



Alignment Health Plan®

MAY 2025

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.

200,000 REASONS TO CELEBRATE



CELEBRATING GROWTH

**Alignment Health Plan
announced a major
milestone this year:**

We now serve approximately **209,900 members** as of Jan. 1, reflecting **35% year-over-year membership growth**.

Our growth sets us on a strong trajectory toward achieving our goals. It underscores our ability to scale sustainably while continuing to deliver the high-quality care our seniors deserve.



ALIGNMENT RESPONSE TO LA FIRES

Alignment was deeply saddened by the devastation caused by the recent California wildfires in Los Angeles and Ventura counties. Ensuring the safety, health and well-being of our members is our top priority, along with that of our employees and their loved ones.

Alignment immediately mobilized internal and community resources to provide 24/7 support, especially to our most vulnerable population. We continue to work closely with local agencies, healthcare providers and community organizations to deliver critical aid and provide ongoing support for our members.

CMS requirements for MADD emergencies include:

- » Ensure Part C continuity of care by allowing affected members to access out-of-network providers at in-network cost sharing.
- » Temporarily lift the Part D 'fill too soon' limitations to allow affected members to obtain new refills.
- » Implement measures for members to obtain medication in case of emergencies, including access to out-of-network pharmacies.

Alignment was able to outreach to all members in evacuation zones.

- » We expedited reissue of lost member ID cards and provided digital access to plan details for members without physical documents.
- » We were able to assist with temporary housing for those members identified in need.
- » Distributed meals to impacted members via our vendor partnership and offered gift cards to those who were unable to access normal food sources.
- » Coordinated with transportation providers to assist members in need of transportation waivers and ensured availability of accessible vehicles for seniors with mobility changes.
- » Removed limits on transportation for medical appointments and pharmacy visits.
- » Authorized early Rx refills for lost or damaged medications within hours of fire notification.
- » Proactively updated members on available resources through calls, emails and texts.
- » Waived copays for urgent care, primary care and prescription refills.
- » Provided transportation stipends and reimbursement for evacuation-related costs.
- » Activated a dedicated hotline for counseling and emotional support.

Additionally, we notified all contracted providers with a reminder of CMS emergency response requirements. Alignment Health Plan appreciates all the support of our providers in the impacted areas. As recovery efforts continue, we remain committed to supporting all impacted members with ongoing assistance.



HEALTHY REWARDS BENEFIT*

Your Alignment Health Plan members can earn Healthy Rewards for taking care of themselves. Members can earn rewards by completing a qualifying activity such as a flu shot, a no-cost health checkup or a diabetic eye exam. A full list of activities can be found at **members.alignmenthealthplan.com**.

Rewards can be used for over-the-counter items like toothpaste, vitamins, aspirin and more, grocery items, home safety supplies, utilities and more.

Encourage your patients to sign up and participate today.

*Benefits vary by plan and member eligibility criteria.

A full list of activities can be found at
members.alignmenthealthplan.com



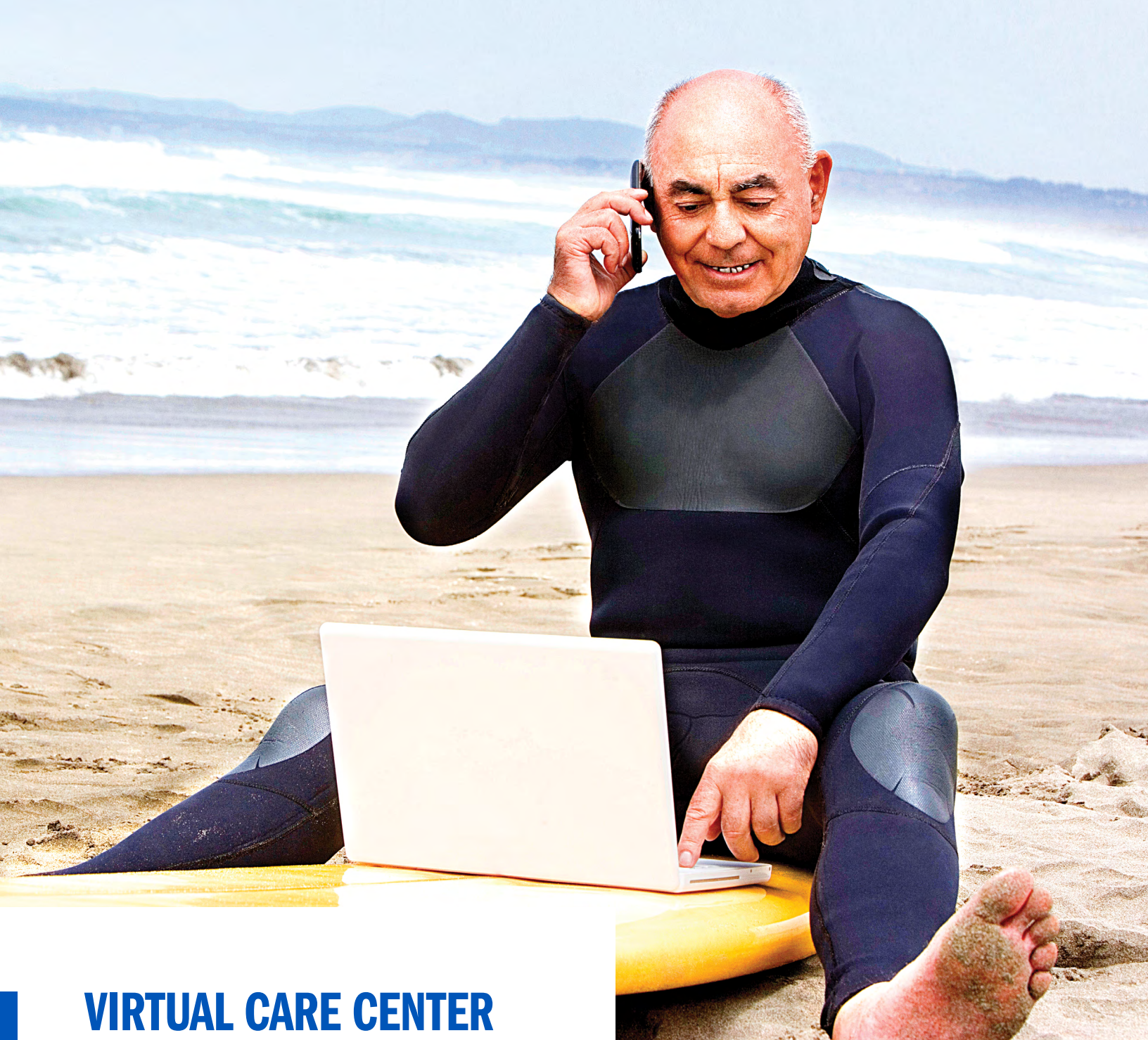
STARS BEST PRACTICE GUIDE

Our **2025 Stars Best Practice Guide** is available for your review at alignmenthealthplan.com/starsguide.

You'll find helpful tips on topics such as:

- » Medical Records File Submission
- » Annual Wellness Visit
- » Special Needs Plans
- » Screenings
- » Medication Review
- » Transition of Care
- » Reducing the Risk of Falling and more

For the full guide, click **here**

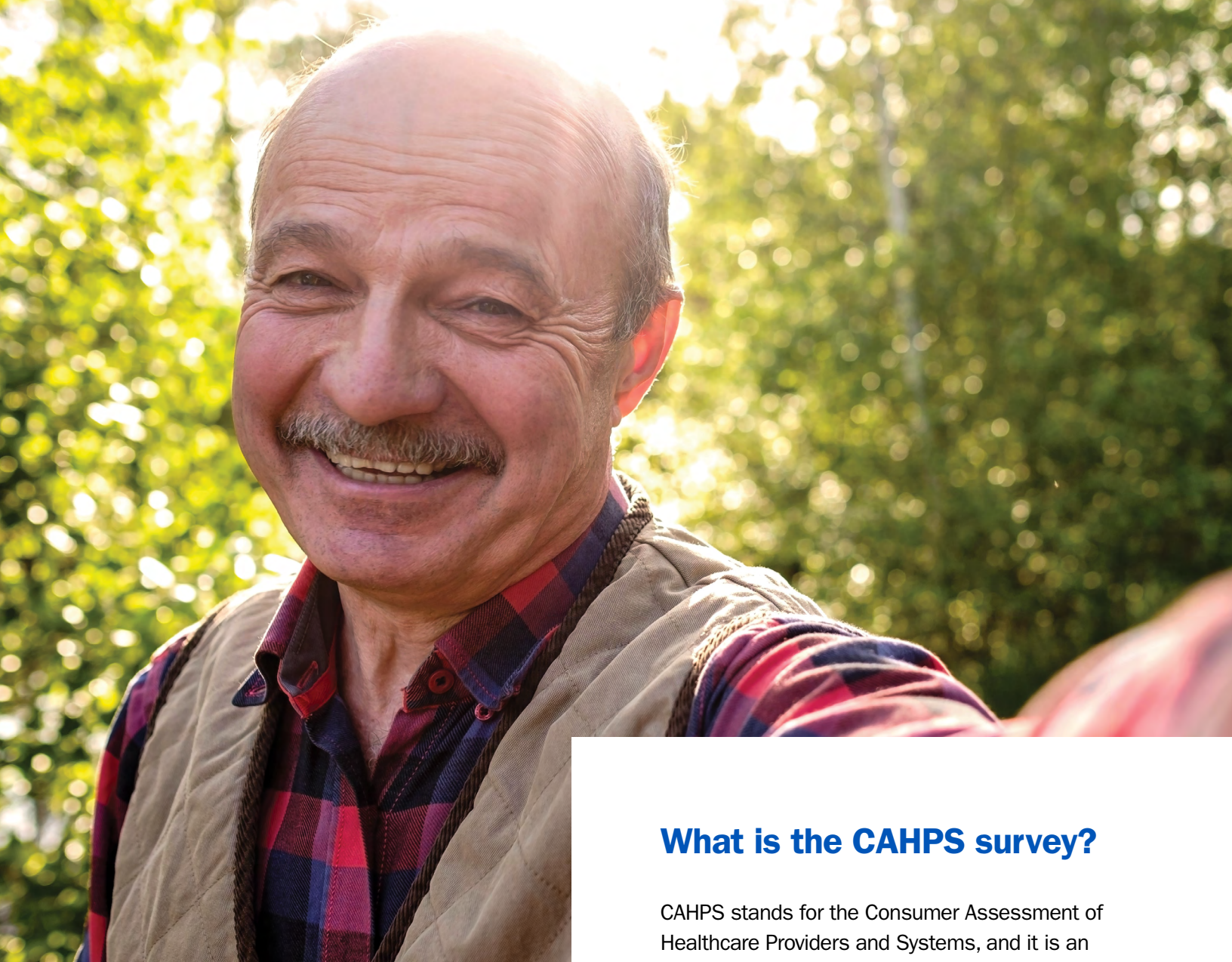


VIRTUAL CARE CENTER

We know health concerns don't stick to business hours. That's why we offer members the 24/7 Virtual Care Center – their go-to source for quick and convenient medical care, no matter the time or place!

The Virtual Care Center addresses urgent health concerns, including high blood pressure, high blood sugar, urinary tract infections (UTIs), cold, flu or COVID symptoms, nausea, vomiting and diarrhea.

Members can call **1-833-402-5803** (TTY: 711) anytime to meet with a licensed clinician via phone or video.



THE 2025 MEDICARE CAHPS SURVEY IS FIELDING NOW!

Patients who are selected to receive the Medicare CAHPS (MCAHPS) survey will have until May 31st, 2025, to complete it. Please encourage your patients to complete the survey if they receive it. Remember that patient experience and satisfaction are important aspects of the MCAHPS survey.

What is the CAHPS survey?

CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems, and it is an annual survey that asks patients about the health care and services they received from their personal doctor, doctor's office, and health plan. The CAHPS survey focuses on the patient's perception of the quality of care and services they received in the last 6 months.

Why is the CAHPS survey important to Providers?

On the CAHPS survey, patients rate their personal doctor (Primary Care Physician) from 0 to 10 and are asked how often their personal doctor explained things clearly, listened carefully, showed respect, and spent enough time with them during visits.

RECOMMENDED BEST PRACTICES FOR CAHPS

1

Prepare for your patient visits by reviewing their medications and any follow-up care they have received since their last visit.

2

Listen, connect, and empathize with patients during their visit.

- » Connect with the patient as if they were your loved ones and always treat them with courtesy and respect.
 - » Listen carefully to identify concerns and make eye contact with the patient.
 - » Empathize with patients to build trust and relieve anxiety – communicate your understanding of their feelings or concerns with statements such as “I can see how frustrating that must be.”
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3

Communicate all lab and test results.

- » Both positive and negative results.
 - » Set expectations of when patients should expect their lab or test results – if they are available on an online lab portal, help them gain access or create an account.
-

4

Set expectations for referrals or follow-up appointments when needed.

- » Inform patients of expected wait times for a routine or specialist care appointment – assist patients with scheduling appointments, when needed.
 - » Create relationships with frequently used specialists and have open communications for delays or backlogs when referring patients.
-

5

Ask patients at the end of the visit “is there anything else I can do for you and were all your questions answered?”

6

Ensure patients are scheduling their next routine appointment before they leave.

SAMPLE QUESTIONS FROM THE CAHPS SURVEY

Annual Flu Vaccine

- Have you had a flu shot since July 1, 2024?

Getting Needed Care

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Getting Appointments and Care Quickly

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed it?

Care Coordination

- In the last 6 months, 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?
- In the last 6 months, 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?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from specialists?

Rating of Personal Doctor

- Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Doctors Who Communicate Well

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?



ALIGNMENT ONE PASS® FITNESS

All Alignment members have access to fitness benefits at no cost. Through Alignment's new fitness partner, One Pass, members have access to a nationwide network of over 20,000 participating gyms and community centers. They can join as many locations as they wish, plus enjoy over 42,000 live and on-demand fitness classes, as well as home fitness kits.

Members can visit **YourOnePass.com** to discover in-network fitness locations* near them. Popular brands include LA Fitness, Planet Fitness, Anytime Fitness and Life Time. Members can also suggest a fitness location be added to the One Pass network, as new locations are added weekly.

Simply have them sign up at: **YourOnePass.com** and click "**Get Started**".

*Excludes Orangetheory Fitness, ExerciseCoach, Club Pilates, Cycle Bar, StretchLab, Pure Barre, YogaSix and Rumble.

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near them.



EDUCATIONAL OPPORTUNITY

We invite you to participate in Alignment Health's monthly webinar series designed to foster a deeper understanding of Hierarchical Condition Categories (HCC) documentation and coding best practices. These sessions will be 45-minutes, followed by 15 minutes of interactive Q&A discussion.

Sessions are held the last Tuesday of each month from 7:30 a.m. – 8:30 a.m. Pacific time and the last Wednesday of each month from 12 p.m. – 1 p.m. Pacific time.

For additional information email
RPELTeam@ahcusa.com

JUNE

Vascular Disease & Skin Conditions

JULY

Do's and Don'ts

AUGUST

Substance Use Disorders, Mental Health & Related Complications

SEPTEMBER

Rheumatological & Other Inflammatory Conditions





PROVIDER DIRECTORY VALIDATION

Provider directories are an important tool Medicare Advantage (MA) enrollees use to select and contact their physicians and other contracted providers who deliver medical care. MA plans must maintain accurate online provider directories that include only active, contracted providers with specific notations for providers who are not accepting new patients. Alignment requires its Participating Providers to maintain accurate provider roster information and to promptly notify Alignment 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 performs quarterly roster data validations. Participating Providers have thirty (30) calendar days to respond to Alignment's directory validation requests.

COMPLIANCE ALERT: SPECIAL NEEDS PLAN MODEL OF CARE PROVIDER TRAINING



ATTENTION PROVIDERS:

Do you manage patients enrolled in one of Alignment Health's Special Needs Plans (SNPs)?

If so, it is required by the Centers for Medicare & Medicaid Services (CMS) that you complete the SNP Model of Care (MOC) training upon contracting and annually thereafter, as part of your contractual agreement with Alignment Health.

Training Notification Schedule:

The Quality Management Department will send training email notifications Q1 – Q3 of 2025 to identified in-network and out-of-network providers. Providers must complete the training within 60 days of receiving the notification.

Accessing Training:

The SNP MOC training materials can be accessed at any time on the Alignment Health Plan website: <https://www.alignmenthealthplan.com/providers/special-needs-plan-training>. Please respond with confirmation of receipt of the training materials sent by the Quality Management team.

Completion Channels:

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

- » Routine scheduled meetings
- » Provider portals
- » Group training sessions

Escalation Process:

Alignment's Network Management team and Market Presidents will document all outreach attempts to providers who fail to respond to outreach efforts. It is imperative that providers comply with CMS MOC requirements.

The SNP MOC training materials can be accessed at any time on the Alignment Health Plan website: [alignmenthealthplan.com/providers/special-needs-plan-training](https://www.alignmenthealthplan.com/providers/special-needs-plan-training).



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

PURPOSE OF APPOINTMENT AVAILABILITY AND AFTER-HOURS ACCESS STUDIES

The Centers for Medicare & Medicaid Services (CMS), NCQA, the Department of Managed Care (DMHC), and other State regulators mandate that health plans and contracted providers meet specific regulations to ensure timely access to care for primary care providers (PCPs), specialty providers (SPCs), and behavioral health providers (BH). These requirements cover the following elements:

» **Routine Appointment Availability:**

- PCP: Within 7 business days of request
- SPC: Within 15 business days of request
- BH: Within 10 business days of request



» **Urgent Appointment Availability:**

- PCP/SPC/BH: Within 48 hours of request

» **Mental Health/Substance Use Disorder Follow-Up:**

- BH: Within 10 business days of request

» **After Hours Access to Care:**

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

The 2025 Access and Appointment Availability Studies and After-Hours Calls Campaign will be conducted by Press Ganey on behalf of Alignment Health during the third (Q3) and fourth (Q4) quarters, 2025.

Results from the 2024 Access to Care after-hours calls identified several non-compliant categories, therefore, we will continue to monitor and analyze future studies:

- » No emergency instructions on recorded/automated messages
- » Answering service indicating that the patient is unable to speak with a provider within 1 hour
- » Recorded messages not providing a way to reach a live person

In Q3 2024, the Quality Management team distributed educational materials via email to the provider network on the 2024 Timeliness Standards, requesting attestation of completion to ensure compliance with regulatory standards.



If you have any questions,
please contact the Alignment
Quality Management
Department via email at
qi@ahcusa.com.



Alignment Health Plan®

QUESTIONS?

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

FOR PROVIDER USE

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NON-DISCRIMINATION

Alignment Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.