

Exhibit A



UnitedHealthcare

Bulk Recovery Process Description

Overview

UnitedHealthcare (UHC) uses a bulk recovery process in order to recover overpayments due from providers who have refused or neglected to refund overpaid amounts to UHC, or who request that such overpayments be recovered through offsets against current claim payments. UHC's bulk recovery process improves our self-funded customers' cash flow by reducing outstanding receivables due from providers and getting overpaid amounts back to our customers more quickly.

Identification

UHC and its affiliate, OptumInsight, partnered to develop a process to identify potential overpayments, which may have been caused by issues around subrogation; coordination of benefits; and fraud, waste and abuse. UHC also identifies overpayments in the regular course of claims processing and review.

Once overpayments are identified, UHC can collect them against future payments to providers. When UHC identifies a potential overpayment, the overpaid provider receives an initial letter identifying the overpayment and requesting a refund of the overpaid amounts. The overpayment identification letter informs the provider that it may submit the overpaid amount to UHC by check or that UHC can recoup the overpaid amount from the provider by recovering it from a future payment. Many providers choose this method of recovery because it is easier for them from a practice management perspective than cutting a check. UHC's initial overpayment identification letter also includes information for providers who wish to seek additional information about or contest the overpayment identified if the provider feels the overpayment was misidentified or is otherwise not correct. The letter sets forth the timeframe in which a provider who intends to contest an identified overpayment must take action. If the provider has taken no action within the appropriate state guidelines of notification for overpayment, UHC will send a second letter just prior to placing the overpayment into the bulk recovery process, where it will be queued up for recovery against a future payment to that provider. The provider then has another opportunity to contact UHC before bulk recovery begins on the overpayment.

Collection & Reporting

UHC tracks, prioritizes, reports and collects overpayment receivables on identified overpayments across employer groups. For example, multiple member claims across all customers paid to a provider on the provider's payment day of the week will collect overpayments due from that provider at the same time.

For electronic payments, overpayments are prioritized for recovery on a "first in, first out" basis according to the date the overpayments were placed into bulk recovery, regardless of funding arrangement. These overpayments may be collected from any payment made to that provider and are not related to the member claims being paid in the payment.

For check payments, each provider receives a summarized self-insured and/or a fully insured check payment from UHC for all claims to be paid that day. The overpayments are similarly prioritized for collection, separately for self-insured and fully insured plans. UHC recovers any overpayments owed to self-insured plans by that provider from the self-insured payment. If that recovery does not reduce the payment to zero, UHC then recovers overpayments owed to fully insured plans by provider. Similarly, when a provider receives a fully insured check payment from UHC, UHC first recovers any overpayments owed to fully insured plans by that provider. If that recovery does not reduce the payment to zero, UHC then recovers overpayments owed to self-insured plans by provider. The process is neutral and does not favor fully-insured plans.

For example, when a provider seeks payment from UHC, it submits an aggregate bill for services performed for all UHC members that the provider has seen since it last billed UHC. Similarly, UHC pays that provider for all adjudicated claims for any members sitting in the payment queue.

Before making a scheduled payment to a provider, UHC will recoup any overpayments that are indicated as due from that provider in our overpayment recovery management system. A summarized payment to a provider can be zero, depending on how many claims being paid and how much must be recovered for overpayments.

The provider receives a remittance advice (electronic or paper) with the details for the claims paid for each member in the payment and information identifying the recovered overpaid claims for each member due from the provider. For example, the provider may have \$1,000 in receivables in claim payments and owe our customers \$200 in non-refunded overpayments, netting the check or electronic payment to \$800. The provider has received full payment for the claims and now has satisfied the payable due to customers that previously made overpayments. The customers with claim payments included in the payment to the provider are charged for their own claim liability and the customers with recovered overpayments receive the credit to the demand deposit bank account after the claims are adjusted for their specific member's claim.

Where credits are applied, that day's funding advice total liability is reduced by the credit(s) applied to the bank account and the daily detailed financial transaction banking data, online through the Employer eService portal in CSV format, will include the credit(s) with the daily charges details. The recovery transaction type code will be seen as a 0050 and reported in daily and monthly banking reports to support the funding of plan benefits. The monthly electronic customer reports (eCR) provided to customers representing their overall benefit plan experience costs will also include these credit transactions.