

2025 PROVIDER RESOURCE GUIDE

Getting to know

ALIGNMENT'S MEMBER BENEFITS

SEE PAGE 28

Access greater
visibility

GETTING STARTED WITH AVA® PROVIDERS

SEE PAGE 14



Alignment
Health™



IMPORTANT CONTACT INFORMATION

Need help? We're here and ready to answer your questions!



ONLINE SUPPORT

WEBSITE

alignmenthealthplan.com/providers

Participating Providers and their staff can access important information within the Providers section by using the self-registering Provider Portal.



PHONE SUPPORT

PROVIDER RELATIONS

1-844-361-4712

providerrelations@ahcusa.com

CLAIMS

Ask questions and get assistance with claims.

Log in to AVA to check claims statuses and to submit inquiries. For more information: <https://ava.alignmenthealth.com>

Non-contracted providers and contracted providers yet to have AVA portal access may check claims statuses at <https://avaprovidertools.alignmenthealth.com/check-claim-status>

1-888-517-2247 (Option #1)
8 a.m. - 5 p.m., Monday-Friday

Alignment Health Plan
Attn: Claims Dept
PO Box 14012
Orange, CA 92863

ELIGIBILITY VERIFICATION

Participating Providers may verify member eligibility for covered services online or over the phone.

Log in to AVA to verify member eligibility, check and download plan benefits (pdfs), and to submit inquiries. For more information: <https://ava.alignmenthealth.com>

Non-contracted providers and contracted providers yet to have AVA portal access may verify member eligibility at <https://avaprovidertools.alignmenthealth.com/verify-eligibility>

1-888-517-2247 (Option #2)
8 a.m. - 5 p.m., Monday-Friday

UTILIZATION MANAGEMENT

HOSPITAL ADMISSIONS

1-844-361-4715

PRIOR AUTHORIZATION

1-844-942-4226

Log in to **AVA**® to submit prior authorizations, check statuses on existing authorizations, and submit inquiries. For more information or to request access to AVA®, visit alignmenthealthplan.com/providers.

Contracted and non-contracted providers that do not have access to **AVA**® may submit prior authorizations and check statuses on existing authorizations at avaprovidertools.alignmenthealth.com/authorizations.



PHONE SUPPORT

MEMBER SERVICES

English

Customer service for Alignment Health Plan members in English.

1-866-634-2247 (TTY:711)

8 a.m. – 8 p.m., 7 days a week from October 1 through March 31 (except Thanksgiving and Christmas), and Monday through Friday from April 1 through September 30 (excluding holidays).

Spanish

Customer service for Alignment Health Plan members in Spanish.

1-877-399-2247 (TTY:711)

8 a.m. – 8 p.m., 7 days a week from October 1 through March 31 (except Thanksgiving and Christmas), and Monday through Friday from April 1 through September 30 (excluding holidays).

24/7 VIRTUAL CARE CENTER

Alignment Health Plan members have 24/7 access to an Alignment virtual clinician any time, day or night. If medically necessary, a prescription will be sent to the pharmacy of choice.

1-833-402-5803 (TTY: 711)

24/7 ACCESS ON-DEMAND CONCIERGE

A dedicated concierge team, available to help members navigate their services and benefits including appointment scheduling, transportation assistance, and more.

1-833-AHC-ACCESS

1-833-242-2223 (TTY: 711)

MEMBER PHARMACY HELP DESK

24/7 assistance for members with pharmacy questions, such as prescription drug benefits and copays.

1-844-227-7616 (TTY: 711)

PHARMACY TECHNICAL HELP DESK

24/7 assistance with technical issues for pharmacies and prescription claim billing questions.

1-844-227-7615 (TTY: 711)

SALES

For questions and assistance with enrolling in Alignment Health Plan.

1-888-979-2247 (TTY: 711)

8 a.m. - 6 p.m., 7 days a week.

TRANSPORTATION

Transportation assistance to and from medical appointments, pharmacies, and more. Benefits vary by plan.

1-866-327-2247 (TTY: 711)

8 a.m. – 6 p.m., Monday-Friday.

WELCOME TO ALIGNMENT HEALTH PLAN!

I'm so glad you've joined us, and I hope our partnership will make it easier for you to deliver the highest quality of care.

Alignment Health is ringing in a **New Era of Aging**. Our care allows seniors to live their most vibrant lives. We simplify the complex Medicare system and provide peace of mind not just to seniors, but to their families, too. We're paving a new path for treating seniors in the Medicare space. The time has come for Medicare Advantage plans to be built around each person and their unique needs. As seniors continue their adventures through life, they can rest easy knowing we'll be cheering them on every step of the way.

Part of the **New Era of Aging** means being there for our members whenever they need us. Our concierge service lets them speak to a real human so you can get your questions answered quickly and access all our benefits and services.

There are plenty of benefits to take advantage of, from 24/7 access to a doctor to our ACCESS On-Demand Concierge Card. Members also receive dental, vision, and hearing coverage, as well as transportation for medical appointments.

At Alignment Health, we know that caring for seniors can be an ever-changing process, one that's made more complex by confusing paperwork and red tape. That's why we strive to design products and services that streamline your workflows and help improve quality-of-life, mobility, and connection for some of our frailest, most vulnerable patients. We look forward to working with you!

WE ARE ALWAYS HERE TO HELP.

Dawn Maroney

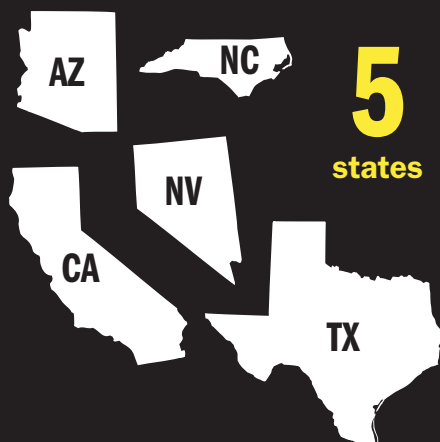
PRESIDENT, MARKETS AND
CEO OF ALIGNMENT HEALTH PLAN

ALIGNMENT HEALTH

is quickly becoming one of the most innovative and creative organizations within the health care industry.

Our brand seeks to remind seniors that their lives are meant to be **fun and celebrated**. This leads us to create and build **strong, lasting relationships with our providers**. This emphasis on relationships with our providers lets us have confidence our members are getting the **best possible care**.

Alignment Health made a commitment to focus on duals to better assist our members that have low-incomes and chronic conditions. We are uniquely experienced in identifying and serving members with these conditions. Because of this, **we're committed to meeting the needs of the dual-eligible population and promoting health equity**.



More than
150,000
members



ALHC is
NASDAQ
listed

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MEDICARE STAR PROGRAM

**For additional information on Medicare Star Program,
e-mail us at stars@ahcusa.com**

At Alignment Health Plan, we strive to meet all CMS star rating criteria and provide a five-star experience for every member. Alignment's star rating directly impacts quality bonuses, which are used to improve benefits and services for members.

ALIGNMENT ALWAYS STRIVES TO PROVIDE AN EXCEPTIONAL 10 OUT OF 10 PATIENT EXPERIENCE.

You can accomplish this by:

ALWAYS

- Greeting patients with a welcoming **smile** and warm **eye contact**
- Learning your patient's **name** to create a personal touch
- **Listening** carefully to your patient and responding to their questions and comments
- Asking if you can **assist** with a medication refill, scheduling their next appointment, or scheduling an appointment with a specialist
- Treating patients with courtesy and **respect**
- Estimating **wait time** accurately, clearly setting **expectations**, regularly **checking in**, and giving patients updates on the doctor's current schedule
- Providing a visit **summary** so your patient has a record of their visit
- Asking your patient if they have any **questions** before and after their visit



WHAT ARE CAHPS AND HOS?

Every year, two surveys measuring patient satisfaction and health outcomes are distributed to Medicare plan members.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

- Each year, plan members are randomly selected to receive a patient experience survey
- A patient experience survey can be completed via email, mail, and by phone call between March and June
- Asks patients about their overall health, the quality of care they received, and the experience they have with your practice

Health Outcomes Survey (HOS)

- Each year, plan members are randomly selected to receive a health outcomes survey
- Typically mailed to plan members between August and November. Each member receives a follow-up survey two years later
- Asks patients about the discussions they have with their health care providers around their overall health status

BEST PRACTICES FOR IMPROVING PATIENT EXPERIENCE

Satisfied patients build trusting relationships with their providers and are more likely to follow clinical advice, leading to better health outcomes.

Consider applying these practical tips at your practice to help improve patient experience and quality of care.

PRIOR TO THE PATIENT'S VISIT

1

Accommodate Urgent Appointments – Set aside daily time blocks for walk-in and urgent same-day appointments ensuring your patients that you are ALWAYS there to help them get care as soon as they need it.

2

Provide Alternate Options Ensure you provide members with instructions on how to obtain care after hours. Alignment members can get an appointment right away with a clinician by calling their ACCESS On-Demand Concierge at **1-833-AHC-ACCESS (1-833-242-2223)**, TTY 711, 24 hours a day, seven days a week.

3

Prepare for Your Patient Visits – Review the patient's medical history and any specialist consults or care received. Practice chart preparation prior to each visit.

DURING THE PATIENT'S VISIT

4

Improve the Wait Time Experience – Set expectations for in-office wait time by providing patients with an estimated wait time and updates during check-in; this can improve perceived wait time.

5

Schedule Routine Care Early On – Encourage your patients to make their appointments for routine or follow-up care ahead of time - before they leave your office, if possible.

6

Help Schedule Specialist Appointments – Suggest more than one specialist and call the specialist to coordinate the soonest appointment date. Have Alignment members call their ACCESS On-Demand Concierge, if they need help scheduling with a specialist.

7

Convey Doctor Engagement – Assure your patients you reviewed their medical records and ask for updates from visits with specialists or other providers since their last visit with you. Discuss treatment and next steps as needed.

8

Set Expectations for Tests or Labs – If your patient is having a test done, let him or her know when results are expected and who will be reporting those results to them. Also, let your patients know whom to contact in case they have questions about their results.

9

Review Your Patient's Current Medications – Review the patient's medication list and address patient concerns, side effects, and/or barriers to adherence. Ensure the patient understands the prescribed schedule and encourage adherence.

10

Address Questions and Concerns – Before the visit ends, ask the patient if they have questions and address any concerns.

11

Reduce Fall Risk – Address issues relating to fall risk with patients who have a history of falls or problems with balance or walking. Provide tips for increasing home safety such as securing rugs to the floor or installing grab bars in the bathroom.

12

Improve Bladder Control – Discuss any urinary incontinence issues your patient may be experiencing and educate them on treatment options.

13

Encourage Physical Activity – Emphasize to patients the importance of physical activity and the benefits of staying active. Provide patients with ideas and suggestions how to start or increase physical activity. All Alignment Health Plan members have access to a fitness benefit.

CAHPS SURVEY: GETTING NEEDED CARE

ACTUAL QUESTIONS

In the last 6 months...

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care as soon as you needed?

CAHPS SURVEY: GETTING CARE QUICKLY

In the last 6 months...

- How often was it easy to get appointments with specialists?
- How often was it easy to get the care, tests, or treatment you needed through your health plan?

CAHPS
SURVEY:
COORDINATION
OF CARE

ACTUAL QUESTIONS

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?
- When your person 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?
- 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?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- How often did your personal doctor seem informed and up-to-date about the care you received from specialists?

HEALTH
OUTCOMES
SURVEY

Reducing the Risk of Falling

- Have you had a fall or issues with walking or balance?
- When talking with your doctor, have they recommended ways to help prevent falls or treat problems with walking or balance?

Improving Bladder Control

- In the past 6 months, have you experienced leaking of urine?
- How much did leaking of urine make you change your daily activities or interfere with your sleep?
- Have you talked with your doctor about treatment options?

Monitoring Physical Activity

- In the past 12 months, did you talk with your doctor about your level of exercise or activity?

Improving or Maintaining Mental Health

- During the past 4 weeks, how much of the time have you:
 - Felt calm and peaceful?
 - Had a lot of energy?
 - Felt downhearted and blue?

Improving or Maintaining Physical Health

- Does your health now limit you in daily activities like cleaning, climbing a flight of stairs or playing golf?
- During the past 4 weeks, has pain interfered with your daily activities either at home or work?

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

HEDIS is a comprehensive set of standardized performance measures designed to provide a reliable comparison of health plan performance.

BELOW ARE THE HEDIS MEASURES FOR MEASURE YEAR 2025

MEASURES	
COL-E	Colorectal Cancer Screening
BCS-E	Breast Cancer Screening
COA	Care for Older Adults (2 sub-measures: Pain Assessment, Medication Review)
CBP	Controlling Blood Pressure
EED	Diabetes Care - Retinal Eye Exam
GSD	Glycemic Status Assessment for Patients with Diabetes
PCR	Plan All-Cause Readmission
OMW	Osteoporosis Management in Women
TRC	Transition of Care (4 sub-measures: Medication Reconciliation Post Discharge, Patient Engagement after Discharge, Notification of Inpatient Admission, Receipt of Discharge Information)
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
SPC	Statin Therapy for Patients with Cardiovascular Disease
KED	Kidney Health Evaluation for Patients with Diabetes

BELOW ARE THE DISPLAY HEDIS MEASURES FOR MEASURE YEAR 2025

Adult Depression Screening
Adult Immunization Status

Please refer to Alignment's Star Best Practice Guide for additional measure-level specifications.



INTRODUCING
AVA

**ALIGNMENT
VIRTUAL
APPLICATION**

Introducing AVA—a proprietary data and technology platform designed to streamline the coordination of your patients' care. AVA gives you a comprehensive picture of patient health all in one place, enabling better health outcomes, improved patient experience, and allowing care teams to engage in proactive care.



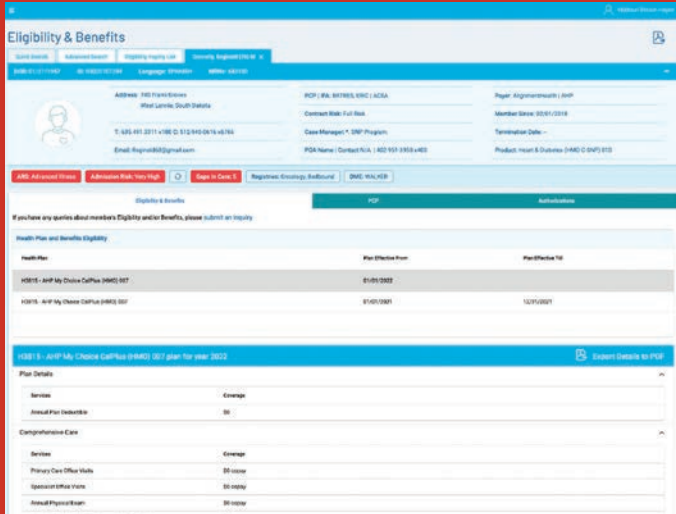
BUILT FOR BETTER PATIENT OUTCOMES

- ✓ See a comprehensive view of your patients' health, including a full list of chronic conditions and quality gaps to be addressed, powered by state of the art AI algorithms
- ✓ Get up to date patient info from a variety of sources, including EMRs, pharmacies, labs, and social determinants of health
- ✓ Explore a patient's health history, eligibility, and benefits
- ✓ Better prioritize patients who need care most
- ✓ Get near real time updates on your patients' admissions, discharges, and transfers
- ✓ Securely submit compliance reports
- ✓ Coordinate your patient care and optimize health outcomes
- ✓ Division of approval responsibility (for authorizations, referrals)
- ✓ Best practices in referral to reduce member abrasion
- ✓ Care coordination between specialists, DME vendors, pharmacy, etc.
- ✓ Education on how and why CSR needs to contact provider offices or IPA customer service to obtain information to assist member
- ✓ Keeping provider info up to date via timely notification to health plan (think provider terms 45 day requirements, value of online provider search)
- ✓ STAR rating impacts: CAHPS questions specific to care coordination and access to care; their role in HEDIS gap closure
- ✓ MRA: JSA and P360



ELIGIBILITY & BENEFITS

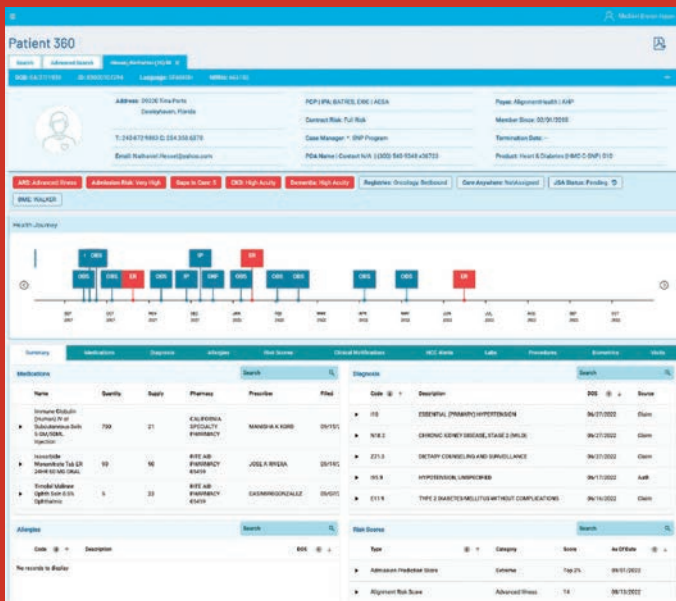
AVA's Eligibility and Benefits lookup tool provides quick and easy information for your office.



- ✓ Verify current and past eligibility of your members
- ✓ Check coverage and plan details and download in a PDF
- ✓ Send and track Eligibility and Benefit inquiries
- ✓ Check members' total out of pocket utilization and dual status coverage

PATIENT 360

Spend less time capturing histories and more time on improving patient outcomes with AVA's Patient 360. It gives you access to complete, comprehensive patient information on demand.



- ✓ Get an integrated view of your patients' health history including lab results, prescription refills, visits, procedures, and diagnoses, along with Social Determinants of Health (SDOH), Durable Medical Equipment (DME), care gaps, clinical registries, and more
- ✓ Streamline workflows with your patients' latest care information, viewable online in AVA or download printable PDF to be used alongside a patient's chart during visit
- ✓ Take a population level view of your patients, with powerful search tools that can stratify patients based on social determinants of health, quality gaps, and other key criteria

*Sample images with mock data for illustrative purposes only

PATIENT PRIORITY

AVA's Patient Priority technology lets you see which patients could most benefit from your immediate care.

Patient Priority Worklist

Address: 4415 QUINN ST
BELL GARDENS, CA 90201

POP: RA, BAKES, ERIC; ACSA

Current Risk: Full Risk

Case Manager: * EAP Program

POA Name: * Contact N/A; N/A

Page: Appointment (1/1) / AMP

Member Since: 02/01/2018

Termination Date: -

Product: Heart & Diabetes (HMO) C-SNP: 910

AMS Advanced Status: Admission Risk: Very High | Gap 1: Care 1 | CDB: High Acuity | Demerits: High Acuity | Registered Oncology Endpoint | Care Anywhere: Not Assigned | JSA Status: Pending

STARS

Measure Code	Description	Open Date	Status	Notes
ENC ENC	Follow-up after ED for People with Multiple High-Risk Chronic Conditions (EMCS)	01/01/2021	Open	Engage with the patient within 7 days after emergency department visit through an office visit, home visit, or telephone visit.
FU FU	FU Visit	01/01/2021	Open	Please administer the patient's annual flu shot.
MIA MIA	Mental Health Assessment	01/01/2021	Open	Assess the patient's mental status, and treat or refer for further treatment as needed.
FAA FAA	Physical Activity Assessment	01/01/2021	Open	Assess the patient's physical activity, and provide counseling or recommendations as needed.
MIA MIA	Medication Assessment	01/01/2021	Open	Screen patients for urinary incontinence or submit a diagnosis code for urinary incontinence if it was assessed and/or treated during the visit.

✓ Proactively reach out and schedule high priority patients by accessing prioritized and up to date patient lists with open clinical quality and Hierarchical Condition Categories (HCC) gaps

✓ Deliver best in class care by leveraging one of the most comprehensive and accurate care management and risk adjustment solutions in the industry

✓ Streamline chart submission and close gaps accurately and on time

REAL-TIME PATIENT ADT UPDATES

AVA's Census is a workflow and care management application designed to improve care coordination and provide the best care for hospitalized patients.

Daily Discharge

56 All Patients | 10 Observation | 38 Inpatient | 0 Inpatient Psych | 8 Skilled Nursing | 0 Inpatient Rehab | 3 COVID-19 Suspects

Monitor ID	Name	DOB	Facility Name	Patient Service	Admit Date	Discharge Date	Acuity	Readmission Risk Category	Admitting Diagnosis Description
11000000	DOE, JONATHAN	01/01/1950	PROVIDER NOT LISTED	21 - INPATIENT HOSPITAL	01/14/2022	01/15/2022	Red	Low	ENCOUNTER FOR SUPERICUTED, UNDISCLOSED, UNDISCLOSED
99999999	SMITH, JANE	02/01/1988	TRICITY MEDICAL CENTER	22 - OUTPATIENT HOSPITAL	01/14/2022	01/14/2022	Yellow	Low	CHEST PAIN, UNDISCLOSED
88888888	SMITH, JANE	01/01/1950	SMITH'S MEDICAL CENTER	22 - OUTPATIENT HOSPITAL	01/13/2022	01/14/2022	Yellow	Low	UNLATERAL, PRIMARY LEFT TINEE
10000001	JAMES, JAMES	01/01/1988	PHYSICIAN HOSPITAL CENTER	22 - OUTPATIENT HOSPITAL	01/13/2022	01/14/2022	Red	Medium	PRIMARY OSTEOARTHRITIS
99999998	DEAN, JONATHAN	01/01/1950	SMITH'S MEDICAL CENTER	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Red	Very High	SERIAL, UNDISCLOSED
10000002	SMITH, JANE	01/01/1950	SMITH'S MEDICAL CENTER	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Red	Very High	UNDISCLOSED, UNDISCLOSED
99999997	SANCIA, JUAN	01/01/1950	DOCTORS MEDICAL CENTER OF MICHIGAN	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Red	Very High	UNLATERAL, PRIMARY LEFT TINEE
11000003	JONES, JAMES	01/01/1950	SMITH'S MEDICAL CENTER	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Yellow	Low	UNLATERAL, PRIMARY LEFT TINEE
99999996	GARCIA, JORGE	01/01/1950	MEMORIAL CARE LUNGBEACH MEDICAL CENTER	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Yellow	Low	UNLATERAL, UNDISCLOSED
11000004	BLANK, PAULA	01/01/1950	SMITH'S MEDICAL CENTER	21 - INPATIENT HOSPITAL	01/13/2022	01/14/2022	Red	Low	CHOLESTASIS OF BILE

✓ Get near real time insights into the status of your patients under observation at facilities such as inpatient hospitals, psychological facilities, rehabilitation, and Skilled Nursing Facilities (SNF)

✓ See details of patients' admission, including name of the facility, date of admission, length of stay, etc.

✓ Export patients list based on admission details for sharing or analysis

*Sample images with mock data for illustrative purposes only

HELPING SENIORS LIVE LIFE TO THE FULLEST

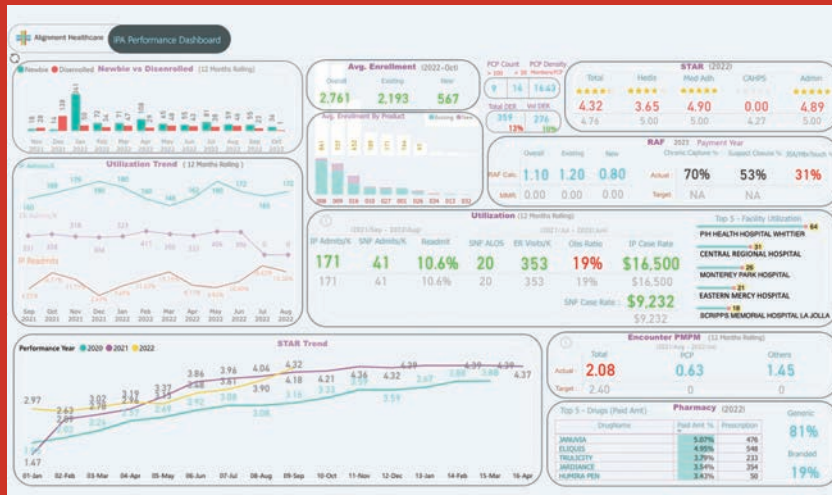


MANAGING HEALTH MADE EASY



PROVIDER INSIGHTS DASHBOARD

Track continuous improvement and get constantly updated views into your patient population's needs.



- ✓ Draw on actionable insights in key areas including growth, utilization management, disease management, risk adjustment, and data quality
- ✓ Highlight areas of success and improvement opportunities

COMPLIANCE REPORTING

Adhering to all the requirements set by the government and regulatory agencies is not just crucial it's mandatory. AVA's Report Submission module makes it all easy.

The 'Reports Submission' form allows users to upload and submit reports. It includes the following fields:

- IPA / Medical Group:** A dropdown menu.
- Report Type:** A dropdown menu.
- Reporting Period:** A dropdown menu.
- Template Version:** A dropdown menu.
- Name:** A text field.
- Email:** A text field.
- Additional Information:** A text area.
- File Upload:** A section for uploading files, with a 'Drag and drop your file here' area and a 'Browse' button.

Below the form is a table of reporting templates and instructions:

Report Type	Name	Template	Instructions
DDAG - Effective 1/1/2021	TABLE 1: UM SOD & EOD (Delegated Entities and AWP)	XLSX	PDF
DDAG - Effective 1/1/2021	TABLE 2: CLAIMS (Delegated Entities and Internal AWP)	XLSX	PDF
DDAG - Effective 1/1/2021	TABLE 3: RECONSIDERATIONS - MEMBER (Not for Delegated Entity Use)	XLSX	PDF

- ✓ Securely submit Claims, UM SOD & EOD, and UM and Claim Delegation PART C Quarterly Reports
- ✓ Receive email confirmation for successful submissions
- ✓ Review historical submissions
- ✓ Access Reporting Templates and Instructions

*Sample images with mock data for illustrative purposes only

SEE IT **ALL**



AVA MAXIMIZES ALIGNMENT'S CLINICAL PROGRAMS



VIRTUAL CARE CENTER

THE VIRTUAL CARE CENTER CAN PROVIDE:

- Medication refills and prescriptions
- Discharge planning and transition of care activities
- Assessment and treatment of acute symptoms
- Psychosocial support and assessments

If your patients need care when they're away from home or in the middle of the night, they can use Alignment's Virtual Care Center 24 hours a day, 7 days a week by phone or video. Alignment's Virtual Care Center has a clinical team standing by with access to members' current health information and can help with urgent medical needs, care coordination, medication assistance and health education needs.

Members can call 1 833 402 5803 (TTY: 711) 24/7 to connect with the Virtual Care Center team.



JUMP START ASSESSMENT

Alignment's Jump Start Assessment gets eligible health plan members on the fast track to better health with a comprehensive, whole-person medical assessment.

JUMP START INCLUDES:

- 60-minute complete health evaluation that includes a psychosocial and functional assessment
- Medication review and refills where appropriate—including over-the-counter vitamins and supplements—and medication reconciliation
- Advance care planning
- Address all clinical care concerns and gaps along with care coordination needs

After the assessment, Alignment clinical team shares all medical records and test results with the primary care provider within 72 hours. This provides them with an up-to-date and comprehensive snapshot of the member's individual health status.



CARE ANYWHERE

At Alignment Health, we want to make it easy for our members to get the help they need when and where they need it. With our Care Anywhere program, they have access to a team of professionals that includes specially trained physicians, advanced practice nurses, social workers, and more 24/7.

CARE ANYWHERE OFFERS MEMBERS:

- In home, virtual, and phone visits
- Comprehensive in home assessment
- Ongoing home based care
- Symptom management
- Help navigating benefits
- A personalized care plan
- Social services and emotional support
- Answers to medical questions or concerns after hours or on weekends

You may refer members by calling 1 833 902-1665, Monday through Friday, 8am to 5pm, PST or through secure email at careanywherecoordination@ahcusa.com

WHAT PROVIDER PARTNERS ARE SAYING **ABOUT AVA**

// **PCP**

“By far and away the best I have seen in the industry. Definitely gives you a competitive advantage as well as possible other revenue streams in the value based movement.”

// **IPA MEDICAL DIRECTOR**

“This is the platform I have always dreamed about, and no one gives us this kind of data. We want to grow with Alignment because, with your data, we will be successful and be able to expand this concept. AVA is a breath of fresh air, it’s so easy to use.”

// **OFFICE MANAGER**

“I absolutely love it, I’m blown away. Kudos to whoever put this together and put all the information in there. Very impressed... P360 is very helpful. The other health plans just have a piece of paper that is mailed to us. To visualize the gaps is very helpful.”



SIGN UP TODAY FOR BETTER CARE TOMORROW


IT'S AS EASY AS 1...2...3



STEP 1: Tell your Alignment Healthcare Provider
Relations Representative you want access to
AVA or email **ProviderRelations@ahcusa.com**



STEP 2: Go to **<https://ava.alignmenthealth.com>**
once you receive invitation email



STEP 3: Send your feedback to
ProviderRelations@ahcusa.com

GET THE POWER OF CHOICE WITH ALIGNMENT HEALTH PPO

Alignment Health PPO plans offer members the flexibility they need at an affordable price. Our PPO plans are designed with seniors in mind, with on-demand access to a dedicated concierge team via phone, online, and mobile app – 24 hours a day, 7 days a week.

- **Low to \$0 premium** – We offer low premiums, no deductibles, no copays for labs, and low copays for primary care and specialist visits with most plans
- **No referrals needed** – Our PPO Medicare Advantage plans give members the freedom to see any specialist without a referral
- **Part D coverage** – We offer \$0 copays on over 10,000 prescription drugs, including additional bonus drugs that are not ordinarily covered by Part D
- **Out-of-network coverage** – With our PPO plans, members have the flexibility to see any willing Medicare-authorized provider, even if your provider is out-of-network
- **Gym membership** – Members have access to a gym membership or fitness classes at various facilities across the country – or access online at-home workouts – all at no extra cost

ALIGNMENT HEALTH PPO PLANS ARE AVAILABLE IN:

California – Los Angeles, Orange, San Diego, San Joaquin, Stanislaus, Ventura, Santa Clara, Fresno, and Madera counties

North Carolina – All Alignment Health Plan service areas

Sutter PPO Plan – Premium PPO plans are available in Placer, Sacramento, San Mateo, Santa Cruz, Sonoma, and Yolo counties

Medicare Advantage PPO plans allow members to receive services from in network providers and from out of network providers that participate in Medicare and agree to accept the plan. Like commercial PPO plans, providers do not have to be contracted with the Alignment Health Plan Medicare Advantage PPO plans to see Alignment PPO members.

Out of Network (OON) providers will receive payment from Alignment Health Plan if the services are Medicare covered benefits and are medically necessary.

Alignment pays in network providers at the contracted rate and out of network providers according to the most current Medicare Fee Schedule (less member co payments or co insurances which vary by plan)

BENEFITS THAT MAKE A DIFFERENCE FOR YOUR HEALTH



Alignment Health is paving a new path for treating seniors in the Medicare space. Our mission to revolutionize senior health care starts by being there for our members whenever they need us. Alignment Health Plan members enjoy additional benefits that aren't covered by original Medicare.

ACCESS On-Demand Concierge Card*

The **ACCESS On-Demand Concierge Card** may be used to purchase eligible everyday essentials like over-the-counter (OTC) items, healthy groceries, home safety products, utilities, and services covered with the FLEX Allowance† at numerous participating retailers across the country.

Benefits, including allowance amounts, participating retailers, and eligible products/services, vary by plan.

To view wallet balance, find eligible products and participating retailers, or order products online, log into your Alignment Health Plan Member Portal.

Funds available via the **ACCESS On-Demand Concierge Card** expire the earlier of the member's termination date and/or end of each benefit period. Any unused funds remaining at the end of each benefit period expire and do not rollover.

Qualifying members also have the opportunity to earn rewards for completing eligible health activities in the form of a spending allowance loaded onto the **ACCESS On-Demand Concierge Card**.

24/7 ACCESS On-Demand Concierge Team

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

With Alignment Health Plan, help is just a phone call away anytime, day or night. Dedicated Concierge team members are standing by 24 hours a day, 7 days a week, to assist members with information about the services and benefits available to them.

Speak With Doctors 24/7

1-844-227-6955 (TTY 711) | 24/7 Mon-Sun

Board-certified doctors and/or clinicians are available 24 hours a day, 7 days a week, through a dedicated phone number. Members have access to assistance for general medical issues, dermatology, behavioral health, and even prescriptions.

Over-the-counter (OTC) Allowance*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Members on select plans receive an over-the-counter (OTC) benefit in the form of a monthly allowance automatically loaded onto the **ACCESS On-Demand Concierge Card**. This allowance can be used towards eligible Over-the-Counter (OTC) products purchased at participating retail locations. See our plan website, alignmenthealthplan.com, to see what items are eligible for purchase.

FLEX Allowance*†

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Select plans may supplement or exclusively offer coverage for supplemental services through the FLEX Allowance. Approved supplemental benefit categories vary by plan and may include acupuncture, chiropractic, dental, hearing, podiatry, and/or vision services. FLEX Allowances may be applied toward out-of-pocket expenses on eligible services obtained by the member within the calendar year.

Meals*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Eligible members can receive medically tailored, refrigerated meals to support their post-discharge recovery and/or chronic conditions. To request their meal benefit via Mom's Meals, members can call their ACCESS On-Demand Concierge team.

Dental Coverage*†

1-866-454-3008 (TTY 711) | 8 a.m.-8 p.m. Mon-Fri (excluding holidays)

Coverage for routine dental services is accessed through a standalone network benefit, FLEX Allowance, and/or for an additional monthly premium through the optional supplemental benefit program. Coverage varies by plan. To find a network dental provider in your area, go to providersearch.alignmenthealthplan.com.

Vision Coverage*†

1-800-877-7195 (TTY 711) | 8 a.m.-6 p.m. Mon-Fri, 8 a.m.-5 p.m. Sat-Sun (excluding holidays)

Alignment Health Plan members enjoy vision benefits such as eye exams, glasses, and contact lenses. Coverage varies by plan and is offered through VSP Advantage and/or through the Flex Allowance. To find a network eye doctor, go to providersearch.alignmenthealthplan.com.

Hearing Coverage*†

1-844-667-3713 (TTY 711) | 8 a.m.-5 p.m. Mon-Fri (excluding holidays)

Alignment Health Plan members are eligible for hearing exams and hearing aid fittings through NationsHearing. Some plans even cover

hearing aids. To find a network provider, go to providersearch.alignmenthealthplan.com.

Acupuncture & Chiropractic Services*†

Coverage varies by plan, with routine coverage offered exclusively through the FLEX Allowance and/or American Specialty Health. To find a participating provider, go to ashlink.com/ash/AHC.

Gym Memberships*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Members are provided a membership to a flexible health and fitness benefit to use on a nationwide network of gyms, local fitness studios, or community centers. This benefit also includes unlimited access to a digital library of at-home workouts, lifestyle advice, condition management courses, and more.

Transportation*

1-866-327-2247 (TTY 711) | 6 a.m.-8 p.m., Mon-Sat (excluding holidays).

To make it easier to see a doctor, Alignment Health Plan offers no-cost transportation to and from medical appointments for most plans. Rides are available through our transportation providers. Schedule an appointment at least 2-business days before an appointment. Log into your Alignment Health Plan Member Portal at members.alignmenthealthplan.com and select "Schedule Transportation" under the "Plan and Benefits" dropdown.

Personal Emergency Response System*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

With the personal emergency response system, members receive a device that allows them to call for help in the event of falls, medical emergencies, or clinical interventions. To request the benefit, contact your ACCESS On-Demand Concierge team.

In-home Support Services*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Qualifying members in eligible plans can receive assistance with light house chores, technology lessons, and general companionship. Companion visits can last up to 2 hours per day.

Caregiver Reimbursement*

1-833-242-2223 (TTY 711) | 24/7 Mon-Sun

Eligible members can receive an annual reimbursement for caregivers who provide support for Activities of Daily Living (ADLs), including, but not limited to, bathing assistance, light housework, light meal prep, transportation, and/or accompaniment to medical appointments.

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL (SSBCI)

Select plans offer benefit packages that include Special Supplemental Benefits for the Chronically Ill (SSBCI). These benefits support members who have one or more complex chronic conditions, are at high risk for hospitalization or adverse health outcomes, and require intensive care coordination. Members can follow these steps to see if they qualify for SSBCI benefits:

Check Eligibility: Review the Evidence of Coverage at alignmenthealthplan.com/member-forms to see the list of qualifying chronic conditions.

Attest to a Chronic Condition: Members can access their benefits immediately under a 60-day grace period if they verbally confirm their qualifying chronic condition. To verbally confirm their condition, members can call the ACCESS On-Demand Concierge Team at 1-833-242-2223 (TTY: 711), 24 hours a day, 7 days a week.

Request Provider Verification: Before the end of their 60-day grace period, their Primary Care

Provider (PCP) must verify that they have a qualifying chronic condition. Members should visit their PCP to have them: 1) submit a visit claim to Alignment Health Plan for automatic processing or 2) submit the SSBCI provider attestation form, which can be downloaded at alignmenthealthplan.com/memberforms.

Access Your Benefits: Once a member's chronic condition is verified, they will have access to their benefits for the remainder of the calendar year. If verification is not received within 60 days, their benefit access will automatically terminate.

For any questions or assistance, please reach out to the 24/7 ACCESS On-Demand Concierge Team at 1-833-242-2223 (TTY: 711).

Essentials Allowance*

Qualifying members on select plans receive a monthly spending allowance loaded onto the **ACCESS On-Demand Concierge Card**. This allowance may be used towards healthy groceries, home safety modifications, and utilities at participating retail locations.

Select members may be eligible to receive an OTC & Essentials combined monthly allowance. While other members may be eligible to receive a quarterly allowance for groceries purchased exclusively through Instacart.

Pest Control Services*††

Qualified members receive an annual treatment for covered pests, such as ants, cockroaches, or bed bugs.

Pet Care Services*††

Qualifying members can have someone help take care of their pets. Members receive an annual allotment of days that can be used for dog walking or pet sitting. To get started, go to wagwalking.com/p/alignment.

Air Purifier/Humidifier*††

Members who qualify can receive one air purifier or humidifier per year at no cost.

*Benefits vary by plan. Members should check their Evidence of Coverage (EOC) located within Member Forms & Resources page at alignmenthealthplan.com or call the ACCESS On-Demand Concierge team at 1-833-242-2223 (TTY 711), available 24/7, for more information about their specific plan benefits.

This information is not a complete description of benefits. Call 1-888-979-2247 (TTY: 711), 8 a.m. - 8 p.m. Monday through Friday, for more information.

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.

†To view wallet balance, find eligible products, or locate participating retailers, log into your Alignment Health Plan Member Portal or call the ACCESS On-Demand Concierge Team at 1-833-242-2223 TTY 711, available 24/7.

Funds available via the ACCESS On-Demand Concierge Card expire the earlier of the member's termination date and/or end of each benefit period. Any unused funds remaining at the end of each benefit period expire and do not rollover.


†† Special supplemental benefits for the chronically ill (SSBCI)-qualifying chronic conditions include congestive heart failure (CHF), chronic lung disorders, dementia, diabetes, and stroke. Other chronic conditions may apply. Medical records will be used to establish the member qualification. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify because other eligibility and coverage criteria also apply.

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ALIGNMENT HEALTH PLAN ID CARDS


WHEN WILL MEMBERS RECEIVE THEIR MEMBER ID CARD?

Alignment Health Plan member identification (ID) cards are mailed out within the first 10 days of enrollment by the health plan. With this card, they'll get access to covered benefits such as medical care, dental, vision, hearing and prescription refills.

 Alignment Health Plan®

[PLAN NAME (HMO)]
Member: [Member Name]
Member ID: [000123456789]
PCP Name: [Doctor Name]
PCP Phone: [(800) 100-1000]
Med Grp: [Medical Group]
Med Grp #: [(405) 888-8888]
Member Services: (866) 634-2247/TTY 711
Member Since [2022]

Eff Date: [01/01/22]
RxGrp: [H3815]
RxBin: [610455]
RxPCN: [AHPPARTD]
RxD: [000123456789]
Plan Code: [020]


Prescription Drug Coverage


Primary Care: [\$0] Specialist: [\$0] ER: [\$0] Urgent Care: [\$0]

 **ALL CLAIMS MUST BE MAILED TO:**
[P.O. Box 14010, Orange, CA 92863]

 **Pharmacy Technical Help Desk:** (844) 227-7615
Member Pharmacy Help: (844) 227-7616
Provider Services: (888) 517-2247
Dental Benefits: (866) 454-3008


For information regarding special added benefits such as vision, hearing, etc. contact Concierge or Member Services. Pre-authorization is required for all non-emergent hospital admissions, please call 1-866-646-2247, Opt 4.

WWW.ALIGNMENTHEALTHPLAN.COM

 Alignment Health Plan® **PPO**

[PLAN NAME (PPO)]
A Medicare Health Plan with Prescription Drug Coverage
[FIRST MIDDLE LASTNAME]
Member ID: [XXXXXXXXXX]
Plan Code: [XXX]
RxGRP: [H4961]
RxBIN: [610455]
RxPCN: [AHPPARTD]
RxD: [XXXXXXXXXX]
Effective Date: [MM/DD/YYYY]

In-Network	Out-of-Network
Office Visit: [\$XX]	Office Visit: [\$XX]
Specialist: [\$XX]	Specialist: [\$XX]
Emergency: [\$XX]	Emergency: [\$XX]


Prescription Drug Coverage

 **ALL CLAIMS MUST BE MAILED TO:**
P.O. Box 14010, Orange, CA 92863

 **Member Services:** (866) 634-2247 (TTY 711)
Pharmacy Technical Help Desk: (844) 227-7615
Member Pharmacy Help: (844) 227-7616
Provider Services: (888) 517-2247

Medicare limiting charges apply. For more information on benefit cost shares please call member services or visit our website.

WWW.ALIGNMENTHEALTHPLAN.COM

WHAT DO I DO IF A MEMBER LOSES THEIR ID CARD?

If a Member loses their ID card or needs a replacement, they can call Member Services at:

1-866-634-2247 (TTY 711)

8 a.m. – 8 p.m., 7 days a week from October 1 through March 31 (except Thanksgiving and Christmas), and Monday through Friday from April 1 through September 30 (excluding holidays).

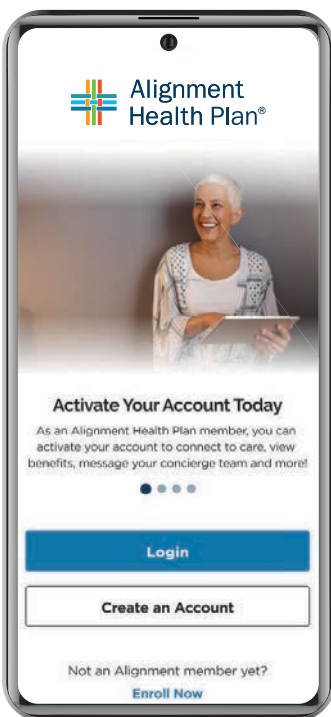
NAVIGATE MEMBER BENEFITS ONLINE

As an Alignment Health Plan member, they can find benefit information online 24 hours a day, 7 days a week. It's easy! All members need is their member ID and an email address* to activate their account.

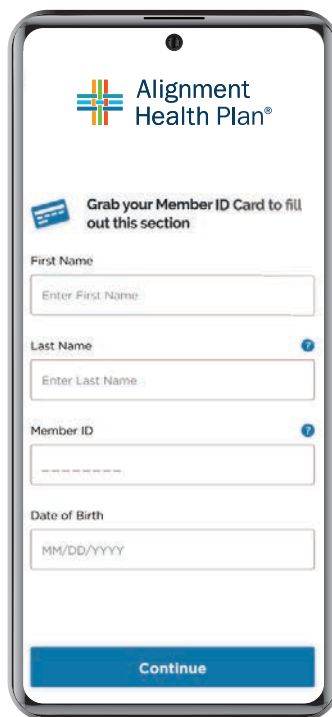
REGISTER NOW TO ACCESS MEMBER BENEFITS ONLINE!

Members can sign up at **alignmenthealthplan.com/members** or download the app to their Apple or Android mobile device by searching for "Alignment Health Plan" in the app store.

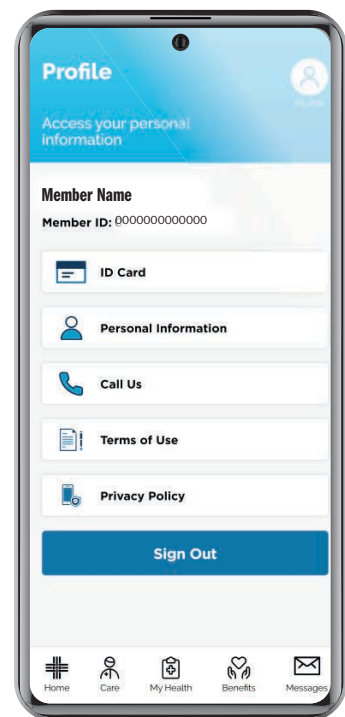
**ACCESS MEMBER INFO
ANYWHERE, ANYTIME**



**ACTIVATE ACCOUNT WITH
MEMBER ID**



**FIND THE INFO YOU NEED
WITH A SINGLE TAP**



With their secure online member account, members can:

- 01.** Connect with a doctor
- 02.** Access their member ID card
- 03.** View their plan benefits and recent claims
- 04.** Choose to go paperless and receive plan materials online†
- 05.** Send secure messages to our ACCESS On-Demand Concierge Team
- 06.** Check their ACCESS On-Demand Concierge Card balance
- 07.** And more!

*By providing your email address, you are giving Alignment Health Plan permission to contact you regarding your plan by email. An email address can be associated with only one member account. Register through the plan's website at alignmenthealthplan.com or by downloading the Alignment Health Plan mobile app. Once registered, members can access both the website portal and mobile app using the same email address and password.

†Not available on the Alignment Health Plan mobile app.

STILL HAVE QUESTIONS?



Email: **providerrelations@ahcusa.com**



1-844-361-4712

9 a.m. - 5 p.m., Pacific Time, Monday-Friday



AlignmentHealthPlan.com/Providers

Participating Providers and their staff can access important information within the Providers section by using the self-registering Provider Portal.



Alignment Health™