

Steps to filing a claim in the UnitedHealth Group UCR Settlement once you have received your requested data report from the Settlement Claims Administrator

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.

Note: Although the filing deadline was Oct. 5, 2010, physicians who requested their data report from the Settlement Claims Administrator prior to the Oct. 5 deadline have additional time to submit their claim documentation. Additionally, the court will decide whether to allow late claims. All claims are subject to the review of the Settlement Claims Administrator and final approval by the court. Questions about the settlement may be directed to the Settlement Claims Administrator at unitedhealthcare@berdonclaimslc.com or (800) 443-1073.

This guide of steps to filing a claim for the UnitedHealth Group UCR Settlement is for physicians and medical group administrators who have received their requested data report from the Claims Administrator, which indicates the Covered Out-of-Network Services or Supplies that you provided your patients from Jan. 1, 2002 to May 28, 2010. Some data reports may contain information prior to Jan. 1, 2002. Now that you have your data report, take the following steps to complete the claim filing process.

Step 1. Decide whether to accept the transactions solely detailed on the data report provided by the Settlement Claims Administrator, or to assemble the additional documentation necessary to add transactions not listed or obtain a greater percentage of recognized loss.

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 data report provided by the Settlement Claims Administrator—50 percent recovery.

To file a simplified claim, you will need to complete the data report you 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 1](#) below.) This will make you eligible for 50 percent of the “Recognized Loss,” limited to the claims on the data 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 Fund. For further explanation of how to calculate your anticipated “Recognized Loss,” please see question 26 of the AMA’s “UnitedHealth Group Settlement: Frequently asked questions.”

Figure 1: Simplified claim—Example of additional information to submit when you receive the Settlement Claims Administrator data report

Date of Service or Purchase of Supply*	Patient’s Name*	Patient’s Policy ID Number*	Provider’s UHC Claim ID Number*	CPT or HCPCS Code <i>if available</i>	Original Bill Amount*	Amount Paid by Defendant*	Adjusted Bill Date**	Adjusted Bill Amt**	Amount Paid by Patient ** <i>excluding copayments and deductible</i>	Indicate % Recognized Loss Claimed** 50% 70% 90%

* Supplied in data report from Settlement Claims Administrator

**Practice needs to provide

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

If you are filing a claim for services or supplies not included in the data 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 2](#) below.) 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 prove that you obtained an assignment of benefits with any of the following:

1. a copy of the completed assignment of benefits form; **or**
2. a cancelled check from a Defendant for services or supplies provided during the class period or before the Settlement is finally approved; **or**
3. 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**
4. 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 Oct. 5, 2010, the date the final order and judgement was signed, or that you received payment from a Defendant for such services or supplies; **and**
5. 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 1a** above for services or supplies not included in the data 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 1b** for 50 percent recovery.

Figure 2: Example information to submit with claim form when not using the Settlement Claims Administrator data report or the Settlement Claims Administrator data report is incomplete

Date of Service or Purchase of Supply	Practice Name	Patient’s Policy ID Number	Provider’s UHC Claim ID Number	CPT or HCPCS Code <i>if available</i>	Original Bill Amount	Amount Paid by Defendant	Adjusted Bill Date †	Adjusted Bill Amount †	Amount Paid by Patient <i>excluding copayments and deductible</i>	Indicate % Recognized Loss Claimed** 50% 70% 90%

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

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

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 can 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 data 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 3](#) below.) If you billed more than one service on the same date, you should include the CPT or HCPCS code.

Note: Services rendered prior to Jan. 1, 2002 are not eligible for the 70 percent recovery.

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 1a](#) (with the data report from the Settlement Claims Administrator) or [step 1b](#) (without the data 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 data 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 3](#) 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 through Oct. 5, 2010, the date the final order and judgement was signed.

Figure 3: Example additional information to submit with claim form when Settlement Claims Administrator data 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*	CPT or HCPCS Code <i>if available</i>	Allowed Amount*	Adjusted Bill Date**†	Adjusted Bill Amount**†	Amount Paid by Patient** <i>excluding copayments and deductible</i>	Choose % of Recognized Loss Claimed**: 50%/70%/90%

* Supplied in data report from Settlement Claims Administrator

**Practice needs to provide

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

Step 2. Make sure to file for out-of network services or supplies provided until Oct. 5, 2010 .

Per the terms of the settlement, if you have even one claim that meets the documentation requirements above, you are also entitled to file claims for covered out-of-network services or supplies received or furnished up through Oct. 5, 2010, the date the final order and judgement was signed. If you file claims for services or supplies provided from May 29, 2010 until Oct. 5, 2010, you will need to provide the minimum documentation for 50 percent recovery as outlined in [step 1\(b\)](#). For 70 percent or 90 percent recovery, you will need to provide the additional documentation outlined in [step 1\(c\)](#) and [step 1\(d\)](#).

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.

Step 3. File your claims.

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

- AMA: www.ama-assn.org/go/settlements
- 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 in section 6 on page 15.

c.) Submit your claim form 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 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@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.

Step 4. 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.

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.