



Alignment Health Plan®

FEB 2026

PROVIDER NEWSLETTER



TO LEARN MORE about how we can help your patients, please contact your local Alignment Health Plan Provider Relations Representative at **1-844-361-4712 (TTY: 711)** or email us at ProviderRelations@ahcusa.com.

ALIGNMENT HEALTHCARE
NAMED TO THE

2026 FORTUNE WORLD'S MOST ADMIRABLE COMPANIES™

LIST FOR FIRST TIME

In its first year of eligibility, award-winning Medicare Advantage company earns spot on global corporate reputation list, joining major corporations like Amazon and Apple.

Alignment Healthcare, Inc., an award-winning Medicare Advantage (MA) company, has been named to the 2026 **Fortune World's Most Admired Companies™** (WMAC) list, debuting in its first year of consideration for this global honor – a peer-rated recognition that affirms the company's reputation and momentum five years after going public.

The honor reflects how executives and analysts in the Health Care Insurance and Managed Care category view Alignment's leadership, innovation and operating ability. To be included, companies must place in the top half of their industry in Fortune's annual reputation survey.

"We're incredibly proud to be recognized among the world's most admired companies in the first year we were considered," said John Kao, founder and CEO, Alignment Healthcare. "This distinction underscores our commitment to putting seniors first and advancing a model of care that is changing the trajectory of senior health."

Alignment's approach pairs clinical excellence and operational rigor with data-driven insight. Its purpose-built technology platform, AVA®, integrates data from hundreds of sources to give care teams real-time signals for proactive outreach, enabling earlier interventions and consistent, scalable care.

"As we continue to scale our model, more seniors are entrusting us with their care, and that's a responsibility we take seriously," said Kao. "This achievement truly belongs to our team and their incredible work elevating Medicare Advantage and taking care of our members the right way."

"Fortune is proud to celebrate the companies on this year's World's Most Admired Companies list; they have set the bar for real innovation, resilient leadership and global impact," said Alyson Shontell, Fortune's editor in chief and chief content officer. "As rapidly advancing technologies such as AI



transform entire industries, these organizations stand out for their ability to evolve with purpose and foresight, consistently shaping the path forward for global business, and the future of how we work and lead.”

Alignment’s WMAC distinction builds upon numerous quality rankings and recognitions that the company earned in 2025, including:

- Having 100% of Alignment’s health plan members enrolled in plans rated 4 stars or higher by the Centers for Medicare & Medicaid Services (CMS) for the second year in a row.
- Attaining CMS’s highest rating – 5 stars – for its HMO contract in Nevada and North Carolina for the fourth consecutive year.
- Being recognized as one of [Newsweek’s World’s Most Trustworthy Companies for the third consecutive year.](#)
- Being named a [2026 Best Insurance Company for Medicare Advantage](#) by U.S. News & World Report in all five states where it operates: Arizona, California, Nevada, North Carolina and Texas.

For its annual World’s Most Admired Companies survey, Fortune partners with Korn Ferry to assess corporate excellence and reputation across nine criteria, from innovation and quality of management to financial soundness and ability to attract talent. The survey evaluates approximately 1,500 companies, including the 1,000 largest U.S. companies ranked by revenue and non-U.S. companies in the Fortune Global 500™ database with revenues of \$10 billion or more. Korn Ferry surveyed 685 companies from 29 countries to select the largest for each industry. Companies ranked in the top half of its industry category are included on the final list. To view the complete list of World’s Most Admired Companies and its methodology, please visit the [Fortune website.](#)

From *Fortune*, ©2026 Fortune Media IP Limited. All rights reserved. Used under license. Fortune® is a registered trademark and Fortune World’s Most Admired Companies™ is a trademark of Fortune Media IP Limited and is used under license. Fortune and Fortune Media IP Limited are not affiliated with, and does not endorse the products or services of, Alignment Healthcare.



CELEBRATING GROWTH

As of January 1, 2026, Alignment Health Plan now serves 275,000 members across five states. This reflects a 31% year-over-year membership growth that emphasizes the strength of our mission, our model and the momentum we are building together here at Alignment Health Plan.



275,000

MEMBERS



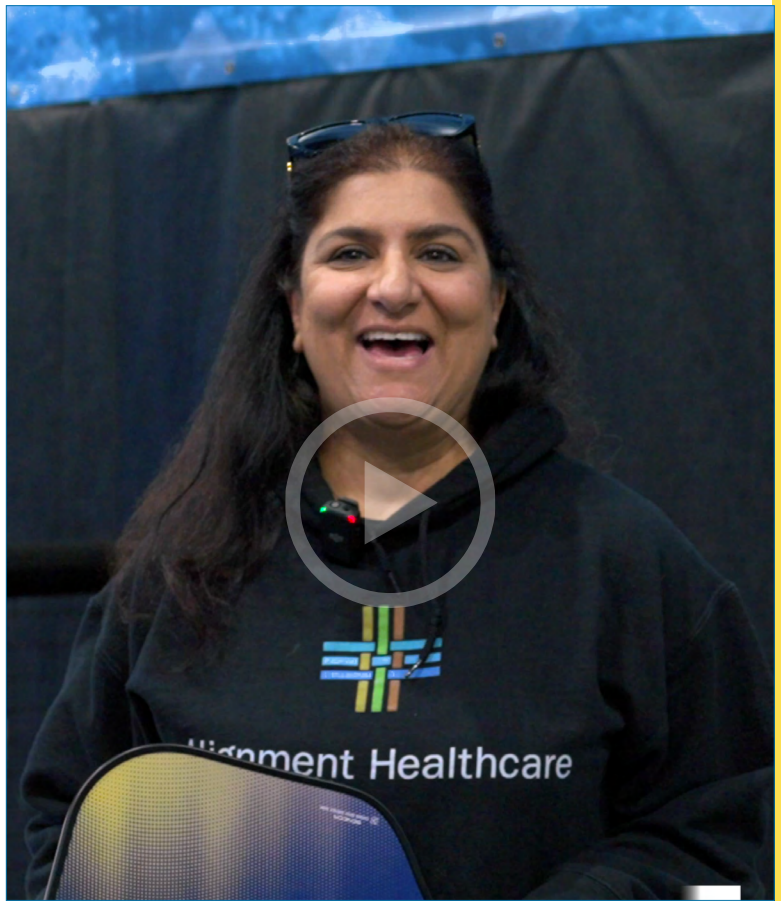
31%

GROWTH



5

STATES



Listen to Dr. Sharma talk about the pickleball program.

THE 150+ HEALTH WELLNESS PROGRAM

Alignment Health teamed up with 150+ Health to host pickleball events in Santa Clara and Los Angeles counties in California and throughout Clark County in Nevada. 150+ Health is a wellness program empowering older adults to lead an active, community-driven lifestyle through the game of pickleball. Pickleball is a low-impact way to meet CDC (Centers for Disease Control and Prevention) and WHO (World Health Organization) activity goals, which help reduce risks of heart disease and depression.

With a goal to meet 150+ minutes of weekly physical activity for better heart health, mood and coordination, 150+ Health offers free play, coaching and a place of community for seniors across the nation.



LAS VEGAS SPHERE

Alignment Health Plan recently lit up one of the world's most iconic stages! We were incredibly proud to see our organization showcased on the Las Vegas Sphere last November during the Formula 1 Las Vegas Grand Prix.

This moment put our mission front and center: delivering 5-star Medicare Advantage plans designed to meet the needs of every member. From active adults to those managing chronic conditions who rely on hands-on, personalized care, we are passionate about changing health care for seniors across the nation.



NEW INTERMOUNTAIN HEALTH PLAN

Alignment Health Plan has expanded its partnership with Intermountain Health and has launched a new 5-star Medicare Advantage plan with \$0 premiums for Medicare-eligible adults in Clark County, Nevada. This new **Alignment Health + Intermountain Health (HMO) Plan** delivers integrated, preventive care and comprehensive benefits tailored to meet the needs of Nevada's aging population, including special benefits that address caregiver support, groceries and \$0 co-pays for primary care and specialists.

"This 5-star plan is more than a product—it's a promise to Nevada seniors that high-quality care can be both accessible and affordable," said Dawn Maroney, CEO of Alignment Health Plan and President of Alignment Health.

"While others scale back, we're expanding access and investing in partnerships with trusted providers that improve lives and drive sustainable growth."



ADDRESSING URGENT NEEDS IN NEVADA

According to Alignment Health Plan's 2025 Social Threats to Aging Well in America survey, 25% of seniors in Nevada are estimated to experience food insecurity—well above the national average of 16%. Additionally, an estimated 31% of all US seniors across the nation cite transportation as a barrier to aging well. Our newest plan, **Alignment Health + Intermountain Health (HMO) Plan**, directly addresses these challenges with benefits designed to support seniors' health, independence, and quality of life.

“Our expanded partnership reflects our shared commitment to keep seniors healthy and independent,” said Jeremy Cox, Market Vice President for Intermountain Health.

“This plan brings preventive care closer to home, helping seniors avoid unnecessary hospital visits and live fuller lives.”



ONE OF NEWSWEEK'S WORLD'S MOST TRUSTWORTHY COMPANIES IN 2025

For the third consecutive year, Alignment Health was recognized as one of Newsweek's World's Most Trustworthy Companies in 2025. Presented in collaboration with Statista, the award serves to highlight the most trusted companies measured across three main public pillars of trust: customer trust, investor trust and employee trust.

Our inclusion in this list reflects the strong and impactful relationships we've built with our members, investors, employees and partners like you, placing us among some of the world's largest companies.

Dawn Maroney, CEO of Alignment Health Plan, said, "Meeting our members where and when they need care makes a difference in both their quality of care and their quality of life.

Regardless of where they live or their social backgrounds, all seniors deserve high-quality, affordable care. We are proud to have stepped up to the plate by consistently offering a diverse portfolio of plans with enriched benefits and a dedicated concierge team that is available 24/7 to help them with their health needs."



5-STAR RATING FOR NORTH CAROLINA AND NEVADA MEDICARE ADVANTAGE HMO

Alignment Health Plan recently received the highest honor from the Centers for Medicare and Medicaid Services (CMS), earning 5-star ratings for its Medicare Advantage contracts H-5296 in North Carolina and H-9686 in Nevada. Every year, CMS evaluates plans based on a 5-star rating, with 5 stars representing “excellent” performance.

“We’re pleased our HMO contract in North Carolina and Nevada achieved the highest possible score, recognizing excellent performance in delivering high-quality care at a lower cost,” said John Kao, founder and CEO, Alignment Health.

“Our commitment to high-quality care extends to all our plans. All our Alignment members are enrolled in plans rated 4 stars or higher, meaning all of our members consistently receive a high-quality care experience.”



SPOTLIGHT ON PATIENT EXPERIENCE: KEYS TO 2026 CAHPS SUCCESS

Starting in late February 2026 and running through May of 2026, patients will answer questions about past health care experiences with their providers and health plans. Their answers to these questions are used to calculate Medicare Star Ratings for CAHPS (Consumer Assessment of Healthcare Providers and Systems) performance. Patients selected for the 2026 Medicare CAHPS survey will be asked about the health care they received **in the last six months**.

We want to partner with you to ensure patients receive exceptional care at every visit. In the table below, we have aligned key CAHPS measures and questions with practical tips to help you deliver high-quality patient care.

CAHPS MEASURES AND SURVEY QUESTIONS

RECOMMENDED TIPS FOR EXCEPTIONAL CARE

Getting Appointments and Care Quickly

1. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
2. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Ensure calls to your office are picked up before the 3rd ring. Dedicate staff to different time blocks during the day to answer phone calls.
- When scheduling appointments, ask the patient if it is “soon enough” for them.
- Schedule routine office visits within 7 business days and urgent appointments within 48 hours of the call (CMS Medicare standard).

Getting Needed Care

1. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
2. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?

- Inform patients of expected waiting times for routine or specialist care appointments and ask the patient if it is “soon enough” for them.
 - Establish relationships with frequently-used specialists to discuss referral delays or issues.
 - Help schedule routine specialist visits within 15 days and urgent specialist visits within 48 hours (CMS Medicare standard).
 - Specialties not meeting this timeframe should be reported to your MSO/IPA representative.
-

Coordination of Care

- 1. When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?**
 - 2. When your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?**
 - 3. When your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them?**
 - 4. How often did you and your personal doctor talk about all the prescription medicines you were taking?**
 - 5. Did you get the help needed from your personal doctor's office to manage your care among these different providers and services?**
 - 6. How often did your personal doctor seem informed and up to date about the care you got from specialists?**
- Prepare for your patient visits:
 - Chart review
 - Medication review
 - Check for recent specialist care
 - Set expectations for when patients can expect to receive their lab or test results (usually within 15 days) to improve perception and reduce anxiety.
 - If they will be available on an online portal, assist and educate patients on how to access their results.
 - At the end of the visit, summarize any next steps such as follow-up visits, treatments, labs or x-ray orders, and prescribed medications.
 - Update your MSO/IPA for new phone numbers, locations, or any status changes.

Your Alignment Health Plan representatives are here to support you during the CAHPS season and beyond. If you have any questions about the survey or need guidance on enhancing your patient's experience, please reach out to your Provider Engagement Specialist.

Thank you for your continued dedication and partnership in delivering exceptional care to our patients and health plan members!

COMPLIANCE ALERT: APPOINTMENT AVAILABILITY AND AFTER-HOURS ACCESS TO CARE

REGULATORY AGENCIES (CMS, NCQA, DMHC) REQUIRE TIMELY ACCESS TO CARE. STANDARDS INCLUDE:

» Routine Visit Appointment Availability:

- PCP (Primary Care Provider): Within 7 business days of request
- SPC (Specialist Care): Within 15 business days of request
- BH (Behavioral Health): Within 7 business days of request

» Urgent Visit Appointment Availability (All provider types)

- No prior authorization: Within 48 hours of request
- With prior authorization: Within 96 hours of request

» Behavioral Health/Substance Use Disorder Follow-Up:

- Within 10 business days of request

» After-Hours Access to Care:

- 24/7 member access to covered services
- Life-threatening emergency care: Call 911 or go to the nearest emergency room

2026 Studies

Press Ganey will conduct the Access and After-Hours studies on behalf of Alignment Health in Q2 2026. Results will be shared in Q3 2026.

Questions?

Please contact the Alignment Health Plan Quality Management Department via email at QualityManagement@ahcusa.com.

COMPLIANCE ALERT: SPECIAL NEEDS PLAN (SNP) MODEL OF CARE PROVIDER TRAINING

ATTENTION PROVIDERS:

CMS requires all providers managing Alignment Health Plan SNP members to complete the SNP Model of Care (MOC) training upon contracting and annually thereafter.

» Training Schedule:

- The Quality Management Department will send email notifications between Q1- Q3 2026.
- Providers must complete the training within 60 days of receiving the notification.

» Access Training:

- Visit the Alignment Health Plan website to access training material: <https://www.alignmenthealthplan.com/providers/special-needs-plan-training>
- Confirm receipt of the training materials when contacted by the Quality Management team.

» Completion Options:

Providers can complete and access the Model of Care training through various channels facilitated by their group's designated contact, including, but not limited to:

- Routine scheduled meetings
- Fax blasts
- Provider portals
- Group training sessions

» Escalation Process:

If providers do not respond or have invalid contact information, the Alignment Health Plan Network Management team and Market Presidents will assist. All outreaches will be documented for compliance.



PROVIDER DIRECTORY VALIDATION

Provider directories are an important tool Medicare Advantage (MA) enrollees can use when selecting and contacting physicians and other contracted providers that deliver medical care. MA plans must maintain accurate online provider directories that include only active, contracted providers. Specific notations must be noted for providers who are not accepting new patients.

Alignment Health Plan requires its participating providers to maintain accurate provider roster information. Providers must immediately notify Alignment Health Plan of any changes to the provider roster including, but not limited to, the addition of new providers, the termination of any providers, and any changes to provider demographic information. In addition, Alignment Health Plan will perform quarterly roster data validations. Participating providers will have 30 calendar days to respond to Alignment Health Plan's directory validation requests.



MEMBER/PROVIDER DATA UPDATES

Notifications to Alignment of Provider Data Updates

Providers and provider groups are responsible for timely notifications to Alignment Health Plan when individual providers terminate from a provider group’s practice. Unless otherwise stated in the contract between the provider or the provider group and Alignment Health Plan, Alignment Health Plan requires notification of provider terminations as set forth below.

Notifications should be emailed to:

Delegated Providers: Provdata@ahcusa.com

Non-Delegated Providers: ProviderRelations@ahcusa.com

	Terminating Entity	Notification Responsibility	Notification Requirements
Provider Notification to Alignment Health Plan	All providers	IPA/MG/ Providers	<ul style="list-style-type: none"> • Written notice: 90 days before termination effective date. • If fewer than 90 days are provided, providers must notify Alignment Health Plan within 5 business days of becoming aware of the termination. • PCP terminations must include alternate PCP for member transfer, reason and effective date.



MEMBER NOTIFICATION OF CONTRACTED PROVIDER TERMINATIONS

When a contracted provider terminates from Alignment Health Plan's network, Alignment Health Plan or its delegated IPAs/MGs/Providers must inform members about the termination, including whether it was for cause or without cause.

Alignment Health Plan will make a good faith effort to provide notice of a for-cause termination within the timeframes, as described below. These member notification and timeframe requirements are in accordance with the Code of Federal Regulations 88 FR 22120, as follows:

	Terminating Entity		Notification Responsibility	Notification Requirements
	Member Notification	Delegated	Behavioral Health	IPA/MG/ Provider
All other specialties			<ul style="list-style-type: none"> • Lookback period: Notices sent to all enrollees who are patients seen on a regular basis by the provider whose contract is terminating.* • Written notice at least 30 calendar days prior to the termination effective date. 	
Delegated & Non-Delegated IPAs/MGs		Primary Care Provider	Alignment Health Plan	<ul style="list-style-type: none"> • Lookback period: Notices are sent all to enrollees who are currently assigned to that primary care provider and to enrollees who have been patients of that primary care provider within the past three years. • Written notice: At least 45 calendar days before termination effective date. • Telephonic notice: At least one attempt 45 calendar days before the termination effective date.
		Behavioral Health		<ul style="list-style-type: none"> • Lookback period: Notices sent to all enrollees who have been patients of the behavioral health provider within the last 3 years. • Written notice: At least 45 calendar days before termination effective date. • Telephonic notice: At least one attempt 45 calendar days before the termination effective date.
Non-Delegated		All other specialties		<ul style="list-style-type: none"> • Lookback period: Notices sent to all enrollees who are patients seen on a regular basis by the provider whose contract is terminating.* • Written notice at least 30 calendar days prior to the termination effective date.

* CMS defines “enrollees who are patients seen on a regular basis by the provider whose contract is terminating” as enrollees who are assigned to, currently receiving care from, or have received care within the past 3 months from a provider or facility being terminated.



1100 W. Town and Country Road
Suite 1600 Orange, CA 92868

QUESTIONS?

Contact Alignment Health Plan Provider Relations at ProviderRelations@ahcusa.com or **1-844-361-4712**.

FOR PROVIDER USE

This document is for information purposes only. This document contains confidential information solely for the use of Alignment Health Plan partners. Replication, distribution, or unauthorized use is strictly prohibited.

© Copyright Alignment Health Plan USA, LLC 2026 Unauthorized Use Prohibited. All Rights Reserved.