



Dear Provider:

As one of the recent health plan options to enter the Arizona market and partner exclusively with Arizona Care Network, Alignment Health Plan offers a Medicare Advantage option to members in Maricopa and Pima counties.

As Alignment Health Plan continues to grow its Arizona footprint, this FAQ provides additional information and resources to support your practice and Alignment Health Plan's patient care.

Please contact Alignment Health Plan directly, your Clinical Performance Consultant, or email [practicetransformation@azcarenetwork.org](mailto:practicetransformation@azcarenetwork.org) with any questions or feedback.

Thank you for participating with ACN!

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4222 E. Thomas Rd. • Suite 400 • Phoenix, AZ 85018 • Office 602.406.7226



## Alignment Health Plan FAQ

**When a Primary Care Provider makes specialist referral, is the PCP required to use the Alignment Virtual Application (AVA)?**

- Alignment uses the Alignment Virtual Application (AVA) to check eligibility, benefits, and open HEDIS gaps, process referrals, and so much more.
- PCP's can refer a member to a contracted specialist without prior authorization and without interfacing with AVA (see link at bottom of document).
- If the PCP or specialist requires/prefers a hard-copy authorization, it **must** be submitted through AVA.

**When a specialist wants multiple visits or needs to do an in-office procedure, what is the preferred process?**

- No prior authorization is required, and Alignment does not set office visit limits.

**What happens when a prior authorization request comes in from a delegated Independent Practice Association (IPA)?**

- If Alignment Health Plan is not delegated for that specific service, Alignment sends a notice to the requesting provider notifying him/her where to submit the request.
- In Maricopa County, Arizona Priority Care (AzPC) is the delegated IPA
  - For Alignment AzPC members, please work with AzPC by calling **(480) 499-8720** for prior authorizations and claims.

**Does a member receive a notice when prior authorization (PA) is approved/denied?**

- Yes. Utilization Management (UM) will mail a member notification of approval/denial, along with information and instructions on the appeals process.

**What is the process if a member does not agree with a PA denial?**

- Every member is given appeal rights and next steps within the denial letter to escalate to the Alignment Appeals & Grievance team for final determination.

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### **Does Alignment Health Plan allow members to self-refer to a specialist?**

- Yes, although some “receiving” specialists may require a referral from the PCP prior to scheduling the member.

### **How does Alignment Health Plan process Durable Medical Equipment (DME) requests?**

- DME requests are processed through the AVA portal (registration link at bottom of document).
- Several DME codes are auto approved if provider submits a contracted vendor.
- IPA’s (ex. Arizona Priority Care) manage their own DME requests.

### **How is a Continuous Glucose Monitoring (CGM) device request handled?**

- Diabetic supplies fall under the Durable Medical Equipment (DME) benefit.
- Alignment Health Plan’s internal Utilization Management (UM) team contacts the Pharmacy department to request a CGM be dispensed by any retail pharmacy.

### **What happens when a member joins Alignment Health Plan (AHP) in the middle of a course of care?**

- Alignment Health Plan follows CMS’s Continuity-of-Care (COC) guidelines and approves continued care for 90 days without exception.

### **Are prior authorization requests able to be faxed in?**

- Yes, although fax requests may delay the final decision process.
- Using the Alignment Virtual Application (AVA) system is strongly encouraged.

### **What is Alignment Health Plan’s process for therapy requests (physical, occupational, speech, et al)?**

- No prior authorization is required, as initial evaluation and 12 therapy visits are automatically approved.
- This includes home health (HH) and free-standing therapy services.

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During a member visit, can a specialist provider perform an action that is “medically necessary” but does not have prior authorization?

- Specialist providers may perform office-based procedures without prior approval.
- Specialist provider(s) may render services and submit a claim.

## Resources and Support

- [Alignment Virtual Application \(AVA\)](#)
- Prior Authorization [guidelines](#)
- Alignment Health Plan Provider Services
  - [ProviderRelations@ahcusa.com](mailto:ProviderRelations@ahcusa.com)
  - (844) 361-4712

[www.azcarenetwork.org](http://www.azcarenetwork.org)