At Accountable Health Care IPA, we are supportive of providing access to health care coverage. Despite what we hear and read in the news, in California, Covered California is well on its way to attract consumer enrollment. Recently, the California Department of Health Services (DHCS) and Covered California announced that applications were started for an estimated 370,000 individuals. These individuals are seeking coverage under the Patient Protection and Affordable Care Act, which offers a low-cost or no-cost Medi-Cal plan. As reported, “…nearly 86,000 were determined to be eligible to participate in subsidized or unsubsidized coverage through Covered California. And 72,007 were determined to be likely eligible for Medi-Cal, with coverage beginning in January 2014.” We are excited and encourage by these results.

We are also proud of our health plan partners which have extended a contract for this program. Our revised Health Plan Partners & Programs section is now updated to give you a view of our contracted partners and programs. With this excitement, we encourage you and your staff to be vigilant on the latest information on the coverage that is surely to make individuals healthier because of you, the Accountable Health Care IPA participating physicians and providers.

Our role in making coverage available for all of the Californians is vital. Because of our commitment in bringing California health care coverage to our regions, we are working with our health plan partners and brokers to facilitate the process and aim for a valuable program. For more information, go to CoveredCA.com.

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Accountable Health Care IPA is excited to inform you that incentives are reimbursed for each annual physical exam performed for members enrolled in a Medicare Health plan effective May 1, 2013 as follows:

Medicare Health Plans pay medical groups and IPAs capitation based on the conditions and risk adjustment scores reported. In order for us to maintain competitive capitation rates paid to physicians, we need your assistance in providing complete physical examinations for your members annually.

Physicians must report all conditions of the member and document the progress notes clearly and legibly. Additionally physicians’ evaluation and treatment of their patients’ conditions must report the ICD-9-CM diagnosis codes to highest level of specificity. Completing an annual exam for Medicare patients is imperative, as the diagnoses from the prior year do not automatically continue to the next health status assessment. This can lead to inconsistent reporting of the member’s condition, and lead to lower capitation.

*Submission forms and deadlines vary by health plan. Please contact a Provider Service Representative for further details.

Accountable Health Care IPA is pleased to announce the upgrade to a new provider web portal! eHealth is an on-line web based system that will be available on January 1, 2014. The required registration to access and utilize this system is available to you now. The one-page registration form was designed to be quick and easy to complete. You can access this form via the Provider Portal webpage of our website: ahcipa.com. A representative from the Provider Services Department will be visiting your office in the very near future to show you how to navigate throughout the entire system and answer all of your questions. Feel free to contact Provider Services at (562) 435-3333 with any questions, or see our directory for Provider Services contacts on page four of this newsletter.

Incentives in submitting encounter data: Be a STAR!

Encounter data is used by health plans to track utilization of services by members. Through encounter data tracking, health plans can determine: pharmacy patterns, prevalence of diseases, co-morbidities, and member’s utilization patterns of certain medical services. Health plans require that our physicians evaluate their members at least 3.5 times a year to participate in most incentive programs. From a broader perspective, complete and timely encounter data submission allows for health plans to have an accurate picture of the range and intensity of services provided to our members. By having our providers submit encounter data we are able to better assess members’ utilization of services and determine appropriate capitation rates to our providers.

Data captured in such submissions is calculated to meet HEDIS, STARS and Risk Adjustment clinical guidelines.

Reimbursement rate for Commercial and Medicare member’s qualified encounter data submission has increased to $2 for dates of service effective October 1, 2013. The following grid outlines rates per member based on visit thresholds according to line of business:

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Rate (per encounter)</th>
<th>Visit Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>$1</td>
<td>5</td>
</tr>
<tr>
<td>Medicare</td>
<td>$2</td>
<td>8</td>
</tr>
<tr>
<td>Commercial</td>
<td>$2</td>
<td>3</td>
</tr>
</tbody>
</table>

Approved methods are via the Accountable Health Care IPA web-portal or an Accountable Health Care IPA Super Bill. To qualify for the incentive program, please submit encounter data within 30 days from the date of service.
At Accountable Health Care IPA, the desire and commitment toward the members we serve comes in various forms. With the news of typhoon Haiyan, like many, we were saddened and worried by the destruction and eventual human toll. With the people of the Philippines's in our hearts, and knowing that it would be difficult to do something for the people being so far away, the leadership of Accountable moved into action. On behalf of Accountable Health Care IPA, the executive leaders made a donation to the local chapter of American Red Cross. In addition, the amount donated by the employees was matched by Accountable Health Care IPA. We encourage our employees, providers and health plan partners to look into ways that may benefit the Filipino people in their moment of need.

How to help: Got to www.redcross.org or call 1-800-RED-CROSS to donate to typhoon relief.

“The American Red Cross shelters, feeds and provides emotional support to victims of disasters; supplies about 40 percent of the nation’s blood, teaches skills that save lives; provides international humanitarian aid and supports military members and their families. The Red Cross is a non-profit organization that depends on volunteers and generosity of the American public to perform its mission.” (Source: American Red Cross website.)

Medicare Star ratings is a government pay-for-performance program for Medicare Advantage and Part D prescription drug plans. The Center for Medicare & Medicaid Services (CMS) uses Star Ratings as an indicator of how well we serve Medicare beneficiaries, especially by improving health outcomes and closing gaps in care.

Medicare Star ratings are determined by the encounter data, claims, and Initial/annual health assessments submitted by contracted Primary Care Physicians.

If you are a Medicare contracted Primary Care Physician and have not received a letter with your current star rating or would like more information on how to increase your star rating, please contact Ligaya Dolar at (562) 435-3333 Ext. 315, or Beatriz Ramos at Ext. 451.

LEADERSHIP CHANGES

NEW LEADERSHIP

DAVID SENG
With 12 years of IT experience, David Seng joined Accountable Health Care IPA as our new IT Director and Systems Compliance Officer. He brings excellent experience in system implementation and vast knowledge in the ever-changing world of information systems and technology. He will lead his band of expert “Geek-Squaders” and surely be a shining mega-pixel.

SHARI SHIELDS
Shari has been in the Healthcare industry for 20 years and has 18 years of Human Resource experience. She is an HR Professional with demonstrated ability to improve organizational effectiveness by collaborating, communicating and executing HR processes and programs across all disciplines that are linked to strategic initiatives of the business. Her goal is to become a business partner with the executive management team as well as all managers and employees across the organization. Shari believes that many people collaborating toward a common goal (excellent customer service, communication and best business practices) can play an important role in the success of the company. Her role will be reviewing policies, procedures and practices to ensure we are operating with the best business practices to ensure the continued growth and success of Accountable Health Care IPA.

AMY LEUK
Amy Leuk joined Accountable Health Care IPA as a Manager of Utilization Management Dept in October 2013. Amy comes to us with more than 16 years of experience in managed care. Her experience and extensive utilization management background working for Health Plan and MSOs that includes Universal Care Health Plan, Central Health MSO and HealthSmart MSO will contribute to the continued success of Accountable Health Care IPA.

CHARIA C. BEN, LVNM CPUR
Charia C. Ben joined Accountable Health Care IPA as Director of Utilization Management in October 2013. She comes in with 19 years experience in Managed Care Utilization Management that includes Universal Care Health Plan and HealthSmart MSO. With her extensive experience in Utilization Management, Charia is optimistic to assure quality of care provided to its members in Accountable Health Care IPA, in conjunction, evaluate the necessity of health care services, appropriateness, cost effective, and in compliance with all regulations. Her mission is to lead the Utilization Management team in meeting a high expectation and continued success at Accountable Health Care IPA.

JESUS MENDOZA
Jesus Mendoza joined Accountable Health Care IPA as Supervisor of Customer Service/Eligibility and Capitation Department in May 2013. Jesus oversees the Customer Service/Eligibility and Capitation Department. Jesus comes to us with more than 16 years of experience in managed care and management positions at IPAs and MSOs, that include MedPartners Medical Group, HealthCare Partners Medical Group and HealthSmart MSO.

LINDA SANCHEZ
Linda Sanchez is the newest member to the Claims Department. She joins our team as the IPA Claims Manager. Linda’s previous background includes working as the Claims Director at HealthSmart MSO, Inc. for 7 years, and Universal Care for 9 years. Her vast knowledge on claims processes will be a great addition to the Department. Linda’s background includes system implementation and the day to day managing of the Claims Crew. We are excited to have Linda as part of the family!

YOLANDA GREER
Yolanda Greer joined Accountable Health Care IPA as the Network Relations Manager in November, 2013. She is responsible for managing both the Provider and Business Development Representatives. Yolanda’s 18 years of managed care experience attained in clinical settings and also with health plans, IPAs and an MSO, includes key positions held with United Healthcare, UCSD Medical Center and Sharp HealthCare. She is committed and pleased to working closely with all providers and their staff in every capacity, while also contributing to the continual growth of Accountable Health Care IPAs’ provider network.
Preventing Health Care Fraud, Waste, and Abuse: Your help is needed

Health Care Fraud, Waste, and Abuse is rising higher and higher every year. Examples of Health Care Fraud, Waste, and Abuse include: billing for services not provided, using someone else’s ID to obtain benefits or receive payment.

Here are a few helpful tips on how you can help prevent Health Care Fraud, Waste, and Abuse:

1) Always protect personal identification numbers.
3) Speak and encourage patients to:
   - Protect your Medi-Cal/Medicare and health plan card number by not giving it away except your doctor, clinic, hospital or other health care provider.
   - Do not let anyone borrow your Medi-Cal/Medicare and health plan card.
   - Never loan your Social Security card to anyone.
   - Never sign a blank insurance claim form.
   - Be suspicious of anyone who offers you a free medical screening in exchange for your Medi-Cal/Medicare or health plan card number.
   - If it sounds too good to be true, it probably is. Be careful about accepting medical services when you are told they will be free of charge.

REPORTING FRAUD
By working together we can make a difference. If you suspect Fraud report it today, call the Toll Free number of the Department of Health Services Anti-Fraud Line: 1-800-822-6222.

brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT
Introducing our newest health plan partner: Discover Why It’s a Brand New Day in Healthcare.

Brand New Day is the Medicare product line name of Universal Care Health Plan. Universal Care/Brand New Day is a family run private health plan. Universal Care/Brand New Day has been in operation since 1985 and understands the importance of helping its members through the complex healthcare system. As a family run health plan Brand New Day does not have to answer to Wall Street, we just answer to our members.

Brand New Day has developed a number of unique products and programs that allow you to better address your client’s healthcare needs. Brand New Day has developed a number of benefit plans and specialized programs allowing your clients to choose the program that meets their needs. The Plan has programs for individuals needing a standard Medicare benefit plans and specialized programs allowing your clients to choose the program that better address your client’s healthcare needs.

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ACCOUNTABLE HEALTH CARE IPA
2525 Cherry Ave., Ste. 225, Signal Hill, CA 90755
Phone: 562.435.3333 Fax: 562.981.7431 www.ahcipa.com

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