



UnitedHealth Group's Integrity of Claims, Reports and Representations to Government Entities Policy

UnitedHealth Group requires compliance with the requirements of the federal and state laws that prohibit the submission of false claims in conjunction with federal health care programs, including Medicare and Medicaid. Every UnitedHealth Group employee, and in particular, every employee of each UnitedHealth Group business organization that receives or makes payments of \$5 million or more under a state Medicaid contract, as well as employees of UnitedHealth Group's contractors and agents, must receive the information set forth in this policy.

Guidelines

Federal and state governments have adopted a number of statutes to deter and punish misrepresentations with regard to health care programs. Failure to comply with these laws could result in civil and criminal sanctions imposed on individuals and UnitedHealth Group's subsidiaries by government entities. In addition to sanctions imposed by the government, employees' noncompliance with this policy (and any state or federal law designated to detect and prevent fraud, waste, and abuse) may result in discipline up to and including termination of employment.

- **Federal False Claims Act:** The federal False Claims Act prohibits knowingly submitting (or causing to be submitted) to the federal government, as false or fraudulent claim for payment or approval. It also prohibits knowingly making or using (or causing to be made or used) a false record or statement to get a false or fraudulent claim paid or approved by a state Medicaid program, the federal government or its agents, such as a carrier or other claims processor.

Civil penalties can be imposed on any person or entity that violates the federal False Claims Act, including monetary penalties of \$5,500 to \$11,000 as well as damages of up to three times the federal government's damages for each false claim.

- **Federal Fraud Civil Remedies:** The Program Fraud Civil Remedies Act of 1986 also allows the government to impose civil penalties against any person who make, submits or presents false, fictitious or fraudulent claims or written statements to designated federal agencies, including the U.S. Department of Health and Human Services, which is the federal agency that oversees the Medicare and Medicaid Programs.
- **State False Claims Acts:** Several states also have enacted broad false claims laws modeled after the federal False Claim Act or have legislation pending that is similar to the federal False Claims Act. Other states have enacted false claims laws that have provisions limited to health care fraud.
- **Whistleblower and Whistleblower Protections:** The federal False Claims Act and some state false claims acts permit private citizens with knowledge of fraud against the U.S.

Government or state government to file suit on behalf of the government against the person or business that committed the fraud.

Individuals who file such suits are known as a “qui tam” plaintiff or “whistleblower.” The federal False Claims Act and some state false claims acts also prohibit retaliation against an employee for investigating, filing or participating in a whistleblower action.

Manager Responsibilities: Managers must inform their employees that the UnitedHealth Group does not tolerate or condone activities that result in or contribute to the submissions of false claims to any federal health care programs, including the Medicare and Medicaid programs, and a manager must take appropriate action if he or she learns about possible fraudulent or abusive activities.

Business Organization Responsibilities: UnitedHealth Group’s policy on Detecting Fraud and Abuse requires each Business Organization to establish procedures to detect, investigate, eliminate and report fraud and abuse.

UnitedHealth Group’s Responsibilities: UnitedHealth Group’s Ethics and Integrity policy on Detecting Fraud and Abuse Business Organizations’ policies on Detecting Fraud and Abuse provide details regarding internal policies, procedures and individuals’ responsibilities to prevent and detect fraud waste and abuse. Additionally, UnitedHealth Group’s Ethics and Integrity Program provides for rigorous internal investigations and prompt resolution of alleged violations. Depending on the nature of the violation, investigations of integrity or compliance issues may be performed by the Compliance Officer, Legal Services, Corporate Security, Human Capital and/or other appropriate staff of consultants.

Contractor and Agent Responsibilities: UnitedHealth Group requires that its contractors and agents, and their employees, who perform services for UnitedHealth Group’s government program health plans (i.e., Medicaid and Medicare) comply with all federal and state laws that prohibit the submission of false claims in connection with federal healthcare programs. UnitedHealth Group also requires that its contractors and agents, and their employees, comply with all UnitedHealth Group policies and procedures relating to detection and prevention of fraud and abuse in government health care programs. Lastly, UnitedHealth Group requires that its contractors and agents distribute this information to their employees to educate them on the federal and state statutes, as well as, UnitedHealth Group and its subsidiary’s policies and procedures relating to fraud detection and prevention in connection with federal healthcare programs.