

UnitedHealth Settlement: File Claims by October

BY MARY ELLEN SCHNEIDER

Check your mailbox. If you provided covered out-of-network services to patients insured by UnitedHealth Group between March 1994 and November 2009, you may be eligible to receive payments as part of a \$350 million settlement reached last year.

The American Medical Association estimates that thousands of physicians will be eligible for compensation. Notices with instructions for filing claims were mailed out in May.

The settlement follows a nearly decade-long battle between UnitedHealth Group and several plaintiffs, including the AMA, the Medical Society of the State of New York, and the Missouri State Medical Association. The groups alleged that UnitedHealth Group conspired to systematically underpay physicians for out-of-network medical services by using an industry database of charges to justify lower reimbursements.

Last year, UnitedHealth Group reached a settlement with New York State Attorney General Andrew Cuomo to discontinue use of the database, and the company committed \$50 mil-

lion to fund the development of a new, independent database to determine rates for out-of-network care.

In a separate settlement, the company agreed to pay \$350 million to reimburse health plan members and out-of-network providers who were underpaid as a result of the flawed database calculations.

Physicians and patients have until July 27, 2010, to opt out of the settlement. Claims for payments from the settlement fund are due by Oct. 5, 2010.

To be eligible to receive part of the settlement, physicians must have provided covered out-of-network services or supplies between March 15, 1994, and Nov. 18, 2009, to patients covered by a health plan that was either administered or insured by UnitedHealthcare, Oxford Health Plans, Metropolitan Life Insurance Companies, American Airlines, or one of their affiliates. In addition, to be eligible, physicians must have been given an assignment by the patient to bill the health plan. ■

For details, contact Berdon Claims Administration LLC at 800-443-1073 or unitedhealthcare@berdonclaimsllc.com.

Experts Focus on Patient Safety Issues in Health IT

BY MARY ELLEN SCHNEIDER

As physicians and hospitals implement electronic health record systems in light of financial incentives from the federal government, experts are considering how to ensure patient safety when working with health information technology.

The Health IT Policy Committee, which makes recommendations to the federal National Coordinator for Health Information Technology, met this spring to discuss areas where potential patient safety hazards exist. Topping the list were technology issues such as software bugs, interoperability problems, and implementation and training deficiencies. Another major area of concern is the interaction of people and technology.

According to Paul Egerman, cochair of the Health IT Policy Committee's Certification/Adoption Workgroup, straightforward technology problems are in the minority when it comes to safety issues. Once these problems are discovered, they can usually be easily and rapidly fixed.

Most safety issues surrounding health IT involve multiple factors. That complicates things, Mr. Egerman said, because

even if the technology worked perfectly, there could still be problems. "There are tons of issues that are completely independent of technology," said Mr. Egerman, CEO of eScription, a computer-aided medical transcription company.

Also of concern is that many of the health IT-related safety issues are local. Marc Probst, cochair of the Certification/Adoption Workgroup, said that each health care organization is unique, and relies on very different operating systems, security and privacy protocols, and types of monitoring. That puts the onus on individual organizations to stay on top of safety issues raised by their health IT systems, he said.

"Every organization is going to be unique, so there is a local responsibility to HIT safety that our vendors simply aren't going to be able to keep up with," said Mr. Probst, chief information officer at Intermountain Healthcare in Salt Lake City.

The workgroup recommended that patients play a greater role in identifying errors, and called for the establishment of a national database and reporting system that would allow patients and providers to make confidential reports about incidents and potential hazards. ■

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