UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

THE ESTATE OF GENE B. LOKKEN, GLENNETTE KELL, DARLENE BUCKNER, CAROL CLEMENS, THE ESTATE OF FRANK CHESTER PERRY, THE ESTATE OF JACKIE MARTIN, JOHN J. WILLIAMS, AS TRUSTEE OF THE MILES AND CAROLYN WILLIAMS 1993 FAMILY TRUST, AND WILLIAM HULL, individually and on behalf of all others similarly situated,

Plaintiffs,

vs.

UNITEDHEALTH GROUP INCORPORATED, UNITED HEALTHCARE, INC., NAVIHEALTH, INC. and Does 1-50, inclusive,

Defendants.

Civil File No. 23-cv-03514-JRT-SGE

DECLARATION OF ALLYSIA DRUGA IN OPPOSITION TO PLAINTIFFS' MOTION TO COMPEL

I, Allysia Druga, declare as follows:

1. I am over 18 years of age, of sound mind and body, and otherwise competent to testify. I have personal knowledge of the facts set forth in this declaration and, if called to testify about those facts, could and would do so competently and under oath.

2. My current title is Vice President of Clinical Operations for naviHealth, Inc. ("naviHealth"), d/b/a Home & Community. naviHealth is part of Optum Home & Community Care Delivery. naviHealth performs post-acute care utilization and care

management services for Medicare Advantage plans, including plans sponsored by United HealthCare Services, Inc. and certain of its affiliated regulated subsidiary insurance companies that are Medicare Advantage Organizations (collectively, "UHC"). I have worked in this role since 2021. I have been with naviHealth since 2016.

3. In my role, I am familiar with naviHealth's post-acute care utilization and care management review services.

4. I offer this declaration in response to Plaintiffs' Motion to Compel to explain what nH Predict is, how it is used in the utilization and care management workflow, and in which post-acute care settings it was used before and during the alleged class period.

naviHealth Utilization Management Services

5. At naviHealth and in the managed care industry generally, utilization management refers to the management of health care service delivery. naviHealth's goal in conducting utilization management is to promote delivery of appropriate care to Medicare Advantage insured members ("members") in the most appropriate setting at the appropriate time, subject to criteria established by the federal Centers for Medicare & Medicaid Services (CMS) and the plan benefits covered under a given Medicare Advantage health plan.

6. Utilization management processes may take place before or during the member's clinical encounter with a health care provider. The type of utilization management that occurs before a patient is admitted to a post-acute care facility is called prior authorization or "pre-service." If utilization management occurs during a stay at a

post-acute care facility, it is called a continued stay review.

7. On or around July 1, 2019, naviHealth began providing certain post-acute care utilization and care management services for UHC. For purposes here, acute care refers to patient admissions in a hospital.

8. naviHealth provides care utilization and management services across several different types of post-acute care facilities including Skilled Nursing Facilities ("SNFs"), Inpatient Rehabilitation Facilities ("IRFs"), Long-term Acute Care Hospitals ("LTACs"), as well as some home health programs.

9. A SNF is a facility in which a member's condition requires daily, skilled nursing or rehabilitative services. An IRF is a facility in which the member receives intensive rehabilitation services from a multidisciplinary team overseen by a rehabilitation physician. An LTAC is a facility in which members with complex medical/nursing needs requiring prolonged acute care hospitalization, receive daily physician visits.

10. naviHealth works with SNFs to address barriers to effective post-acute care by promoting timely initiation of services and patient-specific care planning as well as assistance with navigating an individual's post-acute care journey.

11. The utilization management services that naviHealth provides for UHC fall into two categories: (1) prior authorizations, and (2) continued stay reviews of ongoing inpatient post-acute stays.

12. naviHealth also provides these utilization management services to other Medicare Advantage plans sponsored by other health insurance companies.

13. In May 2020, a subsidiary of UnitedHealth Group Incorporated acquired naviHealth.

14. Approximately 2,300 clinicians currently work for naviHealth. This includes Medical Directors, prior-authorization clinician reviewers, care coordinators, and appeals and letters clinicians.

Roles of Prior Authorization Clinician Reviewers, Care Coordinators, and Medical Director

15. naviHealth prior-authorization clinician reviewers and care coordinators are licensed health care professionals, including physical therapists, speech therapists, occupational therapists, or registered nurses, who work directly with members and facilities. A prior-authorization clinician reviewer or care coordinator may approve—but may not deny—prior authorization or ongoing coverage of post-acute care services. Care coordinators are responsible for engaging with providers, members, family, and caregivers throughout the member's admission in the post-acute care facility to assist with, among other things, approving their care and planning for their discharge to home or the next level of care.

16. Approximately 2,000 prior-authorization clinician reviewers and care coordinators currently work for naviHealth, with approximately 460 prior-authorization clinician reviewers that handle prior authorizations and 1,500 care coordinators that focus on continued stay reviews.

17. A naviHealth Medical Director is a licensed physician who is responsible for reviewing any case which may result in an adverse medical necessity coverage

determination, such as the denial of a prior authorization or a decision to end coverage for a continued stay in a post-acute care facility. An adverse medical necessity coverage determination is a decision to deny coverage for a requested health service because it does not meet the applicable coverage criteria for being "medically necessary." A service is not medically necessary when the service is not considered appropriate or required for the diagnosis or treatment of a medical condition based on applicable standards. For Medicare Advantage plans, the criteria for determination of medical necessity are specified by CMS in regulations and regulatory guidance. If a prior-authorization clinician reviewers or care coordinator cannot determine that a service is medically necessary, they refer the case to a physician Medical Director for review. The Medical Director then conducts an individualized review of the member's clinical information to decide whether the services are covered.

Care Coordinators' Use of nH Predict

18. nH Predict is a data-driven care support tool that helps members and care teams anticipate and plan for future care needs. It provides additional information to SNFs, care coordinators, members, families, and caregivers about potential expected functional gains while in the SNF, caregiver support needs at discharge, potential for acute readmission from the SNF, estimated SNF length of stay, therapy intensity in the SNF, and actual discharge settings of similarly situated members.

19. nH Predict helps to anticipate, based on past experience of similarly situated members, the potential timing of a member's discharge and their needs upon discharge. This allows the care coordinator to work with providers and caregivers to

timely address barriers to safe discharge by, for example, arranging for home care, ordering safety devices, or planning for alternative living arrangements.

20. nH Predict is also used to assist in setting dates for medical necessity review by which the care coordinator will collect documentation from the facility and conduct a review and either authorize a continued stay or refer the case to a Medical Director for review. The care coordinator is ultimately responsible for setting the schedule of reviews, based on the care coordinator's clinical judgment.

21. naviHealth does not use nH Predict nor the reports generated using nH Predict to deny care to members or to make adverse medical necessity coverage determinations. Only physician Medical Directors make adverse medical necessity coverage determinations based on application of the Medicare criteria.

22. naviHealth does not currently use nH Predict in prior authorization reviews. If, after reviewing a request for SNF care, a prior-authorization clinician reviewer cannot determine that a member's circumstances satisfy Medicare criteria for coverage for care at a SNF, the prior-authorization clinician reviewer refers the member's case to a Medical Director for review. Going back to 2019, naviHealth's workflow for SNF prior authorization review included having the prior-authorization clinician reviewers run a nH Predict report when referring a request to the Medical Director. In May 2023, naviHealth discontinued the practice of running nH Predict reports for prior authorization reviews.

23. The data set used for nH Predict's model involves only data from SNF episodes of care. nH Predict does not incorporate data from, and is not designed to be used in, other post-acute care contexts. naviHealth uses nH Predict exclusively in

connection with SNF services. naviHealth does not use nH Predict in connection with IRF or LTAC services.

I declare under penalty of perjury under the laws of the United States that the facts in this declaration are true and correct.

Executed on February 4, 2026 in Valencia, Pennsylvania.

Allysia Druga

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