



Highmark Settlement Fund

—\$10 million payout;

February 27, 2008 is key deadline

Visit www.ama-assn.org/go/settlements to obtain information regarding the Highmark and Blue Cross Blue Shield settlements and to view an easy-to-use map to locate the BCBS parties located in your state and determine whether they are included in the original Love, et al. v. Blue Cross and Blue Shield Association nationwide class action settlement in 2007. The complete settlement agreements, the Highmark Settlement and the original 2007 BCBS settlement can be downloaded at www.hmosettlements.com.

The Highmark settlement covers four additional Blue Cross plans, including Highmark Inc., Keystone Health Plan West Inc., Highmark West Virginia Inc. (d/b/a/ Mountain State Blue Cross Blue Shield) and Parker Benefits Inc. (d/b/a/ Super Blue HMO) that operate in Pennsylvania, West Virginia and parts of Ohio and have agreed to similar terms to the original 2007 settlement. The Highmark settlement is pending final court approval.

The Highmark settlement payout of \$10 million dollars is separate from and in addition to the \$131 million dollar payout (proof of claim deadline: October 19, 2007) in the original settlement. Through the Highmark settlement, these four additional Blue Cross plans have agreed to resolve business practices that have long frustrated physicians and jeopardized the delivery of quality patient care.

The Highmark settlement offers physicians retrospective relief

An individual physician, physician group or physician organization who provided covered services between May 22, 1999 and May 31, 2007 and who has not opted out of this settlement (opt out deadline was: January 14, 2008), is entitled to a payout as part of this settlement. Physicians in Pennsylvania, West Virginia and parts of Ohio may be particularly interested as they likely will be entitled to multiple shares of the settlement. Refer to page 3 of this document for instructions on how to get your part of the over \$10 million settlement fund. There will be no retaliation against those physicians who file a claim; however, **you must file a claim by February 27, 2008.**

Highmark Settlement Fund *Continued*

Who can file a claim?

Virtually every physician is entitled to file a claim. **Even if you never treated an enrollee of one of the settling four additional Blue Cross plans** (Highmark Inc., Keystone Health Plan West Inc., Highmark West Virginia Inc. [d/b/a/ Mountain State Blue Cross Blue Shield] and Parker Benefits Inc. [d/b/a/ Super Blue HMO]), **you can file a claim if, between May 22, 1999 and May 31, 2007, you treated one or more enrollees of any BCBS plan that is a primary licensee, including an enrollee through a BCBS plan outside of your state or region.**

Contact your medical group or IPA if you think it may be filing on your behalf. Groups may file on behalf of their physician employees if authorized by those physicians.

How to obtain help when completing a claim form

The AMA has developed the attached easy-to-follow step-by-step guide: “7 Easy Steps to Maximizing Your Recovery From the \$10 Million Highmark Settlement Fund.” To submit a question or contact the settlement administrator directly, visit www.hmosettlements.com or call (866) 486-1725. You may also contact the AMA, your state medical association or national medical specialty society for assistance.

If your group practice prefers to retain a third party to assist in filing a claim, several vendors are available to help you. One such vendor, Managed Care Advisory Group (MCAG), has agreed to provide physicians who are members of the AMA and/or the signatory medical societies, with discounts off MCAG’s fees. MCAG can be reached by visiting the following Web site: www.mcaginc.com or by calling (800) 355-0466. The AMA, as a matter of policy, does not endorse vendors. The AMA’s interest is in seeing that all physicians receive the benefits to which they are entitled under the settlement.

The AMA helps all physicians, regardless of specialty or practice setting, speak with a unified voice on the most important issues facing medicine. Please encourage the physicians in your group to visit

www.ama-assn.org/go/membership and learn more.

Together We Are Stronger.

7 Easy Steps to Maximizing Your Recovery from the \$10 Million Highmark Settlement Fund

How do I claim my share of the settlement fund?

You must submit a completed Claim Form. **The completed Claim Form must be submitted no later than February 27, 2008 to the Settlement Administrator.** Take the following 7 easy steps to obtain your share of the settlement fund:

Step One: Determine whether you are a Class Member:

You are eligible if you:

- Are a physician (active, inactive or retired), a physician group¹ or physician organization¹;
- Have provided covered services to members of a settling Blue Plan (Highmark Inc., Keystone Health Plan West Inc., Highmark West Virginia Inc. [d/b/a/ Mountain State Blue Cross Blue Shield] and Parker Benefits Inc. [d/b/a/ Super Blue HMO]) or to members enrolled in a Blue Cross Blue Shield primary licensee plan, subsidiary or affiliate² **between May 22, 1999 and May 31, 2007**; and;
- Have not opted out of this settlement (opt out deadline: January 14, 2008).

¹Contact your medical group or IPA if you think it may be filing on your behalf. Groups may file on behalf of physician employees if authorized by those physicians, and such groups do not need your signature if you are employed by them when the claim is filed.

²Even if you never treated a settling Highmark enrollee, you may still be entitled to a share of the settlement fund if, **between May 22, 1999 and May 31, 2007**, you treated one or more enrollees of any BCBS primary licensee, including an enrollee through an out-of-state plan pursuant to the Blue Card “suitcase PPO” program.

Step Two: Obtain the necessary claim form:

Go to www.ama-assn.org/go/settlements and click on **Highmark Settlement Information** located on the bottom of the page. Then download the Highmark Notice, Highmark Claim Form and Highmark Claim Form Instructions.

Step Three: Determine which payment category you qualify for:

- **Retired physician** (who practiced medicine on May 22, 1999 but was inactive, retired or has stopped practicing medicine as of November 19, 2007). A retired physician will receive two times the “base amount” (check the box in Section B on the claim form). Note: A retired physician who was actively practicing prior to May 31, 2007 and entitled to 5X or 10X the “base amount” based on the physician’s gross receipts may wish to file as an active physician.
- **Active physician**—Identify the consecutive three-year period between January 1, 1997 and December 31, 2006 during which you had the highest gross receipts for covered services provided to Highmark settling parties: Highmark Inc., Keystone Health Plan West Inc., Highmark West Virginia Inc. (d/b/a/ Mountain State Blue Cross Blue Shield) and Parker Benefits Inc. (d/b/a/ Super Blue HMO).

Active physicians can receive damages from one of three tiers, as follows:

- **Gross receipts of \$0 to less than \$5,000** = base amount (one pro-rata share)
- **Gross receipts of at least \$5,000 but less than \$50,000** = 5X the base amount
- **Gross receipts of \$50,000 or greater** = 10X the base amount.

The “base amount” will reflect a pro-rata share and will only be calculated after all claims have been filed.

To maximize your recovery, be sure to include your receipts from all Highmark settling parties, including receipts from out-of-state plans pursuant to the Blue Card “suitcase PPO” program and payments received by IPAs or other delegated entities on behalf of BCBS settling parties.

- **Physician Group or Physician Organization**—must attach a list of active physicians and the designated range of gross receipts for each active physician for whom a claim is being filed.

Step Four: Determine whether you should include documentation with the claim form:

- No documentation is necessary if your consecutive 3-year period of highest gross receipts was 2004-2006.
- Documentation of your gross receipts is required if consecutive 3-year period of highest gross receipts was during any other three-year period. Check box IV in Section C and submit 1099s or other suitable accounting records, indicating the amounts received from the settling parties.

Step Five: Provide instructions for payment:

- Direct the payment to yourself, or
- Direct the payment to **ONE** eligible Organization/Foundation (**eligible charitable organizations can be found on page 4 of the Claim Form instructions**)

Step Six: Provide the required tax information:

- Social security number (SSN) and
- Employer identification number (EIN) to complete the substitute W-9.

Family members or representatives of deceased physicians should complete the claim form using their own information, because the check will be made to the physician representative. Check the box in Section B. A physician representative **must** attach documentation, such as a death certificate or letters of administration for an estate, to confirm their status. This may be a copy of a page from a will or trust, or a power of attorney, etc. The Tax I.D. requested in Section E is that of the heir or estate.

Step Seven: Submit a completed and signed claim form to the Settlement Administrator:

- Postmarked **no later than February 27, 2008**
- Preferably by registered or certified mail

Mail to: Highmark/Mountain State
Settlement Administrator
P.O. Box 3775
Portland, OR 97208-3775
Phone: (866) 486-1725

Be sure to make a copy of your claim form and mailing receipt for your records.

For more information, there are four easy ways to contact the AMA's Private Sector Advocacy Practice Management Center:

- Call (800) 262-3211 and ask for the Practice Management Center
- Fax (312) 464-5541
- E-mail practicemanagementcenter@ama-assn.org
- Visit www.ama-assn.org/go/psa to browse the AMA Practice Management Center Web site or visit www.ama-assn.org/go/settlements, for additional settlement information.

This summary has been prepared from information provided to the 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 Administrator at (866) 486-1725 or by visiting the following Web site:
www.HighmarkPhysicianSettlement.com or www.hmosettlements.com.