

Case Nos. 85525 & 85656

**In the Supreme Court of Nevada**

UNITED HEALTHCARE INSURANCE COMPANY;  
UNITED HEALTH CARE SERVICES, INC.; UMR, INC.;  
SIERRA HEALTH AND LIFE INSURANCE COMPANY,  
INC.; and HEALTH PLAN OF NEVADA, INC.,

Appellants,

*vs.*

FREMONT EMERGENCY SERVICES (MANDAVIA),  
LTD.; TEAM PHYSICIANS OF NEVADA-MANDAVIA,  
P.C.; and CRUM STEFANKO AND JONES, LTD.,

Respondents.

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Case No. 85525

UNITED HEALTHCARE INSURANCE COMPANY;  
UNITED HEALTH CARE SERVICES, INC.; UMR, INC.;  
SIERRA HEALTH AND LIFE INSURANCE COMPANY,  
INC.; and HEALTH PLAN OF NEVADA, INC.,

Petitioners,

*vs.*

THE EIGHTH JUDICIAL DISTRICT COURT of the State  
of Nevada, in and for the County of Clark; and the  
Honorable NANCY L. ALLF, District Judge,

Respondents,

*vs.*

FREMONT EMERGENCY SERVICES (MANDAVIA),  
LTD.; TEAM PHYSICIANS OF NEVADA-MANDAVIA,  
P.C.; and CRUM STEFANKO AND JONES, LTD.,

Real Parties in Interest.

Case No. 85656

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469	Appendix B to Order Granting in Part and Denying in Part Defendants' Motion to Seal Certain Confidential Trial Exhibits (Volume 2) (Filed Under Seal)	10/07/22	130 131	32,208–32,393 32,394–32,476
470	Appendix B to Order Granting in Part and Denying in Part Defendants' Motion to Seal Certain Confidential Trial Exhibits (Volume 3) (Filed Under Seal)	10/07/22	131 132	32,477–32,643 32,644–32,751
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280	Appendix in Support of Plaintiffs' Opposition to Defendants' Motion to Apply Statutory Cap on Punitive Damages and Plaintiffs' Cross Motion for Entry of Judgment	01/20/22	52	12,791–12,968
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296	Appendix of Exhibits in Support of Health Care Providers' Verified Memorandum of Cost Volume 2	03/14/22	54 55	13,465–13,500 13,501–13,719
297	Appendix of Exhibits in Support of Health Care Providers' Verified Memorandum of Cost Volume 3	03/14/22	55 56	13,720–13,750 13,751–13,976
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36	Defendants' Reply in Support of Motion to Dismiss Plaintiffs' First Amended Complaint	06/03/20	6	1310–1339
325	Defendants' Reply in Support of Motion to Retax Costs	05/04/22	69	17,122–17,150
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225	Defendants' Response to TeamHealth Plaintiffs' Trial Brief Regarding Defendants' Prompt Pay Act Jury Instruction Re: Failure to Exhaust Administrative Remedies	11/16/21	40	9799–9806
12	Defendants' Statement of Removal	05/30/19	1	123–126
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154	Notice of Entry of Order Denying Defendants' Motion for Order to Show Cause Why Plaintiffs Should not be Held in Contempt for Violating Protective Order	10/14/21	22	5309–5322
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173	Notice of Entry of Order Denying Defendants' Motion in Limine No. 3 to Allow Reference to Plaintiffs' Decision Making Processes Regarding Setting Billed Charges	11/01/21	29	7064–7075
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175	Notice of Entry of Order Denying Defendants' Motion in Limine No. 12, Paired with Motion in Limine No. 11, to Preclude Plaintiffs from Discussing Defendants' Approach to Reimbursement	11/01/21	29	7088–7099
176	Notice of Entry of Order Denying Defendants' Motion in Limine No. 5 Regarding Argument or Evidence that Amounts TeamHealth Plaintiffs Billed for Services are Reasonable [An Alternative Motion to Motion in Limine No. 6]	11/01/21	29	7100–7111
177	Notice of Entry of Order Denying Defendants' Motion in Limine No. 7 to Authorize Defendants to Offer Evidence of the Costs of the Services that Plaintiffs Provided	11/01/21	29	7112–7123
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180	Notice of Entry of Order Denying Defendants' Motion in Limine No. 11, Paired with Motion in Limine No. 12, to Authorize Defendants to Discuss Plaintiffs' Conduct and Deliberations in Negotiating Reimbursement	11/01/21	29	7148–7159
181	Notice of Entry of Order Denying Defendants' Motion in Limine No. 13 Motion to Authorize Defendants to Offer Evidence Relating to Plaintiffs' Collection Practices for Healthcare Claims	11/01/21	29	7160–7171
182	Notice of Entry of Order Denying Defendants' Motion in Limine No. 14: Motion Offered in the Alternative MIL No. 13 to Preclude Plaintiffs from Contesting Defendants' Defenses Relating to Claims that were Subject to a Settlement Agreement Between CollectRx and Data iSight; and Defendants' Adoption of Specific Negotiation Thresholds for Reimbursement Claims Appealed or Contested by Plaintiffs	11/01/21	29	7172–7183
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185	Notice of Entry of Order Denying Defendants' Motion in Limine No. 20 to Exclude Defendants' Lobbying Efforts	11/01/21	29	7208–7219
186	Notice of Entry of Order Denying Defendants' Motion in Limine No. 24 to Preclude Plaintiffs from Referring to Themselves as Healthcare Professionals	11/01/21	29	7220–7231
187	Notice of Entry of Order Denying Defendants' Motion in Limine No. 27 to Preclude Evidence of Complaints Regarding Defendants' Out-Of-Network Rates or Payments	11/01/21	29	7232–7243
188	Notice of Entry of Order Denying Defendants' Motion in Limine No. 29 to Preclude Evidence Only Relating to Defendants' Evaluation and Development of a Company that Would Offer a Service Similar to Multiplan and Data iSight	11/01/21	29 30	7244–7250 7251–7255
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293	Notice of Entry of Order Denying Defendants' Motion to Apply Statutory Cap on Punitive Damages	03/09/22	53	13,179–13,197
62	Notice of Entry of Order Denying Defendants' Motion to Compel Production of Clinical Documents for the At-Issue Claims and Defenses and to Compel Plaintiff to Supplement Their NRCP 16.1 Initial Disclosures on Order Shortening Time	10/27/20	11	2671–2683
78	Notice of Entry of Order Denying Defendants' Motion to Compel Responses to Defendants' First and Second Requests for Production on Order Shortening Time	02/04/21	15	3703–3713
193	Notice of Entry of Order Denying Defendants' Motion to Strike Supplement Report of David Leathers	11/01/21	30	7355–7366
353	Notice of Entry of Order Denying Defendants' Renewed Motion for Judgment as a Matter of Law	10/12/22	73	18,087–18,114
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203	Notice of Entry of Order Granting Defendants' Motion in Limine No. 25	11/04/21	33	8104–8115
204	Notice of Entry of Order Granting Defendants' Motion in Limine No. 37	11/04/21	33	8116–8127
205	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion in Limine No. 9	11/04/21	33	8128–8140
206	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion in Limine No. 21	11/04/21	33	8141–8153
207	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion in Limine No. 22	11/04/21	33	8154–8165
341	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion to Retax Costs	08/02/22	71	17,726–17,739
358	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion to Seal Certain Confidential Trial Exhibits	10/18/22	75 76	18,609–18,750 18,751–18,755
215	Notice of Entry of Order Granting in Part and Denying in Part Plaintiffs' Motion in Limine to Exclude Evidence Subject to the	11/12/21	37	9162–9173

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242	Notice of Entry of Order Granting Plaintiffs' Motion for Leave to File Supplemental Record in Opposition to Arguments Raised for the First Time in Defendants' Reply in Support of Motion for Partial Summary Judgment	11/19/21	44	10,954–10,963
192	Notice of Entry of Order Granting Plaintiffs' Motion in Limine to Exclude Evidence, Testimony And-Or Argument Regarding the Fact that Plaintiff have Dismissed Certain Claims	11/01/21	30	7292–7354
63	Notice of Entry of Order Granting Plaintiffs' Motion to Compel Defendants' List of Witnesses, Production of Documents and Answers to Interrogatories on Order Shortening Time	10/27/20	11	2684–2695
335	Notice of Entry of Order Granting Plaintiffs' Motion to Modify Joint Pretrial Memorandum Re: Punitive Damages on Order Shortening Time	06/29/22	71	17,594–17,609
281	Notice of Entry of Order Granting Plaintiffs' Proposed Schedule for Submission of Final Redactions	01/31/22	52	12,969–12,979
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102	Notice of Entry of Order of Report and Recommendation #6 Regarding Defendants' Motion to Compel Further Testimony from Deponents Instructed Not to Answer Question	05/26/21	17	4157–4165
22	Notice of Entry of Order Re: Remand	02/27/20	3	543–552
142	Notice of Entry of Order Regarding Defendants' Objection to Special Master's Report and Recommendation No. 11 Regarding Defendants' Motion to Compel Plaintiffs' Production of Documents about which Plaintiffs' Witnesses Testified on Order Shortening Time	09/29/21	21	5104–5114
66	Notice of Entry of Order Setting Defendants' Production & Response Schedule Re: Order Granting Plaintiffs' Motion to Compel Defendants' List of Witnesses, Production of Documents and Answers to Interrogatories on Order Shortening Time	11/09/20	12	2775–2785
285	Notice of Entry of Order Shortening Time for Hearing Re: Plaintiffs' Motion to Unlock Certain Admitted Trial Exhibits	02/14/22	53	13,029–13,046
354	Notice of Entry of Order Unsealing Trial Transcripts and Restoring Public Access to Docket	10/12/22	73	18,115–18,125
86	Notice of Entry of Report and Recommendation #1	03/16/21	16	3887–3894
120	Notice of Entry of Report and Recommendation #11 Regarding Defendants' Motion to Compel Plaintiffs' Production of Documents About Which Plaintiffs'	08/11/21	18	4487–4497

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95	Notice of Entry of Report and Recommendation #3 Regarding Defendants' Motion to Compel Responses to Defendants' Second Set of Requests for Production on Order Shortening Time	04/15/21	17	4080–4091
104	Notice of Entry of Report and Recommendation #7 Regarding Defendants' Motion to Compel Plaintiffs' Responses to Defendants' Amended Third Set of Requests for Production of Documents	06/03/21	17	4173–4184
41	Notice of Entry of Stipulated Confidentiality and Protective Order	06/24/20	7	1517–1540
69	Notice of Entry of Stipulated Electronically Stored Information Protocol Order	01/08/21	12	2860–2874
289	Notice of Entry of Stipulation and Order Regarding Certain Admitted Trial Exhibits	02/17/22	53	13,074–13,097
360	Notice of Entry of Stipulation and Order Regarding Expiration of Temporary Stay for Sealed Redacted Transcripts	10/25/22	76	18,759–18,769
282	Notice of Entry of Stipulation and Order Regarding Schedule for Submission of Redactions	02/08/22	52	12,980–12,996
111	Notice of Entry Report and Recommendations #9 Regarding Pending Motions	07/01/21	18	4313–4325

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24	Notice of Intent to Take Default as to: (1) Defendant UnitedHealth Group, Inc. on All Claims; and (2) All Defendants on the First Amended Complaint's Eighth Claim for Relief	03/13/20	3 4	699–750 751
324	Notice of Posting <i>Supersedeas</i> Bond	04/29/22	69	17,114–17,121
10	Notice of Removal to Federal Court	05/14/19	1	42–100
333	Notice of Supplemental Attorneys Fees Incurred After Submission of Health Care Providers' Motion for Attorneys Fees	06/24/22	70 71	17,470–17,500 17,501–17,578
291	Objection to Plaintiffs' Proposed Judgment and Order Denying Motion to Apply Statutory Cap on Punitive Damages	03/04/22	53	13,161–13,167
345	Objection to Plaintiffs' Proposed Orders Denying Renewed Motion for Judgment as a Matter of Law and Motion for New Trial	09/13/22	72	17,941–17,950
377	Objection to R&R #11 Regarding United's (Filed Under Seal) Motion to Compel Documents About Which Plaintiffs' Witnesses Testified (Filed Under Seal)	08/25/21	84 85	20,864–20,893 20,894–20,898
320	Opposition to Defendants' Motion to Retax Costs	04/13/22	68	16,856–16,864
153	Opposition to Plaintiffs' Motion in Limine to Exclude Evidence, Testimony and/or Argument Regarding the Fact that Plaintiffs have Dismissed Certain Claims and Parties on Order Shortening Time	10/12/21	22	5301–5308



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2	Peremptory Challenge of Judge	04/17/19	1	18–19
415	Plaintiffs’ Combined Opposition to Defendants Motions in Limine 1, 7, 9, 11 & 13 (Filed Under Seal)	09/29/21	104	25,786–25,850
416	Plaintiffs’ Combined Opposition to Defendants’ Motions in Limine No. 2, 8, 10, 12 & 14 (Filed Under Seal)	09/29/21	104	25,851–25,868
145	Plaintiffs’ Motion for Leave to File Second Amended Complaint on Order Shortening Time	10/04/21	21	5170–5201
422	Plaintiffs’ Motion for Leave to File Supplemental Record in Opposition to Arguments Raised for the First Time in Defendants’ Reply in Support of Motion for Partial Summary Judgment (Filed Under Seal)	10/17/21	108	26,664–26,673
378	Plaintiffs’ Motion in Limine to Exclude Evidence Subject to the Court’s Discovery Orders (Filed Under Seal)	09/21/21	85	20,899–20,916
380	Plaintiffs’ Motion in Limine to Exclude Evidence, Testimony and/or Argument Relating to (1) Increase in Insurance Premiums (2) Increase in Costs and (3) Decrease in Employee Wages/Benefits Arising from Payment of Billed Charges (Filed Under Seal)	09/21/21	85	21,077–21,089
149	Plaintiffs’ Motion in Limine to Exclude Evidence, Testimony and-or Argument	10/08/21	22	5265–5279

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363	Plaintiffs' Motion to Compel Defendants' List of Witnesses, Production of Documents and Answers to Interrogatories on Order Shortening Time (Filed Under Seal)	09/28/20	78	19,144–19,156
49	Plaintiffs' Motion to Compel Defendants' Production of Claims File for At-Issue Claims, or, in the Alternative, Motion in Limine on Order Shortening Time	08/28/20	7 8	1685–1700 1701–1845
250	Plaintiffs' Motion to Modify Joint Pretrial Memorandum Re: Punitive Damages on Order Shortening Time	11/22/21	47	11,594–11,608
194	Plaintiffs' Notice of Amended Exhibit List	11/01/21	30	7367–7392
208	Plaintiffs' Notice of Deposition Designations	11/04/21	33 34	8166–8250 8251–8342
152	Plaintiffs' Objections to Defendants' Pretrial Disclosures	10/08/21	22	5295–5300
328	Plaintiffs' Opposition to Defendants' Motion for New Trial	05/04/22	69 70	17,179–17,250 17,251–17,335
420	Plaintiffs' Opposition to Defendants' Motion for Partial Summary Judgment (Filed Under Seal)	10/05/21	107	26,498–26,605
327	Plaintiffs' Opposition to Defendants' Motion for Remittitur and to Alter or Amend the Judgment	05/04/22	69	17,165–17,178
144	Plaintiffs' Opposition to Defendants' Motion in Limine No. 24 to Preclude Plaintiffs from Referring to Themselves as Healthcare Professionals	09/29/21	21	5155–5169
143	Plaintiffs' Opposition to Defendants' Motion	09/29/21	21	5115–5154

<b>Tab</b>	<b>Document</b>	<b>Date</b>	<b>Vol.</b>	<b>Pages</b>
	in Limine Nos. 3, 4, 5, 6 Regarding Billed Charges			
279	Plaintiffs' Opposition to Defendants' Motion to Apply Statutory Cap on Punitive Damages and Plaintiffs' Cross Motion for Entry of Judgment	01/20/22	52	12,773–12,790
374	Plaintiffs' Opposition to Defendants' Motion to Compel Plaintiffs' Production of Documents About Which Plaintiffs' Witnesses Testified on Order Shortening Time (Filed Under Seal)	07/06/21	84	20,699–20,742
25	Plaintiffs' Opposition to Defendants' Motion to Dismiss	03/26/20	4	752–783
34	Plaintiffs' Opposition to Defendants' Motion to Dismiss First Amended Complaint	05/29/20	5 6	1188–1250 1251–1293
349	Plaintiffs' Opposition to Defendants' Motion to Redact Portions of Trial Transcript	10/07/22	72	17,990–17,993
278	Plaintiffs' Opposition to Defendants' Motion to Seal Courtroom During January 12, 2022 Hearing	01/12/22	52	12,769–12,772
369	Plaintiffs' Opposition to Defendants' Motion to Supplement the Record Supporting Objections to Reports and Recommendations #2 and #3 on Order Shortening Time (Filed Under Seal)	06/01/21	81 82	20,066–20,143 20,144–20,151
329	Plaintiffs' Opposition to Defendants' Renewed Motion for Judgment as a Matter of Law	05/05/22	70	17,336–17,373
317	Plaintiffs' Opposition to Defendants' Rule 62(b) Motion for Stay	04/07/22	68	16,826–16,831
35	Plaintiffs' Opposition to Defendants' Supplemental Brief in Support of Their Motion to Dismiss Plaintiffs' First Amended	05/29/20	6	1294–1309

<b>Tab</b>	<b>Document</b>	<b>Date</b>	<b>Vol.</b>	<b>Pages</b>
	Complaint Addressing Plaintiffs' Eighth Claim for Relief			
83	Plaintiffs' Opposition to Motion for Reconsideration of Order Denying Defendants' Motion to Compel Plaintiffs Responses to Defendants' First and Second Requests for Production	03/04/21	16	3833–3862
55	Plaintiffs' Opposition to Motion to Compel Production of Clinical Documents for the At-Issue Claims and Defenses and to Compel Plaintiff to Supplement Their NRCP 16.1 Initial Disclosures on an Order Shortening Time	09/29/20	9-10	2224–2292
72	Plaintiffs' Opposition to Motion to Compel Responses to Defendants' First and Second Requests for Production on Order Shortening Time	01/12/21	14	3420–3438
122	Plaintiffs' Opposition to United's Motion for Order to Show Cause Why Plaintiffs Should Not Be Held in Contempt and Sanctioned for Allegedly Violating Protective Order	08/24/21	19	4528–4609
270	Plaintiffs' Opposition to United's Motion to Seal	12/29/21	50	12,323–12,341
222	Plaintiffs' Proposed Jury Instructions (Contested)	11/15/21	38 39	9496–9500 9501–9513
260	Plaintiffs' Proposed Second Phase Jury Instructions and Verdict Form	12/06/21	49	12,064–12,072
243	Plaintiffs' Proposed Special Verdict Form	11/19/21	44	10,964–10,973
227	Plaintiffs' Proposed Verdict Form	11/16/21	40	9810–9819
84	Plaintiffs' Renewed Motion for Order to Show Cause Why Defendants Should Not Be Held in Contempt and for Sanctions	03/08/21	16	3863–3883

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287	Plaintiffs' Reply in Support of Cross Motion for Entry of Judgment	02/15/22	53	13,054–13,062
364	Plaintiffs' Reply in Support of Renewed Motion for Order to Show Cause Why Defendants Should Not Be Held in Contempt and for Sanctions (Filed Under Seal)	04/01/21	78	19,157–19,176
366	Plaintiffs' Response to Defendants Objection to the Special Master's Report and Recommendation No. 2 Regarding Plaintiffs' Objection to Notice of Intent to Issue Subpoena Duces Tecum to TeamHealth Holdings, Inc. and Collect Rx, Inc. Without Deposition and Motion for Protective Order (Filed Under Seal)	04/19/21	78 79	19,389–19,393 19,394–19,532
195	Plaintiffs' Response to Defendants' Objection to Media Requests	11/01/21	30	7393–7403
371	Plaintiffs' Response to Defendants' Objection to Report and Recommendation #6 Regarding Defendants' Motion to Compel Further Testimony from Deponents Instructed Not to Answer Questions (Filed Under Seal)	06/16/21	82	20,212–20,265
376	Plaintiffs' Response to Defendants' Objection to Special Master Report and Recommendation No. 9 Regarding Defendants' Renewed Motion to Compel Further Testimony from Deponents Instructed not to Answer Questions (Filed Under Seal)	07/22/21	84	20,751–20,863
110	Plaintiffs' Response to Defendants' Objection to Special Master's Report and Recommendation #7 Regarding Defendants' Motion to Compel Responses to Amended	06/24/21	18	4281–4312

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	Third Set of Request for Production of Documents			
367	Plaintiffs' Response to Defendants' Objection to the Special Master's Report and Recommendation No. 3 Regarding Defendants' Motion to Compel Responses to Defendants' Second Set of Request for Production on Order Shortening Time (Filed Under Seal)	05/05/21	79	19,533–19,581
426	Plaintiffs' Response to Defendants' Trial Brief Regarding Evidence and Argument Relating to Out-of-State Harms to Non-Parties (Filed Under Seal)	11/08/21	109	26,965–26,997
246	Plaintiffs' Second Supplemental Jury Instructions (Contested)	11/20/21	46	11,255–11,261
261	Plaintiffs' Supplement to Proposed Second Phase Jury Instructions	12/06/21	49	12,072–12,077
236	Plaintiffs' Supplemental Jury Instruction (Contested)	11/17/21	42	10,308–10,313
248	Plaintiffs' Third Supplemental Jury Instructions (Contested)	11/21/21	46	11,267–11,272
216	Plaintiffs' Trial Brief Regarding Defendants' Prompt Payment Act Jury Instruction Re: Failure to Exhaust Administrative Remedies	11/12/21	37	9174–9184
223	Plaintiffs' Trial Brief Regarding Punitive Damages for Unjust Enrichment Claim	11/15/21	39	9514–9521
218	Plaintiffs' Trial Brief Regarding Specific Price Term	11/14/21	38	9417–9425
428	Preliminary Motion to Seal Attorneys' Eyes Documents Used at Trial (Filed Under Seal)	11/11/21	109	27,004–27,055
211	Recorder's Amended Transcript of Jury Trial – Day 9	11/09/21	35	8515–8723

<b>Tab</b>	<b>Document</b>	<b>Date</b>	<b>Vol.</b>	<b>Pages</b>
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125	Recorder's Partial Transcript of Proceedings Re: Motions Hearing	09/09/21	19	4667–4680
126	Recorder's Partial Transcript of Proceedings Re: Motions Hearing (Via Blue Jeans)	09/15/21	19	4681–4708
31	Recorder's Transcript of Hearing All Pending Motions	05/15/20	5	1022–1026
88	Recorder's Transcript of Hearing All Pending Motions	03/18/21	16	3910–3915
90	Recorder's Transcript of Hearing All Pending Motions	03/25/21	16	3967–3970
96	Recorder's Transcript of Hearing All Pending Motions	04/21/21	17	4092–4095
82	Recorder's Transcript of Hearing Defendants' Motion to Extend All Case Management Deadlines and Continue Trial Setting on Order Shortening Time (Second Request)	03/03/21	16	3824–3832
101	Recorder's Transcript of Hearing Motion for Leave to File Opposition to Defendants' Motion to Compel Responses to Second Set of Requests for Production on Order Shortening Time in Redacted and Partially Sealed Form	05/12/21	17	4155–4156
107	Recorder's Transcript of Hearing Motion for Leave to File Plaintiffs' Response to Defendants' Objection to the Special Master's Report and Recommendation No. 3 Regarding Defendants' Second Set of Request for Production on Order Shortening Time in Redacted and Partially Sealed Form	06/09/21	17	4224–4226
92	Recorder's Transcript of Hearing Motion to Associate Counsel on OST	04/01/21	16	3981–3986

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359	Recorder's Transcript of Hearing Status Check	10/20/22	76	18,756–18,758
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213	Recorder's Transcript of Jury Trial – Day 10	11/10/21	36 37	8933–9000 9001–9152
217	Recorder's Transcript of Jury Trial – Day 11	11/12/21	37 38	9185–9250 9251–9416
224	Recorder's Transcript of Jury Trial – Day 12	11/15/21	39 40	9522–9750 9751–9798
228	Recorder's Transcript of Jury Trial – Day 13	11/16/21	40 41	9820–10,000 10,001–10,115
237	Recorder's Transcript of Jury Trial – Day 14	11/17/21	42 43	10,314–10,500 10,501–10,617
239	Recorder's Transcript of Jury Trial – Day 15	11/18/21	43 44	10,624–10,750 10,751–10,946
244	Recorder's Transcript of Jury Trial – Day 16	11/19/21	44 45	10,974–11,000 11,001–11,241
249	Recorder's Transcript of Jury Trial – Day 17	11/22/21	46 47	11,273–11,500 11,501–11,593
253	Recorder's Transcript of Jury Trial – Day 18	11/23/21	47 48	11,633–11,750 11,751–11,907
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165	Recorder's Transcript of Jury Trial – Day 3	10/27/21	27 28	6568–6750 6751–6774
166	Recorder's Transcript of Jury Trial – Day 4	10/28/21	28	6775–6991
196	Recorder's Transcript of Jury Trial – Day 5	11/01/21	30 31	7404–7500 7501–7605
197	Recorder's Transcript of Jury Trial – Day 6	11/02/21	31 32	7606–7750 7751–7777
201	Recorder's Transcript of Jury Trial – Day 7	11/03/21	32 33	7875–8000 8001–8091
210	Recorder's Transcript of Jury Trial – Day 8	11/08/21	34 35	8344–8500 8501–8514
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93	Recorder's Transcript of Proceedings Re: Motions	04/09/21	16 17	3987–4000 4001–4058
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59	Recorder's Transcript of Proceedings Re: Motions (via Blue Jeans)	10/22/20	10	2447–2481
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67	Recorder's Transcript of Proceedings Re: Motions (via Blue Jeans)	12/23/20	12	2786–2838
68	Recorder's Transcript of Proceedings Re: Motions (via Blue Jeans)	12/30/20	12	2839–2859
105	Recorder's Transcript of Proceedings Re: Motions Hearing	06/03/21	17	4185–4209
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113	Recorder's Transcript of Proceedings Re: Motions Hearing	07/29/21	18	4341–4382
123	Recorder's Transcript of Proceedings Re: Motions Hearing	09/02/21	19	4610–4633
121	Recorder's Transcript of Proceedings Re: Motions Hearing (Unsealed Portion Only)	08/17/21	18 19	4498–4500 4501–4527
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51	Recorder's Transcript of Proceedings Re: Pending Motions	09/09/20	8	1933–1997
15	Rely in Support of Motion to Remand	06/28/19	2	276–308
124	Reply Brief on “Motion for Order to Show	09/08/21	19	4634–4666

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330	Reply in Support of Defendants’ Motion for Remittitur and to Alter or Amend the Judgment	06/22/22	70	17,374–17,385
57	Reply in Support of Defendants’ Motion to Compel Production of Clinical Documents for the At-Issue Claims and Defenses and to Compel Plaintiff to Supplement Their NRCP 16.1 Initial Disclosures	10/07/20	10	2337–2362
331	Reply in Support of Defendants’ Renewed Motion for Judgment as a Matter of Law	06/22/22	70	17,386–17,411
332	Reply in Support of Motion for New Trial	06/22/22	70	17,412–17,469
87	Reply in Support of Motion for Reconsideration of Order Denying Defendants’ Motion to Compel Plaintiffs Responses to Defendants’ First and Second Requests for Production	03/16/21	16	3895–3909
344	Reply in Support of Supplemental Attorney’s Fees Request	08/22/22	72	17,935–17,940
229	Reply in Support of Trial Brief Regarding Evidence and Argument Relating to Out-Of-State Harms to Non-Parties	11/16/21	41	10,116–10,152
318	Reply on “Defendants’ Rule 62(b) Motion for Stay Pending Resolution of Post-Trial Motions” ( <i>on Order Shortening Time</i> )	04/07/22	68	16,832–16,836
245	Response to Plaintiffs’ Trial Brief Regarding Punitive Damages for Unjust Enrichment Claim	11/19/21	45 46	11,242–11,250 11,251–11,254

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148	Second Amended Complaint	10/07/21	21 22	5246–5250 5251–5264
458	Second Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits (Filed Under Seal)	01/05/22	126 127	31,309–31,393 31,394–31,500
231	Special Verdict Form	11/16/21	41	10,169–10,197
257	Special Verdict Form	11/29/21	49	12,035–12,046
265	Special Verdict Form	12/07/21	49	12,150–12,152
6	Summons – Health Plan of Nevada, Inc.	04/30/19	1	29–31
9	Summons – Oxford Health Plans, Inc.	05/06/19	1	38–41
8	Summons – Sierra Health and Life Insurance Company, Inc.	04/30/19	1	35–37
7	Summons – Sierra Health-Care Options, Inc.	04/30/19	1	32–34
3	Summons - UMR, Inc. dba United Medical Resources	04/25/19	1	20–22
4	Summons – United Health Care Services Inc. dba UnitedHealthcare	04/25/19	1	23–25
5	Summons – United Healthcare Insurance Company	04/25/19	1	26–28
433	Supplement to Defendants' Motion to Seal Certain Confidential Trial Exhibits (Filed	12/08/21	110 111	27,383–27,393 27,394–27,400

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439	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 1 of 18 (Filed Under Seal)	12/24/21	114	28,189–28,290
440	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 2 of 18 (Filed Under Seal)	12/24/21	114 115	28,291–28,393 28,394–28,484
441	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 3 of 18 (Filed Under Seal)	12/24/21	115 116	28,485–28,643 28,644–28,742
442	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 4 of 18 (Filed Under Seal)	12/24/21	116 117	28,743–28,893 28,894–28,938
443	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 5 of 18 (Filed Under Seal)	12/24/21	117	28,939–29,084
444	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 6 of 18 (Filed Under Seal)	12/24/21	117 118	29,085–29,143 29,144–29,219
445	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 7 of 18 (Filed Under Seal)	12/24/21	118	29,220–29,384
446	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 8 of 18 (Filed Under Seal)	12/24/21	118 119	29,385–29,393 29,394–29,527
447	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 9 of 18 (Filed Under Seal)	12/24/21	119 120	29,528–29,643 29,644–29,727
448	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial	12/24/21	120 121	29,728–29,893 29,894–29,907

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450	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 12 of 18 (Filed Under Seal)	12/24/21	121 122	30,052–30,143 30,144–30,297
451	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 13 of 18 (Filed Under Seal)	12/24/21	122 123	30,298–30,393 30,394–30,516
452	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 14 of 18 (Filed Under Seal)	12/24/21	123 124	30,517–30,643 30,644–30,677
453	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 15 of 18 (Filed Under Seal)	12/24/21	124	30,678–30,835
454	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 16 of 18 (Filed Under Seal)	12/24/21	124 125	30,836–30,893 30,894–30,952
455	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 17 of 18 (Filed Under Seal)	12/24/21	125	30,953–31,122
456	Supplemental Appendix of Exhibits to Motion to Seal Certain Confidential Trial Exhibits – Volume 18 of 18 (Filed Under Seal)	12/24/21	125 126	30,123–31,143 31,144–31,258

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467	Transcript of Proceedings re Status Check (Filed Under Seal)	10/06/22	129	31,944–31,953
157	Transcript of Proceedings Re: Motions	10/19/21	22 23	5339–5500 5501–5561
160	Transcript of Proceedings Re: Motions	10/22/21	24 25	5908–6000 6001–6115
459	Transcript of Proceedings Re: Motions (Filed Under Seal)	01/12/22	127	31,501–31,596
460	Transcript of Proceedings Re: Motions (Filed Under Seal)	01/20/22	127 128	31,597–31,643 31,644–31,650
461	Transcript of Proceedings Re: Motions (Filed Under Seal)	01/27/22	128	31,651–31,661
146	Transcript of Proceedings Re: Motions (Via Blue Jeans)	10/06/21	21	5202–5234
290	Transcript of Proceedings Re: Motions Hearing	02/17/22	53	13,098–13,160
319	Transcript of Proceedings Re: Motions Hearing	04/07/22	68	16,837–16,855
323	Transcript of Proceedings Re: Motions Hearing	04/21/22	69	17,102–17,113
336	Transcript of Proceedings Re: Motions Hearing	06/29/22	71	17,610–17,681
463	Transcript of Proceedings Re: Motions Hearing (Filed Under Seal)	02/10/22	128	31,673–31,793

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39	Transcript of Proceedings, All Pending Motions	06/09/20	6	1385–1471
46	Transcript of Proceedings, Plaintiff's Motion to Compel Defendants' Production of Unredacted MultiPlan, Inc. Agreement	07/29/20	7	1644–1663
482	Transcript of Status Check (Filed Under Seal)	10/10/22	142	35,248–35,258
492	Transcript Re: Proposed Jury Instructions	11/21/21	146	36,086–36,250
425	Trial Brief Regarding Evidence and Argument Relating to Out-of-State Harms to Non-Parties (Filed Under Seal)	10/31/21	109	26,953–26,964
232	Trial Brief Regarding Jury Instructions on Formation of an Implied-In-Fact Contract	11/16/21	41	10,198–10,231
233	Trial Brief Regarding Jury Instructions on Unjust Enrichment	11/16/21	41	10,232–10,248
484	Trial Exhibit D5499 (Filed Under Seal)		142 143	35,264–35,393 35,394–35,445
362	Trial Exhibit D5502		76 77	18,856–19,000 19,001–19,143
485	Trial Exhibit D5506 (Filed Under Seal)		143	35,446
372	United's Motion to Compel Plaintiffs' Production of Documents About Which Plaintiffs' Witnesses Testified on Order Shortening Time (Filed Under Seal)	06/24/21	82	20,266–20,290
112	United's Reply in Support of Motion to Compel Plaintiffs' Production of Documents About Which Plaintiffs' Witnesses Testified	07/12/21	18	4326–4340



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	on Order Shortening Time			
258	Verdict(s) Submitted to Jury but Returned Unsigned	11/29/21	49	12,047–12,048

**CERTIFICATE OF SERVICE**

I certify that on April 18, 2023, I submitted the foregoing appendix for filing *via* the Court's eFlex electronic filing system.

Electronic notification will be sent to the following:

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I further certify that I served a copy of this document by mailing a true and correct copy thereof, postage prepaid, at Las Vegas, Nevada, addressed as follows:

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An Employee of Lewis Roca Rothgerber Christie LLP

1 October 2018); Dignity Health – St. Rose Dominican Hospitals, Siena Campus (approximately  
2 July 2017-October 2018); Southern Hills Hospital and Medical Center (approximately July  
3 2017-present); and Sunrise Hospital and Medical Center (approximately July 2017-present).

4 b. At all times relevant hereto, Team Physicians and Ruby Crest have  
5 provided emergency medicine services to Defendants' Members as out-of-network providers of  
6 emergency services at Banner Churchill Community Hospital in Fallon, Nevada and  
7 Northeastern Nevada Regional Hospital in Elko, Nevada, respectively.

8 20. Defendants have generally adjudicated and paid claims with dates of service  
9 through July 31, 2019. As the claims continue to accrue, so do the Health Care Providers'  
10 damages. For each of the claims for which the Health Care Providers seek damages, Defendants  
11 have already determined the claim was covered and payable.

12 ***The Relationship Between the Health Care Providers and Defendants***

13 21. Defendants provide health insurance to their members (*i.e.*, their insureds).

14 22. In exchange for premiums, fees, and/or other compensation, Defendants are  
15 responsible for paying for health care services rendered to members covered by their health  
16 plans.

17 23. In addition, Defendants provide services to their Members, such as building  
18 participating provider networks and negotiating rates with providers who join their networks.

19 24. Defendants offer a range of health insurance plans. Plans generally fall into one  
20 of two categories.

21 25. "Fully Funded" plans are plans in which Defendants collect premiums directly  
22 from their members (or from third parties on behalf of their members) and pay claims directly  
23 from the pool of funds created by those premiums.

24 26. "Employer Funded" plans are plans in which Defendants provide administrative  
25 services to their employer clients, including processing, analysis, approval, and payment of  
26 health care claims, using the funds of the claimant's employer.

27 27. Defendants provide coverage for emergency medical services under both types of  
28 plans.

1           28. Defendants are contractually and legally responsible for ensuring that their  
2 members can receive such services (a) without obtaining prior approval and (b) without regard  
3 to the “in network” or “out-of-network” status of the emergency services provider.

4           29. Defendants highlight such coverage in marketing their insurance products.

5           30. For all claims at issue in this lawsuit, the Health Care Providers were non-  
6 participating providers, meaning they did not have an express contract with Defendants.

7           31. Specifically, the reimbursement claims within the scope of this action are (a) non-  
8 participating commercial claims (including for patients covered by Affordable Care Act  
9 Exchange products), (b) that were adjudicated as covered, and allowed as payable by  
10 Defendants, (c) at rates below the reasonable payment for the services rendered, (d) as measured  
11 by the community where they were performed and by the person who provided them. These  
12 claims are collectively referred to herein as the “Non-Participating Claims.”

13           32. The Non-Participating Claims involve only commercial and Exchange Products  
14 operated, insured, or administered by the insurance company Defendants. They do not involve  
15 Medicare Advantage or Medicaid products.

16           33. Further, the Non-Participating Claims at issue do not involve coverage  
17 determinations under any health plan that may be subject to the federal Employee Retirement  
18 Income Security Act of 1974, or claims for benefits based on assignment of benefits.<sup>2</sup>

19           34. Those counts concern the *rate* of payment to which the Health Care Providers are  
20 entitled, not whether a *right* to receive payment exists.

21           35. Defendants bear responsibility for paying for emergency medical care provided to  
22 their members regardless of whether the treating physician is an in-network or out-of-network  
23 provider.

24           36. Defendants understand and expressly acknowledge that their members will seek  
25 emergency treatment from non-participating providers and that Defendants are obligated to pay  
26 for those services.

---

27 <sup>2</sup> The Health Care Providers understand, in any event, that Defendants do not require or rely  
28 upon assignments from their members in order to pay claims for services provided by the Health  
Care Providers to their members.

***Defendants Paid the Health Care Providers Unreasonable Rates***

37. Defendants bear responsibility for paying for emergency medical care provided to their Members regardless of whether the treating physician is an in-network or out-of-network provider.

38. Defendants expressly acknowledge that their Members will seek emergency treatment from non-participating providers and that they are obligated to pay for those services.

39. In emergency situations, individuals go to the nearest hospital for care, particularly if they are transported by ambulance. Patients facing an emergency situation are unlikely to have the opportunity to determine in advance which hospitals and physicians are in-network under their health plan. Defendants are obligated to reimburse the Health Care Providers at the reasonable value of the services provided.

40. Defendants' Members received a wide variety of emergency services (in some instances, life-saving services) from the Health Care Providers' physicians: treatment of conditions ranging from cardiac arrest, to broken limbs, to burns, to diabetic ketoacidosis and shock, to gastric and/or obstetrical distress.

41. As alleged herein, the Health Care Providers provided treatment on an out-of-network basis for emergency services to thousands of Patients who were Members in Defendants' Health Plans. The total underpayment amount for these related claims is in excess of \$15,000.00 and continues to grow. Defendants have likewise failed to attempt in good faith to effectuate a prompt, fair, and equitable settlement of these claims.

42. Defendants paid claims at a significantly reduced rate which is demonstrative of an arbitrary and selective program and motive or intent to unjustifiably reduce the overall amount Defendants pay to the Health Care Providers. Defendants implemented this program to influence and leverage the Health Care Providers as well as to unfairly and illegally profit from a manipulation of payment rates.

43. Defendants failed to attempt in good faith to effectuate a prompt, fair, and equitable settlement of the subject claims as legally required.

44. The Health Care Providers contested the unsatisfactory rate of payment received

1 from Defendants in connection with the claims that are the subject of this action.

2 45. All conditions precedent to the institution and maintenance of this action have  
3 been performed, waived, or otherwise satisfied.

4 46. The Health Care Providers bring this action to compel Defendants to pay it the  
5 reasonable value of the professional emergency medical services for the emergency services that  
6 it provided and will continue to provide Patients and to stop Defendants from profiting from  
7 their manipulation of payment rate data.

8 ***Defendants' Prior Manipulation of Reimbursement Rates***

9 47. Defendants have a history of manipulating their reimbursement rates for non-  
10 participating providers to maximize their own profits at the expense of others, including their  
11 own Members.

12 48. In 2009, UnitedHealth Group, Inc. was investigated by the New York Attorney  
13 General for allegedly using its wholly-owned subsidiary, Ingenix, to illegally manipulate  
14 reimbursements to non-participating providers.

15 49. The investigation revealed that Ingenix maintained a database of health care  
16 billing information that intentionally skewed reimbursement rates downward through faulty data  
17 collection, poor pooling procedures, and lack of audits.

18 50. UnitedHealth Group, Inc. ultimately paid a \$50 million settlement to fund an  
19 independent nonprofit organization known as FAIR Health to operate a new database to serve as  
20 a transparent reimbursement benchmark.

21 51. In a press release announcing the settlement, the New York Attorney General  
22 noted that: "For the past ten years, American patients have suffered from unfair reimbursements  
23 for critical medical services due to a conflict-ridden system that has been owned, operated, and  
24 manipulated by the health insurance industry."

25 52. Also in 2009, for the same conduct, UnitedHealth Group, Inc. and Defendants  
26 United HealthCare Insurance Co., and United HealthCare Services, Inc. paid \$350 million to  
27 settle class action claims alleging that they underpaid non-participating providers for services in  
28 *The American Medical Association, et al. v. United Healthcare Corp., et al.*, Civil Action No.

1 00-2800 (S.D.N.Y.).

2 53. Since its inception, FAIR Health's benchmark databases have been used by state  
3 government agencies, medical societies, and other organizations to set reimbursement for non-  
4 participating providers.

5 54. For example, the State of Connecticut uses FAIR Health's database to determine  
6 reimbursement for non-participating providers' emergency services under the state's consumer  
7 protection law.

8 55. Defendants tout the use of FAIR Health and its benchmark databases to  
9 determine non-participating, out-of-network payment amounts on its website.

10 56. While Defendants give the appearance of remitting reimbursement to non-  
11 participating providers that meet the reasonable value of services based on geography that is  
12 measured from independent benchmark services such as the FAIR Health database, Defendants  
13 have found other ways to manipulate the reimbursement rate downward from a reasonable rate  
14 in order to maximize profits at the expense of the Health Care Providers.

15 57. During the relevant time, Defendants imposed significant cuts to the Health Care  
16 Providers' reimbursement rate for out-of-network claims under Defendants' fully funded plans,  
17 without rationale or justification.

18 58. Defendants pay claims under fully funded plans out of their own pool of funds, so  
19 every dollar that is not paid to the Health Care Providers is a dollar retained by Defendants for  
20 their own use.

21 59. Defendants' detrimental approach to payments for members in fully funded plans  
22 continues today,

23 60. As a result of these deep cuts in payments for services provided to Members of  
24 fully funded plans, Defendants have not paid the Health Care Providers a reasonable rate for  
25 those services.

26 61. In so doing, Defendants have illegally retained those funds.

27  
28



**FIRST CLAIM FOR RELIEF****(Breach of Implied-in-Fact Contract)**

62. The Health Care Providers incorporate herein by reference the allegations set forth in the preceding paragraphs as if fully set forth herein.

63. At all material times, the Health Care Providers were obligated under federal and Nevada law to provide emergency medicine services to all patients presenting at the emergency departments they staff, including Defendants' Patients.

64. At all material times, Defendants were obligated to provide coverage for emergency medicine services to all of its Members.

65. At all material times, Defendants knew that the Health Care Providers were non-participating emergency medicine groups that provided emergency medicine services to Patients.

66. From July 1, 2017 to the present, Fremont has undertaken to provide emergency medicine services to UH Parties' Patients, and the UH Parties have undertaken to pay for such services provided to UH Parties' Patients.

67. From approximately March 1, 2019 to the present Fremont has undertaken to provide emergency medicine services to the patients of Sierra and HPN, and Sierra and HPN have undertaken to pay for such services provided to their Patients.

68. At all material times, Defendants were aware that the Health Care Providers were entitled to and expected to be paid at rates in accordance with the standards established under Nevada law.

69. At all material times, Defendants have received the Health Care Providers' bills for the emergency medicine services the Health Care Providers have provided and continue to provide to Defendants' Patients, and Defendants have consistently adjudicated and paid, and continue to adjudicate and pay, the Health Care Providers directly for the non-participating claims.

70. Through the parties' conduct and respective undertaking of obligations concerning emergency medicine services provided by the Health Care Providers to Defendants'

1 Patients, the parties implicitly agreed, and the Health Care Providers had a reasonable  
2 expectation and understanding, that Defendants would reimburse the Health Care Providers for  
3 non-participating claims at rates in accordance with the standards acceptable under Nevada law.

4 71. Under Nevada common law, including the doctrine of quantum meruit, the  
5 Defendants, by undertaking responsibility for payment to the Health Care Providers for the  
6 services rendered to Defendants' Patients, impliedly agreed to reimburse the Health Care  
7 Providers at the reasonable value of the professional emergency medical services provided by  
8 the Health Care Providers.

9 72. Defendants, by undertaking responsibility for payment to the Health Care  
10 Providers for the services rendered to the Defendants' Patients, impliedly agreed to reimburse  
11 the Health Care Providers at the reasonable value of the professional emergency medical  
12 services provided by the Health Care Providers.

13 73. In breach of its implied contract with the Health Care Providers, Defendants have  
14 and continue to unreasonably and systemically adjudicate the non-participating claims at rates  
15 substantially below the reasonable value of the professional emergency medical services  
16 provided by the Health Care Providers to the Defendants' Patients.

17 74. The Health Care Providers have performed all obligations under the implied  
18 contract with the Defendants concerning emergency medical services to be performed for  
19 Patients.

20 75. At all material times, all conditions precedent have occurred that were necessary  
21 for Defendants to perform their obligations under their implied contract to pay the Health Care  
22 Providers for the non-participating claims, at a minimum, based upon the reasonable value of the  
23 Health Care Providers' professional emergency medicine services

24 76. The Health Care Providers did not agree that the lower reimbursement rates paid  
25 by Defendants were reasonable or sufficient to compensate the Health Care Providers for the  
26 emergency medical services provided to Patients.

27 77. The Health Care Providers have suffered damages in an amount equal to the  
28 difference between the amounts paid by Defendants and the reasonable value of their

1 professional emergency medicine services, that remain unpaid by the Defendants through the  
2 date of trial, plus the Health Care Providers' loss of use of that money.

3 78. As a result of the Defendants' breach of the implied contract to pay the Health  
4 Care Providers for the non-participating claims at the rates required by Nevada law, the Health  
5 Care Providers have suffered injury and is entitled to monetary damages from Defendants to  
6 compensate them for that injury in an amount in excess of \$15,000.00, exclusive of interest,  
7 costs and attorneys' fees, the exact amount of which will be proven at the time of trial.

8 79. The Health Care Providers have been forced to retain counsel to prosecute this  
9 action and is entitled to receive their costs and attorneys' fees incurred herein.

## 10 **SECOND CLAIM FOR RELIEF**

### 11 **(Alternative Claim for Unjust Enrichment)**

12 80. The Health Care Providers rendered valuable emergency services to the Patients.

13 81. Defendants received the benefit of having their healthcare obligations to their  
14 plan members discharged and their members received the benefit of the emergency care  
15 provided to them by the Health Care Providers.

16 82. As insurers or plan administrators, Defendants were reasonably notified that  
17 emergency medicine service providers such as the Health Care Providers would expect to be  
18 paid by Defendants for the emergency services provided to Patients.

19 83. Defendants accepted and retained the benefit of the services provided by the  
20 Health Care Providers at the request of the members of its Health Plans, knowing that the Health  
21 Care Providers expected to be paid the reasonable value of services provided, for the medically  
22 necessary, covered emergency medicine services it performed for Defendants' Patients.

23 84. Defendants have received a benefit from the Health Care Providers' provision of  
24 services to its Patients and the resulting discharge of their healthcare obligations owed to their  
25 Patients.

26 85. Under the circumstances set forth above, it is unjust and inequitable for  
27 Defendants to retain the benefit they received without paying the value of that benefit; i.e., by  
28 paying the Health Care Providers at the reasonable value of services provided, for the claims that

1 are the subject of this action and for all emergency medicine services that the Health Care  
2 Providers will continue to provide to Defendants' Members.

3 86. The Health Care Providers seek compensatory damages in an amount which will  
4 continue to accrue through the date of trial as a result of Defendants' continuing unjust  
5 enrichment.

6 87. As a result of the Defendants' actions, the Health Care Providers have been  
7 damaged in an amount in excess of \$15,000.00, exclusive of interest, costs and attorneys' fees,  
8 the exact amount of which will be proven at the time of trial.

9 88. The Health Care Providers sue for the damages caused by the Defendants'  
10 conduct and is entitled to recover the difference between the amount the Defendants' paid for  
11 emergency care the Health Care Providers rendered to its members and the reasonable value of  
12 the service that the Health Care Providers rendered to Defendants by discharging their  
13 obligations to their plan members.

14 89. As a direct result of the Defendants' acts and omissions complained of herein, it  
15 has been necessary for the Health Care Providers to retain legal counsel and others to prosecute  
16 their claims. The Health Care Providers are thus entitled to an award of attorneys' fees and costs  
17 of suit incurred herein.

### 18 **THIRD CLAIM FOR RELIEF**

#### 19 **(Violation of NRS 686A.020 and 686A.310)**

20 90. The Health Care Providers incorporate herein by reference the allegations set  
21 forth in the preceding paragraphs as if fully set forth herein.

22 91. The Nevada Insurance Code prohibits an insurer from engaging in an unfair  
23 settlement practices. NRS 686A.020, 686A.310.

24 92. One prohibited unfair claim settlement practice is "[f]ailing to effectuate prompt,  
25 fair and equitable settlements of claims in which liability of the insurer has become reasonably  
26 clear." NRS 686A.310(1)(e).

27 93. As detailed above, Defendants have failed to comply with NRS 686A.310(1)(e)  
28 by failing to pay the Health Care Providers' medical professionals the usual and customary rate

1 for emergency care provided to Defendants' members. By failing to pay the Health Care  
2 Providers' medical professionals the usual and customary rate Defendants have violated NRS  
3 686A.310(1)(e) and committed an unfair settlement practice.

4 94. The Health Care Providers are therefore entitled to recover the difference  
5 between the amount Defendants paid for emergency care the Health Care Providers rendered to  
6 their members and the usual and customary rate, plus court costs and attorneys' fees.

7 95. The Health Care Providers are entitled to damages in an amount in excess of  
8 \$15,000.00, exclusive of interest, costs and attorneys' fees, the exact amount of which will be  
9 proven at the time of trial.

10 96. Defendants have acted in bad faith regarding their obligation to pay the usual and  
11 customary fee; therefore, the Health Care Providers are entitled to recover punitive damages  
12 against Defendants.

13 97. As a direct result of Defendants' acts and omissions complained of herein, it has  
14 been necessary for the Health Care Providers to retain legal counsel and others to prosecute their  
15 claims. The Health Care Providers are thus entitled to an award of attorneys' fees and costs of  
16 suit incurred herein.

#### 17 **FOURTH CLAIM FOR RELIEF**

##### 18 **(Violations of Nevada Prompt Pay Statutes & Regulations)**

19 98. The Health Care Providers incorporate herein by reference the allegations set  
20 forth in the preceding paragraphs as if fully set forth herein.

21 99. The Nevada Insurance Code requires an HMO, MCO or other health insurer to  
22 pay a healthcare provider's claim within 30 days of receipt of a claim. NRS 683A.0879 (third  
23 party administrator), NRS 689A.410 (Individual Health Insurance), NRS 689B.255 (Group and  
24 Blanket Health Insurance), NRS 689C.485 (Health Insurance for Small Employers), NRS  
25 695C.185 (HMO), NAC 686A.675 (all insurers) (collectively, the "NV Prompt Pay Laws").  
26 Thus, for all submitted claims, Defendants were obligated to pay the Health Care Providers the  
27 usual and customary rate within 30 days of receipt of the claim.

28 100. Despite this obligation, as alleged herein, Defendants have failed to reimburse the

1 Health Care Providers at the usual and customary rate within 30 days of the submission of the  
2 claim. Indeed, Defendants failed to reimburse the Health Care Providers at the usual and  
3 customary rate at all. Because Defendants have failed to reimburse the Health Care Providers at  
4 the usual and customary rate within 30 days of submission of the claims as the Nevada  
5 Insurance Code requires, Defendants are liable to the Health Care Providers for statutory  
6 penalties.

7 101. For all claims payable by plans that Defendants insure wherein it failed to pay at  
8 the usual and customary fee within 30 days, Defendants are liable to the Health Care Providers  
9 for penalties as provided for in the Nevada Insurance Code.

10 102. Additionally, Defendants have violated NV Prompt Pay Laws, by among things,  
11 only paying part of the subject claims that have been approved and are fully payable.

12 103. The Health Care Providers seek penalties payable to it for late-paid and partially  
13 paid claims under the NV Prompt Pay Laws.

14 104. The Health Care Providers are entitled to damages in an amount in excess of  
15 \$15,000.00 to be determined at trial, including for its loss of the use of the money and its  
16 attorneys' fees.

17 105. Under the Nevada Insurance Code and NV Prompt Pay Laws, the Health Care  
18 Providers are also entitled to recover their reasonable attorneys' fees and costs.

### 19 REQUEST FOR RELIEF

20 WHEREFORE, the Health Care Providers request the following relief:

21 A. For awards of general and special damages in amounts in excess of \$15,000.00,  
22 the exact amounts of which will be proven at trial;

23 B. Judgment in their favor on the Second Amended Complaint;

24 C. Awards of actual, consequential, general, and special damages in an amount in  
25 excess of \$15,000.00, the exact amounts of which will be proven at trial;

26 D. An award of punitive damages, the exact amount of which will be proven at trial;

27 E. The Health Care Providers costs and reasonable attorneys' fees pursuant to NRS  
28 207.470;

- 1 F. Reasonable attorneys' fees and court costs;  
2 G. Pre-judgment and post-judgment interest at the highest rates permitted by law;  
3 and  
4 H. Such other and further relief as the Court may deem just and proper.

5 **JURY DEMAND**

6 The Health Care Providers hereby demand trial by jury on all issues so triable.

7 DATED this 4th day of October, 2021.

8 AHMAD, ZAVITSANOS, ANAIPAKOS, ALAVI  
9 & MENSING, P.C

10 By: /s/ P. Kevin Leyendecker

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of McDonald Carano LLP, and that on this 7th day of October, 2021, I caused a true and correct copy of the foregoing **SECOND AMENDED COMPLAINT** to be served via this Court's Electronic Filing system in the above-captioned case, upon the following:

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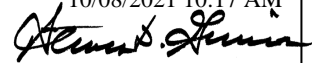
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/s/ Beau Nelson

An employee of McDonald Carano LLP

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*Attorneys for Plaintiffs***DISTRICT COURT****CLARK COUNTY, NEVADA**

FREMONT EMERGENCY SERVICES  
(MANDAVIA), LTD., a Nevada professional  
corporation; TEAM PHYSICIANS OF  
NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM,  
STEFANKO AND JONES, LTD. dba RUBY  
CREST EMERGENCY MEDICINE, a  
Nevada professional corporation,

Plaintiffs,

vs.

UNITED HEALTHCARE INSURANCE  
COMPANY, a Connecticut corporation;  
UNITED HEALTH CARE SERVICES INC.,  
dba UNITEDHEALTHCARE, a Minnesota  
corporation; UMR, INC., dba UNITED  
MEDICAL RESOURCES, a Delaware  
corporation; SIERRA HEALTH AND LIFE  
INSURANCE COMPANY, INC., a Nevada  
corporation; HEALTH PLAN OF NEVADA,  
INC., a Nevada corporation,

Defendants.

Case No.: A-19-792978-B  
Dept. No.: XXVII

**HEARING REQUESTED**

**PLAINTIFFS' MOTION IN LIMINE TO  
EXCLUDE EVIDENCE, TESTIMONY  
AND/OR ARGUMENT REGARDING  
THE FACT THAT PLAINTIFFS HAVE  
DISMISSED CERTAIN CLAIMS AND  
PARTIES ON ORDER SHORTENING  
TIME**

1 Plaintiffs Fremont Emergency Services (Mandavia), Ltd.; Team Physicians of Nevada-  
2 Mandavia, P.C.; Crum, Stefanko and Jones, Ltd. dba Ruby Crest Emergency Medicine  
3 (collectively the "Health Care Providers") move for an order in limine against defendants  
4 UnitedHealthcare Insurance Company; United HealthCare Services, Inc.; UMR, Inc.; Sierra  
5 Health and Life Insurance Co., Inc.; and Health Plan of Nevada, Inc. (collectively, "United") for  
6 the exclusion of all evidence, testimony and/or argument regarding the fact that the Health Care  
7 Providers have dismissed certain claims and parties prior to trial.

8 Yesterday, the Court granted the Health Care Providers' Motion for Leave to File Second  
9 Amended Complaint, with no opposition from United, and allowed the Health Care Providers to  
10 dismiss certain claims and parties without prejudice. Now, United seeks to gain a tactical  
11 advantage from that by introducing evidence, argument, and testimony to the jury about the fact  
12 that the Health Care Providers have dismissed certain claims and parties prior to trial.

13 Many courts have found this type of evidence to be irrelevant, confusing, misleading,  
14 and unfairly prejudicial. This case is no different. Were such evidence to be admitted, it would  
15 require extensive explanation of trial strategy and the procedural mechanisms of litigation, none  
16 of which are familiar to the jury and none of which relate to the critical disputed issues in the  
17 case. This is bound to be confusing and misleading because it has nothing to do with the rate of  
18 payments the jury is going to be asked to render a decision on. Because the evidence is irrelevant,  
19 and because it carries a significant danger of unfair prejudice, the Court should grant this motion  
20 in limine and preclude United from presenting any evidence, testimony and/or argument  
21 regarding the fact that the Health Care Providers have dismissed certain claims and parties prior  
22 to trial.

23 This Motion is based upon the record in this matter, the points and authorities that follow,  
24 the pleadings and papers on file in this action, and any argument of counsel entertained by the  
25 Court.

26 ...

27 ...

28

1 DATED this 7th day of October, 2021.

2 AHMAD, ZAVITSANOS, ANAIPAKOS,  
3 ALAVI & MENSING P.C.

4 By: /s/ Jason S. McManis

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*Attorneys for Plaintiffs*

**DECLARATION OF JASON MCMANIS IN SUPPORT OF PLAINTIFFS' MOTION  
IN LIMINE TO EXCLUDE EVIDENCE, TESTIMONY AND/OR ARGUMENT  
REGARDING THE FACT THAT PLAINTIFFS HAVE DISMISSED CERTAIN  
CLAIMS AND PARTIES ON ORDER SHORTENING TIME**

I, Jason S. McManis, declare as follows:

1. I am an attorney licensed to practice law in the State of Texas, and am an associate in the law firm of Ahmad, Zavitsanos, Anaipakos, Alavi & Mensing P.C., counsel for Plaintiffs Fremont Emergency Services (Mandavia), Ltd.; Team Physicians of Nevada-Mandavia, P.C.; Crum, Stefanko and Jones, Ltd. dba Ruby Crest Emergency Medicine (collectively the "Health Care Providers") in the above-captioned case currently pending in the Eighth Judicial District Court, Clark County, Nevada, Case No. A-19-792978-B.

2. This Declaration is made of my own personal knowledge except where stated on information and belief, and as to those matters, I believe them to be true, and I am competent to testify thereto if called upon to do so.

3. This Declaration is made in support of Plaintiffs' Motion in Limine to Exclude Evidence, Testimony, and/or Argument Regarding the Fact that Plaintiffs Have Dismissed Certain Claims and Parties.

4. On October 6, 2021, pursuant to EDCR 2.47, in a good faith effort to avoid a dispute at trial, I met with counsel for defendants UnitedHealthcare Insurance Company; United HealthCare Services, Inc.; UMR, Inc.; Sierra Health and Life Insurance Co., Inc.; and Health Plan of Nevada, Inc.'s (collectively, "United") stating my clients' position that any evidence, testimony and/or argument regarding the fact that the Health Care Providers have dismissed certain claims and parties prior to trial was inadmissible under the Nevada Rules of Evidence, and that such evidence should be excluded at trial. In response, United's counsel confirmed that it would not agree to exclude this evidence.

5. Counsel for United agreed that they were unopposed to the filing of this motion after the motion in limine deadline.

1           6.       Accordingly, a dispute concerning the admissibility of evidence regarding  
2 discussion regarding the fact that the Health Care Providers have dismissed certain claims and  
3 parties prior to trial has arisen, necessitating the filing of the instant motion.

4           7.       The Health Care Providers seek the relief requested herein prior to  
5 commencement of the firm civil jury trial that is scheduled to begin on October 25, 2021. In the  
6 interests of judicial economy, the Health Care Providers respectfully request that this Motion be  
7 heard at the same time as the other pending motions in limine, on October 14, 2021, with  
8 United's opposition being due at any point before that October 14, 2021 hearing..

9           I declare under penalty of perjury that the foregoing is true and correct.

10  
11           Executed: October 7, 2021

/s/ Jason S. McManis

Jason S. McManis

**ORDER SHORTENING TIME**

It appearing to the satisfaction of the Court and good cause appearing therefor, IT IS HEREBY ORDERED that the hearing on **PLAINTIFFS' MOTION IN LIMINE TO EXCLUDE EVIDENCE, TESTIMONY AND/OR ARGUMENT REGARDING THE FACT THAT PLAINTIFFS HAVE DISMISSED CERTAIN CLAIMS AND PARTIES ON ORDER SHORTENING TIME** shall be shortened and heard before the above-entitled Court in Department XXVII on the 14th day of October, 2021 at 1:30 ~~a.m.~~ / p.m., or as soon thereafter as counsel may be heard; that Defendants' opposition, if any, shall be electronically filed and served on or before the 12th day of October, 2021.

October 7, 2021

Dated this 8th day of October, 2021

*Nancy L Allf*

TW

Submitted by:

6C9 B05 D0E2 6444  
Nancy Allf  
District Court Judge

AHMAD, ZAVITSANOS, ANAIPAKOS,  
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## POINTS AND AUTHORITIES

### **I. INTRODUCTION**

The premise of this motion is narrow and straightforward. “Testimony regarding claims that have been resolved or parties that have been dismissed is irrelevant.”<sup>1</sup> *Lyons v. Leonhardt*, No., 05-cv-400, 2013 WL 3807996, at \*8 (D. Nev. July 19, 2013). As the Court is aware, United consented to the Health Care Providers request for leave to file a Second Amended Complaint and dismiss certain claims without prejudice. Now, after consenting, United seeks to use the dismissed claims as a hammer with which to batter the Health Care Providers’ witnesses at trial. But these “previously dismissed claims, and evidence thereof, are not of consequence in determining the action, and [should] be excluded.” *Gorbea v. Verizon New York, Inc.*, No. 11-cv-3758, 2014 WL 2916964, at \*2 (E.D.N.Y. June 25, 2014). Allowing this evidence or argument would only serve to confuse and mislead the jury, who is not familiar with litigation strategy or the process of preparing to take a complex case to trial. The Court should grant this motion and preclude United from presenting argument, evidence, or testimony regarding the fact that the Health Care Providers have dismissed certain claims and parties prior to trial.

### **II. PROCEDURAL BACKGROUND**

On October 3, 2021, counsel for United agreed that they would not oppose the Health Care Providers’ in a request to amend their complaint and dismiss certain claims and defendants without prejudice. The Health Care Providers filed their motion for leave the next day, October 4, 2021. Later that same day, United filed a Notice of Non-Opposition to Plaintiffs’ Motion for Leave to File Second Amended Complaint. At a hearing on October 6, 2021, the Court granted the Health Care Providers’ motion. That evening, the Health Care Providers learned that United intends to present argument, evidence, and testimony to the jury regarding the fact that the Health Care Providers have dismissed certain claims and parties prior to trial.

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<sup>1</sup> United’s effort to introduce this evidence is an end run around United’s agreement to exclude reference to pretrial rulings. The Second Amended Complaint is a direct result of a pretrial ruling granting the Health Care Providers leave to amend (without opposition from United). In effect, United wants to selectively reference pretrial matters for its benefit, while precluding the Health Care Providers from referencing pretrial matters to United’s detriment.

### III. ARGUMENT<sup>2</sup>

In effect, by seeking to argue the fact that the Health Care Providers dropped certain claims in their Second Amended Complaint, United is seeking to walk back its agreement that the claims removed from the Second Amended Complaint would be considered dismissed “without prejudice.” There is no legal basis for doing so.

“Testimony regarding claims that have been resolved or parties that have been dismissed is irrelevant.” *Lyons v. Leonhardt*, 2013 WL 3807996, at \*8. Numerous courts have reached the same conclusion. *See, e.g., L-3 Comm’ns Corp. v. OSI Sys., Inc.*, No. 02-CV-9114, 2006 WL 988143, at \*2 (S.D.N.Y. Apr. 13, 2006) (“Any contested document or proposed testimony that relates to a dismissed or withdrawn claim is either irrelevant or unduly confusing or cumulative.”); *L-3 Comm’ns Corp. v. OSI Sys., Inc.*, No. 02-CV-9114, 2006 WL 988143, at \*2 (S.D.N.Y. Apr. 13, 2006); *Gorbea v. Verizon New York, Inc.*, 2014 WL 2916964, at \*2 (“[P]reviously dismissed claims, and evidence thereof, are not of consequence in determining the action, and [should] be excluded.”); *Guangyu Wang v. Nevada Sys. of Higher Educ.*, No. 18-cv-75, 2020 WL 9072845, at \*2 (D. Nev. Mar. 30, 2020) (“The Court agrees with Defendants that evidence relating to Plaintiff’s first four—previously dismissed—claims should be excluded because such claims are irrelevant.”).

The fact that the Health Care Providers removed claims and defendants from the case is not probative of any fact “that is of consequence to the determination of the action.” NRS 48.015 (defining relevant evidence). There is no claim for which liability or damages will be determined

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<sup>2</sup> As the Court is well aware, motions in limine are the proper vehicle to exclude inadmissible or inappropriate evidence in advance of trial. EDCR 2.47. A motion in limine allows the trial court to rule prior to trial on the admissibility and relevance of evidence that parties may later offer at trial. *See Luce v. United States*, 469 U.S. 38, 41 n. 4 (1984). This “decision to admit or exclude testimony is within the sound discretion of the trial court and will not be disturbed unless it is manifestly wrong.” *Hall v. SSF, Inc.*, 112 Nev. 1384, 1392-93, 930 P.2d 94, 99 (1996). Motions in limine take two forms: (1) to procure a definitive ruling on the admissibility of evidence at the outset of trial; or (2) to prevent counsel for the opposing party from mentioning potentially inadmissible evidence in his opening statement, or eliciting such evidence from a witness until a definitive ruling on the admissibility or non-admissibility of the evidence can be made, outside the presence of the jury. *Born v. Eisenman*, 114 Nev. 854, 962 P.2d 1227 (1998); NRS 47.080; *see* Wright and Graham, Federal Practice and Procedure: Evidence §5037.

by whether the Health Care Providers dropped claims or why. This evidence is plainly irrelevant and therefore inadmissible. NRS 48.015; NRS 48.025.

On top of that, if such evidence were admitted, its probative value (none) would be substantially outweighed by the danger of unfair prejudice, of confusion, and of misleading the jury. The average juror has no idea about the ins and outs of litigation strategy or choosing particular claims to take to trial—if such evidence were admitted, however, it would necessarily require the Health Care Providers to respond by explaining those concepts to the jurors. This irrelevant ministry would lead to undue delay and waste of time.<sup>3</sup> Accordingly, the evidence should also be excluded under NRS 48.035.

To be clear, the Health Care Providers do not seek to exclude factual statements made in prior pleadings or discovery responses. Both sides' prior admissions in their pleadings and discovery responses, regardless of amendment or supplementation, remain fair game. But the fact that the Health Care Providers amended their complaint prior to trial to dismiss certain claims and defendants without prejudice has no place at trial. The Court should grant this motion and preclude United from introducing any argument, evidence, or testimony regarding the fact that the Health Care Providers have dismissed certain claims and parties prior to trial.

#### IV. CONCLUSION

Based on the foregoing, the Health Care Providers respectfully request that the Court enter an order in limine precluding United from introducing any argument, evidence, or testimony regarding the fact that the Health Care Providers have dismissed certain claims and parties prior to trial.

DATED this 7th day of October, 2021.

AHMAD, ZAVITSANOS, ANAIPAKOS,  
ALAVI & MENSING P.C.

By: /s/ Jason S. McManis

P. Kevin Leyendecker (admitted pro hac vice)  
John Zavitsanos (admitted pro hac vice)  
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<sup>3</sup> On top of that, allowing United to present this evidence would effectively force the Health Care Providers to waive privilege over their trial strategy in order to explain it to the jury.

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of McDonald Carano LLP, and that on this 7th day of October, 2021, I caused a true and correct copy of the foregoing **PLAINTIFFS' MOTION IN LIMINE TO EXCLUDE EVIDENCE, TESTIMONY AND/OR ARGUMENT REGARDING THE FACT THAT PLAINTIFFS HAVE DISMISSED CERTAIN CLAIMS AND PARTIES ON ORDER SHORTENING TIME** to be served via this Court's Electronic Filing system in the above-captioned case, upon the following:

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/s/ Marianne Carter

An employee of McDonald Carano LLP

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3 CLARK COUNTY, NEVADA

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5  
6 Fremont Emergency Services  
(Mandavia) Ltd, Plaintiff(s)

CASE NO: A-19-792978-B

7 vs.

DEPT. NO. Department 27

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9 United Healthcare Insurance  
Company, Defendant(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12  
13 This automated certificate of service was generated by the Eighth Judicial District  
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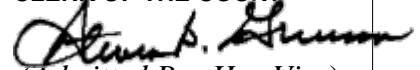
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**DISTRICT COURT****CLARK COUNTY, NEVADA**

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professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

vs.

Case No.: A-19-792978-B  
Dept. No.: 27

**DEFENDANTS' ANSWER TO  
PLAINTIFFS' SECOND AMENDED  
COMPLAINT**



1 UNITED HEALTHCARE INSURANCE  
2 COMPANY, a Connecticut corporation;  
3 UNITED HEALTH CARE SERVICES INC.,  
4 dba UNITEDHEALTHCARE, a Minnesota  
5 corporation; UMR, INC., dba UNITED  
6 MEDICAL RESOURCES, a Delaware  
7 corporation; SIERRA HEALTH AND LIFE  
8 INSURANCE COMPANY, INC., a Nevada  
9 corporation; HEALTH PLAN OF NEVADA,  
10 INC., a Nevada corporation,

11 Defendants.

12 **ANSWER TO PLAINTIFFS' SECOND AMENDED COMPLAINT**

13 Defendants UnitedHealthcare Insurance Company ("UHC"), United HealthCare  
14 Services, Inc. ("UHS"), UMR, Inc. ("UMR"), Sierra Health and Life Insurance Co., Inc. ("SHL"),  
15 and Health Plan of Nevada, Inc. ("HPN") (collectively "Defendants"), by and through their  
16 attorneys of the law firms of Weinberg Wheeler Hudgins Gunn & Dial, LLC and O'Melveny and  
17 Myers LLP, hereby deny each and every allegation of the TeamHealth Plaintiffs' Second  
18 Amended Complaint, and the whole thereof, to the extent it purports to make claims against  
19 Defendants, and deny that they are liable for any of the happenings or events mentioned in the  
20 Second Amended Complaint. Defendants further deny that TeamHealth Plaintiffs were damaged  
21 or will sustain damages, in the sum alleged or in any other sum, or at all, by reason of any act or  
22 omission, fault, negligence, or conduct on the part of or attributable to Defendants, or any of  
23 Defendants' agents, or anyone acting on Defendants' behalf. To the extent the TeamHealth  
24 Plaintiffs have included material that is inappropriate under Rules 8 and 12(f) of the Nevada  
25 Rules of Civil Procedure, any such material should be stricken.

26 Defendants assert the following affirmative defenses to the TeamHealth Plaintiffs'  
27 Second Amended Complaint:

28 **AFFIRMATIVE DEFENSES**

**FIRST AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' Second Amended Complaint fails to state a claim upon which  
relief can be granted.

///



1                                   **SECOND AFFIRMATIVE DEFENSE**

2           Some or all of the disputed claims are preempted by the Employee Retirement Income  
3 Security Act of 1974 (“ERISA”) because the members in question obtained their health care  
4 coverage through employer-based health plans. These claims relate to payments under plans  
5 governed by ERISA, and all such claims are both conflict and completely preempted by ERISA.

6                                   **THIRD AFFIRMATIVE DEFENSE**

7           This Court does not have subject matter jurisdiction over the claims asserted against  
8 Defendants. TeamHealth Plaintiffs’ claims arise under ERISA and therefore implicate federal  
9 question jurisdiction.

10                                  **FOURTH AFFIRMATIVE DEFENSE**

11           The claims asserted are barred by the absence of an applicable duty running from  
12 Defendants to TeamHealth Plaintiffs. Among other reasons, as out-of-network providers,  
13 TeamHealth Plaintiffs have chosen not to enter into any contractual relationship or rate  
14 agreement with Defendants, nor has any duty arisen by operation of Nevada law.

15                                  **FIFTH AFFIRMATIVE DEFENSE**

16           The terms and conditions of the applicable health plans stand as a bar to some or all of the  
17 relief requested.

18                                  **SIXTH AFFIRMATIVE DEFENSE**

19           Some or all of TeamHealth Plaintiffs’ billed charges are excessive under the applicable  
20 standards, and/or TeamHealth Plaintiffs have failed to identify any basis for entitlement to  
21 demand receipt of any fixed percentage of billed charges.

22                                  **SEVENTH AFFIRMATIVE DEFENSE**

23           Some or all of the claims asserted are subject to rates set by TeamHealth Plaintiffs’  
24 participation in networks offered by MultiPlan, Inc.

25                                  **EIGHTH AFFIRMATIVE DEFENSE**

26           To the extent that TeamHealth Plaintiffs have any right to receive plan benefits, that right  
27 is subject to basic preconditions and prerequisites that have not been established, such as that the  
28 patients are members of health plans insured or administered by Defendants on the date of



1 service, that the coordination of benefits has been applied, that the services were medically  
2 necessary, that an emergency medical condition was present, that TeamHealth Plaintiffs timely  
3 submitted correctly coded claims and supplied any requested documentation, and/or that any  
4 necessary authorizations were obtained.

5 **NINTH AFFIRMATIVE DEFENSE**

6 TeamHealth Plaintiffs lack standing to pursue claims against Defendants.

7 **TENTH AFFIRMATIVE DEFENSE**

8 Some or all of the Defendants did not function as an insurer or issuer of the health plan  
9 coverage alleged to be at issue, and TeamHealth Plaintiffs therefore lack standing as to any such  
10 Defendant.

11 **ELEVENTH AFFIRMATIVE DEFENSE**

12 TeamHealth Plaintiffs failed to timely correct known defects with respect to some or all  
13 of the claims asserted.

14 **TWELFTH AFFIRMATIVE DEFENSE**

15 TeamHealth Plaintiffs' claims are barred, in whole or in part, to the extent that they seek  
16 to unjustly enrich TeamHealth Plaintiffs by allowing them to retain funds in excess of any  
17 amounts due for covered services under plans insured or administered by Defendants.

18 **THIRTEENTH AFFIRMATIVE DEFENSE**

19 TeamHealth Plaintiffs' claims are barred, in whole or in part, to the extent they have not  
20 suffered any damages.

21 **FOURTEENTH AFFIRMATIVE DEFENSE**

22 TeamHealth Plaintiffs' claims are barred, in whole or in part, to the extent any alleged  
23 liability to or damages suffered by TeamHealth Plaintiffs were not proximately caused by  
24 Defendants, or by the conduct alleged.

25 **FIFTEENTH AFFIRMATIVE DEFENSE**

26 TeamHealth Plaintiffs' claims are barred in whole or in part by the failure to exhaust  
27 mandatory administrative and/or contractual remedies.

28 ///



**SIXTEENTH AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are barred, in whole or in part, to the extent that they have not mitigated their damages by seeking reimbursement from other sources, including, but not limited to, other health plans, programs, or entities that may have had an obligation to pay.

**SEVENTEENTH AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are barred in whole or in part, by the equitable doctrines of waiver, estoppel, and/or laches.

**EIGHTEENTH AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are barred, in whole or in part, to the extent TeamHealth Plaintiffs failed to sue the appropriate entity.

**NINETEENTH AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are barred, in whole or in part, by the doctrines of accord and satisfaction and/or release.

**TWENTIETH AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are subject to setoff and/or recoupment with respect to claims for which Defendants made payment on the basis of current procedural terminology ("CPT") or other billing codes included in TeamHealth Plaintiffs' submissions that TeamHealth Plaintiffs' clinical records of their patients' care reveal to have been improperly submitted, either because TeamHealth Plaintiffs' clinical records do not support submission of the codes at all, or because TeamHealth Plaintiffs' clinical records establish that different codes should have been submitted.

**TWENTY-FIRST AFFIRMATIVE DEFENSE**

TeamHealth Plaintiffs' claims are subject to setoff and/or recoupment with respect to claims for which Defendants made payment on the basis of TeamHealth Plaintiffs' billed charges and those billed charges exceeded the billed charges submitted to other payors, where TeamHealth Plaintiffs never intended to collect such charges from any other payors, or where the charges were otherwise in error.

///



1                                   **TWENTY-SECOND AFFIRMATIVE DEFENSE**

2           TeamHealth Plaintiffs are not entitled to relief because they have received all payments due,  
3 if any, for the covered services they provided in accordance with the terms of their patients'  
4 health plans.

5                                   **TWENTY-THIRD AFFIRMATIVE DEFENSE**

6           TeamHealth Plaintiffs' claim for punitive damages cannot be sustained because an award of  
7 punitive damages that is subject to no predetermined limit, such as a maximum multiple of  
8 compensatory damages or a maximum amount of punitive damages that may be imposed, would:  
9 (1) violate Defendants' Due Process rights guaranteed by the Fifth and Fourteenth Amendments  
10 to the United States Constitution; (2) violate Defendants' rights not to be subjected to an  
11 excessive award; and (3) be improper under the Nevada Constitution, Nevada statutes, common  
12 law and public policies of Nevada.

13                                   **TWENTY-FOURTH AFFIRMATIVE DEFENSE**

14           All of TeamHealth Plaintiffs' causes of action, both legal and equitable, are barred by the  
15 doctrine of unclean hands. TeamHealth Plaintiffs wrongfully and fraudulently billed Plaintiff  
16 Fremont Emergency Services' reimbursement claims under Plaintiff Ruby Crest Emergency  
17 Medicine's tax identification number in order to deceive the Defendants into paying a higher rate  
18 of reimbursement for Fremont Emergency Services' claims.

19                                   **TWENTY-FIFTH AFFIRMATIVE DEFENSE**

20           It has been necessary for Defendants to employ the services of an attorney to defend the  
21 action and a reasonable sum should be allowed Defendants for attorney's fees and all incurred  
22 costs of the suit.

23           WHEREFORE, having fully responded to the allegations of the Second Amended  
24 Complaint, Defendants pray:

- 25           1.     That TeamHealth Plaintiffs' Second Amended Complaint be dismissed with  
26                 prejudice;  
27           2.     That TeamHealth Plaintiffs take nothing by their Second Amended Complaint;  
28           3.     That Defendants be discharged from this action without liability;





4. That the Court award to Defendants all of their costs and attorneys' fees in defending this action; and

5. That the Court award to Defendants such other and further relief as the Court deems just and proper.

Dated this 8th day of October, 2021.

/s/ Colby L. Balkenbush

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**CERTIFICATE OF SERVICE**

I hereby certify that on the 8th day October, 2021, a true and correct copy of the foregoing **DEFENDANTS' ANSWER TO PLAINTIFFS' SECOND AMENDED COMPLAINT** was electronically filed and served on counsel through the Court's electronic service system pursuant to Administrative Order 14-2 and N.E.F.C.R. 9, via the electronic mail addresses noted below, unless service by another method is stated or noted:

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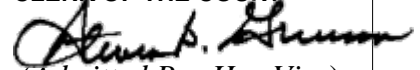
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**DISTRICT COURT****CLARK COUNTY, NEVADA**

FREMONT EMERGENCY SERVICES  
(MANDAVIA), LTD., a Nevada professional  
corporation; TEAM PHYSICIANS OF  
NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

vs.

Case No.: A-19-792978-B

Dept. No.: 27

**DEFENDANTS' OBJECTIONS TO  
PLAINTIFFS' NRCP 16.1(a)(3)  
PRETRIAL DISCLOSURES**



1 UNITEDHEALTH GROUP, INC., a Delaware  
 2 corporation; UNITED HEALTHCARE  
 3 INSURANCE COMPANY, a Connecticut  
 4 corporation; UNITED HEALTH CARE  
 5 SERVICES INC., dba UNITEDHEALTHCARE,  
 6 a Minnesota corporation; UMR, INC., dba  
 7 UNITED MEDICAL RESOURCES, a Delaware  
 8 corporation; OXFORD HEALTH PLANS, INC., a  
 9 Delaware corporation; SIERRA HEALTH AND  
 10 LIFE INSURANCE COMPANY, INC., a Nevada  
 11 corporation; SIERRA HEALTH-CARE  
 12 OPTIONS, INC., a Nevada corporation; HEALTH  
 13 PLAN OF NEVADA, INC., a Nevada  
 14 corporation; DOES 1-10; ROE ENTITIES 11-20,  
 15  
 16 Defendants.

10 Defendants UnitedHealthcare Insurance Company, United HealthCare Services, Inc.,  
 11 UMR, Inc., Sierra Health and Life Insurance Co., Inc., and Health Plan of Nevada, Inc.  
 12 (collectively “Defendants”), by and through their attorneys of the law firm of Weinberg Wheeler  
 13 Hudgins Gunn & Dial, LLC, hereby submit the following objections to Plaintiffs’ Pretrial  
 14 Disclosures Pursuant to NRCP 16.1(a)(3). Defendants reserve the right to withdraw any  
 15 objection herein, and any objections herein are without prejudice to Defendants offering any  
 16 such evidence at trial.

### 17 **1. Witnesses**

18 Plaintiffs do not properly designate which witnesses Plaintiffs expect to present at trial,  
 19 thereby making it impossible to evaluate which witnesses are truly at issue. Plaintiffs also  
 20 purport to have served trial subpoenas on numerous out-of-state witnesses not subject to the  
 21 subpoena power of this Court who may not be compelled to appear at trial. Plaintiffs thus have  
 22 no proper basis to expect to present live testimony of such witnesses at trial.

23 In addition, Defendants object to the appearance and testimony of any witness listed in  
 24 Plaintiffs’ disclosures whose appearance or testimony would violate a stipulation of the parties  
 25 and/or Orders of this Court in the instant matter. Defendants further object to the appearance and  
 26 testimony of any witness listed in Plaintiffs’ disclosures whose appearance or testimony is  
 27 excluded, limited and/or stricken as a result of this Court’s motion in limine rulings. For the  
 28 reasons set forth in the various motions in limine filed by Defendants in this matter, Defendants



specifically object to part or all of the testimony from Dr. Joseph Crane, Dr. Robert Frantz, David Leathers, Scott Phillips or any witness offered to testify on issues Defendants seek to exclude through their motions in limine. Defendants also reserve the right to object to the appearance and testimony of any witness listed in Plaintiffs' disclosures on any basis at the time of trial.

## **2. Witnesses to be presented by Deposition**

Defendants object to the presentation of deposition testimony of any witnesses listed in Plaintiffs' disclosures to the extent the presentation of such deposition testimony is inconsistent with NRCP 32. Defendants further object to the presentation of deposition testimony of any witness listed in Plaintiffs' disclosures where presentation of such testimony would violate a stipulation of the parties and/or Orders of this Court in the instant matter. Defendants further object to the presentation of deposition testimony of any witness listed in Plaintiffs' disclosures where such testimony is excluded, limited and/or stricken as a result of this Court's motion in limine rulings. Defendants reserve the right to object to the presentation of deposition testimony of any witness listed in Plaintiffs' disclosures on any basis at the time of trial.

Pursuant to the parties' agreement, Defendants' objections to Plaintiffs' specific deposition designations will be served on Plaintiffs on or before October 20, 2021, or on a different date as agreed to by the parties. Defendants object to any deposition designations from witnesses not listed in Plaintiffs' NRCP 16.1(a)(3)(A)(ii) section of their Plaintiffs' disclosures.

## **3. Exhibits**

The parties have met and conferred and agreed to the following exhibit list and exhibit objection exchange schedule:

- October 7: Parties exchange exhibit lists (in excel format)
- October 11: Parties exchange the exhibits on each other's exhibit lists, including summary exhibits.
- October 14: Parties exchange objections to exhibits on the opposing parties' list.
- October 18: Parties meet and confer about those objections.
- October 20: Parties submit exhibit lists and objections to exhibits of opposing



1 party to the Court.

2 Pursuant to the agreed upon schedule, objections to documents listed on Plaintiffs'  
3 exhibit list are not due to be exchanged until October 14. For present purposes, Defendants  
4 object to any document untimely identified by Plaintiffs. Defendants reserve the right to object  
5 to and/or seek to exclude any document, on any basis, at the time of trial.

#### 6 **4. Summary Exhibits**

7 Pursuant to the parties' agreement, Defendants objections to Plaintiffs' summary exhibits  
8 will be served on Plaintiffs on or before October 14, 2021, or on a different date as agreed to by  
9 the parties.

#### 10 **5. Demonstrative Exhibits**

11 Defendants reserve the right to object to demonstrative exhibits that Plaintiffs may offer  
12 at trial. Defendants further object to any information, documentation, animation, or depiction  
13 that does not present evidence relevant to this action, or is inaccurate or without foundation, or  
14 that presents evidence that is the subject of a pending motion in limine before the Court, and/or  
15 that has been precluded either by Court order or by stipulation of the parties.

16 Defendants reserve the right to supplement their objections to Plaintiffs' Pretrial  
17 Disclosure Statement.

18 Dated this 8th day of October, 2021.

19 /s/Colby Balkenbush

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**CERTIFICATE OF SERVICE**

I hereby certify that on the 8th day of October, 2021, a true and correct copy of the foregoing **DEFENDANTS' OBJECTIONS TO PLAINTIFFS' NRCP 16.1(a)(3) PRETRIAL DISCLOSURES** was electronically filed and served on counsel through the Court's electronic service system pursuant to Administrative Order 14-2 and N.E.F.C.R. 9, via the electronic mail addresses noted below, unless service by another method is stated or noted:

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**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

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(MANDAVIA), LTD., a Nevada professional  
corporation; TEAM PHYSICIANS OF  
NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

vs.

UNITED HEALTHCARE INSURANCE  
COMPANY, a Connecticut corporation;  
UNITED HEALTH CARE SERVICES INC.,  
dba UNITEDHEALTHCARE, a Minnesota  
corporation; UMR, INC., dba UNITED  
MEDICAL RESOURCES, a Delaware  
corporation; SIERRA HEALTH AND LIFE  
INSURANCE COMPANY, INC., a Nevada  
corporation; HEALTH PLAN OF NEVADA,  
INC., a Nevada corporation,

Defendants.

Case No.: A-19-792978-B  
Dept. No.: XXVII

**PLAINTIFFS' OBJECTIONS TO  
DEFENDANTS' PRETRIAL  
DISCLOSURES**

Pursuant to NRCP 16.1(a)(3)(B)(ii), Plaintiffs Fremont Emergency Services (Mandavia), Ltd. ("Fremont"); Team Physicians of Nevada-Mandavia, P.C. ("Team Physicians"); Crum, Stefanko and Jones, Ltd. dba Ruby Crest Emergency Medicine ("Ruby Crest" and collectively the "Health Care Providers") hereby make the following objections to Defendants' pretrial disclosures:

## **I. Witnesses**

The Health Care Providers object to Defendants' disclosure of 39 witnesses they may present at trial, in addition to 16 witnesses they expect to present at trial, as an overly broad and insufficient disclosure, because it fails to provide adequate notice of the actual witnesses Defendants intend to present at trial.

The Health Care Providers also object to the following witnesses, specifically:

1. **Rena Harris.** The Health Care Providers object to Defendants' disclosure of Ms. Harris as a witness Defendants expect to present at trial because Ms. Harris's personal knowledge relates solely to issues that have been ruled irrelevant by the Court and should be excluded from trial.

2. **Charles Sims.** The Health Care Providers object to Defendants' disclosure of Mr. Sims as a witness Defendants expect to present at trial because Defendants provided no contact information for Mr. Sims.

3. **Greg Dosedel.** The Health Care Providers object to Defendants' disclosure of Mr. Dosedel as a witness Defendants expect to present at trial because Defendants provided no contact information for Mr. Dosedel.

The Health Care Providers reserve the right to object to any witness called during the trial.

## **II. Witnesses to be Presented by Deposition**

The Health Care Providers object to Defendants' disclosure of the following witnesses as witnesses whose deposition testimony Defendants may present at trial because Defendants did not provide deposition designations:

- Lisa Dealy
- Rebecca Paradise

- 1 • Leslie Hare
- 2 • John Haben
- 3 • Angie Nierman
- 4 • Jacy Jefferson
- 5 • Dan Rosenthal
- 6 • Jolene Bradley
- 7 • Greg Dosedel
- 8 • Kevin Ericson
- 9 • Marty Millerliele
- 10 • Jason Schoonover
- 11 • David Yerich
- 12 • Scott Ziemer
- 13 • Vince Zuccarello
- 14 • Paul Bevilacqua
- 15 • Brad Blevins
- 16 • Kent Bristow
- 17 • Dan Collard
- 18 • Rhone D'Errico
- 19 • Robert Frantz (disclosed twice by Defendants)
- 20 • Jason Heuberger
- 21 • Scott Scherr
- 22 • Wade Sears
- 23 • Jennifer Shrader
- 24 • Miles Snowden
- 25 • Lisa Zima
- 26 • Scott Phillips
- 27 • David Leathers
- 28 • Joseph Crane

1 The Health Care Providers further object to any effort by Defendants to call a witness by  
2 deposition who is available to call live or who will testify live at trial.

3 The Health Care Providers additionally object to Defendants' disclosure of Dan  
4 Schumacher as a witness who Defendants may call by deposition because Mr. Schumacher is  
5 within Defendants' control and Defendants have provided no explanation for his unavailability to  
6 testify live at trial. Should Defendants wish to call Mr. Schumacher, Defendants should call him  
7 live at trial.

8 The Health Care Providers will provide specific objections to the deposition testimony  
9 designated by Defendants in accordance with the agreement between the parties on dates for  
10 exchange of counter-designations and objections.

### 11 **III. NRCP 16.1(a)(3)(A)(iii) Exhibits**

12 In accordance with NRCP 16.1(a)(3)(C), attached hereto as **Exhibit 1** is a spreadsheet  
13 identifying each exhibit the Health Care Providers expect to offer at trial or, if the need arises,  
14 may offer at trial. The Health Care Providers reserve the right to use as a trial exhibit any document  
15 disclosed or exchanged during discovery. The Health Care Providers further reserve the right to  
16 use any exhibits disclosed by any other party in this action, and to use any exhibit for purposes of  
17 rebuttal or impeachment.

18 The Health Care Providers anticipate using demonstrative exhibits in addition to  
19 evidentiary exhibits identified in Exhibit 1.

20 The Health Care Providers reserve the right to amend and supplement this disclosure in  
21 advance of trial.

### 22 **IV. Demonstratives**

23 The Health Care Providers reserve the right to object to any demonstrative exhibits once  
24 shown to the Health Care Providers.

### 25 **V. Other Objections**

26 Pursuant to agreement of the parties, the Health Care Providers will submit objections to  
27 exhibits, counter-designations and objections to designated deposition testimony, and objections  
28

to summaries on October 20. The Health Care Providers reserve the right to amend and supplement this disclosure in advance of trial.

DATED this 8th day of October, 2021.

AHMAD, ZAVITSANOS, ANAIPAKOS,  
ALAVI & MENSING P.C.

By: /s/ Jason S. McManis

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of McDonald Carano LLP, and that on this 8th day of October, 2021, I caused a true and correct copy of the foregoing **PLAINTIFFS' OBJECTIONS TO DEFENDANTS' PRETRIAL DISCLOSURES** to be served via this Court's Electronic Filing system in the above-captioned case, upon the following:

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DISTRICT COURT

CLARK COUNTY, NEVADA

FREMONT EMERGENCY SERVICES  
(MANDAVIA), LTD., a Nevada professional  
corporation; TEAM PHYSICIANS OF  
NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

Case No.: A-19-792978-B  
Dept. No.: 27

**OPPOSITION TO PLAINTIFFS'  
MOTION IN LIMINE TO EXCLUDE  
EVIDENCE, TESTIMONY AND/OR  
ARGUMENT REGARDING THE FACT  
THAT PLAINTIFFS HAVE DISMISSED  
CERTAIN CLAIMS AND PARTIES ON  
ORDER SHORTENING TIME**

1 vs.

2 UNITED HEALTHCARE INSURANCE  
3 COMPANY, a Connecticut corporation; UNITED  
4 HEALTH CARE SERVICES INC., dba  
5 UNITEDHEALTHCARE, a Minnesota  
6 corporation; UMR, INC., dba UNITED  
7 MEDICAL RESOURCES, a Delaware  
8 corporation; SIERRA HEALTH AND LIFE  
9 INSURANCE COMPANY, INC., a Nevada  
10 corporation; HEALTH PLAN OF NEVADA,  
11 INC., a Nevada corporation,

12 Defendants.

13 Defendants UnitedHealthcare Insurance Company (“UHIC”), United HealthCare  
14 Services, Inc. (“UHS”), UMR, Inc. (“UMR”), Sierra Health and Life Insurance Co., Inc. (“SHL”),  
15 and Health Plan of Nevada, Inc. (“HPN”) (collectively “Defendants” or “United Healthcare”)  
16 hereby submit the following Opposition to Plaintiffs’ Fremont Emergency Services (Mandavia),  
17 Ltd., Team Physicians of Nevada-Mandavia, P.C., and Crum, Stefanko and Jones, Ltd. d/b/a  
18 Ruby Crest Emergency Medicine (collectively, the “TeamHealth Plaintiffs”) Motion in Limine to  
19 Exclude Evidence, Testimony and/or Argument Regarding the Fact that Plaintiffs Have  
20 Dismissed Certain Claims and Parties on Order Shortening Time. This Opposition is made and  
21 based upon the following Memorandum of Points and Authorities, the pleadings and papers on  
22 file herein, and any argument presented at the time of hearing on this matter.

## 23 I. INTRODUCTION

24 Despite the TeamHealth Plaintiffs’ reference to unpublished caselaw from other  
25 jurisdictions, the fact remains that *Nevada allows references to prior pleadings*. *Las Vegas*  
26 *Network, Inc. v. B. Shawcross & Assocs.*, 80 Nev. 405, 407–08, 395 P.2d 520, 521 (1964) (“...it  
27 is noted that the great weight of authority holds that an admission against the interest of a pleader  
28 contained in a prior abandoned pleading may be received in evidence”) (permitting statements in  
prior abandoned pleading to be introduced as evidence).

All of the statements made in the TeamHealth Plaintiffs’ First Amended Complaint  
 (“FAC) are judicial admissions that may be used against them if they now take contradictory  
 positions at trial. Plaintiffs’ Motion is a transparent attempt to shield their witnesses from being



1 impeached with the FAC. Defendants must be permitted to use Plaintiffs' statements in prior  
2 pleadings against Plaintiffs at trial. Nevada law is clear that a prior pleading may be referenced at  
3 trial. Plaintiffs' Motion should be denied.

## 4 II. LEGAL ARGUMENT

### 5 A. Statements made in prior abandoned pleadings are admissible.

6 Nevada allows references to prior pleadings. *Las Vegas Network, Inc. v. B. Shawcross &*  
7 *Assocs.*, 80 Nev. 405, 407–08, 395 P.2d 520, 521 (1964) (“...it is noted that the great weight of  
8 authority holds that an admission against the interest of a pleader contained in a prior abandoned  
9 pleading may be received in evidence). Indeed, the TeamHealth Plaintiffs admit the same. *See*  
10 *Mot.* at 9 (“To be clear, the Health Care Providers do not seek to exclude factual statements  
11 made in prior pleadings or discovery responses. ***Both sides’ prior admissions in their pleadings***  
12 ***and discovery responses, regardless of amendment or supplementation, remain fair game.***”)  
13 (emphasis added). Instead, TeamHealth Plaintiffs wish to make an arbitrary distinction in what  
14 they believe are “factual statements” and the fact that they have omitted those “factual  
15 statements” in the operative pleading. But this is not in accord with the law allowing the  
16 admission of prior pleadings.

17 Indeed, when a party amends its interrogatory responses, deposition testimony, or other  
18 litigation related documents, it is no secret that the opposing party may comment on the  
19 amendment or change. Pleadings are no different.<sup>1</sup> *See State Farm Mut. Auto. Ins. Co. v.*  
20 *Porter*, 186 F.2d 834, 840 (9th Cir. 1950) (“a statement in a superseded pleading...has the same  
21 force and effect as any other admission of a party and constitutes substantive evidence”).

22 The TeamHealth Plaintiffs' Motion relies solely on unpublished cases from other  
23 jurisdictions in an attempt to bolster an argument that is not grounded in Nevada law. *Mot.* at  
24 8:6-17. For example, in both of the Nevada *federal court* cases cited by the TeamHealth  
25 Plaintiffs the courts did **not** exclude reference to a prior pleading. In *Lyons v. Leonhardt*, the

---

26  
27 <sup>1</sup> TeamHealth Plaintiffs' argument that referencing its prior judicial admissions is an end run to reference  
28 pretrial rulings is similarly misplaced. *See Mot.* at n.1. A party's pleading is not the same as a court  
order.



1 court excluded *testimony* related to parties whose claims had already been resolved in an  
2 Americans with Disabilities Act discrimination case, *not the prior pleading naming those*  
3 *parties*. *Lyons v. Leonhardt*, No. 3:05-CV-400 JCM VPC, 2013 WL 3807996, at \*8 (D. Nev.  
4 July 19, 2013). This makes sense; of course, evidence of discrimination related to a person not  
5 involved in a lawsuit is separate from discrimination faced by the plaintiff. Similarly, in  
6 *Guangyu Wang v. Nevada Sys. of Higher Educ.*, the Court only excluded “*evidence* relating to  
7 Plaintiff’s first four previously dismissed claims.” *Guangyu Wang v. Nevada Sys. of Higher*  
8 *Educ.*, No. 318CV00075MMDCBC, 2020 WL 9072845, at \*2 (D. Nev. Mar. 30, 2020)  
9 (emphasis added). The Court did not exclude Plaintiffs’ prior statements in the superseded  
10 pleading or preclude reference to the prior pleading.

11 Here, for example, had Plaintiff Team Physicians of Nevada-Mandavia, P.C (“Team  
12 Physicians”) settled all its claims with Defendants, evidence related to reimbursement rates to  
13 Team Physicians, specifically, would likely be irrelevant to the claims pursued by the remaining  
14 TeamHealth Plaintiffs. But that is not what happened. The changes in position by the  
15 TeamHealth Plaintiffs and concessions made in the pleadings themselves are directly relevant to  
16 the remaining claims. *Infra*, Section I(C). The prior pleadings, and references thereto, are thus  
17 admissible under Nevada law.

18  
19 **B. The TeamHealth Plaintiffs’ prior judicial admissions are relevant to  
20 defending the current claims.**

21 The TeamHealth Plaintiffs contend that their prior judicial admissions are not relevant  
22 because they are not facts “that [are] of consequence to the determination of the action.” Mot. at  
23 8. There are many reasons that TeamHealth Plaintiffs’ FAC and action in dropping half of it on  
24 the eve trial of trial is relevant. The TeamHealth Plaintiffs previously made bold allegations  
25 about the national negotiations between United and TeamHealth, threats allegedly made during  
26 those negotiations and various communications TeamHealth Plaintiffs had with representatives  
27 of Data iSight. Defendants do not know what Plaintiffs’ witnesses will say about these dropped  
28 allegations or what arguments Plaintiffs’ counsel intends to make at trial. Nevada law gives



1 Defendants the right to use TeamHealth Plaintiffs' prior statements in the FAC and changes in  
2 position against them where appropriate at trial.

3  
4 **C. The TeamHealth Plaintiffs' prior judicial admissions are not likely to confuse**  
5 **a jury. Defendants Do Not Intend to Introduce Evidence of Motion Work or**  
6 **the Court's Pre-Trial Rulings**

7 TeamHealth Plaintiffs lastly contend that their prior pleadings should be excluded  
8 because "[t]he average juror has no idea about the ins and outs of litigation strategy or choosing  
9 particular claims to take to trial" and that any time to explain "would lead to undue delay and  
10 waste of time." Mot. at 9:5-8. While relevant evidence is generally admissible, such evidence  
11 may be inadmissible "if its probative value is substantially outweighed by the danger of unfair  
12 prejudice, of confusion of the issues[,] or of misleading the jury." NRS 48.025(1); NRS  
13 48.035(1).

14 TeamHealth Plaintiffs misunderstand the issue at-hand. The Defendants agree that the  
15 Parties should generally not be permitted to discuss pre-trial rulings and motion work. The issue  
16 is whether TeamHealth Plaintiffs' statements in prior pleadings may be used against them at  
17 trial. The answer under Nevada law is unequivocally, YES. The jury will have no trouble  
18 understanding that Plaintiffs said one thing in the FAC and that their witnesses are now saying  
19 something contradictory on the stand. Therefore, Defendants request that TeamHealth Plaintiffs'  
20 Motion be denied.

21 ///

22 ///

23 ///

24 ///





### III. CONCLUSION

Nevada allows references to statements by parties in prior pleadings. Indeed, the judicial admissions made in the TeamHealth Plaintiffs' prior pleadings are relevant to the claims that still stand and can be used to impeach contradictory testimony by the TeamHealth Plaintiffs at trial. Accordingly, based on the foregoing, this Court should deny the Motion.

Dated this 12th day of October, 2021.

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**CERTIFICATE OF SERVICE**

I hereby certify that on the 12th day of October, 2021, a true and correct copy of the foregoing **OPPOSITION TO PLAINTIFFS' MOTION IN LIMINE TO EXCLUDE EVIDENCE, TESTIMONY AND/OR ARGUMENT REGARDING THE FACT THAT PLAINTIFFS HAVE DISMISSED CERTAIN CLAIMS AND PARTIES ON ORDER SHORTENING TIME** was electronically filed/served on counsel through the Court's electronic service system pursuant to Administrative Order 14-2 and N.E.F.C.R. 9, via the electronic mail addresses noted below, unless service by another method is stated or noted:

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DISTRICT COURT  
CLARK COUNTY, NEVADA

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MA DA A TD a e ada professional  
corporation; T AM P S C A S  
ADA MA DA A P C a e ada  
professional corporation; CR M  
ST A A D S TD d a R  
CR ST M R C M D C a  
e ada professional corporation

Plaintiffs

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T D A T CAR S R A C  
C MPA a Connecticut corporation;  
T D A T CAR S R C S C  
d a T D A T CAR a Minnesota  
corporation; MR C d a T D  
M D CA R S R C S a Delaware  
corporation; S RRA A T A D  
S R A C C MPA C a e ada  
corporation; A T P A ADA  
C a e ada corporation

Defendants

Case o A 7 7  
Dept o

**NOTICE OF ENTRY OF ORDER  
DENYING DEFENDANTS'  
MOTION FOR ORDER TO SHOW  
CAUSE WHY PLAINTIFFS SHOULD  
NOT BE HELD IN CONTEMPT FOR  
VIOLATING PROTECTIVE ORDER**

Please take notice that an Order Denying Defendants' Motion for Order To Show Cause  
 that Plaintiffs Should Not Be Held in Contempt for Violating Protective Order was entered on  
 October 1, 2014 a copy of which is attached hereto.

DATED this 11th day of October 2014

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**CLARK COUNTY, NEVADA**

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(MANDAVIA), LTD., a Nevada professional  
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NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

vs.

UNITEDHEALTH GROUP, INC., a Delaware  
corporation; UNITED HEALTHCARE

Case No.: A-19-792978-B  
Dept. No.: XXVII

**ORDER DENYING DEFENDANTS'  
MOTION FOR ORDER TO SHOW  
CAUSE WHY PLAINTIFFS SHOULD  
NOT BE HELD IN CONTEMPT FOR  
VIOLATING PROTECTIVE ORDER**

Hearing Date: September 15, 2021  
Hearing Time: 1:00 p.m.

**McDONALD CARANO**

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 2 corporation; UNITED HEALTH CARE  
 3 SERVICES INC., dba  
 4 UNITEDHEALTHCARE, a Minnesota  
 5 corporation; UMR, INC., dba UNITED  
 6 MEDICAL RESOURCES, a Delaware  
 7 corporation; OXFORD HEALTH PLANS,  
 8 INC., a Delaware corporation; SIERRA  
 9 HEALTH AND LIFE INSURANCE  
 10 COMPANY, INC., a Nevada corporation;  
 11 SIERRA HEALTH-CARE OPTIONS, INC., a  
 12 Nevada corporation; HEALTH PLAN OF  
 13 NEVADA, INC., a Nevada corporation; DOES  
 14 1-10; ROE ENTITIES 11-20,

15 Defendants.

16 This matter came before the Court on September 15, 2021 on defendants UnitedHealth  
 17 Group, Inc.; UnitedHealthcare Insurance Company; United HealthCare Services, Inc.; UMR,  
 18 Inc.; Oxford Health Plans, Inc.; Sierra Health and Life Insurance Co., Inc.; Sierra Health-Care  
 19 Options, Inc.; and Health Plan of Nevada, Inc.'s (collectively, "United") Motion for Order to  
 20 Show Cause Why Plaintiffs Should Not Be Held in Contempt for Violating Protective Order  
 21 ("Motion"). Colby L. Balkenbush, Weinberg, Wheeler, Hudgins, Gunn & Dial, LLC, Daniel F.  
 22 Polsenberg and Abraham G. Smith, Lewis Roca Rothgerber Christie LLP, appeared on behalf of  
 23 United. Pat Lundvall, Amanda M. Perach and Kristen T. Gallagher, McDonald Carano LLP,  
 24 and John Zavitsanos, Ahmad, Zavitsanos, Anaipakos, Alavi & Mensing, P.C appeared on behalf  
 25 of plaintiffs Fremont Emergency Services (Mandavia), Ltd. ("Fremont"); Team Physicians of  
 26 Nevada-Mandavia, P.C. ("Team Physicians"); Crum, Stefanko and Jones, Ltd. dba Ruby Crest  
 27 Emergency Medicine ("Ruby Crest" and collectively the "Health Care Providers").

28 The Court, having considered United's Motion and reply, the Health Care Providers'  
 opposition, and the argument of counsel at the hearing on this matter and good cause appearing,  
 finds and orders as follows:

# **I. SUMMARY OF ORDER.**

On July 29, 2021 the Court held a hearing on United's objection to Special Master  
 Wall's report and recommendation no. 5 which recommended that AEO confidentiality should  
 be stripped from the documents at issue. At that hearing the Court made a decision and issued an

1 order ruling and adopting report and recommendation no. 5 as an order of the court pursuant to  
2 NRCF 53(f)(2). Under the negotiated terms of the parties' Stipulated Protective Order, in  
3 particular paragraph 9, the documents at issue lost any confidentiality designation as of July 29,  
4 2021. United alleges that the Health Care Providers violated the parties' Stipulated Protective  
5 Order by releasing the documents before issuance of the written order, which was dated August  
6 10, 2021, which memorialized the court's July 29, 2021 decision/ruling/order, and therefore  
7 should be found in contempt of court. The Court finds that it cannot make the findings that  
8 would be required to grant the Order to Show Cause and therefore denies United's Motion.

9 **II. FINDINGS OF FACT AND CONCLUSIONS OF LAW.**

10 To find a party in contempt, the court must first identify the order at issue, and then  
11 second, confirm that the order allegedly violated is clear and unambiguous before deciding if it  
12 has been breached without cause. *Div. of Child & Fam. services, Dept. Of Human Resources v.*  
13 *Eighth Jud. Dist.*, 120 Nev. 445, 92 P.3d 1239 (2004).

14 The order alleged to have been violated by the Health Care Providers is the parties'  
15 Stipulated Protective Order ("SPO"). That SPO is a written agreement which was heavily  
16 negotiated by the parties before submission to the court to enter as an order of the court.

17 On June 24, 2020 the SPO was filed as an order of the court. The SPO is a case  
18 management order dealing with how documents produced as relevant and discoverable during  
19 discovery but designated by the parties as confidential or AEO are to be treated during the  
20 course of discovery in this case.

21 During the course of discovery United produced certain documents to the Health Care  
22 Providers marked as AEO pursuant to paragraph 2(b) of SPO which afforded protection to  
23 documents fitting the following description:

24 b. A Party may only designate as "ATTORNEYS' EYES ONLY" any  
25 document or portion of a document, and any other thing, material, testimony, or other  
26 information, that it reasonably and in good faith believes contains trade secrets or is of  
27 such highly competitive or commercially sensitive proprietary and non-public  
28 information that would significantly harm business advantages of the producing or  
designating Party or information concerning third-party pricing and/or reimbursement  
rates (i.e., reimbursement rates that providers other than Plaintiffs have charged or  
accepted and that insurers and payors other than the Defendants have paid for claims

1 similar to those at issue in this case) and that disclosure of such information could  
2 reasonably be expected to be detrimental to the producing or designating Party's  
3 interests.

4 The documents at issue are referred to as the "Yale Study Documents" or "the documents  
5 at issue". The recent motion practice that led to the Court's July 29, 2021 Decision concerned  
6 the Yale Study documents.

7 On March 25, 2021 the Health Care Providers challenged the AEO designation given to  
8 the Yale Study Documents by United. On April 15, 2021 United filed a motion for protective  
9 order concerning those documents seeking to maintain AEO confidentiality protection, which  
10 the Health Care Providers opposed. On May 10, 2021 the motion for protective order was heard  
11 by Special Master David Wall, who issued Report and Recommendation No. 5 on May 17,  
12 2021, finding that the documents at issue were not entitled to any confidentiality protection  
13 under the SPO. On June 1, 2021 United filed its objection to Report and Recommendation No.  
14 5.

15 On July 29, 2021 the Court held a hearing on United's June 1, 2021 objection. After  
16 giving the parties a full opportunity to be heard and conducting a de novo review, the court  
17 issued its decision ruling and ordering that the documents at issue be stripped of any  
18 confidentiality protection under the SPO by adopting as its own the Special Master's Report and  
19 Recommendation No. 5.

20 United learned on August 2, 2021 that the Health Care Providers had disseminated the  
21 documents at issue. An article was published on August 10, 2021 describing some of the  
22 documents at issue. United filed its Motion for Order to Show Cause on August 10, 2021,  
23 asserting that the Health Care Providers had violated the SPO.

24 Paragraph 9 of the SPO is the paragraph alleged to have been breached by the Health  
25 Care Providers. That paragraph provides:

26 "The party designating information as Confidential Information bears the  
27 burden of establishing confidentiality. Nothing in this Protective Order shall constitute  
28 a waiver of any Party's right to object to the designation or non-designation of a  
particular document as "CONFIDENTIAL" or "ATTORNEYS' EYES ONLY." If a  
Party contends that any document has been erroneously or improperly designated or not  
designated Confidential or Attorneys' Eyes Only, the document at issue shall be treated

as Confidential or Attorneys' Eyes Only under this Protective Order until (a) the Parties reach a written agreement or (b) the court issues an order ruling on the designation. In the event that a Party disagrees with a Party's designation of any document or information as Confidential or Attorneys' Eyes Only, the objecting Party shall advise counsel for the designating Party, in writing, of the objection and identify the document or item with sufficient specificity to permit identification. Within seven (7) days of receiving the objection, The designating Party shall advise whether the designating Party will change the designation of the document or item. If this cannot be resolved between the Parties, after the expiration of seven (7) days following the service of an objection, but within twenty-one (21) days of service of the written objection, the designating Party may make a motion to the court seeking to preserve the confidentiality designation. It shall be the burden of the designating Party to show why such information is entitled to confidential treatment. The protection afforded by this Protective Order shall continue until the court makes a decision on the motion. Failure of the designating Party to file a motion within the 21-day period shall be deemed to constitute a waiver of that Party's confidentiality designation to material identified in the objecting Party's written objection."

Under the SPO, the Health Care Providers had the right to rely upon the court's July 29, 2021 oral order ruling that the documents at issue were stripped of any confidentiality designation or protection.

NOW THEREFORE, **IT IS HEREBY ORDERED** that United's Motion for an Order to Show Cause Why Plaintiffs Should Not Be Held in Contempt is DENIED.

October 14, 2021

Dated this 14th day of October, 2021

*Nancy L Alf*

TW

Submitted by:

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Approved and content:  
**Nancy Alf**  
**District Court Judge**

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6 Fremont Emergency Services  
(Mandavia) Ltd, Plaintiff(s)

CASE NO: A-19-792978-B

7 vs.

DEPT. NO. Department 27

8  
9 United Healthcare Insurance  
Company, Defendant(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12  
13 This automated certificate of service was generated by the Eighth Judicial District  
14 Court. The foregoing Order Denying Motion was served via the court's electronic eFile  
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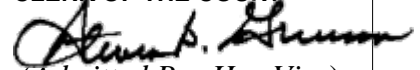
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corporation; TEAM PHYSICIANS OF  
NEVADA-MANDAVIA, P.C., a Nevada  
professional corporation; CRUM, STEFANKO  
AND JONES, LTD. dba RUBY CREST  
EMERGENCY MEDICINE, a Nevada  
professional corporation,

Plaintiffs,

vs.

Case No.: A-19-792978-B  
Dept. No.: 27

**DEFENDANTS' OPPOSITION TO  
PLAINTIFFS' MOTION FOR LEAVE  
TO FILE SUPPLEMENTAL RECORD  
IN OPPOSITION TO ARGUMENTS  
RAISED FOR THE FIRST TIME IN  
DEFENDANTS' REPLY IN SUPPORT  
OF MOTION FOR PARTIAL  
SUMMARY JUDGMENT**



1 UNITED HEALTHCARE INSURANCE  
 2 COMPANY, a Connecticut corporation; UNITED  
 3 HEALTH CARE SERVICES INC., dba  
 4 UNITEDHEALTHCARE, a Minnesota  
 5 corporation; UMR, INC., dba UNITED  
 6 MEDICAL RESOURCES, a Delaware  
 7 corporation; SIERRA HEALTH AND LIFE  
 8 INSURANCE COMPANY, INC., a Nevada  
 9 corporation; HEALTH PLAN OF NEVADA,  
 10 INC., a Nevada corporation,

Defendants.

## 8 I. INTRODUCTION

9 Apparently recognizing that their Opposition to Defendants’<sup>1</sup> Motion for Partial  
 10 Summary Judgment was severely deficient in presenting evidence to defeat an adverse summary  
 11 judgment ruling, TeamHealth Plaintiffs<sup>2</sup> now seek another bite at the apple with the benefit of  
 12 hindsight. Defendants’ argument with respect to punitive damages was based on a single  
 13 premise:<sup>3</sup> evidence does not exist in this case to merit proceeding to trial on the punitive damages  
 14 claim. TeamHealth Plaintiffs chance to rebut that contention was in their Opposition. They did  
 15 so, presenting an argument that evidence existed to proceed on the oppression and fraud prongs;  
 16 an argument they now believe was so thoroughly rebutted by Defendants’ reply that they seek  
 17 another shot as well as the last word. So TeamHealth Plaintiffs waited until nearly a week after  
 18 seeing the Reply to their points to conjure up additional evidence in an attempt to beat summary  
 19 judgment, but ask this Court to permit them doing so under the guise that a “supplement” is  
 20 warranted.

21  
 22  
 23 <sup>1</sup> “Defendants” collectively refers to UnitedHealthcare Insurance Company, United HealthCare Services,  
 24 Inc., UMR, Inc., Sierra Health and Life Insurance Co., Inc., and Health Plan of Nevada, Inc.

25 <sup>2</sup> “TeamHealth Plaintiffs” collectively refers to Fremont Emergency Services (Mandavia), Ltd., Team  
 26 Physicians of Nevada-Mandavia, P.C., and Crum, Stefanko And Jones, Ltd. dba Ruby Crest Emergency  
 27 Medicine

28 <sup>3</sup> Defendants’ Motion for Partial Summary Judgment did initially address some additional issues.  
 However, those issues were mooted by the Plaintiffs’ filing of the Second Amended Complaint which  
 dropped various claims and allegations.





To justify their conduct, TeamHealth Plaintiffs' argument is this: they should be permitted to respond to the arguments made by Defendants in Reply—the ones that did no more than directly refute the arguments made by TeamHealth Plaintiffs in their Opposition—because those arguments are “new.” Similarly, TeamHealth Plaintiffs complain that the evidence set forth in Defendants' Reply—that was attached to show this Court that the evidence initially presented by the TeamHealth Plaintiffs in their Opposition does not say what they contended it said—is also “new.” It goes without saying that a movant is entitled to fully respond to arguments made in an opposition. Those arguments are not considered “new.”

TeamHealth Plaintiffs' Motion<sup>4</sup> is an obvious attempt to get the last word, afforded by rule to the movant, and make arguments that should have and could have been made in their Summary Judgment Opposition. The Motion should thus be denied, and this Court should proceed with its decision on Defendants' Motion for Partial Summary Judgment so that the parties do not proceed to trial on claims that may ultimately be dismissed by this Court. In the alternative, because the Motion shows that TeamHealth Plaintiffs intend to take new positions on the same issues in any supplemental response, Defendants should be permitted three days to file a Reply to the new substantive points raised by TeamHealth Plaintiffs in their supplemental brief. The October 19, 2021 hearing on Defendants' Partial Motion for Summary Judgment should be briefly continued to allow for this additional briefing.

## II. RELEVANT FACTUAL AND PROCEDURAL HISTORY

This case has a firm trial setting exactly one week from today. On September 21, 2021, Defendants filed their Motion for Partial Summary Judgment in accordance with this Court's scheduling order. Defs.' Mot. for Partial Summ. J. (Sept. 21, 2021). TeamHealth Plaintiffs filed their Opposition on October 5th, two weeks later, and Defendants filed their Reply less than a week after that. Pls.' Opp. To Defs.' Mot. for Partial Summ. J. (October 5, 2021); Defs. Reply in Support of Mot. for Partial Summ. J. (October 11, 2021).

---

<sup>4</sup> Plaintiffs' Motion for Leave to File Supplemental Record in Opposition to Arguments Raised for the First Time in Defendants' Reply in Support of Motion for Partial Summary Judgment (“Motion”)

1 Six days after Defendants filed their Reply—the same time frame that Defendants were  
2 given to substantively respond to the Opposition—TeamHealth Plaintiffs filed their Motion  
3 seeking to file a supplemental opposition. As explained below, this is not appropriate at any  
4 stage based on the arguments presented, and particularly here, where the parties are due to  
5 proceed to trial in less than a week.

### 6 **III. LEGAL ARGUMENT**

#### 7 **A. Supplemental Briefing is Not Warranted.**

##### 8 ***1. TeamHealth Plaintiffs Seek a Second Bite at the Apple.***

9 The crux of Defendants' Motion for Partial Summary Judgment regarding the punitive  
10 damages claim is that TeamHealth Plaintiffs do not have the evidence sufficient to sustain an  
11 award in Nevada for punitive damages. Defs.' Mot. for Summ. J., at 4:27-5:1. Defendants  
12 satisfied this burden by "pointing to an absence of evidence to support the nonmoving party's  
13 claims." *Sutherland v. State Farm Mut. Auto. Ins. Co.*, 133 Nev. 1080, published at 2017 WL  
14 4996835, at \*2 (Ct. App. Oct. 31, 2017) (citing *Cuzze v. Univ. & Cmty. Coll. Sys. of Nev.*, 123  
15 Nev. 598, 602–03, 172 P.3d 131, 134 (2007)). TeamHealth Plaintiffs' Opposition was their  
16 chance to present evidence showing their basis for an award of punitive damages.

17 TeamHealth Plaintiffs took that chance. TeamHealth Plaintiffs filed a brief, most of  
18 which was an attempt to argue why evidence existed to proceed to trial on punitive damages.  
19 TeamHealth Plaintiffs argued that evidence would support the oppression and fraud prongs under  
20 NRS 42.005. To meet the burden of showing that a reasonable could find by clear and  
21 convincing evidence that TeamHealth Plaintiffs were entitled to punitive damages, TeamHealth  
22 Plaintiffs pointed to only four meager and inapposite exhibits. But, as Defendants properly  
23 explained in their Reply, none of those four exhibits, individually or collectively, met  
24 TeamHealth Plaintiffs' burden.

25  
26 Now having the benefit of seeing the arguments that would be made in response,  
27 TeamHealth Plaintiffs seek to argue additional new points on the eve of trial and just before  
28 argument on the motion. This is inappropriate and is not a basis for supplementation under the



Rules.<sup>5</sup> Their chance to make these arguments was in their initial opposition. To allow TeamHealth Plaintiffs to continue making arguments in opposition would only further delay this case in the process and cause an ongoing “ping-pong” battle of arguments inhibiting this Court from making a final disposition.

**2. *The Arguments Made in the Reply Responded to TeamHealth Plaintiffs’ Opposition.***

A party is permitted to use a reply to appropriately respond to arguments made in an opposition. TeamHealth Plaintiffs’ complain that they should be permitted a supplemental opposition because Defendants “shift[ed]” from reliance on *Great Am. Ins. Co. v. Gen. Builders, Inc.*, 113 Nev. 346, 934 P.2d 257 (1997) [hereinafter *Great American*], to the standard in NRS 42.005 in challenging the sufficiency of the evidence for the TeamHealth Plaintiffs to show “oppression, fraud, or malice.” Mot. at 4:11-14. TeamHealth Plaintiffs further complain that Defendants introduced “new facts” and “omitted key context” to do this. *Id.* at 4:14-15. These contentions lack merit.

**a. TeamHealth Plaintiffs Changed Their Theory of Punitive Damages in Opposing Summary Judgment.**

The crux of Defendants’ argument in their Motion for Summary Judgment is that there is no evidence to support a finding of punitive damages. Defs.’ Mot. Summ. J., at 32:23-33:3. The onus was then on TeamHealth Plaintiffs to demonstrate that evidence exists that could cause a reasonable jury to award punitive damages against Defendants, taking into account the clear and convincing evidence standard. To do this, TeamHealth Plaintiffs argued in response that Defendants are “guilty of oppression, fraud or malice, express or implied,” under NRS 42.005, and presented the evidence they contended supported a punitive damages award. Pls.’ Opp. To Defs.’ Mot. for Summ. J., at 9:16-18. To this, Defendants were entitled to respond.

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<sup>5</sup> TeamHealth Plaintiffs do not cite to any appropriate Nevada authority as to why supplementation is warranted. Indeed, they cite the *federal* standard, rather than this Court’s standard for supplemental briefing. Mot. at 4:22 (citing United States District Court for the District of Nevada Local Rule 7-2(g)). To be clear, the applicable rule governing supplemental briefs is found in EDCR 2.20(i), which provides supplemental briefing that is not filed in the applicable time periods are permitted only by leave of court.



1 That direct response is the content TeamHealth Plaintiffs now assert was a “shift” from  
2 the Opposition. *See* Mot. at 4:11-14 (contending that Defendants shifted to the standard in NRS  
3 42.005 in challenging the sufficiency of the evidence for the TeamHealth Plaintiffs to show  
4 “oppression, fraud, or malice.”). A direct response to an argument made in an opposition does  
5 not constitute a “new argument.” Similarly, presenting evidence in a reply that shows why the  
6 evidence presented by TeamHealth Plaintiffs in an opposition does not actually say what they  
7 contend it says is not “new evidence.”

8 b. TeamHealth Plaintiffs Misinterpret the Case Law to Encourage  
9 This Court to Allow Them to Supplement.

10 TeamHealth Plaintiffs misinterpret *Great American* in an attempt to assert that  
11 Defendants somehow asserted a different and “new” argument in Reply. Mot. at 4:4-15. To do  
12 so, they contend that *Great American* uses a standard that is different from the one that  
13 TeamHealth Plaintiffs used in their Opposition, which Defendants then responded to in the  
14 Reply. This distinction is simply incorrect.

15 Ultimately, *Great American* interprets Nevada’s punitive damages statute, NRS 42.005.  
16 *See Great American*, 113 Nev. at 354, 934 P.2d at 263 (interpreting punitive damages under  
17 NRS 42.005(1)). NRS 42.005(1) states that “where it is proven by clear and convincing  
18 evidence that the defendant has been guilty of oppression, fraud or malice, express or implied” a  
19 plaintiff may recover punitive damages. Accordingly, *Great American* is not a *different* standard  
20 for punitive damages, but a case interpreting the same statute that was argued in the Motion,  
21 Opposition, and Reply.<sup>6</sup> Indeed, there is no authority that a movant is constrained to using only  
22 caselaw initially cited in the Motion when responding to arguments made in opposition, all of  
23 which deal with the same statute and same issue—here, punitive damages under NRS 42.005.

24  
25  
26 <sup>6</sup> In TeamHealth Plaintiffs’ recently filed Second Amended Complaint, they alleged entitlement to  
27 punitive damages on the basis of Defendants’ “bad faith,” but not on the basis of malice, oppression, or  
28 fraud. Second Amended Complaint at ¶ 96. In TeamHealth Plaintiffs’ opposition brief, they changed  
course and asserted entitlement on the basis of oppression and fraud instead, and not bad faith.





**B. If TeamHealth Plaintiffs are Allowed a Supplemental Opposition, Fairness Demands that Defendants Are Given Leave to File a Reply to the Supplemental Opposition.**

In an attempt to end run EDCR 2.20(i), which allows supplemental briefing *only after leave of court is obtained*, TeamHealth Plaintiffs make substantive arguments pertaining to the summary judgment briefing in their Motion. This appears to relate to TeamHealth Plaintiffs' misapprehension that federal court rules, rather than the rule of this Court, apply. *See supra* n. 5. In fact, these substantive arguments make up more than half of the Motion. Mot. at 5-8. First, this further demonstrates that—from a procedural standpoint—TeamHealth Plaintiffs have no basis to file a supplemental opposition, but are attempting to have additional points considered that they failed to raise in their initial Opposition; and attempting to do so just before the hearing on the Motion so that they can have the last word. But more concerning is that these substantive points are completely new theories and arguments that demand Defendants too be given an opportunity to substantively address them. *See Claytor v. Rebel Oil Co.*, Case No. A566869, 2011 WL 5117901 (Nev. Dist. Ct. July 20, 2011) (Allf, J.) (where this court allowed supplemental briefing from *all parties* regarding summary judgment as to the punitive damages issue).

In just a single example, TeamHealth Plaintiffs—for the very first time in this case—rely on evidence of national negotiations between the corporate parents of TeamHealth Plaintiffs and Defendants to establish a punitive damages award for Nevada conduct. *See* Mot. at 5::21-22 (referring to statements made in national negotiations and made to parties *other than the TeamHealth Plaintiffs*). This theory implicates due process concerns of grave importance. *See BMW of N. Am., Inc. v. Gore*, 517 U.S. 559, 572 (1996) (“We think it follows from these principles of state sovereignty and comity that a State may not impose economic sanctions on violators of its laws with the intent of changing the tortfeasors’ lawful conduct in other States.”). Yet, the issue of whether Nevada may punish Defendants’ lawful conduct in other states has not yet been addressed because this is the *first time* in pleadings, briefing, or elsewhere that TeamHealth Plaintiffs have attempted to use this evidence to justify their claim for punitive





1 damages. Indeed, until this brief TeamHealth Plaintiffs have moved to preclude discovery of the  
2 national negotiations and have moved in limine to preclude evidence of national negotiations.  
3 Realizing they cannot identify evidence in the voluminous discovery record for the harmful  
4 consequences or evil intent necessary to succeed on punitive damages otherwise, TeamHealth  
5 Plaintiffs seek to shift the focus to those very national negotiations, as well as alleged hospital  
6 closures that occurred in other states to other parties.

7 In another example, the TeamHealth Plaintiffs' Summary Judgment Opposition states that  
8 they are pursuing only the oppression and fraud components of the punitive damages statute. *See*  
9 *Summ. J. Opp.*, at 9:24-25 ("United engaged in an oppressive and fraudulent scheme to  
10 artificially and drastically reduce reimbursement rates..."). But now, they argue that evidence  
11 exists to sustain an award for punitive damages based on malice instead. *Mot.* at 7:8-8:14 ("a  
12 jury could reasonably find oppression or malice, both express and implied.") TeamHealth  
13 Plaintiffs continue to change their theory, but ultimately full briefing on the new theory asserted  
14 would show that they cannot present *any evidence* that would defeat summary judgment in favor  
15 of Defendants on the punitive damages claim. Defendants should be permitted the opportunity  
16 to respond to this new theory, should this Court grant leave and substantively consider Plaintiffs'  
17 new arguments.

18 If the Court is inclined to consider these new arguments on the merits, Defendants request  
19 that they be given three days from the date of the Court's ruling to file a response before the  
20 Court decides the Motion for Partial Summary Judgment.

21 ///

23 ///

25 ///

27 ///

#### IV. CONCLUSION

TeamHealth Plaintiffs' chance to present evidence showing a triable issue of fact regarding punitive damages under NRS 42.005 was in their Opposition. That they did not do so does not warrant a second bite at the apple with the benefit of hindsight. This Court should accordingly deny the motion or, in the alternative, allow Defendants to substantively reply to the newly raised points within three days.

Dated this 18th day of October, 2021.

/s/ Colby L. Balkenbush

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**CERTIFICATE OF SERVICE**

I hereby certify that on the 18th day of October, 2021, a true and correct copy of the foregoing **DEFENDANTS' OPPOSITION TO PLAINTIFFS' MOTION FOR LEAVE TO FILE SUPPLEMENTAL RECORD IN OPPOSITION TO ARGUMENTS RAISED FOR THE FIRST TIME IN DEFENDANTS' REPLY IN SUPPORT OF MOTION FOR PARTIAL SUMMARY JUDGMENT** was electronically filed/served on counsel through the Court's electronic service system pursuant to Administrative Order 14-2 and N.E.F.C.R. 9, via the electronic mail addresses noted below, unless service by another method is stated or noted:

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*Hannah S. Smith*  
CLERK OF THE COURT

**EIGHTH JUDICIAL DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

Freemont Emergency Services

PLAINTIFF

-VS-

UnitedHealth

DEFENDANT

CASE NO: A-19-792978-B

DEPT. NO: 27

**MEDIA REQUEST AND ORDER ALLOWING  
CAMERA ACCESS TO COURT PROCEEDINGS**

\* Please fax to (702) 671-4548 to ensure that  
the request will be processed as quickly as possible.

John Sammon (name), of Legal Newsline (media organization),

hereby requests permission to broadcast, record, photograph or televise proceedings in the above-entitled case in

Dept. No. 27, the Honorable Judge Nancy Alf Presiding, on the 25th day of  
October, 2021.

I hereby certify that I am familiar with, and will comply with Supreme Court Rules 229-246, inclusive. If this request is being submitted less than twenty-four (24) hours before the above-described proceedings commence, the following facts provide good cause for the Court to grant the request on such short notice:

It is further understood that any media camera pooling arrangements shall be the sole responsibility of the media and must be arranged prior to coverage, without asking for the Court to mediate disputes.

Dated this 15th day of October, 2021.

SIGNATURE: Ann Maher (editor) PHONE: 618-604-8688

\*\*\*\*\*

**IT IS HEREBY ORDERED THAT:**

[ ] The media request is **denied** because it was submitted less than 24 hours before the scheduled proceeding was to commence, and no "good cause" has been shown to justify granting the request on shorter notice.

[ ] The media request is **denied** for the following reasons: \_\_\_\_\_

[ ] The media request is **granted**. The requested media access remains in effect for each and every hearing in the above-entitled case, at the discretion of the Court, and unless otherwise notified. This order is made in accordance with Supreme Court Rules 229-246, inclusive, at the discretion of the judge, and is subject to reconsideration upon motion of any party to the action. Media access may be revoked if it is shown that access is distracting the participants, impairing the dignity of the Court, or otherwise materially interfering with the administration of justice.

[ ] **OTHER:** \_\_\_\_\_

**IT IS FURTHER ORDERED** that this document shall be made a part of the record of the proceedings in this case.

Dated this 18th day of October, 2021

Dated this 18th day of October, 2021.

Nancy L Alf  
DISTRICT COURT JUDGE

TW

109 380 7B7E 4775  
Nancy Alf  
District Court Judge

1 **CSERV**

2  
3 DISTRICT COURT  
4 CLARK COUNTY, NEVADA

5  
6 Fremont Emergency Services  
7 (Mandavia) Ltd, Plaintiff(s)

CASE NO: A-19-792978-B

8 vs.

DEPT. NO. Department 27

9 United Healthcare Insurance  
10 Company, Defendant(s)

11 **AUTOMATED CERTIFICATE OF SERVICE**

12  
13 This automated certificate of service was generated by the Eighth Judicial District  
14 Court. The foregoing Media Request and Order was served via the court's electronic eFile  
15 system to all recipients registered for e-Service on the above entitled case as listed below:

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TRAN

DISTRICT COURT

CLARK COUNTY, NEVADA

FREMONT EMERGENCY SERVICES	)	
(MANDAVIA) LTD.,	)	CASE NO: A-19-792978-B
	)	
Plaintiff(s),	)	
	)	
vs.	)	DEPT. XXVII
	)	
United HEALTHCARE INSURANCE	)	
COMPANY,	)	
	)	
Defendant(s) .	)	
<hr/>		

BEFORE THE HONORABLE NANCY ALLF, DISTRICT COURT JUDGE

TUESDAY, OCTOBER 19, 2021

TRANSCRIPT OF PROCEEDINGS

RE: MOTIONS

SEE PAGE 2 FOR APPEARANCES

SEE PAGE 3 FOR MATTERS

RECORDED BY: BRYNN WHITE, COURT RECORDER  
TRANSCRIBED BY: KATHERINE MCNALLY, TRANSCRIBER

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JOSEPH Y. AHMAD, ESQ.

P. KEVIN LEYENDECKER, ESQ.

7

FOR DEFENDANT(S) :

8

D. LEE ROBERTS, JR., ESQ.

9

COLBY BALKENBUSH, ESQ.

K. LEE BLALACK, ESQ.

10

DIMITRI D. PORTNOI, ESQ.

DANIEL F. POLSENBERG, ESQ. (Blue Jeans)

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1 LAS VEGAS, CLARK COUNTY, NEVADA

2 TUESDAY, OCTOBER 20, 2021 9:29 a.m.

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4  
5 THE COURT: Good morning, everyone. Please be seated.  
6 So is everybody here in person? Wow. Okay. Welcome.  
7 Let me call the case, Fremont versus United.  
8 Let's take appearances.

9 MS. GALLAGHER: Good morning, Your Honor. Kristen  
10 Gallagher, on behalf of the plaintiff Health Care Provider's.

11 MS. LUNDVALL: Good morning, Your Honor. Pat Lundvall  
12 from McDonald Carano, also here on behalf of the Health Care  
13 Providers.

14 THE COURT: Thank you.

15 MR. ZAVITSANOS: Good morning, Your Honor. John  
16 Zavitsanos, on behalf of the Health Care Providers.

17 MR. AHMAD: Good morning. Joe Ahmad, also on behalf  
18 the Health Care Providers.

19 MR. McMANIS: Good morning, Your Honor. Jason  
20 McManis, on behalf of the Health Care Providers.

21 MR. LEYENDECKER: Good morning. At Kevin Leyendecker,  
22 on behalf of the Health Care Providers.

23 THE COURT: Thank you.

24 MS. ROBINSON: Good morning, Your Honor. Jane  
25 Robinson, on behalf of the Health Care Providers.

1 THE COURT: Any other appearances on this side?

2 MS. PERACH: Good morning, Your Honor. Amanda Perach,  
3 also appearing on behalf of the Health Care Providers.

4 THE COURT: Thank you.

5 And Mr. Blalack?

6 MR. BLALACK: Good morning, Your Honor. Lee Blalack,  
7 on behalf of the defendants.

8 MR. ROBERTS: Good morning, Your Honor. Lee Roberts,  
9 also on behalf of the defendants.

10 MR. PORTNOI: Good morning, Your Honor. Dimitri  
11 Portnoi, on behalf of the defendants.

12 MR. BALKENBUSH: Good morning, Your Honor. Colby  
13 Balkenbush, on behalf of the defendants.

14 THE COURT: Okay. Well, welcome everyone.

15 MR. POLSENBERG: And good morning, Your Honor. Not in  
16 person, Dan Polsenberg, for the defendant.

17 THE COURT: All right. Thank you. And welcome  
18 everyone.

19 Let's talk about today first. I know you have lots of  
20 questions about courtroom and jury selection.

21 Today we have to break at 11:45. I have to present at  
22 noon at the Civil Bench Bar. And then we stop at 4:45. I am  
23 moving some things in case you need more time tomorrow  
24 afternoon.

25 Now, jury selection. I am trying to find a bigger



1 courtroom. This room only holds 41 people. I don't have an  
2 answer on any of that yet. But when I do, I will let you  
3 know. I'm sure you have other questions before we get into  
4 the motions. No? All right.

5 Let's take then the plaintiffs' motion for further  
6 sanctions.

7 MS. GALLAGHER: Thank you, Your Honor. Kristen  
8 Gallagher, on behalf of the plaintiff Health Care Providers.

9 Your Honor, the Health Care Providers have been  
10 impacted by United's failure to produce documents in this  
11 case. Your Honor is well familiar with this. We have been  
12 before Your Honor on numerous occasions over the course of  
13 this case, that has resulted in the most recent August 3rd  
14 order that resulted in findings of willfulness against United  
15 for its failure to produce documents. And information that  
16 they presented during that presentation at that time, which  
17 was back in April, indicated to Your Honor that they had been  
18 substantially compliant with their obligations with respect to  
19 the prior orders.

20 And so United continues to reap the benefits of its  
21 conduct and its failure to produce documents during the course  
22 of this litigation. Without further sanction now, as we have  
23 explained in our papers and I will provide more detail here  
24 today, is that to allow United to have the last word, which  
25 would be simply that it is disregarding the orders of this

1 Court.

2 Since the August 3rd order that the Health Care  
3 Providers brought, with respect to the Order to Show Cause,  
4 they have filed a second amended complaint which is a  
5 streamlined version of the earlier allegations.

6 What is not different in the second amended complaint  
7 is the underlying conduct that is being alleged, that United  
8 has orchestrated a plan to manipulate and lower reimbursement  
9 rates in a manner that capitalizes on its market power and  
10 because, as it threatened long ago, because they can.

11 The Health Care Providers have elected now to  
12 streamline the allegations and the causes of action that will  
13 be going to the jury next week, upon which the Court will  
14 provide instruction. This is no different than litigants do  
15 typically in a pretrial motion. Health Care Providers opted  
16 to do a second amended complaint.

17 The reason I raise this issue, Your Honor, of the  
18 second amended complaint, is because United has made much of  
19 the fact of the amendment, indicating that much of the  
20 discovery that is at issue today in this motion for further  
21 sanctions would not have been permitted.

22 But the Health Care Provider's perspective is that the  
23 discovery would have been permitted because the allegations  
24 are the same with respect to the underlying conduct, with a  
25 scheme to deflate the reimbursement rates that has been

1 alleged and that we will intend to prove in trial next week.

2 The Health Care Providers did not move lightly to  
3 renew and bring this further motion for further sanctions.  
4 But it really is -- the reason we did it is because it is the  
5 exemplification of United's approach to this case, which has  
6 been to take the orders of this Court as mere suggestion and  
7 not something that they will follow that with actual  
8 sanctions.

9 United's philosophy will become quite evident as this  
10 day goes on. We will see numerous *Motions in Limine* that are  
11 really just reconsideration motions for the Court's prior  
12 motions that have been entered long ago and enter --

13 THE COURT: Excuse me. Someone who was on the phone  
14 needs to mute. Thank you.

15 Go ahead, please.

16 MS. GALLAGHER: So, Your Honor, will see that that is  
17 the philosophy that has preceded today and which continues and  
18 for which the reason why the Health Care Providers decided to  
19 move for further sanctions.

20 At the April 9th hearing, United represented that it  
21 was substantially compliant. It represented that it had  
22 completed the document production with respect to what we have  
23 defined as the negative inference categories in this  
24 particular motion.

25 United further denied at that April 9th hearing that

1 any evidence had been lost or destroyed. As the Health Care  
2 Providers presented during the Order to Show Cause, they were  
3 concerned with, and they had a fear and -- on the receiving  
4 end of what we call the sophisticated form of fabrication -- a  
5 half-truth, Your Honor may recall as part of that  
6 presentation, with respect to missing information, with  
7 respect to not producing information, with respect to  
8 obstruction that we saw time and time again.

9           The most obvious example of that was with the e-mail  
10 protocol, where United was asking the Health Care Providers to  
11 basically identify the name of a document before they would  
12 admit that it existed.

13           The Court was put, at that April 9th hearing, in a  
14 position of having to balance the moving Order to Show Cause  
15 with respect to -- and United's representations about  
16 substantial compliance. And there was significant back and  
17 forth, as Your Honor may recall, with respect to what does  
18 substantial compliance mean.

19           At that time -- and this is in the August 3rd order at  
20 paragraph 15 -- United urged the Court not to limit sanctions  
21 based on its representations, that it had substantially  
22 complied with the September 8 -- 28th, excuse me, October 27th  
23 November 9th, and January 20th orders.

24           Also in the August 3rd order at paragraph 21, the  
25 Court has found that United has shown that a consistent

1 practice of delay and obstruction in this case. The Court  
2 also finds United conduct to be willful at paragraph 31.

3 Further, by omission, there has been an effort by  
4 United to keep the Health Care Providers from discovering  
5 information and having access to witnesses -- that was at  
6 paragraph 31 as well.

7 The Court also found that based on the information, it  
8 did not know whether or not there had been any fabrication or  
9 loss of evidence. The Court then entered those measured  
10 sanctions based on the information available, based on the  
11 representations that United made to this Court at that time.

12 Only after the April 9th hearing did the Health Care  
13 Providers learn United had not been candid about its actual  
14 level of substantial compliance with its document production  
15 or that documents had not been preserved or that a litigation  
16 hold had not issued until at least two months after the  
17 commencement of this action.

18 As to the purported level of completion of document  
19 production, United told this Court it was complete as to its  
20 RFP responses.

21 But it was not even a close call, Your Honor. What we  
22 learned after that is that United produced 81 percent of its  
23 overall document production after April 9th. As the Health  
24 Care Providers detailed in their motion for further sanctions,  
25 United produced documents that spanned a base range of 433,387

1 after the April 9th hearing, which is not representative, as  
2 Your Honor is aware, of the actual number of pages. Your  
3 Honor is familiar with the fact that native productions also  
4 are -- are also very lengthy and sometimes don't represent the  
5 single Bates number that has been assigned to it.

6           You will likely hear today from United that it was  
7 simply trying to complete its ESI production. But this is a  
8 game of semantics, Your Honor. True, there is an ESI protocol  
9 in place. But the Court made it clear back in September  
10 of 2020 in the order denying United's motion for e-mail  
11 protocol, that that was not going to be an excuse from  
12 producing documents. It would not operate as a stay or any  
13 rebuttal of interference with United's obligation to produce  
14 documents.

15           It certainly defies logic, now looking at that  
16 document production, that United could have been complete with  
17 the negative inference categories on April 9th, when  
18 81 percent of the production was made after that time.

19           The challenge of this motion now is the fact that we  
20 are left with trying to identify what is missing. United says  
21 in its opposition that we have no remedy available.

22           And as we've explained in our papers and I will  
23 explain today, we don't agree with that. We think Your Honor  
24 has the ability under Rule 37, under NRS 47.250, and also  
25 within the Court's adherent power, to sanction parties and

1 litigants for continually failing to follow orders of the  
2 Court, when the result is missing information -- missing  
3 information that will allow the Health Care Providers to  
4 prepare and now to present their case to the jury next week.

5           The Health Care Providers are requesting, as Your  
6 Honor knows from the papers, a sanction that precludes United  
7 from being able to contradict evidence that is already in the  
8 documentation, which is that it has an obligation to pay bill  
9 charges.

10           What United does in the opposition is something  
11 different. They say the testimony says the Health Care  
12 Providers aren't paying their bill charges. Those are two  
13 different things, Your Honor. What the obligation to pay and  
14 what United decides to pay is what the Health Care Providers  
15 are fighting about.

16           And so if United internally has documents that say,  
17 they know they have an obligation to pay, and they have  
18 structured a program or a scheme or whatever label we want to  
19 call it, to pay something less so they don't have to pay bill  
20 charges, that is what this case is about.

21           As set forth in the motion, United did not preserve  
22 the found handwritten notebooks of Dan Schumacher. He was  
23 United Healthcare's then president and COO at the time. He  
24 testified that he kept his notes in books. He also testified  
25 that one of the meetings that is of the subject of much to

1 do -- and you will hear more about it today -- that at one of  
2 the meetings, he took notes of that meeting when he met with  
3 representatives of TeamHealth, and they were discussing a  
4 national in-network contract that never came to fruition and  
5 those notes were not preserved.

6 Now, United indicates that, well, we didn't get served  
7 with a complaint yet. But we demonstrated in our moving  
8 papers that Mr. Schumacher indicated that he was well aware  
9 that TeamHealth would need to move to litigate this case  
10 because that was the only option left.

11 When United says they are going to do something and  
12 they do it, which is what this case is about, the only option  
13 left is to litigate. And so they knew at that time, yet they  
14 did not institute a litigation hold over those notebooks.  
15 Mr. Schumacher did not keep those notebooks. And we only know  
16 specifically of the one note with respect to TeamHealth.  
17 Perhaps there are others. Perhaps he was making notes in  
18 business strategy meetings and meetings about the outlier cost  
19 management program and meetings about shared savings, but we  
20 don't know because they weren't preserved.

21 United, in its opposition, comes forward and says,  
22 well, look we put it on privilege log. But the Health Care  
23 Providers should of reached out, should have challenged the  
24 log in order to get those factual summary notes. Your Honor  
25 is well familiar that has no privilege when there is a factual



1 summary purportedly done by Mr. Schumacher.

2 And to place it on a privilege log which I, you know,  
3 obviously, I went to go see, What did it say? Was it obvious?  
4 It's not obvious, Your Honor. It's logged with a subject line  
5 of, quote, TeamHealth; and the second log entry is, quote, FW,  
6 dash, TeamHealth.

7 The person who is reviewing that would not know that  
8 that is Mr. Schumacher's translations, supposedly, of his  
9 handwritten notebook that was then later destroyed.

10 Some of the cases that United brings forward are just  
11 so factually not analogous to this particular case. The case  
12 specifically that they cite, *Hamilton versus Mount Sinai*  
13 *Hospital* is a case where it was a fight over literally whether  
14 or not handwriting transmuted to typewritten should have been  
15 a negative inference. Under those circumstances, the answer  
16 was no. There was no knowledge that there could have been  
17 litigation at the time. And then there was little translation  
18 and production on the typewritten notes.

19 This is a situation that is different. We have United  
20 now trying to cure itself from this failure on the notes only  
21 with respect to the game. We also have the issue of all the  
22 other notebooks. But with respect to this, they are trying to  
23 cure the situation by saying they produced it and put it on a  
24 log, but we don't have access to it. And so this is the type  
25 of gamesmanship that just shouldn't be happening with respect

1 to a factual summary.

2           They did cc an attorney on it. But Your Honor is well  
3 aware that attorneys in-house wear many hats. A factual  
4 summary recitation is not one that would afford privilege.  
5 And it is United's obligation to indicate that they have that  
6 privilege available to them, but they cannot now hide behind  
7 that and say that they have cured the issue with the  
8 notebooks.

9           This also dovetails with the situation with the  
10 litigation hold which was not implemented until June, and this  
11 case was commenced in April. The 30(b)(6) representative for  
12 United designated on this particular topic indicated the hold  
13 wasn't an issue until June 7th.

14           And so as a result, not only are these found notebooks  
15 were not preserved, we don't know what else might not have  
16 been preserved, given that time lapse, given that time lag, in  
17 between the time that the Health Care Providers commenced  
18 litigation.

19           And again, United will point to the time of service.  
20 But there was information in advance of that, or at least  
21 contemporaneously, with that timeline that United should have  
22 known and was on notice with the Health Care Providers would  
23 be seeking to enforce their rights to get a reimbursement  
24 based on their billed charges and the usual and customary rate  
25 based on those conversations.

1           In the motion, Your Honor, the Health Care Providers  
2   have identified missing documents from United's production  
3   that constitutes missing links, missing folders that were not  
4   searched, missing reports, and then missing communications  
5   between MultiPlan and Data iSight.

6           We have established through our moving papers that  
7   United is in continuing violation of the Court's prior order  
8   and that United should not be permitted to gain a tactical  
9   advantage going into trial by virtue of its strategic decision  
10   to see if the Court would actually hold it to its prior  
11   orders.

12           We think the Court has authority to sanction United in  
13   the manner that we requested under Rule 37, under NRS 47.250,  
14   as well as the Court's inherent power.

15           And I want to spend a few minutes on United's  
16   opposition, Your Honor. United's opposition is typical. It  
17   blames the victim, the Health Care Providers, trying to point  
18   out issues that were never before the Court in any other  
19   motion practice.

20           This is similar to what we saw in the Yale Study  
21   documents, with respect to Surround Sound's strategic approach  
22   to disparage the Health Care Providers and other emergency  
23   Health Care Providers in the industry. This is no different.  
24   Bringing to the Court things that were never -- no meet and  
25   confers; no issues before the Court -- simply to distract the

1 Court from the situation at hand.

2 So what's important and what is missing from United's  
3 opposition is that there is no direct explanation for how  
4 United could have been substantially compliant at the  
5 April 9th hearing, given what we know about that  
6 post-April 9th production.

7 United does not affirmatively deny in the opposition  
8 that the documents identified in the motion exist. Instead,  
9 they take the tactic that we have not proven that they do  
10 exist.

11 United tries to downplay identified missing documents  
12 as not having any importance. They attached 25 volumes of  
13 documents in an effort to show what they did produce, which is  
14 not the issue at hand. The issue at hand is what is missing.  
15 What did they not produce that we are entitled to under the  
16 negative inference categories.

17 A list of what is produced is simply not a curative  
18 situation to how the Health Care Providers have structured  
19 this argument and what they are moving for in terms of the  
20 sanctions requested.

21 Using United's own figures from its opposition, it is  
22 notable that of the documents produced, 42 percent are  
23 administrative records. That's over 227,000 documents --  
24 pages of documents. Of the 540,000 pages that United states  
25 that was produced are administrative records. The Court is

1 familiar. We went round and round. That is all United wanted  
2 to produce was administrative records and that constitutes  
3 42 percent.

4 This provides the Court perspective about what was  
5 produced and truly what could be missing from the production  
6 when there is ample evidence that there is a unilateral  
7 strategy to set low out-of-network reimbursement rates by  
8 United.

9 United also turns to blaming the Health Care Providers  
10 for not being able to identify documents that they withheld or  
11 perhaps put out a privilege log. The same tactic, again, was  
12 tried by United and rejected at the time of the e-mail  
13 protocol, when they wanted us to identify closure reports or  
14 performance reports that Data iSight made by name.

15 Your Honor may remember that what happened is that  
16 United actually had a dedicated e-mail for those closure  
17 reports that was discovered later. Had we not pushed that  
18 issue, we never would have identified that.

19 What the Health Care Providers have been able to  
20 identify that has been omitted from United's document  
21 production is clear -- shared savings. The Court has heard a  
22 lot about shared savings.

23 At the April 9th hearing, United denied it was its  
24 program. But the documents demonstrate that the shared  
25 savings program yields 35 percent of the difference between

1 what a Health Care Provider charges and what they set as the  
2 rate. So that the higher the rate, the higher the bill  
3 charged, the more United makes. So to suggest, that United  
4 does, that we are not entitled to bill charges just defies  
5 credibility because that is in the actual nature and the  
6 structure of the shared savings program.

7 So the Health Care Providers were able to secure some  
8 information from third parties as set forth in our moving  
9 papers. It is incredible the amount of money that employers  
10 are paying United on a monthly basis for their shared savings.  
11 You can imagine the revenue is one billion annually.

12 But those documents were not produced by United. Why?  
13 Well, we don't know. Certainly it would be helpful to know,  
14 but I think it is obvious that United does not want the Health  
15 Care Providers to have that information.

16 In opposition, United points to Exhibits 16 through 19  
17 as demonstrative of what they say is a fulsome production on  
18 shared savings. But when you go and look at Exhibits 16  
19 through 19, what Your Honor will see is, in Exhibit 16, there  
20 is three documents there that reflect the exact same MGM  
21 Fremont participating provider agreement. A single e-mail  
22 about MGM is Exhibit 17. An ASO, administrative services  
23 only, agreement and a renewal with Las Vegas Metro Police  
24 Department is Exhibit 18. And then there is one e-mail about  
25 purported rates -- it doesn't have a lot of other

1 information -- in Exhibit 19.

2 Surely, this cannot be a complete production about  
3 United Shares Savings Program when it generates a billion  
4 dollars in internal revenue every year.

5 What's also compelling is that third parties that we  
6 subpoenaed came back and said, Look, we don't have this  
7 information. This is in United's possession. And then we go  
8 to the document production, it is not there, Your Honor.

9 United also points to two documents about client  
10 adoption of the Shared Savings Extended Program, the SSPE.  
11 The first United refers to is Exhibit 41A, which is literally  
12 a list of who has adopted the shared savings program or  
13 perhaps they haven't adopted the shared savings program.

14 What's interesting, if you look at that document in  
15 the right column, there is actually file cap that exists  
16 there, which obviously that is one of the issues in this  
17 motion that we are bringing is that there are documents that  
18 are there that have not been produced. United makes no  
19 mention of this file cap in its opposition.

20 But what is interesting of Exhibit 41A is line 93 of  
21 that spreadsheet says this -- and I will quote from it -- and  
22 I will leave out the person's name. But an employee, quote,  
23 Heard them on the call we had with them last week, and all of  
24 the additional materials we sent them to try to convince them.  
25 They do not believe it will be as big of a savings, compared

1 to the member noise, which they feel outweighs the savings.  
2 And on today's call said, no, they are not moving to this, and  
3 they don't want to discuss it with us any further.

4 So what stood out to me is, as United is telling us  
5 that they have produced everything -- and they point to this  
6 one document with a list, I want to know where are, quote, all  
7 of the additional materials we sent to them to try and  
8 convince them.

9 That is the type of information that is missing, Your  
10 Honor.

11 The second document, Exhibit 41B, is a PowerPoint  
12 slide that includes slides that say exactly our position in  
13 this case, Your Honor. It says, With SSPE, the client  
14 benefits are: Offers, discounts on claims from noncontracted  
15 providers where billed charges would typically apply.

16 That is a document that they are putting in front of  
17 Your Honor saying that they have produced information with  
18 respect to shared savings, but it is also supportive of the  
19 evidentiary inference and sanction that we are looking for  
20 because that is exactly United's obligation to pay -- which is  
21 what this case is about. Not what they want to pay.

22 In opposition, United states that this slide deck is  
23 sent to customers. But it couldn't have been because it  
24 contains all the headnotes with instructions to the presenter  
25 about what to include or exclude depending on your audience.



1 And so what we don't have are the actual materials that have  
2 been sent to their ASO customers.

3 The other thing we have identified are missing links.  
4 United tries to minimize the missing information and says that  
5 we have identified what they call obscure links. These links  
6 are not obscure, Your Honor. These links depict how United  
7 operates its business. They save information on shared drives  
8 where people can access, which is what I would expect. They  
9 update the information constantly and people know where to go  
10 to get the information.

11 The PIG drive that we identified through discovery  
12 contains significant information about out-of-network  
13 programs. It has numerous subfolders and contains weekly  
14 reports. It contains, we know, from one of the links that we  
15 provided to the Court, information about TeamHealth and other  
16 information about United's strategy.

17 Despite a weekly cash report that we have identified,  
18 United admits it produced but 17. This case has spanned the  
19 relevant period more than a few years, and we all know how  
20 many weeks are in a year, so we know just by virtue of their  
21 opposition that there are documents that are missing there.

22 And this is particularly important because they were  
23 looking to identify what kind of savings they were getting off  
24 of the Health Care Providers and other TeamHealth related  
25 entities. They were looking to find out how much they were

1 saving between our billed charge and what they were deciding  
2 they were going to pay. That amount is their operating  
3 revenue.

4 The Health Care Providers also identified an e-mail  
5 where information about TeamHealth, in terms of cutting rates  
6 and implementing a negative communication strategy, was stored  
7 off the grid.

8 In opposition, United argues that off the grid means  
9 that it was just in MultiPlan's possession. But if you look  
10 at the document, there is nothing that can be gleaned with  
11 respect to that. That document says that it -- normally they  
12 should be on the main project, SharePoint. But this one is  
13 off the grid. Meaning it is stored somewhere different,  
14 because maybe not a lot of people knew about it; maybe they  
15 didn't want to a lot of people to know about what they were  
16 doing specifically to target TeamHealth and other emergency  
17 Health Care Providers.

18 United offers no declaration or affidavit of that  
19 employee in their opposition, but rather points to some  
20 MultiPlan documents. But none of those offered in Exhibit 30,  
21 which is where they refer, say that MultiPlan is the custodian  
22 of any off-the-grid documents. This argument is crafted, Your  
23 Honor, without any support.

24 United also informs the Court that the corporate  
25 shared driver had two terabytes of data. That is a lot of

1 data. One terabyte has about six and a half million pages, so  
2 two terabytes would've had about 13 million pages. So by way  
3 of example, if the document averages 10 pages, that is 1.3  
4 million documents. United put in its opposition papers that  
5 from those shared drives, they produced just 4,000.

6 E-mails from MultiPlan -- the Health Care Providers  
7 pointed out PowerPoints that were in MultiPlan's production  
8 concerning their presentation to United. In opposition,  
9 United opposes this by saying that we haven't put proven they  
10 ever received them.

11 This is not an affirmative statement saying that they  
12 did not receive it. Again, it is shifting back to the Health  
13 Care Providers to basically identify documents without knowing  
14 whether or not they are there, whether they have been  
15 obstructed, whether they have been placed on a privileged log  
16 without any basis.

17 The Health Care Providers pointed out e-mails sent by  
18 two MultiPlan employees -- Emma Johnson and Kim Dugan -- to  
19 United and the lack of e-mail and testimony compared to their  
20 job duties.

21 So let me clarify that a little bit. These two  
22 employees were account -- assigned United as their account.  
23 And so their testimony indicated that they were communicating  
24 routinely, regularly. Emma Johnson indicated she would've  
25 sent tens of thousands of e-mails over the course of her

1 tenure with MultiPlan.

2 So in opposition, United says, Well, she was only  
3 there through 2018. And, oh, by the way, you know, this case  
4 has a more narrow timeline in terms of document production.

5 So I thought about that. So let's assume for a  
6 minute, a two-year period of time, 2017/2018. And United,  
7 instead of looking at what we did, which is how many documents  
8 did Emma Johnson send to them? They looked at to and from, so  
9 they are providing the Court with a different comparison  
10 point, not an apples-to-apples comparison.

11 But just for a moment, let's take them at their word,  
12 to and from Emma Johnson, 1,200 e-mails. In a period of time  
13 that would encompass that, it equates to about 12 and a half  
14 e-mails per week. Given her testimony and how often she was  
15 communicating with them, and that she was in constant  
16 communication with them, 12 and a half e-mails doesn't seem to  
17 be realistic in terms of what you would expect. I think we  
18 all know when you get going on a particular project, even in a  
19 day, you may have more than 12 and a half e-mails.

20 So given that constant communication testimony, Health  
21 Care Providers do not think United has refuted that point in  
22 their opposition.

23 Salesforce Platform has also been identified as a  
24 potential source of information that we do not think has been  
25 properly reviewed. United does not deny that information is

1 shared through the Salesforce Platform, only arguing again  
2 that we had not proven the existence of information on that  
3 platform.

4 United argues that we found an obscure e-mail.  
5 Exhibit 28 to our motion depicts an e-mail that MultiPlan  
6 routinely sent messages using that platform.

7 If you look at Exhibit 28 it says, quote, the message  
8 is mandatory for all clients who use DIS, which is Data  
9 iSight, for professional claims. And it needs to be sent  
10 through Salesforce so that we have a record of it.

11 There are also other e-mails that demonstrate  
12 MultiPlan used the Salesforce Platform to communicate with  
13 United. For example -- MPI 4707 says, quote, It's important  
14 that you send the messages through Salesforce so that legal  
15 has a record it was sent.

16 So we did not identify an obscure, random e-mail that  
17 would not reasonably be -- reasonably yield additional  
18 information, Your Honor. What we are seeing is that MultiPlan  
19 was using that platform routinely to communicate with United,  
20 which means that that platform is accessible to United; that  
21 information has been sent through Salesforce.

22 And their argument that they don't have possession of  
23 the doesn't go as far to say they don't have the ability to  
24 have custody of it or the ability to have control over it,  
25 given the contractual relationship that exists with MultiPlan.

1           And finally, we also identified a Muddy Waters report,  
2    which may seem not particularly of interest, but the  
3    opposition was sort of interesting, Your Honor. United  
4    characterized its vice president of having a, quote, dim  
5    memory about whether or not she received the Muddy Waters  
6    investment-related report. So this report is basically  
7    depicting United's latest endeavor, which is to bring the work  
8    that MultiPlan and Data iSight do in-house through a new  
9    entity called Naviguard.

10           If this seems familiar, the Health Care Providers  
11    think it's a repeat of the Ingenix database that happened  
12    about 10 years ago, a little longer, with respect to  
13    manipulating reimbursement rates.

14           But what is important is that what was clear from  
15    Ms. Paradise's testimony is that she testified she received  
16    it. She just didn't remember who she received it from. And  
17    so it is indicative, when United says that she has a dim  
18    memory, it doesn't deny that that document may exist within  
19    their documents, Your Honor.

20           We have been before your Court often on this issue.  
21    And I greatly appreciate the Court's attention to these  
22    matters because they are so important to the Health Care  
23    Providers in trying to present this case to a jury next week.  
24    We can't imagine what hasn't been produced or may be sitting  
25    on a privilege log behind some, you know, some description

1 that isn't forthcoming.

2 But in either situation, we think the Court has  
3 sufficient evidence. We think we have provided the Court  
4 sufficient evidence to be able to establish the relief we are  
5 looking for, again, under the Rules 37 Nevada Rules of Civil  
6 Procedure, NRS 47.250, and the Court's inherent authority.

7 And we would ask that you impose those sanctions on  
8 United, Your Honor.

9 THE COURT: Okay. And the exact sanction you are  
10 asking me to impose.

11 MS. GALLAGHER: We are asking if United is found  
12 liable and owes the Health Care Providers money, that the  
13 compensatory damage model will be the billed charge is what  
14 United is obligated to pay.

15 THE COURT: Thank you.

16 MS. GALLAGHER: Thank you, Your Honor.

17 THE COURT: Opposition, please.

18 MR. ROBERTS: Good morning, Your Honor. Lee Roberts,  
19 for defendant United.

20 I'd like to start by addressing the issue of the  
21 sanction that has been requested, because I do believe that  
22 frames the rest of the Court's analysis here. And while I  
23 believe Ms. Gallagher may have stated that a little bit  
24 different, it sounds like the same relief that is requested in  
25 the brief.

1           And I would submit that this is a case-terminating  
2     sanction at this point in the litigation. And here is why.

3           What Ms. Gallagher just said was if United is found  
4     liable, then the damages are the difference between what  
5     United paid and the full billed charges.

6           Well, as this Court knows, United tried to get  
7     discovery on medical records underlying the claims. We  
8     contended that we were entitled to put in issue whether the  
9     services were performed and whether the level of services  
10    performed actually met the CPT codes billed.

11          And we cited a Florida court that had found that when  
12    they sued for recovery, it put those issues in dispute, and  
13    United could contest its liability.

14          As this Court may recall, you disagreed with the  
15    Florida decision and you found that this was only a rate of  
16    payment case -- that because United had paid and paid  
17    something, and paid under a certain CPT code, that United  
18    could not contest whether the charges were actually due.  
19    United could not contest whether the charges met that CPT code  
20    that they were billed under, and found that this was only a  
21    rate of payment case. Under that court decision, the only  
22    thing left for trial is the rate of payment that the emergency  
23    room physician groups were entitled to.

24          Well, if this Court enters that sanction and finds  
25    that they are entitled to full billed charges, there is



1 nothing left. The Court found that the only thing we can  
2 dispute is the rate of payment, and their sanction asked this  
3 Court to set the rate of payment at their full billed charges.

4 So this is case terminating. Make no mistake about  
5 it. And therefore, the *Young* factors apply. And we believe  
6 the requirement for an evidentiary hearing would also apply  
7 before the Court can enter that sanction, to determine whether  
8 there was willful violation by the client; to determine  
9 whether or not the client would be punished for the actions of  
10 the attorneys who were dealing with most of this document  
11 production after the Court's hearing on April 9th.

12 You may recall that you asked Mr. Portnoi some very  
13 pointed questions about that. Wait a minute, is this the  
14 client or is this the lawyers? And he responded that at this  
15 point the client has turned over the database to us. They  
16 have given us the two terabytes of data. And now it is us and  
17 the third-party eDiscovery vendor and actually 100 attorneys  
18 in all, you know, through the eDiscovery vendor and also at  
19 O&M were involved in trying to get through that two terabytes.

20 So we do believe that the Court would have to enter an  
21 evidentiary hearing on that issue before it could enter the  
22 sanctions requested.

23 And that is the only additional sanction requested  
24 because, in fact, the Court's order entered on August 3rd,  
25 based on the record made at the April 9th hearing, is

1 self-executing.

2 In production, on the first page of the motion  
3 currently before the Court, United has violated yet another  
4 order of the Court, the August 3rd order granting a renewed  
5 motion for an Order to Show Cause. And they continually  
6 reference that throughout the motion, that they are seeking  
7 sanctions for a violation of the August 3rd order.

8 With due respect, Your Honor, there is nothing in the  
9 August 3rd order that United could possibly have violated.

10 Do we have the ability to display the order to the  
11 Court?

12 THE COURT: I was just pulling it up. So when I am up  
13 here clicking, I am not sneaking mail. I am looking at  
14 [indiscernible]. I am just pulling it up. Give me a second.

15 MR. ROBERTS: And I think Shane has it, if that would  
16 help. But if you can toggle to him, but otherwise --

17 THE COURT: I just get a better picture on my screen,  
18 but thank you.

19 MR. ROBERTS: Okay. And I would refer the Court to  
20 page 11 of 13, which is the Court's actual order, after it  
21 goes through the findings of fact and the conclusions of law.

22 So the first is the renewed motions granted. It is  
23 further ordered that United be sanctioned for its violation of  
24 the orders of this Court. And those are the prior four  
25 orders, which were the subject of the April 9th hearing.

1           A, United should not be allowed to seek additional  
2 extensions of any discovery deadline. We have not been  
3 allowed to seek any extensions, and there is nothing there we  
4 could have violated. We didn't seek any.

5           B, there is a list of specific RFPs which says that  
6 anything not produced by United by 5 p.m., Pacific time, on  
7 April 15th, 2021, will result in a negative inference which  
8 may be asked of witnesses at the time of the trial, or at any  
9 hearing, and will be included in jury instructions stating  
10 that the jury should infer that the information would have  
11 been harmful to United's position.

12           This subparagraph B contains no affirmative obligation  
13 for United to perform. It says, if you don't do it, United,  
14 there is going to be a penalty which will be imposed at trial.  
15 Based on this, United, as I have said, made tremendous efforts  
16 to complete its document production and produce as many  
17 documents as possible by that April 15th deadline.

18           There is no violation of paragraph B. To the extent  
19 there were things that we could not produced by the deadline,  
20 they can ask for a negative inference, which is a  
21 self-executing sanction and no further sanction is necessary.  
22 To the extent they are asking for additional sanctions,  
23 they're really asking you to reconsider this order, and they  
24 haven't done that.

25           Paragraph C, United's privilege law shall be produced

1 by 5 p.m., Pacific time, on April 15th. In the event the  
2 Health Care Providers choose to challenge any documents  
3 identified as withheld or redacted on the basis of privilege  
4 or work product can be done by separate motion. The Health  
5 Care Providers shall be awarded their attorney's fees and  
6 costs for the bringing of this motion.

7 The affirmative obligation here is for United to  
8 produce a privilege log. And there is no allegation that we  
9 violated that order and did not produce a privilege log.

10 And even though the Health Care Providers had the  
11 specific ability and permission to bring a Motion to Compel,  
12 those documents -- the privilege log was produced back in  
13 April, May, June, July, August, September. Now we are here in  
14 October, there has been no Motion to Compel. There has been  
15 no allegation that our privilege log is noncompliant or that  
16 we have improperly withheld any documents.

17 The Court heard some speculation that the lawyers  
18 could have hidden stuff and buried it in a privilege log  
19 through an improper designation, but there is no evidence of  
20 that. The Court can't speculate that the lawyers breached of  
21 their ethical duties, when they haven't brought a Motion to  
22 Compel -- a single Motion to Compel in connection with our  
23 privilege log. So there is no violation of paragraph C.

24 Paragraph D, United shall be sanctioned in the amount  
25 of \$10,000 to be paid to a Nevada pro bono legal service of

1 its choice and noticed by the Court. And they do include a  
2 footnote in their brief saying that we had not -- that United  
3 had not satisfied that obligation.

4 Since that time, we have filed a notice with the Court  
5 where United chose Southern Nevada Legal Services for their  
6 legal aid donation required by this order.

7 And as we have set forth in our brief, that was not in  
8 response to this motion. That check was requested on  
9 September 24th, a week before the motion was filed, and it was  
10 actually the FedEx'd out the same day the motion was filed,  
11 and the order was just entered on August 3rd. It doesn't set  
12 a date of compliance, but I would note that United has not  
13 violated that order of the Court.

14 Finally on page 12 of 13, it is further ordered that  
15 due to United's failure to produce documents to set forth  
16 herein, that Health Care Providers may apply to the Special  
17 Master to retake depositions after the May 31st, 2021,  
18 deadline, based on any new information provided by United. We  
19 had not prevented the plaintiffs from taking any deposition or  
20 any deposition a second time that they wanted to, pursuant to  
21 this provision. We have not violated that last further order  
22 of the Court.

23 So I think if the Court looks at the August 3rd order,  
24 there could be no possible violation of this order. And the  
25 Health Care Providers opened their brief by saying that we

1 violated yet another order of the Court, August 3rd. And they  
2 represent that the August 3rd order requires us to do things  
3 that it does not require us to do.

4 I would, therefore, submit that to the extent this  
5 Court previously found violations of the four discovery orders  
6 at issue in the April 9th hearing, the Court has already  
7 considered those issues and issued a sanction, which penalizes  
8 United heavily at trial to the extent there are things that it  
9 did not produce.

10 Turning to -- I think maybe the most critical issue  
11 for this Court today is the argument that the Court would have  
12 somehow come to a different conclusion after the April 9th  
13 hearing, if United, and primarily its counsel, Mr. Portnoi,  
14 who is here today, had not misrepresented the level of  
15 compliance. And that United had misrepresented that they had  
16 substantially complied at the time of that hearing and the  
17 fact that United produced 400,000 documents after that hearing  
18 is proof that United had misrepresented the status of its  
19 productions.

20 And I'm going to go through the representations that  
21 were made in court, because I think this is key for the Court  
22 to understand.

23 During the hearing -- and this is at page 41 of the  
24 transcript -- Mr. Portnoi says, starting at line 9,  
25 Ms. Gallagher is absolutely correct. Though it is the case

1 that at the end of this, at the end of discovery, discovery is  
2 not going to be measured in thousands of pages of documents;  
3 it is not going to be measured in tens of thousands of  
4 documents. It is going to be measured in hundreds of  
5 thousands of pages of documents, multiple hundreds of  
6 thousands.

7 If there were only 100,000 documents produced before  
8 that hearing, he is at least telling the Court there's going  
9 to be at least 100,000 more, hundreds of thousands. He is  
10 conveying to the Court this idea that production is going to  
11 be substantial. And he said that's necessarily incurred some  
12 delays. It has incurred delays because of many issues in  
13 discovery, because of priorities that have been placed by the  
14 plaintiffs, for instance, the administrative records.

15 But it is concurrent with the search through the  
16 electronic information stored on United systems was the  
17 provision of only administrative records, of 2,000 records a  
18 month, ordered by the Court. And the targeted responses to  
19 RFPs, because the Court had said, You can't wait for the ESI  
20 protocol to produce documents. You've got a duty to answer  
21 those RFPs to the best of your ability before the ESI  
22 protocols are agreed to and before the ESI searches are done.

23 So we are searching and producing 2,000 administrative  
24 records a month. We are doing targeted RFP searches, which  
25 are expedited based on depositions being taken. And we are

1 also producing -- we are also searching through two terabytes  
2 with which -- that sounds about right to me, what Ms.  
3 Gallagher said -- that is about 13 million pages.

4 And he then says, beginning of line 20, and this --  
5 and at the same time we continue to make further productions  
6 and the discovery period is not over. The discovery period  
7 will end next week. And by that time there will be further  
8 substantial productions.

9 So despite his argument that United had substantially  
10 complied with the Court's order, he was telling the Court,  
11 Hey, we are continuing to search through the electronic  
12 information. There are going to be hundreds of thousands of  
13 documents and further substantial productions are coming by  
14 next week.

15 And that's where I think the Court needs to understand  
16 the contrast between the argument that the plaintiffs are  
17 making, which is essentially that United told the Court we  
18 substantially complied. And look at the number of documents  
19 that came after that representation, so it can't be true.

20 But it can be true, if you look at our briefing and  
21 the way that Mr. Portnoi described it to the Court, which is  
22 the Court ordered us to try to comply with the RFPs before the  
23 ESI is done. And we have completed that. And we think we  
24 substantially complied with that obligation to do the best we  
25 can and do those searches and produce documents pursuant to



1 each one the RFPs in prior four orders of the Court.

2 That's the substantial compliance that has been  
3 represented, because this is a sanction hearing. And he is  
4 representing that your prior orders, we substantially complied  
5 with.

6 The prior orders didn't compel United to do search  
7 terms through all of its ESI, but that was going on parallel.  
8 And he fully disclosed to the Court that we substantially  
9 complied with this search to try to produce documents  
10 responsive to the RFPs. But by the way, there is also this  
11 ESI thing going on and it is hundreds of thousands of pages.  
12 And there are going to be substantial productions by  
13 April 15th. And we are trying to comply with that deadline.

14 The Court then followed up on this and the Court asked  
15 Mr. Portnoi some questions beginning at page 51, line 14, In  
16 your brief you said your client had substantially complied.

17 Mr. Portnoi: Yes, Your Honor. And where --

18 The Court: And where, from 0 to 100, are we on that?

19 And Mr. Portnoi said: We're in a place right now, you  
20 know, document discovery deadline is April 15th. And it is  
21 our belief we are going to have completed -- you know, we are  
22 going to do our absolute best to get there. And my hope is  
23 that you will.

24 The Court: You didn't answer my question. How much  
25 has been provided of the entirety that will be provided?

1 Half, three-fourths?

2 Mr. Portnoi said that he needed the Court to repeat.

3 The Court said: You guys responded by providing more  
4 documents in response to the motion. And your brief said you  
5 were at substantial compliance.

6 The Court: Quantify that for me.

7 Mr. Portnoi says: Your Honor, we had already provided  
8 at that time, the answer is, we believe to all of the RFPs.

9 So that's what he's talking about -- substantial  
10 compliance with Court ordering responses in RFPs. We were  
11 engaged in that time solely -- and as I believe the plaintiffs  
12 are as well right now -- in complying with the ESI protocol.

13 Now, if I could back up for just a second here to  
14 Ms. Gallagher's argument that the ESI protocol is no excuse  
15 because this Court found that United couldn't wait on the ESI  
16 protocol. That is not the argument that we made or are making  
17 now. We did do targeted searches to comply with the RFP. And  
18 that is what we said we had substantially complied with -- the  
19 searches were done and the documents are produced. But we are  
20 still working on the ESI protocol.

21 And after that September warning to United, which was  
22 referenced by Ms. Gallagher, this Court, on January 8th, 2021,  
23 did issue a stipulated order governing an ESI protocol, and  
24 United took that obligation seriously.

25 And frankly, Your Honor, when you're talking about two

1 terabytes of data and multiple custodians over multiple years,  
2 the only way to really thoroughly and rationally search that  
3 is through use of search terms and trying to narrow that down  
4 through electronic means. And that is customarily what's done  
5 in this jurisdiction, where you have databases this big that  
6 you're trying to search for all relevant documents on.

7           And Mr. Portnoi described what was going on here, that  
8 there is a third-party vendor; that there are multiple  
9 contract attorneys; that they need to take that database.  
10 They need to run search terms. They need to take those  
11 results and thread them, which means that if I send you an  
12 e-mail, you send me one, I send you one -- that's three  
13 e-mails, but they are all in one e-mail. So threading -- and  
14 that eliminates the manual review of three e-mails into one.

15           And then there is de-duping so -- because the same  
16 custodian -- an e-mail would be both in our databases. It  
17 would be in there twice, and so the computer can de-dupe  
18 those. And all of those things resulted in narrowed number of  
19 documents, which then have to be manually reviewed to see,  
20 one, if they are relevant and responsive; and two, are they  
21 privileged. You can't just throw it all to the other side,  
22 because then you would be voluntarily producing privileged  
23 information. So that was a massive undertaking.

24           And we also argue that goes to willful compliance.  
25 You look at the *Young* factor. Did we just willfully disregard

1 the Court? Did we just say no, we aren't going to do it?

2 My client hired 100 lawyers who spent 7,000 hours  
3 trying to meet the deadlines imposed by the Court, which  
4 resulted ultimately in over half a million documents produced.

5 Contrast that to the plaintiffs in this case who  
6 produced about 3,000 documents. A third of those were  
7 produced on August 15th. They were doing the same thing we  
8 were.

9 So ultimately, Mr. Portnoi then said, We've reached  
10 agreement on an ESI protocol. We've reached an agreement that  
11 ESI is going to be produced five days before each deposition,  
12 so we are pulling people out of order to try to make it so  
13 they wouldn't have to take depositions twice, even though they  
14 were permitted to by order of the Court.

15 And our anticipation has been the goal to have all of  
16 the ESI pieces produced prior to the April 15th document  
17 discovery deadline, but with respect to the RFPs our  
18 production is complete.

19 And what did the Court take out of all this? If the  
20 Court goes to the order again, the Court found that United  
21 should be sanctioned because they were in not substantial  
22 compliance.

23 So to the extent that the basis of this hearing is  
24 that United had misrepresented substantial compliance, which I  
25 contend they did not do, based on the argument I've just

1 presented. But the Court actually found in numbered  
2 paragraphs throughout the order that United had not  
3 substantially complied and, therefore, should be sanctioned.  
4 So the Court has already noted a lack of compliance.

5 The plaintiffs argue that the volume of productions is  
6 proof that we somehow violated an order, but the order  
7 required us to produce as much as we could by that deadline.  
8 The volume of documents is actually proof of the efforts that  
9 United went to in attempting to comply with this Court's  
10 order. And in fact, the sanctions here are still predicated,  
11 to some extent, on something that is missing.

12 And Ms. Gallagher did raise some arguments, I will  
13 address a couple of those. But that is the key, not how many  
14 documents we produced, but what have they shown is missing?  
15 And if they show something is missing, the remedy is already  
16 in your sanctions order.

17 And we start trial soon. And rather than seeking to  
18 prove that stuff was missing and asking this Court to enter an  
19 adverse inference, as contemplated by the current order, we  
20 are a week from trial and they are seeking to throw the order  
21 out with the trash and impose a whole new sanction that is  
22 case dispositive at this point in the litigation.

23 And Your Honor, that's just not fair and that is not  
24 proper. This Court issued an order telling United what would  
25 happen if it didn't produce things. This Court ordered United

1 to produce things, and that is what United attempted to do.

2 And plaintiffs criticize us for bringing up things  
3 which had never been brought before the Court, which where  
4 never subject to meet and confers. Motions to Compel about  
5 issues where we believe plaintiffs have interpreted their  
6 obligations similarly to ours.

7 But we are not seeking any relief here based on those  
8 violations. We are not bringing motions that we haven't met  
9 and conferred on. We are raising those documents to show that  
10 our actions were reasonable in light of their actions and  
11 certainly not justifying sanctions.

12 But let's talk about matters that are not before the  
13 Court. This production was made April 15th. There are no  
14 motions to compel saying things still seem to be missing.  
15 Please give them to us.

16 We are not allowed to produce things after April 15th.  
17 They certainly could have moved to compel additional things if  
18 they wanted to. Not a single motion. Not a single challenge  
19 to the privilege log, as I have admitted. And instead we are  
20 just getting sandbagged at the last minute with the  
21 casing-ending sanction motion.

22 There is a mention of 42 percent of the documents that  
23 have been produced deal with the ASOs, I believe what they  
24 referred to as the administrative record. Well, one, this  
25 Court ordered us to produce that, so it is not surprising that

1 it is in there.

2 But second, that leaves 58 percent that is not  
3 administrative record. Over 200,000 documents that is not  
4 administrative record. Again, contrast that to the plaintiffs  
5 having produced 3,000 documents.

6 Mr. Schumacher -- they point out that one of the  
7 things that we failed to produce and that they didn't know  
8 about at the last hearing were some notebooks that  
9 Mr. Schumacher testified in his deposition that he would  
10 translate the notes and throw away every 30 days.

11 And I would point the Court to page 26 of our brief  
12 and note that this is an April 2019 [indiscernible]. And they  
13 claim that we should be sanctioned for not putting a  
14 litigation hold on that notebook, way back in April of 2019.

15 But they have admitted that they had Mr. Murphy, the  
16 CEO of TeamHealth. Neil Simpkins and Bob Galvan did not  
17 receive a litigation hold on any notes from that either.

18 Now, this is not, well, they violated their  
19 obligations too. This goes to the reasonableness of their  
20 claim that we should have anticipated litigation and the  
21 relevance of that notebook and that meeting and preserved it  
22 even though he had transferred into notes to his attorney.

23 And I would submit that if they, looking at that  
24 meeting, decided that they didn't need to advise their  
25 attendees to put a litigation hold on any notes from that

1 meeting, that it was also reasonable for United to think that  
2 they didn't need to do that at that time.

3 And we do believe the case law is applicable because  
4 he did say he translated those notes into a memo to his  
5 attorney. It is on a privilege log. They haven't moved to  
6 compel. They could have moved to compel. We would have given  
7 those notes in camera to the Court. But they didn't -- they  
8 didn't seek that relief. What they seek instead is  
9 case-terminating sanctions.

10 Shared savings -- you've heard a lot of shared  
11 savings. And our brief does address that, where we actually  
12 point out to the Court that we did searches in our database  
13 for the term, shared savings program, in order to try to find  
14 any documents that were responsive. And that search, as  
15 indicated in paragraph 19 of Mr. Portnoi's affidavit, resulted  
16 in 6,300 documents which have all been produced.

17 Again, contrast that to the amount of documents the  
18 Court would expect. Plaintiffs have produced 3,000 documents  
19 to everything. We produced twice that volume, just having the  
20 term shared savings in the documents, by searching through our  
21 systems. The -- and the Court will see it in the brief, the  
22 billion dollars is exaggerated based on the testimony of the  
23 record.

24 But where is the prejudice here? This, according to  
25 the Court's orders, is a rate of payment case. They have



1 admitted that the rate they're charging has to be reasonable.  
2 This has no relevance to whether that rate is reasonable.

3 The shared drives -- and Mr. Portnoi came here today  
4 in case the Court had any questions because he was the one  
5 personally supervising much of this effort on behalf of the  
6 client.

7 But in Mr. Portnoi's declaration, he indicates that  
8 defendants searched the corporate shared drive folder that  
9 houses the out-of-network programs teams documents and  
10 collected documents from SharePoint and locations identified  
11 by defendants' custodians. This folder on the shared drive  
12 contained over two terabytes of data. Defendants' production  
13 from the search sources is over 4,000 documents.

14 And he specifically addresses the production from the  
15 UCH EI HCE PAM folder. And he addresses other specific  
16 documents that the plaintiffs claim were not produced or that  
17 United failed to do searches, which would have triggered them  
18 to find those documents.

19 The Emma Johnson -- Emma Johnson testified that she  
20 e-mailed United all of the time; right? But people's  
21 recollection of their volume of e-mails over years is often  
22 spotty. I think, based on the number that we produced in the  
23 period of time that she was sending e-mails, that was about  
24 two e-mails a week. Two e-mails a week could reasonably be  
25 considered, I am e-mailing them all the time. But ultimately,

1 that's just speculation. You've got a witness that said,  
2 yeah, I sent them a lot of e-mails.

3 We've come up with about two a week. So can you  
4 really sanction United for doing a search for those e-mails,  
5 producing everything they find, but speculating that there is  
6 something that didn't come up on their searches? And I would  
7 submit there is something very compelling on this issue in the  
8 record. And that is that United, after searching its systems,  
9 identified 1,419 e-mails and attachments to or from Emma  
10 Johnson.

11 Nonparty MultiPlan, faced with a subpoena, produced  
12 1,247 e-mails to or from Ms. Johnson and United. So you've  
13 got sort of verification that the volume is about right, by  
14 subpoena they have served on a third-party. They match up  
15 pretty well.

16 Salesforce. We've set forth in the brief that  
17 Salesforce is a system used by MultiPlan. And the argument  
18 that is being made by plaintiff demonstrates [indiscernible]  
19 to know how the Salesforce system works and what it is.

20 United doesn't use the Salesforce system. And I  
21 actually have been involved in a case with Ben Clower and  
22 Jacuzzi, where Judge Scotty ordered a forensic search of  
23 Jacuzzi -- Jacuzzi's Salesforce database. So I've got a  
24 pretty good understanding of the system.

25 And when you say send an e-mail through Salesforce, it

1 doesn't somehow communicate to United Salesforce system which  
2 we didn't. Salesforce is a way for someone to document their  
3 client contacts and their business contacts. If someone calls  
4 you, you enter the phone call into Salesforce and it's stored.  
5 If you send an e-mail, you do it through Salesforce, and then  
6 you have a record in the Salesforce system of the e-mail. But  
7 the person on the receiving end just gets an e-mail which has  
8 been searched and produced.

9           They could try to verify that the all the e-mails sent  
10 through Salesforce by MultiPlan were found by United's e-mail  
11 searches, by going to Salesforce and asking to search their  
12 Salesforce program.

13           We don't have a Salesforce database. We just got  
14 e-mails and we searched the e-mails. It is a fundamental  
15 misunderstanding of what Salesforce is. It is a platform, but  
16 there is absolutely nothing in the record which would  
17 demonstrate their claim that United or any of the defendants  
18 have access to MultiPlan's internal Salesforce database. We  
19 don't. There is no evidence of that.

20           The Court's indulgence just for a second.

21           So finally, in closing, I would again ask the Court as  
22 we do in closing our brief, to apply the *Young* factors in  
23 order to determine if case dispositive sanctions are  
24 appropriate here, and note that the Court should impose  
25 sanctions only in extreme circumstances where willful

1 noncompliance of the court orders shown in the record or the  
2 adversarial process is halted by the unresponsive party.

3           The efforts -- the Herculean efforts that United made  
4 ultimately resulted in all of the searches being done  
5 electronically. The terms being used were disclosed to the  
6 plaintiffs. The searches were done. Half a million documents  
7 were produced. Justice has not been obstructed here. It is  
8 the exact opposite of willful noncompliance.

9           And I understand that given the extreme burden, United  
10 initially did not act as quickly as this Court thought was  
11 appropriate, and I understand the Court has criticized that  
12 before. And we are not here to dispute that part of the  
13 record. That is what it is.

14           But after the Court issued these orders, United did go  
15 in and attempt to comply with the RFPs before the ESI  
16 protocols agreed to and before the tremendous electronic  
17 search was done. They did make rolling productions. They did  
18 have back up to the fact that they believe they had responded  
19 to the RFPs. And the only thing left was the completion of  
20 the ESI protocols, which are going to be hundreds of thousands  
21 of documents by next week. And we hope we can get there.

22           Ultimately, they did get there. And I would ask that  
23 the Court not penalize United for putting 7,000 attorney hours  
24 and 100 attorneys on this file in order to try to plow through  
25 two terabytes of data and make productions by the Court's

1 deadline. I would ask you not to punish for that with further  
2 sanctions and consider the tremendous efforts which United did  
3 make, albeit late in view of the Court -- the Court's  
4 schedule. But we did make it, and we did comply by the  
5 April 15th deadline imposed by the Court. We didn't ask for  
6 any further extensions. We haven't fought any depositions  
7 they want to take.

8 And we are here. And we are a week from court. And  
9 we would ask the Court to allow us, to the extent possible, to  
10 try the case on the merits.

11 THE COURT: Thank you.

12 MR. ROBERTS: Thank you, Your Honor.

13 THE COURT: And we're going to have to take a break  
14 this morning. I am so sorry, but the administrative orders  
15 require us to take frequent breaks because we have to keep our  
16 masks on the whole time.

17 It's 10:45. Let's be back at 10:55.

18 Thank you.

19 [Recess taken from 10:45 a.m., until 10:55 a.m.]

20 THE COURT: Thanks, everyone. Please be seated.

21 And the reply, please.

22 MS. GALLAGHER: Thank you, Your Honor.

23 I would like to start with just sort of a rhetorical  
24 question with respect to the presentation that we just heard.  
25 And is that if you think about their argument, since they

1 produced 81 percent of their production after the April 9th  
2 hearing -- and it was in that production that causes us to be  
3 here today; it was in that production where we see the missing  
4 information. We found these examples after the last time we  
5 were here. And so there examples of noncompliance, of earlier  
6 orders, would basically under their theory -- would prevent us  
7 from being able to seek any relief from what we saw after we  
8 were here last time.

9 It is also important for the Court to hear what we  
10 heard from United in terms of everything they did to try and  
11 comply. But everything they did was after they were  
12 sanctioned, Your Honor.

13 They talk about all the things that they did all the  
14 time and hours that they had to put in, but it was after, that  
15 we saw that production. Perhaps had the Court not sanctioned  
16 at all, maybe we wouldn't have seen any of that information,  
17 because they were waiting to see how serious the situation  
18 really was for them. And it was serious.

19 We heard the presentation about they tried to comply.  
20 They wanted to comply -- trying to make a distinction between  
21 the ESI protocol and request for production of documents.

22 But picking and choosing from the transcript from that  
23 day and putting in isolation certain things that were said by  
24 United's counsel is taken out of context from the Health Care  
25 Providers' viewpoint and recollection of what was discussed at

1 that hearing.

2 United's counsel made it clear when it was said -- we  
3 all know what substantial compliance is. And we know that is  
4 a term of art demonstrating near total compliance. And that  
5 compliance in this case, it demonstrates that compliance will  
6 be done before the discovery period has been completed.

7 And there was an inference if -- at the least -- if  
8 not an outwardly expressed statement, that United was in near  
9 substantial completion, substantial compliance -- whatever  
10 term that they were trying to use at the time -- to get out of  
11 additional sanctions and more serious sanctions.

12 And the Court relied on those representations. The  
13 Court relied on the fact that United had not disclosed yet --  
14 maybe had not uncovered yet that Mr. Schumacher's found notes  
15 were not retained. They were destroyed every 30 days.

16 And I think what is important about Mr. Schumacher is  
17 that this is the meeting where there was discussion about  
18 United unilaterally reducing its rates, because they can.  
19 Because testimony did not deny he said it. He didn't recall  
20 that he said it. But those notes are an instrumental piece of  
21 this case. This isn't some ancillary issue with no connection  
22 to the heart of the case.

23 One of the things too that needs to be pointed out is  
24 that Mr. Schumacher also testified that he took a photo of his  
25 notes. We do not have a photo, Your Honor.

1           So there were ample opportunities for United to  
2 present this information, if they chose -- supposedly in the  
3 notes on the privilege log and a picture. We don't have  
4 those, Your Honor. And so because that is the crux of the  
5 case we are asking for a sanction that is commensurate with  
6 that destruction of evidence.

7           United tries to recharacterize this as  
8 case-terminating sanctions that we're seeing -- that we are  
9 seeking. However, our request for sanctions still requires  
10 United to put on a case with respect to liability. They have  
11 not stipulated to liability. So this is not a  
12 case-terminating sanction that would require the Court to  
13 undergo the *Young* factors.

14           We do think that the *Young* factors can be met here.  
15 The Court has already found a willful noncompliance by United  
16 in its production and discovery efforts in this case. This  
17 failing to produce critical information is no different than  
18 those earlier decisions by this Court.

19           So United still must prove that liability at trial for  
20 the claims asserted in the second amended complaint. The  
21 remedy that we are seeking is directly related to the  
22 documents that we believe they withheld.

23           As for an evidentiary hearing, the Court is well  
24 familiar with the motion hearing like this satisfies that  
25 evidentiary requirement, Your Honor.



1           So the relief that we seek in this motion is an  
2 application of an adverse inference relief that makes  
3 application of that inference specific to the damaged  
4 [indiscernible]. An adverse inference of document production  
5 is not a jury question of fact, but a determination if a party  
6 has complied with the court orders, which is why it is  
7 appropriate now and in these pretrial proceedings before this  
8 case proceeds to the jury trial next week.

9           Your Honor, what I heard in United's presentation was  
10 not of direct indication that we got it wrong. They didn't  
11 come to the Court and say, Wait a minute. All the documents  
12 you say you think are missing are actually here, and here they  
13 are. That is not United's presentation.

14           United's presentation is that, again, we have to prove  
15 what is missing. We have sufficient evidence of what is  
16 missing, specifically by Mr. Schumacher. And that is an  
17 admission by an executive that he did not preserve those  
18 documents. He took a picture. We do not have those. United  
19 has purportedly placed that document on a privilege log. But  
20 they cannot use that argument as a way to cure their inability  
21 and their failure to produce that document.

22           Your Honor, given what we've presented in motion, the  
23 additional information that we have opposed here today with  
24 respect to United's opposition, we would ask that you grant  
25 the motion and enter the sanctions that we have requested.

1 Thank you.

2 THE COURT: Thank you. This is the plaintiffs' motion  
3 for further sanctions.

4 And the motion will be denied for the following  
5 reasons: There wasn't a Motion to Compel the August order.  
6 It's asking for a negative inference for an adoption of the  
7 damage model. But the issue for the jury is the  
8 reasonableness of the reimbursement rates and that would be  
9 taking that away from the jury.

10 So the motion will be denied.

11 But let me caution the defendant that that August  
12 order is really very careful. If the plaintiff establishes  
13 that something wasn't turned over, there will be a negative  
14 inference instruction to the jury.

15 So all right. That takes us to the defendant's motion  
16 for partial summary judgment, which also relates to *Motion in*  
17 *Limine* 32.

18 MR. PORTNOI: Thank you, Your Honor. Dimitri Portnoi  
19 for defendant.

20 We have a presentation that will come up in a moment  
21 that relates to this. I would also say opening on this  
22 subject is, you may have seen on Sunday night, there was a  
23 motion for leave to file a supplemental opposition that was  
24 filed by plaintiff. In fact, the motion for leave --

25 Thank you.

1           The motion for leave actually included the substantive  
2 arguments they would like to make. We believe that is because  
3 plaintiffs improperly cited the federal rule of court under  
4 the Federal District of Nevada, as opposed to citing or  
5 applying the state court rule [indiscernible] which requires  
6 leave of Court before that brief was filed.

7           So we would like -- so one issue that is present here  
8 is the fact that there is an improper surreply for the Court  
9 right now. And we filed an opposition to that last night, so  
10 that the Court would have papers on that.

11           But I'm curious if the Court would like to hear  
12 argument on that, if the Court is seeking either plaintiffs'  
13 papers or defendants' papers.

14           THE COURT: No. I just want to hear your motion  
15 today.

16           MR. PORTNOI: Okay. Thank you, Your Honor. So I will  
17 skip ahead in my presentation to the summary judgment motion  
18 itself.

19           So primarily as the Court knows at this stage there  
20 has been an amended complaint. A number of the issues that  
21 were present in the partial summary judgment motion are mooted  
22 by that.

23           In response to our Motion for Summary Judgment,  
24 plaintiffs dropped the RICO claim, plaintiffs dropped other  
25 claims. Plaintiffs dropped a number of carve-outs that were

1 present, and that puts a number of what we are talking about  
2 here today.

3           However, what we still have as a result is punitive  
4 damages, and we also have a number of claims that are outside  
5 of the case. These are claims that were paid under Medicare  
6 or Medicaid. These are claims where United denied, disallowed  
7 part of the claims. And these are additionally -- additional  
8 carve-outs that we will address as we get there.

9           But I want to focus first on punitive damages.

10           Obviously, punitive damages is significant, you know,  
11 will terminally affect the presentation that can go to the  
12 jury, and especially, given the amendment. But really given  
13 the evidence the plaintiffs cited in their opposition brief,  
14 and even considering the evidence that was filed in the  
15 improper surreply that was filed on Sunday night. There is no  
16 basis for the Court to allow punitive damages to go to the  
17 jury.

18           I think the Court knows the punitive damages standard,  
19 which is that in an action not arising from contract, in  
20 Nevada law, where we have clear and convincing evidence of  
21 oppression, fraud, or malice. As the Court also knows, the  
22 Court is fine for the special gatekeeper role when it comes to  
23 punitive damages -- that the trial court has to make an  
24 initial determination as a matter of law as to whether the  
25 plaintiffs offered substantial evidence of oppression, fraud,

1 or malice to support a punitive damages instruction. The  
2 Court expressed this well in the *Clare v. Rebel Oil* case that  
3 was affirmed by the Nevada Supreme Court [indiscernible].

4 We started here with plaintiffs, as you can see, that  
5 initially alleged in their second amended complaint that they  
6 were pursuing only a bad faith theory. In their motion for  
7 partial summary -- in their opposition brief, what they raised  
8 is oppression and fraud as their two prongs. In their  
9 surreply, they have expanded that now to argue oppression,  
10 fraud, and malice.

11 So we have a moving target in the sense that the  
12 second amended complaint doesn't even plead those. It only  
13 pleads bad faith, which would have been insufficient on its  
14 face to justify punitive damages.

15 So it makes a note here as well. What we are looking  
16 for here is clear and convincing evidence, again, that the  
17 plaintiffs are guilty of oppression, fraud, or malice. And we  
18 need to remember that the Nevada Supreme Court has ruled that  
19 Your Honor, the Court has to consider that clear and  
20 convincing evidence standard on summary judgment. That means  
21 that there needs to be sufficient evidence for which a  
22 reasonable juror could find a clear and convincing evidence of  
23 either fraud, oppression, or malice.

24 These are all *mens rea* -- these all have certain a  
25 *mens rea* to them and they are a little bit different.

1           Fraud requires two intentional findings: The  
2   intentional misrepresentation, deception, or concealment of  
3   material fact known to the person; and intention to deprive  
4   another person of his rights to property or to otherwise  
5   injure another person.

6           And in addition, with respect to oppression or malice,  
7   they have a conscious disregard standard, and that requires  
8   knowledge of the probable harmful consequences of a wrongful  
9   act and a willful or deliberate failure to act to avoid those  
10   consequences.

11           I want to point out, the claims that are currently in  
12   the case: Breach of implied contract, unjust enrichment, the  
13   Unfair Claims Settlement Practices Act, and the Prompt Payment  
14   Act -- none of these have these sort of *mens rea* here.

15           And in fact, when we challenged the RICO claim on the  
16   inability to show reckless fraud, plaintiffs responded by  
17   dropping that and dropping the significant treble damages that  
18   come with it, because they were unable to put on a case for  
19   reckless fraud -- but have put in their opposition, without  
20   evidence, that there is intentional fraud and intent to harm.

21           Again in the opposition brief, we don't see an attempt  
22   to show conscious disregard which is necessary for oppression.  
23   The opposition brief doesn't use the term conscious disregard.  
24   And remember conscious disregard means that defendants need to  
25   know of a probable harmful consequence that would accrue to a

1 plaintiffs and they need to proceed anyway, and then that  
2 consequent needs to actually happen. But there are no harmful  
3 consequences that have occurred in this case, other than the  
4 lost profits, which is remedied by compensatory damages and  
5 don't justify punitive damages.

6 And for that reason, the opposition brief does not  
7 mention a consequence. It does not mention that defendants  
8 should have known -- should have known is not good enough --  
9 that the defendants knew of a harmful consequence and that  
10 they proceeded anyway and that room for consequence occurred.

11 These are basic -- these are basic facts that even  
12 reading the opposition for -- of summary judgment, we wouldn't  
13 even be able to pass muster pleading that. And we don't have  
14 a pleading with respect to punitive damages either in the  
15 second amended complaint.

16 In the improper surreply, TeamHealth plaintiffs used  
17 the word conscious disregard, though they still do not plead  
18 any -- they still do not claim that there is any intentional  
19 fraud in the case.

20 We have conscious disregard. And what you see here in  
21 the surreply for the first time is two facts that are the  
22 harmful consequences that we are now talking about. And those  
23 two facts are that they said in a meeting in July of 2019  
24 there was a discussion with TeamHealth's CEO about the fact  
25 that hospitals would have to close and physician pay would

1 have to come down as a result of certain contract  
2 terminations.

3 Those are the two facts and that's what we want to  
4 focus on. Those are the two negative consequences of that --  
5 that defendants are alleged to have known. And those are the  
6 two consequences that they say are the harmful consequences  
7 that should go to the jury on punitive damages.

8 Here is the bottom line. The first problem is that's  
9 a national -- national negotiation. The states that they are  
10 talking about states that aren't in -- aren't Nevada. And if  
11 you look at the PowerPoint presentation here, you can see the  
12 exhibit that I am talking about.

13 We are talking about the possibility that hospitals  
14 might close and physician pay might go down in Tennessee, in  
15 Texas, in Florida, in New Jersey, in Ohio. We are not talking  
16 about that in Nevada. The reason is they're talking about  
17 contract termination. Either a situation where in July 2019  
18 certain United entities, that are not parties to this case,  
19 had terminated contracts with certain TeamHealth health  
20 subsidiaries that are not parties to this case in other  
21 states.

22 It's not an issue at this time because the contracts  
23 between United entities and TeamHealth entities in Nevada had  
24 terminated long before it, and they terminate by choice of  
25 Fremont who terminated those contracts.



1           So what we have is -- here is we have allegations that  
2 maybe hospitals might close in the future in other states.  
3 And we have allegations that maybe might affect TeamHealth  
4 entities -- not Fremont, not Ruby Crest. Not to be glib, but  
5 you might call them their cousins. They are other  
6 subsidiaries of TeamHealth, and that is the harm that  
7 plaintiffs want before you today.

8           However, you can't do the harm to nonparties in other  
9 states, and there is an important reason. And this is why it  
10 is so troublesome that this argument -- the argument that is  
11 actually the only place where we are talking about the  
12 conscious disregard and what they are going to prove in front  
13 of the jury only comes up in an unapproved surreply.

14           A court in Nevada is not permitted to issue punitive  
15 damages based on harmful consequences that occur in other  
16 states. This is something that has time and again been ruled  
17 on by the U.S. Supreme Court.

18           The cites are there. Unfortunately, we don't have  
19 leave to reply to their surreply, so we -- it is here that we  
20 again, we would ask that if the Court is going to consider  
21 their surreply, that we have an opportunity to respond to it.

22           But the mere fact is under the principles of economy,  
23 under principles of due process, a court in Nevada issues  
24 punitive damages only for consequences that occurred in  
25 Nevada.

1           There is also a problem of double recovery here,  
2 because, don't forget, these TeamHealth subsidiaries -- not  
3 Fremont, not [indiscernible] physicians, not Ruby Crest --  
4 they also are suing United entities in these other states  
5 where they at times are asking for punitive damages.

6           They are asking this Court to allow punitive damages  
7 to go forward, for instance, with respect to the possibility  
8 that maybe hospitals closed in New Jersey, maybe physician pay  
9 when down in Texas. Well, they are also suing United entities  
10 in Texas and New Jersey. They are potentially seeking  
11 punitive damages in some of those suits. So it simply is an  
12 ill fit, and it also violates, very most, if not all,  
13 principles of constitutional law.

14           Now, the key here to understand is in order to do  
15 this, in order to have a punitive damages case, it is  
16 predicated on what happened at national negotiations and harms  
17 that occurred in other states to party -- to entities that are  
18 not parties to the suit.

19           This case has to be what [indiscernible] does not want  
20 it to be, which is a case about the national entity  
21 TeamHealth. They aren't able to produce any evidence of harm  
22 to Fremont. They unable to produce any evidence of harm to  
23 physician group. They aren't able to produce any evidence of  
24 harm to Ruby Crest. So this has to by -- of necessity become  
25 evidence of harm to TeamHealth. And, more importantly, not

1 just TeamHealth, Your Honor, but TeamHealth's subsidiaries in  
2 other states.

3 So now the only evidence of conscious disregard is you  
4 have comments made allegedly in national negotiations,  
5 referencing Florida, New Jersey, New York, Ohio, and Texas.

6 And they are being quite clear that they want to put  
7 TeamHealth at issue in this trial. If you actually look at  
8 the declaration of Kent Briscoe, which is attached to  
9 plaintiffs' motion -- well, opposition to the Motion for  
10 Summary Judgment that they want this Court to consider. They  
11 open with team physicians, Fremont, Ruby Crest are part of  
12 TeamHealth.

13 They want to put TeamHealth front and center now in  
14 this trial. Again, the -- so then -- but however, it's a  
15 little late for that now.

16 As Your Honor knows, TeamHealth plaintiffs prevented  
17 discovery [indiscernible], and they moved [indiscernible] to  
18 keep TeamHealth out of the case. They've also -- as they've  
19 said, it harms our physician pay and hospital closures.  
20 Defendants sought discovery on physician pay. We sought to  
21 find out, What is the component of their cost that is  
22 physician pay? And that would have shown us, does physician  
23 pay actually go down or not?

24 And plaintiffs moved for a -- moved for protection  
25 from this Court for discovery on that subject. Your Honor

1 ordered that there would be no discovery on physician pay.

2 And there's a *motion in limine*, as well, to prevent us from  
3 talking about physician pay.

4 So central to their argument on motion of damages is  
5 the idea that defendants knew that physician pay would have  
6 gone down, and that physician pay in fact did go down.

7 Again, it's not clear why that's harmed to -- to  
8 Fremont, Ruby Crest, and team physicians. But nonetheless,  
9 you gave credit to that argument. That has been kept out of  
10 this case. And this case would have to change fundamentally  
11 in order to go forward to trial next week, as a trial of  
12 punitive damages about physician pay.

13 We also sought discovery related to plaintiffs'  
14 relationship to hospitals in order to understand, because  
15 plaintiffs are not hospitals, they are ER staffing companies.  
16 And plaintiffs moved to further protection from any discovery  
17 on their relationships with hospitals, and they moved *in*  
18 *limine* to prevent any presentation to the jury by defendants  
19 on their relationship with hospitals.

20 And yet the fact that hospitals closed is now the  
21 center of their punitive damages claim, but we have not been  
22 able to -- we can't make that presentation. To be clear,  
23 there is not a statement. There is no statement from  
24 plaintiffs that physician pay went down in Nevada. There is  
25 no statement that hospitals closed in Nevada.

1           It's all simply the fact, again, this may have  
2 happened in some unspecified state among this list of  
3 New Jersey, New York, Texas, Ohio, Florida, and a few others.  
4 But that's going to -- that is the center of their punitive  
5 damages presentation, as demonstrated by their improper server  
6 log.

7           So again, the only evidence against them to announce  
8 their oppression would relate to out-of-state hospital  
9 closures and physician pay, and perforce would violate the  
10 U.S. Supreme Court's constitutional holdings; and it would  
11 make this case about TeamHealth, about costs to pay  
12 physicians, and what caused hospitals to close in other  
13 states, if they did close in other states.

14           I want to just, in thinking about conscious disregard,  
15 really understand how meager the evidence is in this case and  
16 how it has, you know, other cases related where the Nevada  
17 Supreme Court has held that a district court, by pure  
18 coincidence, Your Honor -- and honestly we --

19           THE COURT: That was one of my first jury trials as a  
20 judge that --

21           MR. PORTNOI: I'm going to be honestly, we -- I'm  
22 going to be honest, Your Honor, we put this in our reply  
23 brief. It was only in preparing for oral argument that I  
24 looked up and noticed that it was your decision.

25           But this -- in this case, this is from the Nevada

1 Supreme Court's decision and how they characterized the  
2 evidence -- that what happened is that there was evidence that  
3 executives of the company knew that benzene was a dangerous  
4 carcinogen and the company did nothing -- did not monitor the  
5 atmospheric benzene at a Las Vegas terminal, or at -- or  
6 estimate the damage to cumulative benzene exposure.

7 And Your Honor properly, nonetheless -- even with that  
8 knowledge of a harmful consequence and in the actual  
9 occurrence of that harmful consequence -- that was not enough  
10 to go to a jury, because it was not enough to show clear and  
11 convincing evidence -- and I'm not sure that a reasonable  
12 juror could possibly find clear and convincing evidence of the  
13 kind of evil intent, the kind of conscious disregard that is  
14 necessary to go to a jury on oppression or malice.

15 It is not enough to show that, as the Nevada Supreme  
16 Court ruled here, that it willfully and deliberately  
17 disregarded the risk such as to submit the punitive damages  
18 issue to the jury. Plaintiffs' evidence may have shown a  
19 negligence verdict. They failed to show an issue of fact that  
20 cumulative actions could support an award of punitive damages.

21 Here, with respect to the most analogous claims -- the  
22 racketeering claim, the RICO claim -- that was abandoned after  
23 we filed a motion for summary judgment. It wasn't enough to  
24 put up evidence to justify that.

25 They may say it was simply an attempt to streamline a

1 case. Your Honor, very rarely do plaintiffs give up treble  
2 damages [indiscernible] to streamline a case. There simply  
3 was not enough evidence to afford on a racketeering case.  
4 They dropped those allegations -- and now are still saying  
5 that there is enough evidence for punitive damages on a clear  
6 and convincing evidence standard.

7           So, you know, again, just to -- now to move on to the  
8 final prong. Now, we have here the idea that TeamHealth is  
9 going to show that defendants intended to defraud them and  
10 intended to deprive them of rights or property or to otherwise  
11 injury.

12           Now, in their opposition brief, they're willing to say  
13 that there were fraudulent representations about using  
14 third-party vendors. They're unwilling in their opposition  
15 brief, they're unwilling in their improper surreply, to say  
16 that those representations were intentional or that they were  
17 made with an intent to harm. They're just unwilling to go  
18 there, even as a matter of argument.

19           Keep in mind, their only claim with respect -- in the  
20 opposition brief, in the surreply, that relates to fraud is  
21 MultiPlan, and our relationship with -- United's relationship  
22 with MultiPlan and Data iSight.

23           It's important to note that after -- again, after we  
24 moved for summary judgment, TeamHealth plaintiffs didn't only  
25 abandon the RICO claim; they deleted 168 paragraphs in the

1 second amended complaint. Every single mention of MultiPlan  
2 was removed, because it's not relevant to any claim in this  
3 case. It's no longer relevant -- as Your Honor said, this  
4 isn't a rate of payment case. It's no longer relevant. It's  
5 not relevant to the implied in fact contract claim. And it's  
6 going to say, is there a contract? If we -- what are the  
7 terms of that contract? Did we breach it?

8 It's not relevant to an unjust enrichment claim, which  
9 is a rate of payment claim. Is the rate that we paid a  
10 reasonable rate? And experts can disagree on that, and I  
11 imagine the experts will disagree, as they have disagreed  
12 before.

13 And again, the RICO action was removed in the face of  
14 an argument that they could not show reckless fraud. And now  
15 they -- nonetheless, there's a claim in here for intentional  
16 fraud.

17 So let's talk about Data iSight. Data iSight is a  
18 tool that's operated by MultiPlan. It helps with calculated  
19 reimbursements. It also helps with negotiation after  
20 something is challenged.

21 So oftentimes, plaintiffs as -- sorry -- oftentimes,  
22 either insureds or the -- or providers will challenge the  
23 amount of something that was paid, and that will route through  
24 Data iSight who negotiates. And that's something that happens  
25 after the reimbursement has already -- after the reimbursement



1 has already -- the initial reimbursement has already been  
2 calculated, after the reimbursement has already been made.

3 As plaintiffs' expert, David Leathers said, this is  
4 something other companies do. This is something other  
5 insurance companies hire MultiPlan for this. This is  
6 something that exists out there in the industry.

7 Really, what we've shown, and these are -- there are  
8 only three exhibits in the opposition brief relating to  
9 fraud -- three exhibits. Four exhibits total, that relate to  
10 punitive damages at all.

11 And what we have in that opposition brief is a  
12 discussion of two different topics -- two different things  
13 that data iSight does. The first thing is that there was a --  
14 at a certain point, there was a negotiation cap. That's a  
15 word that we will probably hear, that you will hear from  
16 plaintiffs as well.

17 Now, again, remember what I just said, that you first  
18 calculate a reimbursement. And then if there's a disagreement  
19 with that, there's an appeal and you may negotiate what is --  
20 what's going to happen afterwards.

21 And there was a point in which the defendants -- in  
22 response to getting a great deal, a large number of appeals,  
23 when the plaintiffs hired a separate company CollectRX to  
24 pursue a lot of those appeals -- to appeal them in an attempt  
25 to reimburse higher. And United at that point had a

1 discussion, as other companies do when they work with  
2 MultiPlan, and set a cap of 350 -- a negotiation cap of  
3 350 percent of Medicare, with respect to the -- excuse me --  
4 350 percent of Medicare with respect to what Data iSight was  
5 permitted to negotiate when negotiating when they agreed  
6 TeamHealth plaintiffs had issue in this case.

7 Separately, there was something called an ER  
8 override -- there's a few different names for this. And what  
9 the ER override was is that when Data iSight claims were --  
10 what United actually did was to say, well, when Data iSight  
11 priced something too low, we don't want them to get too low of  
12 something, so we actually increased that amount automatically.  
13 And we directed Data iSight to increase it according to a  
14 particular percentage of Medicare.

15 So these are the two elements that make up the  
16 intentional fraud claim -- one of which -- again, there has to  
17 be an intent to deprive the -- deprive someone of rights and  
18 property -- one of which was actually serves only to increase  
19 reimbursements; the other of which serves only to apply well  
20 after initial reimbursements have occurred, and only with  
21 respect to the practices of negotiating subsequent  
22 settlements.

23 Just, you know what we -- I could see that you are --  
24 just again -- we put some more stuff in here that relates,  
25 again, to the fact that these are plaintiffs' exhibits --

1 walking through them, so Exhibit 4, one of the exhibits on  
2 punitive damages. This only relates, again, to the fee  
3 negotiations, clinical negotiations. That's what those  
4 abbreviations mean in their exhibits, FNX and CNX.

5 Again, what we're talking about here has nothing to do  
6 with the initial rate of payment. It has only to do with the  
7 subsequent negotiation.

8 And with respect, looking at Exhibit 4, there's no  
9 evidence here of fraud or oppression -- only cost control to  
10 rein in exorbitant rates and egregious billing.

11 And again, what we see here is that contrary -- in  
12 depositions that were conducted by plaintiffs of defense  
13 witnesses, these were things that were -- these negotiation  
14 parameters, which didn't affect the initial reimbursements --  
15 these were things that were being applied ultimately to many  
16 providers. They were being provided -- and as the witness  
17 from MultiPlan said -- these were something that other  
18 insurance companies also requested, or rather that United  
19 entities were requesting, not just with TeamHealth. But, in  
20 fact, that they were just fairly common. So yes, fairly  
21 common. In the industry, a fairly common practice.

22 Sorry. I'm going to push ahead in an effort to see  
23 what we can get done before Your Honor has to get out before  
24 lunch.

25 So to come to the summary of where we stand on

1 punitive damages, again, with respect to fraud, reading  
2 through their opposition brief -- no evidence of a false  
3 statement, no evidence of intent to defraud. And in the  
4 opposition brief and in the surreply, not even the barest  
5 statement that there was an intent to defraud, and no evidence  
6 of an intent to harm.

7 Oppression -- again, there's no probable harmful  
8 consequences, be it on lost profits. There's no conscious  
9 disregard under any standard.

10 And again, that would -- the oppression claim, also  
11 based on the surreply would require evidence from other states  
12 and other entities. Malice, not alleged, nor is there  
13 anything to show that we have the sort of evil intent that is  
14 necessary for that.

15 And again, there's nothing. And where we have to --  
16 where we want to stand here is on the exhibits to the  
17 opposition brief. There's nothing in any of those exhibits  
18 which show that defendants were doing anything other than  
19 attempting to control skyrocketing healthcare costs. Nothing  
20 that could get a jury to a clear and convincing evidence of  
21 oppression or fraud.

22 I'm going to move to the second set of subjects that  
23 are relevant here, unless you have questions on punitive  
24 damages, Your Honor.

25 THE COURT: I don't.

1 MR. PORTNOI: Okay. So there are three sets of --  
2 after we filed our Motion for Summary Judgment, in addition to  
3 dropping some [indiscernible], also plaintiffs conceded to a  
4 number of carve-outs, but there are three sets of carve-outs  
5 that remain. I call them carve-outs.

6 These are categories of claims that are outside the  
7 scope of the second amended complaint and would raise  
8 preemption problems if they were in the complaint.

9 And what we have are essentially claims that were paid  
10 under Medicare or Medicaid -- there's about 62 of them; claims  
11 that were denied by -- denied by the entity to which they were  
12 submitted; and claims that were actually not submitted to the  
13 defendants. In many cases, they were submitted to  
14 out-of-state entities. For instance, this will be -- as we'll  
15 talk about later, these are situations where they may have  
16 been submitted to, let's say, United Healthcare of North  
17 Carolina, because that's what the person was insured by. They  
18 weren't admitted by any of the defendants in this case.

19 So I had started with the Medicare and Medicaid  
20 claims. So what we have here with the Medicare and Medicaid  
21 claims, these are 62 at-issue claims. I'm not sure we're  
22 fighting about them when we're at over 10,000, but  
23 nonetheless, the 62 would -- are all claims that, based on our  
24 experts declaration, based on actually looking at the matching  
25 spreadsheet that was provided by plaintiffs -- what we have is

1 one claim that was paid out according to Medicare, and 61  
2 claims that were paid out according to Medicaid.

3 There's no specific evidence about these 62 claims in  
4 the opposition brief. And this does not come -- this subject  
5 does not come up in the surreply -- only evidence from one  
6 deponent and one declarant that they generally tried to get to  
7 get Medicare and Medicaid claims out. Not even a statement  
8 that these 62 claims that we're raising are not Medicare and  
9 Medicaid claims -- just simply that some folks tried and they  
10 did their best.

11 So we have Mr. Briscoe's [phonetic] declaration, which  
12 does not discuss the 62 claims, does not reference a single  
13 one of the 62 claims to say that they are not Medicare and not  
14 Medicaid claims.

15 Likewise, we had the deposition of Eddie Accasio  
16 [phonetic]. He, likewise, does not mention the 62 claims,  
17 does not talk about them, and does not rebut any evidence that  
18 these 62 specifically identified at-issue claims were paid  
19 through Medicare or Medicaid.

20 As we -- you know -- when we -- when asked at  
21 deposition is it before we -- before we got to summary  
22 judgment obviously, we've narrowed to the 62 claims -- when  
23 asked whether there was any attempt to go through and really  
24 weed them out one by one, you know, they -- there was no  
25 statement in the depositions.

1 I'm only citing to the evidence that is cited by  
2 plaintiffs here, by the way, in assessing, as we have to, to  
3 assess the evidence that plaintiffs have put forward.

4 And so in terms of -- well, not talking about the 62  
5 claims, but when asked is it possible that there are Medicare  
6 and Medicaid claims in here, the answer is, I'm pretty  
7 confident that we did our -- we tried to get them out, which  
8 is not to say that there are not 62 claims in here.

9 And in terms of what analysis Mr. Accasio did to make  
10 sure Medicare and Medicaid was out, he said, Well, I received  
11 information from the defendant -- from the plaintiffs. And  
12 whatever was given to me by them, I applied. That's not an  
13 independent analysis of whether these 62 claims are Medicare  
14 or Medicaid claims.

15 So once again, these are 62 specific benefit claims  
16 that are there. And to understand, it's not surprising that  
17 we would have these. We've been through multiple iterations  
18 of claims-matching spreadsheets in order to get to -- to do  
19 our best for all parties, to get to a narrower list.

20 But plaintiffs' experts basically say that they  
21 accepted the representations that claims that weren't Medicare  
22 or Medicaid, were, in fact, not Medicare or Medicaid. No  
23 expert from plaintiffs did any independent analysis to get  
24 them out. And to understand, the claims-matching spreadsheet  
25 has changed six times as claims that were mistakenly included

1 in there had to be pulled out.

2 And of the 23,000 claims that were initially included  
3 in the first claims-matching spreadsheet, 10,000 have already  
4 been deleted, because they were mistakenly placed there to  
5 begin with. That's 43 percent.

6 So again, it's not surprising that there might be 62  
7 Medicare and Medicaid claims that are still on there. What is  
8 surprising that they would be the subject of dispute, when  
9 that's going to result in a claim-by-claim exercise with the  
10 jury to go through and get testimony on whether November  
11 was -- whether that particular claim was actually paid by  
12 Medicare or Medicaid.

13 Now, kind of now going over to deny the benefit  
14 claims. This is the second category; this is a larger  
15 category. Defendants have identified over 1700 at-issue  
16 claims that were partially denied by defendants, and therefore  
17 not adjudicated as covered and not allowed as payable.

18 Again, we submitted an exhibit that had the 1791  
19 at-issue claims that were partially denied. And yet, for even  
20 denied claims, TeamHealth plaintiffs are seeking to recover  
21 their full billed charges on claims that were denied and are  
22 seeking full bill of charges for denied claims.

23 Now, to understand how this happens, Your Honor, it's  
24 important to understand that when you seek a -- when a  
25 [indiscernible] seeks reimbursement -- somebody comes into the



1 ER, and they may look for two different treatments or they may  
2 receive two different treatments. There may be an evaluation  
3 code. And then there may also be, maybe you've got a split;  
4 you got something set; you got some second type of procedure.

5 And so the single bill that goes to the insurance  
6 company, it may have those two claim lines on there. And what  
7 happens is if one is denied -- in this case, one may have been  
8 denied and one may have been reimbursed at a lower level than  
9 plaintiffs would like in this case, if -- in this case what we  
10 see, with respect to these 1791 claims, is seeking full billed  
11 charges on those claims that were disallowed a company that  
12 claimed that it was allowed.

13 We put an example of one of these in our motion  
14 papers. And you can see, if you look at, you know -- it's  
15 at -- it's described here -- it's a little hard to put up as  
16 an image because it is -- we would be looking at an Excel  
17 spreadsheet.

18 But when we go to Exhibit 38, we look at line 86.  
19 This is a situation where Fremont billed UHC a little over a  
20 thousand dollars, one charge for \$508 under CPT code 992830,  
21 United paid that at \$222.94.

22 Another code was submitted under 29105 for \$496.  
23 United denied coverage for that.

24 With respect to that claim, the TeamHealth plaintiffs  
25 are seeking a full billed charges on the claim that was

1 partially allowed and the claim that was fully denied.

2 And the problem with that is that for that claim that  
3 was partial -- that was fully denied, that claim was preempted  
4 by [indiscernible]. And that claim -- when something is  
5 disallowed, it can only -- then what we're talking about is  
6 not a rate of payment case, Your Honor. That's a right of  
7 payment case, because that is a claim that has not been paid  
8 yet.

9 And so if we have those, then we have the risk that we  
10 go through this -- this is true for the Medicare and Medicaid.  
11 We have this risk that we have a whole exercise where we go to  
12 trial, and then it turns out afterwards, well, some of these  
13 actually -- some of the claims in this case actually should  
14 never have been in it, because they are ERISA claims. They  
15 could have been brought in this court as ERISA claims. They  
16 could have been removed. They could have brought in federal  
17 court as ERISA claims. Whatever it is, we have a situation  
18 where we [indiscernible] know what the damages are because we  
19 have faulty ERISA claims that are sitting in the middle here.

20 And it's also worth noting that the U.S. District  
21 Court, when this case was removed, plaintiffs asserted to that  
22 Court that the claims at issue were not denied, but were fully  
23 covered and payable by defendants. And on that basis, that  
24 district court remanded the case. And so plaintiffs are also  
25 judicially estopped from today putting those claims at issue

1 and putting those claims in front of the jury.

2 Now, going to the final claim category, the claims  
3 that were not submitted to the defendants to begin with.

4 So again, we have un rebutted evidence that 445  
5 at-issue claims, for which there's no evidence that those  
6 benefit claims were submitted to defendants. Again, we put  
7 these at issue. Many of these we have found were submitted to  
8 UHC Insurance Company of Illinois, UHC Insurance Company of  
9 New York, and UHC Insurance Company of North Carolina.

10 These are -- some of them we cannot identify and may  
11 have been submitted to totally different insurance companies  
12 that have no relationship to United.

13 We put on evidence of this fact. We put on evidence  
14 that actually identified these specific claims so that  
15 plaintiffs can look them up and provide evidence regarding  
16 them. We showed there was no record in defendants' claims  
17 database. We showed that there was evidence that confirms  
18 that many times that that evidence was submitted to a  
19 nondefendant insurance company using the legal entity number  
20 that is in their claims data spreadsheet. We put in  
21 declaration evidence that these were submitted to  
22 nondefendants from multiple witnesses.

23 What we have, instead, is we have -- we don't -- we  
24 have the same kind of evidence that we had for Medicare and  
25 Medicaid when it comes back to -- or comes back from

1 plaintiffs, which is essentially evidence of, look, we put  
2 in -- we made a spreadsheet of about 10,000 -- 23,000 claims.  
3 We reduced it to 10,000. We did our best to weed these out.

4 Can we say that these 445 claims were actually  
5 submitted to United? Their witnesses aren't asked about them.  
6 They don't talk about the 445 claims. And so there's no  
7 evidence in the record -- no testimony, no affidavits, nothing  
8 else -- that actually genuinely disputes the fact that these  
9 445 claims were ever submitted to any defendant in this case.

10 And again, this will be -- unfortunately it will have  
11 to be a lengthy sideshow at trial where the jury is going to  
12 have the think about which of these claims was actually  
13 submitted to defendants, as opposed to having a clean list  
14 where we know that all of the claims are properly within the  
15 case.

16 And so as a result, taking these three carve-outs,  
17 pulling them out means that we at least know that going to  
18 trial every claim was allowed; it was partially paid; and  
19 there's a dispute as to the amount.

20 With these carve-outs remaining in the case, what we  
21 would have is having to actually go through the 62 Medicare  
22 and Medicaid claims, the 1791 claims that are partially  
23 denied, and the 445 claims that were not submitted to  
24 defendants at all -- and have that as a disputed issue that  
25 the jury is going to have to find with respect to those

1     disputed amounts.

2             Your Honor, with that, I would respectfully ask the  
3     Court to grant summary judgment with respect to punitive  
4     damages, and with respect to the listed carve-outs that I have  
5     raised today and that were raised in the countermotion.

6             THE COURT: Thank you.

7             It's 11:41. I want to go ahead and take our lunch  
8     break now. There's only one working elevator back here, and I  
9     waited six minutes the other day to get up to the 10th floor.  
10    So is 12:45 okay for everyone? I'll leave the other meeting  
11    early. Thank you.

12            Court's in recess.

13            [Recess taken from 11:42 a.m., until 12:49 p.m.]

14            THE COURT: Thanks, everyone. Please remain seated.

15            And for your opposition in motion, please, will you  
16    please introduce yourself again.

17            MS. ROBINSON: Thank you, Your Honor. My name is Jane  
18    Robinson. Is this mic, [indiscernible]. Is that good?

19            THE REPORTER: Yes. Thank you.

20            THE COURT: It's fine either way.

21            MS. ROBINSON: Okay. Let me know if you can't hear me  
22    at any time.

23            THE COURT: We use them for jury trials so that  
24    everybody knows.

25            MS. ROBINSON: My name is Jane Robinson. And I am

1 here on behalf of the Health Care Providers.

2 And Your Honor, I would like to echo what my colleague  
3 John Zavitsanos said the last time we were here that we are  
4 grateful for the opportunity to appear here in this court in  
5 Nevada. And we thank the Court for that opportunity.

6 So I would like to start by addressing the punitive  
7 damages claim. And I want to be clear, I just want to start  
8 with the simple point of clarification. We did not amend the  
9 complaint in response to the MSJ. The Health Care Providers  
10 amended the complaint to focus the trial on the most important  
11 causes of actions, the ones that we felt were the strongest  
12 and that were the most worthy of the Court and the jury's  
13 time.

14 But as Ms. Gallagher said earlier this morning,  
15 although we have focused the causes of action, the underlying  
16 conduct and the evidence is the same.

17 This is no surprise to United. Everything that I am  
18 about to say is what we have been alleging all throughout this  
19 case. And so this -- you are going to see MultiPlan and Data  
20 iSight -- I know the Court mentioned -- I hear a lot of  
21 feedback. I know the Court mentioned an upcoming *Motion in*  
22 *Limine*. But I just wanted to assure the Court that MultiPlan  
23 and Data iSight are very much in this case as evidence. They  
24 are throughout our exhibits and they are throughout United's  
25 exhibits. So all of that is still relevant.

1           New, as I said, we have been clear throughout this  
2 case. United is engaging in an intentional and purposeful  
3 campaign to drive down reimbursement rates for ERs and harm  
4 Nevada doctors.

5           United is intentionally manipulating reimbursement  
6 rates, and it is lying to everyone about it. It is telling  
7 the world that it is being fair and objective -- which I'm  
8 going to get to; it's telling its members that; it's telling  
9 its clients that; and it's telling doctors that. But our  
10 evidence is going to show that that is not true. This conduct  
11 is intentional. It is malicious, oppressive, and it's  
12 fraudulent.

13           I apologize for the feedback.

14           So I would like to give you a little background. I  
15 know you have heard a lot of this before, so please I'll try  
16 and keep it brief. I know the Court in [indiscernible].

17           THE COURT: You guys, I have been in a four-week  
18 trial. We just got a verdict Thursday. I only had two days  
19 to prepare, so I only read everything once.

20           MR. ROBERTS: And that's really all we can ask, Your  
21 Honor. Thank you very much.

22           So ER doctors have to treat everyone who comes. When  
23 you are -- when you go to an ER either because your life is in  
24 danger or because you believe your life is in danger, the ER  
25 does not say, Hold on, who is your insurance provider? And if

1 you don't have one, you're going to have to go to the ER down  
2 the street. ERs and hospitals, they can't do that. And they  
3 treat everyone. And in fact, many of the patients they treat  
4 don't pay them anything.

5 And a lot, about 50 percent of the patients they treat  
6 pay them, but they pay them an amount that is not sustainable.  
7 It's maybe just at or often below the cost. So ERs, it's a  
8 very difficult economic situation for them, but they keep  
9 treating all of these patients.

10 Now, United is one of the largest private insurers in  
11 Nevada. And it is exploiting its market power and exploiting  
12 the fact that ER groups don't have a choice.

13 Now, if somebody goes to United and asks for  
14 insurance, and they say -- and United says, Great, that will  
15 be \$250 a month -- we should hope; right? And the person  
16 says, You know, I don't have \$250 a month, but I would still  
17 like insurance, United can just tell them no.

18 We don't have that option. We just treat you. We  
19 save your life. Or we treat you, we stabilize you, and we  
20 assure you that, although you believed reasonably that your  
21 life was in danger, you are actually going to be okay. That's  
22 what we do every day.

23 Now, most ERs are staffed by small independent  
24 provider groups. And United has figured out that they really  
25 don't have much choice because they have to accept whatever



1 people are willing to pay them. United thinks, Well, doctors  
2 pretty much have to take what we give them.

3 And so most of the others, because of the small  
4 independent practices, they don't have the resources to fight  
5 back. And that's why United is targeting us and that is what  
6 this evidence shows that TeamHealth affiliated practice  
7 groups -- excuse me -- that TeamHealth affiliated practice  
8 groups are being targeted specifically by United because we  
9 have the resources to fight back, and that makes us, the  
10 TeamHealth affiliated practice groups, Enemy Number 1 to  
11 United.

12 And there is real harm at stake. It is more than just  
13 these claims at issue, because United's goal isn't just to  
14 underpay these claims. United's goal is to force us to accept  
15 contracts at rock bottom reimbursement rates. So they are  
16 targeting us, because once they get TeamHealth to agree -- the  
17 TeamHealth groups to agree to these rock bottom reimbursement  
18 rates, who else is going to say no to them? They can just  
19 drive down those rates as far as they want to.

20 So their goal isn't to reduce the cost of healthcare.  
21 It is to send their profits and their share price  
22 skyrocketing.

23 Now, who benefits when they don't pay? When they  
24 underpay? For fully insured, United is as motivated as they  
25 could be to pay as little as possible, because they keep

1 everything else. And for the ASO clients, United charges its  
2 customers. United makes its customers pay a percentage of  
3 what United takes from us. And that is often more than what  
4 the doctors are paid.

5 So you have the ER doctors -- and I know this because  
6 my dad was an ER doctor. They work nights. They work  
7 weekends. They work holidays. They give their lives to these  
8 practices. And they save people's lives.

9 And United will take a claim from an ER doc and pay  
10 itself for administering this claim more than the ER doctor  
11 made for saving that person's life.

12 Now, that is the kind of conduct that we think shocks  
13 the conscience, and we think that that's something that  
14 deserves to go to the jury.

15 So when United says that we are not being reasonable,  
16 I would like to know what is reasonable about them charging  
17 more to administer a claim than for us to do the actual work.

18 Now, that is the malice and oppression. So I would  
19 like to talk a little bit about the fraud.

20 United doesn't tell the world, we pay whatever we  
21 think we can get away with. Of course they don't say that.  
22 They tell the world, we use objective data. We use  
23 independent third parties. And that's what we use to come up  
24 with our reimbursement rates.

25 But that is simply not true. The evidence that we

1 have offered and that we will show at trial is that United  
2 manipulated both its internal programs and its external  
3 sources to generate the reimbursement rate that United shows.

4 So there is a lot of discussion about conscious  
5 disregard. United says we can't show that.

6 Well, there is a little bit of mismatch because  
7 conscious disregard typically applies to unintentional  
8 fraud -- or excuse me -- unintentional torts.

9 What we can show is worse. What we allege is that  
10 United is targeting us and harming us intentionally. So it is  
11 more than just a conscious disregard; it is an intent to harm  
12 us.

13 And I would distinguish this from the *Kinder Morgan*  
14 case, which I know the court is familiar with. The  
15 plaintiffs, as I understand it, in that case allege that their  
16 cancer was caused by exposure to gasoline. The evidence  
17 against the defendants was that their executives knew of the  
18 risk of raw benzene. And there was inference that the  
19 plaintiffs wanted, that knowledge of the risk of raw benzene  
20 was the same as gasoline, and the Court rejected that. Said  
21 that might be negligence, but it's not enough for punitive  
22 damages.

23 That's not what we have here. We have specific  
24 intentional conduct that is specifically targeted at us. And  
25 the harm again is not just a lower rate. It is trying to

1 force us to accept contracts going forward that will be  
2 unsustainable. This is significant. And it's damaging, not  
3 just to us, but will damage other doctors in Nevada as well.

4 After TeamHealth is driven into the basement, no other  
5 provider group will be able to push back.

6 Now, on the topic of the national conduct. There is  
7 going to be another *Motion in Limine* that is going to be  
8 argued later. But what I do want to say about that is if  
9 there is intentional conduct to harm Nevada plaintiffs, it  
10 doesn't matter if that conduct happens in the state or out of  
11 the state. It's intentional conduct that was intended to harm  
12 Nevada practice groups. That harms us here; we have a cause  
13 of action here.

14 Now, United has spent a lot of time walking through  
15 the evidence.

16 We obviously have a story to tell about the evidence.  
17 United has a story to tell about the evidence. That's fine.  
18 That's a story we are going to talk to the jury about.

19 United wants to say there's only one way to interpret  
20 this evidence and that is that we are just simple insurers who  
21 are trying to avoid the skyrocketing costs of healthcare.  
22 That's fine. I expect to hear that at trial. But that's not  
23 a reason to grant summary judgment.

24 To the extent there are inferences to be drawn from  
25 this evidence, it should be drawn in our favor. But we think

1 there is more than enough here to take this issue to the jury.

2 Now, on the other claims, I am going to talk a little  
3 bit about both types of claims. I'm just going to group  
4 together, for the sake of time, the claims that there was a  
5 government payor and claims that there was another United  
6 payor. And what's this really amounts to is a straightforward  
7 conflict of the evidence.

8 Our evidence is that we pulled data claims from our  
9 file. We reviewed them. We QC'd them. And I think, although  
10 United would like to characterize the fact that we had brought  
11 the claims as weakness or that we are not really serious about  
12 our claims -- I would submit that it is the exact opposite.

13 We have narrowed our claims because we are showing  
14 good faith. We want to bring only those claims that we think  
15 are defensible to this court and this jury. And that is what  
16 we have done. And our evidence says that we have reviewed  
17 these claims and we stand by these claims. These came from  
18 our database. And we show that they were paid by defendants.

19 Now, they, I am sure, will have great deal of  
20 cross-examination, if they want. That is the function of  
21 cross-examination. But those conflicts of evidence are not  
22 intended to be resolved through summary judgment.

23 Now, on the question of the denied benefits, I think  
24 we have been crystal clear. I want to be crystal clear. We  
25 are only pursuing claims for line items that United paid. We

1 are not pursuing claims for line items that United denied  
2 entirely and paid zero.

3 I looked through -- I mean, I think they interpreted  
4 something that one of our experts said to suggest the  
5 opposite. And I just want to be very clear right now. We are  
6 not seeking reimbursement for claims that United denied and  
7 paid zero -- only for the ones for the United paid something.

8 And I really think that's dispositive of this point.  
9 If they can find a way that we are claiming a line item that  
10 they paid zero, we will drop that. We do not want this case  
11 to get removed. And we understand that if we were to  
12 challenge our right to payment. That would be an ERISA issue.  
13 That is not our goal. We will drop those claims.

14 Now, the *Barrero* case in the 11th Circuit talks about  
15 hybrid claims. To be clear, it's not talking about a  
16 situation where we have a line item that is paid and that is  
17 being targeted and a line item that is not paid and that's  
18 being dropped. That's talking about when somebody is claiming  
19 both rate and right to reimbursement, and it's mixed together.  
20 It's just not applicable here.

21 The example -- so, the example that they gave was an  
22 example of a line item that was not paid. But I still don't  
23 understand what the basis is for saying that we are seeking  
24 that, but that is certainly not our intention. I will just  
25 say that right now.

1           Your Honor, do you have any questions? I'm sorry. I  
2 spent a little [indiscernible].

3           THE COURT: No.

4           MS. ROBINSON: All right. Thank you, Your Honor.

5           THE COURT: Just because I looked away doesn't mean I  
6 wasn't listening.

7           MS. ROBINSON: Oh, no. I was wrapping up. But it's  
8 always my -- I just wanted to give you an opportunity to ask  
9 some questions, if you had them, before I stepped away from  
10 the podium.

11          THE COURT: Okay. Thank you.

12          MS. ROBINSON: Thank you, Your Honor.

13          THE COURT: And your reply, please.

14          MR. PORTNOI: [Indiscernible.]

15          THE COURT: Take your time.

16          MR. PORTNOI: Likewise, let me know if I'm either too  
17 soft or too loud. We weren't using this before.

18                So let me start where Ms. Robinson finished, which is  
19 on the disallowed claims. So again, we put in the spreadsheet  
20 of 1791 claims that were the disallowed line items. We have  
21 no argument, here under Barrero for anything else that --  
22 where there is a claim that is disallowed and a claim that is  
23 allowed. But they are not allowed to pursue the allowed  
24 claims.

25                We put in 1791 specific claims in our exhibits. And

1 we also pointed out where their experts are using the  
2 disallowed amounts as part of their damages calculation. And  
3 that's all in our Motion for Summary Judgment. We had no  
4 opposition to that.

5 And there is not -- we went through an example here.  
6 And we said this is an example where it is a zero dollar  
7 payment, and they want full dollar -- full payable charges on  
8 the zero dollar payment. [Indiscernible] to evidence to  
9 respond to that would have picked -- would have showed even  
10 one of the 1791 claims, and said, well, that's a claim that --  
11 where United paid zero dollars and where we said United paid  
12 zero dollars and they said, said, no, no. We got a check. It  
13 was \$100, and we want more. And these are disallowed.

14 If they want to stipulate to those 1791 claims  
15 dropping out of the case, the 1791 line items within a claim  
16 where they could be semantically different, then we will agree  
17 to that. That is not a problem.

18 We have no problem with the idea where you go to the  
19 ER and one of your two procedures -- one of your two codes  
20 says reimburse and the other one does not -- we have no  
21 problem that they can proceed with the one that's reimbursed,  
22 so long as they are dropping the one that is not. And those  
23 are the 1791.

24 And it's important to note again what Ms. Robinson  
25 just said, which is that that is the clear ERISA preemption



1 problem. If we don't resolve that before trial, if we go to  
2 trial with those uncertainties, then we have a risk that the  
3 entire trial should have been removed to federal court. So we  
4 really -- this is a very important issue that we have to  
5 figure out.

6 Likewise, what we did -- what Your Honor did here with  
7 the step -- that also applies with equal force to the claims  
8 that were submitted to entities that are not a Nevada United  
9 entity, because those are fees we did not pay. Perforce that  
10 creates the same problem.

11 And again, those are 445 claims. We listed them. We  
12 showed the receipts. We showed the spreadsheets. We showed  
13 evidence. And what their evidence does not show is any  
14 discussion whatsoever about even one of those 445 claims.  
15 One, two, three -- none of them -- do they actually present  
16 any evidence against what -- [indiscernible] summary judgment.

17 There's a discussion here that there is maybe -- these  
18 are just a conflict of evidence. But it's not a conflict of  
19 evidence. A summary judgment motion is a common tool. You  
20 put -- we put up some evidence; they put up some contrary  
21 evidence to create a genuine of disputed facts.

22 But with respect to these 62 Medicare and Medicaid  
23 claims, with respect to the 445 claims that were submitted to  
24 nondefendants, and with respect to the 1791 claimed line items  
25 that are disallowed claims -- there is a disputed issue of

1 fact. And there's nothing that could create [indiscernible]  
2 arbitrary argument.

3 Now, I just want to say, turning to punitive damages,  
4 if you would for just one moment.

5 It's hard to talk through this mask for a long time.  
6 I don't know if you've had that same experience, having just  
7 gone through a trial.

8 What you didn't hear in that discussion of punitive  
9 damages was the reference to a single exhibit -- was a  
10 reference to a single piece of deposition testimony. You  
11 didn't hear -- you heard a lot of discussion about the heroes  
12 that ER doctors are. And they are. What you didn't hear was  
13 a -- was that, attached to the summary judgment opposition, is  
14 a declaration from an ER doctor talking about the harm that he  
15 had caused, because there isn't one. What you didn't hear was  
16 that there's actually some tangible harm in Nevada that has  
17 been caused.

18 I stood up here before, and I said, where are they --  
19 you know, they're going to argue that hospitals have closed  
20 across the country. But they didn't actually even do that.  
21 We saw no evidence of a single hospital that was closed. We  
22 don't even have a piece of evidence [indiscernible] anything  
23 that the defendants did, that a single dollar was reduced in  
24 physician pay, which is the core of their argument -- that  
25 physician pay was reduced and hospitals closed.

1 Nor was there any attempt to eliminate the problem  
2 under the Supreme Court's rulings in *State Farm v. VFW*, that  
3 the harm is outside of Nevada to [indiscernible]. We agree.  
4 This --

5 We don't disagree that if something was done or said  
6 in national negotiations, that that caused actual tangible  
7 harm in Nevada. That could be the case. But we have a *Motion*  
8 *in Limine* to preclude all evidence regarding what happened in  
9 national negotiations.

10 And as a result -- and for that matter, remember, that  
11 statement that is in their surreply, which is what they're  
12 relying on right now -- is about hospital closures and  
13 physician pay outside of Nevada. It is not enough about  
14 physician pay going down in Nevada; it's not about hospitals  
15 closing in Nevada. They cannot -- they have not said  
16 hospitals closed in Nevada. They cannot. They have not said  
17 physician pay has gone down in Nevada.

18 For them to say physician pay has gone down in Nevada,  
19 they would be required to put on evidence. And we would be  
20 allowed to decide whether or -- we would be allowed to present  
21 to the jury whether or not physician pay went down in Nevada,  
22 because they -- because Medicare and Medicaid rates were too  
23 low, because they're not -- what they received from Blue Cross  
24 was too low, or because too much profits was being sent up to  
25 their parent company, Blackstone.

1 All of that would be at issue if what -- if the jury  
2 presentation was, was it these United entities that caused  
3 physician pay to go down.

4 Remember, the folks that decided physician pay goes  
5 down are the folks that are the paying physician. The ER  
6 staffing companies that are the plaintiffs. So it really goes  
7 to a question of are we going to be allowed to [indiscernible]  
8 evidence that the physician pay going down was -- what were  
9 the -- what were the factors that the TeamHealth has  
10 considered in making a decision to lower pay? Because that  
11 seems to be what they're putting at issue, is the out -- is  
12 the understanding that what they're saying now. They never  
13 paid, and that's someone else's fault. And it happens to be  
14 that that happened right after they were purchased by a major  
15 private equity company Blackstone.

16 The other thing I wanted to point out is there is a  
17 discussion that our use of Data iSight shocks the conscience.  
18 However, something to note about this case in terms of the  
19 tail wagging the dog here. There are 12,000 claims that were  
20 made in this case. 792 were decided by Data iSight.

21 This is not our -- this is largely not a case about  
22 Data iSight. There were more case -- there more claims  
23 regarding to Data iSight. They were dropped by plaintiffs.  
24 What we are left with is over 11,000 claims decided, not by  
25 Data iSight -- just decided in United's regular course of

1 business, though using Data iSight is another regular course  
2 of business.

3           So I think it is important to recognize that that is  
4 not the gravamen of this case, and that as a result allowing  
5 this to go forward through trial about what we claimed through  
6 Data iSight will only cause a massive sideshow about a handful  
7 of claims that would result, again, in a sideshow about  
8 national conduct, conduct in Texas, conduct in New Jersey,  
9 harm in Texas, harm in New Jersey, as opposed to anything that  
10 has to do with a case taking place right here in Nevada.

11           They say that they have a story to tell about the  
12 evidence. That's fine. And they say we also have a story to  
13 tell about the evidence. That's fine.

14           However, what they have done is put four exhibits in  
15 opposition. Those four exhibits do not prove enough to get up  
16 to the high standards that the Court has to find as a  
17 gatekeeper, that a reasonable jury would find by clear and  
18 convincing evidence entitlement to punitive damages on the  
19 basis of those four exhibits alone. If the Court decides to  
20 consider it a surreply, once again, we do believe we would be  
21 entitled to responded to that that surreply and would ask for  
22 three days to do so. That's in our papers that you have  
23 present.

24           THE COURT: Thank you.

25           I have one question for Ms. Robinson, and I'll give

1 you a chance to respond.

2 MR. PORTNOI: Thank you, Judge.

3 THE COURT: Is there an actual factual dispute with  
4 regard to the denied claims?

5 MS. ROBINSON: So my understanding, Your Honor, is  
6 that we have a spreadsheet that shows that we are -- the  
7 claims we are seeking -- that there are many claims where  
8 there are two line items, and we are only seeking  
9 reimbursement for the claims that are -- that were part --  
10 that were paid in part. We are not seeking reimbursement for  
11 claims that are zero.

12 And as you know, there was a little bit of a shoehorn  
13 there that if a different person paid it, then maybe that's  
14 going to be a right to reimbursement question. Well, if a  
15 different person paid it, then United doesn't have liability  
16 and it's just not going to be in the case.

17 And if United did pay it -- if we satisfy our burden  
18 to show that they did, then there's no preemption. I did just  
19 want to -- if I may just make one short point on the punitive  
20 damages. I think, to put in context the attack on our  
21 response -- and I didn't go through -- walk through all the  
22 exhibits because I know the Court has read our materials, and  
23 we do cite to them and we do have evidence.

24 THE COURT: There was a lot there. I don't want you  
25 to feel cut off.

1 MS. ROBINSON: Okay. Well, I just -- I know it's  
2 there. And I know that, you know, we have cited to evidence.  
3 We attached evidence.

4 But I think it's really important to say that in their  
5 Motion for Summary Judgment, they had four lines on punitive  
6 damages that were exclusively focused on the tortious -- or  
7 excuse me -- with the breach -- the tortious breach of the  
8 good faith and fair dealing covenant. And I really have to  
9 emphasize it was exclusive, because the case that they rely  
10 on, the only reference it has to the punitive damages statute  
11 is to say that because that was a breach of contract case,  
12 that statute is not triggered.

13 And the question before the Court was, is this a  
14 tortious case when it's a breach of contract? And to trigger  
15 even the availability of punitive damages, you need to talk  
16 about, well, the special relationship and the vulnerable  
17 plaintiff and the perfidious conduct. And that is all  
18 specific to the tortious interference -- excuse me -- the  
19 tortious breach of the good faith and fair dealing. It did  
20 not even raise a challenge to the punitive damages for the  
21 insurance claim that we had.

22 Nonetheless, we did respond. But I think what we were  
23 responding to was something that wasn't even in their MSJ.  
24 And so before that -- you know, we get -- I just want to put  
25 that -- use that as a context for our response. I think it

1 was more than adequate for a claim that wasn't even in their  
2 argument until a reply brief.

3 Thank you, Your Honor.

4 THE COURT: Thank you.

5 Mr. Portnoi, it's your motion. You get the last word.

6 MR. PORTNOI: Well, I prefer -- getting the last word  
7 is part of what we're looking for in order to be -- in order  
8 to reply to their surreplies. I do appreciate that.

9 They were on notice that we were challenging punitive  
10 damages. We know that they were on notice because that was  
11 most of their opposition brief. Their first opposition brief  
12 was relative to punitive damages, and it was arguing that  
13 oppression and fraud were present.

14 It was unclear how they were not on notice.

15 Now, to be clear, what we did do was we put forth the  
16 idea that they were not entitled to punitive damages, and part  
17 of the reason we said that is because they hadn't shown bad  
18 faith. The reason we said bad faith was because their new  
19 second amended complaint only referenced bad faith as a basis  
20 for punitive damages that they had deleted -- malice,  
21 oppression, and fraud. But they said oppression and fraud in  
22 the opposition brief, so we went ahead and replied -- we  
23 replied to their argument.

24 That said, we don't think anything in the surreply may  
25 create the genuine issue of disputed fact. But we would --



1 but however, what it does do is create profound constitutional  
2 problems, because not in their first amended complaint, not in  
3 their second amended complaint, not in their opposition brief  
4 do they raise extraterritorial allocation of Nevada's punitive  
5 damage statute. So it does warrant a response.

6 With respect to the 1791 claims, you may remember that  
7 I went through an example. That example was drawn from their  
8 expert report. That is actually cited at page 11 of our reply  
9 brief, we describe what's going on.

10 And that's the expert report of Scott Phillips. And  
11 in that expert report, Mr. Phillips says that they are looking  
12 for 100 percent full-blown charges for the line items where  
13 United paid and the line items where United did not pay.  
14 There's no question that that is what their expert report is  
15 showing. They have been -- they've been seeking that  
16 throughout this case. They're seeking it now, and that's on  
17 the basis solely of their expert report.

18 THE COURT: Thank you.

19 So let me tell you that it's my inclination to deny  
20 the motion in its entirety.

21 However, given the request for additional briefing,  
22 the defendant may have until Thursday at 5:00 to submit a  
23 brief. I'll review it Friday and issue a minute order Friday,  
24 so that at least you'll have some clarity before the trial.

25 MR. PORTNOI: Thank you, Your Honor.

1 MS. ROBINSON: Thank you, Your Honor.

2 THE COURT: So the matter is technically taken under  
3 advisement, but you'll have a decision Friday.

4 Okay. That takes us to the plaintiffs' motion to  
5 strike. And we've got lots of briefs here. Okay.

6 MR. AHMAD: Your Honor, Joe Ahmad, if I'm being picked  
7 up.

8 THE COURT: I don't believe you are, but I can hear  
9 you.

10 MR. PORTNOI: I pushed the button off when I walked  
11 away.

12 MR. AHMAD: I mean, I don't need a lot, because I'm  
13 going to be very brief.

14 Okay. There we go. Your Honor, we have a motion to  
15 exclude evidence regarding the effect of billed charges on  
16 premiums. We have a -- a corollary motion regarding a motion  
17 to strike such evidence as it pertains to the defendants'  
18 experts of Bruce Deal and Karen King.

19 We have an understanding with the defendants that we  
20 will withdraw those motions at this time. I call it an  
21 understanding, because essentially, the parties are agreeing  
22 to reserve their rights. We are -- have stated that we will  
23 reserve rights to challenge the evidence in the normal course  
24 as it comes up in trial.

25 We've taken their response to heart. And we will be

1 asking, depending on how the evidence comes in -- we certainly  
2 want to be able to respond. And we want the motion -- you  
3 know, we want the evidence to work both ways.

4 The defendant doesn't necessarily agree. And  
5 therefore, we are simply agreeing at this time to reserve our  
6 rights. And we may be raising it at trial, of course, and  
7 perhaps later in one of the other *Motion in Limines*.

8 THE COURT: Thank you.

9 And who is the spokesperson on this issue?  
10 Mr. Blalack?

11 MR. BLALACK: I will handle it, Your Honor.

12 Your Honor, Lee Blalack, on behalf of the defendants.

13 Mr. Ahmad accurately characterized our discussion. I  
14 think our position is they're withdrawing the motion. We are  
15 agreeing that they're not waiving their right to make  
16 objections to this evidence in the course of trial.

17 And we're not waiving any rights or arguments we might  
18 make on any other motions or issues in the case.

19 So I think it's just one less issue the Court has to  
20 resolve.

21 THE COURT: Thank you both for your professional  
22 courtesy.

23 The matter comes off calendar.

24 The next motion is the defendant's motion to strike  
25 the supplemental report and opinions of Leathers.

1 MR. BLALACK: That's me, Your Honor.

2 All right. May it please the Court. Your Honor, I'm  
3 here to address our motion to strike plaintiffs' supplemental  
4 expert report for David Leathers. It's in the context of  
5 [indiscernible], Your Honor.

6 Mr. Leathers is an expert that plaintiffs retained in  
7 July to render opinions on the single issue which was the  
8 measure of damages for their RICO claim, and he submitted an  
9 affirmative report by the Court's deadline of July 30th. He  
10 did not submit a rebuttal report to any affirmative reports  
11 from the defense experts by the deadline of August 31st.

12 However, starting around September 1st, so right after  
13 the rebuttal deadline, he began work on a new set of opinions  
14 which resulted in a report that was served on the defendants  
15 and disclosed, I believe, on September 9th -- and so 8 or  
16 9 days after the rebuttal expert deadline, and about 12 to  
17 13 days before the close of expert discovery.

18 That report was framed and described as a supplemental  
19 report, implying that the opinions contained in there were  
20 supplementing his prior opinions from his affirmative report  
21 relating to RICO damages. However, when you review the  
22 report, it is clear on its face that it doesn't have anything  
23 to do with RICO damages or his prior opinions relating to RICO  
24 damages. And in point of fact it is a series of new opinions  
25 that are responsive to the expert opinions of one of our

1 experts, Bruce Deal, who will be rendering expert testimony on  
2 the market rate for out-of-network emergency services.

3 So when we deposed Mr. Leathers, shortly after the  
4 service of the supplemental report, we questioned him about  
5 the report. And he was quite candid in his testimony that  
6 this report was, in fact, not related to the RICO damages  
7 opinion that he had rendered in his affirmative report and was  
8 instead a new set of opinions related to issues raised by  
9 Mr. Deal.

10 So on that basis, Your Honor, we move to strike that  
11 supplemental report on the grounds that it was an untimely  
12 rebuttal report that did not get served by the deadline of  
13 August 31st.

14 So that's the background, Your Honor, for this  
15 argument. And so I'll just quickly take you through the  
16 relevant [indiscernible] --

17 THE COURT: And so you know, I have that screen up  
18 here.

19 MR. BLALACK: Oh, you do.

20 THE COURT: So if I'm not looking there, I'm still  
21 looking.

22 MR. BLALACK: Thank you, Your Honor.

23 So just to -- wait, how do I want to do this? It's  
24 like my remote on my TV.

25 Okay. So just to run through the undisputed facts,

1 Your Honor. Deadline for the affirmative report July 30th.  
2 Again, Mr. Leathers submitted an affirmative report on that  
3 deadline.

4 Rebuttal report deadline, August 31st. Again, it's  
5 undisputed that he did not submit a rebuttal report by that  
6 deadline.

7 His deposition testimony, which I'll show you,  
8 confirms that he started working on his second report the day  
9 after the deadline for rebuttal reports, September 1st, which  
10 is when he received materials from the defendant --  
11 plaintiffs' counsel, which was the foundation for the work he  
12 did on his supplemental report, including receiving Mr. Deal's  
13 rebuttal report on that date.

14 He served his supplemental report on September 9th.  
15 And importantly, before we could be given the nature of the  
16 opposition, on September 14th, the day before his deposition,  
17 counsel sent to us two spreadsheets that night. And one was  
18 an updated version of an analysis from the supplemental report  
19 served on September 9th, and another one was a new analysis  
20 reflecting a different methodology related to calculating out  
21 the work rate. That was provided to us on the 14th, and he  
22 was deposed on the 15th. Expert discovery closed, I believe,  
23 on September 21st, if my memory serves.

24 In their opposition, plaintiffs concede that  
25 Mr. Leathers' supplemental report was an untimely rebuttal

1 report. And they noted, you know, correctly, and we pointed  
2 out, that his supplement at that time report was served after  
3 the 31st; and that Mr. Leathers conceded that if he was to do  
4 it again, he would have said that it was a supplemental and  
5 rebuttal opinion.

6 And in fact in his deposition, we asked him this, and  
7 he said, so it is supplement, in that way. Perhaps if I was  
8 to do this again, I may have said supplemental rebuttal  
9 [indiscernible] because essentially the genesis of this or  
10 part of the genesis of this is responsive to -- or the  
11 analysis would be responsive to Mr. Deal.

12 And in his testimony, in the same deposition, he  
13 explained that what became his supplemental report was the  
14 product of reviewing Mr. Deal's opinions, looking at the  
15 underlying analysis, and then conducting a new analysis  
16 unrelated to the RICO damages, unrelated to the prior opinion,  
17 for purposes of preparing the supplemental report.

18 Now, if you read their opposition, you know plaintiffs  
19 are candid that their sole basis for asking you to deny our  
20 motion is the absence of prejudice to the defendants. And we  
21 believe we have been prejudiced. And I'll address that in a  
22 minute.

23 But Your Honor, the Court doesn't get to the question  
24 of prejudice under the relevant rules, which is NRCP 60, until  
25 there's first a showing by plaintiffs of excusable neglect,

1    which is the required showing toward any extension of a  
2    deadline that a party is going to miss in litigation.

3           I will note, Your Honor, that there was not a motion  
4    for relief filed to -- before the supplemental report was  
5    served, asking for permission to serve it in advance. It was  
6    just served.

7           And then there has never been any discussion in their  
8    briefs about complying with Rule 6 (b). In fact, if you read  
9    the brief, there's not even a reason for the noncompliance for  
10   the Court's deadline provided.

11          It's not a statement like Mr. Leathers was in Europe  
12   and didn't have a chance to see it; or critical data that he  
13   needed for the opinion wasn't available, and then it came in  
14   and we worked diligently to meet it. There's not even an  
15   explanation of what the reason for the noncompliance is; much  
16   less evidentiary submission justifying that that was a  
17   reasonable basis for missing the deadline.

18          So they just simply skipped to the end of the test in  
19   the rule to argue no prejudice. But prejudice is only  
20   relevant in the analysis, if the TeamHealth plaintiffs first  
21   established the other factors under Rule 6(b). And the key  
22   for those factors, Your Honor, which are stated in the *Mosley*  
23   case from 2008 are that the proponent of the evidence, the  
24   late evidence; acted in good faith; exercised due diligence;  
25   had a reasonable basis for not complying with the deadline,



1 the Court deadline; and then that the defendant did not suffer  
2 prejudice. But if you don't make the showing of those other  
3 factors first, you don't even get to the question of  
4 prejudice.

5 And the Court in *Mosley* made that point, explaining  
6 and discussing the analogous federal rule that the party may  
7 obtain the extension of time to act under a particular rule.  
8 When the time to act has expired and the party seeking  
9 extension demonstrates good faith and a reasonable basis for  
10 not complying with the specified period and an absence of  
11 prejudice to the nonmoving party.

12 And it says, The key factor in the federal decisions  
13 is whether the plaintiff asserted a reasonable basis for not  
14 complying. Here, Your Honor, there's no basis for evaluating  
15 that question, because what basis has not been asserted for  
16 not complying, much less an evidentiary showing that there was  
17 a reasonable basis.

18 And again, *Mosley* then articulates the controlling  
19 standard for Rule 6(b) in the 2008 case, which just restates  
20 the elements of the rule that I've just discussed.

21 So Your Honor, in this case, plaintiffs cannot -- even  
22 if they were to offer that explanation now, which may be  
23 what's about to happen -- they can't make the evidentiary  
24 showing that they exercised diligence on a reasonable basis.

25 And here's why. Mr. Leathers testified in his

1 deposition that all of the information that he relied on for  
2 his supplemental report was information that he received on  
3 September 1st. And all of that information existed well  
4 before the deadline of August 31st. And in fact, some of it  
5 existed and had been produced in discovery back in the spring,  
6 like, market data.

7           So, for example, the three key things he looked at  
8 were Mr. Deal's affirmative report and rebuttal report. The  
9 other thing he looked at was the defendant's market data; the  
10 payment data that the defendants had produced in the case; and  
11 a new list of disputed claims that plaintiffs had created,  
12 that had been created sometime in August.

13           And we know all of this existed, because it either had  
14 been produced by the defendants earlier or one of the other  
15 experts had relied on it.

16           So for example, Mr. Phillips provided a rebuttal  
17 report on August 31st. He's one of the plaintiffs' other  
18 experts. In his report he relies on that market data. And he  
19 relies on the same list of disputed claims that Mr. Leathers  
20 didn't receive until September 1st.

21           So all of the information that Mr. Leathers relied on  
22 is information that was available, could have been provided to  
23 him earlier, and he could have prepared a rebuttal report if  
24 he wanted to do so in a timely way. And they did not provide  
25 that information to him until after the rebuttal report

1 deadline.

2           And here's his testimony, Your Honor, from the  
3 deposition, where he's describing when he received this  
4 information from plaintiffs' counsel. And I think you could  
5 see here it says, I asked him: So it sounds like the various  
6 reports that are listed in paragraph 30 -- which were the  
7 affirmative and the rebuttal reports -- were sent to you then  
8 as a group, as a collection, sometime around August 31st,  
9 September 1st, something like that.

10           Answer: Yes, that's correct.

11           And the United market data file that's described there  
12 was sent to you about the same time?

13           About the same time, yes, sir.

14           As well as the new list of disputed claims as  
15 referenced there.

16           Yes, was the answer.

17           So, Your Honor, there's just not -- whatever the  
18 explanation for why the deadline was not complied with,  
19 whatever the explanation for why a motion for leave was not  
20 filed, whatever that ends up being, it's not stated in the  
21 opposition. You can't satisfy the reasonable diligence  
22 standard because the information existed, could have been  
23 provided, and it wasn't. And thus, there's not a basis for  
24 satisfying 6(b).

25           Now, the last issue is this question of prejudice,

1 unfair prejudice. And the basic argument that's presented is  
2 that they focus on the spreadsheets that were sent to the  
3 defense the night before the deposition. And the argument  
4 goes, they -- we got just work papers, that these were work  
5 papers, and, therefore, we got them and we had time to look at  
6 them. And they were gracious enough to allow Mr. Leathers to  
7 stay all night, if need be, to question him about that  
8 material. And I absolutely stipulate that opposing counsel  
9 was very gracious and would have been -- we could have gone  
10 into the morning hours, I'm sure, at that point.

11 That's not why there's prejudice, though, Your Honor.

12 The prejudice here is twofold. One, if they complied  
13 with the rule, we would have had 15 days to review those --  
14 that report, have our experts dissect it, evaluate it, develop  
15 lines of examination and impeachment; and really come after  
16 Mr. Leathers new report, you know, [indiscernible].

17 Instead we had six days from the time the supplemental  
18 was served and to when the depo occurred. And obviously we  
19 were trying to get these depositions done in a very tight calendar,  
20 Your Honor, by the September 21st deadline.

21 The second issue is that, unlike the suggestion -- and  
22 I'm quoting there from the -- from the opposition -- there was  
23 new analysis in those spreadsheets that were sent to us  
24 [indiscernible] -- in two ways.

25 There was new analysis related to the methodology that

1 Mr. Leathers had been using for his first opinion, his  
2 affirmative opinion that was different than what he had used  
3 in his first opinion. And then for his supplemental report,  
4 which is one that had been served on the 9th and is the  
5 subject of this motion, that one was adjusted and rerun to  
6 reflect the new -- new claims that he thought that were still  
7 on the disputed claims list should be taken off, because they  
8 were not emergency claims.

9 So it is not accurate to say that the materials we got  
10 on the night before the deposition were just the work papers  
11 from the supplemental report. They reflected new work that  
12 Mr. Leathers had conducted since he had finished the  
13 supplemental report and the deposition.

14 And the reason I know that is I asked him about  
15 where -- you know, how he had prepared these and when he  
16 prepared these. He said -- and I asked him the question:

17 And this was in part an effort by you to perform a  
18 damages analysis of the new list of disputed claims that you  
19 received sometime in September; correct?

20 Yes. It was part of my -- and he was very nice.

21 Candidly, it was part of my preparation for a  
22 deposition. I was looking at data and refreshing my memory,  
23 and I did some additional analysis. And as a result of that  
24 because I had a file, I felt that I had an obligation to  
25 provide it to counsel, which he did.

1           So it -- what happened was he was preparing for his  
2 depo. He decided to do some additional work. And in fact, if  
3 you look at the file that he was working on, it was last  
4 modified at like 4:30 on the night before the deadline. He  
5 made some additional analysis. He introduced some additional  
6 methodology -- methodological changes to what he had done in  
7 his affirmative report. And then that was served on the night  
8 of the 14th, and then he was deposed on the night of the 15th.

9           Your Honor, so independent of the prejudice of  
10 prejudice of having such a compressed time to analysis the  
11 supplemental report, we submit we were unfairly prejudiced by  
12 receiving, you know, what I don't think can truly be called  
13 work papers, because they reflected new work that was not  
14 completed as of the date of the supplemental report.

15           So Your Honor, with that background, I'll submit  
16 unless the Court has any questions.

17           THE COURT: I don't. Thank you.

18           And the opposition, please.

19           MR. LEYENDECKER: Yes, Your Honor. Kevin Leyendecker  
20 for the Health Care Providers, Your Honor.

21           Let me first address the issue of excusable neglect,  
22 because there really are two -- what I think are two elephants  
23 in the room. And the first is this excusable neglect concept.  
24 And here is the cold-hearted reality. We have assigned lots  
25 of different portions of preparing for this trial to the group

1 that's here before you.

2 I have the principle responsibility on the experts. I  
3 also had principle responsibility for studying the complaint  
4 and figuring out how do we streamline the trial in the way  
5 that we've been describing to Your Honor today.

6 And so there was a lot going on that I was trying to  
7 handle and that's layered over the fact that what I realize is  
8 I had a case that I was trying, a similar case in another  
9 state, where I had an expert at the 13th hour, came down with  
10 an issue -- a health issue that prevented the case from going  
11 to trial. And the lesson that I learned from that case is, if  
12 your client is amenable and willing to afford it, it's a good  
13 idea to have two experts that can cover the same topic -- not  
14 that I would offer to, but I've got two of them, if one of  
15 them falls out unexpectedly.

16 And so in that vein, all that's going on, studying  
17 that complaint, trying to figure out how to streamline this  
18 trial, it occurs to me that I should have Mr. Leathers work up  
19 essentially the same areas that Mr. Phillips has worked on for  
20 this reason.

21 And so I immediately, as soon as the thought occurred  
22 to me, got him working. I notified the defendants on Saturday  
23 the 4th, which is after the deadline, and we worked as quick  
24 as we could to get him ready.

25 So he -- Mr. Blalack is correct, the data was

1 available. I could have had this thought three weeks earlier.  
2 But the reality is working very hard to do everything I can to  
3 figure out how to streamline a case and protect against the  
4 enormous energy and time that has been spent by the parties,  
5 to have this trial potentially going to naught if I had a  
6 problem with Mr. Phillips -- that I would have to come in here  
7 and say, Well, I need a different expert. So that's the  
8 reality of it.

9 Now, let me add context to that. The damages in this  
10 case are very straightforward. There's two competing  
11 methodologies for analyzing the damages -- one is comparing  
12 what was paid, slash, allowed to the billed charge. The  
13 second is comparing what was paid, slash, allowed to what  
14 United has paid/allowed other providers.

15 There's no rocket science to either one of them. None  
16 whatsoever.

17 There may be some cleverness, if you will, in how you  
18 would get at what is the median or the average amount. And  
19 there's going to be some of that arm-wrestling going on during  
20 the trial.

21 But the reality is there's two methodologies that are  
22 very straightforward. There's nothing difficult or complex  
23 about those methodologies. Our experts started with the  
24 billed charge. And then when Mr. Deal said, I'm going to look  
25 at the analysis comparing it to what United pays other



1 providers, then we responded to that.

2           So two very straightforward analyses. And my view is  
3 that the parties are better off, and the case would be better  
4 off, if I had the ability to not have the problem that I had  
5 just about one year ago, in a very similar kind of case.

6           On the prejudice front, I just -- it's -- here's the  
7 reality. They produced Mr. Deal's work papers to me on Friday  
8 night after 6 p.m., for a deposition that had been agreed to  
9 probably two weeks earlier, to occur three days later. So I  
10 got Mr. Deal's work papers -- and that's really what the  
11 lawyers want to look at. Reports -- fine, the report is one  
12 thing. I want to see how you're going the math. I got  
13 Mr. Deal's math on Friday at 6:45, before his Monday morning  
14 at 9 a.m. deposition.

15           They got Mr. Leathers' math on Wednesday at 2:45 in  
16 the afternoon, about a week before the following Wednesday  
17 9 a.m. deposition.

18           The suggestion that somehow they were deprived of the  
19 opportunity to study that information and sharpen their pencil  
20 on cross-examination, well, if that's true for six days, then  
21 what does it say about me for three days?

22           I'm not now complaining saying that I've somehow been  
23 prejudiced, even though the dates of these depositions had  
24 been agreed to. I'm not complaining that they did in in less  
25 than three days, sending it to me on a Friday the after work

1 day ended. They got far more time than that.

2 I just -- so I guess to some degree I'm falling on my  
3 sword when it comes to the excusable neglect. That's the  
4 rubber on the road.

5 THE COURT: So now is Leathers the primary expert on  
6 the damages or the backup?

7 MR. LEYENDECKER: No. He was going -- he had focused  
8 simply on the RICO damages. And he also had analysis as it  
9 relates to the damages between the billed charge and the  
10 non-RICO damages. Mr. Phillips was not making an assessment  
11 of the RICO damages, but was also making an assessment of the  
12 damages between the billed charge and the allowed amount.

13 THE COURT: Okay. And then what --

14 MR. LEYENDECKER: And then following the receipt of  
15 Mr. Deal, I said, I want to cover [indiscernible] from above.

16 THE COURT: And why did you not file a motion for  
17 leave? Because I freely grant those to everyone. So --

18 MR. LEYENDECKER: Pure oversight on my part. I have  
19 no legitimate explanation for why I didn't. I'm aware of that  
20 process. It's just pure oversight.

21 THE COURT: I've had to fall on my sword a few times  
22 as a lawyer. It's hard to do.

23 Did you have anything further?

24 MR. LEYENDECKER: I did. I often like to take notes  
25 of what other lawyers say that I think are good thoughts. And

1    what I heard Mr. Roberts say to you in response to the motion  
2    for sanctions --

3               THE COURT:   They were doing the same thing we were  
4    doing.

5               MR. LEYENDECKER:   He said, Justice is not being  
6    obstructed here.   That's what Mr. Roberts told Your Honor.

7               And in light of this relative simplicity of the two  
8    damage models, I acknowledge I'm late by a week or so.   But  
9    justice is not being obstructed here by affording my side the  
10   opportunity to call one of those two witnesses in the event I  
11   have a problem with the other one.

12              Thank you, Judge.

13              THE COURT:   Thank you.

14              And the reply?

15              MR. LEYENDECKER:   Your Honor.   Excuse me.   I'm from  
16   Texas.

17              THE COURT:   That's fine.

18              And reply, please, when you're ready.

19              MR. BLALACK:   Yes, Your Honor.

20              Your Honor, just a quick point.   I do think there's  
21   some important information shared there that is really  
22   relevant to the analysis.

23              Two damages experts on the other side; two affirmative  
24   reports in July from them -- one is Mr. Phillips who is -- I  
25   had been understood until today to be their lead damages

1 expert what he's doing -- he did an analysis in July comparing  
2 the billed charge amount to the allowed amount, measuring the  
3 difference of the damage. It had nothing to do with RICO;  
4 nothing to do with any other theories -- just is there another  
5 payment and how much?

6 Expert report two, Mr. Leathers in July. Doesn't do  
7 anything like what Mr. Phillips did in July. Does an analysis  
8 with his Data iSight claims, come up with a discount  
9 percentage, and then backs into a new number and comes up with  
10 alleged RICO actual damages amount in July. And that's where  
11 we stood as of July 30th.

12 Until August 31st. Mr. Phillips files a rebuttal  
13 report and Mr. Leathers does not. The rebuttal report from  
14 Mr. Phillips says, I've read Mr. Deal's expert report -- our  
15 expert -- who does an analysis comparing the allowed amounts  
16 to what he calls his market benchmark, which is the average --  
17 the range in the amounts between the average allowed reports  
18 that United pays other emergency room providers other than  
19 TeamHealth, and the average -- and the median that TeamHealth  
20 accepts with contracted rates with other health insurers other  
21 than United. That was the Deal affirmative report in July.

22 Mr. Phillips reviews that response and says, I  
23 disagree with that, and I'm giving an alternative damage  
24 number to the one I provided in July, based on looking at the  
25 amounts that United allows on an out-of-network only basis to

1 help -- to providers other than TeamHealth. That should be  
2 the benchmark, and United underpaid, relative to that  
3 benchmark said that's an alternative damages number. So  
4 that's where we stood as of August 31st.

5 Then in September 9th, in the supplemental report,  
6 Mr. Leathers did the exact same thing in his supplemental  
7 report that Mr. Phillips did in his rebuttal report -- just  
8 called it a supplemental report -- and did the same kind of  
9 looking at the out-of-network rates that United paid to  
10 health -- to providers other than TeamHealth to come up with  
11 this benchmark.

12 Mr. Leyendecker, I think, accurately characterized it  
13 as he basically has a backup expert giving the exact same  
14 opinion with the exact same analysis.

15 The only real difference in those two opinions,  
16 Your Honor, is if Mr. Leathers removes certain claims that he  
17 contends aren't emergency claims, that Mr. Phillips kept in.  
18 Otherwise they basically do the same work.

19 So not only in our view did you not have compliance  
20 with Rule 6 -- and we think we have made a showing of  
21 prejudice based on the timing in which we got this material  
22 and how much time we had it and when we had to use it; but  
23 we've also just heard here that there's not really even any  
24 prejudice even to them because they've got their lead expert  
25 on damages for both the main calculation [indiscernible] no

1 charge to be allowed and the fallback argument which is the  
2 difference between the average allowed for out-of-network  
3 claims to providers other than TeamHealth -- so they got that.

4 And so even if Mr. Leathers is excluded, they're still  
5 going to offer those same opinions that are in Mr. Leather's  
6 supplemental report. They're just not going to be coming from  
7 Mr. Leathers; they're going to be coming from Mr. Phillips.

8 And this notion that somehow they should be able to  
9 keep him in reserve, notwithstanding the lack of compliance  
10 with Rule 6, because Mr. Phillips may not show up, you know,  
11 we submit that's not a good enough reason to look away from  
12 noncompliance with the rule, Your Honor.

13 So unless the Court has any questions on it --

14 THE COURT: So if I deny your motion, what relief  
15 would you want to alleviate any prejudice? Another deposition  
16 of Leathers at their expense?

17 MR. BLALACK: Well, Your Honor, I think -- obviously  
18 our position, and you know our position about our preference  
19 in terms of not -- I don't think the deposition will -- is the  
20 problem, that it would cure it. And I don't think they've  
21 made a showing that losing Mr. Leathers affects the  
22 presentation of their case because of Mr. Phillips' opinions.

23 But if that were the Court's preference, then I  
24 suppose we would want to have that option. I need to confer.  
25 Frankly, we're six days away from starting trial. And the

1 notion of diverting critical time at this point before trial  
2 to taking another expert deposition would almost be worse.

3 So in my opinion, we would like the Court to exclude  
4 the supplemental report, and let them travel with  
5 Mr. Phillips.

6 THE COURT: All right.

7 MR. BLALACK: Thank you, Your Honor.

8 THE COURT: So this is the defendant's motion to  
9 strike the supplemental report of Leathers. The motion will  
10 be denied.

11 The Supreme Court always tells us to try matters on  
12 the merits when we can. I'm willing to alleviate any  
13 prejudice argued to the defendant here, based upon any  
14 recommendation you might make. I assume that jury selection  
15 will take at least a couple of days, because you guys have  
16 asked for a venire of 80. And I can only bring in 40 to 45  
17 each day.

18 So if you ask for relief, I more than likely will  
19 grant it during the trial, as long as it's reasonable.

20 MR. BLALACK: Okay.

21 THE COURT: Okay? So that's that.

22 We've gone 50 -- well, we've got 65 minutes. I want  
23 to take a quick break. It's 1:50. Let's take a break until  
24 2 p.m.

25 [Recess taken from 1:50 p.m., until 2:02 p.m.]

1 THE COURT: Thanks, everyone. Please remain seated.

2 Okay. Are we ready with the plaintiffs' *Motion in*  
3 *Limine* 1 with regard to discovery orders?

4 MR. ROBERTS: Your Honor, may I just raise one issue  
5 with the Court?

6 THE COURT: Okay.

7 MR. ROBERTS: As the Court may -- I don't know if your  
8 clerk told you, but I actually had a prepaid flight tomorrow,  
9 and I'll be leaving tomorrow to go to Miami.

10 And I was assigned to argue the Motion to Stay Pending  
11 the Writ, which the Court set for this morning's calendar.  
12 I'm not asking you to take it out of order right now, but I am  
13 asking if the Court could hear that today, before the -- since  
14 I won't be here tomorrow.

15 THE COURT: Certainly. There's no objection, is  
16 there?

17 MR. ZAVITSANOS: No, Your Honor. No.

18 THE COURT: Okay. So if you guys are ready to argue  
19 this, then I'll probably break to take the Motion to Stay.

20 MS. GALLAGHER: Very well, Your Honor.

21 THE COURT: Thank you.

22 MS. GALLAGHER: Thank you, Your Honor. Kristen  
23 Gallagher, again, on behalf of the Health Care Providers.

24 So the Health Care Providers moved to this *Motion in*  
25 *Limine* to transform the Court's prior limiting discovery



1 orders into evidentiary orders prior to trial.

2 We thought that this would be something that would  
3 potentially be met by stipulation, pending the Court's  
4 consideration, time and time again, if you will, on these  
5 particular matters. But what we learned during the meet and  
6 confer efforts is that United did intend to essentially use  
7 this opportunity as *Motions in Limine* for reconsideration of  
8 each and every one of the Court's prior orders.

9 So those prior orders encompass the October 26th,  
10 November 9th, February 4th, April 26th, August 3rd, and  
11 September 20 -- I'm sorry -- September 16th rulings that  
12 deemed information irrelevant.

13 And just a broad list, Your Honor, and we can get into  
14 the specifics, as I go through and address United's  
15 opposition -- but underlying critical records and the coding  
16 of the at-issue claims, noncommercial and in-network  
17 reimbursement rates and agreements; in-network negotiations  
18 between the Health Care Providers and United; cost information  
19 relating to cost of services; corporate structure and  
20 relationship matters; hospital contracts; charge setting  
21 information relating to whether it or not the charges are,  
22 quote, excessive or not, as United has alleged; and so on.

23 As Your Honor is well familiar, you have had the  
24 opportunity to consider each of these areas, not just once,  
25 but twice, often three or four times -- in connection with the

1 successive orders that each dealt with the prior orders of  
2 this Court.

3 The Court did not find United's arguments to be  
4 meritorious the first, second, or third time around.

5 At the August 17th hearing, which was with respect to  
6 Report and Recommendations No. 6, 7, and 9, the Court  
7 reiterated that it has been consistently clear that those  
8 foregoing categories of information are simply irrelevant to  
9 this case.

10 So despite those recent reminders that the Court has  
11 provided, United opted to file a series of *Motions in Limine*  
12 that obviously opposed this motion that encompasses all of  
13 those orders in its combined *Motion in Limine*.

14 In urging the Court to reconsider its prior rulings,  
15 United cites to *Johnson v. State* for the proposition that a  
16 Court can admit evidence previously deemed irrelevant.

17 Johnson may stand for that general proposition,  
18 Your Honor, and the Court can make determinations of  
19 relevancy, but the facts there did not involve the district  
20 court's about-face, with respect to earlier relevancy  
21 determinations.

22 Instead, in that case, the defendant failed to  
23 preserve the record on an objection to the exclusion of  
24 evidence relating to a victim of crime, certain sexual  
25 conduct, pursuant to a statute. And the Nevada Supreme Court

1 further concluded that the evidence was irrelevant and  
2 properly excluded. The situation here bears no similarity,  
3 Your Honor, as United suggests.

4 Second, United argues that the earlier relevancy  
5 determines are not [indiscernible] the case. Your Honor is  
6 well familiar with what that doctrine means. It does not  
7 require the Court to reconsider its prior rulings, nor does it  
8 allow a party to completely ignore the fact that it has  
9 already objected or sought reconsideration on one and all of  
10 the issues that are before the Court today.

11 EDCR 2.24 also does not allow for continued attempts  
12 by a party to try and change the Court's mind, without regard  
13 to procedural requirements. Indeed, United has not offered  
14 any change in circumstance or any new information. If you  
15 Your Honor had the opportunity to read their opposition, you  
16 will see the same argument, the same cases that has been  
17 before this Court before.

18 The Court can grant the Health Care Providers' *Motion*  
19 *in Limine* and the decisions underlying the subject orders  
20 because they have already been thoroughly considered by  
21 yourself.

22 As to United's substantive arguments that they raise  
23 in their opposition, you'll notice it was quite dense with  
24 information, Your Honor. So I do want to have the opportunity  
25 to be able to respond to that, given that we agree not to do

1 replies with respect to *Motions in Limine*.

2 United argues that the Court's relevancy  
3 determinations do not apply to documents that the Health Care  
4 Providers produced voluntarily during the course of discovery.  
5 This is something that is a manufactured standard. We've seen  
6 that in earlier oppositions and objections that United has  
7 filed, in terms of saying, if we produced it, it must mean  
8 it's relevant; and therefore any argument as to its relevancy  
9 has been waived.

10 It's simply not the standard, especially because many  
11 of those documents were produced prior to many of the Court's  
12 rulings, making that determination that the subject area was  
13 not relevant for purposes of the case.

14 United also seemingly makes the argument that  
15 production of a document waives the objection. And I want to  
16 also refer the Court to the stipulated confidentiality and  
17 protective order that has been entered in this case. With  
18 respect to paragraph 23, the parties actually specifically  
19 agreed that production of a document that would have been  
20 marked confidential or attorney's eyes only, does not waive  
21 any of that type of admissible evidence at the time.

22 Specifically categories that have already been deemed  
23 irrelevant by this Court include clinical documents. United  
24 confirms that it will not seek to offer clinical records to  
25 argue that they did not perform disputed emergency services.

1 So with respect to that alone, the Court can grant the motion  
2 with respect to clinical records.

3 But then in opposition, United goes on to contend that  
4 it should be allowed to offer evidence that the Health Care  
5 Providers improperly recorded and upcoded many of the disputed  
6 claims it submitted for reimbursement. This is exactly the  
7 same issue that United forwarded in its Motion to Compel  
8 clinical records that resulted in the October 26 order.

9 United there also argued that it had the right to  
10 contest the value and performance of the underlying medical  
11 services. These are the same arguments forwarded by United  
12 now. The Court should abide by its prior ruling with respect  
13 to clinical records because they are not relevant; and United  
14 has deemed the services payable, has made a payment --  
15 although we dispute the amount that United has paid.

16 United also says information about coding is relevant  
17 to the Health Care Providers' charges, whether they be  
18 excessive, as United likes to describe. This too, with  
19 respect to excessiveness of the charge, is subject to the  
20 Court's earlier orders.

21 The next topic is noncommercial and in-network  
22 reimbursement rates. United is still trying to inject  
23 Medicare rates, opening in its opposition that it is the  
24 single largest payor in the country, and it is a reliable  
25 reference for considering the relative costs and the

1 reasonable value of emergency medicine services.

2 Your Honor is very familiar with United's attempt to  
3 inject that data into this litigation. It started early with  
4 respect to market data. And it followed throughout the course  
5 of discovery and resulted in several Reports and  
6 Recommendations that Your Honor affirmed indicating that  
7 Medicare rates, reimbursement rates are not relevant, and do  
8 not make a reasonable evaluation in terms of a comparison.

9 Those determinations were found in the August 9th  
10 order, affirming Report and Recommendation No. 2 and 3, and at  
11 paragraph 6(b). The finding specifically was documents  
12 comparing plaintiffs' billed charges to reimbursement costs  
13 that under Medicare and Medicaid is irrelevant.

14 Also in connection with Report and Recommendation  
15 No. 7, United sought both noncommercial and in-network data in  
16 its third set of requests for production. Included within  
17 those requests were topics specifically geared at discovering  
18 in-network reimbursement rates, seeking both noncommercial and  
19 in-network data.

20 The September 16th order, which is affirming Report  
21 and Recommendation No. 7, reaffirmed that the data is not  
22 relevant to out-of-network claims at issue.

23 The district court -- the 8th Judicial District Court  
24 has previously agreed. We've cited this case multiple times,  
25 and it appears in several orders, *Stinnett versus Sanders*

1 [phonetic], granting a *Motion in Limine* regarding expert  
2 testimony that relied on Medicare reimbursement rates.

3 In-network reimbursement rates, this Court has ruled  
4 that in-network reimbursement rates are not relevant in  
5 connection with Report and Recommendation No. 7 being  
6 affirmed.

7 United points to market data produced by the Health  
8 Care Providers earlier in the litigation, but this does not  
9 provide the Court a basis for essentially overruling its prior  
10 order. Nor do other in-network agreements -- they don't  
11 inform what United is obligated to pay the Health Care  
12 Providers. There is testimony regarding in-network  
13 relationships. The Court has heard argument on this.

14 And the relationship is quite different when you have  
15 that transaction where people are agreeing and entering into  
16 an agreement. The Eighth Judicial District Court agrees with  
17 this. In *Shamon versus Universal Health Services* [phonetic],  
18 the Court found results of negotiated agreements between  
19 medical providers and third-party payors do not accurately  
20 reflect the reasonable value of medical services. That case  
21 has always been embodied within some of the Court's prior  
22 orders.

23 United seeks to introduce evidence of in-network  
24 contracts with Blue Cross® Blue Shield®, and a direct contract  
25 that the Health Care Providers have with MGM Resorts -- both

1 of which are relevant based on the Court's prior orders that  
2 in-network agreements themselves are not relevant.

3 The next category, what other providers pay and how  
4 often the Health Care Providers receive their billed charges.

5 This type of testimony and argument is contradictory  
6 to the Court's prior discovery orders, including Report and  
7 Recommendation No. 9. There, United objected that defendants  
8 have a right to know reimbursement that plaintiffs typically  
9 receive from other insurance and other payors and what  
10 reimbursement levels they deemed acceptable.

11 The Court rejected this argument and instead adopted  
12 Report and Recommendation No. 9 in its entirety.

13 Pointing to the Health Care Providers acceptance  
14 acceptance of less than their billed charges as purported  
15 proof of a market rate, or evidence of negotiated rates or  
16 agreements to accept a particular rate, is also an evidence of  
17 offers of compromise which would be excluded under NRS 48.105.

18 Next, United wants to introduce information about  
19 costs, hospital contracts, and credentialing, relating to  
20 those agreements. In addition, how charges are set.

21 United argues in its opposition that the process of  
22 how the Health Care Providers set their charges is relevant to  
23 determining if those charges are reasonable. And they point  
24 to expert Scott Phillips' testimony about costs.

25 But when you look at that deposition testimony that's



1 cited, United left out critical testimony where Mr. Phillips  
2 stated the cost becomes, in many cases, not a terribly  
3 important factor. The Health Care Providers also objected to  
4 the questioning on the basis of the Court's limiting orders.  
5 So to allow United to try and extract information, and then  
6 use it to try and overrule the Court's earlier orders that we  
7 were already fighting about in terms of the deposition, simply  
8 isn't a sufficient basis to be able to have a new chance, a  
9 new bite at the apple, if you will, Your Honor.

10 United also argues that hospital contracts and  
11 credentials are important. But this, again, goes back to  
12 their cost argument, and simply what they're trying to do is  
13 use that argument with respect to getting costs.

14 How charges are set. The Health Care Providers seek  
15 to exclude evidence that United intends to introduce aimed at  
16 the purported excessiveness of their charges.

17 Whether a hospital has an agreement with a provider,  
18 though, has no bearing on whether or not United has satisfied  
19 its payment obligation.

20 Your Honor, we have talked about that many times with  
21 respect to what this case is really about. It has been  
22 consistently through the orders of this Court that we're all  
23 aware that this case is about the rate of the payment that  
24 United is making.

25 The Health Care Providers seek exclusion of the

1 process, deliberation, and decision making, and strategy, is  
2 not relevant under the Court's prior orders.

3 So I want to make this distinction because I think  
4 it's an important one in terms of trial presentation.

5 So with respect to the ultimate fact of the  
6 Chargemaster -- so the ultimate price that is being billed --  
7 that is information that is the fact of the amount that should  
8 be admissible. The Health Care Providers should be able to  
9 talk about that.

10 But what Your Honor ruled earlier was that process,  
11 that deliberation, how the charges are set is something that  
12 is not relevant. But the actual end result is something that  
13 the Health Care Providers should be able to talk about.

14 The next category of corporate ownership, structure,  
15 acquisition, is one that we have seen come up time and time  
16 again. United makes it clear and does intend to try to  
17 introduce information about TeamHealth and Blackstone. They  
18 want to introduce evidence in costs. They want to introduce  
19 evidence of what they say cash sweeps and things of that  
20 nature. But the Court has made it clear that that information  
21 has no relevancy to how much United reimbursed and whether  
22 that amount is satisfactory.

23 United also wants to inject irrelevant Medicare  
24 reimbursement rates through its references to TeamHealth and  
25 to Blackstone. That too would be improper and subject to the

1 Court's prior orders.

2 The next category of documents in evidence that United  
3 has opposed as being excluded is provider participation  
4 agreements. United wants to point to earlier in-network  
5 contracts as indicative of the usual and customary rate. But  
6 the Court has already deemed that that information is not  
7 relevant in the August 9th, September 6th orders, that refer  
8 to the Report and Recommendation No. 2, 6, 7, and 9.

9 United argues that the Court's limitation was only  
10 with respect to a third-party subpoena. But the Court  
11 considered the issue in connection with a Motion to Compel  
12 deposition testimony, and when it sought that information  
13 through its third set of requests for production of documents.

14 So that point in the opposition is not completely  
15 fulsome, Your Honor, with respect to that point.

16 The Court has properly deemed in-network agreements,  
17 regardless of whom they involve, as irrelevant. To allow  
18 United to point to prior in-network agreements would be  
19 prejudicial and also run afoul of the case that I cited  
20 earlier, *Shaman Versus Universal Health Services Foundation*.

21 United also wants to point to contracts with other  
22 insurers. They want to garner reconsideration through its  
23 expert, Bruce Deal, who wants to testify that in-network  
24 agreements represent a willing buyer and a willing seller.  
25 Indeed, United wants to offer an opinion that, quote, only

1 payments from contracted services are relevant to determining  
2 reasonable value.

3 Your Honor, United garnered that opinion after knowing  
4 what the Court had already issued in terms of its limiting  
5 order. To now turn around and point to that as a reason for  
6 reconsideration, should not be considered, Your Honor.

7 Next is an issue that United has taken the opportunity  
8 to try and paint the Health Care Providers in a bad light.  
9 And that issue is known as the [indiscernible] issue within  
10 the documents. This is similar to the Yale study documents  
11 where United had tried to portray the Health Care Providers in  
12 a bad light.

13 And so what they have said is that there's an  
14 agreement between Ruby Crest and Fremont, that they've  
15 described as fraudulent, manipulating, and potentially  
16 demonstrative of upcoding.

17 The issue is that, one, the substantive issue --  
18 because it's a provider agreement -- falls within the Court's  
19 limiting orders.

20 But it's also with respect to a factual issue that  
21 isn't as it seems, Your Honor. And what I mean by that, is  
22 that it's disingenuous to present to the Court that the Health  
23 Care Providers were charging something more than the service  
24 was provided in that location.

25 So for example, there's Chargemasters that the Health

1 Care Providers have, that is dependent upon the location where  
2 the services were provided. And so when you look at services  
3 provided in -- at the ER, at Aliante, at Mountain View, and at  
4 Sunrise -- all the patients here in Clark County -- that  
5 Chargemaster rate is what is listed on the bill.

6 And so the representation to the Court that somehow  
7 there was an attempt to gain more money than what was expected  
8 or what was permissible or what was being charged based on the  
9 location of the services, is not accurate.

10 And so I want to give an example with respect to a  
11 date of service, January 12th, 2019, with a CPT code of 99285,  
12 which the Court is familiar -- is the most severe level that  
13 somebody would present to an emergency room.

14 And the Chargemaster for the location at ER at Aliante  
15 was \$1,353, and that's the amount that was billed. Now, Ruby  
16 Crest is listed on -- as the tent provider, if you will. But  
17 under that Chargemaster, the rate would have been \$821.

18 And so that's consistent with those locations, is that  
19 where the service was being provided is what Chargemaster  
20 governed that particular charge.

21 And so not only does this issue fall within the  
22 Court's prior orders, it's also important for the Health Care  
23 Providers to explain that the location of the charge and the  
24 Chargemaster for that location was consistently applied in  
25 those circumstances.

1           The last category, Your Honor, is billing and  
2 collection. And we've had quite a few instances to come  
3 before Your Honor with respect to billing and collection.  
4 Those matters have been in Report and Recommendations No. 2,  
5 3, 6, and 9, that the Court has affirmed and adopted in  
6 addition to the February 4th order.

7           So United makes it clear it wants to offer evidence  
8 that the charges are purportedly excessive. Again, this goes  
9 back to the crux of that determination from the Court very  
10 early on, pointing to testimony that they want to say that the  
11 Health Care Providers were egregious, however, what is  
12 misleading is that while the Health Care Providers were  
13 labeled egregious, United was taking that opportunity to use  
14 their billed charges in an effort to gain net \$1 billion in  
15 internal operating revenue.

16           But regardless of that, that billing and collection  
17 that United wants to go down the road of, has already been  
18 determined by this Court not to be relevant to these issues.  
19 So the Health Care Providers would request that if the Court  
20 grants this *Motion in Limine* this resolves United's *Motions in*  
21 *Limine* 1, 3, 5, 7, 9, 11, 13, and 15, Your Honor.

22           Thank you.

23           THE COURT: Thank you.

24           And the opposition, please.

25           MR. BLALACK: Yes, Your Honor. May it please the

1 Court, Your Honor, let me just set the table and try to  
2 preview what I hope to accomplish in this argument.

3 This is really an omnibus motion that the plaintiffs  
4 filed. And if I was to show you in this gallery, just walk  
5 through about 12 different categories of evidence that they  
6 contend should be excluded on the basis of prior discovery  
7 orders issued by the Court. We disagree.

8 As she notes, we filed a series of paired *Motions in*  
9 *Limine*. The ones she just ticked off, 1, 3, 5, 7, 9, 11, and  
10 13 -- I don't know that I would include 15 in that, but- 1, 3,  
11 5, 7, 9, 11, and 13, are our affirmative *Motions in Limine*,  
12 asking the Court to evaluate the admissibility of evidence  
13 that could arguably be implicated from prior discovery orders.

14 And then for each of those, there is a companion  
15 *Motion in Limine*, which would be the even numbers of reports  
16 [indiscernible], which say that if our *Motion in Limine* is  
17 denied, we believe there are ramifications for what the  
18 plaintiffs' proof would be as a result.

19 I'm going to devote a significant amount of time in  
20 this argument to responding to Plaintiffs' *Motion in Limine* --  
21 *Motion in Limine* No. 3, in taking the Court through the  
22 evidence on each of those categories that are implicated in  
23 that omnibus motion. It is my view that -- and I agree with  
24 Ms. Gallagher on this point -- I think depending on the  
25 Court's rulings with respect to the various components in

1 *Motion in Limine* No. 3, it will mute some or all of these --  
2 1, 3, 5, 7, 9, 11, and 13.

3 It wouldn't resolve the companion pieces in terms of  
4 what's the effect on their case, but it would absolutely, we  
5 think, you know, resolve it.

6 So I'm going to devote most of the time, frankly, that  
7 I would have devoted to these motions, to responding to  
8 plaintiffs' *Motion in Limine* No. 3. So I just wanted to give  
9 the Court that preview, because I think this will be a longer  
10 argument than normal for that reason.

11 Okay. With that, Your Honor, let me try to set the  
12 table on where the pleadings stand and the dispute stands,  
13 going into trial before the Court rules here.

14 We have now, after the second amended complaint, five  
15 defendants left out of the original eight. Some of those  
16 defendants are fully insured, self-insurance companies. And  
17 as the Court knows from prior briefing that means, in return  
18 for paying a premium from an employer or a union or an  
19 insurance policy, the company sells an insurance policy that a  
20 company gets premium and basically is responsible for the risk  
21 of providing healthcare coverage to the employees or the union  
22 members [indiscernible].

23 THE COURT: So the trial I just finished Thursday  
24 was -- involved a failed risk retention group.

25 MR. BLALACK: Okay.



1 THE COURT: And it was a receiver suing the operator.

2 MR. BLALACK: Okay.

3 THE COURT: So I have a really good -- right now, at  
4 least for a while --

5 MR. BLALACK: Okay.

6 THE COURT: -- understanding of how insurance works.

7 MR. BLALACK: Okay. Well, I just want to distinguish,  
8 because it will be relevant to some of these arguments,  
9 Your Honor, the difference between evidence related to a fully  
10 insured plan and the role that our clients play for a fully  
11 insured plan; and evidence related to a self-insured plan, and  
12 the role that our clients can play.

13 For those plans -- and we have some defendants in this  
14 case, Your Honor -- clients of ours that do nothing but that.  
15 That's the only work they do. They never insure anything.  
16 And they never charge a premium or get paid a premium for  
17 anything. All they do is administer the health plan that is  
18 sponsored by an employer or a union member, union group. And  
19 they, for a fee, administer the plan with the employers  
20 accepting the risk of the health plan for their employees.

21 So that's two different types of business that you're  
22 going to see come up in these documents that are being  
23 discussed. One, we lovely called ASO, administrative services  
24 only, or self-insured. The other is fully insured. And  
25 you've got defendants that do just one or sometimes will do

1 both. But from the defense side.

2 On the plaintiffs' side, as you know, we have three  
3 companies based here in Nevada that are staffing companies,  
4 that are owned by the TeamHealth organization. And the  
5 TeamHealth organization is the largest staffing company in the  
6 United States for emergency and other hospital based  
7 [indiscernible]. It's a very, very large [indiscernible]  
8 company. It's now private, because it was recently purchased  
9 by the Blackstone Group, which is a private equity company.  
10 So it's a big, big player in the staffing industry.

11 They -- those plaintiffs, those TeamHealth plaintiffs,  
12 based in Nevada and in the other states, they contract with  
13 physicians -- emergency room physicians on an independent  
14 contractor basis to staff the emergency departments of  
15 hospitals around the country. And in this case, there were  
16 eight hospitals based, during some period of time, where they  
17 staffed hospitals in Clark County. And they staffed one in  
18 Elko, and one in -- a Nevada hospital in -- team physicians  
19 in -- I can't remember the name of the community. But  
20 there's -- there's two smaller hospitals in the Northwest and  
21 Northeast Nevada.

22 I tell you that, Your Honor, because of the claims in  
23 dispute in this case and the damages in this case --  
24 90 percent of it relates to the practice group that staffs  
25 hospitals in Clark County. The other 5 percent each are

1 affiliated with these two smaller practice groups in Northeast  
2 and Northwest Nevada.

3           We come to the trial, depending on where things settle  
4 out after today's arguments, with probably just under 2,000  
5 disputed claims for -- allegedly for emergency services.

6           Up for which, United has already allowed payment --  
7 and this part is not in dispute -- has already allowed payment  
8 of just about \$3 million, for which plaintiffs are seeking to  
9 bill charges in the aggregate of around 14. And that may --  
10 again, that may come down -- both of those numbers may come  
11 down slightly based on the final revisions of the disputed  
12 claims. We should be in that ballpark for [indiscernible].

13           So the claim for damage in the first instance is the  
14 difference between those billed charges and the allowed  
15 amount, which is, give or take, \$11 million and maybe a little  
16 less.

17           All right. So the claims that remain, after -- so let  
18 me just -- as you know, Your Honor, these are the 12 topics  
19 that are subject to this omnibus *Motion in Limine* No. 3. And  
20 I want -- they're all different, so I'm going to go through  
21 them and show you the evidence that's implicated by these  
22 topics. Before we get there, I want to make sure we level  
23 some of the claims and the elements of the claims that are  
24 going to be at issue in the trial.

25           So after the second amended complaint when they

1 dropped half of their causes of action, we had four left:  
2 Breach of implied contract; unjust enrichment, which had been  
3 their core lead accounts from the beginning; and then two  
4 remaining statutory claims: One for unfair claims, insurance  
5 claims settlement practice, which is Count 3; and then an  
6 alleged violation of the prompt pay statute, Count 4. That's  
7 where we go, going into trial.

8 Now, I want to talk real quick, Your Honor, just to  
9 level some of the elements for these, so that when we start  
10 talking about some of the evidence implicating, we can tie it  
11 back to some of these elements.

12 And the first, of course, is the implied in fact  
13 contract, which requires evidence of the party's conduct, and  
14 that's the key. This is a contract formed by conduct. It is  
15 undisputed in this case that there was no written contract  
16 between the parties during the period of dispute. And they  
17 just recently amended their discovery responses in the last  
18 few weeks to make clear there was no oral contract.

19 So to the extent there is a contract between the  
20 parties in this case, it has to be evidenced from their own  
21 behavior. That necessarily, Your Honor, means evidence of  
22 course of dealing and course of performance. So they had --  
23 that course of performance and course of dealing has to  
24 manifest an intent to contract, has to show an exchange of  
25 [indiscernible] for promise in clear terms that was then

1 breached. And the *Certified Fire Protections* case is a case  
2 both parties settle, which lays out those elements.

3 And then for unjust enrichment, it's showing that  
4 there was a benefit conferred on my clients from -- by the  
5 TeamHealth plaintiffs in rendering the services at issue; that  
6 our -- my clients received and accepted that benefit; and that  
7 would be inequitable under these circumstances for us to  
8 retain that benefit without compensation, which is defined  
9 under the same case law as the reasonable value of the  
10 service.

11 And I want to focus on that, real quick, Your Honor,  
12 because it is undisputed, I think, between the parties that  
13 the relevant standard here at -- under Nevada law that the  
14 jury is going to be asked to evaluate is the concept of  
15 reasonable value, as opposed to other potential terms, like  
16 usual and customary.

17 That's not reasonable value. Reasonable value is its  
18 own meaning within Nevada case law.

19 And so the parties agree that reasonable value is the  
20 tests shown for all of these claims. And so then the question  
21 becomes, What evidence is probative of reasonable value for  
22 any of these claims?

23 Now, unfair settlement practices.

24 In the complaints, the amended complaint, they rely on  
25 section -- Nevada Statute 686(A).3101(e), which is the element

1 of the statute regarding failure to effectuate prompt, fair,  
2 equitable settlement of claims after -- after allowed, only  
3 when the claim has become reasonably clear to the defendant --  
4 to the defendant insured.

5 So this will obviously get into questions of *mens rea*,  
6 state of mind, in terms of what defendants knew, when they  
7 knew it, and what the nature of their dealings with one  
8 another was regarding settlement of the disputed claim.

9 And then finally, the prompt pay statute -- this is a  
10 very simple statute that has to show that there was approval  
11 or denial of a claim within 30 days of receipt. And it was  
12 approved, it was paid within 30 days of approval, a  
13 straightforward claim, a much more direct [indiscernible].

14 Now, with that background, Your Honor, I want to talk  
15 about each of these categories. And what I -- let me start  
16 with a preface. Plaintiffs make a great deal of argument that  
17 this is, in fact, a motion for reconsideration in disguise.  
18 And I want to address that head on.

19 It is absolutely not that. It is true that there are  
20 prior discovery orders of the Court, implicated by this  
21 motion, where we willingly acknowledge that the Court's prior  
22 discovery order addresses the issue at hand. And the only  
23 question is whether it is appropriate to extend that reasoning  
24 to the admissibility of evidence that we possess, not evidence  
25 we're seeking in discovery, but that we possess to the trial.

1 But for the bulk of the issues, those 12 issues I've listed  
2 above, we vigorously disagree that the Court's prior discovery  
3 orders address the question that's squarely presented with  
4 regard to this evidence, and resolved it.

5           So there definitely are some -- or were -- and this is  
6 one of them -- where I'm just going to say, yes, Your Honor,  
7 you had a prior ruling that said this. It applies to this  
8 body of evidence. We disagree, respectfully. But here's why  
9 we think it either doesn't apply to this evidence that's at  
10 issue, or we suggest that in light of what evidence has been  
11 produced in the case by the plaintiffs, and what the relevant  
12 claims and defenses are in the case, it should be admissible,  
13 and the Court's not bound by the prior discovery. But that's  
14 one class of argument.

15           But there are others. --and this is also an example of  
16 it -- where the Court -- they're citing a discovery order, and  
17 the discovery doesn't even come near the issue -- anywhere  
18 near it. And they're asking you to just kind of blithely say  
19 that your prior discovery order precludes us from offering  
20 evidence. And I'll give you an example of this first one.

21           But I wanted to highlight that, Your Honor, because as  
22 we go through it, I want to try to identify the ones that I  
23 think fit into that first bucket where we [indiscernible] your  
24 order addresses the issue squarely. And here's why we think  
25 you should take a different position for admissibility of

1 trial.

2 But then there are others where I'm going to try to  
3 explain that the Court's prior discovery order just doesn't  
4 reach the issue squarely presented.

5 All right. So first one is clinical records. And the  
6 easy part is we don't have clinical records if they weren't  
7 produced. We won't be offering them -- even any ones that we  
8 have in our possession -- to contest that the services were  
9 ever performed, which was the original reason for seeking  
10 them. We originally sought clinical records, because we  
11 thought we had a right to contest that performance had been  
12 satisfied and that they had performed the services they  
13 billed.

14 That's not going to be an issue in the trial, so  
15 that's -- and that was the lead argument in the motion for  
16 this issue. So let's take that off the table.

17 But in their brief, they identified three other  
18 categories of evidence that they say is covered by this order:  
19 The improper coding of disputed claims, which means somebody,  
20 a doctor putting a code for reimbursement on a claim that  
21 triggers a higher level of reimbursement than is justified by  
22 what service was actually provided; the second is the actual  
23 process of submitting a disputed claim; and then whether the  
24 claims are emergency services.

25 And they contend that the discovery order related to



1 clinical records precludes us from getting into those issues.

2 Now, Your Honor, on the first of those, our position  
3 is that if you look at the data, 75 percent of the claims, the  
4 disputed claims in this case, were E&M Codes 4 and 5. The  
5 highest intensity, most financially rewarding codes that are  
6 submitted -- can be submitted.

7 And their expert, Mr. Phillips, did an analysis of the  
8 intensity of that and the frequency with which the TeamHealth  
9 plaintiffs were using those high intensity codes and how  
10 frequently, relative to other providers, that was the case.  
11 We believe -- and our expert did the same thing, so both  
12 experts looked at this question.

13 We believe the fact that both experts from both sides  
14 did an analysis of the intensity levels of the coding and the  
15 frequency with which high intensity, high reimbursement codes  
16 before submitted by these plaintiffs is fair game. Certainly  
17 it's not precluded by an order barring discovery of clinical  
18 records, because we're not going to offer any evidence about  
19 clinical records.

20 We would be offering the evidence from their own  
21 claims information that they produced on their own disputed  
22 claims spreadsheet; and the testimony of their own expert and  
23 the testimony of our expert regarding the frequency with which  
24 they were coding at the highest level of intensity of  
25 claims -- again, 75 percent across all the emergency codes

1 belonged in two buckets, the two highest levels of  
2 reimbursement that were permitted under the system. That's  
3 one point.

4 Point two, submission of disputed claims. You just  
5 heard argument in summary judgment that our position is there  
6 are hundreds of claims that were not submitted to the  
7 defendants in this case.

8 If you accept their argument, we can't put on proof to  
9 contest that we never got the claim because what we're going  
10 to want to do is cross-examine their witnesses and have them  
11 impeach that they ever submitted those claims to us. And  
12 we're going to want to put on our witnesses to talk about what  
13 our systems received and whether we received the submitted  
14 claim or not. That's just core foundational evidence.

15 And yet, according to plaintiffs, that would be off  
16 limits under the Court's discovery order related to clinical  
17 record.

18 And finally, it's been axiomatic since the beginning  
19 of this case that the case is only about emergency medical  
20 services -- not about anything else. And plaintiffs, if you  
21 hear them, say your discovery order precludes us from  
22 challenging that any of these claims are not, in fact,  
23 emergency services.

24 Well, the problem is their own expert Mr. Leathers,  
25 who is now going to testify, has said that there are claims on

1 the list of disputed claims that are not an emergency claims.  
2 In fact, he didn't include them in his analysis. Whereas,  
3 Mr. Phillips, the other expert, did include them.

4 So on the list of disputed claims we currently have,  
5 we've got claims that are not emergency claims, where one of  
6 their experts says there's not an emergency code on the claim.  
7 And the other says there is and is including it in his damages  
8 analysis.

9 So our position is, Your Honor -- and when you read  
10 the discovery order, which I'll show you in a moment --  
11 there's nothing in that order about clinical records that  
12 touches these three issues.

13 So frankly, if plaintiffs want to stipulate that  
14 they're willing to withdraw the 400-and-some claims that are  
15 covered by categories 2 and 3, we'll take those two issues off  
16 the table. And we won't have to put on any proof on it.

17 But if they're in dispute for the jury, we've got to  
18 be able to offer evidence about whether the claims were  
19 submitted, process for submitting them, why they believe they  
20 were submitted, and the fact that we didn't get them. And we  
21 need to be able to offer evidence, including from their own  
22 experts, that there are claims on their lists that aren't  
23 emergency claims. So that's our position on here.

24 So let me show what the base evidence is on this,  
25 Your Honor. This is your order from October of 2020. Here's

1 the key passage.

2 And I submit to Your Honor there's nothing in this  
3 order that says anything that would touch or get near the  
4 question of whether we could offer evidence on the three  
5 topics described.

6 And the relevant key paragraph is paragraph 18, cited  
7 in our [indiscernible].

8 Now, improper coding and disputed claim. This chart  
9 I'm showing Your Honor is a chart from the expert report of  
10 Mr. Phillips, their expert, their damages expert. He did an  
11 analysis of both the TeamHealth plaintiffs and other  
12 nonparticipating claims to show the frequency with which high  
13 intensity codes -- which are the highest reimbursing codes --  
14 show up in the data. And what we see here is that 75 percent  
15 of those are in the top two levels, and 95 percent cover the  
16 top 30. And Mr. Phillips, in his deposition testimony,  
17 specifically agreed that the charged amounts and the  
18 reimbursement amounts increase when you billed the higher  
19 level codes.

20 And Your Honor, we have an affirmative defense in this  
21 case that makes clear that plaintiffs' claims are barred in  
22 whole or in part, to the extent they seek to unjustly enrich  
23 the TeamHealth plaintiffs by allowing them to retain funds in  
24 excess of any amounts due for covered services.

25 They would not be entitled to high reimbursing

1 recovery if, in fact, they were billing claims at Levels 5 and  
2 Levels 4, when they should be billed at Level 3 and Level 2.  
3 So that kind of analysis is relevant.

4 Improper submission, Your Honor -- this charge is from  
5 our expert's report, Mr. Deal, where he's showing the disputed  
6 claims that both parties agree do not show up in the  
7 defendant's data -- which is over 400 claims -- which we have  
8 the right, we believe, to submit evidence to contest that we  
9 were -- that they were submitted and that we received them.

10 And then services that are not emergency medicine.

11 This is deposition testimony from Mr. Leathers, their  
12 expert who we talked to you about earlier.

13 QUESTION: You determined that some of those claims  
14 should not be considered because they did not involve  
15 emergency services.

16 And the answer: Correct. They did not have an  
17 emergency service CPT code.

18 Okay. So you found that some of the disputed claims  
19 that have been pursued in this case did not reflect any  
20 emergency services of the claim?

21 ANSWER: Correct.

22 So Your Honor, I'm going to move on to Medicare rates  
23 next. But before I leave that, the point is you can fairly  
24 read your discovery order saying clinical records are out.  
25 But I don't think in fairness you can extend it to read

1 touching these other issues. And I think that's emblematic of  
2 the entire motion, which is you take some snippet out of an  
3 R&R or an order, and then it's given this broad sweeping reach  
4 in the brief that we submit is unjustified and that would  
5 really unfairly hamper our ability to present a defense.

6           So I'll move on to the second item, the Medicare  
7 records. And Your Honor, in your order of November 2020,  
8 which related to whether the defendants would produce data for  
9 an included managed Medicare and Medicaid reimbursement death,  
10 plaintiffs asked for an order, saw an order, excluding that  
11 data from the productions, which Your Honor granted. But  
12 specifically in doing that -- and this is the order that you  
13 struck through and then signed -- you noted: Notwithstanding  
14 the foregoing, the Court does not make any admissibility  
15 ruling of this data at this stage of the litigation.

16           So Your Honor, it was expressly contemplated, you  
17 weren't going to engage in prepare -- with the production of  
18 this government data for purposes of the claims analysis. But  
19 there was an expressed reservation on the question of whether  
20 you [indiscernible] would be a year later at trial.

21           And we submit that the evidence that was later  
22 produced in discovery in the spring and that the parties took  
23 depositions on proves why that was a prudent reservation for  
24 the Court to make, because frankly, Your Honor, these parties  
25 do business in the language of Medicare; they contract in the

1 language of Medicare; they negotiate in the language of  
2 Medicare; they budget in the language of Medicare; they track  
3 their receivables in the language of Medicare. And so the  
4 notion that you could have a trial about the reasonable value  
5 of healthcare services, without the word Medicare rates being  
6 spoken or the Medicare B schedule, is just incomprehensible in  
7 our judgment and in my experience.

8           So let me show you why that is. And by the way, these  
9 are some other orders. This is -- Plaintiffs rely on R&R  
10 No. 2 which cites back to the Court's February 4, 2021, order.  
11 But if you review those materials, you're basically -- it does  
12 not add anything new to what the Court previously noted from  
13 the November hearing, which we just looked at. So basically  
14 it harkens back to the Court's prior ruling.

15           All right. So Medicare rates and why are they  
16 relevant? They are relevant because they are one of the  
17 pieces of information that can inform what a willing buyer and  
18 a willing seller, in an arm's length transaction, would  
19 consider reasonable reimbursement.

20           And for that -- and that standard is a standard that  
21 the Nevada courts in cases have adopted, and it's a standard  
22 that courts across the United States have adopted. We cited  
23 to you in your brief, and I think, you know, plaintiffs cited  
24 as well, the *California Children's Hospital* case, which is one  
25 of the leading cases in an out-of-network emergency dealing

1 with the exact same issue, which is out-of-network emergency  
2 services.

3 And that's a case where the trial judge excluded  
4 evidence of government rates from the admissible -- excluded  
5 evidence of contracted rates and PAR data, participating rate  
6 data for contracted agreements. Went to trial. The verdict  
7 for the emergency room provider was sent up on appeal, and it  
8 was reversed on appeal on the grounds that the discovery had  
9 improperly been too narrow, and admissible evidence has been  
10 excluded.

11 And I commend that case, Your Honor, because there's  
12 things in there that I don't agree with it. For example, it  
13 says that cost is not relevant, because in that case the  
14 standard is the going rate, which the Court concluded wouldn't  
15 necessarily mean market type data. But it also goes on to  
16 talk about the types of evidence that necessarily is  
17 prohibited of reasonable data. And it included a lot of  
18 things that are in this motion -- network agreements,  
19 participating data, market data, out-of-network payment data,  
20 offers to contract, negotiations, testimony by a party about  
21 what the value of their service is, and government payment  
22 data.

23 And in fact, I've got a quote here, Your Honor, from  
24 the case, where it says: The scope of the rates accepted by  
25 or paid to a medical provider by other payors or insurers



1 indicates that the value of those services in the  
2 marketplace -- and is therefore relevant to the reasonable  
3 value analysis. Quote, all rates that are the result of  
4 contractor negotiation, including rates paid by government  
5 payors, are relevant to the determination of reasonable value.

6 Now, in this case, Your Honor, it is not the  
7 defendant's position that the reasonable value of the disputed  
8 services in this case is the Medicare rate. That is not our  
9 position.

10 Our position, as you'll see in a moment, is that there  
11 is a benchmark rate that could be measured based on the  
12 participating market data for the Team Health plaintiffs and  
13 the participating market data for the defendants that shows  
14 what do the defendants -- what is the most common rate that  
15 the defendants pay to other emergency room providers besides  
16 TeamHealth, and what is the rate that the Team Health  
17 plaintiffs most commonly accept from other payors besides  
18 United, and that gives you the market rate range to measure  
19 reasonable value.

20 But our expert will testify that Medicare is still a  
21 very useful reference point to use -- being able to have an  
22 apples-to-apples comparison across the different types of  
23 reimbursement.

24 Some of these contracts, the payment is based on a  
25 case rate, so \$320 per visit. Sometimes it's based on a

1 multiple Medicare -- 300 percent of Medicare; 200 percent of  
2 Medicare.

3 Sometimes it's going to be based on a prior negotiated  
4 agreement or a fee scale or a government fee scale.

5 So there are different inputs in using a standard  
6 format like Medicare as a way to have an apples-to-apples  
7 comparison across different rate payment methods is very  
8 important for the jury to understand how to look at the  
9 evidence; and frankly, how the parties looked at the evidence  
10 at the time.

11 So in this case, the TeamHealth plaintiffs documents  
12 that they produced showed that they relied on Medicare rates  
13 in the ordinary course of their business and in their course  
14 of dealing with the defendant. And I'm going to show you the  
15 ways in which they did that.

16 So first, when they set their billed charges, which is  
17 the basis of their measure of damages, this is their document  
18 describing the inputs to their Chargemaster; they specifically  
19 say that Medicare, the Medicare allowable or the Medicare fee  
20 schedule is one of the two primary inputs in their charges.  
21 And in the deposition of Mr. Briscoe, who will be in trial on  
22 this in all likelihood, he confirmed that -- that alone, with  
23 the FAIR Health database, which is a private nonprofit  
24 organization, provided the two primary inputs for determining  
25 the charges that are at issue in the case.

1           Next, TeamHealth plaintiffs offered reimbursement  
2 rates to the defendants in this case during contract  
3 negotiations, based on the Medicare rates.

4           So I'm showing you just two examples. There's many.

5           This is an e-mail from 2017 from Rena Harris  
6 [phonetic] who is a trial witness in the case, who worked for  
7 TeamHealth. She negotiated with the defendants. And in this  
8 document, she says, per our discussion in our recent market  
9 intelligence homework, we need to be at 260 percent of input  
10 of Medicare -- which is what she said in her memo.

11           She then made a similar statement in another e-mail  
12 from 2019, in speaking with my VP, we can counter you with  
13 300 percent of Medicare. So literally, Your Honor, the --  
14 this motion would preclude us from telling the jury that the  
15 plaintiffs who are claiming and demanding billed charges had  
16 indicated that they considered 300 percent of Medicare a  
17 reasonable value that they would be willing to accept, and  
18 that they said it in documents during the party's course of  
19 dealing, which is going to be relevant to the implied in fact  
20 contract, not to mention the other elements of the claim.

21           Now, TeamHealth plaintiffs also had network contracts  
22 with the Fremont defendant -- the plaintiff, so TeamHealth --  
23 of the three TeamHealth plaintiffs, two had been  
24 out-of-network from beginning to end. One had been a  
25 longstanding network provider for several of defendants in

1 this case. And the prior agreements between the parties,  
2 basic reimbursement in the contract, as you can see it here,  
3 on Medicare rates, on the Medicare fee scale, 181 percent of  
4 the Medicare fee scale.

5 The e-mails produced by TeamHealth's plaintiffs also  
6 showed that when they did their budgeting to evaluate, you  
7 know, what they thought their schedule -- fee schedule and  
8 their charges should be, and what reimbursement they needed,  
9 and what they could demand from United, they used Medicare  
10 rates as the way to do that budget. And this e-mail is an  
11 e-mail from Mr. Briscoe to a Jason Newberger [phonetic] of  
12 TeamHealth, and is discussing the budget process for 2019, and  
13 talking about whether and how to keep certain claims in the  
14 budgeting -- receivables in the budgeting process, relative to  
15 Medicare.

16 And then they track their AR and their collections  
17 based on Medicare, and specifically as to the defendants in  
18 this case. As this e-mail shows, they were looking at their  
19 payment receipts, and saying, you know, we were hoping and  
20 expecting to get about 244 percent of Medicare once we went  
21 out-of-network. But it looks like -- and we're -- he says,  
22 let's go ahead and record the 235 percent financial for now.  
23 And she says -- or excuse me -- Jason Newberger says, we were  
24 at 170 percent of Medicare for January to June, and up to  
25 235 percent for July.

1           So again, Your Honor, the language of this company --  
2 and United is the same, all of the companies in the healthcare  
3 industry is. Medicare is the lexicon of reimbursement  
4 technology. People may [indiscernible] take a different rate.

5           So for example, I'm thinking of an analogy, like the  
6 prime rate. If you go to a bank, the bank -- you may get a  
7 rate that's 2 percent of prime, 3 percent of prime. The  
8 rate's not the prime rate you're borrowing, but it's pegged to  
9 a standard terminology that everybody in the industry  
10 understands.

11           That's what Medicare performs here. Medicare  
12 functions like the prime rate does in the healthcare industry  
13 and is the measure by which people negotiate, enter contracts,  
14 track budgeting, and do receivables.

15           THE COURT: Now, I'm going to stop you only because we  
16 could argue the rest of the afternoon this motion.

17           And I want to see how you guys want to manage the  
18 time. I want Mr. Roberts to be able to argue his motion and  
19 fully -- get that fully done. And I'm wondering if maybe we  
20 shouldn't go subject by subject, so I can give you some  
21 clarity along the way.

22           MR. BLALACK: Okay.

23           THE COURT: So it -- you know, it's been an hour since  
24 we had a last -- our last break. But if everybody is willing  
25 to go forward, I'm happy to go forward. We're just supposed

1 to give you every hour a break.

2 MR. BLALACK: I defer to your preference, Your Honor.

3 I mean, I think -- I've probably got another probably

4 30 minutes, I can say, 30 or 40 minutes.

5 THE COURT: Okay. All right.

6 MR. BLALACK: But I would -- then [indiscernible].

7 THE COURT: All right. And Mr. Roberts, without  
8 holding you to it, how long do you think you'll need on that  
9 Motion to Stay?

10 MR. ROBERTS: Your Honor, 10 minutes, 15 minutes on  
11 the outside, longest.

12 THE COURT: Okay. And who will argue the Motion to  
13 Stay for the plaintiffs?

14 MS. LUNDVALL: 15 or 20 minutes is what we'll need,  
15 Your Honor. This is Pat Lundvall.

16 THE COURT: Okay. Thank you.

17 So let's not recess now, take up the other motion.  
18 And then we'll take a break. And you guys can talk about how  
19 you want to present the entirety of the motion.

20 MR. BLALACK: Perfect.

21 THE COURT: All right. Let's pivot back over to  
22 page 2. Let me find this. It's a Motion to Stay enforcement  
23 of the order. And I have seen the writ petition come through.

24 MR. ROBERTS: Thank you, Your Honor.

25 THE COURT: Okay. Thank you.