IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION

CASE NO. 9:25-CV-80526-DMM

GOOD SAMARITAN MEDICAL CENTER, INC., et al.,

Plaintiffs,

v.

THE LEAPFROG GROUP,

Defendant.

THE PLAINTIFF HOSPITALS' REPLY IN SUPPORT OF MOTION FOR PROTECTIVE ORDER

TLG's opposition brief leaves little doubt that it views discovery in this single-count, expedited case primarily as an opportunity to dig up dirt on the Plaintiff Hospitals—in its words, to "unveil[] the stark truth" about their clinical performance. Opp. at 1. That is not surprising. Discovery has confirmed the plot motivating TLG's deceptive and misleading grading methodology. TLG intentionally adopted its new methodology in Fall 2024 to advance its "strategic objective of penalizing nonparticipant" hospitals after participation in TLG's survey materially declined in years prior. Dkt. 55-27 at 2. And although TLG purports to be a non-profit, it had a transparent *profit-based* motive for its scheme: internal TLG documents confirm that when more hospitals participate in TLG's survey, it collects more revenue. That revenue in turn goes into the pocket of TLG's President and CEO Leah Binder, whose compensation in this tax-exempt purported "non-profit" was specifically tied to a percentage of TLG's "revenue." Ex. M.

TLG's irrelevant, disproportionate, and burdensome discovery requests—in which it seeks the equivalent of a forensic audit of the Plaintiff Hospitals—are an obvious attempt to weaponize discovery to change the narrative, advance a retaliatory campaign of "harassment" against the Plaintiff Hospitals, and evade accountability for its misdeeds. The Plaintiff Hospitals' single FDUTPA claim does not put at issue every positive or negative thing anyone has ever written or thought about the Plaintiff Hospitals and their dedicated caregivers. And it is not a vehicle for

TLG to advance its ongoing, self-described "[D]isney villain" style public "harass[ment]" campaign of these hospitals. Dkt. 55-30 at 4. This case is about whether TLG adopted a misleading and deceptive grading methodology that it falsely promoted to the public as an honest and transparent assessment of hospital safety, *see Good Samaritan Med. Ctr., Inc. v. The Leapfrog Grp.*, 2025 WL 2223335, at *1, *4 (S.D. Fla. July 15, 2025), even going so far as to claim that patients are "twice as likely to die of a preventable problem at a 'C,' 'D,' or 'F' hospital than at an 'A' hospital," Compl. ¶ 1. The Plaintiff Hospitals, "like all hospitals . . . are continuously working to improve the patient experience and achieve the highest possible quality of care." Compl. ¶ 6. But TLG may not seek discovery facially irrelevant to the defense of its methodology and plainly disproportionate to what is required to assess causation and harm from TLG's grading system.

Causation. TLG argues discovery about the Plaintiff Hospitals' generalized clinical performance is relevant to establish "the other ways Plaintiffs are harmed" and to "advanc[e] Leapfrog's defense that it does *not* cause the alleged harm Plaintiffs complain of." Opp. at 4 (emphasis in original). But the Plaintiff Hospitals are not obligated to prove that TLG's actions were the "sole" or even "proximate" cause of their injuries, as these causation standards do not apply to FDUTPA claims for only declaratory and injunctive relief—the sole remedies the Plaintiff Hospitals request in this litigation. *See* Dkt. 54 (notice withdrawing claim for monetary damages and jury demand). To establish a claim for declaratory and injunctive relief under the FDUTPA, the Plaintiff Hospitals must demonstrate that they are "'*aggrieved*' by the deceptive act or practice." *SMS Audio, LLC v. Belson*, 2017 WL 1533941, at *4 n.6 (S.D. Fla. Mar. 9, 2017) (Middlebrooks, J.) (emphasis added) (citation omitted); *see also Marrache v. Bacardi U.S.A., Inc.*, 17 F.4th 1084, 1097 (11th Cir. 2021) (noting that claims for monetary relief under FDUTPA, in contrast, require plaintiffs to demonstrate causation and "actual damages"). The "aggrieved" standard "affords relief for a larger class of plaintiffs" than those who seek actual damages, and it encompasses "anyone who is 'angry or sad on grounds of perceived unfair treatment,'" *SMS Audio*, 2017 WL 1533941, at *4 n.6 (citation omitted), or whose "rights have been, are being, or will be adversely affected," *Bluegreen Vacations Unlimited, Inc. v. Timeshare Termination Team, LLC*, 2023 WL 4105529, at *8 (S.D. Fla. June 21, 2023). Because the Plaintiff Hospitals need only establish that they are "aggrieved" by TLG's unfair and deceptive practices, including their mortality claims regarding "F"-graded hospitals, they do not need to prove—and TLG may not defeat their claim by establishing—the particular quantum or severity of harm TLG has caused or whether any

portion of the Plaintiff Hospitals' harm might have additional causes. *See* Mot. at 4-5.

Therefore, it is "beside the point"—and outside the scope of discovery—whether non-TLG sources "also contributed to the" Plaintiff Hospitals' harm. *Cox v. Adm'r U.S. Steel & Carnegie*, 17 F.3d 1386, 1399 (11th Cir. 1994). The Eleventh Circuit has recognized that, even where proximate causation *is* the standard, "[i]f the defendant's conduct was a substantial factor in causing the plaintiff's injury, it follows that [it] will not be absolved from liability merely because other causes have contributed to the result, since such causes, innumerable, are always present." *Id.* (quoting W. Page Keeton et al., Prosser and Keeton on the Law of Torts § 41, at 268 (5th ed. 1984)).[1] *Compare* Fla. Stat. § 501.211(1) (providing declaratory and injunctive relief to "anyone aggrieved by a violation of this part"), *with id.* § 501.211(2) (providing "actual damages" for "a person who has suffered a loss as a result of a violation of this part"), *and Consentino v. Bridgestone Retail Operations, LLC*, 2024 WL 3983985, at *3 (S.D. Fla. Aug. 29, 2024) (claim for actual damages under the FDUTPA requires establishing proximate causation). TLG fails to cite any caselaw to the contrary. Nor does it grapple with the general principle that a "[p]laintiff need not . . . show that the action sought to be enjoined is the exclusive cause of the injury in order to obtain injunctive relief." *Engelbrecht v. JP Morgan Chase Bank, N.A.*, 2012 WL 10423236, at *3 (C.D. Cal. Feb. 23, 2012) (quoting *M.R. v. Dreyfus*, 663 F.3d 1100, 1110 (9th Cir. 2011)).

TLG would apparently prefer to hold the Plaintiff Hospitals to the "actual damages" standard that no longer applies, complaining that the Plaintiff Hospitals' recent decision to drop their request for monetary damages was last-minute "gamesmanship." Opp. at 2. The Plaintiff Hospitals "are the master of their complaint" and had a right to drop their request for monetary damages from their Complaint in the interests of party and judicial economy. *Alliandach Dev., Inc. v. Nationwide Ins. Co. of Am.*, 2018 WL 6514810, at *5 (S.D. Fla. Nov. 21, 2018). In fact, there is "no time limit" on the exercise of this right, and a claim for monetary damages could have been dropped even on the eve of trial. *See Bluegreen Vacations Unlimited, Inc. v. Timeshare Laws. P.A.*, 673 F. Supp. 3d 1293, 1296 (S.D. Fla. 2023) (granting the plaintiff's eleventh-hour bench trial motion and noting "Defendants' mere expenditure of resources does not support a finding that the Defendants will be prejudiced by a switch to a bench trial"). Here, as TLG admits, the Plaintiff

[1] TLG's novel theory of causation also conflicts with the FDUTPA's requirement that its "provisions . . . shall be construed liberally . . . [t]o protect the consuming public and legitimate business enterprises from those who engage in . . . unfair acts or practices." Fla. Stat. § 501.202(2).

Hospitals have "narrowed their claim" by dropping their request for monetary damages *months* before trial, Opp. at 2, and (for the avoidance of any doubt) have done so with prejudice, Dkt. 54. Discovery thus must be narrowed to avoid "issues no longer relevant to the litigation." *Lafarge N. Am., Inc. v. Matraco-Colorado, Inc.*, 2008 WL 2474638, at *4 (S.D. Fla. June 19, 2008).

Harm. TLG's harm theory is also off-base. TLG argues, for instance, that "[i]f Plaintiffs have always had low patient volume and/or market share as compared to their competitors, *then there is no reputational harm*." Opp. at 4 (emphasis added). This assertion blinks reality; one can experience harm from multiple actions. *Cf.* Restatement (Third) of Torts: Apportionment Liab. § 1 (Am. L. Inst. 2000) ("This Restatement addresses issues that arise in apportioning liability among two or more persons."). TLG's efforts to prove that the Plaintiff Hospitals truly merit "Fs" despite TLG's unfair and deceptive methodology are inapposite and also conflict with TLG's prior admission to the Court that the final Safety Grades it issues are *opinions* that cannot be proven true or false—including through discovery. *See* Dkt. No. 39 at 11-16. TLG's opposition brief ignores that argument, *see* Mot. at 2, and forfeited any response. *See 4 GP, Inc. v. Turning Point Brands, Inc.*, 2022 WL 22883193, at *5 (S.D. Fla. Feb. 25, 2022) ("[W]hen a party fails to respond to an argument . . . the Court deems such an argument or claim abandoned." (cleaned up)).[2] And, in any event, speculating about what Safety Grade each Plaintiff Hospital "deserves" is orthogonal to whether TLG aggrieved the Plaintiff Hospitals by the deceptive grading methodology TLG uses.

Finally, TLG accuses the Plaintiff Hospitals of having "effectively decline[d] to produce documents relevant to . . . the purported harm" alleged in their Complaint, Opp. at 4. That is incorrect. The Plaintiff Hospitals have specifically agreed to and have already produced documents showing (to be corroborated with testimony) they have been aggrieved by TLG's deceptive and unfair practices in response to *over a dozen* of TLG's needlessly duplicative requests for production—none of which is at issue in this motion. They will not, however, produce documents of *other* harms by *non-party actors* that have nothing to do with TLG's conduct.

TLG's Requests. TLG fails to address the Plaintiff Hospitals' arguments that its requests are disproportionate and unduly burdensome and therefore concedes those arguments. Mot. at 5. And none of TLG's RFPs disputed here bears on the relevant question of whether TLG has

[2] TLG's opposition does not dispute that this case centers on TLG's representations regarding its Safety Grade methodology; that the information it seeks pertaining to the Plaintiff Hospitals' clinical performance extends far beyond the scope of even TLG's hospital "safety" survey; and that its discovery requests are disproportionate and unduly burdensome. Mot. at 1, 2, 5. These concessions alone suffice to resolve this motion in the Plaintiff Hospitals' favor.

aggrieved the Plaintiff Hospitals.[3] *See* RFP 15 (*all* patient complaints); 24 (*all* documents Plaintiff Hospitals shared with any other healthcare evaluator); 28 (*all* patient safety data, outcomes, or metrics); 34 (*all* contact with state and federal regulators concerning patient safety); 49 (comparison with competitors); 57 (effect of legal accusations against the Plaintiff Hospitals); 58 (documents concerning lawsuits against the Plaintiff Hospitals); 59 (media coverage of lawsuits against or misconduct by the Plaintiff Hospitals); 62 (internal surveys); 63 (union actions regarding patient safety). TLG's ROGs are equally irrelevant. *See* ROG 11 (adverse patient events and citations); 17 (healthcare safety ratings and studies); 18 (CEO compensation model); 20 (market analysis of competitors); 24 (criticism from nonparty parent company). Furthermore, none of these RFPs and ROGs would support TLG's erroneous causation theory because, as discussed above, to obtain declaratory and injunctive relief under the FDUTPA, the Plaintiff Hospitals are not required to establish TLG was the sole or even proximate cause of the Plaintiff Hospitals' harm.

Finally, TLG's account of the history of this discovery dispute is misleading.[4] TLG claims it narrowed RFP 49 to documents "sufficient to show" responsive information (as opposed to using search terms), but that does not resolve the Plaintiff Hospitals' relevance objection. And TLG did not apply this qualifier to any of the other RFPs in dispute here. Opp. at 4-5. TLG also characterizes RFP 24 as merely "request[ing] documents," when in reality it requests "*[a]ny* and *all* Documents" with *any* healthcare evaluator over a multi-year period. RFP 34 requests documents and communications concerning CMS, but TLG has never been able to explain why CMS data would be relevant to a claim or defense in this case.[5] The Court should therefore grant a protective order.

CONCLUSION

The Plaintiff Hospitals respectfully request that the Court grant a protective order in substantially the same form as that proposed in Dkt. 55-32.

---

[3] TLG contends relevancy is a broad standard, Opp. at 3, but "discovery is not without limits, and parties are not entitled to unfettered access of any and all information that might arguably be relevant to the underlying dispute." *Azzia v. Royal Caribbean Cruises Ltd.*, 2018 WL 11233847, at *1 (S.D. Fla. Feb. 12, 2018); *see Feise v. N. Broward Hosp. Dist.*, 2015 WL 13309321, at *3 (S.D. Fla. Apr. 27, 2015) ("While the scope of discovery . . . is broad, parties may not engage in a fishing expedition in an attempt to obtain evidence to support their claims or defenses.").

[4] TLG's opposition brief consistently and misleadingly misrepresents and attempts to minimize the expansive text of its requests. A chart comparing TLG's actual discovery requests against its opposition brief's misleading characterizations is attached as **Appendix A**.

[5] TLG apparently believes the Plaintiff Hospitals' CMS ratings are among the "other" sources of the Plaintiff Hospitals' harm. Opp. at 3-4. But again, TLG's speculation has no bearing on whether *TLG* aggrieved the Plaintiff Hospitals. CMS is not a defendant in this lawsuit, and its ratings are irrelevant to the "core" issue of whether the Plaintiff Hospitals' Safety Grade *methodology*, as it is represented to the public, violates the FDUTPA.

Dated: August 19, 2025

Respectfully submitted,

By: */s Jeffrey E. Marcus*

MARCUS RASHBAUM PINEIRO & MEYERS LLP

Jeffrey Marcus, Bar #310890
Michael Pineiro, Bar # 41897
Daniel Rashbaum, Bar #75084
2 South Biscayne Boulevard
Suite 2530
Miami, Florida 33131
Telephone: 305-400-4268
Facsimile: 954-688-2492
jmarcus@mrpfirm.com
mpineiro@mrpfirm.com
drashbaum@mrpfirm.com

NEIMAN MAYS FLOCH & ALMEIDA PLLC

Jeffrey Neiman, Bar # 544469
Brandon S. Floch, Bar # 125218
100 SE 3rd Ave, Suite 805
Fort Lauderdale, FL 33394
Telephone: 954-462-1200
jneiman@nmfalawfirm.com
bfloch@nmfalawfirm.com

GIBSON, DUNN & CRUTCHER LLP

Mary Beth Maloney (*pro hac vice*)
Lee R. Crain (*pro hac vice*)
200 Park Avenue
New York, NY 10166
Telephone: 212.351.4000
Facsimile: 212.351.4035
Email: mmaloney@gibsondunn.com
Email: lcrain@gibsondunn.com

Betty X. Yang (*pro hac vice*)
Scott K. Hvidt (*pro hac vice*)
2001 Ross Avenue, Suite 2100
Dallas, TX 75201
Telephone: 214.698.3100
Facsimile: 214.571.2900
Email: byang@gibsondunn.com
Email: shvidt@gibsondunn.com

Attorneys for the Plaintiff Hospitals

Exhibit M

KEY ELEMENTS OF REQUESTED CHANGES TO THE CEO EMPLOYMENT CONTRACT

The Leapfrog Group Executive Committee

Leah Binder, July 12, 2024

The CEO position and my value

The position of CEO at Leapfrog is unusual because it requires maintaining a high public profile and influence, without the kinds of resources and finances normally associated with that positioning. Recruitment for this position as well as other senior positions will include talent from larger, better financed organizations given the need for experienced leadership and the level of scrutiny Leapfrog is under.

My performance in this position has been a significant asset to the organization. Over the past decade we have grown Leapfrog's visibility and influence, while also growing our revenues by an average of 10% per year. We have exceptionally low staff turnover, continuing expansion in hospital participation and stakeholder engagement, and a pattern of exceeding most of our goals every year. Expenses exceeded revenues in only one of the past ten years. We have many challenges, but the fundamentals are strong and our growth has been exceptional.

Current Contract

In the current CEO contract, the Board aimed to set CEO compensation as competitive above the median among smaller nonprofits (those with less than $15 Million total revenue), but also reasonable in relation to overall organizational revenues. Base was set at $575,000 with a bonus target of $100,000. The goal in the contract was that CEO compensation as a proportion of revenue would reduce from 12.5% in the first year (2018) to 8.0% by the fifth year.

In the projected year-end financials for FY 2024 CEO compensation is 8% of revenues, which hit the five year goal in the past contract. As the attached comparability analysis suggests, the median for organizations in our size category is 8.5% of revenue for CEO compensation.

In 2020 I requested no bonus even though it was a good financial year, because of the risks of Covid. I would recommend we set a goal in the contract that the Executive Committee include organizational revenues as a criteria for the bonus. That preserves the importance of this consideration while better reflecting actual practice and the Board's discretion.

Competitiveness Challenge

Leapfrog CEO compensation is significantly below the median for size-category organizations despite the Board's intent to maintain it above the median and the strength of my performance year over year. This occurred in part because the base compensation did not increase (as per the contract) since 2018 and inflation was substantial during that period. The chart below summarizes the data in the attached comparability analysis. However, in this summary chart we increase the amounts by 10% to trend the 3-year old data forward. (The Leapfrog CEO numbers are kept the same because they are current).

LEAPFROG01031942

COMPENSATION OF POSITIONS SIMILAR TO LEAPFROG CEO

Summary of data from 2022 Form 990, pulled May 2024

	All Comparables (1000s)	Comparables in Orgs with <15M revenues (1000s)
Median		
• Salary	783	752
• Fringe	84	39
• Total Comp Median	867	791
Average		
• Salary	884	797
• Fringe	112	108
• Total Comp Average	996	905
Leapfrog CEO (FY2024)		
• Salary		575
• Fringe		100
• Total Comp		675

Retirement Contributions

I am seeking a contribution of 10% of base salary toward retirement. This is the percentage amount all Leapfrog employees receive after one year of employment, but IRS rules mean the contribution in my case has been far lower by percentage. I have met with our 401K administrator and we are working on opening a 457(b) plan and an additional 457(f) plan. These allow for pre-tax contributions by Leapfrog and by the employee once the 401K contributions exceed the IRS maximum. We will need both because the 457(b) caps at a contribution of $23,000. I've attached a brief summary of the two plans.

Compensation Request

I am seeking a compensation package to include:

- Base salary: 675,000
- Retirement contribution @ 10% of base: 67,500
- Bonus target 15-25% of base (101,250-168,750)
- Total for FY 25: $742,500 plus bonus

Depending on bonus, this would bring my compensation above the median for similarly sized organizations and at the median for all size comparables. It could go above this median for exceptional performance if the bonus exceeded 15%. It would go below the median with minimal or no bonus. Without the bonus, it is 7.9% of budgeted revenues.

I also request an inflation adjustment to the base salary at the beginning of each fiscal year starting in FY 2026, based on the CPI. This protects against the serious erosion in salary levels that resulted in a level of compensation today that is not as competitive as the Board originally intended.

The amount is available within Leapfrog's current budget through the bonus pool.

Thank you for the consideration. I love this job and appreciate your leadership and support so much.

***

Appendix A

Text of Disputed Request	TLG's Characterization of the Request
RFP 15. All Documents and communications You have received related to patient complaints regarding the services You have provided and/or services provided by any physician, nurse, pharmacist, specialist, or any other employee or independent contractor affiliated with Your hospital.	TLG claims RFP No. 15 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.
RFP 24. Any and all Documents that you have shared with other organizations which evaluate healthcare performance (including but not limited to Vizient, Inc., Premier, Inc., HealthTrust Purchasing Group, The Joint Commission, HealthGrades, US News, Newsweek, Statista, Definitive Healthcare, and any other benchmarking entity).	TLG claims that RFP No. 24 "goes to Plaintiffs['] allegations that they are deemed five-star award winning hospitals by some entities but not others, including but not limited to Leapfrog and CMS." Opp. 4.
RFP 28. All documents describing Your hospital's patient safety data, outcomes, or metrics for the grading period(s) at issue.	TLG claims RFP No. 28 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.
RFP 34. All documents and communications with accreditor, state and/or federal agency, the Centers for Medicare & Medicaid Services (CMS), or any other regulatory agencies (e.g., Centers for Disease Control & Prevention, state health departments/agencies, local health departments/agencies, The Joint Commission), Vizient and/or Premier relating to patient safety at Your hospital, including but not limited to state or federal actions and sanctions for violations of the conditions of participation and any documents from any of these organizations comparing Your hospital on patient safety outcomes with other hospitals nationally, statewide and/or among similar cohort of hospitals.	TLG claims to justify RFP No. 34 by claiming out of date CMS data is contributing to Plaintiffs' low Safety Grades: "Leapfrog has repeatedly advised Plaintiffs that if they fail to accurately report their CMS data, then the CMS measures Leapfrog uses in its methodology (which is 80% of the data) would have caused low Safety Grades – at the fault of Plaintiffs improperly reporting *not* Leapfrog's methodology itself." Opp. 4.
RFP 49. All documents relating to patient volume, market share, or patient demographics that include any comparison between your hospital and any competitor.	TLG claims RFP No. 49 "directly goes to reputational harm," and claims "[i]f Plaintiffs have always had low patient volume and/or market share as compared to their competitors, then there is no reputational harm." Opp. 4.
RFP 57. All documents relating to any decrease in patient volume, revenue, referrals, or public engagement caused by any and all legal issues impacting Tenet Healthcare including but not limited to accusations of fraudulent billing practices, criminal and civil claims for defrauding Medicaid by paying kickbacks for patient referrals, and false claims act violations.	TLG claims RFP No. 57 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.

Text of Disputed Request	TLG's Characterization of the Request
RFP 58. All documents, including but not limited to press releases, public statements, or media responses issued in relation to lawsuits, investigations, or negative media reports concerning any lawsuits filed against your hospital within the past ten (10) years that received media coverage or were likely to affect public perception.	TLG claims RFP No. 58 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.
RFP 59. All media coverage (including online, print, broadcast, and social media) referring to alleged misconduct, litigation, or regulatory scrutiny involving your hospital.	TLG claims RFP No. 59 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.
RFP 62. Any and all documents in any way reflecting any employee surveys at Your hospital or at the Tenet Healthcare corporate level that were conducted or commissions to assess perceptions of patient safety at Your hospital.	TLG did not directly address RFP No. 62 in its opposition brief.
RFP 63. Any and all documents related in any way to union actions and/or collective bargaining reflecting patient safety concerns.	TLG claims RFP No. 63 "go[es] directly to whether Leapfrog caused Plaintiffs alleged harm or Plaintiffs themselves cause[d] their alleged harm." Opp. 4.
ROG 11. Identify all adverse patient events which occurred at Your hospital, including any citations received from regulatory agencies, accrediting agencies, and third party payors such as The Joint Commission, CMS, state health departments, etc. during the period covered by each Leapfrog Safety Grade publication of which You complain (i.e., Fall 2024, Fall 2025, etc.), as well as any complaints received from patients regarding the same.	TLG claims ROG No. 11 is necessary because "The Leapfrog methodology focuses on patient safety. To the extent patients complain about Plaintiffs patient safety is relevant to whether Leapfrog's scoring is actually misleading, causation, and the alleged harm." Opp. 5. TLG further claims ROG No. 11 is reasonable because TLG "narrowed this request by clarifying that it is not seeking any personal identifying information regarding its patients rather Leapfrog seeks the content and nature of such events." Opp. 5.

Text of Disputed Request	TLG's Characterization of the Request
ROG 17. Describe in detail how You communicate to the shareholders, board members, collective bargaining representatives and investors of Tenet Healthcare System the outcome of any and all healthcare safety ratings, evaluative publications, studies, or performance analyses that Your Hospital receives.	TLG claims ROG No. 17 is relevant because it "speak[s] to Plaintiffs' claims of reputational harm and loss of good will." Opp. 5.
ROG 18. State whether the compensation of Your Chief Executive Officer or any other executive-level leadership officers is tied to or related in any way to Your hospital's performance on patient safety, union worker contracts or Your hospital's ratings by third party ratings organizations' ratings publications (including but not limited to the Leapfrog Hospital Safety Grade).	TLG claims that the purpose of ROG No. 18 is to "investigate whether this lawsuit and the claims are being driven by the Plaintiffs' executive compensation models." Opp. 5.
ROG 20. State and describe the results of any market analysis, competitive analysis, or consumer perception surveys you have conducted or commissioned regarding your competitors from 2020 to present, and identify the individuals or entities that prepared or participated in such analyses.	TLG claims ROG No. 20 is relevant because it "speak[s] to Plaintiffs' claims of reputational harm and loss of good will." Opp. 5.
ROG 24. Identify any and all criticism You have received since 2020 from Tenet Healthcare Corporation and/or from any individual executive of Tenet Healthcare Corporation regarding Your hospital's performance in any way.	TLG claims ROG No. 24 is relevant because it "speak[s] to Plaintiffs' claims of reputational harm and loss of good will." Opp. 5.