

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

GUARDIAN FLIGHT LLC, et al.,

Plaintiffs,

v.

**AETNA LIFE INSURANCE
COMPANY, et al.,**

Defendants.

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Civil Action No. 3:24-cv-00680-MPS

PLAINTIFFS' NOTICE OF COMPLIANCE

Plaintiffs submit this Notice of Compliance ("Notice") to inform the Court that the documents listed below and attached hereto are being publicly filed with only the redactions ordered by the Court (Doc. 411).

- Attachment 1: Exhibit 9 to Aetna's Opposition to Plaintiffs' Motion for Summary Judgment (Located at Docs. 373-9 and 403-3);
- Attachment 2: Exhibit 5 to Aetna's Opposition to Plaintiffs' Motion for Summary Judgment (Located at Docs. 373-5, 377-3, and 403-4);
- Attachment 3: Exhibit 5 to Aetna's Motion for Summary Judgment and Exhibit 18 to Aetna's Opposition to Plaintiffs' Motion for Summary Judgment (Located at Docs. 356-7, 373-18, and 403-7); and
- Attachment 4: Exhibit B to Plaintiff's Motion for Summary Judgment (Located at 357-3).

Dated: October 1, 2026

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Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I certify that on October 1, 2026, a true and correct copy of the foregoing was served electronically on all counsel of record.

/s/ Adam T. Schramek

Adam T. Schramek

ATTACHMENT 1

(Located Under Seal at ECF
Nos. 373-9 and 403-3)

From: Ridgell, Joe Don [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A7EB6E46C2384D86A12F55083ADD216E-JOE DON RID]
Sent: 3/23/2023 12:02:48 PM
To: Thomas, Eric [eric.thomas@gmr.net]
CC: Cook, Thomas [thomas.cook@gmr.net]
Subject: RE: NSA Slides

As far as budget goes, I looked at the February invoice from NRF where 739 IDR position statements were due and they billed [REDACTED] for the work:

- [REDACTED] – NRF avg fee per position statement
- \$350 – IDR fee (non-refundable) – TMA has filed suit to reduce this fee back to its original \$50.
- \$400 – IDR entity fee (refundable if we win – this fee can range between \$350-\$700 however [REDACTED] is \$395 and [REDACTED] is \$350 and those two entities represent [REDACTED] of our determinations)
- It costs GMR [REDACTED] to file an IDR plus an additional \$400 that we get refunded [REDACTED] of the time (if we continue to win at that rate).
- We are working on automating the first position statement draft that will cut down on NRF time between 1/3 and 1/2 (expected testing phase by 4/8 and implementation by 4/28)

Redacted

Let me know if you would like any additional info or other talking points. Thanks, Joe Don

From: Thomas, Eric <Eric.Thomas@gmr.net>
Sent: Thursday, March 23, 2023 9:25 AM
To: Ridgell, Joe Don <joedon.Ridgell@gmr.net>
Subject: NSA Slides

Michael asked me (and you) to compile a couple of slides framing up the IDR cost situation.

Would you please send me a bulleted frame up of talking points that can help me with the slides? You rattled several items off your head the other day, so hopefully it is a quick exercise.

Thanks, Eric.

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ATTACHMENT 2

(Located Under Seal at ECF
Nos. 373-5, 377-3 and 403-4)

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT
NEW HAVEN DIVISION

GUARDIAN FLIGHT LLC,
REACH AIR MEDICAL
SERVICES LLC, CALSTAR
AIR MEDICAL SERVICES,
LLC, MED-TRANS
CORPORATION, AIR EVAC
EMS, INC., AND AIRMED
INTERNATIONAL, LLC
VS.

PLAINTIFFS

CIVIL ACTION NO.
3:24-cv-00680-MPS

AETNA LIFE INSURANCE
COMPANY, AETNA HEALTH,
INC., AETNA HEALTH AND
LIFE INSURANCE COMPANY,
AND CIGNA HEALTH AND
LIFE INSURANCE COMPANY

DEFENDANTS

CONFIDENTIAL

30(B)(6) VIDEO DEPOSITION OF PLAINTIFFS,
REACH AIR MEDICAL SERVICES ("REACH"), CALSTAR AIR
MEDICAL SERVICES, LLC ("CALSTAR"), GUARDIAN FLIGHT
LLC ("GUARDIAN"), MED-TRANS CORPORATION ("MED-
TRANS"), AND AIR EVAC EMS, INC. ("AIR EVAC")
BY AND THROUGH THEIR CORPORATE

REPRESENTATIVE

BARBARA BERKOWITZ

Taken at the instance of the Defendants via
Videoconference, on February 25, 2026,
beginning at approximately 11:04 a.m.

(APPEARANCES NOTED HEREIN)

* * * * *

Reported stenographically by:

JULIE BROWN, RPR, CCR 1587

Brown Court Reporting

1888 Main Street, Ste. C #289

Madison, MS 39110

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1 Q. What's the basis for your understanding
2 that it was presented?
3 A. Looking at the date, that's around the
4 annual revenue cycle meeting.
5 Q. You didn't confirm, however, in
6 preparation for your deposition that this was
7 presented at the annual revenue cycle meeting or
8 otherwise?
9 A. I did not ask that question.
10 Q. So it's possible this was created and
11 not circulated; correct?
12 A. I would say that's unlikely.
13 Q. With respect to the information in this
14 PowerPoint, do you know why that information was
15 being compiled at GMR around September 17, 2025?
16 A. There is a lot -- there is a -- as
17 you're aware, the NSA process is very complex. And
18 we try to make sure everybody understands what's
19 involved in the NSA process and the different roles
20 that we all play in making this work.
21 Q. Is the information contained within
22 Exhibit Number 20 accurate as to the information
23 regarding the NSA?
24 A. I'm going to review it one more time,
25 please.

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1 determination process; correct?
2 A. Can you be more specific on what you're
3 referring to?
4 Q. Sure. So when the NSA was implemented,
5 it created certain regulations around how certain
6 claims were submitted and addressing how certain
7 claims were paid and essentially appealed; correct?
8 MR. SCHramek: Objection to form.
9 THE WITNESS: I am going to ask you to
10 restate if there's a specific question. I'm not
11 sure I understand what you're referencing.
12 BY MS. STRAHAN:
13 Q. Before the implementation of the NSA,
14 there was no process at GMR to address open
15 negotiation period, for example, that's a new
16 process; correct?
17 A. Correct. That is a new process that was
18 implemented by the federal NSA regulations staged
19 into effect in January -- starting in January of
20 2022, yes.
21 Q. And independent resolution proceedings,
22 or IDR proceedings, were a new process; correct?
23 A. That was a process that was defined as
24 part of the NSA regulations.
25 Q. But it was a new process that GMR had

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1 Q. Sure. Just let me know.
2 A. I do see one error when I just looked at
3 it.
4 Q. Okay. What error do you see?
5 A. Under -- on page 5, it says "Who does
6 not qualify for NSA," and it says "self-funded
7 payors." And that is not correct.
8 Q. Why do you say that's not correct?
9 A. Self-funded plans are eligible for the
10 NSA process.
11 Q. Anything else you see that's not
12 correct?
13 A. As of this date and time, I don't see
14 anything -- I don't see anything glaring at me as
15 inaccurate. I will say, some processes, over time,
16 have changed.
17 Q. And that's because of regulations in the
18 NSA have changed, for example?
19 A. I would say it's more because we've
20 identified opportunities to continue to improve our
21 process to reduce, I'll call them, technical misses
22 or to streamline the process to assure we have the
23 right email on the claim, et cetera. So we
24 continue to improve the process.
25 Q. Because the NSA implemented a new claim

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1 not experienced before?
2 A. It is a new process that no payor had
3 experienced before.
4 Q. Or provider for that matter?
5 A. Or provider.
6 Q. That's also true of the payors; right?
7 A. That is correct.
8 Q. Going back to Deposition Exhibit
9 Number 20, even though it was a new process in
10 January of 2022, as you sit here, you can't tell me
11 whether or not there was a prior PowerPoint that
12 explained the NSA to the revenue cycle team prior
13 to Deposition Exhibit Number 20; correct?
14 A. I do not have a copy of the training
15 material that was used for the specific team that
16 worked the NSA-eligible claims.
17 Q. As you sit here, you can't tell me that
18 there was any training material for the specific
19 team that worked the eligible -- NSA-eligible
20 claims for GMR, can you?
21 A. I do not have a copy of any specific
22 training material that was used, whether it be
23 PowerPoint, email or one-on-one training that was
24 done for the NSA.
25 Q. When you say you don't have a copy, you

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1 deposition today?

2 A. I have not looked recently at the remark
3 codes for this deposition, no.

4 Q. So as you sit here, you can't say that
5 Aetna is not using the remark codes that state the
6 claim is subject to the NSA on the remittance
7 advice?

8 A. As I sit here today, I can confidently
9 say my experience, having worked with the NSA
10 process and with Aetna from 2022 to current, is
11 that it does not always appear -- from the
12 inception to current, it did not always appear on
13 the remittance advice.

14 Q. But you can't tell me whether those
15 claims were subject to NSA or not, as you sit here?

16 A. What claims?

17 Q. Well, that's my question. That's
18 exactly my question.

19 A. Which claims are you asking about? That
20 have the code or that don't have the code?

21 Q. You don't know, do you? You don't know
22 whether the claims that you're talking about were
23 subject to the NSA or not because you haven't
24 looked at any claims in preparation for your
25 deposition?

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1 specifically that the call notes were not supplied
2 on.

3 BY MS. STRAHAN:

4 Q. It could be the case that Aetna did not
5 include that the claim was subject to the NSA in
6 either the EOB or the remittance advice and GMR did
7 not call Aetna to ask any questions about why the
8 claim was not subject to the NSA, that's possible;
9 right?

10 A. Sure, it's possible.

11 MR. SCHRAMEK: Object to the form.

12 THE WITNESS: And because of our limited
13 time to move a claim through the NSA process, Aetna
14 has the opportunity through the ONP process to say
15 this claim is ineligible and here's the reason why.
16 And at which time we would then review it and
17 remove it if it was verified.

18 They have the opportunity, when the IDR
19 is submitted, to refute that it's eligible and
20 provide the documentation. So there are times when
21 claims do get submitted because we don't know or
22 because we may not have had the opportunity to
23 identify it.

24 BY MS. STRAHAN:

25 Q. Meaning that GMR did not make a call to

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1 A. I think that's a false statement. I

2 think what I'm saying is that the claims that have
3 the code, that indicate they are NSA, we do assume
4 that they are NSA and we move them to the NSA
5 process. We do not assume that claims without the
6 code were processed correctly and are not subject,
7 those claims get stopped, they get a phone call and
8 we try to make our verification.

9 If you look at that EOB that you were
10 showing me in Exhibit 23, I believe it was, there's
11 nothing on that EOB that indicates why it would not
12 be subject to the NSA. So without knowing why it's
13 not subject to the NSA, we move it forward in the
14 NSA process.

15 Q. My question is: With respect to the
16 claims, let's just take the claims that are at
17 issue in this lawsuit, that Aetna alleges are
18 ineligible, if there is no call note that has been
19 produced by the plaintiffs for that claim, then it
20 would be safe to assume that no one at GMR called
21 Aetna to ask any questions about why the claim was
22 ineligible?

23 MR. SCHRAMEK: Objection, form.

24 THE WITNESS: I am not aware which
25 claims you are referencing to review them

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1 Aetna; correct?

2 A. Meaning that it was never verified by us
3 directly or by Aetna responding in the ONP and IDR
4 process that it was not eligible. It's on both
5 parties to have that process, not just us.

6 Q. Right now I'm just asking about when GMR
7 does not call Aetna after receiving an EOB that
8 does not indicate the claim is subject to the NSA,
9 that is something that GMR can do but didn't do
10 with respect to all of the claims that Aetna
11 alleges are ineligible in this lawsuit; correct?

12 MR. SCHRAMEK: Objection, form.

13 THE WITNESS: I cannot respond that a
14 call was or wasn't made. But, again, there's
15 plenty of time in the process of the ONP before it
16 even goes to IDR for Aetna to tell us it was not
17 eligible.

18 BY MS. STRAHAN:

19 Q. And you would agree with me that if GMR
20 doesn't bother to call Aetna prior to submitting a
21 claim for the open negotiation process, then it is
22 creating a burden on Aetna for a claim -- to
23 address a claim that it could have called in the
24 first place; right?

25 MR. SCHRAMEK: Objection, form.

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1 THE WITNESS: I am not agreeing that it
2 is a burden on Aetna because we both are
3 experiencing the challenge of submitting through
4 the ONP process. If Aetna had 100 percent accuracy
5 in all of their ON -- IDR -- I'm sorry -- NSA
6 remittances, then we wouldn't be in this. But
7 Aetna is not perfect in all of the EOBs that they
8 process because of human error, not hitting the
9 right codes and its NSA eligible, and we have human
10 error that we may not contact Aetna on every single
11 claim or miss it. But that's why there are
12 multiple steps from which you can verify it. So I
13 wouldn't say that there's an overlining burden that
14 we're putting on Aetna.

15 BY MS. STRAHAN:

16 Q. Okay. All right. So I just want to be
17 clear because there are some claims that Aetna
18 alleges are not eligible that GMR has not produced
19 call notes on. And it is possible that calls were
20 not made to Aetna if those notes were not produced?

21 A. Yes, it is possible that calls were not
22 made. And it is possible that Aetna didn't respond
23 at the ONP to ask the question if it was -- or to
24 tell us that it was not eligible.

25 Q. You didn't look into any of those ONPs

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1 at 2:38 p.m.

2 Counsel, proceed.

3 BY MS. STRAHAN:

4 Q. Ms. Berkowitz, did you have an
5 opportunity to get some lunch?

6 A. I did, and more drink.

7 Q. And so you're ready to proceed?

8 A. Yeah, I'm ready.

9 Q. Are you familiar with what Aetna's
10 Medicare Advantage plans are?

11 A. Yes.

12 Q. You would agree with me that Medicare
13 Advantage plans are not subject to NSA; correct?

14 A. Yes.

15 Q. For a Medicare Advantage plan, would it
16 be appropriate for GMR to submit a claim to the IDR
17 process for a Medicare Advantage plan if it weren't
18 satisfied with the payment?

19 A. To my knowledge, we do not intentionally
20 send a Medicare Advantage plan to IDR.

21 Q. Because you agree that Medicare
22 Advantage plans are not subject to the NSA;
23 correct?

24 A. If we know the patient is in a Medicare

25 Advantage plan as primary, then we would not submit

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1 in preparation for your deposition, did you, the
2 ones that you're describing?

3 A. I did not.

4 Q. Okay. So now I'd like to show you what
5 is being marked as deposition exhibit number --

6 MR. SCHRAMEK: Is this a good time for a
7 break? We have been going for a while.

8 THE WITNESS: That would be great.
9 Thank you.

10 MS. STRAHAN: Do you want to break for
11 lunch for maybe a half an hour?

12 MR. SCHRAMEK: I was going to say, it's
13 2 o'clock, maybe 30 minutes.

14 MS. STRAHAN: Yeah.

15 MR. SCHRAMEK: Great. 2:30.

16 THE VIDEOGRAPHER: I dropped off for
17 about five seconds.

18 Thank you for that. That's weird. We
19 are going off record -- give me a second to take us
20 back off.

21 Okay. We're going off record. This
22 marks the end of Media Number 2 at 1:59 p.m.

23 (Off the record)

24 THE VIDEOGRAPHER: We are back on
25 record. This marks the beginning of Media Number 3

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1 it to IDR, intentionally. I'm not going to say
2 mistakes don't happen in this world of IDR.

3 Q. Mistakes do happen; correct?

4 A. Things do happen.

5 Q. And that's particularly true when
6 there's a manual process involved; correct?

7 A. It's -- on both sides. Whether it's
8 automated or manual, if it gets put into an -- for
9 example, if a hospital tells us the patient has
10 Aetna, we verify it's Aetna, we submit it, we get
11 an EOB and it's in our Aetna payor category, it's
12 going to go to IDR unless we catch that it wasn't
13 IDR eligible for whatever reason that we see. But
14 in general, we do not submit Medicare-managed plans
15 through IDR.

16 Q. Because you agree that those shouldn't
17 be submitted through IDR; correct?

18 A. If it's known to be a Medicare
19 Advantage, they are known to not be eligible.

20 Q. Because if it's known to not be NSA
21 eligible, then the claims shouldn't be submitted to
22 IDR?

23 A. Well, I'll state it shouldn't be
24 submitted through ONP, and there's the opportunity
25 in ONP for the payor to acknowledge that this was

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1 eligible and we do not have the documentation
2 within the time frame to not submit it through the
3 NSA process.

4 Q. And it does -- so even --

5 A. And it --

6 Q. Sorry. Go ahead.

7 It does so even when it hasn't called
8 Aetna to find out more information about the claim
9 if it thinks if GMR thinks that the claim may be
10 subject to NSA, even though Aetna says it's not?

11 A. We don't really have an obligation to
12 call Aetna. We do it as an intention to try to get
13 it right, but we also have the opportunity during
14 the ONP process for Aetna to provide the detail of
15 why it's not ONP eligible or NSA eligible.

16 Q. Have you ever filed requests, written
17 requests for Aetna for this kind of information
18 about their plans prior to the ONP?

19 A. I'm sorry. I'm not sure I understand
20 the question.

21 Q. I'm talking about the situation where
22 you receive an EOB, GMR receives an EOB, Aetna's
23 EOB does not state that it's subject to the NSA and
24 the claim is being considered for review through
25 the IDR process or the ONP process. Have you ever

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1 these claims when you've received an EOB that does
2 not state the claim is subject to the NSA?

3 A. No, there is no email, written
4 communication to generic Aetna asking this
5 question, and should they request that, it should
6 be identified, again, on their EOB. But, again, it
7 would require response in less than the 30 days
8 because we've got to push it through our process or
9 we miss that open negotiation timely filing limit.

10 If you look at the process, if Aetna
11 doesn't pay a claim within the 30 days, there is no
12 penalty. There is no recourse. If we don't submit
13 the ONP within the 30 days, it becomes ineligible
14 for the process. Period, the end. Even if Aetna
15 made a mistake on the original EOB and they say we
16 want to reprocess it, we have no recourse. We have
17 to go from the date of the initial payment. And
18 that's what we do.

19 Q. So the answer to my question is there is
20 no written email communications with Aetna prior to
21 the initiation of the ONP asking about eligibility
22 in the scenario where the EOB does not state the
23 claim is subject to the NSA?

24 A. There is no written communication in an
25 email form to a unknown reference that you're

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1 submitted any written requests to Aetna asking
2 about that information?

3 A. I believe the requests go up through the
4 customer service line requesting -- the 1-800
5 number asking for the information on the specific
6 claim.

7 Q. And that's only through the call notes
8 that you've described when they've been produced;
9 correct?

10 A. Yes.

11 Q. So in other words, GMR does not send any
12 emails or requests for information to Aetna prior
13 to initiating the ONP process regarding the
14 eligibility under the NSA?

15 A. The NSA -- the process does not provide
16 an avenue to submit an email to Aetna. The process
17 is you pull the ONP and it should -- the EOB and it
18 should state the information. That's -- and we
19 make -- we take the extra step to say, hey, we want
20 to verify this. And if they can't verify it, then
21 it goes through until we can.

22 Q. Okay. But I'm just asking you a very
23 simple question, Ms. Berkowitz. I'm asking you:
24 Before initiating ONP, do you submit any written
25 requests to Aetna asking about eligibility for

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1 referencing for an email on eligibility for the
2 ONP.

3 Q. Now, when the claim is submitted through
4 the IDR process, there's an attestation regarding
5 eligibility that's signed; correct?

6 A. Yes.

7 Q. Have you done anything to investigate
8 the facts regarding eligibility for any of the
9 attestations for the claims that are in issue in
10 Aetna's counterclaim?

11 A. The attestation states that to the best
12 of our knowledge, that's what we're doing, we're
13 attesting to the best of our knowledge, it is
14 eligible for the IDR process.

15 Q. And the best of your knowledge is a
16 situation where you didn't call Aetna and you
17 didn't write Aetna asking them about eligibility
18 information; correct?

19 A. The best of our knowledge means we
20 submitted an ONP and did not receive a response
21 from Aetna that it was not eligible or that there
22 was a question. So to the best of our knowledge,
23 we have submitted the IDR.

24 Q. So you go ahead and invoke the ONP
25 process before you confirm eligibility with Aetna?

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1 MR. SCHRAMEK: Objection, form.
 2 THE WITNESS: Again, I'm just going to
 3 state, it is to the best of our ability to identify
 4 that it's NSA eligible, and for whatever reason, we
 5 there may be some that don't get called on, those
 6 are the exception, not the rule, but Aetna then has
 7 the ability to identify them as not eligible during
 8 the ONP process.
 9 BY MS. STRAHAN:
 10 Q. Ms. Berkowitz, I'm asking about before
 11 the ONP process. I'm asking about the
 12 circumstances that occur before the ONP process.
 13 In this scenario where GMR receives an EOB from
 14 Aetna that does not state that the claim is subject
 15 to the NSA, it invokes the ONP process without
 16 either writing or calling Aetna to ask any
 17 questions about eligibility; correct?
 18 A. We do not have a responsibility to call
 19 Aetna on every claim to verify eligibility. We
 20 make the best effort attempt to submit it. There
 21 is not an email address to submit a question to.
 22 There is a customer service number which may or may
 23 not give accurate information. And so we make
 24 the -- we make the attempt to the best of our
 25 ability. And, again, Aetna has the ability during

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1 THE WITNESS: Okay. I'm going to -- it
 2 sounds like a very detailed question here. I'm
 3 trying to track all the questions. You're asking
 4 if we do anything to investigate the number of
 5 times we have submitted a claim to ONP that may not
 6 have been eligible?
 7 BY MS. STRAHAN:
 8 Q. You understand, Mrs. Berkowitz, that
 9 Aetna has alleged in this lawsuit that it has paid
 10 claims that are ineligible under the NSA?
 11 A. That they are paying claims -- that they
 12 had claims that they deemed were not NSA eligible,
 13 yes, I understand that.
 14 Q. With respect to those claims, have you
 15 done anything to investigate the percentage of
 16 those claims, that Aetna alleges are ineligible,
 17 for which GMR neither called nor sent an email to
 18 Aetna asking any questions about eligibility before
 19 it submitted the claim to the ONP?
 20 A. I am not aware of looking at that
 21 statistic.
 22 Q. I'd like to show you what we're marking
 23 now as Deposition Exhibit Number 26.
 24 (Exhibit 26 marked for identification.)
 25 MS. STRAHAN: Okay. We want to make

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1 the ONP process to say this was not eligible.
 2 MS. STRAHAN: Objection, nonresponsive.
 3 BY MS. STRAHAN:
 4 Q. I am asking about when GMR initiates the
 5 ONP process, there are circumstances where Aetna --
 6 excuse me -- GMR has neither called nor sent an
 7 email to Aetna after receiving an EOB that does not
 8 state that the claim is eligible for the NSA, there
 9 are circumstances where that occurs; correct?
 10 A. There may be some situations that that
 11 occurs.
 12 Q. And you've done nothing to investigate
 13 the percentage of times that that has occurred with
 14 respect to the claims that Aetna has sued GMR -- or
 15 the plaintiffs on in this case that were
 16 ineligible; correct?
 17 A. I'm sorry. Can you restate your
 18 question?
 19 Q. You've not done anything to investigate
 20 the percentage of time that GMR submits a claim to
 21 the ONP after receiving an EOB from Aetna stating
 22 that the claim is not eligible for the NSA with
 23 respect to the ineligible claims that Aetna alleges
 24 are ineligible in this lawsuit?
 25 MR. SCHRAMEK: Objection, form.

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1 sure it's redacted. So we can share the screen and
 2 then we'll redact it and upload it, if that's okay
 3 for the sake of timing.
 4 MR. SCHRAMEK: Yeah that's fine.
 5 THE WITNESS: Okay. Okay.
 6 BY MS. STRAHAN:
 7 Q. Now, here is an EOB that has been
 8 produced in this lawsuit. It's been produced by
 9 the plaintiffs. Do you see the Guardian Bates
 10 number at the bottom, Ms. Berkowitz?
 11 A. I do.
 12 Q. Now, this EOB does not state that the
 13 claim is subject to the NSA, does it?
 14 A. It does not.
 15 Q. In fact, it states that this claim
 16 essentially is not being paid or -- strike that.
 17 This states that the plan reduces covered
 18 expenses by Medicare even if the member didn't
 19 enroll.
 20 Do you see that?
 21 A. I do. Can you please scroll up?
 22 So I see that remark code. However, I do
 23 not see anywhere on this that it references a
 24 Medicare-eligible patient or retiree. It says
 25 traditional choice as the product.

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1 Q. So you don't --
 2 A. So if it's a Medicare Advantage claim
 3 and they were enrolled in Medicare, we would see
 4 Medicare Advantage. Or if the group name said
 5 retiree, we would understand that's what this was
 6 referencing. But I don't see either of those
 7 referenced anywhere.
 8 Q. What about a situation where Medicare a
 9 primary? Assume with me that Medicare is primary,
 10 you agree that that's not eligible for the NSA;
 11 correct?
 12 A. Yes. To my knowledge, that is not
 13 eligible for the NSA.
 14 Q. Yet this was a claim that was submitted
 15 to IDR. Agreed?
 16 A. I believe you, yes.
 17 Q. It was submitted by GMR after receiving
 18 this EOB that is explaining how the claim is
 19 ineligible for the NSA?
 20 MR. SCHRAMEK: Objection, form.
 21 THE WITNESS: I'm sorry. I don't see
 22 where you're saying it was Medicare.
 23 BY MS. STRAHAN:
 24 Q. Well, you agree with me that it is
 25 saying that it's reducing covered expenses by

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1 want to be clear.
 2 Q. To be clear, if GMR did not produce any
 3 call records regarding this claim in this lawsuit,
 4 then we can assume that GMR did not call Aetna
 5 about this EOB?
 6 MR. SCHRAMEK: Objection, form.
 7 THE WITNESS: I can't respond one way or
 8 the other. I haven't gone back and asked for a
 9 verification of that.
 10 BY MS. STRAHAN:
 11 Q. You haven't done anything to investigate
 12 that scenario, have you?
 13 A. I did not look at this specific claim,
 14 no.
 15 Q. You testified earlier that GMR is able
 16 to access Aetna's Availity platforms for providers;
 17 is that correct?
 18 A. When it's up and running, yes.
 19 Q. So GMR has a login for Availity;
 20 correct?
 21 A. Yes.
 22 Q. Ms. Berkowitz, when submitting payment
 23 disputes to IDR, GMR submits separate disputes for
 24 base rate and mileage payment determinations;
 25 correct?

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1 Medicare; right?
 2 A. I do.
 3 Q. Okay. And that's because Medicare is
 4 primary?
 5 MR. SCHRAMEK: Objection, form.
 6 THE WITNESS: I don't see anywhere on
 7 this claim that references that Aetna was secondary
 8 in this review. When I look at this claim, I don't
 9 see that.
 10 BY MS. STRAHAN:
 11 Q. Did you --
 12 A. Now, I'm not saying somewhere in our
 13 report. It could have been it was reduced to
 14 Medicare rates based off of another reason. I
 15 don't know. But I don't see anywhere where this
 16 says it's secondary to Medicare.
 17 Q. Did GMR call Aetna asking any questions
 18 about this EOB?
 19 A. I would have to review the material. I
 20 don't know -- the call notes.
 21 Q. So they may not have?
 22 A. They may have. They may not have.
 23 Q. They may not have. Okay.
 24 A. But they may have. You said they
 25 didn't. I'm saying they may or may not have. I

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1 A. That is correct.
 2 Q. If GMR has a complaint about the payment
 3 of both the base rate and the mileage on an
 4 NSA-eligible claim, then it submits separate
 5 disputes?
 6 A. That is correct.
 7 Q. Has GMR ever submitted them together?
 8 And what I mean by that is, a dispute that included
 9 both the base rate and the mileage through the IDR
 10 process.
 11 A. Yes.
 12 Q. When was that?
 13 A. When the NSA process first was
 14 initiated, we were filing as a bundle -- I'll call
 15 it a bundled claim. But then we received
 16 rejections because they were two different service
 17 codes. And so we were asked to stop submitting
 18 them as bundled claims and submit them at the
 19 individual HCPCS level. At which time, there was
 20 then a update when the portal shut down. They said
 21 you now have the option to do bundled or at the
 22 individual HCPCS level, and we continued to do at
 23 the individual HCPCS level because our systems had
 24 been updated to process it in that way.
 25 Q. When did GMR stop submitting what you

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1 say it does make it more difficult for the payors.
 2 It is -- when we go into negotiations, we talk
 3 about IDRs and the cost of IDR submissions on both
 4 parties. We talk about the IDR outcomes. I like
 5 having outcomes at the base and mileage rate so
 6 that I have a great way to talk and negotiate with
 7 payors at the HCPCS level. That's how you
 8 negotiate the rates.

9 Q. GMR receives more on the, what, is
 10 called the -- strike that.

11 When GMR submits the HCPCS codes
 12 separately to the IDR submissions, it receives more
 13 in IDR awards than when it submits it in one trip
 14 rate; correct?

15 A. You know, that's a hypothetical question
 16 I really can't answer because we've never submitted
 17 a -- we can't submit claims and say, okay, we
 18 submitted all of these at the base level and all of
 19 these with the exact same scenarios at the HCPCS
 20 level, how does it come out. But we have some
 21 estimates because we don't always take both HCPCS
 22 codes to IDR. Whereas if we submitted it at the
 23 base, they would -- at the bundle, they both would.
 24 So there's just not a clear answer to that.

25 There's also increase costs for us as well for

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1 Q. And the decision was made by GMR to
 2 submit all of those backlogged claims in two
 3 submissions instead of one; correct?

4 A. Yes. However, you're insinuating that
 5 it was based off of my email and my opinion, and I
 6 only wish I had that power in the decision-making.
 7 The whole reason we did it at the HCPCS level was
 8 because we did not want to revamp an automated
 9 system and take the risk of having technical
 10 failures again. Those technical failures resulted
 11 in multiple claims missing ONP and IDR in the past,
 12 and we did not want to do that again.

13 MS. STRAHAN: Object to her being
 14 nonresponsive to everything after the answer "yes."
 15 BY MS. STRAHAN:

16 Q. Okay. I'd like to show you what's being
 17 marked as Deposition Exhibit Number 27.
 18 (Exhibit 27 marked for identification.)

19 BY MS. STRAHAN:

20 Q. And you're certainly welcome to pull it
 21 up in AgileLaw and the SharePoints so you can see
 22 it.

23 A. It's not up yet. Here it is. Okay.

24 Q. Okay. Do you recognize Deposition
 25 Exhibit Number 27?

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1 submitting it at the HCPCS level.

2 But there's some -- we had gone through a
 3 very extensive process to automate our systems to
 4 the point to be able to submit at the HCPCS level.
 5 To make that change would have been significant
 6 change over a very short period of time and would
 7 have opened us up to hit technical errors that,
 8 quite frankly, none of us had an appetite to deal
 9 with again. Because if we make a technical error
 10 and miss getting it submitted correctly, we lose
 11 our right to the dispute.

12 Q. During the deliberations of whether GMR
 13 should submit the backlog of IDR submissions at the
 14 HCPCS level or at the trip level, you wrote that
 15 submitting at the HCPCS level would be a pain point
 16 for the payors; correct?

17 A. I did.

18 Q. And that's because, you said, it would
 19 have to deal with two submissions instead of one;
 20 correct?

21 A. They would have to be aware of the two
 22 submissions and not one, yes.

23 Q. They would have to address two
 24 submissions instead of one; right?

25 A. As do we.

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1 A. I do.

2 Q. It's an email chain that you're
 3 personally on that includes the subject line "IDR
 4 Initiation Timeline."

5 Do you see that?

6 A. I do.

7 Q. And the first email in the chain is
 8 dated December 16, 2023, and the last email is
 9 December 18, 2023; correct?

10 A. I'm scrolling to the bottom, yes.

11 Q. Now, this email is part of the
 12 deliberations that GMR was having when it was
 13 trying to determine whether it was going to submit
 14 the backlog in separate IDR submissions or single
 15 IDR submissions per trip; correct?

16 A. Correct.

17 Q. And it includes you and Mr. Ridgell and
 18 Jay Jamison, among others; correct?

19 A. Correct.

20 Q. I'd like to take a look at the email
 21 dated Saturday, December 16, 2023, at 1:30 p.m.,
 22 and it starts at the very bottom of the document
 23 Bates-numbered Guardian9960.

24 A. I'm sorry. Which one are you starting
 25 with?

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1 Q. I'm looking at the email that starts at
2 the bottom of the document that's Bates-numbered
3 Guardian9960. It's about the fifth page in, fourth
4 or fifth page in.

5 A. Okay.

6 Q. So that's an email from Timothy Dorn to
7 Joe Don Ridgell and some others.

8 Do you see that?

9 A. Yes.

10 Q. Now, this email is concerning the
11 process constraints on addressing the backlog of
12 IDR claims during the CMS -- excuse me -- the
13 federal portal shutdown; correct?

14 A. Correct.

15 Q. And some of the things that Mr. Dorn is
16 citing as challenges to meet the backlog include
17 manual processing, which introduces fat finger
18 risks, however; right?

19 A. Correct.

20 Q. So Mr. Dorn is citing the manual process
21 as being something that may be prone to error;
22 right?

23 A. Correct.

24 Q. He's also addressing the pressure that
25 would be put on existing staff to meet the backlog;

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1 MR. SCHRAMEK: Objection, form.

2 THE WITNESS: So yield is not just
3 dollar amount, but yield is, if you submit at a
4 bundled and it gets missed for whatever reason, you
5 miss both HCPCS, whereas if you submitted
6 individually, you may not lose on both. You may
7 only lose on one. So "yield" was a general term,
8 not just related to dollars, as you were
9 referencing.

10 BY MS. STRAHAN:

11 Q. Well, it's a general term that includes
12 the -- at least the hunch at this point in time
13 that GMR was receiving more when it submitted the
14 IDRs submissions through basically the HCPCS level
15 versus the trip level; correct?

16 MR. SCHRAMEK: Objection, form.

17 THE WITNESS: Yeah. If you read the
18 next statement though, it says "I'll ask Jay to
19 determine if this is fact or fiction."

20 BY MS. STRAHAN:

21 Q. But at least the commentary so far had
22 been that, when claims were submitted to the IDR
23 process at the HCPCS level, GMR was receiving more
24 in IDR awards than when it was submitting them
25 through the trip level?

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1 right?

2 A. Correct.

3 Q. And he's even citing that there may be
4 some downtime and potential delays with using the
5 bot; right?

6 A. We were aware of that, yes.

7 Q. So then in paragraph 11, he's stating
8 "Regarding the record counts, Joe Don and I were
9 using 7,200 records during our discussion which was
10 at the HCPC level."

11 Do you see that?

12 A. Yes.

13 Q. So what he's saying there is that if you
14 take the backlog at the HCPCS level, there would be
15 7,200 submission?

16 A. Assumption, but yes. Yes, that's what
17 he said in his email.

18 Q. And he says "We have anecdotal
19 commentary that we experience higher yields when
20 the claim is split."

21 Do you see that?

22 A. Yes.

23 Q. And what that means is that GMR receives
24 more in the IDR process when it submits on the
25 HCPCS level instead of the trip level; right?

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1 MR. SCHRAMEK: Objection, form.

2 THE WITNESS: Was there a question there
3 for me?

4 BY MS. STRAHAN:

5 Q. Yes. Would you like me to ask it again?

6 A. Yes, please. I heard it as a statement.

7 Q. The commentary, according to
8 paragraph 11, had been that when claims were
9 submitted to the IDR process at the HCPCS level,
10 GMR was receiving more in total IDR awards than it
11 was submitting them through the trip level?

12 MR. SCHRAMEK: Object to the form.

13 THE WITNESS: I believe it says
14 anecdotal commentary that needs to be determined if
15 that's fact or fiction. But yes, that is what it
16 states.

17 BY MS. STRAHAN:

18 Q. By that, we're referring to -- or this
19 email is referring to GMR receiving more in IDR
20 awards when the claim is submitted through the
21 HCPCS level; correct?

22 MR. SCHRAMEK: Objection, form.

23 THE WITNESS: Again, it says there was
24 anecdotal commentary. I don't believe at that
25 point there had been -- Jay had done the analysis

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1 to confirm or refute that, but it was the belief.
 2 BY MS. STRAHAN:
 3 Q. Now, then he goes on to say, Mr. Dorn
 4 goes on to say that "We could cut the backlog
 5 record count to 3,600 filings to take pressure off
 6 the bot and our supplemental staff."
 7 Do you see that?
 8 A. Yes.
 9 Q. So that's a consideration there that
 10 instead of the 7,200 separate IDR submissions,
 11 there would only be 3,600 IDR submissions if GMR
 12 chose to submit the claims at the trip level?
 13 A. It was using general numbers, but yes,
 14 it does state that.
 15 Q. And that would take pressure off the bot
 16 and supplemental staff, according to Mr. Dorn in
 17 paragraph 11; correct?
 18 A. Yes.
 19 Q. Submitting the 3,600 trip-level IDR
 20 submissions would also save GMR roughly [REDACTED]
 21 in filing fees?
 22 A. He did state that number, but that was
 23 not an accurate calculation. But yes, he did state
 24 that. It's written right there.
 25 Q. Okay. And he goes on to say "I

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1 additional changes there.
 2 BY MS. STRAHAN:
 3 Q. What Mr. Dorn is saying there is the
 4 attachments for the separate IDR submissions, when
 5 submitted based on HCPCS codes --
 6 A. Yes.
 7 Q. -- are the same?
 8 A. Yes.
 9 Q. Okay. Now, looking at this email, the
 10 only technological problem that's mentioned here is
 11 the overworked bot for the HCPCS-level submissions;
 12 correct?
 13 A. In this discussion, yes.
 14 Q. Okay. So now if we look -- I'm sorry.
 15 Before we do that, let's take a look, and he says,
 16 the last line before the final paragraph, "Jay, I
 17 am happy to get on the phone with you today or
 18 tomorrow to debate the math or combined or separate
 19 filings."
 20 Do you see that?
 21 A. I do.
 22 Q. Now, are you aware of what discussions
 23 occurred between Mr. Dorn and Mr. Jamison regarding
 24 the math?
 25 A. I believe there were multiple

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1 understand the attachments are identical when
 2 filing separately."
 3 Do you see that?
 4 A. Yes.
 5 Q. And there he's referring to the IDR
 6 submissions on the -- when they are submitted at
 7 the HCPCS level are the same?
 8 A. The submission form is the submission
 9 form.
 10 Q. Including what's submitted to the IDRE
 11 entity; correct?
 12 MR. SCHRAMEK: Form.
 13 THE WITNESS: Our position -- what is
 14 submitted to the IDRE would, I believe, is the
 15 same, yes. But I don't submit the IDRE directly so
 16 I'm not exactly with the form. But I believe
 17 that's what he's saying is the same form.
 18 BY MS. STRAHAN:
 19 Q. It's the same attachments; correct?
 20 MR. SCHRAMEK: Objection to form.
 21 THE WITNESS: Once it goes through the
 22 process, the attachment of the EOB is the same, the
 23 ONP initiation is the same, but it would have
 24 required a different attachment of our position
 25 statements. So we would have had to make

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1 discussions, but on -- I think there's another
 2 email attached to this from Jay Jamison with some
 3 of his math that he had shown.
 4 Q. Did you see that attachment yesterday in
 5 preparation for your deposition?
 6 A. I did. I wouldn't say it was yesterday,
 7 but during my time of preposition -- preparation
 8 for the deposition. Sorry, that came out wrong.
 9 Q. Okay. So just to be clear, you did see
 10 an attachment to this document in preparation to
 11 your deposition?
 12 A. Not an attachment to this. I read the
 13 document. And if you look up, there was the Jay
 14 Jamison email from Monday, December 18, where he --
 15 it was not the 18th. It was somewhere in here
 16 where he talked about the revenue at the trip level
 17 versus -- December 18, 7:31 a.m.
 18 Q. Okay. So let's take a look at that
 19 email. It starts at the very bottom of
 20 Guardian9958; correct?
 21 If we look at the bottom of the page
 22 Guardian9958, there's an email at 7:31 a.m. Is
 23 that the email you're referring to?
 24 A. Yes.
 25 Q. Now, it says team, and he says he's

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1 adding you to the email.
 2 Do you see that?
 3 A. Yes.
 4 Q. And then the next paragraph says "Below
 5 and attached is the analysis of IDR awards at the
 6 trip level and HCPCS level"; right?
 7 A. Yes.
 8 Q. I don't see an attachment in what I have
 9 received. I'm asking you if you reviewed an
 10 attachment in preparation for your deposition.
 11 A. I did not.
 12 Q. Are you referring to the attachment is
 13 the chart that we see at the bottom of this email
 14 on page 9959, Guardian9959?
 15 A. I am referring to his comment about
 16 historical outcomes at the individual and at the
 17 HCPCS and that entire paragraph.
 18 Q. Okay. So I just want to be clear. If
 19 you looked at an attachment, I want to understand
 20 what --
 21 A. I did not.
 22 Q. -- it looked like.
 23 A. As stated, I did not look at an
 24 attachment outside of this email.
 25 Q. Okay. So this is in furtherance of

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1 A. That's what it says.
 2 Q. And the individual HCPCS level awards
 3 are [REDACTED] per outcome?
 4 A. That's what it says.
 5 Q. And that means that for each of the
 6 HCPCS code submissions, GMR was receiving [REDACTED]?
 7 A. I'm sorry. State that again.
 8 Q. What the sentence that says "And the
 9 individual HCPCS level awards are [REDACTED] per
 10 outcome" means is that, for each of the HCPCS
 11 submissions through IDR, GMR was receiving [REDACTED]
 12 per submission?
 13 A. I believe that's -- should have said on
 14 average, because different HCPCS are going to have
 15 different amounts. And so that's an average amount
 16 for HCPCS. It's not weighted for base or mileage.
 17 Q. But it does mean that it's [REDACTED] on
 18 average, for each of the HCPCS codes; correct?
 19 A. I'm not going to second guess what's
 20 stated there. But if you read the next sentence, I
 21 think that will give you a clear insight into the
 22 fact that it's not equally weighted.
 23 Q. My question, as plaintiffs' corporate
 24 representative, Ms. Berkowitz, is: That portion of
 25 the sentence which reads "And the individual HCPCS

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1 discussion of whether GMR was going to be
 2 submitting the backlog at the trip level or HCPCS
 3 level; correct?
 4 A. Correct.
 5 Q. Now, it says in the second sentence
 6 there, in the second paragraph, "The data is
 7 telling us to submit IDR initiations at the trip
 8 level"; correct?
 9 A. Correct.
 10 Q. But now, ultimately, GMR decided to
 11 submit the submissions for the backlog at the HCPCS
 12 level; correct?
 13 A. Correct.
 14 Q. And GMR has continued to do that, at
 15 least with respect to Aetna, since this point in
 16 time in 2023; right?
 17 A. That's correct.
 18 Q. Now, the first bullet point states that
 19 historical awards at the trip level are [REDACTED] per
 20 outcome?
 21 A. Correct.
 22 Q. What that means is, when GMR was
 23 submitting IDR submissions at the trip level,
 24 meaning both HCPCS were included, it was receiving
 25 [REDACTED] for that submission; correct?

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1 level awards are [REDACTED] per outcome" is referring
 2 to each of the HCPCS awards, whether it's weighted
 3 average or not, it's referring to each of the HCPCS
 4 awards there; correct?
 5 A. Correct.
 6 Q. So for each of them, whether it's on
 7 average or not, GMR was receiving [REDACTED]?
 8 A. That was its average, when filing an
 9 individual HCPCS level, the award amount.
 10 Q. So based on at least this first bullet
 11 point, GMR was receiving, relatively speaking,
 12 [REDACTED] per incremental award as compared to [REDACTED]
 13 per incremental award when it was submitting
 14 separate HCPCS codes; correct?
 15 MR. SCHRAMEK: Objection, form.
 16 THE WITNESS: If you use the assumption
 17 that both HCPCS are submitted, yes.
 18 MS. STRAHAN: Adam, would it be a good
 19 time to take a break? I just need about ten
 20 minutes if that's okay, Ms. Berkowitz, if you would
 21 be fine with that.
 22 MR. SCHRAMEK: Yep.
 23 THE WITNESS: Yes, that's fine.
 24 THE VIDEOGRAPHER: We are going off
 25 record at 3:42 p.m.

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1 negotiate. So things like no prior authorization
2 required for an emergency fixed-wing transport.
3 Language on time frame to submit a claim, et
4 cetera. Anything that we have that can help reduce
5 the administrative costs would have helped me
6 identify some rate negotiation I could have
7 implemented. But without getting those terms
8 approved, I couldn't adjust any of the pricing.

9 Q. Could you not have included the language
10 that GMR wanted to see in a redline and sent it
11 back in response to Cigna's redline?

12 A. We provided our original redline to them
13 of the things we needed, and they basically said no
14 to everything.

15 Q. Well, let's be really specific about
16 that. We talked about pre-authorizations; right?
17 Was that one of the things that Cigna said no to?

18 A. I believe there was an issue with the
19 fixed-wing flights. I did not review the contract
20 redline before this call.

21 Q. Okay.

22 A. Because that didn't really have
23 precedent on the NSA.

24 Q. And there was an exchange of -- well.

25 So we've talked about two issues about

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1 Q. And you'd agree that it took time for
2 GMR to fully understand the requirements of the
3 NSA, and some of the processes GMR uses today are
4 quite different from the processes it used when the
5 NSA first took effect?

6 A. Yes. That is -- some of the processes
7 are different. Some are just more automated or
8 improved, always looking for improvement.

9 Q. Okay. Can we agree that early in the
10 NSA's implementation, there was uncertainty on all
11 sides about how certain provisions would be
12 interpreted and applied, and that uncertainty
13 affected how all stakeholders approached compliance
14 during the early stages?

15 MR. SCHRAMEK: Objection, form.

16 THE WITNESS: I can't speak for Cigna's
17 adherence. I can tell you we adhered to the best
18 of our knowledge and ability.

19 MR. SMITH: Ms. Berkowitz, that's all
20 the questions I have for you this afternoon.

21 THE WITNESS: Thank you, Mr. Smith.

22 MR. SCHRAMEK: And we'll reserve for
23 trial.

24 THE VIDEOGRAPHER: Anyone else?

25 Ms. Brown, do you need anything on the

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1 which further discussion was needed; fair?

2 Is that a yes? I'm sorry. I might
3 have --

4 A. Yes. I feel at a disadvantage. I can't
5 just click on my computer and bring it up, but you
6 are correct.

7 Q. Am I correct that there was no further
8 written communication to Cigna on the topic of
9 network participation after the September 15, 2025,
10 email that we just looked at?

11 A. I never heard back. There was a
12 conversation, and I do not believe that Carol has
13 ever reached out to me to continue negotiations or
14 discussions.

15 Q. Ms. Berkowitz, you've testified that GMR
16 has had to constantly improve and evolve its
17 processes to adapt to the No Surprises Act and the
18 challenges that it presented; right?

19 A. That is true.

20 Q. That's because the No Surprises Act was
21 a entirely new statutory and regulatory framework,
22 and the implementing regulations were issued in
23 phases over time and sometimes in response to court
24 rulings; correct?

25 A. Correct.

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1 record before we go off?

2 MR. SCHRAMEK: I think we're good.

3 THE VIDEOGRAPHER: We are going off
4 record. This marks the end of Media Number 4,
5 concluding today's deposition at 5:25 p.m. Central
6 Time.

7 (Whereupon, the above-entitled deposition was
8 concluded at 5:25 p.m.)

9 THE COURT REPORTER: Mr. Schramek, do
10 you need a copy?

11 MR. SCHRAMEK: Yes. Well, we're the
12 witness so we'll read and sign.

13 We're not on the record, but, Kathy, do
14 you have any objection? I want to mark the entire
15 transcript as confidential, even though we are not
16 on the record. If she can mark that on the bottom.

17 THE COURT REPORTER: Yeah, I got that.

18 MR. SCHRAMEK: Okay.

19 THE COURT REPORTER: Mr. Smith, do you
20 need a copy?

21 MR. SMITH: I'll take a copy.

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1 CERTIFICATE OF COURT REPORTER

2 I, Julie Brown, Court Reporter and Notary
 3 Public, in and for the State of Mississippi, do
 4 hereby certify that the above and foregoing 198
 5 pages contain a full, true and correct transcript
 6 of the proceedings had in the aforementioned case at
 7 the time and place indicated, which proceedings
 8 were recorded by me to the best of my skill and
 9 ability, remotely via videoconference.

10 I also certify that I placed the witness
 11 under oath to tell the truth and that all answers
 12 were given under that oath.

13 I certify that the witness has chosen her
 14 right to the reading and signing of the deposition.

15 I certify that I have no interest,
 16 monetary or otherwise, in the outcome of this case.

17 Witness my signature and seal this day,
 18 March 8, 2026.

19 _____
 20 _notary_ _signature_
 21

22 JULIE BROWN, RPR, CCR 1587

23 My Commission Expires: April 8, 2028
 24
 25

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1 UNITED STATES DISTRICT COURT
 2 DISTRICT OF CONNECTICUT
 3 NEW HAVEN DIVISION

4 GUARDIAN FLIGHT LLC, PLAINTIFFS

5 REACH AIR MEDICAL
 6 SERVICES LLC, CALSTAR

7 AIR MEDICAL SERVICES,
 8 LLC, MED-TRANS

9 CORPORATION, AIR EVAC

10 EMS, INC., AND AIRMED

11 INTERNATIONAL, LLC

12 VS. CIVIL ACTION NO.

3:24-cv-00680-MPS

13 AETNA LIFE INSURANCE DEFENDANTS

14 COMPANY, AETNA HEALTH,
 15 INC., AETNA HEALTH AND

16 LIFE INSURANCE COMPANY,
 17 AND CIGNA HEALTH AND

18 LIFE INSURANCE COMPANY

19 Certificate of Deponent

20 I, Barbara Berkowitz, do hereby certify
 21 that the foregoing testimony is true and accurate
 22 to the best of my knowledge and belief, as
 23 originally transcribed, or with the changes as
 24 noted on the attached Correction Sheet.
 25

 Barbara Berkowitz

Subscribed and sworn to before me, this
 the ____ day of _____, 2026.

 Notary Public

My Commission Expires: _____

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1 ERRATA SHEET

2 PAGE LINE CORRECTIONS (IF ANY)

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 SIGNATURE: _____ DATE: _____

25 Barbara Berkowitz

ATTACHMENT 3

(Located Under Seal at ECF Nos.
356-7, 373-18 and 403-7)

From: Berkowitz, Barbara [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1297AD662E9C454F9159E716921BF760-BARBARA BER]
Sent: 12/18/2023 9:08:00 AM
To: Jamison, Jay [jay.jamison@gmr.net]; Ridgell, Joe Don [joedon.ridgell@gmr.net]
Subject: RE: IDR Initiation Timeline

Thank you for those quick responses...

I still think there is an issue with the logic if we accepted the base and are only taking the miles.

Barbara Berkowitz
 VP Managed Care
 Global Medical Response
 NEW ADDRESS: 4400 State Hwy 121, Ste 700 | Lewisville, TX 75056
 (c) 214-783-2429

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From: Jamison, Jay <jay.jamison@gmr.net>
Sent: Monday, December 18, 2023 8:31 AM
To: Berkowitz, Barbara <Barbara.Berkowitz@gmr.net>; Ridgell, Joe Don <joedon.Ridgell@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>
Subject: RE: IDR Initiation Timeline

Barbara –

Thank you for your thoughts. Below are my answers, and these can spur on our discussion at 1pm today.

- 1.) Can we take out all of the [REDACTED] payors in the evaluation for 2 reasons... [REDACTED]
 [REDACTED] Yes, we are able to do this, but I might not have it ready before the 1pm.
- 2.) Did we do this evaluation on claims where we took both the base and mileage to IDR to calculate the increase....
 If we accepted one of the HCPC we may not realize the entire gain by submitting at the trip level No, we did not break out and analyze trips where we submitted both the base and mileage separately. Instead, as you're aware, the individual HCPCS disputes are treated individually and we assessed them as such. The approach that Joe Don and I took adds together the Fixed Wing base and mileage separately from the Rotor Wing base and mileage for the per-trip analysis.
- 3.) How will this impact those payors that only paid one HCPC code and then we won the entire amount on the other HCPC code? I would think these could be impacted with significantly less revenue. I believe the approach we took (described in my answer to #2) accounts for this.
- 4.) Do we have to decide if we want to go at the trip level OR hcpc level? Can we do a combination of the two or state or some other logic? Yes, for the immediate backlog, we have to decide to submit at the trip or hcpc level. After we get through this backlog, we can then assess how to programmatically teach the Bot to

EXHIBIT
027

specific payor/state combination strategies and initiate IDR by trip or HCPCS. We will need a matrix completed for this effort.

Thank you.

Jay Jamison
C: 214.336.2500

From: Berkowitz, Barbara <Barbara.Berkowitz@gmr.net>
Sent: Monday, December 18, 2023 8:15 AM
To: Jamison, Jay <jay.jamison@gmr.net>; Ridgell, Joe Don <joedon.Ridgell@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>
Subject: RE: IDR Initiation Timeline

Jay,
I appreciate this deep dive and have just a few questions.

- 1.) Can we take out all of the [REDACTED] payors in the evaluation for 2 reasons... [REDACTED] [REDACTED] [REDACTED]
- 2.) Did we do this evaluation on claims where we took both the base and mileage to IDR to calculate the increase.... If we accepted one of the HCPC we may not realize the entire gain by submitting at the trip level
- 3.) How will this impact those payors that only paid one HCPC code and then we won the entire amount on the other HCPC code? I would think these could be impacted with significantly less revenue.
- 4.) Do we have to decide if we want to go at the trip level OR hcpc level? Can we do a combination based on payor or state or some other logic?

Totally on board with reducing the number of submissions but also want to make sure that we maximize the revenue and strengthen our negotiation power against the payors. There is a pain point for them as well for having to deal with 2 submissions vs 1.

Looking forward to the discussion today.

Barbara Berkowitz
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 Global Medical
Response
globalmedicalresponse.com

From: Jamison, Jay <jay.jamison@gmr.net>
Sent: Monday, December 18, 2023 7:31 AM
To: Ridgell, Joe Don <joedon.Ridgell@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>; Berkowitz, Barbara <Barbara.Berkowitz@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>
Subject: RE: IDR Initiation Timeline

Team –

+ Barbara to the email as we will be discussing during the weekly IDR meeting later this morning.

Below and attached is the analysis of IDR awards at the Trip and HCPCS level. The data is telling us to submit IDR initiations at the **Trip level**. Joe Don and I have discussed this in depth, and there are some assumptions, risks, benefits (listed below) that we should discuss before making a final decision.

- Historical awards at the trip level are [REDACTED] per outcome, and the individual HCPCS-level awards are [REDACTED] per outcome.
- After weighting the backlog for Fixed Wing versus Rotor Wing volumes and average outcome amounts, the combined average outcome for a trip-level award is estimated to be [REDACTED] which is [REDACTED] higher than our previously experienced trip-level award.
- The current backlog of disputes has nearly 2 HCPCS per trip, and therefore, we can reduce the number of IDR Initiations by half if we submit disputes at the trip level. This will also reduce initial cash outlay through fees by \$2.9M to yield an additional [REDACTED] in revenue and an additional [REDACTED] in net cash (adjusting for refunded fees on won disputes).

Key Assumptions/Risks/Benefits to Discuss:

- We've combined the 2 HCPCS outcome amounts, which shows a higher expected outcome of [REDACTED] higher than previous trip-level outcomes).
 - This could be due to higher offers in the last year compared to the first trip-level offers. Another contributing factor could be the additional strategies that we've employed leading to better outcomes.
- Assume that our historical win rate will be maintained at 85% (reduced from actual to be conservative and allow for IDRE fluidity).
- The workload to initiate the backlog would be significantly reduced to ~3,600 initiations from ~7,200 initiations.

	Historical Award			Initial Outlaid Initiation Costs					Realized Initiation Costs					Additional Net Revenue	Revenue Net Initiation Costs
	Trip	HCPCS	Variance	Backlog	Admin Fee	IDRE Fee (Refundable if Won)	RIM Legal Fee	Total Cost Per Initiation	Total Outlaid Initiation Cost	Historical Win %	Estimated Refund Per Initiation	Net Cost Per Initiation	Total Net Initiation Cost		
Avg Incremental Award					\$50	\$500									
Normalized to per Trip Award (Assuming 2.0 HCPCS per Trip)					\$50	\$750									
Variances															

Thank you.

Jay Jamison
C: 214.336.2500

From: Ridgell, Joe Don <joedon.Ridgell@gmr.net>

Sent: Sunday, December 17, 2023 10:01 AM

To: Thomas, Eric <Eric.Thomas@gmr.net>; Jamison, Jay <jay.jamison@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>

Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>

Subject: RE: IDR Initiation Timeline

Thanks Eric. When we were doing this manually, we budgeted 20 minutes for each dispute which includes filing the dispute and emailing the payor. Each person should be able to file 24 disputes per day and 120 per week. The hope is they would be faster as they got more experience with the portal and SS but that is where I would start if you are thinking about a group to manually file claims as we work through the back log.

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Associate General Counsel

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From: Thomas, Eric <Eric.Thomas@gmr.net>
Sent: Sunday, December 17, 2023 7:17 AM
To: Jamison, Jay <jay.jamison@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Ridgell, Joe Don <joedon.Ridgell@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>
Subject: Re: IDR Initiation Timeline

Thanks, Jay – in addition, Angela and I are working on a strategy to put together a SWAT team from West Plains to add additional horse power to the effort.

ERIC J. THOMAS
Senior Vice President, Revenue Management

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From: Jamison, Jay <jay.jamison@gmr.net>
Date: Saturday, December 16, 2023 at 7:42 PM
To: Dorn, Timothy <Timothy.Dorn@gmr.net>, Ridgell, Joe Don <joedon.Ridgell@gmr.net>, Cook, Thomas <Thomas.Cook@gmr.net>, Thomas, Eric <Eric.Thomas@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>, Robinson, Suzie <Suzanne.Robinson@gmr.net>, Richmond, Angela <Angela.Richmond@gmr.net>
Subject: Re: IDR Initiation Timeline

Tim & Team -

Joe Don and I talked earlier, and we believe that we have a modification to the current process that will remove some potential rework and enable the bot to start earlier and run later in the day. Instead of attaching the PDF2 file to SmartSheet (which gets cleared out daily and then requires manual reattachment if not completed the same day), we're thinking that the file can be dropped into the Novatio folders directly and have the bot pick them up from there. We still need to discuss the coding change with Novatio and Jeff Birrer from GMR IT to determine how quickly we can enable the change, but this should help.

As for submitting IDR initiations at the trip level instead of the HCPCS level, I will complete the analysis and send it out tomorrow. However, I believe there are some current barriers to submitting at the trip level that Joe Don can speak to better than I can around how the position statements have been created.

Thank you.
Jay Jamison

From: Dorn, Timothy <Timothy.Dorn@gmr.net>
Sent: Saturday, December 16, 2023 1:30:20 PM
To: Ridgell, Joe Don <joedon.Ridgell@gmr.net>; Cook, Thomas <Thomas.Cook@gmr.net>; Jamison, Jay <jay.jamison@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>

Cc: Evans, Lauren <Lauren.Evans@gmr.net>; Robinson, Suzie <Suzanne.Robinson@gmr.net>; Richmond, Angela <Angela.Richmond@gmr.net>

Subject: IDR Initiation Timeline

Joe Don,

Thank you for enlightening me on process constraints. Here are a few thoughts:

1. The bot will not be available until Wednesday, and we don't know if it will be error when it is made available which may bring Q/A risk and potential delays.
2. Although it had been operating efficiently before the change, we don't know with certainty that we may not experience downtime.
3. I now understand that this bot is a tool, and we don't have absolute dependency to process these claims.
4. Admittedly, manual processing introduces fat finger risk however we need to run the bot in parallel to a manual team dedicated to processing given what the government has done to us with its deadline. If I understand the math correctly relying 100% on the bot would not get us over the line even if it does run without disruption plus we lose Monday, Tuesday, and maybe Wednesday of this week.
5. Given the obvious value of these claims we should identify functions that could be suspended for a week or more and redirect that staff to processing IDR claims.
6. The preference would be to draw from the West Plains pool given the team's familiarity with the legal entity (NPI) structures, air clinical record pdfs, etc.
7. I've also reached out to Suzie to think about how many of her 95 person POD team could be redirected to this short-term task.
8. Using internal billing resources is preferred given their existing network access and familiarity with billing process.
9. If need be, I'll draft folks from the Operations, Clinical, HR, and other administrative departments to augment this pool (although not preferred).
10. I understand Jay has a solid training guide that could be used with our internal teams. We can also do a recorded Teams training session processing a few live claims to ensure all steps are completed and available for future reference. I am told the process is simply point, click, attach pdf, point, click, e-mail, archive the confirmation with no need for inclusion of nuanced narrative or analysis by the operator (of course I am always guilty of oversimplifying things, so push back if necessary).
11. Regarding record counts, Joe Don and I were using 7,200 records during our discussion which is at the HCPC level. We have anecdotal commentary that we experience higher yields when the claim is split. I'll ask Jay to determine if this is fact or fiction. The point is that we could cut this backlogged record count down to 3,600 filings to take pressure off the bot and our supplemental staff. Doing so would also save us roughly \$1.8M of filing fees (3,600 x \$500) as compared to a yet to be defined upside by splitting the filing. I understand the attachments are identical when filing separately.

Jay,

I am happy to get on the phone with you today or tomorrow to debate the math on combined or separate filings.

Again, we all hope that the bot comes up once the new special programing is completed and performs well. We just need a backup strategy launched now and run in parallel to the bot. I am inviting refinement or counterarguments to the approach!!

Timothy J. Dorn
Chief Administrative Officer

6501 S. Fiddlers Green Circle, Suite 100 | Greenwood Village, CO 80111
W: 303.495.1517 | C: 925.525.5023



From: Ridgell, Joe Don <joedon.Ridgell@gmr.net>
Sent: Saturday, December 16, 2023 11:38 AM
To: Cook, Thomas <Thomas.Cook@gmr.net>; Jamison, Jay <jay.jamison@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>
Subject: RE: IDR Initiation Timeline

The weekend brain is in full swing. As I was composing an email to Novatio, I realized I added the total number of bot initiations incorrectly in the schedule. **The maximum number of daily initiations through the bot will be [REDACTED]** The attached schedule is updated with that number. As you can see, that drastically changes the timeline. If we are only able to initiate [REDACTED] daily, then we would have to run the bot three times a day, every day until Jan 16 only taking Christmas and NY Day off. I think that is impossible and setting us up for failure. If we run into any hiccup or delay, we will not be able to meet the deadline.

I talked to Tim and he is exploring moving human resources to this quickly and training people who already have access to our system to complete the initiations. This would be in addition to the bot starting up. Depending on the number of bodies we can throw at this, we should be able to eliminate the backlog within a couple of weeks and not be so dependent on running the bot every day, non-stop.

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 Associate General Counsel

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www.globalmedicalresponse.com

From: Ridgell, Joe Don <joedon.Ridgell@gmr.net>
Sent: Saturday, December 16, 2023 11:59 AM
To: Cook, Thomas <Thomas.Cook@gmr.net>; Jamison, Jay <jay.jamison@gmr.net>; Dorn, Timothy <Timothy.Dorn@gmr.net>; Thomas, Eric <Eric.Thomas@gmr.net>; Ridgell, Joe Don <joedon.Ridgell@gmr.net>
Cc: Evans, Lauren <Lauren.Evans@gmr.net>
Subject: IDR Initiation Timeline
Importance: High

Since the portal opened yesterday, we have been taking the necessary steps to make sure we are able to file all pended claims by the current Jan 16 deadline. Below (and attached) you will find my first draft at laying that plan out. [REDACTED] also see several outstanding questions where I have identified the person I think needs to provide the answer. There are many assumptions here that still have to be worked through (mainly bot capacity per day and ability for Novatio to run the bot multiple times a day including a run at 8pm). I am pushing for us to be able to run the bot Tuesday afternoon but Novatio's timeline states the bot will not be fully operation until 12/20 so my timeline starts there. Please review this timeline and provide feedback. I also suggest that we take the time at 1pm CST on Monday that is booked for the IDR Offer Table and repurpose for a discussion on this timeline.

- As of 12/15/23, 6000 claims needed to be filed
- GMR averages 65 new initiations every business day
- 19 business days from Dec 18 -Jan 16 totaling another 1,235 disputes that need to be filed by Jan 16
- 7,235 claims need to be filed between Dec 20 (first day the bot will be ready to run) and Jan 16 (current deadline to file all pended claims and claims that come due between 12/15 and 1/16)
- With the limitations of pdf automation (each PDF2 takes 2 minutes to create and automatically attach to the correct line in WB6) and bot automation (it takes the bot approximately 3 minutes to initiate the dispute and send the email to the payor), we must run the bot multiple times a day)
- Only 1 bot run on weekend days
- No bot run on holidays

- Daily routine to file [REDACTED] claims:
 - PDF2 automation begins at 6am (PDF2 created every 2 min (30 per hour))
 - 8-10am: prepare first batch of IDR claims in WB6
 - 10 am: 120 PDF2 doc are created and attached
 - 11 am: First bot run of [REDACTED] disputes [REDACTED] hours for bot to initiate [REDACTED] disputes)
 - 10-2: prepare second batch of IDR claims in WB6
 - 3-3:30: Second bot run of [REDACTED] disputes [REDACTED] hours for bot to initiate [REDACTED] disputes)
 - 3-5:prepare third batch of IDR claims in WB6
 - 8pm: Third bot run of [REDACTED] disputes ([REDACTED] hours for bot to initiate [REDACTED] disputes)
 - we aren't concerned if the bot passes midnight as we have until 1/16 to file all claims
 - [REDACTED] on every business day totals [REDACTED]
 - [REDACTED] on every weekend day totals [REDACTED]
 - 7420 total filed by January 16

This is a very aggressive timeline that requires preparing 380 disputes every business day. The greatest concerns with this timeline:

- [REDACTED]: What happens if SS goes down for a couple of hours...a couple of days?
 - Failures in creating PDF2
 - Need dedicated SS resources available to react very quickly
 - SS has to be up and creating PDF2 for several hours before we can activate the first bot run of the day because all of the information is wiped from SS each night
 - SS Failure is the biggest risk area we have
 - Bot failure: If we receive multiple failures that require a additional development or revisions
 - Resources: We will need the equivalent of 2 FTEs dedicated to bot preparation and execution every business day and 1 FTE for 2-3 hours every weekend day
 - Can we train Kim B to help for 2-3 hours a day on WB6 prep? @Cook, Thomas
 - Can Candace help with making CC payments for IDREs? @Thomas, Eric
 - Lauren and Shalen will be the two FTEs that are dedicated to ensuring the bot is successful every day. @Thomas, Eric – I had worked out with Angela that we would share Lauren until 1/1/24 but I will absolutely need Lauren dedicated to IDR full time starting right now. We will need to discuss this with Angela and see what she needs to back fill.
 - Dreya is responsible for maintaining the email traffic that continues to come in after initiation (Jessica will assist with this)
 - Aggressive Timeline: We have very few days where we could make up lost time
- Outstanding Questions:
1. When does SS start wiping all the data and when is it finished with the import of new data each day? @Jamison, Jay
 - a. I have the bot running until about 2am every morning on business days
 2. Can Novatio have an employee trained to run the bot at 11, 3, and 8 every day? Can we speed up the time to file an individual dispute? @Ridgell, Joe Don
 3. Should we prioritize pended claims by dollar value outstanding rather than date so that we maximize our initiated disputes if we hit failures in the process and are not able to file all pended claims? @Thomas, Eric
 - a. If we do, how would we be able to make sure WB6 is filtered to show largest outstanding balances first? @Jamison, Jay

Redacted

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Associate General Counsel

4400 State Highway 121, Suite 700 | Lewisville, TX 75056
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ATTACHMENT 4

(Located Under Seal at ECF
Nos. 357-3)

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

GUARDIAN FLIGHT LLC, et al.,

Plaintiffs,

v.

AETNA LIFE INSURANCE
COMPANY et al.,

Defendants.

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§

Civil Action No. 3:24-cv-00680-MPS

DECLARATION OF ADAM T. SCHRAMEK

1. My name is Adam T. Schramek. I am an attorney duly licensed by the State Bar of Texas to practice law in the state of Texas. I am also admitted to practice before the United States Supreme Court, the Fifth Circuit Court of Appeals, and all four federal district courts in Texas. I am admitted to practice before the United States District Court for the District of Connecticut *pro hac vice*. I am a partner with Norton Rose Fulbright US LLP, which is representing Plaintiffs in the above captioned proceeding.

2. Attached as **Exhibit 1** is a true and correct copy of a document produced by Aetna bates labeled AET-0016281 which was marked as Ex. 28 at the March 12, 2026 deposition of Katherine O'Brien with additional highlights added for the deposition.

3. Attached as **Exhibit 2** is a true and correct copy of excerpts of CVS Health, Inc's 10-K for fiscal year ending in 2022.

4. Attached as **Exhibit 3** is a true and correct copy of excerpts of CVS Health, Inc's 10-K for fiscal year ending in 2023.

5. Attached as **Exhibit 4** is a true and correct copy of excerpts of CVS Health, Inc's 10-K for fiscal year ending in 2024.

6. Attached as **Exhibit 5** is a true and correct copy of excerpts of CVS Health, Inc's 10-K for fiscal year ending in 2025.

7. Attached as **Exhibit 6** is a true and correct copy of a document produced by Aetna bates labeled AET-0017560 which was marked as Ex. 3 at the February 19, 2026 deposition of Russell Jarvis.

8. Attached as **Exhibit 7** is a true and correct copy of a document produced by Aetna bates labeled AET-0001907 which was marked as Ex. 4 at the February 19, 2026 deposition of Russell Jarvis.

9. Attached as **Exhibit 8** is a true and correct copy of a document produced by Aetna bates labeled AET-0017482 which was marked as Ex. 27 at the March 12, 2026 deposition of Katherine O'Brien.

10. Attached as **Exhibit 9** is a true and correct copy of a document produced by Cigna bates labeled REACHAIR_PROD_00002977.

I declare under penalty of perjury that the foregoing is true and correct and within my personal knowledge. Executed in Travis County, State of Texas, on the 19th day of March, 2026



Adam T. Schramek

Exhibit 1

Schramek Declaration

Message

From: IDRE Disputes [sf-idre-disputes@ediphy.com]
Sent: 5/31/2024 10:11:47 PM
To: FederalNSAIDR [FederalNSAIDR@AETNA.com]
Subject: [EXTERNAL] DISP-958308: – Proof of NIP Objection

**** External Email - Use Caution ****

Non-initiating Party Objection - please respond on or before 5 business days from now.

EdiPhy Advisors, LLC is the IDRE that has been assigned to this dispute.

You have objected to eligibility of this case according to the CMS portal. Please go to the CMS portal if you do not have record of the objection you made.

If the Applicable state has an All-payer model act or a Specified State Law, please provide the information requested under "You contend a State law applies" OR attest you agree that state law does not apply to this dispute.

Please provide ALL proof in support of any objection you have made on this dispute. The proof needed on the various possible objections are as described in the chart below **and as it applies to the objection you made.**

Your response is **due 6/7/2024** unless extended in writing by the IDRE.

Your proof should be provided by REPLY to this email (the reply and attachments will be encrypted).

You MUST be sure the DISPUTE number is in the subject line of the secure file email.

You MUST provide TIMELY credible evidence to support any objection you make to this IDR dispute.

Below is an outline that describes what the IDRE expects with regard to certain objections, however, you may offer whatever proof you believe is credible on any objection you asserted on the portal and the IDRE will assess your evidence and rule on your objection to the dispute.

If the IDRE agrees with you, you will receive a notice of ineligibility. If the IDRE does not agree with you, you will receive a request for fees and a link to upload an offer. *Note: the items that are highlighted are not jurisdictional and will be waived if not supported within this timeframe for response to this email (as will any batching objection not supported with a timely response of credible evidence proving the reason the NIP disagrees with the batching).*

These objections are addressed in the outline below:

1. State law applies
2. No QPA available
3. Plan year did not renew before 2022 DOS
4. *Provider did not send Notice of Open Negotiation within 30 days of provider's receipt of payment or denial
5. *Cooling Off period is in effect and the dispute cannot be filed until the COP expires
6. Medicare or Medicaid or TriCare applies
7. & (8) Batching objections
- (9) Retiree Only plan assertion
- (10) NIP is the wrong issuer or plan

**Exhibit
28**

03/12/2026

The IDRE reserves the right to disregard any late evidence and proceed as though no evidence was provided by the NIP. IF the IDRE exercises its discretion to review late evidence, it does so without waiver of or prejudice to its right to disregard late evidence in the future.

1. The NIP contends a state law applies precluding federal jurisdiction

- For each line item listed in this dispute, the NIP should identify the plan type (fully insured or self-insured plan or FEHB, etc.)

- The NIP should provide evidence if it contends the Health Plan is governed by a state law other than the “applicable state law”
- The NIP should specify if the plan has “opted in” to a state law even though self-insured, if applicable
- If the dispute involves an Applicable State of TEXAS, and it is not a self-insured or FEHB plan, also indicate whether the plan is a non-federal governmental plan that is not subject to Texas’ balance billing laws, which may include plans for employees of state universities, and school districts that have opted out of participation in the Teacher Retirement System health plan.
- **If the dispute involves an Applicable State of Florida, and it is not a self-insured or FEHB plan, answer the following questions:**
 - - Are the items or services involved in this dispute emergency services OR services provided by an OON provider at an INN facility?
 - Are the services involved in this dispute hospital inpatient services?
 - Are the services involved in this dispute outpatient services?
 - Are the services involved in this dispute professional services?
 - What is the AGGREGATE VALUE of the services (add BILLED amount of ALL claims the subject of the dispute)?

\$ _____

- **If the dispute involves an Applicable State of New Jersey or Maryland or California or Virginia,**
 - - Do you contend that the Health Plan in any of the above disputes was issued in a state other than the “Applicable State” that applies to that/those dispute(s)?
 - - If yes, what is the state of issuance?
 - - For California, are the services emergency services that are exempt from the CA payment dispute law?
 -

The IDRE may determine federal law applies for other reasons, but if not then if the NIP does not respond timely to this outreach, the IDRE will assume the plan is self-insured and is eligible for federal review because the IP attested the IDR federal process applies.

If NO response is made by the NIP regarding the Opt In status in the applicable states, the IDRE will assume the Plan did NOT opt in if it is self insured.

If batched, see above action IDRE will take if no information is provided regarding Plan Type by line item.

2. The NIP contends there is no QPA applicable to the services for which the IP requests a payment determination.

- specify which state law you are saying applies.
- verify health plan type (fully insured, self-insured, FEHB)
- If the Health plan type is Self-insured, state whether or not the plan has opted in to any Applicable State IDR law

If the NIP does NOT claim there is an applicable state law precluding the requirement that the Health Plan provide a QPA, then refer to the Federal Register, Vol. 86, No. 131, July 12, 2021, pp. 36888, et. seq. to calculate a QPA and provide this QPA to both the Initiating Party and the IDRE, with appropriate disclosures about the QPA set forth in the rules. You may also go to: <https://www.cms.gov/files/document/caaqualifying-payment-amount-calculation-methodology.pdf>

If we do not receive a response, we will assume you do not contend state law applies and we will assume this is not a self-insured plan and will proceed accordingly using information on the EOB as evidence of the QPA.

3. The NIP contends the plan year renewed after 1/1/2022 and DOS are before the renewal date.

- NIP – please provide a page from your SPD showing the renewal date of the plan.

If no response is received, we will assume the NIP is not able to prove its assertion and will proceed with the review.

4. The NIP contends the IP did not submit the request for Open Negotiation of the IDR dispute within 30 days of payment or denial of the claim

- The NIP should provide proof of the date payment was RECEIVED by the IP. (note: a copy of a remit or EOB with a date it was issued will NOT be considered proof of the date received unless the IP agrees it received this on the same day it was dated. If no proof to the contrary is received, however, the IDRE will presume the EOB or remit was received 5 calendar days from the date on the EOB or remit).

If no response is received from the NIP, the IDRE will assume no proof is available of the date payment or denial was received and will determine the case to be eligible.

If only an EOB or remittance advice is received with a date issued, the IDRE will presume the document was received 5 calendar days later absent proof to the contrary.

If only a date of the check is provided, the IDRE will presume no evidence of denial was received by the IP prior to receipt of the check, and the IDRE will presume the check/payment was received 5 calendar days after its date absent proof to the contrary.

5. The NIP contends the Cooling Off Period Applies. The NIP MUST provide ALL the following Information:

The NIP may provide proof it believes to be sufficient on ALL of the 6 Items, but the IDRE suggests the following:

1. DISP # that began the COP, which MUST be a final decision for the Service Code in this dispute and Parties related to the Current Dispute
 - Suggested Proof - Determination letter and Notice of IDR Initiation for the Dispute that began the COP (the "COP Decision")
2. DATE of the final decision in #1
 - Suggested Proof - Put this date in your email response with a clear indication of which dispute and line item it applies to IF it is not clearly reflected on the Decision letter for (1), the COP decision.
3. . Name of the Group Plan/Issuer for the Dispute listed in #1 AND its type of plan (self or fully insured)
 - Suggested Proof - Redacted EOB/Payment Remit for Dispute in #1, the COP Decision with an explanation of which entry constitutes the name and/or the number of the Employer group, if applicable.
 - Suggested Proof - Also, the Summary Plan Description for Plan that was a party to the dispute listed in #1 OR the NIP response form showing the Plan Type listed on the CMS portal for the Dispute listed in #1 will suffice.
4. What is the Tax ID of the Provider to whom payment or denial was issued for the item or service involved in dispute in #1
 - Suggested Proof - Put this in the Email response IF it is not in the determination letter provided in #1
5. What is the name of the Group Plan/Issuer for the Current Dispute
 - Suggested Proof - EOB/Payment Remit for the Current Dispute with an explanation of which entry constitutes the name and/or the number of the Employer group, if applicable.
6. Is the Group/Plan/Issuer listed in the Current dispute self-insured?
 - Suggested Proof - Summary Plan Description for Current Dispute, or the NIP Response Form indicating the Plan Type for the current dispute

IF the NIP provides evidence that one of the disputes was a self-insured plan and the other was not (or the other was a different self-insured plan), then the IDRE will determine the cooling off period does not apply because different parties are involved in the two disputes.

If the NIP fails to provide evidence that one of the parties is a self-insured party, and the NIP has provided the previous dispute that appears to involve the same two parties, appears to be dated within 90 calendar days of each other, and appears to involve the same service code, then the IDRE will determine the cooling off period applies to this matter. If evidence is missing on any of those three elements, then the IDRE will determine that cooling off period's application to this dispute has NOT been proven by the NIP and the case will be deemed eligible on this point and moved forward by the IDRE toward resolution.

If the NIP fails to provide evidence on any of the 6 elements noted, and the evidence is not already provided to the IDRE, then the IDRE will rule that the NIP Objection is not supported and will move forward with eligibility on this point.

This objection IS waivable and thus a late response or assertion of the objection will not be considered by the IDRE.

6. The NIP contends the plan is a Medicare or Medicaid or TriCare plan

- Please provide evidence the plan involved is a Medicare Plan or a Medicaid plan and proof this is the plan under which the claim was paid (ex: EOB and Enrollee Medicare/Medicaid insurance card)

If the NIP does not provide proof as noted (they may provide an attestation or if the EOB shows a "HIC" number or an "MBI" number for the Enrollee) then the IDRE must move the case on as "eligible" because the NIP did not provide proof.

7. The NIP contends the case is ineligible because it is not properly batched due to the parties not being the same for all line items – see above proof needed for batched cases.

8. The NIP contends the case is not properly batched OR any line item is not timely because the Open Negotiation period that applies to a given line item is such that the case is not filed timely

- NIP provide the date you say Open Negotiation began on ALL line items you contend are not timely and specify the line item(s) involved. Provide evidence of the date of the Open Negotiation demand on which you make this assertion.

If the NIP does not provide proof as requested, then the IDRE will use the Open Negotiation date provided by the IP with the overall dispute for every line item and will analyze its timeliness using that date.

9. The NIP contends the Plan is a Retiree Only Plan

- NIP provide evidence that the Retiree Plan does not have active employee enrollees of more than 2

If the NIP does not provide proof as noted (they may provide an attestation of an authorized official of the plan) then the objection will be decided in favor of the IP and the case will be ruled eligible on this point

10. The NIP contends the IP has asserted the dispute against the wrong issuer or plan or the NIP does not know the claim number involved

- Provide Proof that when you received the Open Negotiation Demand that the IP has attached to this dispute, you notified the IP that the wrong Issuer or Plan has been requested to negotiate; OR

- Provide a copy of your disclosure on the EOB involving this claim which notifies the IP of how and where to file its IDR dispute, AND
- Indicate the prejudice the NIP will suffer now having been informed of the claim number

If the NIP fails to provide the requested evidence, or equivalent, then the IDRE will determine the case is eligible.

Resources

Visit the [No Surprises website](#) for additional IDR resources.

Contact information

For questions, contact EdiPhy Advisors, LLC at IDRE@medmanagementllc.com. Include our IDR reference number above.

Thank you,



IDRE Entity Number: IDREApp-00115

www.EdiPhyAdvisors.com

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Exhibit 2

Schramek Declaration

Exhibits

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-01011



CVS HEALTH CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

05-0494040

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

One CVS Drive, Woonsocket, Rhode Island

02895

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code:

(401) 765-1500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.01 per share	CVS	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large

accelerated filer,” “accelerated filer,” “smaller reporting company,” and “emerging growth company” in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management’s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements ☐ Yes ☒ No

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant’s executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐ Yes ☒ No

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

The aggregate market value of the registrant’s common stock held by non-affiliates was approximately \$121,258,020,752 as of June 30, 2022, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.

As of February 1, 2023, the registrant had 1,284,111,667 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following materials are incorporated by reference into this Form 10-K:

Information contained in the definitive proxy statement for CVS Health Corporation’s 2023 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2022 (the “Proxy Statement”), is incorporated by reference in Parts III and IV to the extent described therein.

Index to Consolidated Financial Statements

Consolidated Statements of Operations

<i>In millions, except per share amounts</i>	For the Years Ended December 31,		
	2022	2021	2020
Revenues:			
Products	\$ 226,616	\$ 203,738	\$ 190,688
Premiums	85,330	76,132	69,364
Services	9,683	11,042	7,856
Net investment income	838	1,199	798
Total revenues	322,467	292,111	268,706
Operating costs:			
Cost of products sold	196,892	175,803	163,981
Benefit costs	71,281	64,260	55,679
Opioid litigation charges	5,803	—	—
Loss on assets held for sale	2,533	—	—
Store impairments	—	1,358	—
Goodwill impairment	—	431	—
Operating expenses	38,212	37,066	35,135
Total operating costs	314,721	278,918	254,795
Operating income	7,746	13,193	13,911
Interest expense	2,287	2,503	2,907
Loss on early extinguishment of debt	—	452	1,440
Other income	(169)	(182)	(206)
Income before income tax provision	5,628	10,420	9,770
Income tax provision	1,463	2,522	2,569
Income from continuing operations	4,165	7,898	7,201
Loss from discontinued operations, net of tax	—	—	(9)
Net income	4,165	7,898	7,192
Net (income) loss attributable to noncontrolling interests	(16)	12	(13)
Net income attributable to CVS Health	\$ 4,149	\$ 7,910	\$ 7,179
Basic earnings per share:			
Income from continuing operations attributable to CVS Health	\$ 3.16	\$ 6.00	\$ 5.49
Loss from discontinued operations attributable to CVS Health	\$ —	\$ —	\$ (0.01)
Net income attributable to CVS Health	\$ 3.16	\$ 6.00	\$ 5.48

Weighted average basic shares outstanding	1,312	1,319	1,309
Diluted earnings per share:			
Income from continuing operations attributable to CVS Health	\$ 3.14	\$ 5.95	\$ 5.47
Loss from discontinued operations attributable to CVS Health	\$ —	\$ —	\$ (0.01)
Net income attributable to CVS Health	\$ 3.14	\$ 5.95	\$ 5.46
Weighted average diluted shares outstanding	1,323	1,329	1,314
Dividends declared per share	\$ 2.20	\$ 2.00	\$ 2.00

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Comprehensive Income

<i>In millions</i>	For the Years Ended December 31,		
	2022	2021	2020
Net income	\$ 4,165	\$ 7,898	\$ 7,192
Other comprehensive income (loss), net of tax:			
Net unrealized investment gains (losses)	(2,279)	(436)	440
Foreign currency translation adjustments	—	(7)	3
Net cash flow hedges	17	(26)	(31)
Pension and other postretirement benefits	(168)	20	(17)
Other comprehensive income (loss)	(2,430)	(449)	395
Comprehensive income	1,735	7,449	7,587
Comprehensive (income) loss attributable to noncontrolling interests	(16)	12	(13)
Comprehensive income attributable to CVS Health	<u>\$ 1,719</u>	<u>\$ 7,461</u>	<u>\$ 7,574</u>

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Balance Sheets

<i>In millions, except per share amounts</i>	At December 31,	
	2022	2021
Assets:		
Cash and cash equivalents	\$ 12,945	\$ 9,408
Investments	2,778	3,117
Accounts receivable, net	27,276	24,431
Inventories	19,090	17,760
Assets held for sale	908	—
Other current assets	2,685	5,292
Total current assets	65,682	60,008
Long-term investments	21,096	23,025
Property and equipment, net	12,873	12,896
Operating lease right-of-use assets	17,872	19,122
Goodwill	78,150	79,121
Intangible assets, net	24,754	29,026
Separate accounts assets	3,228	5,087
Other assets	4,620	4,714
Total assets	\$ 228,275	\$ 232,999
Liabilities:		
Accounts payable	\$ 14,838	\$ 12,544
Pharmacy claims and discounts payable	19,423	17,330
Health care costs payable	10,406	8,808
Policyholders' funds	1,500	4,301
Accrued expenses	18,745	17,670
Other insurance liabilities	1,140	1,303
Current portion of operating lease liabilities	1,678	1,646
Current portion of long-term debt	1,778	4,205
Liabilities held for sale	228	—
Total current liabilities	69,736	67,807
Long-term operating lease liabilities	16,800	18,177
Long-term debt	50,476	51,971
Deferred income taxes	3,880	6,270

Separate accounts liabilities	3,228	5,087
Other long-term insurance liabilities	6,108	6,402
Other long-term liabilities	6,732	1,904
Total liabilities	156,960	157,618
Commitments and contingencies (Note 16)		
Shareholders' equity:		
Preferred stock, par value \$0.01: 0.1 shares authorized; none issued or outstanding	—	—
Common stock, par value \$0.01: 3,200 shares authorized; 1,758 shares issued and 1,300 shares outstanding at December 31, 2022 and 1,744 shares issued and 1,322 shares outstanding at December 31, 2021 and capital surplus	48,193	47,377
Treasury stock, at cost: 458 and 422 shares at December 31, 2022 and 2021	(31,858)	(28,173)
Retained earnings	56,145	54,906
Accumulated other comprehensive income (loss)	(1,465)	965
Total CVS Health shareholders' equity	71,015	75,075
Noncontrolling interests	300	306
Total shareholders' equity	71,315	75,381
Total liabilities and shareholders' equity	\$ 228,275	\$ 232,999

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Cash Flows

<i>In millions</i>	For the Years Ended December 31,		
	2022	2021	2020
Cash flows from operating activities:			
Cash receipts from customers	\$ 313,662	\$ 284,219	\$ 264,327
Cash paid for inventory and prescriptions dispensed by retail network pharmacies	(189,766)	(165,783)	(158,636)
Insurance benefits paid	(69,728)	(63,598)	(55,124)
Cash paid to other suppliers and employees	(32,662)	(31,652)	(29,763)
Interest and investment income received	1,026	743	894
Interest paid	(2,239)	(2,469)	(2,904)
Income taxes paid	(4,116)	(3,195)	(2,929)
Net cash provided by operating activities	16,177	18,265	15,865
Cash flows from investing activities:			
Proceeds from sales and maturities of investments	6,729	7,246	6,467
Purchases of investments	(7,746)	(9,963)	(9,639)
Purchases of property and equipment	(2,727)	(2,520)	(2,437)
Proceeds from sale-leaseback transactions	—	—	101
Acquisitions (net of cash acquired)	(139)	(146)	(866)
Proceeds from sale of subsidiaries (net of cash and restricted cash sold of \$2,854, \$0 and \$9)	(1,249)	—	840
Other	85	122	—
Net cash used in investing activities	(5,047)	(5,261)	(5,534)
Cash flows from financing activities:			
Proceeds from issuance of long-term debt	—	987	9,958
Repayments of long-term debt	(4,211)	(10,254)	(15,631)
Derivative settlements	—	—	(7)
Repurchase of common stock	(3,500)	—	—
Dividends paid	(2,907)	(2,625)	(2,624)
Proceeds from exercise of stock options	551	549	264
Payments for taxes related to net share settlement of equity awards	(370)	(168)	(88)
Other	(79)	155	432
Net cash used in financing activities	(10,516)	(11,356)	(7,696)

Net increase in cash, cash equivalents and restricted cash	614	1,648	2,635
Cash, cash equivalents and restricted cash at the beginning of the period	12,691	11,043	8,408
Cash, cash equivalents and restricted cash at the end of the period	<u>\$ 13,305</u>	<u>\$ 12,691</u>	<u>\$ 11,043</u>

Index to Consolidated Financial Statements

<i>In millions</i>	For the Years Ended December 31,		
	2022	2021	2020
Reconciliation of net income to net cash provided by operating activities:			
Net income	\$ 4,165	\$ 7,898	\$ 7,192
Adjustments required to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	4,247	4,512	4,441
Loss on assets held for sale	2,533	—	—
Store impairments	—	1,358	—
Goodwill impairment	—	431	—
Stock-based compensation	447	484	400
Gain on sale of subsidiaries	(475)	—	(269)
Loss on early extinguishment of debt	—	452	1,440
Deferred income taxes	(2,075)	(428)	(570)
Other noncash items	332	(390)	72
Change in operating assets and liabilities, net of effects from acquisitions:			
Accounts receivable, net	(2,971)	(2,703)	(1,510)
Inventories	(1,435)	735	(973)
Other assets	(566)	(3)	364
Accounts payable and pharmacy claims and discounts payable	4,260	2,898	2,769
Health care costs payable and other insurance liabilities	1,247	169	(231)
Other liabilities	6,468	2,852	2,740
Net cash provided by operating activities	<u>\$ 16,177</u>	<u>\$ 18,265</u>	<u>\$ 15,865</u>

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Shareholders' Equity

In millions	Number of shares outstanding					Attributable to CVS Health																						
						Common Stock and Capital Surplus ⁽²⁾	Treasury Stock ⁽¹⁾	Retained Earnings	Accumulated Other Comprehensive Income (Loss)					Total CVS Health Shareholders' Equity					Noncontrolling Interests					Total Shareholders' Equity				
									Common Shares					Treasury Shares ⁽¹⁾														
Balance at December 31, 2019	1,727					\$ 45,972	\$ (28,235)	\$ 45,108					\$ 1,019			\$ 63,864			\$ 306			\$ 64,170						
Adoption of new accounting standard ⁽³⁾	—					—	—	(3)					—			(3)			—			(3)						
Net income	—					—	—	7,179					—			7,179			13			7,192						
Other comprehensive income (Note 13)	—					—	—	—					395			395			—			395						
Stock option activity, stock awards and other	6					541	—	—					—			541			—			541						
ESPP issuances, net of purchase of treasury shares	—					2	—	57					—			57			—			57						
Common stock dividends	—					—	—	(2,644)					—			(2,644)			—			(2,644)						
Other decreases in noncontrolling interests	—					—	—	—					—			—			(7)			(7)						
Balance at December 31, 2020	1,733					46,513	(28,178)	49,640					1,414			69,389			312			69,701						
Net income	—					—	—	7,910					—			7,910			(12)			7,898						
Other comprehensive loss (Note 13)	—					—	—	—					(449)			(449)			—			(449)						
Stock option activity, stock awards and other	11					—	864	—					—			864			—			864						
ESPP issuances, net of purchase of treasury shares	—					1	—	5					—			5			—			5						
Common stock dividends	—					—	—	(2,644)					—			(2,644)			—			(2,644)						
Other increases in noncontrolling interests	—					—	—	—					—			—			6			6						
Balance at December 31, 2021	1,744					47,377	(28,173)	54,906					965			75,075			306			75,381						
Net income	—					—	—	4,149					—			4,149			16			4,165						
Other comprehensive loss (Note 13)	—					—	—	—					(2,430)			(2,430)			—			(2,430)						
Stock option activity, stock awards and other	14					816	—	—					—			816			—			816						
Purchase of treasury shares, net of ESPP	—					(36)	(3,685)	—					—			(3,685)			—			(3,685)						

issuances

Common stock dividends	—	—	—	—	(2,910)	—	(2,910)	—	(2,910)
Other decreases in noncontrolling interests	—	—	—	—	—	—	—	(22)	(22)
Balance at December 31, 2022	1,758	(458)	\$ 48,193	(31,858)	\$ 56,145	(1,465)	\$ 71,015	\$ 300	\$ 71,315

- (1) Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2022, 2021 and 2020. Treasury stock includes \$29 million related to shares held in trust for each of the years ended December 31, 2022, 2021 and 2020. See Note 1 "Significant Accounting Policies" for additional information.
- (2) Common stock and capital surplus includes the par value of common stock of \$18 million as of December 31, 2022 and \$17 million as of December 31, 2021 and 2020.
- (3) Reflects the adoption of Accounting Standards Update ("ASU") 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which resulted in a reduction to retained earnings of \$3 million during the year ended December 31, 2020.

See accompanying notes to consolidated financial statements.

Table of Contents

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CVS HEALTH CORPORATION

Date: February 8, 2023

By: /s/ SHAWN M. GUERTIN

Shawn M. Guertin

**Executive Vice President and Chief Financial
Officer**

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title(s)	Date
<u>/s/ FERNANDO AGUIRRE</u> Fernando Aguirre	Director	February 8, 2023
<u>/s/ JEFFREY R. BALSER, M.D., Ph.D.</u> Jeffrey R. Balser, M.D., Ph.D.	Director	February 8, 2023
<u>/s/ C. DAVID BROWN II</u> C. David Brown II	Director	February 8, 2023
<u>/s/ JAMES D. CLARK</u> James D. Clark	Senior Vice President - Controller and Chief Accounting Officer (Principal Accounting Officer)	February 8, 2023
<u>/s/ ALECIA A. DECOUDREAUX</u> Alecia A. DeCoudreaux	Director	February 8, 2023
<u>/s/ NANCY-ANN M. DEPARLE</u> Nancy-Ann M. DeParle	Director	February 8, 2023
<u>/s/ ROGER N. FARAH</u> Roger N. Farah	Chair of the Board and Director	February 8, 2023
<u>/s/ ANNE M. FINUCANE</u> Anne M. Finucane	Director	February 8, 2023
<u>/s/ SHAWN M. GUERTIN</u> Shawn M. Guertin	Executive Vice President and Chief Financial Officer (Principal Financial Officer)	February 8, 2023
<u>/s/ EDWARD J. LUDWIG</u> Edward J. Ludwig	Director	February 8, 2023
<u>/s/ KAREN S. LYNCH</u> Karen S. Lynch	President and Chief Executive Officer (Principal Executive Officer) and Director	February 8, 2023
<u>/s/ JEAN-PIERRE MILLON</u>	Director	February 8, 2023

Jean-Pierre Millon

/s/ MARY L. SCHAPIRO

Mary L. Schapiro

/s/ WILLIAM C. WELDON

William C. Weldon

Director

February 8, 2023

Director

February 8, 2023

Exhibit 3

Schramek Declaration

Exhibits

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2023

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-01011



CVS HEALTH CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

05-0494040

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

One CVS Drive, Woonsocket, Rhode Island

02895

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code:

(401) 765-1500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.01 per share	CVS	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large

accelerated filer,” “accelerated filer,” “smaller reporting company,” and “emerging growth company” in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management’s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant’s executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

The aggregate market value of the registrant’s common stock held by non-affiliates was approximately \$88,547,881,979 as of June 30, 2023, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.

As of January 31, 2024, the registrant had 1,258,449,553 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following materials are incorporated by reference into this Form 10-K:

Information contained in the definitive proxy statement for CVS Health Corporation’s 2024 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2023 (the “Proxy Statement”), is incorporated by reference in Parts III and IV to the extent described therein.

Index to Consolidated Financial Statements

Consolidated Statements of Operations

<i>In millions, except per share amounts</i>	For the Years Ended December 31,		
	2023	2022	2021
Revenues:			
Products	\$ 245,138	\$ 226,616	\$ 203,738
Premiums	99,192	85,330	76,132
Services	12,293	9,683	11,042
Net investment income	1,153	838	1,199
Total revenues	357,776	322,467	292,111
Operating costs:			
Cost of products sold	217,098	196,892	175,803
Health care costs	86,247	71,073	64,188
Restructuring charges	507	—	—
Opioid litigation charges	—	5,803	—
Loss on assets held for sale	349	2,533	—
Store impairments	—	—	1,358
Goodwill impairment	—	—	431
Operating expenses	39,832	38,212	37,021
Total operating costs	344,033	314,513	278,801
Operating income	13,743	7,954	13,310
Interest expense	2,658	2,287	2,503
Loss on early extinguishment of debt	—	—	452
Other income	(88)	(169)	(182)
Income before income tax provision	11,173	5,836	10,537
Income tax provision	2,805	1,509	2,548
Net income	8,368	4,327	7,989
Net (income) loss attributable to noncontrolling interests	(24)	(16)	12
Net income attributable to CVS Health	\$ 8,344	\$ 4,311	\$ 8,001
Net income per share attributable to CVS Health:			
Basic	\$ 6.49	\$ 3.29	\$ 6.07
Diluted	6.47	3.26	6.02
Weighted average shares outstanding:			
Basic	\$ 1,285	1,312	\$ 1,319

Diluted		1,290		1,323		1,329
Dividends declared per share	\$	2.42	\$	2.20	\$	2.00

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Comprehensive Income

<i>In millions</i>	For the Years Ended December 31,		
	2023	2022	2021
Net income	\$ 8,368	\$ 4,327	\$ 7,989
Other comprehensive income (loss), net of tax:			
Net unrealized investment gains (losses)	1,090	(2,317)	(556)
Change in discount rate on insurance reserves	(67)	870	255
Foreign currency translation adjustments	—	—	(7)
Net cash flow hedges	5	17	(26)
Pension and other postretirement benefits	(61)	(168)	20
Other comprehensive income (loss)	967	(1,598)	(314)
Comprehensive income	9,335	2,729	7,675
Comprehensive (income) loss attributable to noncontrolling interests	(24)	(16)	12
Comprehensive income attributable to CVS Health	\$ 9,311	\$ 2,713	\$ 7,687

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Balance Sheets

<i>In millions, except per share amounts</i>	At December 31,	
	2023	2022
Assets:		
Cash and cash equivalents	\$ 8,196	\$ 12,945
Investments	3,259	2,778
Accounts receivable, net	35,227	27,276
Inventories	18,025	19,090
Assets held for sale	—	908
Other current assets	3,151	2,636
Total current assets	67,858	65,633
Long-term investments	23,019	21,096
Property and equipment, net	13,183	12,873
Operating lease right-of-use assets	17,252	17,872
Goodwill	91,272	78,150
Intangible assets, net	29,234	24,803
Separate accounts assets	3,250	3,228
Other assets	4,660	4,620
Total assets	\$ 249,728	\$ 228,275
Liabilities:		
Accounts payable	\$ 14,897	\$ 14,838
Pharmacy claims and discounts payable	22,874	19,423
Health care costs payable	12,049	10,142
Policyholders' funds	1,326	1,500
Accrued expenses	22,189	18,745
Other insurance liabilities	1,141	1,089
Current portion of operating lease liabilities	1,741	1,678
Short-term debt	200	—
Current portion of long-term debt	2,772	1,778
Liabilities held for sale	—	228
Total current liabilities	79,189	69,421
Long-term operating lease liabilities	16,034	16,800
Long-term debt	58,638	50,476

Deferred income taxes	4,311	4,016
Separate accounts liabilities	3,250	3,228
Other long-term insurance liabilities	5,459	5,835
Other long-term liabilities	6,211	6,730
Total liabilities	173,092	156,506
Commitments and contingencies (Note 18)		
Shareholders' equity:		
Preferred stock, par value \$0.01: 0.1 shares authorized; none issued or outstanding	—	—
Common stock, par value \$0.01: 3,200 shares authorized; 1,768 shares issued and 1,288 shares outstanding at December 31, 2023 and 1,758 shares issued and 1,300 shares outstanding at December 31, 2022 and capital surplus	48,992	48,193
Treasury stock, at cost: 480 and 458 shares at December 31, 2023 and 2022	(33,838)	(31,858)
Retained earnings	61,604	56,398
Accumulated other comprehensive loss	(297)	(1,264)
Total CVS Health shareholders' equity	76,461	71,469
Noncontrolling interests	175	300
Total shareholders' equity	76,636	71,769
Total liabilities and shareholders' equity	\$ 249,728	\$ 228,275

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Cash Flows

<i>In millions</i>	For the Years Ended December 31,		
	2023	2022	2021
Cash flows from operating activities:			
Cash receipts from customers	\$ 345,464	\$ 313,662	\$ 284,219
Cash paid for inventory, prescriptions dispensed and health services rendered	(208,848)	(189,766)	(165,783)
Insurance benefits paid	(84,097)	(69,728)	(63,598)
Cash paid to other suppliers and employees	(34,735)	(32,662)	(31,652)
Interest and investment income received	1,584	1,026	743
Interest paid	(2,418)	(2,239)	(2,469)
Income taxes paid	(3,524)	(4,116)	(3,195)
Net cash provided by operating activities	13,426	16,177	18,265
Cash flows from investing activities:			
Proceeds from sales and maturities of investments	7,729	6,729	7,246
Purchases of investments	(9,043)	(7,746)	(9,963)
Purchases of property and equipment	(3,031)	(2,727)	(2,520)
Acquisitions (net of cash and restricted cash acquired)	(16,612)	(139)	(146)
Proceeds from sale of subsidiaries (net of cash and restricted cash sold of \$2,854 in 2022)	—	(1,249)	—
Other	68	85	122
Net cash used in investing activities	(20,889)	(5,047)	(5,261)
Cash flows from financing activities:			
Commercial paper borrowings (repayments), net	200	—	—
Proceeds from issuance of short-term loan	5,000	—	—
Repayment of short-term loan	(5,000)	—	—
Proceeds from issuance of long-term debt	10,898	—	987
Repayments of long-term debt	(3,166)	(4,211)	(10,254)
Repurchase of common stock	(2,012)	(3,500)	—
Dividends paid	(3,132)	(2,907)	(2,625)
Proceeds from exercise of stock options	277	551	549
Payments for taxes related to net share settlement of equity awards	(181)	(370)	(168)
Other	(201)	(79)	155

Net cash provided by (used in) financing activities	2,683	(10,516)	(11,356)
Net increase (decrease) in cash, cash equivalents and restricted cash	(4,780)	614	1,648
Cash, cash equivalents and restricted cash at the beginning of the period	13,305	12,691	11,043
Cash, cash equivalents and restricted cash at the end of the period	<u>\$ 8,525</u>	<u>\$ 13,305</u>	<u>\$ 12,691</u>

Index to Consolidated Financial Statements

<i>In millions</i>	For the Years Ended December 31,		
	2023	2022	2021
Reconciliation of net income to net cash provided by operating activities:			
Net income	\$ 8,368	\$ 4,327	\$ 7,989
Adjustments required to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	4,366	4,224	4,486
Loss on assets held for sale	349	2,533	—
Store impairments	—	—	1,358
Goodwill impairment	—	—	431
Stock-based compensation	588	447	484
Gain on sale of subsidiaries	—	(475)	—
Loss on early extinguishment of debt	—	—	452
Deferred income taxes	(676)	(2,029)	(402)
Other noncash items	416	332	(390)
Change in operating assets and liabilities, net of effects from acquisitions:			
Accounts receivable, net	(6,260)	(2,971)	(2,703)
Inventories	1,233	(1,435)	735
Other assets	(510)	(491)	(30)
Accounts payable and pharmacy claims and discounts payable	3,618	4,260	2,898
Health care costs payable and other insurance liabilities	394	992	101
Other liabilities	1,540	6,463	2,856
Net cash provided by operating activities	<u>\$ 13,426</u>	<u>\$ 16,177</u>	<u>\$ 18,265</u>

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Shareholders' Equity

In millions	Number of shares outstanding				Attributable to CVS Health																		
					Common Stock and Capital Surplus ⁽²⁾		Treasury Stock ⁽¹⁾		Retained Earnings			Accumulated Other Comprehensive Income (Loss)			Total CVS Health Shareholders' Equity			Noncontrolling Interests			Total Shareholders' Equity		
Common Shares		Treasury Shares ⁽¹⁾																					
Balance at December 31, 2020	1,733		(423)			\$ 46,513		\$(28,178)		\$ 49,640		\$ 1,414		\$ 69,389		\$ 312		\$ 69,701					
Adoption of new accounting standard ⁽³⁾	—		—			—		—		—		(766)		(766)		—		(766)					
Net income	—		—			—		—		8,001		—		8,001		(12)		7,989					
Other comprehensive loss (Note 15)	—		—			—		—		—		(314)		(314)		—		(314)					
Stock option activity, stock awards and other	11		—			864		—		—		—		864		—		864					
ESPP issuances, net of purchase of treasury shares	—		1			—		5		—		—		5		—		5					
Common stock dividends	—		—			—		—		(2,644)		—		(2,644)		—		(2,644)					
Other increases in noncontrolling interests	—		—			—		—		—		—		—		6		6					
Balance at December 31, 2021	1,744		(422)			47,377		\$(28,173)		54,997		334		74,535		306		74,841					
Net income	—		—			—		—		4,311		—		4,311		16		4,327					
Other comprehensive loss (Note 15)	—		—			—		—		—		(1,598)		(1,598)		—		(1,598)					
Stock option activity, stock awards and other	14		—			816		—		—		—		816		—		816					
Purchase of treasury shares, net of ESPP issuances	—		(36)			—		\$(3,685)		—		—		(3,685)		—		(3,685)					
Common stock dividends	—		—			—		—		(2,910)		—		(2,910)		—		(2,910)					
Other decreases in noncontrolling interests	—		—			—		—		—		—		—		(22)		(22)					
Balance at December 31, 2022	1,758		(458)			48,193		\$(31,858)		56,398		(1,264)		71,469		300		71,769					
Net income	—		—			—		—		8,344		—		8,344		24		8,368					
Other comprehensive income (Note 15)	—		—			—		—		—		967		967		—		967					
Stock option activity, stock awards and other	10		—			795		—		—		—		795		—		795					
Purchase of treasury shares, net of ESPP	—		(22)			(12)		\$(1,980)		—		—		(1,992)		—		(1,992)					

issuances

Common stock dividends	—	—	—	—	(3,138)	—	(3,138)	—	(3,138)
Acquisition of noncontrolling interests	—	—	—	—	—	—	—	66	66
Other increases (decreases) in noncontrolling interests	—	—	16	—	—	—	16	(215)	(199)
Balance at December 31, 2023	1,768	(480)	\$ 992	\$ 838	\$ 604	\$ (297)	\$ 76,461	\$ 175	\$ 76,636

- (1) Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2023, 2022 and 2021. Treasury stock includes \$29 million related to shares held in trust for each of the years ended December 31, 2023, 2022 and 2021. See Note 1 "Significant Accounting Policies" for additional information.
- (2) Common stock and capital surplus includes the par value of common stock of \$18 million as of December 31, 2023 and 2022 and \$17 million as of December 31, 2021.
- (3) Reflects the adoption of Accounting Standards Update ("ASU") 2018-12, *Targeted Improvements to the Accounting for Long-Duration Contracts* (Topic 944) during the year ended December 31, 2021. See Note 1 "Significant Accounting Policies" for additional information.

See accompanying notes to consolidated financial statements.

[Table of Contents](#)**SIGNATURES**

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CVS HEALTH CORPORATION

Date: February 7, 2024

By: /s/ THOMAS F. COWHEY

Thomas F. Cowhey

**Executive Vice President and Chief Financial
Officer**

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title(s)	Date
<u>/s/ FERNANDO AGUIRRE</u> Fernando Aguirre	Director	February 7, 2024
<u>/s/ JEFFREY R. BALSER, M.D., Ph.D.</u> Jeffrey R. Balser, M.D., Ph.D.	Director	February 7, 2024
<u>/s/ C. DAVID BROWN II</u> C. David Brown II	Director	February 7, 2024
<u>/s/ JAMES D. CLARK</u> James D. Clark	Senior Vice President - Controller and Chief Accounting Officer (Principal Accounting Officer)	February 7, 2024
<u>/s/ THOMAS F. COWHEY</u> Thomas F. Cowhey	Executive Vice President and Chief Financial Officer (Principal Financial Officer)	February 7, 2024
<u>/s/ ALECIA A. DECOUDREAUX</u> Alecia A. DeCoudreaux	Director	February 7, 2024
<u>/s/ NANCY-ANN M. DEPARLE</u> Nancy-Ann M. DeParle	Director	February 7, 2024
<u>/s/ ROGER N. FARAH</u> Roger N. Farah	Chair of the Board and Director	February 7, 2024
<u>/s/ ANNE M. FINUCANE</u> Anne M. Finucane	Director	February 7, 2024
<u>/s/ J. SCOTT KIRBY</u> J. Scott Kirby	Director	February 7, 2024
<u>/s/ EDWARD J. LUDWIG</u> Edward J. Ludwig	Director	February 7, 2024

/s/ KAREN S. LYNCH

Karen S. Lynch

President and Chief Executive Officer

February 7, 2024

(Principal Executive Officer) and Director

/s/ JEAN-PIERRE MILLON

Jean-Pierre Millon

Director

February 7, 2024

/s/ MICHAEL F. MAHONEY

Michael F. Mahoney

Director

February 7, 2024

/s/ MARY L. SCHAPIRO

Mary L. Schapiro

Director

February 7, 2024

Exhibit 4

Schramek Declaration

Exhibits

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-01011



CVS HEALTH CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

05-0494040

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

One CVS Drive, Woonsocket, Rhode Island

02895

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code:

(401) 765-1500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.01 per share	CVS	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large

accelerated filer,” “accelerated filer,” “smaller reporting company,” and “emerging growth company” in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management’s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant’s executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

The aggregate market value of the registrant’s common stock held by non-affiliates was approximately \$74,072,103,405 as of June 30, 2024, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.

As of February 5, 2025, the registrant had 1,260,795,063 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following materials are incorporated by reference into this Form 10-K:

Information contained in the definitive proxy statement for CVS Health Corporation’s 2025 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2024 (the “Proxy Statement”), is incorporated by reference in Parts III and IV to the extent described therein.

Index to Consolidated Financial Statements

Consolidated Statements of Operations

<i>In millions, except per share amounts</i>	For the Years Ended December 31,		
	2024	2023	2022
Revenues:			
Products	\$ 231,521	\$ 245,138	\$ 226,616
Premiums	122,896	99,192	85,330
Services	16,239	12,293	9,683
Net investment income	2,153	1,153	838
Total revenues	372,809	357,776	322,467
Operating costs:			
Cost of products sold	206,287	217,098	196,892
Health care costs	115,121	86,247	71,073
Operating expenses	41,606	39,832	38,212
Restructuring charges	1,179	507	—
Opioid litigation charges	100	—	5,803
Loss on assets held for sale	—	349	2,533
Total operating costs	364,293	344,033	314,513
Operating income	8,516	13,743	7,954
Interest expense	2,958	2,658	2,287
Gain on early extinguishment of debt	(491)	—	—
Other income	(99)	(88)	(169)
Income before income tax provision	6,148	11,173	5,836
Income tax provision	1,562	2,805	1,509
Net income	4,586	8,368	4,327
Net (income) loss attributable to noncontrolling interests	28	(24)	(16)
Net income attributable to CVS Health	\$ 4,614	\$ 8,344	\$ 4,311
Net income per share attributable to CVS Health:			
Basic	\$ 3.67	\$ 6.49	\$ 3.29
Diluted	\$ 3.66	\$ 6.47	\$ 3.26
Weighted average shares outstanding:			
Basic	1,259	1,285	1,312
Diluted	1,262	1,290	1,323

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Comprehensive Income

<i>In millions</i>	For the Years Ended December 31,		
	2024	2023	2022
Net income	\$ 4,586	\$ 8,368	\$ 4,327
Other comprehensive income (loss), net of tax:			
Net unrealized investment gains (losses)	30	1,090	(2,317)
Change in discount rate on long-duration insurance reserves	113	(67)	870
Foreign currency translation adjustments	(4)	—	—
Net cash flow hedges	(15)	5	17
Pension and other postretirement benefits	53	(61)	(168)
Other comprehensive income (loss)	177	967	(1,598)
Comprehensive income	4,763	9,335	2,729
Comprehensive (income) loss attributable to noncontrolling interests	28	(24)	(16)
Comprehensive income attributable to CVS Health	\$ 4,791	\$ 9,311	\$ 2,713

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Balance Sheets

<i>In millions, except per share amounts</i>	At December 31,	
	2024	2023
Assets:		
Cash and cash equivalents	\$ 8,586	\$ 8,196
Investments	2,407	3,259
Accounts receivable, net	36,469	35,227
Inventories	18,107	18,025
Other current assets	3,076	3,151
Total current assets	68,645	67,858
Long-term investments	28,934	23,019
Property and equipment, net	12,993	13,183
Operating lease right-of-use assets	15,944	17,252
Goodwill	91,272	91,272
Intangible assets, net	27,323	29,234
Separate accounts assets	3,311	3,250
Other assets	4,793	4,660
Total assets	\$ 253,215	\$ 249,728
Liabilities:		
Accounts payable	\$ 15,892	\$ 14,897
Pharmacy claims and discounts payable	24,166	22,874
Health care costs payable	15,064	12,049
Accrued expenses and other current liabilities	20,810	23,515
Other insurance liabilities	1,183	1,141
Current portion of operating lease liabilities	1,751	1,741
Short-term debt	2,119	200
Current portion of long-term debt	3,624	2,772
Total current liabilities	84,609	79,189
Long-term operating lease liabilities	14,899	16,034
Long-term debt	60,527	58,638
Deferred income taxes	3,806	4,311
Separate accounts liabilities	3,311	3,250
Other long-term insurance liabilities	4,902	5,459

Other long-term liabilities	5,431	6,211
Total liabilities	177,485	173,092
Commitments and contingencies (Note 18)		
Shareholders' equity:		
Preferred stock, par value \$0.01: 0.1 shares authorized; none issued or outstanding	—	—
Common stock, par value \$0.01: 3,200 shares authorized; 1,778 shares issued and 1,260 shares outstanding at December 31, 2024 and 1,768 shares issued and 1,288 shares outstanding at December 31, 2023 and capital surplus	49,661	48,992
Treasury stock, at cost: 518 and 480 shares at December 31, 2024 and 2023	(36,818)	(33,838)
Retained earnings	62,837	61,604
Accumulated other comprehensive loss	(120)	(297)
Total CVS Health shareholders' equity	75,560	76,461
Noncontrolling interests	170	175
Total shareholders' equity	75,730	76,636
Total liabilities and shareholders' equity	\$ 253,215	\$ 249,728

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Cash Flows

<i>In millions</i>	For the Years Ended December 31,		
	2024	2023	2022
Cash flows from operating activities:			
Cash receipts from customers	\$ 357,995	\$ 345,464	\$ 313,662
Cash paid for inventory, prescriptions dispensed and health services rendered	(197,726)	(208,848)	(189,766)
Insurance benefits paid	(109,464)	(84,097)	(69,728)
Cash paid to other suppliers and employees	(38,821)	(34,735)	(32,662)
Interest and investment income received	1,735	1,584	1,026
Interest paid	(2,909)	(2,418)	(2,239)
Income taxes paid	(1,703)	(3,524)	(4,116)
Net cash provided by operating activities	9,107	13,426	16,177
Cash flows from investing activities:			
Proceeds from sales and maturities of investments	10,353	7,729	6,729
Purchases of investments	(15,191)	(9,043)	(7,746)
Purchases of property and equipment	(2,781)	(3,031)	(2,727)
Acquisitions (net of cash and restricted cash acquired)	(95)	(16,612)	(139)
Proceeds from sale of subsidiaries (net of cash and restricted cash sold of \$2,854 in 2022)	—	—	(1,249)
Other	101	68	85
Net cash used in investing activities	(7,613)	(20,889)	(5,047)
Cash flows from financing activities:			
Commercial paper borrowings (repayments), net	1,919	200	—
Proceeds from issuance of short-term loan	—	5,000	—
Repayment of short-term loan	—	(5,000)	—
Proceeds from issuance of long-term debt	7,913	10,898	—
Repayments of long-term debt	(4,773)	(3,166)	(4,211)
Repurchase of common stock	(3,023)	(2,012)	(3,500)
Dividends paid	(3,373)	(3,132)	(2,907)
Proceeds from exercise of stock options	361	277	551
Payments for taxes related to net share settlement of equity awards	(185)	(181)	(370)
Other	26	(201)	(79)

Net cash provided by (used in) financing activities	(1,135)	2,683	(10,516)
Net increase (decrease) in cash, cash equivalents and restricted cash	359	(4,780)	614
Cash, cash equivalents and restricted cash at the beginning of the period	8,525	13,305	12,691
Cash, cash equivalents and restricted cash at the end of the period	<u>\$ 8,884</u>	<u>\$ 8,525</u>	<u>\$ 13,305</u>

Index to Consolidated Financial Statements

<i>In millions</i>	For the Years Ended December 31,		
	2024	2023	2022
Reconciliation of net income to net cash provided by operating activities:			
Net income	\$ 4,586	\$ 8,368	\$ 4,327
Adjustments required to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	4,597	4,366	4,224
Loss on assets held for sale	—	349	2,533
Stock-based compensation	540	588	447
Restructuring charges (impairment of long-lived assets)	840	152	—
Gain on sale of subsidiaries	—	—	(475)
Gain on early extinguishment of debt	(491)	—	—
Deferred income taxes	(572)	(676)	(2,029)
Other items	(502)	264	332
Change in operating assets and liabilities, net of effects from acquisitions:			
Accounts receivable, net	(1,301)	(6,260)	(2,971)
Inventories	(102)	1,233	(1,435)
Other assets	(38)	(510)	(491)
Accounts payable and pharmacy claims and discounts payable	2,335	3,618	4,260
Health care costs payable and other insurance liabilities	2,757	394	992
Other liabilities	(3,542)	1,540	6,463
Net cash provided by operating activities	<u>\$ 9,107</u>	<u>\$ 13,426</u>	<u>\$ 16,177</u>

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Shareholders' Equity

In millions	Number of shares outstanding				Attributable to CVS Health										
					Common Stock and Capital Surplus ⁽²⁾	Treasury Stock ⁽¹⁾	Retained Earnings	Accumulated Other Comprehensive Income (Loss)			Total CVS Health Shareholders' Equity			Noncontrolling Interests	Total Shareholders' Equity
	Common Shares	Treasury Shares ⁽¹⁾													
Balance at December 31, 2021	1,744		(422)		\$ 47,377	\$ (28,173)	\$ 54,997	\$	334		\$ 74,535		\$ 306		\$ 74,841
Net income	—		—		—	—	4,311		—		4,311		16		4,327
Other comprehensive loss (Note 15)	—		—		—	—	—		(1,598)		(1,598)		—		(1,598)
Stock option activity, stock awards and other	14		—		816	—	—		—		816		—		816
Purchase of treasury shares, net of ESPP issuances	—		(36)		—	(3,685)	—		—		(3,685)		—		(3,685)
Common stock dividends (\$2.20 per share)	—		—		—	—	(2,910)		—		(2,910)		—		(2,910)
Other decreases in noncontrolling interests	—		—		—	—	—		—		—		(22)		(22)
Balance at December 31, 2022	1,758		(458)		48,193	(31,858)	56,398		(1,264)		71,469		300		71,769
Net income	—		—		—	—	8,344		—		8,344		24		8,368
Other comprehensive income (Note 15)	—		—		—	—	—		967		967		—		967
Stock option activity, stock awards and other	10		—		795	—	—		—		795		—		795
Purchase of treasury shares, net of ESPP issuances	—		(22)		(12)	(1,980)	—		—		(1,992)		—		(1,992)
Common stock dividends (\$2.42 per share)	—		—		—	—	(3,138)		—		(3,138)		—		(3,138)
Acquisition of noncontrolling interests	—		—		—	—	—		—		—		66		66
Other increases (decreases) in noncontrolling interests	—		—		16	—	—		—		16		(215)		(199)
Balance at December 31, 2023	1,768		(480)		48,992	(33,838)	61,604		(297)		76,461		175		76,636
Net income	—		—		—	—	4,614		—		4,614		(28)		4,586
Other comprehensive income (Note 15)	—		—		—	—	—		177		177		—		177
Stock option activity, stock awards and other	10		—		700	—	—		—		700		—		700

Purchase of treasury shares, net of ESPP issuances	—	(38)	(22)	(2,980)	—	—	(3,002)	—	(3,002)
Common stock dividends (\$2.66 per share)	—	—	—	—	(3,381)	—	(3,381)	—	(3,381)
Other increases (decreases) in noncontrolling interests	—	—	(9)	—	—	—	(9)	23	14
Balance at December 31, 2024	1,778	(518)	\$ 661	(36,818)	\$ 837	\$ (120)	\$ 75,560	\$ 170	\$ 75,730

- (1) Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. Treasury stock includes \$29 million related to shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. See Note 1 "Significant Accounting Policies" for additional information.
- (2) Common stock and capital surplus includes the par value of common stock of \$18 million as of December 31, 2024, 2023 and 2022.

See accompanying notes to consolidated financial statements.

[Table of Contents](#)**SIGNATURES**

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CVS HEALTH CORPORATION

Date: February 12, 2025

By: /s/ THOMAS F. COWHEY

Thomas F. Cowhey

**Executive Vice President and Chief Financial
Officer**

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title(s)	Date
<u>/s/ FERNANDO AGUIRRE</u> Fernando Aguirre	Director	February 12, 2025
<u>/s/ JEFFREY R. BALSER, M.D., Ph.D.</u> Jeffrey R. Balser, M.D., Ph.D.	Director	February 12, 2025
<u>/s/ C. DAVID BROWN II</u> C. David Brown II	Director	February 12, 2025
<u>/s/ JAMES D. CLARK</u> James D. Clark	Senior Vice President - Controller and Chief Accounting Officer (Principal Accounting Officer)	February 12, 2025
<u>/s/ THOMAS F. COWHEY</u> Thomas F. Cowhey	Executive Vice President and Chief Financial Officer (Principal Financial Officer)	February 12, 2025
<u>/s/ ALECIA A. DECOUDREAUX</u> Alecia A. DeCoudreaux	Director	February 12, 2025
<u>/s/ NANCY-ANN M. DEPARLE</u> Nancy-Ann M. DeParle	Director	February 12, 2025
<u>/s/ ROGER N. FARAH</u> Roger N. Farah	Chair of the Board and Director	February 12, 2025
<u>/s/ ANNE M. FINUCANE</u> Anne M. Finucane	Director	February 12, 2025
<u>/s/ J. DAVID JOYNER</u> J. David Joyner	President and Chief Executive Officer (Principal Executive Officer) and Director	February 12, 2025
<u>/s/ J. SCOTT KIRBY</u> J. Scott Kirby	Director	February 12, 2025

/s/ MICHAEL F. MAHONEY	Director	February 12, 2025
Michael F. Mahoney		
/s/ JEAN-PIERRE MILLON	Director	February 12, 2025
Jean-Pierre Millon		
/s/ LESLIE V. NORWALK	Director	February 12, 2025
Leslie V. Norwalk		
/s/ LARRY M. ROBBINS	Director	February 12, 2025
Larry M. Robbins		
/s/ GUY P. SANSONE	Director	February 12, 2025
Guy P. Sansone		
/s/ MARY L. SCHAPIRO	Director	February 12, 2025
Mary L. Schapiro		
/s/ DOUGLAS H. SHULMAN	Director	February 12, 2025
Douglas H. Shulman		

Exhibit 5

Schramek Declaration

Exhibits

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2025

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-01011



CVS HEALTH CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

05-0494040

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

One CVS Drive, Woonsocket, Rhode Island

02895

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code:

(401) 765-1500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value \$0.01 per share	CVS	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large

accelerated filer,” “accelerated filer,” “smaller reporting company,” and “emerging growth company” in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management’s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant’s executive officers during the relevant recovery period pursuant to § 240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

The aggregate market value of the registrant’s common stock held by non-affiliates was approximately \$86,382,523,283 as of June 30, 2025, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.

As of February 4, 2026, the registrant had 1,272,211,063 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The following materials are incorporated by reference into this Form 10-K:

Information contained in the definitive proxy statement for CVS Health Corporation’s 2026 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2025 (the “Proxy Statement”), is incorporated by reference in Parts III and IV to the extent described therein.

Index to Consolidated Financial Statements

Consolidated Statements of Operations

<i>In millions, except per share amounts</i>	For the Years Ended December 31,		
	2025	2024	2023
Revenues:			
Products	\$ 249,908	\$ 231,521	\$ 245,138
Premiums	134,751	122,896	99,192
Services	15,175	16,239	12,293
Net investment income	2,233	2,153	1,153
Total revenues	402,067	372,809	357,776
Operating costs:			
Cost of products sold	221,167	206,287	217,098
Health care costs	125,538	115,121	86,247
Operating expenses	44,977	41,706	39,832
Goodwill impairment	5,725	—	—
Restructuring charges	—	1,179	507
Loss on assets held for sale	—	—	349
Total operating costs	397,407	364,293	344,033
Operating income	4,660	8,516	13,743
Interest expense	(3,119)	(2,958)	(2,658)
Gain on early extinguishment of debt	—	491	—
Gain on deconsolidation of subsidiary	483	—	—
Other income	112	99	88
Income before income tax provision	2,136	6,148	11,173
Income tax provision	408	1,562	2,805
Net income	1,728	4,586	8,368
Net (income) loss attributable to noncontrolling interests	40	28	(24)
Net income attributable to CVS Health	\$ 1,768	\$ 4,614	\$ 8,344
Net income per share attributable to CVS Health:			
Basic	\$ 1.40	\$ 3.67	\$ 6.49
Diluted	\$ 1.39	\$ 3.66	\$ 6.47
Weighted average shares outstanding:			
Basic	1,267	1,259	1,285
Diluted	1,271	1,262	1,290

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Comprehensive Income

<i>In millions</i>	For the Years Ended December 31,		
	2025	2024	2023
Net income	\$ 1,728	\$ 4,586	\$ 8,368
Other comprehensive income (loss), net of tax:			
Net unrealized investment gains	605	30	1,090
Change in discount rate on long-duration insurance reserves	(50)	113	(67)
Foreign currency translation adjustments	11	(4)	—
Net cash flow hedges	(13)	(15)	5
Pension and other postretirement benefits	(27)	53	(61)
Other comprehensive income	526	177	967
Comprehensive income	2,254	4,763	9,335
Comprehensive (income) loss attributable to noncontrolling interests	40	28	(24)
Comprehensive income attributable to CVS Health	\$ 2,294	\$ 4,791	\$ 9,311

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Balance Sheets

<i>In millions, except per share amounts</i>	At December 31,	
	2025	2024
Assets:		
Cash and cash equivalents	\$ 8,453	\$ 8,586
Investments	2,145	2,407
Accounts receivable, net	39,779	36,469
Inventories	19,246	18,107
Other current assets	5,091	3,076
Total current assets	74,714	68,645
Long-term investments	32,669	28,934
Property and equipment, net	13,083	12,993
Operating lease right-of-use assets	14,973	15,944
Goodwill	85,478	91,272
Intangible assets, net	25,508	27,323
Separate accounts assets	1,994	3,311
Other assets	5,119	4,793
Total assets	\$ 253,538	\$ 253,215
Liabilities:		
Accounts payable	\$ 17,641	\$ 15,892
Pharmacy claims and discounts payable	26,344	24,166
Health care costs payable	15,399	15,064
Accrued expenses and other current liabilities	22,387	20,810
Other insurance liabilities	1,116	1,183
Current portion of operating lease liabilities	1,737	1,751
Short-term debt	—	2,119
Current portion of long-term debt	4,068	3,624
Total current liabilities	88,692	84,609
Long-term operating lease liabilities	13,643	14,899
Long-term debt	60,502	60,527
Deferred income taxes	3,832	3,806
Separate accounts liabilities	1,994	3,311
Other long-term insurance liabilities	4,716	4,902

Other long-term liabilities	4,777	5,431
Total liabilities	178,156	177,485
Commitments and contingencies (Note 18)		
Shareholders' equity:		
Preferred stock, par value \$0.01: 0.1 shares authorized; none issued or outstanding	—	—
Common stock, par value \$0.01: 3,200 shares authorized; 1,787 shares issued and 1,271 shares outstanding at December 31, 2025 and 1,778 shares issued and 1,260 shares outstanding at December 31, 2024 and capital surplus	50,402	49,661
Treasury stock, at cost: 516 and 518 shares at December 31, 2025 and 2024	(36,790)	(36,818)
Retained earnings	61,196	62,837
Accumulated other comprehensive income (loss)	406	(120)
Total CVS Health shareholders' equity	75,214	75,560
Noncontrolling interests	168	170
Total shareholders' equity	75,382	75,730
Total liabilities and shareholders' equity	\$ 253,538	\$ 253,215

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Cash Flows

<i>In millions</i>	For the Years Ended December 31,		
	2025	2024	2023
Cash flows from operating activities:			
Cash receipts from customers	\$ 389,128	\$ 357,995	\$ 345,464
Cash paid for inventory, prescriptions dispensed and health services rendered	(216,493)	(197,726)	(208,848)
Insurance benefits paid	(121,238)	(109,464)	(84,097)
Cash paid to other suppliers and employees	(37,570)	(38,821)	(34,735)
Interest and investment income received	1,969	1,735	1,584
Interest paid	(2,991)	(2,909)	(2,418)
Income taxes paid	(2,166)	(1,703)	(3,524)
Net cash provided by operating activities	10,639	9,107	13,426
Cash flows from investing activities:			
Proceeds from sales and maturities of investments	12,383	10,353	7,729
Purchases of investments	(15,012)	(15,191)	(9,043)
Purchases of property and equipment	(2,832)	(2,781)	(3,031)
Acquisitions (net of cash and restricted cash acquired)	(436)	(95)	(16,612)
Other	26	101	68
Net cash used in investing activities	(5,871)	(7,613)	(20,889)
Cash flows from financing activities:			
Commercial paper borrowings (repayments), net	(2,119)	1,919	200
Proceeds from issuance of short-term loan	—	—	5,000
Repayment of short-term loan	—	—	(5,000)
Proceeds from issuance of long-term debt	3,969	7,913	10,898
Repayments of long-term debt	(3,629)	(4,773)	(3,166)
Repurchase of common stock	—	(3,023)	(2,012)
Dividends paid	(3,397)	(3,373)	(3,132)
Proceeds from exercise of stock options	394	361	277
Payments for taxes related to net share settlement of equity awards	(158)	(185)	(181)
Other	—	26	(201)
Net cash provided by (used in) financing activities	(4,940)	(1,135)	2,683
Net increase (decrease) in cash, cash equivalents and restricted cash	(172)	359	(4,780)

Cash, cash equivalents and restricted cash at the beginning of the period	8,884	8,525	13,305
Cash, cash equivalents and restricted cash at the end of the period	<u><u>\$ 8,712</u></u>	<u><u>\$ 8,884</u></u>	<u><u>\$ 8,525</u></u>

Index to Consolidated Financial Statements

<i>In millions</i>	For the Years Ended December 31,		
	2025	2024	2023
Reconciliation of net income to net cash provided by operating activities:			
Net income	\$ 1,728	\$ 4,586	\$ 8,368
Adjustments required to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	4,606	4,597	4,366
Goodwill impairment	5,725	—	—
Loss on assets held for sale	—	—	349
Stock-based compensation	535	540	588
Loss on sale of subsidiary	236	—	—
Gain on early extinguishment of debt	—	(491)	—
Gain on deconsolidation of subsidiary	(483)	—	—
Restructuring charges (impairment of long-lived assets)	—	840	152
Deferred income taxes	102	(572)	(676)
Other items	(336)	(502)	264
Change in operating assets and liabilities, net of effects from acquisitions:			
Accounts receivable, net	(3,498)	(1,301)	(6,260)
Inventories	(1,267)	(102)	1,233
Other assets	(2,593)	(38)	(510)
Accounts payable and pharmacy claims and discounts payable	3,855	2,335	3,618
Health care costs payable and other insurance liabilities	16	2,757	394
Other liabilities	2,013	(3,542)	1,540
Net cash provided by operating activities	<u>\$ 10,639</u>	<u>\$ 9,107</u>	<u>\$ 13,426</u>

See accompanying notes to consolidated financial statements.

Index to Consolidated Financial Statements

Consolidated Statements of Shareholders' Equity

In millions	Number of shares outstanding		Attributable to CVS Health									
			Common Stock and Capital Surplus ⁽²⁾	Treasury Stock ⁽¹⁾	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Total CVS Health Shareholders' Equity	Noncontrolling Interests	Total Shareholders' Equity			
	Common Shares	Treasury Shares ⁽¹⁾										
Balance at December 31, 2022	1,758	(458)	\$ 48,193	\$ (31,858)	\$ 56,398	\$ (1,264)	\$ 71,469	\$ 300	\$ 71,769			
Net income	—	—	—	—	8,344	—	8,344	24	8,368			
Other comprehensive income (Note 15)	—	—	—	—	—	967	967	—	967			
Stock option activity, stock awards and other	10	—	795	—	—	—	795	—	795			
Purchase of treasury shares, net of ESPP issuances	—	(22)	(12)	(1,980)	—	—	(1,992)	—	(1,992)			
Common stock dividends (\$2.42 per share)	—	—	—	—	(3,138)	—	(3,138)	—	(3,138)			
Acquisition of noncontrolling interests	—	—	—	—	—	—	—	66	66			
Other increases (decreases) in noncontrolling interests	—	—	16	—	—	—	16	(215)	(199)			
Balance at December 31, 2023	1,768	(480)	48,992	(33,838)	61,604	(297)	76,461	175	76,636			
Net income	—	—	—	—	4,614	—	4,614	(28)	4,586			
Other comprehensive income (Note 15)	—	—	—	—	—	177	177	—	177			
Stock option activity, stock awards and other	10	—	700	—	—	—	700	—	700			
Purchase of treasury shares, net of ESPP issuances	—	(38)	(22)	(2,980)	—	—	(3,002)	—	(3,002)			
Common stock dividends (\$2.66 per share)	—	—	—	—	(3,381)	—	(3,381)	—	(3,381)			
Other increases (decreases) in noncontrolling interests	—	—	(9)	—	—	—	(9)	23	14			
Balance at December 31, 2024	1,778	(518)	49,661	(36,818)	62,837	(120)	75,560	170	75,730			
Net income	—	—	—	—	1,768	—	1,768	(40)	1,728			
Other comprehensive income (Note 15)	—	—	—	—	—	526	526	—	526			
Stock option activity,	9	—	741	—	—	—	741	—	741			

stock awards and other																	
ESPP issuances, net of purchase of treasury shares	—	2		—	28	—		—		28		—		28			
Common stock dividends (\$2.66 per share)	—	—		—	—	(3,409)		—		(3,409)		—		(3,409)			
Other increases in noncontrolling interests	—	—		—	—	—		—		—		38		38			
Balance at December 31, 2025	1,787	(516)		\$ 50, 402	\$ (36, 790)	\$ 61, 196		\$ 406		\$ 75,214		\$ 168		\$ 75,382			

- (1) Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2025, 2024 and 2023. Treasury stock includes \$29 million related to shares held in trust for each of the years ended December 31, 2025, 2024 and 2023. See Note 1 "Significant Accounting Policies" for additional information.
- (2) Common stock and capital surplus includes the par value of common stock of \$18 million as of December 31, 2025, 2024 and 2023.

See accompanying notes to consolidated financial statements.

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

CVS HEALTH CORPORATION

Date: February 10, 2026

By: /s/ BRIAN O. NEWMAN

Brian O. Newman

**Executive Vice President and Chief Financial
Officer**

Pursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title(s)	Date
<u>/s/ FERNANDO AGUIRRE</u> Fernando Aguirre	Director	February 10, 2026
<u>/s/ JEFFREY R. BALSER, M.D., Ph.D.</u> Jeffrey R. Balser, M.D., Ph.D.	Director	February 10, 2026
<u>/s/ C. DAVID BROWN II</u> C. David Brown II	Director	February 10, 2026
<u>/s/ JAMES D. CLARK</u> James D. Clark	Senior Vice President - Controller and Chief Accounting Officer (Principal Accounting Officer)	February 10, 2026
<u>/s/ ALECIA A. DECOUDREAUX</u> Alecia A. DeCoudreaux	Director	February 10, 2026
<u>/s/ ROGER N. FARAH</u> Roger N. Farah	Director	February 10, 2026
<u>/s/ ANNE M. FINUCANE</u> Anne M. Finucane	Director	February 10, 2026
<u>/s/ J. DAVID JOYNER</u> J. David Joyner	President, Chief Executive Officer (Principal Executive Officer), Chair of the Board and Director	February 10, 2026
<u>/s/ J. SCOTT KIRBY</u> J. Scott Kirby	Director	February 10, 2026
<u>/s/ MICHAEL F. MAHONEY</u> Michael F. Mahoney	Director	February 10, 2026
<u>/s/ BRIAN O. NEWMAN</u> Brian O. Newman	Executive Vice President and Chief Financial Officer (Principal Financial Officer)	February 10, 2026

/s/ LESLIE V. NORWALK

Leslie V. Norwalk

Director

February 10, 2026

/s/ LARRY M. ROBBINS

Larry M. Robbins

Director

February 10, 2026

/s/ GUY P. SANSONE

Guy P. Sansone

Director

February 10, 2026

/s/ DOUGLAS H. SHULMAN

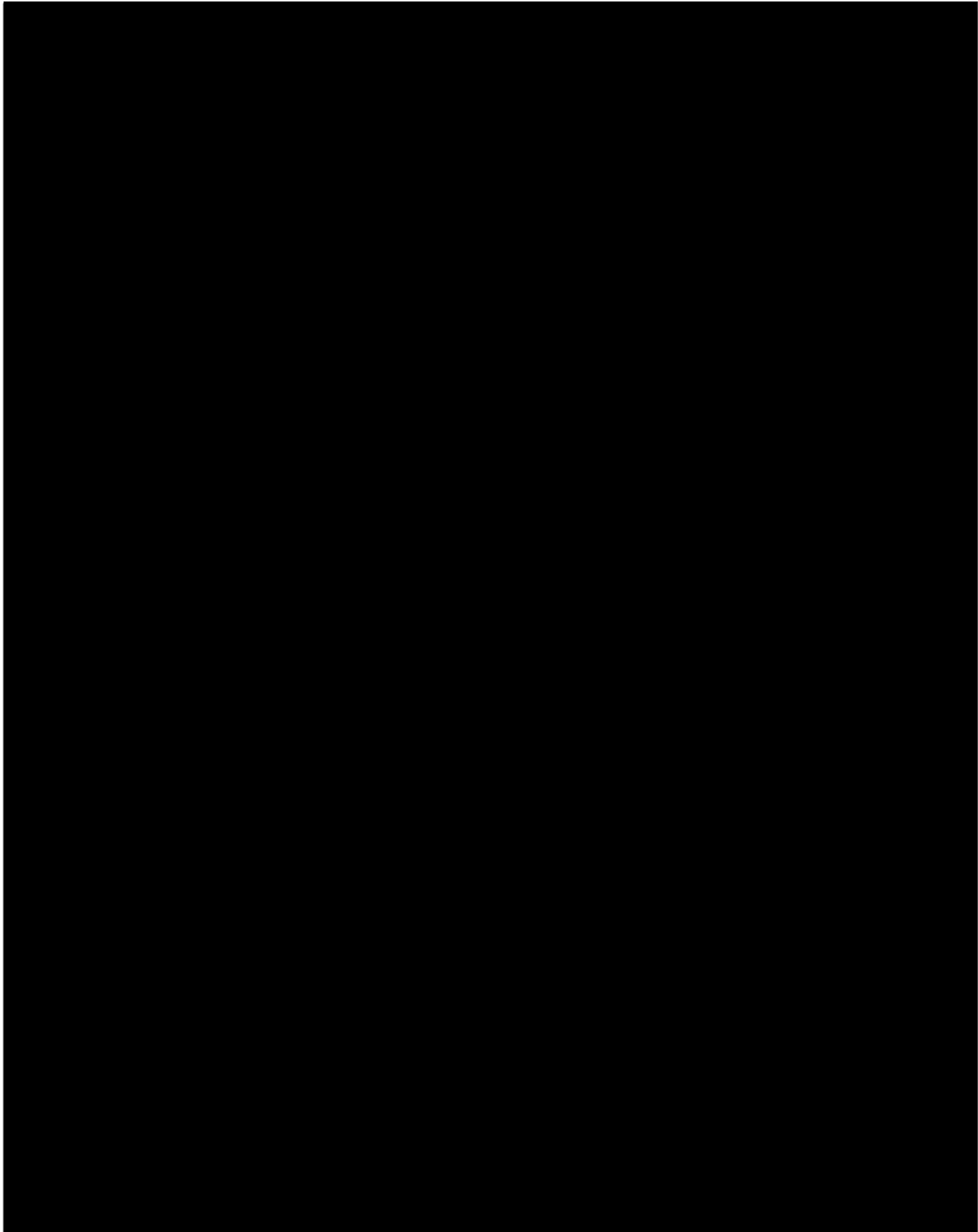
Douglas H. Shulman

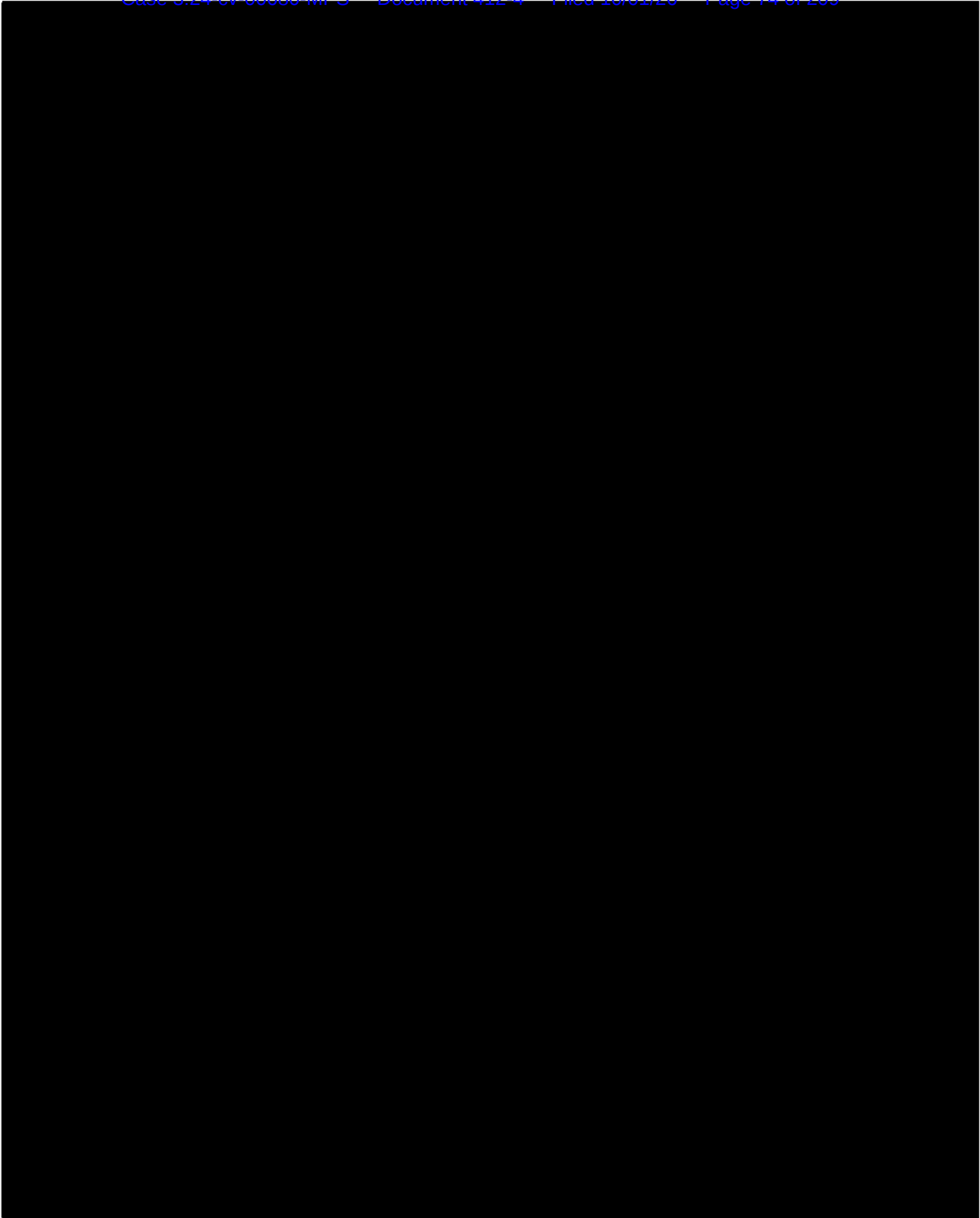
Director

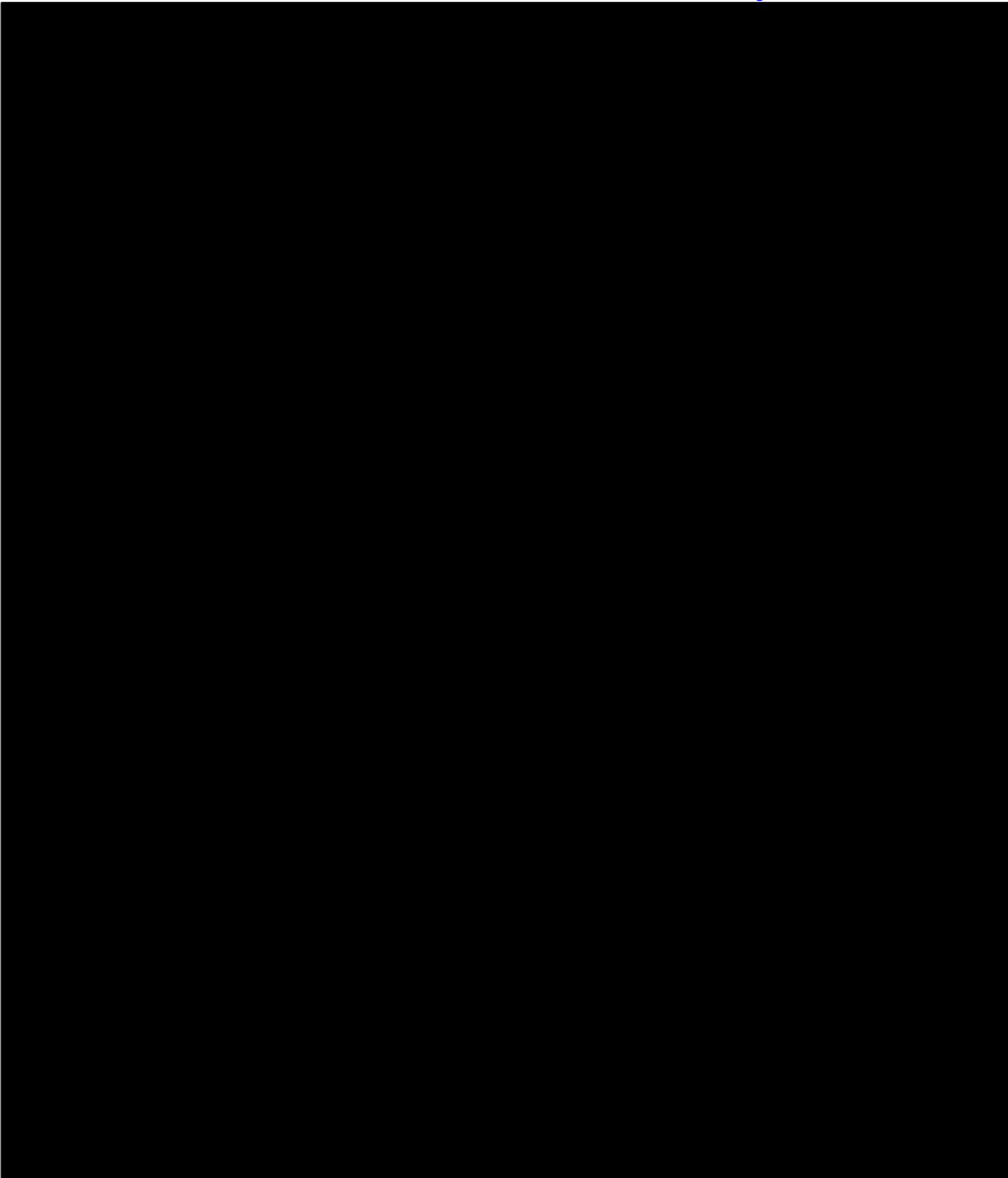
February 10, 2026

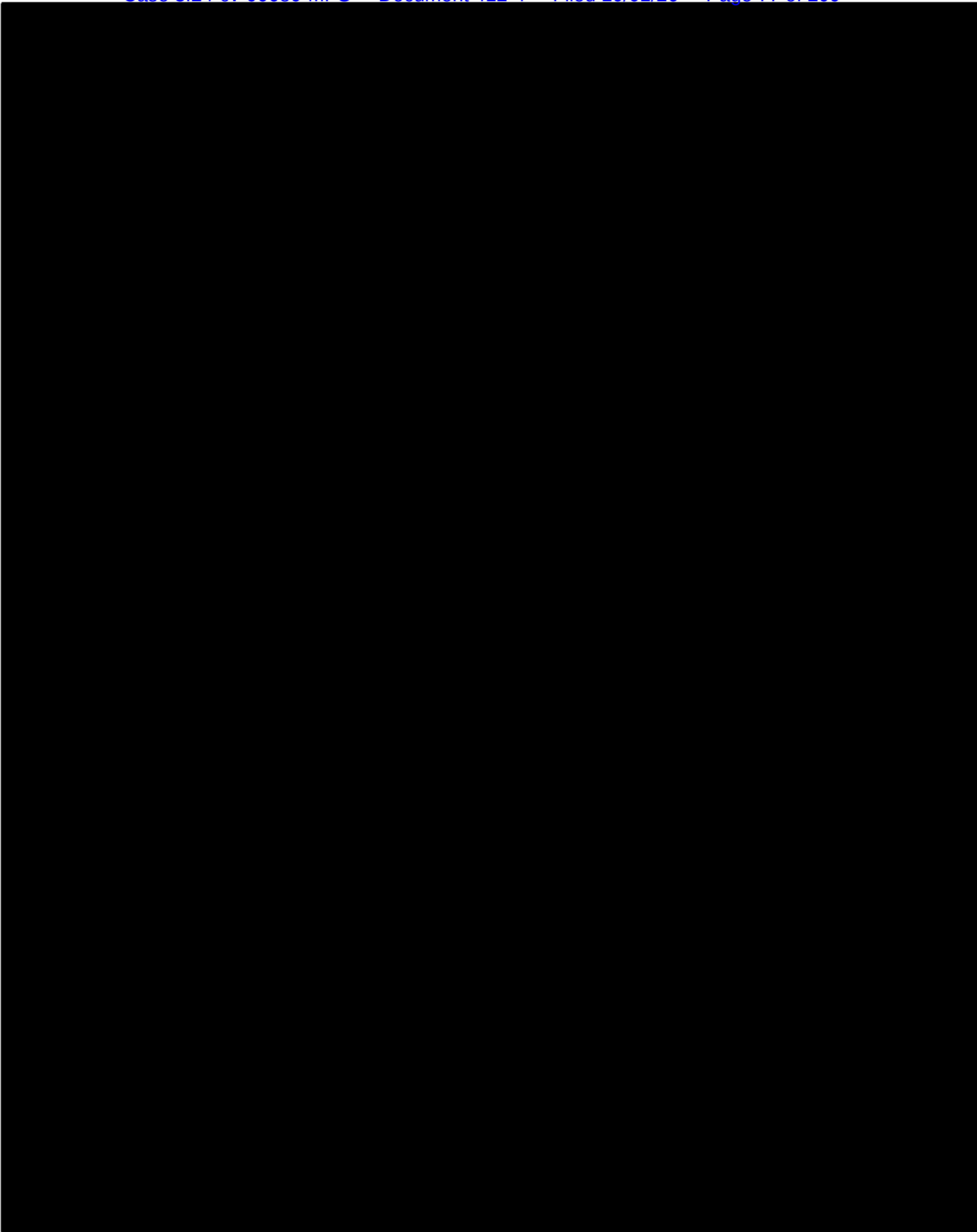
Exhibit 6

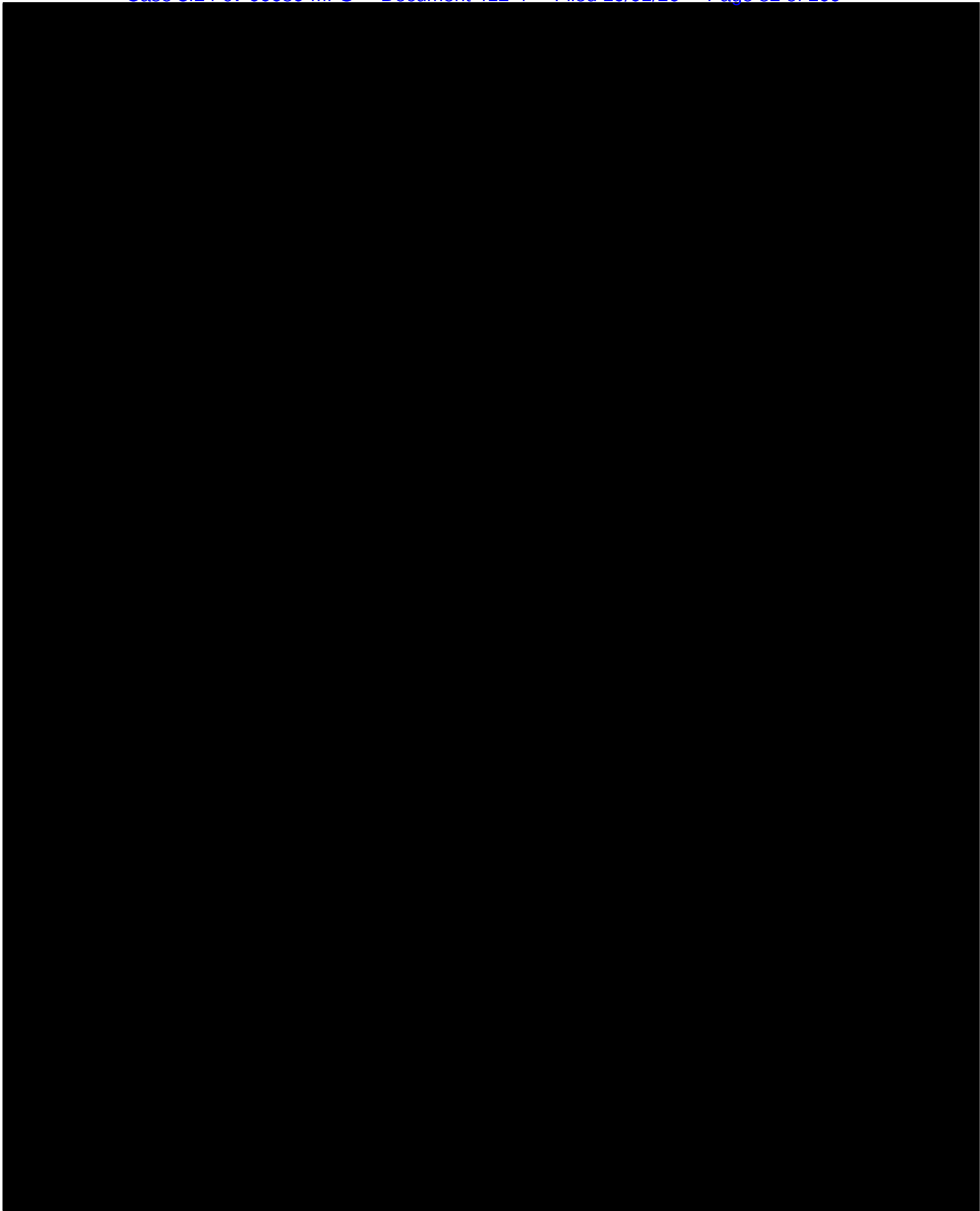
Schramek Declaration











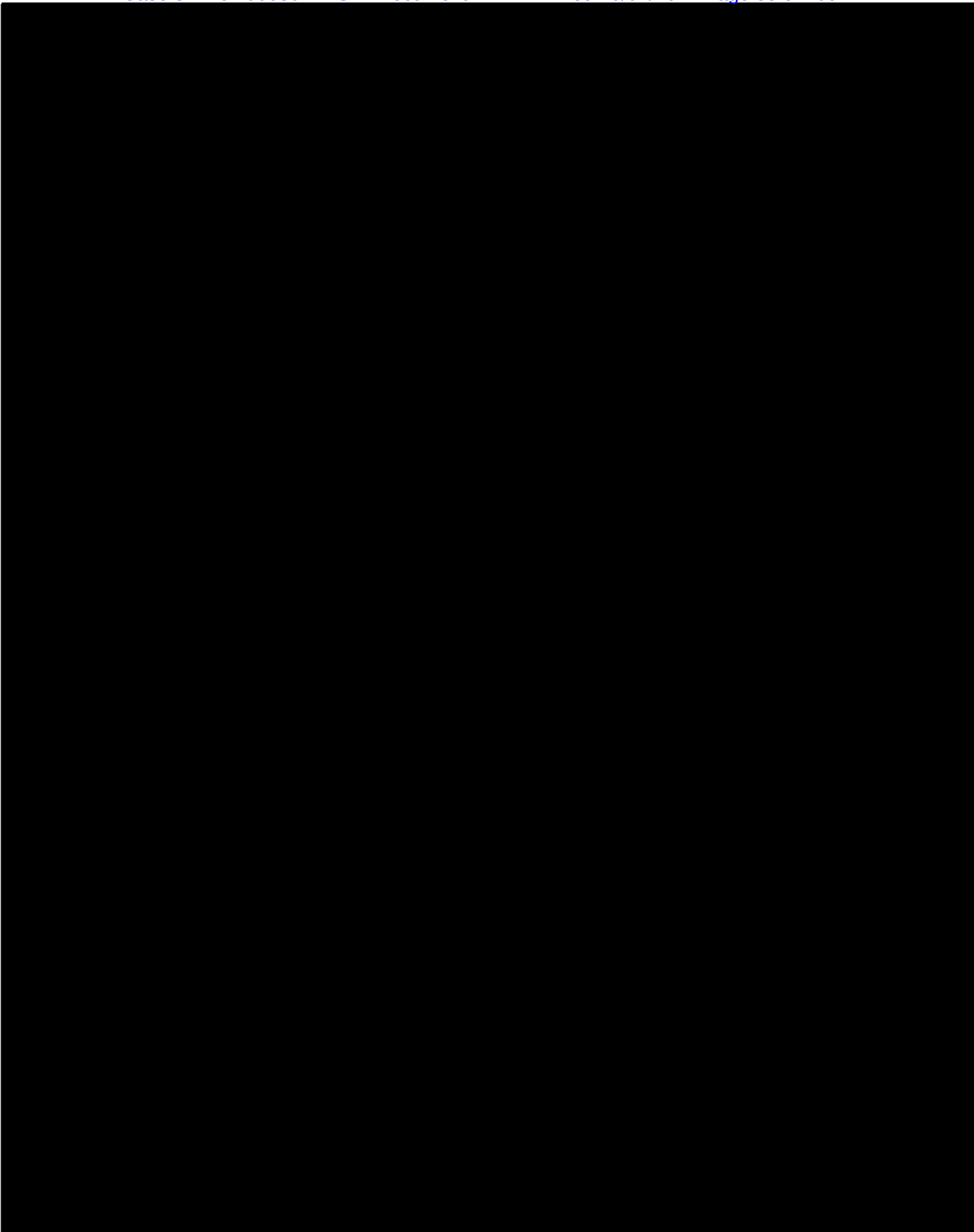


Exhibit 7

Schramek Declaration



Federal No Surprises Act

Regina Yeager



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Confidential

Exhibit

4

02/19/2026

AET-0001906

Agenda

- Overview of Federal No Surprises Act (NSA) regulation
- Explain State vs. Federal Surprise Bill hierarchy
- Review the Independent Dispute Resolution lifecycle
- NSA Fee Balancing and Reconciliation
- Change in Federal NSA Stability & Reforecasting
- Federal NSA IDR Determinations
- Update on Surprise Bill Resolution Tool
- Q & A



Federal No Surprises Act



Federal No Surprises Act (NSA)

- The No Surprises Act reduces instances where members face unexpected medical bills due to receiving care from an out-of-network facility or provider during an emergency, or for certain nonemergency services for which they could not reasonably know the network status of a provider
- Emergency and nonemergency services provided by nonparticipating providers at participating facilities
- Emergency services provided by nonparticipating providers and/or nonparticipating facilities
- Nonparticipating air ambulance transportation services
- Places of service 19, 21, 22, 23, 24, and 42

Requirements of Federal NSA

- Applies to all commercial healthcare plans (all lines of business) written in the United States
- The Qualifying Payment Amount (QPA) is defined by the NSA as the median in-network contract rate by service code/geography on which the member's cost share is derived
- Provide the QPA for each NSA eligible service line and disclose on provider and member EOBs
- Adhere to the regulation turn-around-times
- The regulation does not apply if the member signs a consent form agreeing to the nonancillary nonparticipating provider's rates for non-emergency services



Applicability Under the Law

Effective Dates:

- Fully Insured and Split Funded
 - Date of service on/after 01/01/2022
- Self-Funded
 - Date of service on/after the plan's 2022 renewal date

Applies to:

- Commercial/HMO - Fully Insured/Self-Funded
- Aetna Student Health (ASH)
- Individual Family Plan (IFP)

Excludes:

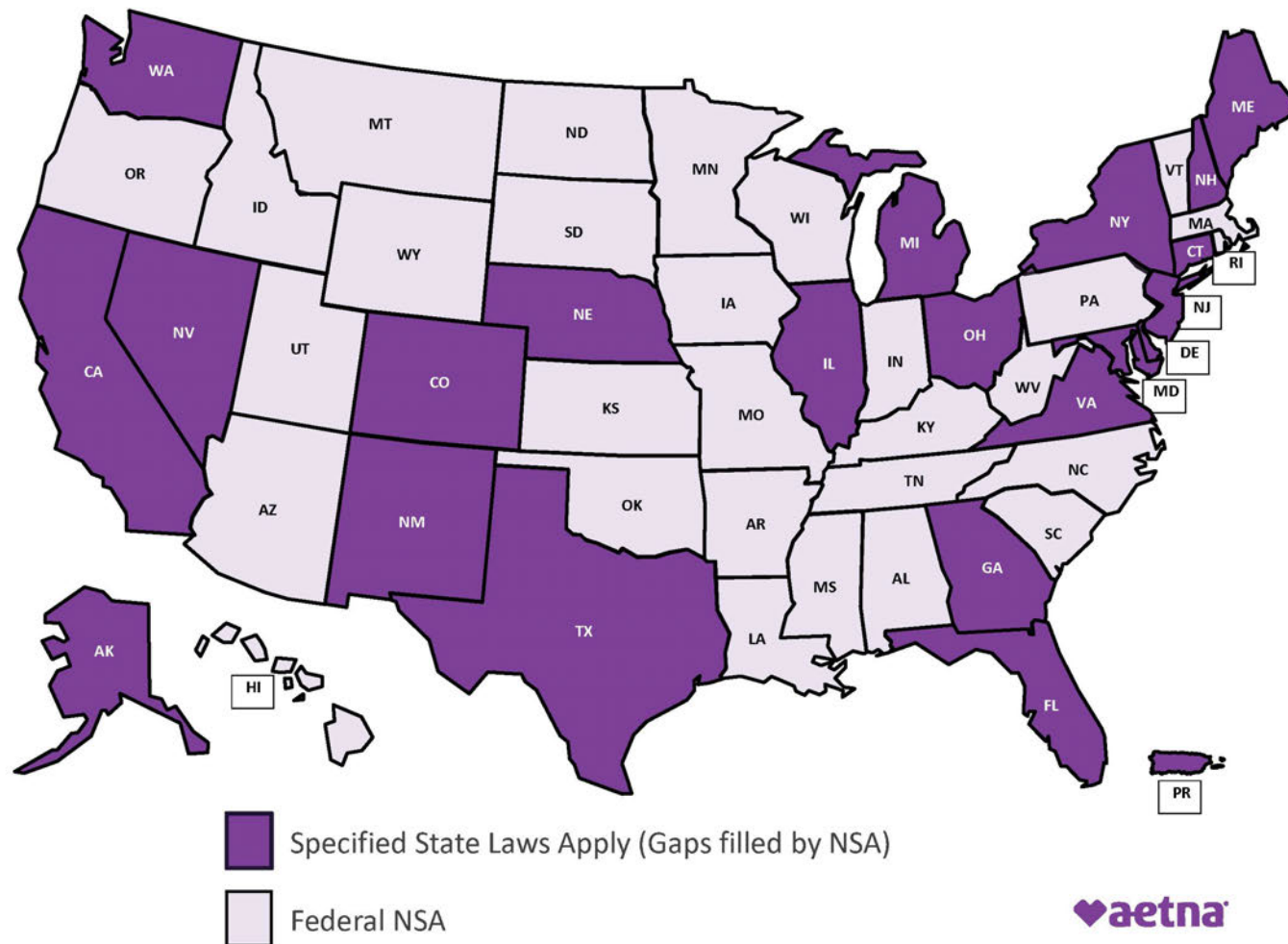
- Aetna Voluntary
- Medicare Advantage Plans
- Retiree Only Plans
- Aetna International Plans (written outside of the United States)
- Claims subject to a State Surprise Bill Regulation



State vs Federal Surprise Bill

- State Surprise Bill laws applies in 20 states and Puerto Rico
- Remaining states, District of Columbia, and four *US territories Federal NSA applies
- In all states, Federal NSA applies to self-insured plans (unless plan opted in to specified state law where permissible by the state)
- Federal NSA applies to air ambulance services in all states

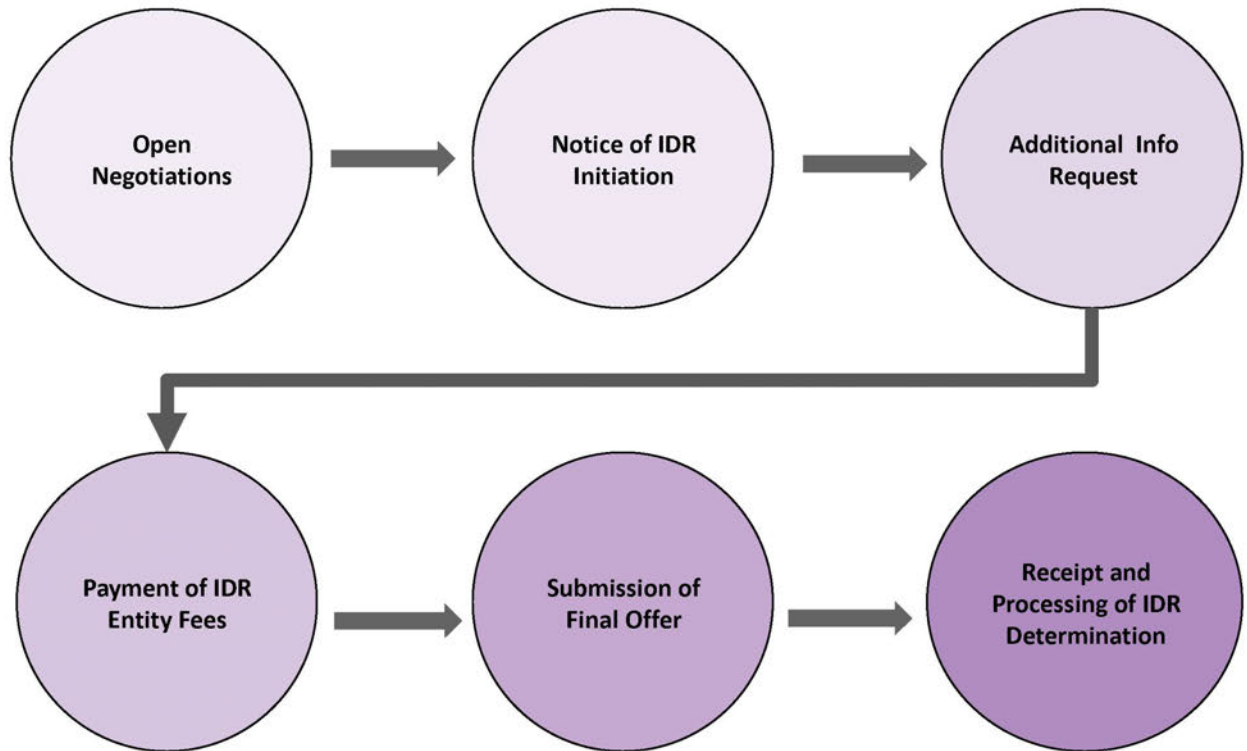
*American Samoa, Guam, Northern Marianas Islands, US Virgin Islands



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AET-0001910

Federal IDR Life Cycle



Federal IDR Phases

Phase	Reg TAT	Background
Open Negotiation	30 BD	- Initiated by provider via email with required open negotiation form with their out-of-network offer within 30 BD of receipt of initial payment or notice of denial - Attempt to reach a “good faith” payment agreement between the provider and health plan - Negotiation efforts are limited to these specialties: Air Ambulance, Neonatologists, and a subset of ER Physicians ██
Notice of IDR Initiation	3 BD	- Initiated by provider via the Federal IDR Portal within 4 business days of the end of the open negotiation period - Certify eligibility and selection of IDR Entity - A case is considered eligible/ineligible and can contain a single or multiple claims - Specialties with highest volume of submissions - Emergency Physicians, Radiology, Interoperative Monitoring
Additional Info Request	N/A	- IDR entities request additional information via email to assist with their eligibility review when necessary - Frequent requests are – copy of EOBs, proof of eligibility/coverage, QPA amount
Payment of IDR Entity Fees	10 BD	- Invoices are generated by the Federal IDR Portal after 3 BD certification period ends and received via email - Issue administrative and arbitration fee payments to the IDR entity - Administrative fees paid to the Certified IDR Entity (\$115 per case) - Arbitration fees paid to the Certified IDR Entity (2025: \$200 – \$1,173 per case)
Submission of Final Offer	10 BD	- Final offers are generated by the Federal IDR Portal after 3 BD certification period ends and received via email - Issue final offer and position statement to the Certified IDR entity - Final Offer is the amount we reasonably expect to pay for the service - Final Offer from the provider is the amount they are requesting for the service - Position Statement is the supporting documentation that we issue in addition to our Final Offer amount
Receipt/Processing of IDR Determination	30 CD	- Certified IDR entities issue via email the written determination which is binding - Identifies the prevailing party and the final total amount due for the services - Determination definitions - Win – decision in favor of the plan (Aetna 5%) - Closed – administratively dismissed (Aetna 11%) - Loss – decision in favor of the provider (Aetna 74%) - Judgement – administratively decided in favor of the provider (Aetna 10%)

NSA Fee Balancing and Reconciliation

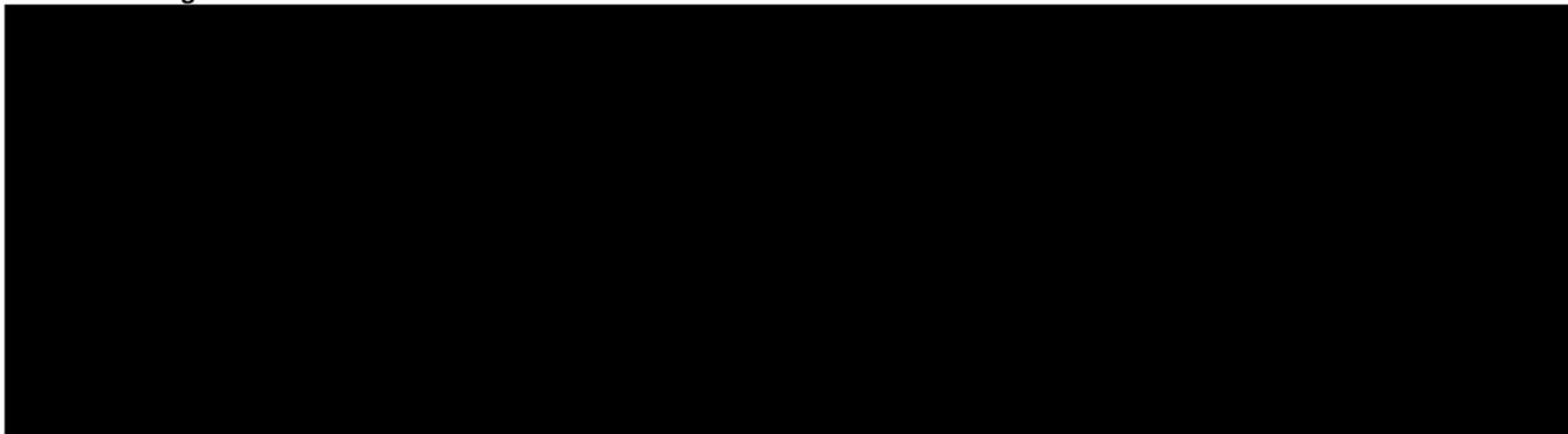


IDR Reconciliation

- Process IDR refund checks in Check Execution Queue for win/withdrawn cases
- Reconcile IDR account payable payments and IDR refunds in source application
- Provide monthly IDR refund dollars to Finance to complete the Journal Entry



NSA Fee Charge Back



Future Expansion

- Create a proactive approach to request refunds from IDR entities for win and withdrawn cases





IDR Reconciliation

- Process IDR refund checks in Check Execution Queue for win/withdrawn cases
- Reconcile IDR account payable payments and IDR refunds in source application
- Provide monthly IDR refund dollars to Finance to complete the Journal Entry



NSA Fee Charge Back

NSA-related fees passed through the claim wire to our self-insured customers.

- **Per Claim Administrative Fee (\$90 per claim)**
 - Administration fee charged to self-insured customers to offset the administrative burden of the NSA Regulation, such as fee schedule maintenance and internal infrastructure.
 - For 2024, NSA fees brought in \$50.6M, more than the projected \$45.4M (with one more month pending). Program has delivered over \$132M in fees since inception in June 2022. Goal for 2025 is \$90M.
 - Surprise Bill Review Team provides business direction, validation/submission of fee outputs, as well as plan sponsor inquiry support.
- **IDR Fees**
 - Incurred IDR administrative and arbitration fees are passed through to self-insured customers at cost
 - 2024, IDR fees passed through \$39.1M, with over \$50M passed through since program inception in June 2022
 - Surprise Bill Review Team provides the source data, business direction, validation/submission of fee outputs, as well as plan sponsor inquiry support.

Future Expansion

- Create a proactive approach to request refunds from IDR entities for win and withdrawn cases
- Assume full ownership of the NSA Fee Charge Back process in ~2026

Change in Federal NSA Stability

CMS Changes / Barriers

Centers for Medicare & Medicaid Services (CMS) implemented many changes after the inception of the Federal No Surprises Act regulation. With guidance from CMS, adjustments to internal workflows, processes, and procedures in short time frames were necessary to remain compliant.

- Unexpected closure of Federal IDR Portal for maintenance/enhancement
- Suspended the Federal IDR process and shut-down the portal Aug. 2023
- Lack of reporting capabilities in the Federal IDR Portal for health plans



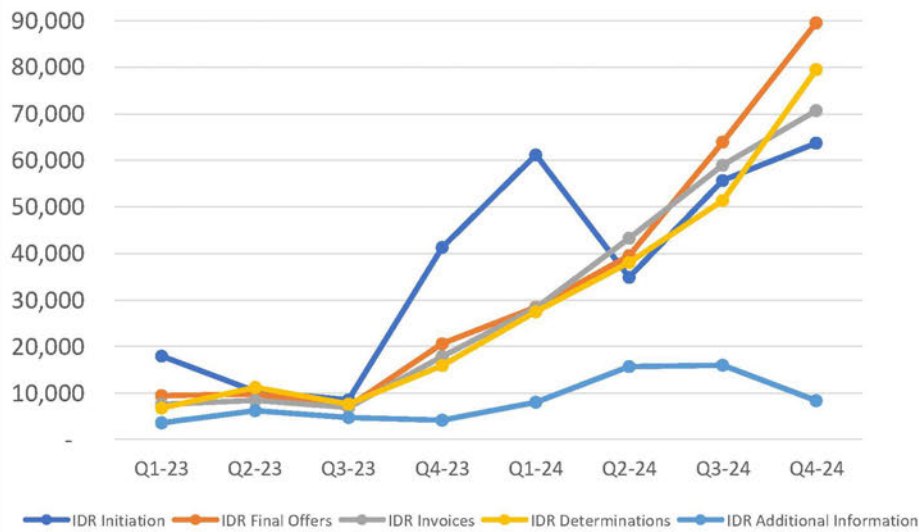
Surprise Bill Team Challenges

The ongoing changes created bottlenecks and unstable volumes of IDR inventory. This created a distinct challenge in meeting turn-around-times which put Aetna at risk for default judgements.

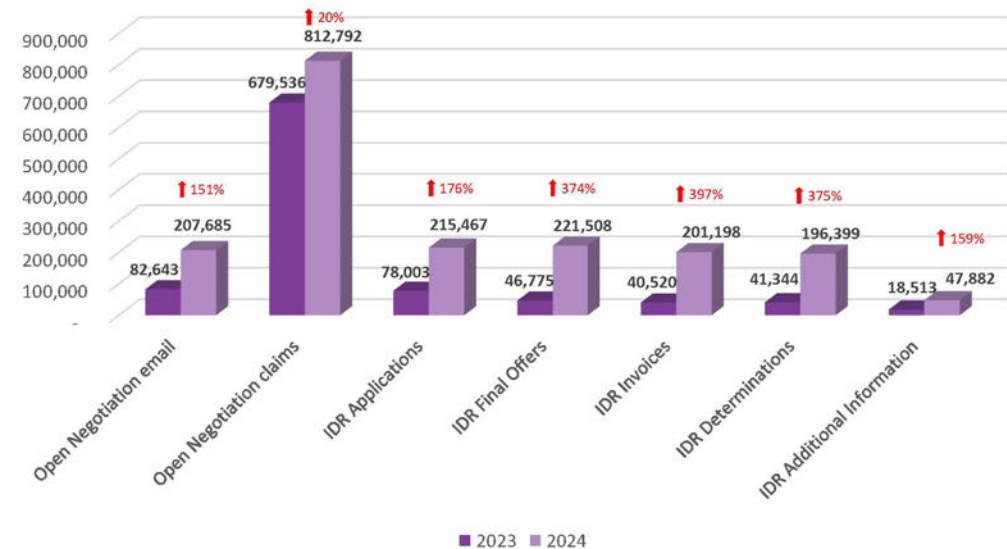
- Adherence to Regulation turn-around-times was not enforced for IDR entities, their backlog caused an influx of IDR cases in 2024
- Unforeseen incoming volumes surpassed staffing levels to timely handle cases
- Delay in processing IDR loss determinations caused a high volume of provider demand emails and DOL complaints
- Inability to have a line of sight of IDR cases in play due to no reporting mechanism in the Federal IDR Portal
- Manual counting and tracking of incoming and inventory emails
- Capacity of QuickBase remains a risk

Federal NSA Reforecasting

Quarterly Independent Dispute Resolution Incoming Volume



Incoming Volumes 2023 to 2024



Rapid Response

- Deployed robotics to handle a portion of open negotiations, final offers, invoices, and determinations
- Negotiated a 3-year contract with Infosys Sept 2024
- Transitioned to Check Execution Queue (CEQ) to automate IDR refunds

Federal NSA IDR Determinations

Root Cause of IDR Determination Inventory

Due to multiple unexpected closures of the Federal IDR Portal and numerous holds and extensions granted to the IDR Entities, the timeline for IDR Entities to render a decision has been indefinitely extended. This extension has allowed decisions rendered in mass quantities after being held for months and years after their initiation and after the 30-business day regulation timeline has expired. Allowing the IDR entities to not adhere to the regulation turnaround time has created the unforeseen IDR determination volume.

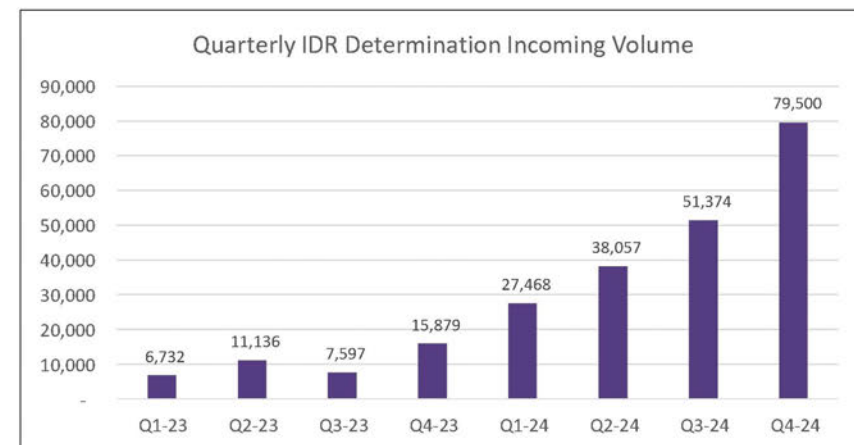
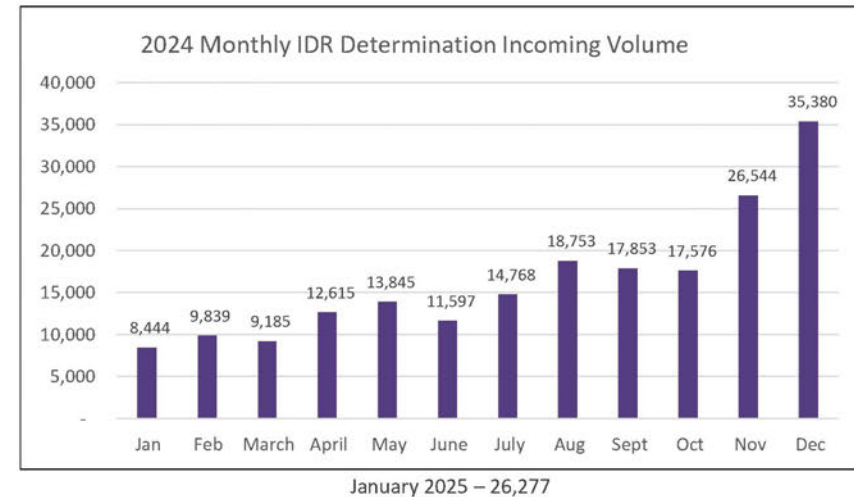
Federal SB Inventory and response

In July of 2024, we started the process of supplier assessment to assist with the growing demands of Feds NSA. We onboarded Infosys in September in a phased approach as Infosys developed the skillsets needed. IDR determinations are more complex, so the Infosys resources did not start on IDR determinations until December. As of today, we have a total of 80 supplier analysts. Due to the continued volume pressure, Infosys has accelerated staffing sooner than original plan.

[REDACTED]

To address the inventory, 48 FTEs are needed for two months to solely focus on aged inventory. The existing 38 FTEs can handle current IDR determination incoming volume within 30 calendar days.

Infosys is taking immediate action to shift existing resources and add resources to determination inventory. They will share the action plan to bring on 48 resources and what the timeline will be to onboard on 2/3/2024.



Surprise Bill Resolution Tool



Go Live Strategy

- Surprise Bill Resolution Tool “Go Live” March 17, 2025
- Sessions underway to solution ingesting current inventory into SBRT to ensure full transition

Automation Features

- Ingest emails into SBRT to eliminate manual steps of saving emails and documents to a server
- Retrieve claim enrichment data from ACAS for open negotiations and IDR applications
- Auto decision making and sending responses on open negotiation requests
- Robotic automation for IDR applications and final offers
- Completion of IDR invoices through automation

In Progress

- Performing business user acceptance testing
- Train the trainer sessions
- Update internal training workflows
- Execute training plans in phases
- Build Tableau reports





Questions?

Exhibit 8

Schramek Declaration

Rebuttal Process - WDs

Tuesday, January 14, 2025

4:41 PM

When a Final Determination is received and the service / supply / claim on which that Determination was rendered was "not eligible" under the Federal IDR Process, we rebut the Determination and appeal to CMS to have the decision dismissed / voided based on the rules outlined for the law. Use the following grid and instructions when processing a Final / Written Determination to decide if you will accept or rebut the decision.

NOTE: If your determination is a batch that includes eligible and ineligible services / claims, adjust the documentation to support that.

Examples:

Batch, same service, multiple claims, 1 or more claims is INE: The services / items on claim XXXXXXXXXXXX and XXXXXXXXXXXX included in DISP-XXXXXXX are ineligible....

Batch, multiple services, multiple claims, 1 or more claims is INE: Service XXXXX on claim XXXXXXXXXXXX and service XXXXX on claim XXXXXXXXXXXX included in DISP-XXXXXXX are ineligible...

As of SBRT handling date 06/23/2025, all documentation is entered in the SBRT Application. Where this document refers to QB or a specific field in the QB, we use the instructions to update the corresponding field in the SBRT Application.

If the Determination is for...	And...	Then...	Documentation by Topic
Bankrupt or Closed Plans	No matter if what we did with the Notice of IDR Initiation (application), invoice or final offer...	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today	Go to the Bankrupt / Closed Plan page and get the wording based on the type

**Exhibit
27**

03/12/2026

		• Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • DO NOT ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE	
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		○ We are not rebutting the validity of the award, we are only informing the provider that Aetna can not issue payment on the award. • Copy & paste the correct wording for the bankrupt or closed plan to the body of the email, • Sign off the email with Surprise Bill	
--	--	---	--

		Review Team and your initials. Follow all other standard documentation retention requirements.	
Meritain	No matter if what we did with the Notice of IDR Initiation (application), invoice or final offer...	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions	The services / items on the claim(s) identified on the Notice of IDR Initiation and Final Payment Determination is administered by a separate business partner, not Aetna. Aetna has no financial responsibility for the member's service(s), did not issue payment on any service(s) for the member, and cannot participate in any Independent Dispute Review action for the member's service(s). We ask that this case be dismissed or that the initiating party be required to re-submit the case to the owning business entity. IDR Applications for this plan must be sent to

		<auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Follow all other standard documentation retention requirements.	claiminquiry@clearhealth.com, or can be uploaded to the online portal (preferred method), https://provider.clearhealth.com. Questions about this process can be directed to Clear Health at 1-866-722-3773.
Hard Denials • Experimental / Investigational • Non-Efficacious	No matter if what we did with the Notice of IDR Initiation (application), invoice or final offer... Added 04/21/2025 ONLY rebut a denial if we issued an EOB or overpayment letter stating the service was denied.	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes –	Aetna requests you void/dismiss DISP-XXXXXXX; the service /supply code(s) listed on the Notice of IDR Initiation are not covered services or supplies as documented by the member's Plan. No allowance was issued by the Plan because the services do not meet clinical

• Not Medically Necessary	• Denied on the original claim - use the EOB to rebut. • Denied on a rework claim & there's no EOB: ○ Go to the OVP system ○ Did we issue an OVP letter stating the service was denied? ○ Yes - use	• Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code "Loss" or "Summary Judgment" Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Attach a copy of the Provider EOB (from Mobius), • Copy & paste the documentation, • Sign off the email with Surprise Bill	criteria to be covered. The denial was clearly documented on the provider's explanation of provider payment (EPP) / explanation of benefits (EOB), which the provider should have provided to the Certified IDR Entity when filing their Notice. The provider certified these ineligible services as eligible incorrectly. The Certified IDR Entity should not accept them as eligible. The Federal Guidance to IDR entities is clear that it is not within the purview of the IDR entity to make medical necessity decisions. Therefore, these services should not be accepted as eligible for IDR review. We have included a copy of the EOB
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- Any SIU denial (including S85) - Action code 482 (action code 482 is an exception)	the OVP letter to rebut. No - DO NOT REBUT. We didn't inform the provider that the service that was allowed was subsequent	Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: - Get the [EXTERNAL] IDR Case: Received: XXXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov - Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	issued to the provider. Per the text of 2021-21441: ... any adverse determination that involves consideration of whether a plan or issuer is complying with PHS Act section 2799A-1 or 2799A-2, ERISA section 716 or 717, or Code section 9816 or 9817 is eligible for external review. Per the IDR Guidance for Certified IDR Entities, Process Steps Summary 1: Covered item or service results in: an OON charge for furnishing emergency items or services from an OON provider or facility, an OON provider charge for items/services at an in-network facility (without
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to the Edit Verification Process, consider it a Hard Denial, Do Not Override) NOTE: Go to Facility Awards topic when the Award is on a Facility Claim	tly denied, so they filed IDR in good faith.		notice and consent), or an OON charge for air ambulance services. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
Medicare Advantage	You have validated that the claim is for a Medicare Advantage plan, not an IVL / IFP plan that was miscoded in the QB.	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date	Aetna attests that DISP-XXXXXXX is ineligible in the Federal IDR Process because the member/patient is enrolled on a Medicare Advantage Plan,

		• Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED	not subject to the Federal No Surprises Act. Claim ID XXXXXXXXXXXX, Plan name XXXXX, Control XXXXX-XXXX-XXXX, Product Type XXX. Claims submitted for Medicare Advantage product plans are reimbursed in accordance with the Centers for Medicare and Medicaid Services (CMS) claim payment guidelines. Per the NSA: ...certified IDR entities consider the QPA and requires them to consider other relevant factors, to the extent credible information is provided by the parties, while not allowing for the consideration of usual and customary rates, billed charges of the provider, or public payor rates, such as those of Medicare,
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		TO THE CASE • Copy & paste the documentation, • Attach a copy of the Provider EOB (obtain from Mobius), • Sign off the email with Surprise Bill Review Team and your initials. Follow all other standard documentation retention requirements.	Medicaid, the Children's Health Insurance Program, TRICARE, chapter 17 of title 38, United States Code, or demonstration projects under title XI of the Social Security Act. Submission or dispute under the Federal No Surprises Act is not permitted for these claims. Please refer to the issued explanation of provider payment for plan product identification and details on how the claim was processed and benefitted. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
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Participating / In-Network Providers or Facilities	You have validated the provider / facility is in-network / contracted for the DOS on the claim.	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>)	Aetna attests that DISP-XXXXXX is not eligible in the Federal IDR Process because all claims submitted were provided by an in-network provider with Aetna. Per the IDR Guidance for Certified IDR Entities, Process Steps Summary 1: <i>Covered item or service results in:</i> an OON charge for furnishing emergency items or services from an OON provider or facility, an OON provider charge for items/services at an in-network facility (without notice and consent), or an OON charge for air ambulance services. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As
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		• ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Re-attach the copy of the written determination, • Copy & paste the documentation, • Attach a copy of the Provider EOB (obtain from Mobius), • Sign off the email with Surprise Bill Review Team and your initials. Follow all other standard documentation retention requirements.	such, we request DISP-XXXXXXX be voided/dismissed .
NAP Providers or Facilities	You have validated the provider / facility is aligned to a NAP contracted rate for the DOS on the claim.	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount	Aetna attests that DISP-XXXXXXX is not eligible in the Federal IDR Process because all claims submitted were provided by an in-network provider with Aetna or one of its contracted entities. Per the IDR Guidance for

		• Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Attach a copy of the Provider EOB	Certified IDR Entities, Process Steps Summary 1: <i>Covered item or service results in:</i> an OON charge for furnishing emergency items or services from an OON provider or facility, an OON provider charge for items/services at an in-network facility (without notice and consent), or an OON charge for air ambulance services. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
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		(obtain from Mobius), • Sign off the email with Surprise Bill Review Team and your initials. Follow all other standard documentation retention requirements.	
Claim Paid with Contracted Rates Under Post Termination Network IDs 4809, 4810, 4811 or 4812	No matter if what we did with the Notice of IDR Initiation (application), invoice or final offer... At the time the claim was processed, the contracted rates under 4809 4810 4811 or 4812 applied and were paid on the claim with action code H65	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed Send email:	Aetna attests that DISP-XXXXXX is not eligible in the Federal IDR Process because all claims submitted were provided by a provider that received benefits under an in-force contracted rate. Per the IDR Guidance for Certified IDR Entities, Process Steps Summary 1: <i>Covered item or service results in:</i> an OON charge for furnishing emergency items or services from an OON provider or facility, an OON provider charge for items/services at an in-network facility (without notice and

		- Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE - Copy & paste the documentation, - Attach a copy of the Provider EOB (obtain from Mobius), - Sign off the email with Surprise Bill Review Team and your initials. Follow all other standard documentation retention requirements.	consent), or an OOON charge for air ambulance services. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
State Law Applied	No matter if what we did with the Notice of IDR Initiation (application),	Complete the following fields in the QB/SBRT Application: Decision / Result – Rebutted	Go to the State Law Rejections and use the

	invoice or final offer...	• Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED	correct wording per the state.
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		TO THE CASE • Attach a copy of the Provider EOB (from Mobius), • Copy & paste the CORRECT State Law wording form One Note, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Not an Aetna Claim ID Number	You have validated the claim number is not from ACAS, IFP, ASH or BOON. Reminder – use the Notice of IDR Initiation	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date	Aetna cannot issue payment on DISP-XXXXXXX. The services on the claim ID included were not processed or issued by any Aetna entity. We

	(application), get the provider TIN, DOS, service / supply code and QPA / allowed amount to see if you can find the claim using those details. Note: Sometimes the provider / initiating party accidentally lists the patient account number as the claim number. Check the PT ACCT field in EWMP; if the PT ACCT matches the claim ID field, you can use that Claim ID and determine if the case is eligible.	• Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED	cannot provide an explanation of provider payment, because this is not a claim we processed. If you have a copy of the issued explanation of provider payment, and Aetna was the issuer, send us a copy so we can validate the eligibility of the service / claim in the Federal IDR Process.
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		TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Zeroed Out Claim - Unsolicited Refund from Provider	If the EWMP (or other) notes show that the provider refunded Aetna because the claim was for... • Not this member • Services not rendered or billed in error	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes –	Aetna cannot issue payment on DISP-XXXXXXX. The services on the claim ID included were submitted under an Aetna administered plan in error. Please see the documentation from the provider, who returned the

	• COB / Worker's Comp paid • Or any reason where the provider sent us money without us asking for it	• Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code "Loss" or "Summary Judgment" Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill	initial claim payment to us as an unsolicited refund due to their error, which is attached. <attach copy of DCN/IOP that should be documented> We ask that this case be dismissed/voided as it was filed by the initiating party in error.
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		Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: - Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov - Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements	
Zeroed Out Claim – Retroactive Eligibility	Added 04/21/2025 ONLY rebut a denial if we reworked the claim and issued a denial for no coverage or issued overpayment letter stating the service was denied. - Denied on a rework claim & there's no EOB: - Go to the OVP	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code	The patient on claim XXXXXXXXXXXX submitted under DISP-XXXXXXXX had an eligibility change since the initial payment determination was issued. The Plan administered by Aetna has been determined to be not in force on the date the services were rendered. With that updated status, the claim was reworked on claim number

	sys te m o Did we issue an OVP letter stating the service was denied? o Yes - use the OVP letter to rebut. o No - DO NOT REBUT.	“Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email	XXXXXXXXXXXX with the benefit being overturned and the payment amount submitted for overpayment recovery. The provider of service should contact the patient for resolution of their claim for services rendered. If the NSA applies to the patient's services under a Plan that was in force when the services were rendered, the carrier that administers that Plan is responsible for issuing the NSA disclosures and participating in the Federal IDR Process. Because Aetna cannot issue claim or fee payments on behalf of the Plan for a patient who was not a covered
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	We did n't inform the provider that the service that was allowed was subsequently denied, so they filed IDR in good faith.	from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	participant when services were rendered, we ask that this case be dismissed as submitted with Aetna as the Non-Initiating Party. All Federal IDR processes must be directed to the patient or their current health care Plan for payment.
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Zeroed Out Claim – Retroactive COB *Includes Worker's Comp	Added 04/21/2025 ONLY rebut a denial if we issued overpayment letter stating the service was denied. - Denied on a rework claim & there's no EOB: - Go to the OVP system - Did we issue an OVP letter stating the service was denied? - Yes -	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>)	The patient on claim XXXXXXXXXXXX submitted under DISP-XXXXXXXX notified Aetna that their coordination of benefits (COB) status has changed since the initial payment determination was issued. The Plan administered by Aetna has been determined to be secondary to a Plan administered by another carrier. With that updated status, the claim was reworked on claim number XXXXXXXXXXXX with the benefit being overturned and the payment amount submitted for overpayment recovery. The provider of service should contact the patient for their primary
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	use the OVP letter to rebut. ○ No - DO NOT REBUT. We didn't inform the provider that the service that was allowed was subsequently	• ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	insurance Plan information and file their claim for the services rendered with that entity. If the NSA applies to the patient's services under their primary Plan, the carrier that administers that Plan is responsible for issuing the NSA disclosures and participating in the Federal IDR Process. Because Aetna cannot issue claim or fee payments on behalf of the Plan for a member who has other primary coverage, we ask that this case be dismissed as submitted with Aetna as the Non-Initiating Party. All IDR processes must be directed to the administrator of the patient's primary Plan for payment.
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	uen tly den ied, so the y file d IDR in goo d fait h.		
Zeroed Out Claim - Corrected Patient Information Examples: - Corrected claim is for service billed for a different patient, or - Provider submitted a refund to us because the correct patient is not an Aetna plan member.		Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX,	New information received to rework an adjudicated claim has been received since the Notice of IDR Initiation for DISP-XXXXXXX was filed. The initial claim, which was included on the Notice and which is listed on this dispute, was processed under the incorrect patient based on the information submitted by the provider of service. The claim was corrected with accurate patient information

		State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov	submitted by the provider and reprocessed, making the initially submitted claim no longer valid. That claim is no longer benefitted under the patient and plan on which the Notice and DISP were filed. As such, Aetna attests that the payment determination on claim XXXX is not eligible in the Federal IDR Process because the claim has been voided with the provider's submission of corrected data and no benefit determination was rendered. If the corrected claim is eligible under the NSA IDR Process, the provider should file an Open Negotiation Notice and Notice of IDR Initiation for that claim.
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		Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Zeroed Out Claim - Professional Services Paid in Facility Contract Example: TVORP PER THE NEGOTIATED REIMBURSEMENT ARRANGEMENT, PHYSICIAN SERVICES FROM THIS CLAIM SHOULD HAVE BEEN BILLED DIRECTLY TO THE FACILITY WHERE THE SERVICES WERE RENDERED. THE FACILITY PAYMENT INCLUDES REIMBURSEMENT FOR THESE PROCEDURES.		Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto	Aetna’s contract with the in-network facility where these services were performed includes reimbursement of all professional services billed by any out-of-network professional provider. The facility is responsible for reimbursing the professional provider directly, not Aetna. The member cannot be billed for these charges and cannot be balance billed by the provider therefor the member is not negatively impacted. The provider is not entitled to reimbursement from 2 sources, the facility that is

		Reply Federal IDR Questions <auto-reply- federalidrqu estions@cm s.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	contractually required to issue them payment and the health plan administrator. The provider has been paid, or should seek reimbursement from, the facility where they rendered care.
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SI Plan, DOS Prior to Renewal	You have validated the DOS is prior to the SI Plan's renewal date and we did NOT apply NSA pricing/coding. NOTE: These should ONLY be old cases with DOS in 2022	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>)	Aetna attests that DISP-XXXXXXX is ineligible in the Federal IDR Process because the member/patient is enrolled on a self-funded plan that has a 2022 contract year start date that is after the date of service billed. Claim ID: XXXXXXXXXXXX, Plan name: XXXXXX, Control: XXXXXXX-XXX-XXXX-XX, Contract Year Start Date: XX/XX/XX, Date of Service: XX/XX/XX. The initiating party misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
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		• ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Attach a copy of the provider EOB (from Mobius) [which shows we did not supply NSA disclosures], • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
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COB Primary on Claim - Aetna Secondary to any type of other coverage (includes worker's comp and auto insurance)	No FDX/FDZ action code (or NSA IFP message code or NSA ASH remark code) or FDSRPZ fee schedule was on the claim and No matter if what we did with the Notice of IDR Initiation (application), invoice or final offer...	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>)	The patient on claim XXXXXXXXXXXX submitted under DISP-XXXXXXX has coordination of benefits (COB) with a health plan not administered by Aetna. The Plan administered by Aetna has been determined to be secondary to a Plan administered by another carrier. The provider of service should contact the patient for their primary insurance Plan information and file their claim for the services rendered with that entity. If the NSA applies to the patient's services under their primary Plan, the carrier that administers that Plan is responsible for issuing the NSA disclosures and participating in the Federal IDR Process.
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		• ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Attach a copy of the provider EOB (from Mobius) [which shows we did not supply NSA disclosures], • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	Because Aetna cannot issue claim or fee payments on behalf of the Plan for a member who has other primary coverage, we ask that this case be dismissed as submitted with Aetna as the Non-Initiating Party. All IDR processes must be directed to the administrator of the patient's primary Plan for payment.
COB Investigation		Do not rebut.	

*Includes Worker's Comp		Handle as eligible.	
Administrative Edits • Incidental • Mutually Exclusive	The edit that caused the denial is Okay to Override in the Edit Verification Quickbase	Do not rebut. Handle as eligible.	
We Adjusted the Service Code After-the-Fact	We reworked the service after the Notice of IDR Initiation (application) was filed. Added 04/21/2025 ONLY rebut a denial if we issued an overpayment letter stating the service was denied. • Denied on a rework claim & there's no EOB: ○ Go to the OVP system ○ Did we issue	Do not rebut. Handle as eligible. Note: Does not matter why we adjusted the service / reworked (can be for SIU, E/I etc) the claim UNLESS it's a Zeroed Out claim for Retro Eligibility, Retro COB, or provider corrected claim information. See the ZEROED OUT sections for handling instructions	

	an OV P lett er stat ing the ser vic e wa s den ied ? o Yes - use the OV P lett er to reb ut. o No - DO NO T RE BU T. We did n't info rm the pro	
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		vid er tha t the ser vic e tha t wa s allo we d wa s sub seq uen tly den ied, so the y file d IDR in goo d fait h.	
A claim that was settled during ONN	We reworked the service for the agreement price AND issued an EOB BEFORE the Notice of IDR Initiation	Complete the following fields in the QB/SBRT Application: Decision / Result – Rebutted	Aetna attests that DISP-XXXXXX is ineligible in the Federal IDR Process because we and the initiating party

	(application) was filed. 05/16/2025: Notice of IDR Initiation date = IDRE Assignment Email Received Date in the QB	• Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY	came to a negotiated agreement/settlement before the application was filed. Attached is a copy of the signed agreement, which shows the conditions of the Open Negotiation period were met and an agreement for a final out-of-network rate for the eligible service(s) on the noted claim(s) was reached between both parties. Per Federal Independent Dispute Resolution (IDR) Process Guidance for Disputing Parties, 5.7 Authority for Parties to Continue Negotiation: If negotiations are successful, the agreed-upon amount will be treated as the OON rate and will be treated as resolving the dispute. The
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		ASSIGNED TO THE CASE • Attach a copy of the reworked provider EOB (from Mobius) [which shows we did issue the agreement rate before the Notice was filed] • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	<i>initiating party must notify the Departments and the certified IDR entity (if selected) by electronically submitting notification of such agreement through the Federal IDR portal as soon as possible but no later than 3 business days after the date of the agreement.</i> We ask that this case be dismissed as an out-of-network rate has been agreed on.
A claim that was settled during ONN	We did NOT issue an EOB BEFORE the Notice of IDR Initiation (application) was	Do not rebut. Handle as eligible because we didn't PAY, and send the provider notification that we PAID, the agreement before the IDR timeline	

	filed, even if we did rework the claim at the agreement price.	ran out. Note: If the IDR "award amount" is less than the settlement amount, still have the claim reworked and overpayment recovery initiated.	
Retiree Plan Member (EMP indicator 3)	You have validated the Control, Suffix, Account, and Plan are NOT on the Retiree Attestation List Centralizedsbtr > Federal Surprise Bill > FED SBRT Procedures > Retiree Attestation List - Handled before 09/24/2025: NSA Retiree Only exclusion report 2_10_25 - Handled on/after 09/24/2025: NSA Retiree Only exclusion report 9-22-2025 OR FederalSBRT2 > Retiree Attestation List	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR	Aetna attests that DISP-XXXXXXX is ineligible in the Federal IDR Process because the member is enrolled on a Retiree Only plan not subject to the law. Plan XXXXXXX-XXX-XXXX-XX under the employer's group of plans, is a retiree-only plan. <i>These interim final rules do not apply to retiree-only plans.</i> <i>ERISA section 732(a) generally provides that part 7 of ERISA—and section 9831(a) of the Code generally provides that chapter 100 of the Code—does not apply to plans with less than two participants who are current employees (including retiree-only plans, which</i>

	- Handled before 09/24/2025: NSA Retiree Only exclusion report 2_10_25 - Handled on/after 09/24/2025: NSA Retiree Only exclusion report 9-22-2025 AND We NEVER issued a provider EOB for any service on that claim - any segment - with FDX/FDZ, FDF/FDG, NAA. BUT If we DID incorrectly indicate NSA applies by using one of those codes on the claim, ignore the indicator, do not rebut, and handle as eligible because we told the provider their	Questions <auto-reply-federalidrquestions@cms.hhs.gov> ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE - Attach a copy of the provider EOB (from Mobius) [which shows we did NOT issue NSA disclosures] - Copy & paste the documentation, - Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: - Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov - Move the [EXTERNAL] IDR Case: Received to the case file folder.	cover less than two participants who are current employees). Title XXVII of the PHS Act, as amended by the Affordable Care Act, no longer contains a parallel provision at section 2721(a) of the PHS Act. However, as explained in prior rulemaking, HHS will not enforce the requirements of title XXVII of the PHS Act with respect to non-federal governmental retiree-only plans and encourages states to adopt a similar approach with respect to health insurance coverage of retiree-only plans. 73 HHS intends to continue to follow this same approach, including with respect to the new market reforms established in the No Surprises Act. The initiating party
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	service was eligible under NSA.	Follow all other standard documentation retention requirements.	misrepresented the service or supply as a covered benefit to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
Provider is Nonpar AND Facility is NOT Qualifying - Qualifying means: Is an IN-NETWORK hospital or ambulatory surgery center OR Is an OUT-OF-NETWORK hospital or freestanding emergency center AND the claim includes ER charges (revenue code 450-459).	You have validated that the facility claim is for an OON facility without ER charges (revenue code 450-459) billed.	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email:	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member accessed out-of-network non-emergency care in an out-of-network facility. No NSA disclosures were issued on the provider’s explanation of provider payment (EPP) / explanation of benefits (EOB), which the provider should have provided to

		- Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE - Attach a copy of the provider EOB AND related facility claim EOB (from Mobius) - Copy & paste the documentation, - Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: - Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-	the Certified IDR Entity when filing their Notice, because the services are not eligible under the NSA. The provider certified these ineligible services as eligible incorrectly. The Certified IDR Entity should not have accepted them as eligible. We have included a copy of the EOB issued to the provider of service who initiated this dispute and a copy of the EOB issued to the facility where the services were rendered, showing that that facility was not qualifying under the NSA (not in-network or not out-of-network providing emergency care). Per the IDR Guidance for Certified IDR
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		federalidrquestions@cms.hhs.gov Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	Entities, Process Steps Summary 1: <i>Covered item or service results in:</i> an OON charge for furnishing emergency items or services from an OON provider or facility, an OON provider charge for items/services at an in-network facility (without notice and consent), or an OON charge for air ambulance services. The initiating party misrepresented the service or supply as eligible under the NSA to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
Passport to Health plan claims, Office Key (SC) 192		Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date	The service(s) / item(s) on the claim(s) submitted under DISP-XXXXXXX are administered by a separate

		• Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED	business partner, not Aetna or any of our corporate entities. Aetna has no financial responsibility for the member's service(s), did not issue payment on any service(s) or issue any explanation of provider payment, and cannot participate in the Federal IDR Process on behalf of the business partner. We do not hold the plan documents or contracts. We ask that this case be dismissed and that the initiating party be required to re-submit the case to the owning business entity: <i>GROUP NAME, control 0XXXXXX</i>, who can be reached at: <i>email address</i>. Get email information from Passport to Health page
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		TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.					
Aetna Student Health (ASH) Exempt Plan	Claim is for: <table border="1"> <thead> <tr> <th>Control</th><th>Reason Plan Isn't Subject to FED NSA</th></tr> </thead> <tbody> <tr> <td>0474967</td><td>ERIKA Travel Insurance Canada - foreign</td></tr> </tbody> </table>	Control	Reason Plan Isn't Subject to FED NSA	0474967	ERIKA Travel Insurance Canada - foreign	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes –	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member is
Control	Reason Plan Isn't Subject to FED NSA						
0474967	ERIKA Travel Insurance Canada - foreign						

		entity plan not written in the US	Claim ID # (if it's a batch with more than 1 claim ID #)	enrolled on a foreign entity plan, not written in the US, and not subject to US state or federal law.
	0697401	Council on International Educational Exchange - foreign entity plan not written in the US	ARB Decision Amt = \$XXX.XX Service Code "Loss" or "Summary Judgment" Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed)	We have included a copy of the EOB issued to the provider of service, which shows NSA disclosures were not issued; the disclosures were not issued because the plan is not subject to the law.
	0884000	ERIKA Travel Insurance, LTD - foreign entity plan not written in the US	- Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE - Copy & paste the documentation, - Sign off the email with Surprise Bill	The initiating party misrepresented the service or supply as eligible under the NSA to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed.

		Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: - Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov - Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.					
Aetna Student Health (ASH) Self-Funded Plan	Claim is for: <table border="1"> <thead> <tr> <th>Control</th><th>Reason Plan Isn't Subject to FED NSA</th></tr> </thead> <tbody> <tr> <td>0686178</td><td>Emory University - Aetna Student Health SI plan, not an employer-based health plan,</td></tr> </tbody> </table>	Control	Reason Plan Isn't Subject to FED NSA	0686178	Emory University - Aetna Student Health SI plan, not an employer-based health plan,	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member is enrolled on a non-employer based, self-funded, health plan which is not regulated by the HHS and not
Control	Reason Plan Isn't Subject to FED NSA						
0686178	Emory University - Aetna Student Health SI plan, not an employer-based health plan,						

		and not regulate d by HHS or subject to the NSA	“Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE	subject to US state or federal law. We have included a copy of the EOB issued to the provider of service, which shows NSA disclosures were not issued; the disclosures were not issued because the plan is not subject to the law. The initiating party misrepresented the service or supply as eligible under the NSA to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed.
	0812847	Princeton University - Aetna Student Health SI plan, not an employer-based health plan, and not regulate d by HHS or subject to the NSA		
	0867890	Cornell University - Aetna Student Health SI plan, not an employer-based health	Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email	

	<table><tr><td></td><td>plan, and not regulated by HHS or subject to the NSA</td></tr><tr><td>0686156</td><td>University of Rochester - Aetna Student Health SI plan, not an employer-based health plan, and not regulated by HHS or subject to the NSA</td></tr></table>		plan, and not regulated by HHS or subject to the NSA	0686156	University of Rochester - Aetna Student Health SI plan, not an employer-based health plan, and not regulated by HHS or subject to the NSA	from the auto-reply-federalidrquestions@cms.hhs.gov Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
	plan, and not regulated by HHS or subject to the NSA						
0686156	University of Rochester - Aetna Student Health SI plan, not an employer-based health plan, and not regulated by HHS or subject to the NSA						
Service Code not Billed on Claim	You validated the service code & claim ID on the determination is the service code & claim ID submitted on the Notice of IDR Initiation (application) and the service code is	Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice were not services or				

	not on the claim ID identified.	• Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE	supplies eligible billed on the claim ID number registered on the Federal IDR Portal. We have included a copy of the Notice of IDR Initiation filed by the initiating party, the Final Payment Determination, and the EOB issued to the provider of service, which shows the service code was not billed on the claim ID provided. The initiating party misrepresented the service or supply as billed on claim ID XXXXXXXXXXXX, which it was not. As such, we request DISP-XXXXXXXX be voided/dismissed .
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		• Copy & paste the documentation, • Include a screen shot of the Notice of IDR Initiation where the provider typed the claim ID and the service code. • Include a screen shot of the provider EOB for the claim which shows the service codes billed, which should not include the service code listed on the Notice or WD. • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received:	
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		XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Claim ID Number is Completely Invalid - does not exist in our systems		Complete the following fields in the QB/SBRT Application: - Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email:	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the claim ID number registered on the Federal IDR Portal by the initiating party does not exist in the Aetna claim processing systems. We have included a copy of the Notice of IDR Initiation filed by the initiating party, the Final Payment Determination, and a screen shot of our claim processing system showing the claim ID provided does not match any claim.

		• Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Include a screen shot of the Notice of IDR Initiation where the provider typed the claim ID and the service code. • Include a screen shot of the EWMP screen where	The initiating party misrepresented the claim ID. As such, we request DISP-XXXXXXX be voided/dismissed .
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		you've entered the submitted claim ID the error "E044 NO UNIQUE CLAIM ID MATCH FOUND" is displayed • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Medicaid / Aetna Better Health		Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the case ineligible in the Federal IDR Process because the member is

		• Arb Closed Date – Today • Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED	enrolled on an Aetna Better Health product type Plan which is a Medicaid program Plan. Per the NSA: <i>...certified IDR entities consider the QPA and requires them to consider other relevant factors, to the extent credible information is provided by the parties, while not allowing for the consideration of usual and customary rates, billed charges of the provider, or public payor rates, such as those of Medicare, Medicaid, the Children’s Health Insurance Program, TRICARE, chapter 17 of title 38, United States Code, or demonstration projects under title XI of the Social Security Act. Claims for Aetna Better Health products are reimbursed in</i>
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		TO THE CASE • Copy & paste the documentation, • Include a screens shot of the EOB where Aetna Better Health is indicated • Sign off the email with Surprise Bill Review Team and your initials. • Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	line with the Centers for Medicare and Medicaid Services (CMS) claim payment guidelines for Medicaid payments. Submission or dispute under the Federal No Surprises Act is not permitted for these claims. Please refer to the issued explanation of provider payment for plan product identification and details on how the claim was processed and benefitted. The initiating party misrepresented the service or supply as eligible under the NSA to the Certified IDR Entity. As such, we request DISP-XXXXXXX be voided/dismissed .
Aetna Global Benefits (AGB) plan not subject to the law	Claim is for a control on the NSA Exclusion Table	Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted	Chose the correct documentation based on the

		- Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY	contract state of the plan: Plan contract state is Bermuda (BR) Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member is enrolled on a foreign entity plan, not written in the US, and not subject to US state or federal law; the contract state of the plan is Bermuda and was issued on the provider explanation of payment. We have included a copy of the EOB issued to the provider of service, which shows "Contract State :BR".
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		ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	Plan contract state is Canada Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member is enrolled on a foreign entity plan, not written in the US, and not subject to US state or federal law; the contract state of the plan is Canada and was issued on the provider explanation of payment. We have included a copy of the EOB issued to the provider of service, which shows "Contract State :XX". Add the contract state abbreviation (will
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			be one of several different ones) Plan contract state is in the US Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the service /supply code(s) listed on the Notice are not covered services or supplies eligible under the No Surprises Act because the member is enrolled on a foreign entity plan, not subject to US state or federal law. We have included a copy of the EOB issued to the provider of service, which shows that NSA disclosures were not issued because the plan is not subject to the law.
DOS Prior to 01/01/2022		Complete the following fields in the QB/SBRT Application:	Aetna requests you void/dismiss the Notice of IDR Initiation for

		- Decision / Result – Rebutted - Decision Date – Date - Arb Closed Date – Today Arb Decision Amount - award \$ amount Notes – Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: (brief explanation, like State of TX, State of NJ, E/I denial, COB prime, Elig termed) - Send email: - Forward the email to the provider email address - Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov>) ADD THE EMAIL ADDRESS	DISP-XXXXXXX; the case is ineligible in the Federal IDR Process because the date the disputed item(s) and/or service(s) were provided is before 01/01/2022. A copy of the provider's explanation of benefits, showing the service date billed by the provider, is attached. Please note that the explanation also does not include NSA disclosures because the service(s) are not eligible under the regulation.
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		OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
Surprise Billing Protection Form (consent form) located		Complete the following fields in the QB/SBRT Application: • Decision / Result – Rebutted • Decision Date – Date • Arb Closed Date – Today	Aetna requests you void/dismiss the Notice of IDR Initiation for DISP-XXXXXXX; the case is ineligible in the Federal IDR Process because the initiating party intentionally

		• Arb Decision Amount - award \$ amount • Notes – • Claim ID # (if it's a batch with more than 1 claim ID #) ARB Decision Amt = \$XXX.XX Service Code “Loss” or “Summary Judgment” Rebuttal Reason: Consent Form • Send email: • Forward the email to the provider email address • Do NOT add CMS (Auto Reply Federal IDR Questions <auto-reply-federalidrquestions@cms.hhs.gov) • ADD THE EMAIL ADDRESS OF THE CERTIFIED IDR ENTITY ASSIGNED TO THE CASE • Copy & paste the documentation, • Attach a copy of the Surprise Billing	misrepresented the services as eligible under the NSA when a Surprise Billing Protection Form was signed, voiding protections and IDR rights. A copy of the signed Surprise Billing Protection Form for the service(s) submitted on this dispute is attached. Since the provider gave the member the Form and their estimate of charges, and the member signed the Form, the member was aware of the provider's out-of-network status and waived their rights and protections under the No Surprises Act.
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		Protection Form (consent form) • Sign off the email with Surprise Bill Review Team and your initials. Go to the FederalNSAIDR@Aetna.com mailbox: • Get the [EXTERNAL] IDR Case: Received: XXXXXXX email from the auto-reply-federalidrquestions@cms.hhs.gov • Move the [EXTERNAL] IDR Case: Received to the case file folder. Follow all other standard documentation retention requirements.	
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State Law Rejections

Thursday, December 19, 2024

5:45 PM

As of SBRT review date 12/17/2024, if a determination is received for a claim subject to state law, and the provider was the prevailing party, rebut the determination with the wording based on the state law that applied AND include a screen shot of the issued provider EOB showing the state law disclosures.

State	Response
CA	Hello,

ACAS: CA2 HRP CODE: ACA2, AECN	Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to California Health & Safety Code §§ 1371.4, -.5 or California AB 72 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of CA requires providers to dispute eligible claims via their Independent Dispute Resolution Process (IDRP) and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the CA required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
CO	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Colorado regulation 0-16-704(3)(d)(II) for emergency services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of CO requires providers to dispute eligible claims by filing an Arbitration Request Form with the Colorado Division of Insurance and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the CO required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
CT -	Hello,

ACAS - CT2, CT3, CT5 ASH - DU, ST	Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. t. The service(s) submitted is/are subject to Connecticut regulation SB 811/Gen. Stat. § 38a-591b for non-emergency services provided by an out-of-network practitioner in a qualifying n-network facility. The state of CT requires providers to dispute eligible claims by filing an appeal directly with the health plan / carrier and has not ceded responsibility of that dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the CT required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
DE HRP CODE: ADE1, ADE4, ADEA, ABW5, ABW6	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Delaware regulation 18 Del. C. §§ 3349(c) and 3565(c) for emergency services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of DE requires providers to dispute covered services subject to this law via the DE Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the DE required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
FL Q91	Hello, Re: DISP-

	The services on the below Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Florida H.B. 221, supported by F.S. 627.64194, for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of FL does not allow providers to dispute covered services subject to this law and has not ceded responsibility of disputes subject to their law to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the FL required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
GA	Hello,
HRP CODE: AGA2, AED3, AGA4	Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Georgia H.B. 888 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of GA requires providers to dispute covered services subject to this law via the GA Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the GA required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
IL	Hello,
HRP CODE: AECO	Re: DISP- The services on the below Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Section 356z.3a of the Illinois

	Insurance Code for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of IL requires providers to dispute covered services subject to this law via the IL Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the IL required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
ME	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Maine state law, 24 A.M.R.S.A §§ 4303. for emergency services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility or Maine state law, HB 1073/LD 1557, for surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying in-network facility. The state of ME requires providers to dispute covered services subject to this law via the ME Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the ME required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
MI	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Michigan state law, H 4460,

	MCL § 333.24509 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of MI requires the provider ask MI DIFS to review our payment calculation for accuracy (dispute our pricing) and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the MI required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
MN	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Minnesota state law, SB 1/Stat. §62Q.556. for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of MN requires providers to dispute covered services subject to this law via the MN Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the MN required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
NE	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Nebraska state law, LB 997 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an

	out-of-network emergency facility. The state of NE requires providers to dispute covered services subject to this law via the NE Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NE required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team				
NH	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to New Hampshire state law, INS No. 19-015-AB, for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of NH requires providers to dispute covered services subject to this law via the NH Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NH required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team				
NJ ACAS: NJ1, NJZ (others beginni ng with NJ)	<table border="1"> <thead> <tr> <th>Funding / Plan Type</th><th>Response</th></tr> </thead> <tbody> <tr> <td>FULLY INSURED PLAN:</td><td> Hello, Re: DISP- </td></tr> </tbody> </table>	Funding / Plan Type	Response	FULLY INSURED PLAN:	Hello, Re: DISP-
Funding / Plan Type	Response				
FULLY INSURED PLAN:	Hello, Re: DISP-				

HRP: AIV2, AIV4, ANJT		The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to New Jersey state law, The Out-of-network Consumer Protection, Transparency, Cost Containment, and Accountability Act (P.L. 2018, c3.32), for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of NJ requires providers to dispute covered services subject to this law via the NJ Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NJ required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS.
	SELF FUNDED NON-ERISA PLANS W/ 1 of these controls: 141991, 724463, 737320, 737417, 863798, 863799, 866081 ,1811 37, 237164, 237165, 237166, 237167, 237168, 237171	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to New Jersey state law, The Out-of-network Consumer Protection, Transparency, Cost Containment, and Accountability Act (P.L. 2018, c3.32), for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The plan on which the member/patient is enrolled is a State of New Jersey State Health Benefit Program or School Employee Health Benefit Program, non-ERISA plan. The state of NJ requires providers to dispute covered services subject to this law via the NJ Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NJ required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we

	respectfully request that this/these case(s) be dismissed/voided by CMS.
SELF FUNDED (SI) OPTED-IN PLAN:	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to New Jersey state law, The Out-of-network Consumer Protection, Transparency, Cost Containment, and Accountability Act (P.L. 2018, c3.32), for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of NJ requires providers to dispute covered services subject to this law via the NJ Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NJ required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. The NJ Department of Banking and Insurance (NJ DOBI) publishes the following: Self-Funded Plans As of January 30, 2024, the following self-funded plans opted into the arbitration process under the law. In light of the enactment of the federal No Surprises Act, DOBI Bulletin 21-14 provides that a self-funded plan that previously opted into the New Jersey arbitration by filing an ID card with the Department may opt out of the NJ Act arbitration if it wishes to be subject to the federal IDR established under the federal act. Plans that have opted out, and the date of such opt-out, are also noted below. The list of Plan Sponsors that have filed ID cards indicating opt-into the OON arbitration and the date of the opt-in is below.

	From <https://www.nj.gov/dobi/division_insurance/oonarbitration/data/240131report.html> The employer group that sponsors the member on the claim that is the subject of DISP-XXXX is on at list: <table border="1"> <thead> <tr> <th>Opt In Date</th><th>Plan Sponsor</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table> Thank you, Surprise Bill Review Team	Opt In Date	Plan Sponsor		
Opt In Date	Plan Sponsor				
NV	Hello,				
HRP: ANV1, AECL, AECK	Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Nevada state law, AB 469/NRS 439B, for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of NV requires providers to dispute covered services subject to this law via the NV Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NV required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team				
NY R98 R99 RA3	Hello, Re: DISP-				

RA4 NYK NYM NYT NYL NYN NYU	The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to New York state law, 23 CRR-NY 400.3, for emergency services provided by an out-of-network physician or emergency services provided by an out-of-network emergency facility or subject to Ins. Law 2601; 3217-a; 3217-d; 3224-a; 3241; 4900; 4903; 4904; 4910; 4914; Fin.Svs.Law Art. 6 for surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying in-network facility in the state of NY, issued to a member of a fully insured plan, contract situs state NY. NY law requires providers to dispute covered services subject to this law via the NY Independent Dispute Resolution process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the NY required disclosures, they misrepresented the eligibility of their dispute. Because NY is a state with a Bifurcated Process, the Certified IDRE should be requiring a copy of the provider's explanation of provider payment before determining eligibility under the NSA. We are providing you a screen shot of the issued provider explanation of provider payment that includes those NY disclosures. Since the provider filed their dispute under an ineligible process, misrepresenting the service(s) as eligible under the NSA when it is not, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
OH HRP: AOH1, AOH5, AECF, AHD5	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Ohio state law, OAC 3901-8-17, for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of OH requires providers to dispute covered services subject to this law via the OH Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the OH required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team

TX HRP: ATXA, AECJ	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Texas regulation SB1264 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of TX requires providers to dispute covered services subject to this law via their TDI Independent Dispute Resolution process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the TX required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
VA HRP: AECM, AVA4	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act. The service(s) submitted is/are subject to Va. Code Ann. §§38.2-3445.02 for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of VA requires providers to dispute covered services subject to this law via their VA Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the VA required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team

WA	Hello, Re: DISP- The services on the above Federal IDR Case(s) is/are not eligible under the federal No Surprises Act . The service(s) submitted is/are subject to Wash. Admin. Code § 284-43B-035, for emergency or surprise (inadvertent) services provided by an out-of-network practitioner in a qualifying emergency or in-network facility or emergency services provided by an out-of-network emergency facility. The state of WA requires providers to dispute covered services subject to this law via their WA Arbitration process and has not ceded responsibility of their dispute process to the Federal IDR Process. If the provider failed to upload the issued explanation of provider payment with the WA required disclosures, they misrepresented the eligibility of their dispute. We are providing you a screen shot of the issued provider explanation of provider payment that includes those disclosures. Since the provider filed their dispute under an ineligible process, we respectfully request that this/these case(s) be dismissed/voided by CMS. Thank you, Surprise Bill Review Team
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Award > Billed

Wednesday, May 21, 2025

10:41 AM

When an IDR Award is "provider prevailed" and the amount of the award is more than the billed charge of the item/service the cases was filed for, we still must issue the award amount when the item/service is covered and eligible and the case was eligible. However, if the amount of the award is suspicious, the SBRT Analyst assigned to complete the Written Determination can ask the Certified IDR Entity and Provider / Initiating Party for clarification of the amount, before completing the case.

Examples of suspicious amounts:

- Billed is \$100.00, award is \$10,000.00 or \$100,000.00 - could this be a typo?
- Billed is \$750 for CPT 76767, award is \$767.67 - could the CPT code have been entered in the offer amount field in error?

- Billed is \$250,000.00, award is \$2,500,000.00 - could this be a typo?
- Or another other situation that "just doesn't look right" when the billed amount is less than the award amount.

To ask for clarification on the award amount, the SBRT Analyst:

- HOLD the case in their work folder.
- Add an ARB Note: Award validation email sent to IDRE & IP. Pending receipt for handling.
- Reply all on the written determination email, AND
 - Add "Award Amount Validation Request" to the subject line, and
 - Re-attach the copy of the written determination, and
 - Copy & paste the documentation: *Aetna respectfully requests you validate the award amount issued on this case. Service code XXXXX billed \$XXX.XX but the award amount is \$XXX.XX. Before we issue this amount, we'd like to ensure the payment determination reflects the correct amount based on the initiating party's final offer. Thank you*
 - Sign off the email with Surprise Bill Review Team and your initials.

NOTE: It is critical that you check for split lines / segments before you send a validation email. If a service billed \$200k and we split that to multiple segments of \$50k each, then an award of \$185k is NOT more than billed...

If the IDRE and/or initiating party/provider confirm the award amount accurate, we have to issue the amount.

NOTE: If an amount is truly egregious (over \$300k for a single service) tag Lisa Linscott and Brady O'Brien, we'll investigate.

IDRE Email Addresses

Monday, August 11, 2025

7:24 AM

Contact Name	Email
ProPeer Resources, LLC	idre@propeer.com
Network Medical Review Company, Ltd.	IDRSupport@nmrexamworks.com
National Medical Reviews (NMRUSA)	IDRE@nmrusa.com
Medical Evaluators of Texas (MET)	IDR@met-hcs.com
MCMC Services, LLC	IDRFederal@mcmcllc.com
Maximus Federal Services, Inc.	fednsaarbitrations@maximus.com
Keystone Peer Review Org. (KEPRO)	federalidrfax@acentra.com
Island Peer Review Organization	IDR@ipro.org
Federal Hearings & Appeals	IDRE@fhas.com
C2C Innovative Solutions, Inc.	IDRIquiries@c2cinc.com
EdiPhy Advisors, LLC	IDRE@medmanagementllc.com
iMPROve Health	FederalIDRE@improve.health.com
Provider Resources, Inc.	Pri-idre@provider-resources.com
Capital Bridge, LLC	N/A Yet
Livanta, LLC (DBA: Commence)	N/A Yet

PAR NET ID, PROV is NOT INN

Thursday, June 19, 2025

9:46 AM

If a claim is processed under an INN Network ID (NET ID) but the provider is NOT INN [REDACTED] and you get an IDR Award on the claim, process the award without having the claim reworked first.

Route the claim with 5BD.

Rework instructions:

RADDDDDDR13 FEDNSAIDRLOSS DISP-XXXXXXX Allow \$XXX.XX CPT XXXXX AC FDP

OON PRV unlink NETID F03 for INN, apply IDR Award as documented, keep cost share the same unless or less, do not apply more. Do not deny any service documented.

Do not allow any state SB AC on any service documented. Use IO AC 814, pay PRV SD on release.

These claims, even if subject to a state SB regulation, will now have the award processed because we erred in processing the claim under an INN NET ID and we didn't give the provider the accurate disclosures. Our error = our loss.

Exhibit 9

Schramek Declaration

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
2203M2971800	Facets		
220406232900	Facets		
2205M0940100	Facets		
220611251400	Facets		
2206M1156200	Facets		
2206M2265600	Facets		
220808091700	Facets		
220850303700	Facets		
220922149700	Facets		
220954925400	Facets		
221008207400	Facets		
221019261201	Facets		
221043458400	Facets		
221060309800	Facets		
2210M0902100	Facets		
2210M1938300	Facets		
2210M3568500	Facets		
221155029900	Facets		
221202786600	Facets		
221251895100	Facets		
221263384800	Facets		
221263656000	Facets		
221316412101	Facets		
221355996200	Facets		
221363288900	Facets		
221392902800	Facets		
221467376600	Facets		
221494113000	Facets		
221508240900	Facets		
221521088100	Facets		
221521371200	Facets		
221582503900	Facets		
221598179400	Facets		
221679960100	Facets		
221711176200	Facets		
221793353600	Facets		
221793356300	Facets		
221793372200	Facets		
221793752200	Facets		
221803875700	Facets		
221823852400	Facets		
221837410300	Facets		
221849741900	Facets		
221851695600	Facets		
221852272100	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
221856823900	Facets		
221857306900	Facets		
221857445500	Facets		
221857779100	Facets		
221889134900	Facets		
221892507300	Facets		
221893428300	Facets		
221943151700	Facets		
221943461600	Facets		
222002060200	Facets		
222008823900	Facets		
222010862500	Facets		
222011551000	Facets		
222102994200	Facets		
222131731900	Facets		
222174118000	Facets		
222180715600	Facets		
222271680800	Facets		
222277023700	Facets		
222281069100	Facets		
222298877700	Facets		
222304921801	Facets		
222375940100	Facets		
222400558800	Facets		
222406194500	Facets		
222406990200	Facets		
222433203900	Facets		
222444991300	Facets		
222451794900	Facets		
222452134100	Facets		
222465373300	Facets		
222506946900	Facets		
222507322500	Facets		
222531125700	Facets		
222531758000	Facets		
222536141000	Facets		
222561711600	Facets		
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222590284800	Facets		
222590319600	Facets		
222590643900	Facets		
222598423400	Facets		
222645973700	Facets		
222736293201	Facets		
222746761400	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
222750876600	Facets		
222754425300	Facets		
222764199200	Facets		
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222851979900	Facets		
222854205300	Facets		
222872997700	Facets		
222888472900	Facets		
222900274600	Facets		
222921690700	Facets		
222973047400	Facets		
222992260100	Facets		
223006804700	Facets		
223006865200	Facets		
223008198000	Facets		
223027432100	Facets		
223139062300	Facets		
223141125300	Facets		
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223220846900	Facets		
223220959600	Facets		
223221158100	Facets		
223221901300	Facets		
223223033000	Facets		
223223736000	Facets		
223227696700	Facets		
223261534800	Facets		
223296768900	Facets		
223433618400	Facets		
230010897300	Facets		
230024416600	Facets		
230025886300	Facets		
230062929900	Facets		
230108834800	Facets		
230118109000	Facets		
230118535500	Facets		
230121813700	Facets		
230132880900	Facets		
230159576600	Facets		
230168775300	Facets		
230259192400	Facets		
230260548600	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
230261685000	Facets		
230264268600	Facets		
230294277900	Facets		
230307615700	Facets		
230322284800	Facets		
230337645200	Facets		
230347927100	Facets		
230388400500	Facets		
230389462900	Facets		
230422243700	Facets		
230422795800	Facets		
230422829900	Facets		
230445270000	Facets		
230472191600	Facets		
230509647900	Facets		
230556268400	Facets		
230558409800	Facets		
230558981400	Facets		
230571066300	Facets		
230635103900	Facets		
230641520200	Facets		
230644967800	Facets		
230645022900	Facets		
230653248500	Facets		
230699069100	Facets		
2306M0573700	Facets		
2308M3423801	Facets		
230943554700	Facets		
2309M0559800	Facets		
231013334200	Facets		
231101793100	Facets		
231103990900	Facets		
231105349000	Facets		
231215852800	Facets		
231227425900	Facets		
231240337900	Facets		
231275269700	Facets		
231290832700	Facets		
231320258300	Facets		
231333624800	Facets		
231402031700	Facets		
231406914000	Facets		
231418482700	Facets		
231437711000	Facets		
231508927800	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
231540166600	Facets		
231594708000	Facets		
231685905100	Facets		
231692147200	Facets		
231722515900	Facets		
231752257500	Facets		
231753051200	Facets		
231764170400	Facets		
231813009900	Facets		
231816268600	Facets		
231817383700	Facets		
231817655400	Facets		
231871767400	Facets		
231874430700	Facets		
231886067200	Facets		
231888363300	Facets		
231902723800	Facets		
231968673100	Facets		
231983936700	Facets		
232015640700	Facets		
232022181700	Facets		
232099725500	Facets		
232165572800	Facets		
232171505700	Facets		
232172401300	Facets		
232206487400	Facets		
232206638900	Facets		
232207586800	Facets		
232208389200	Facets		
232278975100	Facets		
232292406500	Facets		
232317507200	Facets		
232317574900	Facets		
232328614300	Facets		
232417872100	Facets		
232430537500	Facets		
232434506600	Facets		
232434563500	Facets		
232476396800	Facets		
232521180700	Facets		
232521229700	Facets		
232521778500	Facets		
232555816900	Facets		
232556350100	Facets		
232614367800	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
232655373300	Facets		
232661640800	Facets		
232667990800	Facets		
232684577300	Facets		
232693010900	Facets		
232702593500	Facets		
232748208000	Facets		
232840397700	Facets		
232850937800	Facets		
232891767200	Facets		
232957927500	Facets		
233061047200	Facets		
233099140000	Facets		
233115087800	Facets		
233173034900	Facets		
233184234500	Facets		
233200377300	Facets		
233201300300	Facets		
233283859400	Facets		
233285484600	Facets		
233287890200	Facets		
233307992900	Facets		
233316837400	Facets		
233437583801	Facets		
233439107600	Facets		
233475702900	Facets		
233477174200	Facets		
233530822800	Facets		
233632595700	Facets		
233661116700	Facets		
233665408500	Facets		
233668808400	Facets		
233670915400	Facets		
233803906800	Facets		
233815484000	Facets		
233821236700	Facets		
233832247700	Facets		
233834159000	Facets		
233837630000	Facets		
233839388800	Facets		
233900880000	Facets		
233918392001	Facets		
233918950300	Facets		
233946271200	Facets		
233946835800	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
233962729900	Facets		
233972086400	Facets		
233996139100	Facets		
234064737400	Facets		
234068762400	Facets		
234069656500	Facets		
234070320400	Facets		
234076237200	Facets		
234086348500	Facets		
234087152300	Facets		
240049364200	Facets		
240050196400	Facets		
240050754000	Facets		
240053366200	Facets		
240062820600	Facets		
240076026300	Facets		
240180112100	Facets		
240181277100	Facets		
2401M1116400	Facets		
240235741400	Facets		
240236230200	Facets		
240236250200	Facets		
240236933800	Facets		
240283875300	Facets		
240309973900	Facets		
240316564700	Facets		
240392345600	Facets		
240392857902	Facets		
2403M1573000	Facets		
2403M3535800	Facets		
2403M5083600	Facets		
240477520500	Facets		
2404M2435000	Facets		
240501144600	Facets		
240515824900	Facets		
240532736300	Facets		
240542945600	Facets		
240544328400	Facets		
240546878000	Facets		
240548341200	Facets		
240595754100	Facets		
2405M5771000	Facets		
240605031300	Facets		
240605075300	Facets		
240605564400	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
240635746300	Facets		
240650055000	Facets		
240652307600	Facets		
240655204300	Facets		
240697865800	Facets		
2406M0400500	Facets		
2406M1868400	Facets		
2406M4876500	Facets		
240704997400	Facets		
240706405000	Facets		
240739136700	Facets		
240821358400	Facets		
240829195600	Facets		
240846126000	Facets		
240862559101	Facets		
240884384900	Facets		
240948951700	Facets		
240955922900	Facets		
241021062400	Facets		
241027879000	Facets		
241070280900	Facets		
241080879300	Facets		
241116353800	Facets		
241116384500	Facets		
241185265200	Facets		
241208619900	Facets		
241208956500	Facets		
241243787600	Facets		
241243978400	Facets		
241269906000	Facets		
241279257600	Facets		
241340869000	Facets		
241361075200	Facets		
241383447800	Facets		
241397694400	Facets		
241397765400	Facets		
241406475900	Facets		
241445495900	Facets		
241470650200	Facets		
241471761600	Facets		
241474846400	Facets		
241520824100	Facets		
241535672000	Facets		
241568929400	Facets		
241589794100	Facets		

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
241590748400	Facets		
241635428900	Facets		
241640812100	Facets		
241644178300	Facets		
241688984300	Facets		
241690682700	Facets		
241700463000	Facets		
241704161100	Facets		
241718117700	Facets		
241718155800	Facets		
241735215200	Facets		
241740465800	Facets		
241745229000	Facets		
241766187300	Facets		
241798678800	Facets		
241816954700	Facets		
241899200100	Facets		
241900138800	Facets		
241900381700	Facets		
241917877200	Facets		
241999898200	Facets		
242159680500	Facets		
242162530200	Facets		
242186407800	Facets		
242225545000	Facets		
242277722600	Facets		
242355134300	Facets		
242372315600	Facets		
242447984500	Facets		
242541046200	Facets		
242634311900	Facets		
242935221900	Facets		
242959299900	Facets		
243150484500	Facets		
243188012700	Facets		
243447642800	Facets		
243448168800	Facets		
8672325094471	PCLM	#N/A	#N/A
9222334000758	PCLM	PENDING	PENDING
0212323817518	PCLM	88.72	20,636.85
0212325917525	PCLM	PENDING	PENDING
0212325917528	PCLM	2,222.19	12,524.33
0212332217523	PCLM	14,553.67	23,925.60
4192218690003	PCLM	75.64	12,075.76
4192318191173	PCLM	4,157.28	13,351.28

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
4192334991255	PCLM	8,371.11	18,315.85
4222207092939	PCLM	(0.00)	12,337.57
4222223695003	PCLM	(0.00)	17,500.00
4222228599990	PCLM	9,370.29	14,657.82
4222233390011	PCLM	18,260.37	22,711.75
4222233695614	PCLM	9,194.19	12,482.68
4222236198975	PCLM	40.78	16,728.31
4222302790084	PCLM	8,998.68	17,500.00
4222305301539	PCLM	(0.00)	15,157.75
4222307085243	PCLM	#N/A	#N/A
4222310900763	PCLM	(0.00)	10,166.78
4222311696486	PCLM	3,373.00	12,741.14
4222312596502	PCLM	204.08	12,181.65
4222321497780	PCLM	2,610.47	11,638.19
4222334198757	PCLM	0.00	16,790.47
4222424395521	PCLM	7,485.61	9,929.01
4222432691046	PCLM	0.00	25,445.30
4432207096379	PCLM	0.01	11,126.89
4432207193354	PCLM	4,781.95	11,555.38
4432208703656	PCLM	4,393.35	12,229.86
4432209704030	PCLM	0.00	9,907.94
4432213602762	PCLM	0.00	10,371.27
4432215191674	PCLM	0.00	12,098.65
4432216198820	PCLM	0.00	9,725.42
4432220605537	PCLM	18.41	21,384.66
4432220699366	PCLM	(0.00)	8,769.37
4432221501686	PCLM	(0.00)	30,000.00
4432224500153	PCLM	0.00	12,361.74
4432225500470	PCLM	0.00	14,167.12
4432226400019	PCLM	0.00	27,523.44
4432227398769	PCLM	2,300.56	20,857.25
4432228503899	PCLM	(0.00)	18,436.03
4432228503900	PCLM	0.00	18,436.03
4432228701727	PCLM	0.00	16,795.98
4432229498852	PCLM	2,770.26	13,061.90
4432230004246	PCLM	0.00	13,025.37
4432232591928	PCLM	10,608.35	22,794.28
4432233405242	PCLM	13,150.67	24,223.99
4432300601777	PCLM	30,000.00	30,000.00
4432301802991	PCLM	0.00	12,304.35
4432303490111	PCLM	0.00	18,041.77
4432305897673	PCLM	0.00	13,679.41
4432306802990	PCLM	0.00	14,831.14
4432308705406	PCLM	17,020.18	30,000.00
4432310201694	PCLM	(0.00)	13,203.43

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
4432310996259	PCLM	0.00	13,859.50
4432312493710	PCLM	7,790.59	14,577.52
4432314301266	PCLM	0.00	10,021.16
4432317902078	PCLM	0.00	27,519.00
4432318610956	PCLM	3,580.93	13,979.58
4432319303130	PCLM	9,177.92	18,669.10
4432320292714	PCLM	3,202.05	12,895.24
4432323191839	PCLM	0.00	12,548.52
4432323391398	PCLM	4,258.67	10,789.04
4432323692638	PCLM	0.00	14,846.23
4432325090029	PCLM	4,268.50	15,313.90
4432325090081	PCLM	7,034.14	10,820.22
4432327001248	PCLM	3,388.31	13,387.74
4432328906071	PCLM	9,322.00	17,415.18
4432329700280	PCLM	(0.00)	19,740.56
4432330692639	PCLM	0.00	15,588.27
4432334900540	PCLM	88.81	16,212.23
4432400592126	PCLM	0.00	17,107.33
4432402994711	PCLM	(0.00)	15,786.96
4432404895119	PCLM	2,502.72	13,699.81
4432407892620	PCLM	11,652.54	30,000.00
4432412099968	PCLM	0.00	20,736.12
4432414304112	PCLM	0.00	14,538.07
4432415996927	PCLM	18.34	19,509.92
4432419397656	PCLM	0.00	11,473.55
4432420490057	PCLM	11,789.55	16,215.30
4432422992023	PCLM	0.00	11,936.13
4432426904580	PCLM	0.00	15,152.91
4432427498090	PCLM	198.92	20,185.70
4652211090027	PCLM	0.00	13,466.33
4652222801071	PCLM	(0.00)	18,269.37
4652225092348	PCLM	(0.00)	12,820.67
4652234099483	PCLM	(0.00)	12,851.23
4652236290061	PCLM	10,763.41	26,207.58
4652300601033	PCLM	(0.00)	21,053.05
4652302390230	PCLM	11,367.71	26,459.34
4652305305032	PCLM	0.00	12,254.86
4652306397669	PCLM	2,260.55	12,114.68
4652308199526	PCLM	9,083.31	18,506.14
4652318601373	PCLM	5,384.42	15,005.00
4652318993031	PCLM	18.35	14,845.96
4652318993032	PCLM	0.00	16,322.34
4652320292073	PCLM	0.00	10,498.69
4652322191644	PCLM	13,959.19	14,232.16
4652328490140	PCLM	0.00	14,356.17

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
4652328498898	PCLM	0.00	21,117.70
4652329199091	PCLM	0.00	9,632.15
4652329799402	PCLM	7,478.23	14,687.90
4652330699462	PCLM	439.35	11,911.53
4652333398432	PCLM	18.38	15,311.32
4652401595073	PCLM	0.00	0.00
4652404895905	PCLM	0.00	14,922.27
4652407501593	PCLM	16.19	11,534.88
4652411598647	PCLM	0.00	20,000.00
4652414299012	PCLM	3,578.00	17,648.86
4652419293451	PCLM	0.00	23,495.53
4652427692508	PCLM	0.00	19,116.73
4662222990094	PCLM	(0.00)	20,789.71
4672221093290	PCLM	0.00	25,255.56
4672224991528	PCLM	14,529.35	21,724.52
4672302792656	PCLM	0.00	14,858.50
4672311493049	PCLM	6,773.26	12,816.43
4672328994663	PCLM	26,277.00	30,000.00
4672330790635	PCLM	1,060.30	13,112.61
4672334093627	PCLM	131.93	26,648.44
4672409993111	PCLM	189.09	25,774.08
4672419390005	PCLM	200.32	13,113.72
4672426894487	PCLM	273.55	15,000.00
4682208708066	PCLM	0.00	24,079.37
4682212210044	PCLM	9,117.30	9,117.30
4682213912575	PCLM	(0.00)	20,929.37
4682215409972	PCLM	770.83	9,330.62
4682218306978	PCLM	166.50	16,946.41
4682222814329	PCLM	(0.00)	14,742.25
4682227713197	PCLM	(0.00)	15,392.58
4682228713593	PCLM	0.00	15,112.64
4682230006267	PCLM	332.74	11,840.19
4682230513560	PCLM	3,138.13	14,490.16
4682232509256	PCLM	7,742.98	12,639.21
4682232996998	PCLM	(0.00)	9,634.16
4682233496447	PCLM	11,350.24	12,572.53
4682234911208	PCLM	(0.00)	12,851.23
4682236107880	PCLM	5,875.93	23,075.14
4682301314492	PCLM	1,480.65	15,121.31
4682304418708	PCLM	0.00	19,709.43
4682308815965	PCLM	21,419.25	22,756.51
4682310916435	PCLM	1,473.71	11,690.10
4682318627023	PCLM	5,406.24	12,244.27
4682319190158	PCLM	0.00	10,941.38
4682319308772	PCLM	0.00	11,330.28

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
4682322016115	PCLM	7,993.12	18,760.99
4682324802368	PCLM	9,747.18	13,437.27
4682324890982	PCLM	8,301.49	15,604.04
4682329795207	PCLM	3,654.46	13,827.49
4682331309581	PCLM	14,245.70	27,924.20
4682332597468	PCLM	#N/A	#N/A
4682335311803	PCLM	18.38	18,563.20
4682336001621	PCLM	14,071.56	26,712.83
4682400403505	PCLM	494.15	14,716.56
4682400415505	PCLM	0.00	13,307.91
4682405197907	PCLM	0.00	15,189.09
4682409421858	PCLM	80.43	16,142.74
4682411514890	PCLM	6,169.34	14,898.48
4682411790106	PCLM	0.00	14,373.81
4682411895802	PCLM	(0.00)	15,390.84
4682412415505	PCLM	0.00	15,332.70
4682413206338	PCLM	289.47	22,602.59
4682414606311	PCLM	(0.00)	14,346.13
4682415296819	PCLM	18.34	14,074.47
4682415606573	PCLM	18.34	17,191.26
4682417390034	PCLM	0.00	7,500.00
4682423222902	PCLM	13,897.17	16,152.90
6504152470004	PCLM	#N/A	#N/A
7192220390640	PCLM	0.00	21,665.82
7192226492011	PCLM	0.00	21,498.03
7192234291294	PCLM	0.00	21,724.52
7192320291288	PCLM	4,696.76	11,241.19
7192414290522	PCLM	16,308.41	17,955.34
7222205590036	PCLM	3,003.35	12,437.33
7222220892507	PCLM	(0.00)	17,500.00
7222221790156	PCLM	0.00	10,828.95
7222222799519	PCLM	(0.00)	11,841.01
7222230100059	PCLM	0.00	15,271.33
7222234796781	PCLM	(0.00)	20,510.57
7222301991880	PCLM	17,500.00	17,500.00
7222302698048	PCLM	0.00	17,523.26
7222306391463	PCLM	0.00	13,788.40
7222317998028	PCLM	0.00	22,613.28
7222318691768	PCLM	(0.00)	10,353.59
7222321990068	PCLM	9,027.72	12,160.29
7222322291342	PCLM	487.58	23,712.46
7222330695984	PCLM	0.00	15,000.00
7222335096071	PCLM	6,417.53	17,081.55
7222335293690	PCLM	201.06	11,777.85
7222335490025	PCLM	0.00	15,000.00

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
7222336194564	PCLM	8,712.25	20,658.55
7222400498323	PCLM	7,913.16	17,500.00
7222411590618	PCLM	0.00	20,840.39
7432203803868	PCLM	(0.00)	15,898.55
7432212504175	PCLM	0.00	10,286.19
7432215190440	PCLM	1,956.43	9,495.69
7432216101935	PCLM	0.00	8,855.29
7432216996140	PCLM	(0.00)	11,553.99
7432217893971	PCLM	15.81	9,672.96
7432218998889	PCLM	0.00	12,687.41
7432220691764	PCLM	0.00	14,574.73
7432220892062	PCLM	0.00	14,747.77
7432221602246	PCLM	0.00	23,804.52
7432221694219	PCLM	0.00	17,222.42
7432222801375	PCLM	0.00	12,655.43
7432222999752	PCLM	0.00	18,823.04
7432227003140	PCLM	0.00	11,659.17
7432228090312	PCLM	11,558.81	17,159.35
7432228602765	PCLM	11,480.65	14,959.23
7432229498973	PCLM	10,391.36	22,370.69
7432232990009	PCLM	1,763.93	11,525.33
7432233499917	PCLM	(0.00)	14,950.31
7432234000717	PCLM	0.00	29,137.05
7432300601945	PCLM	(0.00)	21,074.70
7432301392775	PCLM	0.00	22,801.58
7432302099828	PCLM	16,517.38	30,000.00
7432304401032	PCLM	0.00	27,942.48
7432304790844	PCLM	0.00	13,898.86
7432305801552	PCLM	2,435.04	12,465.70
7432306597423	PCLM	0.00	13,823.97
7432308890254	PCLM	6,182.60	12,816.30
7432308996486	PCLM	0.00	13,175.24
7432310804162	PCLM	0.00	13,775.25
7432311697147	PCLM	(0.00)	13,042.55
7432311700172	PCLM	0.00	13,317.25
7432312500324	PCLM	756.94	10,179.77
7432312592526	PCLM	6,573.10	15,772.02
7432317700923	PCLM	8,032.74	17,520.34
7432317793531	PCLM	4,536.36	13,789.96
7432317904688	PCLM	2,081.59	11,751.80
7432318604863	PCLM	350.69	12,616.85
7432319504525	PCLM	7,861.23	12,389.67
7432319898239	PCLM	0.00	12,844.17
7432322607086	PCLM	(0.00)	13,402.94
7432323196253	PCLM	(0.00)	16,462.92

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
7432324190128	PCLM	0.00	16,464.36
7432324305749	PCLM	0.00	14,199.81
7432327597656	PCLM	8,912.73	13,039.80
7432327902392	PCLM	350.05	17,391.01
7432329691252	PCLM	(0.00)	12,764.63
7432330790261	PCLM	6,893.78	11,937.86
7432331098425	PCLM	0.00	30,000.00
7432332501728	PCLM	24,592.34	28,381.13
7432332894320	PCLM	5,608.55	16,734.21
7432332990734	PCLM	9,963.12	12,753.49
7432333399393	PCLM	18.38	17,511.81
7432333399394	PCLM	8,017.53	13,737.26
7432335397467	PCLM	13,145.98	23,203.02
7432336191085	PCLM	10.49	17,482.90
7432336304198	PCLM	1,186.08	10,548.18
7432401590966	PCLM	0.00	14,086.00
7432404403454	PCLM	0.00	19,917.61
7432411504615	PCLM	0.00	21,683.33
7432413591934	PCLM	0.00	17,976.40
7432415996619	PCLM	0.00	15,078.61
7432416390968	PCLM	0.00	16,141.14
7432416797360	PCLM	10,594.72	17,500.00
7432417098699	PCLM	0.00	24,899.18
7432420499004	PCLM	0.00	12,957.31
7432421400164	PCLM	0.00	19,915.27
7432421498817	PCLM	10,340.14	14,548.38
7432427296470	PCLM	200.32	14,573.03
7652207792685	PCLM	2,098.51	10,438.77
7652213901886	PCLM	3,373.62	11,210.13
7652213999065	PCLM	(0.00)	19,473.04
7652218603979	PCLM	(0.00)	13,763.41
7652222099657	PCLM	15.81	14,065.96
7652225690012	PCLM	0.00	14,473.03
7652227798751	PCLM	(0.00)	18,410.00
7652229702031	PCLM	11,328.81	30,000.00
7652233394183	PCLM	0.00	12,263.54
7652234391203	PCLM	18.41	18,696.82
7652234792666	PCLM	7,387.65	8,909.45
7652234804372	PCLM	18.41	16,788.76
7652236492021	PCLM	0.00	11,490.13
7652301900963	PCLM	(0.00)	18,732.25
7652302603014	PCLM	2,875.70	15,860.84
7652308104894	PCLM	0.00	10,971.06
7652320297045	PCLM	312.95	13,802.49
7652321094578	PCLM	8,872.80	11,545.64

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
7652322198162	PCLM	204.08	15,002.18
7652328906894	PCLM	1,313.16	10,326.97
7652334197369	PCLM	0.00	14,234.14
7652334801199	PCLM	0.00	13,536.83
7652335600432	PCLM	4,770.10	13,475.34
7652335600433	PCLM	9,364.25	15,000.00
7652400494111	PCLM	2,940.56	11,823.51
7652400498619	PCLM	312.45	14,643.98
7652401099268	PCLM	284.10	19,479.15
7652401800086	PCLM	3,153.96	14,477.65
7652401905359	PCLM	9,999.43	14,184.99
7652405396477	PCLM	(0.00)	15,000.00
7652408392621	PCLM	0.00	12,733.60
7652408696420	PCLM	0.00	18,029.74
7652410498536	PCLM	18.34	15,289.72
7652410603301	PCLM	585.17	17,500.00
7652411500935	PCLM	331.01	14,741.78
7652411598272	PCLM	13.31	3,817.86
7652413292284	PCLM	0.00	19,399.33
7652413593394	PCLM	(0.00)	14,932.38
7652423400882	PCLM	6.63	83.98
7672227790610	PCLM	(0.00)	30,000.00
7672307092400	PCLM	2,046.55	18,748.90
7672314594418	PCLM	14,539.30	25,624.78
7672327591792	PCLM	6,079.49	25,988.15
7672402693482	PCLM	18,524.18	20,663.74
7672405193382	PCLM	18.34	30,000.00
7672407194868	PCLM	0.00	30,000.00
7672419293317	PCLM	18.34	18,277.47
7682213310525	PCLM	174.27	14,610.21
7682220614260	PCLM	(0.00)	14,158.44
7682222911991	PCLM	0.00	16,800.34
7682229410530	PCLM	11,711.15	16,234.32
7682233413641	PCLM	14,360.49	23,494.18
7682234213345	PCLM	12,945.96	16,009.29
7682234290042	PCLM	0.00	24,676.07
7682236107372	PCLM	2,866.06	13,381.95
7682312495398	PCLM	350.02	16,035.95
7682315110205	PCLM	14,245.70	22,219.55
7682315813309	PCLM	(0.00)	25,170.76
7682317107494	PCLM	0.00	12,635.66
7682317704734	PCLM	0.00	14,452.67
7682320296961	PCLM	0.00	10,877.59
7682325590079	PCLM	0.00	12,403.00
7682329890178	PCLM	3,051.57	12,801.88

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
7682330613875	PCLM	1,483.00	30,000.00
7682331313430	PCLM	(0.00)	13,536.73
7682333310588	PCLM	(0.00)	12,206.66
7682402598038	PCLM	16,439.94	23,181.79
7682407898901	PCLM	0.00	14,197.92
7682409421423	PCLM	(0.00)	22,718.23
7682412415776	PCLM	3,642.02	14,573.97
7682412915850	PCLM	#N/A	#N/A
7682413519854	PCLM	18.34	16,108.71
8192208790905	PCLM	0.00	10,690.35
8192220390917	PCLM	2,977.85	8,845.59
8192226493161	PCLM	90.28	15,942.21
8192308193781	PCLM	4,099.50	16,919.89
8192322690550	PCLM	7,092.22	15,653.12
8192325191441	PCLM	3,937.30	13,679.74
8192401590523	PCLM	14,921.63	28,696.12
8222207702721	PCLM	0.00	15,704.72
8222209005355	PCLM	0.00	14,847.15
8222211607035	PCLM	0.00	9,852.15
8222221098947	PCLM	0.00	16,419.19
8222224100062	PCLM	4,652.57	22,941.60
8222234805222	PCLM	11,438.83	23,112.74
8222235196277	PCLM	206.82	16,126.93
8222301399641	PCLM	(0.00)	17,500.00
8222303102515	PCLM	0.00	11,780.62
8222306398675	PCLM	18.35	20,515.54
8222312800731	PCLM	8,945.92	25,157.03
8222321492745	PCLM	0.00	14,869.33
8222321796654	PCLM	2,319.58	12,590.65
8222322601546	PCLM	9,563.44	24,570.68
8222332897605	PCLM	10,390.53	11,977.57
8222335395544	PCLM	18.38	14,049.02
8222400597521	PCLM	10,314.18	27,033.37
8222405994813	PCLM	331.01	13,929.53
8222409405561	PCLM	(0.00)	18,133.56
8222410090041	PCLM	0.00	15,974.16
8432207009869	PCLM	0.00	12,691.47
8432210505099	PCLM	0.00	14,412.20
8432212202068	PCLM	1,513.74	10,413.50
8432212404410	PCLM	8,475.96	10,467.72
8432215103869	PCLM	(0.00)	14,399.49
8432215898023	PCLM	3,339.56	11,095.63
8432216707869	PCLM	(0.00)	13,680.90
8432219099854	PCLM	3,525.70	11,900.75
8432219404223	PCLM	0.00	11,523.20

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
8432220604157	PCLM	4,368.72	12,772.26
8432220711186	PCLM	0.00	7,686.13
8432223605247	PCLM	(0.00)	21,918.80
8432225611284	PCLM	18.41	19,732.12
8432227702724	PCLM	(0.00)	14,134.12
8432227812641	PCLM	(0.00)	17,091.57
8432230011638	PCLM	0.00	14,204.69
8432230804824	PCLM	0.00	7,775.28
8432232104698	PCLM	(0.00)	16,071.50
8432232505823	PCLM	0.00	19,915.21
8432232901928	PCLM	0.00	17,786.97
8432232992930	PCLM	0.00	16,235.76
8432233396392	PCLM	5,772.03	13,426.24
8432234005678	PCLM	6,566.30	12,379.75
8432234102590	PCLM	0.00	13,821.33
8432234691628	PCLM	6,183.01	12,334.65
8432300607997	PCLM	7,199.40	15,158.61
8432302893714	PCLM	11,367.95	17,933.71
8432306301632	PCLM	0.00	12,704.78
8432307091737	PCLM	0.00	12,006.98
8432308914188	PCLM	6,834.05	13,155.58
8432308915573	PCLM	798.83	8,942.44
8432311405834	PCLM	0.00	11,464.82
8432313111750	PCLM	6,875.68	17,500.00
8432314307030	PCLM	0.00	9,906.01
8432315992651	PCLM	1,206.20	12,321.03
8432316304791	PCLM	4,257.80	13,760.38
8432317290036	PCLM	0.00	9,902.88
8432317912022	PCLM	789.93	10,573.95
8432318606793	PCLM	2,755.21	15,895.71
8432318805762	PCLM	15,511.22	17,400.99
8432318995725	PCLM	9,549.77	18,159.99
8432319597697	PCLM	11,566.38	16,202.51
8432319906005	PCLM	(0.00)	21,235.75
8432320090040	PCLM	7,584.74	12,412.30
8432325091352	PCLM	0.00	18,315.07
8432327590509	PCLM	(0.00)	15,195.05
8432329705281	PCLM	0.00	20,602.58
8432330301571	PCLM	13,348.41	15,580.17
8432330307938	PCLM	9,635.42	22,914.02
8432330606209	PCLM	7,274.90	17,274.33
8432330694009	PCLM	10,919.30	17,121.95
8432331792056	PCLM	0.00	13,985.68
8432331800906	PCLM	0.00	19,182.22
8432332007146	PCLM	18.38	11,248.76

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
8432332490981	PCLM	0.00	12,577.44
8432332893400	PCLM	715.33	11,039.17
8432333303936	PCLM	178.33	11,237.16
8432334295324	PCLM	5,655.37	19,087.93
8432334905754	PCLM	(0.00)	17,500.00
8432334910713	PCLM	0.00	15,898.94
8432334996858	PCLM	0.00	14,356.55
8432335301010	PCLM	14,834.96	15,981.83
8432335701507	PCLM	2,790.37	13,580.76
8432336097656	PCLM	(0.00)	22,375.67
8432336103800	PCLM	202.49	15,452.72
8432400493117	PCLM	7,818.98	13,063.97
8432401002811	PCLM	(0.00)	19,541.25
8432401806565	PCLM	10,173.57	13,462.22
8432401998931	PCLM	1,295.53	11,414.41
8432402406019	PCLM	0.00	13,644.35
8432402603864	PCLM	0.00	14,404.09
8432402903650	PCLM	0.00	20,249.21
8432404009105	PCLM	18.34	12,366.87
8432405803700	PCLM	0.00	9,876.51
8432407506038	PCLM	2,806.08	13,362.03
8432407509642	PCLM	0.00	17,500.00
8432411502895	PCLM	5,365.93	17,341.24
8432411702673	PCLM	(0.00)	12,071.11
8432412790089	PCLM	18.34	18,079.58
8432413592958	PCLM	1,513.72	10,557.80
8432414202671	PCLM	0.00	18,912.42
8432414292291	PCLM	14,749.38	16,430.16
8432416590079	PCLM	(0.00)	13,609.74
8432420703775	PCLM	1,134.67	12,175.40
8432421402490	PCLM	87.62	15,558.24
8432421492791	PCLM	0.00	13,710.63
8432427490331	PCLM	0.00	13,573.11
8652204792881	PCLM	0.00	10,277.60
8652205095295	PCLM	0.00	7,801.86
8652212000751	PCLM	287.17	21,860.93
8652213302244	PCLM	4,487.73	17,500.00
8652213903826	PCLM	0.00	10,816.10
8652216590262	PCLM	3,777.31	12,014.72
8652219402422	PCLM	0.00	11,757.50
8652219410851	PCLM	182.90	21,133.51
8652220006830	PCLM	0.00	8,533.44
8652222707365	PCLM	4,702.23	20,543.92
8652222992841	PCLM	0.00	16,408.83
8652224405165	PCLM	0.00	13,408.59

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
8652225693225	PCLM	185.35	24,180.12
8652227110474	PCLM	(0.00)	15,188.46
8652227704061	PCLM	0.00	14,761.21
8652227794677	PCLM	7,502.74	13,253.94
8652228793726	PCLM	9,277.93	16,885.10
8652229591948	PCLM	0.00	20,410.88
8652229591949	PCLM	0.00	13,388.51
8652233405029	PCLM	6,817.08	19,033.39
8652236290066	PCLM	0.00	26,940.43
8652300696025	PCLM	0.00	30,000.00
8652302606735	PCLM	(0.00)	10,736.18
8652307503045	PCLM	1,888.81	12,279.34
8652311097278	PCLM	1,407.34	10,322.39
8652315009199	PCLM	88.72	13,056.56
8652317192326	PCLM	0.00	13,017.20
8652319300235	PCLM	1,798.72	12,199.30
8652320293120	PCLM	8,980.15	18,233.75
8652320506244	PCLM	17.28	14,756.56
8652322190250	PCLM	#N/A	#N/A
8652324895950	PCLM	0.00	12,971.16
8652326101869	PCLM	0.00	15,000.00
8652328201112	PCLM	19,626.43	20,552.15
8652329699726	PCLM	(0.00)	16,000.80
8652330703868	PCLM	25,871.88	30,000.00
8652331290043	PCLM	18.38	17,500.00
8652332893415	PCLM	(0.00)	11,070.47
8652335201060	PCLM	6,585.69	16,623.32
8652335301457	PCLM	0.00	18,880.72
8652335390483	PCLM	10,713.36	17,500.00
8652335690107	PCLM	5,360.29	14,489.69
8652336091484	PCLM	3,703.41	14,489.14
8652336096355	PCLM	8,074.80	15,000.00
8652400500707	PCLM	0.00	16,666.93
8652400500804	PCLM	190.67	15,000.00
8652405901371	PCLM	0.00	21,151.25
8652406096277	PCLM	(0.00)	2,634.83
8652407503504	PCLM	(0.00)	17,196.49
8652409903299	PCLM	0.00	12,551.77
8652413805048	PCLM	5,282.92	22,693.61
8652415109247	PCLM	271.14	15,000.00
8652430604817	PCLM	0.00	10,126.50
8672221696003	PCLM	(0.00)	11,232.69
8672230098005	PCLM	16,516.31	19,988.45
8672231893986	PCLM	0.00	7,042.93
8672300695718	PCLM	206.82	21,797.80

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
8672315094460	PCLM	9,919.25	11,986.45
8672325084471	PCLM	16,285.04	30,000.00
8672414294546	PCLM	18.34	14,185.77
8682207019535	PCLM	#N/A	#N/A
8682210517905	PCLM	0.00	11,505.92
8682212288865	PCLM	632.12	12,914.81
8682219947557	PCLM	174.27	15,402.39
8682221509006	PCLM	0.00	15,179.07
8682223600242	PCLM	(0.00)	17,884.59
8682224590166	PCLM	5,256.16	12,450.49
8682229941069	PCLM	0.00	12,673.99
8682232920950	PCLM	0.00	15,990.94
8682232945896	PCLM	18.41	14,286.36
8682234026696	PCLM	(0.00)	8,984.80
8682234126469	PCLM	(0.00)	10,994.36
8682301607373	PCLM	6,771.35	10,188.75
8682301925615	PCLM	0.00	9,177.62
8682302701492	PCLM	9,620.58	13,340.72
8682303430441	PCLM	18.35	12,067.35
8682306305252	PCLM	222.43	13,646.24
8682310706255	PCLM	8,096.48	13,186.68
8682311798545	PCLM	330.42	14,432.24
8682313826269	PCLM	1,953.64	17,736.21
8682314533834	PCLM	3,835.38	12,316.10
8682315006653	PCLM	(0.00)	18,648.77
8682315118033	PCLM	1,190.28	14,010.67
8682317801070	PCLM	2,282.42	11,959.17
8682318645506	PCLM	88.72	18,342.08
8682319893336	PCLM	4,284.38	13,652.52
8682320307249	PCLM	330.42	19,338.73
8682320517803	PCLM	497.41	13,253.06
8682322001680	PCLM	151.46	25,323.00
8682324809326	PCLM	0.00	2,352.96
8682325400735	PCLM	9,143.39	15,135.55
8682325413916	PCLM	8,762.21	13,350.63
8682331094007	PCLM	#N/A	#N/A
8682332501089	PCLM	0.00	21,702.37
8682332905635	PCLM	309.68	15,237.23
8682336007277	PCLM	3,008.17	13,511.12
8682402524031	PCLM	202.49	22,379.76
8682403217938	PCLM	0.00	17,023.79
8682404036449	PCLM	0.00	14,517.82
8682405995102	PCLM	3,937.81	12,407.95
8682406213501	PCLM	87.62	19,440.87
8682406526792	PCLM	0.00	14,654.78

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
8682410908654	PCLM	3,597.69	30,000.00
8682411541080	PCLM	(0.00)	24,247.28
8682421817460	PCLM	18.34	13,922.75
8682426829882	PCLM	0.00	13,827.81
9192206793387	PCLM	0.00	17,500.00
9192208090061	PCLM	4,212.98	12,340.58
9192232192454	PCLM	0.00	17,500.00
9192321491699	PCLM	1,230.03	10,598.17
9222205292164	PCLM	7,667.06	8,862.12
9222224903209	PCLM	0.00	15,324.44
9222231194975	PCLM	407.87	14,502.83
9222231897371	PCLM	0.00	18,740.61
9222233090883	PCLM	14,734.56	24,396.48
9222235600647	PCLM	3,381.76	12,318.67
9222235700190	PCLM	0.00	12,269.08
9222236596618	PCLM	0.00	29,603.61
9222300602092	PCLM	15,038.11	29,978.82
9222308303583	PCLM	18.35	14,043.24
9222308995755	PCLM	331.67	14,152.63
9222310200755	PCLM	(0.00)	14,666.74
9222311090286	PCLM	0.00	30,000.00
9222311605310	PCLM	0.00	26,243.51
9222312993247	PCLM	(0.00)	12,419.83
9222316703878	PCLM	2,593.02	18,978.28
9222322906174	PCLM	7,165.34	11,147.68
9222323196358	PCLM	0.00	12,343.61
9222331391202	PCLM	220.87	19,865.01
9222332191892	PCLM	5,939.48	16,824.93
9222335699792	PCLM	0.00	17,500.00
9222336093606	PCLM	14,261.79	18,864.71
9222405102118	PCLM	4,987.78	12,039.52
9222405201881	PCLM	4,107.66	18,155.30
9222409996220	PCLM	(0.00)	18,650.46
9222410601152	PCLM	0.00	13,648.55
9222410992766	PCLM	(0.00)	16,583.96
9222413490112	PCLM	0.00	20,547.48
9222413495123	PCLM	390.39	15,403.45
9432207009718	PCLM	0.00	10,123.77
9432211506813	PCLM	(0.00)	17,027.00
9432211613066	PCLM	0.00	14,725.59
9432212201957	PCLM	0.00	15,073.13
9432213604106	PCLM	(0.00)	14,783.21
9432213611085	PCLM	0.00	11,070.86
9432213700274	PCLM	11,864.86	11,864.86
9432216411233	PCLM	0.00	10,458.02

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9432217100538	PCLM	(0.00)	10,365.87
9432217310577	PCLM	3,585.17	11,318.83
9432220904687	PCLM	0.00	9,849.47
9432222004631	PCLM	0.00	10,761.10
9432222004807	PCLM	0.00	13,864.55
9432222096049	PCLM	0.00	13,993.12
9432224106891	PCLM	3,755.01	25,282.89
9432224106914	PCLM	5,587.40	16,767.17
9432226405375	PCLM	350.69	18,126.65
9432226408196	PCLM	0.00	13,831.45
9432227008733	PCLM	(0.00)	11,750.01
9432227702879	PCLM	0.00	13,175.28
9432228494271	PCLM	20,287.38	22,432.43
9432230009689	PCLM	14,289.44	14,558.71
9432230106258	PCLM	297.10	14,246.78
9432230108489	PCLM	0.00	18,210.82
9432230504818	PCLM	11,220.08	21,611.44
9432230505086	PCLM	10,549.97	27,066.28
9432233404867	PCLM	5,950.96	24,035.36
9432234112062	PCLM	(0.00)	13,093.73
9432234301973	PCLM	0.00	14,372.67
9432235415295	PCLM	3,929.65	15,517.57
9432236102126	PCLM	0.00	16,618.22
9432236592576	PCLM	0.00	17,281.75
9432301904190	PCLM	0.00	14,138.79
9432302800551	PCLM	2,349.56	12,182.04
9432303005372	PCLM	7,832.49	18,183.46
9432303202096	PCLM	3,965.71	13,671.04
9432305120761	PCLM	0.00	16,250.41
9432305191579	PCLM	6,421.52	13,766.57
9432308194274	PCLM	(0.00)	13,317.25
9432312104614	PCLM	0.00	16,792.37
9432312511506	PCLM	2,413.26	11,836.09
9432313704837	PCLM	18.35	11,798.07
9432313791333	PCLM	0.00	10,757.94
9432313993432	PCLM	18.35	17,972.73
9432314393951	PCLM	0.00	12,641.29
9432316300332	PCLM	14,763.74	17,135.59
9432317390118	PCLM	3,940.63	16,720.56
9432319413256	PCLM	9,998.52	19,559.39
9432319413258	PCLM	0.00	16,378.65
9432319512514	PCLM	(0.00)	16,439.64
9432320206176	PCLM	8,672.42	11,992.61
9432320590041	PCLM	(0.00)	18,334.85
9432320807258	PCLM	9,068.81	16,044.41

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9432322090046	PCLM	1,429.14	10,253.69
9432323199202	PCLM	9,665.33	13,071.57
9432323605399	PCLM	(0.00)	13,396.77
9432324897695	PCLM	0.00	23,636.98
9432324904327	PCLM	0.00	16,628.87
9432325401147	PCLM	0.00	12,844.17
9432327094979	PCLM	0.00	15,763.43
9432329105890	PCLM	0.00	22,365.62
9432329105913	PCLM	17,767.32	22,333.79
9432329105920	PCLM	(0.00)	12,789.80
9432329690278	PCLM	18.38	17,162.47
9432329706030	PCLM	7,413.28	16,829.02
9432331205683	PCLM	190.67	18,688.32
9432332006659	PCLM	16.77	11,620.08
9432332990751	PCLM	2,771.17	13,789.78
9432334100315	PCLM	18.38	13,083.09
9432334508995	PCLM	0.00	15,385.79
9432334927622	PCLM	10,284.24	26,328.88
9432335694401	PCLM	0.00	12,214.00
9432336308388	PCLM	(0.00)	14,338.87
9432400407932	PCLM	(0.00)	13,418.40
9432400407954	PCLM	4,484.53	15,114.77
9432400493159	PCLM	(0.00)	17,647.78
9432401810638	PCLM	0.00	17,008.65
9432401810639	PCLM	6,024.81	17,574.61
9432402502718	PCLM	18.38	21,934.13
9432403303923	PCLM	0.00	13,330.73
9432403707291	PCLM	0.00	17,618.26
9432405094803	PCLM	0.00	18,505.22
9432405901327	PCLM	18.34	14,182.29
9432405999828	PCLM	0.00	18,353.09
9432407595987	PCLM	(0.00)	13,666.77
9432409902525	PCLM	0.00	13,968.65
9432410493693	PCLM	7,404.11	12,972.31
9432410710363	PCLM	0.00	22,621.50
9432410906436	PCLM	0.00	11,956.99
9432411501793	PCLM	0.00	29,660.97
9432411502840	PCLM	0.00	16,382.43
9432411604640	PCLM	8,410.66	24,212.51
9432412005201	PCLM	0.00	19,040.22
9432412402635	PCLM	#N/A	#N/A
9432412501078	PCLM	(0.00)	15,320.77
9432413498094	PCLM	(0.00)	13,417.80
9432414202312	PCLM	0.00	23,357.08
9432414311519	PCLM	18.34	15,244.94

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9432414692411	PCLM	3,692.44	14,731.83
9432417708238	PCLM	206.88	20,449.56
9432420092728	PCLM	0.00	22,025.25
9432421403233	PCLM	(0.00)	13,298.36
9432421403759	PCLM	10,267.11	16,014.95
9432421600972	PCLM	0.00	13,515.36
9432424095075	PCLM	0.00	9,922.93
9432426013174	PCLM	200.32	13,845.90
9432426092623	PCLM	18.34	13,227.38
9652207011091	PCLM	4,557.12	12,408.28
9652211611762	PCLM	0.00	10,096.33
9652212201078	PCLM	1,574.65	9,595.75
9652212693449	PCLM	0.00	9,748.32
9652215290090	PCLM	4,220.26	8,554.06
9652217802040	PCLM	0.00	30,000.00
9652217804553	PCLM	0.00	11,690.09
9652219499891	PCLM	0.00	15,248.88
9652220390068	PCLM	0.00	11,972.35
9652221607737	PCLM	1,699.95	12,578.63
9652223604072	PCLM	18.41	20,086.70
9652226403015	PCLM	18.40	15,437.52
9652226590026	PCLM	(0.00)	26,439.42
9652227304055	PCLM	8,926.98	10,974.44
9652227993816	PCLM	12,443.85	24,785.69
9652228705991	PCLM	12,504.72	20,000.00
9652228794652	PCLM	206.82	26,754.10
9652230813456	PCLM	(0.00)	9,559.19
9652231697678	PCLM	22,772.18	26,855.30
9652231891693	PCLM	0.00	18,088.91
9652233094335	PCLM	2,075.27	10,572.71
9652233404662	PCLM	18.26	16,894.08
9652234707867	PCLM	(0.00)	10,286.25
9652235396133	PCLM	0.00	22,403.13
9652235794345	PCLM	0.00	15,564.36
9652236110436	PCLM	7,547.39	9,931.03
9652300606924	PCLM	77.18	11,099.05
9652301805090	PCLM	(0.00)	12,652.81
9652304404435	PCLM	0.00	17,468.57
9652306803567	PCLM	0.00	15,000.00
9652307097655	PCLM	4,170.28	16,664.86
9652308999017	PCLM	(0.00)	11,431.82
9652309594545	PCLM	1,587.04	11,803.43
9652310997558	PCLM	7,938.44	17,500.00
9652317192535	PCLM	0.00	12,263.42
9652319903821	PCLM	0.00	11,695.65

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9652321411751	PCLM	18.38	17,500.00
9652322792092	PCLM	0.00	14,299.78
9652324894416	PCLM	17.30	14,105.59
9652326490039	PCLM	(0.00)	15,805.06
9652326800280	PCLM	0.00	14,309.17
9652327605925	PCLM	13,126.05	24,787.31
9652330690039	PCLM	8,344.45	14,945.40
9652331103580	PCLM	1,326.27	13,174.28
9652331792763	PCLM	18.38	19,002.57
9652332593475	PCLM	(0.00)	16,159.30
9652401591470	PCLM	0.00	15,800.11
9652407111638	PCLM	2,252.03	18,892.56
9652407392528	PCLM	380.90	20,665.69
9652407503024	PCLM	104.85	1,651.83
9652407805859	PCLM	0.00	16,285.54
9652408302102	PCLM	(0.00)	10,189.05
9652409005232	PCLM	0.00	2,914.50
9652409096220	PCLM	188.54	13,915.25
9652410906957	PCLM	4,267.49	14,578.71
9652412293526	PCLM	0.00	12,319.93
9652412593519	PCLM	0.00	30,000.00
9652413299892	PCLM	0.00	25,156.48
9652414203662	PCLM	1,638.06	16,158.02
9652415991397	PCLM	0.00	15,963.52
9652420090055	PCLM	87.62	30,000.00
9652429290018	PCLM	180.58	14,507.61
9652431005234	PCLM	(0.00)	16,308.71
9672213394468	PCLM	250.15	21,568.77
9672213691952	PCLM	3,505.50	9,737.37
9672214595269	PCLM	(0.00)	17,346.57
9672221090867	PCLM	15.81	14,072.06
9672222994144	PCLM	0.00	28,001.08
9672227791167	PCLM	243.65	30,000.00
9672229492203	PCLM	393.66	17,221.69
9672231192836	PCLM	0.00	30,000.00
9672315795848	PCLM	0.00	19,452.38
9672318094581	PCLM	0.00	22,704.64
9672319691575	PCLM	5,097.72	17,071.49
9672329190946	PCLM	0.00	18,026.22
9672329794503	PCLM	36.76	17,058.46
9672331195230	PCLM	7,389.22	11,359.45
9672404892828	PCLM	13,741.36	19,127.43
9672415692781	PCLM	18.34	18,530.84
9672420794523	PCLM	(0.00)	12,474.72
9682205093385	PCLM	0.00	13,609.50

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9682208017398	PCLM	6,708.70	14,592.74
9682209031029	PCLM	0.00	11,936.42
9682211225459	PCLM	0.00	12,388.38
9682213133901	PCLM	0.00	12,465.09
9682213638600	PCLM	1,721.23	7,525.97
9682215811087	PCLM	0.00	17,293.37
9682216695265	PCLM	0.00	15,141.65
9682218919835	PCLM	15.81	10,396.60
9682220090059	PCLM	6,390.44	27,667.91
9682221628559	PCLM	1,209.32	7,325.57
9682224935992	PCLM	0.00	19,847.39
9682227125117	PCLM	162.75	9,977.15
9682227198406	PCLM	0.00	12,495.37
9682227323916	PCLM	3,758.55	12,910.42
9682227324242	PCLM	18.41	12,061.85
9682227992535	PCLM	3,622.21	13,836.27
9682228030238	PCLM	10,462.50	14,830.19
9682228725365	PCLM	3,860.84	14,291.09
9682230727516	PCLM	(0.00)	15,240.62
9682232126921	PCLM	5,518.35	16,873.20
9682232735654	PCLM	3,720.90	25,196.66
9682233332368	PCLM	11,218.18	14,953.22
9682234027756	PCLM	0.00	13,376.12
9682234098452	PCLM	2,791.55	18,703.48
9682234407569	PCLM	(0.00)	30,000.00
9682235630046	PCLM	0.00	29,470.06
9682300307388	PCLM	15,285.00	19,368.20
9682303115907	PCLM	2,928.80	13,327.68
9682303138492	PCLM	3,742.98	14,350.16
9682304412327	PCLM	0.00	9,063.97
9682306521455	PCLM	0.00	20,871.58
9682307013112	PCLM	(0.00)	20,247.32
9682308919902	PCLM	0.00	18,015.48
9682309022331	PCLM	(0.00)	16,399.92
9682309509012	PCLM	9,647.88	14,690.78
9682309526408	PCLM	0.00	12,672.06
9682309539981	PCLM	(0.00)	12,893.48
9682310319572	PCLM	0.00	14,359.32
9682310937342	PCLM	0.00	14,626.81
9682310937343	PCLM	(0.00)	20,253.21
9682312413481	PCLM	0.00	12,230.65
9682316321803	PCLM	0.00	14,099.03
9682320518208	PCLM	311.15	14,254.93
9682321404867	PCLM	(0.00)	14,985.96
9682321990126	PCLM	0.00	13,662.90

Claim ICN	Engine	CLIENT FEES - NET	CLIENT FEES - ORIGINAL
9682323629469	PCLM	18.38	21,071.08
9682324808660	PCLM	0.00	22,478.85
9682325636625	PCLM	18.38	13,278.52
9682325800567	PCLM	0.00	21,717.91
9682326227630	PCLM	171.80	14,020.90
9682328497915	PCLM	8,010.16	19,310.63
9682328920511	PCLM	204.08	17,159.07
9682331724016	PCLM	8,992.32	14,213.76
9682332590208	PCLM	142.60	12,711.78
9682332623994	PCLM	#N/A	#N/A
9682332690028	PCLM	(0.00)	11,579.70
9682335514073	PCLM	8,446.99	14,522.58
9682400814888	PCLM	18.38	12,592.83
9682402525179	PCLM	#N/A	#N/A
9682406197671	PCLM	(0.00)	9,867.05
9682406211453	PCLM	18.34	19,518.90
9682408020986	PCLM	0.00	23,551.68
9682408316758	PCLM	0.00	14,088.42
9682409922060	PCLM	20.88	16,074.89
9682410631726	PCLM	18.34	13,103.50
9682411013029	PCLM	4,887.14	13,237.58
9682411626300	PCLM	(0.00)	9,469.35
9682411690526	PCLM	18.34	14,051.40
9682412500665	PCLM	#N/A	#N/A
9682413206113	PCLM	0.00	20,831.01
9682413690202	PCLM	0.00	13,423.62
9682418425825	PCLM	0.00	17,228.95
9682420429703	PCLM	0.00	16,013.12
9682421499906	PCLM	(0.00)	13,481.49
9682421814486	PCLM	0.00	18,216.23
9682431000997	PCLM	200.32	18,968.87
1009072370005	PMHS	9,636.51	15,871.91
1704072270379	PMHS	0.00	3,124.44
1705022270199	PMHS	0.00	4,390.55
1706202370010	PMHS	4,976.05	4,976.05
1708312370091	PMHS	4,976.05	4,976.05

General Information

Case Name	Guardian Flight LLC et al v. AETNA Life Insurance Company Inc et al
Court	U.S. District Court for the District of Connecticut
Date Filed	Thu Apr 11 00:00:00 EDT 2024
Judge(s)	Michael P. Shea
Federal Nature of Suit	Statutes: Other Statutory Actions [890]
Docket Number	3:24-cv-00680
Parties	AETNA Life Insurance Company Inc; Global Medical Response, Inc.; REACH Air Medical Services, LLC; CVS Pharmacy, Inc.; Cigna Health and Life Insurance Co.; Reach Air Medical Services LLC; Aetna Health Inc; Aetna Health and Life Insurance Company; CVS Health Corporation; Calstar Air Medical Services, LLC; Med-Trans Corporation; Air Evac EMS, Inc.; Guardian Flight LLC; AirMed International, LLC