

2. **UHC announces changes to its policies on H1N1 payment and claims notification** **UHC H1N1**

Effective June 1, 2010, UHC will be changing its H1N1 payment policy and will pay immunization administration in accordance with the existing physician contracted fee schedule rates. Special emergency measures to cover the administration for the H1N1 vaccine, including the removal of related deductibles, copays and coinsurance fees, will end on May 31, 2010. For dates of service on or after June 1, 2010, UHC and its subsidiaries will process claims for H1N1 vaccine and administration of the H1N1 vaccine in accordance with the members' benefit plan designs. For the most up-to-date information to identify whether vaccine administration is a covered benefit by the patient's plan, practices are advised to check their eligibility online at UnitedHealthcareOnline.com.

Claims notification

New online claim acknowledgment letter

Starting May 4, UnitedHealthcare is making an additional type of claim acknowledgement letter available exclusively online. Certain states require that a claim acknowledgement letter be issued when a claim is not processed within a certain number of days, which varies by state. The letter essentially states that more time is needed to process a claim; for some states, this letter also serves as the initial claim acknowledgement. This letter will now be available exclusively online and discontinued for mail delivery. Other claim acknowledgement letters will continue to be delivered via mail and online.

Claim acknowledgement letters are available online to all UnitedHealthcare claim submitters, regardless of network or non-network status. Users can view these letters through the Claim Status transaction. Once they reach the detail page of the Claim Status transaction, users need to simply click on the link titled "Check for Letters related to this Claim," under "Other Transactions for this Patient."

To learn more please visit <http://www.UnitedHealthcareOnline.com> > Claims & Payments > Claim Status. It is required that a user to be registered with UnitedHealthcareOnline.com to access these features.

3. **Physicians encouraged to file claims for UHC out of network settlement**

As part of the recent settlement agreement by UnitedHealth Group (UHG) involving payments for out of network care, physicians may be eligible for cash payments. Settlement claims must be postmarked by October 5, 2010. To be eligible to recover a proportionate share from this Settlement fund, physicians must meet both of the following:

1. Have provided covered out-of-network services or supplies between Mar. 15, 1994 and Nov. 18, 2009 (i.e., "class period") to patients who were covered by a health plan insured or administered by UnitedHealth Group, Metropolitan Life Insurance Company, American Airlines or any of those companies' parents, subsidiaries, and affiliates (aka Defendants)
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 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.

Questions about the settlement may be directed to the Settlement Claims Administrator at (800) 443-1073 or e-mail at unitedhealthcare@berdonclaimsllc.com. For additional information the

settlement, see the AAP Member Center, private payer advocacy page at: <http://www.aap.org/moc/reimburse/default.cfm> and click on [Information on Filing Claims for UHG Settlement](http://www.aap.org/moc/reimburse/default.cfm) (<http://www.aap.org/securemoc/reimburse/UHGSettlementApr10.doc>)

4. AAP recommendations on PCV 13 forthcoming; to be shared with payers to advocate for timely coverage and appropriate payment

It is expected that the AAP recommendations regarding PCV 13 will be posted online to Pediatrics as an early release possibly by the end of May 2010 and be available July 2010 in the print journal. As part of private payer advocacy efforts, plans are underway to send the published recommendations and letter advocating for appropriate payment to the national carriers and shared with AAP Chapters and pediatric councils. While the two largest U.S. private health plan carriers, WellPoint/Anthem and UnitedHealthcare (UHC) have both responded positively to the AAP regarding benefits coverage and payment, there are reports in some regions that payment is less than adequate. The Texas Pediatric Society reports that BCBS TX is presently reviewing its current vaccine payment methodology in light of strong protest over its payment for PCV 13 and additional details will be forthcoming.

5. AAP News articles related to private payer advocacy issues The following articles related to private payment issues are in the May 2010 AAP News:

AAP helps physicians get paid appropriately for PCV13 vaccine

<http://aapnews.aapublications.org/cgi/content/full/31/5/32>

AAP Washington Report: ABCs of health reform: What the new law means for children and pediatricians

<http://aapnews.aapublications.org/cgi/content/full/31/5/5>

AAP Focus on Sub-specialties: AAP groups seek CPT codes for physician-to-physician phone consults

<http://aapnews.aapublications.org/cgi/content/full/31/5/16>

Have a carrier concern or issue with retail based clinics?

Complete the AAP Hassle Factor Form on the AAP Member Center homepage at: www.aap.org/moc. The information provided will be used to assist the AAP and chapters in identifying trends and facilitating public and private sector advocacy related to health plans and retail base clinics (RBC)..

For additional information on AAP private payer advocacy, contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 800/433-9016 ext 7633

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