SUMMARY REPORT

003 United-LHC: Two-Year Follow-Up

July 6, 2026

Introduction

The Oregon Health Authority's Health Care Market Oversight (HCMO) program reviews proposed heath care business deals, like mergers and acquisitions, to ensure they support statewide goals related to health care costs, health equity, access to care, and care quality. After completing a review, OHA issues a decision about whether a business deal, or transaction, involving a health care company should proceed as planned. For all approved transactions, OHA is required by law to analyze the transaction one, two, and five years after the transaction closed and to publish its findings.

OHA's follow-up reviews aim to analyze health care cost trends, cost growth and cost of care, and assess the impact of the approved transaction on access to care, quality of care, and health equity for people in Oregon. If applicable, OHA also checks whether the Entities have complied with any approval conditions and kept to any commitments made in the Notice of Material Change Transaction ("Notice") and subsequent HCMO filings.

This report summarizes analyses and findings from OHA's two-year follow-up review of UnitedHealth Group, Inc's ("UHG") acquisition of LHC Group, Inc. ("LHC"), (collectively, the "Entities"). OHA will continue to monitor for potential impacts on affordable, equitable and accessible high-quality care in its five-year follow-up review.

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Background

About the transaction

On August 2, 2022, OHA confirmed receipt of a complete Notice from UHG describing UHG's plans to acquire all LHC's assets and locations for $5.4 billion.

LHC specialized in providing post-acute health care services through a nationwide network of nursing agencies, hospice agencies, community-based services agencies, and long-term acute care hospitals. Prior to the transaction, LHC owned five home health agencies and five hospice agencies in Oregon.

UHG is a for-profit, publicly traded company that offers health insurance plans and provides health care services nationwide. It is the largest health care company and the largest employer of physicians in the country.[1,2] UHG is organized into two main businesses: UnitedHealthcare ("UHC"), which provides health insurance plans, and Optum, which provides health care and related services. UHC is the largest Medicare Advantage (MA) insurer in Oregon based on enrollment in the second quarter of 2025, covering almost 1 in 4 people with MA in Oregon (23.7%).[3] As of August 2025, Optum operated approximately 45 provider locations in Oregon, including physician practices, ambulatory surgery centers, behavioral health clinics, pharmacy and infusion therapy locations, as well as the home health and hospice agency locations acquired from LHC.[4]

In a press release announcing the transaction, UHG stated that the companies were combining to "further strengthen their shared ability to advance value-based care, especially in the comfort of a patient's own home."[5] UHG also stated that "as demand for care in the home increases, this combination will help elevate the health care experience for the people Optum and LHC group serve, prioritizing quality and seamless coordination that reduces fragmentation and complexity." [6]

As a result of the transaction, UHG expected to be able to offer LHC's services to more Optum Health patients.[7] In submissions to OHA, the Entities made various commitments relating to care post-transaction, including:

- Continuing to maintain access to LHC services.
- Continuing to accept patients with a variety of insurance types.
- Not giving UHC members preferential access to LHC's services.
- Improving patient outcomes and experiences.

The transaction closed on February 22, 2023. Following the close, LHC was integrated into Optum Health, a wholly owned subsidiary of UHG. UHG stated that LHC leadership would continue forward as part of Optum Health.[8]

OHA's preliminary review

OHA issued a Final Order approving the transaction on September 1, 2022. OHA's approval was based on the following criteria:[9]

1. **The transaction is unlikely to substantially reduce access to affordable health care in Oregon.** OHA concluded that the transaction would not impact the number of hospice or home health providers operating in Oregon and would not result in horizontal consolidation in the market for home health or hospice services. In submissions to OHA, UHG committed to continuing to maintain access to services and accepting patients with a variety of insurance types.
2. **The transaction is not likely to substantially alter the delivery of health care in Oregon.** OHA's analysis showed that, in most regions of the state, patients have options for home health and hospice services. UHG said it intended to expand value-based care models, which may result in better quality of care for patients.

One-year follow-up review

OHA's one-year follow-up review analyzed the activities of LHC's home health and hospice agencies in Oregon since the transaction closed in February 2023 through the first half of 2024. Key findings from the one-year follow-up review are summarized as follows. [10]

- UHG reported one closure and two relocations among the former LHC home health and hospice agencies in Oregon since the transaction closed: the hospice agency location in LaPine (Heart 'n Home Hospice and Palliative Care) closed in April 2023, the hospice agency location in Bend (Heart 'n Home Hospice and Palliative Care) moved in June 2023, and the home health agency location in Grants Pass (Three Rivers HomeCare) moved in January 2024.[11] [i]
- There were changes in various metrics for the home health and hospice locations in Oregon, relating to patient and service volumes, staffing, patient diagnoses, payments and

[i] OHA's One-Year Follow-Up Report incorrectly characterized the Bend relocation as a closure.

lengths of stay, however, the direction of these changes varied across metric and location, and given that the 2021-2023 period included only ten months of post-transaction data, OHA considered the results to be preliminary.

- Since the close of the transaction, UHG had been involved in several other acquisitions involving health care providers in Oregon, including:
    - Amedisys, Inc. ("Amedisys"), a nationwide provider of home health, hospice, and palliative care services, for $3.3 billion. Amedisys operates three home health agencies and one hospice agency in Oregon. OHA completed a comprehensive review and approved the transaction with conditions on July 2, 2026.
    - The Corvallis Clinic ("TCC"), a primary care and specialty clinic in Corvallis, Oregon. The Entities requested and were granted an emergency exemption from HCMO review based on the high risk that TCC would become financially insolvent, which immediately threatened healthcare services in TCC's service area.[12]
- In 2023 and 2024, UHG's provider arm, Optum, saw significant workforce reductions, including both layoffs and voluntary departures.
- The United States Department of Justice and U.S. Department of Health and Human Services opened various investigations into UHG, Optum, and the Change Healthcare cyberattacks.
- There were no public comments submitted during the one-year follow-up review.

Two-year follow-up review

On February 25, 2025, OHA notified UHG that it was commencing a two-year follow-up review of the transaction and issued a request for information (RFI) for narrative information, documentation, and data related to financials, governance, policies, staffing, patients, and services to inform the review. See **Appendix A** for details.

After requesting and receiving an extension to submit responses to the RFI, UHG submitted responses to OHA's RFI on April 10, 2025. In its response, UHG asserted that most of the information provided is confidential and exempt from release to the public pursuant to ORS 415.501(13)(c) and ORS 192.345(2). This report only includes information that has not been designated as confidential.

In addition to the information submitted by UHG, OHA reviewed publicly available sources and media coverage relating to UHG, Optum and LHC's Oregon locations. This information is summarized in the **Relevant Corporate Activities and Changes at UHG and Optum** and **Activities and Changes at Optum/LHC's Oregon locations** sections, below.

OHA also sought public comment from community members with experiences at LHC home health and hospice agencies. OHA did not receive any public comments.

Corporate Activities and Changes at UHG

This section summarizes publicly reported events at UHG and Optum in 2024 and 2025.

Leadership changes

Since the one-year follow-up review, UHC, the insurance arm of UHG, has experienced several changes to its leadership. On December 4, 2024, UHC's CEO Brian Thompson was shot and killed in a targeted attack in New York City.[13] Following that attack, in January 2025, Tim Noel, another UHC executive, was named as the new CEO.[14]

UHG has also experienced some leadership changes. In May 2025, UHG's CEO Andrew Witty stepped down, and Stephen Hemsley, who was CEO from 2006 to 2017, once again assumed the CEO position.[15] UHG also announced a new CFO effective September 2025.[16,17]

UHG's Optum subsidiary also experienced a CEO change. In May 2025, Heather Cianfrocco moved from the CEO position at Optum to serve as UHG's Vice President of Governance, Compliance and Information Security.[18] Patrick Conway succeeded Cianfrancco as CEO of Optum (in May 2025) and Optum Health (in June 2025).[19]

Continued acquisitions, mergers and joint ventures

Since the one-year follow up report, UHG has continued its strategy of vertical integration and expansion into various health care sectors through its Optum division.[20] Key acquisitions since the one-year follow-up review that could be identified from public sources include:

- **OrthoAlliance**: Optum's Ambulatory Surgery Center (ASC) unit, SCA Health, acquired OrthoAlliance, an orthopedic management services organization with locations across Ohio and Indiana, for $1.4B in November 2024.[21]
- **FlexCare Infusion**: Optum acquired FlexCare Infusion, an ambulatory infusion chain based in Oklahoma City with 30 locations across Alabama, Arizonia and Oklahoma, in January 2025.[22]
- **Holston Medical Group**: Optum acquired Holston Medical Group, a physician-owned healthcare organization with over 200 providers and 70 locations primarily serving Northeast Tennessee and Southwest Virginia, in August 2025.[23]
- **Amedisys**: UHG completed the $3.3 billion acquisition of home health and hospice provider Amedisys in August 2025, following the settlement of an antitrust lawsuit brought by the U.S. Department of Justice (USDOJ). The settlement required the divestiture of 164 home health and hospice locations across 19 states.[24] OHA suspended its comprehensive review of this transaction in Oregon pending the outcome of the federal lawsuit. On June 12, 2026, OHA approved the transaction with conditions.

In addition to these acquisitions, UHG has acquired or created more than 250 subsidiaries in 2024 alone, according to Stat News' review of UHG's financial filings, with many of the associated deals being relatively small and not publicly announced.[25] The company has been particularly focused on expanding its network of outpatient surgery centers, home health and hospice agencies, specialty physician groups and pharmacies.[26] [27]

With the exception of the Amedisys acquisition, OHA has not received a Notice of Material Change Transaction for any of these transactions, and the majority do not appear to have had an Oregon footprint.

Federal investigations

Reports first emerged in February 2024 that the USDOJ had launched an antitrust review of UHG's Optum subsidiary.[28] The probe reportedly focused on the potential for anti-competitive harms to patients and providers as Optum buys up health care provider groups.[29] A May 2025 report in the Capitol Forum noted that resource constraints within the USDOJ, due to staff departures, would delay the UnitedHealth investigation until the latter half of 2025.[30]

In early 2025, the USDOJ opened a criminal and civil fraud probe, investigating UHC's Medicare Advantage (MA) billing practices, including whether the company manipulated patient diagnosis

codes to increase payments from Medicare and whether doctors felt pressured to submit claims for certain conditions that bolstered payment. [31,32] [33,34]

In late August 2025, the USDOJ expanded its criminal probe to include the business practices of Optum Rx, UHG's pharmacy benefit manager (PBM). Optum Rx is one of the three largest PBMs in the county and serves UHG as well as other external customers.[35]

The USDOJ has declined to comment on the ongoing investigations. UHG has stated that it is cooperating with investigators and has "full confidence in its practices".[36]

Weakening financial performance

UHG is the largest health care company in the United States by revenue, generating revenues of $400 billion and operating profits of $32.3 billion in 2024.[37,38]

In April 2025, UHG revised its 2025 performance outlook, adjusting expected net earnings from approximately $28 per share to $25 per share.[39] UHG's press release cited "heightened care activity" within the MA business leading to higher spending on physician and outpatient services.[40] UHG also pointed to "unanticipated changes in the profile of Optum Health members" and impacts from "ongoing Medicare funding reductions."[41]

In July 2025, UHG further dropped its earnings outlook, saying it faced "challenges across our lines of business" but was implementing a plan to improve financial performance.[42]

New mission-driven focus

In July 2025, following the murder of CEO Brian Thompson, multiple USDOJ investigations involving antitrust concerns, Medicare billing and Optum Rx business practices, and two consecutive quarters of unexpectedly low financial performance, UHG's CEO Stephen Hemsley admitted to "pricing and operational mistakes" and announced that UHG would now be focused on a "mission-driven ambition of reform".[43,44]

The mission reform was described as, "a tone of change and reform born out of a recommitment to our mission to help people live healthier lives and help make the health system work better for everyone".[45] The mission was further elaborated on as, "requir[ing] a commitment to a culture of values, of service, responsibility, integrity and humility".[46] Commitments to "audit, clinical policy and payment integrity tools to protect customers and patients from unnecessary costs" and Artificial Intelligence (AI) tools to improve patient and provider experiences were also noted.[47]

Activities and Changes at Former LHC Oregon Locations

This section summarizes the findings from OHA's analysis of information and data submitted by UHG in response to OHA's RFI (see Appendix A & B). This included data and information from calendar year 2024 on patient volume, staffing, patient demographics, services rendered, payments, and geographic service areas. OHA's analysis sought to identify any significant changes in 2024 compared to the previous time periods, 2021-2023.

OHA also analyzed the latest publicly available consumer and family generated data from the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) and CAHPS Hospice Survey.[48,49] HHCAHPS is a questionnaire gathered from patients of Medicare-certified home health agencies each quarter.[50] Questions cover the patient experience regarding different aspects of the care. OHA will continue to monitor trends in these data as part of its statutorily mandated five-year follow-up review.

Home Health

Five home health agencies continued to operate in Oregon

There were no changes to home health agency locations operating in Oregon since the one-year follow-up review (see table below).

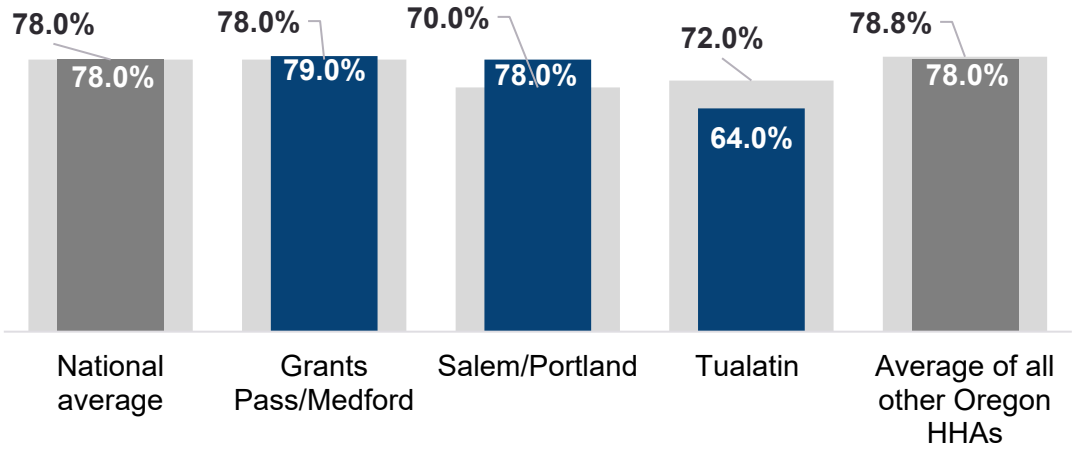
Home Health Agency Location	Address
Innovative Senior Care Home Health of Portland, LLC - dba Assured Home Health	7750 SW Mohawk Street, Building G, Suite 7750, Tualatin, OR 97062
Three Rivers HomeCare, LLC - Medford - dba Southern Oregon Home Health	1340 Biddle Road, Suite 101, Medford, OR 97504
Three Rivers HomeCare, LLC - Grants Pass	1867 Williams Hwy, Suite 109B, Grants Pass, OR 97527
Salem Home Care, LLC - Salem - dba Assured Home Health	925 Commercial Street SE, Suite 310, Salem, OR 97302
Salem Home Care, LLC - Portland - dba Assured Home Health	9320 SW Barbur Blvd, Suite 350, Portland, OR 97219

Measures of quality show mixed results

HHCAHPS data for July 2021 through June 2024 was available for all the former LHC-owned home health locations in Oregon, although Grants Pass and Medford use the same National Provider Indicator (NPI) number, and Salem and Portland share an NPI number. The shared NPI numbers resulted in three sets of HHCAHPS data for the five home health locations: Grants Pass/Medford, Salem/Portland and Tualatin.

One subset of HHCAHPS questions focuses on whether a patient would recommend the home health agency to friends and family.[51] OHA compared the former LHC agencies' scores on these questions, before (July 2021 to June 2022) versus after (July 2023 to June 2024) the transaction. Scores for Grants Pass/Medford and Salem/Portland increased after the transaction, indicating that patients were more likely to recommend friends and family to their home health agency. The same scores decreased for Tualatin. Nationally, there was no change for this measure during this time period, while the average score for all other home health agencies in Oregon decreased slightly.

Percent of HHCAHPS respondents who would definitely recommend the provider to friends/family, **year after the transaction** as compared to **year before the transaction**.



In addition to the HHCAHPS data, OHA reviewed publicly available data from CMS Quality Measure reports for home health agencies and compared the scores for former LHC-owned home health agencies in Oregon (Grants Pass/Medford, Salem/Portland and Tualatin) before (March 2022) and after (March 2024) the transaction, across 10 of the available quality measures. [52]

OHA found no clear trend in performance among LHC home health agencies in the year following the transaction. The Salem/Portland locations saw consistently worse scores post transaction, but the other agencies saw improvements in many measures. OHA will continue to monitor these scores and report findings in its five-year review of this transaction.

Change in CMS Home Health Agency Quality Measures, March 2024 compared to March 2022

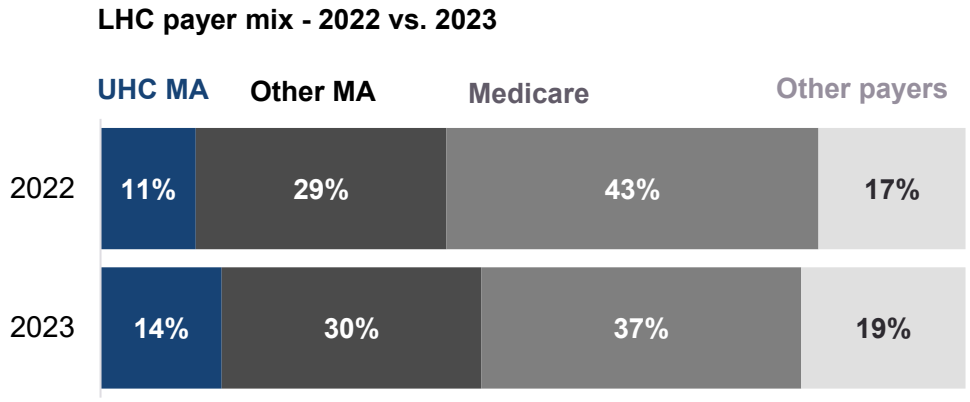
Quality Measure ***Percent of patients…***	**Former LHC – Grants Pass/Medford**	**Former LHC – Salem/Portland**	**Former LHC – Tualatin**	**Average of all other Oregon home health agencies**
Who experienced timely care	Improved	Improved	Improved	Improved
Whose medication issues were addressed timely	Worsened	Worsened	Worsened	No change
Who experienced pressure ulcer / injury	Worsened	Worsened	Improved	No change
Who saw improvement in ability to bath	Improved	Worsened	Improved	Improved
Who experienced improved breathing	Improved	Worsened	Improved	Improved
Who received flu shot	Worsened	Worsened	Worsened	Worsened
Who saw improvement getting in / out of bed	Improved	Worsened	Improved	Improved
Who saw improvement taking drugs by mouth	Improved	Worsened	Improved	Improved
Who saw improvement walking or moving around	Improved	Worsened	Improved	Improved
Who experienced falls with major injury	Worsened	Worsened	Improved	No change

Payer mix shifted towards UHC MA plans

Payer mix refers to the share of home health patients covered by different types of public and private insurance plans, e.g. Medicare, Medicaid, etc. Changes in a provider's payer mix may be related to patients' ability to access care based on their insurance type. OHA used data from Oregon's All Payer All Claims (APAC) database to analyze payer mix changes between 2022 and 2023 for the former LHC Home Health agencies in Oregon.

Former LHC Home Health agencies saw more MA patients and fewer Original Medicare patients proportionally, after the transaction. The share of LHC Home Health agency patients covered by UHC MA plans increased (from 11% to 14%) more rapidly than the share of MA patients covered by other insurers (from 29% to 30%). Further, other home health agencies in Oregon saw a slight

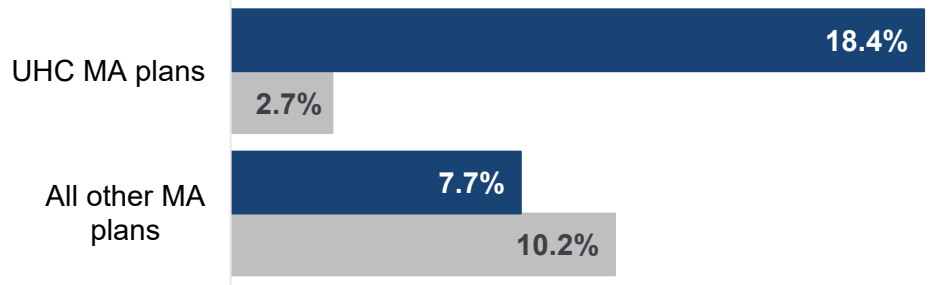
decrease in UHC MA patients proportionally during this time (from 11% to 10%). UHG stated in the Notice that it had no plans to give UHC members preferential access to LHC services, and OHA did not analyze whether this change in payer mix was a result of the transaction or driven by outside factors.[53] OHA will continue to analyze these trends as part of the five-year follow-up review.



Payments from UHC MA to former LHC-owned agencies increased significantly post-transaction

OHA used APAC claims data to analyze the post-transaction change in amounts paid by UHC MA and other MA plans for 30 days of home health care rendered by the former LHC-owned home health agencies. The chart below shows percentage changes from 2022 (pre-transaction) to 2023 (post-transaction) for former LHC-owned providers (dark blue colored bars) compared to all other home health providers in Oregon (light gray bars).

Between 2022 and 2023, the average payment by UHC MA plans to former **LHC providers** for 30 days of home health care increased by 18%, compared to a 3% increase in payments from UHC MA to **other home health providers in Oregon**.



The average payment from UHC MA plans to former LHC-owned providers increased by over 18% in 2023 compared to 2022, whereas UHC MA payments to other home health providers increased by a relatively modest 3%. In contrast, for other MA plans, payments to LHC-owned providers saw a smaller increase compared to other providers (7.7% vs.10.2%). While OHA's analysis did not explore whether these findings were transaction-related or driven by outside factors, they appear to be consistent with a recent research study which found that UHC payments to UHG-owned physician practices were significantly higher than UHC payments to third-party physician practices,

relative to its rival insurers.[54] OHA will continue to analyze home health payment trends as part of its five-year follow-up review.

Hospice

Four hospice agencies continued to operate in Oregon

UHG's hospice agency location in Baker City moved to a new location (less than one mile away) in Baker City effective April 25, 2024.[55] There were no other changes to hospice agency locations operating in Oregon since the one-year follow-up review (see table below).

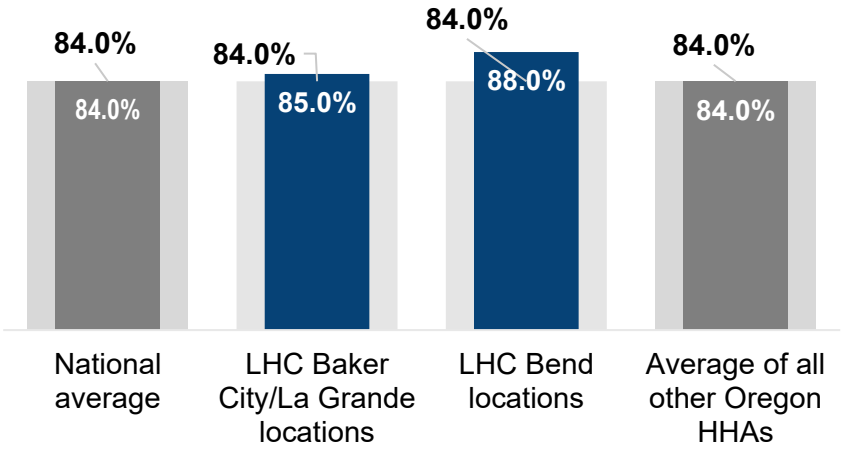
Hospice Agency Location	Address
Heart 'n Home Hospice and Palliative Care, LLC - Bend	1550 NE Williamson Blvd, Suite 120, Bend, OR 97701
Heart 'n Home Hospice and Palliative Care, LLC - La Grande	1108 J Avenue, La Grande, OR 97850
Heart 'n Home Hospice and Palliative Care, LLC - Baker City	3330 Pocahontas Road, Baker City, OR 97814
Health at Home Hospice, LLC dba Assured Hospice - Portland	9320 SW Barbur Blvd, Suite 330, Portland, OR 97219

Family and friends of hospice patients were slightly more likely to recommend former LHC hospice agencies

The Hospice CAHPS is a questionnaire gathered quarterly from the family and friends of patients served by hospice agencies.[56] Questions cover the patient and family/friend experience regarding different aspects of hospice care. Hospice CAHPS data are available for three of the former LHC-owned hospice agencies in Oregon: jointly for Baker City and La Grande locations, which operate under the same NPI number, and separately for the Bend location. (The Portland location was considered too small for CMS to publish data for the period April 2022 through March 2024.) OHA compared the former LHC agencies' scores on CAHPS questions before (April 2021 to March 2023) versus after (April 2023 to March 2024) the transaction.

One subset of questions focuses on whether the respondents would recommend the hospice provider to friends and family. Scores for the Baker City/La Grande locations increased by one percentage point, and scores for the Bend location increased by four percentage points, indicating that responders were more likely to recommend friends and family to the hospice agency. Nationally and in Oregon, there were no changes for this measure during this time period.

The percent of Hospice CAHPS respondents at former **LHC-owned hospice agencies** who indicated they would definitely recommend the provider to friends and family increased in the **period after the transaction** compared to results from the **period prior to the transaction**.



Other measures of quality show mixed results

OHA reviewed publicly available data from CMS' Hospice Quality Reporting Program and compared the scores for former LHC-owned hospice agencies in Oregon (Baker City/LaGrande, Bend and Portland) before (December 2022) and after (December 2023) the transaction.[57] OHA also compared those scores with average scores across all other Oregon hospice agencies for the same time period.

Results are shown in the table below. OHA found that as a group, the former LHC-owned hospice agencies in Oregon improved on five of the nine quality measures analyzed, while scores for three measures decreased and one remained the same.

Change in CMS Hospice Care Index Indicators, December 2023 compared to December 2022

Quality Measure	Former LHC – Baker City/La Grande	Former LHC – Bend	Former LHC – Portland	Average of all other Oregon hospice agencies
Percent thirty-day+ hospital stays with minimum 7-day gap between nurse visits	Improved	Improved	Improved	Improved
Percent live discharges within first 7 days of admission	Improved	Worsened	Worsened	Improved
Percent live discharges followed by hospitalization within 2 days and hospice readmission within 2 days of hospital discharge	Worsened	Improved	Worsened	Worsened
Percent live discharges followed by hospitalization within 2 days, where patient died in hospital	Worsened	Worsened	Improved	Worsened
Average total skilled nurse minutes provided on all Routine Home Care (RHC) service days.	No change	No change	Improved	No change
Per patient spending (limited to Medicare beneficiaries)	Worsened	Improved	Improved	Worsened
Skilled nurse visits minutes that occurred on Saturdays or Sundays out of all skilled nurse visits provided by the hospice during RHC service days	No change	Improved	Worsened	No change
Proportion Medicare Fee-for-Service patients who received in-person visits from a registered nurse or medical social worker on at least two out of the final three days of the patient's life.	Improved	Improved	Improved	No change
Percent beneficiaries receiving at least one visit by a skilled nurse or social worker during the last three days of the patient's life	Improved	No change	Improved	No change

In Summary

At the corporate level, UHG experienced several challenges in 2024 and 2025, including new leadership, financial headwinds, and increased pressure from federal regulators. UHG responded to these challenges with a new values-driven mission and new tools designed to protect patients from unnecessary costs and improve the patient and provider experience.

Oregon home health locations

All former LHC-owned home health locations remained open. Analyses on publicly available quality data revealed that these locations saw an increase in patients' inclination to recommend their home health provider to friends or family, except for the Tualatin location. They saw mixed results on other CMS measures of quality, although Salem/Portland locations in general performed worse than the other locations.

Analyses of available payment data showed the home health payer mix shifted towards more UHC MA patients and fewer Original Medicare patients. The amount paid by UHC MA for home health services from former LHC-owned providers increased by over 18% post-transaction. This increase was six times larger than the increases paid by UHC MA to other home health providers in Oregon during the same time period.

Oregon hospice locations

All former LHC-owned hospice locations remained open. Available quality data for former LHC-owned hospice locations showed that friends and family of hospice patients were slightly more likely to recommend former Oregon hospice agencies following the transaction. These hospice agencies also improved on five of nine other CMS quality measures, worsened on three others and had no changes on one.

Five-Year Follow-Up Review

OHA's five-year follow-up review, beginning February 2028, will look more broadly at the impact of the transaction on cost of care, access to care, quality of care and health equity in Oregon. OHA will also assess how the statements and commitments made by UHG and LHC in their Notice filing compare to actual events and changes since the acquisition and trends in UHG's self-reported data.[58]

OHA accepts comments at any time for all follow-up reviews. Public comments can be submitted via email to hcmo.info@oha.oregon.gov, filling out the public comment form, or by calling 503-945-6161 to leave a voicemail.

Appendix A: OHA's Request for Information – Two-Year Follow Up

OHA requested the following information from 003 United-LHC to support the two- year follow-up review.

1. Please complete the attached data request workbook. Further instructions are provided in the workbook. Note that three new tables have been added: Locations, HH referral sources, and Hospice referral sources.
2. List all UHG-owned home health and hospice agency locations in Oregon as of February 25, 2025, including name, primary practice address, organizational NPI, license number, and federal tax ID number.
3. For each UHG-owned home health and hospice agency location included in Appendix B (submitted as part of the March 2024 RFI Responses), please identify and describe any changes since April 30, 2024 in the following:
    a. Addresses/locations (including any closures).
    b. Names (including DBA names).
    c. License numbers.
    d. Federal tax ID numbers.
4. For each change identified in response to Item #3, provide:
    a. The effective date of the change.
    b. The reason(s) for the change.
    c. Any activities undertaken to inform patients, caregivers, and other parties in Oregon of the change.
    d. For any address changes:
        i. Indicate whether the service area of the agency changed as a result of the address change.
        ii. If the service area changed, identify the geographic areas (e.g., zip codes) removed or added to the agency's service area.
        iii. If the service area changed, describe any impacts for patients whose residence address was no longer in the service area.
5. Describe any efforts, initiated since UHG compiled the March 2024 RFI Responses, to further integrate LHC into Optum, including but not limited to:
    a. Electronic Health Records systems integration and interoperability.
    b. Clinical care quality standards and protocols.
    c. Administrative processes and systems.

d. Billing processes and systems.

e. Payer contracting.

f. Human resources (including hiring and compensation).

g. Third-party vendors and sourcing.

6. Describe *any* service or operational changes, including "ordinary course changes," impacting the LHC locations in Oregon since UHG compiled the March 2024 RFI Responses. Specifically, please describe in detail any changes in the following areas (addressing each area separately):

a. Number or composition of clinical staff.

b. Number or composition of administrative staff.

c. Staff compensation or employment terms.

d. Patient care practices.

e. Patient enrollment practices.

f. Patient discharge practices.

g. Patient referral sources or practices.

h. Hours of operation.

i. Range of services offered.

j. Forms of insurance accepted.

k. Billing and payment practices.

l. Financial assistance or charity care.

m. Availability of translation or interpretation services.

n. Suppliers of products or services.

7. Provide copies of all policies governing UHG-owned home health and hospice locations in Oregon in effect as of January 1, 2025, relating to:

a. Clinical staffing, e.g., number or type of staff providing various services, allocation of staff to patients, guidelines for in-person visit duration or frequency.

b. Employee compensation (including clinical, administrative, and management employees).

c. Patient care.

d. Patient enrollment.

e. Patient discharge, including live discharge "for cause."

f. Patient referrals.

g. Billing and payment.

h. Financial assistance and charity care.

i. Translation and interpretation services.

8. Please complete the table below listing all Oregon commercial health insurance plans and companies contracted with Optum or LHC for home health or hospice services as of January 1, 2025.

Carrier/Company	Insurance product / line of business	Contracted services (e.g., home health, hospice)	Contracted locations	Network tier/status

9. Identify each instance in which, since the close of the transaction, LHC, Optum, or any of its subsidiaries renegotiated a contract with a health plan for home health or hospice services in Oregon. For each instance, please identify:

a. Payer and plan name.

b. Line of business (e.g., commercial, Medicare Advantage, etc.).

c. Contracted services (e.g., home health, hospice, or both).

d. Which party (Optum/LHC or the health plan) initiated the negotiation.

e. Proposal(s) and counterproposal(s) made by Optum/LHC.

f. Proposal(s) and counterproposal(s) made by the health plan.

g. Final outcome of the negotiations, including a summary of any changes in reimbursement rates or terms.

h. Effective date of any resulting changes to contractual terms.

10. Please complete the table below listing all home health and hospice providers serving patients in Oregon that were contracted with UnitedHealthcare's commercial health insurance plans as of January 1, 2025.

Provider Name	NPI	Contracted services (e.g., home health, hospice)	UnitedHealthcare insurance product/line of business

11. Provide copies of all agreements between UHG or its subsidiaries and institutional facilities in Oregon (including long-term care, skilled nursing, and other residential facilities) relating to referrals for home health or hospice services.

Appendix B: OHA's Data Request

OHA requested annual data for each LHC location in Oregon for 2024. Requests included data on patient volume, staffing, patient demographics, services rendered, payments, and geographic service areas. See the table below for details.

Topic	Requested data
Patient volume	• Total admissions • Total patient volume • Total episode volume • total patient days • Average daily census. • Episode counts by primary payer type.
Staffing[ii]	• Number of staff • Number of full-time-equivalent (FTE) employees • Unfilled/open FTE • Number of in-person visits • Number of direct patient care hours.
Patient demographics	• Episode counts by patient sex, age group, race, ethnicity, and language service needs. • OHA also requested episode counts by referral source.
Services rendered	• Number of visits (broken down by nursing, social worker, and home health/home hospice aide) • Minutes of care provided (nursing, physical therapy, occupational therapy, and speech-language pathology).
Payments	• Total payment amounts received annually by payer. • Amount of financial assistance provided. • Payments received from alternative payment arrangements (not fee-for-service). • Average payment per episode of care.
Service areas	• Number of episodes by zip code of patient residence.

[ii] OHA requested these data be provided for the month of January 2025 and reported separately by staff position or category (e.g., registered nurse, social worker, home health aide, etc.)

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