AMBA – UHC MEDICARE MEET-TO – OCT 16 2025

STAR RATINGS MOST OF UHC PLANS ARE AT 4.5 STARS

QUALITY BONUS PAYMENT (QBP)

REBATE PERCENTAGES

MULTIPLE APPROACH

UHC PROVIDER GRIEVANCE LETTER

UnitedHealthcare/WellMed Grievance Department
P.O. Box 6106
Cypress, CA 90630
Fax: 1-858-357-6049

CTM (Complaint Tracking Module) Complaint:

https://calhospital.org/wp-content/uploads/2024/10/Medicare-Advantage-Provider-Complaint-Submission-Form-Version-6_FINAL_08-2024.pdf

Yes – you should file an appeal with the MAO first (and you can file a grievance also at the same time) and on the same day – you can complete and submit the CTM Complaint. You do not have to wait until UHC REPLIES before you file the CTM Complaint

UHC PATIENT COMPLAINT

https://uhg7-prod.adobecqms.net/content/dam/UCP/Group/Medicare_Appeals_Grievances_Form_PO_Box_30883.pdf

- **MEDICARE.GOV** (creates a CMS "CTM" ticket to the plan)
  - File online via the **Medicare Complaint Form** or call **1-800-MEDICARE (1-800-633-4227)**
  - https://www.medicare.gov/my/medicare-complaint
- **Quality-of-care** complaints / How has it affected the patient's care, risk or condition?

Contact your state's **BFCC-QIO** (independent reviewer for Medicare beneficiaries).

https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms10287.pdf

Quality Improvement Organizations (QIOs), under contract with Medicare, are required to conduct reviews of all written complaints from beneficiaries about the quality of services not meeting professionally recognized standards of health care. You may contact the QIO for assistance in completing this form or for general assistance regarding your complaint.

Please use this step-by-step instruction sheet when completing your "Quality of Care Complaint" Form. Be sure to complete all sections of the form. In addition, if your personal information has been included in the form based on contact you have had with the QIO for your state, please review the information to confirm its accuracy.

Region	States / Territories	BFCC-QIO Entity	Phone / Toll-Free
(R1)	ME, NH, VT, MA, RI, CT	Acentra Health	888-319-8452
(R4)	AL, FL, GA, KY, MS, NC, SC, TN	Acentra Health	888-317-0751
(R6)	AR, LA, NM, OK, TX	Acentra Health	888-315-0636
(R8)	CO, MT, ND, SD, UT, WY	Acentra Health	888-317-0891
(R10)	AK, ID, OR, WA	Acentra Health	888-305-6759
(R2)	NJ, NY, PR, VI	Livanta / Commence Health	866-815-5440
(R3)	DE, DC, MD, PA, VA, WV	Livanta / Commence Health	888-396-4646
(R5)	IL, IN, MI, MN, OH, WI	Livanta / Commence Health	888-524-9900
(R7)	IA, KS, MO, NE	Livanta / Commence Health	888-755-5580
(R9)	AZ, CA, HI, NV, AS, GU, MP	Livanta / Commence Health	877-588-1123

STATE ATTORNEY GENERAL

Unfair Trade Practices Act in each state

US Senate:

Senate Homeland Security & Governmental Affairs Committee's *Permanent Subcommittee on Investigations (PSI*). PSI has been actively probing Medicare Advantage (Part C) practices—including **UnitedHealthcare**

- **Chair:** Sen. **Ron Johnson (R-WI)**
- **Ranking Member:** Sen. **Richard Blumenthal (D-CT)**

How a medical provider can reach them with information about UHC/MAOs

1. **Use PSI's whistleblower portals (best path).**

    1. https://www.hsgac.senate.gov/subcommittees/investigations/psi-whistleblower/
    2. Chairman Johnson's staff: HSGAC_PSI@hsgac.senate.gov
    Chairman Johnson's staff or the **Ranking Member's staff** directly. They accept tips (can be anonymous) and state they won't disclose personally identifying info without your approval.
2. **Call the committee if you need to coordinate first.**
   U.S. Senate HSGAC main line: (202) 224-4751. Ask to be connected to **PSI** whistleblower staff.

Practical tips before you submit

- **De-identify patient info** or obtain **written patient authorization** if you need to include PHI. (Congress isn't a HIPAA "covered entity"; when in doubt, de-identify or route identifiable material through HHS-OIG instead.)
- Include: contract IDs (e.g., **H-numbers**), denial letters, dates, scripts, internal policy memos, and a short chronology showing **pattern/practice** (e.g., prior auth algorithms, systematic down-coding, grievance handling, extrapolation by an MAO and more).

UHC ILLEGAL RECORD REQUESTS

you can complain to HHS's Office for Civil Rights (OCR) about **overbroad HIPAA record requests**, and OCR **does** investigate HIPAA issues (including "minimum necessary") and can require **corrective action plans** or penalties. But note that **OCR won't decide coverage/payment disputes**—so pair an OCR complaint with a **CMS complaint (CTM)** for plan behavior/Stars impact.

What OCR can do

- Enforce HIPAA's **minimum-necessary** rule (45 C.F.R. **164.502(b)**, **164.514(d)**) against health plans and their BAs; investigate complaints; impose CAPs/civil penalties.
- Accept complaints via its portal; **180-day** filing window from when you knew of the violation (extensions for good cause).

What OCR cannot do

- It doesn't order an MAO to **pay a claim** or reverse an **adverse benefit determination**. Use CMS channels for that (plan appeals + **CTM** complaint
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- **How to frame your OCR complaint (for record-sweep "data mining")**

- Cite that the plan (or vendor) demanded **year-long** charts without tying scope to a specific **payment/operations** purpose, contrary to **minimum necessary**; ask OCR to

require policy corrections/limits. Include dates, request letters, and any refusal->recoupment threat.
- If a third-party vendor is asking, note missing/unclear **Business Associate** status and lack of purpose/scope limits. (HIPAA requires a valid BA chain.) eCFR
- Acknowledge that when requests are tied to **RADV/required-by-law**, broader disclosures may be necessary; your complaint focuses on **non-RADV, untargeted sweeps**. (This shows reasonableness.)

Submit here (and in parallel to CMS):

- **OCR Complaint Portal:** file online; include exhibits and request confidentiality. HHS.gov
- **Medicare CTM complaint** (to affect Stars and force CMS visibility): use 1-800-MEDICARE or the Medicare complaint form.