## ApolloMed ACO Announces Final Performance Year One Results Which Show \$10.98 Million In Total Savings

\$5.38 MILLION WILL BE DISTRIBUTED TO APOLLOMED ACO, WHICH WAS ONE OF ONLY 4 MSSP ACOs IN CALIFORNIA OUT OF 15 THAT ACHIEVED SHARED SAVINGS AND HAD THE 2nd HIGHEST MSSP ACO DISTRIBUTION IN THE STATE

GLENDALE, Calif., Sept. 17, 2014 /PRNewswire/ -- <u>Apollo Medical Holdings, Inc.</u> (ApolloMed) (OTC-QB: AMEH), an integrated physician-centric healthcare delivery company, today announced that ApolloMed ACO generated \$10.98 million in savings of which \$5.38 million will be distributed to ApolloMed ACO.

The Centers for Medicare & Medicaid Services (CMS) yesterday issued quality and financial performance results for the Medicare Shared Savings Program Accountable Care Organizations (MSSP ACOs) and Pioneer ACOs that showed improved patient care and produced over \$372 million in total program savings. Furthermore, the ACOs outperformed published benchmarks for quality and patient experience last year and improved significantly on almost all measures of quality and patient experience this year.

Nationally, of the 220 MSSP ACOs with 2012 and 2013 start dates, ApolloMed ACO was one of only 49 that both generated enough savings to be eligible for a distribution and also successfully reported on quality metrics, and earned the 25<sup>th</sup> highest distribution in the United States. In California, ApolloMed ACO was one of only 4 MSSP ACOs out of 15 with 2012 and 2013 start dates that earned shared savings, and had the 2<sup>nd</sup> highest total shared savings and 2<sup>nd</sup> highest distribution in the state.

In addition to providing more Americans with access to quality, affordable health care, the Affordable Care Act encourages doctors, hospitals and other health care providers to work together to better coordinate care and be proactive in patient medical management. ACOs are rapidly developing into an important piece of the U.S. healthcare delivery system with innovative ways to improve care and reduce costs. In an ACO, providers who join these groups become eligible for shared savings with Medicare when they deliver that care more efficiently.

Since passage of the Affordable Care Act, more than 360 Medicare ACOs have been established in 47 states, serving over 5.6 million Americans with Medicare. Medicare ACOs are comprised of physicians and other providers of healthcare services that work together to coordinate care for the Medicare fee-for-service (FFS) beneficiaries they serve and achieve program goals.

ApolloMed ACO was approved by CMS to participate in the Medicare Shared Savings

Program in July, 2012. The ACO started its first performance year with 130 physicians and nearly 9000 assigned Medicare patients, which subsequently increased to 10,269 patients. For its 2<sup>nd</sup> performance year, over 700 physicians in California, Ohio and Mississippi have joined ApolloMed ACO and nearly 30,000 Medicare patients have been assigned to the ACO by CMS. Financial results for the 2<sup>nd</sup> performance year are projected to be announced by CMS in mid-2015.

ApolloMed's integrated model spans the entire inpatient and outpatient care continuum, and includes hospitalist and intensivist management, care coordination including post-discharge and high-risk clinics, and population health management. Additionally, ApolloMed has partnered with prominent national healthcare companies including Fresenius North America, Rite Aid and Boehringer Ingelheim.

"We are very pleased and proud of having achieved \$10.98 million in total savings in our first performance year. Our integrated care model has enabled us to capture shared savings and improve outcomes," stated Warren Hosseinion, M.D., Chief Executive Officer of Apollo Medical Holdings and CEO of ApolloMed ACO. "ApolloMed will continue to seek ACO and other integrated care growth opportunities, both in and outside of California."

"While savings are important, patients are also benefiting from ApolloMed ACO through increased quality of care and patient satisfaction," stated Gary Augusta, Executive Chairman of Apollo Medical Holdings. "As U.S. healthcare costs continue to rise, new leaders and business models need to develop. ApolloMed strives to be at the forefront of this movement for years to come."

## **About Apollo Medical Holdings, Inc. (ApolloMed)**

ApolloMed is a leading integrated physician-centric healthcare delivery company committed to providing exceptional multi-disciplinary care in the communities it serves. ApolloMed is addressing the healthcare needs of the nation's largest population center by leveraging its integrated healthcare delivery platform comprised of four affiliated and complementary physician groups: ApolloMed Hospitalists, ApolloMed ACO (Accountable Care Organization), Maverick Medical Group (Independent Physician Association) and ApolloMed Care Clinics. ApolloMed strives to improve medical outcomes with high-quality, costefficient care. For more information, please visit <a href="https://www.apollomed.net">www.apollomed.net</a>.

## Forward Looking Statements

This press release may contain forward-looking statements, including information about management's view of future expectations, plans and prospects for Apollo Medical Holdings, Inc. ("the Company"). In particular, when used in the preceding discussion, the words "predicts," "believes," "expects," "intends," "seeks," "estimates," "plans," "anticipates," and similar conditional expressions or future or conditional verbs such as "will," "may," "might," "should," "would" and "could" are intended to identify forward-looking statements. In addition, our representatives may from time to time make oral forward-looking statements. Any such statements, other than those of historical fact, about an action, event or development, are forward-looking statements. Such statements are based on the current expectations and certain assumptions of the Company's management. Such statements are, therefore, subject to a variety of known and unknown risks, uncertainties and other factors, many of which are beyond the control of the Company, which could cause the actual

results, performance or achievements of the Company, its subsidiaries and concepts to be materially different than those that may be expressed or implied in such statements or anticipated on the basis of historical trends. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, the Company's actual results, performance or achievements may vary materially from those described in the relevant forward-looking statement as being expected, anticipated, intended, planned, believed, sought, estimated or projected. Unknown or unpredictable factors also could have material adverse effects on the Company's future results. The forward-looking statements included herein are made only as of the date hereof. The Company cannot guarantee future results, levels of activity, performance or achievements. Accordingly, you should not place undue reliance on these forward-looking statements. Finally, the Company undertakes no obligation to update or revise these forward-looking statements to reflect the impact of circumstances or events that arise after the date the forward-looking statement was made, except as required by law, and also takes no obligation to update or correct information prepared by third parties that are not paid for by the Company. You should not place undue reliance on any forward-looking statement and should consider the uncertainties and risks discussed under Item 1A. "Risk Factors" of the Company's Annual Report on Form 10-K for the year ended January 31, 2013 and in any of the Company's other subsequent Securities and Exchange Commission filings.

## FOR ADDITIONAL INFORMATION, PLEASE CONTACT The Ruth Group

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