

Congress of the United States

Washington, DC 20515

June 9, 2025

Pam Bondi
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

Dear Attorney General Bondi,

We write to express our ongoing concerns regarding the business practices of UnitedHealth Group (UnitedHealth) in the Medicare Advantage (MA) program, and to express our strong support for the Department of Justice's reported investigations into allegations of antitrust violations¹ and civil² and criminal Medicare fraud.³ We urge the Department to thoroughly review new revelations from investigative reporting and whistleblower complaints, which suggest that UnitedHealth may have engaged in illegal activities that obstructed access to necessary hospital care and jeopardized the health and safety of many of the 55,000 UnitedHealth MA enrollees residing in nearly 2,000 nursing homes.⁴

Patients, providers, and advocates have long warned about UnitedHealth's unique role in profiting from waste, fraud, and abuse in the MA system. The company has been cited in numerous reports, studies, and court filings for adding unsupported diagnoses to patient medical records in order to trigger federal overpayments through the MA program - in some cases totaling billions of taxpayer dollars.⁵ These practices not only waste taxpayer funds, but result in increased Medicare Part B premiums and divert important resources to sustain the Medicare program in the long-term.⁶

New allegations in *The Guardian*'s reporting outline an appalling situation of corporate pressure to maximize profits, exacerbated by consolidation and anti-competitive practices, putting patients at risk and worsening care for nursing home residents across the country. Based on a review of UnitedHealth corporate documentation, patient records, court filings, dozens of interviews, and Congressional whistleblower complaints, *The*

¹ Anna Wilde Mathews and Dave Michaels, "U.S. Opens UnitedHealth Antitrust Probe," *The Wall Street Journal*, (February 27, 2024), https://www.wsj.com/health/healthcare/u-s-launches-antitrust-investigation-of-healthcare-giant-unitedhealth-ff5a00d2?mod=article_inline.

² Christopher Weaver and Anna Wilde Mathews, "DOJ Investigates Medicare Billing Practices at UnitedHealth," *The Wall Street Journal*, (February 21, 2025), https://www.wsj.com/health/healthcare/unitedhealth-medicare-doj-diagnosis-investigation-66b9f1db?mod=article_inline.

³ Christopher Weaver and Anna Wilde Mathews, "UnitedHealth Group is Under Criminal Investigation for Possible Medicare Fraud," *The Wall Street Journal*, (May 15, 2025), <https://www.wsj.com/us-news/unitedhealth-medicare-fraud-investigation-df80667f>.

⁴ George Joseph, "Revealed: UnitedHealth secretly paid nursing homes to reduce hospital transfers," *The Guardian*, (May 21, 2025), <https://www.theguardian.com/us-news/2025/may/21/unitedhealth-nursing-homes-payments-hospital-transfers>.

⁵ For example, see "MA: Questionable Use of Health Risk Assessments Continues to Drive up Payments to Plans by Billions," U.S. Department of Health and Human Services Office of Inspector General, (October 2024), <https://oig.hhs.gov/documents/evaluation/10028/OEI-03-23-00380.pdf>; Tara Bannow, "Study shows how UnitedHealth uses coding to rake in extra cash from MA," *STAT*, (April 7, 2025), <https://www.statnews.com/2025/04/07/medicare-advantage-study-risk-adjustment-coding-unitedhealth/>;

United States ex rel. Swoben v. Secure Horizons, et al., 09-5013, filed in U.S. District Court, Central District of California, (originally filed in 2009, U.S. intervened in 2017), Note: This case was dismissed by a federal judge, who provided the DOJ the opportunity to amend and refile their complaint. DOJ declined to refile the case; *United States of America ex rel. Benjamin Poehling v. UnitedHealth Group, Inc., et al.*, 16-08697, filed in U.S. District Court, Central District of California, (originally filed in 2011, transferred jurisdictions in 2016, U.S. intervened in 2017), Note: This case is ongoing.

⁶ "The MA program: Status report," Medicare Payment Advisory Commission (MedPAC), (March 2025), https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_Ch11_MedPAC_Report_To_Congress_SEC.pdf.

Guardian's investigation suggests that UnitedHealth has systematically sought to reduce access to care for their MA-enrolled nursing home residents in order to increase their corporate profits, potentially violating state and federal law. Most notably, the reporting alleges:

- **UnitedHealth utilized discrete bonus payments - potential kickbacks - to influence care decisions in nursing homes and pressured UnitedHealth employees to delay and deny medically necessary hospitalizations.** According to whistleblower accounts, UnitedHealth paid bonuses to nursing homes with fewer hospitalizations, routinely pressured providers to delay care and refuse hospitalizations as much as possible, and threatened to claw back funds if facilities did not engage in extreme cost-cutting, which ultimately appears to have been care-cutting. *The Guardian* cites several disturbing instances of delayed care, including a resident who was “exhibiting potential stroke symptoms” but “because of UnitedHealth protocols,” facility staff were instructed to wait to act until they received guidance directly from UnitedHealth.⁷ The delay in care reportedly caused the patient to have lasting health impacts.⁸ In other instances, medical providers who ensured timely care suffered retaliation like pay reductions and harsher performance reviews from UnitedHealth, punishing providers for ensuring their patients got the care they needed.⁹ UnitedHealth has suggested that these “bonus payments” are meant to reward nursing homes for better health outcomes,¹⁰ yet whistleblower accounts allege that UnitedHealth’s aggressive interference with the trained, expert judgment of medical providers often worsened patient health.
- **UnitedHealth influenced patient end-of-life decisions by pushing beneficiaries into establishing do-not-resuscitate (DNR) orders.** DNR orders instruct providers not to perform CPR for patients whose heart has stopped beating or who have stopped breathing. Whistleblowers allege that UnitedHealth tracked facilities with fewer residents with DNR orders and pressured nurse practitioners to persuade these vulnerable patients to change their code status “even when patients had clearly expressed a desire that all available treatments be used to keep them alive.”¹¹ Without these orders, a facility would be obliged to administer all viable treatment options, including hospital referrals, regardless of the cost.
- **UnitedHealth directed potentially illegal steering efforts.** Whistleblowers allege UnitedHealth provided nursing homes with financial incentives in exchange for enrolling residents in UnitedHealth’s MA Institutional Special Needs Plans (I-SNPs).¹² In some cases, UnitedHealth reportedly pressed facilities to leak confidential records and employed particularly aggressive sales tactics to directly target residents.¹³ Allegedly, UnitedHealth employees faced retaliation, including job termination, if they failed to meet sales quotas.¹⁴ UnitedHealth’s I-SNPs now have nearly as many enrollees as all other health

⁷ *Supra*, note 4.

⁸ *Id.*

⁹ “Whistleblower Aid Clients Expose UnitedHealthcare’s Profiteering Scheme after Permanent Injury or Death to Vulnerable Patients,” Whistleblower Aid, press release, (May 21, 2025), <https://whistlebloweraid.org/whistleblower-aid-clients-expose-unitedhealthcares-profiteering-scheme-after-permanent-injury-or-death-to-vulnerable-patients/>.

¹⁰ “Statement Regarding May 21 Article in The Guardian,” UnitedHealth Group, press release, (May 21, 2025), <https://www.unitedhealthgroup.com/newsroom/2025/2025-05-21-statement-regarding-may-21-article-the-guardian.html>.

¹¹ *Supra*, note 4.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

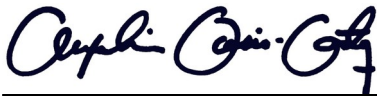
insurance issuers combined.¹⁵ These deeply troubling allegations depict an unacceptable situation where vulnerable, and often cognitively impaired, residents are preyed upon for corporate profit.

In recent decades, UnitedHealth has become the nation's largest health care conglomerate, acquiring physician groups, surgery centers, home health agencies, hospice providers, pharmacy benefit managers, and health technology firms.¹⁶ UnitedHealth now employs or is affiliated with 10 percent of all physicians in the U.S.¹⁷ This unprecedented growth has allowed the for-profit insurer to have greater control over patient care, dictating everything from which claims are covered to which providers patients are allowed to see.¹⁸ The company has repeatedly avoided competition and federal scrutiny by buying their partners, squeezing out their competitors, and spending tens of millions of dollars in lobbying to avoid Congressional oversight.¹⁹ Facing increased bipartisan scrutiny, UnitedHealth leadership recently acknowledged potential issues with its MA risk assessment coding practices and on June 2nd announced that they will be conducting an internal review.²⁰

The Guardian's findings reveal the need for a wide-ranging investigation by the Department of Justice into years, if not decades, of potential waste, fraud, and abuse at UnitedHealth. The potential harm of UnitedHealth's business practices extends far beyond waste of taxpayer dollars and appears to be endangering enrollees and harming health outcomes. We strongly urge you to expand your ongoing investigations to include the allegations outlined in *The Guardian* and other appropriate lines of inquiry concerning the impact of UnitedHealth's business practices on patients.

We stand ready to assist you in any way possible to protect Medicare program integrity and enrollees' health and safety. Please provide a briefing on the status and findings of any current and planned investigations related to UnitedHealth's participation in the MA program no later than July 14, 2025.

Sincerely,



Alexandria Ocasio-Cortez
Member of Congress



Lloyd Doggett
Member of Congress

Cc: Juliet Hodgkins, Acting Inspector General, U.S. Department of Health and Human Services, Office of the Inspector General

¹⁵ *Id.*

¹⁶ Hayden Rooke-Ley, "MA and Vertical Consolidation in Health Care," American Economic Liberties Project, (April 2024), <https://www.economicliberties.us/wp-content/uploads/2024/04/Medicare-Advantage-AELP.pdf>, at 19-21.

¹⁷ Bob Herman, "UnitedHealth Group now employs or is affiliated with 10% of all physicians in the U.S.," STAT, (November 29, 2023), <https://www.statnews.com/2023/11/29/unitedhealth-doctors-workforce/>.

¹⁸ Emma Freer, "UnitedHealth's collapse reveals the flaw at the heart of MA," MSNBC, (May 27, 2025), <https://www.msnbc.com/opinion/msnbc-opinion/unitedhealth-group-care-collapse-medicare-advantage-rcna208528>; *Supra*, note 16, at 4.

¹⁹ *Supra*, note 16, at 4, 19-21; "2022 Client Profile: UnitedHealth Group," OpenSecrets, <https://www.opensecrets.org/federal-lobbying/clients/summary?cycle=2022&id=D000000348>; "2023 Client Profile: UnitedHealth Group," OpenSecrets, <https://www.opensecrets.org/federal-lobbying/clients/summary?cycle=2023&id=D000000348>; "2024 Client Profile: UnitedHealth Group," OpenSecrets, <https://www.opensecrets.org/federal-lobbying/clients/summary?cycle=2024&id=D000000348>.

²⁰ Tara Bannow, "UnitedHealth conducting 'comprehensive review' of Medicare practices that are facing federal scrutiny, new CEO says," STAT, (June 2, 2025), <https://www.statnews.com/2025/06/02/unitedhealth-announces-comprehensive-review-of-coding-practices-under-scrutiny-medicare-advantage/>.