

UnitedHealth Group UCR Settlement: Frequently asked questions

This summary has been prepared from information provided to the American Medical Association (AMA). While efforts have been made to include information likely to be of interest to most physicians, the actual settlement documents are much more extensive, contain the definitive settlement terms and should be consulted in the event of questions or if a specific situation is not addressed. Questions about the settlement may be directed to the Settlement Claims Administrator at (800) 443-1073 or e-mail at unitedhealthcare@berdonclaimslc.com.

Visit www.ama-assn.org/go/ucrsettlement to download a copy of the claim form and access additional information about the Settlement, including the “Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement.”

Overview of settlement and eligibility to file claims

1. What prompted the UnitedHealth Group settlement?

There were two settlements actually. Both stem from the fact that UnitedHealth Group was using a flawed database operated by Ingenix, a UnitedHealth Group subsidiary, to determine its out-of-network payment rates. Ingenix implemented its UCR database by merging the PHCS and MDR databases (“UCR database”). The flawed UCR database increased insurers’ profits at the expense of patients and physicians.

As a result of the first settlement with New York Attorney General Andrew Cuomo, Ingenix agreed to give up these UCR databases. UnitedHealth Group is also required to pay \$50 million toward establishing a new, independent database to be used by health insurers to determine the rate paid to patients and their physicians and other health care providers for out-of-network care. This new database, to be created by a coalition of academic institutions, should result in paying out-of-network physicians more fairly and protect patients from paying higher out-of-pocket expenses.

A second settlement was announced a day after the first settlement when UnitedHealth Group agreed to pay \$350 million to fund the settlement of a lawsuit seeking additional reimbursement on behalf of health plan members and out-of-network physicians and other health care providers who may have been underpaid on account of the flawed UCR database. Thousands of physicians may be eligible for settlement dollars, and the AMA has developed several resources to help physicians determine eligibility and offer guidance to those seeking to file a claim. The class

action lawsuit also required UnitedHealth Group to commit to its obligations toward establishing and funding the new database under the auspices of the New York Attorney General, ensuring that this obligation will be enforceable in court. The court is currently reviewing the settlement, as is required before it can be finalized.

2. What role did the AMA play in securing these settlements?

The AMA was instrumental in helping shine light on abusive practices resulting from health insurers' use of the flawed UCR database. In 2000 the AMA was joined by the Medical Society of the State of New York, the Missouri State Medical Association and several other parties in initiating a lawsuit against UnitedHealth Group for using the flawed UCR database to determine out-of-network payment rates. Evidence gathered in the course of this litigation was brought to the attention of New York Attorney General Andrew Cuomo. The AMA urged AG Cuomo to investigate the abuses, which his own investigation confirmed. While UnitedHealth Group admits to no wrong-doing, it decided to settle the case out of court, agreeing to pay \$350 million to physicians and patients whose payments were based on skewed data.

3. What do these settlements mean for physicians?

The litigation settlement (which seeks money damages for physicians) means that literally thousands of physicians who were shortchanged may be eligible to receive settlement dollars. The New York Attorney General settlement means that a new, independent database will be created, establishing a fair and honest system to determine payment rates for out-of-network services. This online database will be made available to the public. No timetable has been announced, but the new database hopefully will be launched in 2010.

4. Why did I receive a notice about this settlement in the mail?

The Settlement Claims Administrator is required to send a mailed Settlement Notice and claim form to all members of the settlement class for whom an address can be identified through reasonable effort. You should keep your Settlement Notice and claim form. The Notice Number located on the outer page of the Settlement Notice and claim form under the return address will help you complete the claim form. If you did not keep your Settlement Notice and claim form, you can visit www.ama-assn.org/go/ucrsettlement to download a copy of the claim form.

5. Does the settlement apply to all physicians?

Every physician will benefit from UnitedHealth Group's obligation to cease marketing and distribution of the flawed UCR database as soon as the new independent database for determining payment for out-of-network services is available. Many physicians will be eligible to file claims for the \$350 million settlement fund.

6. Am I eligible to file a claim for the \$350 million settlement fund?

To be eligible to recover a proportionate share from this Settlement fund, you must meet the following two threshold requirements:

1. have provided covered out-of-network services or supplies between Mar. 15, 1994 and Nov. 18, 2009 (referred to below as the "class period") to patients who were covered by a **health plan insured or administered by UnitedHealthcare, Oxford Health Plans, Metropolitan Life Insurance Company, American Airlines** or any of those companies' parents, subsidiaries, affiliates, predecessors or successors ("Defendants");
and

2. have billed one of the Defendants for these services or supplies pursuant to an assignment—that is, a document signed by the patient or the patient’s legal representative that transfers the patient’s rights to recover the out-of-network benefit from a Defendant to you. You are deemed to have billed pursuant to an assignment if you received payment directly from a Defendant for out-of-network services or if you completed box 13 on the HCFA/CMS 1500 form or indicated yes in the benefits assignment indicator on an electronic health care claim.

Not sure if you qualify? See the expanded list of Defendants in question 11 below. Remember that the settlement covers all employers whose plans were administered or insured by one of the Defendants.

7. What if a patient owes me money for a covered out-of-network service or supply, but I did not receive an assignment of benefits? Can I still receive payment from the settlement fund?

While you cannot file a claim, you can request information from the Settlement Claims Administrator to determine whether patients who owe you money for covered out-of-network services or supplies have submitted claims for payments from the settlement fund. To do this, check the box on the bottom of page 14 of the claim form and complete the chart on page 15 of the claim form. The Settlement Claims Administrator will give you this information at the time of distribution of the settlement funds. You can then determine whether to pursue efforts to collect unpaid monies owed to you.

8. How do I file as a legal heir or representative of a physician?

The physician must meet the criteria for filing a claim (see question 6 above). If you are a representative, you should file the claim form using your own information (name, address, etc.) because the check will be made out to you. You should also include on the claim form the name (and address, if relevant) of the person on whose behalf you are collecting. Finally, if you are filing on behalf of a deceased physician, you should attach a copy of the physician’s death certificate, as well as a copy of a document that confirms your status as the physician’s beneficiary, executor, trustee or legal heir; this may be a copy of a page from a will or trust, a power of attorney, etc.

9. How does a third party acting on behalf of physicians request the report for multiple physicians?

The third party may request the report for multiple physicians by following the same process as an individual physician requesting a report. The third party will also need to supply proof of authority to request the report.

10. I am part of a medical group. Do I have to file a claim individually?

Medical groups and IPAs can file on behalf of their members and may do so without notifying the individual members. Check with your group to see whether it has filed on your behalf. If the group has not filed, you can file a claim on your own behalf. You can also file a separate claim for any time during the class period that you were not part of the medical group.

11. Who are the “Defendants?” Are UnitedHealth Group’s subsidiaries and affiliates included in the settlement?

Defendants in the settlement are United HealthCare Corporation (now know as UnitedHealth Group); Ingenix, Inc.; Metropolitan Life Insurance Company; American Airlines, Inc.; and their

subsidiaries and affiliates. Please note the following non-exclusive list of subsidiaries and affiliates of United HealthCare Corporation or UnitedHealth Group:

- Oxford Health Plans, Inc.
- Sierra Health Services, Inc.
- PacifiCare Health Systems, Inc.
- Mid-Atlantic Medical Services, Inc. (MAMSI)
- Golden Rule Insurance Company
- HealthWise
- HealthPartners of Arizona, Inc.
- PHP, Inc.
- MetraHealth
- GenCare Health Systems, Inc.
- Student Resources (former student insurance division of MEGA Life and Health Insurance Co.)
- Fidelity Insurance Group
- Touchpoint Health Plan, Inc.
- Neighborhood Health Partnership, Inc.
- Definity Health Corp.
- John Deere Health Care, Inc.
- IBA Health & Life Assurance Co. and IBA Self-Funded Group, Inc.
- Arnett Health Plans, Inc.
- HCT
- United Medical Resources, Inc. (UMR)
- Fiserv, Inc.

12. UnitedHealth Group recently purchased a health plan in my state. Can I file a claim for out-of-network services or supplies that I provided for a patient insured by that health plan?

Yes. Even though UnitedHealth Group may not have acquired this health plan until after Mar. 15, 1994 (the beginning of the class period), you may still file a claim for services or supplies you provided to a patient insured by that health plan.

13. What are the “seven out-of-network reimbursement policies?”

In addition to the UCR database, the Defendants’ seven out-of-network reimbursement policies resulted in under-reimbursement of payment for out-of-network services. Physicians can therefore file claims for out-of-network services that were processed or reimbursed by a Defendant using the UCR database or one of the seven out-of-network reimbursement policies. The seven out-of-network reimbursement policies are the Defendants’ (1) anesthesia policy; (2)

assistant surgeon policy; (3) co-surgeon/team surgeon policy; (4) multiple procedure policy; (5) preventative medicine policy; (6) professional/technical policy; and (7) reduced services policy.

Filing claims

14. When is the claims filing deadline?

Your claim must be postmarked no later than Oct. 5, 2010, or it will be deemed as not submitted.

15. Where can I get a copy of the claim form?

You can download the claim form at one of the following Web sites:

- AMA: www.ama-assn.org/go/ucrsettlement
- Settlement Claims Administrator: www.berdonclaims.com
- Settlement Lead Counsel: www.unitedUCRsettlement.com

16. What if I need to add pages to my claim form?

If you would need to add services not provided on the report from the Settlement Claims Administrator, you may print a blank copy of the transaction report by visiting www.ama-assn.org/go/ucrsettlement or www.berdonclaims.com. If you have additional pages of supporting documentation, print your name and tax ID number at the top of each page and attach these pages to your claim form.

17. Can I file my claim electronically?

Although you must submit your claim form by First-Class Mail, you can submit copies of any required documentation electronically. If you prefer to submit your supporting documentation in an electronic format, such as scanned image files (".bmp") or PDF files, you can submit a CD that contains these files. Please make sure that all CDs are clearly labeled. You can also submit documentation by e-mail to unitedhealthcare@berdonclaimslc.com. The supporting documentation can be from your practice management system and/or accounting records. The Settlement Claims Administrator prefers that you submit electronic supporting documentation that is prepared in Microsoft® Excel® format or tab-delimited text files. Mail your claim documentation on a CD or as paper copies to:

United HealthCare Class Action Litigation
c/o Berdon Claims Administration LLC
P.O. Box 15000
Jericho, NY 11853-0001

18. How do I request from the Settlement Claims Administrator the report that lists the covered out-of-network services or supplies I provided?

You can request a copy of this report from the Settlement Claims Administrator by completing and signing the authorization form contained in page 15 of the claim form. You can also visit www.ama-assn.org/go/ucrsettlement to download a copy of the authorization form. Then, return the form to the Settlement Claims Administrator by mail, fax or e-mail:

- Mail: United HealthCare Class Action Litigation
c/o Berdon Claims Administration LLC
P.O. Box 15000
Jericho, NY 11853-0001

- Fax: (516) 222-0271
- E-mail: unitedhealthcare@berdonclaimslc.com

19. My practice is very busy. What’s the easiest way to file my claim?

The easiest way to file a claim is to request the report from the Settlement Claims Administrator described in question 18 above. This will make you eligible for 50 percent of the “Recognized Loss,” limited to the claims on the report. If you wish to file for services or supplies not included in the report or to increase your percentage of recovery, you will need to provide additional documentation. See step 4 of the AMA’s guidance document, “Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement,” for details about additional documentation.

20. What information do I need to give the Settlement Claims Administrator when requesting a copy of the report?

The claims information authorization form requests the following information from you: (1) physician’s first and last name; (2) address; (3) Notice Number, if available (if you received the notice in the mail, the physician-specific Notice Number is located on the outer page under the return address); **and** (4) tax ID number.

21. Am I required to submit a report from the Settlement Claims Administrator to file a claim?

You are not required to submit a report from the Settlement Claims Administrator, but requesting the report and using the information on the report will make it easier for you to compile and submit the required documentation.

22. What will this report look like? Can I see an example?

Yes, you may visit www.ama-assn.org/go/ucrsettlement or www.berdonclaims.com to view a blank report. You can also view an example on page 14 of the claim form.

23. Can I challenge the report if it is incomplete?

If the report does not contain all the eligible claims you wish to file, you can submit the additional claim information and supporting documentation with the claim form. See step 4 of the AMA’s guidance document, “Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement,” for details about the additional documentation you will need to provide for services or supplies not included in the report from the Settlement Claims Administrator.

24. I have additional covered out-of-network services or supplies to file beyond what is included in the report provided by the Settlement Claims Administrator. How do I report the required information?

If you are filing a claim for services or supplies not included in the report provided by the Settlement Claims Administrator, you must document that you billed a Defendant for out-of-network services or supplies pursuant to an assignment of benefits. Your evidence must indicate: (1) date of service or purchase of supply; (2) name of patient; (3) patient’s Policy ID number; (4) original bill amount (your billed charge); (5) allowed amount (amount the Defendant paid); (6) amount paid by patient, not including deductible or copayment amount, if any; and (7) the percent of “Recognized Loss” you are claiming. If you billed more than one service on the same

date, you should include the Current Procedural Terminology (CPT[®]) or HCPCS code.¹ You may also print a blank copy of the transaction report by visiting www.ama-assn.org/go/ucrsettlement or www.berdonclaims.com in order to complete the necessary columns. See step 4 of the AMA's guidance document, "Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement," for details about the additional documentation you will need to provide in order to receive 70 or 90 percent of the "Recognized Loss."

25. If I request a report from the Settlement Claims Administrator, am I limited to filing for the 50 percent of the "Recognized Loss?"

No. If you wish to file for 70 or 90 percent of the "Recognized Loss," make sure that you provide the required information and documentation in addition to the report provided by the Settlement Claims Administrator. See step 4 of the AMA's guidance document, "Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement," for details about the additional documentation you will need to provide in order to receive 70 or 90 percent of the "Recognized Loss."

26. What is the "Recognized Loss?"

The "Recognized Loss" equals the difference (rounded to the nearest dollar) between the amount you billed a Defendant for out-of-network services or supplies and the amount you were paid, less 20 percent (the 20 percent reduction is capped at a \$2,000 total for all your claims) to account for copayments, coinsurance or deductibles your patient would have owed regardless of the amount paid by a Defendant, less any amount the patient paid, not including deductible or copayment amounts. In addition, the amount you recover will be reduced pro rata to the extent the value of all claims submitted exceeds the amount available in the net Settlement damages fund.

27. How can I calculate my "Recognized Loss?"

To calculate your anticipated "Recognized Loss," subtract the amount the Defendant paid you and the amount the patient paid you (not including copayments and deductibles) from the amount you billed. Then, subtract 20 percent, which is intended to account for patient copayments and deductibles. This 20 percent deduction is capped at \$2,000 for all the services and supplies you report on your claim. Your "Recognized Loss" will then be either 90, 70 or 50 percent of this amount, depending on the amount of documentation you provide with your claim form. Remember: your payment may be less than the amount you calculate if payments are reduced pro rata as noted in question 26 above.

28. How long will it take to receive my report?

The time it will take to receive the report depends on the volume of requests the Settlement Claims Administrator receives. Dedicated staff are expected to be available from 7 a.m. to 11 p.m. Eastern Time Monday through Friday. All reports will be mailed via First-Class Mail to the address indicated on the authorization form submitted to the Settlement Claims Administrator.

¹ CPT is a registered trademark of the American Medical Association.

29. I requested but did not receive my report from the Settlement Claims Administrator. Whom do I contact?

You can contact the Settlement Claims Administrator at:

- Toll-free phone: (800) 443-1073
- Fax: (516) 222-0271
- E-mail: unitedhealthcare@berdonclaimslc.com

30. The settlement materials state that claims can date back to Mar. 15, 1994, but Adjusted Bills must be dated on or after Jan. 1, 2002. How are claims for services or supplies provided from Mar. 15, 1994 to Dec. 31, 2001 handled?

Claims for services or supplies provided from Mar. 15, 1994 to Dec. 31, 2001 will be eligible for 50 percent or 90 percent of the “Recognized Loss,” depending on the amount of documentation you provide. Because services and supplies from this period will not be included in the report from the Settlement Claims Administrator, you will need to provide the specified documentation to file a claim for these services or supplies. See step 4 of the AMA’s guidance document, “Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement,” for details about the additional documentation you will need to provide to receive settlement funds for these services.

31. I have claims for multiple services or supplies. Do I need to submit multiple claim forms?

If you have multiple services or supplies, you may include all of them on the same claim form. Make sure to include all supporting documentation. See questions 29 and 30 above and the “Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement” resource for details about supporting documentation.

32. I’ve prepared my claim and supporting documentation. How do I file these materials?

Once you have completed and signed the claim form and assembled the required documentation, send the materials to the Settlement Claims Administrator by First-Class Mail at the following address:

United HealthCare Class Action Litigation
c/o Berdon Claims Administration LLC
P.O. Box 15000
Jericho, NY 11853-0001

Remember that your claim must be postmarked by Oct. 5, 2010 to be considered for payment. It is also wise to file your claim and supporting documentation via Certified Mail to retain proof of receipt.

Although you must submit your claim form by First-Class Mail, you can submit copies of any required documentation electronically. If you prefer to submit your supporting documentation in an electronic format, such as scanned image files (“.bmp”) or PDF files, you can submit a CD that contains these files. Please make sure that all CDs are clearly labeled. You can also submit documentation by e-mail to unitedhealthcare@berdonclaimslc.com. The supporting documentation can be from your practice management system and/or accounting records. The Settlement Claims Administrator prefers that you submit electronic supporting documentation that is prepared in Microsoft® Excel® format or tab-delimited text files.

33. I filed my claim form prior to the final order and judgment date. Now I have additional claims from the date I filed the claim form until the final order and judgment date. Can I file again?

You may file a supplemental claim form that covers the additional claims from this period. Be sure to print your name and tax ID at the top of each page you submit. See the AMA's "Step-by-step guide for maximizing your recovery from the UnitedHealth Group UCR Settlement" and question 34 below for instructions for filing additional claims.

34. How do I indicate that a claim filing is supplemental to a claim filing I already submitted?

The Settlement Claims Administrator will aggregate all the claims you file and apply the \$2,000 cap on the 20 percent reduction that accounts for copayments, coinsurance or deductibles your patient would have owed regardless of the amount paid by a Defendant on your aggregated filing. Thus, you may wish to file claims as you obtain the documentation to support them, particularly those that arise in 2010. To indicate a supplemental filing, either (1) submit another claim form that states "supplemental" in large letters across the top or (2) submit a document that states "supplemental" in large letters across the top and includes the physician's contact information provided in the original claim form, including the physician's first and last name as well as the physician's tax ID number. The Settlement Claims Administrator will then match this information to the previously filed claim.

35. Can the AMA help me file my claim?

AMA members may contact the AMA Practice Management Center for assistance in filling out the claim form by calling (800) 621-8335. AMA members who wish to retain an external service to assist in filing claims may receive a discount from the standard fee normally charged for such services if they contact the Managed Care Advisory Group (MCAG). The AMA does not receive a commission or fee from MCAG. MCAG may be contacted in one of the following three ways:

- Toll-free phone: (800) 355-0466 (follow voice prompts for customer service and departments)
- E-mail: physicianservices@mcaginc.com
- Web site: www.mcaginc.com

36. I'm a physician, but I'm also insured by a Defendant. Can I file as a subscriber as well?

Yes, physicians can also file as subscribers if they have been insured by one of the Defendants. However, physicians cannot file as subscribers on behalf of their patients.

37. What happens if my patient and I submit claims for the same service(s) or supplies?

When you and a patient submit a claim for the same service(s) or supplies, you will receive the payment as the assignee of benefits. To receive payment from the settlement fund, you must release the patient from further liability for the specific claim you make.

38. The Settlement Claims Administrator sent my claim form to an old or incorrect address. Do I need to do anything about this?

Make sure the Settlement Claims Administrator has your current address to ensure that you receive your settlement funds. Send written notice of your address change along with your tax ID to the Settlement Claims Administrator at:

United HealthCare Class Action Litigation
c/o Berdon Claims Administration LLC
P.O. Box 15000
Jericho, NY 11853-0001

Also be sure to send written notice if your address changes after you have filed your claim—**otherwise, you may never receive your check.**

39. How do I contact the Settlement Claims Administrator?

You can contact the Settlement Claims Administrator by:

- Toll-free phone: (800) 443-1073
- Fax: (516) 222-0271
- E-mail: unitedhealthcare@berdonclaimslc.com

40. Whom do I contact if I have a question about the claim I filed?

You can contact the Settlement Claims Administrator for questions about a claim you have already filed:

- Toll-free phone: (800) 443-1073
- Fax: (516) 222-0271
- E-mail: unitedhealthcare@berdonclaimslc.com

Please note: Only the Settlement Claims Administrator can answer questions about specific claims that have already been filed—the AMA is unable to answer such inquiries.

41. How do I find out about the status of my claim and payment?

When claims payments are ready to be mailed, the AMA will update its Web site (www.ama-assn.org/go/ucrsettlement) and send an announcement to physicians and practice staff signed up to receive the AMA Practice Management Alerts. To receive announcements about the status of the settlement and other important payer and practice management issues, physicians and their practice staff can visit www.ama-assn.org/go/pmalerts to sign up for the free Practice Management Alerts from the AMA Practice Management Center.

If you have a question about a specific claim you already filed, you can contact the Settlement Claims Administrator at:

- Toll-free phone: (800) 443-1073
- Fax: (516) 222-0271
- E-mail: unitedhealthcare@berdonclaimslc.com

Please note: Only the Settlement Claims Administrator can answer questions about specific claims that have already been filed—the AMA is unable to answer such inquiries.

42. Is there something I can do in the long run to protect my practice and make sure I receive accurate payments?

Yes, these settlements will bring transparency to usual, customary and reasonable charges for out-of-network services by means of an accurate and legitimate data warehouse that will compile physicians' out-of-network charges. It is more critical than ever for physicians to maintain an

accurate physician practice fee schedule. The physician practice fee schedule should appropriately reflect the physician's training, qualifications, length of time in practice, skills, practice expenses and other relevant factors.

The AMA created a fee schedule analysis educational document to help physicians and their practice staff establish their practice fee schedule based on what it actually costs to provide a service rather than basing their fee schedule on what a third-party payer or other entity decides is fair payment. This resource includes a 12-step guide to help physician practices create their own unique physician practice fee schedule with an easy-to-complete interactive spreadsheet that allows physicians to create their unique physician practice fee schedule by entering practice-specific information. Visit the AMA's Practice Management Center at www.ama-assn.org/go/pmc to view this resource. Select "PSA toolkits" from the right-hand side, then "**Defensible fee schedule toolkit.**"

The AMA has also created an affordable online solution to help physician practices develop an effective, defensible fee schedule without the expense of hiring a consultant: AMA PATH™—the new Practice Analysis Tools for Healthcare. AMA PATH also generates reports for performing a coding and billing utilization review. Visit www.ama-assn.org/go/amapath to view sample reports and learn more.

You can also protect your practice from inappropriate payment reductions for out-of-network services by using the AMA Practice Management Center's "Out-of-network services toolkit." Visit the AMA Practice Management Center at www.ama-assn.org/go/pmc and select "PSA toolkits" from the right-hand side, then "**Out-of-network services toolkit.**"

Finally, physicians and their practice staff can sign up for the AMA's free Practice Management Alerts. These alerts help you stay up to date on unfair payer practices, ways to counter these practices, and practice management resources and tools. Visit www.ama-assn.org/go/pmalerts to sign up.