



FINANCIAL RECOVERY STRATEGIES

Class Action Summary Aetna UCR

If you or your business were an out-of-network health care provider on or after June 3, 2003, a class action settlement may affect you.

SETTLEMENT FUND: Up to \$120 Million
Covered Period: June 3, 2003 through August 30, 2013
Filing Deadline: March 28, 2014

Eligible Class Members: This notice applies to all Out-Of-Network "OON" Providers or Provider Groups who, at any time between June 3, 2003 and August 30, 2013, provided covered services or supplies to Aetna Inc. ("Aetna") plan members and whose resulting claims for reimbursement included Partially Allowed Claims ("PAC", as defined below).

Case History: A complaint was filed in July 2007 in the District of New Jersey accusing Aetna of providing insufficient reimbursement for Covered OON services or supplies by using the Ingenix databases and certain other policies to make reimbursement determinations. This complaint was consolidated with other similar lawsuits in the United States in 2009 and an amended complaint on behalf of the class was later filed. In December 2012, the class agreed to settle all claims against Aetna in exchange for a settlement involving payments by Aetna of up to \$120,000,000.00 (including a general settlement fund of \$60,000,000.00 and up to an additional \$60,000,000.00 that may be paid out to all class members who submit valid claims). The Court certified the settlement class and granted preliminary approval of this settlement in August 2013. Final approval is pending at this time.

Settling Defendant: The Settling Defendant is Aetna.

Definition of Out-of Network Provider or Provider Groups: This includes any health care provider, corporation, partnership, or other legal entity that did not have a valid written contract to provide covered services or supplies to Aetna plan members. An OON facility (which includes hospitals, ambulatory surgical centers and skilled nursing facilities) is an OON Provider Group *if and only to the extent* that it has: (a) bills submitted by the OON Facility for covered services or supplies provided by an OON Health Care Provider; or (b) the "Allowed Amount" (as defined below) for the OON Facility's fees or charges for specific claims was based on an "Ingenix" database (i.e., the Prevailing Healthcare Charges System database and the MDR Payment System database) under a plan that is based in New Jersey.

Definition of Partially Allowed Claim: A PAC means any claim line for a covered service or supply that is not a denied claim for which the Allowed Amount is less than the billed amount. PAC's are the only claims eligible for reimbursement in this litigation.

Definition of Allowed Amount: "Allowed Amount" means the amount Aetna determined to be eligible for reimbursement for a plan member's covered services or supplies billed by an OON Health Care Provider or OON Health Care Provider Group, before the application of co-insurance, deductibles, and coordination of benefits for coverage under another plan.

Next Step: Once you execute and return our service agreement, we will provide immediate advice on the limited, specific documentation which should be preserved to support/enhance your future claim.

The Services Provided to Our Clients Include: FRS is a claim filing consulting firm, not the court appointed class administrator, who will work within your guidelines to enhance your claim value. We will review data and documentation for settlement eligibility and minimize any burden on your internal resources. FRS will prepare and file the claim forms with supporting documentation, including verifying and cataloging information into concise schedules. FRS will locate independent sources for your required data, and, if not available, will identify the easiest way for your organization to produce the data. If data is not available we will negotiate acceptable alternatives with the claims administrator. FRS will provide advice on any rule changes agreed to as part of the settlement. We monitor the progress of the settlement and provide periodic updates and are always available to answer all questions. When the settlement is complete we will verify accurate distribution amounts, take steps to correct underpayments and provide a detailed accounting of the claim. In addition, FRS will always identify new settlement and recovery opportunities that will be sent directly to you. Please understand that you have the right to file on your own.

Settlement Information: If you need additional settlement information, please visit the court appointed website www.aetnaucrsettlement.com.

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