O'Melveny

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006-4061

T: +1 202 383 5300
F: +1 202 383 5414
omm.com

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Anwar Graves
D: +1 202 383 5191
agraves@omm.com

VIA ELECTRONIC DELIVERY AND COURT FILING

The Honorable Katharine H. Parker
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street, Room 750
New York, New York 10007

Re: *United States of America v. Anthem, Inc.*, 1:20-cv-02593-ALC-KHP

Dear Judge Parker:

We represent Defendant Anthem, Inc. ("Anthem") in the above-referenced action. We write pursuant to the Court's July 22, 2026 Order (Dkt. 555) to ask the Court to compel Plaintiff to (i) provide testimony, pursuant to Federal Rule of Civil Procedure 30(b)(6), concerning certain topics described in Anthem's Notice of Rule 30(b)(6) Deposition (Ex. A)[1]; and (ii) respond to 23 Requests for Admission ("RFAs") from Anthem's First Set of Requests for Admission (Ex. B).

A central theme runs through Plaintiff's objections to the disputed Rule 30(b)(6) topics and RFAs: Plaintiff desperately seeks to avoid admissions that would bring needed clarity to this dispute. That clarity would aid both Anthem's trial presentation and the Court's assessment of whether Plaintiff's theory of liability survives summary judgment. By refusing to participate in this discovery, Plaintiff hopes to keep the record muddy. But Rule 30(b)(6) and Rule 36 exist precisely to combat such tactics and to clarify the true disputes in the case. *Rainey v. Am. Forest & Paper Ass'n, Inc.*, 26 F. Supp. 2d 82, 95-96 (D.D.C. 1998) ("[Rule 30(b)(6)] binds the corporate party to the positions taken by its 30(b)(6) witnesses so that opponents are, by and large, insulated from trial by ambush"); Fed. R. Civ. P. 36 Advisory Committee Notes (1970 Amendment) ("Rule 36 serves two vital purposes, both of which are designed to reduce trial time. Admissions are sought, first, to facilitate proof with respect to issues that cannot be eliminated from the case, and secondly, to narrow the issues by eliminating those that can be."). At trial, Anthem will present evidence regarding the subjects specified in the Notice and will cross-examine Plaintiff's witnesses on all of those topics, including seeking admissions in the 23 RFAs. There is no justifiable reason why Plaintiff should be permitted to avoid stating its position clearly on the record before summary judgment and, if needed, trial.

I. Plaintiff Should Be Compelled to Provide the Requested Rule 30(b)(6) Testimony

Plaintiff brought this False Claims Act ("FCA") case alleging that Anthem falsely represented to the Centers for Medicare and Medicaid Services ("CMS") that it complied with various Medicare Advantage ("MA") program requirements even though it knew that one of its business

[1] The Appendix identifying and attaching the cited exhibits is attached hereto.

practices—retrospective chart reviews—violated those requirements. Am. Compl. (Dkt. 26) ¶¶ 1-5. Yet Plaintiff refuses to provide Rule 30(b)(6) testimony about those very program requirements and business practices. Anthem now seeks an order compelling Plaintiff to provide testimony responsive to thirteen topics (the "Disputed Topics") in Anthem's Rule 30(b)(6) Notice.

Plaintiff objected to the majority of Anthem's Notice, demanding "painstaking specificity"—a standard found nowhere in Rule 30(b)(6). Even when Anthem provided specificity beyond what is required by identifying specific paragraphs and phrases in the documents on which it sought testimony, Plaintiff refused. Anthem, meanwhile, withdrew eight of its original 22 topics, significantly narrowed the remainder, and proposed multiple compromises to further reduce the scope of requested testimony. Ex. C. But Plaintiff rejected these offers. Ex. D at 2. The issues requiring Court resolution fall into four categories: (i) the applicable date range; (ii) communications concerning relevant MA program requirements and business practices; (iii) the MA program requirements that Plaintiff contends Anthem violated; and (iv) CMS's knowledge and regulation of retrospective chart review practices, including Anthem's chart review program.

A. The Court Should Apply a Uniform Date Range to Both Parties' Notices

Anthem's Notice applies a default time period of January 1, 2014, to June 30, 2018, with topic-specific exceptions. Plaintiff's Notice applies a much broader default time period of June 1, 2009, to December 31, 2018. Ex. E at 4. Consistent with the Court's repeated guidance that discovery should track the liability period,[2] Anthem proposed that both notices cover June 2013 through March 2017. Plaintiff refused. Ex. F. Anthem submits that there should be one default time period applied to both parties. Anthem therefore requests that the Court impose the default date range in Anthem's Notice on both parties' Notices, absent a topic-specific agreement otherwise.

B. Anthem is Entitled to Rule 30(b)(6) Testimony on Plaintiff's Communications Concerning Relevant MA Program Requirements and Business Practices

Plaintiff ***categorically*** refuses to provide any testimony on communications pertaining to various topics in the Notice even though Anthem offered to identify before the deposition the specific communications about which it seeks testimony.[3] Ex. F. The Court should either compel Plaintiff to testify about the identified communications or exclude communications from both parties' Notices altogether.

As this Court is aware, Rule 30(b)(6) testimony on communications is standard discovery practice. *See, e.g., Seliger v. Breitbart News Network, LLC*, 2021 WL 707063, at *3 (S.D.N.Y. Feb. 22, 2021) (denying protective order seeking to prohibit Rule 30(b)(6) testimony on "all communications" regarding a relevant subject matter). Rule 30(b)(6) depositions "occur precisely because they allow a corporate witness to testify as to the interpretation of papers, and any underlying factual qualifiers of those documents." *In re Youngpoong Corp.*, 2025 WL 3228034,

[2] *See, e.g.*, 5/20/26 Hr'g Tr. 20-21, 25; 3/12/24 Hr'g Tr. 69:6-10; 7/7/26 Hr'g Tr. 57:2-11, 61:3-5.

[3] Some of the Disputed Topics will be fully resolved if Anthem obtains testimony on communications: Topics 4(a), 4(b), 4(e), 10, 11, 14, and 22. The remaining Disputed Topics seek testimony on communications but also involve separate objections addressed in Section I.C below: Topics 4(c), 4(f), 4(g), 4(h), 4(i), 4(j), 4(l), 4(m), 4(n), 5, 6, 7, 8, 9, 12, 15, and 20.

at *6 (S.D.N.Y. Nov. 19, 2025). Only binding testimony from a designated witness can confirm CMS's actual knowledge and interpretation of its communications on these critical issues.

Plaintiff's burden objection is meritless. While Rule 30(b)(6) has no such requirement, Anthem nonetheless offered to identify the specific communications about which it seeks testimony—eliminating any burden associated with identifying documents to prepare a witness. Plaintiff rejected this compromise and thus cannot credibly assert undue burden to justify its refusal to offer responsive testimony.

C. The Disputed Topics Go To The Heart of The Controversy Between The Parties

The Disputed Topics are targeted and proportional to the needs of the case. Fed. R. Civ. P. 26(b)(1). They address two central evidentiary issues: (i) CMS's historical understanding of the MA program requirements on which Plaintiff will offer evidence at trial; and (ii) CMS's regulation and knowledge of chart review practices, both industry-wide and Anthem specific.

1. The MA Program Requirements Underlying Plaintiff's Claims for Relief

i. MA Program Requirements Cited in Plaintiff's Amended Complaint

Plaintiff's Amended Complaint accuses Anthem of violating specific MA program requirements. *See, e.g.*, Am. Compl. ¶¶ 5, 19, 37, 44, 45, 49-51. Anthem therefore seeks Rule 30(b)(6) testimony on CMS's historical interpretation of those very requirements—testimony that goes to the heart of this litigation. In response to Plaintiff's objections, Anthem offered to withdraw each of these topics if Plaintiff would stipulate that it will not introduce evidence on the requirements at summary judgment or trial. Plaintiff ***declined***. Ex. G at 3. By refusing this offer, Plaintiff preserves its ability to offer at trial the very evidence it seeks to shield from cross-examination during discovery. So long as Plaintiff reserves the right to introduce such evidence, it cannot justify withholding Rule 30(b)(6) testimony on these MA program requirements.

Trial by ambush is highly disfavored. Evidence unveiled for the first time at trial deprives the opposing party of the opportunity to prepare its defenses and undermines judicial efficiency by preventing proper narrowing of factual issues. *See Twentieth Century Fox Film Corp. v. Marvel Enters., Inc.*, 2002 WL 1835439, at *3 (S.D.N.Y. Aug. 8, 2002) (a meaningful Rule 30(b)(6) deposition "prevent[s] the 'sandbagging' of an opponent by conducting a half-hearted inquiry before the deposition but a thorough and vigorous one before the trial.").

Plaintiff refuses to provide testimony on the following MA program requirements:

- **42 C.F.R. § 422.504(*l*)—Topic 4(c).**[4] Am. Compl. ¶ 51.
- **42 C.F.R. § 422.510(a)—Topic 4(f).** *Id.* ¶ 63.
- **The Final MA Attestation Rule—Topic 4(g).**[5] *Id.* ¶¶ 89, 90.
- **CMS's Risk Adjustment Participant Guides & Trainings—Topic 4(l).**[6] *Id.* ¶¶ 48-50, 67.

[4] Plaintiff agreed to testify about only a single phrase—"accurate, complete, and truthful"—while refusing to address the remaining six sentences of this subpart. Ex. J at 2-3.
[5] Anthem narrowed Topic 4(g) to specific phrases and paragraphs. *See* Ex. A.
[6] Anthem withdrew Topic 4(*l*)(i).

- **CMS International Classification of Diseases Official Guidelines for Coding and Reporting ("ICD Guidelines")—Topic 5.** *Id.* ¶¶ 45-50.

These requirements are the very foundation of Plaintiff's case, which is why they are all cited in the Amended Complaint. CMS's historical interpretation of the requirements goes directly to falsity, materiality, and scienter under the FCA: for example, how the agency understood ambiguous regulatory phrases like "good faith efforts" is probative of what conduct meets that standard. *United States ex rel. Sheldon v. Allergan Sales, LLC*, 170 F.4th 227, 245 (4th Cir. 2026) ("Certainly, the ambiguity of a statute may be a defense to scienter.").

Plaintiff insists these requirements are clear on their face, but CMS's own officials have admitted otherwise. For example, former senior CMS official Cheri Rice testified that [redacted] Ex. H at 96:6-97:17. In other words, Ms. Rice has an interpretation that is anything but obvious from the regulation's actual text. At trial, Plaintiff could proffer evidence that CMS's interpretation was one that matched that of Ms. Rice or was wholly different. But without Rule 30(b)(6) testimony, Anthem will have no opportunity to test and cross-examine before summary judgment or trial CMS's proffered interpretation of § 422.504(*l*).

Plaintiff's own conduct confirms that it understands that these requirements are open to multiple interpretations. Plaintiff's own Notice seeks Anthem's understanding of equally ambiguous MA program requirements. *See* Ex. E, Topic e (seeking Anthem's "understanding—and all bases for such understanding—of the meaning" of several MA regulatory and contract provisions). And Plaintiff has pressed Anthem's witnesses during depositions on their interpretation of MA program requirements. Ex. I at 67:12-77:12.

Plaintiff contends that CMS's interpretation of these requirements is irrelevant because only Anthem's interpretation bears on scienter. That argument fails three times over. First, it is legally incorrect: while Anthem's subjective intent is the focus of scienter, CMS's interpretation of an ambiguous standard is probative of Anthem's good faith interpretation. *See United States ex rel. Nunnelly v. Regeneron Pharms., Inc.,* 2026 WL 2475296, at *4 (D. Mass. Aug. 24, 2026) ("Evidence that [plaintiff] interpreted [the regulations] in the same way that [defendant] did . . . could support [defendant]'s theory that it subjectively believed it had correctly interpreted the regulations"); *United States ex rel. Patzer v. Sikorsky Aircraft Corp.*, 722 F. Supp. 3d 839, 854 (E.D. Wis. 2024) ("If defendants acted consistently with industry practice, then it is less likely that they acted with culpable mental states."). Second, Plaintiff's argument assumes Anthem must show relevance to all three FCA elements—a proposition this Court has rejected. *See* 3/12/24 Hr'g Tr. 24:10-15 ("[I]f it's relevant to materiality, I don't need to also decide whether it's relevant to scienter."). Third, Plaintiff forfeited the argument that such testimony is categorically improper when it proposed to testify about CMS's understanding of selected MA program requirements it handpicked from Topic 4.

ii. MA Program Requirements Directly Implicated by Plaintiff's Allegations

While not cited in the Amended Complaint, Plaintiff's allegations also implicate the following:

- **HHS-OIG's 1999 Compliance Program Guidance—Topic 4(h)**.[7] This guidance describes the elements of an effective MA compliance program. Plaintiff alleges that Anthem neglected its compliance obligations. *See* Am. Compl. ¶¶ 58-61, 134-35, 141-52. HHS-OIG's guidance on what constitutes adequate compliance bears directly on that allegation. *See* 65 Fed. Reg. at 40170, 40264 (June 29, 2000) (CMS expressly adopting HHS-OIG's 1999 Guidance).
- **2014 Proposed and Final Overpayment Rules—Topics 4(i) and 4(j).**[8] In 2014, CMS proposed "strengthen[ing]" earlier regulations by imposing a new requirement that MAOs "exercise reasonable diligence" to determine whether overpayments exist. Plaintiff's theory of liability implicates this requirement.
- **AHIMA Guidance and AHA's Coding Clinic—Topic 5.** These third-party coding documents are often cited by CMS to explain how to abstract diagnosis codes from medical records. Plaintiff alleges that diagnosis codes Anthem submitted lacked adequate medical record support—placing these coding guidance documents directly at issue. *See* Am. Compl. ¶¶ 45-50. Plaintiff's decision late in the litigation to expand discovery to medical records only heightens their centrality.

Given their direct connection to Plaintiff's allegations, CMS's historical interpretation of these requirements is relevant for the same reasons described above in Section I.C.1.i.

iii. Plaintiff's Additional Objections for Topics 5 and 6 Have No Merit

Plaintiff raises two additional objections to Topic 5, which seeks testimony on diagnosis coding guidance: (i) the volume of the sources, and (ii) that experts will opine on coding compliance. Ex. D at 3. Neither objection has merit.

The breadth of this topic exactly matches the breadth of Plaintiff's allegations. Plaintiff chose to bring a case implicating this guidance across over 200,000 diagnosis codes, then expanded discovery to medical records late in the litigation. It cannot now invoke the scope of discovery that flows directly from its new theory to defeat proportionality.

And in any event, Anthem repeatedly sought to narrow Topic 5, and Plaintiff refused at every turn. Anthem first asked Plaintiff to identify which coding provisions the allegedly false diagnosis codes violated—the same specificity Plaintiff provided in similar litigation, *see Osinek v. Kaiser Permanente*, No. 3:13-cv-03891-EMC (N.D. Cal.)—and Plaintiff refused, insisting it has no such obligation. Ex. D at 3 n.2. Anthem then narrowed its request to the seven diagnosis codes that Plaintiff alleged were false in the Amended Complaint, Am. Compl. ¶ 154, and Plaintiff refused again. Ex. D at 3. Finally, when Anthem did precisely what Plaintiff demanded and identified a discrete set of ICD Guidelines provisions, Plaintiff still refused. Ex. D at 3. These serial rejections reveal Plaintiff's true objective: avoiding any testimony about CMS's historical interpretation of the diagnosis coding guidance that will be at issue in any trial. Plaintiff has no credible burden objection to the testimony that Anthem now seeks, which is limited to the specific coding guidance

[7] Anthem narrowed Topic 4(h) to specific paragraphs in this guidance document. *See* Ex. A.
[8] Plaintiff agreed to testify only on the proposed and final amendments to § 422.310. This motion addresses the proposed and final amendments to §§ 422.326, 422.504, and 423.360.

that Anthem allegedly violated with the seven discrete diagnosis codes identified as false in the Amended Complaint plus six selected portions of the ICD Guidelines.

Plaintiff's expert objection to Topics 5 and 6[9] fares no better. There is no expert opinion exception to Rule 30(b)(6). Rule 30(b)(6) imposes an "affirmative duty" to provide "complete, knowledgeable, and binding answers" ***on behalf of the party***—an obligation distinct from expert disclosure under Rule 26(a)(2). *In re Evenstar Master Fund SPC*, 2021 WL 3829991, at *14 (S.D.N.Y. Aug. 27, 2021). The notion that CMS has no knowledge of the diagnosis coding standards at issue defies common sense; after all, the ICD Guidelines are published by the agency. But if that is Plaintiff's position, testimony to that effect would itself be responsive. That Plaintiff intends to offer expert evidence on this coding guidance only confirms its relevance, and clarifying CMS's historical understanding now will streamline expert discovery rather than duplicate it.

2. CMS's Knowledge and Regulation of Chart Review Practices

Anthem's corporate retrospective chart review program is the core business practice at issue. Plaintiff alleges that "Anthem intentionally chose to structure chart review in contravention of . . . its regulatory and contractual obligations." Am. Compl. ¶ 135. Anthem seeks testimony on two related questions: (i) what are the MA program requirements governing chart reviews, if any; and (ii) what did CMS know about industry-wide and Anthem-specific chart review practices. This testimony is directly probative of, among other things, materiality. Discovery thus far indicates that [redacted], Ex. H at 152:5-155:7; Ex. K at 45:16-46:11, which undermines Plaintiff's contention that chart reviews were material to the agency's payment decisions. *Universal Health Servs., Inc. v. United States ex rel. Escobar,* 579 U.S. 176, 193 (2016) ("[I]f the Government pays a particular claim in full despite its actual knowledge that certain requirements were violated, that is very strong evidence that those requirements are not material.").

i. CMS's Chart Review Requirements and MA Industry Knowledge

Topics 4(m) and 4(n) seek testimony about two discrete CMS documents, and Anthem has significantly narrowed the scope: testimony on one document is limited to two specific issues, and testimony on the other is limited to a single sentence. Ex. A. The CMS guidance at issue expressly permits MAOs to submit diagnosis codes from chart reviews without linking those submissions to corresponding encounter data from providers. Requiring linkage would have effectively mandated that MAOs compare chart review data to encounter data—a comparison that Plaintiff alleges was always required by MA regulations. *See* Am. Compl. ¶ 153. But CMS never required that linkage. The reasons for CMS's decision bear directly on scienter and materiality.

Topic 14 seeks testimony on two HHS-OIG reports analyzing MAOs' chart review practices. Anthem has offered to identify in advance of the deposition the specific portions of each report for which it seeks testimony, but Plaintiff has refused this offer of compromise. Ex. F.

Topics 7 through 9 seek testimony about any MA program requirements for retrospective chart review and compliance programs, as well as CMS's knowledge of industry-wide conduct. Plaintiff

[9] Topic 6 seeks testimony about MA program requirements applicable to the allegedly false diagnosis codes. Plaintiff offered only to testify "concerning CMS guidance governing the medical record documentation required for submission of diagnosis codes to CMS for payment." Ex. D at 3.

has placed Anthem's chart review practices squarely at issue, and Anthem is entitled to understand MA program requirements—if any—that governed those practices.

ii. CMS's Knowledge of Anthem's Retrospective Chart Review Program

Anthem disclosed the details of its chart review program to CMS long before the liability period through the 2010 Corrective Action Plan ("CAP") (Topic 15) and the 2011 annual MA bid process (Topic 20). Anthem seeks testimony regarding CMS's knowledge and interpretation of those disclosures since they are directly relevant to materiality and Anthem's scienter.

Plaintiff argues that the Court's November 25, 2025 Order forecloses Topic 15, but that Order addressed the ***burden and timing of document discovery***—not the relevance of the CAP or the propriety of deposition testimony. Dkt. 423. Plaintiff itself placed CMS's interpretation of the CAP squarely at issue, arguing that Anthem's disclosures "do not explain how Anthem was conducting chart reviews, or inform CMS that Anthem was deliberately failing to delete codes it identified as unsupported through its chart review. Nor is there any indication that anyone at CMS interpreted Anthem's submission in such a way." Dkt. 419. Anthem is entitled to ask CMS whether Plaintiff's litigation position years later aligns with the agency's understanding when it received Anthem's 2010 disclosure nearly a decade before this lawsuit.

Topic 20 seeks testimony on Anthem's 2011 disclosure of its retrospective chart review program during the annual MA bid process. Plaintiff argues that Anthem already has testimony on CMS's general awareness of industry-wide practices, but Topic 20 concerns CMS's awareness of ***Anthem's specific disclosures***, not industry disclosures generally. *See* Ex. C at 5. Plaintiff contends that the Court's November 25, 2025 Order also forecloses this topic, but the Order addressed the CAP, not bid submissions. Dkt. 423. The Order does not even reference Anthem's bid disclosures to CMS, much less hold that future deposition testimony is not permitted.

D. Plaintiff Cannot Show Undue Burden

Plaintiff's remaining burden arguments—that Anthem's topics duplicate the *Poehling* Rule 30(b)(6) testimony and other discovery—fail. As a threshold matter, Plaintiff can cite no authority compelling Anthem to forgo Rule 30(b)(6) testimony in this case simply because Plaintiff gave related testimony in another lawsuit against a competitor. Nonetheless, the *Poehling* testimony is not an adequate substitute here. Plaintiff has pivoted to a new theory of liability based on individual medical records—a theory never advanced in *Poehling*. Anthem has nonetheless minimized overlap: after obtaining a stipulation that the *Poehling* testimony applies here, *see* Dkt. 474, Anthem withdrew or narrowed topics accordingly, including Topic 4(*l*)(i), and offered to withdraw the remaining Topic 4(*l*) subtopics if Plaintiff stipulated that Anne Hornsby's *Poehling* testimony on the 2008 Participant Guide is complete and applicable to the remaining guidance documents. And Plaintiff never proposed any *Poehling* testimony covering the remaining topics.

A party "should not be prevented from questioning a live corporate witness in a deposition setting just because the topics proposed are similar to those contained in documents provided or interrogatory questions answered." *Dongguk Univ. v. Yale Univ.*, 270 F.R.D. 70, 74 (D. Conn. 2010). Individual fact witnesses are no substitute because only Rule 30(b)(6) imposes an "affirmative duty . . . to give complete, knowledgeable and binding answers" ***on behalf of the agency***. *Reilly v. NatWest Mkts. Grp. Inc.*, 181 F.3d 253, 268 (2d Cir. 1999). Even so, Anthem cataloged the specific Rule 30(b)(1) testimony from senior CMS officials that it would ask Plaintiff

to designate as Rule 30(b)(6) testimony, and identified the topics it would withdraw or narrow in exchange. Ex. G at 3. Plaintiff did not accept Anthem's offer.

II. Plaintiff's Objections to Anthem's RFAs Are Improper and Should Be Overruled

Anthem served 258 RFAs on May 1, 2026, Ex. L, and Plaintiff's June 24, 2026 responses were grossly inadequate. Ex. M. Plaintiff provided unqualified admissions to only ***two*** RFAs and asserted boilerplate objections to over 80 of them.[10] Ex. M. Anthem requested that Plaintiff address the deficiencies in its responses. Ex. N. But Plaintiff refused to articulate a specific basis for any of its objections. Ex. O. In an effort to avoid burdening the Court with another dispute, Anthem asked Plaintiff to supplement its responses to only 47 RFAs. Ex. O. Plaintiff declined and agreed to provide responses to just five of those RFAs. Ex. O; Ex. P. While Plaintiff's responses remain wholly deficient, in an effort to further limit the burden on the Court, Anthem only seeks relief regarding 23 selected RFAs that are most critical to its defense.

A. Plaintiff Asserts Legally Invalid Objections That Have Been Rejected in this Circuit

Plaintiff's "Legal Conclusion" Objection. Plaintiff objects to two-thirds of the at-issue RFAs on the ground that they "require legal analysis" or "call[] for a legal conclusion,"[11] but that is not a valid objection based on Rule 36's plain text. While a party may not seek admissions concerning "pure matters of law," Rule 36(a)(1)(A) expressly authorizes RFAs relating to "facts, the application of law to fact, or opinions about either." *See also Cleary v. Kaleida Health*, 2024 WL 4901952, at *13 (W.D.N.Y. Nov. 27, 2024) ("[R]ule [36] allows an admission by a party as to what its obligations were as a matter of law"); *Delgado v. Donald J. Trump for President, Inc*., 2024 WL 3219809, at *5 (S.D.N.Y. June 28, 2024) (Parker, J.) (RFAs may properly seek admissions on "the application of law to fact.")[12] The Second Circuit recently reaffirmed this principle in *Cement & Concrete Workers Dist. Council Welfare Fund v. Manny P. Concrete Co.*, 145 F.4th 204, 209 (2d Cir. 2025), holding that RFAs asking whether defendants' legal obligations were triggered sought the "application of law to fact." Anthem's RFAs are no different. For example, RFAs 1, 6, 12, 32, and 89-90 seek admissions regarding whether MA program regulations, contracts, and guidance documents imposed particular obligations on Anthem under the alleged facts of this case—precisely the application-of-law-to-fact inquiries that Rule 36 permits. *Manny P. Concrete*, 145 F.4th at 209; *see also Diederich v. Dep't of Army*, 132 F.R.D.

[10] Rather than admitting, denying, or explaining why it could not respond, as Rule 36(a)(4) requires, Plaintiff recycled blanket objections to each RFA—"not relevant," "unduly burdensome"—without explaining ***how*** any objection applied to any specific RFA. Such boilerplate objections are *per se* improper. *Pegoraro v. Marrero*, 281 F.R.D. 122, 128 (S.D.N.Y. 2012) ("[b]oilerplate objections that include unsubstantiated claims of undue burden, overbreadth and lack of relevancy" coupled with no substantive response, "are a paradigm of discovery abuse.").

[11] RFA Nos. 1, 6, 12, 32, 46, 80-81, 89-90, 172-73, 181, 184-85, 188, 198.

[12] During the meet and confer, Plaintiff relied on this Court's decision in *Delgado* to justify its refusal to respond to these RFAs. Ex. O. But *Delgado*, which involved a *pro se* plaintiff, does not support a refusal to respond. In *Delgado*, the court observed that the RFAs were poorly drafted, convoluted requests and its opinion focused primarily on the plaintiff's drafting of the RFAs "more in the nature of discovery requests." 2024 WL 3219809, at *7. Anthem's RFAs bear no resemblance to the deficient requests in *Delgado*: they rely on defined terms drawn from CMS regulations and the parties' prior discovery; they are styled as single, declarative propositions; and they are not drafted in the form of discovery requests, such as requests for documents or identification of witnesses. Ex. B.

614, 617 (S.D.N.Y. 1990) (RFAs that "merely involved [] a request to confirm or deny the requestor's interpretation of a law, regulation, etc." were proper).

Plaintiff's "Documents Speak for Themselves" Objection. For the same set of RFAs, Plaintiff directs Anthem to various regulations, documents, or deposition testimony—many of which Plaintiff does not even bother to identify—contending they "speak for [themselves]." *See*, *e.g*. Ex. M at 70, 94, 109. But only Plaintiff can "speak" to whether it disputes a given proposition—a document cannot. Courts in this Circuit agree, holding that "objections that documents or regulations 'speak for themselves'. . . are improper" and that "[o]bjections that [a party] should obtain the information by independent discovery and investigation, or that the matter is already within [that party's] knowledge, are [] misplaced." *Diederich*, 132 F.R.D. at 617; *see also Booth Oil Site Admin. Grp. v. Safety-Kleen Corp.*, 194 F.R.D. 76, 80 (W.D.N.Y. 2000) ("a request . . . seeking an admission or denial of a document's meaning or intent . . . is authorized by Rule 36.").

Plaintiff's "Premature" Objection. Plaintiff objects to some RFAs on the grounds they are "premature" because they concern topics on which Plaintiff plans to offer expert opinions or may be addressed during Rule 30(b)(6) depositions.[13] A party cannot refuse to respond to an RFA simply because discovery is ongoing: Rule 36 requires parties to provide a response "to the extent" the party can do so with the information it possesses. *Beberaggi v. New York City Transit Auth.*, 1994 WL 18556, at *5 (S.D.N.Y. Jan. 19, 1994); *see also Al-Jundi v. Rockefeller*, 91 F.R.D. 590, 593 (W.D.N.Y. 1981) ("the objection . . . that depositions to be held in the future will duplicate the present admission requests is . . . insupportable.").[14] A responding party cannot evade the reach of Rule 36 simply by declaring that it will offer an expert opinion that may relate to the same subject. If Plaintiff "lacks the knowledge or information needed to admit or deny" a request, Rule 36(a)(4) requires it to "so state" and explain the reasonable inquiry it made—not assert a blanket refusal to respond.[15]

B. The 23 RFAs At Issue Are Targeted at Critical Topics for Anthem's Defenses

No MA program requirement obligated MAOs to verify, audit, or review diagnosis code accuracy (RFA Nos. 1, 6, 12, 32). These RFAs go to the heart of Plaintiff's claims for relief: whether MAOs had any obligation to verify the accuracy of diagnosis codes received from providers and submitted to CMS and the scope of MA program requirements—including the attestation regulation (42 C.F.R. § 422.504(*l*))—that Plaintiff invokes in its Amended Complaint. *See* Am. Compl. ¶¶ 4, 8-9, 25-26, 51-54, 56-57, 59, 62-66, 70, 80, 84, 90, 129, 134, 137, 139,

[13] RFA Nos. 57-58, 194, 196, and 198.

[14] Plaintiff also objects that some RFAs concern "fundamental disagreements" (RFA Nos. 57-58, 253) or are "hypothetical" (RFA No. 112). But Rule 36(a)(5) prohibits objections made "solely on the ground that the request presents a genuine issue for trial." *See also U.S. Bank Nat'l Ass'n v. Triaxx Asset Mgmt. LLC,* 2020 WL 9549505, at *2 (S.D.N.Y. Nov. 30, 2020) (RFAs are not limited to "matters that the propounding party believes to be undisputed"); *Diederich*, 132 F.R.D. at 618 ("a party may not object on the grounds that the [RFA] goes to a disputable matter presenting a genuine issue for trial"). Nor do Anthem's RFAs ask Plaintiff to "assume" hypothetical facts "unrelated to the facts of the case." *Abbott v. United States*, 177 F.R.D. 92, 93 (N.D.N.Y. 1997). They seek admissions regarding the allegations in Plaintiff's Amended Complaint. *See, e.g*., Am. Compl. ¶ 154.

[15] If, however, the Court is inclined to credit this objection, it should order Plaintiff to supplement its responses under Rule 26(e) within 30 days of serving expert reports or completing Rule 30(b)(6) depositions. *See* 1993 Advisory Committee Notes to Fed. R. Civ. P. 26(e).

150-54, 160, 165, 169-71. The RFAs simply ask Plaintiff to apply the MA program requirements on which it relies in the Amended Complaint to the alleged conduct at issue, which are the quintessential application-of-law-to-fact RFAs permitted under Rule 36. *See supra* Sec. II(A).

No MA program requirement prohibited chart reviews (RFA Nos. 46, 80-81, 89-90). These RFAs address the central dispute in this case: whether any MA program requirement prohibited MAOs from conducting retrospective chart reviews or required MAOs to audit previously submitted diagnosis codes during such chart reviews. *See* Am. Compl. ¶¶ 5-9, 111-133, 135, 141-150, 153-157. The RFAs simply ask Plaintiff to admit or deny this specific prohibition or requirement, which is entirely proper under Rule 36. *See supra* Sec. II(A).

CMS knew that MAOs conducted chart reviews without auditing previously submitted diagnosis codes (RFA Nos. 57-58). These RFAs ask Plaintiff to admit that CMS was aware that MAOs conducted chart reviews without separately auditing diagnosis codes previously submitted to CMS—a fact central to Anthem's materiality and scienter defenses. *See* Am. Compl. ¶¶ 5-9, 111-133, 135, 141-150, 153-157. Plaintiff cannot refuse to respond to these otherwise proper RFAs merely because discovery is ongoing. *See supra* Sec. II(A).

The withdrawn 2014 Proposed Chart Review Rule (RFA Nos. 181, 184-85, 188). These RFAs concern CMS's decision to propose and then withdraw a new regulation that would have required MAOs to conduct chart reviews in the exact manner that Plaintiff now alleges was always legally required. Plaintiff alleges that Anthem "understood that it both had the ability and the obligation to compare the chart review results from [its vendor] against the diagnosis codes it previously submitted to find and delete the codes that could not be validated." Am. Compl. ¶ 153. CMS's decision to propose but then withdraw a new rule that would have imposed such an obligation bears on whether the obligation that Plaintiff contends was present actually existed and also Anthem's alleged knowledge of this purported obligation. *See supra* Sec. II(A).

CMS never determined that an MAO's attestation was false based on RADV Audit results (RFA Nos. 172-73). Plaintiff alleges that RADV audit results "highlighted for Anthem and other MAOs that a material percentage of the diagnosis codes they submitted to CMS were inaccurate." Am. Compl. ¶ 97. But if ***CMS itself*** never determined that an MAO's attestation was false based on RADV results, that fact undermines Plaintiff's theory. These RFAs simply ask Plaintiff to admit that CMS never made such a determination—an entirely factual question.

Plaintiff's December 11, 2025 list of allegedly false diagnosis codes (RFA Nos. 73, 112, 194, 196, 198). These RFAs seek admissions about the list of allegedly false diagnosis codes that Plaintiff disclosed to Anthem to comply with the Court's Orders compelling Plaintiff to fully and finally identify the list of diagnosis codes it contends are false. *See* Dkts. 243, 425. Plaintiff cannot credibly argue that asking it to admit the truth of its own allegations about a list it already prepared at the direction of the Court is premature, hypothetical, or seeks an improper legal conclusion.

No Anthem employee had actual knowledge that any diagnosis code on Plaintiff's list of allegedly false codes was in fact "false" (RFA No. 253). This RFA asks Plaintiff to admit that no Anthem employee had "actual knowledge" that any diagnosis code on Plaintiff's list was false. Plaintiff objects that this concerns a "fundamental disagreement," which is not a valid objection under Rule 36(a)(5). *See supra* n. 15. If Plaintiff contends Anthem employees had actual knowledge, it can deny the RFA. If Plaintiff lacks information to admit or deny, it must say so.

Dated: September 1, 2026

Respectfully submitted,

By: */s/ Anwar Graves*

K. LEE BLALACK, II, *Pro Hac Vice*
ANWAR GRAVES, *Pro Hac Vice*
WILLIAM BUFFALOE, *Pro Hac Vice*
BRIAN D. BOYLE
BENJAMIN D. SINGER
RAHUL KOHLI, *Pro Hac Vice*
O'MELVENY & MYERS LLP
1625 Eye Street, N.W.
Washington, D.C. 20006
Telephone: (202) 383-5300
Facsimile: (202) 383-5414
lblalack@omm.com
agraves@omm.com
wbuffaloe@omm.com
bboyle@omm.com
bsinger@omm.com
rkohli@omm.com

JAMES A. BOWMAN, *Pro Hac Vice*
ADAM LEVINE, *Pro Hac Vice*
HANNAH E. DUNHAM, *Pro Hac Vice*
SHELBY A. CUMMINGS, *Pro Hac Vice*
ELIZABETH A. ARIAS, *Pro Hac Vice*
O'MELVENY & MYERS LLP
400 South Hope Street, 18th Floor
Los Angeles, California 90071
Telephone: (213) 430-6000
Facsimile: (213) 430-6407
jbowman@omm.com
alevine@omm.com
hdunham@omm.com
scummings@omm.com
earias@omm.com

DAVID DEATON, *Pro Hac Vice*
O'MELVENY & MYERS LLP
Two Embarcadero Center, 28th Floor
San Francisco, California 94111
Telephone: (949) 823-6900
Facsimile: (949) 823-6994
ddeaton@omm.com

CHRISTOPHER P. BURKE, *Pro Hac Vice*
O'MELVENY & MYERS LLP
1301 Avenue of the Americas, Suite 1700
New York, New York 10019
Telephone: (212) 326-2000
Facsimile: (212) 326-2061
cburke@omm.com

JOHN MARTIN, *Pro Hac Vice*
HEYWARD BONYATA, *Pro Hac Vice*
NELSON MULLINS RILEY & SCARBOROUGH LLP
1320 Main Street, 17th Floor
Columbia, South Carolina 29201
Telephone: (803) 255-9655
john.martin@nelsonmullins.com
heyward.bonyata@nelsonmullins.com

Attorneys for Defendant Anthem, Inc.

cc: Assistant United States Attorney Peter Max Aronoff, Esq.
Assistant United States Attorney Charles Salim Jacob, Esq.
Assistant United States Attorney Adam M. Gitlin, Esq.
Assistant United States Attorney Dana Walsh Kumar, Esq.
Assistant United States Attorney Rachael Doud, Esq.
Assistant United States Attorney Pierre Armand, Esq.
Assistant United States Attorney Harry Fidler, Esq.
Trial Attorney Martha Glover, Esq.

Exhibit Appendix

Exhibit	Title
A	Anthem's Notice of Deposition of Plaintiff Pursuant to Federal Rule of Civil Procedure 30(b)(6) (Excerpted)
B	Anthem's 23 At-Issue Requests for Admission to Plaintiff
C	Anthem's July 10, 2026 Letter to Plaintiff Re: Anthem's 30(b)(6) Notice
D	Plaintiff's August 4, 2026 Letter to Anthem Re: Anthem's 30(b)(6) Notice
E	Plaintiff's Notice of Deposition Under Federal Rule of Civil Procedure 30(b)(6)
F	Plaintiff's August 24, 2026 Email to Anthem Re: "Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff"
G	Anthem's August 11, 2026 Letter to Plaintiff Re: Anthem's 30(b)(6) Notice
H	Excerpt of Cheri Rice August 28, 2025 Deposition Transcript [***Filed Under Seal***]
I	Excerpt of Marc Russo March 6, 2026 Deposition Transcript [***Filed Under Seal***]
J	Plaintiff's August 19, 2026 Letter to Anthem Re: Anthem's 30(b)(6) Notice
K	Excerpt of Sean Creighton April 7, 2025 Deposition Transcript [***Filed Under Seal***]
L	Anthem's First Set of Requests for Admission
M	Plaintiff's June 24, 2026 Responses and Objections to Anthem's First Set of Requests for Admission
N	Anthem's July 10, 2026 Letter to Plaintiff Re: "Deficiencies in Plaintiff's Responses to Anthem's First Set of Requests for Admission and Second Set of Interrogatories"
O	Email Correspondence between Anthem and Plaintiff Re: Parties' Meet and Confers Regarding Plaintiff's Responses and Objections to Anthem's First Set of Requests for Admission
P	Plaintiff's August 21, 2026 Supplemental Responses and Objections to Anthem's First Set of Requests for Admission

Exhibit A

Exhibit A (Anthem's Notice of Rule 30(b)(6) Deposition)

I. Revised Defined Terms for Anthem's Notice of Rule 30(b)(6) Deposition of Plaintiff

"Communications" shall have the meaning set forth in Local Civil Rule 26.3(c), subject to any limitations imposed by the Parties in the Joint Stipulation and Order Re: Protocol for Electronically Stored Information (Dkt. No. 99). Communications shall be limited to Plaintiff's internal Communications and Communications between CMS and MAOs, healthcare providers, coders, and MA industry participants, including AHIP, AHA, AAPC, and AHIMA.

"RADV Reviewer Guidance" shall mean the medical record documentation and coding guidance used by Plaintiff during RADV audits of diagnosis codes with dates of service from 2012 to 2015.

"Relevant Period" shall have the meaning assigned by Plaintiff in its January 21, 2026 Notice of Deposition to Defendant Anthem Under Federal Rule of Civil Procedure 30(b)(6), "the period from June 1, 2009, to December 31, 2018."

II. Revised Topics for Anthem's Rule 30(b)(6) Deposition of Plaintiff[1]

1. (Withdrawn)

2. (Withdrawn)

3. (Withdrawn)

4. Plaintiff's Communications, or[2] Interpretation, from January 1, 2014 to June 30, 2018, Concerning:

   a. CMS's Interpretation of "overpayment" and how "overpayment[s]" are to be "identified" under 42 U.S.C. § 1320a-7k(d); and CMS's Communications Concerning those Interpretations;

      i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's interpretation of "overpayment" and how "overpayment[s]" should be "identified" under 42 U.S.C. § 1320a-7k(d). Plaintiff refuses to provide Rule 30(b)(6) testimony on

[1] Capitalized terms that are not defined herein have the meaning assigned to them in Defendant Anthem's Notice of Rule 30(b)(6) Deposition of Plaintiff.

[2] Anthem defined "or" in its Notice as follows: "The words 'and' and 'or' shall be construed either conjunctively or disjunctively, as required by the context to bring all information within the scope of the Topic."

Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

b. CMS's Interpretation of "overpayment" and how "overpayment[s]" are to be "identified" under 42 C.F.R. § 422.326; and CMS's Communications Concerning those Interpretations;

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's interpretation of "overpayment" and "identified" as those terms are used in 42 C.F.R. § 422.326, including how "overpayment[s]" are to be "identified," but refuses to testify on Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

c. CMS's Interpretation of 42 C.F.R. § 422.504(*l*) and CMS's Communications Concerning the Interpretation of 42 C.F.R. § 422.504(*l*);

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's understanding of "accurate, complete, and truthful" in 42 C.F.R. § 422.504(*l*), but refuses to testify on (i) the remaining language in 42 C.F.R. § 422.504(*l*) and (ii) Communications. Defendant moves to compel Rule 30(b)(6) testimony on (i) the remaining language in 42 C.F.R. § 422.504(*l*) and (ii) Communications.

d. (Withdrawn)

e. CMS's Interpretation of the phrase "all relevant national standards" in 42 C.F.R. § 422.310(d)(1), and CMS's Communications Concerning the Interpretation of 42 C.F.R. § 422.310(d)(1).

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's Interpretation of the phrase "all relevant national standards" in 42 C.F.R. § 422.310(d)(1), but refuses to testify on Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

f. CMS's Interpretation of 42 C.F.R. § 422.510(a), and CMS's Communications Concerning the Interpretation of § 422.510(a);

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of this subtopic.

g. CMS's Interpretation of "good faith efforts" and the statement that "M+C organizations cannot reasonably be expected to know that every piece of data is correct, nor is that the standard that HCFA, the OIG, and DOJ believe is reasonable to enforce" in Medicare + Choice Program, 65 Fed. Reg. 40,170, 40,268 (June 29, 2000); and CMS's Communications Concerning the Interpretation of the language in 65 Fed. Reg. at 40,268 from "[w]e first addressed this issue" through "the accuracy, completeness, and truthfulness of encounter data submitted," for the period June 1999 to March 2017.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel on the entirety of this subtopic.

h. CMS's and HHS-OIG's Interpretations of, and Communications Concerning, the statement in Section II.A.e (Data Collection and Submission Processes) of 64 Fed. Reg. 61,893, 61,900 (Nov. 15, 1999) from "The requirement that the CEO" through "verify whether it is yielding accurate information";

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of this subtopic.

i. CMS's Interpretation of the proposed amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4) and III(B) of 79 Fed. Reg. 2,000 (January 10, 2014), including the public comments received in response; and CMS's Communications Concerning those Interpretations and public comments.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony only on the proposed amendments to § 422.310, and refuses to testify on (i) the proposed amendments to §§ 422.326, 422.504, and 423.360 and (ii) Communications responsive to this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on (i) the proposed amendments to §§ 422.326, 422.504, and 423.360 and (ii) Communications responsive to this subtopic.

j. CMS's Interpretations of the finalized amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4), II(D), and III(B) of the Medicare Program, Contract Year 2015 Policy and Technical Changes, 79 Fed. Reg. 29,844 (May 23, 2014) (the "2014 Final Rule"); CMS's Communications Concerning those Interpretations; and the rationale for CMS's decision not to finalize the proposed amendments to § 422.310.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony only on the finalized amendments to § 422.310, and refuses to testify on (i) the proposed and finalized amendments to §§ 422.326, 422.504, and 423.360 and (ii) Communications responsive to this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on (i) the proposed and finalized amendments to §§ 422.326, 422.504, and 423.360 and (ii) Communications responsive to this subtopic.

k. (Withdrawn)

l. CMS's Interpretations of the excerpts of training and participant guides cited in paragraphs 49 and 50 of Plaintiff's Amended Complaint; and CMS's Communications Concerning the Interpretation of those excerpts, during the calendar year in which each guidance document was published.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of this subtopic.

m. CMS's Interpretation of, and Communications Concerning, the Guidance for Chart Review Record (CRR) Submissions (Apr. 9, 2018) (produced at US_010134324), which permits MAOs to use unlinked chart review records to add risk adjustment eligible diagnosis data but prohibits their use to delete such data.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of this subtopic.

n. CMS's Interpretation of, and Communications Concerning, the following sentence in the Memorandum regarding Additional Guidance for Chart Review Record (CRR) Submissions (Aug. 28, 2018) (produced at US_010134322): "The April 9, 2018 HPMS memo was intended to clarify the role of chart review records as part of the Encounter Data System, and reflected existing requirements for the submission of encounter data."

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on this subtopic. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of this subtopic.

o. (Withdrawn)

5. CMS's Knowledge, Communications, or Interpretation Concerning the ICD Guidelines, AHIMA Standards, and the Coding Clinic, during the Relevant Period, specifically (i) which provisions of the diagnosis coding guidance documents the seven diagnosis codes listed in paragraph 154 of Plaintiff's Amended Complaint allegedly violated; (ii) Plaintiff's Interpretation of those provisions; and (iii) Plaintiff's Interpretation of the following ICD Guidelines provisions: (a) the preamble on pages 1-2, (b) I.A.19, (c) IV.C, (d) IV.H, (e) IV.I, and (f) IV.J.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 5. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 5.

6. Medicare Advantage Requirements Concerning any At-Issue Diagnosis Codes during the Relevant Period, including: (i) which provisions of the diagnosis coding guidance documents the At-Issue Diagnosis Codes allegedly violated; (ii) CMS's Interpretation of those provisions; and (iii) CMS's Interpretation of the following ICD Guidelines provisions: (a) the preamble on pages 1-2, (b) I.A.19, (c) IV.C, (d) IV.H, (e) IV.I, and (f) IV.J.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS guidance governing the medical record documentation required for submission of diagnosis codes to CMS for payment, but refuses to testify on (i) which provisions the seven diagnosis codes violated, (ii) CMS's interpretation of those provisions, and (iii) CMS's interpretation of six specific ICD Guidelines provisions. Defendant moves to compel Rule 30(b)(6) testimony on (i) which provisions the seven diagnosis codes violated, (ii) CMS's interpretation of those provisions, and (iii) CMS's interpretation of six specific ICD Guidelines provisions.

7. Medicare Advantage Requirements Concerning Chart Review.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 7. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 7.

8. CMS's Knowledge, Communications, or Interpretation Concerning Chart Review, Compliance Programs, and One-Way Retrospective Chart Review, specifically: (i) whether any Medicare Advantage Requirements specific to these practices exist; (ii) if so, a description and explanation of those Requirements; (iii) if so, how Plaintiff communicated those Requirements to MAOs; (iv) if so, what Communications Plaintiff received from MAOs about those Requirements; and (v)

CMS's Knowledge Concerning Industry Practice of Chart Review, Compliance Programs, and One-Way Retrospective Chart Review.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 8. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 8.

9. (Consolidated with Topics 7 and 8)

10. CMS's Knowledge or Communications Concerning Anthem's September 11, 2017 Letter to Seema Verma (produced at ANTHEM_DOJ_00005757–ANTHEM_DOJ_00005770).

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's Knowledge of the September 11, 2017 letter, but refuses to testify on CMS's Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

11. CMS's Knowledge or Communications Concerning Anthem's September 27, 2017 Letter to Jennifer Harlow (produced at ANTHEM_DOJ_00005772–ANTHEM_DOJ_00005779).

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's Knowledge of the September 27, 2017 letter, but refuses to testify on CMS's Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

12. CMS's Knowledge, Communications, or Interpretation Concerning CMS RADV Reviewer Guidance, including: (i) the purpose of the RADV Reviewer Guidance; and (ii) CMS's use of that Guidance.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on RADV Reviewer Guidance for audits of diagnosis codes with dates of service from 2012 to 2015, including CMS's purpose and use of that Guidance, but refuses to testify on Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

13. (Withdrawn)

14. CMS's Knowledge or Communications Concerning the following HHS-OIG Documents:

    a. Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns, OEI-03-17-00470 (Dec. 2019), including pages 17, 35, and 36;

    b. (Withdrawn)

    c. Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments to Disproportionately Drive Payments, OEI-03-17-00474 (Sept. 2021), including pages 20-22.

        i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 14. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 14(a) and (c).

15. CMS's Knowledge or Communications Concerning Anthem's Corrective Action Plan for the period January 1, 2008 to December 31, 2012, as described in the following Documents:

    a. ANTHEM_DOJ_00041990;

    b. ANTHEM_DOJ_00042024;

    c. ANTHEM_SDNY_00213172;

    d. ANTHEM_SDNY_00213173;

    e. ANTHEM_SDNY_00213203;

    f. ANTHEM_SDNY_00213204;

    g. ANTHEM_SDNY_00203114;

    h. ANTHEM_SDNY_00203121;

    i. ANTHEM_SDNY_00203163;

    j. ANTHEM_SDNY_00213189;

k. ANTHEM_SDNY_00203053;

l. ANTHEM_SDNY_00213883;

m. ANTHEM_SDNY_00213875;

n. ANTHEM_SDNY_00213878; and

o. ANTHEM_SDNY_00213879.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 15. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 15.

16. (Withdrawn)

17. (Withdrawn)

18. CMS's Refusal to make or otherwise Recoup Risk Adjustment Payments to MAOs, including, but not limited to, Anthem, during the Relevant Period.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony at a summary level regarding situations in which CMS adjusted or recouped risk adjustment payments. Anthem accepts this offer and no dispute remains.

19. (Withdrawn)

20. CMS's Knowledge or Communications during the Relevant Period Concerning Anthem's "Risk & Recovery Initiatives" as described in the following Documents:

a. ANTHEM_SDNY_00216267;

b. ANTHEM_SDNY_00216271;

c. ANTHEM_SDNY_00216277;

d. ANTHEM_SDNY_00216280;

e. ANTHEM_SDNY_00216283; and

f. ANTHEM_SDNY_00216284.

i. ***Meet and Confer Status:*** Plaintiff refuses to provide any Rule 30(b)(6) testimony on Topic 20. Defendant moves to compel Rule 30(b)(6) testimony on the entirety of Topic 20.

21. (Withdrawn)

22. CMS's Interpretation Concerning Electronic Data Interchange Enrollment Forms used with MAOs, including, but not limited to, Anthem.

i. ***Meet and Confer Status:*** Plaintiff agrees to provide Rule 30(b)(6) testimony on CMS's Interpretation of the EDI Agreements from January 1, 2014 to June 30, 2018, but refuses to testify on Communications. Defendant moves to compel Rule 30(b)(6) testimony on Communications.

Exhibit B

Exhibit B (Anthem's 23 At-Issue Requests for Admission to Plaintiff)

RFA No.	Request for Admission
1	Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.
6	Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.
12	Admit that there are no Medicare Advantage Requirements that Require MAOs to Review their Risk Adjustment Data for Accuracy.
32	Admit that, regardless of time period, there are no Medicare Advantage Requirements that Concern the level of Accuracy in the Risk Adjustment Data Submitted to CMS by an MAO that would result in that MAO's Attestation being False.
46	Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting Chart Reviews.
57	Admit that, before the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.
58	Admit that, during the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.
73	Admit that Your December 11, 2025 List of Allegedly False Diagnosis Codes does not include Diagnosis Codes that were Found from Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS.
80	Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.
81	Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.
89	Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.
90	Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.
112	Admit that the fact that a Medical Condition is not Documented in a particular Medical Record does not necessarily mean that the Beneficiary does not have the Medical Condition.
172	Admit that, during the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.
173	Admit that, before the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.
181	Admit that the 2014 Proposed Chart Review Rule would have established New Medicare Advantage Requirements.
184	Admit that, following May 23, 2014, CMS did not issue any Medicare Advantage Requirements that would have Required that MAO "medical record review methodologies must be designed to identify errors in diagnoses submitted to CMS as risk adjustment data, regardless of whether the data errors would result in positive or negative payment adjustments."

185	Admit that, in 2014, CMS Knew that: "[u]nder existing regulation, there is no requirement for [MAOs] to audit medical records for overpayments."
188	Admit that the 2014 Final Overpayment Rule does not Require MAOs to Review Medical Records to Identify Overpayments.
194	Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is False.
196	Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is not Documented in the Medical Record for each Beneficiary's Encounter.
198	Admit that Anthem was Required by Medicare Advantage Requirements to Delete every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes.
253	Admit that no Anthem employee had Actual Knowledge during the Relevant Time Period that any Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes was False.

I. Defined Terms for Defendant Anthem, Inc.'s First Set of Requests for Admission to Plaintiff United States of America

The following terms, as used in the 23 Requests for Admission set forth above, have the meanings assigned to them in Defendant Anthem, Inc.'s First Set of Requests for Admission to Plaintiff United States of America, dated May 1, 2026 (Ex. L). Relevant definitions reproduced below:

1. "**2014 Final Overpayment Rule**" shall mean Medicare Program, Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs, Final Rule, 79 Fed. Reg. 29,844, 29,847–48, 29,918–26 (May 23, 2014).

2. "**2014 Proposed Chart Review Rule**" shall mean Medicare Program, Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs, 79 Fed. Reg. 1918, 1922, 2000, 2053 (Jan. 10, 2014) (to be codified at 42 C.F.R. § 422.310(e)).

3. "**Accurate**" or "**Accuracy**" shall mean "accuracy" as that term is used at 42 C.F.R. § 422.504(l).

4. "**Actual Knowledge**" shall mean "actual knowledge" as that term is used in the False Claims Act, 31 U.S.C. § 3729(b)(1)(a)(i).

5. "**Anthem**" shall mean "Anthem, Inc." as used in Paragraph 11 of the Amended Complaint.

6. "**Anthem's Corporate Retrospective Chart Review Program**" shall mean Anthem's "'retrospective chart review' program" or "chart review program" as those phrases are used in Paragraph 5 of the Amended Complaint.

7. "**Attestation**" shall mean "risk adjustment attestation" as used in Paragraph 83 of the Amended Complaint and examples of which are attached as Exhibit 9 to the Amended Complaint.

8. "**Beneficiary**" shall mean a "beneficiary" or "beneficiaries" as those terms are used in Part C of Title XVIII of the Social Security Act, 42 U.S.C. § 1395w-21 et seq.

9. "**Chart Review**" shall mean "the practice of reviewing medical charts to identify diagnosis codes that are supported by documentation in those charts" as used in *United States of America ex rel. Poehling v. UnitedHealth Group, Inc.*, et al., No. 2:16-cv-08697, Statement of Uncontroverted Facts, Dkt. 616-1, at 27–28 (C.D. Cal. Aug. 6, 2024).

10. "**CMS**" shall mean "Centers for Medicare and Medicaid Services" as that term is defined in 45 C.F.R. § 160.103, its departments, components, agents, representatives, contractors, and all other Persons acting on its behalf.

11. "**Concerning**" shall have the meaning set forth in Local Civil Rule 26.3(c).

12. "**December 11, 2025 List of Allegedly False Diagnosis Codes**" shall mean the list of "allegedly false diagnosis codes or allegedly false claims for payment or overpayment" You produced on December 11, 2025 to Anthem in this Action pursuant to the Court's July 24, 2024 Order (Dkt. No. 243) and December 22, 2025 Order (Dkt. No. 425).

13. "**Delete**" or "**Deleted**" shall mean "delete" as that term is used in footnote 9 of the Amended Complaint.

14. "**Diagnosis Code**" shall mean "ICD diagnosis codes" as used in Paragraph 36 of the Amended Complaint and shall encompass all Diagnosis Codes listed in ICD-9 or ICD-10.

15. "**Documented**" shall mean "documented" as used in Paragraph 46 of the Amended Complaint.

16. "**EDI Form**" and "**Electronic Data Interchange Enrollment Form**" shall mean the CMS Document titled Medicare Advantage Organization Electronic Data Interchange (EDI) Agreement, Medicare Advantage Organization Electronic Data Interchange Enrollment Form, or Medicare+Choice Organization Electronic Data Interchange Enrollment Form, examples of which are attached to Plaintiff's Amended Complaint as Exhibits 6, 7, and 8, or "Electronic Data Interchange (EDI) Agreement" or "EDI Agreement" as used in CMS's Medicare Managed Care Manual, Ch. 7, § 130, Rev. 118 (2014).

17. "**Encounter**" shall mean "medical encounters" and "face-to-face encounter" as used in Paragraphs 36, 39, 41, 44, and 46 of the Amended Complaint.

18. "**False**" shall mean "false" or "fraudulent" as those terms are used in the False Claims Act, 31 U.S.C. §§ 3729(a)(1)(A)–(B).

19. "**Find**" or "**Found**" shall mean "find" or "finding" as used in Paragraphs 7, 8, 120, 121, and 126 of the Amended Complaint.

20. "**Identify**" when not used with respect to the identification of Documents or Persons under Local Civil Rule 26.3(c), shall mean "identification of the overpayments" as used in Paragraph 19 of the Amended Complaint.

21. "**Know**," "**Knew**," and "**Knowledge**" shall mean the fact or condition of knowing something with familiarity gained through experience or association.

22. "**MAO**" or "**MAOs**" shall mean a public or private entity organized and licensed by a state as a risk-bearing entity that is certified by CMS as meeting the Medicare Advantage Contract Requirements. *See* 42 U.S.C. § 1395w-28(a)(1).

23. "**Medical Condition**" shall mean "medical condition" and "medical conditions" as used in Paragraphs 78 and 82 of the Amended Complaint.

24. "**Medical Record**" shall mean "medical records" or "medical record" as used in Paragraphs 41, 92, 93, and 94 of the Amended Complaint.

25. "**Medicare Advantage**" shall mean a type of health insurance that provides coverage to Beneficiaries under 42 U.S.C. §§ 1395w-21 through 1395w-29.

26. "**Medicare Advantage Contract**" shall mean "written agreement," and/or "Part C annual agreements," as used in Paragraph 26 of the Amended Complaint.

27. "**New**" shall mean "having recently come into existence."

28. "**One-Way Retrospective Chart Review**" shall mean "to retrospectively review patient medical records and compile a list of all supported diagnosis codes, with the goal of finding additional diagnoses to submit to CMS[,] … [and to] not check whether diagnosis codes previously submitted to CMS were included on the list of diagnoses found by the reviewers to be supported by the medical records" as used in *United States of America ex rel. Swoben v. United Healthcare Insurance Co., et al.*, No. 13-56746, Brief for the United States as Amicus Curiae in Support of Appellant, Dkt. 68, at 15 (9th Cir. Apr. 18, 2016).

29. "**Overpayment**" shall mean "overpayment" as defined in 42 U.S.C. § 1320a-7k(d)(4)(B).

30. "**Prohibit**" or "**Prohibiting**" shall mean to forbid by authority.

31. "**Provider**" shall mean "providers" and "healthcare providers" as used in Paragraphs 3, 24, 40-41 of the Amended Complaint.

32. "**Relevant Time Period**" shall mean the time period between January 1, 2014 and June 30, 2018.

33. "**Required**" or "**Requires**" or "**Requirement**" shall mean that an individual or entity had or has an "obligation" as that term is used in Paragraphs 4, 8-9, 53-54, 56, 63, 65-66, 70, 80, 84, 90, 134, 137, 139, 151-54, 160, 165, and 169-71 of the Amended Complaint; "obligations" as used in Paragraphs 25-26, 51-52, 54, 57, 80, 134-35, and 150 of the Amended Complaint; and "requirements" as used in Paragraphs 51, 53, 59, 60, 62, 64, 66, 70, and 129 of the Amended Complaint.

34. "**Review**" shall mean assessments, analyses, evaluations, determinations, or examinations of various types, Including the multiple uses of the term "review" in 42 C.F.R. § 422.311.

35. "**Risk Adjustment Data**" shall mean "risk adjustment data" as used in Paragraphs 40 and 41 of the Amended Complaint.

36. "**Risk Adjustment Data Validation Audits**" or "**RADV Audit**" shall mean audits conducted pursuant to 42 C.F.R. §§ 422.2 and 422.311(a).

37. "**Submit**" or "**Submission**" shall mean "submit" as used in 42 C.F.R. § 422.310(b).

38. "**Verify**" or "**Verifying**" shall mean "verify" as used in Paragraphs 112, 114, 120, and 153 of the Amended Complaint.

Exhibit C

O'Melveny

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006-4061

T: +1 202 383 5300
F: +1 202 383 5414
omm.com

July 10, 2026

Anwar Graves
D: +1 202 383 5191
agraves@omm.com

Peter Aronoff, Esq.
Charles Jacob, Esq.
Adam Gitlin, Esq.
Rachael Doud, Esq.
Dana Walsh Kumar, Esq.
Pierre Armand, Esq.
Martha Glover, Esq.
Harry Fidler, Esq.
United States Attorney's Office for the Southern District of New York
86 Chambers Street, 3rd Floor
New York, New York 10007

Re: *United States v. Anthem, Inc.* (Case No. 1:20-cv-02593-ALC-KHP) – Defendant Anthem, Inc.'s Revised Notice of Deposition of Plaintiff United States of America Pursuant to Federal Rule of Civil Procedure 30(b)(6)

Dear Counsel:

We write on behalf of Defendant Anthem, Inc. ("Anthem") regarding Anthem's Notice of Deposition of Plaintiff United States of America Pursuant to Federal Rule of Civil Procedure 30(b)(6) (the "Notice"), as revised in Anthem's March 4, 2026 letter and during the parties' meet-and-confer discussions which occurred on May 7, 21 and 27, and June 3, 2026.[1] This letter memorializes the parties' discussions and contains Anthem's offer to narrow the Notice. Please advise as to whether Plaintiff agrees to provide testimony in response to the Notice as described below.

* * *

Date Range

In Plaintiff's April 20, 2026 Responses and Objections to Defendant Anthem's 30(b)(6) Notice ("April 20, 2026 Letter") and during the parties' meet-and-confer discussions, Plaintiff contended that the time period in the Notice did not meet the standard for reasonable particularity. Anthem disagrees. Unlike Plaintiff in its Notice of Deposition Under Federal Rule of Civil Procedure 30(b)(6) ("Plaintiff's Notice"), Anthem tailored proposed time periods to individual topics.

[1] Capitalized terms in this letter that are not defined herein have the meaning assigned to them in the Notice.

Nevertheless, in an effort to resolve the dispute and consistent with Judge Parker's repeated guidance that the relevant period for discovery should track the time period applicable to Plaintiff's claims for relief,[2] Anthem is willing to revise the default time period applicable to each of its topics to the Relevant Period as defined in Anthem's Responses and Objections to Plaintiff's Notice, *i.e.*, June 2013 through March 2017, subject to exceptions noted below on a topic-by-topic basis.

Definitions

In its April 20, 2026 Letter and during the parties' meet-and-confer discussions, Plaintiff contended that the Notice's definitions of "Knowledge" and "Communications" are vague, ambiguous, and overbroad. *See, e.g.*, April 20, 2026 Letter at 3, 5.

The Notice's definition of "Knowledge" is common sense and uses plain language, and the definition of "Communications" is taken directly from the Southern District of New York's Local Rules and the parties' Joint Stipulation and Order Re: Protocol for Electronically Stored Information (Dkt. No. 99).[3] Anthem is entitled to understand Plaintiff's Knowledge of and Communications on the topics in its Notice in order to marshal evidence to defend against Plaintiff's claims for relief at trial.

Anthem is nonetheless willing to narrow the definitions of "Communications" and "Knowledge" in its Notice by (1) clarifying that Anthem seeks testimony on Plaintiff's internal Communications and Communications CMS had with MAOs, healthcare providers, coders, and MA industry participants (including AHIP, AHA, AAPC, and AHIMA), and (2) withdrawing its request for testimony on Plaintiff's "Knowledge" for Topics 4 and 22 if Plaintiff agrees to provide testimony on Plaintiff's Interpretation and Communications for Topics 4 and 22, as specified above.

I. Topic 4: Plaintiff's Knowledge, Communications, or Interpretation, regardless of time period, Concerning [Medicare Advantage statutes, regulations, and guidance documents].

Topic 4 almost exclusively seeks testimony on the specific regulations and standards Plaintiff contends Anthem violated in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of those regulations and standards in order to defend against those allegations.[4] The remaining subtopics concern other

[2] *See, e.g.*, May 20, 2026 Tr. 20-21, 25; March 12, 2024 Tr. 69:6-10; July 7, 2026 Tr. 57:2-11, 61:3-5.

[3] The Notice defines "Knowledge" as "the fact or condition of knowing something with familiarity gained through experience or association."

[4] Plaintiff argues that such testimony is irrelevant to scienter following the Court's decision in *United States ex rel. Schutte v. SuperValu Inc.*, 598 U.S. 739 (2023) but, as discussed during the parties' meet-and-confers, such testimony remains relevant post-*SuperValu* since it is probative of Anthem's subjective good faith. *See, e.g.*, *United States ex rel. Sheldon v. Allergan Sales, LLC*, 170 F.4th 227, 245 (4th Cir. 2026) ("Certainly, the ambiguity of a statute may be a defense to scienter."); *United States ex rel. Streck v. Eli Lilly & Co.*, 152 F.4th 816, 843 (7th Cir. 2025) ("If we thought the regulations were 'ambiguous' or Lilly's interpretation of the guidance was 'reasonable' we might look at the verdict differently."). Such testimony is also probative of materiality. *United States ex rel. Foreman v. AECOM*,

relevant guidance documents and regulations that go to the heart of the controversy between the parties.

If Plaintiff stipulates that it will not offer evidence related to a particular regulation or standard listed in Topic 4 to support its allegations against Anthem, then Anthem will agree to withdraw that regulation or standard from its Notice. For those regulations and standards listed in Topic 4 for which Plaintiff is not willing to so stipulate, Anthem, in the spirit of meaningful compromise and in response to Plaintiff's April 20, 2026, request for Anthem to identify "specific, discrete portions of a relevant statute, regulation, or guidance" and "specific topics relating to that statute, regulation, or guidance that are relevant to materiality and not unduly burdensome" proposes to further narrow Topic 4's subtopics as articulated below. However, Anthem wishes to make abundantly clear that any proposed narrowing of Topic 4 is strictly contingent on Plaintiff's agreement that it will not offer evidence at trial or summary judgment to support its allegations related to the provision at issue beyond the specific language or subsections covered by the narrowed scope. If Plaintiff is unwilling to agree to that condition, Anthem will maintain its request as to the full scope of each subtopic.

Where noted below, Anthem has proposed to narrow or withdraw certain subtopics on the condition that Plaintiff designate specific deposition testimony from *Poehling* and *Osinek*. The parties have stipulated that the *Poehling* and *Osinek* depositions "shall be treated as though taken as depositions in this litigation pursuant to Federal Rule of Civil Procedure Rule 32(a)." Dkt. No. 474. Please confirm Plaintiff shares Anthem's understanding that the *Poehling* and *Osinek* testimony applies to the Relevant Period as defined in Plaintiff's Amended Complaint. Anthem's narrowing proposals involving the designation of *Poehling* and *Osinek* testimony are strictly dependent on Plaintiff's confirmation.

Plaintiff contended during the parties' meet-and-confer discussions that CMS communicated its Interpretation of standards only through official pronouncements. To reduce misunderstandings between the parties, Anthem requests that Plaintiff provide a chart identifying all instances in which CMS communicated its Interpretation of each standard identified in this Notice.

- **Subtopic (a) - 42 U.S.C. § 1320a-7k(d):** Plaintiff cites to this provision of the Affordable Care Act in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of this provision in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶ 19. Additionally, during the parties' meet-and-confer discussions, Plaintiff advised that it might be willing to provide a witness to testify about the government's interpretation of a specific section as it applied to MAOs during the relevant years. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, Anthem will remove this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic to (i) CMS's Interpretation of "overpayment" as that term is used in

19 F.4th 85 (2d Cir. 2021) (holding that the government's response to alleged noncompliance is a relevant consideration for materiality).

42 U.S.C. § 1320a-7k(d), (ii) CMS's Interpretation of how "overpayment[s]" are to be "identified" as those terms are used in 42 U.S.C. § 1320a-7k(d), and (iii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of "overpayment" and how "overpayment[s]" are to be "identified" as those terms are used in 42 U.S.C. § 1320a-7k(d).

- **Subtopic (b) - 42 C.F.R. § 422.326:** Plaintiff seeks Rule 30(b)(6) testimony from Anthem regarding its understanding of Medicare Advantage ("MA") requirements under this regulation, and Anthem seeks similar testimony from Plaintiff. *See* Topic e(vi) of Plaintiff's Notice. Additionally, during the parties' meet-and-confer discussions, Plaintiff advised that it might be willing to provide a witness to testify about the government's interpretation of a specific section as it applied to MAOs during the relevant years.

  As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, Anthem will remove this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic to (i) CMS's Interpretation of "overpayment" and "identified" as those terms are used in 42 C.F.R. § 422.326, (ii) CMS's Interpretation of how "overpayment[s]" are to be "identified" as those terms are used in 42 C.F.R. § 422.326, and (iii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of "overpayment" and how "overpayment[s]" are to be "identified" as those terms are used in 42 C.F.R. § 422.326.

- **Subtopic (c) - 42 C.F.R. § 422.504(l):** Plaintiff cites to this regulation in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of this regulation in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶¶ 51, 83. Plaintiff also seeks Rule 30(b)(6) testimony from Anthem regarding its understanding of the "accurate, complete, and truthful" language contained within this regulation, and Anthem seeks similar testimony from Plaintiff. *See* Topic e(i) of Plaintiff's Notice. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, Anthem will remove this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic if Plaintiff designates the Rule 30(b)(1) testimony of Cheri Rice relevant to this subtopic from her deposition in this litigation and the *Osinek* litigation as Plaintiff's Rule 30(b)(6) testimony.[5] If Plaintiff designates that testimony, Anthem agrees not to seek additional testimony duplicative of the designated testimony, and Anthem will limit remaining live testimony on this subtopic to (i) CMS's Interpretation of the letters that Anthem and other MAOs submitted to CMS along with their Risk Adjustment Attestations; and (ii) CMS's Communications with MAOs Concerning the Interpretation of 42 C.F.R. § 422.504(l).

  Alternatively, if Plaintiff is willing to identify the specific provision(s) of this regulation that it alleges Anthem violated, Anthem will accordingly narrow the scope of this subtopic

[5] Rice *Osinek* Dep. (June 10, 2025) at 22–43, 62–77, 93–151, 202–222, 241-248, 249-257, 258–261, and 317–319 and Rice *Anthem* Dep. at 50–131, 142–254, 258–351, 360–370, 380–387.

to that specific provision(s). If Plaintiff is not willing to so stipulate or identify the specific provision(s) of this regulation that it alleges Anthem violated, Anthem cannot narrow the scope of this subtopic. However, as discussed during the parties' meet-and-confer discussions, Anthem specifically seeks testimony concerning (i) CMS's Interpretation of 42 C.F.R. § 422.504(l), and (ii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of 42 C.F.R. § 422.504(l).

- **Subtopic (e) - 42 C.F.R. § 422.310:** Plaintiff cites to subsections (d)(1), (e), and (g) of this regulation in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of this regulation in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶¶ 37, 44, 45, 56, 93. Plaintiff also seeks Rule 30(b)(6) testimony from Anthem regarding its understanding of the "all relevant national standards" language contained within this regulation, and Anthem seeks similar testimony from Plaintiff. *See* Topic e(ii) of Plaintiff's Notice. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, then Anthem will remove this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic to CMS's Interpretation of 42 C.F.R. § 422.310(d)(1), (e), and (g), and CMS's internal Communications and Communications CMS had with MAOs, healthcare providers, coders, and MA industry participants (including AHIP, AHA, AAPC, and AHIMA) Concerning the Interpretation of 42 C.F.R. § 422.310(d)(1), (e), and (g).

- **Subtopic (f) - 42 C.F.R. § 422.510:** Plaintiff cites to this regulation in its Amended Complaint, and this regulation is cited in the Notice of Intermediate Sanctions that CMS issued to Anthem on February 27, 2026 ("Sanctions Notice") which Plaintiff included on its March 13, 2026 supplemental Rule 26 disclosures. *See* Am. Compl. ¶ 63; Sanctions Notice at 7. Anthem is therefore entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of this regulation in order to defend against Plaintiff's allegations. Plaintiff also seeks Rule 30(b)(6) testimony from Anthem regarding its understanding of MA program requirements under this regulation, and Anthem seeks similar testimony from Plaintiff. *See* Topic e(vi) of Plaintiff's Notice. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, Anthem will remove this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic to (i) CMS's Interpretation of 42 C.F.R. § 422.510(a), and (ii) CMS's internal Communications and Communications CMS had with MAOs, healthcare providers, coders, and MA industry participants (including AHIP, AHA, AAPC, and AHIMA) Concerning the Interpretation of § 422.510(a).

- **Subtopic (g) – Medicare+Choice Program, 65 Fed. Reg. 40,170 (June 29, 2000):** Plaintiff cites to this regulation in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of this regulation in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶¶ 58, 89. As Anthem explained in its March 4, 2026 letter and during the parties' May 21, 2026 meet-and-confer discussion, Anthem is willing to narrow this Topic to Plaintiff's Knowledge of,

Communications about, or Interpretation of specific language in the regulation. Plaintiff indicated that its only objection to this narrowed topic was the general objection to Topic 4 regarding materiality. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to this provision, Anthem will withdraw this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this Topic to (i) CMS's Interpretation of "good faith efforts" and "M+C organizations cannot reasonably be expected to know that every piece of data is correct, nor is that the standard that HCFA, the OIG, and DOJ believe is reasonable to enforce" in Medicare + Choice Program, 65 Fed. Reg. 40,170, 40,268 (June 29, 2000), and (ii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of the following language in 65 Fed. Reg. at 40,268 to MAOs from the period between June 1999 and March 2017:

"We first addressed this issue during the drafting of the 1999 M+C coordinated care plan contract. In developing the certification forms M+C organizations would use to meet the payment data certification requirement, we consulted with OIG and DoJ in drafting language that requires the M+C organization to certify the accuracy, completeness, and truthfulness of this data based on 'best knowledge, information, and belief.' This language was included in the 1999 contract forms in recognition of the fact that M+C organizations cannot reasonably be expected to know that every piece of data is correct, nor is that the standard that HCFA, the OIG, and DoJ believe is reasonable to enforce . . . It is appropriate that the M+C regulations be consistent with the standard of knowledge reflected in Federal fraud statutes. Therefore, we are modifying §422.502(l) as needed to reflect the 'best knowledge, information, and belief' certification standard. . . .

"We acknowledge that encounter data come into M+C organizations in great volume and from a number of sources, presenting significant verification challenges for the organizations. However, we believe that M+C organizations have an obligation to undertake 'due diligence' to ensure the accuracy, completeness, and truthfulness of encounter data submitted to HCFA. Therefore, they will be held to a 'best knowledge, information, and belief' standard. Therefore, M+C organizations will be held responsible for making good faith efforts to certify the accuracy, completeness, and truthfulness of encounter data submitted."

- **Subtopic (h) - 64 Fed. Reg. 61,893 (Nov. 15, 1999):** Anthem proposes to narrow this subtopic to (i) CMS and HHS-OIG's Interpretations, and (ii) CMS and HHS-OIG's internal Communications and Communications with MAOs Concerning the Interpretation of the following statement contained within Section II.A.e (Data Collection and Submission Processes) of 64 Fed. Reg. 61,893, 61,900 (Nov. 15, 1999):

  "The requirement that the CEO or CFO certify as to the accuracy, completeness and truthfulness of data, based on best knowledge, information and belief, does not constitute an absolute guarantee of accuracy. Rather, it creates a duty on the Medicare+Choice organization to put in place an information collection and reporting system reasonably designed to yield accurate information. Further, the Medicare+Choice organization should exercise due diligence to ensure that these systems are working properly. The exact

methods used by the Medicare+Choice organization to accomplish this can be determined by the organization, however, it should ordinarily conduct sample audits and spot checks of this system to verify whether it is yielding accurate information." 64 Fed. Reg. at 61,900.

- **Subtopic (i) - Medicare Program, Contract Year 2015 Proposed Rule, 79 Fed. Reg. 1918 (Jan. 10, 2014) ("Proposed Rule"):** Anthem proposes to narrow this subtopic to (i) CMS's Interpretations of the proposed amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4) and III(B) of the Proposed Rule, and (ii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of the proposed amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4) and III(B) of the Proposed Rule. In addition, Anthem proposes to narrow this subtopic to the period from January 2012 through June 2018. As discussed during the parties' meet-and-confer discussions, Anthem specifically seeks testimony concerning (i) CMS's Interpretation of the proposed amendments, (ii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of the proposed amendments, (iii) CMS's Interpretation of the public comments received in response to the proposed amendments, and (iv) CMS's internal Communications and Communications with MAOs Concerning those public comments. Additionally, if Plaintiff designates the Rule 30(b)(1) testimony of Cheri Rice relevant to this subtopic from her deposition in this litigation and the *Osinek* litigation as Plaintiff's Rule 30(b)(6) testimony,[6] Anthem will not seek additional testimony duplicative of the designated testimony. Anthem will limit remaining testimony on this subtopic to (i) why the Proposed Medical Record rule was initially identified by CMS's Medicare Plan Payment Group for possible withdrawal from the Final Rule, (ii) why CMS decided not to finalize the Proposed Medical Record Review rule, (iii) who was responsible for the decision not to finalize the Proposed Medical Record Review rule, and (iv) Communications with MAOs Concerning the Interpretation of the proposed amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4) and III(B) of the Proposed Rule.

- **Subtopic (j) - Medicare Program, Contract Year 2015 Policy and Technical Changes, 79 Fed. Reg. 29,844 (May 23, 2014) ("Final Rule"):** Anthem proposes to narrow this subtopic to (i) CMS's Interpretations of the finalized amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§§ I(B)(4), II(D), and III(B) of the Final Rule, (ii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of the finalized amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4), II(D), and III(B) of the Final Rule, and (iii) the rationale for CMS's decision not to finalize the proposed amendments to § 422.310. Additionally, if Plaintiff designates the Rule 30(b)(1) testimony of Cheri Rice relevant to this subtopic from her deposition in this litigation and the *Osinek* litigation as Plaintiff's Rule 30(b)(6) testimony,[7]

[6] Rice *Osinek* Dep. (June 10, 2025) at 43–62, 352–373 and Rice *Anthem* Dep. at 52–55, 142–181, 206–223, 238–254, 260-288, and 286–370.

[7] Rice *Osinek* Dep. (June 10, 2025) at 43–62, 352–373 and Rice Anthem Dep. at 52–55, 142–181, 206–223, 238–254, 260-288, and 286–370.

Anthem will not seek additional testimony duplicative of the designated testimony. Like subtopic 4(i), Anthem will limit remaining testimony on subtopic 4(j) to (i) why the Proposed Medical Record rule was initially identified by MPPG for possible withdrawal from the Final Rule, (ii) why CMS decided not to finalize the Proposed Medical Record Review rule, (iii) who was responsible for the decision not to finalize the Proposed Medical Record Review rule, and (iv) Communications with MAOs Concerning the Interpretation of the proposed amendments to §§ 422.310, 422.326, 422.504, and 423.360 described in §§ I(B)(4) and III(B) of the Proposed Rule.

- **Subtopic (k) - Medicare Managed Care Manual (MMCM) – 2001, 2003, 2004, and 2013 editions, Chapter 7:** Anthem, in its March 4, 2026 letter, advised Plaintiff that it is withdrawing subtopic 4(k).

- **Subtopic (l) - Training and Participant Guides:**[8] Plaintiff cites to various MA program training and participant guides in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of those guidance documents in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶¶ 49-50. As noted above, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment related to these guidance documents, Anthem will withdraw this subtopic from its Notice. If Plaintiff is not willing to so stipulate, Anthem proposes to narrow this subtopic to (i) CMS's Interpretations of the specific portions of the training and participant guides cited by Plaintiff in paragraphs 49 and 50 of its Amended Complaint, and (ii) CMS's internal Communications and Communications CMS had with MAOs, healthcare providers, coders, and MA industry participants (including AHIP, AHA, AAPC, and AHIMA) Concerning the Interpretation of the specific portions of the training and participant guides cited by Plaintiff in paragraphs 49 and 50 of its Amended Complaint. Anthem would also agree to narrow the time period applicable to these subtopics to the year in which each guidance document was published. Alternatively, if Plaintiff stipulates that Anne Hornsby's Rule 30(b)(6) testimony in the *Poehling* litigation regarding the 2008 Participant Guide is complete and applicable to each of these guidance documents, Anthem would accept the designated testimony in lieu of additional deposition testimony in this case. *See* Hornsby Dep. (May 25, 2023) at 334:14-351:11.

- **Subtopics (m) and (n) - CRR Submission Memoranda:** Anthem proposes to narrow these subtopics to CMS's Communications and Interpretations of the guidance permitting MAOs to use unlinked chart review records to add risk adjustment eligible diagnosis data and prohibiting MAOs from using unlinked chart review records to delete risk adjustment eligible diagnosis data contained in these memoranda. As discussed during the parties' meet-and-confer discussions, Anthem specifically seeks testimony concerning (i) the rationale for MA program requirements concerning the proper use of unlinked chart review records, and (ii) what, if anything, these memoranda Communicated about CMS's expectations for how MAOs were to conduct Chart Review. Anthem will agree to narrow the time period for this subtopic to June 2013 through December 2018. Additionally,

[8] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is withdrawing subtopic 4(l)(i).

Anthem will narrow Subtopic (m) to the following sentence in the document: "The April 9, 2018 HPMS memo was intended to clarify the role of chart review records as part of the Encounter Data System, and reflected existing requirements for the submission of encounter data."

- **Subtopic (o) - Encounter Data Submission and Processing Guide (Oct. 2020):** As part of a larger compromise, Anthem will withdraw Topic 4(o).

II. Topic 5: Plaintiff's Knowledge, Communications, or Interpretation Concerning the ICD Guidelines, AHIMA Standards, and the Coding Clinic, regardless of time period.

Topic 5 seeks testimony concerning the ICD Guidelines—which Plaintiff's Amended Complaint places squarely at issue—as well as the AHIMA Standards and the Coding Clinic. While Plaintiff contends that this topic is irrelevant and "overly broad as it calls for testimony regarding the entirety of the cited guidelines," Anthem has explained in prior correspondence and during the parties' meet-and-confer discussions that it is entitled to testimony concerning CMS's Interpretation of the diagnosis coding and medical record documentation standards contained within these sources, and Communications CMS had with MAOs, healthcare providers, coders, and MA industry participants (including AHIP, AHA, AAPC, and AHIMA) Concerning the Interpretation of the diagnosis coding and medical record documentation standards contained within these sources. Such testimony is directly probative of Plaintiff's allegations that At-Issue Diagnosis Codes (i) violated the diagnosis coding and medical record documentation standards articulated in these sources, (ii) Anthem's scienter concerning the proper interpretation of at issue diagnosis coding and medical record documentation standards, and (iii) whether any alleged violation of the diagnosis coding and medical record documentation standards was material to the agency's decision to pay Anthem. Anthem further explained during the parties' meet-and-confer discussions that it would be willing to narrow the scope of this topic to the specific provisions of the ICD Guidelines that Plaintiff alleges Anthem violated. However, despite the fact that Plaintiff's Amended Complaint alleges that Anthem submitted diagnosis codes that did not comply with the ICD Guidelines, and Plaintiff had a Rule 11 obligation to know the facts supporting the allegation in the Amended Complaint, Plaintiff has been unwilling to identify the specific provisions of the ICD Guidelines that Anthem allegedly violated—even for the seven diagnosis codes specifically identified in its Amended Complaint. *See* Am. Compl. at ¶ 154.

During the May 21, 2026 meet-and-confer, we asked you (i) why Plaintiff is unwilling to identify the specific provisions of the ICD Guidelines that Anthem allegedly violated, and (ii) whether Plaintiff currently knows which provisions of the ICD Guidelines were allegedly violated by Anthem's submission of the At-Issue Diagnosis Codes or the seven diagnosis codes identified in the Amended Complaint. Remarkably, Plaintiff refused to answer either question, stating only that it intends to rely on expert testimony to make that determination. This non-response is a clear admission that Plaintiff does not actually know of a single violation of the ICD Guidelines relating to any of the allegedly false diagnosis codes. It is unclear to us how Plaintiff discharged its obligations under Rule 11 when drafting the Amended Complaint if it did not know this information. This information would allow the parties to reach a compromise that addresses Anthem's need for Rule 30(b)(6) testimony on the ICD Guideline provisions that Plaintiff contends

Anthem violated while recognizing that Plaintiff may be unable to provide comprehensive testimony about each and every provision because it has not completed its expert analysis of the medical records at-issue.

Regarding the AHIMA Standards and AHA Coding Clinic, we asked you whether Plaintiff intends to argue that the At-Issue Diagnosis Codes violated the diagnosis coding and medical record documentation standards in these sources because, if Plaintiff does not intend to make this argument, Anthem is prepared to withdraw these sources from its Notice. But Plaintiff has thus far declined to provide this information, so Anthem cannot withdraw them at this time. Please confirm whether Plaintiff still refuses to disclose its position on this issue and, if so, explain the basis for that refusal.

During the May 21 and 27, 2026 meet-and-confer discussions, Plaintiff took the position that Topic 5 is a contention interrogatory disguised as a Rule 30(b)(6) topic. This is incorrect. Anthem is asking Plaintiff to identify the applicable provisions of the ICD guidelines so that discovery can be appropriately tailored. Plaintiff did so in *Osinek* and the parties were able to narrow discovery accordingly. Anthem seeks to follow the same approach here. While Anthem does not dispute that the ICD Guidelines are voluminous, it cannot identify the most relevant provisions and thereby narrow the scope of this Topic without information from Plaintiff about which provisions Plaintiff contends Anthem violated. Plaintiff carries the burden of proof in this case and Anthem can only tailor rebuttal discovery if Plaintiff discloses its specific allegations.

Despite these disagreements, Plaintiff identified two areas of inquiry on which it may be willing to prepare a witness: (i) how CMS and HHS-OIG interpreted the MA program requirement that a diagnosis code be documented by a medical record; and (ii) CMS and HHS-OIG's Knowledge and Interpretation of the general application of the diagnosis coding documents listed in Topic 5, including whether CMS and HHS-OIG considered a diagnosis code to be false if it did not comply with those coding documents. Anthem will accept that testimony so long as Plaintiff also agrees to provide testimony on (i) which provisions of the diagnosis coding guidance documents the seven diagnosis codes specifically identified in its Amended Complaint allegedly violated, (ii) Plaintiff's Interpretation of those provisions, and (iii) Plaintiff's Interpretation of the following provisions in the ICD Guidelines:[9] (i) the preamble on pages 1-2, (ii) I.A.19, (iii) IV.C, (iv) IV.H, (v) IV.I, and (vi) IV.J. Additionally, Anthem clarifies that it understands CMS's Chronic Conditions List[10] to be an articulation of an Interpretation of the application of the ICD Guidelines and therefore expects that the witness designated to provide testimony responsive to Topic 5 will be prepared to provide testimony about that document.

III. Topic 6: Medicare Advantage Requirements Concerning any At-Issue Diagnosis Codes.

[9] From ICD-10-CM Official Guidelines for Coding and Reporting, FY 2017 (October 1, 2016 – September 30, 2017). Anthem expects the provided testimony to cover the corresponding provisions from other versions of the ICD Guidelines applicable during this time, including any changes in language or meaning.

[10] *See* Michelle Atkins *Osinek* Dep. at Ex. 2150; Christopher Bresette *Osinek* Dep. at Ex. 2176.

Topic 6 seeks testimony regarding Medicare Advantage Requirements Concerning any At-Issue Diagnosis Codes which, as Plaintiff knows, are the very Diagnosis Codes Plaintiff has identified to Anthem as allegedly false. This testimony is essential because determining whether any diagnosis code is "false" under the False Claims Act requires understanding the MA program requirements governing the submission and documentation of such codes. Without testimony establishing these requirements, Anthem would be left without a factual and regulatory framework against which to evaluate Plaintiff's allegations. Plaintiff argues that Anthem seeks to "obtain CMS testimony regarding the purported validation of any diagnosis codes through RADV or HHS-OIG audits," but as explained during the May 27, 2026 meet-and-confer, that mischaracterizes the Topic's purpose. Anthem does not seek testimony about the validation of diagnosis codes through RADV or HHS-OIG audits. Rather, Anthem seeks testimony about the standards that CMS and HHS-OIG apply to the diagnosis codes that Plaintiff contends are false. Understanding these MA program standards is fundamental to evaluating the merits of Plaintiff's allegations and preparing Anthem's defense.

Plaintiff also contends that Anthem seeks privileged testimony concerning "a list of false diagnosis codes that was generated in the context of litigation [that] will be the subject of expert discovery." This, too, is incorrect. Anthem does not seek testimony about the attorneys' generation of that list; Anthem seeks information about the MA program standards that CMS understands are required for submitting those codes and verifying that the codes are accurate. Such information is not, as Plaintiff argues, appropriately relegated only to expert discovery. It concerns the foundational regulatory and factual framework governing the submission of diagnosis codes to the MA program—information that is prerequisite to, rather than the subject of, expert analysis. Without first establishing which MA program standards apply and how CMS and HHS-OIG interpret those standards, experts cannot properly evaluate compliance or opine on the specific allegations at issue.

Plaintiff's argument advanced during the May 27, 2026 meet-and-confer that this Topic is outside the scope of permissible Rule 30(b)(6) subjects merely because it references the list of At-Issue Diagnosis Codes fails for the same reason. Plaintiff has identified a list of diagnosis codes that it contends are false. As explained during the meet-and-confer, Anthem is entitled to seek factual discovery regarding why those diagnosis codes are false and which MA program requirements they allegedly violate.

During the May 27, 2026 meet-and-confer, Plaintiff also argued that this Topic was overbroad. As with Topic 5, Anthem offered to narrow the scope to the specific Medicare Advantage Requirements that Plaintiff alleges were violated by the submission of the At-Issue Diagnosis Codes. But, like Topic 5, Plaintiff refused to identify those specific requirements and declined to disclose whether it even knows which requirements were allegedly violated. It is bewildering to learn many years into this litigation and long after Plaintiff served the Amended Complaint that Plaintiff cannot identify the specific MA program requirements that the allegedly false diagnosis codes purportedly violated. Rule 11 requires Plaintiff to have such information before including serious allegations of fraud in the Amended Complaint against our client. Please confirm whether Plaintiff remains unwilling to (i) disclose whether it currently knows the specific Medicare Advantage Requirements that the At-Issue Diagnosis Codes allegedly violated and (ii)

identify those specific Requirements. If Plaintiff maintains its refusal to provide this information, please explain the basis for that refusal since providing this information would facilitate the narrowing of this topic.

Despite these disagreements, Plaintiff indicated that it may prepare a witness to provide testimony on "what CMS guidance governs the documentation of medical records." Please confirm that Plaintiff is willing to prepare a witness on this area of inquiry.

IV. Topics 7, 8, and 9: Medicare Advantage Requirements and Plaintiff's Knowledge, Communications, or Interpretation Concerning [Anthem's business practices as discussed in Plaintiff's Amended Complaint][11]

Topics 7 through 9 seek testimony about the Medicare Advantage Requirements applicable to Anthem's business practices that Plaintiff has placed at issue in the Amended Complaint. Plaintiff contends that Topics 7 through 9 are duplicative of Topic 4. As Anthem explained during the May 27, 2026 meet-and-confer, however, Topic 4 concerns regulations and guidance Plaintiff has specifically identified in its Amended Complaint. Topics 7 through 9, by contrast, ask whether any additional Medicare Advantage Requirements beyond those cited in the Amended Complaint apply to the challenged business practices.

During the parties' discussion, Plaintiff acknowledged its ability to identify applicable Medicare Advantage Requirements for specific business practices, and suggested Anthem combine its proposals for Topics 4 and 7 through 9 for evaluation. Anthem is willing to withdraw Topics 7 through 9 if Plaintiff stipulates that the only MA program regulations or standards that govern these business practices are those identified in Topic 4 and will not offer evidence at summary judgment or trial to support its claims for relief against Anthem beyond those identified in Topic 4. Absent such a stipulation, Anthem cannot determine whether Topics 7 through 9 are entirely subsumed by Topic 4, or whether Plaintiff intends to rely on additional requirements that Anthem must rebut in its defense. Anthem is also willing to withdraw any individual subtopic for which Plaintiff stipulates that no Medicare Advantage requirements exist.

V. Topics 10 and 11: Plaintiff's Knowledge or Communications Concerning Anthem's September 11, 2017 Letter to Seema Verma, and Anthem's September 27, 2017 Letter to Jennifer Harlow.

[11] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is narrowing the scope of these Topics so that the Notice only seeks testimony regarding: (i) whether any Medicare Advantage Requirements specific to the business practices listed in the subtopics exist, (ii) if there are such Medicare Advantage Requirements, a description and explanation of those Medicare Advantage Requirements, (iii) if there are such Medicare Advantage Requirements, how Plaintiff communicated those Medicare Advantage Requirements to MAOs, (iv) if there are such Medicare Advantage Requirements, what communications Plaintiff received from MAOs about those Medicare Advantage Requirements; and (v) Plaintiff's Knowledge Concerning Industry Practice of the subtopics. Additionally, Anthem agreed to limit the subtopics to: (i) Chart Review; (ii) Compliance Programs; (iii) Diagnosis Coding; (iv) One-Way Retrospective Chart Review; (v) Risk Adjustment Attestations; and (vi) Risk Adjustment Data Submissions.

Topics 10 and 11 seek testimony regarding two 2017 letters sent by Anthem to former CMS Administrators, Seema Verma and Jennifer Harlow. Plaintiff has represented that its search for responsive documents did not reveal any non-privileged Communications concerning these letters. However, during the May 27, 2026 meet-and-confer and in light of Jennifer Harlow's April 23, 2026 deposition testimony,[12] Anthem sought clarification as to whether Plaintiff searched the full *Poehling* document collection, not merely the *Poehling* production. Plaintiff was unable to confirm this fact at the time, but acknowledged that searching the *Poehling* collection for responsive documents through January 2018 would be appropriate to resolve the issue. If Plaintiff conducts such a search and confirms that no non-privileged Communications concerning these letters exist, Anthem will withdraw Topics 10 and 11. If Plaintiff cannot so confirm, Anthem will maintain its requests as to the full scope of these Topics as clarified in our March 4, 2026 letter.

VI. Topic 12: Plaintiff's Knowledge, Communications, or Interpretation Concerning CMS RADV Reviewer Guidance from January 1, 2003 to June 30, 2018.

Topic 12 seeks testimony regarding CMS RADV Reviewer Guidance. Plaintiff, in its April 20, 2026 Letter, offered to produce a witness to testify regarding "the requirement that diagnosis codes must be supported by medical records." During the May 27, 2026 meet-and-confer, Anthem explained that the RADV Reviewer Guidance articulates CMS's standards for documentation of a risk-adjusting diagnosis code in a medical record and is "used by coders to evaluate the medical records submitted by plans to validate audited diagnoses." Plaintiff confirmed that it shared this understanding. Anthem accordingly accepts Plaintiff's offer, subject to two additional clarifications.

First, as discussed during the meet-and-confer, Anthem's definition of RADV Reviewer Guidance includes all versions of the RADV Reviewer Guidance used during any RADV audits of diagnosis codes with dates of service within the range applicable to this litigation and the two documents identified by Plaintiff on June 9, 2026, in response to the Court's May 20, 2026 Order for Plaintiff to "produce internal coding guidelines that it applied/used when evaluating diagnoses codes in RADV audits." Dkt. No. 516. Second, Topic 12 also seeks testimony about (i) the purpose of the RADV Reviewer Guidance, (ii) CMS's use of RADV Reviewer Guidance, and (iii) any decision to publicly release or not publicly release RADV Reviewer Guidance. Please confirm that Plaintiff's testimony regarding Topic 12 will address both clarifications.

VII. Topic 13: Plaintiff's Validation of any At-Issue Diagnosis Codes.

[12] Dr. Harlow testified that CMS did not have a standard process for replying to letters from MAOs. *See* Harlow Dep. (April 23, 2026) at 309:5-310:5. CMS would upload the letter to an electronic system, thereby triggering a "process" for drafting a response, during which the letter would be reviewed by various relevant personnel who would provide input on the response. *See id.* at 310:19-311:4. Dr. Harlow testified that CMS's responses to letters concerning certain "significant policy issues," such as Anthem's September 27, 2017 letter to Dr. Harlow explaining that CMS's 2014 Overpayment Rule violated the Medicare Act's actuarial equivalence mandate, would require approval from the Administrator before being sent out. *See id.* at 311:5-312:15, 314:21-24, 315:20-316:5; *see also* Anthem Ex. 264.

As part of a larger compromise, Anthem will withdraw Topic 13.

VIII. Topic 14: Plaintiff's Knowledge or Communications Concerning [HHS-OIG reports concerning Medicare Advantage chart review practices].

Topic 14 seeks testimony regarding certain HHS-OIG reports concerning Medicare Advantage chart review practices. During the May 27, 2026 meet-and-confer, Anthem explained that the prior testimony obtained from Joanne Bisgaier, an HHS-OIG employee, regarding these reports was not sufficient to understand CMS's position, but suggested it might limit the Topic to the two identified reports which discuss chart review practices. Anthem therefore proposes narrowing the scope of Topic 14 to seek CMS's Knowledge or Communications Concerning the HHS-OIG Documents (i) "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470 (Dec. 2019), and (ii) "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments to Disproportionately Drive Payments," OEI-03-17-00474 (Sept. 2021).

IX. Topic 15: Plaintiff's Knowledge or Communications Concerning Anthem's Corrective Action Plan.[13]

Topic 15 seeks testimony regarding Plaintiff's Knowledge or Communications Concerning Anthem's 2010 Corrective Action Plan ("CAP"). Plaintiff objects on the grounds that the Court's November 25, 2025 Order on Anthem's request for CAP-related document discovery forecloses testimony on this topic. Dkt. No. 423. As discussed during the June 3, 2026 meet-and-confer, Anthem disagrees. The Court's November 25, 2025 Order addressed the burden and timing of additional document discovery; it did not hold that the CAP is irrelevant or prohibit deposition testimony on the topic.

Anthem further explained that it principally seeks to understand CMS's interpretation of Anthem's CAP submissions, which Plaintiff has placed squarely at issue. In opposing Anthem's request for CAP-related documents, Plaintiff argued that Anthem's CAP submissions "do not explain how Anthem was conducting chart reviews, or inform CMS that Anthem was deliberately failing to delete codes it identified as unsupported through its chart review. Nor is there any indication that anyone at CMS interpreted Anthem's submission in such a way." Dkt. No. 419. Plaintiff has thus made clear that it intends to argue that CMS did not Interpret the CAP submissions as a disclosure of Anthem's chart review practices, thus placing CMS's Interpretation directly at issue for summary judgment and/or trial. Anthem is entitled to discovery on that Interpretation.

Anthem proposes to further narrow Topic 15 to testimony regarding CMS's Interpretation of Anthem's CAP submissions and Communications regarding the same, including whether CMS understood those submissions to disclose the chart review practices at issue in this litigation.

[13] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is (i) withdrawing the "including but not limited to" clause and related subtopics from Topic 15 and (ii) limiting the scope of the topic to the period of January 1, 2008 to December 31, 2012.

X. Topics 16 and 21: Plaintiff's Communications Concerning the Allegations, and Plaintiff's Allegations in the Amended Complaint.[14]

Topic 16 seeks testimony regarding Plaintiff's Communications Concerning the allegations in the Amended Complaint, while Topic 21 seeks testimony regarding the allegations themselves. Anthem has explained that non-privileged Communications about the Allegations are directly relevant to materiality because they bear on: (i) what Plaintiff knew about the Allegations, (ii) when Plaintiff learned of them, and (iii) whether Plaintiff took any responsive action.

In its March 4, 2026 letter and during the June 3, 2026 meet-and-confer, Anthem offered to withdraw Topic 16 if Plaintiff agreed to provide testimony for Topic 21 as narrowed in that letter. Plaintiff rejected that offer, taking the position that the Topic was improper because the identified paragraphs relate to Anthem's business practices which form the basis of the lawsuit and for which Plaintiff bears the burden of proof. Anthem clarified that it is not seeking testimony regarding Plaintiff's legal theories or the decision to include specific allegations in the Amended Complaint. Rather, Anthem seeks testimony about whether CMS or HHS-OIG had factual knowledge of the specific practices alleged—a point that is directly relevant to materiality. For example, if CMS knew that Anthem's capitated relationship with providers created incentives for providers to submit additional diagnosis codes and CMS took no action, that knowledge bears directly on whether Anthem's practices were material to CMS's payment decisions.

Anthem reiterates its offer to withdraw Topic 16 if Plaintiff agrees to provide testimony for Topic 21. Anthem also proposes to further narrow Topic 21 to seek testimony only regarding (i) CMS's and HHS-OIG's Knowledge of, and Communications Concerning, the specific factual matters alleged in the identified paragraphs of the Amended Complaint; (ii) when CMS or HHS-OIG first became aware of those facts; and (iii) any actions taken in response. The narrowed Topic would expressly exclude testimony Concerning Plaintiff's legal theories, the drafting of the Amended Complaint, attorney work product, and counsel's reasons for including particular allegations in the Amended Complaint. If Plaintiff contends that specific subparagraphs remain objectionable despite this narrowing, Anthem requests that Plaintiff identify those subparagraphs so the parties can determine whether any remaining dispute can be resolved as further narrowed below. If Plaintiff rejects this offer, Anthem maintains that Communications Concerning the Allegations are relevant to materiality and persists with its request for testimony on Topic 16.

XI. Topics 17, 18, and 19: Plaintiff's Renewal or Termination of Medicare Advantage Contracts with MAOs; Plaintiff's Refusal to Make or Otherwise Recoup Risk Adjustment Payments to MAOs; and Plaintiff's Approval or Denial of MA Bids.

Plaintiff, in its April 20, 2026 letter to Anthem, agreed to provide testimony on these topics as narrowed in Anthem's March 4, 2026 letter to Plaintiff. During the parties' meet-and-confer discussions, Anthem agreed to evaluate whether Plaintiff's responses to Anthem's May 1, 2026, First Set of Requests for Admission obviated the need for testimony on Topics 17, 18, and 19. Anthem has evaluated Plaintiff's Responses and Objections served on June 24, 2026 and, in light

[14] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is withdrawing the "including but not limited to" clause from Topic 21.

of Plaintiff's Responses and Objections, believes that its inquiry concerning these Topics will not be entirely obviated but that the responses to the Requests for Admissions will allow Anthem to focus its questions significantly and that the expected examination will be rather brief.

XII. Topic 20: Plaintiff's Knowledge or Communications Concerning Anthem's "Risk & Recovery Initiatives."

Topic 20 seeks testimony regarding Plaintiff's Knowledge or Communications Concerning Anthem's Risk & Recovery Initiatives. Plaintiff's April 20, 2026 letter characterizes this Topic as "another attempt to circumvent the Court's prior discovery rulings." During the parties' June 3, 2026 meet-and-confer, however, Anthem explained that the Court's November 25, 2025 Order on Anthem's request for CAP-related document discovery did not broadly foreclose all discovery into CMS's knowledge of Anthem's chart review practices. Plaintiff acknowledged that the Court's order did not specifically address discovery concerning CMS's knowledge of Anthem's Risk & Recovery Initiatives, nor does the decision operate as a blanket prohibition on such discovery. Based on this acknowledgement, Anthem understands that Plaintiff no longer contends that the Court's Order bars Rule 30(b)(6) testimony on this Topic. If Plaintiff maintains otherwise, please explain the basis for that position.

Plaintiff also argued that this Topic is duplicative of *Poehling* Rule 30(b)(6) testimony regarding CMS's knowledge of chart review programs. Anthem disagrees: Topic 20 concerns specific Anthem-related communications sent to CMS disclosing Anthem's Risk & Recovery Initiatives—a distinct and narrower inquiry than testimony about CMS's general awareness of industry chart review practices. Plaintiff alternatively argued that this Topic is subsumed within other Topics where Plaintiff has already agreed to provide Rule 30(b)(6) testimony, but was unable to identify any such Topics when pressed. Anthem is willing to withdraw Topic 20 if Plaintiff identifies the specific Topic within which testimony regarding Plaintiff's Knowledge and Communications Concerning Anthem's Risk & Recovery Initiatives is subsumed, and confirms that its designated witness will be prepared to testify on those matters. Absent such identification and confirmation, Anthem maintains Topic 20 as drafted.

XIII. Topic 22: Plaintiff's Knowledge, Communications, or Interpretation Concerning Electronic Data Interchange Enrollment Forms used with MAOs.

Topic 22 seeks testimony regarding Plaintiff's Knowledge, Communications, or Interpretation Concerning Electronic Data Interchange Enrollment Forms used with MAOs ("EDI Agreements"). Plaintiff cites to these forms in its Amended Complaint, and Anthem is entitled to understand Plaintiff's Knowledge, Communications, and Interpretations of the obligations contained within these forms in order to defend against Plaintiff's allegations. *See* Am. Compl. ¶¶ 79-82. Further, Plaintiff itself seeks Rule 30(b)(6) testimony regarding Anthem's interpretation of these agreements. *See* Topic e(vii) of Plaintiff's Notice. As discussed during the June 3, 2026 meet-and-confer, if Plaintiff is willing to stipulate that it will not offer evidence at trial or summary judgment concerning any portions of the EDI Agreements beyond those cited in paragraphs 79 through 82 of its Amended Complaint to support its claims, Anthem will agree to narrow this Topic to those portions of the EDI Agreements. If Plaintiff is not willing to so stipulate or otherwise identify specific obligations contained within the EDI Agreements which it alleges

Anthem did not satisfy, Anthem cannot narrow the scope of this subtopic. However, similar to the regulations and guidance cited in Topic 4, Anthem specifically seeks testimony concerning (i) CMS's Interpretation of the language within the EDI Agreements, (ii) the intended scope of the obligations reflected in that language, and (iii) CMS's internal Communications and Communications with MAOs Concerning the Interpretation of the language within the EDI Agreements and the intended scope of the obligations reflected in that language.

Sincerely,

/s/ Anwar Graves

Anwar Graves

Exhibit D

U.S. Department of Justice

United States Attorney
Southern District of New York
86 Chambers Street, Third Floor
New York, New York 10007

August 4, 2026

BY EMAIL

K. Lee Blalack, II
Jim Bowman
David Deaton
Anwar Graves
Elizabeth A. Arias Gray
Rahul Kohli
Adam Levine
O'Melveny & Myers, LLP
1625 Eye Street, NW
Washington, DC 20006

Heyward Bonyata
John Martin
Nelson Mullins Riley & Scarborough LLP
1320 Main Street, 17th Floor
Columbia, SC 29201

Re: *United States v. Anthem, Inc.*, 20 Civ. 2593 (ALC) (KHP)

Dear Counsel:

We write in response to Anthem's July 10, 2026 letter regarding its September 8, 2025 Notice of Deposition of Plaintiff United States of America pursuant to Federal Rule of Civil Procedure 30(b)(6) ("Notice"). As set forth below and in our prior communications, the Government continues to object to the Notice, except for the specific topics for which the Government agrees to offer testimony as set forth below.

We address each topic in turn.

- **Topic 1**: Withdrawn by Anthem.

- **Topic 2**: Withdrawn by Anthem.

- **Topic 3**: Withdrawn by Anthem.

- **Topic 4**: The Government continues to object to this topic for the reasons set forth in our April 20, 2026 letter. Moreover, Anthem's proposed narrowing is insufficient for several

reasons. As an initial matter, Anthem conditions any narrowing on requested stipulations and/or charts to be created by the Government. Such demands are outside the scope of what is required under the Federal Rules of Civil Procedure, and the Government will not agree to any of these conditions.[1] Moreover, even where Anthem proposes narrowing portions of this topic, it still requests testimony regarding "CMS's internal Communications and Communications with MAOs" concerning the cited provisions. This is plainly overly broad as it would encompass, at minimum, thousands of documents produced by the Government in this case. It would not be possible to prepare a 30(b)(6) witness regarding all of these communications, nor would it be proportionate to the needs of the case to attempt to do so. Finally, Anthem also proposes designating portions of witness testimony as Rule 30(b)(6) testimony to narrow topics. Anthem's proposal is unacceptable because, even if the Government accepted Anthem's proposal to designate hundreds of pages of witness testimony, Anthem still seeks Rule 30(b)(6) testimony on each of the topics. For example, as to subtopic (c), Anthem proposes to designate over 400 pages of Cheri Rice's deposition testimony, yet still seeks "live testimony" on "CMS's Interpretation of the letters that Anthem and other MAOs submitted to CMS along with their risk Adjustment Attestations" and "CMS's Communications with MAOs Concerning the Interpretation of 42 C.F.R. § 422.504(l)." Such "narrowing" does not render Anthem's overbroad topic proportional.

Nonetheless, in an effort to compromise, and in light of Anthem's representations concerning its response to the Government's Rule 30(b)(6) Notice, the Government will agree to provide testimony regarding topic e of the Government's Rule 30(b)(6) Notice, as set forth below. The Government will not provide additional testimony on this topic.

Revised Topic 4:

- CMS's understanding—and all bases for such understanding—of the meaning of the following phrases or terms during each of the following years: 2014, 2015, 2016, 2017, and 2018.

  i. "accurate, complete, and truthful," as set forth in the Relevant Attestations;

  ii. "all relevant national standards," as set forth in 42 C.F.R.§ 422.310(d)(1);

  iii. "risk adjustment data that are substantiated by the physician or provider's full medical record," as set forth in MMC Manual Chap. 7, § 111.8 (Aug. 2004);

  iv. "[a]ll diagnosis codes submitted [are] documented in the medical record," as set forth in MMC Manual Chap. 7, § 40 (June 2013);

[1] The Government is unsure what Anthem is referring to regarding the relevant time period for the *Osinek* and *Poehling* deposition testimony that that parties have agreed shall be treated as though taken in this case. We are willing to meet and confer to better understand Anthem's position.

v. if "upon conducting an internal review of submitted diagnosis codes," they "determine[] that any ICD[] diagnosis codes that have been submitted do not meet risk adjustment submission requirements," they are "responsible for deleting the submitted ICD[] diagnosis codes as soon as possible," as set forth in MMC Manual, Chap. 7 § 40 (June 2013).

vi. "in compliance with the requirements of [] applicable Federal statutes, regulations, and policies," as set forth in the Part C annual agreement between Anthem and CMS.

vii. "research and correct risk adjustment data discrepancies," as set forth I in EDI Agreements between CMS and Anthem.

- **Topic 5**: This topic seeks testimony regarding the Government's knowledge, communications, or interpretation concerning the ICD Guidelines, AHIMA Standards, and the Coding Clinic, "regardless of time period." In its July 10 letter, Anthem proposed to "narrow" the topic to multiple subtopics, including concerning particular diagnosis codes referenced in the Amended Complaint as well as portions of the ICD Guidelines. As the Government has previously explained, the applicability of the ICD Guidelines to specific codes that the Government alleges is false will be the subject of expert testimony in this matter. Further as explained in the Government's response to Anthem's Interrogatory No. 26, the Government will identify ICD Guidelines that will be applied to specific diagnosis codes and medical records through expert discovery in accordance with the schedule set by the Court. Because of this and for the reasons set forth in the Government's April 20 letter, and due to Anthem's unwillingness to further narrow the scope of this topic, the Government will not provide testimony in response to this topic.[2]

- **Topic 6**: Anthem seeks testimony from CMS regarding the Government's list of presumptively false diagnosis codes disclosed by the Government in connection with this litigation. As set forth in the Government's April 20 letter, the Government objects to this topic as the list of allegedly false diagnosis codes was generated in the context of litigation and will be the subject of expert discovery. Moreover, the Government has set forth its allegations in the Amended Complaint. Anthem is not entitled to additional stipulations or representations about the Government's case, particularly in the context of meeting and conferring regarding Anthem's Rule 30(b)(6) notice (nor has Anthem identified any basis to require the Government to do so). As stated during our meet and confer conversations, the Government is willing to provide a CMS witness to testify solely concerning CMS guidance governing the medical record documentation required for submission of diagnosis codes to CMS for payment.

[2] Anthem's references to how discovery was conducted in the *Osinek* litigation have no bearing here. As an initial matter, the Government's claims in that case differed. And most significantly, no Rule 30(b)(6) depositions were conducted in that case.

- **Topics 7-9**: For the reasons set forth above and in the Government's April 20 letter, the Government will not produce a witness for topics 7-9, which are, among other things, overly broad. The Government has agreed to give testimony as set forth in its response to Topic 4, and any additional testimony is not proportional. Moreover, the Government is not required to "stipulate[e]" to anything at this juncture of the litigation and in connection with the Rule 30(b)(6) deposition. As Anthem has failed to put forth a narrow topic with the required specificity, the Government will not produce a witness.

- **Topics 10-11:** Anthem seeks testimony regarding two letters that Anthem sent to CMS in September 2017. As previously explained, the Government has already produced non-privileged communications relating to Anthem's September 11, 2017 letter to Seema Verma and Anthem's September 27, 2017 letter to Jennifer Harlow that were identified after conducting a reasonable search, and Anthem is not entitled to further document discovery. Nonetheless, subject to the foregoing objections, the Government will provide a witness to testify concerning CMS's knowledge of these two letters.

- **Topic 12:** Anthem seeks testimony regarding "Knowledge, Communications, or Interpretation Concerning CMS RADV Reviewer Guidance from January 1, 2003 to June 30, 2018." The Government has agreed to produce a witness to testify regarding RADV reviewer guidance, limited to the time period January 1, 2003 to June 30, 2018, and limited to testimony relating to the principal issue in this case, which is that diagnosis codes must be supported by medical records. In addition, the Government agrees that this topic, which will be provided pursuant to the limitations above, will include testimony regarding the two documents identified by the Government on June 9, and testimony regarding RADV reviewer guidance in effect from January 1, 2003 to June 30, 2018. By way of compromise, the Government also agrees that this topic will include (i) the purpose of RADV reviewer guidance, and (ii) CMS's use of RADV reviewer guidance. The Government will not agree to produce a witness regarding "any decision to publicly release or not publicly release RADV Reviewer Guidance," as this proposed topic is not relevant to the Government's claims or Anthem's defenses. Moreover, the Government will limit this topic to final RADV reviewer guidance issued by CMS.

- **Topic 13**: Withdrawn by Anthem.

- **Topic 14**: Anthem now seeks testimony regarding CMS's Knowledge or Communications concerning two reports issued by HHS-OIG. For the reasons set forth in the Government's April 20 letter, the Government objects to Anthem's definition of "Knowledge" as overly broad, vague, and ambiguous. The documents produced to date show that CMS was aware of these reports, and commented on the reports. Further testimony on CMS's "Knowledge" would be duplicative. Anthem also seeks testimony regarding "Communications" relating to these two reports. The Government produced communications related to these reports, and without further specificity, it would be unduly burdensome for the Government to educate a witness to testify regarding those communications. Nor would such testimony be warranted because it would be duplicative and cumulative to what is stated in those communications. If Anthem identifies specific documents or portions of the reports on which it seeks CMS's testimony, the Government is willing to consider a further narrowing of this topic.

- **Topic 15**: Anthem seeks testimony regarding CMS's Interpretation of Anthem's 2010 Corrective Action Plan ("CAP") submissions and Communications regarding the same, including whether CMS understood those submissions to disclose the chart review practices at issue in this litigation. As explained in the Government's April 20 letter, the Court has already ruled that Anthem was not permitted to seek additional document discovery relating to the 2010 Corrective Action Plan, and thus requesting testimony regarding "Communications" on this topic is in direct contravention of the Court's order. Moreover, the Court ruled that Anthem is already in possession of the documents and information it would need to assert defenses, including "CMS's official responses to its communications and information regarding the proposed CMS rule and its withdrawal which will allow Anthem to present its defense that CMS was fully aware of the retroactive chart review process that the government is now contending was fraudulent." ECF No. 423 at 5. The Court has held that Anthem "already had abundant evidence upon which it can present its defense," and it is disproportionate to the needs of the case to provide additional testimony regarding this topic. Accordingly, the Government will not produce a witness to testify regarding this topic.

- **Topics 16 and 21**: Anthem seeks testimony regarding "Plaintiff's Communications Concerning the Allegations," and specific allegations within the Amended Complaint. Anthem has proposed to narrow this topic to "(i) CMS's and HHS-OIG's Knowledge of, and Communications Concerning, the specific factual matters alleged in the identified paragraphs of the Amended Complaint; (ii) when CMS or HHS-OIG first became aware of those facts; and (iii) any actions taken in response." Ltr. at 15. The Government maintains its objections to these topics. First, the topic seeks testimony regarding "Communications" relating to 18 paragraphs in the Amended Complaint, including, for example, Paragraph 1, which is the Preliminary Statement, which sets forth an introduction to this lawsuit in broad terms. Thus, seeking testimony regarding CMS and HHS-OIG's "Knowledge of" and "Communications" regarding the Government's lawsuit, and ascertaining when CMS or HHS-OIG "first became aware of those facts" and "any actions taken in response," is grossly overbroad. Moreover, as explained in the Government's April 20 letter, the other identified paragraphs in Topic 21 relate to Anthem business practices, and Rule 30(b)(6) testimony is not the appropriate basis for which to seek testimony as to whether CMS or HHS-OIG "knew" about those practices. Anthem has received over one million documents to date and hundreds of hours of deposition testimony in this case and two other litigations. Preparing a witness on "Communications" and knowledge of Anthem business practices is overly broad and not proportionate. Based upon these objections and those forth in the Government's April 20 letter, the Government will not provide testimony in response to this topic.

- **Topics 17-19:** The Government believes that additional testimony regarding these topics is unnecessary considering the Government's responses to Anthem's Requests for Admission. To the extent Anthem disagrees, Anthem should identify any proposed topic that is not already addressed by the Government's responses to Anthem's request for admission.

- **Topic 20**: The Government repeats its objections to this topic as set forth in the Government's April 20 letter, and directs Anthem to the prior Rule 30(b)(6) testimony regarding CMS's knowledge of whether MAOs were conducting retrospective medical record reviews. As the Court has already found that Anthem has sufficient discovery to date to make

arguments regarding CMS's knowledge of chart review programs, it would be disproportionate to be required to prepare a witness to testify further regarding these issues. Moreover, seeking "Communications" on these topics is improper and overly burdensome as the Government has already produced a million documents in this case, and a Rule 30(b)(6) deposition cannot be properly used to make additional document requests in this context. Thus, the Government will not produce a witness to testify as to Topic 20.

- **Topic 22**: Anthem seeks testimony regarding the Government's "Knowledge, Communications, or Interpretation Concerning Electronic Data Interchange Enrollment forms," regardless of time period and without any subject matter limitation. The Government has agreed to provide testimony regarding the requirement to "research and correct risk adjustment data discrepancies," as set forth in EDI Agreements between CMS and Anthem, in response to Topic 4, as set forth above. The Government submits that this testimony is sufficient to respond to Topic 22 as well.

Sincerely,

JAMES M. MCDONALD
United States Attorney

By : */s/ Dana Walsh Kumar*
PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES S. JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, NY 10007
Tel. (212) 637-2741

Exhibit E

JAY CLAYTON
United States Attorney for the
Southern District of New York
By: PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, New York 10007
(212) 637-2800
pierre.armand@usdoj.gov
peter.aronoff@usdoj.gov
rachael.doud@usdoj.gov
harry.fidler@usdoj.gov
adam.gitlin@usdoj.gov
charles.jacob@usdoj.gov
dana.walsh.kumar@usdoj.gov

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, Plaintiff, v. ANTHEM, INC., Defendant.	Case No. 20 Civ. 2593 (ALC) (KHP) **NOTICE OF DEPOSITION UNDER FED. R. CIV. P. 30(B)(6)**

PLEASE TAKE NOTICE that, under Rule 30(b)(6) of the Federal Rules of Civil Procedure, plaintiff the United States of America ("Plaintiff" or the "United States"), by its attorney, Jay Clayton, the United States Attorney for the Southern District of New York, will take the deposition upon oral examination of defendant Anthem, Inc., on May 4, 2026, at 9:00 AM, at the United States Attorney's Office for the Southern District of New York, 86 Chambers

Street, Third Floor, New York, NY, concerning the subjects described below. The deposition will be stenographically recorded and/or videotaped.

PLEASE TAKE FURTHER NOTICE that, under Rule 30(b)(6), Anthem, Inc. has a duty to designate one or more of its officers, directors or agents to testify with regard to the subjects set forth below. *See* Fed. R. Civ. P. 30(b)(6). In the event that more than one representative is designated to testify on behalf of Anthem, Inc. with regard to these subjects, Anthem, Inc. is requested to provide the undersigned counsel with the names of the deponents designated and the subjects on which each will testify in writing at least one week prior to the date of the deposition.

PLEASE TAKE FURTHER NOTICE that the following definitions shall apply to this Notice.

DEFINITIONS

A. The definitions and rules of construction set forth in Local Civil Rule 26.3 of the Local Rules of the United States District Court for the Southern District of New York are incorporated by reference herein.

B. The definitions set forth herein should be construed in light of Local Civil Rule 26.4(b) of the Local Rules of the United States District Court for the Southern District of New York.

C. "Defendant" or "Anthem" means Elevance Health, Inc., any past or present corporate parent, subsidiary, or affiliate of Anthem, Inc., and any past or present officer, employee, agent, representative, or person acting or purporting to act on behalf of Anthem, Inc. or any of its corporate parents, subsidiaries, or affiliates, including, but not limited to, its past and present Medicare Advantage Organizations.

D. "Amended Complaint" mean the first amended complaint filed by Plaintiff on July 2, 2020, in the above-captioned case.

E. "Anthem's Chart Review Program" or "Chart Review Program" mean Anthem's or its Vendors' process of reviewing Charts and identifying or summarizing Diagnosis Codes for the purpose of making risk adjustment submissions, as described in the Amended Complaint.

F. "Additions" means Diagnosis Codes that were submitted by Anthem to RAPS and/or EDS as a result of or part of any of its risk adjustment programs, including Anthem's Chart Review Program.

G. "Charts" means providers' patient medical records.

H. "Chart Reviews" means the review of Charts to identify Diagnosis Codes for a beneficiary.

I. "CMS" means the Centers for Medicare and Medicaid Services.

J. "Deletion" means a Diagnosis Code submitted to RAPS and/or EDS but subsequently retracted or withdrawn by Anthem from RAPS and/or EDS for any reason and Delete means to submit a Deletion.

K. "Diagnosis Code" means an individual instance of ICD-9 or ICD-10 diagnosis code associated with a specific beneficiary.

L. "EDS" means the Claim or Encounter Data System (also known as the Claim or Encounter Data Processing System or "EDPS") used by Medicare Advantage Organizations ("MAOs") to submit claim or encounter data to CMS.

M. "Employee" means any person providing any work or services, whether paid directly, paid indirectly, or unpaid, including but not limited to full-time employees, part-time employees, independent contractors, trainees, day laborers, apprentices, and interns.

N. "RAPS" stands for the Risk Adjustment Processing System, which is a system used by MAOs and/or Medicare Advantage Plans to submit risk adjustment data to CMS.

O. "Relevant Attestations" means risk adjustment certification reports for the Anthem Medicare Advantage plans listed in Exhibit 1 to the Amended Complaint, which have been Bates numbered US_000036012 to US_000036110.

P. "Relevant Period" means the period from June 1, 2009, to December 31, 2018.

Q. "Vendor" means a third-party person, consultant, contractor, entity or organization external to Anthem, including, but not limited to, persons, consultants, contractors, entities, and organizations that reviewed Charts, performed the coding of Charts, or provided services in connection with medical record reviews, including Chart Reviews, for any or all of Anthem's Risk Adjustment Programs.

R. "Verscend" means MediConnect Global, Inc., Verisk Health, Inc., Verscend Technologies, Inc., Cotiviti, Inc., and any other names that Vendor may have used.

S. "Relating to" means referring to, relating to, reflecting, describing, evidencing, or constituting.

T. "Including" means "including but not limited to."

U. The singular form of a noun or pronoun shall be considered to include within its meaning the plural form as well, and vice versa.

V. The words "or" and "and" are inclusive, referring to any one or more of the disjoined words or phrases, and "any" and "all" also include "each" and "every."

W. The word "any," when used in reference to a particular set of individuals or entities, refers, inclusively, to any one of such individuals or entities, any subset of such individuals or entities, or all such individuals or entities.

SUBJECTS OF EXAMINATION

The subjects of this deposition under Rule 30(b)(6) will be the following:

a. Anthem's design and implementation of Anthem's Chart Review Program prior to the Relevant Period, specifically:
   i. the roles and responsibilities of the individuals who initially decided to design or implement the Chart Review Program, or similar program involving Chart Reviews;
   ii. the roles and responsibilities of the individuals who designed the Chart Review Program;
   iii. the roles and responsibilities of the individuals who approved the design and implementation of the Chart Review Program;
   iv. the roles and responsibilities of the individuals who were consulted about how to design the Chart Review Program and whether to implement it;
   v. the roles and responsibilities of the individuals who retained Risk Adjustment Management (RAM) or any other Vendors used in connection with Anthem's Chart Review Program;
   vi. all reasons why Anthem created the Chart Review Program; and
   vii. all non-privileged requests for advice by Anthem employees and any corresponding advice received by Anthem employees—if any—regarding whether the Chart Review Program: (1) complied with CMS requirements, rules, or regulations; (2) violated any contractual terms of Anthem's contracts with CMS; or (3) might cause Anthem to submit false attestations to CMS.

b. Anthem's design and implementation of Anthem's Chart Review Program during the Relevant Period, specifically:
   i. the roles and responsibilities of the individuals who initially decided to design or implement the Chart Review Program;
   ii. the roles and responsibilities of the individuals who designed the Chart Review Program;
   iii. the roles and responsibilities of the individuals who approved the design or implementation of the Chart Review Program;
   iv. the roles and responsibilities of the individuals who were consulted about how to design the Chart Review Program and whether to implement it;
   v. the roles and responsibilities of the individuals who retained Verscend or any other Vendors used in connection with the Chart Review Program;
   vi. all reasons why Anthem continued to operate the Chart Review Program after its implementation; and
   vii. all non-privileged requests for advice by Anthem employees and any corresponding advice received by Anthem employees—if any—regarding whether the program: (1) complied with CMS requirements, rules, or regulations; (2) violated any contractual terms of Anthem's contracts with CMS; or (3) might cause Anthem to submit false attestations to CMS.

c. Any training provided to employees involved in the design, implementation, or operation of Anthem's Chart Review Program concerning Anthem's obligations with respect to Diagnosis Codes it submitted to CMS, including the obligation to delete any Diagnosis Codes as unsupported by Charts.

d. All measures or steps taken by Anthem to confirm the accuracy of the Relevant Attestations prior to submitting the Relevant Attestations to CMS.

e. Anthem's understanding—and all bases for such understanding—of the meaning of the following phrases or terms during each of the following years: 2014, 2015, 2016, 2017, and 2018.

   i. "accurate, complete, and truthful," as set forth in the Relevant Attestations;

   ii. "all relevant national standards," as set forth in 42 C.F.R.§ 422.310(d)(1);

   iii. "risk adjustment data that are substantiated by the physician or provider's full medical record," as set forth in MMC Manual Chap. 7, § 111.8 (Aug. 2004);

   iv. "[a]ll diagnosis codes submitted [are] documented in the medical record," as set forth in MMC Manual Chap. 7, § 40 (June 2013);

   v. if "upon conducting an internal review of submitted diagnosis codes," they "determine[] that any ICD[] diagnosis codes that have been submitted do not meet risk adjustment submission requirements," they are "responsible for deleting the submitted ICD[] diagnosis codes as soon as possible," as set forth in MMC Manual, Chap. 7 § 40 (June 2013).

   vi. "in compliance with the requirements of [] applicable Federal statutes, regulations, and policies," as set forth in the Part C annual agreement between Anthem and CMS.

   vii. "research and correct risk adjustment data discrepancies," as set forth in EDI Agreements between CMS and Anthem.

f. Anthem's policies, procedures, and practices during the Relevant Period relating to any efforts to comply with the phrases and terms set forth in Topic (e) set forth above, including how the policies, procedures, and practices were formulated, implemented, enforced, reviewed, and modified; the employee(s) involved in formulating, implementing, enforcing, reviewing, and modifying the policies, procedures, and practices, and their respective roles; how and where the policies, procedures, and practices were memorialized; and the training of Anthem employees on the policies, procedures, and practices.

g. Whether Anthem Deleted or chose not to submit any of the Diagnosis Codes identified in the documents set forth below, the identity of the individual who

authorized the Deletion or decision not to submit the Diagnosis Codes on behalf of Anthem, and all facts relied upon by Anthem in reaching the decision to Delete or not submit the Diagnosis Code:

i. Email from Savita Iyer to Cammie Welch dated February 12, 2013, subject: "Confirm if diagnoses in chart," Government Exhibit 2129.

ii. Email from Brian Matthew Cogdill to Lena Yu, dated November 28, 2011, Bates stamped ANTHEM_SDNY_00170752.

iii. Email from Tonya Ries to Michelle Chatham, dated January 19, 2016, Bates stamped Government Exhibit 2020.

iv. Email from Brian Matthew Cogdill to Patricia Cabrera and Tonya Ries, dated October 11, 2013, Bates stamped ANTHEM_SDNY_00078792.

h. Whether Anthem Deleted any Diagnosis Codes during the Relevant Time Period after a single medical record reviewer conducted a review of medical records, did not find sufficient support for a Diagnosis Code in the medical record, and Anthem did not request or collect additional medical records from the relevant provider or other source prior to the Deletion of the Diagnosis Code, including: the identity of the individual who authorized the Deletion on behalf of Anthem, and all facts relied upon by Anthem in reaching the Deletion decision.

i. The policy entitled Risk Adjustment Overpayments, policy number RA107, *see* Government Exhibit 2003, including:

i. The creation of the policy, including all reasons for the creation of the policy;

ii. The meaning of the term "potentially discrepant diagnoses";

iii. The distribution of the policy to Anthem employees, and all trainings (if any) provided to Anthem employees regarding the policy; and

iv. All instances in which a "potentially discrepant diagnoses and/or HCC" was reported to MRR Compliance (as used in the policy) pursuant to the policy; all communications between MRR Compliance and Medicare Compliance (as used in the policy) pursuant to the policy; and all overpayments returned to CMS pursuant to the policy.

j. Anthem's decision to begin comparing the results of its Chart Review Program to claims submitted to Anthem by providers to identify Diagnosis Codes that were potentially unsupported by the medical records and Anthem's analysis and decision-making about whether to Delete the codes identified.

k. Anthem's process for comparing the results of its Chart Review Program to claims submitted to Anthem by providers to identify Diagnosis Codes that were potentially unsupported by the medical records, including:

   i. When Anthem first considered developing such a process;
   ii. When Anthem first attempted to develop such a process;
   iii. Who was involved in developing the process;
   iv. The total number of employees or contractors involved in operating such a process, and the monetary cost or other financial impact of implementing such a process; and
   v. What activities or operations the process entailed or entails.

l. All analyses of the potential financial impact of submitting Deletions based on Diagnosis Codes that had been submitted to CMS but were not identified by the Chart Review Program, and any adjustments to Anthem's revenue forecasts based on the financial impact of submitting such Deletion.

m. The "Medicare Advantage (MA) Risk Score Maximization Consulting Review," *see* Government Exhibit 2058, including:

   i. The purpose of the review;
   ii. The results of the review; and
   iii. All actions taken by Anthem as a result of the review, including all actions taken by Anthem in response to the "potential risks" identified by the review.

n. MMC 20/20's audit of Anthem's Chart Review Program, including:

   i. The purpose of the audit;
   ii. Who retained MMC to perform the audit;
   iii. the identity and role of anyone at Anthem involved in the audit;
   iv. The results of the audit; and
   v. Any actions Anthem took as a result of the audit.

o. The identity of the person that authored the following sentence in a "comment grid," ANTHEM_SDNY_R_00125408, and all actions taken by Anthem in response to the following sentence:

   i. "I actually believe we should be . . . if we review the chart that ties to a date of service for which we have submitted a code (from a claim) that is not supported. Not just add new codes."

p. Chart Review programs conducted by Simply Healthcare Plans or any other Anthem plans or subsidiaries where the Chart Review resulted in both Additions and Deletions of Diagnosis Codes.

q. Complete membership and function of the committee known as the Medicare Risk Adjustment Policy Committee (MRAPC) and any decisions or guidance from that committee relating to Deletion of Diagnosis Codes.

r. All instances in which Anthem performed claims validation or an Anthem employee recommended performing claims validation including:

   i. The identity of the employee that recommended performing claims validation (if applicable);
   ii. Why Anthem did not perform claims validation (if applicable)
   iii. Why Anthem performed claims validation (if applicable);
   iv. How Anthem performed claims validation (if applicable);
   v. Who was involved in the decision to perform claims validation and how it was performed (if applicable).

s. All productivity goals, quotas, or performance metrics applicable to any Anthem employees that had any involvement in the development or implementation of the Chart Review Program, including any Anthem employees that had any roles or responsibilities relating to the Chart Review Program's compliance with CMS requirements, including how such goals, quotas, or performance metrics were formulated, implemented, enforced, and modified; the employee(s) involved in formulating, implementing, enforcing, and modifying the goals, quotas, or performance metrics, and their respective roles; and how and where the goals, quotas, or performance metrics were memorialized.

t. All financial goals, quotas, or performance metrics applicable to the Chart Review Program (including all instances where the goal, quota, or metric was put in place in order to fill a "gap," "shortcoming," or any other loss in revenue from another program or otherwise), including how such goals, quotas, or performance metrics were formulated, implemented, enforced, and modified; the employee(s) involved in formulating, implementing, enforcing, and modifying the goals, quotas, or performance metrics, and their respective roles; and how and where the goals, quotas, or performance metrics were memorialized.

Dated: New York, New York
January 21, 2026

JAY CLAYTON
United States Attorney for the
Southern District of New York

By: */s/ Rachael Doud*

PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, New York 10007
(212) 637-2800
pierre.armand@usdoj.gov
peter.aronoff@usdoj.gov
rachael.doud@usdoj.gov
harry.fidler@usdoj.gov
adam.gitlin@usdoj.gov
charles.jacob@usdoj.gov
dana.walsh.kumar@usdoj.gov

Exhibit F

From:	Walsh Kumar, Dana (USANYS)
To:	Arias Gray, Elizabeth A.; Cayetano, Josh; Gitlin, Adam (USANYS); Graves, Anwar; Jacob, Charles (USANYS); Doud, Rachael (USANYS); Fidler, Harry (USANYS); Aronoff, Peter (USANYS); Armand, Pierre (USANYS); Glover, Martha N. (CIV); Flores, Jessica (USANYS) 1
Cc:	Deaton, David; Blalack II, K. Lee; Bowman, Jim; Levine, Adam; Sullivan, Stephen M.; Steinberg, Anne; Burke, Christopher P.
Subject:	RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff
Date:	Monday, August 24, 2026 10:20:59 PM

Hi Elizabeth,

With respect to a uniform time-period, as we have stated repeatedly in the past, the parties' respective Rule 30(b)(6) notices should not be addressed in tandem as they are not comparable. Each notice consists of different topics, and a different time period may be appropriate for specific topics. Moreover, Anthem's notice calls for different time periods depending on the topic. It would thus be inappropriate to designate a "uniform" time period that would apply to each party's notice.

Second, the Government does not accept Anthem's so-called "offer of compromise" with respect to "communications." To reiterate again, the parties' notices contain different sets of topics that are not directly comparable. Indeed, the majority of the Government's topics do not even ask about communications. Anthem's notice remains grossly overbroad by requesting testimony concerning all communications (which includes internal government communications as well as communications with MAOs) related to numerous topics and sub-topics. If Anthem wishes to provide a list of communications for which it seeks testimony in connection with a topic, the Government will evaluate any such list.

Third, as we stated in our last letter, Anthem must identify the documents or portions of documents for Topic 14 prior to the Government agreeing to provide testimony on this topic. Without Anthem identifying the documents, the Government is unable to assess the burden of preparing a witness on this topic. If Anthem identifies the documents by Bates number, the Government will respond promptly as to whether we have agreement on this topic.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Arias Gray, Elizabeth A. <earias@omm.com>
Sent: Thursday, August 20, 2026 11:39 PM
To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Cayetano, Josh

<jcayetano@omm.com>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Graves, Anwar <agraves@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: [EXTERNAL] RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Dana,

Thank you for your letter. We are still reviewing and will let you know if we believe that any further meet and confers will be productive. In the meantime, based on our review of Plaintiff's letter, we wanted to seek confirmation or clarification of three discrete issues that were unclear to us in the letter.

First, you stated that Plaintiff "does not agree to a uniform time period with respect to its notice." Plaintiff's Letter at 3 n.2. We understand this to mean that Plaintiff does not agree that the default time period applicable to the parties' respective notices should be the same. If that is indeed Plaintiff's position, your letter does not provide any reasons for why Plaintiff would be entitled to demand testimony from Anthem regarding a longer period of time than Anthem would be entitled to obtain from Plaintiff. If our understanding of Plaintiff's position is correct, please explain the basis for that position.

Second, in our letter of August 11, 2026, Anthem offered to address Plaintiff's objection to the alleged burden of providing responsive testimony about "Communications" related to various topics in Anthem's Rule 30(b)(6) Notice by identifying a list of specific Communications that would be at issue for each Topic in the Notice. Anthem further explained that, by doing so, it would resolve any burden concerns Plaintiff may have about how to properly prepare a designee to testify about various Communications responsive to the Notice. While Anthem disagrees that a Rule 30(b)(6) topic that includes Communications is unduly burdensome, as this is a common and routine subject for Rule 30(b)(6) testimony, a list of specific Communications will eliminate any conceivable burden associated with preparing a witness on responsive Communications. In your letter, however, Plaintiff neglected to respond to Anthem's offer of compromise on this issue. Please confirm whether, with this proposal, Plaintiff will agree to provide testimony on responsive Communications in the Notice and that Plaintiff will agree to provide Anthem with a reciprocal list for testimony it seeks from Anthem about any responsive Communications in Plaintiff's Notice.

Third, for Topic 14, you stated in the letter that "if Anthem identifies specific documents or portions of the reports on which it seeks CMS's testimony, the Government is willing to consider that request for testimony regarding those documents." Plaintiff's Letter at 4. While Anthem disagrees that a Rule 30(b)(6) topic keyed to a specific document requires any further specificity, Anthem will agree to narrow Topic 14 to Plaintiff's Knowledge and Communications regarding specific portions of the documents and will identify those

portions of the documents in advance of the deposition. With this clarification, please confirm that Plaintiff will provide testimony to Topic 14.

Please respond no later than Monday to all three of the above.

--Elizabeth

Elizabeth A. Arias Gray
earias@omm.com
O: +1-213-430-7423

From: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>
Sent: Wednesday, August 19, 2026 1:27 PM
To: Cayetano, Josh <jcayetano@omm.com>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Graves, Anwar <agraves@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

All,

Please see the attached letter.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Cayetano, Josh <jcayetano@omm.com>
Sent: Tuesday, August 11, 2026 7:11 PM
To: Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Graves, Anwar <agraves@omm.com>; Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M.

<ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: [EXTERNAL] RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Counsel,

Please find attached Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff in response to Plaintiff's August 4, 2026 Letter.

Best,
Josh

Josh Cayetano
O: +1-415-984-8947
jcayetano@omm.com

From: Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>
Sent: Monday, August 10, 2026 4:47 PM
To: Graves, Anwar <agraves@omm.com>; Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Cayetano, Josh <jcayetano@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

All,

Please see the attached correspondence in response to Anthem's July 10, 2026, letter relating to the Government's Responses and Objections to Anthem's Second Set of Interrogatories.

Best,
Adam

From: Graves, Anwar <agraves@omm.com>
Sent: Monday, August 10, 2026 8:13 AM
To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Cayetano, Josh <jcayetano@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>

Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: [EXTERNAL] RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Hi Dana,

You indicated last Thursday that we would receive a response to our July 10, 2026 letter concerning Plaintiff's Responses and Objections to Anthem's Second Set of Interrogatories by the end of the week, but we have not received anything to date.

Given the approaching September 10 deadline for position statements on the interrogatories, we need to resolve these issues promptly. If we do not receive Plaintiff's response by close of business today, we will have no choice but to seek an extension of the deadline from the Court.

Please confirm when we can expect to receive Plaintiff's response.

Best,
Anwar

O'Melveny

Anwar L. Graves
Partner
agraves@omm.com
O: +1-202-383-5191

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006
Website | LinkedIn | Twitter

From: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>
Sent: Thursday, August 6, 2026 2:50 PM
To: Graves, Anwar <agraves@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>

Subject: RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Hi Anwar,

We plan to provide our response to your letter regarding the Government's Responses and Objections to Anthem's Second Set of Interrogatories by the end of this week. We're also available to meet and confer next week as needed. We don't anticipate that this timeline requires any extension of the September 1 deadline.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Graves, Anwar <agraves@omm.com>
Sent: Thursday, August 6, 2026 1:13 PM
To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Cayetano, Josh <jcayetano@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: [EXTERNAL] RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Hi Dana,

I am writing to confirm receipt of Plaintiff's letter regarding Anthem's Rule 30(b)(6) notice. However, we have not yet received a response to our July 10 letter concerning Anthem's Second Set of Interrogatories. Please let us know whether we can expect a response to that letter today.

Thanks,
Anwar

O'Melveny

Anwar L. Graves
Partner
agraves@omm.com
O: +1-202-383-5191

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006

From: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>
Sent: Tuesday, August 4, 2026 9:00 PM
To: Cayetano, Josh <jcayetano@omm.com>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>; Flores, Jessica (USANYS) 1 <Jessica.Flores@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Graves, Anwar <agraves@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: RE: Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

All,

Please see the attached letter.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Cayetano, Josh <jcayetano@omm.com>
Sent: Friday, July 10, 2026 9:16 PM
To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Glover, Martha N. (CIV) <Martha.N.Glover@usdoj.gov>
Cc: Deaton, David <ddeaton@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Bowman, Jim <jbowman@omm.com>; Graves, Anwar <agraves@omm.com>; Levine, Adam <alevine@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Steinberg, Anne <asteinberg@omm.com>; Arias Gray, Elizabeth A. <earias@omm.com>; Burke, Christopher P. <cburke@omm.com>
Subject: [EXTERNAL] Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff

Counsel,

Please find attached Defendant Anthem's Letter Regarding Anthem's 30(b)(6) Notice to Plaintiff.

Best,
Josh

O'Melveny

Josh Cayetano
jcayetano@omm.com
O: +1-415-984-8947

O'Melveny & Myers LLP
Two Embarcadero Center, 28th Floor
San Francisco, CA 94111
Website | LinkedIn | Twitter

Exhibit G

O'Melveny

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006-4061

T: +1 202 383 5300
F: +1 202 383 5414
omm.com

August 11, 2026

Anwar Graves
D: +1 202 383 5191
agraves@omm.com

Peter Aronoff, Esq.
Charles Jacob, Esq.
Adam Gitlin, Esq.
Rachael Doud, Esq.
Dana Walsh Kumar, Esq.
Pierre Armand, Esq.
Martha Glover, Esq.
Harry Fidler, Esq.
United States Attorney's Office for the Southern District of New York
86 Chambers Street, 3rd Floor
New York, New York 10007

Re: *United States v. Anthem, Inc.* (Case No. 1:20-cv-02593-ALC-KHP) – Defendant Anthem, Inc.'s Revised Notice of Deposition of Plaintiff United States of America Pursuant to Federal Rule of Civil Procedure 30(b)(6)

Dear Counsel:

We write on behalf of Defendant Anthem, Inc. ("Anthem") in response to Plaintiff's August 4, 2026 Letter regarding Anthem's September 8, 2025 Notice of Deposition of Plaintiff United States of America Pursuant to Federal Rule of Civil Procedure 30(b)(6) (the "Notice").[1]

Over the course of the parties' meet-and-confer discussions, Anthem has substantially narrowed its Notice twice: first in its March 4, 2026 Letter and then again in its July 10, 2026 Letter. Of the 22 Topics in the Notice, Anthem withdrew four Topics, conditionally offered to withdraw ten in exchange for agreements from Plaintiff, and significantly narrowed the remainder.

Plaintiff's flat refusal to provide Rule 30(b)(6) testimony on all but two Topics as narrowed by Anthem is unacceptable and does not evidence a good-faith effort to resolve these disputes without burdening the Court. This is particularly so given Anthem's stated willingness to provide Rule 30(b)(6) testimony on the majority of topics in Plaintiff's own Notice of Deposition Under Federal Rule of Civil Procedure 30(b)(6) ("Plaintiff's Notice"). *See* Def. July 18, 2026 Ltr. Regarding Plaintiff's 30(b)(6) Notice.

Most concerning is Plaintiff's failure to even acknowledge—let alone meaningfully respond to—many of the good-faith proposals in Anthem's July 10, 2026 Letter. That failure suggests that Plaintiff is not genuinely attempting to reach a meaningful agreement that would allow Anthem to obtain the Rule 30(b)(6) testimony it needs, and it stands in stark contrast to

[1] Capitalized terms in this letter that are not defined herein have the meaning assigned to them in the Notice.

Anthem's own painstaking efforts to respond in good faith to Plaintiff's Notice, which included detailed objections and clear identification of the responsive and relevant testimony Anthem would provide.

Many of these unacknowledged proposals offered to withdraw a topic in exchange for Plaintiff's stipulation that it would not offer evidence on that topic at trial or summary judgment. Plaintiff's unwillingness to enter such agreements suggests that it is attempting to block Anthem's discovery on relevance and burden grounds while preserving its own ability to offer evidence on those same topics—a grossly unfair position that smacks of gamesmanship. So long as Plaintiff continues to reserve the right to offer evidence of these topics at summary judgment and/or trial, Plaintiff cannot justify refusing to offer the requested Rule 30(b)(6) testimony regarding those same topics.

Even for the Topics on which Plaintiff agrees to provide limited Rule 30(b)(6) testimony, Plaintiff has refused to testify about ***any*** internal CMS Communications or Communications between CMS and MAOs, healthcare providers, coders, and MA industry participants. This blanket rejection is astonishing. The record is replete with highly relevant documents in which CMS officials communicated with the healthcare industry about the exact business practices and standards at issue in this litigation, and testimony from senior CMS officials has confirmed that Plaintiff possesses additional Communications not produced to Anthem.

Plaintiff contends that testimony about Communications would be "unduly burdensome." *See, e.g.*, Pltf. August 4, 2026 Ltr. at 4. That position cannot be squared with Plaintiff's insistence that Anthem sift through tens of thousands of documents dating back fifteen years to respond to numerous Topics in Plaintiff's Notice. Plaintiff, for example, demands that Anthem provide testimony about "all communications" between business units related to an internal policy over nearly a ten-year period, and stated during the May 14, 2026 meet-and-confer discussion that it was not "appropriate" for Plaintiff to narrow its request to a defined universe of documents. *See* Topic (i), subtopic (iv) of Plaintiff's Notice. Nevertheless, in an effort to resolve Plaintiff's burden objections, Anthem is willing to identify by Bates Number the Communications for which it seeks Rule 30(b)(6) testimony, provided that Plaintiff similarly identifies by Bates Number the documents that correspond to each of the Topics in Plaintiff's Notice. Please confirm whether you accept this offer of compromise.

* * *

I. Topic 4: Plaintiff's Knowledge, Communications, or Interpretation, regardless of time period, Concerning [Medicare Advantage statutes, regulations, and guidance documents].

Plaintiff's August 4, 2026 Letter confirms that the parties are at an impasse on Topic 4. Plaintiff offers testimony limited to "CMS's understanding—and all bases for such understanding" of seven phrases drawn from Plaintiff's own Topic (e):

- "accurate, complete, and truthful" in the Relevant Attestations;
- "all relevant national standards" in 42 C.F.R. § 422.310(d)(1);

- "risk adjustment data that are substantiated by the physician or provider's full medical record" in MMCM Chapter 7, § 111.8;
- "[a]ll diagnosis codes submitted [are] documented in the medical record" in MMCM Chapter 7, § 40;
- the obligation to delete unsupported ICD diagnosis codes identified through internal review in MMCM Chapter 7, § 40;
- "in compliance with the requirements of [] applicable Federal statutes, regulations, and policies" in the Part C annual agreement; and
- "research and correct risk adjustment data discrepancies" in the EDI Agreements.

This offer leaves significant gaps. Plaintiff does not address Anthem's proposed narrowing for subtopics 4(a) and 4(b) (the identification of overpayments pursuant to 42 U.S.C. § 1320a-7k(d) and 42 C.F.R. § 422.326); subtopic 4(d) (42 C.F.R. § 422.503(b)); subtopic 4(f) (42 C.F.R. § 422.510(a)); subtopics 4(g) and 4(h) (the agency statements in the 1999 and 2000 Federal Register publications); subtopics 4(i) and 4(j) (the 2014 Proposed and Final Rules); subtopic 4(l) (training and participant guides); or subtopics 4(m) and 4(n) (CRR Submission Memoranda). Plaintiff's offer only partially overlaps with subtopic 4(c)—it addresses the phrase "accurate, complete, and truthful" but not CMS's Interpretation of § 422.504(l) or Communications with MAOs—and only partially overlaps with subtopic 4(e)—it addresses the phrase "all relevant national standards" in § 422.310(d)(1) but not § 422.310(e), § 422.310(g), or CMS Communications concerning those subsections. Plaintiff also offers testimony on several MMCM Chapter 7 phrases even though Anthem withdrew subtopic 4(k), and language contained in Part C and EDI Agreements which do not capture the entirety of Plaintiff's allegations against Anthem. Anthem therefore maintains its request as to each unresolved subtopic, and unless Plaintiff is willing to reconsider its prior limitations on the requested testimony, the parties are at an impasse on those subtopics.

Plaintiff's response is also notable for what it does not say. Anthem repeatedly offered to withdraw any regulation or standard in Topic 4 if Plaintiff stipulated that it would not offer evidence at trial or summary judgment related to that provision. Plaintiff rejected those offers categorically, calling them "outside the scope of what is required under the Federal Rules of Civil Procedure," without providing any subtopic-specific response. *See* Pltf. August 4, 2026 Ltr. at 2. As noted above, it is wholly unreasonable for Plaintiff to reserve the right to offer evidence at summary judgment or trial about Medicare Advantage regulations or standards as to which Plaintiff has refused to offer responsive testimony. Plaintiff likewise did not engage with Anthem's proposals to designate prior deposition testimony from Cheri Rice (for subtopics 4(c), 4(i), and 4(j)) or Anne Hornsby (for subtopic 4(l)), and stated only that it was "unsure what Anthem [was] referring to" regarding the applicability of the *Poehling* and *Osinek* testimony to the Relevant Period. *Id.* at 2 n.1. Plaintiff also refused to provide a chart identifying instances in which CMS communicated its Interpretation of each standard identified in the Notice, despite having previously asserted that CMS communicated its Interpretations only through official pronouncements.

Plaintiff's objection that Anthem's narrowing is "insufficient" because Anthem "still requests testimony regarding 'CMS's internal Communications and Communications with MAOs'" misses the mark. Anthem already narrowed "Communications" to Plaintiff's internal discussions and CMS's exchanges with MAOs, healthcare providers, coders, and MA industry participants—a measured request given that CMS's regulatory interpretations are central to this litigation. Plaintiff's assertion that preparing testimony on such Communications "would encompass, at minimum, thousands of documents" is unavailing; Plaintiff itself seeks broad Rule 30(b)(6) testimony from Anthem covering business practices spanning nearly a decade. And as noted above, Anthem is willing to address this stated concern by identifying the specific Communications for which testimony would be provided by Plaintiff.

Plaintiff also contends that Anthem's narrowing proposals are "unacceptable" because Anthem "still seeks Rule 30(b)(6) testimony on each of the topics." This fundamentally misunderstands Anthem's compromise. Anthem offered to designate hundreds of pages of prior deposition testimony—including Cheri Rice's testimony on subtopics 4(c), 4(i), and 4(j)—precisely to reduce the scope of new deposition questioning. Seeking limited additional testimony to fill gaps is a reasonable approach to efficient discovery, not evidence that Anthem's proposals are insufficiently narrow.

Finally, Plaintiff ignores Anthem's proposal to limit the default time period for both parties' Notices to the Relevant Period (June 2013 through March 2017), subject to certain specified exceptions.[2] This narrowing would align with Judge Parker's repeated guidance that discovery should track the time period applicable to Plaintiff's claims for relief.[3] Anthem reiterates its offer.

Because Plaintiff has refused to engage with these compromise proposals, the parties appear to be at impasse on the unresolved portions of Topic 4.

II. Topic 5: Plaintiff's Knowledge, Communications, or Interpretation Concerning the ICD Guidelines, AHIMA Standards, and the Coding Clinic, regardless of time period.

Topic 5 seeks testimony concerning the ICD Guidelines and coding standards that Plaintiff's Amended Complaint places squarely at issue. Despite the Topic's clear relevance and Anthem's narrowing proposals, Plaintiff has retreated from its earlier offer discussed during the May 21 and 27, 2026 meet-and-confers to provide testimony on (i) how CMS and HHS-OIG interpreted the MA program requirement that a diagnosis code be documented by a medical record, and (ii) CMS and HHS-OIG's Knowledge and Interpretation of the general application of the diagnosis coding documents listed in Topic 5, including whether CMS and HHS-OIG considered a diagnosis code to be false if it did not comply with those coding documents. Plaintiff now states only that "the applicability of the ICD Guidelines to specific codes that the Government alleges is false will be the subject of expert testimony in this matter." Pltf. Aug. 4, 2026 Ltr. at 3.

[2] Relevant here, Anthem proposed different time periods for Topics 4(g), 4(i), 4(m), and 4(n) in its July 10, 2026 Letter.

[3] *See, e.g.,* May 20, 2026 Tr. 20-21, 25; March 12, 2024 Tr. 69:6-10; July 7, 2026 Tr. 57:2-11, 61:3-5.

Plaintiff does not explain this reversal or state any valid objection. Its suggestion that it declined to testify "due to Anthem's unwillingness to further narrow the scope of this topic" rings hollow—Anthem identified a specific narrowing proposal that Plaintiff barely acknowledges, and Plaintiff does not contend that the proposal is irrelevant, overbroad, or unduly burdensome. Nor could it. Instead, Plaintiff invokes expert testimony as a shield to avoid providing any Rule 30(b)(6) testimony about the diagnosis coding standards central to its theory of falsity.

Plaintiff cannot refuse fact discovery simply because a topic will also be the subject of expert discovery. Rules 30(b)(6) and 702 serve distinct purposes and are not mutually exclusive. Rule 30(b)(6) imposes an "affirmative duty" on corporate litigants to provide "complete, knowledgeable, and binding answers" ***on behalf of the Plaintiff***. *In re Evenstar*, 2021 WL 382999, at *14 (S.D.N.Y. Aug. 27, 2021). Rule 702, by contrast, allows parties to offer expert opinion based on "knowledge, skill, experience, training, or education." The suggestion that CMS—the agency responsible for administering the nation's largest health programs—has no Knowledge, Communications, or Interpretation regarding the diagnosis coding standards at issue defies common sense. If that is indeed the case, testimony to that effect would itself be responsive and Plaintiff is free to present that testimony in response to Anthem's Notice.

Plaintiff also ignores the substance of Anthem's narrowing proposal, including the proposed narrower date range. That proposal accepted Plaintiff's offer to testify on (i) how CMS and HHS-OIG interpreted the MA program requirement that a diagnosis code be documented by a medical record, and (ii) CMS and HHS-OIG's Knowledge and Interpretation of the general application of the diagnosis coding documents listed in Topic 5, including whether CMS and HHS-OIG considered a diagnosis code to be false if it did not comply with those coding documents. In exchange, Anthem requested testimony on three discrete subtopics: (i) which provisions of the diagnosis coding guidance documents the seven diagnosis codes identified in the Amended Complaint allegedly violated; (ii) Plaintiff's Interpretation of those provisions; and (iii) Plaintiff's Interpretation of six specific provisions in the ICD Guidelines: the preamble (pages 1-2), I.A.19, IV.C, IV.H, IV.I, and IV.J, along with the Chronic Conditions List.

The only explanation for Plaintiff's non-response is that Plaintiff does not actually know which provisions of the ICD Guidelines the At-Issue Diagnosis Codes allegedly violated—including the seven diagnosis codes cited in the Amended Complaint. If that is correct, it is unclear how Plaintiff discharged its Rule 11 obligations when drafting the Amended Complaint. In the Amended Complaint, Plaintiff specifically alleged that those seven diagnosis codes were false. Am. Compl. ¶¶ 153-154. Is Plaintiff now stating that this allegation was not correct? Please explain if Plaintiff is withdrawing that allegation with regard to those seven diagnosis codes and, if not, please explain how Plaintiff complied with Rule 11 when it included those allegations in the Amended Complaint.

Unless Plaintiff reconsiders its position, the parties are at an impasse on Topic 5.

III. Topic 6: Medicare Advantage Requirements Concerning any At-Issue Diagnosis Codes.

Topic 6 seeks testimony regarding the Medicare Advantage Requirements applicable to the very Diagnosis Codes that Plaintiff identified as allegedly false pursuant to the Court's April 29, 2025 Order (Dkt. 345) and June 17, 2025 Order (Dkt. 360).

Plaintiff's August 4, 2026 Letter largely repeats the same mischaracterizations as its prior correspondence. To reiterate: Anthem seeks testimony about the factual basis for Plaintiff's allegations that the At-Issue Codes are false, including CMS and HHS-OIG's Interpretation of the standards that govern those codes. That the list of allegedly false diagnosis codes was generated in litigation is irrelevant.

As with Topic 5, Anthem offered to narrow Topic 6 to the specific Medicare Advantage Requirements that Plaintiff alleges were violated by the submission of the At-Issue Diagnosis Codes. When Plaintiff resisted, Anthem asked Plaintiff to confirm whether it (i) currently knows which specific Medicare Advantage Requirements that the At-Issue Diagnosis Codes allegedly violated, and (ii) is willing to identify those Requirements—and if not, to explain why.

Rather than respond, Plaintiff asserts that Anthem "is not entitled to additional stipulations or representations about the Government's case." Pltf. Aug. 4, 2026 Ltr. at 3. Anthem has never suggested an entitlement to a stipulation—it only suggested that a stipulation would facilitate narrowing the scope of Anthem's requested testimony to the Medicare Advantage Requirements that Plaintiff will put at issue during trial. The proposed stipulation is for Plaintiff's benefit, not Anthem's, in that it allows Plaintiff to limit its preparation to the at-issue Medicare Advantage Requirements. The logic is straightforward: if Plaintiff has no intent to offer evidence on this Topic at summary judgment or trial and is willing to so stipulate, Anthem can withdraw the Topic; if Plaintiff wishes to preserve its ability to offer such evidence, Anthem must have the testimony to prepare its defenses. Anthem reiterates its request and asks for a substantive response.[4]

Anthem nonetheless appreciates Plaintiff's confirmation that it will provide a witness to testify "concerning CMS guidance governing the medical record documentation required for submission of diagnosis codes to CMS for payment." Pltf. Aug. 4, 2026 Ltr. at 3. Please confirm that the scope of this agreement includes the three subtopics from Topic 5: (i) which provisions of the diagnosis coding guidance documents the seven diagnosis codes identified in the Amended Complaint allegedly violated; (ii) Plaintiff's Interpretation of those provisions; and (iii) Plaintiff's Interpretation of six specific provisions in the ICD Guidelines: the preamble (pages 1-2), I.A.19, IV.C, IV.H, IV.I, and IV.J, along with the Chronic Conditions List. If Plaintiff will not provide this confirmation, then the parties are at an impasse.

[4] As with Topics 4 and 5, Plaintiff does not address Anthem's proposal to limit the default date range to June 2013 through March 2017 for both parties' Notices.

IV. Topics 7, 8, and 9: Medicare Advantage Requirements and Plaintiff's Knowledge, Communications, or Interpretation Concerning [Anthem's business practices as discussed in Plaintiff's Amended Complaint]

Topics 7 through 9 seek testimony about the Medicare Advantage Requirements applicable to Anthem's business practices at issue in the Amended Complaint.

In its March 4, 2026 Letter, Anthem narrowed these Topics to six subtopics: (1) Chart Review; (2) Compliance Programs; (3) Diagnosis Coding; (4) One-Way Retrospective Chart Review; (5) Risk Adjustment Attestations; and (6) Risk Adjustment Data Submissions. Anthem also consolidated the Topics to request testimony on (i) whether any Medicare Advantage Requirements specific to the business practices listed in the subtopics exist; (ii) if so, a description and explanation of those Requirements; (iii) how Plaintiff communicated those Medicare Advantage Requirements to MAOs; (iv) what communications Plaintiff received from MAOs about those Medicare Advantage Requirements; and (v) Plaintiff's Knowledge Concerning Industry Practice of the subtopics. Anthem further offered to limit the date range to June 2013 through March 2017, consistent with its Responses and Objections to Plaintiff's Notice.

Plaintiff contends that the Topics as narrowed are still "overly broad" but does not identify what is objectionable about their construction, nor does Plaintiff respond to Anthem's proposal to mutually limit the date range. Plaintiff also offers no alternative narrowing in compromise. Nevertheless, in an effort to resolve this dispute without burdening the Court, Anthem is willing to further narrow the consolidated Topics to only three subtopics: (1) Chart Review; (2) Compliance Programs; and (3) One-Way Retrospective Chart Review.

Anthem also offered to withdraw Topics 7 through 9 entirely if Plaintiff stipulates that (i) the standards in Topic 4 are the only MA program regulations or standards applicable to these business practices, and (ii) Plaintiff will not offer evidence at summary judgment or trial beyond those standards. Contrary to Plaintiff's suggestion, Anthem has never asserted that Plaintiff is "required" to agree to this stipulation. Pltf. Aug. 4, 2026 Ltr. at 4. These sort of statements call into question whether Plaintiff is actually reading our letters. Again, Anthem's position is simply that it cannot narrow these Topics further without a stipulation, because doing so would exclude testimony about Medicare Advantage Requirements that govern the business practices at issue. Anthem reiterates this offer.

If Plaintiff does not agree to the narrowed Topics or the proposed stipulation, the parties are at an impasse.

V. Topics 10 and 11: Plaintiff's Knowledge or Communications Concerning Anthem's September 11, 2017 Letter to Seema Verma, and Anthem's September 27, 2017 Letter to Jennifer Harlow.

Topics 10 and 11 seek testimony regarding two 2017 letters that Anthem sent to former CMS officials Seema Verma and Jennifer Harlow. Plaintiff's offer to testify only about CMS's "knowledge" of these letters and not about CMS's internal Communications is inadequate. Jennifer Harlow testified in this case that CMS's response to such letters "would go out to different parties who might comment and edit and say things" and "would probably have gone all the way

up to the [A]dministrator" before being sent. Jennifer Harlow 4/23/26 Dep. Tr. 312:1-13. She also stated that "in part of the letter coordination process, something like this might have come in to six different people, the same letter or maybe slightly differently, and so the responses to all six would be coordinated." *Id.* 312:17-21. Anthem is entitled to testimony about Communications arising from that agency review process.

In its July 10, 2026 Letter, Anthem reiterated the parties' earlier agreement that searching the *Poehling* collection for responsive documents through January 2018 would resolve any disputes on these Topics. Anthem confirmed that if Plaintiff conducts such a search and finds no non-privileged Communications concerning the letters, Anthem will withdraw Topics 10 and 11. Plaintiff's August 4, 2026 Letter does not indicate whether Plaintiff performed the search or is unwilling to do so. Please confirm whether Plaintiff has searched the *Poehling* collection through January 2018, given that doing so could result in the withdrawal of these Topics.

VI. Topic 12: Plaintiff's Knowledge, Communications, or Interpretation Concerning CMS RADV Reviewer Guidance from January 1, 2003 to June 30, 2018.

Topic 12 seeks testimony regarding CMS RADV Reviewer Guidance.

In its April 20, 2026 Letter, Plaintiff agreed to provide testimony regarding "RADV Review Guidance as that term is defined in Anthem's Notice but limited to the time period January 1, 2003 to June 30, 2018, and limited to testimony regarding the requirement that diagnosis codes must be supported by medical records." Anthem accepted on the condition that Plaintiff confirms the parties' mutual understanding that the definition of RADV Reviewer Guidance includes all versions of the RADV Reviewer Guidance used during any RADV audits of diagnosis codes with dates of service within the range applicable to this litigation and the two documents identified by Plaintiff on June 9, 2026, in response to the Court's May 20, 2026 Order for Plaintiff to "produce internal coding guidelines that it applied/used when evaluating diagnoses codes in RADV audits." *See* Def. July 10, 2026 Ltr. at 13.

Plaintiff now offers to testify only about the "final" RADV Reviewer Guidance issued by CMS—not the RADV Reviewer Guidance as defined in the Notice. Pltf. Aug. 4, 2026 Ltr. at 4. Anthem identified the specific RADV Reviewer Guidance Documents in the Notice to clarify the guidance documents for which testimony is required. Further, Plaintiff never raised this "final" limitation in any prior meet-and-confer discussion or correspondence, and it is unclear why Plaintiff now seeks to do so. If Plaintiff intends to exclude RADV Reviewer Guidance that CMS used during RADV audits of diagnosis codes with dates of service within the range applicable to this litigation, that limitation is far too narrow.

During the May 27, 2026 meet-and-confer and in its July 10, 2026 Letter, Anthem clarified that it seeks testimony on three specific subtopics: (i) the purpose of the RADV Reviewer Guidance; (ii) CMS's use of the RADV Reviewer Guidance; and (iii) any decision to publicly release or not release the RADV Reviewer Guidance. Anthem will withdraw these subtopics if Plaintiff confirms that it will offer testimony on the diagnosis coding and medical record documentation standards contained within all versions of the RADV Reviewer Guidance as

defined in the Notice and clarified in Anthem's July 10, 2026 Letter. Please advise whether the parties have an agreement on Topic 12 based on these clarifications.

VII. Topic 14: Plaintiff's Knowledge or Communications Concerning [HHS-OIG reports concerning Medicare Advantage chart review practices].

Topic 14 seeks testimony regarding certain HHS-OIG reports on Medicare Advantage chart review practices; specifically, two reports that Anthem identified in its July 10, 2026 Letter. Anthem narrowed the Topic to these two reports because Plaintiff indicated during the May 27, 2026 meet-and-confer that it would be amenable to providing testimony if Anthem did so. Now, in its August 4, 2026 Letter, Plaintiff demands even more specificity. This shifting position is not conducive to a productive meet-and-confer and calls into question the good-faith nature of these negotiations.

Anthem has already exceeded its Rule 30 duty to fashion the Topic with "reasonable particularity" by identifying two discrete HHS-OIG reports. Further narrowing is unwarranted and would be inconsistent with Plaintiff's own position—Plaintiff refuses to identify particular Documents and Communications in negotiations over its own Notice. That said, as explained above, Anthem remains willing to identify the specific Communications on which it seeks testimony responsive to Topic 14. But given Plaintiff's backtracking on this and other Topics, Anthem will not identify pages or excerpts of the HHS-OIG reports absent an ironclad commitment from Plaintiff to provide testimony if Anthem does so.

VIII. Topic 15: Plaintiff's Knowledge or Communications Concerning Anthem's Corrective Action Plan.[5]

Rather than substantively engaging with the arguments Anthem raised during the meet-and-confer process and in its July 10, 2026 Letter, Plaintiff merely reiterates the objections set forth in its April 20, 2026 Letter. Again, it appears to us that Plaintiff has not even read our letter. Because Anthem has addressed these arguments in prior correspondence, it will not repeat them here. The parties are at an impasse and should proceed with briefing on Topic 15.

IX. Topics 16 and 21: Plaintiff's Communications Concerning the Allegations, and Plaintiff's Allegations in the Amended Complaint.[6]

Topic 16 seeks testimony regarding Plaintiff's Communications Concerning the allegations in the Amended Complaint; Topic 21 seeks testimony regarding the allegations themselves. In its July 10, 2026 Letter, Anthem narrowed Topic 21 to three subtopics: (i) CMS's and HHS-OIG's Knowledge of, and Communications Concerning, the specific factual matters alleged in the identified paragraphs of the Amended Complaint; (ii) when CMS or HHS-OIG first

[5] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is (i) withdrawing the "including but not limited to" clause and related subtopics from Topic 15 and (ii) limiting the scope of the Topic to the period of January 1, 2008 to December 31, 2012.

[6] Anthem, in its March 4, 2026 letter, advised Plaintiff that it is withdrawing the "but not limited to" clause from Topic 21.

became aware of those facts; and (iii) any actions taken in response. Anthem also offered to withdraw Topic 16 if Plaintiff agreed to provide testimony on Topic 21 as narrowed.

Plaintiff raises several unpersuasive objections. First, Plaintiff contends that the Topic is "grossly overbroad" because one of the allegations on which Anthem seeks testimony is Paragraph 1 of the Amended Complaint—the "Preliminary Statement." But Paragraph 1 makes a factual assertion central to Plaintiff's case: that Anthem "knowingly disregarded its duty to ensure the accuracy of the risk adjustment diagnosis data that it submitted to the Centers for Medicare and Medicaid Services ("CMS") for hundreds of thousands of Medicare beneficiaries covered by the Medicare Part C plans operated by Anthem." This is Plaintiff's core factual allegation against Anthem. Testimony tied to this core allegation could not possibly be overbroad and Plaintiff offers no explanation for how it could be.

Second, Plaintiff contends that Anthem's request for testimony on "any actions taken in response" is overbroad. But this language mirrors Plaintiff's own Notice, which requests that Anthem testify on "all facts relied upon" and "all instances" of wide-ranging business practices spanning ***nearly a decade***. *See* Topics (h), (i) of Plaintiff's Notice. Anthem responded to Plaintiff's similarly-worded requests by offering reasonable compromises, but Plaintiff does not respond to Anthem's requests in similar fashion. Instead, Plaintiff outright refuses.

Third, Plaintiff asserts that "Rule 30(b)(6) testimony is not the appropriate basis for which to seek testimony as to whether CMS or HHS-OIG 'knew' about those practices," pointing to other discovery Anthem has received. Anthem disagrees. Rule 30(b)(6) testimony is the only vehicle for obtaining binding testimonial admissions on behalf of CMS as a party about when it learned of the facts alleged in the Amended Complaint—information directly relevant to materiality. Courts in the Second Circuit have made clear that "[a] party should not be prevented from questioning a live corporate witness in a deposition setting just because the topics proposed are similar to those contained in documents provided or interrogatory questions answered." *Dongguk Univ. v. Yale Univ.*, 270 F.R.D. 70, 74 (D. Conn. 2010); *see In re Evenstar*, 2021 WL 382999, at *15 (same). This is because "Rule 30(b)(6) depositions occur precisely because they allow a corporate witness to testify as to the interpretation of papers, and any underlying factual qualifiers of those documents." *In re Youngpoong Corp.*, 2025 WL 3228034, at *6 (S.D.N.Y. Nov. 19, 2025), aff'd sub nom. *In Re Youngpoong Corp.*, 2026 WL 1085046 (2d Cir. Apr. 22, 2026) (cleaned up).

To resolve these disputes, however, Anthem will withdraw Topic 16 and proposes to narrow Topic 21 to seek testimony only on: (i) CMS's and HHS-OIG's Knowledge of the specific factual matters alleged in the identified paragraphs of the Amended Complaint; (ii) when CMS or HHS-OIG first became aware of those facts; and (iii) the general actions taken in response.

If Plaintiff still refuses this final offer of compromise, the parties are at an impasse.

X. Topics 17, 18, and 19: Plaintiff's Renewal or Termination of Medicare Advantage Contracts with MAOs; Plaintiff's Refusal to Make or Otherwise Recoup Risk Adjustment Payments to MAOs; and Plaintiff's Approval or Denial of MA Bids.

In its April 20, 2026 Letter, Plaintiff agreed to provide testimony on these Topics as narrowed in Anthem's March 4, 2026 Letter. During meet-and-confer discussions, Anthem agreed to evaluate whether Plaintiff's responses to Anthem's May 1, 2026 First Set of Requests for Admission obviated the need for testimony on Topics 17, 18, and 19. In its July 10, 2026 Letter, Anthem informed Plaintiff that it had evaluated Plaintiff's Responses and Objections served on June 24, 2026 and, in light of those responses, believes that its inquiry concerning these Topics will not be entirely obviated but that the responses to the Requests for Admissions "will allow Anthem to focus its questions significantly and that the expected examination will be rather brief." Def. July 10, 2026 Ltr. at 16.

Plaintiff now retracts its agreement to provide Rule 30(b)(6) testimony on these Topics, notwithstanding Anthem's representation that the scope of its examination will be even narrower than when Plaintiff first agreed to provide such testimony. Anthem reminds Plaintiff that Rule 30 requires the parties to "confer in good faith about the matters for examination."

In the interest of compromise, however, Anthem will withdraw Topics 17 and 19. However, because Plaintiff refused to respond to Anthem's Requests for Admission concerning the refusal to make or otherwise recoup payments, Anthem maintains Topic 18. In light of Anthem's offer to withdraw Topics 17 and 19, please confirm that Plaintiff will provide the responsive testimony on Topic 18.

XI. Topic 20: Plaintiff's Knowledge of or Communications Concerning Anthem's "Risk & Recovery Initiatives."

Topic 20 seeks testimony regarding Plaintiff's Knowledge of or Communications Concerning Anthem's Risk & Recovery Initiatives. Plaintiff's response fails to address the key points raised in Anthem's July 10, 2026 Letter and during meet-and-confer discussions, fails to identify another Topic within which the requested testimony is subsumed, and instead simply "repeats its objections" from its April 20, 2026 Letter. *See* Pltf. August 4, 2026 Ltr. at 5.

First, during the June 3, 2026 meet-and-confer, Plaintiff acknowledged that the Court's November 25, 2025 Order did not specifically address discovery concerning CMS's Knowledge of Anthem's Risk & Recovery Initiatives and was not a blanket prohibition on such discovery. Plaintiff now backtracks from that acknowledgment without explanation, concluding broadly that "the Court has already found that Anthem has sufficient discovery to date to make arguments regarding CMS's knowledge of chart review programs." *Id.* at 5-6. This assertion is utterly preposterous and misstates both Plaintiff's prior acknowledgment and the Court's Order. As Anthem has repeatedly explained, Anthem submitted the Communications regarding its Risk & Recovery Initiatives to CMS pursuant to the Bid process; the Court's Order addressed documents submitted in response to a Corrective Action Plan—a distinct context. A simple word search confirms that the Order does not reference either the Risk & Recovery Initiatives or Anthem's MA bids.

Second, Plaintiff's "prior Rule 30(b)(6) testimony regarding CMS's knowledge of whether MAOs were conducting retrospective medical record reviews" does not address the Topic at issue: CMS's Knowledge of specific Anthem-related Communications sent to CMS disclosing Anthem's Risk & Recovery Initiatives.

Plaintiff's own questioning of senior Anthem executives during Rule 30(b)(1) depositions makes clear that Plaintiff intends to distinguish CMS's Knowledge of industry-wide retrospective chart review programs from CMS's Knowledge of and Communications Concerning Anthem's specific chart review program. For example, former Anthem President Marc Russo testified that he disclosed the nature of Anthem's retrospective chart review program to senior CMS officials, including Cheri Rice, Cynthia Tudor, and Jonathan Blum. When Plaintiff's counsel pressed Mr. Russo to identify specific written documents memorializing these decade-old conversations, Mr. Russo pointed to the 2014 Proposed Chart Review Rule. In response, Plaintiff's counsel stated: "Well, you're using it as evidence that CMS knew what type of chart review program Anthem was running; and my question to you is, you know, is there anything in there about Anthem's [chart review] program." Marc Russo 3/6/2026 Dep. Tr. 135:11-15. Anthem is entitled to testimony from CMS regarding this very issue.

Third, Plaintiff's objection that seeking "Communications" is improper and overly burdensome is without merit. Topic 20 is narrowly directed at six specifically identified documents. Plaintiff's assertion that it has "already produced a million documents" does not excuse it from preparing a witness to testify about a discrete set of identified documents. A Rule 30(b)(6) deposition is an entirely proper mechanism to explore what Plaintiff knew about these specific disclosures.[7] That Plaintiff produced other documents, even large volumes of other documents, is utterly irrelevant to the propriety of this Rule 30(b)(6) testimony.

Despite Plaintiff's contention that Topic 20 is subsumed within other Topics, Plaintiff has not identified those Topics—even after Anthem offered to withdraw Topic 20 if Plaintiff could do so. Anthem renews that offer: if Plaintiff identifies the specific Topic within which testimony regarding Plaintiff's Knowledge of and Communications Concerning Anthem's Risk & Recovery Initiatives is subsumed and confirms that its designated witness will be prepared to testify on those matters, Anthem will withdraw Topic 20. This should not be difficult given that Plaintiff previously asserted as much during the meet-and-confer.

Absent such identification and confirmation, the parties are at an impasse.

XII. Topic 22: Plaintiff's Knowledge, Communications, or Interpretation Concerning Electronic Data Interchange Enrollment Forms used with MAOs.

Topic 22 seeks testimony regarding Plaintiff's Knowledge, Communications, or Interpretation Concerning Electronic Data Interchange Enrollment Forms used with MAOs ("EDI Agreements"), which Plaintiff cites in its Amended Complaint. *See* Am. Compl. ¶¶ 79-82.

[7] Plaintiff also does not address Anthem's proposal to limit the default date range for both parties' Notices to June 2013 through March 2017, which would reduce the burden on both parties.

Plaintiff suggests that this Topic is no longer necessary because Plaintiff has agreed to testify on the phrase "research and correct risk adjustment data discrepancies" in the EDI Agreements in response to Topic 4. Pltf. August 4, 2026 Ltr. at 6.

Anthem disagrees. The phrase "research and correct risk adjustment data discrepancies" is only one part of the EDI Agreements, and Plaintiff has refused to stipulate that it will not offer evidence at trial or summary judgment concerning other portions. Indeed, Plaintiff has questioned former Anthem employees witnesses about other EDI Agreement language. *See, e.g.* Edward Stubbers 8/28/2025 Dep. Tr. 78:5-16.

In any event, Plaintiff's offer of testimony for Topic 4 is inadequate because Plaintiff has refused to testify on its internal Communications and Communications between CMS and MA industry participants, even for the subtopics currently agreed upon.

Sincerely,

/s/ Anwar Graves

Anwar Graves

Exhibit H

Document Filed Under Seal

Exhibit I

Document Filed Under Seal

Exhibit J

U.S. Department of Justice

United States Attorney
Southern District of New York
86 Chambers Street, Third Floor
New York, New York 10007

August 19, 2026

BY EMAIL

K. Lee Blalack, II
Jim Bowman
David Deaton
Anwar Graves
Elizabeth A. Arias Gray
Rahul Kohli
Adam Levine
O'Melveny & Myers, LLP
1625 Eye Street, NW
Washington, DC 20006

Heyward Bonyata
John Martin
Nelson Mullins Riley & Scarborough LLP
1320 Main Street, 17th Floor
Columbia, SC 29201

Re: *United States v. Anthem, Inc.*, 20 Civ. 2593 (ALC) (KHP)

Dear Counsel:

We write in response to Anthem's August 11, 2026 letter regarding its September 8, 2025 Notice of Deposition of Plaintiff United States of America pursuant to Federal Rule of Civil Procedure 30(b)(6) ("Notice"). As set forth below and in our prior communications on this topic, the Government continues to object to the Notice, except for the specific topics for which the Government agrees to offer testimony as set forth below.

We address each topic in turn (and repeat those previously addressed so that the Government's responses are contained in one place).

- **Topic 1**: Withdrawn by Anthem.
- **Topic 2**: Withdrawn by Anthem.
- **Topic 3**: Withdrawn by Anthem.

- **Topic 4**: The Government continues to object to this topic for the reasons set forth in its April 20, 2026 and July 30, 2026 letters. As set forth in the Government's July 30, 2026, letter, the Government is willing to provide testimony as set forth below.[1]

Revised Topic 4:

- CMS's understanding—and all bases for such understanding—of the meaning of the following phrases or terms during each of the following years: 2014, 2015, 2016, 2017, and 2018.

  i. "accurate, complete, and truthful," as set forth in the Relevant Attestations;

  ii. "all relevant national standards," as set forth in 42 C.F.R.§ 422.310(d)(1);

  iii. "risk adjustment data that are substantiated by the physician or provider's full medical record," as set forth in MMC Manual Chap. 7, § 111.8 (Aug. 2004);

  iv. "[a]ll diagnosis codes submitted [are] documented in the medical record," as set forth in MMC Manual Chap. 7, § 40 (June 2013);

  v. if "upon conducting an internal review of submitted diagnosis codes," they "determine[] that any ICD[] diagnosis codes that have been submitted do not meet risk adjustment submission requirements," they are "responsible for deleting the submitted ICD[] diagnosis codes as soon as possible," as set forth in MMC Manual, Chap. 7 § 40 (June 2013).

  vi. "in compliance with the requirements of [] applicable Federal statutes, regulations, and policies," as set forth in the Part C annual agreement between Anthem and CMS.

  vii. "research and correct risk adjustment data discrepancies," as set forth in EDI Agreements between CMS and Anthem.

[1] The Government has offered to provide testimony on these particular topics because Anthem specifically conditioned its willingness to provide testimony in response to the Government's 30(b)(6) notice on the Government providing testimony regarding the same topics. Please advise if Anthem is not seeking testimony on any of these topics. If Anthem does withdraw any topic, however, the Government expects Anthem's designated witness or witnesses to provide testimony on the topics as set forth in the Government's notice.

In addition to the above, based on Anthem's letter and in an effort to compromise, the Government is willing to provide testimony on the following topics for the period from January 1, 2014, to June 30, 2018[2]:

- CMS's interpretation of "overpayment" as that term is used in 42 U.S.C. § 1320a-7k(d);

- CMS's interpretation of how "overpayment[s]" are to be "identified" as those terms are used in 42 U.S.C. § 1320a-7k(d);

- CMS's interpretation of "overpayment" and "identified" as those terms are used in 42 C.F.R. § 422.326;

- CMS's interpretation of how "overpayment[s]" are to be "identified" as those terms are used in 42 C.F.R. § 422.326;

- CMS's interpretation of 79 Fed. Reg. 2,000 (Risk Adjustment Data Requirements (§ 422.310)) (January 10, 2014); and

- CMS's interpretation of 79 Fed. Reg. 29,925 (Risk Adjustment Data Requirements (§ 422.310)) (May 23, 2014).

- **Topic 5**: The Government will not provide testimony on this topic, and the Government agrees the parties are at an impasse for Topic 5.

- **Topic 6**: The Government is willing to provide a CMS witness to testify on CMS guidance governing the medical record documentation required for submission of diagnosis codes to CMS for payment. This testimony will not include testimony regarding the three additional topics Anthem attempts to add, which Anthem erroneously characterizes as "subtopics." Beyond the agreed-upon testimony, the Government agrees the parties are at an impasse on Topic 6.

- **Topics 7-9**: The Government will not provide testimony on these topics, and the Government agrees the parties are at an impasse.

- **Topics 10-11:** With respect to these two topics, the Government has agreed to provide a witness to testify concerning CMS's knowledge of these two letters. Anthem's Notice sought testimony regarding "Plaintiff's Knowledge or Communications Concerning Anthem's" two letters. As explained in the Government's prior communications, the Government objects to Anthem's request for testimony regarding "Communications" as overly broad. Anthem is attempting to evade the Court's prior rulings regarding discovery by effectively issuing another document request by insisting that the Government run additional document searches and

[2] The Government does not agree to a uniform time period with respect to its notice.

make representations concerning the results of those searches. The Government declines Anthem's proposal. The Government has agreed to provide testimony in response to these topics as set forth above and in the Government's July 30, 2026 letter. To the extent Anthem is seeking anything further, the parties are at an impasse.

- **Topic 12:** The Government believes the parties are in agreement as to this topic. The Government has agreed to provide testimony regarding RADV reviewer guidance that CMS used during RADV audits of diagnosis codes with dates of service from 2012 to 2015. The Government's reference to "final" RADV reviewer guidance was intended to exclude only testimony regarding draft guidance that was never in effect, to the extent Anthem is seeking it.[3] Moreover, the Government agreed to provide testimony regarding (i) the purpose of the RADV reviewer guidance; and (ii) CMS's use of the RADV reviewer guidance. The Government remains willing to provide testimony regarding RADV reviewer guidance used during RADV audits of diagnosis codes with dates of service from 2012 to 2015, and the purpose of the RADV reviewer guidance and CMS's use of the RADV reviewer guidance. Please advise as to whether Anthem is seeking additional testimony on this topic, or is not seeking testimony regarding (i) the purpose of the RADV reviewer guidance and (ii) CMS's use of the RADV reviewer guidance, or if the parties are in agreement.

- **Topic 13**: Withdrawn by Anthem.

- **Topic 14**: The Government repeats its position that if Anthem identifies specific documents or portions of the reports on which it seeks CMS's testimony, the Government is willing to consider that request for testimony regarding those documents. The Government cannot provide additional clarity regarding its position without first knowing which documents Anthem is seeking testimony about as it is unable to assess the burden. If Anthem refuses to provide the communications concerning which it seeks testimony, the Government will not provide testimony about such communications, and the parties are at an impasse.

- **Topic 15**: The Government agrees the parties are at an impasse.

- **Topics 16 and 21**: The Government does not agree to Anthem's proposal set forth in its August 11 letter. The parties thus appear to be at an impasse.

- **Topics 17 and 19:** Withdrawn by Anthem.

- **Topic 18**: The Government agrees to provide testimony, at a summary and general level, regarding, if applicable, situations in which CMS has adjusted risk adjustment payments to an MAO under the MA program, or if applicable, situations in which CMS has recouped risk adjustment payments to MAOs under the MA program, including Anthem. The Government believes the parties are in agreement as to this topic.

[3] The documents cited in Anthem's notice appear to include draft documents.

- **Topic 20**: As explained in the Government April 20 letter, this topic is an attempt by Anthem to circumvent the Court's prior discovery rulings, and the Government will not provide testimony regarding this topic. The parties are thus are at impasse.

- **Topic 22**: The Government will provide testimony regarding CMS's interpretation of the EDI Agreements, from January 1, 2014 to June 30, 2018, not limited to the provision set forth in Topic 4. To the extent Anthem seeks further testimony, including as to communications, the parties are at an impasse.

Sincerely,

JAMES M. MCDONALD
United States Attorney

By : */s/ Dana Walsh Kumar*
PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES S. JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, NY 10007
Tel. (212) 637-2741

Exhibit K

Document Filed Under Seal

Exhibit L

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, Plaintiff, v. ANTHEM, INC., Defendant.	Case No.: 1:20-cv-02593-ALC-KHP

DEFENDANT ANTHEM, INC.'S FIRST SET OF REQUESTS FOR ADMISSION TO PLAINTIFF UNITED STATES OF AMERICA

Pursuant to Rules 26 and 36 of the Federal Rules of Civil Procedure and Local Civil Rules 26.3 and 26.4 of the United States District Courts for the Southern and Eastern Districts of New York ("Local Civil Rules"), Defendant Anthem, Inc. ("Anthem"), by and through its undersigned attorneys, hereby requests that Plaintiff United States of America ("Plaintiff" or "You") respond in writing and under oath to the Requests for Admission set forth below ("Requests") within 30 days of the service of these Requests, to the offices of O'Melveny & Myers LLP, 1625 Eye Street NW, Washington, D.C. 20006-4061.

The following Definitions and Instructions shall govern the Requests, as well as responses to the Requests.

DEFINITIONS

The Requests incorporate by reference the definitions and rules of construction set forth in Local Civil Rule 26.3.

The following terms as used in the Requests have the definitions mandated by Local Civil Rule 26.3(c): "Communication," "Concerning," "Document," "Identify" (as used with respect to "Person"), "Identify" (as used with respect to "Documents"), "Parties," and "Person." The

Requests shall be interpreted in compliance with the rules of construction set forth in Local Civil Rule 26.3(d), Including with respect to use of the terms "all," "any," and "each" (which "shall be construed as encompassing any and all"), the use of the terms "and" and "or" (which "shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery requests all responses that might otherwise be construed to be outside of its scope"), and the use of the singular form of any word (which includes the plural and vice versa). The Requests shall also be interpreted in compliance with Local Civil Rule 26.4(b): "Discovery requests must be read reasonably in the recognition that the attorney serving them generally does not have the information being sought and the attorney receiving them generally does have such information or can obtain it from the client."

The following terms shall have the meanings set forth below whenever used in any Request.

1. "**2006 Financial Audit**" shall mean the financial audit of Anthem Medicare Advantage Contract H3655 for contract year 2006, as described in the report titled "Agreed-Upon Procedures for Medicare Advantage Organizations and Prescription Drug Plans' Financial Information for Contract Year 2006" for Community Insurance Company, Contract Number H-3655, issued by David-James LLC on March 31, 2009.

2. "**2014 Final Overpayment Rule**" shall mean Medicare Program, Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs, Final Rule, 79 Fed. Reg. 29,844, 29,847–48, 29,918–26 (May 23, 2014).

3. "**2014 Proposed Chart Review Rule**" shall mean Medicare Program, Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription

Drug Benefit Programs, 79 Fed. Reg. 1918, 1922, 2000, 2053 (Jan. 10, 2014) (to be codified at 42 C.F.R. § 422.310(e)).

4. "**Access**" shall mean "access" as that term is used in Paragraph 50 of the Amended Complaint.

5. "**Accurate**" or "**Accuracy**" shall mean "accuracy" as that term is used at 42 C.F.R. § 422.504(l).

6. "**Actual Knowledge**" shall mean "actual knowledge" as that term is used in the False Claims Act, 31 U.S.C. § 3729(b)(1)(a)(i).

7. "**Action**" shall mean the above-captioned case, *United States of America v. Anthem, Inc.*, Case No. 1:20-cv-02593-ALC-KHP (S.D.N.Y.).

8. "**Amended Complaint**" shall mean the First Amended Complaint filed by Plaintiff on July 2, 2020 in this Action (Dkt. No. 26).

9. "**Anthem**" shall mean "Anthem, Inc." as used in Paragraph 11 of the Amended Complaint.

10. "**Anthem's Corporate Retrospective Chart Review Program**" shall mean Anthem's "'retrospective chart review' program" or "chart review program" as those phrases are used in Paragraph 5 of the Amended Complaint.

11. "**Attestation**" shall mean "risk adjustment attestation" as used in Paragraph 83 of the Amended Complaint and examples of which are attached as Exhibit 9 to the Amended Complaint**.**

12. "**Attestation Letters**" shall mean the letters Elevance Health, Inc. Submitted to CMS on November 13, 2018, March 5, 2019, April 11, 2020, June 8, 2022, June 28, 2024, October 7, 2024, and October 10, 2025.

13. "**Attestation Requirement**" shall mean the Requirement to "certif[y] (based on best knowledge, information, and belief) the accuracy, completeness, and truthfulness of" Risk Adjustment Data under 42 C.F.R. § 422.504(*l*).

14. "**August 13, 2025 List of Allegedly False Diagnosis Codes**" shall mean the list of "allegedly false diagnosis codes or allegedly false claims for payment or overpayment" You produced on August 13, 2025 to Anthem in this Action pursuant to the Court's July 24, 2024 Order. (Dkt. No. 243).

15. "**Beneficiary**" shall mean a "beneficiary" or "beneficiaries" as those terms are used in Part C of Title XVIII of the Social Security Act, 42 U.S.C. § 1395w-21 et seq.

16. "**Bid**" shall mean "bid" as that term is used in 42 C.F.R. Part 422 Subpart F.

17. "**CAP Materials**" shall mean the Corrective Action Plan materials Submitted by Anthem to CMS on September 29, 2010 in response to the findings of the 2006 Financial Audit, Including all documents attached to the Corrective Action Plan.

18. "**Chart Review**" shall mean "the practice of reviewing medical charts to identify diagnosis codes that are supported by documentation in those charts" as used in *United States of America ex rel. Poehling v. UnitedHealth Group, Inc., et al.*, No. 2:16-cv-08697, Statement of Uncontroverted Facts, Dkt. 616-1, at 27–28 (C.D. Cal. Aug. 6, 2024).

19. "**Civil Investigative Demand**" or "**CID**" shall mean "civil investigative demand" as used in 31 U.S.C. § 3733(a)(1).

20. "**Claim Form**" shall mean "claims" as used in Paragraph 106 of the Amended Complaint.

21. "**CMS**" shall mean "Centers for Medicare and Medicaid Services" as that term is defined in 45 C.F.R. § 160.103, its departments, components, agents, representatives, contractors, and all other Persons acting on its behalf.

22. "**Coder**" shall mean an individual who reviews a Medical Record to Find Diagnosis Codes, if any, Supported by information about the Beneficiary's Medical Conditions Documented in the Medical Record and/or who reviews a Medical Record to determine if Diagnosis Codes are properly Documented and Supported by the information in the Medical Record, whether that individual performs their review for or on behalf of CMS, HHS-OIG, Anthem, another MAO, or any other entity.

23. "**Complete**" or "**Completeness**" shall mean "completeness" as that term is used in 42 C.F.R. § 422.504(l).

24. "**Compliance Program Requirement**" shall mean the Requirement to "[a]dopt and implement an effective compliance program" under 42 C.F.R. § 422.503(b)(4)(vi).

25. "**Concerning**" shall have the meaning set forth in Local Civil Rule 26.3(c).

26. "**Date of Service**" shall mean "date of service" or "dates of service" as used in Paragraph 39 of the Amended Complaint.

27. "**December 11, 2025 List of Allegedly False Diagnosis Codes**" shall mean the list of "allegedly false diagnosis codes or allegedly false claims for payment or overpayment" You produced on December 11, 2025 to Anthem in this Action pursuant to the Court's July 24, 2024 Order (Dkt. No. 243) and December 22, 2025 Order (Dkt. No. 425).

28. "**Delete**" or "**Deleted**" shall mean "delete" as that term is used in footnote 9 of the Amended Complaint.

29. "**Diagnosis Code**" shall mean "ICD diagnosis codes" as used in Paragraph 36 of the Amended Complaint and shall encompass all Diagnosis Codes listed in ICD-9 or ICD-10.

30. "**Diagnostic Statement**" shall mean "diagnostic statement" as it is used in the ICD Guidelines.

31. "**Disclose**" or "**Disclosing**" shall mean "disclosed" as used in the Notice of Intermediate Sanctions.

32. "**Documented**" shall mean "documented" as used in Paragraph 46 of the Amended Complaint.

33. "**Documentation**" shall mean "documentation" and "provider documentation" as used in Paragraph 46 of the Amended Complaint and the ICD Guidelines.

34. "**Due Diligence Requirement**" shall mean "an obligation to undertake 'due diligence' to ensure the accuracy, completeness, and truthfulness of encounter data submitted to [CMS]" as used in Medicare Program, Medicare+Choice Program, 65 Fed. Reg. 40,170, 40,268 (June 29, 2000)

35. "**EDI Form**" and "**Electronic Data Interchange Enrollment Form**" shall mean the CMS Document titled Medicare Advantage Organization Electronic Data Interchange (EDI) Agreement, Medicare Advantage Organization Electronic Data Interchange Enrollment Form, or Medicare+Choice Organization Electronic Data Interchange Enrollment Form, examples of which are attached to Plaintiff's Amended Complaint as Exhibits 6, 7, and 8, or "Electronic Data Interchange (EDI) Agreement" or "EDI Agreement" as used in CMS's Medicare Managed Care Manual, Ch. 7, § 130, Rev. 118 (2014).

36. "**Elevance Health**" shall mean "Elevance Health, Inc." as used in the Notice of Intermediate Sanctions.

37. "**Encounter**" shall mean "medical encounters" and "face-to-face encounter" as used in Paragraphs 36, 39, 41, 44, and 46 of the Amended Complaint.

38. "**False**" shall mean "false" or "fraudulent" as those terms are used in the False Claims Act, 31 U.S.C. §§ 3729(a)(1)(A)–(B).

39. "**False Claims Act**" shall mean the False Claims Act as codified in 31 U.S.C. §§ 3729 *et seq.*.

40. "**FFS Adjuster**" shall mean the "Fee-for-Service Adjuster" or "FFS Adjuster" described in the following CMS Documents: *Notice of Final Payment Error Calculation Methodology for Part C Medicare Advantage Risk Adjustment Data Validation Contract-Level Audits* (Feb. 24, 2012), CMS's Executive Summary titled *Fee for Service Adjuster and Payment Recovery for Contract Level Risk Adjustment Data Validation Audits* (Oct. 26, 2018), and/or CMS's Final RADV Audit Rule.

41. "**Find**" or "**Found**" shall mean "find" or "finding" as used in Paragraphs 7, 8, 120, 121, and 126 of the Amended Complaint.

42. "**Good Faith Efforts**" shall mean to "mak[e] good faith efforts to certify the accuracy, completeness, and truthfulness of encounter data submitted" to CMS as used in Medicare Program, Medicare+Choice Program, 65 Fed. Reg. 40,170, 40,268 (June 29, 2000).

43. "**HIC Number**" or "**HICN**" shall mean the Beneficiary's Health Insurance Claim Number.

44. "**HHS**" shall mean the United States Department of Health and Human Services, as used in Paragraph 10 of the Amended Complaint, Including its agencies, departments, agents, representatives, contractors, consultants, and all other Persons acting on its behalf.

45. "**HHS-OIG**" shall mean the Office of the Inspector General for HHS, its departments, components, agents, representatives, contractors, consultants, and all other Persons acting on its behalf.

46. "**HHS-OIG Audit of Anthem**" shall mean the HHS-OIG audit described in the report entitled *Medicare Advantage Compliance Audit of Specific Diagnosis Codes That Anthem Community Insurance Company, Inc. (Contract H3655) Submitted to CMS*, which is dated May 2021 and covers Date of Service years 2014 through 2015 and has a report label of A-07-19-01187.

47. "**HHS-OIG Audits**" shall mean audits or investigations conducted by or on behalf of HHS-OIG pursuant to the Inspector General Act of 1978, 5 U.S.C. App.

48. "**HHS-OIG Report**" shall mean a report issued by or on behalf of HHS-OIG pursuant to the Inspector General Act of 1978, 5 U.S.C. App.

49. "**Hierarchical Condition Category**" or "**HCC**" shall mean "Hierarchical Condition Category" or "HCC" as used in Paragraph 31 of the Amended Complaint.

50. "**ICD-9**" shall mean the *International Classification of Diseases, Ninth Revision, Clinical Modification*, Volumes 1 and 2, Including the index and tabular list of Diagnosis Codes, for the period from October 16, 2002 through September 30, 2015, as referenced in 45 C.F.R. § 162.1002.

51. "**ICD-10**" shall mean the *International Classification of Diseases, Tenth Revision, Clinical Modification*, Including the index and tabular list of Diagnosis Codes, for the period on and after October 1, 2015, as referenced in 45 C.F.R. § 162.1002.

52. "**ICD Guidelines**" shall mean the "ICD-9-CM Official Guidelines for Coding and Reporting," which can be found at https://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf or "ICD-10-CM Official

Guidelines for Coding and Reporting," which can be found at https://www.cdc.gov/nchs/data/icd/10cmguidelines_2016_final.pdf.

53. "**Identify**" when not used with respect to the identification of Documents or Persons under Local Civil Rule 26.3(c), shall mean "identification of the overpayments" as used in Paragraph 19 of the Amended Complaint.

54. "**Include**" and "**Including**" shall mean "without limitation" and shall be construed as broadly as possible.

55. "**Industry Practice**" shall mean "industry practice" and "Industry Practices" as used in US_005036661.

56. **"Know**," "**Knew**," and "**Knowledge**" shall mean the fact or condition of knowing something with familiarity gained through experience or association.

57. "**Litigation Hold**" shall mean "legal hold" as used in the ESI Protocol that the Parties entered into in this Action (Dkt. No. 99).

58. "**May 5, 2025 List of Allegedly False Diagnosis Codes**" shall mean the list of "allegedly false diagnosis codes or allegedly false claims for payment or overpayment" You produced on May 5, 2025 to Anthem in this Action pursuant to the Court's July 24, 2024 Order. (Dkt. No. 243).

59. "**MAO**" or "**MAOs**" shall mean a public or private entity organized and licensed by a state as a risk-bearing entity that is certified by CMS as meeting the Medicare Advantage Contract Requirements. *See* 42 U.S.C. § 1395w-28(a)(1).

60. "**Medical Condition**" shall mean "medical condition" and "medical conditions" as used in Paragraphs 78 and 82 of the Amended Complaint.

61. "**Mapped To**" or "**Map To**" shall mean "mapped to" as used in Paragraphs 154(a), 154(b), 154(c), 154(d), 154(e), 154(f), and 154(g) of the Amended Complaint.

62. "**Medical Record**" shall mean "medical records" or "medical record" as used in Paragraphs 41, 92, 93, and 94 of the Amended Complaint.

63. "**Medicare Advantage**" shall mean a type of health insurance that provides coverage to Beneficiaries under 42 U.S.C. §§ 1395w-21 through 1395w-29.

64. "**Medicare Advantage Contract**" shall mean "written agreement," and/or "Part C annual agreements," as used in Paragraph 26 of the Amended Complaint.

65. "**New**" shall mean "having recently come into existence."

66. "**Notice of Closure**" shall mean the notice issued by CMS on December 30, 2011, informing Anthem that CMS had determined to close the 2006 Financial Audit of Anthem Contract H3655.

67. "**Notice of Intermediate Sanctions**" shall mean the February 27, 2026 "Notice of Imposition of Intermediate Sanctions (Suspension of Enrollment and Communications) for Medicare Advantage-Prescription Drug Plan Contract Numbers: H0544, H0629, H0907, H1212, H1423, H1607, H1894, H1947, H2441, H2593, H2687, H2836, H3240, H3447, H3536, H3655, H4003, H4004, H4036, H4161, H4346, H4471, H4694, H4704, H4909, H5422, H5427, H5431, H5471, H5594, H5828, H5854, H6078, H6316, H6988, H7093, H7220, H7522, H8432, H8552, H8849, H9065, H9219, H9525, and R5941" sent to Elevance Health by CMS.

68. "**One-Way Retrospective Chart Review**" shall mean "to retrospectively review patient medical records and compile a list of all supported diagnosis codes, with the goal of finding additional diagnoses to submit to CMS[,] … [and to] not check whether diagnosis codes previously submitted to CMS were included on the list of diagnoses found by the reviewers to be supported

by the medical records" as used in *United States of America ex rel. Swoben v. United Healthcare Insurance Co.*, et al., No. 13-56746, Brief for the United States as Amicus Curiae in Support of Appellant, Dkt. 68, at 15 (9th Cir. Apr. 18, 2016).

69. "**Original Complaint**" shall mean the first complaint filed by Plaintiff on March 26, 2020 in this Action (Dkt. No. 1).

70. "**Overpayment**" shall mean "overpayment" as defined in 42 U.S.C. § 1320a-7k(d)(4)(B).

71. "***Poehling* Litigation**" shall mean the case captioned *United States of America ex rel. Benjamin Poehling v. UnitedHealth Group, Inc., et al*., CV 16-08697 FMO (SSx), originally filed on March 24, 2011 in the United States District Court for the Western District of New York and transferred to the United States District Court for the Central District of California on November 8, 2016.

72. "**Prohibit**" or "**Prohibiting**" shall mean to forbid by authority.

73. "**Provider**" shall mean "providers" and "healthcare providers" as used in Paragraphs 3, 24, 40-41 of the Amended Complaint.

74. "**Query**" shall mean "Query" as that term is used in the ICD Guidelines.

75. "**Refused**" shall mean the denial or rejection of something offered or demanded.

76. "**Relevant Time Period**" shall mean the time period between January 1, 2014 and June 30, 2018.

77. "**Renew**" shall mean "renewed," "renew," and "renewal" as used in 42 C.F.R. § 422.505.

78. "**Required**" or "**Requires**" or "**Requirement**" shall mean that an individual or entity had or has an "obligation" as that term is used in Paragraphs 4, 8-9, 53-54, 56, 63, 65-66,

70, 80, 84, 90, 134, 137, 139, 151-54, 160, 165, and 169-71 of the Amended Complaint; "obligations" as used in Paragraphs 25-26, 51-52, 54, 57, 80, 134-35, and 150 of the Amended Complaint; and "requirements" as used in Paragraphs 51, 53, 59, 60, 62, 64, 66, 70, and 129 of the Amended Complaint.

79. "**Review**" shall mean assessments, analyses, evaluations, determinations, or examinations of various types, Including the multiple uses of the term "review" in 42 C.F.R. § 422.311.

80. "**Risk-Adjusting Diagnosis Code**" shall mean "risk-adjusting diagnosis codes" as that term is used in Paragraph 29 of the Amended Complaint.

81. "**Risk Adjustment**" shall mean the "risk adjustment" Process described in 42 U.S.C. § 1395w-23(a)(1)(C).

82. "**Risk Adjustment Data**" shall mean "risk adjustment data" as used in Paragraphs 40 and 41 of the Amended Complaint.

83. "**Risk Adjustment Data Validation Audits**" or "**RADV Audit**" shall mean audits conducted pursuant to 42 C.F.R. §§ 422.2 and 422.311(a).

84. "**Risk Adjustment Payments**" shall mean payments from CMS to MAOs pursuant to 42 U.S.C. § 1395w-23(a) and 42 C.F.R. § 422.308.

85. "**Risk Score**" shall mean "risk score" or "risk scores" as used in 42 U.S.C. § 1395w-23(a) and 42 C.F.R. § 422.308.

86. "**Sanction**" shall mean "intermediate sanctions and civil money penalties" as that term is used in 42 C.F.R. §§ 422.756 and 423.756.

87. "**Submit**" or "**Submission**" shall mean "submit" as used in 42 C.F.R. § 422.310(b).

88. "**Terminated**" shall mean "terminated," "terminate," and "termination" as those terms are used in 42 C.F.R. § 422.510.

89. "**Underpayment**" shall mean "underpayment" as that term is used in Payment Integrity Information Act of 2019, § 3351(4), and includes any payment where the recipient receives less than was legally due according to Medicare Advantage Requirements.

90. "**Validate**" or "**Validation**" shall mean "validated" as used in Paragraphs 92 and 153 of the Amended Complaint, and page 7 of HHS-OIG's Report of the HHS-OIG Audit of Anthem.

91. "**Verify**" or "**Verifying**" shall mean "verify" as used in Paragraphs 112, 114, 120, and 153 of the Amended Complaint.

INSTRUCTIONS

1. The use of a verb in any tense shall be construed as the use of the verb in all other tenses as necessary to bring within the scope of each Request all information that might otherwise be construed to be outside its scope.

2. If You object to any part of a Request and withhold admissions on the basis of any objections, You must provide a written response so stating. To the extent that part of the Request does not fall within the scope of Your objections, You must respond to that part of the Request.

3. If a portion of your response to the Requests is withheld under an assertion of privilege, You must provide any non-privileged responses.

4. Your response to each Request must be based upon Your entire Knowledge available from all sources, including all information in Your possession or that of Your agents, employees, and/or other Persons acting or purporting to act on Your behalf.

5. Each Request shall be construed independently, and no Request shall be viewed as limiting the scope of any other Request.

6. If You object to a particular Request, You must state Your reasons. If You do not admit a Request, You must specifically deny the matter or set forth in detail the reasons why You cannot truthfully admit or deny the matter. If You admit only certain portions of a Request and deny other portions, Your response shall identify which portions are admitted and which portions are denied.

7. A denial shall fairly meet the substance of the requested admission, and when good faith requires that You qualify Your answer or deny only a portion of the matter of which an

admission is requested, You must specify so much of the matter as is true and qualify or deny the remainder.

8. You may not give lack of information or Knowledge as a reason for failure to admit or deny any Request unless You state that You have made reasonable inquiry and that the information known or readily obtainable by You is insufficient to enable You to admit or deny the Request.

9. You are to respond to each Request herein in its entirety, except as qualified by the preceding instruction.

10. If You consider that a matter of which an admission is requested presents a genuine issue for trial, You may not, on that ground alone, object to the Request. Subject to the provisions of Federal Rule of Civil Procedure 37(c), You may deny the matter or set forth reasons why You cannot admit or deny it.

11. If You believe the meaning of any term in the Requests is unclear, then You must assume a reasonable meaning, state what that assumed meaning is, and respond to the Requests according to that assumed meaning, consistent with Local Civil Rule 26.4(b).

12. These Requests are continuing in nature. You are under a duty to supplement Your responses to these Requests pursuant to Rule 26(e)(1) with such additional information as You or any Persons acting on Your behalf may hereafter obtain that will augment, clarify, or otherwise modify the responses now given to these Requests.

13. Unless otherwise specified, each Request pertains to the Relevant Time Period, as defined herein.

REQUESTS FOR ADMISSION

REQUEST FOR ADMISSION NO. 1

Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 2

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 3

Admit that the Due Diligence Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 4

Admit that You do not contend that Good Faith Efforts Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 5

Admit that Good Faith Efforts does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 6

Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

REQUEST FOR ADMISSION NO. 7

Admit that You do not contend that MAOs are Required to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

REQUEST FOR ADMISSION NO. 8

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

REQUEST FOR ADMISSION NO. 9

Admit that the Due Diligence Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS

REQUEST FOR ADMISSION NO. 10

Admit that You do not contend that Good Faith Efforts Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

REQUEST FOR ADMISSION NO. 11

Admit that Good Faith Efforts does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

REQUEST FOR ADMISSION NO. 12

Admit that there are no Medicare Advantage Requirements that Require MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 13

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 14

Admit that the Due Diligence Requirement does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 15

Admit that You do not contend that Good Faith Efforts Requires MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 16

Admit that Good Faith Efforts does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 17

Admit that You do not contend that MAOs are Required to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 18

Admit that, during the Relevant Time Period, some Claim Forms limited the number of Diagnosis Codes from Encounters with Beneficiaries that could be Submitted by Providers to MAOs.

REQUEST FOR ADMISSION NO. 19

Admit that a Provider's failure to Submit a Risk-Adjusting Diagnosis Code to Anthem that is Documented in an Anthem Beneficiary's Medical Records, and which was not otherwise Submitted to CMS for that Anthem Beneficiary in that year, will result in an Underpayment to Anthem.

REQUEST FOR ADMISSION NO. 20

Admit that multiple Diagnosis Codes can Map To a single HCC.

REQUEST FOR ADMISSION NO. 21

Admit that Risk Adjustment Payments to MAOs from CMS are based, in part, on HCCs.

REQUEST FOR ADMISSION NO. 22

Admit that a Provider's failure to Submit a Risk-Adjusting Diagnosis Code to Anthem that is Documented in an Anthem Beneficiary's Medical Records, which was not otherwise Submitted to CMS for that Beneficiary in that year, will result in a lower Risk Score for that Beneficiary.

REQUEST FOR ADMISSION NO. 23

Admit that the Risk Adjustment Data Anthem Submits to CMS is not Accurate if Anthem fails to Submit Risk-Adjusting Diagnosis Codes that are Documented in Anthem Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 24

Admit that the Risk Adjustment Data Anthem Submits to CMS for an Anthem Beneficiary is not Accurate if a Provider fails to Submit all Risk-Adjusting Diagnosis Codes to Anthem from Encounters with that Beneficiary that are Documented in the Beneficiary's Medical Records.

REQUEST FOR ADMISSION NO. 25

Admit that the Risk Adjustment Data Anthem Submits to CMS is not Complete if Anthem fails to Submit Risk-Adjusting Diagnosis Codes that are Documented in Anthem Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 26

Admit that the Risk Adjustment Data Anthem Submits to CMS for an Anthem Beneficiary is not Complete if a Provider fails to Submit all Risk-Adjusting Diagnosis Codes to Anthem from Encounters with that Beneficiary that are Documented in the Beneficiary's Medical Records.

REQUEST FOR ADMISSION NO. 27

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Reviewing all of that Beneficiary's Risk Adjustment Data for that year.

REQUEST FOR ADMISSION NO. 28

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Reviewing all of the Beneficiary's Medical Records for that year.

REQUEST FOR ADMISSION NO. 29

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Knowing the other Risk-Adjusting Diagnosis Codes that were Submitted to CMS for that Beneficiary for that year.

REQUEST FOR ADMISSION NO. 30

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Knowing the time periods that individual was an Anthem Beneficiary.

REQUEST FOR ADMISSION NO. 31

Admit that, during the Relevant Time Period, CMS Knew that there were Diagnosis Codes in Risk Adjustment Data Submitted by MAOs to CMS that were not Documented in Medical Records.

REQUEST FOR ADMISSION NO. 32

Admit that, regardless of time period, there are no Medicare Advantage Requirements that Concern the level of Accuracy in the Risk Adjustment Data Submitted to CMS by an MAO that would result in that MAO's Attestation being False.

REQUEST FOR ADMISSION NO. 33

Admit that CMS never defined the level of Accuracy for Risk Adjustment Data Submitted to CMS by MAOs in order to comply with the Attestation Requirement.

REQUEST FOR ADMISSION NO. 34

Admit that an MAO could Submit a Diagnosis Code to CMS that was not Documented in a Medical Record and still comply with the Attestation Requirement.

REQUEST FOR ADMISSION NO. 35

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Accuracy of Diagnosis Codes that Anthem Submitted to CMS.

REQUEST FOR ADMISSION NO. 36

Admit that the Attestation Requirement did not Require Anthem to Verify the Accuracy of Diagnosis Codes that Anthem Submitted to CMS.

REQUEST FOR ADMISSION NO. 37

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

REQUEST FOR ADMISSION NO. 38

Admit that the Attestation Requirement did not Require Anthem to Verify the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

REQUEST FOR ADMISSION NO. 39

Admit that You do not contend that the Attestation Requirement Required MAOs to Review Risk Adjustment Data Submitted from Providers for Accuracy.

REQUEST FOR ADMISSION NO. 40

Admit that the Attestation Requirement does not Require MAOs to Review Risk Adjustment Data Submitted from Providers for Accuracy.

REQUEST FOR ADMISSION NO. 41

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Truthfulness of Diagnosis Codes that Anthem Submitted to CMS.

REQUEST FOR ADMISSION NO. 42

Admit that the Attestation Requirement did not Require Anthem to Verify the Truthfulness of Diagnosis Codes that Anthem Submitted to CMS.

REQUEST FOR ADMISSION NO. 43

Admit that the Attestation Requirement Requires MAOs to certify, based on their "best knowledge, information, and belief," the Completeness of the Risk Adjustment Data they Submitted to CMS.

REQUEST FOR ADMISSION NO. 44

Admit that the Attestation Requirement Requires MAOs to certify, based on their "best knowledge, information, and belief," the Accuracy of the Risk Adjustment Data they Submitted to CMS.

REQUEST FOR ADMISSION NO. 45

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to prioritize Accuracy over Completeness.

REQUEST FOR ADMISSION NO. 46

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting Chart Reviews.

REQUEST FOR ADMISSION NO. 47

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting Chart Reviews to improve Completeness but not Accuracy.

REQUEST FOR ADMISSION NO. 48

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs that had implemented processes to improve Completeness to also use those same processes to improve Accuracy.

REQUEST FOR ADMISSION NO. 49

Admit that You do not contend that the Compliance Program Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 50

Admit that the Compliance Program Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 51

Admit that You do not contend that the Compliance Program Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes those MAOs Submitted to CMS.

REQUEST FOR ADMISSION NO. 52

Admit that the Compliance Program Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes those MAOs Submitted to CMS

REQUEST FOR ADMISSION NO. 53

Admit that the Compliance Program Requirement does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

REQUEST FOR ADMISSION NO. 54

Admit that, before the Relevant Time Period, CMS Knew that Providers did not Submit every Diagnosis Code Documented in Medical Records from Encounters with Beneficiaries to MAOs.

REQUEST FOR ADMISSION NO. 55

Admit that, during the Relevant Time Period, CMS Knew that Providers did not Submit every Diagnosis Code Documented in Medical Records from Encounters with Beneficiaries to MAOs.

REQUEST FOR ADMISSION NO. 56

Admit that a Medical Condition Documented in one Medical Record may not be Documented in other Medical Records for the same Beneficiary.

REQUEST FOR ADMISSION NO. 57

Admit that, before the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 58

Admit that, during the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 59

Admit that, before the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 60

Admit that, during the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 61

Admit that, before the Relevant Time Period, CMS Knew One-Way Retrospective Chart Reviews were an Industry Practice.

REQUEST FOR ADMISSION NO. 62

Admit that, during the Relevant Time Period, CMS Knew that One-Way Retrospective Chart Reviews were an Industry Practice.

REQUEST FOR ADMISSION NO. 63

Admit that One-Way Retrospective Chart Reviews can improve the Completeness of the Risk Adjustment Data an MAO Submits to CMS.

REQUEST FOR ADMISSION NO. 64

Admit that One-Way Retrospective Chart Reviews can improve the Accuracy of the Risk Adjustment Data an MAO Submits to CMS.

REQUEST FOR ADMISSION NO. 65

Admit that determining whether a Diagnosis Code Submitted by a Provider on a Claim Form is Documented in a Medical Record Requires a Review of that Medical Record for that specific Diagnosis Code.

REQUEST FOR ADMISSION NO. 66

Admit that CMS Knew Coders conducting One-Way Retrospective Chart Reviews did not always have Access to all of the Medical Records that exist for a particular Beneficiary.

REQUEST FOR ADMISSION NO. 67

Admit that there are no Medicare Advantage Requirements that Require Coders conducting One-Way Retrospective Chart Reviews to Query Providers Concerning Medical Record Documentation.

REQUEST FOR ADMISSION NO. 68

Admit that there were no Medicare Advantage Requirements that Prohibited MAOs from Submitting Diagnosis Codes based on Medical Conditions Found through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 69

Admit that You do not contend that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are False.

REQUEST FOR ADMISSION NO. 70

Admit that You do not contend that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are not Documented in the Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 71

Admit that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are Accurate.

REQUEST FOR ADMISSION NO. 72

Admit that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 73

Admit that Your December 11, 2025 List of Allegedly False Diagnosis Codes does not include Diagnosis Codes that were Found from Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS.

REQUEST FOR ADMISSION NO. 74

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning Chart Reviews.

REQUEST FOR ADMISSION NO. 75

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements Concerning Chart Reviews.

REQUEST FOR ADMISSION NO. 76

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs must conduct Chart Reviews.

REQUEST FOR ADMISSION NO. 77

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs must conduct Chart Reviews.

REQUEST FOR ADMISSION NO. 78

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 79

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 80

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 81

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 82

Admit that You do not contend that the Due Diligence Requirement Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 83

Admit that the Due Diligence Requirement does not Require MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 84

Admit that You do not contend that Good Faith Efforts Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 85

Admit that Good Faith Efforts does not Require MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 86

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 87

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Include any provisions Concerning Chart Reviews.

REQUEST FOR ADMISSION NO. 88

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Include provisions Concerning Chart Reviews.

REQUEST FOR ADMISSION NO. 89

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.

REQUEST FOR ADMISSION NO. 90

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.

REQUEST FOR ADMISSION NO. 91

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 92

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 93

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 94

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Prohibit it from Submitting Diagnosis Codes based on Medical Conditions Found through Anthem's Corporate Retrospective Chart Review Program.

REQUEST FOR ADMISSION NO. 95

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Prohibit it from Submitting Diagnosis Codes based on Medical Conditions Found through Anthem's Corporate Retrospective Chart Review Program.

REQUEST FOR ADMISSION NO. 96

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

REQUEST FOR ADMISSION NO. 97

Admit that, during the Relevant Time Period, the provision in Anthem's EDI Forms Requiring that Anthem "research and correct risk adjustment data discrepancies" Concerned errors in electronic data files that Anthem Submitted to CMS.

REQUEST FOR ADMISSION NO. 98

Admit that, during the Relevant Time Period, the provision in Anthem's EDI Forms Requiring that Anthem "research and correct risk adjustment data discrepancies" did not Concern Verifying that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 99

Admit that You do not contend that the provisions in Anthem's EDI Forms stating that Anthem was Required to "research and correct risk adjustment data discrepancies" Required Anthem to Verify that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 100

Admit that the provisions in Anthem's EDI Forms stating that Anthem was Required to "research and correct risk adjustment data discrepancies" do not Require Anthem to Verify that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 101

Admit that, during the Relevant Time Period, there were no ICD Guidelines Prohibiting MAOs from conducting One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 102

Admit that, before the Relevant Time Period, there were no ICD Guidelines Prohibiting MAOs from conducting One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 103

Admit that, during the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 104

Admit that, before the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

REQUEST FOR ADMISSION NO. 105

Admit that, during the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use One-Way Retrospective Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted to them by Providers.

REQUEST FOR ADMISSION NO. 106

Admit that, before the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use One-Way Retrospective Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted to them by Providers.

REQUEST FOR ADMISSION NO. 107

Admit that there have been instances when Coders conducting RADV Audits have disagreed about whether a Medical Condition is Documented in Medical Records.

REQUEST FOR ADMISSION NO. 108

Admit that there have been instances when Coders conducting HHS-OIG Audits have disagreed about whether a Medical Condition is Documented in Medical Records.

REQUEST FOR ADMISSION NO. 109

Admit that, in instances when Coders conducting HHS-OIG Audits have disagreed about whether a Medical Condition is Documented in Medical Records, a physician independently Reviews the Medical Records to resolve the disagreement.

REQUEST FOR ADMISSION NO. 110

Admit that a Provider's Diagnostic Statement can provide sufficient Documentation of a Medical Condition.

REQUEST FOR ADMISSION NO. 111

Admit that an MAO can Submit a Diagnosis Code to CMS based on a Provider's Diagnostic Statement.

REQUEST FOR ADMISSION NO. 112

Admit that the fact that a Medical Condition is not Documented in a particular Medical Record does not necessarily mean that the Beneficiary does not have the Medical Condition.

REQUEST FOR ADMISSION NO. 113

Admit that a Diagnosis Code that an MAO Submitted to CMS from a Beneficiary's Encounter with their Provider is not necessarily False solely because a Coder conducting a One-

Way Retrospective Chart Review did not Find the same Diagnosis Code from their Review of the Medical Record for that Encounter.

REQUEST FOR ADMISSION NO. 114

Admit that a Diagnosis Code that Anthem Submitted to CMS from a Beneficiary's Encounter with their Provider is not necessarily False solely because the Diagnosis Code was not Found by a Coder from their Review of the Medical Record for that Encounter during Anthem's Corporate Retrospective Chart Review Program.

REQUEST FOR ADMISSION NO. 115

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on the fact that the MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 116

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on the fact that the MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 117

Admit that, during the Relevant Time Period, CMS never Refused payment to an MAO because it Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 118

Admit that, before the Relevant Time Period, CMS never Refused payment to an MAO because it Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 119

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because that MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 120

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because that MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 121

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 122

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 123

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 124

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

REQUEST FOR ADMISSION NO. 125

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 126

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 127

Admit that, during the Relevant Time Period, CMS never Refused payment to an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 128

Admit that, before the Relevant Time Period, CMS never Refused payment to an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 129

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because the MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 130

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because the MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 131

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 132

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 133

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 134

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

REQUEST FOR ADMISSION NO. 135

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 136

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 137

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 138

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 139

Admit that, during the Relevant Time Period, CMS never Refused to pay an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 140

Admit that, before the Relevant Time Period, CMS never Refused to pay an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 141

Admit that, during the Relevant Time Period, CMS never Refused to pay an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 142

Admit that, before the Relevant Time Period, CMS never Refused to pay an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 143

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 144

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 145

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 146

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 147

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 148

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 149

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 150

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on a RADV Audit's Validation rate for that MAO.

REQUEST FOR ADMISSION NO. 151

Admit that, during the Relevant Time Period, an HHS-OIG Audit of an MAO concluded that more than eighty percent of the audited MAO's HCCs for the sampled enrollee-years were not Accurate.

REQUEST FOR ADMISSION NO. 152

Admit that, during the Relevant Time Period, an HHS-OIG Audit of an MAO concluded that more than ninety percent of the audited MAO's HCCs for the sampled enrollee-years were not Accurate.

REQUEST FOR ADMISSION NO. 153

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than fifteen percent of the audited MAO's audited HCCs were not Accurate.

REQUEST FOR ADMISSION NO. 154

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than twenty percent of the audited MAO's audited HCCs were not Accurate.

REQUEST FOR ADMISSION NO. 155

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than twenty-five percent of the audited MAO's audited HCCs were not Accurate.

REQUEST FOR ADMISSION NO. 156

Admit that, during the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 157

Admit that, before the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 158

Admit that, during the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 159

Admit that, before the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 160

Admit that, during the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 161

Admit that, before the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 162

Admit that, during the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 163

Admit that, before the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 164

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid due to the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 165

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid due to the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 166

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 167

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 168

Admit that, during the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 169

Admit that, before the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 170

Admit that, during the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 171

Admit that, before the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 172

Admit that, during the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 173

Admit that, before the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 174

Admit that, during the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 175

Admit that, before the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 176

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 177

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their HHS-OIG Audits.

REQUEST FOR ADMISSION NO. 178

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 179

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their RADV Audits.

REQUEST FOR ADMISSION NO. 180

Admit that on January 10, 2014, CMS solicited public comment on the 2014 Proposed Chart Review Rule that would have Required that "medical record review methodologies must be designed to identify errors in diagnoses submitted to CMS as risk adjustment data, regardless of whether the data errors would result in positive or negative payment adjustments."

REQUEST FOR ADMISSION NO. 181

Admit that the 2014 Proposed Chart Review Rule would have established New Medicare Advantage Requirements.

REQUEST FOR ADMISSION NO. 182

Admit that in response to the 2014 Proposed Chart Review Rule, CMS received comments from MAOs Concerning the clarity of the 2014 Proposed Chart Review Rule.

REQUEST FOR ADMISSION NO. 183

Admit that in response to the 2014 Proposed Chart Review Rule, CMS received comments from MAOs Concerning how burdensome it would be to implement the 2014 Proposed Chart Review Rule.

REQUEST FOR ADMISSION NO. 184

Admit that, following May 23, 2014, CMS did not issue any Medicare Advantage Requirements that would have Required that MAO "medical record review methodologies must be designed to identify errors in diagnoses submitted to CMS as risk adjustment data, regardless of whether the data errors would result in positive or negative payment adjustments."

REQUEST FOR ADMISSION NO. 185

Admit that, in 2014, CMS Knew that: "[u]nder existing regulation, there is no requirement for [MAOs] to audit medical records for overpayments."

REQUEST FOR ADMISSION NO. 186

Admit that, regardless of time period, no Medicare Advantage Requirement Requires MAOs to Review Medical Records to Identify Overpayments.

REQUEST FOR ADMISSION NO. 187

Admit that You do not contend that the 2014 Final Overpayment Rule Requires MAOs to Review Medical Records to Identify Overpayments.

REQUEST FOR ADMISSION NO. 188

Admit that the 2014 Final Overpayment Rule does not Require MAOs to Review Medical Records to Identify Overpayments.

REQUEST FOR ADMISSION NO. 189

Admit that You do not contend that a Diagnosis Code that is not Documented in a Medical Record always results in an Overpayment.

REQUEST FOR ADMISSION NO. 190

Admit that a Diagnosis Code that is not Documented in a Medical Record does not always result in an Overpayment.

REQUEST FOR ADMISSION NO. 191

Admit that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

REQUEST FOR ADMISSION NO. 192

Admit that You do not contend that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

REQUEST FOR ADMISSION NO. 193

Admit that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

REQUEST FOR ADMISSION NO. 194

Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is False.

REQUEST FOR ADMISSION NO. 195

Admit that You contend that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is False.

REQUEST FOR ADMISSION NO. 196

Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is not Documented in the Medical Record for each Beneficiary's Encounter.

REQUEST FOR ADMISSION NO. 197

Admit that You contend that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is not Documented in the Medical Record for each Beneficiary's Encounter.

REQUEST FOR ADMISSION NO. 198

Admit that Anthem was Required by Medicare Advantage Requirements to Delete every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 199

Admit that You contend that Anthem was Required by Medicare Advantage Requirements to Delete every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 200

Admit that the May 5, 2025 List of Allegedly False Diagnosis Codes, August 13, 2025 List of Allegedly False Diagnosis Codes, and December 11, 2025 List of Allegedly False Diagnosis Codes each contain columns of data with the following titles: "bene sk," "date of service from," "date of service thru," "claim type," and "dgns cd."

REQUEST FOR ADMISSION NO. 201

Admit that, as part of the RADV Audits of Anthem, Coders Reviewed Medical Records for Anthem Beneficiaries.

REQUEST FOR ADMISSION NO. 202

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 203

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 204

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 205

Admit that, as part of RADV Audits of Anthem, Coders Reviewed Medical Records for more than 500 Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 206

Admit that Medical Records for at least 450 of the Anthem Beneficiaries Included on the May 5, 2025 List of Allegedly False Diagnosis Codes Included Diagnosis Codes that Mapped to HCCs that were Validated as part of a RADV Audit of Anthem.

REQUEST FOR ADMISSION NO. 207

Admit that, as part of Anthem RADV Audits, Coders Reviewed Medical Records for more than 60 Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 208

Admit that Medical Records for at least 50 of the Anthem Beneficiaries Included on the August 13, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of an Anthem RADV audit.

REQUEST FOR ADMISSION NO. 209

Admit that, as part of Anthem RADV Audits, Coders Reviewed Medical Records for more than twenty Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 210

Admit that Medical Records for at least seventeen of the Anthem Beneficiaries Included on the December 11, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of an Anthem RADV audit.

REQUEST FOR ADMISSION NO. 211

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for Anthem Beneficiaries.

REQUEST FOR ADMISSION NO. 212

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 213

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 214

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 215

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for at least fifteen Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 216

Admit that Medical Records for at least eleven of the Anthem Beneficiaries Included on the May 5, 2025 List of Allegedly False Diagnosis Codes Included Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

REQUEST FOR ADMISSION NO. 217

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for two Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 218

Admit that Medical Records for two of the Anthem Beneficiaries Identified on the August 13, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

REQUEST FOR ADMISSION NO. 219

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for one Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

REQUEST FOR ADMISSION NO. 220

Admit that Medical Records for 1 of the Anthem Beneficiaries Identified on the December 11, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

REQUEST FOR ADMISSION NO. 221

Admit that between November 13, 2018, and October 10, 2025, Anthem sent seven Attestation Letters to CMS describing how it conducted Chart Reviews.

REQUEST FOR ADMISSION NO. 222

Admit that each of Anthem's Attestation Letters to CMS stated that they were Disclosing "Potentially Unverified Diagnosis Codes."

REQUEST FOR ADMISSION NO. 223

Admit that each of Anthem's Attestation Letters provided CMS with a "file" of "Potentially Unverified Diagnosis Codes."

REQUEST FOR ADMISSION NO. 224

Admit that the "file" of "Potentially Unverified Codes" that Anthem provided with each of the Attestation Letters Included the information that CMS needed to Delete the Diagnosis Codes that had been Disclosed as "Potentially Unverified Diagnosis Codes."

REQUEST FOR ADMISSION NO. 225

Admit that CMS could have Deleted the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed in each "file" that Anthem sent to CMS in the Attestation Letters.

REQUEST FOR ADMISSION NO. 226

Admit that CMS did not Delete the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed in each "file" that Anthem sent to CMS in the Attestation Letters.

REQUEST FOR ADMISSION NO. 227

Admit that CMS did not modify Risk Adjustment Payments to Anthem based on the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

REQUEST FOR ADMISSION NO. 228

Admit that, before issuing the Notice of Intermediate Sanctions, CMS never Sanctioned Anthem for not Deleting the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

REQUEST FOR ADMISSION NO. 229

Admit that, prior to issuing the Notice of Intermediate Sanctions, CMS never Refused to pay Anthem for not Deleting the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

REQUEST FOR ADMISSION NO. 230

Admit that on September 29, 2010, Anthem Submitted the CAP Materials to CMS in response to the 2006 Financial Audit results for Contract H3655.

REQUEST FOR ADMISSION NO. 231

Admit that in the CAP Materials, Anthem stated that "in an effort to address the issue of incomplete reporting of chronic conditions on the claim form, [it] developed and implemented a retrospective medical record review process."

REQUEST FOR ADMISSION NO. 232

Admit that in the CAP Materials, Anthem stated that this process "includes a review of the member's record to collect additional diagnosis data not collected on the member's claims or encounter data."

REQUEST FOR ADMISSION NO. 233

Admit that in the CAP Materials, Anthem stated that this process "has enhanced [its] ability to more completely capture diagnosis data not captured on the claim form."

REQUEST FOR ADMISSION NO. 234

Admit that in the CAP Materials, Anthem described a "process for getting the dx data to CMS" in which "[m]embers who are suspected of having additional diagnosis codes not identified on the claim/encounter are identified on a suspect list."

REQUEST FOR ADMISSION NO. 235

Admit that in the CAP Materials, Anthem stated that "[a]dditional diagnosis codes identified during this retrospective review process are also submitted to CMS via the RAPS process."

REQUEST FOR ADMISSION NO. 236

Admit that in the CAP Materials, Anthem stated that it would "identify members suspected of having additional HCCs not identified on the claims or encounter data" and "pull their medical records in order to identify additional HCCs that can be submitted to CMS."

REQUEST FOR ADMISSION NO. 237

Admit that in the CAP Materials, Anthem stated that "[t]his review is not an audit of medical records; it is merely a retrospective review of the records."

REQUEST FOR ADMISSION NO. 238

Admit that the "review" referenced in the CAP Materials was Anthem's Corporate Retrospective Chart Review Program.

REQUEST FOR ADMISSION NO. 239

Admit that on December 30, 2011, CMS issued the Notice of Closure for the 2006 Financial Audit.

REQUEST FOR ADMISSION NO. 240

Admit that CMS stated in its Notice of Closure that "[b]ased on the evidence and documentation provided by your organization, CMS has determined that your organization has executed appropriate corrective actions for all of the findings identified in the 2006 audit report."

REQUEST FOR ADMISSION NO. 241

Admit that the CAP Materials did not state that Anthem's Corporate Retrospective Chart Review Program Verified the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

REQUEST FOR ADMISSION NO. 242

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs should conduct their compliance programs pursuant to the Compliance Program Requirement.

REQUEST FOR ADMISSION NO. 243

Admit that You contend that a FFS Adjuster is not necessary for determining the impact a particular Diagnosis Code has on the Risk Adjustment Payment to an MAO.

REQUEST FOR ADMISSION NO. 244

Admit that, in December 2019, HHS-OIG published an HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470 (December 2019), which stated "MAOs almost exclusively added diagnoses as a result of their chart reviews."

REQUEST FOR ADMISSION NO. 245

Admit that CMS reviewed a draft of the HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470.

REQUEST FOR ADMISSION NO. 246

Admit that, in a letter dated November 1, 2019, CMS commented on a draft of the HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470, stating that "chart review records are intended for the submission of additional diagnosis code submitted for risk adjustment."

REQUEST FOR ADMISSION NO. 247

Admit that, in September 2021, HHS-OIG published an HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), which concluded that twenty MAOs "drove a disproportionate share" of Risk Adjustment Payments from Diagnoses Codes Found during Chart Reviews.

REQUEST FOR ADMISSION NO. 248

Admit that Anthem was not among the twenty MAOs listed by HHS-OIG in the HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), as "driving a disproportionate share" of Risk Adjustment Payments from Diagnosis Codes Found during Chart Reviews.

REQUEST FOR ADMISSION NO. 249

Admit that the HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-

00474 (September 2021), concluded that 161 MAOs used Chart Reviews to Find additional Diagnosis Codes.

REQUEST FOR ADMISSION NO. 250

Admit that, after receiving the CAP Materials describing Anthem's Corporate Retrospective Chart Review Program, CMS continued to Renew Anthem's Medicare Advantage Contracts.

REQUEST FOR ADMISSION NO. 251

Admit that, after receiving the CAP Materials describing Anthem's Corporate Retrospective Chart Review Program, CMS continued to make Risk Adjustment Payments to Anthem.

REQUEST FOR ADMISSION NO. 252

Admit that, during the Relevant Time Period, CMS never Communicated to Anthem that Anthem's Corporate Retrospective Chart Review Program was not in compliance with any Medicare Advantage Requirement.

REQUEST FOR ADMISSION NO. 253

Admit that no Anthem employee had Actual Knowledge during the Relevant Time Period that any Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes was False.

REQUEST FOR ADMISSION NO. 254

Admit that no Anthem employee had Actual Knowledge during the Relevant Time Period that any Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes was not Documented in that Beneficiary's Medical Record.

REQUEST FOR ADMISSION NO. 255

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds before issuing a CID on December 15, 2016 to Anthem.

REQUEST FOR ADMISSION NO. 256

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds after issuing a CID on December 15, 2016 to Anthem.

REQUEST FOR ADMISSION NO. 257

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds before filing the Original Complaint or Amended Complaint in this Action.

REQUEST FOR ADMISSION NO. 258

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds following the filing of the Original Complaint or Amended Complaint in this Action.

Dated: May 1, 2026

By: */s/ Anwar Graves*

K. LEE BLALACK, II, *Pro Hac Vice*
ANWAR GRAVES, *Pro Hac Vice*
WILLIAM BUFFALOE, *Pro Hac Vice*
BRIAN D. BOYLE
BENJAMIN D. SINGER
RAHUL KOHLI, *Pro Hac Vice*
O'MELVENY & MYERS LLP
1625 Eye Street, N.W.
Washington, D.C. 20006
Telephone: (202) 383-5300
Facsimile: (202) 383-5414
lblalack@omm.com
agraves@omm.com
wbuffaloe@omm.com
bboyle@omm.com
bsinger@omm.com
rkohli@omm.com

JAMES A. BOWMAN, *Pro Hac Vice*
ADAM LEVINE, *Pro Hac Vice*
HANNAH E. DUNHAM, *Pro Hac Vice*
SHELBY A. CUMMINGS, *Pro Hac Vice*
O'MELVENY & MYERS LLP
400 South Hope Street, 18th Floor
Los Angeles, California 90071
Telephone: (213) 430-6000
Facsimile: (213) 430-6407
jbowman@omm.com
alevine@omm.com
hdunham@omm.com
scummings@omm.com

DAVID DEATON, *Pro Hac Vice*
O'MELVENY & MYERS LLP
Two Embarcadero Center, 28th Floor
San Francisco, California 94111
Telephone: (949) 823-6900
Facsimile: (949) 823-6994
ddeaton@omm.com

CHRISTOPHER P. BURKE, *Pro Hac Vice*
O'MELVENY & MYERS LLP
1301 Avenue of the Americas, Suite 1700
New York, New York 10019
Telephone: (212) 326-2000
Facsimile: (212) 326-2061
cburke@omm.com

JOHN MARTIN, *Pro Hac Vice*
HEYWARD BONYATA, *Pro Hac Vice*
NELSON MULLINS RILEY & SCARBOROUGH LLP
1320 Main Street, 17th Floor
Columbia, South Carolina 29201
Telephone: (803) 255-9655
john.martin@nelsonmullins.com
heyward.bonyata@nelsonmullins.com

Attorneys for Defendant Anthem, Inc.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, Plaintiff, v. ANTHEM, INC., Defendant.	CASE NO. 1:20-cv-02593-ALC (KHP) Assigned to Hon. Andrew L. Carter, Jr. DISCOVERY MATTER

CERTIFICATE OF SERVICE

I, Anwar Graves, certify that on May 1, 2026, I served a true and accurate copy of Defendant Anthem, Inc.'s First Set of Requests for Admission to Plaintiff United States via electronic mail to Plaintiff's counsel of record:

Assistant United States Attorney Pierre Armand, Esq. (pierre.armand@usdoj.gov)
Assistant United States Attorney Peter Max Aronoff, Esq. (peter.aronoff@usdoj.gov)
Assistant United States Attorney Charles Salim Jacob, Esq. (charles.jacob@usdoj.gov)
Assistant United States Attorney Adam M. Gitlin, Esq. (adam.gitlin@usdoj.gov)
Assistant United States Attorney Dana Walsh Kumar, Esq. (dana.walsh.kumar@usdoj.gov)
Assistant United States Attorney Rachael Doud, Esq. (rachael.doud@usdoj.gov)
Assistant United States Attorney Harry Fidler, Esq. (harry.fidler@usdoj.gov)
Trial Attorney Martha Glover, Esq. (martha.n.glover@usdoj.gov)

Dated: May 1, 2026

/s/ Anwar Graves
Anwar Graves

Exhibit M

JAY CLAYTON
United States Attorney for the
Southern District of New York
By: PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES S. JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, New York 10007
Telephone: (212) 637-2725
Email: pierre.armand@usdoj.gov
peter.aronoff@usdoj.gov
rachael.doud@usdoj.gov
adam.gitlin@usdoj.gov
harry.fidler@usdoj.gov
charles.jacob@usdoj.gov
dana.walsh.kumar@usdoj.gov

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, Plaintiff, v. ANTHEM, INC., Defendant.	No. 20 Civ. 2593 (ALC) (KHP)

THE UNITED STATES OF AMERICA'S RESPONSES AND OBJECTIONS TO DEFENDANT ANTHEM, INC.'S FIRST SET OF REQUESTS FOR ADMISSION

Pursuant to Rules 26 and 36 of the Federal Rules of Civil Procedure, plaintiff the United States of America (the "United States" or the "Government"), by its attorney, Jay Clayton, United States Attorney for the Southern District of New York, hereby objects and responds to the Requests

for Admission, dated May 1, 2026 (the "RFAs"), of defendant Anthem, Inc. ("Defendant") as follows:

GENERAL OBJECTIONS

A. The Government objects to the RFAs to the extent that the information already in its possession or that can be readily obtained is insufficient to admit or deny the RFAs.

B. The Government objects to the RFAs to the extent they purport to require the disclosure of information beyond the scope permitted by the Federal Rules of Civil Procedure, the Local Rules, and other applicable law.

C. The Government objects to the RFAs to the extent they seek information protected from discovery under the attorney-client privilege, the common interest privilege, the law enforcement privilege, the work-product doctrine, the deliberative process privilege, or any other applicable privilege, immunity, statute, regulation, or rule. The United States construes the requests so as not to apply to privileged communications by or to litigation counsel for the United States.

D. The Government objects to the RFAs to the extent they call for information not relevant to a claim or defense in this litigation, are vague or ambiguous, are unduly burdensome or oppressive to answer, and/or are not proportional to the needs of the case, considering the importance of the issues at stake in the action, the amount in controversy, the parties' relative access to relevant information, the parties' resources, the importance of the discovery in resolving the issues, and whether the burden or expense of the proposed discovery outweighs its likely benefit.

E. The RFAs are being answered subject to the limitation that investigation and discovery in this case are ongoing. The Government expressly reserves its rights to supplement, clarify,

revise, or correct any or all of the responses herein at any time. By making the following responses to the RFAs, the Government does not waive, and hereby expressly reserves, the right to assert any and all objections as to the admissibility of such responses into evidence at the trial of this action, or in any other proceedings, on any and all grounds, including, but not limited to, competency, relevancy, materiality, and privilege. Furthermore, the Government is providing the responses herein without in any manner implying or admitting that any of the RFAs, or any of the responses thereto, is relevant or material to the subject matter of this action.

F. The Government objects to the "Instructions" provided by Anthem to the extent they impose requirements not otherwise imposed by the Federal Rules of Civil Procedure, the Local Rules, and other applicable law. For example, Instruction ¶ 1 requires the Government to construe the use of a verb in any tense as the use of the "verb in all other tenses." No such requirement exists in the Federal Rules of Civil Procedure or the Local Rules. The Government will respond based on its understanding of the meaning of the requests, consistent with the Federal Rules of Civil Procedure, Local Rules, and other applicable law.

G. The Government's General Objections are incorporated into and continue throughout each and every one of its responses to the specific RFAs.

OBJECTIONS TO DEFINITIONS

1. The Government objects to the definitions of the terms "Attestation Requirement," "Due Diligence Requirement," and "Good Faith Efforts" to the extent the cited sources are construed to limit the Government's legal position regarding the scope and source of the referenced obligations.

2. The Government objects to the definitions of the terms "Include," "Including," "New," "Prohibit," "Prohibiting," and "Refused" to the extent the supplied definitions are vague and overbroad and conflict with the ordinary meaning of the terms.

3. The Government objects to the definitions of the terms "Know," "Knew," and "Knowledge," because the supplied definitions are vague, overboard, conflict with the ordinary meaning of these teams and are inconsistent with the definition set forth in the False Claims Act.

4. The Government objects to the definition of the phrase "Claim Form" as vague and ambiguous. Defendant defines "Claim Form" to mean "claims as used in Paragraph 106 of the Amended Complaint" but there is no discussion in that paragraph regarding any forms used by providers.

5. The Government objects to the definitions of "CMS" to the extent Defendant defines the term more broadly than the definition supplied in 45 C.F.R. § 160.103. The Government interprets "CMS" to have the meaning supplied in 45 C.F.R. § 160.103.

6. The Government objects to the definition of "HHS" to the extent the definition includes agents, representatives, contractors, and all other Persons acting on its behalf. The Government interprets "HHS" to mean the United States Department of Health and Human Services.

7. The Government objects to the definition of "HHS-OIG" to the extent the definition includes agents, representatives, contractors, and all other Persons acting on its behalf. The Government interprets "HHS-OIG" to mean the Office of the Inspector General, United States Department of Health and Human Services.

8. The Government objects to the definition of "HHS-OIG Audits" as vague and ambiguous to the extent the supplied definition includes "investigations" conducted by HHS-OIG. The Government interprets "HHS-OIG Audits" to mean audits conducted by HHS-OIG pursuant to the Inspector General Act of 1978.

9. The Government objects to the definition of "Industry Practice" as vague and ambiguous as the term does not appear on US_005036661. The Government further objects to the

extent the cited source is construed to limit the Government's legal position regarding the scope and source of "Industry Practice" and interprets the phrase to have its ordinary meaning. The Government further objects to this definition as it is asking a party to interpret the meaning of a document rather than its authenticity.

SPECIFIC RESPONSES AND OBJECTIONS TO THE RFAs

Request For Admission No. 1

Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request For Admission No. 1:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government further objects to the request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 2

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request For Admission No. 2:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a

fact. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 3:

Admit that the Due Diligence Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request For Admission No. 3:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 4:

Admit that You do not contend that Good Faith Efforts Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request For Admission No. 4:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 5:

Admit that Good Faith Efforts does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request For Admission No. 5:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also

objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 6:

Admit that there are no Medicare Advantage Requirements that Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request For Admission No. 6:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 7:

Admit that You do not contend that MAOs are Required to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request For Admission No. 7:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory,

and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 8:

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request For Admission No. 8:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 9:

Admit that the Due Diligence Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request For Admission No. 9:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 10:

Admit that You do not contend that Good Faith Efforts Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request For Admission No. 10:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the

needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 11:

Admit that Good Faith Efforts does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted to CMS.

Response to Request No. 11:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 12:

Admit that there are no Medicare Advantage Requirements that Require MAOs to Review their Risk Adjustment Data for Accuracy.

Response to Request For Admission No. 12:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil

Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 13:

Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Review their Risk Adjustment Data for Accuracy.

Response to Request For Admission No. 13:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 14:

Admit that the Due Diligence Requirement does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

Response to Request For Admission No. 14:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No 15:

Admit that You do not contend that Good Faith Efforts Requires MAOs to Review their Risk Adjustment Data for Accuracy

Response to Request For Admission No. 15:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already

received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 16:

Admit that Good Faith Efforts does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

Response to Request For Admission No. 16:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 17:

Admit that You do not contend that MAOs are Required to Review their Risk Adjustment Data for Accuracy.

Response to Request For Admission No. 17:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as

required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 18:

Admit that, during the Relevant Time Period, some Claim Forms limited the number of Diagnosis Codes from Encounters with Beneficiaries that could be Submitted by Providers to MAOs.

Response to Request For Admission No. 18:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the Request for Admission uses the term "Claim Forms," which it defines in reference to Paragraph 106 of the Amended Complaint. Paragraph 106 of the Amended Complaint, however, does not discuss the nature or content of any forms used in connection with claims. Further, the Request for Admission does not identify any specific "Claim Forms" for which Anthem seeks an admission. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government further objects to this request as overly burdensome and not proportionate to the needs of the case, particularly in light of the discovery Anthem has already received and because Anthem has not specified any specific limited documents for the Government to review against Anthem's request for admission. The Government further objects to this request as it seeks to obtain discovery rather than confirm facts, or application of facts to law or opinions. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 19:

Admit that a Provider's failure to Submit a Risk-Adjusting Diagnosis Code to Anthem that is Documented in an Anthem Beneficiary's Medical Records, and which was not otherwise Submitted to CMS for that Anthem Beneficiary in that year, will result in an Underpayment to Anthem.

Response to Request For Admission No. 19:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it calls for the answer to a hypothetical. The Government further objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as overly burdensome and not proportionate to the needs of the case, particularly in light of the discovery Anthem has already received and because Anthem has not specified any specific limited documents for the Government to review against Anthem's request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 20:

Admit that multiple Diagnosis Codes can Map To a single HCC.

Response to Request For Admission No. 20:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as overly burdensome and not proportionate to the needs of the case, particularly in light of the discovery Anthem has already received and because Anthem has not specified any specific limited documents for the Government to review against Anthem's request for admission. Subject to and without waiving the foregoing objections, the Government admits that multiple diagnosis codes can map to a single HCC for a particular beneficiary.

Request For Admission No. 21:

Admit that Risk Adjustment Payments to MAOs from CMS are based, in part, on HCCs.

Response to Request For Admission No. 21:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. Subject to and without waiving the foregoing objections, the Government admits that risk adjustment payments to MAOs from CMS are based, in part, on HCCs, if HCCs are submitted for a beneficiary.

Request For Admission No. 22:

Admit that a Provider's failure to Submit a Risk-Adjusting Diagnosis Code to Anthem that is Documented in an Anthem Beneficiary's Medical Records, which was not otherwise Submitted to CMS for that Beneficiary in that year, will result in a lower Risk Score for that Beneficiary.

Response to Request For Admission No. 22:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it calls for the answer to a hypothetical. The Government further objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as overly burdensome and not proportionate to the needs of the case, particularly in light of the discovery Anthem has already received and because Anthem has not specified any specific limited documents for the Government to review against Anthem's request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 23:

Admit that the Risk Adjustment Data Anthem Submits to CMS is not Accurate if Anthem fails to Submit Risk-Adjusting Diagnosis Codes that are Documented in Anthem Beneficiaries' Medical Records.

Response to Request For Admission No. 23:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government objects on the grounds that it is a hypothetical and therefore not a proper request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 24:

Admit that the Risk Adjustment Data Anthem Submits to CMS for an Anthem Beneficiary is not Accurate if a Provider fails to Submit all Risk-Adjusting Diagnosis Codes to Anthem from Encounters with that Beneficiary that are Documented in the Beneficiary's Medical Records.

Response to Request For Admission No. 24:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The

Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it calls for the answer to a hypothetical. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 25:

Admit that the Risk Adjustment Data Anthem Submits to CMS is not Complete if Anthem fails to Submit Risk-Adjusting Diagnosis Codes that are Documented in Anthem Beneficiaries' Medical Records.

Response to Request For Admission No. 25:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it calls for the answer to a hypothetical. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 26:

Admit that the Risk Adjustment Data Anthem Submits to CMS for an Anthem Beneficiary is not Complete if a Provider fails to Submit all Risk-Adjusting Diagnosis Codes to Anthem from Encounters with that Beneficiary that are Documented in the Beneficiary's Medical Records.

Response to Request For Admission No. 26:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it calls for the answer to a hypothetical. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 27:

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Reviewing all of that Beneficiary's Risk Adjustment Data for that year.

Response to Request For Admission No. 27:

The Government objects to this request on the basis that it is vague, ambiguous, and confusing, particularly as to the meaning of the term "Reviewing," and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and Anthem's knowledge of risk adjustment payment calculations. Accordingly, the

Government is not required to respond to this request as written. Subject to and without waiving the foregoing objections, however, the Government admits that whether, and to what extent, a particular diagnosis code submitted by an MAO to CMS has any impact on the risk adjustment payment from CMS to the MAO for a particular beneficiary for a particular year may depend on what other valid diagnosis codes have been submitted to CMS for that same beneficiary for that same year.

Request For Admission No. 28:

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Reviewing all of the Beneficiary's Medical Records for that year.

Response to Request For Admission No. 28:

The Government objects to this request on the basis that it is vague, ambiguous, and confusing, particularly as to the meaning of the term "Reviewing," and not simple and direct, as required. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and Anthem's knowledge of risk adjustment payment calculations. Accordingly, the Government is not required to respond to this request as written. Subject to and without waiving the foregoing objections, however, the Government admits that whether, and to what extent, a particular diagnosis code submitted by an MAO to CMS has any impact on the risk adjustment payment from CMS to the MAO for a particular beneficiary for a particular year may depend on

what other valid diagnosis codes have been submitted to CMS for that same beneficiary for that same year.

Request For Admission No. 29:

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Knowing the other Risk-Adjusting Diagnosis Codes that were Submitted to CMS for that Beneficiary for that year.

Response to Request For Admission No. 29:

The Government objects to this request on the basis that it is vague, ambiguous, and confusing, particularly as to the term "Knowing," and not simple and direct, as required. The Government further objects to this request as it seems to lack relevant context, without which it is not possible to respond. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and Anthem's knowledge of risk adjustment payment calculations. Subject to and without waiving the foregoing objections, however, the Government admits that whether, and to what extent, a particular diagnosis code submitted by an MAO to CMS has any impact on the risk adjustment payment from CMS to the MAO for a particular beneficiary for a particular year may depend on what other valid diagnosis codes have been submitted to CMS for that same beneficiary for that same year.

Request For Admission No. 30:

Admit that it is not possible to determine the impact a particular Diagnosis Code has on the Risk Adjustment Payment for an Anthem Beneficiary in a particular year without Knowing the time periods that individual was an Anthem Beneficiary.

Response to Request For Admission No. 30:

The Government objects to this request on the basis that it is vague, ambiguous, and confusing, particularly as to the term "Knowing," and not simple and direct, as required. The Government further objects to this request as it seems to lack relevant context, without which it is not possible to respond. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and Anthem's knowledge of risk adjustment payment calculations. Subject to and without waiving the foregoing objections, however, the Government admits that whether, and to what extent, a particular diagnosis code submitted by an MAO to CMS has any impact on the risk adjustment payment from CMS to the MAO for a particular beneficiary for a particular year may depend on what other valid diagnosis codes have been submitted to CMS for that same beneficiary for that same year.

Request For Admission No. 31:

Admit that, during the Relevant Time Period, CMS Knew that there were Diagnosis Codes in Risk Adjustment Data Submitted by MAOs to CMS that were not Documented in Medical Records.

Response to Request For Admission No. 31:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, to the extent that Anthem is requesting that the Government conduct a systematic review of all CMS records, particularly given the discovery that Anthem has received this case. Subject to and

without waiving the foregoing objections, the Government admits that CMS was generally aware that there were, at times, errors in diagnosis code submissions, relied on MAOs' attestations to CMS that their data submissions were true, accurate and complete based on their best knowledge, information and belief, and expected MAOs to delete diagnosis codes if they learned that they were unsupported by medical records.

Request For Admission No. 32:

Admit that, regardless of time period, there are no Medicare Advantage Requirements that Concern the level of Accuracy in the Risk Adjustment Data Submitted to CMS by an MAO that would result in that MAO's Attestation being False.

Response to Request For Admission No. 32:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 33:

Admit that CMS never defined the level of Accuracy for Risk Adjustment Data Submitted to CMS by MAOs in order to comply with the Attestation Requirement.

Response to Request For Admission No. 33:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the phrase "never defined the level of Accuracy" is

vague and ambiguous. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 34:

Admit that an MAO could Submit a Diagnosis Code to CMS that was not Documented in a Medical Record and still comply with the Attestation Requirement.

Response to Request For Admission No. 34:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government objects on the grounds that it is a hypothetical and therefore not a proper request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 35

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Accuracy of Diagnosis Codes that Anthem Submitted to CMS.

Response to Request for Admission No. 35:

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions or conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 36

Admit that the Attestation Requirement did not Require Anthem to Verify the Accuracy of Diagnosis Codes that Anthem Submitted to CMS.

Response to Request for Admission No. 36:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly

in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 37

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

Response to Request for Admission No. 37:

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 38

Admit that the Attestation Requirement did not Require Anthem to Verify the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

Response to Request For Admission No. 38

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly

in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 39

Admit that You do not contend that the Attestation Requirement Required MAOs to Review Risk Adjustment Data Submitted from Providers for Accuracy.

Response to Request For Admission No. 39

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions or conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 40

Admit that the Attestation Requirement does not Require MAOs to Review Risk Adjustment Data Submitted from Providers for Accuracy.

Response to Request for Admission No. 40

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a

response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 41

Admit that You do not contend that the Attestation Requirement Required Anthem to Verify the Truthfulness of Diagnosis Codes that Anthem Submitted to CMS.

Response to Request for Admission No. 41

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 42

Admit that the Attestation Requirement did not Require Anthem to Verify the Truthfulness of Diagnosis Codes that Anthem Submitted to CMS.

Response to Request for Admission No. 42

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil

Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 43

Admit that the Attestation Requirement Requires MAOs to certify, based on their "best knowledge, information, and belief," the Completeness of the Risk Adjustment Data they Submitted to CMS.

Response to Request For Admission No. 43

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and its attestations. Accordingly, the Government is not required to respond to this request but directs Anthem to 42 C.F.R. § 422.504(l), which speaks for itself.

Request For Admission No. 44

Admit that the Attestation Requirement Requires MAOs to certify, based on their "best knowledge, information, and belief," the Accuracy of the Risk Adjustment Data they Submitted to CMS.

Response to Request For Admission No. 44

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government objects to this request on the ground that preparing a response would be

unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and its attestations. Accordingly, the Government is not required to respond to this request but directs Anthem to 42 C.F.R. § 422.504(l), which speaks for itself.

Request For Admission No. 45

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to prioritize Accuracy over Completeness.

Response to Request for Admission No. 45

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the term "prioritize," as used in this request, is vague and ambiguous. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 46

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting Chart Reviews.

Response to Request for Admission No. 46

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a

response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 47

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting Chart Reviews to improve Completeness but not Accuracy.

Response to Request for Admission No. 47

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 48

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs that had implemented processes to improve Completeness to also use those same processes to improve Accuracy.

Response to Request For Admission No. 48

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the term "processes," as used in this Request, is vague and ambiguous. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36.

The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 49

Admit that You do not contend that the Compliance Program Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request for Admission No. 49

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 50

Admit that the Compliance Program Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request for Admission No. 50

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion

rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 51

Admit that You do not contend that the Compliance Program Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes those MAOs Submitted to CMS.

Response to Request for Admission No. 51

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 52

Admit that the Compliance Program Requirement does not Require MAOs to Verify the Accuracy of Diagnosis Codes those MAOs Submitted to CMS.

Response to Request for Admission No. 52

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 53

Admit that the Compliance Program Requirement does not Require MAOs to Review their Risk Adjustment Data for Accuracy.

Response to Request for Admission No. 53

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities and the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 54

Admit that, before the Relevant Time Period, CMS Knew that Providers did not Submit every Diagnosis Code Documented in Medical Records from Encounters with Beneficiaries to MAOs.

Response to Request for Admission No. 54

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Further, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at different times. Subject to and without waiving the foregoing objections, the Government admits that, before the Relevant Time Period, CMS knew that providers did not always submit to MAOs all diagnosis codes for a particular patient that are documented in the underlying medical records for that patient.

Request For Admission No. 55

Admit that, during the Relevant Time Period, CMS Knew that Providers did not Submit every Diagnosis Code Documented in Medical Records from Encounters with Beneficiaries to MAOs.

Response to Request for Admission No. 55

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. Further, the request is vague and ambiguous because it concerns CMS knowledge for a multi-yeartime period, and CMS has knowledge of different facts at different times. The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government admits that, during the Relevant Time Period, CMS knew that providers did not always submit to MAOs all diagnosis codes for a particular patient that are documented in the underlying medical records for that patient.

Request For Admission No. 56

Admit that a Medical Condition Documented in one Medical Record may not be Documented in other Medical Records for the same Beneficiary.

Response to Request for Admission No. 56

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, based on how Anthem has defined the term "Medical Record" in its Requests for Admission, it is vague and ambiguous what "Documented in one Medical Record may not be Documented in other Medical Records" means. Subject to and without waiving the foregoing objections, the Government admits that the valid documentation of a particular medical condition in a medical record from one healthcare encounter does not necessarily mean that the same condition is documented in every other medical record for the same beneficiary across all encounters or all providers.

Request For Admission No. 57

Admit that, before the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 57

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether the request for admission concerns CMS knowledge regarding the practices of all MAOs, CMS knowledge regarding a subset of MAOs, or whether CMS knew whether a specific MAO was engaging in certain practices. Further, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses,

and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the Rule 30(b)(6) testimony provided by CMS in the *Poehling* litigation, which includes testimony relating to this topic.

Request For Admission No. 58

Admit that, during the Relevant Time Period, CMS Knew that MAOs conducted One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 58

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether the request for admission concerns CMS knowledge regarding the practices of all MAOs, CMS knowledge regarding a subset of MAOs, or whether CMS knew whether a specific MAO was engaging in certain practices. Further, the request is vague and ambiguous because it concerns CMS knowledge for a multi-year time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is

premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the Rule 30(b)(6) testimony provided by CMS in the *Poehling* litigation, which includes testimony relating to this topic.

Request For Admission No. 59

Admit that, before the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 59

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the parties' respective productions and witness deposition testimony regarding this topic.

Request For Admission No. 60

Admit that, during the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 60

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous because it concerns CMS knowledge for a multi-year time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the parties' respective productions and witness deposition testimony regarding this topic.

Request For Admission No. 61

Admit that, before the Relevant Time Period, CMS Knew One-Way Retrospective Chart Reviews were an Industry Practice.

Response to Request for Admission No. 61

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether the request for admission concerns CMS knowledge regarding the practices of all MAOs, CMS knowledge regarding a subset of MAOs, or whether CMS knew whether a specific MAO was engaging in certain practices. Further, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at

different times. In addition, the definition of "Industry Practice" is vague and ambiguous, and requires a party to interpret a document. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the Rule 30(b)(6) testimony provided by CMS in the *Poehling* litigation, which includes testimony relating to this topic.

Request For Admission No. 62

Admit that, during the Relevant Time Period, CMS Knew that One-Way Retrospective Chart Reviews were an Industry Practice.

Response to Request for Admission No. 62

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether the request for admission concerns CMS knowledge regarding the practices of all MAOs, CMS knowledge regarding a subset of MAOs, or whether CMS knew whether a specific MAO was engaging in certain practices. Further, the request is vague and ambiguous because it concerns CMS knowledge for a multi-year time period, and CMS has knowledge of different facts at different times. In addition, the definition of "Industry Practice" is vague and ambiguous, and requires a party to interpret a document. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims

and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects to this request on the ground that it is premature, as Anthem is seeking Rule 30(b)(6) testimony concerning this topic, and that Rule 30(b)(6) deposition is not complete. Accordingly, the Government is not required to respond to this request, but directs Anthem to the Rule 30(b)(6) testimony provided by CMS in the *Poehling* litigation, which includes testimony relating to this topic.

Request For Admission No. 63

Admit that One-Way Retrospective Chart Reviews can improve the Completeness of the Risk Adjustment Data an MAO Submits to CMS.

Response to Request for Admission No. 63

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects on the grounds that it is a hypothetical and therefore not a proper request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 64

Admit that One-Way Retrospective Chart Reviews can improve the Accuracy of the Risk Adjustment Data an MAO Submits to CMS.

Response to Request for Admission No. 64

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government objects on the grounds that it is a hypothetical and therefore not a proper request for admission. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 65

Admit that determining whether a Diagnosis Code Submitted by a Provider on a Claim Form is Documented in a Medical Record Requires a Review of that Medical Record for that specific Diagnosis Code.

Response to Request for Admission No. 65

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to the precise nature of the "Review" of a medical record, including whether it captures "blind coding." The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government admits that whether a diagnosis code is documented in a medical record is based on the contents of the medical record.

Request For Admission No. 66

Admit that CMS Knew Coders conducting One-Way Retrospective Chart Reviews did not always have Access to all of the Medical Records that exist for a particular Beneficiary.

Response to Request for Admission No. 66

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at different times. The Government further objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that the request concerns an indefinite time period and knowledge concerning all coders, regardless of whether they worked on behalf of Anthem. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 67

Admit that there are no Medicare Advantage Requirements that Require Coders conducting One-Way Retrospective Chart Reviews to Query Providers Concerning Medical Record Documentation.

Response to Request for Admission No. 67

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 68

Admit that there were no Medicare Advantage Requirements that Prohibited MAOs from Submitting Diagnosis Codes based on Medical Conditions Found through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 68

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 69

Admit that You do not contend that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are False.

Response to Request for Admission No. 69

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and

not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 70

Admit that You do not contend that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are not Documented in the Beneficiaries' Medical Records.

Response to Request for Admission No. 70

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions or conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem can itself review the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 71

Admit that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are Accurate.

Response to Request for Admission No. 71

The Government objects to this Request on the ground it is vague and ambiguous, including the phrase "Found through Anthem's Corporate Retrospective Chart Review Program." For example, the request for admission does not specify any time period. In addition, it is vague and ambiguous as to whether the request concerns every single diagnosis code submitted by Anthem to CMS in connection with its retrospective chart review program. The Government further objects to this Request as lacking foundation, not relevant, and not proportionate to the needs of the case because Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are not the subject of this lawsuit. The Government further objects to this request as it calls for a legal conclusion. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing specific and general objections, the Government lacks information sufficient to admit or deny whether all of the additional diagnosis codes that Anthem submitted to CMS as part of its retrospective chart review program (without identifying and deleting the inaccurate codes) during the entire history of that program were accurate.

Request For Admission No. 72

Admit that the Diagnosis Codes that were Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS are Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 72

The Government objects to this Request on the ground it is vague and ambiguous, including the phrase "Found through Anthem's Corporate Retrospective Chart Review Program." In addition, it is vague and ambiguous as to whether the request concerns every single diagnosis code submitted by Anthem to CMS in connection with its retrospective chart review program. The Government further objects to this Request as lacking foundation, not relevant, and not proportionate to the needs of the case because Diagnosis Codes that were "Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS" are not the subject of this lawsuit. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to the foregoing and general objections, the Government lacks information sufficient to admit or deny whether all of the additional diagnosis codes that Anthem submitted to CMS as part of its retrospective chart review program (without identifying and deleting the inaccurate codes) during the entire history of that program were supported by the medical records.

Request for Admission No. 73

Admit that Your December 11, 2025 List of Allegedly False Diagnosis Codes does not include Diagnosis Codes that were Found from Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS.

Response to Request for Admission No. 73

The Government objects to this Request on the ground it is vague and ambiguous, including the phrase "Found through Anthem's Corporate Retrospective Chart Review Program." The

Government further objects to this Request as lacking foundation, not relevant, and not proportionate to the needs of the case because Diagnosis Codes that were "Found through Anthem's Corporate Retrospective Chart Review Program and Submitted to CMS" are not the subject of this lawsuit. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 74

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning Chart Reviews.

Response to Request for Admission No. 74

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 75

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements Concerning Chart Reviews.

Response to Request for Admission No. 75

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion

rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 76

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs must conduct Chart Reviews.

Response to Request for Admission No. 76

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 77

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs must conduct Chart Reviews.

Response to Request for Admission No. 77

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion

rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 78

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 78

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 79

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 79

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 80

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 80

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 81

Admit that, before the Relevant Time Period, there were no Medicare Advantage Requirements that Prohibited MAOs from conducting One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 81

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 82

Admit that You do not contend that the Due Diligence Requirement Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 82

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 83

Admit that the Due Diligence Requirement does not Require MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 83

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 84

Admit that You do not contend that Good Faith Efforts Required MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 84

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light

of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 85

Admit that Good Faith Efforts does not Require MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 85

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 86

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements that Required MAOs to use Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request for Admission No. 86

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground it is unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery

Anthem has already received and given that Anthem itself can review publicly available legal authorities., the Government is not required to respond to this request.

Request For Admission No. 87

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Include any provisions Concerning Chart Reviews.

Response to Request for Admission No. 87

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that responding to it would require a legal analysis and conclusion rather than an admission of facts or application of law to facts. Accordingly, the Government is not required to respond to the request.

Request For Admission No. 88

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Include provisions Concerning Chart Reviews.

Response to Request for Admission No. 88

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery

Anthem has already received and given that Anthem itself can review its EDI forms. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that responding to it would require a legal analysis and conclusion rather than an admission of facts or application of law to facts. Accordingly, the Government is not required to respond to the request.

Request For Admission No. 89

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.

Response to Request for Admission No. 89

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its contract with CMS. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 90

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Prohibit it from conducting Anthem's Corporate Retrospective Chart Review Program as a One-Way Retrospective Chart Review.

Response to Request for Admission No. 90

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 91

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 91

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its contract with CMS. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 92

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 92

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 93

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request for Admission No. 93

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome,

and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its contract with CMS. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 94

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Prohibit it from Submitting Diagnosis Codes based on Medical Conditions Found through Anthem's Corporate Retrospective Chart Review Program.

Response to Request for Admission No. 94

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its contract with CMS. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 95

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Prohibit it from Submitting Diagnosis Codes based on Medical Conditions Found through Anthem's Corporate Retrospective Chart Review Program.

Response to Request for Admission No. 95

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as

required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 96

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Require it to use Anthem's Corporate Retrospective Chart Review Program to Verify the Accuracy of Diagnosis Codes Submitted by Providers.

Response to Request for Admission No. 96

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 97

Admit that, during the Relevant Time Period, the provision in Anthem's EDI Forms Requiring that Anthem "research and correct risk adjustment data discrepancies" Concerned errors in electronic data files that Anthem Submitted to CMS.

Response to Request for Admission No. 97

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 98

Admit that, during the Relevant Time Period, the provision in Anthem's EDI Forms Requiring that Anthem "research and correct risk adjustment data discrepancies" did not Concern Verifying that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 98

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly

in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 99

Admit that You do not contend that the provisions in Anthem's EDI Forms stating that Anthem was Required to "research and correct risk adjustment data discrepancies" Required Anthem to Verify that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 99

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 100

Admit that the provisions in Anthem's EDI Forms stating that Anthem was Required to "research and correct risk adjustment data discrepancies" do not Require Anthem to Verify that Diagnosis Codes that Anthem Submitted to CMS were Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 100

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI forms. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 101

Admit that, during the Relevant Time Period, there were no ICD Guidelines Prohibiting MAOs from conducting One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 101

The Government objects to this request on the basis that it is vague and ambiguous, including because the request provides a misleading characterization of the ICD Guidelines. The Government further objects to this request on the ground that it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 102

Admit that, before the Relevant Time Period, there were no ICD Guidelines Prohibiting MAOs from conducting One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 102

The Government objects to this request on the basis that it is vague and ambiguous, including because the request provides a misleading characterization of the ICD Guidelines The Government further objects to this request on the ground it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 103

Admit that, during the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 103

The Government objects to this request on the basis that it is vague and ambiguous, including because the request provides a misleading characterization of the ICD Guidelines. The Government further objects to this request on the ground that it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly

in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 104

Admit that, before the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use Chart Reviews to Find Diagnosis Codes that were Submitted to CMS but were not Documented in Beneficiaries' Medical Records.

Response to Request for Admission No. 104

The Government objects to this request on the basis that it is vague and ambiguous, including because the ICD Guidelines do not purport to describe the permissible scope of a chart review program but instead are guidelines for the coding and reporting of diagnoses. The Government further objects to this request to the extent it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that, to the extent it asks the Government to opine on the content and meaning of ICD Guidelines, it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 105

Admit that, during the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use One-Way Retrospective Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted to them by Providers.

Response to Request for Admission No. 105

The Government objects to this request on the basis that it is vague and ambiguous, including because the ICD Guidelines do not purport to describe the permissible scope of a chart review

program but instead are guidelines for the coding and reporting of diagnoses. The Government further objects to this request to the extent it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that, to the extent it asks the Government to opine on the content and meaning of ICD Guidelines, it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 106

Admit that, before the Relevant Time Period, there were no ICD Guidelines Requiring MAOs to use One-Way Retrospective Chart Reviews to Verify the Accuracy of Diagnosis Codes Submitted to them by Providers.

Response to Request for Admission No. 106

The Government objects to this request on the basis that it is vague and ambiguous, including because the ICD Guidelines do not purport to describe the permissible scope of a chart review program but instead are guidelines for the coding and reporting of diagnoses. The Government further objects to this request to the extent it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that, to the extent it asks the Government to opine on the content and meaning of ICD Guidelines, it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the

discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 107

Admit that there have been instances when Coders conducting RADV Audits have disagreed about whether a Medical Condition is Documented in Medical Records.

Response to Request for Admission No. 107

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the Government objects to the term "instances" as vague. Further, Anthem has not identified any specific such purported instances adduced during discovery that is requesting that the Government admit. The Government further objects to this request on the ground that it seeks information that is not relevant to this case. *See* ECF No. 516 at 9. The Government further objects to this Request for Admission on the grounds that it is, in effect, a discovery device and therefore an improper Request for Admission—indeed, Anthem has not identified any such "instances" in this request for admission and is requesting that the Government conduct a search across numerous RADV audits outside the scope of discovery to determine whether any such instances occurred. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. For example, the request includes no limitation on time period and, as Anthem is aware, CMS has conducted numerous RADV audits. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 108

Admit that there have been instances when Coders conducting HHS-OIG Audits have disagreed about whether a Medical Condition is Documented in Medical Records.

Response to Request for Admission No. 108

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the Government objects to the term "instances" as vague. Further, Anthem has not identified any specific such purported instances adduced during discovery that is requesting that the Government admit. The Government further objects to this request on the ground that it seeks information that is not relevant to this case. *See* ECF No. 516 at 9. The Government further objects to this Request for Admission on the grounds that it is, in effect, a discovery device and therefore an improper Request for Admission—indeed, Anthem has not identified any such "instances" in this request for admission and is requesting that the Government conduct a search across numerous HHS-OIG audits outside the scope of discovery to determine whether any such instances occurred. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. For example, the request includes no limitation on time period and, as Anthem is aware, HHS-OIG has conducted multiple audits. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 109

Admit that, in instances when Coders conducting HHS-OIG Audits have disagreed about whether a Medical Condition is Documented in Medical Records, a physician independently Reviews the Medical Records to resolve the disagreement.

Response to Request for Admission No. 109

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the Government objects to the term "instances" as vague. Further, Anthem has not identified any specific such purported instances adduced during

discovery that is requesting that the Government admit. The Government further objects to this request on the ground that it seeks information that is not relevant to this case. *See* ECF No. 516 at 9. The Government further objects to this Request for Admission on the grounds that it is, in effect, a discovery device and therefore an improper Request for Admission—indeed, Anthem has not identified any such "instances" in this request for admission and is requesting that the Government conduct a search across numerous HHS-OIG audits outside the scope of discovery to determine whether any such instances occurred. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD Guidelines. For example, the request includes no limitation on time period and, as Anthem is aware, HHS-OIG has conducted multiple audits. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 110

Admit that a Provider's Diagnostic Statement can provide sufficient Documentation of a Medical Condition.

Response to Request for Admission No. 110

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request lacks context necessary to determine whether a Provider's Diagnostic Statement "can" provide sufficient Documentation of a Medical Condition. The Government also objects to this request on the ground that it is a hypothetical. The Government further objects to this request on the ground that it calls for a legal analysis and conclusion. The Government further objects to this request because it effectively asks the Government to relay the contents of the ICD Guidelines, which speak for themselves, and thus asks a party to interpret the meaning of a document rather than its authenticity. The Government

also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the ICD guidelines. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 111

Admit that an MAO can Submit a Diagnosis Code to CMS based on a Provider's Diagnostic Statement.

Response to Request for Admission No. 111

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request because it lacks context necessary to determine whether a Provider's Diagnostic Statement "can" provide sufficient Documentation of a Medical Condition. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 112

Admit that the fact that a Medical Condition is not Documented in a particular Medical Record does not necessarily mean that the Beneficiary does not have the Medical Condition.

Response to Request for Admission No. 112

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is a hypothetical. The Government also objects to this request on the ground that it seeks

information that that is not relevant to the Government's claims or Anthem's defenses. The Government further objects to this request because it lacks context necessary to determine whether a beneficiary has a particular condition and whether that condition was documented in a medical record. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 113

Admit that a Diagnosis Code that an MAO Submitted to CMS from a Beneficiary's Encounter with their Provider is not necessarily False solely because a Coder conducting a One-Way Retrospective Chart Review did not Find the same Diagnosis Code from their Review of the Medical Record for that Encounter.

Response to Request for Admission No. 113

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, it is vague and ambiguous as to whether the Request for Admission concerns the falsity of the diagnosis code at the time of submission or at the time subsequent to the retrospective chart review. It is further vague and ambiguous as to the scope of medical record documentation that exists in the scenario described by the Request for Admission, and the nature of any instructions provided to coders. The Government further objects as it calls for a legal conclusion as applied to an abstract proposition rather than as applied to any specific facts adduced during discovery, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government objects to this Request for Admission on the ground that it concerns hypothetical conduct of other MAOs, and is thus not a proper Request for Admission. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that it is premature, as expert discovery has not yet commenced and this Request for Admission

concerns an issue that the Government expects will be the subject of expert discovery. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 114

Admit that a Diagnosis Code that Anthem Submitted to CMS from a Beneficiary's Encounter with their Provider is not necessarily False solely because the Diagnosis Code was not Found by a Coder from their Review of the Medical Record for that Encounter during Anthem's Corporate Retrospective Chart Review Program.

Response to Request for Admission No. 114

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, it is vague and ambiguous as to whether the Request for Admission concerns the falsity of the diagnosis code at the time of submission or at the time subsequent to the retrospective chart review. The Government further objects as it calls for a legal conclusion as applied to an abstract proposition rather than as applied to any specific facts adduced during discovery, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that it is premature, as expert discovery has not yet commenced and this Request for Admission concerns an issue that the Government expects will be the subject of expert discovery. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 115

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on the fact that the MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 115

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not terminated a Medicare Advantage Contract for an MAO during the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 116

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on the fact that the MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 116

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request to the extent it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not terminated a Medicare Advantage Contract for an MAO before the Relevant Time Period on the grounds that the MAO submitted diagnosis codes identified through one-way retrospective chart reviews.

Request For Admission No. 117

Admit that, during the Relevant Time Period, CMS never Refused payment to an MAO because it Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 117

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO during a chart review program, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program in connection with the relevant payment decision. The Government further objects to this request on the ground it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not imposed sanctions on a MAO or terminated an MAO's contract during the Relevant Time Period on the grounds that an MAO submitted diagnosis codes to CMS based on medical conditions identified through one-way retrospective chart reviews.

Request For Admission No. 118

Admit that, before the Relevant Time Period, CMS never Refused payment to an MAO because it Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 118

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO during a chart review program, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program in connection with the relevant payment decision. The Government further objects to this request on the ground it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not imposed sanctions on a MAO or terminated an MAO's contract before the Relevant Time Period on the grounds that an MAO submitted diagnosis codes to CMS based on medical conditions identified through one-way retrospective chart reviews.

Request for Admission No. 119

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because that MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 119

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way

retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not refused to renew a Medicare Advantage Contract for an MAO during the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 120

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because that MAO had Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 120

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not refused to renew a Medicare Advantage Contract for an MAO before the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 121

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 121

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not sanctioned an MAO during the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 122

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 122

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not sanctioned an MAO before the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 123

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 123

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not rejected an MAO's bid during the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Response to Request for Admission No. 124

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid because the MAO Submitted Diagnosis Codes to CMS based on Medical Conditions Identified through One-Way Retrospective Chart Reviews.

Response to Request for Admission No. 124

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of a one-way retrospective chart review program. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not rejected an MAO's bid before

the Relevant Time Period on the grounds that the MAO failed to delete unsupported diagnosis codes as a result of conducting one-way retrospective chart reviews.

Request For Admission No. 125

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 125

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of whether an MAO verified the accuracy of diagnosis codes submitted to CMS. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not terminated an MA contract for an MAO during the Relevant Time Period on the grounds that the MAO did not verify the accuracy of diagnosis codes that it submitted to CMS.

Request For Admission No. 126

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 126

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of whether an MAO verified the accuracy of diagnosis codes submitted to CMS. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and

without waiving the foregoing objections, the Government admits that CMS has not terminated an MA contract for an MAO before the Relevant Time Period on the grounds that the MAO did not verify the accuracy of diagnosis codes that it submitted to CMS.

Request For Admission No. 127

Admit that, during the Relevant Time Period, CMS never Refused payment to an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 127

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of whether an MAO verified the accuracy of diagnosis codes that it submitted to CMS in connection with the relevant payment decision. The Government further objects to this request on the ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 128

Admit that, before the Relevant Time Period, CMS never Refused payment to an MAO because that MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 128

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy diagnosis codes it submitted to CMS in connection with its decision regarding renewal. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS has any knowledge of whether an MAO verified the accuracy of diagnosis codes that it submitted to CMS in connection with the relevant payment decision. The Government further objects to this request on the ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 129

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because the MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 129

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of renewal, retrospective renewal, or

both. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy diagnosis codes it submitted to CMS in connection with its decision regarding renewal. The Government further objects to this request on the ground it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not failed to renew an MAO's contract during the Relevant Time Period on the grounds that an MAO did not verify the accuracy of diagnosis codes it submitted to CMS.

Request for Admission No. 130

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO because the MAO did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 130

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of renewal, retrospective renewal, or both. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy of diagnosis codes it submitted to CMS in connection with its decision regarding renewal. The Government further objects to this request on the ground it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has not failed to renew an MAO's contract before the Relevant Time Period on the grounds that an MAO did not verify the accuracy of diagnosis codes it submitted to CMS.

Request For Admission No. 131

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 131

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy of diagnosis codes it submitted to CMS in connection with any decision regarding sanctions. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO during the Relevant Time Period because it did not verify the accuracy of diagnosis codes that is submitted to CMS.

Request For Admission No. 132

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 132

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy of diagnosis codes it submitted to CMS in connection with any decision regarding sanctions. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO before the Relevant Time Period because it did not verify the accuracy of diagnosis codes that is submitted to CMS.

Request For Admission No. 133

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 133

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy of diagnosis codes it submitted to CMS in connection with any decision regarding whether to reject a bid. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not reject an MAO's bid during the Relevant Time Period because it did not verify the accuracy of diagnosis codes that is submitted to CMS.

Request For Admission No. 134

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid because it did not Verify the Accuracy of Diagnosis Codes that it Submitted to CMS.

Response to Request for Admission No. 134

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In addition, the request is vague and ambiguous because it is unclear whether, in the scenario posed by Anthem, CMS had any knowledge of whether an MAO was verifying the accuracy of diagnosis codes it submitted to CMS in connection with any decision regarding whether to reject a bid. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not reject an MAO's bid before the Relevant Time Period because it did not verify the accuracy of diagnosis codes that is submitted to CMS.

Request For Admission No. 135

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 135

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has never terminated a Medicare Advantage Contract for an MAO on the basis of a specific validation rate identified in an HHS-OIG audit of that MAO.

Request For Admission No. 136

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 136

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has never terminated a Medicare Advantage Contract for an MAO on the basis of a specific validation rate identified in an HHS-OIG audit of that MAO.

Request for Admission No. 137

Admit that, during the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 137

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has never terminated a Medicare Advantage Contract for an MAO on the basis of a specific validation rate identified in a RADV audit of that MAO.

Request For Admission No. 138

Admit that, before the Relevant Time Period, CMS never Terminated a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 138

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS has never terminated a Medicare Advantage Contract for an MAO on the basis of a specific validation rate identified in a RADV audit of that MAO.

Request For Admission No. 139

Admit that, during the Relevant Time Period, CMS never Refused to pay an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 139

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. For example, the defined term "Refused" is ambiguous as to temporal scope, in that

it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. The Government further objects to this request on the ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 140

Admit that, before the Relevant Time Period, CMS never Refused to pay an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 140

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. The Government further objects to this request on the ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 141

Admit that, during the Relevant Time Period, CMS never Refused to pay an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 141

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. The Government further objects to this request on the ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 142

Admit that, before the Relevant Time Period, CMS never Refused to pay an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 142

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. For example, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. Further, it is unclear whether the request encompasses all scenarios where CMS may have recovered overpayments that may have been submitted by an MAO, or is limited to specific categories of actions against MAOs available to CMS pursuant to applicable statutes and regulations and which relate to payments. The Government further objects to this request on the

ground it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 143

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 143

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, during the Relevant Time Period, CMS did not refuse to renew a Medicare Advantage contract for an MAO on the grounds of a specific validation rate identified in an audit by HHS-OIG for that MAO.

Request for Admission No. 144

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 144

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, before the Relevant Time Period, CMS did not refuse to renew a Medicare Advantage contract for an MAO on the grounds of a specific validation rate identified in an audit by HHS-OIG for that MAO.

Request For Admission No. 145

Admit that, during the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 145

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, during the Relevant Time Period, CMS did not refuse to renew a Medicare Advantage contract for an MAO on the grounds of a specific validation rate identified in a RADV audit for that MAO.

Request for Admission No. 146

Admit that, before the Relevant Time Period, CMS never Refused to Renew a Medicare Advantage Contract for an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 146

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, before the Relevant Time Period, CMS did not refuse to renew a Medicare Advantage contract for an MAO on the grounds of a specific validation rate identified in a RADV audit for that MAO.

Request For Admission No. 147

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 147

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, during the Relevant Time Period, CMS did not sanction an MAO on the grounds of a specific validation rate identified in an audit by HHS-OIG for that MAO.

Request for Admission No. 148

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on an HHS-OIG Audit's Validation rate for that MAO.

Response to Request for Admission No. 148

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "HHS-OIG's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, before the Relevant Time Period, CMS did not sanction an MAO on the grounds of a specific validation rate identified in an audit by HHS-OIG for that MAO.

Request For Admission No. 149

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 149

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and

omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, during the Relevant Time Period, CMS did not sanction an MAO on the grounds of a specific validation rate identified in a RADV audit for that MAO.

Request For Admission No. 150

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on a RADV Audit's Validation rate for that MAO.

Response to Request for Admission No. 150

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, "RADV's Audit Validation rate" is vague and ambiguous. The Government further objects to this request on the grounds it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that, before the Relevant Time Period, CMS did not sanction an MAO on the grounds of a specific validation rate identified in a RADV audit for that MAO.

Request for Admission No. 151

Admit that, during the Relevant Time Period, an HHS-OIG Audit of an MAO concluded that more than eighty percent of the audited MAO's HCCs for the sampled enrollee-years were not Accurate.

Response to Request for Admission No. 151

The Government objects to this request as vague and ambiguous and because it is not simple and direct, as required. For example, the request does not identify any particular HHS-OIG Audit, and the Government is not required to conduct a search for potentially responsive audits (to the extent any such audit exists). The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the

ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly given that Anthem can review any HHS-OIG audit itself. To the extent Anthem is referring to a particular HHS-OIG audit, the results of that audit speak for themselves, and the Government refers Anthem to any such results. The Government objects to this Request for Admission to the extent that Anthem has not timely identified the above-referenced audit pursuant to its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 152

Admit that, during the Relevant Time Period, an HHS-OIG Audit of an MAO concluded that more than ninety percent of the audited MAO's HCCs for the sampled enrollee-years were not Accurate.

Response to Request for Admission No. 152

The Government objects to this request as vague and ambiguous and because it is not simple and direct, as required. For example, the request does not identify any particular HHS-OIG Audit, and the Government is not required to conduct a search for potentially responsive audits (to the extent any such audit exists). The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly given that Anthem can review any HHS-OIG audit itself. To the extent Anthem is referring to a particular HHS-OIG audit, the results of that audit speak for themselves, and the Government refers Anthem to any such results. The Government objects to this Request for Admission to the extent that Anthem has not timely identified the above-referenced audit

pursuant to its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 153

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than fifteen percent of the audited MAO's audited HCCs were not Accurate.

Response to Request for Admission No. 153

The Government objects to this request as vague and ambiguous and because it is not simple and direct, as required. For example, the request does not identify any particular RADV audit, and the Government is not required to conduct a search for potentially responsive audits (to the extent any such audit exists). The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly given that Anthem can review any RADV audit itself. To the extent Anthem is referring to a particular RADV audit, the results of that audit speak for themselves, and the Government refers Anthem to any such results. The Government objects to this Request for Admission to the extent that Anthem has not timely identified the above-referenced audit pursuant to its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 154

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than twenty percent of the audited MAO's audited HCCs were not Accurate.

Response to Request for Admission No. 154

The Government objects to this request as vague and ambiguous and because it is not simple and direct, as required. For example, the request does not identify any particular RADV audit, and the Government is not required to conduct a search for potentially responsive audits (to the extent any such audit exists). The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly given that Anthem can review any RADV audit itself. To the extent Anthem is referring to a particular RADV audit, the results of that audit speak for themselves, and the Government refers Anthem to any such results. The Government objects to this Request for Admission to the extent that Anthem has not timely identified the above-referenced audit pursuant to its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 155

Admit that, during the Relevant Time Period, a RADV Audit of an MAO concluded that more than twenty-five percent of the audited MAO's audited HCCs were not Accurate.

Response to Request for Admission No. 155

The Government objects to this request as vague and ambiguous and because it is not simple and direct, as required. For example, the request does not identify any particular RADV audit, and the Government is not required to conduct a search for potentially responsive audits (to the extent any such audit exists). The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also

objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly given that Anthem can review any RADV audit itself. To the extent Anthem is referring to a particular RADV audit, the results of that audit speak for themselves, and the Government refers Anthem to any such results. The Government objects to this Request for Admission to the extent that Anthem has not timely identified the above-referenced audit pursuant to its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 156

Admit that, during the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 156

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request does not identify any particular HHS-OIG Audits, and the Government is not required to conduct a burdensome search, collection, and review of potentially responsive audits and CMS actions in response to those audits. Further, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. The Government further objects to this request to the extent it is misleading and omits pertinent information. The Government further objects to this request to the extent that Anthem has not identified any of the aforementioned HHS-OIG audits as part of its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 157

Admit that, before the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 157

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request does not identify any particular HHS-OIG Audits, and the Government is not required to conduct a burdensome search, collection, and review of potentially responsive audits and CMS actions in response to those audits. Further, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. The Government further objects to this request to the extent it is misleading and omits pertinent information. The Government further objects to this request to the extent that Anthem has not identified any of the aforementioned HHS-OIG audits as part of its Rule 26 disclosures. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 158

Admit that, during the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their RADV Audits.

Response to Request for Admission No. 158

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the Request for Admission does not identify any particular RADV audits, and the Government is not required to conduct a burdensome search, collection, and review of potentially responsive audits and CMS actions in response to those audits. Further, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both.

For the purpose of responding to this request, the Government will construe the term "Refused" to include retrospective recovery mechanisms. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government denies this request.

Request For Admission No. 159

Admit that, before the Relevant Time Period, CMS never Refused to make Risk Adjustment Payments to MAOs based on the results of their RADV Audits.

Response to Request for Admission No. 159

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the Request for Admission does not identify any particular RADV audits, and the Government is not required to conduct a burdensome search, collection, and review of potentially responsive audits and CMS actions in response to those audits. Further, the defined term "Refused" is ambiguous as to temporal scope, in that it may refer to prospective refusal of payment, retrospective denial through recovery mechanisms, or both. For the purpose of responding to this request, the Government will construe the term "Refused" to include retrospective recovery mechanisms. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government denies this request.

Request For Admission No. 160

Admit that, during the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

Response to Request for Admission No. 160

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that

it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 161

Admit that, before the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

Response to Request for Admission No. 161

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 162

Admit that, during the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 162

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 163

Admit that, before the Relevant Time Period, CMS never Terminated an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 163

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that

it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 164

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid due to the results of their RADV Audits.

Response to Request for Admission No. 164

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request for Admission No. 165

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid due to the results of their RADV Audits.

Response to Request for Admission No. 165

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 166

Admit that, during the Relevant Time Period, CMS never rejected an MAO's Bid based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 166

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that

it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 167

Admit that, before the Relevant Time Period, CMS never rejected an MAO's Bid based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 167

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 168

Admit that, during the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

Response to Request for Admission No. 168

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 169

Admit that, before the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their RADV Audits.

Response to Request for Admission No. 169

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that

it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 170

Admit that, during the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 170

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 171

Admit that, before the Relevant Time Period, CMS never Refused to Renew an MAO's Medicare Advantage Contract based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 171

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits this request.

Request for Admission No. 172

Admit that, during the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.

Response to Request for Admission No. 172

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct. For example, the request is vague and ambiguous as to the meaning of "determined." Further, the request is not simple and direct because it does not identify any

specific evidence adduced in this case, and seeks to elicit a categorical-negative admission across an entire multi-year period for a vague potential set of determinations. The Government further objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 173

Admit that, before the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their RADV Audits.

Response to Request for Admission No. 173

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct. For example, the request is vague and ambiguous as to the meaning of "determined." Further, the request is not simple and direct because it does not identify any specific evidence adduced in this case, and seeks to elicit a categorical-negative admission across an entire multi-year period for a vague potential set of determinations. The Government further objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 174

Admit that, during the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 174

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct. For example, the request is vague and ambiguous as to the meaning of "determined." Further, the request is not simple and direct because it does not identify any specific evidence adduced in this case, and seeks to elicit a categorical-negative admission across an entire multi-year period for a vague potential set of determinations. The Government further objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 175

Admit that, before the Relevant Time Period, CMS never determined that an MAO's Attestation was False based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 175

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct. For example, the request is vague and ambiguous as to the meaning of "determined." Further, the request is not simple and direct because it does not identify any specific evidence adduced in this case, and seeks to elicit a categorical-negative admission across an entire multi-year period for a vague potential set of determinations. The Government further

objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 176

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 176

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO during the Relevant Time Period based on the results of HHS-OIG audits.

Request For Admission No. 177

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their HHS-OIG Audits.

Response to Request for Admission No. 177

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO before the Relevant Time Period based on the results of HHS-OIG audits.

Request For Admission No. 178

Admit that, during the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their RADV Audits.

Response to Request for Admission No. 178

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO during the Relevant Time Period based on the results of RADV audits.

Request for Admission No. 179

Admit that, before the Relevant Time Period, CMS never Sanctioned an MAO based on the results of their RADV Audits.

Response to Request for Admission No. 179

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction an MAO before the Relevant Time Period based on the results of RADV audits.

Request For Admission No. 180

Admit that on January 10, 2014, CMS solicited public comment on the 2014 Proposed Chart Review Rule that would have Required that "medical record review methodologies must be designed to identify errors in diagnoses submitted to CMS as risk adjustment data, regardless of whether the data errors would result in positive or negative payment adjustments."

Response to Request for Admission No. 180

The Government objects to this request as vague and incomplete. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its

authenticity, and avers that the Federal Register speaks for itself. The Government further objects to this request on the ground that it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received, and given that Anthem itself can review publicly available legal authorities. Subject to the foregoing and general objections, the Government is not required to respond to this request, but states and admits that on January 10, 2014, the Federal Register included a proposed rule regarding "Risk Adjustment Data Requirements," the text of that proposed rule can be found at 79 Fed. Reg. 2000 (Jan. 10, 2014), and the Federal Register stated that "To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on March 7, 2014."

Request For Admission No. 181

Admit that the 2014 Proposed Chart Review Rule would have established New Medicare Advantage Requirements.

Response to Request for Admission No. 181

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 182

Admit that in response to the 2014 Proposed Chart Review Rule, CMS received comments from MAOs Concerning the clarity of the 2014 Proposed Chart Review Rule.

Response to Request for Admission No. 182

The Government objects to this request as vague and ambiguous, particularly with respect to the term "clarity" and as to which comments the request is referring. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request but directs Anthem to comments issued in response to the 2014 Proposed Chart Review Rule, which speak for themselves.

Request For Admission No. 183

Admit that in response to the 2014 Proposed Chart Review Rule, CMS received comments from MAOs Concerning how burdensome it would be to implement the 2014 Proposed Chart Review Rule.

Response to Request for Admission No. 183

The Government objects to this request as vague and ambiguous, particularly with respect to the terms "how burdensome" and as to which comments the request is referring. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request but directs Anthem to comments issued in response to the 2014 Proposed Chart Review Rule, which speak for themselves.

Request For Admission No. 184

Admit that, following May 23, 2014, CMS did not issue any Medicare Advantage Requirements that would have Required that MAO "medical record review methodologies must be designed to identify errors in diagnoses submitted to CMS as risk adjustment data, regardless of whether the data errors would result in positive or negative payment adjustments."

Response to Request for Admission No. 184

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 185

Admit that, in 2014, CMS Knew that: "[u]nder existing regulation, there is no requirement for [MAOs] to audit medical records for overpayments."

Response to Request for Admission No. 185

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government objects to this request on the ground that it is quoting from a source that is not cited in the request, and Anthem has not identified the source of the document. The Government further objects to this request as it appears to be asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects as the request calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs

of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request but directs Anthem to testimony provided by Anne Hornsby on behalf of CMS in the *Poehling* litigation

Request For Admission No. 186

Admit that, regardless of time period, no Medicare Advantage Requirement Requires MAOs to Review Medical Records to Identify Overpayments.

Response to Request for Admission No. 186

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 187

Admit that You do not contend that the 2014 Final Overpayment Rule Requires MAOs to Review Medical Records to Identify Overpayments.

Response to Request for Admission No. 187

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct,

as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 188

Admit that the 2014 Final Overpayment Rule does not Require MAOs to Review Medical Records to Identify Overpayments.

Response to Request for Admission No. 188

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 189

Admit that You do not contend that a Diagnosis Code that is not Documented in a Medical Record always results in an Overpayment.

Response to Request for Admission No. 189

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 190

Admit that a Diagnosis Code that is not Documented in a Medical Record does not always result in an Overpayment.

Response to Request for Admission No. 190

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government admits that not every diagnosis code submitted by an MAO to CMS independently affects payment to an MAO.

Request For Admission No. 191

Admit that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

Response to Request for Admission No. 191

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government further objects on the ground that this Request for Admission seeks admission of an abstract or hypothetical proposition about generic outcomes rather than any specific fact at issue in this case. Subject to and without waiving the foregoing objections, the Government admits that when a coder does not identify a particular diagnosis code during a One-Way Retrospective Chart Review, the MAO does not, in every single case, receive a payment for that beneficiary and payment year that is different from the payment it would have received had the diagnosis code not been submitted to CMS (or deleted from CMS's payment systems).

Request for Admission No. 192

Admit that You do not contend that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

Response to Request for Admission No. 192

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct,

as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 193

Admit that a Diagnosis Code that an MAO Submitted to CMS and that was not Found by a Coder during a One-Way Retrospective Chart Review does not always result in an Overpayment.

Response to Request for Admission No. 193

The Government objects to the request as duplicative of Request No. 191, incorporates its objections to that request, and directs Anthem's to the Government's response to that request.

Request For Admission No. 194

Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is False.

Response to Request for Admission No. 194

The Government objects to this request as an improper litigation tactic because, through this request, Anthem seeks an admission that it itself disputes. As a result, this request for admission is not a bona fide attempt pursuant to Rule 36 to narrow the factual disputes between the parties. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As

contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 195

Admit that You contend that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is False.

Response to Request for Admission No. 195

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is

statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 196

Admit that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is not Documented in the Medical Record for each Beneficiary's Encounter.

Response to Request for Admission No. 196

The Government objects to this request as an improper litigation tactic because, through this request, Anthem seeks an admission that it itself disputes. As a result, this request for admission is not a bona fide attempt pursuant to Rule 36 to narrow the factual disputes between the parties. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which

the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 197

Admit that You contend that every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes is not Documented in the Medical Record for each Beneficiary's Encounter.

Response to Request for Admission No. 197

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is

statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 198

Admit that Anthem was Required by Medicare Advantage Requirements to Delete every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 198

The Government objects to this request as an improper litigation tactic because, through this request, Anthem seeks an admission that it itself disputes. As a result, this request for admission is not a bona fide attempt pursuant to Rule 36 to narrow the factual disputes between the parties. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which

the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 199

Admit that You contend that Anthem was Required by Medicare Advantage Requirements to Delete every Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 199

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a

representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government further objects as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 200

Admit that the May 5, 2025 List of Allegedly False Diagnosis Codes, August 13, 2025 List of Allegedly False Diagnosis Codes, and December 11, 2025 List of Allegedly False Diagnosis Codes each contain columns of data with the following titles: "bene sk," "date of service from," "date of service thru," "claim type," and "dgns cd."

Response to Request for Admission No. 200

The Government objects that this Request for Admission seeks information that is not relevant to the Government's claims or the Defendant's defenses, including by seeking information concerning prior lists of allegedly false diagnosis codes that are no longer operative in this case. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes and the August 13, 2025 List of Allegedly False Diagnosis

Codes have been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for

extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Subject to and without waiving the foregoing objections, the Government admits that the December 11 list contains columns of data with the following titles: "bene sk," "date of service from," "date of service thru," "claim type," and "dgns cd."

Request For Admission No. 201

Admit that, as part of the RADV Audits of Anthem, Coders Reviewed Medical Records for Anthem Beneficiaries.

Response to Request for Admission No. 201

Admits.

Request For Admission No. 202

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 202

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As

contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 203

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 203

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in

some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 204

Admit that, as part of RADV Audits, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are also identified in the data fields of the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 204

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert

disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. The Government further objects to this request as the Government intends to remove from its list of allegedly false diagnosis codes any codes that were part of RADV audits. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 205

Admit that, as part of RADV Audits of Anthem, Coders Reviewed Medical Records for more than 500 Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 205

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in

some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 206

Admit that Medical Records for at least 450 of the Anthem Beneficiaries Included on the May 5, 2025 List of Allegedly False Diagnosis Codes Included Diagnosis Codes that Mapped to HCCs that were Validated as part of a RADV Audit of Anthem.

Response to Request for Admission No. 206

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical

records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 207

Admit that, as part of Anthem RADV Audits, Coders Reviewed Medical Records for more than 60 Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 207

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is

the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 208

Admit that Medical Records for at least 50 of the Anthem Beneficiaries Included on the August 13, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of an Anthem RADV audit.

Response to Request for Admission No. 208

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which

diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 209

Admit that, as part of Anthem RADV Audits, Coders Reviewed Medical Records for more than twenty Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 209

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20,

2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery,

which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 210

Admit that Medical Records for at least seventeen of the Anthem Beneficiaries Included on the December 11, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of an Anthem RADV audit.

Response to Request for Admission No. 210

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme

Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 211

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for Anthem Beneficiaries.

Response to Request for Admission No. 211

Admits.

Request For Admission No. 212

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 212

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the

identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the

Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 213

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 213

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y.

Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 214

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for some Anthem Medicare Advantage Beneficiaries whose HICNs are Included in the data fields of the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 214

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges

were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 215

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for at least fifteen Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the May 5, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 215

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is

the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 216

Admit that Medical Records for at least eleven of the Anthem Beneficiaries Included on the May 5, 2025 List of Allegedly False Diagnosis Codes Included Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

Response to Request for Admission No. 216

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the May 5, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which

diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 217

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for two Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the August 13, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 217

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20,

2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are

unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 218

Admit that Medical Records for two of the Anthem Beneficiaries Identified on the August 13, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

Response to Request for Admission No. 218

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects that the August 13, 2025 List of Allegedly False Diagnosis Codes has been superseded by the December 11, 2025 list. The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported

from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 219

Admit that, as part of the HHS-OIG Audit of Anthem, Coders Reviewed Medical Records for one Anthem Beneficiaries whose HICNs are listed in the "bene sk" column of the December 11, 2025 List of Allegedly False Diagnosis Codes.

Response to Request for Admission No. 219

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert

discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 220

Admit that Medical Records for 1 of the Anthem Beneficiaries Identified on the December 11, 2025 List of Allegedly False Diagnosis Codes contained Diagnosis Codes that Mapped to HCCs that were Validated as part of the HHS-OIG Audit of Anthem.

Response to Request for Admission No. 220

The Government objects to this request on the basis that it concerns codes that will not be part of the Government's case and are thus irrelevant, as the Court recognized in its May 20, 2026, Order (ECF No. 516, at 9). The Government further objects to this request as premature because the request, regarding the identification and description of why particular Diagnosis Codes are false, seeks information that the Government's experts may provide during expert discovery, but expert discovery is not yet complete, and the deadline for the Government's expert disclosures has not yet passed. With respect to the diagnosis codes that the Government alleges were not supported by the medical records, the Government's evidence will be further developed through expert discovery. As contemplated by the Court, the Government is reviewing a sample of diagnosis codes, for which the Court ordered Anthem to produce the associated medical records, to determine which diagnosis codes within that sample are unsupported by the medical record documentation, and the results of that review will then be extrapolated to the broader population of diagnosis codes from which the sample was drawn to establish the percentage of diagnosis codes unsupported from the broader population and, with additional evidence, the Government's damages. *See United States v. Anthem, Inc.*, No. 20 Civ. 2593 (ALC) (KHP), 2026 WL 456597, at *3 (S.D.N.Y. Feb. 18, 2026) ("While the parties dispute whether the Government may rely on a sampling to establish liability in this case, the Court notes that the U.S. Supreme Court has recognized that in some cases a representative sample is the only practicable means to collect and present relevant data establishing a defendant's liability. The Court does not decide

in this opinion whether the sample requested is statistically valid or sufficient to establish liability, but finds that sampling is the only practicable way to proceed in discovery at this point." (citation and internal quotation marks omitted)). The methodology and results of that review of medical records and extrapolation analysis—including the identification of the diagnosis codes within the sample that are unsupported by the medical record documentation, the reasons each such code is unsupported, and the methodology for extrapolation—are the proper subject of expert discovery, which the Government will provide through expert disclosures in accordance with the schedule set by the Court. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 221

Admit that between November 13, 2018, and October 10, 2025, Anthem sent seven Attestation Letters to CMS describing how it conducted Chart Reviews.

Response to Request for Admission No. 221

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government also objects to this request as circular, as Anthem defines Attestation Letters as seven letters Anthem sent to CMS between the referenced dates. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that the request asks the Government to interpret the contents of Anthem's own documents, with which Anthem has at least as much, if not more than, familiarity than the Government. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to

respond to this request, and refers Anthem to the so-called Attestation Letters, which speak for themselves.

Request For Admission No. 222

Admit that each of Anthem's Attestation Letters to CMS stated that they were Disclosing "Potentially Unverified Diagnosis Codes."

Response to Request for Admission No. 222

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that the request asks the Government to interpret the contents of Anthem's own documents, with which Anthem has at least as much, if not more than, familiarity than the Government. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request, and refers Anthem to the so-called Attestation Letters, which speak for themselves.

Request For Admission No. 223

Admit that each of Anthem's Attestation Letters provided CMS with a "file" of "Potentially Unverified Diagnosis Codes."

Response to Request for Admission No. 223

The Government objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that the request asks the Government to interpret Anthem's own documents, with which Anthem has at least as much, if not more than, familiarity than the Government. The Government also objects to this request on the ground that preparing a response

would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government admits that Anthem enclosed flash drives with letters that it sent to CMS between 2018 and 2015 which Anthem described as containing "Potentially Unverified Diagnosis Codes."

Request For Admission No. 224

Admit that the "file" of "Potentially Unverified Codes" that Anthem provided with each of the Attestation Letters Included the information that CMS needed to Delete the Diagnosis Codes that had been Disclosed as "Potentially Unverified Diagnosis Codes."

Response to Request for Admission No. 224

The Government objects to this request on the basis that it is vague and ambiguous, particularly as to the term "information," and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request as misleading and calling for a legal conclusion rather than an admission of facts to the extent it suggests that CMS, rather than Anthem, was obligated to delete diagnosis codes Anthem identified as unsupported. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 225

Admit that CMS could have Deleted the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed in each "file" that Anthem sent to CMS in the Attestation Letters.

Response to Request for Admission No. 225

The Government objects to this request on the basis that it is vague and ambiguous, and on the basis that it calls for a generalization covering hypothetical scenarios, and not simple and direct, as required. The Government also objects to this request on the ground that preparing a response

would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request as misleading and calling for a legal conclusion rather than an admission of facts to the extent it suggests that CMS, rather than Anthem, was obligated to delete diagnosis codes Anthem identified as unsupported. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 226

Admit that CMS did not Delete the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed in each "file" that Anthem sent to CMS in the Attestation Letters.

Response to Request for Admission No. 226

The Government objects to this Request as vague, ambiguous, and misleading, including to the extent it suggests that CMS, rather than Anthem, was obligated to delete diagnosis codes Anthem identified as unsupported. Subject to and without waiving the foregoing objections, the Government admits that CMS did not delete the diagnosis codes that Anthem sent to CMS on flash drives, but avers that, among other things, CMS issued the Notice of Intermediate Sanctions to Anthem as a result of Anthem's failure to do so, and that pursuant to 42 CFR 422.310(d)(2), if an MAO has information, knowledge, or belief that incorrect diagnosis data were submitted, the MAO is responsible for deleting the incorrect diagnosis data through the established submission process (i.e., Risk Adjustment Processing System (RAPS) and/or Encounter Data Processing System (EDPS)).

Request for Admission No. 227

Admit that CMS did not modify Risk Adjustment Payments to Anthem based on the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

Response to Request for Admission No. 227

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required, including as to what is meant by "modifying" risk adjustment payments. The Government further objects to this request to the extent it is misleading and omits pertinent information, including to the extent it suggests that CMS, rather than Anthem, was obligated to delete diagnosis codes Anthem identified as unsupported or that CMS could modify risk adjustment payments without Anthem submitting deletes. Subject to and without waiving the foregoing objections, the Government denies this request and avers that Anthem has deleted diagnosis codes it described as "Potentially Unsupported" and remitted payment concerning those diagnosis codes to CMS.

Request For Admission No. 228

Admit that, before issuing the Notice of Intermediate Sanctions, CMS never Sanctioned Anthem for not Deleting the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

Response to Request for Admission No. 228

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not sanction Anthem in relation to the "Potentially Unverified Diagnosis Codes" described in Anthem's letters prior to issuing the Notice of Intermediate Sanctions.

Request For Admission No. 229

Admit that, prior to issuing the Notice of Intermediate Sanctions, CMS never Refused to pay Anthem for not Deleting the "Potentially Unverified Diagnosis Codes" that Anthem Disclosed to CMS.

Response to Request for Admission No. 229

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required, including as to the meaning of the phrase "Refused to pay Anthem for not Deleting." The Government further objects to this request on the ground that it is misleading and omits pertinent information. Subject to and without waiving the foregoing objections, the Government admits that CMS did not withhold payment from Anthem in relation to the "Potentially Unverified Diagnosis Codes" described in Anthem's letters prior to issuing the Notice of Intermediate Sanctions.

Request For Admission No. 230

Admit that on September 29, 2010, Anthem Submitted the CAP Materials to CMS in response to the 2006 Financial Audit results for Contract H3655.

Response to Request for Admission No. 230

The Government objects to this request as circular, as Anthem defines CAP Materials as the materials Anthem submitted to CMS on September 29, 2010. Subject to and without waiving the foregoing objections, the Government admits this request.

Request For Admission No. 231

Admit that in the CAP Materials, Anthem stated that "in an effort to address the issue of incomplete reporting of chronic conditions on the claim form, [it] developed and implemented a retrospective medical record review process."

Response to Request for Admission No. 231

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge

than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00213189, includes the following language: "In addition, in an effort to address the issue of incomplete reporting of chronic conditions on the claim form, WellPoint developed and implemented a retrospective medical record review process."

Request For Admission No. 232

Admit that in the CAP Materials, Anthem stated that this process "includes a review of the member's record to collect additional diagnosis data not collected on the member's claims or encounter data."

Response to Request for Admission No. 232

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00213189, includes the following language: "The introduction of this process, which includes a review of the member's record to collect additional diagnosis data not collected on the member's claims or encounter data, has enhanced our ability to more completely capture data not captured on the claim form."

Request for Admission No. 233

Admit that in the CAP Materials, Anthem stated that this process "has enhanced [its] ability to more completely capture diagnosis data not captured on the claim form."

Response to Request for Admission No. 233

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge, than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00213189, includes the following language: "The introduction of this process, which includes a review of the member's record to collect additional diagnosis data not collected on the member's claims or encounter data, has enhanced our ability to more completely capture data not captured on the claim form."

Request For Admission No. 234

Admit that in the CAP Materials, Anthem described a "process for getting the dx data to CMS" in which "[m]embers who are suspected of having additional diagnosis codes not identified on the claim/encounter are identified on a suspect list."

Response to Request for Admission No. 234

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp

ANTHEM_SDNY_00203126, includes the following language: "So what's the process for getting the dx data to CMS?" and on the same page, the document states, "Members who are suspected of having additional diagnosis codes not identified on the claim/encounter are identified on a suspect list."

Request For Admission No. 235

Admit that in the CAP Materials, Anthem stated that "[a]dditional diagnosis codes identified during this retrospective review process are also submitted to CMS via the RAPS process."

Response to Request for Admission No. 235

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00203126, includes the following language: "Additional diagnosis codes identified during this retrospective review process are also submitted to CMS via the RAPS process."

Request For Admission No. 236

Admit that in the CAP Materials, Anthem stated that it would "identify members suspected of having additional HCCs not identified on the claims or encounter data" and "pull their medical records in order to identify additional HCCs that can be submitted to CMS."

Response to Request for Admission No. 236

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent

it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge than the Government. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00203136, includes the following language: "As part of risk adjustment activities, Sr. Risk & Recovery collects member diagnosis data from claims & encounter data and submits it to CMS. As part of this process, Sr. Risk & Recovery also identifies members suspected of having additional HCCs not identified on the claims or encounter data. For these members, we will pull their medical records in order to identify additional HCCs that can be submitted to CMS as part of our data submissions (aka as RAPS submissions)."

Request For Admission No. 237

Admit that in the CAP Materials, Anthem stated that "[t]his review is not an audit of medical records; it is merely a retrospective review of the records."

Response to Request for Admission No. 237

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. The Government further objects to this request on the ground that it is asking the Government to relay the contents of Anthem's own document, of which Anthem has the same, or greater, knowledge than the Government. Subject to and without waiving the foregoing objections, the Government the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00203139, includes the following language: "Question: What is MediConnect's role? Answer: MediConnect is assisting us in performing retrospective reviews

of medical records for professional providers and some facility providers. Note: This review is not an audit of medical records; it is merely a retrospective review of the records."

Request For Admission No. 238

Admit that the "review" referenced in the CAP Materials was Anthem's Corporate Retrospective Chart Review Program.

Response to Request for Admission No. 238

The Government objects to this request as vague and ambiguous. The Government further objects to this Request as lacking foundation as it is unclear from the document what the "review" is referring to. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is asking the Government to interpret the meaning of Anthem's own documents, of which Anthem has the same, or greater, knowledge than the Government. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request for Admission No. 239

Admit that on December 30, 2011, CMS issued the Notice of Closure for the 2006 Financial Audit.

Response to Request for Admission No. 239

The Government objects to this request as vague and ambiguous, including based on its incorporation by reference of Anthem's definition of the term "Notice of Closure." The Government also objects to this request as circular, because Anthem defines "Notice of Closure" as the notice issued on the referenced date. The Government further objects to this request on the ground that, by incorporating Anthem's definition of "Notice of Closure," this request is asking

a party to interpret the meaning of a document rather than its authenticity. Subject to the foregoing and general objections, the Government admits that on December 30, 2011, CMS issued a "Notice of Closure – 2006 Financial Audit of: Wellpoint, Inc. Medicare Advantage and/or Prescription Drug Plan Contract Number: H3655," which speaks for itself.

Request For Admission No. 240

Admit that CMS stated in its Notice of Closure that "[b]ased on the evidence and documentation provided by your organization, CMS has determined that your organization has executed appropriate corrective actions for all of the findings identified in the 2006 audit report."

Response to Request for Admission No. 240

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government also objects to this request to the extent it is asking a party to interpret the meaning of a document rather than its authenticity. Subject to and without waiving the foregoing objections, the Government admits that the document produced by Anthem, bearing Bates stamp ANTHEM_SDNY_00213879, the Notice of Closure – 2006 Financial Audit of: Wellpoint, Inc. Medicare Advantage and/or Prescription Drug Plan Contract Number: H3655, includes the following language: "Based on the evidence and documentation provided by your organization, CMS has determined that your organization has executed appropriate corrective actions for all of the findings identified in the 2006 audit report."

Request For Admission No. 241

Admit that the CAP Materials did not state that Anthem's Corporate Retrospective Chart Review Program Verified the Accuracy of Diagnosis Codes that Providers Submitted to Anthem.

Response to Request for Admission No. 241

The Government objects to this request to the extent it seeks information regarding documents that speak for themselves. The Government further objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government

further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government also objects to this request on the ground that it is asking the Government to interpret the meaning of Anthem's own documents, of which Anthem has the same, or greater, knowledge than the Government. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government admits the CAP materials do not include the following exact statement: "Anthem's Corporate Retrospective Chart Review Program Verified the Accuracy of Diagnosis Codes that Providers Submitted to Anthem."

Request For Admission No. 242

Admit that, during the Relevant Time Period, there were no Medicare Advantage Requirements Concerning how MAOs should conduct their compliance programs pursuant to the Compliance Program Requirement.

Response to Request for Admission No. 242

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it calls for a legal conclusion rather than an admission of fact, and thus is not within the scope of Federal Rule of Civil Procedure 36. The Government also objects to this request on the ground that t is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review publicly available legal authorities. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 243

Admit that You contend that a FFS Adjuster is not necessary for determining the impact a particular Diagnosis Code has on the Risk Adjustment Payment to an MAO.

Response to Request for Admission No. 243

The Government objects to this request because it is not within the scope of Federal Rule of Civil Procedure 36 as it seeks legal contentions and conclusions rather than the admission of a fact. The Government also objects to this request as it is, in effect, a contention interrogatory, and Anthem has already served the maximum number of interrogatories permitted. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review the Government's responses to Anthem's contention interrogatories. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 244

Admit that, in December 2019, HHS-OIG published an HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470 (December 2019), which stated "MAOs almost exclusively added diagnoses as a result of their chart reviews."

Response to Request for Admission No. 244

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. Subject to and without waiving the foregoing objections, the Government admits that in December 2019, HHS-OIG published an HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470 (December 2019), and refers Anthem to the report for a true and complete statement of its contents.

Request for Admission No. 245

Admit that CMS reviewed a draft of the HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470.

Response to Request for Admission No. 245

The Government objects to this request on the basis that it is vague and ambiguous as to the meaning of the term "reviewed" and also as it does not identify which draft of the report is referenced. The Government objects to this request on the ground that it is not simple and direct, as Anthem has not identified any specific evidence in the record that would permit the Government to respond to this request without conducting a burdensome search and review. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to the request.

Request For Admission No. 246

Admit that, in a letter dated November 1, 2019, CMS commented on a draft of the HHS-OIG Report titled "Billions in Estimated Medicare Advantage Payments From Chart Reviews Raise Concerns," OEI-03-17-00470, stating that "chart review records are intended for the submission of additional diagnosis code submitted for risk adjustment."

Response to Request for Admission No. 246

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government objects to this request on the ground that it is not simple and direct, as Anthem has not identified any specific evidence in the record that would permit the Government to respond to this request without conducting a burdensome search and review. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the

ground that it is misleading and omits pertinent information. Accordingly, the Government is not required to respond to the request.

Request For Admission No. 247

Admit that, in September 2021, HHS-OIG published an HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), which concluded that twenty MAOs "drove a disproportionate share" of Risk Adjustment Payments from Diagnoses Codes Found during Chart Reviews.

Response to Request for Admission No. 247

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. Subject to and without waiving the foregoing objections, the Government admits that in September 2021, HHS-OIG published an HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), and refers Anthem to that report for a true and complete statement of its contents.

Request For Admission No. 248

Admit that Anthem was not among the twenty MAOs listed by HHS-OIG in the HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), as "driving a disproportionate share" of Risk Adjustment Payments from Diagnosis Codes Found during Chart Reviews.

Response to Request for Admission No. 248

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. Subject to the

foregoing and general objections, the Government admits that Exhibit C-1 on page 21 of the report entitled *Medicare Advantage: Questionable Use of Health Risk Assessments Continues To Drive Up Payments to Plans by Billions* does not list Anthem.

Request For Admission No. 249

Admit that the HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), concluded that 161 MAOs used Chart Reviews to Find additional Diagnosis Codes.

Response to Request for Admission No. 249

The Government objects to this request to the extent it seeks information regarding statements within a document that speaks for itself. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. Subject to the foregoing and general objections, the Government admits that Exhibit 7 to the HHS-OIG Report titled "Some Medicare Advantage Companies Leveraged Chart Reviews and Health Risk Assessments To Disproportionately Drive Payments," OEI-03-17-00474 (September 2021), includes the following language: "spreadsheet contains a list of the other 161 MA companies that had payments from chart reviews and/or health risk assessments."

Request For Admission No. 250

Admit that, after receiving the CAP Materials describing Anthem's Corporate Retrospective Chart Review Program, CMS continued to Renew Anthem's Medicare Advantage Contracts.

Response to Request for Admission No. 250

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's

claims or Anthem's defenses. The Government further objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects to this request on the grounds that it is disproportionate to the needs of the case. Subject to and without waiving foregoing objections, the Government admits that CMS has renewed Anthem's Medicare Advantage Contracts since 2010.

Request For Admission No. 251

Admit that, after receiving the CAP Materials describing Anthem's Corporate Retrospective Chart Review Program, CMS continued to make Risk Adjustment Payments to Anthem.

Response to Request for Admission No. 251

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. The Government further objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity. The Government objects to this request on the ground that it seeks information that is not relevant to the Government's claims or Anthem's defenses. The Government further objects to this request on the ground that it is misleading and omits pertinent information. The Government further objects to this request on the grounds that it is disproportionate to the needs of the case. Subject to and without waiving the foregoing objections, the Government admits that CMS has made risk adjustment payments to Anthem since 2010.

Request For Admission No. 252

Admit that, during the Relevant Time Period, CMS never Communicated to Anthem that Anthem's Corporate Retrospective Chart Review Program was not in compliance with any Medicare Advantage Requirement.

Response to Request for Admission No. 252

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required, including as to the meaning of the term "Communicated." The

Government further objects to this Request as lacking foundation. The Government also objects to this request on the ground that, it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 253

Admit that no Anthem employee had Actual Knowledge during the Relevant Time Period that any Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes was False.

Response to Request for Admission No. 253

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether "any diagnosis code" means a specific identifiable diagnosis code for a specific beneficiary and medical encounter on the Government's December 11 list, or whether it means diagnosis codes more generally on the Government's list. The Government further objects on the ground that the Request improperly implies that "Actual Knowledge" is the operative or exclusive measure of the knowledge element of the Government's False Claims Act claims, while the Government may prove the requisite scienter under the False Claims Act by actual knowledge, by deliberate ignorance of the truth or falsity of the information, or by reckless disregard of the truth or falsity of the information (and no specific intent to defraud is required). Accordingly, the Government further objects on the ground that the request will not narrow any issues for trial, as the Government will not be required to allocate particular individuals among the three different bases for establishing knowledge, and the jury will not be required to identify which prong it relies upon or sort individuals amongst the different prongs. The Government further objects to the request on the ground that it seeks information concerning fundamental disagreements regarding

the Government's claims and Anthem's defenses, and is not being used to establish the admission of discrete facts. The Government further objects on the ground that it is disproportionate to the needs of the case, given that Anthem can review the evidence adduced in discovery to date. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 254

Admit that no Anthem employee had Actual Knowledge during the Relevant Time Period that any Diagnosis Code on the December 11, 2025 List of Allegedly False Diagnosis Codes was not Documented in that Beneficiary's Medical Record.

Response to Request for Admission No. 254

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous as to whether "any diagnosis code" means a specific identifiable diagnosis code for a specific beneficiary and medical encounter on the Government's December 11 list, or whether it means diagnosis codes more generally on the Government's list. The Government further objects on the ground that the Request improperly implies that "Actual Knowledge" is the operative or exclusive measure of the knowledge element of the Government's False Claims Act claims, while the Government may prove the requisite scienter under the False Claims Act by actual knowledge, by deliberate ignorance of the truth or falsity of the information, or by reckless disregard of the truth or falsity of the information (and no specific intent to defraud is required). Accordingly, the Government further objects on the ground that the request will not narrow any issues for trial, as the Government will not be required to allocate particular individuals among the three different bases for establishing knowledge, and the jury will not be required to identify which prong it relies upon or sort individuals amongst the different prongs. The Government further objects to the request on the ground that it seeks information concerning fundamental disagreements regarding

the Government's claims and Anthem's defenses, and is not being used to establish the admission of discrete facts. The Government further objects on the ground that it is disproportionate to the needs of the case, given that Anthem can review the evidence adduced in discovery to date. Accordingly, the Government is not required to respond to this request.

Request For Admission No. 255

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds before issuing a CID on December 15, 2016 to Anthem.

Response to Request for Admission No. 255

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the phrase "any Litigation Holds" is vague and ambiguous. Subject to and without waiving the foregoing objections, the Government denies that it did not issue any litigation holds before December 15, 2026.

Request For Admission No. 256

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds after issuing a CID on December 15, 2016 to Anthem.

Response to Request for Admission No. 256

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the phrase "any Litigation Holds" is vague and ambiguous. Subject to and without waiving the foregoing objections, the Government denies that it did not issue any litigation holds after December 15, 2016.

Request For Admission No. 257

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds before filing the Original Complaint or Amended Complaint in this Action.

Response to Request for Admission No. 257

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the phrase "any Litigation Holds" is vague and ambiguous. In addition, the request is ambiguous because it includes different time periods for which it seeks an admission. Subject to and without waiving the foregoing objections, the Government denies that it did not issue any litigation holds before filing the Complaint or the Amended Complaint in this action.

Request For Admission No. 258

Admit that, other than Litigation Holds that were issued to Custodians in the *Poehling* Litigation, You did not issue any Litigation Holds following the filing of the Original Complaint or Amended Complaint in this Action.

Response to Request for Admission No. 258

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. In particular, the phrase "any Litigation Holds" is vague and ambiguous. In addition, the request is ambiguous because it includes different time periods for which it seeks an admission. Subject to and without waiving the foregoing objections, the Government denies that it did not issue any litigation holds after filing the Complaint or the Amended Complaint in this action.

Dated: June 24, 2026
New York, New York

JAY CLAYTON
United States Attorney for the
Southern District of New York
Attorney for the United States of America

By: */s/ Dana Walsh Kumar*
PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Telephone: (212) 637-2734

CERTIFICATE OF SERVICE

I, Dana Walsh Kumar, an Assistant United States Attorney for the Southern District of New York, hereby certify that on June 24, 2026, I caused a copy of the foregoing United States of America's Responses and Objections to Defendant Anthem Inc.'s First Set of Requests for Admissions to be served by electronic mail upon the following:

Blalack II, K. Lee <lblalack@omm.com>;
Bowman, Jim <jbowman@omm.com>;
Deaton, David <ddeaton@omm.com>;
Graves, Anwar <agraves@omm.com>;
Levine, Adam <alevine@omm.com>;
John Martin <john.martin@nelsonmullins.com>;
Heyward Bonyata <Heyward.Bonyata@nelsonmullins.com>

By:

/s/ Dana Walsh Kumar

Dana Walsh Kumar
Assistant United States Attorney
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637-2741
dana.walsh.kumar@usdoj.gov

Exhibit N

O'Melveny

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006-4061

T: +1 202 383 5300
F: +1 202 383 5414
omm.com

July 10, 2026

Anwar Graves
D: +1 202 383 5191
agraves@omm.com

Peter Aronoff, Esq.
Charles Jacob, Esq.
Adam Gitlin, Esq.
Rachael Doud, Esq.
Dana Walsh Kumar, Esq.
Pierre Armand, Esq.
Martha Glover, Esq.
Harry Fidler, Esq.
United States Attorney's Office for the Southern District of New York
86 Chambers Street, 3rd Floor
New York, New York 10007

Re: ***United States v. Anthem, Inc., Case No. 1:20-cv-02593-ALC (KHP) – Deficiencies in Plaintiff's Responses to Anthem's First Set of Requests for Admission and Second Set of Interrogatories***

Dear Counsel:

We write on behalf of Defendant Anthem, Inc. regarding deficiencies in Plaintiff's Responses and Objections to Anthem's First Set of Requests for Admission and Plaintiff's Responses and Objections to Anthem's Second Set of Interrogatories (Nos. 6-30), both served on June 24, 2026. Plaintiff's responses are improper in numerous respects, as detailed below. We request that Plaintiff address the deficiencies described below by no later than July 20, 2026.

I. Plaintiff Failed to Provide Substantive Responses to Nearly Two-Thirds of Anthem's RFAs

As a threshold matter, Plaintiff's responses to Anthem's RFAs are grossly inadequate. Of the 258 RFAs that Anthem served, Plaintiff provided no substantive answer to approximately 172 of them. Only RFA Nos. 201 and 211 received unqualified admissions, both of which merely conceded the undisputed proposition that coders reviewed medical records as part of Risk Adjustment Data Validation audits and audits conducted by the Office of Inspector General of the Department of Health and Human Services ("HHS-OIG"). For the reasons described below, Plaintiff's wholesale objections and refusal to respond to nearly all of Anthem's RFAs are improper.

A. Plaintiff's Boilerplate Objections are Improper (RFA Nos. 1–17, 32-53, 57-62, 66-100)

Plaintiff responded to over eighty RFAs with virtually identical boilerplate objections that are not tailored to any particular request. Instead of admitting, denying, or setting forth in detail the reasons why Plaintiff cannot truthfully admit or deny the matters stated, as required by Federal Rule of Civil Procedure 36(a)(4), Plaintiff simply recycles the same stock language across multiple RFAs. The typical response pattern consists of a string of objections—"vague and ambiguous," "calls for a legal conclusion," "not relevant," and "unduly burdensome"—followed by the blanket conclusion that "the Government is not required to respond to this request." *See, e.g.,* RFA Nos. 3, 5, 6, 9, 11-12, 14, and 16 (asserting the exact same objection, word for word, despite addressing different subjects); RFAs 7-8, 13, 15, and 17 (asserting another set of verbatim, identical objections across different requests). Unlike Anthem's responses to Plaintiff's RFAs, Plaintiff's objections did not explain the language that is purportedly vague or ambiguous in each objection or why that ambiguity made it impossible to respond to each request, nor did Plaintiff identify any burden or provide the reason why the requested admission was not relevant to the issues in the case.

Plaintiff's approach does not comply with Rule 36. *See Pegoraro v. Marrero*, 281 F.R.D. 122, 128 (S.D.N.Y. 2012) (holding that "[b]oilerplate objections that include unsubstantiated claims of undue burden, overbreadth and lack of relevancy," coupled with no substantive response, "are a paradigm of discovery abuse."); *United States v. Veeraswamy*, 347 F.R.D. 591, 600 (E.D.N.Y. 2024) ("boilerplate objections are improper as they fail to rise to the level of specificity required by the Rules"). A party may not avoid responding to a request for admission simply by asserting boilerplate objections. Where a party cannot admit or deny a request, it must "state in detail" the reasons why and a party resisting discovery must explain specifically why each request is objectionable; generalized, formulaic objections are insufficient. *Id*. at 128-29; Fed. R. Civ. P. 36(a)(4). Plaintiff "cannot evade its discovery obligations by simply intoning [a] . . . familiar litany" of objections. *Homeward Residential, Inc. v. Sand Canyon Corp.*, 2016 WL 11954395, at *7 (S.D.N.Y. Sept. 30, 2016).

B. Plaintiff's Relevance and Unduly Burdensome Objections are Baseless (RFA Nos. 1–17, 32-53, 57-62, 66-100, 101-106, 172-176)

The scope of discovery under Rule 26 extends to any nonprivileged matter that is relevant to any party's claim or defense and proportional to the needs of the case, and each of these RFAs seeks admissions concerning Medicare Advantage program requirements, Anthem's compliance obligations, or the Center for Medicare and Medicaid Service's ("CMS") payment processes—all of which are directly pertinent to Plaintiff's False Claims Act ("FCA") theories of liability. Fed. R. Civ. P. 26(b)(1); *see e.g.*, Am. Cmpl. ¶¶ 4, 25, 37, 45-48, 51-52, 58-61, 64-65, 68, 83-90; 130-32, 134-135; 153, 155-57. Plaintiff cannot reasonably contend that RFAs concerning the MA program requirements that Anthem allegedly violated and processes that Plaintiff alleged in the Amended Complaint are irrelevant. Nor can Plaintiff credibly take the position that it is unduly burdensome to admit or deny whether the regulatory framework on which its claims for relief are based imposes specific obligations on MAOs. These RFAs go to the heart of Plaintiff's theory of liability against Anthem and Plaintiff's relevance and unduly burdensome objections thus have no merit.

C. Plaintiff's "Calls for a Legal Conclusion," "Hypothetical," and "Document Speaks for Itself" Objections are Improper (RFA Nos. 1–17, 19, 22-26, 32-53, 57-64, 67-100, 101-106, 110, 112-113, 172-176, 180-189, 231-237, 240, 242, 244, 246-249)

Plaintiff asserted that many RFAs "call[] for a legal conclusion rather than an admission of fact, and thus is not within the scope of Rule 36," but these objections misconstrue the Rule. *See* Fed. R. Civ. P. 36. "A request 'may be made to admit . . . the application of law to fact.'" *Cement & Concrete Workers Dist. Council Welfare Fund v. Manny P. Concrete Co.*, 145 F.4th 204, 209 (2d Cir. 2025) (quoting Fed. R. Civ. P. 36(a)(1)(A) and concluding that RFAs related to whether Defendants' legal obligations were triggered were proper). Under clear controlling authority, Plaintiff's repeated assertion that Anthem's requests "call for legal conclusions" is meritless. Plaintiff must respond to Anthem's RFAs seeking admissions regarding application of law to facts in this case.

Plaintiff also asserted that many RFAs either "call[] for the answer to a hypothetical" or concern hypothetical conduct and scenarios. But asking Plaintiff to admit or deny factual propositions about how risk adjustment data and diagnosis codes function within the Medicare Advantage program is not "hypothetical." For example, RFA No. 19 asks whether a healthcare provider's failure to submit a documented risk-adjusting diagnosis code to Anthem which was not otherwise submitted to CMS in that year will result in an Underpayment to Anthem, which is a factual question about the operation of CMS's MA payment system, not a hypothetical scenario.

Similarly, in lieu of proper responses, Plaintiff instead directs Anthem to certain regulations, documents, or testimony, which it contends "speak for [themselves]." But "objections that documents or regulations 'speak for themselves'. . . are improper" and "[o]bjections that [a party] should obtain the information by independent discovery and investigation, or that the matter is already within plaintiff's knowledge, are [] misplaced." *Diederich v. Dep't of Army*, 132 F.R.D. 614, 617 (S.D.N.Y. 1990). Indeed, "the purpose of requests for admissions are to seek [a party's] agreements as to alleged fact. Whether plaintiff could obtain the information independently or whether certain facts are within plaintiff's knowledge are irrelevant considerations." *Id*. And an RFA that requests "the meaning of a document or government regulation is simply a request for [Plaintiff's] admission of having understood the rule, during the period at issue, in a manner concurring with the meaning set forth by [Anthem]" and is thus entitled to a proper response. *Id*. To the extent Plaintiff disputes Anthem's characterization of a document, Plaintiff should say so; but it still must admit, deny, or qualify the specific proposition requested to the extent the request is otherwise proper.

D. Plaintiff's Objection that Anthem's RFAs are Contention Interrogatories is Meritless and Inaccurate (RFA Nos. 1–17, 32-53, 67-100, 181-189, 192, 242)

Plaintiff's objection that the RFAs are "contention interrogatories disguised as RFAs" misconstrues both Rules 33 and 36. Rules 33 and 36 serve distinct purposes: RFAs eliminate the need to prove undisputed facts, while interrogatories elicit information. *See Veeraswamy*, 347 F.R.D. at 599 (noting that "[r]equests for admissions are unlike discovery devices such as

interrogatories . . ."); *T. Rowe Price Small-Cap Fund, Inc. v. Oppenheimer & Co.*, 174 F.R.D. 38, 42 (S.D.N.Y. 1997) (explaining that "[t]he purpose of [Rule 36] is to reduce the costs of litigation by eliminating the necessity of proving facts that are not in substantial dispute, to narrow the scope of disputed issues, and to facilitate the presentation of cases to the trier of fact"); *see also* Fed. R. Civ. P. 33, 36. Plaintiff cannot avoid its obligation to admit or deny facts merely by characterizing RFAs as interrogatories. *Diederich v. Department of Army*, 132 F.R.D. 614, 616 (1990) (holding that objections to RFAs on the basis that they are interrogatories is meritless). This is not a valid basis to refuse to provide a substantive response to Anthem's RFAs.

Moreover, Plaintiff's assertion that "Anthem has already served the maximum number of interrogatories permitted" is factually incorrect. Anthem is entitled to 35 interrogatories pursuant to the parties' Proposed Case Management Plan and Report of Rule 26(f) Meeting filed with the Court on April 4, 2023 (Dkt. No. 84), and Anthem has served only 30 interrogatories. Plaintiff's position is also directly at odds with its own interrogatories to Anthem, which far exceed the parties' agreement.

II. Plaintiff's Interrogatory Responses Are Incomplete and Evasive

A. Interrogatory No. 9

Interrogatory No. 9 asks Plaintiff to state the material facts supporting its contention that Anthem was "obligat[ed] to find . . . inaccurate diagnosis codes." Rather than identifying material facts supporting Plaintiff's contention, Plaintiff referred Anthem back to the Amended Complaint. This does not respond to Anthem's interrogatory. Rule 33(a)(2) requires interrogatories to be answered "separately and fully in writing under oath." *See* Fed. R. Civ. P. 33(a)(2). Plaintiff's allegation that Anthem was required to "find" inaccurate diagnosis codes is a central issue in this case that Anthem vehemently contests. Anthem is entitled to know the specific factual basis on which Plaintiff intends to rely to establish that the obligation to "find" inaccurate diagnosis codes exists, not the fact that Plaintiff has alleged in the Amended Complaint that is the case. Plaintiff's existing response is entirely circular.

Plaintiff's reliance on *United States v. Renault, Inc.*, 27 F.R.D. 23 (S.D.N.Y. 1960), to justify its refusal to answer Interrogatory No. 9 is misplaced. In *Renault*, the court ordered the plaintiff to provide responsive answers to interrogatories requiring it to identify the overt acts on which it intended to rely, including the dates and actors involved. *Id*. at 28. The court ***overruled*** Plaintiff's objections to interrogatories seeking the factual bases for Plaintiff's legal theories and contentions, and sustained objections only to those interrogatories seeking "every item of evidence" to be produced at trial. *Id*. at 27. Thus, as *Renault* explained, a party cannot evade its obligation to identify the factual bases for its legal theories by making generalized references to the complaint or to evidence that the requesting party could find itself. *Id*. at 28–29. *Renault* thus confirms that Plaintiff must provide a response to Interrogatory No. 9 rather than merely justify its refusal to have done so.

B. Interrogatories Nos. 17–25

These interrogatories ask Plaintiff to (i) identify each False Claim it contends Anthem submitted to CMS, (ii) state what information is false and why, (iii) state the facts supporting Anthem's alleged knowledge of falsity, (iv) state the facts regarding Anthem's alleged knowing failure to delete the allegedly false codes, and (v) identify Overpayment(s). This Court has already recognized the centrality of individual diagnosis codes to Plaintiff's FCA allegations, granting Plaintiff's own motion to obtain a sample of medical records precisely because "[w]hether particular diagnosis codes were, in fact, supported by contemporaneous medical records is intertwined with the alleged falsity which is at the core of Plaintiff's allegations." *United States v. Anthem, Inc.*, No. 20-CV-2593, 2026 WL 456597, at *2 (S.D.N.Y. Feb. 18, 2026).

In response to these interrogatories, Plaintiff asserts that they seek information that its experts may provide during expert discovery. On this basis, Plaintiff has provided no substantive information regarding: which claims for payment it contends are false (Interrogatory 17); why each claim for payment is allegedly false (Interrogatory 18); Anthem's alleged knowledge of falsity (Interrogatory 19); Anthem's alleged avoidance of its Medicare Advantage obligations (Interrogatory 20); Anthem's alleged false records or statements (Interrogatories 21–22); and the identity and amount of each alleged overpayment (Interrogatories 23–25). Plaintiff filed this lawsuit in 2020 and has been investigating Anthem since at least 2016. In litigating this case, Plaintiff has taken dozens of depositions and received massive document productions, including medical records relating to a selection of the allegedly false diagnosis codes. Is it Plaintiff's position that, after years of discovery and more than two years since it has received Anthem's claims data and chart review results, Plaintiff cannot explain why any specific diagnosis code on its list is allegedly false, or identify the resulting overpayment attributable to any code? Plaintiff has identified the attestations it contends are false claims and has produced a list of allegedly false diagnosis codes—but it has not substantiated these claims by explaining why any particular code is false, what facts support Anthem's alleged knowledge of falsity, or what overpayment resulted from any specific code. This is precisely the information these interrogatories seek.

Moreover, while expert discovery may supplement Plaintiff's responses, the mere prospect of future expert testimony does not relieve Plaintiff of its ***present*** obligation to respond to interrogatories based on information reasonably available to it now. *See Gov't Emps. Ins. Co. v. Strut,* 2021 WL 230902, at *4 (W.D.N.Y. Jan. 22, 2021) (holding that a party may not defer answering contention interrogatories seeking the basic factual underpinnings of its allegations on the ground that expert discovery is incomplete). Indeed, contention interrogatories require answers based on presently available information, with the understanding that responses may be supplemented. *Id.*; *See* Fed. R. Civ. P. 26(e)(1). Having long ago obtained Anthem's claims data and chart review extracts, and having now had the underlying medical records for months, Plaintiff cannot credibly contend that it lacks the ability to explain why any specific diagnosis code on its list is allegedly false or to identify the overpayment resulting from that code. These interrogatories do not ask Plaintiff to identify its claims, but rather to articulate the factual basis for those claims. Unless it is Plaintiff's position that such substantiation cannot occur without years of analysis by an outside consultant or expert, Plaintiff must respond.

In any event, none of these interrogatories "call for responses that venture into the realm of expert discovery." *Gov't Emps. Ins. Co.,* 2021 WL 230902, at *4. In *Strut*, the court expressly found that interrogatories which, like the ones posed here, "seek to understand the basic factual

underpinnings of Plaintiffs' claims—*e.g.*, which diagnoses do Plaintiffs believe are false, which patients had those allegedly false diagnoses, and which documents pertain to each false diagnosis and patient" were proper. *Id.* The court in *Strut* admonished that—much like Plaintiff here—the plaintiffs improperly "fail[ed] to articulate any reason why it would be unfair to fully identify the factual bases for their claims at this time" and noted that, "to the extent [p]laintiffs need to correct or supplement their interrogatory responses based on information subsequently learned through [expert] discovery, they can (and must) do so in accordance with Rule 26(e)." Plaintiff has provided no valid basis for refusing to do so here and must fully respond to these interrogatories.

C. Interrogatories Nos. 10-14, 16, 18-19, 20, 23-25, 27–28

Plaintiff responded to these interrogatories by improperly cross-referencing its response to other interrogatories and maintaining that these requests are "cumulative and duplicative." Cross-referencing another interrogatory response does not constitute a full and separate answer where the interrogatories address distinct subject matter. *See* Fed. R. Civ. P. 33(b)(3).

Separately, Interrogatories 27 and 28 ask Plaintiff to state in detail all the ways in which CMS communicated to MAOs the "Due Diligence" and "Good Faith Efforts" MA program requirements imposed on MAOs. *See* Am. Cmpl. ¶¶ 89-90. Plaintiff provided a partial response to these interrogatories, and notably objected to Anthem's characterization of the "Due Diligence" and "Good Faith Efforts" requirements as "freestanding or standalone requirement[s]" because, according to Plaintiff, they are a "standard[s] of conduct" arising from other obligations. While this characterization has significant implications, Plaintiff's response fails to answer how CMS communicated these obligations to MAOs. Because Plaintiff has alleged that Anthem understood its obligations pertaining to these specific MA program requirements, it must provide a complete substantive response.

D. Interrogatories Nos. 29–30

These interrogatories ask Plaintiff to identify Anthem employees who had "Actual Knowledge" of the falsity of any diagnosis code on Plaintiff's December 11, 2025 list if Plaintiff denied RFA Nos. 253 and 254. Plaintiff refuses to answer these interrogatories because it "did not deny" the corresponding RFAs, even though it did not provide a substantive response. But Plaintiff's position is circular. Plaintiff cannot refuse to respond to an RFA by asserting baseless objections and then use that non-response as a basis for refusing to respond to a separate, independent interrogatory. Anthem is entitled to know whether Plaintiff contends that specific Anthem employees had actual knowledge of any of the allegedly false diagnosis codes, and if so, who those employees are.

III. The Inconsistencies in Plaintiff's Positions Throughout its Discovery Responses Further Illustrate the Impropriety of Plaintiff's Objections

The fact that Plaintiff's objections are arbitrary and unfounded is demonstrated by the fact that Plaintiff selectively responded to some interrogatories while categorically refusing to respond to others that were virtually indistinguishable. For example, Plaintiff extensively cited Cheri Rice's deposition testimony in response to Interrogatory 15 to explain how CMS would have

responded to Anthem's allegedly false attestations; yet, in response to RFA Nos. 57–62, which seek admissions concerning CMS's knowledge of Anthem's business practices -- which presumably implicates Ms. Rice's knowledge and testimony -- Plaintiff objected that those requests are "premature" because Rule 30(b)(6) testimony concerning this topic is not complete. Plaintiff cannot selectively rely on CMS testimony when it supports its affirmative case while simultaneously objecting that responses to RFAs concerning CMS's knowledge of that same subject matter are somehow premature.

Plaintiff's interrogatory responses also repeatedly assert that Anthem operated a "one-way" chart review program and Anthem understood that undocumented diagnosis codes should be deleted from the CMS data systems. However, in response to RFA Nos. 71–73, Plaintiff refuses to admit or deny whether it contends that the diagnosis codes Anthem submitted through its chart review program were accurate or properly documented in medical records, asserting that these are "not the subject of this lawsuit." The accuracy of Anthem's chart review submissions is necessarily implicated by Plaintiff's theory of liability, and Plaintiff's refusal to answer such requests is nonsensical and improper.

Please serve amended responses to these interrogatories that address these deficiencies, remove the baseless objections identified above, and provide substantive responses to these interrogatories. If Plaintiff refuses to withdraw these objections and provide substantive responses, Anthem is prepared to seek relief from the Court.

IV. Anthem Will Permit Plaintiff to Defer Providing Supplemental Responses to Certain Interrogatories Until After the Rule 30(b)(6) Deposition(s) Have Been Completed

Notwithstanding the deficiencies identified above, Anthem recognizes that a significant number of interrogatories in its Second Set of Interrogatories address subjects that overlap with topics Anthem noticed for its Rule 30(b)(6) deposition of Plaintiff. Based on the Court's comments at the July 7, 2026 case management conference, and in the interest of efficiency and to avoid imposing duplicative preparation burdens on Plaintiff, Anthem is prepared to defer requiring supplemental or corrected responses from Plaintiff to the following interrogatories until after the Rule 30(b)(6) deposition(s) have been completed and the parties are able to evaluate the record on the relevant subjects with the benefit of that testimony:

- **Interrogatory No. 15** ("State in detail every Material fact upon which You base Your contention that '[i]f CMS had known that Anthem's attestation was false . . . CMS would have taken appropriate actions to ensure that Anthem did not receive or retain risk-adjustment payments to which it was not entitled, including by recouping payments through administrative processes, adjusting the reconciliation payments, or obtaining repayments in enforcement actions.' Am. Compl. ¶¶ 162, 167.)
- **Interrogatory No. 26** ("Identify all provisions of the ICD Guidelines on which You base Your allegations at Paragraph 68 of the Amended Complaint that Anthem Presented False Claims.")

- **Interrogatory No. 27** ("State in detail all the ways in which CMS Communicated to MAOs each and every Medicare Advantage Requirement that You contend is imposed on MAOs by the Due Diligence Requirement.")
- **Interrogatory No. 28** ("State in detail all the ways in which CMS Communicated to MAOs each and every Medicare Advantage Requirement that You contend is imposed on MAOs by the Requirement to make Good Faith Efforts.")

This accommodation is conditioned on Plaintiff's agreement (i) to provide complete, substantive supplemental responses to the above-listed interrogatories within thirty (30) days after the conclusion of the Rule 30(b)(6) deposition(s), accounting for the testimony elicited and any remaining gaps; (ii) that Anthem may likewise defer responding to any of Plaintiff's interrogatories that overlap with Rule 30(b)(6) topics until thirty (30) days after the conclusion of those depositions on the same terms; and (iii) to cure the deficiencies identified in this letter with respect to all other interrogatories and RFAs on the timeline set forth above. For the avoidance of doubt, Anthem does not waive any objection to the adequacy of Plaintiff's existing responses to the above-listed interrogatories and reserves all rights to seek further relief from the Court if Plaintiff's supplemental responses remain deficient.

Please advise whether it would be beneficial for the parties to meet and confer again to address any questions Plaintiff may have about Anthem's offers of compromise in this letter.

Sincerely,

/s/ *Anwar Graves*
Partner
of O'MELVENY & MYERS LLP

Exhibit O

From: Walsh Kumar, Dana (USANYS)
To: Graves, Anwar; Fidler, Harry (USANYS); Levine, Adam; Bowman, Jim; Blalack II, K. Lee; Deaton, David; Burke, Christopher P.; Geyer, Katie; Cayetano, Josh; Sullivan, Stephen M.; Randall, Victoria L.
Cc: Armand, Pierre (USANYS); Aronoff, Peter (USANYS); Doud, Rachael (USANYS); Gitlin, Adam (USANYS); Jacob, Charles (USANYS)
Subject: RE: US v. Anthem - Responses and Objections to RFAs
Date: Wednesday, August 12, 2026 7:11:12 PM

Hi Anwar,

We are writing in response to your August 4 email regarding the Government's responses and objections to Anthem's RFAs. The Government is not able to accept Anthem's "offer of compromise," as Anthem's list of 47 RFAs are largely objectionable and do not comply with Rule 36. The Government, however, is willing to supplement its responses to RFAs 59, 60, 87, 88 and 252, and will aim to provide those supplemented responses by August 21. Apart from supplementing its responses to those 5 RFAs, the Government intends to stand on its initial responses and objections to the remainder of the RFAs, and the parties are thus at an impasse. We do not believe that further meeting and conferring would be productive as Anthem is in possession of the Government's responses and objections.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Graves, Anwar <agraves@omm.com>
Sent: Friday, August 7, 2026 4:15 PM
To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Levine, Adam <alevine@omm.com>; Bowman, Jim <jbowman@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Deaton, David <ddeaton@omm.com>; Burke, Christopher P. <cburke@omm.com>; Geyer, Katie <kgeyer@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Randall, Victoria L. <vrandall@omm.com>
Cc: Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>
Subject: [EXTERNAL] RE: US v. Anthem - Responses and Objections to RFAs

Hi Dana,

If Plaintiff agrees to provide full, substantive responses to the 47 RFAs identified in Exhibit A to our August 4 email, Anthem will withdraw the remaining 117 RFAs at issue.

However, if Plaintiff declines to provide full responses to those 47 RFAs, Anthem reserves its right to move to compel responses to all of the RFAs for which we believe Plaintiff's responses are deficient.

Best,
Anwar

O'Melveny

Anwar L. Graves
Partner
agraves@omm.com
O: +1-202-383-5191

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006
Website | LinkedIn | Twitter

From: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>
Sent: Friday, August 7, 2026 1:55 PM
To: Graves, Anwar <agraves@omm.com>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Levine, Adam <alevine@omm.com>; Bowman, Jim <jbowman@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Deaton, David <ddeaton@omm.com>; Burke, Christopher P. <cburke@omm.com>; Geyer, Katie <kgeyer@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Randall, Victoria L. <vrandall@omm.com>
Cc: Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>
Subject: RE: US v. Anthem - Responses and Objections to RFAs

Hi Anwar,

We are in receipt of your August 4 email and the attachment. Can you please confirm that Anthem's offer is contingent on the Government amending its responses to all 47 RFAs included in Exhibit A attached to your email? If the Government declines the offer to respond to all 47 RFAs, will Anthem move to compel all 164 RFAs mentioned in your email? It would help to get clarity so that we can respond appropriately.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Graves, Anwar <agraves@omm.com>
Sent: Tuesday, August 4, 2026 9:34 PM

To: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>; Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Levine, Adam <alevine@omm.com>; Bowman, Jim <jbowman@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Deaton, David <ddeaton@omm.com>; Burke, Christopher P. <cburke@omm.com>; Geyer, Katie <kgeyer@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Randall, Victoria L. <vrandall@omm.com>
Cc: Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>
Subject: [EXTERNAL] RE: US v. Anthem - Responses and Objections to RFAs

Hi Dana,

We write regarding deficiencies in Plaintiff's Responses and Objections to Anthem's First Set of Requests for Admission ("RFAs"), served on June 24, 2026. As detailed in our letter of July 10, 2026, Plaintiff failed to provide an admission, denial, or statement of insufficient information to approximately 164 of Anthem's 258 RFAs.

On July 22, 2026, the parties met-and-conferred regarding these deficiencies. During that conference, Anthem requested that Plaintiff supplement its relevance, vagueness, overbreadth, and unduly burdensome objections because Plaintiff's generic assertion of those objections failed to articulate how or why they applied to any specific request. Anthem also directed Plaintiff to case law contradicting Plaintiff's position that Anthem's RFAs are impermissible "contention interrogatories," improperly seek legal conclusions, or concern hypothetical scenarios. Although Plaintiff agreed to consider Anthem's position, Plaintiff confirmed via email on July 24, 2026 that it will not supplement its responses.

While Anthem maintains that Plaintiff's responses and objections to Anthem's RFAs are deficient in many respects, Anthem is prepared to offer the following compromise in an effort to avoid burdening the Court with another discovery dispute.

In exchange for Plaintiff's full, substantive responses—admitting, denying, or stating in detail why it cannot admit or deny—to 47 RFAs (as set forth in the attached Exhibit A), Anthem will not pursue responses to the remaining 117 RFAs to which Plaintiff did not provide a full and substantive response. While Anthem makes this offer in good faith to resolve this dispute without burdening the Court, it reserves all rights to seek full relief from the Court if Plaintiff rejects this offer of compromise.

Please advise by no later than August 11, 2026 whether Plaintiff accepts Anthem's offer and will provide full, substantive responses to the aforementioned RFAs.

If Plaintiff does not accept this offer, Anthem requests that the parties schedule a meet-and-confer to discuss each remaining RFA individually. As discussed above and during the parties' prior meet-and-confer, Plaintiff's use of generic objections leaves Anthem without any information regarding the basis of those objections, which must be crystallized before any motions practice. Anthem proposes that this meet-and-confer occur no later than the week of August 18, 2026.

Best,
Anwar

O'Melveny

Anwar L. Graves
Partner
agraves@omm.com
O: +1-202-383-5191

O'Melveny & Myers LLP
1625 Eye Street, NW
Washington, DC 20006
Website | LinkedIn | Twitter

From: Walsh Kumar, Dana (USANYS) <Dana.Walsh.Kumar@usdoj.gov>
Sent: Friday, July 24, 2026 4:55 PM
To: Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Levine, Adam <alevine@omm.com>; Bowman, Jim <jbowman@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Deaton, David <ddeaton@omm.com>; Graves, Anwar <agraves@omm.com>; Burke, Christopher P. <cburke@omm.com>; Geyer, Katie <kgeyer@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Randall, Victoria L. <vrandall@omm.com>
Cc: Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>
Subject: RE: US v. Anthem - Responses and Objections to RFAs

Hi Anwar,

Thanks for chatting on Wednesday afternoon. I'm following up regarding the Government's responses to Anthem's RFAs. I have conferred with the team, and we will not supplement our responses and objections, and intend to rely upon the responses and objections we already served.

In addition, we have reviewed the case you flagged, *Booth Oil Site Admin. Grp. v. Safety-Kleen Corp.*, 194 F.R.D. 76, 82 (W.D.N.Y. 2000), regarding the permissibility of the RFAs Anthem served in which it seeks admissions regarding what the Government "does not contend" in the litigation. We disagree that this case supports Anthem's argument that its RFAs are proper as the facts of that case are plainly distinguishable, as are the types of RFAs served by the plaintiff there. Here, Anthem is impermissibly seeking admissions regarding the Government's contentions about the legal requirements at issue in this case. For example, RFA 2 asks the Government to "Admit that You do not contend that the Due Diligence Requirement Requires MAOs to Verify the Accuracy of Diagnosis Codes Submitted by Providers." This does not limit "the need for proof" regarding a particular provision of a document as was the case in *Booth*; instead, it asks the Government to specify its contentions concerning its legal positions in this case. Nor do these RFAs comply with Rule 36, which states that an RFA must relate to "facts, the application of law to fact, or opinions about

either" or "the genuineness of any described documents." Moreover, the default numerical limit on interrogatories set by Rule 33 would be meaningless if parties could simply recast interrogatories as RFAs as Anthem has done here. Anthem's RFAs seeking contentions are plainly improper, and the Government stands by its objections to these RFAs served by Anthem.

Finally, I mentioned I would send some additional case law explaining the Government's positions. Courts in the Second Circuit have found that RFAs "should not be used to harass the other side or in the hope that a party's adversary will simply concede essential elements," and that "[d]iscovery requests have to start with 'reasonable' as well as end there." *See e.g.*, *El-Ghazaly v. Kim*, No. 25 Civ. 3939 (BMC), 2025 WL 3132303, at *2-3 (E.D.N.Y. Nov. 10, 2025). Moreover, in instances where RFAs "seek information as to fundamental disagreement at the heart of the lawsuit . . . There are discovery devices that can be used to obtain information regarding the disputed issues, *e.g.*, depositions and requests for production of documents." *Republic of Turkey v. Christie's, Inc.*, 326 F.R.D. 394, 400 (S.D.N.Y. 2018). Anthem has utilized those discovery devices in this case, and many of the RFAs Anthem served are improper under Rule 26 because they are not the appropriate mechanism to get certain discovery and they are not proportionate considering the discovery Anthem has received to date. *See id.* In light of the relevant law in this Circuit, the Government intends to rely upon its June 24 responses and objections.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

From: Walsh Kumar, Dana (USANYS)
Sent: Tuesday, July 21, 2026 2:09 PM
To: Fidler, Harry (USANYS) <Harry.Fidler@usdoj.gov>; Levine, Adam <alevine@omm.com>; Bowman, Jim <jbowman@omm.com>; Blalack II, K. Lee <lblalack@omm.com>; Deaton, David <ddeaton@omm.com>; Graves, Anwar <agraves@omm.com>; Burke, Christopher P. <cburke@omm.com>; Geyer, Katie <kgeyer@omm.com>; Cayetano, Josh <jcayetano@omm.com>; Sullivan, Stephen M. <ssullivan@omm.com>; Randall, Victoria L. <vrandall@omm.com>
Cc: Armand, Pierre (USANYS) <Pierre.Armand@usdoj.gov>; Aronoff, Peter (USANYS) <Peter.Aronoff@usdoj.gov>; Doud, Rachael (USANYS) <Rachael.Doud@usdoj.gov>; Gitlin, Adam (USANYS) <Adam.Gitlin@usdoj.gov>; Jacob, Charles (USANYS) <Charles.Jacob@usdoj.gov>
Subject: RE: US v. Anthem - Responses and Objections to RFAs

Hi all,

In advance of our meet and confer tomorrow, we are writing in response to the concerns Anthem raised in its July 10 letter regarding the Government's responses and objections to Anthem's requests for admission ("RFAs"). First, the Government's objections were not "boilerplate." The Government objected to each RFA with specific objections applicable to each RFA. Anthem served 258 RFAs, many of which were similar, and most of which were improper. Accordingly, similar

objections applied to many of the RFAs, and those objections are proper.

Second, the Government's relevance and proportionality objections are proper. All discovery requests must comport with Rule 26, which requires that discovery be "proportional to the needs of the case." Moreover, the "purpose of an RFA is to narrow issues for trial and confirm facts such that they do no need to be established at trial. They are not discovery devices." *Delgado v. Donald J. Trump for President, Inc.*, No. 19-CV-11764 (AT) (KHP), 2024 WL 3219809, at *7 (S.D.N.Y. June 28, 2024). Anthem served 258 RFAs, many of which are wholly disproportionate, and seek improper information that would require burdensome reviews and preparation. *See Republic of Turkey v. Christie's, Inc.*, 326 F.R.D. 394, 399 (S.D.N.Y. 2018) ("[W]here requests for admission are not designed to identify and eliminate matters on which the parties agree, but to seek information as to fundamental disagreement at the heart of the lawsuit, or are unduly burdensome, a court may excuse a party from responding to the requests."). Such requests thus do not comply with Rules 26 and 36.

Third, many of Anthem's RFAs improperly seek admissions regarding legal conclusions, present improper hypotheticals, and/or improperly seek admissions regarding the interpretations of documents. The Government set forth these objections in its responses where applicable. A request may be proper if it presents an application of law to fact, but many of Anthem's requests improperly "seek admission of a legal conclusion." *Delgado*, 2024 WL 3219809, at *7. As just one example, RFA 83 asks specifically about the requirements of the "Due Diligence Requirement." This calls for an impermissible legal conclusion. That is just one example of the many impermissible calls for legal conclusions. In addition, RFAs "that call for the answer to hypothetical questions are not proper." *Rubinstein v. Music Sales Corp.*, No. 19-CV-11187 (LJL), 2021 WL 3374539, at *3 (S.D.N.Y. Aug. 3, 2021). In many RFAs, Anthem is not asking about facts of how the MA program works, but rather seeking admissions regarding complex scenarios that could vary depending on different facts. These are plainly impermissible hypotheticals to which the Government is not required to respond. Moreover, many of Anthem's RFAs ask the Government to interpret documents, either through the RFA itself or its use of defined terms taken from documents produced in discovery. This is plainly improper. *See Delgado*, 2024 WL 3219809, at *7 ("[C]ourts deny RFAs asking a party to interpret the meaning of a document rather than its authenticity.").

Fourth, Anthem cannot evade the federal rules by attempting to mask contention interrogatory as RFAs. Asking the Government to "Admit that [it] contends" or does not contend information is an interrogatory and does not fall within the scope of Rule 36, to simply "confirm facts." *Delgado*, 2024 WL 3219809, at *7.

Finally, as reflected in the Government's responses and objections, most of Anthem's RFAs are vague and ambiguous and not "phrased in clear terms" as is required. *Delgado*, 2024 WL 3219809, at *7.

Thanks,
Dana

Dana Walsh Kumar
(212) 637-2741

Exhibit P

JAMES M. MCDONALD
United States Attorney for the
Southern District of New York
By: PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES S. JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, New York 10007
Telephone: (212) 637-2725
Email: pierre.armand@usdoj.gov
peter.aronoff@usdoj.gov
rachael.doud@usdoj.gov
adam.gitlin@usdoj.gov
harry.fidler@usdoj.gov
charles.jacob@usdoj.gov
dana.walsh.kumar@usdoj.gov

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, Plaintiff, v. ANTHEM, INC., Defendant.	No. 20 Civ. 2593 (ALC) (KHP)

THE UNITED STATES OF AMERICA'S SUPPLEMENTAL RESPONSES AND OBJECTIONS TO DEFENDANT ANTHEM, INC.'S FIRST SET OF REQUESTS FOR ADMISSION

Pursuant to Rules 26 and 36 of the Federal Rules of Civil Procedure, plaintiff the United States of America (the "United States" or the "Government"), by its attorney, James M. McDonald, United States Attorney for the Southern District of New York, hereby further objects and responds

to certain Requests for Admission, dated May 1, 2026 (the "RFAs"), of defendant Anthem, Inc. ("Defendant" or "Anthem") as follows:

GENERAL OBJECTIONS

A. The Government hereby incorporates all of its general objections, as set forth in in the Government's Responses and Objections to Anthem's First Set of Requests for Admission dated June 24, 2026.

OBJECTIONS TO DEFINITIONS

1. The Government hereby incorporates all of its objections, as set forth in in the Government's Responses and Objections to Anthem's First Set of Requests for Admission dated June 24, 2026, to the definitions set forth in Anthem's Requests for Admission.

SUPPLEMENTAL SPECIFIC RESPONSES AND OBJECTIONS TO THE RFAS

Request For Admission No. 59

Admit that, before the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

Supplemental Response to Request for Admission No. 59

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous because it concerns CMS knowledge for an indefinite time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery

Anthem has already received or will receive, including Rule 30(b)(6) testimony on this topic. Subject to and without waiving the foregoing objections, the Government denies this request.

Request For Admission No. 60

Admit that, during the Relevant Time Period, CMS Knew that Anthem conducted One-Way Retrospective Chart Reviews.

Supplemental Response to Request for Admission No. 60

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required. For example, the request is vague and ambiguous because it concerns CMS knowledge for a multi-year time period, and CMS has knowledge of different facts at different times. The Government objects to this request on the ground that it seeks information as to fundamental disagreements relating to the Government's claims and Anthem's defenses, and is not being used to establish admission of facts about which there is no real dispute. The Government objects to this request on the ground that preparing a response would be unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received or will receive, including Rule 30(b)(6) testimony on this topic. Subject to and without waiving the foregoing objections, and construing this request to exclude any information gained by CMS in connection with the investigation of Anthem that led to this litigation, the Government denies this request.

Request For Admission No. 87

Admit that, during the Relevant Time Period, Anthem's Medicare Advantage Contract did not Include any provisions Concerning Chart Reviews.

Supplemental Response to Request for Admission No. 87

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government

further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that responding to it would require a legal analysis and conclusion rather than an admission of facts or application of law to facts. Subject to and without waiving the foregoing objections, the Government denies that Anthem's Medicare Advantage contracts did not include any provisions concerning chart reviews, but admits that Anthem's Medicare Advantage contracts did not include the specific phrase, "chart review."

Request For Admission No. 88

Admit that, during the Relevant Time Period, Anthem's EDI Forms did not Include provisions Concerning Chart Reviews.

Supplemental Response to Request for Admission No. 88

The Government objects to this request as it is asking a party to interpret the meaning of a document rather than its authenticity, and that document speaks for itself. The Government further objects to this request as vague and ambiguous, and not simple and direct, as required. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received and given that Anthem itself can review its EDI agreements. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. The Government further objects to this request on the ground that responding to it would require a legal analysis and conclusion rather than an admission of facts or application of law to facts. Subject to and without waiving the foregoing objections, the Government denies

that Anthem's EDI agreements did not include any provisions concerning chart reviews as the agreements include provisions concerning Anthem's obligations as an MA, but admits that Anthem's EDI agreements did not include the specific phrase, "chart review."

Request For Admission No. 252

Admit that, during the Relevant Time Period, CMS never Communicated to Anthem that Anthem's Corporate Retrospective Chart Review Program was not in compliance with any Medicare Advantage Requirement.

Response to Request for Admission No. 252

The Government objects to this request on the basis that it is vague and ambiguous, and not simple and direct, as required, including as to the meaning of the term "Communicated" and because it seeks information concerning a four and a half year time period. The Government further objects to this Request as lacking foundation. The Government also objects to this request on the ground that it is overbroad, unduly burdensome, and not proportional to the needs of the case, particularly in light of the discovery Anthem has already received. Subject to and without waiving the foregoing objections, the Government denies this request.

Dated: August 21, 2026
New York, New York

JAMES M. MCDONALD
United States Attorney for the
Southern District of New York
Attorney for the United States of America

By: */s/ Dana Walsh Kumar*
PIERRE ARMAND
PETER ARONOFF
RACHAEL DOUD
HARRY FIDLER
ADAM GITLIN
CHARLES JACOB
DANA WALSH KUMAR
Assistant United States Attorneys
86 Chambers Street, Third Floor
New York, New York 10007
Telephone: (212) 637-2734

CERTIFICATE OF SERVICE

I, Dana Walsh Kumar, an Assistant United States Attorney for the Southern District of New York, hereby certify that on August 21, 2026, I caused a copy of the foregoing United States of America's Supplemental Responses and Objections to Defendant Anthem Inc.'s First Set of Requests for Admissions to be served by electronic mail upon the following:

Blalack II, K. Lee <lblalack@omm.com>;
Bowman, Jim <jbowman@omm.com>;
Deaton, David <ddeaton@omm.com>;
Graves, Anwar <agraves@omm.com>;
Levine, Adam <alevine@omm.com>.

By:

/s/ Dana Walsh Kumar

Dana Walsh Kumar
Assistant United States Attorney
86 Chambers Street, Third Floor
New York, New York 10007
Tel.: (212) 637-2741
dana.walsh.kumar@usdoj.gov