

File Claims by Oct. for UnitedHealth Settlement

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 to be paid under the settlement. Notices with instructions for filing claims were mailed in May.

The \$350 million settlement comes after a nearly decade-long legal 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 million to fund the development of a new, independent database that will determine the rates paid 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, in order to be eligible, physicians must have been given an assignment by the patient to bill the health plan.

Physicians billed via an assignment if they received a payment directly from the health plan, if they completed box 13 on the HCFA/CMS 1500 form, or if they marked yes in the benefits assignment indicator on an electronic health care claim.

Physicians who are owed money by a patient for a covered out-of-network service or supply cannot file a claim through the settlement; however, they can contact the Settlement Claims Administrator to find out if any of their patients have submitted claims to the settlement fund. ■

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

Medicaid Expansion Underway, Mandates Begin in 2014

BY MARY ELLEN SCHNEIDER

One of the cornerstones of the health care reform law is a massive expansion of the Medicaid program.

Starting in 2014, all states will be required to expand eligibility of their Medicaid programs to all adults at or below 133% of poverty, regardless of whether they have children or are disabled. States can now choose to open up programs to these new enrollees early.

This is the first time in the history of the Medicaid program that states can receive federal funds for providing coverage for adults based solely on income levels.

In April, officials at the Centers for Medicare and Medicaid Services released the first details on how the new eligibility requirements will work. States that choose to begin enrolling these newly eligible adults before 2014 will receive federal matching payments at the regular Federal Medical Assistance Percentage (FMAP) rate.

Starting in 2014, they will receive an increased matching rate for certain people in the new eligibility group, according to CMS. The agency plans to issue separate guidance on this issue later.

The immediate impact on states will probably vary based on whether they are already covering some of the newly eligible adults with their own funds. In those states, the new federal money will mean an immediate savings. States that don't already offer expanded coverage will be spending new money to pick up their share of covering new beneficiaries.

Another question is how the expansion of the Medicaid program will impact access to care. In many states, Medicaid pays physicians at rates well below Medicare levels, and some estimates suggest that, around the country, only about half of primary care physicians even accept new Medicaid patients.

Under the Health Care and Education Reconciliation Act passed as part of health reform, Congress raised Medicaid payments up to

Medicare levels for primary care providers starting in 2013 and 2014.

A survey of 944 primary care physicians conducted by UnitedHealth Group found that 67% think that new Medicaid patients will struggle to find a suitable primary care physician if the Medicaid expansion is not accompanied by other reforms, such as payment increases. If payment is increased to at least Medicare levels, about half of physicians (49%) said they would be willing to take on new Medicaid patients.

"Having a Medicaid insurance card is not the same as having a primary care doctor that will treat you," Simon Stevens, executive vice president of UnitedHealth Group and chairman of the UnitedHealth Center for Health Reform and Modernization, said during a news conference to discuss Medicaid expansion. "Unfortunately, that disconnect between Medicaid benefits and health care access has in some places been growing in recent years." ■

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