Alignment Health Plan®

JUNE 2024

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**.

membership has increased by

44%

projecting up to

164,000 MEMBERS

by the end of 2024

7th consecutive year as a

★★★★☆

or

GREATER

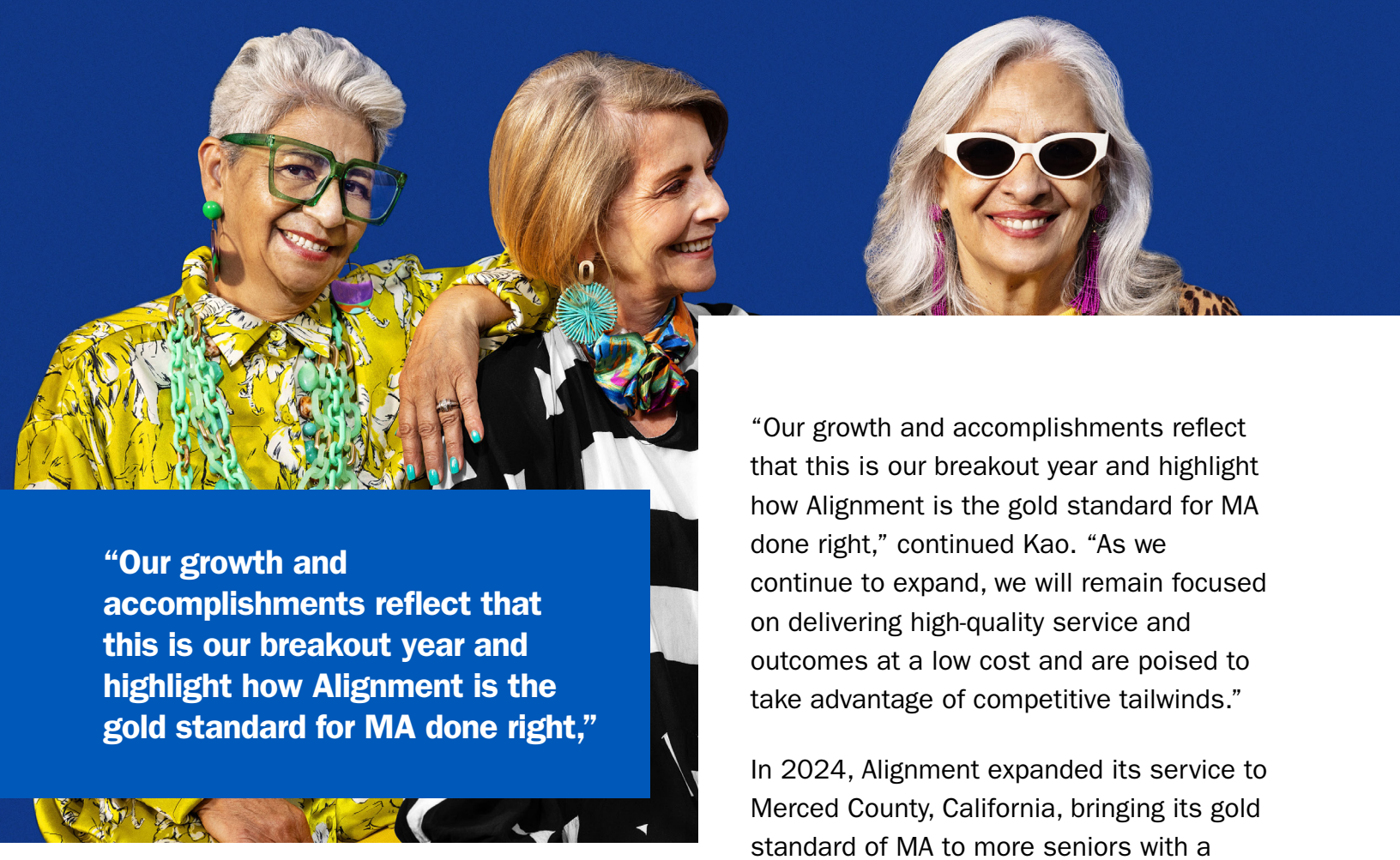
plan

ALIGNMENT HEALTHCARE GROWTH

On January 1, 2024, our membership increased by 44% to 155,5000 members.

“Alignment’s purpose-built Medicare Advantage (MA) platform gives us the visibility and control to serve seniors the right way,” said John Kao, founder and CEO of Alignment Healthcare. “This visibility and control has helped us improve star ratings, effectively manage care and create competitively advantaged products that led to the exceptional growth we achieved. Companies that prioritize happy and healthy members can indeed do well by doing good, and Alignment is proof of that.”

Alignment Health projects that we will have 162,000 - 164,000 members by the end of 2024.



“Our growth and accomplishments reflect that this is our breakout year and highlight how Alignment is the gold standard for MA done right,”

Since going public in 2021, Alignment has displayed a disciplined approach to its business with 11 straight quarters of strong business results, having met or exceeded guidance across key financial metrics. Additional achievements for Alignment include earning 4- out of 5-star rating from the Centers for Medicare & Medicaid Services for 2024 in its California HMO plans, marking its seventh consecutive year as a 4-star or greater plan. Additionally, Alignment was named a 2024 Best Insurance Company for MA in North Carolina by U.S. News & World Report for the second consecutive year (one of only three Medicare Advantage (MA) plans in the state to earn the U.S. News “Best” rankings badge) and has attained an impressive 4.9-star rating on Google.

“Our growth and accomplishments reflect that this is our breakout year and highlight how Alignment is the gold standard for MA done right,” continued Kao. “As we continue to expand, we will remain focused on delivering high-quality service and outcomes at a low cost and are poised to take advantage of competitive tailwinds.”

In 2024, Alignment expanded its service to Merced County, California, bringing its gold standard of MA to more seniors with a total reach of 8.5 million Medicare-eligible adults in 53 markets across Arizona, California, Florida, Nevada, North Carolina and Texas*. Additionally, the company signed new agreements with Instacart and Walgreens to offer more coverage and convenience for seniors in select markets.

*Centers for Medicare & Medicaid Services Medicare Advantage/Part D Contract and Enrollment Data, December 2023 MA State/County Penetration, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-State-County-Penetration

To learn more, visit **alignmenthealth.com**.

ADVANCED CARE PLANNING

Helping members and their families prepare for the future.

Future care planning is an important aspect of healthcare. Alignment Health Plan encourages providers to expand their offerings to include coverage of Advanced Care Planning if it isn't already standard practice.

Advanced Care Planning includes choosing healthcare options and discussing future medical treatment preferences. It is a critical component of ensuring end-of-life care and treatment that aligns with members' choices.

Remind members and their caregivers to carefully consider the following:

1. What do you feel is important to your quality of life? Consider your previous healthcare experiences or others you've known and **identify the decisions you'd like made for yourself in the future**.
2. Talk with your loved ones — **share your wishes with them and designate someone who will make decisions** for you if you are unable to make them yourself.
3. **Have documentation and paperwork** finalized as needed. This includes approval from doctors and legal teams to talk with your caregivers and loved ones at your discretion.
4. **Review plans** with caregivers and loved ones and update regularly based on changes in medical condition or quality of life.
5. Don't leave finalizing your Advanced Care Planning to the future. **Get started today.**

THE IMPORTANCE OF CULTURALLY COMPETENT CARE

Creating a respectful experience for all patients.

Culturally competent care is a key factor in the long-term health of patients. It includes understanding the culture and diversity of your patients and the impact it can have on their medical needs.

Racial and ethnic discrepancies due to personal biases and discrimination can limit access to preventative care and treatment — and increase emergency room visits, which can result in long-term diseases and illnesses.

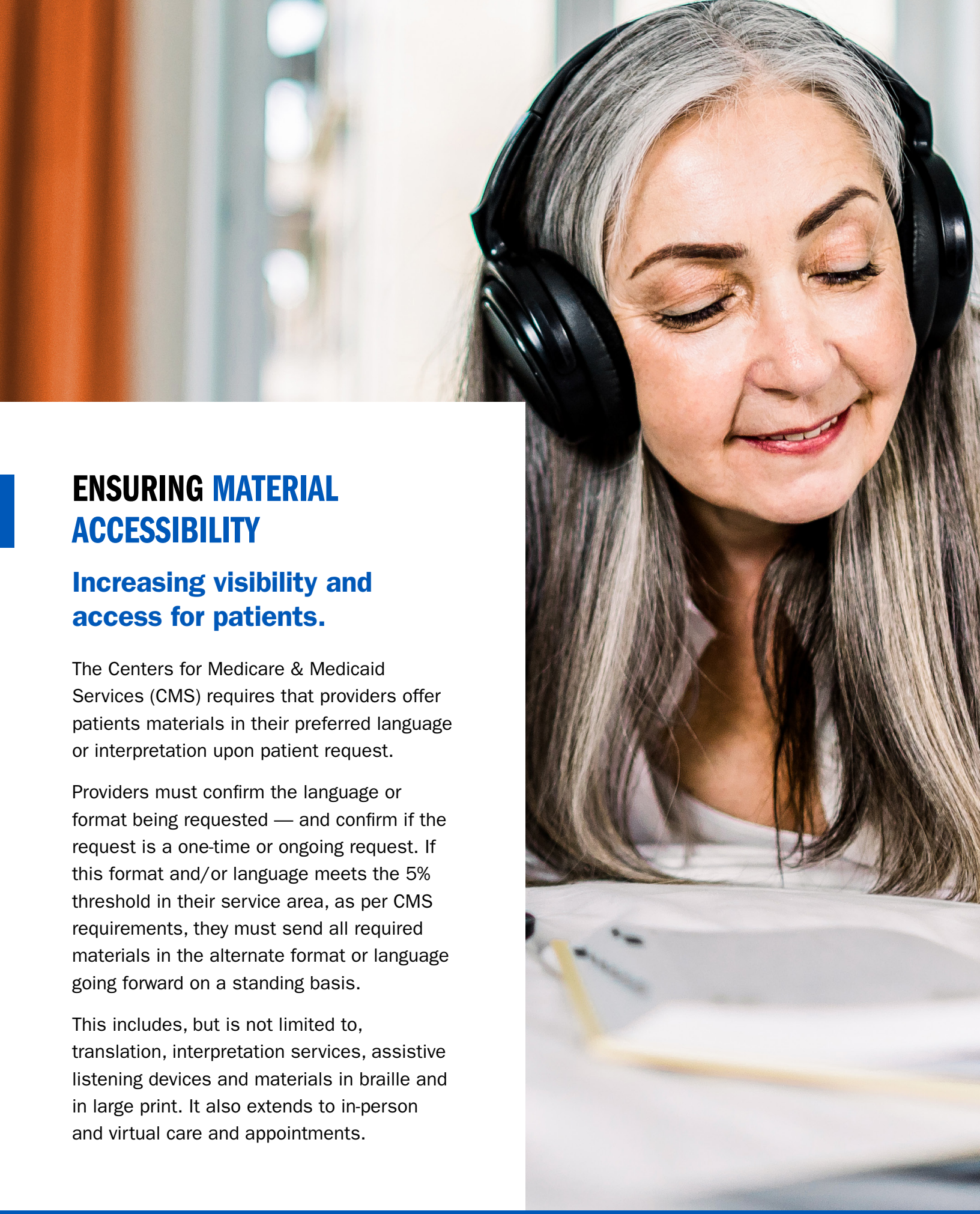
Create an inclusive environment where patients know their concerns are heard and values are understood. This can help reduce patient stress levels, increase their trust with medical staff and increase a patient's likelihood to follow provider instructions and treatment plans.

How to Begin:

Offer Internal Training
Increase cultural awareness and understanding for current employees and prioritize the hiring of diverse staff. Incorporate culture-specific beliefs and values into your health promotion tools for the local community.

Expand Accessibility
Have interpreter services available whenever needed. Offer linguistic competency and support beyond clinical and billing inquiries, as well as access to linguistically diverse materials.

Prioritize Cross-Culture Collaboration
Incorporate racial and cultural traditions into your healthcare offerings. This could include working with traditional healers and working with a patient's family and community when addressing their healthcare needs.



ENSURING MATERIAL ACCESSIBILITY

Increasing visibility and access for patients.

The Centers for Medicare & Medicaid Services (CMS) requires that providers offer patients materials in their preferred language or interpretation upon patient request.

Providers must confirm the language or format being requested — and confirm if the request is a one-time or ongoing request. If this format and/or language meets the 5% threshold in their service area, as per CMS requirements, they must send all required materials in the alternate format or language going forward on a standing basis.

This includes, but is not limited to, translation, interpretation services, assistive listening devices and materials in braille and in large print. It also extends to in-person and virtual care and appointments.

MEDICAL TRANSPORTATION FOR MEMBERS WITH ALIGNMENT HEALTH PLAN

A painless way for members to book a ride to their next medical appointment.

Alignment Health Plan members have access to free rides for medical-related trips like doctor appointments and trips to the pharmacy*. For frequent recurring appointments, it is also possible to schedule a standing order to streamline their ride experience.

Most rides are provided by services like Uber and Lyft and can be scheduled up to two hours in advance. If members need mobility assistance to and from the vehicle, they can schedule a non-emergency medical transportation (NEMT) ride at least two business days in advance.

*Availability varies by plan.

To learn more about transportation benefits or book a ride, members can call SafeRide at **1-866-327-2247 (TTY: 711)**, Monday through Saturday, 8:00 a.m. to 6:00 p.m. PT.

After scheduling a ride, members can expect:

1. A text message confirming the pickup time and location on the day of their scheduled ride.
2. If a scheduled return ride was also booked, the driver will arrive within 15 minutes of the scheduled time. If a will-call return was booked, members can click the link in their confirmation text to activate the ride. NEMT will-call rides may take up to an hour to arrive.

WHAT IS THE CAHPS SURVEY?

CAHPS, the Consumer Assessment of Healthcare Providers and Systems, is an annual survey that asks patients about their experiences with their providers and health plan. The CAHPS survey focuses on the patient's perception and satisfaction with the quality of care and services they received in the last 6 months.

Why is the CAHPS survey important to me?

The CAHPS survey asks patients to rate their personal doctor (Primary Care Physician) from 0 to 10 and asks how often their personal doctor explained things clearly, listened carefully, showed respect and spent enough time with them during visits. Providers should strive for a "perfect 10" healthcare experience with every patient visit. Providing a "perfect 10" healthcare experience means that providers always address every question or concern a patient has to help them get the care they need as soon as they need it.

SAMPLE QUESTIONS FROM THE **CAHPS** SURVEY

Annual Flu Vaccine	• Have you had a flu shot since July 1, 2023?
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?

WHAT IS THE HEALTH OUTCOMES SURVEY?

The Health Outcomes Survey (HOS) is an annual survey sent to patients asking questions about their physical and mental health. This survey collects patient-reported health information and measures any changes over time by sending the same survey two years later.

What can I do to support the Health Outcomes Survey?

During visits with patients, propose a discussion around each of these three key health topics covered by HOS: (1) reducing the risk of falling, (2) improving bladder control and (3) monitoring physical activity.

For Reducing the Risk of Falling:

1. Inquire of patients whether they have experienced a fall in the past 12 months and if they have problems with balance or walking.
2. Inform patients about actions they can take to help prevent falls or treat problems with balance or walking such as using a cane or walker, engaging in exercise or a physical therapy program, taking a vision or hearing test, etc.

For Improving Bladder Control:

1. Inquire of patients whether they experience leakage of urine or urinary incontinence.
2. Inform patients of ways to control or manage the leaking of urine such as bladder training exercises, medication or surgery.

For Monitoring Physical Activity:

1. Inquire of patients about their level of exercise or physical activity.
2. Advise patients whether they should start, increase or maintain their level of exercise or physical activity by suggesting things such as taking the stairs, increasing walking time from 10 to 20 minutes every day or maintaining their current exercise program.

HERE ARE SOME EXAMPLES OF QUESTIONS FROM THE **HEALTH OUTCOMES SURVEY**

Improving or Maintaining Mental Health:

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

1. **Accomplished less** than you would like **as a result of any emotional problems**
   - No, none of the time
   - Yes, a little of the time
   - Yes, some of the time
   - Yes, most of the time
   - Yes, all of the time
2. Didn't do work or other activities as **carefully** as usual **as a result of any emotional problems**
   - No, none of the time
   - Yes, a little of the time
   - Yes, some of the time
   - Yes, most of the time
   - Yes, all of the time
3. During the past **4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?
   - All of the time
   - Most of the time
   - A good bit of the time
   - Some of the time
   - A little of the time
   - None of the time

Improving or Maintaining Physical Health:

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

1. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
2. Climbing **several** flights of stairs
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

The CMS Star Program for 2024 has implemented a new measure titled, Kidney Health Evaluation for Patients with Diabetes (KED).

The measure is related to the percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

KED GAP CLOSURE REQUIREMENTS

Members need both an eGFR and a uACR during the measurement year on the same or different dates of service.

1. **At least one eGFR test**.
2. **At least one uACR test identified for either of the following:**
   - A uACR test (Urine Albumin Creatinine Ratio Lab Test Value Set).
   - Both a **quantitative urine albumin test** and a **urine creatinine test** with services dates four dates or less apart.

COMPLIANCE ALERT:

Special Needs Plan Model of Care Provider Training

Do you manage—or have the potential to manage — patients enrolled in a SNP (Special Needs Plan)?

If yes, the Centers for Medicare & Medicaid Services (CMS) requires you to complete **SNP MOC (Model of Care) training** upon contracting and **annually** thereafter.

The Quality Management Department sent email notifications at the end of Q1 2024 to all applicable in-network and out-of-network providers to **complete the training within 60 days of receiving the notification**.

The SNP MOC training can be accessed, at any time, on Alignment Health Plan's website at **https://www.alignmenthealthplan.com/providers/special-needs-plan-training**.

Are Attestation Forms to be completed individually?

Yes, if it is for an individual provider.

If it is for a group training, a designated provider or representative will need to access the online training on the Alignment Health Plan website and submit one attestation form along with a provider roster (listing all providers) on behalf of the group. Both the attestation form **and** provider roster must be submitted to be considered complete.

Non-responsive Providers and groups will be escalated to the Network Management Department, Market Presidents and Executive Leadership.

COMPLIANCE ALERT:

Ambulatory Medical Record Review Audit

What is the importance of the Medical Record Review?

Providers are required to meet requirements set forth by The Centers for Medicare & Medicaid Services (CMS) for record professional standards. Accurate documentation is essential for quality patient care.

Annually, the Quality Management team performs a clinical quality review of Direct Network Primary Care Provider's medical records to ensure compliance. During the month of April 2024, selected providers in Texas and Florida received requests to submit records back to the Quality Management team by 05/01/2024. From charts selected for the 2024 audit, the following elements will be reviewed:

- Each page of the medical record contains the patient's name or ID number.
- Personal biographical data includes the address, phone numbers, marital status, preferred name.
- Document date of birth and gender.
- The record is legible to someone other than the writer.
- All entries are signed by the author and dated.
- Significant illnesses and medical conditions are indicated on the problem list.
- Medication allergies and adverse reactions are prominently noted in the record. If there are no known allergies or history of adverse reactions, this is appropriately noted in the record.
- Past medical history is easily identified and includes serious accidents, operations and illnesses.
- Record contains a current medication list or medications are listed in progress notes.
- History and physical exam identify appropriate subjective and objective findings are documented, including appropriate vital signs – height, weight, blood pressure and temperature.
- Problems from previous visits addressed.
- Appropriate notation concerning the use of cigarettes, use of alcohol and use of drugs.
- Inquiry/referrals regarding domestic violence documented.
- Working diagnoses are consistent with findings.
- Treatment plans are consistent with diagnoses.
- Lab and/or diagnostic studies ordered as appropriate.
- If a consultation was requested, there is a note from the consultant in the record.
- Consultation and abnormal laboratory and imaging study results have an explicit notation in the record of follow up plans.
- Consultation, laboratory and imaging reports filed in the chart are initialed by the practitioner who ordered them, to signify review.
- Life Planning (AD, POLST, MOLST) status noted, education given if not present (at 18 years and greater).
- Documentation that preventive screening and services are offered in accordance with practice guidelines.
- There is evidence patient was provided information regarding the risks, benefits, consequences, harm of a potential medical treatment (e.g., informed consent form, decision aids, educational materials).
- Telephone or online messages are documented in the record, appropriately dated/signed/initialed.

COMPLIANCE ALERT:

Appointment Availability and After Hours Access to Care

What is the purpose of the Access Studies?

The Centers for Medicare & Medicaid Services (CMS), NCQA, the Department of Managed Care (DMHC) and other State regulators require health plans and contracted Providers to meet regulations that address the following timely access to care elements for primary care providers (PCP), specialty providers (SPC) and behavioral health providers (BH):

1. **Routine Appointment Availability**
   - PCP – within 10 business days of request.
   - SPC – within 15 business days of request.
   - BH – within 10 business days of request.
2. **Urgent Appointment Availability**
   - PCP/SPC/BH – within 48 hours of request.
3. **Mental Health/Substance Use Disorder Follow-Up**
   - BH – within 10 business days of request.
4. **After Hours Access to Care Direction**
   - Offering Members access to covered services 24/7.

Across all markets, the 2023 studies results identified the following non-compliant categories:

- No emergency instructions on recorded/ automated message.
- Answering service indicates patient is unable to speak with a provider within 1 hour.
- Recorded message does not provide a way to reach a live party.

Alignment will be providing educational materials on the 2024 Timeliness Standards to ensure compliance.

Contact information for the QM Department:

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

Alignment Health Plan®

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Orange, CA 92868

QUESTIONS?

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

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