Step-by-step guide to maximizing your recovery from the UnitedHealth Group UCR Settlement

The American Medical Association (AMA) has prepared this guide to help physicians and medical group administrators maximize their recovery from the $350 million UnitedHealth Group Settlement fund. AMA members and their practice staff can call the AMA Practice Management Center at (800) 621-8335 if they have specific questions about filing claims after having reviewed this guide and the actual Settlement Notice and claim form.[1]

You may have received a formal Settlement Notice and claim form in the mail, which will be labeled "United Healthcare" on the outer page. If you received this mailing, the Notice Number located on the outer page under the return address will help you complete the claim form. You can also visit **www.ama-assn.org/go/ucrsettlement** to download a copy of the claim form and access additional information about the Settlement, including frequently asked questions and information about the related settlement with the New York Attorney General.

Step 1. Determine whether your medical group, IPA or other employer is intending to file on your behalf.

Your medical group, IPA or other employer does not need your signature to file claims on your behalf: These entities are entitled to file claims on behalf of all the physicians on whose behalf they billed for out-of-network services or supplies covered by this Settlement. Medical groups and other entities must list the names and tax ID number of each physician for whom they are submitting a claim.

Step 2. Determine whether you are eligible.

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

[1] The AMA Practice Management Center is a resource of the AMA Private Sector Advocacy unit.

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 of the "**UnitedHealth Group UCR Settlement: Frequently asked questions**" resource. Remember that the Settlement covers all employers whose plans were administered or insured by one of the Defendants. If you think you qualify, be sure to ask the Settlement Claims Administrator for the report described in **step 3** below.

No assignment? If you provided out-of-network services or supplies but did not get an assignment of benefits from some or any of your patients, go to **step 8** below for information on your rights with respect to your unassigned claims.

Step 3. Get help from the Settlement Claims Administrator.

Figure 1: Sample authorization form

CLAIMS INFORMATION REQUEST AUTHORIZATION FORM

☐ I am a Class Member in the United HealthCare Class Action Litigation, and I authorize the Defendants to send the Claims Administrator, and the Claims Administrator to send me a copy of the information furnished by Defendants regarding the Covered Out-of-Network Services or Supplies that I received/provided from January 1, 2002 through May 28, 2010 to assist me in filing a Group B, C or D claim.

Name: _____

Address: _____

_____

Subscribers Only

Notice Number:
(see page 8, paragraph 4) _____

Insurance Policy ID No.: _____

Social Security Number: _____

Providers Only

Notice Number:
(see page 8, paragraph 4) _____

Tax Identification No.: _____

I certify under penalty of perjury that to the best of my knowledge, the information above is true and correct. This authorization form is executed this _____ day of _____ 2010 in _____ (City), _____ (State).

_____
Signature

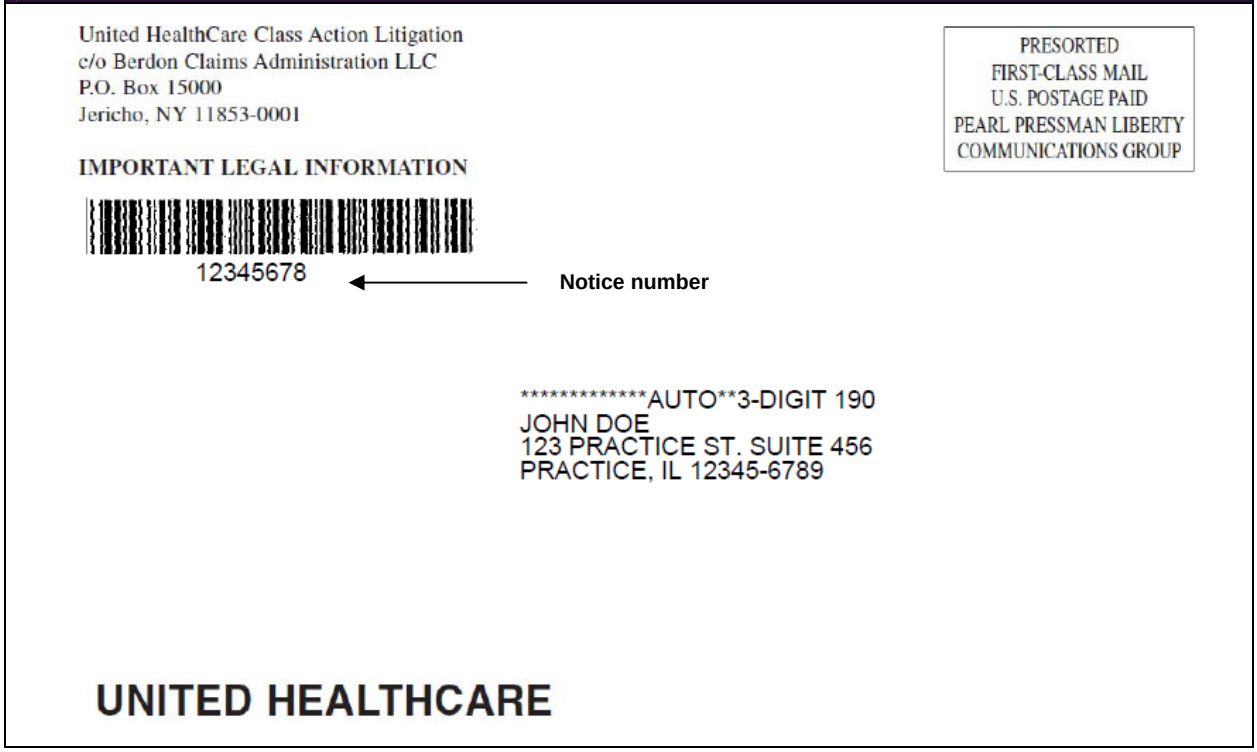
_____
Print your name

(This Authorization Form should be completed, signed and returned to the Claims Administrator only if you wish to receive claims information to assist you in filing a Group B, C or D claim. For detailed instructions, see page 8, paragraph 4.)

Ask the Settlement Claims Administrator for a copy of the Defendants' report, which indicates the Covered Out-of-Network Services or Supplies that you provided your patients from Jan. 1, 2002 to May 28, 2010. To request a copy of this report from the Settlement Claims Administrator, complete and sign the authorization form. You can download a copy of the authorization form at **www.ama-assn.org/go/ucrsettlement**, or you can use the authorization form contained in the claim form on page 15 (see **Figure 1** above). You should complete the field for "Notice Number," which is physician specific and is printed under the return address on

the outer page of the Settlement Notice and claim form you received from the Settlement Claims Administrator (see **Figure 2** below).

Figure 2: Sample outer page of mailing containing notice number



If you don't have this Notice Number, write "Not Available" where the Notice Number is requested. 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@berdonclaimsllc.com**

Note: The "allowed amounts" you receive from the Settlement Claims Administrator will be the amount the Defendants' records indicate that the Defendant actually paid you, not the amount that it "allowed" as the UCR amount.

Step 4. Decide whether to accept the Settlement funds you are entitled to based solely on the report provided by the Settlement Claims Administrator or to assemble the additional documentation necessary to obtain a greater portion of the Settlement funds.

The size of your recovery will be based on 50 percent, 70 percent or 90 percent of the difference between what you billed and what a Defendant paid, depending on the amount of documentation you are able to produce. If you have additional pages of documentation, print your name and tax ID number at the top of each page and attach these pages to your claim form.

a.) Simplified claim based on the report provided by the Settlement Claims Administrator—50 percent recovery.

The easiest way to file a claim is to request the report from the Settlement Claims Administrator described in **step 3** above, which will indicate the covered out-of-network services or supplies you provided to patients with a list of your charges for each of those services and a list of what the Defendant paid you. To file a simplified claim, you will need to complete the report your receive from the Settlement Claims Administrator by indicating any amounts the patient paid to you, if any, not including deductible or copayment amount. (See a sample chart in **Figure 3** below.) This will make you eligible for 50 percent of the "Recognized Loss," limited to the claims on the report.

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. Although your "Recognized Loss" is not calculated on the form you are submitting, it may be advisable to calculate your anticipated "Recognized Loss" for reviewing the settlement damages payment you receive from the Settlement Claims Administrator for accuracy. While your payment may be less than the amount you calculate if payments are reduced pro rata as noted above, this will still give you a ball-park number, which may help you ensure there has not been a mistake. For further explanation of how to calculate your anticipated "Recognized Loss," please see question 26 of the AMA's "UnitedHealth Group UCR Settlement: Frequently asked questions."

Figure 3: Simplified claim—Example of additional information to submit when you receive the Settlement Claims Administrator report

Date of Service or Purchase of Supply*	Name of Patient*	Patient's Policy ID Number*	Provider's UHC Claim ID Number*	Original Bill Amount*	Allowed Amount*	Adjusted Bill Date	Adjusted Bill Amount	Amount Paid**	Choose % of Recognized Loss Claimed: 50%/70%/ 90%**

* Supplied in report from Settlement Claims Administrator

Note: Column titled "Allowed Amount" is the amount paid by the Defendant

**Practice needs to provide

Note: Column titled "Amount Paid" is the amount paid by the patient, not including deductible or copayment amount, if any

b.) Minimum documentation required if billed pursuant to an assignment of benefits and the service provided is not included in the report provided by the Settlement Claims Administrator—50 percent recovery.

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 (in this case, 50 percent). (See **Figure 4** below.) If you billed more than one service on the same date, you should include the Current Procedural Terminology (CPT®) or HCPCS code.[2] You may prove that you obtained an assignment of benefits with any of the following:

1. a cancelled check from a Defendant for services or supplies provided during the class period or before the Settlement is finally approved; **or**
2. a paper or electronic copy of an explanation of benefits, explanation of payment or remittance advice from a Defendant indicating that payment was made to you for services or supplies provided during the class period or before the Settlement is finally approved; **or**
3. evidence from your practice management system records or internal accounting records (such as a print-out or electronic version of your accounts receivable or paid account records) that reflects that you sent a claim form addressed to a Defendant pursuant to an assignment of benefits for services or supplies provided during the class period or before the Settlement is finally approved, or that you received payment from a Defendant for such services or supplies; **and**
4. evidence of payment (if any) from a patient, not including deductible or copayment amount for services or supplies provided during the class period.

If you provide the minimum documentation described in **step 4(a)** above for services or supplies not included in the report provided by the Settlement Claims Administrator, you will be entitled to damages based on 50 percent of the "Recognized Loss."

Note: You may also file claims for services or supplies provided from Mar. 15, 1994 to Dec. 31, 2001 or after May 28, 2010. You will need to provide the minimum documentation outlined above in **step 4(b)** for 50 percent recovery.

[2] CPT is a registered trademark of the American Medical Association.

Figure 4: Example information to submit with claim form when not using the Settlement Claims Administrator report or the Settlement Claims Administrator report is incomplete

Date of Service or Purchase of Supply	Name of Patient	Patient's Policy ID Number	Provider's UHC Claim ID Number	Original Bill Amount	Allowed Amount	Adjusted Bill Date†	Adjusted Bill Amount†	Amount Paid	Choose % of Recognized Loss Claimed: 50%/70%/ 90%

† Practice does not need to provide if only filing for 50 percent of "Recognized Loss"

Note: Column titled "Allowed Amount" is the amount paid by the Defendant

Note: Column titled "Amount Paid" is the amount paid by the patient, not including deductible or copayment amount, if any

c.) Additional documentation of an "Adjusted Bill"—70 percent recovery.

Your recovery will increase to 70 percent of the "Recognized Loss" if—in addition to the minimum documentation described above—you must also document that you sent an "Adjusted Bill" to your patient on or after Jan. 1, 2002 for the difference between the amount you received from a Defendant pursuant to an assignment and the amount you billed. For purposes of this Settlement, an Adjusted Bill is a bill you sent to a patient reflecting the remaining amount owed for the services or supplies you provided after the Defendant's payment was received. You may prove this with any of the following:

1. a copy of the Adjusted Bill sent to the patient on or after Jan. 1, 2002; **or**
2. evidence from your practice management system records or internal accounting records (such as a print-out or electronic version of your accounts receivable or paid account records) that reflects that you sent an Adjusted Bill to the patient on or after Jan. 1, 2002.

You will need to complete the report with the following information: (1) adjusted bill date; (2) adjusted bill amount; (3) amount paid by patient, not including deductible or copayment amount, if any; and (4) the percent of "Recognized Loss" you are claiming (in this case, 70 percent). (See **Figure 5** below.) If you billed more than one service on the same date, you should include the CPT or HCPCS code.

d.) Additional documentation of collection effort—90 percent recovery.

Your recovery will increase to 90 percent of the "Recognized Loss" if—in addition to the minimum documentation described above in **step 4(a)** (with the report from the Settlement Claims Administrator) or **step 4(b)** (without the report from Settlement Claims Administrator)—you can also document that you did any of the following:

1. submitted the Adjusted Bill to a collection agency; **or**
2. reported the Adjusted Bill to a credit agency; **or**
3. entered into a payment plan with the patient.

You may prove this with any of the following:

1. a paper or electronic copy of the correspondence with the collection agency or credit agency; **or**
2. a paper or electronic copy of the payment plan; **or**
3. evidence from your practice management system records or internal accounting records (such as a print-out or electronic version of your accounts receivable or paid account records) that reflects that you submitted the Adjusted Bill to a collection agency, reported the Adjusted Bill to a credit agency or entered into a payment plan with the patient.

You will need to complete the report with the following information: (1) adjusted bill date; (2) adjusted bill amount; (3) amount paid by patient, not including deductible or copayment amount, if any; and (4) the percent of "Recognized Loss" you are claiming (in this case, 90 percent). (See **Figure 5** below.) If you billed more than one service on the same date, you should include the CPT or HCPCS code.

Note: The additional documentation requirements for 90 percent recovery applies to claims for services or supplies provided from as far back as Mar. 15, 1994 and to the date the Settlement is finally approved by the court.

Figure 5: Example additional information to submit with claim form when Settlement Claims Administrator report is complete

Date of Service or Purchase of Supply*	Name of Patient*	Patient's Policy ID Number*	Provider's UHC Claim ID Number*	Original Bill Amount*	Allowed Amount*	Adjusted Bill Date**†	Adjusted Bill Amount**†	Amount Paid**	Choose % of Recognized Loss Claimed: 50%/70%/ 90%**

* Supplied in report from Settlement Claims Administrator

Note: Column titled "Allowed Amount" is the amount paid by the Defendant

**Practice needs to provide

Note: Column titled "Amount Paid" is the amount paid by the patient, not including deductible or copayment amount, if any

† Practice does not need to provide if only filing for 50 percent of "Recognized Loss"

Step 5. Make sure to file for out-of network services or supplies provided in 2010 up to the date the Settlement is finally approved by the court.

If you have even one claim that meets the documentation requirements above, you are also entitled to file claims for out-of-network services or supplies provided until the Settlement is finally approved. If you file claims for services or supplies provided from Jan. 1, 2010 until the date of final Settlement approval, you will need to provide the minimum documentation for 50 percent recovery as outlined in **step 4(b)**. For 70 percent or 90 percent recovery, you will need to provide the additional documentation outlined in **step 4(c)** and **step 4(d)**.

The final approval will likely occur sometime in the fall of 2010. The AMA will keep its members informed of all Settlement developments.

Physicians and their practice staff can also visit **www.ama-assn.org/go/pmalerts** to sign up for the AMA's free Practice Management Alerts to receive timely e-mail updates about this settlement and other important practice management topics.

Note: Don't miss the claims filing deadline of Oct. 5, 2010. All claims must be postmarked no later than Oct. 5, 2010, or they will be deemed as not submitted.

Step 6. File your claims.

a.) You can obtain a claim form at any of the following Web sites:

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

b.) Be sure the claim form is complete, including:

- all the contact information on page 10;
- the appropriate check boxes associated with a Group D claim on page 13; **and**
- the date and signature on page 15.

c.) Your claim form must be postmarked no later than Oct. 5, 2010, and submitted by First-Class Mail to:

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

You may wish to send your claim form by Certified Mail, Return Receipt requested, so that you will have proof that your claim was filed by the deadline and that the Settlement Claims Administrator received it. Supporting documentation may be sent electronically or as hard copies. Be sure to keep a copy of the claim form and supporting documentation for your records.

Electronic filing option: 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@berdonclaimsllc.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.

d.) You do not have to file a separate claim form for each claim.

You can file a single claim form and attach supporting information for each claim you wish to file.

e.) You do not have to file all your claims at the same time.

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 tax ID number. The Settlement Claims Administrator will then match this information to the previously filed claim.

f.) Physician groups may submit claims on behalf of physicians for whom they billed.

Physician groups should file the claim form using the group's address and attach a list of the names and tax ID numbers of the individual physicians on whose behalf the group is filing. The claim form should be signed by the medical group's president or by another individual who has authority to represent the listed physicians.

g.) A legal representative of a physician class member is eligible to collect damages on behalf of the physician.

Representatives should file the claim form using their own information (name, address, etc.) because the check will be made out to them. They should also include on the claim form the name (and address, if relevant) of the person on whose behalf they are collecting. Finally, if filing on behalf of a deceased physician, they should attach a copy of the physician's death certificate, as well as a copy of a document that confirms their 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.

h.) You can file separate claims if you have changed practices.

You are entitled to file claims for the entire class period. However, you cannot include any overlapping services or supplies that may have been contained in a claim filed by a physician group on your behalf.

Step 7. Keep in touch with the Settlement Claims Administrator.

If your address changes in the future, send the Settlement Claims Administrator written notification of your new address as soon as possible—**otherwise, you may never receive your check.** Be sure to include your tax ID number with this notification.

Step 8. Note to out-of-network physicians who did not obtain an assignment of benefits.

You may benefit from this Settlement even if you do not have assignments of benefits from some or any of your patients. You may still request from the Settlement Claims Administrator information concerning whether any of your patients who are covered by a health plan insured or administered by a Defendant made claims for payment from the Settlement Fund. To do this, check the box on the bottom of page 14 of the claim form (see **Figure 6** below) and complete the chart on page 15 of the claim form. You will need to enter the name of each patient who owes you money for covered out-of-network services or supplies, the patient's subscriber policy ID number and the amount owed. You must also attach evidence from your practice management system records or internal accounting records documenting that each patient owes you this

money. You will then be able to consider whether you wish to pursue collection from these patients for any debts that may still be outstanding for the services or supplies you provided, and if so, by what means.

Figure 6: Requesting notification that patients have filed

Providers *who cannot furnish documentation* and certify in Section 6 that they received an assignment (and, therefore, who cannot make a Group D claim) *may nonetheless request information* from the Claims Administrator as to whether a Subscriber who owes them money for Covered Out-of-Network Services or Supplies has made a claim for payment from the Net Settlement Fund. This request may be made by checking the box below and providing the Subscribers' names and amounts of debt to the Provider in the chart on page 15:

☐ I am a Provider (or Provider Group Representative or Legal Representative) and I wish to request information as to whether the Subscriber(s) listed in the chart on page 15 made a claim for payment from the Net Settlement Fund.

Name of Subscriber	Subscriber's Policy ID Number	Amount of Debt to Provider
	Total:	$

(Additional chart available on Claims Administrator's website at www.berdonclaims.com)

A Provider making a request for this information *must furnish documentation to demonstrate that the Provider is owed money by a Subscriber* for Covered Out-of-Network Services or Supplies.

Step 9. Note to physicians who were also subscribers of the Defendant health plans.

If you also had health insurance or were otherwise covered by the Defendant health plans, you are also entitled to file a Subscriber claim. (You should file a separate claim form for your Subscriber claim.) Review the claim form to decide whether to file a group A, B and/or C claim to recover damages for yourself and your family as Subscribers.

Assistance for AMA members

If you are an AMA member, you or your practice staff can call the AMA Practice Management Center at (800) 621-8335 if you have specific questions about filing claims after having reviewed this guide and the actual Settlement Notice and claim form.