

October 10, 2024

VIA E-MAIL

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Health Care Market Oversight Program
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Re: Request for Information - 014 UHG-Amedisys Comprehensive Review

Dear Jenny,

I write in response to the Oregon Health Authority's October 2, 2024, clarifying questions in connection with its July 11, 2024, Request for Information in the above-referenced matter. Below you will find the OHA questions and UnitedHealth Group's ("UHG's") corresponding responses.¹

1. Response to RFI #26:

[REDACTED]

[REDACTED]

2. Response to RFI #29:

[REDACTED]

¹ The responses and materials attached hereto include non-privileged responsive information. UHG and Amedisys are not waiving attorney-client, attorney work product, or any other legally applicable privilege, and to the extent this response includes any information or documents subject to any such privilege, the production is inadvertent, and the parties reserve all rights to request sequestration and or return of the materials.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3. Response to RFI #34:

Please explain how LHC and Amedisys will continue to manage compensation and benefits (part c.) in accordance with their respective current policies and practices, provided that, per Entities' response to RFI #24, LHC and Amedisys will [REDACTED]

As noted in RFI #24, LHC and Amedisys employees will [REDACTED], which is described in detail in Exhibit 24. The compensation structures for these employees, however, will not change and LHC and Amedisys will continue to manage employee compensation in accordance with their respective current policies and practices.

4. Response to RFI #38:

The response states, “[t]he proposals and counterproposals are not always tracked and therefore are not available in all cases.”

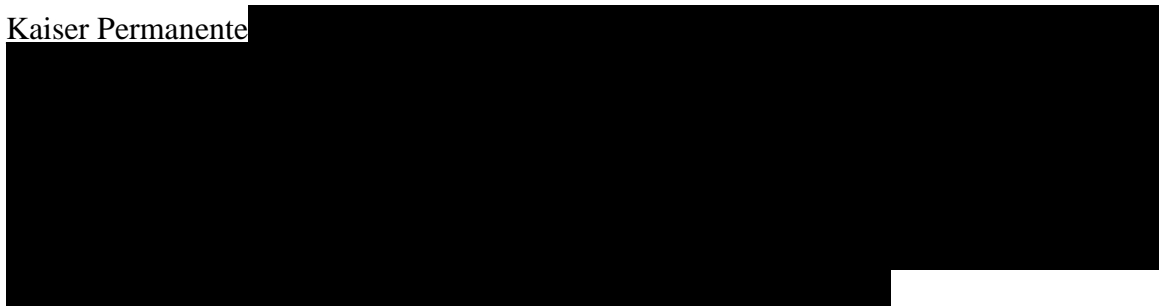
- a. Please describe what circumstances or factors influence whether LHC tracks proposals and counterproposals.**
- b. Why was there no tracking for the negotiations with Kaiser Permanente or United HealthCare included in Exhibit 38?**

A contract negotiation with a health plan can involve multiple rounds of proposals and counterproposals with detailed discussions of reimbursement rates and multiple other provisions. LHC does not systematically track all such proposals and counterproposals in the ordinary course of its business. Identifying all proposed terms by either party over the course of the discussions would require manual review of extensive collections of emails and associated documents. An additional review of LHC’s email correspondence with Kaiser Permanente and United Healthcare has identified the following key proposals and agreements.

- UnitedHealthcare



- Kaiser Permanente



5. Response to RFI #65:

The response states, “Optum has no policies or other materials prepared for Optum-employed clinicians in Oregon relating to home health care referrals [...]” OHA’s request pertained to “Optum-employed clinicians” and was not limited to Oregon clinicians. Please provide all documents, including policies, written guidelines/rules, or other materials prepared for Optum-employed clinicians nationwide related to home health care referrals.

Optum has no policies or other materials prepared for Optum-employed clinicians nationwide relating specifically to home health care referrals and Optum provides no Optum-issued materials to patients regarding their options for home health services (individual physicians may provide information on home health providers directly to their patients). A copy of Optum’s

² The PDGM is a case mix model that groups patients for payment purposes into categories based on certain patient characteristics. Additional information about PDGM is available from CMS at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-payment/HomeHealthPPS/Downloads/Overview-of-the-Patient-Driven-Groupings-Model.pdf>

Conflicts of Interest Policy applicable to all referrals (including home health care referrals) by Optum-employed clinicians is provided in Exhibit 69.

6. Response to RFI #66:

The response states, “Optum has no policies or other materials prepared for Optum-employed clinicians in Oregon relating to hospice care referrals [...]” OHA’s request pertained to “Optum-employed clinicians” and was not limited to Oregon clinicians. Please provide all documents, including policies, written guidelines/rules, or other materials prepared for Optum-employed clinicians nationwide related to hospice care referrals.

Optum has no policies or other materials prepared for Optum-employed clinicians nationwide relating specifically to hospice care referrals and Optum provides no Optum-issued materials to patients regarding their options for hospice services (individual physicians may provide information on home health providers directly to their patients). A copy of Optum’s Conflicts of Interest Policy applicable to all referrals (including hospice care referrals) by Optum-employed clinicians is provided in Exhibit 69.

Best regards,

Anthony Swisher

/s/ Anthony Swisher

Counsel to UnitedHealth Group Incorporated