PROVIDER BULLETIN

MARCH 2020

INSIDE

MEETINGS

Alliance Board Meetings

Wednesday,
March 25, 2020
3–5 p.m.

Wednesday,
April 22, 2020
3–5 p.m.

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

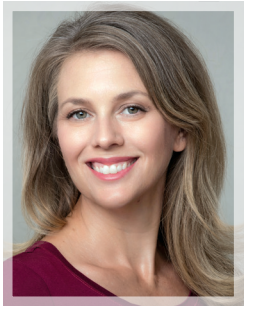
Physicians Advisory Group (PAG) Meeting
Thursday, June 4, 2020
Noon–1:30 p.m.

Whole Child Model Clinical Advisory Committee (WCMCAC) meeting

Thursday,
June 18, 2020
Noon–1 p.m.

EXECUTIVE REPORT

2020 Vision



Stephanie Sonnenshine, CEO

2020 is shaping up to be a busy year for the Alliance. We are concluding efforts on our 2018 strategic priorities of access, wellness and value, with a specific emphasis on reducing readmissions and increasing the delivery of pediatric preventive care. As we wind down efforts on our 2018 plan, we are also defining our priorities for the future. Through planning, we seek to focus our efforts and increase our impact. We look forward to getting your input about what will matter most in 2021 over this next year.

State Medi-Cal policy is also a significant area of focus in 2020 with California Department of Health Care Services (DHCS) steadily moving toward the implementation of two significant Medi-Cal system transformations. The first is the carve-out of pharmacy services from Medi-Cal managed care as of Jan. 1, 2021. The pharmacy carve-out was mandated by executive order early in the Newsom administration. DHCS is now working on its implementation, and the Alliance is engaged in an active stakeholder process with DHCS to support our providers and members in as smooth an implementation as possible.

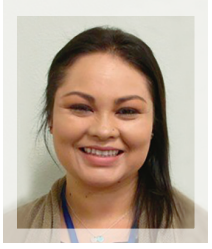
The second significant state policy is the initiative formerly known as CalAIM, which DHCS has re-titled Medi-Cal Healthier California for All. On Jan. 1, 2021, the first of the Medi-Cal Healthier California for All proposals will go live, including transitioning the current Whole Person Care pilots operated by counties to a new enhanced case management benefit and the availability of in-lieu-of services operated by Medi-Cal managed care plans like the Alliance. Both are significant efforts affecting local providers, partners and members, and we will keep you apprised of key information toward a successful implementation.

Finally, the federal Medi-Cal environment is ever-evolving. The Alliance will continue to monitor the legal challenges to the Affordable Care Act, pending federal policy that affects funding for the Medicaid program, as well as the outcome of the federal determination of California's waiver applications and managed care organization tax.

In this fast-paced, ever-changing environment, we remain steadfast in our commitment to our mission of accessible, quality health care, guided by local innovation, and to our partnerships with you to serve our members. Here's to a successful 2020!

Staffing News

Please Join Us in Welcoming New Provider Relations Staff to the Alliance



Michelle Perez, Provider Relations Representative, Santa Cruz County

Michelle joined the Alliance in January 2019 and has 12 years of health care experience. Prior to joining the Alliance, Michelle worked in various roles within the health care industry, including billing, finance and credentialing as a Clinic Manager. Michelle earned her Bachelor of Science in Business Administration, with a concentration in Human Resources, from San Jose State University. She is thrilled to be a part of the Provider Relations team and collaborate with Alliance Providers.

She says, "I'm honored to work and support our Alliance Providers to continue making positive impacts in our communities."

Natalie Anthony, Provider Relations Representative, Monterey County

Natalie joined the Alliance in October 2019 as a Provider Relations Representative for Monterey County. Natalie has a passion for working in community health. Prior to her position at the Alliance, Natalie worked at a federally qualified health center as a Program Specialist and as Site Supervisor at a local community health clinic. Natalie earned her Bachelor of Science in Health Sciences, Administration and Management from California State University, East Bay. She is so excited to join the Alliance family and looks forward to all possibilities in the new year!

She says, "I'm incredibly excited to work with Alliance providers and to continue improving health outcomes for people in our communities."

The Alliance Wins HEDIS Award for Outstanding Performance

The Alliance has won the Outstanding Performance award in the Medium Scale Plan category for delivering high-quality care to its Medi-Cal members. The award was presented by the California Department of Health Care Services (DHCS) during its annual Quality Conference held in Sacramento on Oct. 30, 2019.

Three distinct awards are given each year per population size of the health plan (small, medium or large). The Alliance received the top award in the state for medium-sized health plans. The award is a result of the Alliance's excellent performance within the Healthcare Effectiveness Data and Information Set (HEDIS®), one of health care's most widely used performance improvement tools.

We would like to thank our providers for your continued support of our HEDIS initiatives, all of whom continually seek to advance health care delivery across our network. This award clearly represents your extraordinary work and commitment to our members in the tri-county region.

Practice Coaching: The Model for Improvement

The start of the new year is a great time to reflect, reassess and set new clinic goals. The Model for Improvement (MFI), which was adopted by the Institute for Healthcare Improvement as the framework for improving the delivery of care, might be just what you need to turn your ideas into action.

The MFI methodology is broken down into two segments:

- The first segment helps to devise the strategy for achieving improvement by answering three fundamental questions shown in Figure 1;
- The second segment illustrates the Plan, Do, Study and Act (PDSA) cycle. The PDSA cycle is based on the scientific method to test changes in the workplace.

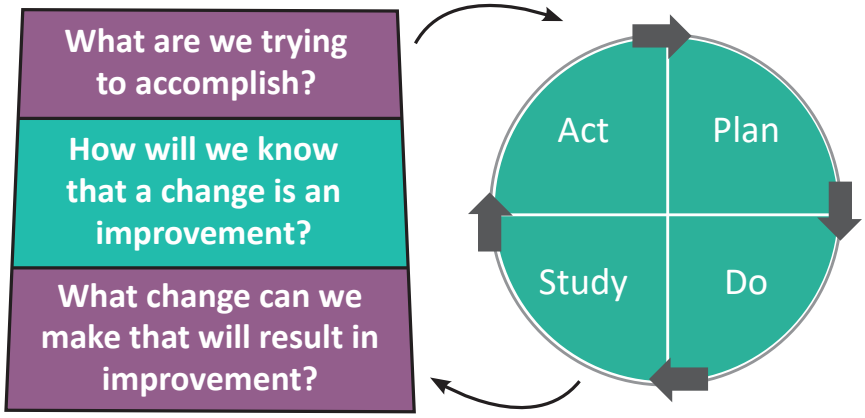


Figure 1

Figure 1: The Model for Improvement

Let's review how to answer the questions in the first segment of the MFI.

1. **What are we trying to accomplish?** The leadership team develops an aim statement, which is a clear, explicit summary of what your team hopes to achieve. The team will also set clear goals by using the SMART criteria to create a statement that is specific, measurable, achievable, relevant and time-bound.
2. **How will we know a change is an improvement?** This question helps to identify the measurable criteria that are related to the improvement efforts and will detect progress toward the aim. A list of metrics should be created at this time that are both appropriate and manageable.
3. **What change can we make that will result in an improvement?** This is the idea-generating phase that will lead to achieving the aim. This phase will likely take the most time to answer. It is important to include both leadership and those familiar with the problem during these brainstorming sessions. Ideas for change may come from best practices, staff insights, process flow analysis, driver diagrams or from other quality improvement tools.

Once these questions have been explored and answered, the next segment is to begin the PDSA cycle. The PDSA cycle includes the following steps:

1. **Plan**—Document any predictions. List all tasks needed to execute the test. Create the data collection plan. Assign roles and responsibilities to ensure the tasks are completed within the necessary time frame.
2. **Do**—Execute the test. Collect the data and record observations.
3. **Study**—What did you learn? Analyze the data and compare it against the predictions.
4. **Act**—At the end of each cycle, an informed decision is made about whether the change has resulted in an improvement and is either adopted, abandoned or adapted, at which time another PDSA cycle can begin.

The Alliance Practice Coaching Team will continue to explore the MFI and share examples from different clinics and the application of this improvement framework in future articles. To share your experiences or ask questions, contact the Alliance Practice Coaching Team at **listqipracticecoaching@ccah-alliance.org**. Learning from one another is paramount. Let's start working on achieving the goals we have set out to accomplish this year.

References:

Associates in Process Improvement (n.d.). (Home page) Retrieved from: **apiweb.org/index.php**

Langley, G.J et al., (2009). The Improvement Guide. San Francisco, CA: Jossey-Bass.

Breast Cancer Screening

Breast tissue imaging technology and advances in clinical practices have greatly improved over the decades, allowing for early detection of cancer and an improved accuracy of diagnosis. Per the U.S. Preventive Services Task Force (USPSTF), it is recommended to order a routine breast cancer screen every one to two years for women 50–74 years of age with average risk. The decision to start mammography screening prior to age 50 is based on a discussion of the risks and benefits and is a personal decision for the patient.

When members are compliant with the USPSTF recommendation, they will also meet the criteria for compliance for the Healthcare Effectiveness Data and Information Set (HEDIS®) and the Alliance's Care-Based Incentive (CBI) measure. Alliance members who complete their mammograms at contracted imaging/mammography centers do not require prior authorization. It's important to initiate a conversation early with members to discuss their concerns, fears and options. Recommending preventive services, such as breast cancer screening, is vital in detecting illness at an early stage—your efforts may assist in saving a life.

New Well-Child Visit Member Incentive

The Alliance encourages parents and guardians to bring their children in for on-time well-child visits as recommended by the American Academy of Pediatrics (AAP) Bright Futures:

❑ Newborn ❑ 3 to 5 days ❑ 1 month ❑ 2 months ❑ 4 months

❑ 6 months ❑ 12 months ❑ 15 months ❑ 18 months ❑ 24 months

During these well-child visits, members are offered state-required Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. To increase member utilization, the Alliance has newly implemented two new member incentives for children who are up to 15 months of age:

1. **Monthly Raffle:** Each time a member completes their well-child visit, birth to 15 months of age, they will be entered in a monthly raffle for a $25 Target gift card (one winner, per county, per month).
2. **Annual Raffle:** Members with six or more well-child visits completed prior to 15 months of age will be entered in an annual raffle for a $150 Target gift card (one winner, per county, per year).

These visits are also a good opportunity to ensure vaccines are given on time for member eligibility of the 2-year-old immunization incentive and the provider incentive for childhood immunizations.

Alliance Drug Formulary Changes Q4 2019

Additions to Formulary
Donepezil ODT (orally dissolving tablet)
Memantine tablet
Mirtazapine 7.5mg tablet
Desipramine tablet
Dexmethylphenidate tablet (generic Focalin)
Dexmethylphenidate ER tablet (generic Focalin XR)
Lorazepam vial
Temazepam 7.5mg capsule
Benazepril/ hydrochlorothiazide
Qbrelis (added to formulary for children less than 12 years of age)
Isradipine (added to formulary for children less than 12 years of age)
Diuril (added to formulary for children less than 12 years of age)
Delzicol
Symjepi
Removed from Formulary
Verapamil ER PM
Fenofibric acid (Trilipix) (removed 45mg from formulary; modified prior authorization criteria)
Lialda

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

PROVIDER NEWS

Adult Preventive Immunization Spotlight

Hepatitis B Vaccination: 2-Dose Heplisav-B®

Per the Advisory Committee on Immunization Practices (ACIP), Heplisav-B® (HepB-CpG) vaccine is recommended for primary prevention of hepatitis B virus (HBV) infection in adults age ≥ 18 years.[1] The preparation consists of a two-dose series, administered at least four weeks apart, to achieve hepatitis B virus (HBV) immunity. The ACIP's evidence review found that over 90% of randomized controlled trial (RCT) participants achieved seroprotective antibodies (anti-HBs) to the hepatitis B surface antigen following completion of the HepB-CpG series. Fewer injections translate to better patient adherence and improved immunization rates.

Of mention, the CDC Adult Immunization Schedule permits both two and three-dose HBV vaccines;[2] therefore, providers are advised to exercise clinical judgment when selecting the appropriate vaccine for each individual patient. Please refer to the chart below for further information from the CDPH regarding vaccine selection and dosing schedules. The current FDA-approved HBV vaccine formulations are included as Tier 1 drugs on the CCAH formulary[3] and are fully covered Medi-Cal benefits.

References

[1]cdc.gov/mmwr/volumes/67/wr/pdfs/mm6715a5-H.pdf
[2]cdc.gov/vaccines/schedules/hcp/imz/adult.html
[3]www.ccah-alliance.org/pdfs/formulary.pdf

Heplisav-B® Quick Tips

- For adults age ≥ 18;
- Two-dose HepB-CpG vaccine, spaced at least four weeks apart;
- Recommend post-vaccination serologic testing to determine if anti-HBs level is ≥ 10 mIU/mL, indicating immunity;
- If anti-HBs < 10mIU/mL, the ACIP recommends revaccination per protocol;
- CPT code: 90739;
- Covered benefit for Medi-Cal.

HEPATITIS B VACCINE: *Two or Three Doses?*

CDPH

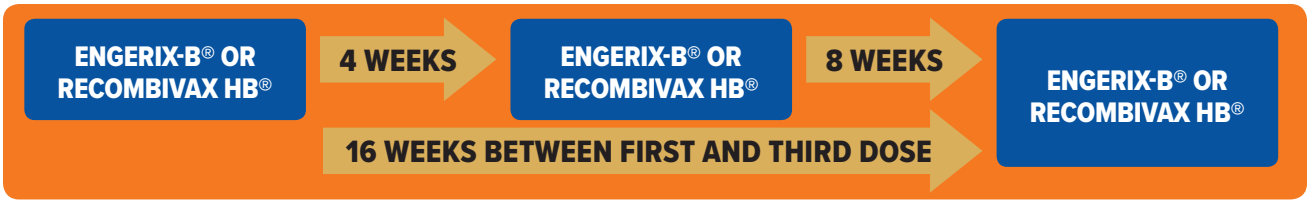
For adults 18+ years:

HEPLISAV-B® — 2 DOSES

Two doses of HEPLISAV-B® administered at least 4 weeks apart complete a series, even if doses of Engerix-B® or Recombivax HB® were given any time before, during or after the doses of HEPLISAV-B®.

Engerix-B® or Recombivax HB® — 3 DOSES

The intervals below also apply to any order of 1 dose of HEPLISAV-B® and 2 doses of Engerix-B® or Recombivax HB®.



For more information, see **cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html**
California Department of Public Health, Immunization Branch **EZIZ.org**

This publication was supported by Grant Number H23/CCH922507 from the Centers for Disease Control and Prevention IMM-1267 (3/19)

The 'Fourth Wave' in the Opioid Crisis:

Surging Rates of Methamphetamine Use Among Chronic Opioid Users

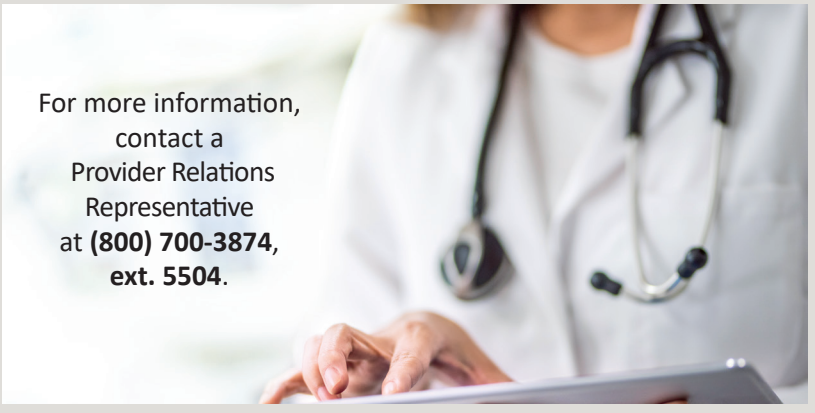
Largely overshadowed by the opioid epidemic, the Centers for Disease Control and Prevention (CDC) (2018) reports that half of Americans who use methamphetamine suffer from opioid use disorder; additionally, there were more than twice as many deaths from illicit psychostimulants as compared to 2015. Similarly, between 2003 and 2015, hospitalizations complicated by both opioids and amphetamines increased 537% from 6,705 to 42,680.

Nationally, methamphetamine seizures by U.S. Customs and Border Patrol have tripled since 2012, with purity rising above 90%. What's more, an increase in production brought street prices down considerably. With opioids becoming harder to obtain in response to the epidemic, the lower cost and increased access to methamphetamines became fertile ground for an emerging crisis. Adding a new level of complication is the co-occurring use of opioids and methamphetamines, revealing another example of the shifting nature of drug addiction. Unlike opioid addiction, however, there are no FDA–approved medications for the treatment of methamphetamine use disorder, and there is no overdose reversal drug to revive people.

Despite these grim statistics, hope is on the horizon. A growing body of research uncovers promising benefits from mirtazapine in reducing use, and preliminary data suggests potential from bupropion, methylphenidate, oxytocin, fluoxetine, imipramine and naltrexone. Yet, taken as a whole, results reveal that fully effective pharmacotherapy may require more than one agent, and be used in combination with behavioral therapies that help patients recognize, avoid and cope with the situations in which they are most likely to use drugs. These types of approaches, such as contingency management, utilize motivational incentives like vouchers or small cash rewards to encourage patients to engage in treatment and maintain abstinence. Health care providers serve as a point of engagement, screening and intervention, so it is vital that the system of care incorporates low-threshold services to engage a person in a safe and respectful manner that builds trust, reduces shame and avoids stigmatization.

PROVIDER WEBINAR CORNER

The Alliance invites you to take advantage of the resources on the Provider Webinars, Workshops and Training 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**.

PROVIDER NEWS

Appointment Wait Time Standards

To ensure that Medi-Cal members have timely access to care, the Department of Health Care Services (DHCS) requires that Alliance providers offer appointments to our members within specific wait time standards, as outlined in the table below. The Alliance conducts an annual survey of our providers to measure timely access to appointments. The DHCS has also begun to survey a sample of our contracted providers on a quarterly basis to obtain this information and determine the timeliness within which our members can access care. The quarterly survey also confirms services available, contact information and contracted status with the Alliance. We appreciate your partnership in responding to the survey if your clinic receives a survey call, and we are eager to provide more information or best practices on meeting timely access standards.

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

Urgent Care Appointments	**Wait Times**
Services that do not require prior authorization	48 hours
Services that do require prior authorization	96 hours
Non-Urgent Care Appointments	**Wait Times**
Primary care appointment (including first pre-natal visit and preventive visits)	10 business days
Mental Health care appointment (with a non-physician provider)	10 business days
Specialist/specialty care appointment (including psychiatrists)	15 business days
Ancillary service appointment for the diagnosis or treatment of injury, illness or other health condition	15 business days
Skilled Nursing Facility Services and Intermediate Care Facility Services (Santa Cruz County)	Placement within 7 business days
Skilled Nursing Facility Services and Intermediate Care Facility Services (Monterey and Merced Counties)	Placement within 14 calendar days

Regardless of Immigration Status, All Low-Income Californians Up to Age 26 Can Now Sign Up for Medi-Cal

Medi-Cal has extended full coverage to tens of thousands of additional young adults, effective as of Jan. 1, 2020—another step toward building a California for All.

The new state law gives full-scope Medi-Cal to young adults under the age of 26, regardless of immigration status. All other Medi-Cal eligibility rules, including income limits, will still apply. This initiative is called the Young Adult Expansion.

The expansion population includes:

- New enrollees into Medi-Cal;
- Current beneficiaries transitioning from restricted-scope to full-scope Medi-Cal;
- Individuals receiving full-scope Medi-Cal who would have otherwise aged out of full-scope coverage in January.

New applicants will be able to submit an application through the county to determine eligibility for full-scope Medi-Cal benefits under the Young Adult Expansion. The methods of applying include online, by mail, by telephone, by fax or in person. If the applicant qualifies for full-scope Medi-Cal under the Young Adult Expansion, they will receive the appropriate notification and information on next steps.

FOR MORE INFORMATION

Go to **dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx**.

New Claims Customer Service Phone Hours

To increase our level of customer service, the Alliance Claims Department has extended its service hours from 8:30 a.m. to 4:30 p.m. Lines are closed during the lunch hour between 11:30 a.m. to 12:30 p.m. Claims Customer Services Representatives are available Monday–Friday to assist you with questions at **(831) 430-5503** or **(800) 700-3874, ext. 5503**.

Resolving Common Claim Denials

Explain Code	Explain Code Definition	Action to Take
6X	Service requires a referral from the member's PCP or authorization from the Alliance for out-of-service-area referrals	Obtain referral and resubmit with referral noted on claim
30	Prior authorization not obtained from provider for procedure	Obtain a TAR for services that require authorization
32/32S	Member # invalid/doesn't exist/doesn't match name on claim	Medi-Cal eligibility runs month to month, check eligibility and accuracy of submitted ID #
34	This is a duplicate of a previous claim	Allow 30 days for claims processing and post payments timely
3V/3VV	Diagnosis not valid or related to procedure billed	Review the code in the Medi-Cal manual for diagnosis restrictions
50	Visit or unit limitation exceeded	Submit a report or obtain authorization
36/361	Claim must meet primary payer's processing requirements before we can consider payment	Review denial to resolve potential issues with primary payer prior to submitting the claim to the Alliance

CULTURAL CROSSROADS

Using a Qualified Interpreter During Appointments

Federal and State laws require medical providers to offer qualified interpreters when needed. Using an untrained interpreter may result in miscommunication and/or misinterpretation of medical information. The Alliance discourages providers from using family members or any unqualified personnel as interpreters.

Per Federal and State regulations, and Alliance requirements, contracted medical providers must:

- Offer qualified interpreters, at no cost, to Limited English Proficiency (LEP) and deaf or hard-of-hearing members;
- 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 every patient's language in the medical record;
- Document in the medical record if the patient refuses an interpreter and prefers to use a family member or friend.

The Alliance offers both telephonic and face-to-face interpreter services for eligible LEP members or to members who are deaf or hard of hearing. To learn more about the Alliance's language assistance services, please call the Health Education Line at **(800) 700-3874, ext. 5580,** or visit our website at **www.ccah-alliance.org/cultural_linguistic.html**.

Providing Culturally Competent Care

Enhanced communication between providers, staff and patients helps practices work effectively and provide quality care in cross-cultural situations. An important part of this is the ability to communicate across cultures. With cross-cultural communication skills, you can better understand the needs, values and preferences of your patients.

Here are some approaches that can help you build cross-cultural communication skills:

- **Improve cultural and linguistic appropriateness**—become knowledgeable about the backgrounds of your patients;
- **Gain awareness of language differences**—become aware of the different expressions or idioms used or when the same word holds more than one meaning;
- **Consider how you communicate in writing**—if you provide written instructions to a patient, the standard words used on the forms and in patient handouts may be seen as too formal, not welcoming or too complex to understand;
- **Do not make assumptions**—what you may perceive as your patient's communication style or health literacy may be incorrect. Ask your patients questions and encourage them to ask you follow-up questions;
- **Avoid jargon**—do not use jargon or technical health and medical terms. Instead explain terms and concepts using plain language;
- **Understand and recognize differences in communication styles, both verbal and nonverbal**—pay attention to your tone, volume and body language, such as posture, gesture, eye contact and facial expressions.

FOR MORE INFORMATION

To learn more, visit "Think Cultural Health" with the Center for Linguistic and Cultural Competency in Health Care at **thinkculturalhealth.hhs.gov**.

The Alliance's Cultural and Linguistic Services Program webpage provides resources and tools for providers: **www.ccah-alliance.org/cultural_linguistic.html**.

Access to Healthy Foods for Your Patients

CalFresh is a program that assists low-income households to access the food they need to stay healthy. This program may help your patients eat healthier by providing resources for food and reducing food insecurity!

Who is eligible?

- All U.S. citizens or legal permanent resident children, regardless of where the parents were born;
- Single adults, couples, individuals who are homeless and families with children, when they meet income and residence requirements;
- Individuals with no children (e.g. students).

Eligibility and benefit amount are based on household size and income level.

How does it work?

The program issues monthly benefits on an Electronic Benefit Transfer (EBT) card, which looks like any other credit card and can be used to buy food at many markets.

If your patients need food assistance, please refer them to a local CalFresh office:

County	Phone Number	Website
Merced	**(209) 385-3000**	**getcalfresh.org**
Monterey	**(877) 410-8823**	**getcalfresh.org**
Santa Cruz	**(888) 421-8080**	**getcalfresh.org**

New Referral Form Available for Health Education and Disease Management Programs

The Alliance will offer providers the option to refer members to Health Education and Disease Management programs by utilizing a new universal Health Programs Referral Form. The form will include all health education and disease management programs available for members in one simplified form. This will also allow providers to refer members to multiple programs utilizing the same form.

MORE INFORMATION

For additional information regarding the Alliance's Health Education and Disease Management Programs, please call the Alliance Health Education Line at **(800) 700-3874, ext. 5580,** or visit **www.ccah-alliance.org/healthed_dm.html**.

CLINICAL CORNER

The Role of Prevention in Ending the HIV Epidemic:

What PCPs Need to Know About HIV Testing and Preexposure Prophylaxis

Key Facts

- As of December 2017, more than 135,000 of those living with HIV reside in California—an increased prevalence rate of 5.1%, as compared to 2013;
- HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, men who have sex with men (MSM), youths and individuals who use drugs;
- HIV testing is important for both treatment and prevention efforts; yet 15% of those infected with HIV are unaware they are infected;
- Endorsed by the USPSTF as a grade A recommendation, pre-exposure prophylaxis (PrEP) is a powerful HIV prevention tool in those who do not have HIV. When taken consistently, PrEP reduces the risk of HIV infection by >90%;
- Medi-Cal does not require a prior authorization for PrEP, but the pharmacy should be instructed to "bill State Medi-Cal HIV carve-out" instead of the managed-care plan.

Among our counties, alarming trends of new sexually transmitted infections (STIs) and HIV mirror the state and nation findings. Yet without increased prevention, integrated care and destigmatization, HIV transmission and deaths will only increase. The CDC and CDPH recommend that all PCPs provide routine opt-out HIV testing (ROOT), talk with their patients to understand their risk factors, discuss prevention options, and identify patients who may benefit from PrEP using a sexual and drug use history.

Some HIV-negative individuals who may benefit from PrEP include:

- MSM or transgender women with multiple sex partners and/or who engage in unprotected sex;
- Individuals with syphilis or other STIs;
- Individuals with one or more HIV-positive sex partners who have detectable viral loads or are not taking antiretroviral therapy;
- Sero-discordant couples who want a safer conception strategy;
- Individuals who inject drugs;
- Individuals who engage in commercial sex work or transactional sex;
- Individuals who use stimulant drugs such as methamphetamines (MA).

Recent systematic reviews and meta-analyses reveal a synergistic epidemic of HIV and STIs. In alignment with CDPH:

- Patients tested for STIs should automatically receive an HIV test, regardless of clinical setting, including emergency departments;
- Everyone 13–64 years of age should get tested for HIV at least once;
- Individuals with new exposures should be tested at least once a year, and those at higher risk are good candidates for testing every three to six months.

There is also substantial research supporting a close association between MA use, sexual risk-taking and HIV transmission, especially among MSM. The following validated drug screening tool can help clinicians determine which patients need further substance use assessment:

Ask: "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"

- A response of just one or more is positive;
- Those who screen positive for MA use should be assessed further for unhealthy use and for a diagnosis of stimulant use disorder.

The Santa Cruz Department of Public Health advises that many patients, especially those with the identities above, have had traumatic experiences in medical settings. To build trust, providers should:

- Use sensitive, inclusive language to discuss gender, sexuality, bodies, drug use and sex;
- Practice trauma-informed exams;
- Ask patients' consent in all matters;
- Be an inviting, comfortable and nonjudgmental place for patients to talk openly and honestly.

Finally, indicating that your practice offers or refers for PrEP with brochures and other information can facilitate these conversations in a busy primary care practice. These approaches may allow for more effective discussions about appropriately tailored prevention, PrEP risks and benefits, testing, and care strategies.

For more information, please access:

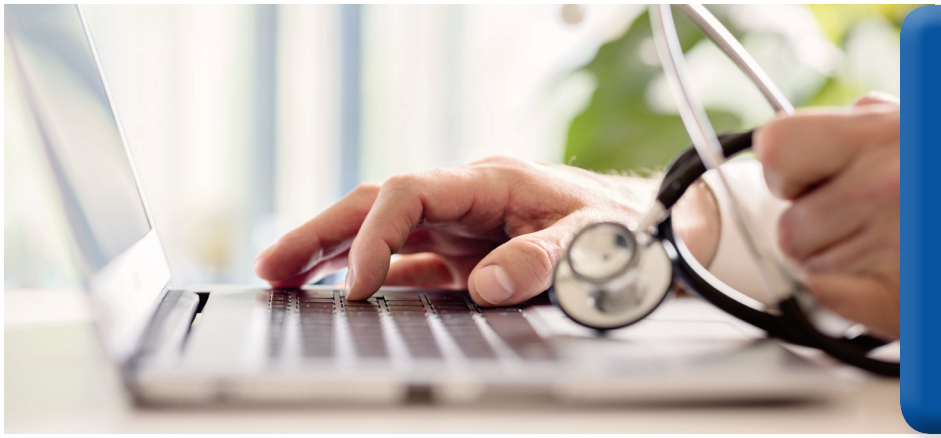
Pacific AIDS Education & Training Center (**paetc.org**);

CDC PrEP Clinical Practice Guidelines (**cdc.gov/hiv/clinicians/prevention/prep.html**);

UCSF's free Clinician Consultation Center (CCC) for HIV, Hep C, Substance Use, PEP and PrEP: (855) HIV-PrEP (855-448-7737).

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



Sign up

to receive provider news by email

Three easy steps:

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

New Providers

Santa Cruz County

Primary Care

- Carrie Eisberg, MD, *Family Medicine*
- Sara Faheem, MD, *Pediatrics*
- Stephan Hallas, DO, *Family Medicine*
- Delroy McFarlane, MD, *Internal Medicine*

Referral Physician/Specialist

- Bhavim Desai, MD, *Sleep Medicine*
- Raina Ferzoco, MD, *Medical Oncology*
- Hua Gao, MD, *Ophthalmology*
- Kyle Graham, MD, *Obstetrics and Gynecology*
- Erin Lally, MD, *Ophthalmology*
- Michelle Sablan, MD, *Obstetrics and Gynecology*

Monterey County

Primary Care

- Jennifer Cordier, MD, *Pediatrics*
- Daniel Demirchyan, MD, *Family Medicine*
- Martin Escando, MD, *Family Medicine*
- Christopher Irvine, MD, *Family Medicine*
- Maikha Jean-Baptiste, MD, *Family Medicine*
- Jennae Lee, MD, *Pediatrics*
- Nathalia Mesa, MD, *Family Medicine*
- Michael O'Halleran, MD, *Pediatrics*

Referral Physician/Specialist

- Hulbert Do, MD, *Internal Medicine*
- Matthew Griffin, MD, *Orthopedic Surgery*
- Thomas Jacques, MD, *Pain Medicine*
- Roger Long, MD, *Pediatric Endocrinology*
- Shylaja Srinivasan, MD, *Pediatrics*
- Jane Wang, MD, *Physical Medicine and Rehabilitation*
- Heather Weldon, MD, *Obstetrics and Gynecology*

Merced County

Primary Care

- Zoe Anaman, MD, *Family Medicine*
- Rohit Arora, DO, *Internal Medicine*
- Amandeep Kaur, MD, *Family Medicine*
- Gopi Krishna Polasa Venkata, MD, *Internal Medicine*
- Hansa Wongprasert, MD, *Pediatrics*

Referral Physician/Specialist

- Brandon Boggs, MD, *Family Medicine*
- Maria House, MD, *Surgery*
- Pushpinderdeep Kahlon, MD, *Medical Oncology*
- Angela Sabry, MD, *Allergy and Immunology*

ALLIANCE HOLIDAY CLOSURES

Monday, May 25, 2020 (Memorial Day)