

MOVE YOUR CHIROPRACTIC PRACTICE TO THE NEXT LEVEL

WITH AMERICAN SPECIALTY HEALTH



DO YOU WANT TO DEVELOP YOUR PRACTICE AND EXPAND YOUR PATIENT BASE?
DO YOU WANT TO INCREASE REFERRALS FROM REGIONAL AND NATIONAL HEALTH PLANS?

If you answered YES to these questions, then American Specialty Health (ASH) can help!

ASH is a leading personal health improvement organization that covers millions of people nationwide by providing specialty health care benefits, wellness/health coaching, and fitness programs to health plans, insurance carriers, employer groups, and trust funds.

ASH programs and services include specialty health care benefit and affinity programs for acupuncture, chiropractic, massage therapy, naturopathy, nutrition services, and physical, occupational, and speech therapy.

Since our inception in 1987, ASH and its subsidiaries have achieved a variety of industry firsts, including the first specialty group for chiropractic and acupuncture to receive NCQA certifications for Utilization Management and Credentialing. ASH's subsidiaries cover nearly 30 million Americans under their benefit administration programs alone.

Why Join ASH?

- Increased patient access
- Online support through ASHLink®
- Online claims submission and payment
- Less paperwork and administration
- Incentive payments for health information technology and quality results
- Practitioner initiatives—we listen to you!
- No application fee or annual fee
- Listing on ASH and health plan client websites
- Access to new benefit and affinity discount programs as they become available

In the past 10 years, the number of members covered by ASH's specialty health care programs has increased by more than 100%. These programs currently cover more than 30 million health plan members.

Products

American Specialty Health Incorporated's subsidiaries offer or administer a series of products designed to meet the full range of needs and requirements of full-service health plans, insurance carriers, employer groups, school districts, municipalities, and union trust funds. ASH offers both benefit and affinity plans.

Benefit Programs

ASH subsidiaries administer HMO, PPO, POS, OAP, EPO, Medicaid, and Medicare Advantage programs on behalf of health plan clients and employer groups. Access to contracted practitioners may be direct or may require a primary care physician referral. Depending on the health plan or employer group requirements, medical necessity review may or may not be required prior to reimbursement of services. Members have an annual benefit limit, as well as a deductible copayment or coinsurance due to the contracted practitioner at each visit.

Through our programs, health plans can offer a health care benefit option to existing medical benefits, potentially attracting an increased number of practitioners. Practitioners that are part of our group may be better positioned to attract more business in the process.

How It Works

- Eligible members select a practitioner and call to make an appointment.
- Practitioner examines member and provides necessary treatment.
- Practitioner submits treatment plan to ASH for review of services beyond the Clinical Performance System (see the "Clinical Performance System" section). All treatment plans are reviewed by peers.
- Each treating practitioner works with an ASH clinical quality evaluation manager who is in the same specialty field.
- ASH fully reviews most treatment plans within two days of receipt. If an ASH contracted practitioner has any questions regarding a treatment plan, the practitioner may call an ASH clinical quality evaluation manager via a toll-free number.

ASH provides comprehensive support services. Each practitioner has toll-free access to ASH's customer service department Monday through Friday from 7 a.m. to 6 p.m. (Pacific Time). Additional support includes practitioner education webinars and information available in the "Resources" section of ASHLink. (More information on ASHLink follows.)

The ChooseHealthy® Affinity Program

The ChooseHealthy affinity program provides a unique way for ASH and its contracted practitioners to work with health plans that may be hesitant to offer specialty health care benefits. It provides a mechanism for the health plan to provide members with discounted access to specialty health care and to learn about the benefits of these services.

Under an affinity program, members have direct access to practitioners; no medical referral is required. Contracted practitioners give a discount in their fees to the members and members pay contracted practitioners directly for services rendered. The contracted practitioner is not required to obtain approval or to submit claims, and there are no annual limits to this program. The health plan actively promotes the affinity program to its members and encourages members to access contracted practitioners.

Clinical Performance System

Clinical Performance System

The Clinical Performance System (CPS) is a performance-based enhancement to our Clinical Services Program that recognizes those contracted practitioners who have consistently demonstrated their ability to practice within ASH's adopted clinical quality and administrative criteria.

Contracted practitioners enter at Tier 3 of the Clinical Performance System, which allows 5 visits* before submission of medical necessity information is required. After the first year, contracted practitioners will have an opportunity to move up in tiers, where Tiers 4, 5, and 6 allow 8, 12, and unlimited visits* respectively before medical necessity review is required.

The number of visits and services that may be reimbursed prior to triggering the requirement to submit paperwork increases as you qualify for higher tiers (up to Tier 6 where no paperwork is required).

This program is part of our initiatives to streamline and simplify communication with our contracted practitioners and to reduce their administrative overhead. With the 5-visit waiver, contracted practitioners should be able to treat a significant percentage of patients with no paperwork requirements. For more information on the Clinical Performance System, see the "Clinical Performance System" section of the ASH Practitioner Operations Manual (included on the CD in this recruitment packet).

Tier Level	Visits*	X-Rays** & Appliances**
6	No paperwork required	No paperwork required
5	12	Moderate
4	8	Moderate
3	5	Moderate
2	5	None
1	0	None

In 2012, ASH practitioners were not required to submit treatment plans for 81% of treated patients.

*Some exceptions apply. Please see the "Clinical Performance System" section of the ASH Practitioner Operations Manual for more information.

** All practitioners subject to Specific Radiology Quality Assurance Review (SRQAR) must submit a Medical Necessity Review (MNR) Form for verification of medical necessity for all radiology studies.



Improve Efficiency and Cut Costs



To more effectively integrate with our contracted practitioners, our online tool, ASHLink, provides an efficient mechanism for a variety of interactions between ASH and our contracted practitioners. ASH utilizes this technology system to manage our health quality improvement systems and support transactions with practitioners. Through ASHLink, contracted practitioners can:

- Exchange clinical information about individual cases for quality assurance and medical necessity review
- Reference clinical practice guidelines to support the delivery of health care services
- Email communications with clinical quality evaluation managers (clinical peers)
- Check for member eligibility verification and benefits
- Submit clinical appeals

In addition, a comprehensive educational library of information about working within the ASH system is available. Contracted practitioners can streamline routine office procedures, such as member eligibility verification and electronic claims submissions. ASHLink is available 24 hours a day, 7 days a week, which helps practitioners and their office staff reduce time spent on the phone, and allows a faster response time and access to all necessary information required to integrate with ASH.

Once you have completed the credentialing process and have received your welcome letter, you can activate your ASHLink account by logging onto www.ASHLink.com, clicking the “Online Activation Process” link, and using the User ID and PIN provided in your welcome letter. Once your account is activated, you can begin submitting electronic transactions immediately.

Resources Available on ASHLink

- Practitioner Services Agreement
- Client summaries
- Operations manual
- Forms
- Practitioner education library
- Notifications
- Value-Added Program discounts
- Newsletters

Earn Incentives

You can increase your office revenue through the Incentive Payment Program (IPP). An incentive payment, which varies based on the practitioner’s ASHLink usage and CPS tier designation, is available for practitioners under this program. Incentive payments are described further in Attachment J of the Practitioner Services Agreement.

Direct Deposit

In addition to conserving paper and being environmentally friendly, there are other bonuses when you sign up for our direct deposit program. The advantages of participating in the program include:

- An additional ***one percent*** of ASH-paid claims incentive
- Quick payment processing—average turnaround time from receipt of a claim sent in via ASHLink to direct deposit takes on average less than one week when ASH is fully delegated
- Easy tracking on ASHLink
- Faster access to your funds
- Time savings—no going to the bank

In 2012, ASH paid more than \$2.6 million to practitioners in ASHLink incentives.

Credentialing and Guidelines

What to Expect

Upon successful submission of the application materials, the credentialing process will begin.

Credentialing

If additional information is needed or if there is anything missing from the credentialing materials you submitted, you will receive communication from an ASH credentialing department representative. Such documents may include but are not limited to:

- Credentialing Application
- ASH Addendum (where applicable)
- Practitioner Services Agreement
- W-9
- Election to Participate Form(s)
- Copy of your Professional Liability (Malpractice) Insurance

If you have questions regarding ASH's clinical guidelines at any time during the credentialing process, you may refer to the Practitioner section of our website (under Clinical Quality and Clinical Practice Guidelines section) at www.ashcompanies.com. Additionally, you may also call to request a phone appointment with one of our clinicians. Our clinicians are peers in your same field of expertise and are here to answer your questions regarding matters of a clinical nature.

ASH strives to be as efficient as possible and, in many cases, we can complete your credentialing in as little as 45 – 60 days.

Note: ASH follows all state guidelines in accordance with NCQA regarding limited timeframes for processing credentialing applications. As such, it is very important that you return all needed documents within a timely manner (or as soon as possible) to prevent a possible credentialing cancellation.

ASH Guidelines

Please review our guidelines as follows:

- Agreement: Execute agreement(s) with ASH to participate in benefit plans and affinity programs.
- Credentialing: Complete the credentialing application and provide supporting documentation consisting of Attachment A and signature page from the Practitioner Services Agreement and Professional Liability (Malpractice) face sheet.
- Peer Review: Reimbursement for services may be subject to peer review. Peer medical necessity review is provided by licensed chiropractors.
- Quality Management: Participate in ASH's or the health plan's appeals, grievance, and dispute processes if there are any disagreements regarding coverage, medical necessity review decisions, or administrative actions.
- Fee Schedule Amounts: Accept the ASH fee schedule amounts as payment in full. There is no allowance of "balance billing" members for any reductions in payment or unapproved services.
- Professional Liability (Malpractice) Insurance Coverage: Minimum requirements are typically \$1,000,000 per incident and \$3,000,000 per aggregate. There is a \$100,000/\$300,000 requirement for selected states and/or health plans.
- Comprehensive General Liability Insurance Coverage: Minimum requirements are typically \$100,000 per incident and \$100,000 per aggregate.



Accountability

Our National Certifications and Accreditations

The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization dedicated to improving health care quality through measurement, transparency, and accountability.

American Specialty Health Plans of California, Inc. (ASH Plans) and American Specialty Health Group, Inc. (ASH Group), subsidiaries of American Specialty Health Incorporated, were the first specialty health care companies to receive NCQA Organization Certification in Utilization Management and Credentialing and have continued to renew their certification.

URAC is identified nationally as the premier accrediting entity for specialty health plans. URAC standards include areas of organizational structure and administrative services, network management, quality management, utilization management, practitioner services, practitioner credentialing, and member participation and protection. In 1998, ASH Plans and ASH Group were the first chiropractic and acupuncture health service organizations in the nation to obtain national accreditation for their health plans, networks, and utilization management.

ASH subsidiaries currently hold full accreditation for the following programs: Health Plans, Health Networks with Credentialing, Health Utilization Management, Claims Processing, and HIPAA Privacy & Security.



Our Commitment to Quality

One of our objectives is to support organizational, process, service, and clinical quality improvement activities. By identifying opportunities for improvement and implementing corrective actions where necessary, we continue to enhance the quality of care and service rendered to our members, your patients.

Additionally, our specialty health care system exists to enhance and strengthen the practitioner-patient interface, to positively influence the quality of clinical outcomes, and to provide access to clinically necessary and appropriate services for all members. It is a "peer-based" system with chiropractors rendering all credentialing and medical necessity review decisions.

Our commitment to quality relies on high clinical and member satisfaction outcomes, and the enhancement of our members' health and well-being.

OUR MISSION TO EMPOWER INDIVIDUALS TO LIVE HEALTHIER AND LONGER.



Are You Registered with CAQH?

ASH works directly with the **Council for Affordable Quality Healthcare (CAQH)**. Once we receive your ASH Practitioner Services Agreement signature page, we will be able to download your application directly from CAQH. If you have not already selected global authorization, please log into your CAQH account, click the Authorization tab, and select American Specialty Health, Inc. from the list. Doing this will authorize ASH to access your application information. Apply today by completing, signing, and returning the ASH signature page, Attachment A, and W-9 form, along with your CAQH identification number, and we will begin the credentialing process.

Ready to Join?

On the last page of your Contracting Kit CD, we have included a checklist to help you with the application process. By using this checklist, you can ensure that you include all the necessary documentation and forms required for you to join.

All the documents you will need to complete are on the “Ready to Join?” tab of the CD as well. Fill out the application or your information on CAQH and other required documents, and return them to ASH.

Call our Practitioner Recruitment department at 888.511.2743, option 1, if you have any questions about joining ASH or need help filling out your application.

Representatives are available to assist you Monday through Friday from 8 a.m. to 5 p.m. (Pacific Time).

