UnitedHealth Acknowledges DOJ Investigation into Medicare Billing Practices



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UnitedHealth Group, the nation's largest private health insurer, has confirmed that it is under investigation by the U.S. Department of Justice (DOJ) for potential Medicare fraud tied to UnitedHealth's Medicare Advantage program. In a recent filing with the United States Securities and Exchange Commission, UnitedHealth disclosed that it is responding to formal criminal and civil inquiries from the DOJ. According to the filing, UnitedHealth proactively contacted the DOJ after reports of the investigation surfaced in May and has since launched a third-party review of its billing practices and internal metrics. That review is expected to be completed by the end of Q3 2025.

While UnitedHealth maintains full confidence in the integrity of its Medicare Advantage practices, these developments follow earlier Wall Street Journal reports alleging that physicians were pressured to submit inflated diagnoses to maximize government reimbursements. UnitedHealth's retirement segment, which includes its Medicare Advantage plans, is UnitedHealth's largest revenue driver. According to UnitedHealth, independent audits by the Centers for Medicare and Medicaid Services "confirm" that its billing practices are accurate and in compliance with all applicable laws and rules.

For more information, contact:
Carol Grelecki | 973.403.3140 | cgrelecki@bracheichler.com
Shannon Carroll | 973.403.3126 | scarroll@bracheichler.com
Paul DeMartino, Jr. | 973.364.5228 | pdemartino@bracheichler.com

Authors

The following attorneys contributed to this insight.



Carol Grelecki

Member
Healthcare Law

973.403.3140 · 973.618.5540 Fax

cgrelecki@bracheichler.com



Shannon Carroll

Member
Healthcare Law, Litigation

973.403.3126 · 973.618.5988 Fax

scarroll@bracheichler.com



Paul J. DeMartino, Jr.

Counsel
Healthcare Law, Litigation

973.364.5228 · 973.860.4221 Fax

pdemartino@bracheichler.com