United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

January 7, 2026

Stephen J. Hemsley
Chief Executive Officer
UnitedHealth Group
P.O. Box 1459
Minneapolis, MN 55440-1459

Dear Mr. Hemsley,

We are writing in follow-up to our letter dated August 6, 2025, in which we requested information related to reporting that UnitedHealth Group (UHG) appears to have been pressuring nursing homes to engage in practices that threaten the health, safety, and lives of vulnerable residents.[1] Our inquiry was informed by a briefing from UHG to staff on the allegations outlined in reporting, and our letter sought to reconcile the information provided in this briefing, recent reporting, and whistleblower testimony to the Senate Finance Committee (the Committee). Because you have failed to respond adequately to our inquiry – and in light of additional recent reporting – we are renewing our inquiry with heightened alarm.

As you know, reporting has detailed disturbing allegations that UHG is padding its revenues at the expense of residents living in nursing homes which are contracted to its Optum service group. According to this reporting, UHG deployed a number of incentive programs aimed at encouraging contracted nursing homes to keep UHG Institutional Special Needs Plan (I-SNP) enrollee hospitalizations below a set threshold. Although I-SNPs are a model commonly employed to reduce unnecessary hospitalizations, reporting alleges that UHG seeks to reduce even necessary hospitalizations for I-SNP enrollees in order to avoid paying for the cost of medically-necessary, and even lifesaving, care. New reporting published December 17, 2025 goes further to spotlight allegations that at least three nursing home residents died as a result of UHG delaying or denying them care.[2] In a particularly disturbing case, an Optum employee allegedly denied a request to transfer a resident to the hospital who was vomiting and had low

[1] George Joseph, *Revealed: UnitedHealth secretly paid nursing homes to reduce hospital transfers, The Guardian*, May 21, 2025, Revealed: UnitedHealth secretly paid nursing homes to reduce hospital transfers | US Medicare | The Guardian.

[2] George Joseph, *UnitedHealth Reduced Hospitalizations for Nursing Home Seniors. Now it Faces Wrongful Death Claims*, Guardian, Dec. 17, 2025, https://www.theguardian.com/us-news/ng-interactive/2025/dec/17/unitedhealth-nursing-homes.

oxygen levels after hitting her head during a fall. The resident was later found dead in her room, likely due to a traumatic head injury and internal bleeding. In a wrongful death suit filed on her behalf, attorneys allege the Optum employee did not act as a medical professional but as "an insurance adjuster."[3]

This reporting is premised, in part, on whistleblower disclosures shared with the Committee. These disclosures by two nurse practitioners formerly employed by Optum outline allegations that UHG "incentivizes Optum employees to avoid unanticipated care by awarding quarterly monetary bonuses for lack of all-cause hospitalizations."[4] These narratives are supported by an evidentiary file that contains various internal documents and communications. In it, whistleblowers provide evidence that Optum imposes an all-cause "admits per thousand" (APK) "budget" on contracted nursing homes – a threshold for how many hospitalizations the nursing home may make while remaining eligible for UHG bonus programs. Additionally, whistleblowers provided evidence that UHG may exert implicit pressure on Optum staff to avoid hospitalizations, including through bonus programs and policies that require staff to discuss hospitalizations with Optum supervisors. Whistleblowers also raise concerns that Optum's policies regarding advance directive planning could pressure patients into avoiding lifesaving interventions.

Committee staff have been attempting to obtain information about these allegations from UHG for several months. UHG provided a requested briefing to staff on July 29, 2025. In the briefing, staff sought more information about UHG's use of APK to determine bonus payments, the scope of control Optum exerts over nursing home decisions regarding hospitalization of residents, and UHG policies and practices governing advance directive planning with residents. However, following the briefing, most of the Committee staff's questions were unresolved.

UHG was unable to justify its use of APK as a quality measure in determining bonus payments or the exact scope of such payments to its contracted nursing homes. Staff questions about the use of APK were based on a whistleblower document reviewed by the Committee in which an Optum supervisor advised a UHG-contracted nursing home of its "APK budget" for 2020.[5] Contrary to descriptions of APK offered by UHG, this could be read as an implicit requirement to maintain APK below that threshold.

Additionally, UHG maintained in this briefing that nursing home staff are not required to have conversations with Optum representatives prior to sending a UHG I-SNP enrollee to the hospital. However, this explanation is at odds with the information laid out in a whistleblower document provided to the Committee titled "2019 Optum I-SNP Playbook (Playbook)." In this document, Optum instructs contracted facilities to avoid "bypasses," which "occur when the [skilled nursing facility] does not notify Optum when there is a change of condition or transfer to another level of care, such as a hospital." The Playbook goes on to emphasize that "[i]t is important that the [skilled nursing facility] leadership and nurses understand that even if they are sending a member out urgently they should still call [Optum] immediately."[6]

Further, in this briefing, UHG described Optum policies governing advance directive conversations with I-SNP enrollees. These conversations determine whether an enrollee will sign

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[3] Estate of Mary Grant, Deceased v. UnitedHealth Group, Case no: CV 25 122979 at para. 76, https://www.documentcloud.org/documents/26379822-first-amended-uhc-complaint-with-jury-demand-grant2025-09-15/.

[4] Whistleblower Disclosure, on file with the Committee.

[5] *Id*., Exhibit 29 APK Report Email.

[6] Whistleblower Disclosure, Exhibit 7, 8, 2019 Optum I-SNP Playbook at 56 of 67.

orders forgoing medical intervention in the case of an emergency – such as a do-not-resuscitate order or a do-not-intubate order. In its briefing, UHG described that Optum care providers are required – at a minimum – to have conversations with all UHG I-SNP enrollees about their advance directives at least once a quarter, and they may seek out these conversations more frequently depending on a resident's condition. Additionally, UHG explained that these conversations may be conducted on an "ad hoc" basis and without a witness present. Although UHG has disputed reporting characterizing its advance directive planning policies as potentially coercive, the information UHG provided to staff during this briefing raised concerns and additional questions; reporting released after the briefing only heightens these concerns. This reporting highlighted a complaint by a physician's assistant in which he describes that a nursing home resident presented with kidney failure and needed IV fluid injections, which he could only receive at a hospital. However, the physician's assistant alleges that when he made an Optum employee aware of his decision to hospitalize, the Optum employee denied the hospitalization, instead encouraging the resident's family to change the resident's care plan to "comfort care"– an "end of life" plan. According to the physician's assistant, the nursing home resident died shortly after, though his condition was believed to be reversible with curative care and treatment.[7]

To clarify these and other outstanding questions, we followed the July briefing with a letter on August 6, 2025, to which UHG did not meaningfully respond. UHG ultimately responded to a shortened list of questions with brief and unsubstantial answers on November 21, 2025. In that response, UHG declined to produce any requested documentation of its hospitalization policies or bonus programs, including the use of APK as a quality metric, and declined to provide a list of nursing homes contracted to the UHG I-SNP program.

We wrote to you on August 6, 2025, over three months ago, and again on September 30, 2025, seeking information to reconcile the discrepancies between UHG and whistleblower disclosures and documentation in our possession. Because your responses to our inquiries thus far have been inadequate and following extremely disturbing allegations in new reporting, we are increasingly alarmed by the issues we reiterate here. As new reporting alleges shocking harms resulting from the policies in question, we expect you to meet the urgency of our inquiry. We request a response to the following questions, as previously included in our August letter, by January 28, 2026. If you fail to respond in full, we will pursue answers to this critical inquiry using all tools at the Committee's disposal.

1. **Hospitalization Policies:**

    a. Please describe the most recent UHG I-SNP care model submitted to CMS for approval.
        i. Under this model, which care providers employed by Optum are responsible for enrollee care at a nursing home?
        ii. Under this model, do non-Optum employees also provide care to UHG I-SNP enrollees at a nursing home?

[7] George Joseph, *UnitedHealth Reduced Hospitalizations for Nursing Home Seniors. Now it Faces Wrongful Death Claims*, Guardian, Dec. 17, 2025, https://www.theguardian.com/us-news/ng-interactive/2025/dec/17/unitedhealth-nursing-homes.

iii. Are non-Optum employees at nursing homes contracting under this program responsible for carrying out any Optum/UHG policies related to patient care or I-SNP plan marketing?
iv. Please provide a list of all nursing homes Optum has contracted with under its I-SNP program for the past five years.
v. For each contracted nursing home, please provide a breakdown of how many residents in a nursing home are enrolled in a UHG I-SNP versus how many are not enrolled.

b. Please produce Optum policies governing hospital transfers for residents enrolled in a UHG I-SNP.
   i. Please define the following terms: avoidable hospitalization, potentially avoidable hospitalization, and unavoidable hospitalization.
   ii. Please produce documentation of the clinical protocol that Optum employees are required to follow when determining whether an I-SNP enrollee's change in condition warrants sending them to the hospital.
   iii. Please produce documentation of UHG policy dictating protocol that non-Optum employees at contracted nursing homes must follow when determining whether an I-SNP enrollee's change in condition warrants sending them to the hospital.
   iv. Please produce policy governing the steps that are taken after the Optum Care Team is contacted about a change in a residents' condition, including but not limited to conversations they are encouraged or required to have with non-Optum nursing home staff, visits they are encouraged or required to make to nursing homes, at what point they are encouraged or required to call a residents' primary care physician or the Medical Director of a facility, at what point they are encouraged or required to call other advance practice clinicians, and their involvement in determining whether to send a resident to the hospital.
   v. Under these policies, are Optum providers and nursing home staff always required to speak with an Optum supervisor prior to transferring a resident to the hospital for care?
      1. Is this requirement in place if the resident's condition is acute or emergent?
   vi. Under these policies, are there any other entities an Optum provider or nursing homes staff must consult prior to transferring an I-SNP enrollee to the hospital?
   vii. If a nursing home or Optum employee fails to follow protocol, what review or discipline may they be subject to?
   viii. Please produce the training materials Optum uses to inform Optum employees and non-Optum employees of Optum's policies and procedures related to transferring I-SNP enrollees to the hospital for emergency care.

ix. Please produce the federal and state requirements relating to transferring nursing home residents to the hospital for emergency care.

c. Please produce policies governing UHG's "Premium Dividend" and "Shared Savings" programs.
    i. Under these programs, what metrics are used to assess eligibility for a bonus?
        1. Will a nursing home be eligible for a bonus if it meets one quality metric, or must it meet multiple?
    ii. Please describe the "admits per thousand" (APK) metric used to determine whether bonuses under these programs will be paid to a nursing home.
    iii. How does UHG determine a facility's APK threshold?
    iv. Does this metric take into account whether a hospital admission was in response to an emergent or acute condition, versus a non-emergency condition?
    v. Does this metric take into account whether the hospital transfer had been cleared by UHG supervisors prior to transfer?
    vi. Is UHG's APK metric used in these programs the same metric used by CMS, or does it diverge in any meaningful ways? Please provide a detailed comparison of UHG's APK metric versus CMS's APK metric.
    vii. Why does UHG use APK to assess patient health and safety to the exclusion of other indicators, such as incidence of urinary tract infections or bed sores?
    viii. Under these programs, will a facility be penalized in any way for exceeding its APK threshold?
    ix. Please produce documentation of the thresholds for the past five years that UHG-contracted nursing homes have been required to meet in order to receive UHG I-SNP bonus payments, including the data that UHG used to set these thresholds.
    x. Please produce documentation outlining the per-member bonus payments nursing homes may be eligible for under these bonus programs. Please break this down by the quality measures associated with a given bonus payment.

d. What steps does UHG take to review hospitalizations of I-SNP enrollees and determine whether or not they were necessary?
    i. How often does UHG review hospitalizations of I-SNP enrollees?
    ii. What further action by Optum or UHG might this review prompt?

e. Under Optum policy, procedure, and guidance, are nursing home staff subject to review or discipline related to decisions to transfer residents to the hospital?
    i. If so, what circumstances would subject staff to review?
    ii. Who is responsible within a nursing home's and UHG's leadership for reviewing decisions to transfer residents to the hospital after the fact?

iii. How do UHG's reviews of hospitalizations factor into eligibility for bonus payments made to nursing homes?

f. Does UHG by practice, policy, procedure, or guidance, institute hospital transfer quotas on nursing homes?

2. Advance Directives:

a. During UHG's briefing, representatives explained that Optum prioritizes advance care planning for nursing home residents enrolled in their I-SNP and has serious illness conversations with I-SNP enrollees on a quarterly basis. Please confirm our understanding and produce all policies governing how Optum care providers identify residents for and conduct these conversations.

b. Please produce all training materials Optum uses to educate Optum care providers on how to identify patients for conversations around advance directives, how to conduct these conversations, and how to appropriately document the conversation and outcome.

c. In addition to Optum employees, who else joins advance care planning conversations with I-SNP enrollees?
   i. Is there a third party who is present?
   ii. Is the resident's power of attorney present?
   iii. Does UHG document the advance care planning conversations it has with I-SNP enrollees?
   iv. Are Optum providers required by Optum policy to contact or otherwise ensure stakeholders are present for advance care planning conversations with residents?

d. How does UHG confirm that Optum employees who lead advance care planning conversations with I-SNP enrollees have had educational training on end-of-life care conversations, beyond the annual in-service training offered by UHG?

e. UHG representatives explained that Optum uses a mortality risk assessment to inform conversations with I-SNP enrollees on advance care planning. Please produce this mortality risk assessment and an explanation of how inputs to the assessment are weighted.
   i. Why does UHG use its own mortality risk assessment rather than other evidence-based tools to guide conversations about a resident's prognosis and advance care planning?
   ii. Does UHG consult with a resident's primary care physician or the Medical Director of the nursing home about the accuracy of the prognosis predicted by the mortality risk assessment tool before speaking with residents about advance care planning?

f. Please produce a comparison of Optum's Serious Illness Conversation (SIC) guide versus the conversation guide developed by Ariadne Labs to improve understanding of nursing home residents' end-of-life care preferences.

3. Marketing Practices

a. Does UHG offer any bonus programs to contracted nursing homes related to enrollment in its I-SNPs or for any other achievement measured in whole or in part by enrollment-related metrics? If so, please produce policies governing such bonus programs.
b. Does UHG distribute marketing materials to Optum staff to promote enrollment in its I-SNPs? Does Optum distribute these marketing materials to non-Optum nursing home staff? Please produce marketing materials and policies governing marketing at contracted nursing homes.
c. Please confirm if Optum's marketing materials are approved by CMS and how often these marketing materials are approved by the agency.
d. Please produce Optum's protocol for collecting scope of appointment forms and/or enrollment forms from nursing home residents.

4. Federal Oversight:

a. Are UHG I-SNPs subject to federal and state surveys of nursing homes?
b. What federal requirements or regulations oversee UHG I-SNPs? For example, are these plans required to report specific information to CMS about the care they provide? Please provide documentation of any reports or data submitted to federal authorities.
c. Has CMS sanctioned or taken any other enforcement action against a UHG I-SNP in the last five years? If so, please provide documentation of these enforcement actions.

Sincerely,

Ron Wyden
United States Senator
Ranking Member, Committee on Finance

Elizabeth Warren
United States Senator