

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

GUARDIAN FLIGHT, LLC, <i>et al.</i>, <i>Plaintiffs,</i> v. AETNA LIFE INSURANCE COMPANY, <i>et al.</i>, <i>Defendants.</i>	§ § § § § § § § § §	Civil Action No. 3:24-cv-00680-MPS
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AETNA’S NOTICE OF COMPLIANCE

Pursuant to the Court’s Order of October 1, 2026 at ECF No. 411 (the “Order”), Aetna respectfully notifies the Court that the following documents are attached for public filing with redactions as follows:

1. Attachment 1: Exhibit 6 to Aetna’s Local Rule 56(a)2 Statement of Facts in Opposition to Plaintiffs’ Summary Judgment Motion (Located at Doc. 373-6) with the ordered redaction.

2. Attachment 2: Exhibit 16 to Aetna’s Local Rule 56(a)2 Statement of Facts in Opposition to Plaintiffs’ Summary Judgment Motion (Located at Doc. 373-16) with the ordered redactions on pages 14, 22-24. Consistent with the ordered redaction and out of an abundance of caution, Aetna has further redacted Member Identification Numbers on pages 22-24. Should the Court direct otherwise with respect to these Member Identification Numbers, Aetna will promptly refile.

Respectfully Submitted,

By: /s/ M. Katherine Strahan

John B. Shely (*admitted pro hac vice*)
Texas State Bar No. 18215300
jshely@hicks-thomas.com
M. Katherine Strahan (*admitted pro hac vice*)
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**ATTORNEYS FOR DEFENDANTS
AETNA HEALTH INC., AETNA LIFE
INSURANCE COMPANY INC. AND AETNA
HEALTH AND LIFE INSURANCE CO.**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was filed electronically on October 6, 2026. Notice of this filing will be sent by operation of the Court's electronic filing system to all parties indicated on the electronic filing receipt.

/s/ M. Katherine Strahan
M. Katherine Strahan

ATTACHMENT 1
to Aetna's Notice of Compliance
(Original Document Located Under
Seal at ECF No. 373-6)

Call Number 0623015918A Leg: 1 Patient 1 of 1

Call # 0623015918A Type IDR IDR Balance 41,462.40

Account # GF000050108 Name [REDACTED]

Call Date 06/06/2023 Company GFL026 Guardian Flight LLC Kotzebue Agency Guardian Flight LLC Kotzebue

Current Payer Aetna Lexington - Insurance Primary Incident Number [REDACTED]

Schedule IDR CPP-30 IDR Cmpl-Pndng Pmt > 30 days Event FU IDR Complete-Pending Pmt NEMESIS_PCR

Billing Review Status [REDACTED] Medical Review Status [REDACTED] Dispatch Number 0623015918A

Member Status [REDACTED] Member [REDACTED]

Locations-1 Unit / Crew-2 Times Billing Reasons-X Charges Statistics Response Situation HIPAA A-5 Narrative HIPAA NC-Z HIPAA A-5

Vitals-4 Exam Cardiac Trauma MedHx-0 Claim Status History Alerts-J Comments Collections-K Attachments-8

Edit Collections and Call Backs

Posted	User	Narrative	Collection N	Call Back Date / Time	Call Back User	Call Back Completed
01/03/2025 11:00	morrison	SPNNM	Reviewed			
01/03/2025 11:00	morrison	FYI	FYI: RECENT			
01/03/2025 11:00	morrison	CPI	Received re			
01/03/2025 11:00	morrison	EMAILSE	An email w			
01/03/2025 11:00	morrison	W	All steps co			
01/07/2025 11:00	arnoldt	NCSFU	Entered cal			
01/07/2025 11:00	arnoldt	SPNNM	Reviewed			
01/07/2025 11:00	arnoldt	FYI	FYI: OPENE			
01/07/2025 11:00	arnoldt	CPI	Received re			
01/07/2025 11:00	arnoldt	EMAILSE	An email w			
01/07/2025 11:00	arnoldt	W	All steps co			

Narrative ID CPI

Received remittance advice. Called payer regarding payment/denial issue. CALLED AETNA - 888-632-3862 TALKED TO LAUREN - CLAIM E8PC6WY4H00 - CLAIM DID NOT PROCESS WITH NSA BECAUSE PT DID NOT ENROLL IN MEDICARE. I ASKED FOR CLAIM TO BE SENT BACK BECAUSE IT SHOULDOVE. UNABLE TO SEND BACK. MEMBER CAN CALL IN AND HAVE REP REPROCESSED. REFERENCE # 187467157

ATTACHMENT 2
to Aetna's Notice of Compliance
(Original Document Located Under
Seal at ECF No. 373-16)

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 KATHERINE O'BRIEN

I, Katherine O'Brien, declare:

1. My name is Katherine O'Brien. I am over the age of twenty-one and am fully able and competent to make this declaration. I make this declaration upon my personal knowledge, and all statements contained herein are true and correct.

2. I am employed on behalf of Aetna Life Insurance Company ("Aetna") as a Senior Project Manager, Project Management, CSO Strategic Initiatives. I have been employed by Aetna in various roles since December of 1997. Through my various roles at Aetna, I am familiar with the manner in which Aetna's business records described in this Declaration are created and maintained, including Explanations of Benefits, internal claims processing policies, and records pertaining to the Independent Dispute Resolution ("IDR") process under the No Surprises Act ("NSA").

3. I have been personally involved with Aetna's operations concerning open negotiations and the IDR process under the NSA since 2021, when Aetna began preparing for the implementation of the NSA as of January 1, 2022.

4. Aetna has established a dedicated e-mail address to receive IDR awards from Independent Dispute Resolution Entities (“IDREs”); however, in my experience, IDREs do not always use the correct e-mail address.

5. Aetna receives IDR awards by email from the IDREs. When the email is received, personnel from Aetna’s Surprise Bill Review Team (“SBRT”) must evaluate each award issued, log the information, and, if applicable, send the claim to be reprocessed through Aetna’s claims adjudication system, or to be “reworked.” Awards where additional payment is due are prioritized for rework.

6. SBRT’s evaluation of the award includes, for example, whether the service or supply is eligible and whether or not the award is on a claim submitted under a plan for which Aetna currently provides claims administrative services such that the claim can be reprocessed through the claim system. For example, if an award is issued on a claim that was originally processed many months ago under a self-funded plan (i.e., one that is not insured by Aetna) and the plan’s relationship with Aetna terminated since then, the claim cannot be reworked through the claim processing system. In that scenario, Aetna no longer has access to the plan funds to process any additional amounts under the award.

7. This evaluation of the award is a necessary part of the IDR process, but in my experience, this part of the process takes only minutes or an hour or two at the most. Until early 2025, Aetna was paying ineligible awards in many cases, as reflected in SBRT’s written policy documents.

8. SBRT is responsible for the receipt and assessment of IDR awards for eligibility and routing claims to rework for additional payment. SBRT does not have any knowledge or

information regarding the truth of the information submitted by the provider in its blinded IDR submission, and SBRT sends the claim for payment based on the award itself.

9. Attached hereto as Exhibit A is a true and correct copy of a portion of Aetna's written policy regarding IDR determinations as it relates to claims sent for rework following receipt of an IDR award. This policy has been in effect since January 19, 2024.

10. Attached hereto as Exhibit B is a true and correct copy of the portion of Aetna's written policy to issue any additional payment within 30 days after an IDR determination is received. This policy has been in effect since February 18, 2025.

11. Attached hereto as Exhibit C is a document Bates numbered Guardian00016842, entitled Standard Paper Remittance, which reflects Meritain Health as the payer. Meritain Health is a separate entity, and Aetna does not administer Meritain claims. Meritain administers its own claims and separate IDR process from any IDR process of Aetna.

12. Attached hereto as Exhibit D is a true and correct copy of the Open Negotiation Notice and corresponding email sent on April 30, 2024.

13. Attached hereto as Exhibit E are true and correct copies of certain Explanations of Benefits issued by Aetna in connection with the IDR determinations that I understand are included in this lawsuit.

14. Attached hereto as Exhibit F are true and correct copies of Aetna system records. The first page of Exhibit F (AET-0015503) reflects the membership termination details for a member enrolled in a health plan sponsored by The New York Blower Company (Claim ID: E1AC63XZ900). The record shows that the member's Aetna Choice POS II and PPO Dental 2000 coverages were terminated effective August 19, 2023. This document is maintained as a business record of Aetna as described in Paragraph 23.

15. The second page of Exhibit F (AET-0015587) reflects the account status for plan sponsor Pacific Cycle Inc., DBA: Dorel Sports (Claim ID: EM363VMW600, CSA 0148513). The record shows that the account status is “Closed Account” and the control status is “Cancelled” as of February 25, 2025. This document is maintained as a business record of Aetna as described in Paragraph 23.

16. Attached hereto as Exhibit G is a true and correct copy of a Notice of IDR Initiation (Dispute Reference Number DISP-1545536) that Aetna received through the Federal IDR Portal, initiated by REACH Air Medical Services LLC on July 16, 2024, concerning an out-of-network air ambulance service.

17. Attached hereto as Exhibit H is a true and correct copy of a Medical Plan Description for the Retirees Choice POS II and Indemnity (Traditional Choice) Medical Plans, prepared for the State Teachers Retirement System of Ohio (“STRS Ohio”) (Contract Number ASA-0351630-A, Control Number 232351), with a plan effective date of January 1, 2024 and a plan issue date of August 20, 2023. State Teachers Retirement System of Ohio is a plan sponsor for at least one of the claims that I understand is included in this lawsuit.

18. Attached hereto as Exhibit I is a true and correct copy of an email sent by Amy Hegg to CMS at [federalidrquestions@cms.hhs.gov] on November 3, 2023, on which I was copied, raising significant concerns about the return to a three-day turnaround time, detailing Aetna’s large and growing IDR inventory, and requesting that CMS extend the ten-business-day extension for applications through the remainder of 2023.

19. Attached hereto as Exhibit J is a true and correct copy of an email sent from Aetna’s FederalNSAIDR mailbox to CMS at [FederalIDRQuestions@cms.hhs.gov] on November 2, 2022,

on which I was copied, reporting that the Federal IDR Portal's submit button was not functioning and that SBRT was unable to submit responses for disputes.

20. Attached hereto as Exhibit K is a true and correct copy of an email I sent to CMS at [federalidrquestions@cms.hhs.gov] on March 2, 2023, requesting a report from the Federal IDR Portal of all determined cases for air ambulance submissions, in order for Aetna to ensure compliance with the Federal IDR Process and proper payment of amounts owed to initiating parties where Aetna was not the prevailing party.

21. Attached hereto as Exhibit L is a true and correct copy of an email sent from Aetna's FederalNSAIDR mailbox to CMS at [federalidrquestions@cms.hhs.gov] on November 26, 2024, on which I was copied, reporting that the IDR Portal was blocking uploads for both Final Offers and application responses, causing a work stoppage, and requesting urgent correction and extensions on affected deadlines.

22. Attached hereto as Exhibit M is a true and correct copy of an email sent by Amy Hegg, Manager, Project Management, to the Centers for Medicare and Medicaid Services ("CMS") designated email address [federalidrquestions@cms.hhs.gov] on June 13, 2024, on which I was copied, reporting concerns regarding the behavior of IDR entity EdiPhy, including the receipt of large volumes of additional information requests and invoices.

23. Attached hereto as Exhibit N is a true and correct copy of an email I sent to CMS at [federalidrquestions@cms.hhs.gov] on November 20, 2023, requesting that CMS update the Federal IDR Portal so that only Aetna's designated email address — FederalNSAIDR@Aetna.com — would be accepted when a Notice of IDR Initiation is entered, and notifying CMS that providers were continuing to submit notices to incorrect Aetna email addresses.

24. Attached hereto as Exhibit O is a true and correct copy of an email sent by Amy Hegg to CMS at [federalidrquestions@cms.hhs.gov] on October 29, 2025, on which I was copied, notifying CMS that Aetna's incoming email volume from CMS exceeded Microsoft's limitations, resulting in the rejection of over 1,700 emails and placing Aetna at risk of not receiving required communications.

25. Attached hereto as Exhibit P is a true and correct copy of an email I sent to CMS at [federalidrquestions@cms.hhs.gov] on January 27, 2025, notifying CMS that Aetna's member was not the patient treated by this provider on the date of service and requesting CMS to dismiss or void the IDR Award.

26. Except for Exhibits C and G, the Exhibits referenced herein are true and correct copies of documents maintained in Aetna's files in the normal course of business. As applicable, it was the regular course of business of Aetna for an employee or representative of Aetna, with knowledge of the act, event, or condition recorded in these records, to make the record or to transmit the information thereof to be included in such record. It is the regular practice of Aetna to make this type of record at or near the time of each act or event set forth in these documents. It is also the regular practice of Aetna for this type of record to be made by, or from information transmitted by, persons with knowledge of the matters set forth in them. Finally, it is the regular practice of Aetna to keep this type of record in the course of regularly conducted business activity.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on April 23, 2026, at Columbus, Indiana.

/s/Katherine O'Brien
Katherine O'Brien

EXHIBIT A

Declaration of Katherine O'Brien

Processing Written Determinations

Sunday, August 14, 2022 7:30 PM

When an email is received in secure format/encrypted, download/copy the documentation to the email it was received on so we can see the documentation.

A copy of every Written Determination - the email or PDF or attachment/communication from the IDRE with the decision documented - is saved in the IDRE Determinations folder on the Share Drive (MIDP-SFS-114 > CentralizedSBRT > Federal Surprise Bill > IDR Arbitrations > IDRE Determinations) when it's opened/access by the SBRT IDR Written Determination staff. No matter what status - win, loss, summary judgment, default judgment, dismissed, closed, can't find the claim in the QB, claim is ineligible, etc - a copy of the Written Determination is saved in the folder on the Share Drive. A copy of the email can also be saved in other Microsoft Outlook folders for follow up or further action or tracking, but the Written Determination document itself or a copy of the Written Determination must be saved Share Drive folder.

When a Written Determination is received, we update the FED SBRT QB with the results and, where Aetna loses - is the non-prevailing party - we send the claim to be reworked to issue the award amount in First In, First Out (FIFO) order by received date.

FED NSA IDR DISPs can include:

- 1 service on 1 claim
- More than 1 service on 1 claim
- All services on 1 claim
- 1 service on more than 1 claim
- More than 1 service on more than 1 claim
- All services on more than 1 claim

1 claim billed for multiple services can have more than 1 DISP case number based on batching rules set by the external entities.

Update the QB record for every service / item code(s) on every claim(s) on the IDR Application using the chart:

Note: If a DISP case shows as "dismissed" in the QB but we receive a Written Determination, update the QB based on the outcome of the Written Determination as instructed above.

If the email Subject Line is...	And...	Then...
Written Payment Determination Notice	The out-of-network payment amount of \$X.XX offered by PROVIDER NAME under this dispute has been selected as the appropriate out-of-network rate for the following reason(s) A reason NOT that the non-initiating party didn't pay the fee or submit a final offer Note: • If the case is already recorded in the QB as a Win, and we get a Loss, change the Decision/Result fields to <i>Loss - previously a Win</i> • We send for rework ALL claims in a Loss, even if the claim is not eligible under the FED NSA, unless the claim is: ▪ Medicare Advantage ▪ Aetna coverage was terminated on the DOS and we denied the original claim for no active coverage For these situations, send the claim for rework and tell the processor to bypass system edits: • Aetna coverage has been retro-terminated. If we paid the claim originally and then retro-terminated the member's coverage, the decision is still binding and we have to issue payment anyway; send the claim for rework and specifically TELL the processor to override the no active coverage edit • COB is primary or is under investigation. The decision is still binding and we have to issue payment anyway; send the claim for rework and specifically TELL the processor to override the COB primary or COB under investigation edit.	The case is an Aetna Loss - Complete the QB for every claim on the IDR Application with the following details for each claim included in the DISP: • Decision/Result – Loss • Decision Date – Date on the Written Determination document. If no document, or no date supplied, Written Determination is received by Aetna date. • Decision Amount – The total amount awarded by the IDRE for the claim you're completing ▪ If there's only 1 claim on the DISP, the total award amount ▪ If there's more than 1 claim on the DISP, the award amount for each claim so that across all claims in the DISP the total award amount is shown • Decision Aetna Received Date - Date Written Determination is received by Aetna • Rework Route Date – the date the claim is routed for rework - Route the claim(s) for rework. If the DISP is for specific services on the claim(s) make sure the rework instructions include only those CPT(s) and state that CPTs not listed are to be maintained with their prior financials and remove all FED NSA pricing action codes on those lines. - Move the Written Determination email to the IDR DISP Case Folder on the share drive 1. Each determination should be moved to the individual case folder that matches by DISP number - In 5 business days, review the claim processing system to ensure the claim has been reprocessed per the rework instructions provided - Was the claim(s) reprocessed correctly? • Yes – ◦ Edit the DISP file in the QB per claim and update the following fields: • Rework Adjudication Date – the day the additional payment was adjudicated • Additional Paid Amount – the amount, per claim, released on the rework segment • No – ◦ Send the claim back to the rework processor for correction ◦ Keep following up on the claim until it is released correctly ◦ When the claim is accurately paid, follow the "Yes" instructions to update the QB and move the email to the share drive.
Written Payment Determination Notice	The out-of-network payment amount of \$X.XX offered by AETNA under this dispute prevails for the following reason(s): <i>any reason</i> Note: • If the case is already recorded in the QB as a Loss, and we get a Win, change the Decision/Result fields to <i>Win - previously a Loss</i>	The case is an Aetna Win - Complete the QB for every claim on the IDR Application with the following details for each claim included in the DISP: • Decision/Result – Win • Decision Date – Date on the Written Determination document. If no document, or no date supplied, Written Determination is received by Aetna date. • Decision Amount – 0.00 • Decision Aetna Received Date - Date Written Determination is received by Aetna

Arb Rework Follow Up - Due Report (Escalations)

Friday, January 19, 2024 2:24 PM

To meet the 30 calendar day turn-around time to issue award amounts to the initiating party / provider, follow up is required when an award claim was sent for rework but has not yet been completed. To ensure the TAT is met whenever possible, the Arb Rework Follow Up - Due report was created. The Arb Rework Follow Up - Due report is run from the SBRT QB each week by the SBRT Project Management Staff. The report identifies IDR Award (Aetna loss) claims that were routed for rework more than 10 calendar days from the date the report is run.

[illegible]

EXHIBIT B

Declaration of Katherine O'Brien

No Surprises Act > No Surprises Bill Act (NSA) Federal - Claim Processing > Rework: Independent Dispute Resolution (IDR) Written Determinations - All Products on ACAS - Aetna Loss/Provider Win

Modified - Effective 02/18/25

Acronym Table

[Click here to minimize the table.](#)

Term	Definition
CCR	Clinical Claim Review
COB	Coordination of Benefits
EOB	Explanation of Benefits
FED NSA	Federal No Surprises Act
HHS	Health and Human Services
IDR	Independent Dispute Resolution
IDRE	Independent Dispute Resolution Entity
LCI	Late claim interest
MCM	Medical Claim Management
OON	Out of network
PIN	Provider ID Number
SBRT	Surprise Bill Review Team
SIU	Special Investigations Unit
UCK	Universal Claim Key

This section is only for rework claims that have: **FEDNSAIDR LOSS**

When attempts to negotiate payment for services done by an OON service provider don't result in a fix of the payment dispute, the carrier or OON health care provider, facility or provider of air ambulance services may:

Start binding IDR to decide the OON rate for covered services

One of the external companies, called an IDRE, administers the IDR under the FED NSA. They're certified by the:

- Department of of HHS
- Department of Labor
- Department of the Treasury

A provider (the initiating party) sends IDR applications to an IDRE on the Federal IDR Portal. IDR applications are:

- At the claim line (service/item code) level, not the claim level **Note:** This means a provider can send a single claim with multiple claim lines for IDR on more than 1 application. The IDRE reviews only services/items on each application, not the whole claim.
- Subject to submission rules set forth in the regulations

When the IDRE finishes their review of the IDR application and all documentation sent by both parties, the provider (the initiating party) and the health care company (Aetna), the IDRE decides the right OON rate to allow for the service(s)/item(s) included. They send us the decision in writing through email. It's called a written determination. The written determination, the decision made by the IDRE, is binding on all parties.

When the provider prevails (provider win, our loss): We issue payment of the difference between our portion of our original allowed amount and the IDR written determination award amount. We do this within 30 days of the date of the IDRE's written decision. We have to pay the award amount in full without any increase in the member's cost-

EXHIBIT C

Declaration of Katherine O'Brien

Total Page : 1 of 1
Page : 1 of 1
Date : 02/06/2024
Time : 18:04:55

Standard Paper Remittance

Meritain Health
1405 Xenium Lane North Suite 140
Minneapolis, MN 55441
440-835-3511

MED-TRANS CORP
101 E WOOD ST
SPARTANBURG, SC 29303
NPI: 1407084940

CHECK/EFT Date 10/30/2023
CHECK/EFT # 1110259801

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME			HIC	7733939444-1	ACNT	0222052707AA	ICN	GV0KE54		ASG	Y	MOA	
		06/20 06/20/2022		1	A0431		39839.00	13286.70	0.00	0.00	CO-45	26552.30	13286.70
REM:	N860			1	A0436		26325.00	13104.61	0.00	0.00	CO-45	13220.39	13104.61
REM:	N860			1	36430		925.00	133.44	0.00	0.00	CO-45	791.56	133.44
REM:	N860												
PT RESP		0.00			CLAIM TOTALS		67089.00	26524.75	0.00	0.00		40564.25	26524.75
ADJ TO TOTALS:			INTEREST	0.00		LATE FILING CHARGE		0.00		NET	26524.75		

Glossary

- 45** Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- N860** (No translation Found)

EXHIBIT D

Declaration of Katherine O'Brien

Open Negotiation Notice

4/30/2024

You are receiving this notice because REACH Air Medical Services LLC, a(n) “provider of air ambulance services” is disputing the out-of-network rate for J2250, J3010, 96375, A0431, A0436, provided. More information regarding these items or services is provided below. The No Surprises Act provides a Federal independent dispute resolution (Federal IDR) process that group health plans, health insurance issuers of group and individual health insurance coverage, and FEHB carriers and out-of-network or nonparticipating health care providers, facilities, and providers of air ambulance services may utilize to determine the out-of-network rate for certain services following the end of an open negotiation period. The Federal IDR process is available only for certain services, such as out-of-network emergency services, certain services provided by out-of-network providers at an in-network facility, or out-of-network air ambulance services. The Federal IDR process is also only available if a state All-Payer Model Agreement or specified state law does not apply.

What is an open negotiation period?

The open negotiation period is a period of up to 30 business days to determine an agreed-upon amount for the total out-of-network rate (including any cost sharing) for an item or service furnished by a nonparticipating provider, nonparticipating facility, or a nonparticipating provider of air ambulance services to a participant, beneficiary, or enrollee in a group health plan, group or individual health insurance policy, or FEHB carrier and for which a payment is required to be made by the plan or coverage.

What happens at the end of the open negotiation period?

If the parties have not agreed upon a payment amount by the end of the open negotiation period (6/12/2024), either of us may initiate the Federal IDR process by (6/18/2024)*, under which a certified IDR entity will select the payment amount for the item(s) and/or service(s) at issue.

Initiating the Federal IDR process does not prohibit the parties from agreeing on a payment amount after the open negotiation period has ended and before the certified IDR entity determines the payment amount.

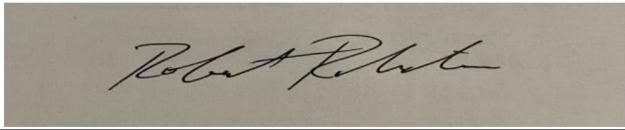
For more information on the Federal IDR process and to obtain the notice to initiate the Federal IDR process, visit <https://www.nsa-idr.cms.gov>.

Information on the Parties and Item(s) and/or Service(s)

REACH Air Medical Services LLC is initiating an open negotiation period with EPCOR USA INC for the out-of-network rate of the following item(s) and/or service(s). To negotiate, please contact me (the representative of the initiating party) at the e-mail address or telephone number below:

Item(s) and/or Service(s) [insert additional rows as appropriate]

	Description of item(s) and/or service(s)	Claim Number	Name of provider, facility, or provider of air ambulance services, and National Provider Identifier (NPI)	Date of Service	Service Code	Initial payment (if no initial payment amount, write N/A)	Offer for Total Out-of-Network Rate (including any cost sharing)
1.	Versed (Midazolam)	E3AC92MBL00 & E3AC92MBL01	1134169535	2024-02-08	J2250	0.3	50.4
2.	Fentanyl Citrate (Sublimaze)	E3AC92MBL00 & E3AC92MBL01	1134169535	2024-02-08	J3010	1.57	48.6
3.	IV Push New Drug	E3AC92MBL00 & E3AC92MBL01	1134169535	2024-02-08	96375	0	306
4.	Base Rate Rotor Wing	E3AC92MBL00 & E3AC92MBL01	1134169535	2024-02-08	A0431	22,728.78	62118.6
5.	Loaded Miles Rotor Wing	E3AC92MBL00 & E3AC92MBL01	1134169535	2024-02-08	A0436	14,725.62	45302.64



Signature

Robert Robidou

Print Name

4/30/2024

Date

PO Box 930, West Plains, MO 65775

Mailing Address

Employee

Relationship to person(s) or entity listed above

Robert.Robidou@gmr.net

Email Address

303-495-1542

Telephone number

Message

From: FederalNSA [FederalNSA@AETNA.com]
Sent: 5/8/2024 12:37:01 PM
To: Robert.Robidou@gmr.net
Subject: QB Record ID 801536 Claim ID E3AC92MBL00
Attachments: ONP_Notice-043020241057-0324005298A - REACH Air-Cal-Ore.pdf

Hello,

RE: Claim #E3AC92MBL00

Your request to initiate an Open Negotiation for the eligible claim(s) referenced was received and is under review for further negotiation.

Thank you,
 Surprise Bill Review Team
 SW

From: s_onp_initiate <s_onp_initiate@gmr.net>
Sent: Tuesday, April 30, 2024 7:18 PM
To: FederalNSA <FederalNSA@AETNA.com>
Cc: ManagedCare <ManagedCare@gmr.net>
Subject: Open Negotiation Request - 0324005298A - REACH Air/Cal-Ore - claims# 1 MS

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

This email serves as our formal request to initiate the Open Negotiation Period (“ONP”) for air ambulance services provided to a Commercial Health patient. The attached letter provides everything required to start the ONP pursuant to the No Surprises Act (“NSA”) and subsequent regulations. We want to resolve this dispute so please contact us at the email address in the attached letter to discuss. If you refuse to engage in the ONP as required by the NSA, we will initiate the IDR process at the appropriate time and inform the IDR entity you refused to negotiate in good faith to resolve the dispute.

We are also requesting the following QPA information utilized for this claim to be provided as part of the “ONP” process.

1. Was the QPA calculated using in network rates you had as of January 31, 2019, or an independent data base?
2. If based on your in-network rates:
 - what geographic area did you use: statewide or the applicable Census division?
 - who are your in-network providers in the that applicable geographic area?
 - for fixed wing transports, did you differentiate between emergency transports and non-emergency transports?
 - did you calculate base rate and mileage rate separately or combined (using actual mileage data)?
 - what is the annual volume of transports represented by the in-network contracts used to calculate the QPA for this transport for 2019, 2020, and 2021?
 - what percentage did that volume represent of your total applicable air transports (rotor wing / fixed wing) during those periods?
 - what was the annual volume for the actual median in network agreement whose rate was used for the QPA?
3. If based on an independent data base:
 - what independent data base was used?
 - what percentile was used?

Thank you for your prompt attention

Robert Robidou
Robert.Robidou@gmr.net
303-495-1542
Global Medical Response

EXHIBIT E

Declaration of Katherine O'Brien



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Explanation Of Benefits

Please Retain for Future Reference

Printed: 11/10/2024

Page: 1 of 2

Med-Trans Corporation
PIN: 0005333087
TIN: XXXXXXXX9149
NO PAY

Med-Trans Corporation
PO Box 708
West Plains MO 65775

Patient Name:Claim ID: **ERFC70H1508**Recd: **09/05/23**

Member ID:

Patient Account: **0223076554AA**

Member:

DIAG: **K76.82, K92.2, J96.90**Group Name: **Silver S: Aetna network of doctors & hospitals + \$0 MinuteClinic + \$0 Telehealth 24/7**Group Number: **000001-EXNC 0036**Product: **Open Access HMO (Aetna)**Contract State: **NC**Funding: **Insured**

Aetna Health Inc.

Network Status: **Out-of-Network**

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22/23	42	A0431HH ET	1.0	46,531.00	807.33		3,229.34	1				807.33
							42,494.33	2				
								3				
08/22/23	42	A0436HH ET	76.0	32,572.80	411.38		1,645.53	1		102.84	102.84	308.54
							30,515.89	2				
								3				
08/22/23	42	A0420HH ET		161.00	0.00		161.00	1				0.00
								2				
								3				
08/22/23	42	94002HH ET	1.0	745.00	0.00		745.00	1				0.00
								2				
								3				
08/22/23	42	82962HH ET	1.0	59.00	0.00		59.00	1				0.00
								2				
								3				
TOTALS				80,068.80	1,218.71		78,850.09			102.84	102.84	1,115.87

Less Amount Already Paid

\$1,115.87

ISSUED AMT:**NO PAY****Remarks:**

1 - Medicare is the member's primary plan. The member doesn't owe this amount. [060]

2 - You agreed to accept the Medicare approved amount as payment in full. The member doesn't owe anything above that amount. [065]

3 - We have received your request for reconsideration on this claim, however it appears our original determination was correct. If you disagree with this determination, please submit an appeal within 60 days of this denial. [MN6]

The payment reflects applicable interest incurred. P91

The late claim interest/penalty charge is required by state regulations. A late claim interest/penalty charge has been applied and is included in the payment.

For Questions Regarding This Claim P.O. BOX 14079 LEXINGTON KY 40512-4079
USA

CALL 1-888-632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$102.84

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106
EL PASO TX 79998-1106
USA

Explanation Of Benefits

Please Retain for Future Reference

Printed: 01/30/2024
Page: 1 of 3

PIN: AIR EVAC EMS INC.
TIN: 0006154740
XXXXXXX1367
NO PAY

AIR EVAC EMS INC.
1802 AIR MEDICAL DR
WEST PLAINS MO 65775-4500

Medical providers: sign up before it's your turn

Enroll for directly deposited payments. Just go to **PayerEnrollServices.com**. If you don't enroll to receive payments by direct deposit, you may receive future payments by virtual credit card. You can get electronic Explanation of Benefits (EOB) statements from our provider portal on Availity®. To do so, go to **Availity.com** and register.

Patient Name: [REDACTED]

Claim ID: **EVAC71DNQ00** Recd: **12/04/23** Member ID: [REDACTED] Patient Account: **0123138410AA**

Member: [REDACTED]

Group Name: **COADVANTAGE RESOURCES, INC.**Group Number: **0159468-15-033 JL PEX.#0**Product: **Aetna Open Access® Managed Choice®**Network ID: **00000**Contract State: **FL**Funding: **Insured**

Aetna Life Insurance Company

Network Status: **Out-of-Network**

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30/23	42	96379HH ET	1.0	-340.00	-56.00		-284.00	1		-16.80	-16.80	-39.20
								2				
10/30/23	42	A0436HH ET	61.0	-28,426.00	-9,792.94	-350.00	-18,633.06	1			-350.00	-9,442.94
								2				
10/30/23	42	A0431HH ET	1.0	-46,375.00	-16,773.86		-29,601.14	1				-16,773.86
								2				
TOTALS				-75,141.00	-26,622.80	-350.00	-48,518.20			-16.80	-366.80	-26,256.00

ISSUED AMT: **-\$26,256.00****Remarks:**

1 - The Federal No Surprises Act (NSA) applies to this claim. The Qualifying Payment Amount (QPA) was applied for purposes of calculating the participant's, beneficiary's, or enrollee's cost sharing. The QPA complies with the NSA. The QPA is the difference between the "submitted charges" and "not payable" amount shown on each covered service line. The member only owes their cost share shown on this notice. You are prohibited from billing the member more than their cost share. Under the NSA, if you don't accept the QPA and want to initiate an Open Negotiation, you have 30 business days from receipt of this notice to do so. You can submit a completed Open Negotiation request form to us via email at FederalNSA@Aetna.com. Our Provider Contact Center team can be reached at 1-888-632-3862 (1-888-MD AETNA) if you need details on initiating an Open Negotiation. You have 4 business days following the conclusion of the Open Negotiation period to initiate the independent resolution process. [NAA]

2 - [MM9]

This is a reversal of a previously paid claim. RREV

Claim ID: **EVAC71DNQ01** Recd: **12/21/23** Member ID: [REDACTED] Patient Account: **0123138410AA**

Member: [REDACTED]

DIAG: **S69.91XA, T70.4XXA**Group Name: **COADVANTAGE RESOURCES, INC.**Group Number: **0159468-15-033 JL PEX.#0**Product: **Aetna Open Access® Managed Choice®**Network ID: **00000**Contract State: **FL**Funding: **Insured**

Aetna Life Insurance Company

Network Status: **Out-of-Network**

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30/23	42	96379HH ET		340.00	0.00		340.00	1			340.00	0.00
								2				
10/30/23	42	A0436HH ET		28,426.00	0.00		28,426.00	1			28,426.00	0.00
								2				

Continued on Next Page

Explanation Of Benefits

P.O. BOX 981106
EL PASO TX 79998-1106
USA

Please Retain for Future Reference

Printed: 01/30/2024

Page: 2 of 3

Mailing Address:

AIR EVAC EMS INC.
1802 AIR MEDICAL DR
WEST PLAINS MO 65775-4500

PIN: AIR EVAC EMS INC.
0006154740
TIN: XXXXXXXX1367
NO PAY

Patient Name: [REDACTED]

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT/QPA	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30/23	42	A0431HH ET		46,375.00	0.00		46,375.00	1 2			46,375.00	0.00
TOTALS				75,141.00			75,141.00				75,141.00	0.00

ISSUED AMT:**NO PAY****Remarks:**

1 - The member's plan of benefits does not cover services and supplies required as a result of an occupational injury. Our records indicate this charge was the result of a work related injury. If this information is not correct, please contact us. If workers' compensation has denied the member's claim, please send us a copy of the denial so we can consider this charge. 101

2 - [MM9]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)
This is a correction of a previously paid claim. This correction resulted in an overpayment. RCOR

For Questions Regarding This Claim PO BOX 14079 LEXINGTON, KY 40512-4079

CALL (888) 632-3862 FOR ASSISTANCE

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$48,885.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.

EXHIBIT F

Declaration of Katherine O'Brien

CLM ID E1AC63XZ900

DOS 091823-091823

 **Memberships**

Status

All

From Date

11/24/2025

Submit

Reset

Membership ID	Policy Name	Plan Sponsor Name	Status	Effective	Terminated
☒ > 276032566-02	Aetna Choice POS II	THE NEW YORK BLOWER COMPANY	Terminated Coverage	11-01-2022	08-19-2023
☐ > 276032566-02	PPO Dental 2000	THE NEW YORK BLOWER COMPANY	Terminated Coverage	11-01-2022	08-19-2023

CLM ID EM363VMW600

EMPL NAME PACIFIC CYCLE

CSA 0148513 012 00001 PS BA

02/25/25	Pacific Cycle Inc, DBA: Dorel Sports	0148513	Closed Account		CLOSED PLAN
----------	--	---------	-------------------	--	----------------

Control Name PACIFIC CYCLE



Control Status CANCELLED

EXHIBIT G

Declaration of Katherine O'Brien



Notice of IDR Initiation

OMB Control Number: 1210-0169 Expiration Date: 06/30/2025

Dispute Reference Number: DISP-1545536

Qualification Questions

Was the service in question provided prior to 1/1/2022?

No

I'm a(n):

Provider of air ambulance services

Tax ID:

680222123

National Provider Identifier (NPI):

1134169535

Health Plan Type:

No Plan/Issuer Response

When did the open negotiation period start?

05/31/2024

Proof of Open Negotiation Documentation:

ONP_Notice-053120241049-0324005298A - REACH Air-Cal-Ore.pdf

Did the health care provider, health care facility, or provider of air ambulance services get consent from the participant, beneficiary, or enrollee to waive surprise billing protections for these items or services?

No

What are you disputing today?

Single dispute

Health Care Provider, Health Care Facility, or Provider of Air Ambulance Services Information or TPA

Name:

REACH Air Medical Services LLC

Mailing Address:

PO Box 930

City:

West Plains

State:

MO

Zip Code:

65775

Email:

nsalegal@gmr.net

Phone:

(972) 829-8405

Fax:

Primary Point-of-contact

Name:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

Secondary point-of-contact

Name:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

Name:

AETNA

Mailing Address:

PO Box 14079

City:

Lexington

State:

KY

Zip Code:

40512-4079

Email:

federalnsaidr@aetna.com

Phone:

(888) 632-3862

Fax:

Primary Point-of-contact

Name:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

Secondary point-of-contact

Name:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

Line Item

Base Rate Rotor Wing**Claim Number:**

E3AC92MBL00 & E3AC92MBL01

Date of the qualified IDR item or service:

02/08/2024

Qualifying Payment Amount (QPA):

\$22728.78

Qualifying Payment Amount documentation:

0324005298A-eob.pdf

Cost sharing amount allowed:

\$0.00

Initial payment amount for the item(s) and/or service(s):

N/A

Type of Qualified Item(s) or Service(s):

Out-of-network air ambulance service(s)

Service Code:

A0431

Place of Service Code:

42

Location of Service:

CA

Additional Supporting Documentation:**Certified IDR entity legal business name:**

Federal Hearings and Appeals Services, LLC

Third Party Attestation:

No

Conflict of Interest Attestation

☒ I, the undersigned initiating party (or representative of the initiating party), attest that to the best of my knowledge the preferred certified IDR entity does not have a disqualifying conflict of interest and that the item(s) and/or service(s) at issue are qualified item(s) and/or service(s) within the scope of the Federal IDR process.

Signature:

REACH Air Medical Services LLC

Date:

07/16/2024

EXHIBIT H

Declaration of Katherine O'Brien

Retirees Choice POS II and Indemnity (Traditional Choice) medical plans

Medical Plan Description

Prepared for:

Employer:	State Teachers Retirement System of Ohio (STRS Ohio)
Contract number:	ASA-0351630-A
Control number:	232351
Plan name:	Retirees Choice POS II and Indemnity (Traditional Choice) Medical Plans
Medical Plan Description:	3
Plan effective date:	January 1, 2024
Plan issue date:	August 20, 2023

**Third Party Administrative Services provided by
Aetna Life Insurance Company**

EXHIBIT I

Declaration of Katherine O'Brien

Message

From: Hegg, Amy J [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=52FC75D5DC2B475AA067112025DD35BF-A621980]
Sent: 11/3/2023 9:14:50 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
CC: Hegg, Amy J [ajhegg@aetna.com]; O'Brien, Brady (Katherine) [OBrienK5@aetna.com]; Yeager, Regina [YeagerR@aetna.com]
Subject: Health Plan concerns regarding TATs and other concerns

Good afternoon,

Our NSA-IDR team has significant concerns regarding the return of the three day turnaround time on November 4. Below is a snapshot of our IDR inventory. Based on current volume and trying to stay in compliance with the high volume, we are very concerned we will miss deadlines starting 11/9/2023. Our critical ask of CMS is to extend the application 10 business day extension through the remainder of 2023.

This is our current application inventory with due dates:

11/6/23 - 289
 11/7/23 - 303
 11/8/23 - 413
 11/9/23 - 321
 11/13/23 - 410
 11/14/23 - 902
 11/15/23 - 2553
 11/16/23 - 1663
 11/17/23 - 1702

As you can see, we continue to receive a very high number of disputes on a daily basis. Our team is working overtime and on weekends, and with a 10-day turnaround time we are meeting the goal, but barely. Moving to a 3-day turnaround time would be detrimental to our ability to actively participate in the process, and we desire to be a good business partner in trying to follow guidance.

Independent Dispute Resolution

- IDR applications (ON HOLD) 1,846 holding, were received prior to portal closing; errors generating when access previous links; email sent to CMS
 - No response from CMS to date
- Final offer letter inventory: 3,491 emails
- Invoice inventory: 1,566 emails

We have had to shift staff to care for the large influx of final offers and invoices as the disputes move through the total process. No additional time for turnaround was granted to these processes.

Batched Disputes Submitted by Initiating Party is against CMS Guidance

CMS: Processing of in-progress batched disputes, new batched disputes, and new air ambulance disputes remains temporarily suspended while the Departments update batching and air ambulance guidance and operations to align with the district court's opinions and orders in *TMA III* and *TMA IV*.

ALERT: We are now receiving IDR batches through the portal (see last attachment). The bad batch rejection reason has been removed from the portal.

RECOMMENDATION: CMS should be reviewing these disputes and if they are batches they should reject, these should not come to the Health Plan to review.

These are the IDR steps with volumes, concerns, and recommendations. At the bottom of the email is a visual of our inventory tracker.

IDR Application Inventory – 1st IDR Step

CMS: For new disputes initiated between October 6, 2023, and November 3, 2023, the deadline for certified IDR entity selection will be 10 business days after initiation, and the deadline to submit fees and offers will remain 10 business days after certified IDR entity selection.

- **CONCERNS:**
 - Per CMS: Disputes initiated starting 11/4 have no extension and go back to the 3 BD deadline
 - Ongoing digging out of inventory from disputes initiated between 10/6 – 11/3 and inability to achieve the 3 BD deadline starting with 11/4 applications
 - **We are receiving batched disputes which are temporarily on hold per CMS, CMS should be rejecting these prior to coming to Aetna**
 - Submission of batched disputes and air ambulance opening within this timeframe will create unmanageable inventory
- **RECOMMENDATIONS:**
 - CMS extend the 10 business days to 15 business days extension for application until January 1, 2024
 - CMS should put a cap on the number of disputes that can be initiated daily. Without that control in place, we cannot plan for staffing needs. If a cap cannot be added, suggestion to automatically allow additional time for completion of large submissions. For example, if an initiating party submits more than 250 disputes in one day, an automatic extension of one additional day is added per 100 disputes. So if the cap is 250 and an initiating party submits 450 disputes, the health plan has 2 additional days to review. Ideally, this would be automatic and not a manual request for an extension, which would eliminate additional steps for both the health plan and CMS.
 - CMS/portal should be rejecting batched disputes up front prior to coming to Aetna

Final Offers / Invoices – 2nd & 3rd IDR Steps

CMS: The deadline to submit fees and offers will remain 10 business days after certified IDR entity selection.

- The high volume of disputes will move to these steps
- We will need to shift resources to attempt to meet the 10 BD deadline
- **CONCERNS:**
 - No extensions were granted for final offers and invoices and based on application volume this will be challenging to maintain the 10 BD deadline
 - Shifting resources from applications to support these two steps will create a bottle neck in the continuing increase in applications
- **RECOMMENDATION:** CMS to reconsider extensions to 15 BD deadline based on unforeseen volumes

Additional Information Email Requests From Entities – 4th Step

- Anticipating increase in additional information requests from entities based on application volumes
- **RECOMMENDATIONS:**
 - Entities should provide additional time for Aetna to respond to their inquiries; The Entities set the due dates so communication to them for consideration is greatly appreciated.
 - For efficiency, there should be a CMS issued template that all entities have to use to eliminate duplication of information that was entered on the portal by either party with a clear, fair due date.
 - Aetna should have 100% discovery of documents of correspondence between the entities and initiating parties

Payment Determinations – 5th Step

- High volume of disputes will also result in the same volume for determinations
- **CONCERNS:**
 - No extensions were granted for determinations and based on application volume this will be challenging to maintain the 30 calendar days deadline to issue additional payment
- **RECOMMENDATION:** CMS to reconsider extensions to 35 calendar day deadline based on unforeseen volumes

DEMAND LETTER EMAILS:

ALERT: In addition to handling the unforeseen application volumes including batches we have received 7,600 Demand [REDACTED] We are seeing a high volume of duplicate emails for the same claims. This is not a regulation requirement for a Health Plan to perform a reconciliation process for providers. We are not staffed nor should we be responsible to handle providers reconciliation process.

Here is the grid of our incoming volume for all IDR areas. As you can clearly see, our volume has grown exponentially in less than a month.

	10/2/2023	10/3/2023	10/4/2023	10/5/2023	10/6/2023	10/9/2023	10/10/2023	10/11/2023	10/12/2023	10/13/2023	10/16/2023	10/17/2023	10/18/2023	10/19/2023	10/20/2023	10/23/2023	10/24/2023	10/25/2023	10/26/2023	10/27/2023	10/30/2023	10/31/2023	TOTALS
Applications	0	0	0	0	124	268	247	223	1675	3716	4517	369	505	411	453	372	303	413	321	410	902	2553	17788
Invoices	55	55	31	3	4	1	135	38	70	40	60	185	58	84	187	426	235	355	194	423	529	477	3545
Offer Letters Due	114	151	45	75	53	54	123	91	164	172	116	14	83	131	395	456	269	429	239	482	548	490	4694
Additional Information	38	54	134	45	49	11	34	36	47	61	80	65	82	71	66	79	50	53	58	55	35	63	1266
Determinations	89	50	87	144	101	38	80	81	166	178	115	175	145	162	195	187	132	211	214	126	812	284	8117

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
	11/1/2023	11/2/2023	11/3/2023	11/6/2023	11/7/2023	11/8/2023	11/9/2023	11/13/2023	11/14/2023	11/15/2023	11/16/2023	11/17/2023	11/20/2023	11/21/2023	11/22/2023	11/24/2023	11/27/2023	11/28/2023	11/29/2023	11/30/2023	TOTALS
Applications	1563	1702																			3365
Invoices	710	595																			1305
Offer Letters Due	684	580																			1264
Additional Information	79	104																			183
Determinations	266	210																			476

EXHIBIT J

Declaration of Katherine O'Brien

Message

From: FederalNSAIDR [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F1EBAE3813444A1892FC0CF1E6EB1B8-FEDERALN02]
Sent: 11/2/2022 4:11:56 PM
To: FederalIDRQuestions@cms.hhs.gov
CC: O'Brien, Brady (Katherine) [OBrienK5@aetna.com]; Hegg, Amy J [ajhegg@aetna.com]; FederalNSAIDR [FederalNSAIDR@AETNA.com]
Subject: HASTE- SUBMIT BUTTON NOT WORKING IN PORTAL

Importance: High

Good afternoon,

Our team is attempting to submit our responses for disputes, but the portal is not accepting click of the submit button. There is no error message, and all needed fields are completed.

Please advise immediately.

Thank you for your time,

Sarah E. Molle | [Quality Assurance Specialist, Federal IDR Team](#)
p 860-808-3644



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Our Common Purpose: Advocate for our members' best health by helping them get the most from their benefits, building trust and always providing a clear path to care.

EXHIBIT K

Declaration of Katherine O'Brien

Message

From: O'Brien, Brady (Katherine) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CB72B3FF9FD5452EAC69B6B85AABDA82-A789416]
Sent: 3/2/2023 1:43:41 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
Subject: Federal IDR Portal Report Request

Hello CMS,

Aetna is requesting a report from the Federal IDR Portal of all determined cases for air ambulance submissions. It has been brought to our attention that some cases for air ambulance providers have been determined but we do not have record of them. In order to be compliant with the Federal IDR Process and payment of amounts to the initiating parties where Aetna is not the prevailing party, we need to ensure no cases are missed.

We are asking for the following details:

DISP case number
Initiating party name
Certified IDR Entity name
Claim number(s) filed under the case
Service code(s) filed under the case
Written Determination Date
Written Determination decision, at the service code(s) level

Thank you,

Brady O'Brien | Senior Manager, Project Management, CSO Strategic Initiatives
p 860-273-9391



CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by email or telephone and destroy all copies of this communication and any attachments.



EXHIBIT L

Declaration of Katherine O'Brien

Message

From: FederalNSAIDR [FederalNSAIDR@AETNA.com]
Sent: 11/26/2024 2:17:27 PM
To: federalidrquestions@cms.hhs.gov
CC: Hegg, Amy J [ajhegg@aetna.com]; O'Brien, Brady (Katherine) [OBrienK5@aetna.com]; Yeager, Regina [YeagerR@aetna.com]
Subject: HASTE IDR Portal blocking uploads

Importance: High

Good morning,

The IDR portal, for both Final Offers and application responses, are blocking uploads. This is causing a work stoppage for ALL final offers. Application responses are delayed since cases can not be worked First-in, first-out.

1. Please correct the portal urgently and
2. Issue extensions on all "Action Required: Certified IDR entity selection agreement or disagreement needed" cases due today, and for any day this issue continues
3. Issue extensions on all "Your IDR Notice of Offer Submission is Due" that are due today, and for any day this issue continues

Upload Files



Aetna PROFESSIONAL_IDR POSITION STAT...
111 KB

Can't upload Aetna PROFESSIONAL_IDR
POSITION STATEMENT 2024.docx.

0 of 1 file uploaded

The screenshot shows a web interface for uploading files. A modal titled "Upload Files" is open, showing a file named "Aetna PROFESSIONAL_IDR POSITION STATEMENT 2024.docx" (9 KB) with a red "Can't upload" error message. The background shows a list of dispute items, including "This dispute includes items or services not covered by the patient's insurance policy," "This dispute includes incorrectly-batched claims," "This dispute includes incorrectly-bundled items," "The 90-day cooling off period applies to this dispute," "The item or service associated with this dispute is," and "Other." A "Got It" button is visible in the bottom right of the modal.

Sarah E. Molle
Quality Assurance Specialist

Remote - PA (Eastern Standard)



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EXHIBIT M

Declaration of Katherine O'Brien

Message

From: Hegg, Amy J [ajhegg@aetna.com]
Sent: 6/13/2024 8:57:59 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
CC: Dawson, Kirstin [DawsonK1@cvshealth.com]; Yeager, Regina [YeagerR@aetna.com]; O'Brien, Brady (Katherine) [OBrienK5@aetna.com]
Subject: Concerns with IDRE behavior - EdiPhy

Importance: High

Good afternoon,

I would like to address some concerns regarding recent IDR submissions and what we feel is bad behavior on the part of IDR entity EdiPhy.

We have been receiving very large volumes of Additional Information requests from EdiPhy over the past month. Recently, over 3,500 requests were received within a 2-day time period with a turnaround time (specified by the entity) of 5 business days. Many of the inquiries were regarding funding type, which is documented on the Explanation of Benefits. I sent a request on June 3 for an extension on these, but to date I have not received a response.

Yesterday, EdiPhy submitted 2,734 invoices for fees. There is a range of 5 months (application submission dates) within this submission. The oldest is DISP-826229 which was initiated on December 16, 2023. The most recent is DISP-1391262 which was initiated on May 31, 2024.

We feel this is poor behavior from EdiPhy, and it appears to be a continuing trend with them. They are not meeting their turnaround times in submitting invoices and final offer requests, which makes it very difficult to plan for incoming work volumes.

We will need an extension to process all these invoices, as we cannot meet the 10-day turnaround time with this volume and have requested this with EdiPhy.

We strive to be a good business partner with all the IDR entities, so it is distressing to encounter this type of behavior towards us as the health plan.

Thank you for your time.

Amy Hegg
 Manager, Project Management
 Federal Surprise Bill team



A  CVS Health company



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error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by email or telephone and destroy all copies of this communication and any attachments.

EXHIBIT N

Declaration of Katherine O'Brien

Message

From: O'Brien, Brady (Katherine) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CB72B3FF9FD5452EAC69B6B85AABDA82-A789416]
Sent: 11/20/2023 2:03:39 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
Subject: Federal IDR Portal should not accept @Aetna.com mailbox address unless specified

CMS – Providers / Initiating parties continue to use email addresses for Aetna that are not aligned to the Federal No Surprises Act. We need you do update the Federal IDR Portal so that the only email address that will be accepted when a Notice of IDR Initiation is entered is: FederalNSAIDR@Aetna.com.

Aetna, along with the other health plan administrators I'm sure, have hundreds – thousands – of email addresses issued for various reasons and programs that we administer. Federal NSA is just one. And not all our employees are aligned to working on the Federal NSA as we have other business needs that must be supported. So engaging every employee in every department who works for the Aetna administered health plans in the Federal NSA process, and how they should correct provider / initiating party errors because the Federal IDR Portal won't stop the provider / initiating party errors on the front end, is not possible.

We provide our single email address – FederalNSAIDR@Aetna.com – to all providers during the Federal NSA IDR Processes Open Negotiation Notice phase; there is no acceptable reason for any provider / initiating party to submit a Notice of IDR Initiation on the Federal IDR Portal to an incorrect email address.

We have reached out to providers on multiple occasions but the situation is getting worse, not better. Since the Federal IDR process has been set up by the departments to be “driven” by the providers / initiating parties, we require you to work with them, and improve your technology, so that only our recognized and purpose-built email address is permitted to be the “health plan” on the Portal.

Cases filed under an incorrect @Aetna.com email mailbox, and which result in a summary / default judgment to the provider / initiating party who filed the case under the incorrect email mailbox, will be refuted and forwarded to our legal team.

Thank you,

Brady O'Brien | Senior Manager, Project Management, CSO Strategic Initiatives
 p 860-273-9391



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EXHIBIT O

Declaration of Katherine O'Brien

Message

From: Hegg, Amy J [ajhegg@aetna.com]
Sent: 10/29/2025 2:35:54 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
CC: Yeager, Regina [YeagerR@aetna.com]; O'Brien, Brady (Katherine) [OBrienK5@aetna.com]
Subject: Limitation from Microsoft - email volume exceeded

Importance: High

Good morning,

We received notification from Microsoft yesterday afternoon that our incoming volume from email address: auto-reply-federalidrquestions@cms.hhs.gov exceeded the Microsoft limitations. Microsoft has a 1200-messages-received-per-hour per single sender in Outlook that MUST be followed. It is unacceptable for CMS to send more than 1200 emails within an hour, as this puts Aetna at risk of not receiving emails. Over 1700 were rejected, and unfortunately we don't know what emails were rejected. That now puts us at risk of not completing the requests that we did not receive.

Can you explain why there were so many emails sent yesterday (10/28/25) that went against Microsoft's policy? Was this due to the updates to the CMS portal last week?

We look forward to your prompt response.

Thank you.

Amy J. Hegg (She.Her.Hers)
Manager, Project Management

Remote - IL (Central Standard)



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EXHIBIT P

Declaration of Katherine O'Brien

Message

From: O'Brien, Brady (Katherine) [OBrienK5@aetna.com]
Sent: 1/27/2025 7:00:52 PM
To: Federal IDR Questions [federalidrquestions@cms.hhs.gov]
Subject: Dismiss / Void DISP-1619790 - Not an Aetna Patient

CMS,

The Aetna member under whose plan DISP-1619790 was file has filed a grievance; he is not the patient treated by this provider – or any other provider – on this date of service and attests he did not receive any medical care from this provider on any date of service. The claim on which the service(s) was billed has been voided. The provider of service will need to locate the correct patient and file their claim for service under that individual and, if the NSA applies, follow through with the Federal IDR Process with the health insurance payer responsible.

Aetna will not issue an IDR Award amount for DISP-1619790 and has rescinded all amounts previously paid on the claim included. Please dismiss / void this case as it was filed under the incorrect patient.

Thank you,

Brady O'Brien

Senior Manager, Project Management, CSO Strategic Initiatives

p 860-273-9391

Remote, Eastern Time

Upcoming PTO:



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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