. 1, 2020. After this date, eligibility requirements for gift cards will be different for members participating in the following programs:

- **Healthy Weight for Life Program**
- **Healthy Moms and Healthy Babies Program**

Details regarding these changes will be shared soon. If you have any questions, please call the Alliance Health Education Line at **(800) 700-3874, ext. 5580**.



Census 2020

Alliance staff is participating in the efforts to support the California Complete Count Mission for the U.S. Census 2020. Monterey and Santa Cruz counties fall under the Region 5 group and Merced falls under the Region 4 group of the 10 regions in California. Staff will be involved in the identification and development of outreach to the hard-to-count populations. This is in collaboration with Community-Based Organizations under the Outreach Action Teams in each county. As a trusted messenger in the community, Alliance staff will educate members regarding the importance of completing the Census questionnaires. The Alliance is committed in supporting the efforts to ensure full participation of residents in our service areas.

Alliance staff will be involved in the identification and development of outreach to the hard-to-count populations.



A Focus on Immunizations and Adolescent Well-Visits

In line with this year's focus to support and improve pediatric health and as part of a DHCS-mandated Performance Improvement Project (PIP), the Alliance is targeting improvement in Childhood Immunizations ages 0–2 and Adolescent Well-Visits ages 12–21. Childhood Immunizations has a supportive alignment with frequent well-child visits that prompt families to see providers regularly; however, Adolescent Well-Visits present a unique challenge providers have faced for decades. Adolescent

visits are recommended annually per the Bright Futures schedule, yet many times school vaccine requirements or a sick visit will be the only time adolescents visit the provider office. The decision to support Adolescent Well-Visits through the PIP will provide leverage to improve adolescent health, in addition to secondary support of other adolescent measures, including adolescent immunizations, screenings for BMI percentile, chlamydia screening and asthma medication compliance.

The Alliance is targeting improvement in Childhood Immunizations ages 0–2 and Adolescent Well-Visits ages 12–21.

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

Primary Care

- Tyler Evans, MD,
Public Health and General Preventative Medicine
- Salla Hennessy, MD,
Family Medicine
- Neel Palakurthy, MD,
Internal Medicine

Referral Physician/Specialist

- Jain Vikas, MD,
Sleep Medicine
- Daniel Katzenberg, MD,
Sleep Medicine
- Pedram Navab, MD,
Neurology
- John Saranto, MD,
Surgery

Monterey County

Primary Care

- Laura Bertani, MD,
Family Medicine
- Adam Colton, MD,
Family Medicine
- John Gray, DO,
Family Medicine
- Steven Liu, MD,
General Practice
- Matthew Neoh, MD,
Internal Medicine

Referral Physician/Specialist

- Christopher Carver, MD,
Neurological Surgery
- Heather Cunningham, MD,
Hematology
- Patrick Jordan, DPM,
Podiatry

- Ambreen Laeeq, MD,
Thoracic Surgery
- Gregory LeBleu, MD,
Physical Medicine and Rehabilitation
- Megan May, MD,
Nephrology
- James McCarrick, MD,
Obstetrics and Gynecology
- Harsha Mittakanti, MD,
Urology
- Mahendra Nath, MD,
Physical Medicine and Rehabilitation
- Michael Presti, MD,
Sleep Medicine
- Frank Yoo, MD,
Neurological Surgery

Merced County

Primary Care

- Patti Hamernik, MD,
Pediatrics
- Parshotam Kumar, MD,
Pediatrics

Referral Physician/Specialist

- Amber Chatwin, MD,
Orthopedic Surgery
- William Kalanta, DPM,
Podiatry
- Vladimir Leiborsky, DO,
Obstetrics and Gynecology
- Todd Mack, DPM,
Podiatry
- 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

Tuesday, Dec. 24, 2019
Wednesday, Dec. 25, 2019
Wednesday, Jan. 1, 2020
Monday, Jan. 20, 2020
Monday, Feb. 17, 2020