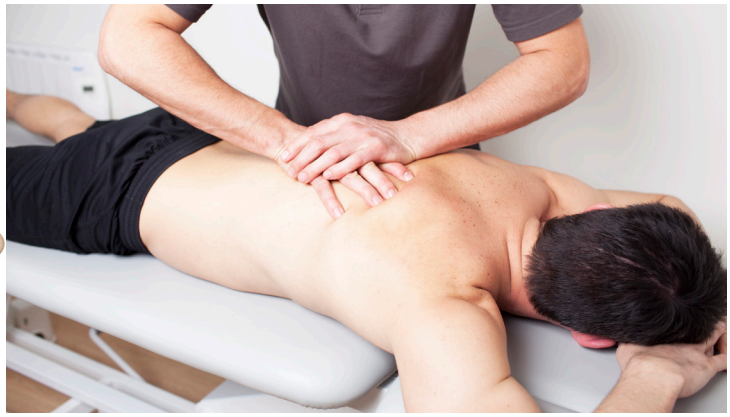
American Specialty Health

MOVE YOUR THERAPY 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 WORK WITH AN ORGANIZATION THAT IS COMMITTED TO EVIDENCE?

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, ASH has been a quality-focused organization and one of the first organizations to be fully accredited by URAC and certified by NCQA in the areas of Utilization Management and Credentialing. ASH's subsidiaries cover nearly 30 million of Americans under their benefit administration programs alone.

Why Join ASH?

- Evidence-based practices
- Peer-to-peer decision making
- No membership fees
- Increased patient access
- Quick claims payment
- Financial incentive program
- Online support through ASHLink®
- Less paperwork and administration
- Provider initiatives—we listen to you!

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.

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 credentialed providers does not require a physician referral. Depending on the health plan or employer group requirements, providers may require medical necessity review prior to reimbursement of services. Members typically have an annual benefit limit, as well as a copayment or coinsurance paid to the contracted provider at each visit.

Through our programs, contracted providers are better positioned to attract more business.

How It Works

- Eligible members select a participating facility and call to make an appointment.
- Provider provides necessary treatment.
- Provider submits medical necessity review information to ASH for review of services beyond the Clinical Performance System (see the "Clinical Performance System" section). All treatment plans go through peer-to-peer review.
- Each treating provider works with an ASH clinical quality evaluation manager who is in the same specialty field.
- ASH reviews most treatment plans within two days of receipt.
- If an ASH credentialed provider has any questions, the provider may call an ASH clinical quality evaluation manager via a toll-free number.

ASH provides comprehensive support services. Each provider 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 provider education webinars and information available in the "Resources" section of ASHLink. (More information on ASHLink follows.)

Improve Efficiency and Cut Costs

ASHLink®

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

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

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

Earn Incentives

You can increase your office revenue through the Incentive Payment Program (IPP). An incentive payment, which varies based on the provider's ASHLink usage and Clinical Performance System tier designation, is available for providers under this program. Incentive payments are described further in Attachment J of the Provider Services Agreement.

Direct Deposit

In addition to conserving paper and being environmentally friendly, there are additional 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 less than 4 days)
- Easy tracking on ASHLink
- Faster access to your funds
- Time savings—no going to the bank

Credentialing and Guidelines

What to Expect

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

Credentialing

Complete the provider credentialing application form for each provider in your facility along with supporting documentation as needed. Provide an Attachment A and signature page from the Provider Services Agreement for each location, and include a Professional Liability (Malpractice) face sheet.

If additional documentation is needed or if there is anything missing from the materials submitted, notification will be sent from an ASH credentialing department representative. Such documents may include but are not limited to:

- Provider Services Agreement
- W-9
- Election to Participate Form(s)
- Copy of your Professional Liability (Malpractice) Insurance
- Provider Credentialing Form(s)

If you have questions regarding ASH's clinical guidelines at any time during the credentialing process, you may refer to the Provider 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 clinical quality evaluation managers. Our managers are peers in your same field of expertise and are here to answer your questions regarding matters of a clinical nature.

Note: It is very important that you return all needed documents in a timely manner to prevent a possible credentialing cancellation.

ASH Guidelines

- Agreement: Execute agreement(s) with ASH to participate in benefit plans.
- Credentialing: Complete the provider credentialing application form for each provider in your facility and provide supporting documentation consisting of Attachment A and signature page from the Provider Services Agreement and Professional Liability (Malpractice) face sheet.
- Peer Review: Reimbursement for services may be subject to peer-to-peer medical necessity review. Peer medical necessity review is provided by physical therapists, occupational therapists, or speech language pathologists.
- 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.
- Professional Liability (Malpractice) Insurance Coverage: Minimum requirements are $1,000,000 per incident and $3,000,000 per aggregate.
- Comprehensive General Liability Insurance Coverage: Minimum requirements are typically $1,000,000 per incident and $1,000,000 per aggregate. There is a $1,000,000/$3,000,000 requirement for selected states and/or health plans.

Are You Registered with CAQH?

ASH participates with the **Council for Affordable Quality Healthcare (CAQH)** and is able to download provider applications once we receive your Provider Services Agreement Signature Page. It is important to note that all applicants to CAQH must give 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, W-9, and a list of your facility's providers, along with their CAQH identification numbers, and we will begin the credentialing process.

Clinical Performance System

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

Contracted providers 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 providers 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 providers and to reduce their administrative overhead. With the 5-visit waiver, credentialed providers 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 Provider Operations Manual (included on the CD in this recruitment packet).

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

Tier Level	Allowed Visits*
6	No paperwork required
5	12
4	8
3	5
2	5
1	0

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

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.

ASH was one of the first specialty health companies to receive NCQA Organization Certification in Utilization Management and Credentaling and continues to renew both certifications.

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, provider services, provider credentialing, and member participation and protection. ASH subsidiaries were first accredited in 1998 and 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 provider-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 physical and occupational therapists and speech language pathologists 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.

ORGANIZATION CERTIFICATION
NCQA
CERTIFICATION

UTILIZATION MANAGEMENT
CREDENTIALING

URAC

ACCREDITED
HEALTH PLAN
HIPAA PRIVACY & SECURITY
CLAIMS PROCESSING
HEALTH NETWORK with CREDENTIALING
HEALTH UTILIZATION MANAGEMENT

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.

All the documents you will need to complete are on the "Ready to Join?" tab on the CD as well. Apply today by completing, signing and returning the ASH signature page, Attachment A, and a W-9 form, along with provider NPI numbers, and return them to ASH to begin the credentialing process.

Call our Provider 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).

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