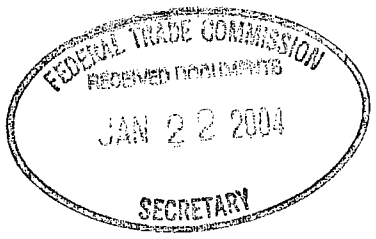


UNITED STATES OF AMERICA
BEFORE FEDERAL TRADE COMMISSION

In the Matter of	)	
	)	
NORTH TEXAS SPECIALTY PHYSICIANS,	)	**Docket No. 9312**
	)	
Respondent.	)	

MOTION TO QUASH, OR, ALTERNATIVELY, LIMIT SUBPOENA DUCES TECUM

Pursuant to 16 C.F.R. § 3.34 and Rule 3.34 of the Rules of Practice for Adjudicative Proceedings before the United States Federal Trade Commission, Aetna Health Inc. ("Aetna"), a non-party to this proceeding, files the following Motion to Quash, Or, Alternatively, Limit Subpoena Duces Tecum.

I. INTRODUCTION

Aetna is a Texas health maintenance organization ("HMO") that contracts with physicians and other health care providers to arrange for the provision of covered medical care and services to Aetna's health plan members. North Texas Specialty Physicians ("NTSP") served a Subpoena Duces Tecum (the "Subpoena") commanding Aetna to produce documents concerning, *inter alia*, (i) confidential and proprietary reimbursement rates paid by Aetna and its affiliates to thousands of network physicians who are not parties to this proceeding, (ii) confidential and proprietary cost analyses for physicians and services that do not relate to NTSP, and (iii) electronic claims data for hundreds of thousands of health care claims that do not involve physician services provided by NTSP. In fact, NTSP seeks to obtain the most sensitive competitive information about Aetna's fee schedules and network negotiation strategies through

this overly broad and unduly burdensome Subpoena. The document requests in the Subpoena should be quashed, or, alternatively, limited, because the burden and expense of production on Aetna, including the disclosure of highly confidential and proprietary information, will far outweigh any benefit to NTSP.

II. ARGUMENT AND AUTHORITIES

A. A Non-Party May Bring A Motion to Quash Or Limit An Unduly Burdensome Subpoena

A non-party served with a subpoena duces tecum may seek relief from an Administrative Law Judge by filing a motion setting forth all of its assertions of privilege or other factual and legal objections to the subpoena. 16 C.F.R. § 3.34(c). The Administrative Law Judge shall limit a subpoena if, *inter alia*, he determines that "the burden and expense of the discovery outweighs its likely benefit." *Id.* at § 3.31(c)(iii). Furthermore, he may "deny discovery or make any other order which justice requires to protect a party or other person from annoyance, embarrassment, oppression, or undue expense." *Id.* at § 3.31(d)(1). And, he may also limit or deny discovery that calls for privileged information. *Id.* at § 3.31 (c)(2).

B. Objections to Definitions and Instructions

Aetna objects to Definition C as overly broad, unduly burdensome and harassing. It defines "Aetna Health Inc." as "Aetna Health Inc., its parents, subsidiaries, affiliates, employees, agents, and representatives." Aetna Health Inc. is a Texas health maintenance organization and separate corporation from any "parents, subsidiaries and affiliates." Furthermore, Aetna U.S. Healthcare of North Texas Inc., now known as Aetna Health Inc., is the Aetna-affiliated health maintenance organization that operates in the North Texas area. Therefore, Definition C should be limited to Aetna Health Inc., to exclude its parents, subsidiaries and affiliates."

Aetna objects to Instruction I. as overly broad. It commands the production of documents from January 1, 1998 through the present. Prior to 2001, NTSP participated in Aetna's network through its contract with Medical Select Management. In 2001, Aetna attempted to negotiate a contract with NTSP, but negotiations failed. Aetna does not currently have a business relationship with NTSP. Additionally, Aetna's standard practice is to archive aging records, usually after a couple of years, making it more difficult to retrieve. Therefore, the time frame for which documents should be produced, if any, should be limited to January 1, 2001 through the current date.

C. NTSP's Requests Should Be Quashed Or, Alternatively, Limited

1. All documents previously produced or otherwise sent to the Federal Trade Commission concerning your business relationships with healthcare providers in the State of Texas

With respect to Request No. 1, Aetna has agreed to produce to NTSP documents that it provided to the FTC in this proceeding. As to other proceedings, NTSP may seek such documents from the FTC – a party to this proceeding – if it has not already done so. Given that NTSP may obtain these documents from the FTC, a more convenient source, Aetna should not be forced to incur the time and expense of recreating document productions made to the FTC.

Additionally, Request No. 1 is overly broad in that it seeks information that pertains to health care providers other than NTSP and matters in other proceedings that do not relate to the allegations against NTSP in this proceeding. Documents beyond those directly relating to NTSP and the types of allegations against NTSP do not appear to have any bearing on this proceeding. Therefore, Request No. 1 is clearly overly broad, and Aetna requests that it be limited to documents that Aetna provided to the FTC concerning this proceeding. All expenses incurred in reproducing this document production should be taxed against NTSP.

2. **All documents previously produced or otherwise sent to the Office of the Attorney General of the State of Texas concerning business relationships with healthcare providers in the State of Texas, including specifically but without limitation the documents provided in response to the Written Notice of Intent to Inspect, Examine and Copy Corporate Documents served in or about March 2002 (a sample of such Written Notice is attached hereto as Appendix A). [At your option, check registers as described in Class 6 of Exhibit C need not be produced]. Such documents should be provided in electronic form only.**

3. **Documents for the time period January 1, 2000 to June 30, 2002 described in Exhibits A though C of the above-referenced Written Notice of Intent to Inspect, Examine and Copy Corporate Documents to the extent such documents are not produced in response to Request No. 2 above. [At your option, check registers as described in Class 6 of Exhibit C need not be produced]. Such documents should be provided in electronic form only.**

Requests Nos. 2 and 3 pertain to a civil investigation of United Healthcare of Texas, Inc. ("United") by the Consumer Protection Division of the Office of the Attorney General of the State of Texas. Aetna is unaffiliated with United and does not have any responsive documents in its possession relating to the Attorney General's Written Notice of Intent to Inspect, Examine and Copy Corporate Documents (the "Notice") directed to United. Moreover, NTSP's disclosure of the confidential Notice directed to United is inappropriate, and should be quashed for this reason alone.

Should Requests Nos. 2 and 3 be construed as properly requesting electronic claims data that Aetna may have produced to the Texas Attorney General in a similar investigation, such data does not appear to have any significant bearing on the issues in this proceeding. But, even if the data contains some relevant information, the data sought is extraordinarily voluminous and highly confidential and proprietary and the disclosure of this competitively-sensitive information is outweighed by any relevant material that it may contain.

More specifically, the topics listed in Exhibit C of the Notice do not directly relate in any way to NTSP or Aetna's contractual relations with NTSP. A review of those topics reveals

several categories of information concerning each of the following broad categories of information maintained by Aetna, without limitation to health care provider or geographic location: Aetna member eligibility, authorizations/referrals, specific data for all health care claims, capitation, adjudication rules and check registers. In actuality, this Request encompasses information **on thousands of members, authorizations and capitation payments, and on hundreds of thousands of claims**. *See* Exhibit A, Affidavit of David M. Roberts ("Roberts Affidavit") at ¶12. The overwhelming majority of this data consists of very detailed information regarding all of the health care claims for all of Aetna's members over the course of two years, most of which would not be relevant to the issues in this proceeding. Requests Nos. 2 and 3 should be quashed on this ground alone.

Even if this electronic data contains some discrete matters with relevance to this proceeding, the potential harm by producing this information greatly outweighs the likely benefit of this information to NTSP. For example, the electronic data consists of highly confidential propriety information and trade secrets of Aetna, such as the contractual reimbursement rates Aetna pays to physicians and the identity of Aetna's customers, e.g., the employers who contract with Aetna for health care coverage for their employees. *See* Roberts Affidavit at ¶¶5-7. Indeed, disclosure of Aetna's physician reimbursement rates to a group of physicians, in particular, significantly harms Aetna's competitive ability to negotiate with physicians. Therefore, the potential harm to Aetna outweighs any benefit that may be derived by Aetna producing this extraordinary voluminous information.

Moreover, to the extent that the electronic claims data reveals the identity of the health plan members, for example, through member numbers and the like, this information contains the medical information of individuals who are not part of this proceeding. This information is

privileged and protected from disclosure under federal and state law. *See* TEX. INS. CODE ANN. § 843.009 (health maintenance organization is entitled to claim the statutory privilege against disclosure of information relating to the diagnosis, treatment, or health of an enrollee); *In Re Xeller*, 6 S.W.3d 618, 625 (Tex. App.—Houston [14th Dist. 1999, original proceeding). *See also* 45 C.F.R. § 164.502(a).

The fact that Aetna produced this information to the Attorney General does not make it "public information." In fact, the Attorney General is prohibited by statute from disclosing any of the information provided in response to its Notice under Article 1302.502, except in the course of proceedings in which the State of Texas is a party. TEX. REV. CIV. STAT. ANN. Art. 1302.504. The State is obviously not a party to this proceeding.

For all these reasons, Requests Nos. 2 and 3 should be quashed.

4. All internal and external correspondence, memoranda, and messages concerning or relating to NTSP.

Aetna has agreed to produce to NTSP the documents that it provided to the FTC in this proceeding, which includes documents regarding the negotiations between Aetna and NTSP. Nonetheless, Request No. 4 is overly broad in that it seeks communications and documents "relating" to NTSP but is not limited to the issues in this proceeding. Aetna may have had communications with one or more of NTSP's providers over various types of matters that have nothing to do with matters that touch upon the issues in this proceeding. Furthermore, the Request is unduly burdensome because this broad category of documents "concerning or relating to NTSP" would require employees of Aetna to search several different types of files and databases, including even members' claims files, which are scattered over several locations. Additionally, to the extent such communications or documents reflect patient medical information, it seeks privileged information of non-parties to this proceeding. Therefore, this

overly broad and unduly burdensome request should be quashed, or, alternatively, modified to seek only documents concerning or relating to matters the subject of this proceeding.

5. **All documents comparing the cost or quality of medical services provided by any physician provider listed on Appendix B and any other physician providers.**

Aetna performed a minimal amount of cost analysis with respect to NTSP physicians at the time the parties were attempting to negotiate a contract, and Aetna has agreed to produce certain information reflecting this analysis. Typically, however, Aetna does not analyze total medical costs at the physician level. *See* Roberts Affidavit at ¶9. To the extent that Request No. 5 encompasses any other cost evaluations, the Request is overly broad and unduly burdensome, and seeks confidential proprietary information, as set forth in Section 7 below.

6. **Documents sufficient to show the rate (as expressed in terms of a % of RBRVS or otherwise) paid to each physician provider by you, the period for which that rate was paid, whether the rate was for a risk or non-risk contract, whether the rate was for a HMO or PPO or other contract, who the contracting parties were for the contract setting the rate, and which physicians were covered by such contract.**

Similarly, Request No. 6, which is not limited to a geographic region or a physician specialty, is unduly burdensome and seeks irrelevant information. Specifically, this Request seeks the production of rate information concerning *hundreds of thousands* of contracts of providers completely unrelated to NTSP. One cannot fathom how rates for reimbursement for non-NTSP health care providers (regardless of specialty) are sufficiently relevant to the issues in this proceeding to impose on Aetna this burden of production. *See* Roberts Affidavit at ¶10 (describing the burden on Aetna). Furthermore, these documents contain some of the most competitively-sensitive proprietary information that Aetna maintains – Aetna's contractual rate information. And, providing this information to a group of providers such as NTSP would reveal Aetna's negotiating strategies with the providers, resulting in significant competitive harm to

Aetna. *See* Roberts Affidavit at ¶6. Additionally, these contracts typically contain mutual confidentiality provisions protecting the disclosure of their terms. Indeed, NTSP is a competitor of these providers and therefore such disclosure could potentially cause the very harm that the confidentiality provision is designed to prevent. Thus, what relevant information that may be ascertained from these documents, if any, is wholly outweighed by the burden of reviewing various sources of any such information across the country.

7. **All documents concerning or relating to comparisons of the cost of physician services, hospital care, pharmacy cost, or cost of health insurance in the State of Texas.**

Request No. 7 seeks irrelevant and confidential and proprietary information, and is unduly burdensome. First, documents concerning cost comparisons for physician services, hospital care, pharmacy cost or cost of health insurance in the State of Texas have no bearing on the issues in this proceeding. Moreover, these documents also contain confidential, proprietary information consisting of cost comparisons and analyses, which, if disclosed, would cause substantial competitive harm to Aetna. *See* Roberts Affidavit at ¶9. Furthermore, producing this responsive information would require researching and retrieving documents from various sources, including numerous paper files and electronic databases, in Aetna's various offices across the State of Texas. *See* Roberts Affidavit at ¶11. Therefore, Request No. 7 seeks wholly irrelevant information. But, even if the information sought contains some bit of relevant information, it is greatly outweighed by the burden of production on Aetna. Therefore, Request No. 7 should be quashed.

8. **Documents sufficient to show your policies, rules, access standards establishing the geographic areas to be serviced by physician providers in the State of Texas.**

This request is overly broad because it is not limited to NTSP's geographic area. Therefore, it should be limited to the North Texas area.

9. **A sample contract used for each contracting entity involving more than 75 physicians in the Counties of Dallas and/or Tarrant and any amendments, revisions, or replacements thereof.**

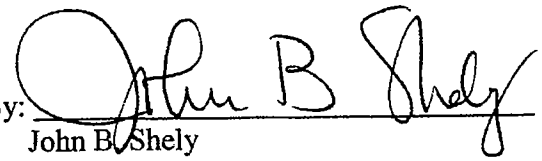
Request No. 9 seeks completely irrelevant information. Furthermore, it seeks confidential and proprietary contractual terms with health care providers who are not parties to this proceeding. Therefore, Request No. 9 should be quashed.

III. CONCLUSION

For the foregoing reasons, Aetna respectfully requests that the Administrative Law Judge quash the Subpoena Duces Tecum issued to Aetna. Alternatively, Aetna requests that the Administrative Law Judge limit the scope of the subpoena as set forth herein, and extend the deadline for compliance for thirty (30) days from the entry of any order issued in connection with this Motion, and require NTSP to reimburse Aetna for all of its expenses incurred in complying with the Subpoena and making this Motion.

Respectfully submitted,

ANDREWS KURTH LLP

By: 

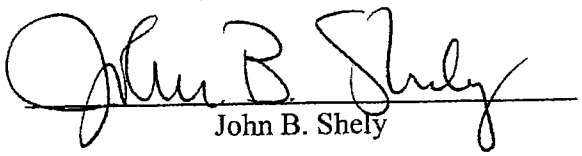
John B. Shely
State Bar No. 18215300
Dimitri Zgourides
State Bar No. 00785309
600 Travis Street, Suite 4200
Houston, Texas 77002
(713) 220-4200 Telephone
(713) 220-4285 Telecopier

Kay Lynn Brumbaugh
State Bar No. 00785152
1717 Main Street, Suite 3700
Dallas, Texas 75201
(214) 659-4400 Telephone
(214) 659-4401 Telecopier

ATTORNEYS FOR
AETNA HEALTH INC.

CERTIFICATE OF CONFERENCE

Counsel for Aetna has conferred in good faith with NTSP's counsel by telephone on multiple occasions, first beginning Wednesday, January 21, 2004, in an effort to resolve the discovery matters in dispute by agreement. Despite these efforts, counsel have been unable to reach full agreement on all the disputed issues.



John B. Shely

CERTIFICATE OF SERVICE

A true and correct copy of this document has been delivered to the following on January 22, 2004, as follows:

Michael Bloom
Federal Trade Commission
One Bowling Green, Suite 318
New York, New York 10004
(By CM/RRR and E-mail)

Barbara Anthony
Federal Trade Commission
One Bowling Green, Suite 318
New York, New York 10004
(By CM/RRR)

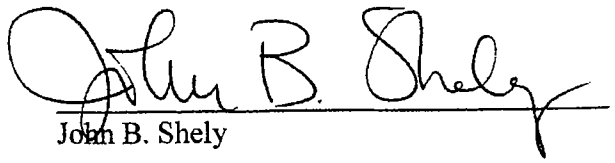
The Honorable D. Michael Chappell
Federal Trade Commission
600 Pennsylvania Avenue, N.W., Room H-104
Washington, D.C. 20580
(By CM/RRR and E-mail)

Donald S. Clark
Federal Trade Commission
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580
(By CM/RRR and E-mail)

Gregory S. C. Huffman
William M. Katz, Jr.
Gregory D. Binns
Thompson & Knight LLP
1700 Pacific Avenue, Suite 3300
Dallas, Texas 75201-4693
(By CM/RRR)

Susan E. Raitt
Federal Trade Commission
One Bowling Green, Suite 318
New York, New York 10004
(By CM/RRR and E-mail)

Jonathan Platt
(By E-mail)



John B. Shely

Exhibit A

UNITED STATES OF AMERICA
BEFORE FEDERAL TRADE COMMISSION

In the Matter of NORTH TEXAS SPECIALTY PHYSICIANS, Respondent.	)	Docket No. 9312

AFFIDAVIT OF DAVID M. ROBERTS

STATE OF TEXAS §
§
COUNTY OF DALLAS §

David M. Roberts, being by me duly sworn, deposes and says as follows:

1. My name is David M. Roberts. I am over the age of 21, I have never been convicted of a felony, and I am competent to make this affidavit.

2. I am a Network Vice-President for Aetna Health Inc. ("Aetna") in the north Texas market. In the course of my responsibilities, I have become familiar with (1) the nature of Aetna's contractual relationships with providers, (2) the nature of certain financial, medical and commercial information utilized and generated in Aetna's provider network programs, and (3) Aetna's provider network management strategies and operations, including its fee structures. The statements contained herein are based on my personal knowledge and on the business records of Aetna and are true and correct.

3. Attached hereto as Exhibit 1 is a true and correct copy of a Subpoena Duces Tecum (the "Subpoena") directed to Aetna Health Inc. I have reviewed the attached Subpoena and its attachments and exhibits.

4. The Subpoena commands Aetna to produce confidential and proprietary information maintained by Aetna. In particular, the Subpoena requests: cost and quality of care information (Request No. 5); contractual reimbursement rates and pricing information (Request No. 6); and comparisons of the cost of physician and hospital services (Request Nos. 5 and 7). Additionally, Request Nos. 1, 2, 3, 4, 6, and 8 are broad enough to encompass documents that reveal contractual terms with providers, reimbursement rates, network negotiation strategies, provider relation programs and activities, and provider assurance programs and activities.

5. Aetna is a Texas health maintenance organization that contracts with employers and other customers to provide health care coverage for eligible participants. Among other services provided to its enrollees, Aetna arranges for the provision of covered medical care and

information has been archived, or, over the passage of time, confidentially destroyed, particularly for prior years and for provider networks that were operated by other health benefit companies that were subsequently acquired by Aetna during the time period in question (e.g., Aetna's acquisition of New York Life's managed care business in 1998 and Aetna's acquisition of Prudential Healthcare in 1999). At a minimum, responding to this request would require people in Aetna's various offices across the United States to research and retrieve information on hundreds of thousands of contracts and a similar number of different rates. It is estimated that researching and retrieving all of this information would likely take hundreds and, more likely, thousands of man hours at a substantial cost to Aetna.

11. Documents responsive to Requests Nos. 4, 5, 7, and 8, would be maintained in separate offices located across the State of Texas. Furthermore, the information is located across separate and distinct electronic databases, archiving systems, and paper files, and older information has been archived. At a minimum, each of these Requests would require people in different offices to search through various forms of stored information. Additionally, such records are extraordinarily voluminous since Aetna and its predecessor companies have had contracts with thousands of providers in the State of Texas since 1998. It is estimated that researching and retrieving all of this information would likely take hundreds of man hours at a substantial cost to Aetna.

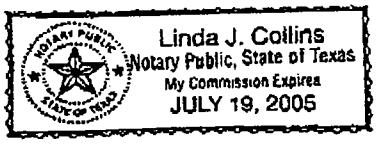
12. Regarding Requests Nos. 2 and 3, information responsive to the topics set forth in Exhibit C to the Written Notice of Intent to Inspect, Examine and Copy Corporate Documents from the Office of the Attorney General of the State of Texas attached to the Subpoena includes specific information about thousands of health plan members enrolled in Aetna's health plan in 2000, 2001 and 2002 across the State of Texas, capitation payments for thousands of health plan members during that time, thousands of authorizations and referrals during that time period, and hundreds of thousands of claims. This consists of over a terabyte of information in electronic format.

13. The facts stated in this affidavit are based on my personal knowledge and are true and correct.

Further Affiant Sayeth Naught.

David M. Roberts

SWORN TO AND SUBSCRIBED BEFORE ME this 22nd day of January, 2004.



Notary Public in and for
The State of Texas

SUBPOENA DUCES TECUM

Issued Pursuant to Rule 3.34(b), 16 C.F.R. § 3.34(b)(1997)

1. TO

Aetna Health, Inc.
c/o C T Corporation System,
Registered Agent
350 N. St. Paul St.
Dallas, TX 75201

2. FROM

UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION

This subpoena requires you to produce and permit inspection and copying of designated books, documents (as defined in Rule 3.34(b)), or tangible things - or to permit inspection of premises - at the date and time specified in Item 5, at the request of Counsel listed in Item 9, in the proceeding described in Item 6.

3. PLACE OF PRODUCTION OR INSPECTION

Gregory S. C. Huffman
Thompson & Knight LLP
1700 Pacific Ave., Suite 3300
Dallas, TX 75201

4. MATERIAL WILL BE PRODUCED TO

Gregory S. C. Huffman

5. DATE AND TIME OF PRODUCTION OR INSPECTION

January 2, 2004

6. SUBJECT OF PROCEEDING

In the Matter of North Texas Specialty Physicians, Docket No. 9312

7. MATERIAL TO BE PRODUCED

See Attached

8. ADMINISTRATIVE LAW JUDGE

The Honorable D. Michael Chappell

Federal Trade Commission
Washington, D.C. 20580

9. COUNSEL REQUESTING SUBPOENA

Gregory S. C. Huffman
Thompson & Knight LLP
1700 Pacific Ave., Suite 3300
Dallas, TX 75201

DATE ISSUED

NOV 24 2003

SECRETARY'S SIGNATURE

Donald S. Clark

GENERAL INSTRUCTIONS

APPEARANCE

The delivery of this subpoena to you by any method prescribed by the Commission's Rules of Practice is legal service and may subject you to a penalty imposed by law for failure to comply.

MOTION TO LIMIT OR QUASH

The Commission's Rules of Practice require that any motion to limit or quash this subpoena be filed within the earlier of 10 days after service or the time for compliance. The original and ten copies of the petition must be filed with the Secretary of the Federal Trade Commission, accompanied by an affidavit of service of the document upon counsel listed in Item 9, and upon all other parties prescribed by the Rules of Practice.

TRAVEL EXPENSES

The Commission's Rules of Practice require that fees and mileage be paid by the party that requested your appearance. You should present your claim to counsel listed in Item 9 for payment. If you are permanently or temporarily living somewhere other than the address on this subpoena and it would require excessive travel for you to appear, you must get prior approval from counsel listed in Item 9.

Exhibit 1

This subpoena does not require approval by OMB under the Paperwork Reduction Act of 1980.

DEFINITIONS AND INSTRUCTIONS

A. The terms "document" and "documents" are used in their customary broad sense and include, without being limited to, writings, drawing, graphs, charts, handwritten notes, film, photographs, audio and video recordings and any such representations stored on a computer, a computer disk, CD-ROM, magnetic or electronic tape, or any other means of electronic storage, and other data compilations from which information can be obtained in machine-readable form (translated, if necessary, into reasonably usable form). *See* 16 C.F.R. § 3.34(b).

B. "NTSP" refers to Respondent North Texas Specialty Physicians, its employees, representatives, attorneys, agents, participating physicians, directors, officers, and consultants.

C. "Aetna Health Inc.," "you," or "your" refers to Aetna Health Inc., its parents, subsidiaries, affiliates, employees, agents, and representatives.

D. "Physician provider" shall mean a physician, entity comprised of physicians, or entity contracting on behalf of physicians and/or entities comprised of physicians.

E. Unless otherwise indicated, the time period for which documents should be produced is January 1, 1998 through the present.

F. The singular includes the plural and vice versa; the terms "and" and "or" shall be both conjunctive and disjunctive; and the past tense includes the present tense and vice versa.

G. Documents should be produced both in hard copy and electronic form where available.

H. Each document and thing produced pursuant to this subpoena *duces tecum* shall be produced as it is kept in the usual course of business (for example, in the file folder or binder in which such documents were located when the subpoena *duces tecum* was served) or shall be organized and labeled to correspond to the categories in this subpoena *duces tecum*.

I. If you withhold material responsive to this subpoena *duces tecum* pursuant to a claim of privilege, or another similar claim, you shall submit, together with such claim, a schedule of the items withheld which states individually as to each such item the type, title, specific subject matter, and date of the item; the names, addresses, positions, and organizations of all authors and recipients of the item; and the specific grounds for claiming that the item is privileged. *See* 16 C.F.R. § 3.38A(a).

J. Responsive documents shall be sent to: Gregory S. C. Huffman, Thompson & Knight L.L.P., 1700 Pacific Ave., Suite 3300, Dallas, Texas 75201.

K. You are encouraged to confer with counsel for NTSP to work out any potential problems so as to avoid unnecessary delay and burden.

DUCES TECUM

1. All documents previously produced or otherwise sent to the Federal Trade Commission concerning your business relationships with healthcare providers in the State of Texas.

2. All documents previously produced or otherwise sent to the Office of the Attorney General of the State of Texas concerning business relationships with healthcare providers in the State of Texas, including specifically but without limitation the documents provided in response to the Written Notice of Intent to Inspect, Examine and Copy Corporate Documents served in or about March 2002 (a sample of such Written Notice is attached hereto as Appendix A). [At your option, check registers as described in Class 6 of Exhibit C need not be produced]. Such documents should be provided in electronic form only.

3. Documents for the time period January 1, 2000 to June 30, 2002 described in Exhibits A through C of the above-referenced Written Notice of Intent to Inspect, Examine and Copy Corporate Documents to the extent such documents are not produced in response to Request No. 2 above. [At your option, check registers as described in Class 6 of Exhibit C need not be produced]. Such documents should be provided in electronic form only.

4. All internal and external correspondence, memoranda, and messages concerning or relating to NTSP.

5. All documents comparing the cost or quality of medical service provided by any physician provider listed on Appendix B and any other physician providers.

6. Documents sufficient to show the rate (as expressed in terms of a % of RBRVS or otherwise) paid to each physician provider by you, the period for which that rate was paid, whether the rate was for a risk or non-risk contract, whether the rate was for a HMO or PPO or other contract, who the contracting parties were for the contract setting the rate, and which physicians were covered by such contract.

7. All documents concerning or relating to comparisons of the cost of physician services, hospital care, pharmacy cost, or cost of health insurance in the State of Texas.

8. Documents sufficient to show your policies, rules, and access standards establishing the geographic areas to be serviced by physician providers in the State of Texas.

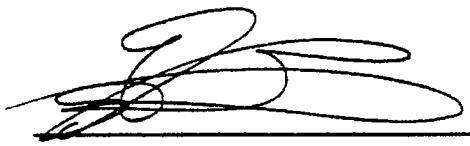
9. A sample contract used for each contracting entity involving more than 75 physicians in the Counties of Dallas and/or Tarrant and any amendments, revisions, or replacements thereof.

Certificate of Service

I, Gregory D. Binns, hereby certify on December 18th, 2003, I caused a copy of the attached subpoena *duces tecum* to be served upon the following by certified mail:

Mr. Michael Bloom
Senior Counsel to the Northeast Region
Federal Trade Commission
One Bowling Green, Suite 318
New York NY 10004

Aetna Health Inc.
c/o C T Corporation System (Registered Agent)
350 N. St. Paul
Dallas, TX 75201



Gregory D. Binns

007155 000034 DALLAS 1680693.1

APPENDIX A

OFFICE OF THE ATTORNEY GENERAL · STATE OF TEXAS
JOHN CORNYN

March 29, 2002

Attention Corporate Officers and Agents
United Healthcare of Texas, Inc.
CT Corporation System
350 North St. Paul Street
Dallas, TX 75201

VIA Certified Mail #7001 2510 0007 0331 9113

Re: Written Notice of Intent to Inspect, Examine and Copy Corporate Documents pursuant to Art. 1302-5.02 of the Texas Miscellaneous Corporation Laws Act. Health Maintenance Organization Documents

Attention Corporate Officers and Agents of United Healthcare of Texas, Inc.:

Please be advised that the Texas Attorney General has authorized and directed that the Consumer Protection Division (hereafter, "CPD") inspect, examine and review certain books, records and other documents related to United Healthcare of Texas, Inc.'s (hereafter, "United") Texas Health Maintenance Organization (hereafter, "HMO") business pursuant to the Texas Miscellaneous Corporation Laws Act, TEX. REV. CIV. STAT. ANN. Art. 1302-5.01 - Art. 1302-5.06. Therefore, CPD requests that United produce the books, records and other documents as specified in the attached Exhibits A, B and C within the next thirty days. If United chooses to cooperate with this request, these documents should be produced to Assistant Attorney General Robert C. Robinson, III, Consumer Protection Division, 300 West 15th Street, Suite 900, Austin, Texas 78701.

As an alternative to producing the electronic file copies of the requested documents according to the terms specified in the attached Exhibits A, B and C, please notify CPD of the dates United will make its electronic databases and systems that contain the requested electronic data accessible to CPD for inspection, examination and copying at United's offices. If United chooses this option, such electronic databases and systems shall be made available for inspection, examination and copying beginning no later than April 29, 2002, and continuing until such inspection, examination and copying is complete. Upon arrival at United's offices, the Attorney General's assistants and representatives shall present United with a letter confirming that each is authorized to conduct the inspection, examination and copying of United's books, records and other documents.

The documents specified in the attached Exhibits A, B and C are requested as part of the Attorney General's investigation of possible violations of Section 17.46(a) of the Deceptive Trade Practices Act and Section 3 of the Unfair Competition and Unfair Practices Act, Texas Insurance Code, Article 21.21. The documents as specified in the attached Exhibits A, B and C may show or tend to show that United has been or is engaged in acts or conduct in violation of its charter rights and privileges, or in violation of the laws of this State.

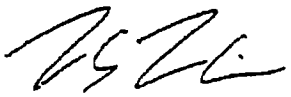
CPD shall return all documents, and all copies of documents, produced by United pursuant to this inspection and examination prior to closing this investigation. In the meantime, it is CPD's position that such documents are not subject to production pursuant to an open records request as provided by Art. 1302-5.04 of the Texas Miscellaneous Corporation Laws Act. CPD is not requesting confidential patient information.

If it is easier to do so, the documents responsive to this request to inspect, examine, and copy documents may be produced in coordination with the documents to be produced in response to the separate request issued today for records related to United's PPO business in Texas.

Please be advised that any corporation that fails or refuses to permit the Attorney General or his authorized assistants or representatives to examine or to take copies of any of its said books, records or other documents pursuant to the Texas Miscellaneous Corporation Laws Act, "shall thereby forfeit its right to do business in this State; and its permit or charter shall be canceled or forfeited." Art. 1302-5.05.A. Additionally, any officer or agent of a corporation who fails or refuses to permit the Attorney General or his authorized assistants or representatives to examine or to take copies of any of its books, records or other documents pursuant to the Texas Miscellaneous Corporation Laws Act, "shall be fined not less than one hundred dollars nor more than one thousand dollars, and be imprisoned in jail not less than thirty nor more than one hundred days. Each day of such failure or refusal is a separate offense." Art. 1302-5.05.B.

Should you have any questions regarding production of the requested documents according to the terms specified in the attached Exhibits A, B and C, or any interest in discussing this matter further, please contact me at (512) 475-4360, or by fax at (512) 322-0578. CPD is confident that United shares the Attorney General's interest and desire to resolve these allegations of improper payment practices, and we look forward to United's cooperation in this endeavor.

Yours truly,



Robert C. Robinson, III
Assistant Attorney General
Consumer Protection Division

c: Ms. Deb Goldstein and Mr. Greg Coleman
WEIL, GOTSHAL & MANGES L.L.P.
Via Facsimile: (214) 746-7777 and (512) 391-6879

HMO DOCUMENT EXAMINATION. EXHIBIT A
DEFINITIONS

1. "Company," "you," "your," "your company," and "United" mean each entity to which this Examination is addressed; its parent; and its merged, consolidated, or acquired predecessors, divisions, subsidiaries, and/or affiliates. These terms include any and all directors, officers, equity owners, representatives, employees, agents, attorneys, successors, and assigns of United. The terms also include all natural persons and entities acting or purporting to act for the above, and any predecessor, successor, affiliate, subsidiary or wholly owned or controlled entity. The phrase will be construed to include present and former officers, agents, employees, directors, representatives, consultants, attorneys, associates and all other persons acting or purporting to act for you, and any predecessor, successor, affiliate, or subsidiary entity or person(s), including all present and former officers, agents, employees and all other persons exercising or purporting to exercise discretion, to make policy, or to make decisions.

2. Without limiting the term, a document is deemed to be within your "control" if you have ownership, possession, or custody of the document, or superior right to secure the document or copy of it from any person or public or private entity having physical possession of it.

3. "Any" means all.

4. "Claim" means any health care provider's request for payment for emergency, medical or other health care services, supplies or equipment furnished to an individual patient recipient. For the purposes of the six classes of electronic document claim records requested by Exhibit C, a single claim may have multiple suffixes and claim lines, and each claim line will have multiple fields.

5. "CMS" means Centers for Medicare and Medicaid Services.

6. "Code" means any code, edit and/or modifier used to specify, to sequence or otherwise to describe the services for which the provider is submitting a claim..

7. "Correct Coding Initiative," "CCI" and "NCCI" mean the CMS National Correct Coding Initiative system for codes, edits and modifiers that is utilized nationally by all Medicare carriers in the claims processing systems those Medicare carriers use to determine payments to providers. CMS developed CCI to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Medicare Part B claims. CMS developed its CCI coding policies based on coding conventions such as those defined in the American Medical Association's (hereafter, "AMA") Current Procedural Terminology ("CPT") manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices and a review of current coding practices.

8. "CPT" code or "CPT code" means any Current Procedural Technology code as defined and licensed by the AMA.

9. "Database" - In addition to its common meaning, the term "database" shall include the terms "data bank" and shall mean and refer to any structured collection of electronic information organized into records or rows, together with all other electronic data whose presence is needed to analyze and view the information in a full and meaningful way. This Examination requests electronic data documentation from your databases and/or data banks that contain information about any and all claims by any health care provider that provides services to your members with all codes and/or programming instructions and other materials necessary to understand and use such electronic data documentation.

10. "Document" means and includes all written, printed, recorded and graphic matter, regardless of authorship, both originals and nonidentical copies, in your possession, custody or control, or known by you to exist, despite whether the writing was intended for or transmitted internally by you, or intended for or transmitted to any other person or entity. It includes communications in words, symbols, pictures, photographs, sounds, films and tapes, and information stored in or accessible through computer or other information storage and retrieval systems, with all codes and/or programming instructions and other materials necessary to understand and use such systems.

11. "Examination" means this Written Notice of Intent (and Request) to Inspect, Examine and Copy Corporate Documents as issued at the direction of the Attorney General pursuant to Art. 1302-5.02 of the Texas Miscellaneous Corporation Laws Act.

12. "HCPCS" means the Health Care Finance Administration (CMS) Common Procedure Coding System for all providers and medical suppliers to code professional services, procedures and supplies for Medicare.

13. "Health Care Provider" includes any "physician" as that term is defined by TEX. INS. CODE Art. 20A.02(r) and also includes any "provider" as that term is defined by TEX. INS. CODE Art. 20A.02(t) as amended by *Act of 1997, 75th Leg., ch. 1026, Sec. 3.*

14. "ICD-9-CM" and "ICD9" code(s) means any International Classification of Diseases-9th revision-Clinical Modification codes used to classify morbidity and mortality information as such codes are approved by the American Hospital Association ("AHA"), CMS and the National Center for Health Care Statistics.

15. "Industry Standard Code(s)" include any and all codes, code edits, modifiers or coding methods as such codes and coding methods are specifically defined, required and/or used for claim submission compliance with the NCCI. Terms and definitions applicable to the NCCI standards may be found at www.hcfa/medlearn/ncci.html. For coding methods not required by CCI or HCPCS, the term "industry standard code(s)" includes, but is not limited to, any and all CPT codes as licensed by the AMA, any and all ICD-9-CM codes as revised and approved by the AHA, CMS, and the National Center for Health Care Statistics.

16. "Member" includes any patient as the term patient is defined at TEX. INS. CODE Art. 21.58A, Section 2(16) (West 2002).

17. "PC Compatible" means an American Standard Code for Information Interchange (hereafter, "ASCII") text file that can be read by a personal computer. Data in each PC compatible file should be fixed width.

18. "Provider" for purposes of this Examination shall have the same meaning as "Health Care Provider" unless otherwise specified.

19. "Relates to," "relating to," "regarding," and "connected to" mean and include any and all information that in any manner or form is relevant in any way to the subject matter in question, including without limitation all information that, directly or indirectly, contains, records, reflects, summarizes, evaluates, refers to, indicates, comments on, or discusses the subject matter, or that in any manner states the background of, or was the basis or were the bases for, or that record, evaluate, comment on, relate to or were referred to, relied on, utilized, generated, transmitted or received in arriving at your conclusion(s), opinion(s), estimate(s), position(s), decision(s), belief(s) or assertion(s) concerning the subject matter in question.

20. "Service(s)" means any emergency, medical or other health care services, procedures, supplies or equipment for which United receives a claim for payment from a health care provider.

HMO DOCUMENT EXAMINATION, EXHIBIT B
INSTRUCTIONS

A. Unless otherwise stated, the scope of this Examination relates to all specified books, data documents and records existing or created at any time during the period from January 1, 2000, to March 28, 2002, related to United's Texas HMO business.

B. The electronic data document files requested in Exhibit C should be produced in PC Compatible format. Each file should be an ASCII text file that can be read by a personal computer. Data in each file should be fixed width. A sample demonstrating how the requested electronic files shall appear when printed in table format is attached as Exhibit D.

C. Any failure to provide document(s) is not acceptable if you can obtain the document(s) from persons reasonably available to you or under your control.

D. In any situation in which it is not clear in which capacity you are responding, you are to designate all relevant capacities.

E. It is your responsibility to clearly designate which, if any, of the documents contain trade secrets according to § 17.61(f) of the TEX. BUS. & COM. CODE.

F. Documents produced shall be complete and not redacted, submitted as originally prepared or as found in your files. You may submit legible copies instead of original documents.

G. Documents should be numbered consecutively and marked with a United or personal identification and a unique consecutive control number.

H. All documents and/or other data compilations that relate to the subject matter of this Examination shall be preserved and any ongoing process of document destruction involving such documents and/or data compilations should cease.

I. Documents responsive to this Examination shall be produced according to the instructions and definitions outlined in Exhibit A, Exhibit B and Exhibit C.

J. This Examination does not request data for Medicare plans. However, the meaning of each term used within Exhibits A, B, and C is to be defined and interpreted consistent with that term's definition as used by CMS, HCPCS and the NCCI. If you believe there is a direct contradiction between the meaning specifically given to a term within Exhibit A, B or C and the meaning given to that term as the term is used by CMS and the NCCI, please notify CPD of such belief and proceed with the understanding that the definition within Exhibit A, B, and C shall control.

K. If United uses a broader definition of any term(s) defined or used within this Examination, please provide a written copy of the broader definition of such term(s).

L. If United does not have the requested information for a specific field of any particular individual record stored within any database, and/or United does not otherwise have access to the requested information for any specific field of the given record, please leave the field blank to indicate that United does not have access to the requested information for the specific field of the particular record produced.

M. As used herein, the words "and" and "or" should be construed either conjunctively or disjunctively as required by the context to bring within the scope of the request any answer, response or document that might be deemed outside its scope by another construction.

N. All currency amounts requested for electronic data document data elements (fields) should be represented as dollars and cents with a plus or minus sign to indicate positive or negative amounts. The plus or minus sign should be the first character in the currency field. Currency amounts should be presented with the next eight digits for dollars and the last two for cents (without a decimal point).

O. All dates for electronic data document data elements (fields) should be mmddyyyy format without spaces, "_", or "/".

P. All text for electronic data document data elements (fields) should be left justified without leading spaces.

Q. Place of service, type of service, CPT codes, and ICD9 codes should be industry standard codes. If industry standard codes are not used (e.g., if there is no applicable industry standard code as the term industry code is defined in Exhibit A), or if the codes used include any variations from industry standard codes, an electronic file containing any and all applicable lookup tables and/or data dictionaries should be provided. The electronic file containing the lookup table(s) and/or data dictionary(ies) shall include each non-industry standard code, each variation from an industry standard code and a description of each. The layout of the lookup table(s) and/or data dictionary(ies) should also be provided in the electronic data file. As with all electronic file copies requested by this Examination, this electronic file should be PC Compatible. Each file should be an ASCII text file that can be read by a personal computer. Data in the electronic data file should be fixed width delimited. The electronic data file produced in response to this Instruction Q should be labeled as responsive to Instruction Q.

HMO DOCUMENT EXAMINATION, EXHIBIT C
Electronic Data Documents

CPD requests the six classes of electronic data documents as follows:

Class 1 Eligibility
Class 2 Authorizations/Referrals
Class 3 Claims/Encounters
Class 4 Capitation
Class 5 Adjudication Rules
Class 6 Check Register

HMO DOCUMENT EXAMINATION, EXHIBIT C

Specific Electronic Data Document Class 1
Eligibility

To assure that United understands the data elements requested regarding Document Class 1, specific instructions and definitions for production of Class 1 documents are detailed below.

Two electronic data document files are requested for each of the 26 (twenty-six) months specified within Class 1 below. For each of the 26 (twenty-six) months, please provide one electronic data file showing eligibility information for each person who was a United member during that month as such information was available to the provider, from United, during that month the service was provided, and one electronic data file showing eligibility for each person who was a United member during that month as eligibility for that month exists with all retroactive additions, deletions and other adjustments incorporated as of March 28, 2002.

Please provide the two separate files for each month showing all members eligible during that month. Please label the 52 separate eligibility files as shown below.

1) Eligibility information as it was available to the provider, from United, during that month. Example: jan2000.txt will contain eligibility information, as it was available to the provider in January of 2000 for members to whom the provider furnished services in January 2000.

Jan2000.txt	Jan2001.txt	Jan2002.txt
Feb2000.txt	Feb2001.txt	Feb2002.txt
Mar2000.txt	Mar2001.txt	
Apr2000.txt	Apr2001.txt	
May2000.txt	May2001.txt	
Jun2000.txt	Jun2001.txt	
Jul2000.txt	Jul2001.txt	
Aug2000.txt	Aug2001.txt	
Sep2000.txt	Sep2001.txt	
Oct2000.txt	Oct2001.txt	
Nov2000.txt	Nov2001.txt	
Dec2000.txt	Dec2001.txt	

2) Eligibility with all retroactive additions, deletions and other adjustments as of March 28, 2002.

Jan2000a.txt	Jan2001a.txt	Jan2002a.txt
Feb2000a.txt	Feb2001a.txt	Feb2002a.txt
Mar2000a.txt	Mar2001a.txt	
Apr2000a.txt	Apr2001a.txt	
May2000a.txt	May2001a.txt	
Jun2000a.txt	Jun2001a.txt	
Jul2000a.txt	Jul2001a.txt	
Aug2000a.txt	Aug2001a.txt	
Sep2000a.txt	Sep2001a.txt	
Oct2000a.txt	Oct2001a.txt	
Nov2000a.txt	Nov2001a.txt	
Dec2000a.txt	Dec2001a.txt	

The following Electronic Data Elements (Fields) are requested for each of the 52 Class 1 Electronic Data Document Files described above:

Name	Description	Data Type	Length
Month	Month eligibility is for	Text	8 (mmddyyyy)
Mbr_id	Member ID	Text	25
Mbr_Age	Member Age on first day of month	Text	4
Mbr_Sex	Member Sex (M, F, U)	Text	2
Mbr_DOB	Member Date of Birth	Text	8 (mmddyyyy)
PCP_last	Primary Care Physician Last Name	Text	25
PCP_first	Primary Care Physician First Name	Text	25
PCP_ID	Primary Care Physician ID	Text	25
CapIPA_ID	ID for IPA/GROUP paid by capitation	Text	25
IPAName	IPA OR GROUP Name	Text	25
Tot_premium	Total Premium	Text	11
PCP_Percent	PCP Percent of Premium	Text	11
Specialist_Percent	Specialist Percent of Premium	Text	11
Facility_percent	Facility percent of Premium	Text	11
Pharmacy_percent	Pharmacy Percent of Premium	Text	11
PCP_adjmbr	PCP adjusted member count	Text	11
Specialist_adjmbr	Specialist adjusted member count	Text	11
Facility_adjmbr	Facility adjusted member count	Text	11
Pharm_adjmbr	Pharmacy adjusted member count	Text	11
Product		Text	25
Plan		Text	25
LOB	Line of Business	Text	25
Benefit	Benefit Set	Text	25
Employer_ID	Employer ID	Text	25
Employer_name	Employer Name	Text	25

HMO DOCUMENT EXAMINATION, EXHIBIT C

Specific Electronic Data Document Class 2
Authorizations/Referrals

To assure that United understands the data elements requested regarding Class 2 Electronic Data Documents, below are specific additional instructions and definitions for production of Class 2 documents.

Authorization Number is the number assigned to any authorization.
Referral Number is the number assigned to any referral.
Provider ID is the United identification number for the provider approved to perform service.
Member ID is the United identification number for the member.
Requested by is the name of the physician requesting the authorization number.
Number of visits authorized is the number of visits approved of as part of the authorization.
Authorization for describes the type of service authorized.
Authorized from date is the first date for which the authorization is valid.
Authorized to date is the last date for which the authorization is valid.
Comments documented comments associated with an authorization.

Please provide one file for each month showing authorizations created during that month.
Please provide 26 separate authorization files labeled as shown below.

Jan00auth.txt	Jan01auth.txt	Jan02auth.txt
Feb00auth.txt	Feb01auth.txt	Feb02auth.txt
Mar00auth.txt	Mar01auth.txt	
Apr00auth.txt	Apr01auth.txt	
May00auth.txt	May01auth.txt	
Jun00auth.txt	Jun01auth.txt	
Jul00auth.txt	Jul01auth.txt	
Aug00auth.txt	Aug01auth.txt	
Sep00auth.txt	Sep01auth.txt	
Oct00auth.txt	Oct01auth.txt	
Nov00auth.txt	Nov01auth.txt	
Dec00auth.txt	Dec01auth.txt	

Each field provided in each Class 2 record should correspond to the authorization number for that record.

The following Electronic Data Elements (Fields) are requested for each record of the 26 Class 2 Electronic Data Document Files described above:

Name	Description	Data Type	Length
Authorization_Nbr	Authorization Number	Text	25
Referral_Nbr	Referral Number	Text	25
Provider_id	Provider Identification Number	Text	25
Member_id	Member Identification Number	Text	25
Requested_by	Requested by	Text	25
Authorization_for	Services approved	Text	255
Visits	Number of visits	Text	3
From_date	First date authorization valid	Text	8 (mmddyyyy)
To_date	Last date authorization valid	Text	8 (mmddyyyy)
Comments	Comments	Text	1024

HMO DOCUMENT EXAMINATION. EXHIBIT C

Specific Electronic Data Document Class 3
Claims/Encounters

To assure that United understands the data elements requested in Electronic Data Document Class 3, below are specific instructions and definitions for production of Class 3 documents.

For purposes of this Electronic Data Document Class 3, the term *claim* means ***submitted claims*** and ***encounters***.

It is CPD's understanding that disposition of submitted claims or encounters is dependent upon a number of factors including member eligibility, authorization, covered benefits, co-pay, deductible, co-insurance, applicable fee schedule and provider contracts. A single claim or encounter may have to be re-processed multiple times if errors are made during processing. Each time a claim or encounter is re-processed a new suffix number is assigned to the claim.

Document Class 3 includes both paid and denied claims. There should be one document file for each month showing each claim and each encounter entered during that month. Each of the Class 3 electronic document files should include all encounter information entered that month on each claim and each encounter paid via a capitation contract or delegated claims payment.

Example: Jan00claim.txt should include all claims entered in January 2000 regardless of the date of service or the date paid.

There should be 26 separate Class 3 claims/encounters document files labeled as follows:

Jan00claim.txt	Jan01claim.txt	Jan02claim.txt
Feb00claim.txt	Feb01claim.txt	Feb02claim.txt
Mar00claim.txt	Mar01claim.txt	
Apr00claim.txt	Apr01claim.txt	
May00claim.txt	May01claim.txt	
Jun00claim.txt	Jun01claim.txt	
Jul00claim.txt	Jul01claim.txt	
Aug00claim.txt	Aug01claim.txt	
Sep00claim.txt	Sep01claim.txt	
Oct00claim.txt	Oct01claim.txt	
Nov00claim.txt	Nov01claim.txt	
Dec00claim.txt	Dec01claim.txt	

Each field provided in each Class 3 record should correlate to the claim number, line number and claim suffix for that record.

Below are definitions of data elements (fields) to be included in Class 3 Electronic Data Document Files.

The *claim number* is used like an invoice number to track a provider's request for payment.

If a provider performs multiple services for the same patient on the same day, each service is given a separate ***claim line number***. Each time a claim or encounter is re-processed a new ***claim suffix number*** is assigned to the claim. The Class 3 electronic data files should include each ***claim suffix number*** assigned to the claim.

The health plan assigns a unique number to each member (covered life), the ***Member ID***. This number is usually comprised of a subscriber number for the primary insured and a two-digit extension for the family member.

Member Date of Birth is the date when the covered life was born.
Member Age is the age of the member on the date of service.
Employer ID is a unique number assigned by United to identify each United employer contract.
Employer Name is assigned by United to identify the United employer contract.
PCP ID is the unique identification number assigned by United for the Primary Care Physician. A single physician may have multiple ID numbers corresponding to locations, contracts and tax IDs.
PCP Name is the full name of the Primary Care Physician.
PCP Specialty is the Specialty of the Primary Care Physician (General Practice, Family Practice, Internal Medicine, OBGYN).
Place of Service is the industry standard CMS code noting the place where service was performed.
Type of Service is the industry standard CMS code indicating the type of service performed.
Date Admitted is the first day of service for procedures performed over multiple days. (e.g., inpatient stays, observation and rehabilitation).
Date Discharged is the last day of service for procedures performed over multiple days. (e.g., inpatient stays, observation and rehabilitation).
Discharge Status is the patient condition at the point of discharge from an inpatient stay.
ICD91 is the first level code assigned by the physician indicating the patient's diagnosis and/or co-morbid conditions.
ICD92 is the second level code assigned by the physician indicating the patient's diagnosis and/or co-morbid conditions.
ICD93 is the third level code assigned by the physician indicating the patient's diagnosis and/or co-morbid conditions.
ICD94 is the fourth level code assigned by the physician indicating the patient's diagnosis and/or co-morbid conditions.
ICD9 Procedure1 is a code used by some facilities to describe the first multiple procedure performed in conjunction with an inpatient stay.
ICD9 Procedure2 is a code used by some facilities to describe multiple procedures performed in conjunction with an inpatient stay.
ICD9 Procedure3 is a code used by some facilities to describe multiple procedures performed in conjunction with an inpatient stay.
ICD9 Procedure4 is a code used by some facilities to describe multiple procedures performed in conjunction with an inpatient stay.
Modifier 1 is a two-digit code used to describe variations impacting the payment of a CPT or HCPCS code. The modifier is used to indicate that a service or procedure that has been performed has been altered by some specific circumstance, but has not changed in its definition or CPT/HCPCS code.
Modifier 2 is a two-digit code used to describe variations impacting the payment of a CPT/HCPCS code. The modifier is used to indicate that a service or procedure that has been performed has been altered by some specific circumstance, but has not changed in its definition or CPT/HCPCS code.

DRG is a code used to describe procedures performed in conjunction with inpatient care. (Inpatient claims)
RevCode is a code used to describe the revenue codes (e.g., semi-private room) used for inpatient stays. (Inpatient claims)
Quantity is used to indicate multiple prescriptions, tests, injections or procedures.
Unit measure is the unit of measurement applicable to health care services provided in units (e.g., milligrams)
Date Paid is the date claim adjudication was completed.
Date Received is the date the claim was received by United.
Date Entered is the date the claim was entered into the United system.
Check Number is the financial institution issued number on the check supplied to the provider as payment.
Amount Submitted is the amount submitted by the provider as their standard charge for the services provided.
Amount Paid is the amount paid by United to the provider.
Amount Co-pay is the amount paid for the claim by the member(patient) to the provider.
Amount Withhold is the amount that United withholds for possible future payment to the provider if the provider meets given criteria. For contracted providers, this amount should be determined according to the payment terms of United's contract with the provider.
Amount Allowed is the total amount, including co-pays, determined by United as the amount due the provider. For contracted providers, this amount should be determined according to the payment terms of United's contract with the provider.
Capitation Allowed is the total amount, including co-pays, determined by United as the amount United would have paid the provider if the furnished service was paid as a Fee for Service claim. For contracted providers, this amount should be determined according to the payment terms of United's contract with the provider.
Amount Co-insurance is an amount received by a secondary HMO/insurer that reduces the amount due to the provider from the primary HMO/insurer.
Denial Code is a code assigned by United to indicate why a claim was denied.
Denial Message is a description of why the claim was denied.
Cap or FFS indication of whether a claim was paid asa fee for service claim or capitation encounter.
Fee Schedule Amount is the total amount, including co-pays, corresponding to the fee schedule used by United to pay the claim. For contracted providers, this amount should be determined according to the fee schedule and other payment terms of United contract with the provider. This amount should be determined consistent with member benefits and procedures performed on the date of service.
Provider ID is a unique identification number assigned by United to identify a specific provider, provider contract, tax ID number and location.
Provider First Name is the provider's first name.
Provider Last Name is the provider's last name.
Provider UPIN Number is the number assigned to the provider by CMS.
Provider Federal Tax ID is the provider's federal tax identifier number assigned by the IRS.
Provider State License Number is the number assigned to the provider by the state board of medical examiners.
Provider Specialty is the medical specialty of the provider.
Authorization Number is the number assigned to the authorization.
Entity Processing Claim is the name of the company processing the claim, whether United or a company delegated to pay claims on behalf of United.
Per Diem indication as to whether claim payment is either procedure based (e.g., DRG) or per day (per diem) based.
Code Change indication that the code submitted by the provider has been changed and/or the code paid was different than the code submitted.

Re-Bundled Claim indication that a code(s) submitted on the claim has/have been consolidated and paid as a single procedure, or single set of procedures, instead of paid as separate codes as submitted.

The following Data Elements (Fields) are requested for each record of the 26 Class 3 Electronic Data Document Files described above:

Name	Description	Data Type	Length
Claim_number	Claim Number	Text	25
Line	Claim Line Number	Text	25
Suffix	Claim Suffix	Text	25
Member_ID	Member Identification	Text	25
Member_DOB	Member Date of Birth	Text	8(mmddyyyy)
Member_AGE	Member Age on date of claim	Text	3
Member_sex	Member Sex(M,F,U)	Text	2
Provider_ID	Provider ID	Text	25
Provider_First_Name	Provider first name	Text	25
Provider_Last_Name	Provider last name or company name	Text	25
Provider_specialty	Provider Specialty (AMA Code)	Text	25
Place_of_service	Place of Service	Text	25
Type_of_service	Type of Service	Text	25
Date_of_service	Date of Service	Text	8 (mmddyyyy)
Date_admitted	Date Admitted	Text	8 (mmddyyyy)
Date_discharged	Date Discharged	Text	8 (mmddyyyy)
Discharge_status	Discharge Status	Text	25
ICD91	First ICD9 diagnosis	Text	8
ICD92	Second ICD9 diagnosis	Text	8
ICD93	Third ICD9 diagnosis	Text	8
ICD94	Fourth ICD9 diagnosis	Text	8
ICD9_Procedure1	First ICD9 procedure	Text	8
ICD9_Procedure2	Second ICD9 procedure	Text	8
ICD9_Procedure3	Third ICD9 procedure	Text	8
ICD9_Procedure4	Fourth ICD9 procedure	Text	8
CPT	CPT code (submitted)	Text	10
CPT_paid	CPT code (paid)	Text	10
Modifier1	First modifier	Text	2
Modifier2	Second modifier	Text	2
DRG	DRG	Text	25
Revcode	Revenue Code	Text	5
Quantity	Number of units	Text	5
Unit_measure	Basis unit of measure	Text	25
Authorization_Nbr	Authorization number	Text	25
Date_Paid	Date paid	Text	8 (mmddyyyy)
Amount_Submitted	Amount of claim submitted by provider	Text	11
Date_Received	Date claim received by United	Text	8 (mmddyyyy)

Date_Entered	Date claim entered by United	Text	8 (mmddyyyy)
Check Number	Financial institution issued number of the check that included payment for the claim	Text	25
Amount_ClaimPaid	Amount paid for the claim	Text	11
Amount_Co-pay	Amount co-pay by employee	Text	11
Amount_Withhold	Amount withheld	Text	11
Amount_Deductible	Amount of deductible	Text	11
Amount_Allowed	Amount allowed	Text	11
Amount_Co-ins	Amount paid by secondary carrier	Text	11
Fee_Amount	Fee Schedule amount	Text	25
Denial_code	Code for why claim was denied	Text	255
Denial_message	Description of why claim was denied	Text	25
Product		Text	25
Plan		Text	25
LOB	Line of business	Text	25
Employer_ID	Employer ID	Text	25
Employer	Employer Name	Text	25
PCP_ID	PCP ID	Text	25
PCP_Name	PCP Name	Text	25
PCP_Specialty	PCP Specialty (AMA Code)	Text	10
Provider_UPIN	Provider UPIN number	Text	15
Provider_Tax_ID	Provider federal tax identification	Text	25
Provider_License	Provider Texas license number		
Entity_processing	Name of Entity that processed claim (e.g. United, name of TPA or delegated entity)	Text	25
Cap_FFS	Is claim paid via capitation or FFS?	Text	4
Code_change	Was/Were code(s) changed between the time of submission and time of claim payment?	Text	2 (Y/N)
Re-Bundled_claim	Was/Were submitted code(s) re-bundled with other claim lines?	Text	2 (Y/N)
Per_Diem	Was claim paid on per diem basis?	Text	2 (Y/N)

HMO DOCUMENT EXAMINATION, EXHIBIT C

Specific Electronic Data Document Class 4
Capitation

To assure that United understands the data elements requested in Document Class 4, below are specific instructions and descriptions for production of Class 4 documents.

It is CPD's understanding that the detail data and documentation used to calculate the monthly capitation payment to the provider for capitated services should include a record for each member (covered life) covered by the capitation payment; the member age/sex/benefits data; any and all other data used to determine the member count, capitation rate (Per Member Per Month); and the actual amount paid. Although capitation and eligibility are related files, eligibility data seldom matches the capitation data or the capitation check amount because they are run at different times.

Two electronic data document capitation files are required for each of the months specified in Class 4 below; one file showing information as it was available to the provider, from United, during that month, and one file showing information as it exists with all retroactive additions, deletions and adjustments incorporated as of March 28, 2002. Each of the two files for a particular month should contain the same data elements for each record.

There should be two separate files for each month showing each member.(covered life) for whom the provider(s) was/were paid capitation for that month. The 52 separate files should be labeled as follows:

1) Capitation as it was available to the provider, from United, during that month.
Example: jan2000cap.txt will contain requested capitation information as it was available to the provider, from United, in January of 2000.

Jan2000cap.txt	Jan2001cap.txt	Jan2002cap.txt
Feb2000cap.txt	Feb2001cap.txt	Feb2002cap.txt
Mar2000cap.txt	Mar2001cap.txt	
Apr2000cap.txt	Apr2001cap.txt	
May2000cap.txt	May2001cap.txt	
Jun2000cap.txt	Jun2001cap.txt	
Jul2000cap.txt	Jul2001cap.txt	
Aug2000cap.txt	Aug2001cap.txt	
Sep2000cap.txt	Sep2001cap.txt	
Oct2000cap.txt	Oct2001cap.txt	
Nov2000cap.txt	Nov2001cap.txt	
Dec2000cap.txt	Dec2001cap.txt	

2) Capitation as it exists with all retroactive adjustments as of March 28, 2002.

Jan2000acap.txt	Jan2001acap.txt	Jan2002acap.txt
Feb2000acap.txt	Feb2001acap.txt	Feb2002acap.txt
Mar2000acap.txt	Mar2001acap.txt	
Apr2000acap.txt	Apr2001acap.txt	
May2000acap.txt	May2001acap.txt	
Jun2000acap.txt	Jun2001acap.txt	
Jul2000acap.txt	Jul2001acap.txt	
Aug2000acap.txt	Aug2001acap.txt	
Sep2000acap.txt	Sep2001acap.txt	
Oct2000acap.txt	Oct2001acap.txt	
Nov2000acap.txt	Nov2001acap.txt	
Dec2000acap.txt	Dec2001acap.txt	

Adjusted count – if the capitation amount is adjusted for age/sex/benefit (hereafter, "ASB"), severity, morbidity, or other factors, please include documentation describing how the adjusted count is determined. Also include an electronic file with any look up tables and/or data dictionaries, or similar information, necessary to calculate adjustment to the count and/or the percent of premium payment. The layout of the look up table(s) and/or data dictionary(ies) should also be provided in the electronic file. As with all electronic files requested, this electronic file should be PC Compatible.

The following Data Elements (Fields) are requested for each record of the 52 Class 4 Electronic Data Document Files described above:

Name	Description	Data Type	Length
Month	Month capitation payment is for	Text	8 (mmddyyyy)
Mbr_ID	Member ID	Text	25
Mbr_Age	Member Age on first day of month	Text	3
Mbr_Sex	Member Sex (M, F, U)	Text	2
Mbr_DOB	Member Date of Birth	Text	8 (mmddyyyy)
PCP_ID	Primary Care Physician ID	Text	25
CapIPA_ID	ID for IPA/GROUP paid by capitation	Text	25
IPAName	IPA OR GROUP Name	Text	25
Adjusted_count	see definition and instructions above	Text	8
Retro_add	Record of member added as retro adjustment	Text	2 (Y/N)
Retro_delete	Record of member deleted as retro adjustment	Text	2 (Y/N)
Cap_CheckNbr	Financial institution issued number of check used to pay capitation to each provider	Text	20
Cap_CheckAmt	Amount of Capitation check for month	Text	11
Cap_Date_Paid	Date Capitation check was issued	Text	8 (mmddyyyy)
Product		Text	25
Plan		Text	25
LOB	Line of Business	Text	25
Benefit	Benefit Set	Text	25
Withhold_amt	Amount withheld	Text	11

HMO DOCUMENT EXAMINATION, EXHIBIT C

Specific Electronic Data Document Class 5
Adjudication Logic

For Electronic Data Document Class 5, produce an electronically formatted, PC compatible electronic file copy of any logic or rules used to value or pay claims in any manner other than a direct lookup of the fee schedule amount corresponding to the procedure on: 1) the submitted claim; 2) the provider contract; and 3) the member plan.

This request includes any and all logic and/or other rules:

1. used to process or pay claims submitted for/with multiple procedures, or assistant surgeon(s), or modifiers; or

2. used to upcode, downcode, bundle, or re-bundle claims; or

3. used to process out of area claims; or

4. used to process out of network claims; or

5. used to process and/or calculate rates and/or discounts applied to payment of any particular claim(s).

HMO DOCUMENT EXAMINATION, EXHIBIT C

Specific Computer Based Document Class 6
Check Register

To assure that United understands the data elements requested in document Class 6, below are specific additional instructions and definitions for production of Class 6 documents.

Class 6 requests the Register record of each check issued to an IPA/Group, or other provider, to pay any and all claim(s) for services. This information includes a list of each claim, covered by each check. If a prior claim is reversed or overpaid, and that reversed or overpaid amount is deducted from a check issued to pay another claim(s), the file should include the number(s) of the "Recoup_ClaimNmbr" for the claim being recouped and the "Recoup_ClaimAmt" deducted as recoupment for that particular prior claim(s).

There should be one file for each month with information for each check issued that month to pay any claim(s) or capitation. **Example:** Jan00check.txt should include all checks issued in January 2000 regardless of the date of service.

There should be 26 separate check register files labeled as follows:

Jan00check.txt	Jan01check.txt	Jan02check.txt
Feb00check.txt	Feb01check.txt	Feb02check.txt
Mar00check.txt	Mar01check.txt	
Apr00check.txt	Apr01check.txt	
May00check .txt	May01check.txt	
Jun00check.txt	Jun01check.txt	
Jul00check.txt	Jul01check.txt	
Aug00check.txt	Aug01check.txt	
Sep00check.txt	Sep01check.txt	
Oct00check.txt	Oct01check.txt	
Nov00check.txt	Nov01check.txt	
Dec00check.txt	Dec01check.txt	

Each field provided for each Class 6 record should correlate to the check number for that record.

The following Data Elements (Fields) are requested for each record of the 26 Class 6 Electronic Data Document Files described above:

Name	Description	Data Type	Length
Check Number	Financial institution issued number on check	Text	25
Claim_Number	Claim Number	Text	25
Claim_Suffix	Claim Suffix	Text	25
Provider_ID	Provider ID	Text	25
CapIPA_ID	ID for IPA/Group paid by capitation	Text	25
Check_amount	Total amount of check	Text	11
Amount_ClaimPaid	Amount of check applied to the claim number	Text	11
Date Issued	Date check issued	Text	8 (mmddyyyy)
Date Cleared	Date check cleared bank	Text	8 (mmddyyyy)
Cap_Month	Month capitation amount applies to	Text	8 (mmddyyyy)
Recoup_ClaimNbr		Text	25
Recoup_ClaimAmt		Text	11

HMO DOCUMENT EXAMINATION, EXHIBIT D

This sample format indicates how the electronic data files produced for

Exhibit C
Class 6
Check Register

should appear if printed out (in table format) from the electronic data file.

APPENDIX B

ABBOTT	LISA	A	MD
ABDUL-RAHIM	SAM		MD
ADAMS	LARRY	E	MD
AGGARWAL	VED	V	MD
AGORO	ADESUBOMI	B	MD
ALBRACHT	JAMISON		DO
ALDERETE	WESLEY	A	MD
ALI	TAHIR	S	MD
ALLEN	GARY	R	MD
ALLEN	VICTOR	L	MD
ALLEN	JAMES	Y	MD
ANAGNOSTIS	GEORGE		MD
ANAGNOSTIS	JIM		MD
ANDERSON	LEE	S	MD
ANDERSON	LEE	E	MD
ANDERSON	ROBERT	G	MD
ANDERSON	THOMAS	C	MD
ANDING	GLORIA	K	MD
ANDING	BRIAN	S	MD
ANDREWS	CHERI	L	DO
ANDREWS	CHARLES	E	MD
ANDREWS, III	CHARLEY	J	MD
ANGLIN	BETH	V	MD
ANTHONY	PHILIP	F	MD
APPLEWHITE	JEFFREY	C	MD
ARMSTRONG	JULIAN	E	MD
ARMSTRONG, JR.	GEORGE	N	MD
ARONSON	STUART	A	MD
ARTIM	RICHARD	A	MD
ATKINS	BARON	C	MD
ATTEBERRY	JAMES	L	MD
AUGUSTAT	EDWIN	C	MD
AXTHELM	DAN	A	MD
BAKER	DONNA	B	MD
BAKER	GEORGE	C	MD
BARBARO	DANIEL	J	MD
BARKER	THOMAS	E	MD
BARRERA	DAVID	N	DO
BARRETT	ROBERT	L	MD
BARRY	JAMES	M	MD
BATES	EDWARD	E	MD
BAYOUTH	JOHN	M	MD
BEALKA, JR.	NEIL	M	MD
BEASLEY, JR.	CLIFTON	H	MD
BECERRA	OSCAR	D	MD
BECHTEL	PHILIP	C	MD
BERENZWEIG	HAROLD	K	MD
BERNHARD	MARK	H	MD
BINDNER	STEPHEN	R	MD
BINZER	THOMAS	C	MD
BIRDWELL	BARBARA	A	MD
BLASI	RALPH	W	MD

BLOEMENDAL	LEE	C	MD
BLUE	SUSAN	K	MD
BOHNSACK	JAMES	R	MD
BONACQUISTI	GARY	A	MD
BORDELON	JAMES	H	MD
BOTHWELL	JAMES	M.	MD
BOX	JAMES	J	MD
BOYD	W.	D	DPM
BRADFORD	LAURA	A	MD
BRADLEY	WILLIAM	T	MD
BRANDENBERG	KARL	B	MD
BREDENBERG	AMY	E	MD
BRENNAN	J.	P	MD
BRIAN	MARY	B	MD
BRISCOE	JOHN	G	MD
BROCK	STEVEN	D	MD
BROOKS	JENNIFER	C	MD
BROOKS	KATHLEEN	L	MD
BROOKS	MICHAEL	E	MD
BROTHERTON	STEPHEN	L	MD
BROWN, JR.	FRANK	E	MD
BRUHL	DAN	E	MD
BRYAN	MICHAEL	D	MD
BUCHANAN	MARTY	J	MD
BUELL	LISA	M	MD
BUKSH	STEPHEN	R	MD
BURCHARD	JEFFREY	L	MD
BURGE	WALWORTH	E	MD
BURK	JOHN	R	MD
BURKETT	ROBERT	J	MD
BURTON	CARY	L	MD
BUSCHOW	ROBERT	A	MD
BUSSELL	MARK	H	MD
BUSSEY	HELEN	J	MD
BYRD	WILLIAM	B	MD
CADAMBI	AJAI		MD
CANE	MICHAEL	T	MD
CARLTON	CHARLES	A	MD
CARR	CHRISTIAN	L.	MD
CASTANEDA	ANTONIO	A.	MD
CASTRO	JAIME	H	MD
CHANDLER	GARY	W	DPM
CHAPMAN	MARC	E	MD
CHENG	JUNG	T	MD
CHILCOAT	R.	G	MD
CHILCOAT	JILL	C	MD
CHILDS, III	TILDEN	L	MD
CHIN	LINCOLN		MD
CHOUDHRY	KARAMAT	U	MD
CHUNDURI	KRISHNABABU		MD
CLIFFORD	SUSAN	G	MD
CLOTHIER	NORMAN	F	MD

COFFEE	CHARLES	C	MD
COLE	JAMES	S	MD
COLEMAN	WILLIAM	G	MD
COLLINS	MARK	F	MD
CONNELLY	KEVIN	G	MD
CONWAY	JOHN	E	MD
CORBETT	DESMOND	B	MD
COWAN	GARY	M	MD
COWAN	TODD	K	MD
COX	CLIFTON	L	MD
CRAWFORD	JOHN	L	MD
CROFFORD	THEODORE	W	MD
CROOK	IRINA	R	MD
CULVER	JENNIFER	L	MD
CUNNINGHAM	HENRY	S	MD
CWIKLA	MARK	J	MD
DAILY	H.	B	MD
DALAL	VINAY		MD
DALTON	MARK	D	MD
DANIEL	PAXTON	H	MD
DAVDA	RAJESH	K	MD
DAVE	KIRAN	J	MD
DAVENPORT	NORMAN	A	MD
DAVID	JAMES	K.	MD
DAVIS	PATRICK	L	MD
DAVIS	RANDALL	T	MD
DEARDEN	CRAIG	L	MD
DEAS	THOMAS	M	MD
DEASON	KRISTINA	J	MD
DELA TORRE	FRANK	J	MD
DEMARIE	BRYAN	K.	MD
DESAI	MANISH	D	MD
DEWAR	THOMAS	N	MD
DIAS	KERYN	M	MD
DIAZ-ROHENA	ROBERTO		MD
DICKEY	RUSSELL	A	MD
DICKINSON	JOHN	A	MD
DIFFLEY	DAVID	M	MD
DONAHUE	DAVID	J	MD
DONEGAN	KERRY	M	MD
DONOVAN	PATRICK	W	MD
DOORES	STEVEN	A	MD
DUONG	HUY	X	DO
DUSEK	DAVID	A	MD
EATON	JEROME	P	MD
EDEN	BILLY	M	MD
EKADI	KOFOWOROLA		MD
ELBERT	ANNETTE	M	MD
ELDRIDGE	JAMES	K	MD
ELLIS	THOMAS	S	MD
ENGER	MICHAEL	G	MD
EPPSTEIN	ROGER	S	MD

ERWIN	RONNIE	L	MD
EVANS	PHILLIP	T	DO
EVANS	JOHN	P	MD
EVANS	CURTIS	R	MD
EZUKANMA	NOBLE	U	MD
FAIRES	RAYMOND	A	MD
FARLESS	BLAINE	L	MD
FAWCETT	HENRI	D	MD
FAWCETT	MARIA	A	MD
FEWINS	JOHN	L	MD
FIERKE	JAY	L	MD
FIKKERT	CHIMENE	D	DO
FINKE	MARY	A	MD
FISHER	KEITH	D	MD
FITZGERALD	STEPHEN	D	MD
FLOWERS	BRIAN	E	MD
FORD	RICK	J	MD
FORSHAY	R.	L	MD
FRANKEL	MARK	A	MD
FREEMAN	JOHN	W	MD
FROBERG	P. KEVIN		MD
FUSSELMAN	ROBERT	E	MD
GAINES	JOSEPH	H	MD
GALUSHA	NEWTON	C	MD
GARCIA	WILSON	J	MD
GARCIA	CHRIS	L	MD
GARCIA-THOMAS	GABRIELA	I	MD
GARMER	DANNY	J	MD
GATES	T.	G	MD
GAYDOS	MARIA	A	MD
GHAZALI	BASITH		MD
GIBSON-HULL	STACEY	L	MD
GILES	PHILIP	W	MD
GLEASON	R.	R	MD
GLOYNA	ROBERT	E	MD
GLUCK	FRANKLIN		MD
GODBEY	TERESA	E	MD
GONZALES	JAMES	D	MD
GONZALEZ	P. DANIEL		MD
GORDON	JACK	C	MD
GRAHAM	ROBERT	L	MD
GRALINO, JR.	B.	J	MD
GRANAGHAN	RICHARD	T	MD
GRANT	PAUL	A	MD
GRANT	KAREN	M	MD
GRAYS	PETER	E	MD
GUINAN	ROBERT	B	MD
GUINN	JOSEPH	E	MD
GULLEDGE,JR.	WILLIAM	R	MD
GUROVA	YELENA	V.	MD
GUTHRIE	WILLIAM	S	MD
GUTTA	KUMAR		MD

HAFEEZ	ABDUL		MD
HALL	SCOTT		MD
HAMES	ROBERT	B	DO
HAMILTON	KENNETH	W	MD
HAMMONDS	MARK	K	MD
HAMMONS	DOUGLAS	E	MD
HARDEE	STEVE	H	MD
HAROONA	LADI	M	MD
HARRIS	HOWARD	W.	MD
HARVEY	JAMES	M	MD
HAYDEN, JR.	C.	K	MD
HAYS	LOWELL	B.	MD
HEALEY, II	JOHN	J	MD
HELDRIDGE	TOD	C	MD
HENDRICKS	G. DAVID		MD
HIGGS	VETTA	B	MD
HIRT	DARRELL	L	MD
HOFFMAN	ERIC	J	MD
HOLLANDER	IRA	N	MD
HOOKER	GLEN	D	MD
HOOT	WILLIAM	R	MD
HORSTMAN	WILLIAM	G	MD
HOWELL-STAMPLEY	TEMPLE	S	MD
HUBBARD	RICHARD	O	MD
HUDGENS	H. STEPHEN		MD
HUGHENS	H. KENNON		MD
HUNNICUTT	ROBERT	W	MD
HUNTER	DAVID	S	MD
HUTCHESON	RICHARD	M	MD
IGLESIA	KIM	A	MD
INGLE	DONALD	C	MD
ISAACS	EMILY	M	MD
JACKSON	JOHN	S	MD
JAMESON	MICHAEL	D	MD
JANICKI	PETER	T	MD
JARYGA	GREGORY	A	DPM
JEFFERS	JOHN	R	MD
JENNINGS	JERRY	D	MD
JENSEN	RICHARD	A	MD
JOHN	BERCHMANS		MD
JOHNSON	STEVEN	E	MD
JOHNSON	JOHN	W	MD
JOHNSON	FREDERIC	D	MD
JOHNSON	J.	D	MD
JOHNSTON	RICHARD	C.	MD
JOHNSTON	ROBIN	L	MD
JOHNSTON	MARK	A	MD
JOHNSTON	DON	F	MD
JORDAN	DAVID	C	MD
JOYNER	KEVIN	T.	MD
JUTRAS	MICHAEL	A	MD
KALLAM	G.	B	MD

KANE	JEROME		MD
KARING	MICHAEL	V	MD
KELLUM	MICHAEL	W	MD
KENNEDY	MEGAN	J.	MD
KENNEDY	SHANE	W.	MD
KHAN	RUBINA	A	MD
KHAN	SHUJATT	A	MD
KIM	WON	S	MD
KLEUSER	THOMAS	M	MD
KOBETT	PATRICK	T	MD
KORENMAN	MICHAEL	D	MD
KOSTOHRYZ, JR.	GEORGE		MD
KUENSTLER	KEVIN	A	MD
KUENSTLER	KRISTI	M	MD
KUNKEL	KELLY	R	MD
KUO	D.	K	MD
KURUP	SAVITA	R	MD
KUTZLER	DANIEL	E	MD
LABOR	PHILLIPS	K	MD
LABOR	PENNY	M	MD
LAGON	ROBERT	M	MD
LAM	VAN		MD
LAM	JONATHAN	G	MD
LAND	MELISSA	M	MD
LANE	MONA LISA	B	DO
LASTIMOSA	AUGUSTO	C	MD
LAWSON	DAVID	S	MD
LE	LINH	T	MD
LEACH	CHARLES	R	MD
LEAVENS	THOMAS	A	MD
LEDBETTER	JASON	S	MD
LEHMANN	CLAUDIO	S	MD
LESTER	LYNN	A	MD
LEUNG	STEVEN	J	MD
LILLI	ROBERT	H	MD
LIN	JEFFREY	C	MD
LINDSAY	ROBERT		MD
LIU	J.	P	MD
LIVINGSTONE	KEITH	S	MD
LONERGAN	FRANCIS	R	MD
LOPEZ	ANGEL	L	DPM
LORIMER	DOUGLAS	D	MD
LORIMER, III	WISHARD	S	MD
LOVETT	ROBERT	J	MD
LOWRY	WILLIAM	B	MD
LUBRANO	PHILIP	J	MD
LUGGER	JERRY	L	MD
MABERRY	STEPHEN		MD
MACHOS	ROBERT	J	MD
MACIAS	CARLOS	L	MD
MACKEY	STEVEN	J	MD
MADDOX	BARNEY	T	MD

MAIR	KENNETH	A	MD
MALIK	M.	A	MD
MALOFSKY	HAROLD		DPM
MANNING	A. BRYANT		MD
MANSEN	JOSEPH	R	MD
MARGO	THEODORE	E	MD
MARLING	CARL	K	MD
MARTIN	JOHN	R	MD
MASTROGIOVANNI	SARAH	K	MD
MATHESON	DONALD	N	MD
MATTHEWS	EDWIN	C.	MD
MATTHEWS	JACQUIN	P	MD
MAUK	RICHARD	H	MD
MAUST	JOEL	R	MD
MAXWELL	MICHAEL	C	MD
MCADAMS	CHARLES	G.	MD
MCAULEY, JR.	MICHAEL	F	MD
MCCALLUM	JACK	E	MD
MCCRARY	MICHAEL	W	MD
MCDONALD	CHERYL		MD
MCDONALD	STUART	D	MD
MCDOUGALL	PETER	G	MD
MCNEELY	CYNTHIA	R	MD
MCNEFF	JOHN	E	MD
MELTZER	ROBERT	G	MD
MELTZER	VICTOR	N	MD
MERRILL	BERKELEY	S	MD
MEWIS	BETH	A	MD
MEYER	YVES	J	MD
MEYER	BEAU	B	MD
MEYERS	STEVEN	J	MD
MILLER	D. SCOTT		MD
MILLER	JOHN	D	MD
MILNE	JOSEPH	C	MD
MITCHELL	WILLIAM	H	MD
MOFFETT	JEFFREY	D	MD
MOORE	PHILIP	A	MD
MOORE	THOMAS	E	MD
MOORE, III	FRANK	H	MD
MORRILL	AUDREY	C	MD
MORRIS	LAURA	F	MD
MORRISON	MARSHALL	C	MD
MORRISSETTE	DORRIS	A	MD
MORTON	DAN	A	MD
MOSTER	SUSAN	G	MD
MRNUSTIK	BENNY	R	MD
MURCHISON	ROBERT	J	MD
MURUGAN	TSR		MD
MUTYALA	SIREESHA		MD
MYERS	KRISS	E	MD
NAMIREDDY	VASANTH	R	MD
NANCE	HENRY	H	DO

NAZARIAN	MANUCHER		MD
NEGRON	ANGEL		MD
NELSON	EDWARD	R	MD
NEMETH	ANDRAS	Z.	MD
NETHERY	DAVID	A	MD
NGUYEN	TRUNG	D	MD
NGUYEN	THUTHUY	T	MD
NGUYEN	HUY	L	MD
NIELSON	KAREN	L	MD
NOELL	COURTNEY	A	MD
NORMAN	JAMES	L	MD
NORVILLE	SCOTT	V.	MD
NUGENT	BARBARA	A.	MD
NUGENT	JOHN	L	MD
NUNEZ	IGNACIO	T	MD
OBBINK, JR.	JOHN	W	MD
O'DEA	PATRICK	T	MD
OEI	KWAN	K	MD
OHMAN, JR.	ALLAN	B	MD
OLFSON	JAMES	R	MD
OSHMAN	DANIEL	G	MD
PAFFORD	DICK	A	MD
PALMER	J.	M	MD
PARCHUE	JOHN	A	MD
PARKER	JAMES	F	MD
PARKER	LEIGHTON	B	MD
PARKER	SEAN	G	MD
PARMER	DAVID	E	DDS
PARRILL	ELLEN	M	MD
PAVEY	SCOTT	A	MD
PENDER, JR.	JOHN	T	MD
PENNY	RICHARD	E	MD
PERSONS	CHARLES	M	MD
PETERS	THEODORE	T	MD
PETERS	PAT	A	MD
PETTEY	WILLIAM	R	MD
PETTWAY	JOHN	B	MD
PHELPS	DAVID	R	MD
PHILIP	ANNIE	J	MD
PHIPPS	LOWELL	F	MD
PICKELL	STUART	C	MD
PICKERING	RICHARD	S	MD
PICKETT	CREIGHTON	A	MD
PODOLSKY	MICHAEL		DO
POETTCKER	JAMES	D	MD
POLLARD	ROBERT	S	MD
PONDER	JOHN	C	MD
POSNOCK	EUGENE	R	MD
PRESLEY	MARK	B	MD
PROTZMAN	ROBERT	R	MD
PULLIAM	SCOTT	R	MD
PUMPHREY	JOHN	A	MD

PUMPHREY	JOHN	D	MD
PURGASON	JAMES	G	MD
PURGETT	THOMAS	J	MD
PUTEGNAT	BARRY	B	MD
QUERALT	JOHN	A	MD
QUIST	CAROLYN	W.	DO
RAILSBACK	CHARLES	H	MD
RAJAN	BETTY		MD
RAJU	KOSURI	B	MD
RAMAMURTHY	GEETHANJALI		MD
RATHKAMP	QUYNH	K	MD
RAY	JULIE	C	MD
RAZACK	KERIM	F	MD
RAZACK	ABDOOL		MD
RAZI	SALMON	S.	MD
READINGER	JAMES	C	MD
REAM	GENE	P	MD
REAVES	LARRY	E	MD
REDDY	SUCHITA	D	MD
REDFERN	STEPHEN	A	MD
REDROW	MARK	W	MD
REEB, JR.	ROBERT	J	MD
REESE	WILLIAM	G	MD
REICHELT	EDWARD	G	MD
RICHARDS	JOHN	A	MD
RICHARDS	CHERYL	A	DO
RISK	WILLIAM		MD
RIVERA	FRANK	J.	MD
ROBBINS	CYNTHIA	J	MD
ROBERGE	NATALIE	A	MD
ROBINSON	DAVID	J	MD
ROGERS	MICHAEL	L	MD
ROGERS	JAMES	E	MD
ROGERS	ROBERT	J	MD
ROSENTHAL, JR.	HARRY		MD
RUKAB	TRACY	M	MD
RUSH	CHARLES	A	MD
RUSSELL	DAVID	D	MD
RUTHERFORD	STEPHANIE	M.	MD
RUTLEDGE	PETER	L	MD
RUTLEDGE	DAVID	M	MD
RUXER	ROBERT	L	MD
SADIQ	SYED	A.	MD
SAMLOWSKI	EBERHARD	R	MD
SAMUELSON	TODD	E	MD
SANDERS	J.	P	MD
SANDHU	FAHEEM	A.	MD
SANKAR	PONNIAH	S	MD
SARGENT	JAMES	S	MD
SCHMID, JR.	WILLIAM	A	MD
SCHMIDT	ROBERT	H	MD
SCHULTZ	STEVEN	M	MD

SCHUSTER	DENNIS	I	MD
SCHUSTER	RICHARD	D	MD
SCHWARTZ	GREGORY	G	MD
SEGER	WILLIAM		MD
SENTER	PAUL	R	MD
SEWELL	ROBERT	W	MD
SHAFFER	HOWARD		MD
SHAH	KAVITA	S	MD
SHANK	REBECCA	S	MD
SHARP	REBECA	M	MD
SHASHIKUMAR	KAVITHA		MD
SHEPHERD	RICHARD	L	MD
SHOLDRA	EUGENE	P	MD
SHORE	KENNETH	A	MD
SHORI	SANDEEP	K.	DO
SHROPSHIRE	CAMERON	E	MD
SHYN	PAUL	B	MD
SIMMONS	NELSON	X	MD
SINGLETON	STEVEN	B	MD
SKINNER	PHILLIP	H	MD
SKLAR	JOHN	A	MD
SMITH	SPENCER	M	MD
SMITH	WADE	H	MD
SORGEN	STEPHEN	D	MD
SOTMAN	STEVEN	B	MD
SPEAKER	JENNIFER	L	MD
SPRADLEY	LARRY	W	DDS
STANILAND	JOHN		MD
STEWART	CARLYLE	A	MD
STOLTZ	MICHAEL	L	MD
STRANGE, III	LESLIE	C	MD
STRITTMATTER	MARLA	A	MD
STROCK	LOUIS	L	MD
STUNTZ	RICHARD	A	MD
TAFEL	ROBERT	M	MD
TAN	DOMINGO	K	MD
TANNA	RAJENDRA	K	MD
TAUNTON	O. DAVID		MD
TAYLOR	MARK	W	MD
TENG	LI	R	MD
TENG	JAY		MD
TERRY	JAMES	R	MD
THESING	JAMES	E	DO
THOMPSON	GERALD	G	MD
THURMAN	ADDISON	E	MD
THURMOND	JOHN	I	MD
TILKIN	LYNNE	R	DO
TODD	JOE	M	MD
TOLEDO	LUIZ	C	MD
TOMBERLIN	JANICE	K	MD
TONKIN	ALISON	E.	MD
TORRES	MICHELLE		MD

TORRES	LOUIS	A	MD
TRAN	KHANG		MD
TREMBLAY	NORMAND	F	MD
TRIMBLE	MONTY		MD
TRIVEDI	BEENA	M.	MD
TUCKER	CHRISTOPHER	J	MD
TURNER	JAMES	M	MD
USELTON	MICHAEL	T	MD
VAN WYK	WILLIAM	J	MD
VARGAS	LUIS	A	MD
VERMETTE	KENNETH	N	MD
VIA	E. RICK		MD
VIGNESS	RICHARD	M	MD
VIKTORIN	GINA	M	MD
VU	H. JAMES	T	MD
WAGNER	RUSSELL	A	MD
WALKER	JOEL	W	MD
WALLACE	R. PERRY		DO
WALSH	PATRICK		MD
WALTER	MICHAEL	C	MD
WARD	ROBERT	L	MD
WARREN	ROBERT	E	MD
WASSON	BRADLEY	D	DO
WATSON	KEITH	C	MD
WATTS	DAVID	C	MD
WATTS	BARRY	K	MD
WEEDEN	STEVEN	H	MD
WELP	MARY		MD
WEST	BRITTON	R	MD
WIGGINTON	STEPHEN	A	MD
WIGHTMAN, JR.	ERNEST	T	MD
WILDER	JAMES	F	MD
WILKINSON	TERRY	L	MD
WILLIAMS	TIMOTHY	E	MD
WILLIAMS	CELESTE	Y	MD
WILLIS	DAN	A	MD
WILSON	DAVID	B	MD
WILSON	RICHARD	D	MD
WILSON	WARREN	D	MD
WINKLER	THOMAS	P	MD
WITTENBERG	JOHN	F	MD
WOLDESENBET	ELLENI		MD
WOLFF	WILLIAM	S	MD
WOOD	JOHN	P	MD
WORSHAM	SIDNEY	A	MD
WRIGHT	BARBARA	A	MD
WROTEN	BOBBY	J	MD
WYNN	SUSAN	R	MD
YAQUINTO	JAMES	J	MD
YOUNG	DAVID	L	MD
ZIMMERMANN	G.	J	MD