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DOJ Launches Investigation into UnitedHealth's Medicare Billing Practices

The Wall Street Journal (WSJ) recently reported that the U.S. Department of Justice (DOJ) has launched an investigation into UnitedHealth Group's Medicare billing practices. According to the WSJ, DOJ's investigation is "examining the company's practices for recording diagnoses that trigger extra payments to its Medicare Advantage plans, including at physician groups the insurance giant owns." In addition, the WSJ reported on allegations that the company used in-home health risk assessments and chart reviews to diagnose enrollees with obscure, revenue-generating conditions that were irrelevant or inaccurate.

The DOJ is investigating claims that UnitedHealth's practices resulted in billions of dollars in extra government payments into the insurer's Medicare Advantage plan. In 2021 alone, the WSJ's analysis claims these practices led to \$8.7 billion in additional payments to UnitedHealthcare from the federal government. Sen. Chuck Grassley (R-Iowa), chairman of the Senate Judiciary Committee, launched an inquiry on Feb. 24 into UnitedHealth's Medicare billing practices, citing concerns over fraud, waste and abuse in a letter to UnitedHealth Group's CEO Andrew Witty.

In a December 2024 WSJ article, *UnitedHealth's Army of Doctors Helped it Collect Billions More from Medicare*, the WSJ found that the change in sickness scores, which drive premium payments to UnitedHealthcare, were higher for patients of UnitedHealth physicians (71% increase over three years) in the company's Medicare Advantage plan compared to other UnitedHealth patients (45%), patients in all other Medicare Advantage plans (38%) and patients with traditional Medicare (12%).