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This issue of the Consultant Connection eAlert provides news and information on people and programs that further the UnitedHealth Group mission of developing and delivering solutions that promote the quality and efficiency of care.

Earlier this month, Gail Boudreaux assumed the role of executive vice president of UnitedHealth Group and president of the Commercial Markets Group. Gail brings with her a wealth of health care and industry knowledge, coupled with proven leadership skills. Her focus on service quality will help drive further positive change and improve service and innovation for our customers. Recently announced new hires who bring additional depth and expertise to the UnitedHealth Group leadership team are Senior Vice President of Client Development Bruce Mead; President, UnitedHealth Networks Michael O'Boyle; and Ingenix Senior Vice President, Health Care Information & Analytics Tina Brown-Stevenson.

We take pride in a national agreement announced on May 8, 2008 with the Department of Veterans Affairs that provides eligible veterans who are UnitedHealthcare or Uniprise commercial health plan customers with in-network plan coverage when receiving care at VA facilities.

This issue contains additional valuable information on the IRS' Final Rule on employer HSA contributions, UnitedHealthcare's planned COBRA & Retiree Direct Bill Administration migration, and much more.

I hope you find this issue informative and useful. As always, I welcome your feedback and suggestions and wish you and your families a wonderful summer season.

Warm Regards,
Your National Consultant Liaison

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UnitedHealthcare Leadership Announcements

Gail K. Boudreaux Named President, Commercial Markets Group

Gail K. Boudreaux joined the Company on May 5, 2008 as executive vice president of UnitedHealth Group and president of the Commercial Markets Group. She assumed the position previously held by David Wichmann upon his being named executive vice president of UnitedHealth Group and president of UnitedHealth Group Operations.

Ms. Boudreaux reports to Stephen J. Hemsley, president and chief executive officer of UnitedHealth Group. Previously, Ms. Boudreaux was executive vice president of Health Care Services Corporation (HCSC).

Ms. Boudreaux is responsible for establishing and maintaining all customer-facing business processes and services in the Commercial Markets Group.

"We could not have asked for a better executive than Gail Boudreaux to step in and run the Commercial Markets Group," said Mr. Hemsley. "She is an exceptional senior leader with a wealth of health care experience. Gail's strong business knowledge of the health care industry, coupled with her outstanding leadership skills and focus on service quality, will drive further positive change at UnitedHealth Group and help us deliver improved service and innovation to our customers."

As executive vice president of HCSC, Ms. Boudreaux was responsible for the Illinois, Texas, New Mexico and Oklahoma Blue Cross and Blue Shield Plans and several HCSC subsidiaries. Prior to that, Ms. Boudreaux was president of Blue Cross and Blue Shield of Illinois, a division of HCSC and the largest health insurance company in Illinois.

Before joining HCSC, Ms. Boudreaux held various positions of increasing responsibility at Aetna, Inc., including senior vice president and head of Aetna Group Insurance, vice president of Customer Service, and regional manager, Capitol Region.

Bruce Mead to rejoin Uniprise as a Senior Vice President of Client Development

Bruce Mead rejoins Uniprise on May 30, 2008 as Senior Vice President of Client Development, reporting directly to Uniprise CEO Michael Matteo.

In this role, Bruce will work with our Sales Vice Presidents whom many of you know already, to help deliver those solutions that enhance the performance of the health system and improve the overall health and well-being of the people we serve.

Bruce most recently served as Vice President, National and Government Accounts at Blue Cross Blue Shield of Texas where he was responsible for new business and existing accounts. Prior to that, he spent 16 years with Uniprise as a Sales Vice President.

Bruce's extensive experience, previous tenure with Uniprise and outstanding leadership skills make him especially qualified to understand client needs – and to deliver on those needs.

Michael O'Boyle joins UnitedHealthcare as President, UnitedHealth Networks

Michael O'Boyle assumes responsibility for our physician, facility and other care provider relationships and operations, nationwide, serving our entire enterprise - UnitedHealthcare, Uniprise, Ovations, and AmeriChoice. As such, Michael will play an integral role in fulfilling our commitment to build collaborative relationships with physicians, facilities and other care providers, as part of our mission of helping people lead healthier lives. He reports to UnitedHealth Networks CEO Mike McDonnell.

Michael brings more than 25 years of experience as a senior executive recognized and respected throughout the care provider community. Most recently, in leadership positions at the Cleveland Clinic, first as its Chief Financial Officer and then as its Chief Operating Officer, Michael helped lead the clinic through a period of operational transformation, highlighted by expanding collaboration between the Clinic and its physician staff, reorganizing the regional hospital system, expanding the Clinic's facility footprint, executing its globalization initiative and restructuring its supply chain relationships.

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UnitedHealthcare Leadership Announcements continued

Tina Brown-Stevenson joins UnitedHealthcare as Senior Vice President, Health Care Information & Analytics at Ingenix

Tina Brown-Stevenson will oversee Ingenix's analytics and research practice in her role as senior vice president of Health Care Information, Analytics and Innovation. Her areas of responsibility will include AARP Analytics, Survey Research Solutions, and Analytics and Research Management Services. She also will lead the Ingenix involvement in Project Lightning, a UnitedHealth Group intelligence project involving enterprise-wide analytics and research assets.

Prior to joining Ingenix, as president of US Quality Algorithms/Aetna Integrated Informatics, Tina directed the Aetna globalization strategy for the United Kingdom National Health Services reform framework. Tina also served CIGNA HealthCare and Partners HealthCare Systems, where she was responsible for the design and delivery of customized data warehousing solutions, consultative capabilities, and integration of health services research.

UnitedHealth Foundation, Aging With Dignity Win National Healthcare Consumer Advocacy Award

The Society for Healthcare Consumer Advocacy (SHCA) recently honored the United Health Foundation and Aging with Dignity organizations for the 500,000 Wishes Campaign. The campaign is a nationwide grassroots effort to distribute half a million translated copies of the Five Wishes living will document, which is a resource to provide dignity and peace of mind to those facing end-of-life decision-making.

The SHCA award recognizes an outstanding community or national leader or group that has made a significant impact on the quality of care for the healthcare consumer.

The United Health Foundation sponsored the translation of Aging with Dignity's Five Wishes living will document into 20 foreign languages, in light of the increasing number of Americans who need to communicate their end-of-life care preferences in a language other than English.

To date, more than 1,000 grassroots organizations from around the country – from hospitals and hospices to organizations serving our nation's multi-cultural and senior populations – are part of the 500,000 Wishes Campaign to put this much needed resource into the hands of people who need it most.

At the same time, we still have work to do in distributing 500,000 translated copies of Five Wishes. We encourage individuals and organizations to take advantage of this state-of-the-art tool by visiting www.agingwithdignity.org or by calling 1-888-594-7437.

CDHP Research Abstract Selected For Presentation at Academy Health Conference

UnitedHealthcare will present The Effect on Healthcare Costs and Utilization of a Pilot Web-Based Rewards Program for Adults with Chronic Illnesses Enrolled in a Consumer-Driven Health Plan (CDHP) at the AcademyHealth's annual meeting being held June 8-10, 2008, in Washington, D.C.

Health Services Analysis researcher Mona Shah will present the results of an evaluation she led of the pilot Rewards for Action program launched in 2006 for Consumer-Driven Health Plan (CDHP) members. She and her team examined costs, utilization and quality for participants and non-participants in the program and found that participants had lower total costs, lower inpatient and Emergency Room use, and higher adherence to evidence-based guidelines.

Two additional study abstracts of studies by colleagues Nancy Hardie and Song Chen also were accepted for exhibits at the conference.

For 25 years, AcademyHealth's Annual Research Meeting has brought together health services researchers, providers and key decision makers to address the critical challenges confronting the nation's health care delivery system. More information about the conference can be found at academyhealth.org.

United Health Foundation Gives Grant to American College of Physicians for the Advancement of Medical Home Model of Care Delivery

The United Health Foundation announced a \$49,970 grant to the American College of Physicians (ACP) to develop a new Practice Improvement workbook to help internists and their staffs more consistently provide the preventive services and chronic care that are at the heart of the Patient-Centered Medical Home Model of care delivery.

The model emphasizes behavioral health support and patient education as well as the diagnosis and treatment of acute illnesses.

The grant is part of the Foundation's Advancing Clinical Excellence (ACE) program that will provide \$500,000 in grants to medical specialty societies to assist them in enhancing the quality and efficiency of care delivery.

Read the formal press release: <http://image.exct.net/lib/fef71271746c0c/d/1/ACP%20Grant%20announcement.pdf>

IRS Publishes Final Rule on Employer HSA Comparable Contributions

The IRS recently published a Final Rule on comparable contributions by an employer into an employee's Health Savings Account (HSA). The new rules are effective April 17, 2008, and apply to contributions made for calendar years beginning on or after January 1, 2009. This 2008 Final Rule supplements a previous 2006 rule issued by the IRS, and serves to address a couple of open issues. The two key issues relate to how an employer should treat employees who have not established an HSA by the end of a calendar year or failed to notify the employer that they had established an HSA, and the acceleration of employer contributions. The Final Rule also clarifies notice requirements and provides a sample notice for employers to use.

Notification Requirements

The Final Rule clarifies that an employer must give the notice to all eligible employees who have not (a) established an HSA or (b) notified the employer that they have established an HSA by December 31st of the calendar year in which employer contributions are made ("Year 1").

The notice must be in writing and state that the employer will make comparable contributions for Year 1 for eligible employees who have established an HSA, provided the employee notified the employer that the account has been established by the last day of February of the following calendar year ("Year 2"). If the employee establishes the HSA and provides notice, the employer must make a comparable contribution into the account no later than April 15th of Year 2 (see Comparable Contribution requirements below).

The notice must be sent no earlier than 90 days before the first employer HSA contributions are made and not later than January 15th of Year 2. The notice may be provided to employees electronically subject to IRS rules (26 CFR §1.401(a)-21).

Comparable Contribution Rule

The comparable contribution rules require employers to fund all employee accounts on a comparable basis. For example, the employer is required to contribute the same amount or the same percentage to each employee account. If the HSA is established by an employer through a cafeteria plan (Section 125 plan) the comparable contribution requirements do not apply.

Accelerated Contributions

Some employers choose to make periodic contributions to employee HSAs throughout the calendar year. The Final Rule clarifies that employers may accelerate contributions to the HSAs of employees who have incurred, during the calendar year, qualified medical expenses that exceed the employer's cumulative HSA contributions at the time the contribution is made. The employer must establish reasonable uniform standards for accelerating contributions and determining medical expenses. The employer also must make the acceleration option available to all qualified employees throughout the calendar year on an equal basis.

Click the link to read the IRS Final Rule regulation:

<http://image.exct.net/lib/fe71271746c0c/d/1/IRS%20Final%20Rule%20Regulation.pdf>

Veterans in UnitedHealthcare Commercial Health Plans Get Countrywide In-Network Access

A national agreement announced on May 8, 2008 between UnitedHealthcare® and the Department of Veterans Affairs (VA) gives UnitedHealthcare commercial health plan members, who are enrolled veterans and eligible to receive care in VA's health care system; in-network coverage for their VA health care services.

Effective immediately, eligible veterans who reside in the U.S., Puerto Rico, Virgin Islands, Guam and American Samoa and are UnitedHealthcare or Uniprise® commercial health plan customers will be provided in-network plan coverage when receiving care at VA facilities. Mental health/substance abuse services, administered by United Behavioral Health, and United Resource Networks transplant services are also included.

According to Ken Burdick, CEO of UnitedHealthcare, the agreement creates a network that provides for a smooth transitional environment for veterans with commercial health insurance, allowing them to coordinate financially and clinically within a single, robust network, and further enhance VA's health care system.

Hospital Additions - 1Q 2008

Effective 1/1/08

Physicians Medical Center Santa Fe	Albuquerque, NM
Promise Specialty Hospital of Miss Lou	Alexandria, LA
Promise Hospital of Baton Rouge	Atlanta, GA
Promise Hospital of Ascension	Baton Rouge LA
Presbyterian Hospital of Rockwall	Dallas, TX
Patients Medical Center	Houston, TX
Fayette Memorial Hospital	Indianapolis, IN
Monroe Hospital	Indianapolis, IN
Select Specialty Hospital- Gainesville	Jacksonville, FL
Regency Hospital NW Arkansas	Little Rock, AR
Regency Hospital-Springdale	Little Rock, AR
St. Mary's Healthcare Center	Minneapolis, MN
Wheaton Community Hospital	Minneapolis, MN
Liberty County Hospital	Montana
Mountainview Medical Center	Montana
Phillips County Hospital	Montana
St. Luke's Miners Memorial Hospital	Northeast PA
Methodist Medical Center of IL	Northern IL
West Shore Medical Center	Northern MI
Select Specialty Hospital NW IN	Northwest Indiana
Select Specialty Hospital Orlando North	Orlando, FL
Select Specialty Hospital-Orlando South	Orlando, FL
Select Specialty Hospital Tallahassee	Pensacola, FL
Scottsdale Healthcare Thompson Peak	Phoenix, AZ
Stone County Hospital	Southern MS
Stanton County Hospital	Topeka, KS
Surgical/Diag Ctr/Great Bend	Topeka, KS
Coryell Memorial Hospital	Waco, TX
Kings Daughters Hospital	West Central MS
Promise Hospital Of Vicksburg	West Central MS

Effective 2/1/08

Huey P. Long Regional Medical Center	Alexandria, LA
Adventist Bolingbrook Hospital	Chicago, IL
Medical Center of Newark	Columbus, OH
St. Elizbeth Medical Center-Grant County	Grant County, KY
Siouxland Surgery Center	Minneapolis, MN
Edward John Noble Hospital/Gouverne	Syracuse, NY
Grove City Medical Center	UHC PA, Pittsburgh Erie
Golden Plains Community Hospital	Amarillo, TX

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Hospital Additions - 1Q 2008 continued

Effective 3/1/08

Harris Regional Hospital	Asheville/Western, NC
Swain County Hospital	Asheville/Western, NC
Bryan W. Whitfield Memorial Hospital	Central AL
Roosevelt Warm Springs Institute	Columbus, GA
Methodist Rehabilitation Hospital	Dallas, TX
North Central Surgical Center	Dallas, TX
Harlan Appalachian Regional Hospital	Eastern KY - Lexington
Hazard ARH Regional Medical Center	Eastern KY - Lexington
McDowell ARH Hospital	Eastern KY - Lexington
Middlesboro ARH Hospital	Eastern KY - Lexington
Morgan County ARH Hospital	Eastern KY - Lexington
Whitesburg ARH Hospital	Eastern KY - Lexington
Williamson ARH Hospital	Eastern KY - Lexington
Fresno Surgery Center	Fresno, CA
Mayo Clinic Florida	Jacksonville, FL
St. Luke's-St. Vincent's Healthcare	Jacksonville, FL
Avera Hand County Memorial Hosp Clinic	Minneapolis, MN
Sturgis Regional Hospital	Minneapolis, MN
Bloomsburg Hospital	Northeast PA
CHS Berwick Hospital Center	Northeast PA
Good Samaritan Regional Medical Center	Northeast PA
Westfield Hospital	Northeast PA
Hazleton General Hospital	Northern PA
Physicians Regional Hospital	Northwest IN
Bronx VA Medical Center	New York, NY
Samaritan Pacific Communities	Portland, OR
Seton Medical Center Williamson	San Antonio, TX
Kentfield Rehab & Specialty Hospital	San Francisco, CA
Bienville Medical Center	Shreveport, LA
White River Junction VA Medical Center	Vermont

Uniprise HSAs to pay a 3.00% APY as of January 1, 2009

Although the interest rates on HSAs are variable, Uniprise has maintained a constant 4.07% APY for HSA accounts since introducing them in 2005. However, with dynamics such as interest rate cuts in the market, we need to rely on the variable rate feature of the HSAs and target a 3.00% APY effective January 1, 2009.

The HSA monthly maintenance fee will continue at \$3 per account. Additionally, a \$3 monthly below minimum balance fee will be assessed if an account drops below \$100. Employers may choose to pay these fees on behalf of their employees. (In the past, this fee was subsidized by Uniprise.) The Below Minimum Balance fee is waived for the first three months an account is open to allow time to build deposits.

In order to communicate the upcoming changes, a Change in Terms Notice will be mailed at least 30 days in advance of the effective date to existing account holders.

Note: UnitedHealthcare product standards for account options will not change.

COBRA and Direct Bill Retiree Administration Changes

Uniprise and UnitedHealthcare are insourcing its direct bill (e.g., individual conversion members) and certain COBRA business beginning this summer. The migration will be completed by the end of 2008. Currently, various aspects of the direct bill program are handled by an outside vendor. By insourcing certain aspects of the program we will improve service delivery to members and employers. This includes offering a broader-spectrum of COBRA administration and services, integrated reporting and data tracking, and improved control over all aspects of operations, finance and service.

Since UnitedHealthcare is the provider of services today, and will continue to be following the migration, the benefit services agreement and costs for clients will not change. All material aspects of our COBRA and direct bill services will remain the same. This includes:

- Management of eligibility and notifications
- Enrollment
- Billing and accounts receivable
- Processing of status changes
- Disbursement of premiums

In fact, there will be very little impact to our clients or the individuals we service beyond branding on the forms/website reports and a new mailing address. Beyond that, clients may be asked to validate data before the migration occurs.

We will be notifying impacted clients of their conversion timetable in early June.

LifeSolutions Proactive Care Coordination Program

Industry statistics cite 50%-80% of health care costs are driven by five to seven modifiable behavioral conditions: depression, anxiety, substance abuse, smoking, unhealthy eating, lack of exercise and psychosocial stress.

Behavioral health issues account for about 2%-3% of an employer's health care spend, yet behavioral issues can dramatically impact up to 25% of the total health care costs for those members identified with a chronic medical illness and co-morbid behavioral health condition.

LifeSolutions is a proactive care-coordination program that identifies and engages high-risk members with chronic medical conditions who also suffer from unrecognized or under-treated co-morbid behavioral health conditions. The program is integrated across our suite of medical care, disease and specialty care management solutions and leverages our emotional health and wellness capabilities - including behavioral health benefits, employee assistance programs, work/life services, and disability solutions — to help improve employee total health and productivity

Note: LifeSolutions is available only for Uniprise clients with specific programs in place for the full benefit and effectiveness of the program.

LifeSolutions program overview: <http://image.exct.net/lib/fe71271746c0c/d/1/Life%20Solutions%20pdf.pdf>

Contact your Uniprise Regional Vice President for specific program parameters and availability.