

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

GUARDIAN FLIGHT, LLC,

Plaintiff,

v.

AETNA HEALTH, INC., and MEDICAL  
EVALUATORS OF TEXAS ASO, LLC,

Defendants.

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CIVIL ACTION NO. 4:22-cv-03805  
Hon. Alfred H. Bennett

**PLAINTIFF GUARDIAN FLIGHT, LLC’S  
REPLY IN SUPPORT OF MOTION TO CONSOLIDATE**

Plaintiff Guardian Flight, LLC (“Guardian”) files this Reply in support of its Motion to Consolidate the “Related Case” (No. 4:22-cv-03979) with this case. In further support of its Motion, Plaintiff would respectfully show the Court as follows:

**INTRODUCTION**

Guardian and its affiliates have filed cases in the Middle District of Florida and in this District seeking judicial review of independent dispute resolution (“IDR”) awards procured through misrepresentations and the application of an illegal presumption by the deciding IDR entity. The cases in Florida, which all involve the same IDR entity (C2C Innovative Solutions, Inc.), were assigned to the same judge. The cases in this District, which also involve a common IDR entity (Defendant MET), were assigned to different judges. The cases in this District were filed as related cases and are noted as such on their respective dockets.

The Related Case and this case share common parties, common facts, and common issues of law, including whether the application of an illegal presumption is grounds for vacatur, whether a payor misrepresenting its QPA is grounds for vacatur; and whether arbitral immunity applies to

a federal contractor. As this Court correctly questioned at the recent status conference, why should two cases with similar facts and similar novel legal issues proceed under two separate judges, which could result in conflicting rulings? Aetna’s response provides no answer.<sup>1</sup>

### ARGUMENT

**I. Consolidation will promote consistency, judicial economy, and result in a fair resolution to the parties because common issues of law and fact predominate.**

**A. Common issues of law and fact predominate.**

Aetna claims that this case and the Related Case bear only “surface-level similarities” “based purely on [Guardian’s] cookie-cutter pleadings.” Doc. 30 at 7. Even a basic reading of the complaints in these cases shows otherwise. The two complaints (1) share common parties (Guardian and MET); (2) allege MET applied an illegal presumption; (3) require a court to decide whether the application of an illegal presumption is grounds for vacatur; (4) allege that payors Aetna and Kaiser submitted QPAs that were not calculated in accordance with the No Surprises Act (“NSA”)); (5) require a court to decide whether a payor misrepresenting its QPA is grounds for vacatur; and (6) require a court to decide whether arbitral immunity applies to a federal contractor. Far from “superficial” overlaps, Doc. 30 at 5, these are *the* primary, dispositive issues defendants in both proceedings have challenged through 12(b)(6) motions and that both courts must now decide. Divergence on any of these issues would create inconsistencies and cause confusion in how the NSA is applied for healthcare providers and payors going forward.

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<sup>1</sup> Instead, Aetna attempts to misdirect by presenting a red herring: “[W]hy not move to transfer and consolidate with the Florida actions?” But that is easily answered: the Federal Rules of Civil Procedure do not so allow. “Federal Rule of Civil Procedure 42(a) allows a district court to consolidate two actions both of which are pending before the court. Actions pending in different federal district courts may not be consolidated.” *Ornelas v. Erasmus, Inc.*, 1999 WL 222353, at \*1 (N.D. Tex. Apr. 12, 1999) (citing Wright & Miller); *see also* Charles Alan Wright & Arthur R. Miller, 9A Fed. Prac. & Proc. Civ. § 2382 (3d ed.) (“Actions pending in different districts may not be consolidated under Rule 42(a) . . .”). Further, Defendant MET is based in Houston, Texas, making this a convenient forum where jurisdiction unquestionably exists.

Further highlighting that common issues of law predominate, Aetna and Kaiser assert many of the same defenses in their motions to dismiss. *See Morrison v. Amway Corp.*, 186 F.R.D. 401, 403 (S.D. Tex. 1998) (“Actions involving the same parties are likely candidates for consolidation, but a common question of law or fact is sufficient.”); *see also PEMEX Exploración y Producción v. BASF Corporation*, 2011 WL 13134611, at \*3 (S.D. Tex. Oct. 4, 2011) (Lake, J.) (noting that common questions of law exist when the Plaintiff asserted the same claims in both actions and Defendants in both actions “have either raised, or can reasonably be expected to raise the same affirmative defenses); *compare* Doc. 12, 4:22-cv-3805 with Doc. 25, 4:22-cv-3979. For example, Kaiser and Aetna both argue that MET’s application of an illegal presumption is not a basis for vacatur and that an IDR entity’s failure to consider a payor’s market data is neither a basis for vacatur as well. Doc. 12 at 10-12, 4:22-cv-3805; Doc. 25 at 17-19, 4:22-cv-3979. Indeed, it was Defendants’ decision to make numerous identical and substantive challenges in both proceedings (rather than proceeding to discovery on the merits) that now makes consolidation necessary.

Aetna argues that these cases do not involve “novel ‘common questions of law’” because “answers to the ‘common’ questions” “are either well-settled or easily ascertainable.” Doc. 30 at 4. But simply stating that questions of law are such does not in fact make them so. Aetna’s arguments regarding the scope of judicial review for IDR awards and arbitral immunity, Doc. 30 at 8-9, simply rehash Defendants’ flawed motion-to-dismiss briefing, which Guardian will not revisit here. *See instead* Doc. 16 at 6-11, 4:22-cv-3805; Doc. 28 at 10-13, 16-21, 4:22-cv-3979. Given the fact no court has ever considered the significant due process concerns that would exist if the Court were to treat the compelled IDR process as an arbitration arising from the voluntary agreements of the parties, it is certainly possible that “two learned judges could reach two different conclusions.” Doc. 28 at 9:24-25.

Aetna analogizes consolidation here with “consolidating two unrelated ERISA actions brought against different defendants simply because the causes of action are predicated on the same federal statute.” Doc. 30 at 7. But Aetna ignores a key difference: ERISA cases are illuminated by a well-established body of case law. Dispositive issues in ERISA actions truly *are* well-settled or easily ascertainable, as opposed to those under the NSA, which has not been meaningfully litigated anywhere in the country. Judges ruling on ERISA issues are guided by precedent created over the years, as opposed to here, where reasonable judges could arrive at different conclusions based on their interpretation of the interplay between the NSA, the Federal Arbitration Act, and NSA regulations governing IDR disputes.

While Aetna asserts that Guardian’s allegations “differ markedly from those of the plaintiffs in *Kaiser*,” it exaggerates. Doc. 30 at 10. The only differences between the two cases are: (1) different payors; and (2) *how* the payors misrepresented their QPAs. These issues do not ultimately move the needle against consolidation. A court will still have to decide the other common, dispositive issues of law, such as whether calculating a payor’s QPA inconsistent with the Departments’ guidelines constitutes misrepresentation under the NSA, whether misrepresentation is grounds for vacatur, the type and amount of discovery that is appropriate for such a dispute, and whether the policies and practices utilized by each payor in calculating their QPAs resulted in misrepresentations.<sup>2</sup> And as explained below, this Court may bifurcate the proceedings for trial such that Aetna is not prejudiced by facts specific to Kaiser. Therefore, individual issues do not predominate in these cases, and consolidation is appropriate.

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<sup>2</sup> For example, in related federal litigation, an expert affidavit was submitted demonstrating that Aetna’s in-network rates included “ghost rates” for air ambulance services with providers who could not possibly provide those services, such as social workers, optometrists, and physical therapists. *See* Exhibit A. Using such rates to calculate a QPA for air ambulance services would result in a misrepresentation to an IDR entity.

**B. Consolidation will not result in prejudice and confusion, but rather judicial consistency, clarity, and efficiency.**

Aetna argues that consolidation will prejudice it and the other Defendants because the “evidence in one case is not relevant to the issues in the other[,]” and because Aetna will “incur the unnecessary expense of multi-party litigation based on facts that are completely unrelated to the allegations against Aetna.” Doc. 30 at 3-4. Aetna’s stated concerns lack merit. This case and the related case share multiple common issues of law and fact such that consolidation will conserve party and judicial resources. *PEMEX*, 2011 WL 13134611, at \*4 (noting that the “existence of many factual and legal issues common to both actions means that consolidation will conserve time, money, and resources of both the court and the parties by reducing duplicate motions, discovery, hearings, and trials.”). In any event, Aetna has not explained what sort of unnecessary expenses it expects to incur as a result of the addition of Kaiser.

More to the point, Aetna’s fears that it will be prejudiced by Plaintiff and its affiliates’ allegations against Kaiser are entirely unfounded. It is well-established that “[c]onsolidation does not cause one civil action to merge from two.” *McKenzie v. U.S.*, 678 F.2d 571, 574 (5th Cir. 1982); *see also Frazier v. Garrison I.S.D.*, 980 F.2d 1514, 1532 (5th Cir. 1993) (“[A]ctions maintain their separate identity even if consolidated.”). This Court is empowered to bifurcate trials under Fed. R. Civ. P. 42(b), such that a jury will not confuse issues of fact unique to Aetna. *See PEMEX*, 2011 WL 13134611, at \*4 (“Moreover, the possibility of jury confusion at trial does not preclude consolidation, and any risk of confusion can be adequately address by particularized jury instructions, and special verdict forms.”).

For these reasons, consolidation is appropriate and will help avoid prejudice and inconsistent rulings.

**II. Consolidation should occur before this Court rules on the pending motions to dismiss.**

Aetna asks in the alternative that the Court “defer ruling on the motion to consolidate until it first rules on the pending motions to dismiss,” but its request altogether misses the purpose of consolidation. Doc. 30 at 14. Consolidation should occur *before* this Court rules on the pending motions to dismiss to remove the risk of potentially inconsistent rulings. The two cases present novel, common questions of law with significant implications for healthcare providers, and motions to dismiss have been fully briefed in each case. As this Court has recognized, it is important for a single court to rule on the cases so as to create uniform “guideposts” for future jurisprudence. Doc. 28 at 10:19-25, 11:1-3. This objective will naturally be jeopardized should the presiding judges issue conflicting decisions before consolidation—a problem other courts in this Circuit have recognized should be avoided. *See Moran v. Landrum-Johnson*, 2020 WL 3036065, at \*2 (E.D. La. June 4, 2020) (Fallon, J.) (“Waiting to rule on [the motion to consolidate] until the motions to dismiss have been resolved is unnecessary and inefficient.”). To avoid the possibility of inconsistent decisions in an area of developing case law, the cases should be consolidated before this Court rules on the motions to dismiss.

**CONCLUSION**

For all these reasons, Plaintiff Guardian Flight, LLC respectfully requests that the Court grant the Motion to Consolidate.

Dated: April 10, 2023

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**CERTIFICATE OF SERVICE**

I certify that on April 10, 2023, a true and correct copy of the foregoing was served via the Court's ECF system on all counsel of record.

/s/ Adam T. Schramek

Adam T. Schramek

# EXHIBIT A



**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
TYLER DIVISION**

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TEXAS MEDICAL ASSOCIATION, et al.,	)	
	)	
<i>Plaintiffs,</i>	)	
	)	Case No.: 6:22-cv-00372-JDK
v.	)	
	)	Lead Consolidated Case
UNITED STATES DEPARTMENT OF	)	
HEALTH AND HUMAN SERVICES, et al.,	)	
	)	
<i>Defendants.</i>	)	
	)	

**DECLARATION OF JOAN E. DAVANZO**

1. My name is Joan E. DaVanzo, Ph.D., M.S.W. I make this declaration in support of LifeNet, Inc.’s motion for summary judgment. I have personal knowledge of the matters discussed below, and if called as a witness I could competently testify to each of them.

2. I am a health care researcher and Chief Executive Officer (CEO) of Dobson DaVanzo & Associates, LLC (Dobson | DaVanzo), a health economics and policy consulting firm located in the Washington DC metropolitan area. The firm was founded in 2007, and over the last fifteen years, the work of our principals has influenced the design of demonstrations and many public policy decisions, and it has appeared in numerous instances in legislation and regulation. Our litigation support efforts have helped courts, plaintiffs, and defendants understand the economic value of various health care matters. We are at the forefront of using administrative data sets to explore payment bundling and other financial issues for both commercial and government clients. We apply decades of experience, access to a broad range of policymakers and subject matter experts, and innovative research techniques to design rigorous and objective analyses that best meet our clients’ needs.

3. The Transparency in Coverage Act requires payors to disclose their current in-network rates, for a variety of services, beginning July 1, 2022.<sup>1</sup> At LifeNet’s request, Dobson | DaVanzo obtained and analyzed the raw data that was made public by Aetna of Texas (“Aetna TX”, and “Aetna TX Raw Data”). Specifically:

a. Dobson | DaVanzo downloaded and extracted the machine-readable file (MRF) in JSON format for CY 2021 Texas Federal PPO Aetna Advantage data from the In-Network Negotiated Rates & Allowed Amount Files section of the Aetna MRF website.<sup>2</sup>

b. After extraction, a Python 3 interpreter with the additional “JSON” community tested module was used for converting the machine-readable data. Once that data was loaded, normalized, and reshaped, Dobson | DaVanzo created two CSV files: (i) a contract-level rate file, containing the underlying fee schedule and negotiated rates, and (ii) a contract-to-provider crosswalk.

c. Next, using Healthcare Common Procedure Coding System (HCPCS) codes, Dobson | DaVanzo created and filtered (i) the contract-level rate file, in order to isolate the subset of contract rates associated with the four HCPCS codes for air ambulance services.<sup>3</sup>

d. Next, Dobson | DaVanzo created a base analytic file, by taking the following three steps:

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<sup>1</sup> See Transparency in Coverage Act Final Rules, 45 C.F.R. § 147.211(b)(1)(iii); see also FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 49 (Aug. 20, 2021), available at <https://perma.cc/B7L7-QEKM>; see generally D. Gordon, *New Healthcare Price Transparency Rule Took Effect July 1, But It May Not Help Much Yet*, Forbes.com, July 3, 2022, available at <https://perma.cc/3YHP-TQQQ>.

<sup>2</sup> [https://health1.aetna.com/app/public/#/one/insurerCode=AETNACVS\\_I&brandCode=AFEHBPFI/machine-readable-transparency-in-coverage](https://health1.aetna.com/app/public/#/one/insurerCode=AETNACVS_I&brandCode=AFEHBPFI/machine-readable-transparency-in-coverage).

<sup>3</sup> The four rates are: One-way fixed-wing (A0430); one-way rotary-wing (A0431); fixed-wing per-loaded mile rate (A0435); and rotary-wing per-loaded-mile rate (A0436).

i. Dobson | DaVanzo merged the subset of the contract-rate file with the contract-to-provider crosswalk, using a contract-level identifier to match providers with contracts;

ii. Dobson | DaVanzo added provider names and provider specialty information (when available) to this file, using information that was obtained by matching the National Provider Identifiers (NPIs) in the Aetna data with the May 2022 extract of the National Plan & Provider Enumeration System (NPPES) provider information download file;<sup>4</sup> and then

iii. Dobson | DaVanzo added to that file the Medicare specialty group categories, applicable to each provider, which were obtained from the Provider Taxonomy Code found in a May 10, 2022 extract of the Medicare Provider and Supplier Taxonomy Crosswalk file.<sup>5</sup>

4. Exhibit A to this declaration is a small, randomly chosen subset of the base analytic file, which is intended to illustrate the names and specialty groups of providers for whom the Aetna Raw Data showed air ambulance rates. For each of the randomly chosen providers, Exhibit A contains all underlying fee schedule or negotiated reimbursement rates for air ambulance service codes found in the Aetna Raw Data and associated with that provider. Exhibit A is organized by NPI and known Provider Specialty. The full base analytic file is much larger than Exhibit A, and contains over 5,000 rows of data.

5. Exhibit B shows: (1) the total number of unique providers (i.e., NPIs) associated with that provider specialty type, and (2) for each provider specialty type, the median fee schedule rate of each of the four air ambulance service codes.

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<sup>4</sup> [https://download.cms.gov/nppes/NPI\\_Files.html](https://download.cms.gov/nppes/NPI_Files.html)

<sup>5</sup> <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/medicare-provider-and-supplier-taxonomy-crosswalk/data>

I declare under penalty of perjury that the foregoing is true and correct. Executed on 10/12/2022

  
\_\_\_\_\_  
Joan E. DaVanzo

**Exhibit A: Extract of Aetna In-Network Underlying Fees Schedule or Negotiated Reimbursement Rate for Contracted Conventional Air Ambulance Services Providers**

#	National Provider ID (NPI)	Provider Name	Provider Specialty	Fixed-Wing Rates		Rotary Wing Rates	
				Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
1	1003080375	ASHESH PARIKH	Physician/Cardiovascular Disease	\$6,241.42	\$20.48	\$14,392.12	\$44.98
2	1003129495	MAHSA SHEKARI	Optometry	\$2,095.73	\$34.86	\$2,436.59	\$43.05
3	1003329319	JAZMINE MADDOX	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
4	1003329319	JAZMINE MADDOX	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
5	1003329319	JAZMINE MADDOX	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
6	1003329319	JAZMINE MADDOX	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
7	1003329319	JAZMINE MADDOX	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
8	1003337783	PUBLIX SUPER MARKETS, INC	Other Medical Supply Company	\$2,241.73	\$21.08	\$5,075.03	\$44.98
9	1003337783	PUBLIX SUPER MARKETS, INC	Other Medical Supply Company	\$4,755.24	\$25.00		
10	1003349648	COURTNEY WASHINGTON	Physician/Family Practice	\$3,570.00	\$21.08	\$5,075.03	\$58.11
11	1003875238	EYE TEL IMAGING LLC	Physician/Ophthalmology	\$4,044.65	\$9.50	\$2,436.59	\$44.98
12	1003875238	EYE TEL IMAGING LLC	Physician/Ophthalmology	\$4,176.83	\$25.97	\$5,075.03	\$50.00
13	1003879180	DVA RENAL HEALTHCARE INC	End-Stage Renal Disease Facility	\$3,570.00	\$21.08	\$16,919.72	\$44.98
14	1003946310	JENNIFER CLEVELAND	Psychologist Clinical	\$2,241.73	\$11.22	\$3,713.85	\$44.98
15	1003946310	JENNIFER CLEVELAND	Psychologist Clinical	\$3,570.00	\$20.48	\$5,075.03	\$55.31
16	1003946310	JENNIFER CLEVELAND	Psychologist Clinical	\$4,176.83	\$21.08	\$5,548.74	\$58.11
17	1003946310	JENNIFER CLEVELAND	Psychologist Clinical	\$4,755.24		\$6,766.06	\$73.08
18	1003946310	JENNIFER CLEVELAND	Psychologist Clinical	\$6,241.42		\$14,392.12	
19	1013401371	LEANA TALBOTT	Psychologist Clinical	\$3,570.00	\$21.08	\$5,075.03	\$58.11
20	1013405034	SCHULER DIALYSIS LLC	End-Stage Renal Disease Facility	\$3,570.00	\$34.86	\$5,213.04	\$55.61
21	1013423227	ANDREW MCLANE	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
22	1013423227	ANDREW MCLANE	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
23	1013423227	ANDREW MCLANE	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
24	1013423227	ANDREW MCLANE	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
25	1013423227	ANDREW MCLANE	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	

#	National Provider ID (NPI)	Provider Name	Provider Specialty	Fixed-Wing Rates		Rotary Wing Rates	
				Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
26	1013442102	MAFON FOMUJANG	Nurse Practitioner	\$2,241.73	\$20.48	\$5,075.03	\$44.98
27	1013442102	MAFON FOMUJANG	Nurse Practitioner	\$3,570.00	\$21.08	\$5,548.74	\$50.00
28	1013442102	MAFON FOMUJANG	Nurse Practitioner	\$4,755.24		\$14,392.12	\$55.31
29	1013442102	MAFON FOMUJANG	Nurse Practitioner	\$6,241.42			\$58.11
30	1013442102	MAFON FOMUJANG	Nurse Practitioner				\$133.26
31	1013551688	PUBLIX NORTH CAROLINA, LP	Other Medical Supply Company	\$2,241.73	\$25.00	\$5,075.03	\$44.98
32	1013948447	GATEWAY COMMUNITY HC	Federally Qualified Health Ctr	\$4,755.24	\$21.08	\$5,075.03	\$44.98
33	1023012481	LAURA PIIPPO	Physician/Ophthalmology	\$3,570.00	\$21.08	\$5,075.03	\$50.00
34	1023096237	BRYAN ODITT	Physician Assistant	\$3,570.00	\$21.08	\$5,548.74	\$44.98
35	1023115417	EMMA GONZALEZ	Optometry	\$4,044.65	\$25.63	\$5,075.03	\$44.98
36	1023495959	NACOGDOCHES DIALYSIS	End-Stage Renal Disease Facility	\$4,755.24	\$21.08	\$6,766.06	\$44.98
37	1023535523	CROWN POINT EYE CARE	Optometry	\$4,755.24	\$34.86	\$6,858.92	\$55.31
38	1023647286	JENNIFER MELENDEZ	Nurse Practitioner	\$4,755.24	\$21.08	\$5,075.03	\$44.98
39	1033382452	STACY GHANAMI	Physical Therapist	\$4,755.24	\$21.08	\$5,075.03	\$44.98
40	1033401351	MAXIM HEALTHCARE SERVICES	Home Health Agency	\$3,570.00	\$21.08	\$5,548.74	\$44.98
41	1043250103	DAN CRISWELL	Physician/Family Practice	\$3,570.00	\$17.60	\$5,075.03	\$50.00
42	1043303274	RIAZ RAHMAN	Physician/Internal Medicine	\$3,570.00	\$21.08	\$5,075.03	\$44.98
43	1043412299	LIFEHME, INC.	Oxygen supplier	\$3,570.00	\$34.86	\$6,766.06	\$55.31
44	1043711195	ALEXIS MONTOYA VILLALPANDO	Psychologist Clinical	\$4,755.24	\$17.60	\$5,548.74	\$140.00
45	1043824717	CHE BEHAVIORAL HEALTH	Licensed Clinical Social Worker	\$3,570.00	\$17.60	\$3,570.00	\$44.98
46	1043824717	CHE BEHAVIORAL HEALTH	Licensed Clinical Social Worker	\$4,755.24	\$20.48	\$4,831.31	\$55.61
47	1043824717	CHE BEHAVIORAL HEALTH	Licensed Clinical Social Worker		\$21.01	\$5,075.03	\$124.30
48	1043824717	CHE BEHAVIORAL HEALTH	Licensed Clinical Social Worker		\$30.00	\$5,213.04	
49	1053052506	APERION CARE NILES LLC	Skilled Nursing Facility	\$3,570.00	\$21.08	\$2,436.59	\$87.59
50	1053345553	CLIFFORD FAGAN	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98

#	National Provider ID (NPI)	Provider Name	Provider Specialty	Fixed-Wing Rates		Rotary Wing Rates	
				Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
51	1053345553	CLIFFORD FAGAN	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
52	1053345553	CLIFFORD FAGAN	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
53	1053345553	CLIFFORD FAGAN	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
54	1053345553	CLIFFORD FAGAN	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
55	1053360131	TORREY CARLSON	Optometry	\$4,755.24	\$21.08	\$5,075.03	\$44.98
56	1053439125	PROFESSIONAL VISIONCARE, INC	Optometry	\$3,570.00	\$17.60	\$5,075.03	\$21.08
57	1053467431	JACKIE MURPHY	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
58	1053467431	JACKIE MURPHY	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
59	1053467431	JACKIE MURPHY	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
60	1053467431	JACKIE MURPHY	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
61	1053467431	JACKIE MURPHY	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
62	1053735951	COMPREHENSIVE HOSPITALIST SERVICES OF NEW MEXICO LLC	Physician/Hospitalist	\$3,570.00	\$21.08	\$5,075.03	\$14.46
63	1053799064	AKHIL SHENOY	Physician/Internal Medicine	\$6,241.42	\$20.48	\$14,392.12	\$44.98
64	1063000636	TRINA LINDSEY	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
65	1063000636	TRINA LINDSEY	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
66	1063000636	TRINA LINDSEY	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
67	1063000636	TRINA LINDSEY	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
68	1063000636	TRINA LINDSEY	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
69	1063059756	MODUPE OLATUNDE	Nurse Practitioner	\$2,241.73	\$21.08	\$5,075.03	\$43.05
70	1063059756	MODUPE OLATUNDE	Nurse Practitioner	\$3,570.00		\$5,548.74	\$58.11
71	1063059756	MODUPE OLATUNDE	Nurse Practitioner				\$133.26
72	1063089704	SANDRA WINANS	Psychologist Clinical	\$2,241.73	\$11.22	\$3,713.85	\$44.98
73	1063089704	SANDRA WINANS	Psychologist Clinical	\$3,570.00	\$20.48	\$5,075.03	\$55.31
74	1063089704	SANDRA WINANS	Psychologist Clinical	\$4,176.83	\$21.08	\$5,548.74	\$58.11
75	1063089704	SANDRA WINANS	Psychologist Clinical	\$4,755.24		\$6,766.06	\$73.08

#	National Provider ID (NPI)	Provider Name	Provider Specialty	Fixed-Wing Rates		Rotary Wing Rates	
				Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
76	1063089704	SANDRA WINANS	Psychologist Clinical	\$6,241.42		\$14,392.12	
77	1063450740	TOD GANN	Physical Therapist	\$3,570.00	\$20.48	\$5,075.03	\$44.98
78	1063492338	JOHN MCDONALD	Physician/Pathology	\$4,755.24	\$21.08	\$5,075.03	\$44.98
79	1063669612	LOUISIANA ORTHOPAEDIC SPEC	Clinic or Group Practice	\$4,755.24	\$21.08	\$5,075.03	\$44.98
80	1063793123	SUMMER LAAKE	Nurse Practitioner	\$6,241.42	\$20.48	\$14,392.12	\$44.98
81	1063823425	WALLY OMAR	Physician/Cardiovascular Disease (Cardiology)	\$6,241.42	\$20.48	\$14,392.12	\$44.98
82	1063924397	PUBLIX ALABAMA LLC	Other Medical Supply Company	\$2,241.73	\$21.08	\$5,075.03	\$44.98
83	1063924397	PUBLIX ALABAMA LLC	Other Medical Supply Company	\$4,755.24	\$25.00		
84	1073027843	CLAUDIA STANLEY	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
85	1073027843	CLAUDIA STANLEY	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
86	1073027843	CLAUDIA STANLEY	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
87	1073027843	CLAUDIA STANLEY	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
88	1073027843	CLAUDIA STANLEY	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
89	1073069811	SNG - PASADENA DIALYSIS CTR	End-Stage Renal Disease Facility	\$4,755.24	\$21.08	\$6,766.06	\$44.98
90	1073286472	JENNIFER GONZALEZ	Licensed Clinical Social Worker	\$2,241.73	\$11.22	\$3,713.85	\$44.98
91	1073286472	JENNIFER GONZALEZ	Licensed Clinical Social Worker	\$3,570.00	\$20.48	\$5,075.03	\$55.31
92	1073286472	JENNIFER GONZALEZ	Licensed Clinical Social Worker	\$4,176.83	\$21.08	\$5,548.74	\$58.11
93	1073286472	JENNIFER GONZALEZ	Licensed Clinical Social Worker	\$4,755.24		\$6,766.06	\$73.08
94	1073286472	JENNIFER GONZALEZ	Licensed Clinical Social Worker	\$6,241.42		\$14,392.12	
95	1073776860	SOUTHWEST REGIONAL PCR, LLC	Clinical Laboratory	\$3,570.00	\$17.60	\$4,831.31	\$44.98
96	1073776860	SOUTHWEST REGIONAL PCR, LLC	Clinical Laboratory	\$5,891.50	\$21.08	\$5,075.03	\$124.30
97	1073902771	PRIMROSE DIALYSIS, LLC	End-Stage Renal Disease Facility	\$3,570.00	\$34.86	\$5,213.04	\$55.61
98	1093463838	KIRCHNER WOMENS CLINIC	Physician/Obstetrics & Gynecology	\$2,241.73	\$21.08	\$5,548.74	\$133.26
99	1093708687	DUANE MILLER	Physician/Psychiatry	\$6,241.42	\$20.48	\$14,392.12	\$44.98
100	1093712424	PATRICIA FENDERSON	Physician/Pathology	\$4,755.24	\$21.08	\$5,075.03	\$44.98



**Exhibit B: Aetna Median In-Network Underlying Fee Schedule or Negotiated Reimbursement Rate for Contracted Conventional Air Ambulance Services Providers Offering Air Ambulance Services by HCPCS Codes and Provider Specialty**

Specialty Code	Specialty	# of Unique Providers	Fixed-Wing		Rotary Wing	
			Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
02	Physician/General Surgery	6	\$1,973.88	\$19.31	\$5,920.55	\$58.11
03	Physician/Allergy/ Immunology	1	\$3,570.00	\$21.08	\$5,075.03	\$14.46
04	Physician/Otolaryngology	1	\$3,807.33	\$23.80	\$10,997.38	\$56.86
05	Physician/Anesthesiology	2	\$4,162.62	\$21.08	\$5,075.03	\$44.98
06	Physician/Cardiovascular Disease (Cardiology)	5	\$6,241.42	\$20.48	\$14,392.12	\$44.98
08	Physician/Family Practice	24	\$3,570.00	\$21.05	\$5,075.03	\$54.06
11	Physician/Internal Medicine	10	\$4,176.83	\$20.48	\$5,075.03	\$44.98
16	Physician/Obstetrics & Gynecology	3	\$2,241.73	\$21.08	\$5,548.74	\$133.26
18	Physician/Ophthalmology	7	\$3,535.00	\$21.01	\$5,075.03	\$44.98
22	Physician/Pathology	39	\$4,755.24	\$21.08	\$5,075.03	\$44.98
26	Physician/Psychiatry	11	\$4,176.83	\$20.48	\$5,075.03	\$44.98
30	Physician/Diagnostic Radiology	4	\$2,241.73	\$17.60	\$5,075.03	\$55.61
35	Chiropractic	2	\$4,044.65	\$21.08	\$5,075.03	\$44.98
36	Physician/Nuclear Medicine	1	\$6,241.42	\$20.48	\$14,392.12	\$44.98
37	Physician/Pediatric Medicine	2	\$3,364.56	\$21.05	\$5,075.03	\$44.98
41	Optometry	35	\$3,570.00	\$21.08	\$5,075.03	\$44.98
43	Certified Registered Nurse Anesthetist (CRNA)	1	\$6,241.42	\$20.48	\$14,392.12	\$44.98
47	Independent Diagnostic Testing Facility (IDTF)	1	\$4,755.24	\$21.08	\$5,548.74	\$143.35
49	Ambulatory Surgical Center	1	\$3,570.00	\$21.08	\$16,919.72	\$44.98
50	Nurse Practitioner	26	\$4,110.74	\$21.08	\$5,075.03	\$50.00
54	Other Medical Supply Company	20	\$3,570.00	\$21.08	\$5,075.03	\$44.98
58	Medical Supply Company with Pharmacist	3	\$3,570.00	\$25.00	\$5,548.74	\$44.98
59	Ambulance Service Provider	9	\$3,570.00	\$21.08	\$5,548.74	\$44.98
61	Voluntary Health or Charitable Agency[1]	1	\$3,570.00	\$20.48	\$5,075.03	\$44.98
62	Psychologist Clinical	34	\$4,176.83	\$20.48	\$5,548.74	\$55.31

Specialty Code	Specialty	# of Unique Providers	Fixed-Wing		Rotary-Wing	
			Air Service (HCPCS A0430)	Per Statute Mile (HCPCS A0435)	Air Service (HCPCS A0431)	Per Statute Mile (HCPCS A0436)
64	Audiologist	3	3570	21.08	5075.03	58.11
65	Physical Therapist in Private Practice	6	3570	20.48	5075.03	44.98
69	Clinical Laboratory	12	3807.325	21.08	5075.03	44.98
70	Clinic or Group Practice	6	3570	21.045	5075.03	51.545
71	Registered Dietitian or Nutrition Professional	1	2241.73	21.08	6766.06	44.98
75	Slide Preparation Facility	1	4755.24	21.08	5075.03	44.98
80	Licensed Clinical Social Worker	202	4176.83	20.48	5548.74	55.31
86	Physician/Neuropsychiatry	2	3570	21.08	5075.03	51.545
92	Physician/Radiation Oncology	1	1354.31	17.6	6766.06	58.11
93	Physician/Emergency Medicine	8	4162.62	21.08	5075.03	51.545
97	Physician Assistant	10	4755.24	21.08	5075.03	44.98
A0	Hospital	5	3570	21.08	16919.72	44.98
A1	Skilled Nursing Facility	7	3570	21.08	3713.85	44.98
A4	Home Health Agency	5	3570	21.08	5548.74	44.98
B1	Oxygen supplier	8	3570	34.86	5548.74	44.98
B4	Other Facility/Center	23	3570	21.08	5213.04	55.61
C5	Dentist	1	4044.65	21.08	5075.03	44.98
C6	Physician/Hospitalist	3	3570	21.08	5075.03	14.46
UN	Unknown	966	4176.83	20.48	5548.74	55.31