

December 2024



# Provider Bulletin

A **quarterly** publication for providers.



## Expanding network access and advancing health equity

We remain committed to our vision of advancing health equity for our members and recognize that our provider network is our strongest partner in achieving this shared vision. In our last issue, we announced significant grant and incentive-based investments to expand our provider network and close identified care gaps.

Recognizing there is more work to do, we are pleased to announce we will increase reimbursement rates for many contracted providers through our Board-approved supplemental payment strategy. This \$152.4-million allocation will be paid out over approximately three years, beginning in 2025. This approach furthers our commitment to continually offer

competitive reimbursement with rates higher than Medi-Cal.

To advance health equity, we will continue funding Equity Practice Transformation beyond the state's discontinuation of funding. To increase members' access to culturally and linguistically appropriate care, providers who offer bilingual services will be further compensated. And to ensure our members are informed of community support services, we will reimburse providers who successfully connect members to community-based organizations or community health workers. Lastly, we will provide payments to providers who collect social determinants of health data, which will then inform our

### Alliance Board Meetings

**Wednesday, Jan. 22, 2025**

3 to 5 p.m.

**Wednesday, Feb. 26, 2025**

3 to 5 p.m.

### Whole Child Model Clinical Advisory Committee Meetings

**Thursday, Dec. 19, 2024**

Noon to 1 p.m.

### Physicians Advisory Group (PAG) Meeting

**Thursday, March 6, 2025**

Noon to 1:30 p.m.

future efforts aimed at reducing health inequities.

Together, we will make sure our members maintain access to the care they need, when they need it most. Thank you for your continued commitment to our members.



*Michael Schrader*

Michael Schrader, CEO

# MY2023 HEDIS Awards

The Alliance is pleased to announce our Healthcare Effectiveness Data and Information Set (HEDIS) award winners for Measurement Year 2023 (MY2023). Based on National Committee of Quality Assurance (NCQA) clinical measure guidelines, HEDIS awards represent how well the Alliance network of providers deliver services to Alliance members.

Please join us in congratulating the following providers for earning the *Award of Excellence!*

## Acacia Family Medical Group



What Acacia Family Medical Group shared about **administering chlamydia screening for women:**

“At every well-child check and well-woman exam, we collect a urine sample before the member is seen by the clinician. We do this regardless of whether a member has a pelvic exam. We also have an alert in the patient’s chart to collect urine at the next visit.”

## Alisal Health Center



What Alisal Health Center shared about **cervical and breast cancer screening and well-child visits:**

“We achieved this incredible recognition with the support of our Quality Department and clinic staff. We focused on improving quality metrics by implementing new workflows and dedicating hours of staff time to population health outreach.”

## Brennan Medical



What Brennan Medical shared about **cervical and breast cancer screenings and treating diabetes:**

“For patients with uncontrolled diabetes, we implemented a standing order for them to visit every four to six months to monitor their HbA1c levels. Many patients were unaware of their last screening dates, so we leveraged resources like SCHIO and CCAH to update spreadsheets and identify those members who were due for screenings.”

## George L. Mee Memorial Clinic



What George L. Mee Memorial Clinic shared about **childhood immunizations:**

“It starts with empowering the clinical staff and giving them the tools they need to be successful. The 2023 focus was on pre-visit planning, optimizing clinical workflows, value-driven care, and increasing availability and access for our patients. We also invested in a population health software solution that allows us to identify patients who have care gaps and contact them in a timely manner.”

## Laurel Vista



What Laurel Vista shared about **child and adolescent well-child checks, cervical cancer screening, and postpartum care measures:**

“We added two providers to Vista in 2023 to improve access to care. Our staff performs chart scrubbing ahead of appointments, identifying gaps in care and ensuring that necessary screenings are pending in the EMR for provider review.

We have a dedicated quality improvement team that conducts outreach to patients who have missed appointments.

In 2023, we scheduled several Saturday WCC clinics. We also held dedicated Pap smear clinics.

Postpartum care is a shared effort with hospital staff and our call center, who block time on provider schedules for postpartum visits.”

### Montage Medical Group



What Montage Medical Group shared about **child and adolescent well-check exams:**

“Our primary strategy is to prioritize our adolescent members for outreach. We reach out to these members every month until they are scheduled for an appointment. Once scheduled, we send reminders to members to ensure they attend their visit. We also try to schedule appointments during standard school closures (i.e., summer, Thanksgiving and Christmas breaks).”

### Romie Lane Pediatrics



What Romie Lane Pediatrics shared about **child and adolescent immunizations and well-child checks:**

“We text a parent of patients who have missed a well-check or are due for one in the next two months. We perform lead screening at well-checks for 1- and 2-year-olds and check vaccine status at every well-check, regardless of age.”

### Pediatric Medical Group



What Pediatric Medical Group shared about **immunizations in adolescents:**

“We have a dedicated vaccine coordinator. Each month she will use the spreadsheet from the Quality Improvement reports from the Alliance provider portal and compare the names of the non-compliant members with our EMR database and the California Immunization Registry. Our staff reaches out to these members at least three times by phone to schedule a vaccination appointment. If they are unsuccessful in contacting the patient by phone, a letter is mailed to the patient’s home.

We also review vaccination status at every patient visit and will administer vaccines at visits. We also have a policy that an appointment is not necessary for a vaccination.”

### Rural Health Network, Inc.



What Rural Health Network, Inc., shared about **attention to members:**

“Our staff and providers work together to make sure our patients are meeting all their measures. From calling patients to sending them reminders of their appointments, we work hard to make sure we don’t miss anything.”

### St. Junipero Children's Clinic



What St. Junipero Children’s Clinic shared about **developmental screening rates for children 0-3 years old:**

“We screen appointments ahead of time and provide developmental screening paperwork to parents. We also run reports on the provider portal to target noncompliant patients and ensure members have their next appointment scheduled before leaving the office.”

Check out the photos of this year's HEDIS Award winners and read their unabridged quotes at [www.thealliance.health/HEDIS](http://www.thealliance.health/HEDIS).

# 2025 Care-Based Incentive (CBI) Program

The Alliance's CBI Program includes a set of measures encouraging preventive health services and connecting Medi-Cal members with their primary care providers (PCPs). The CBI Program pays qualifying contracted provider sites, including family practice, pediatrics and internal medicine.

Provider incentives are broken into:

- Programmatic measures that are paid annually based on rate of performance in each measure.
- Fee-for-service (FFS) measures that are paid quarterly when a specific service is performed or a measure is achieved.

## New programmatic measures moved from exploratory

- **Chlamydia screening in women.** This measure is based on women 16-24 years of age who were identified as sexually active and who had a screening for chlamydia during the measurement year.
- **Colorectal cancer screening.** This measure is based on members 45-75 years of age who had an appropriate screening for colorectal cancer.
- **Well-child visits for age 15-30 months.** This measure is based on the percentage of members 30 months old who had two or more well-visits with a PCP during 15-30 months of life.

## Measure changes

- **Diabetic HbA1c poor control >9% changed to Diabetic Poor Control >9%.** The measure was modified to review the most recent glycemic status received through hemoglobin A1c (HbA1c) or glucose management indicator (GMI) testing.
- **Post-discharge care.** This measure now accepts follow-up care by specialists and excludes members if they were discharged on the same day from a skilled nursing facility.

## Retired measures

- **Health Equity: Child and Adolescent Well-Care Visit measure.**
- **Performance Improvement Measure.**



For more information about the Alliance CBI Program, contact your Provider Relations Representative or call Provider Services at **800-700-3874, ext. 5504.**

## CBI 2025 performance improvement methodology

### Care coordination measures:

- Clinics can earn full points if they did not meet the plan benchmark but achieved a 2.5% improvement compared to their 2024 quarter 4 performance.

### Quality of care measures:

- Clinics at or above the 50<sup>th</sup> percentile will earn 70% of measure points. If they receive the 75<sup>th</sup> percentile or a 2.5%-point improvement from their 2024 quarter 4 performance, they will receive full points.
- Clinics below the 50<sup>th</sup> percentile will earn 50% of measure points if they attain a 2.5%-point improvement from 2024 quarter 4 performance. Clinics earn full points if they attain a 5%-point improvement from their 2024 quarter 4 performance.



## Avoiding preventable Emergency Department (ED) visits

When members have a mild illness or need medications refilled and you're unable to see them in person right away, here are some resources you can refer them to. These resources help them avoid preventable ED visits.

### Nurse Advice Line (NAL)

If an Alliance member is unable to speak to clinic staff, they can talk to a registered nurse 24/7 by calling the Alliance Nurse Advice Line at **844-971-8907**. Our NAL can assist in determining if a member should follow up with their doctor or go to the ED. We ask that you please include our NAL on your phone tree and help educate members on this service. Your Provider Relations Representative can supply you with NAL magnets for members to take home.

### Telehealth visits

Medi-Cal covers telehealth services that may reduce barriers

for members when seeking care. For eligibility and participation requirements, see section 6 of the Alliance Provider Manual at **[www.thealliance.health/provider-manual](http://www.thealliance.health/provider-manual)**.

- Telespecialists are available to Alliance members. Through TeleMed2U, members can consult with a provider for conditions that don't require a physical examination, at home or in a clinic. See our flyer for more information: **[www.thealliance.health/TeleMed2U-Flyer](http://www.thealliance.health/TeleMed2U-Flyer)**.
- eConsults are available to improve access to specialty providers through AristaMD. For questions about

telehealth services, email **[telehealth@ccah-alliance.org](mailto:telehealth@ccah-alliance.org)** or contact Provider Services at **800-700-3874, ext. 5504**.

### Urgent care

If members call with non-life-threatening issues and your clinic cannot accommodate them, you can refer them to urgent care. See the Alliance website for a list of urgent care sites that are available for members at **[www.thealliance.health/urgent-care](http://www.thealliance.health/urgent-care)**.

### Emergency Department

If members are experiencing an emergency or something that is life-threatening, they should visit the ED immediately.

Providers can also earn incentives for helping to prevent unnecessary ED visits. Learn more at **[www.thealliance.health/emergency-visits-tip-sheet](http://www.thealliance.health/emergency-visits-tip-sheet)**.

# The Alliance to offer Medicare Advantage in 2026



Starting Jan. 1, 2026, the Alliance will expand our operations to include a Medicare Advantage Dual Eligible Special Needs Plan (MA D-SNP) for individuals eligible for Medicare and Medi-Cal.

## What are the benefits of a D-SNP?

D-SNPs are Medicare Advantage Plans for dual-eligible beneficiaries, offering:

- 1. Enhanced Care Coordination.** D-SNPs offer a holistic approach to health care, coordinating services across Medicare and Medi-Cal to ensure that a patient's care is managed effectively.
- 2. Comprehensive coverage.** These plans typically provide a broad range of benefits, including those not covered by traditional Medicare, such as dental, vision and transportation services.
- 3. Streamlined services.** By integrating Medicare and Medi-Cal benefits, D-SNPs simplify the process for both patients and providers, reducing administrative burdens and improving access to care.
- 4. Focused support.** D-SNPs often include care management and support services designed to help beneficiaries navigate their complex health care needs, leading to better health outcomes.

## Why it matters

Understanding D-SNPs helps you better support patients and ensure they receive comprehensive care. So far, 65% of Alliance providers have executed contract amendments. If you aren't yet contracted as a D-SNP provider, please reach out to Provider Services.

## Population Needs Assessment

The Alliance conducts an annual Population Needs Assessment (PNA) that focuses on assessing the needs of the following:

- Members who are children or adolescents.
- Members with disabilities.
- Members of racial or ethnic groups.

- Members with limited English proficiency.
- Members in relevant subpopulations.

Additionally, the PNA assesses social determinants of health for the member population. The PNA helps us identify gaps in services related to these issues in our

service areas. The assessment's main goals are to improve health outcomes and meet Medi-Cal members' needs.

The Alliance PNA reports can be viewed online at [www.thealliance.health/cultural-and-linguistic-services](http://www.thealliance.health/cultural-and-linguistic-services).



## Whole-Child Model expanding its reach

On Jan. 1, 2025, Mariposa and San Benito counties will implement the Whole-Child Model (WCM), joining the rest of the Alliance service areas. Under WCM, California Children's Services (CCS) children receive treatment from their Medi-Cal managed care health plan (the Alliance) instead of their county CCS program.

Developed by DHCS and used in 21 counties, WCM enhances care coordination for CCS and non-CCS conditions. Benefits align with CCS standards and are provided by CCS-paneled providers and specialty centers. WCM goals include patient- and family-centered care, improved coordination, maintained quality, streamlined services, cost-effectiveness and addressing the child's full range of needs.

### Becoming a CCS-paneled provider

Providers must enroll in Medi-Cal before becoming CCS-paneled. Submit your Provider Application and Validation for Enrollment (PAVE). After approval, apply online to become a CCS provider.

Call **916-552-9105** or email [providerpaneling@dhcs.ca.gov](mailto:providerpaneling@dhcs.ca.gov) for more information.

### WCM physicians

Children can continue seeing CCS-paneled providers with continuity of care extendable beyond 12 months. Access to specialized equipment and prescription drugs continues until new assessments and treatment plans are in place.

## Health resources and tools for self-management

The Alliance offers health education programs and resources to help members get healthy and stay healthy. Online self-management tools help members learn about different health topics. The tools are available on the Health and Wellness website for the following topics.

### Healthy eating, healthy weight, physical activity

**Self-management tools for children and teens** include personalized eating plans, a BMI calculator for children and teens, and a physical activity planner at [www.thealliance.health/healthy-weight](http://www.thealliance.health/healthy-weight).

**Self-management tools for adults** include personalized eating plans, a physical activity planner and a healthy weight assessment at [www.thealliance.health/adult-weight-management](http://www.thealliance.health/adult-weight-management).

### Depression, managing stress, avoiding at-risk drinking

**Self-management tools for adults** include a depression self-test, managing stress resources and checking drinking habits at [www.thealliance.health/behavioral-health-care](http://www.thealliance.health/behavioral-health-care).

### Quitting tobacco

**Self-management tools for adults** include a quit plan and self-help materials to provide help with quitting tobacco and/or smoking at [www.thealliance.health/quitting-tobacco](http://www.thealliance.health/quitting-tobacco).

For more information about these tools and programs, call the Health Education Line at **800-700-3874, ext. 5580**.

# Goals and strategies for IBD

The primary objectives of therapy for inflammatory bowel disease (IBD), which encompasses Crohn’s disease and ulcerative colitis, are to induce remission, achieve complete mucosal healing and minimize the risk of relapse. Timely selection of appropriate medications is crucial in preventing disease progression.



## Medication and treatments

- **For the induction of remission in mild Crohn’s disease:** Budesonide is the first-line treatment. For maintenance therapy, azathioprine or mesalamine products are commonly used.
- **In mild ulcerative colitis:** The first-line treatment involves topical mesalamine products and topical glucocorticoids.
- **For moderate to severe cases of IBD:** Biologics like infliximab, adalimumab and vedolizumab are recommended for induction and maintenance +/- immunomodulators. Biologics demonstrate comparable efficacy in inducing clinical response and maintaining clinical remission in patients with IBD. Vedolizumab is considered a first-line therapy for immunocompromised patients.

A tailored approach to therapy, considering individual patient factors and disease severity, is essential in IBD management.

Additional resources

- [www.morehealth.org/nih-budesonide-for-remission](http://www.morehealth.org/nih-budesonide-for-remission)
- [www.morehealth.org/aga-guidelines](http://www.morehealth.org/aga-guidelines)
- [www.crohnscolitisfoundation.org](http://www.crohnscolitisfoundation.org)

## Pharmacist-Led Academic Detailing (PLAD) Program

Alliance pharmacists offer an interactive, nonbiased, evidence-based and individualized educational program. Our goal is to promote evidence-based practices, provide support, build relationships with health care teams and ultimately improve patient health outcomes.

The following topics are currently available:

- **Diabetes**
- **Asthma**
- **Hypertension**

To learn more about the program and to enroll, please email [pharmacy@ccah-alliance.org](mailto:pharmacy@ccah-alliance.org) and include the phrase “Pharmacist-Led Academic Detailing” in the subject line.

## Medi-Cal Rx Drug Utilization Review (DUR)

Please review the following Medi-Cal Rx DUR articles published since May 2024:

- “Aspirin for Primary Prevention of Cardiovascular Disease.”
- “Risks of Concomitant Statin Therapy with Gemfibrozil.”



This resource is linked on the Alliance’s Pharmacy Services webpage under the “Drug Utilization Review (DUR)” section at [www.thealliance.health/pharmacy-services](http://www.thealliance.health/pharmacy-services).

## The Alliance’s physician-administered drug list and procedures

The Alliance’s physician-administered drug list, restrictions, prior authorization criteria, policies and their updates are available on the Pharmacy Services webpage at [www.thealliance.health/pharmacy-services](http://www.thealliance.health/pharmacy-services). If you would like to request physical copies, please contact the Pharmacy at **831-430-5507**.



# Annual provider fraud, waste and abuse (FWA) trends

From June 2023 to June 2024, the Alliance's Program Integrity Unit investigated approximately 78 provider-related referrals for suspected fraud, waste and abuse (FWA). The Alliance is required to report all suspected FWA instances to the California Department of Health Care Services, Monterey County and when applicable to the Plan's In-Home Supportive Services line of business.

The Alliance's FWA prevention program ensures compliance with federal and state standards by maintaining comprehensive policies and procedures.

Suspected FWA referrals may come from internal staff, providers, members, regulatory agencies and anonymous sources.

## Common FWA concerns identified from June 2023 to June 2024

- **Overutilization.** Providing unnecessary services or overprescribing medications. Providers may be flagged as outliers based on claims for specific procedures or total payments compared to peers.
- **Billing for services not rendered.** Submitting claims for services that were not provided and/or not documented in medical records.
- **Duplicate billing.** Billing multiple times for the same service or for services that should be bundled together. This includes instances where two providers from the same

location submit claims for the same member on the same date or when different procedure codes are billed separately but should be combined for billing purposes.

- **Upcoding.** Submitting claims for higher-cost services than were performed; inflating charges to obtain greater reimbursement.
- **Kickbacks or inducements.** Federal law prohibits payments made to induce or reward referrals or generate business involving federal health care programs.

FWA investigations may involve medical record reviews, claim denials, payment recovery and corrective action plans. The Alliance encourages providers to ensure accurate documentation and comply with all relevant federal and state anti-FWA laws and standards.

**Providers are also encouraged to report any suspected or actual FWA to their Provider Relations Representative.**

Proper billing and adherence to FWA regulations not only safeguards federal funds but also ensures the delivery of high-quality care to members.



## Medicare crossover claims

Medicare automatically sends crossover claims to the Alliance for professional services. The Medicare remittance advice will have a remark code indicating that the claim has crossed over to the Alliance. It's unnecessary for providers to rebill separate paper or electronic claims that have crossed over to the Alliance. If an additional submission is received, it will be denied as a duplicate.

If you have any questions about these updates, please contact the Alliance Claims Customer Service Representative, available Monday through Friday, 8:30 a.m. to 4:30 p.m., at **800-700-3874, ext. 5503**.

# Behavioral health resources for members

**Connecting your patients to behavioral health services can be easier than you might think.**

Alliance members can self-refer by calling the following numbers:

- For mental health or behavioral help, call Carelon Behavioral Health at **855-765-9700**. This toll-free number is available 24 hours a day, 7 days a week.
- For substance use services, contact your county's Behavioral Health department.

Mariposa County:

**800-549-6741**

Merced County:

**888-334-0163**

Monterey County:

**888-258-6029**

San Benito County:

**888-636-4020**

Santa Cruz County:

**800-952-2335**

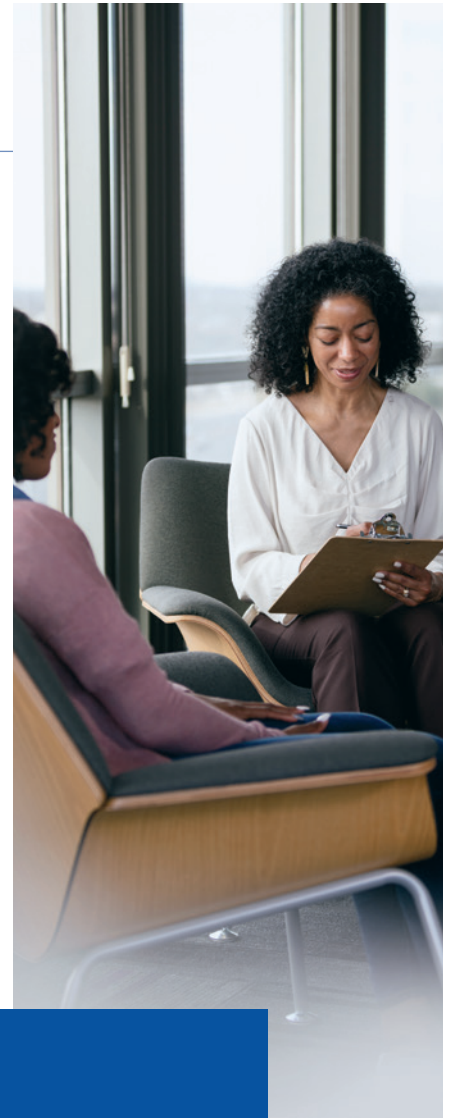
## More resources

**If your patients are having difficulties accessing behavioral**

**health care, please see the supportive resources below.**

**Eating disorders:** For patients with challenges accessing care for eating disorders, please submit a referral to Alliance Care Management at [www.thealliance.health/care-management](http://www.thealliance.health/care-management).

**Mental health care, behavioral health therapies and comprehensive diagnostic evaluations through Carelon:** If you are having referral challenges with Carelon, please reach out to [bh\\_providerescalation@ccah-alliance.org](mailto:bh_providerescalation@ccah-alliance.org) or **831-430-5504**. Carelon is expected to get back to you within 48 hours, and our Behavioral Health team will also be notified of your concerns to better support your referrals.



## Oral health for the pregnant patient

As prenatal providers, you want the best for your patient and their baby. One often overlooked aspect of prenatal care is ensuring optimal oral health during pregnancy.

Research links gum disease to premature birth and low birth weight. Mothers can pass decay-causing bacteria to their baby. Children of mothers with tooth decay are three times more likely to have it.

The good news is that medical and dental experts agree that dental care, including radiographs, during pregnancy is safe and important.

Here are ways to help optimize the health of your pregnant patient and their baby:

- Ask your pregnant patient to get a dental checkup and cleaning.
- Remind them that dental care is safe and important.
- Reassure them that if they have Medi-Cal, they have dental coverage!
- Encourage them to brush their teeth twice a day with fluoride toothpaste and to floss daily.
- Provide referrals to a dental clinic that accepts Medi-Cal/Denti-Cal.
- Tell your patient to take their baby to the dentist by age 1 or their first tooth.

# Welcome, new providers!

## New ECM/CS providers

- **AccentCare of California, Inc.:** Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **Art of Palliative Care:** Monterey County.
- **Central Coast VNA & Hospice, Inc:** Monterey and San Benito counties.
- **Community Action Board of Santa Cruz:** Monterey and Santa Cruz counties.
- **Court Appointed Special Advocates of SC (Casa):** Santa Cruz County.
- **Housing Matters:** Santa Cruz County.
- **Independent Living Systems:** Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **Modesto Gospel Mission:** Mariposa and Merced counties.
- **Monterey County Office of Education:** Monterey County.
- **Santa Cruz County Office of Education:** Santa Cruz County.
- **Serenity Walking By Faith:** Merced County.
- **Sierra Saving Grace:** Merced County.
- **Valley Health Associates:** Monterey and San Benito counties.

## New physicians and specialists

### Mariposa County

#### Referral Physician/Specialist

- Kirmanj Atrushi, MD, Foot and Ankle Surgery

### Merced County

#### Primary Care

- Bassam Aljomard, MD, Pediatrics
- Mohamed Ashkar, MD, Pediatrics



- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>■ Kenneth Bernstein, MD, Family Medicine</li> <li>■ Peter Gaines, MD, Family Medicine</li> <li>■ Carolina Gutierrez Garcia, MD, Family Medicine</li> <li>■ Daniel Hardy, MD, Family Medicine</li> <li>■ Farhan Khokhar, MD, Pediatrics</li> <li>■ Pooja Kumar, MD, Pediatrics</li> <li>■ Jason Lee, MD, Family Medicine</li> <li>■ Deepika Minnal, MD, Pediatrics</li> <li>■ Barbara Porrello Perez, MD, Pediatrics</li> <li>■ Joel Ramirez, MD, Family Medicine</li> <li>■ Roohi Shahjahan Bakhath, MD, Pediatrics</li> <li>■ Joanne Spalding, MD, Family Medicine</li> </ul> | <ul style="list-style-type: none"> <li>■ Farah Awadallah, MD, Dermatology</li> <li>■ Jonathan Caldwell, MD, Emergency Medicine</li> <li>■ Joy Cooper, MD, Obstetrics and Gynecology</li> <li>■ Jessica Garst Orozco, MD, Emergency Medicine</li> <li>■ Garima Handa, MD, Cardiovascular Disease</li> <li>■ Lauren Hiyama, MD, Allergy and Immunology</li> <li>■ Rajeev Kaul, MD, Nephrology</li> <li>■ Michael Nuzzo, MD, Orthopaedic Surgery</li> <li>■ Howard Pettigrew, MD, Allergy and Immunology</li> <li>■ Kanwaljit Singh, MD, Hematology</li> </ul> |
|---|---|

#### Referral Physician/Specialist

- Patrick Akin, DO, Sports Medicine
- Jumnah Arasu, MD, Obstetrics and Gynecology

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## Important phone numbers

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

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.



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# Welcome, new providers!

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## Monterey County

### Primary Care

- Rachit Chawla, MD, Pediatrics
- Erika Garcia, MD, Family Medicine
- Amber Grandison, MD, Family Medicine
- Amanda Jackson, MD, Pediatrics
- Jared Kozal, MD, Family Medicine
- Carlos Morillo-Hernandez, MD, Family Medicine
- John Obert-Hong, MD, Family Medicine
- Henna Parmar, MD, Family Medicine
- Shelley Yamamoto, MD, Pediatrics
- Mihwa Yoo, MD, Pediatrics

### Referral Physician/Specialist

- Lant Abernathy, DPM, Foot and Ankle Surgery
- Giya Albert, MD, Obstetrics and Gynecology
- Sohani Amarasekera, MD, Ophthalmology
- Maziar Bidar, MD, Ophthalmology
- James Dickey, MD, Surgery
- Emaad Farooqui, MD, Vascular Surgery
- Mark Healy, MD, Surgery
- Chase Kissling, MD, Anesthesiology



- William Liss, MD, Dermatology
- Paul Montgomery, MD, Pulmonary Disease
- Martin Mwangi, MD, Sleep Medicine

## Santa Cruz County

### Primary Care

- Stephen Harris, MD, Pediatrics
- Marta Gorelik, MD, Pediatrics
- Hong-Nhung Tran, MD, Pediatrics
- Gary Zane, DO, Family Medicine

- New Year's Day
- **Jan. 20, 2025:** Martin Luther King Jr. Day
- **Feb. 17, 2025:** Presidents Day

### Referral Physician/Specialist

- Jennifer Acostamadiedo, MD, Sleep Medicine
- Allon Rafael, MD, Cardiovascular Disease
- Charnjeet Sandhu, MD, Cardiovascular Disease