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THE UNITED STATES DEPARTMENT of JUSTICE
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Obama Administration Announces Ground-breaking Public-private Partnership to Prevent Health Care Fraud

Attorney General Eric Holder and Health and Human Services (HHS) Secretary Kathleen Sebelius today announced the launch of a ground-breaking partnership among the federal government, state officials, several leading private health insurance organizations, and other health care anti-fraud groups to prevent health care fraud. This voluntary, collaborative arrangement uniting public and private organizations is the next step in the Obama administration's efforts to combat health care fraud and safeguard health care dollars to better protect taxpayers and consumers.

The new partnership is designed to share information and best practices in order to improve detection and prevent payment of fraudulent health care billings. Its goal is to reveal and halt scams that cut across a number of public and private payers. The partnership will enable those on the front lines of industry anti-fraud efforts to share their insights more easily with investigators, prosecutors, policymakers and other stakeholders. It will help law enforcement officials to more effectively identify and prevent suspicious activities, better protect patients' confidential information and use the full range of tools and authorities provided by the Affordable Care Act and other essential statutes to combat and prosecute illegal actions.

"This partnership is a critical step forward in strengthening our nation's fight against health care fraud," said Attorney General Holder. "This administration has established a record of success in combating devastating fraud crimes, but there is more we can and must do to protect patients, consumers, essential health care programs, and precious taxpayer dollars. Bringing additional health care industry leaders and experts into this work will allow us to act more quickly and effectively in identifying and stopping fraud schemes, seeking justice for victims, and safeguarding our health care system."

"This partnership puts criminals on notice that we will find them and stop them before they steal health care dollars," Secretary Sebelius said. "Thanks to this initiative today and the anti-fraud tools that were made available by the health care law, we are working to stamp out these crimes and abuse in our health care system."

One innovative objective of the partnership is to share information on specific schemes, utilized billing codes and geographical fraud hotspots so that action can be taken to prevent losses to both government and private health plans before they occur. Another potential goal of the partnership is the ability to spot and stop payments billed to different insurers for care delivered to the same patient on the same day in two different cities. A potential long-range goal of the partnership is to use sophisticated technology and analytics on industry-wide healthcare data to predict and detect health care fraud schemes.

The Executive Board, the Data Analysis and Review Committee and the Information Sharing Committee will hold their first meeting in September. Until then, several public-private working groups will continue to meet to finalize the operational structure of the partnership and develop its draft initial work plan.

The following organizations and government agencies are among the first to join this partnership:

- America's Health Insurance Plans
- Amerigroup Corporation
- Blue Cross and Blue Shield Association
- Blue Cross and Blue Shield of Louisiana
- Centers for Medicare & Medicaid Services
- Coalition Against Insurance Fraud
- Federal Bureau of Investigations
- Health and Human Services Office of Inspector General
- Humana Inc.
- Independence Blue Cross
- National Association of Insurance Commissioners
- National Association of Medicaid Fraud Control Units
- National Health Care Anti-Fraud Association
- National Insurance Crime Bureau
- New York Office of Medicaid Inspector General
- Travelers
- Tufts Health Plan
- UnitedHealth Group
- U.S. Department of Health and Human Services
- U.S. Department of Justice
- WellPoint, Inc.

The partnership builds on existing tools provided by the Affordable Care Act, resulting in:

- Tougher sentences for people convicted of health care fraud. Criminals will receive 20 to 50 percent longer sentences for crimes that involve more than $1 million in losses.
- Enhanced screenings of Medicare and Medicaid providers and suppliers to keep fraudsters out of the program.
- Suspended payments to providers and suppliers engaged in suspected fraudulent activity.

The administration's efforts to date have already resulted in a record-breaking $10.7 billion in recoveries of health care fraud over the last three years. For more information on this partnership and the Obama administration's work to combat health care fraud, please visit: www.healthcare.gov/news/factsheets/2012/02/medicare-fraud02142012a.html and www.stopmedicarefraud.gov.

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2) Office of Government Information Services National Archives and Records Administration 8601 Adelphi Road-OGIS College Park, MD 20740-6001 Telephone: 202-741-5770 Toll-Free: 1-877-684-6448 E-mail: ogis@nara.gov Fax: 202-741-5769
3) Office of Information Policy (OIP), U.S. Department of Justice, 6th Floor 441 G St. NW Washington, DC 20530, E-mail: DOJ.OIP.FOIA@usdoj.gov

Dear USDOJ Freedom of Information Officer,

This letter is a formal request under the Freedom of Information Act (FOIA) 5 U.S.C. § 552 addressed to the United States Department of Justice (USDOJ) to produce material as set forth in this letter. I am requesting documents within and under the immediate control of USDOJ as well as maintained by its subagencies.

I am a physician and patient advocate who is working to promote the rule of law in the United States while preventing the overreach of the executive branch of U.S. government. My aim is to ensure due process and equal protection for all U.S. physicians and the patients they take care of. I am also currently working with academics in the fields of medicine, law, pharmacy, and the media, who are also engaged in encouraging public knowledge and promoting law and individual rights guaranteed under the United States Constitution and the laws of the United States.

My mission includes promoting government transparency and accountability by gathering official information, analyzing it, and disseminating it through reports, press releases, and/or other media, including social media platforms, all to educate the public.

All the records that will eventually be produced by our FOIA request from USDOJ will be made publicly available on the internet for citizens, journalists, and scholars to review and use. USDOJ is an agency of the federal government within the meaning of 5 U.S.C. § 552(f) and has possession and control of the records that I seek.

Justice Thurgood Marshal wrote, “[t]he basic purpose of FOIA is to ensure an informed citizenry, vital to the functioning of a democratic society, needed to check against corruption and

to hold the governors accountable to the governed." *NLRB v. Robbins Tire & Rubber Co.*, 437 U.S. 214, 242 (1978).

Furthermore, U.S. Federal Courts have stated to U.S. Citizens seeking information from Federal Agencies pursuant to Freedom of Information Act that concerning federal investigations, "Obviously, where all investigatory subjects are already aware of an investigation's pendency, the "tip off" harm sought to be prevented through this record exclusion is not of concern. Accordingly, the language of this exclusion expressly obliges agencies contemplating its use to consider the level of awareness already possessed by the investigative subjects involved. Agencies must make this determination according to a good-faith, "reason to believe" standard. Furthermore, once a law enforcement matter reaches a stage at which all subjects are aware of its pendency, or at which the agency otherwise determines that the public disclosure of that pendency no longer could lead to harm, the exclusion should be regarded as no longer applicable. If the FOIA request that triggered the agency's use of the exclusion remains pending administratively at such time, the excluded records should be identified as responsive to that request and then processed in an ordinary fashion."

I am seeking vital information concerning USDOJ and OIG Health and Human Services Pill Mill Doctor Project as well as associated documents needed to determine whether the USDOJ is willfully and knowingly "targeting" patients who are suffering from pain or addiction and the physicians who treat such diseases. I am also seeking information whether the USDOJ is prosecuting individual practitioners as compared to large practices, older physicians as compared to younger physicians and "colored" or dark skinned physicians as compared to white physicians.

For the purposes of expedited processing pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e), I am seeking all information on how the Healthcare Fraud Prevention Partnership (HFPP), CMS Medicare's Trusted Third Party (TTP), General Dynamics Information Technology (GDIT), CMS Contractor NBI Medic Qlarant communicates and shares healthcare information or patient data of U.S. citizens with federal law enforcement departments including but not limited to the United States Department of Justice, Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI) and Office of Inspector General (OIG). This request also covers any material of the types called for herein that come into existence between the date of this request and the date of USDOJ's final response.

For the purposes of 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e), I instantly certify that I have a compelling need for expedited processing of its requests by USDOJ or their collaborators Qlarant NBI Medic, Healthcare Fraud Preventive Partnership, General Dynamics Information Technology Trusted Third Party, on a rolling basis of the following critical information. I instantly certify that I have a compelling need for expedited processing of my requests by USDOJ or their collaborators including Qlarant NBI Medic, Healthcare Fraud Preventive Partnership, General Dynamics Information Technology Trusted Third Party, on a rolling basis of the following critical information concerning the main issues listed below:

1. All documents including the lists of names of the human beings, pertaining to the "bad actor physicians" and "most likely drug seeking patients" as identified by HFPP, GDIT Trusted Third Party, Qlarant NBI Medic, Medicare Pill Mill Doctor Project or US Attorney's Office (USAO)/USDOJ.
2. The manner and methods that USDOJ determines, classifies and ranks "good" doctors or "good" healthcare providers versus "bad" doctors or "bad" healthcare providers.
3. All information pertaining to the reliability and verification of the data and analysis by USDOJ as produced with OIG HHS Toolkit: Using Data Analysis To Calculate Opioid Levels and Identify Patients At Risk of Misuse or Overdose.
4. A yearly list of summary analysis that Qlarant NBI MEDIC provides to USDOJ or Federal Law Enforcement of the "most likely drug seeking" patients and/or "bad actor" physicians for criminal investigation.
5. Identification of all companies and individuals involved in computerized algorithms of identified International Classification of Disease (ICD) and Current Procedural Terminology (CPT) codes in the use of patient or physician targeting algorithms by USDOJ.
6. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of the Controlled Substance Act since 1990.
7. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 18 U.S. Code § 1347- Health Care Fraud since 1990.

8. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 18 U.S. Code § 24 since 1990.
9. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 18 U.S. Code § 669 since 1990.
10. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 18 U.S. Code § 1035 since 1990.
11. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 21 U.S. Code § 846 since 1990.
12. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 18 U.S. Code § 1518 since 1990.
13. All data and documents at USDOJ concerning the identities of past and/or present, physicians that have been arrested or, prosecuted both civilly and criminally, or convicted for violations of 21 U.S. Code § 841 since 1990.
14. The information pertaining to the age, race, gender, practice type, financial assets recovered, of physicians prosecuted both civilly and criminally by USDOJ since 1990.
15. All information pertaining to NBI Qlarant or Health and Human Services algorithms developed in collaboration with USDOJ
16. All information pertaining to USDOJ with respect to NBI Medic's comment that, "Qlarant's robust data analysis plans and statistical modeling work goes through rigorous supervisory approval to ensure only outcomes that are statistically significant are pursued."
17. The identities of the supervisory USDOJ individuals who are "approvers" of Qlarant NBI Medic statistically significant model results as pertaining to civil and criminal prosecutions.
18. All data and documents concerning "bad actor" physicians identified via predictive pre-crime algorithms or from referral by the US Attorney Office (USAO) or USDOJ of known "bad actor" physicians.

19. All data, documents or lists of HFPP issued provider alerts to alert other HFPP Members or USDOJ about flagged physician providers.
20. All data or lists of physicians where USDOJ received periodic updates from the HFPP claims system to the BCBSA, GDIT, HFPP champion partners' special investigative units (SIUs), where the patient data is stored in data warehouses for analysis.
21. The manner and methods used by USDOJ in conjunction with SIUs, BCBSA, GDIT, or HFPP to identify aberrancies such as high prescribers, including pain management providers, and high users of opioids.
22. All documents pertaining to indicators, data points or analysis performed on patient claims records by USDOJ, special investigative units (SIUs), BCBSA, GDIT, or HFPP to allow tracking the movements of those known or suspected of abusing opioids or having an opioid use disorder including the Overutilization Monitoring System (OMS) or Medicare Advantage Prescription System (MARx) which identifies high opioid utilizers.
23. The identification and names of all physicians or patients that are marked by USDOJ, BCBSA, GDIT, HFPP or its champion partners with a digital mark on a list (i.e. list of patients or physicians marked with a digital "Scarlet Letter").
24. All dates and referrals and communications between Blue Cross Blue Shield Association, Blue Cross Blue Shield Franchises, Independence Blue Cross, Blue Cross Blue Shield of Michigan and/ or the Champion Partners concerning physician bad actors, physicians who commit healthcare fraud, physicians who are drug dealing or identified "most likely" drug seeking patients to the USDOJ or:

    a) Office of the Inspector General
    b) Department of Justice
    c) Federal Bureau of Investigation
    d) Medicaid State Agency
    e) Medicaid Fiscal Agents
    f) Medicaid Fraud Control Units (MFCU)
    g) State Agencies for Survey and Certification
    h) Law Enforcement Health Care Task Forces
    i) State and Local Licensure and Enforcement Agencies
    j) Professional Societies

k) Quality Improvement Managed Care Organizations

l) Private Health Insurers

m) Other Specialty Contractors

n) Other Federal and State Agencies

25. The methods of implementation of the 2016 CDC Guidelines in algorithms used by law enforcement including DEA, OIG, FBI and USDOJ against physicians at the October 20, 2016, Healthcare Fraud Prevention Partnership as well as other critically relevant documents especially the white paper, "Healthcare Payer Strategies to Reduce the Harms of Opioids" by Dr. David Rein and NORC.
26. Any documents with USDOJ or U.S. Federal Law Enforcement agencies concerning the implementation of the 2016 CDC Guidelines in algorithms used by law enforcement including DEA, OIG, FBI and USDOJ against physicians at the October 20, 2016, Healthcare Fraud Prevention Partnership as well as other critically relevant documents especially the white paper, "Healthcare Payer Strategies to Reduce the Harms of Opioids" by Dr. David Rein and NORC.
27. With respect to the transmission of patient health data to USDOJ from HFPP or GDIT TTP all documents able to elucidate: Through what entity is patient health data transmitted to (i.e. Qlarant, OIG, USDOJ etc)? What elements of the patient health data are reported by HFPP or GDIT? What is the frequency of the reporting of the patient health data? This request also includes documents concerning transmission of patient data by the Blue Cross Blue Shield Association, subsidiary Blue Cross Blue Shield Franchises, and the Champion Partners and their involvement within the HFPP.
28. All documents requested specifically to USDOJ, Qlarant, Healthcare Fraud Preventive Partnership, GDIT Trusted Third Party including but not limited to contractor statement of work and validity and reliability testing of such work performed by contractor for the United States of America as well as all relevant descriptive statistics (i.e., exploration and discovery of information in the dataset), inferential statistics (i.e. inferences about the larger population from which the sample data was drawn, predictive analytics (i.e., prediction of upcoming events based on historical data) and/or prescriptive analytics (i.e., utilization of scenarios to provide decision support), for USDOJ including relevant national and state descriptive and inferential statistics utilized in any predictive analysis.

29. All documents including the lists of names pertaining to the bad actor physicians and most likely drug seeking patients as identified by HFPP, GDIT Trust Third Party, Qlarant, Medicare Pill Mill Doctor Project, US Attorney's Office (USAO) or USDOJ.
30. All data mining, artificial intelligence, and/or machine learning algorithmic techniques used by USDOJ including: Classification (i.e mapping to predefined class based on shared characteristics), Clustering (i.e. identification of groups and categories in data), Association (i.e. relationship estimation between variables), Anomaly detection (i.e. detection of out-of-pattern events or incidents), Sequential pattern mining (identification of statistically significant patterns in a sequence of data), regression, probabilistic neural networks (PNN), Fuzzy standard additive model (SAM), Natural Language Processing (NLP), Support Vector Machine (SVM), Artificial Neural Network (ANN), Logistic Regression (LR), Decision Tree (DT), Random Forest (RF), Bayesian Network, Self-organizing maps, K-means, adaptive vector quantization clustering, supervised technique, gradient descent, Very Fast Decision Tree (VFDT), Higher Order Spectra (HOS), Discrete Wavelet Transform (DWT), sparse logistic regression, Fisher linear discriminant analysis, single value decomposition (SVD), Particle Swarm Optimization (PSO) and/or other Fuzzy-based algorithms.
31. All information and documents pertaining to comprehensive end-to-end protocol for complex and heterogeneous data characterization, manipulation, processing, cleaning, analysis and validation by USDOJ, HFPP, GDIT Trust Third Party, Qlarant NBI Medic or the Medicare Pill Mill Doctor Project.
32. All USDOJ, Appriss, PMP Aware, PDMP information pertaining to: "red flag" characteristics, number of prescriptions, number of prescribers, and number of pharmacies visited, machine learning techniques to data including commercial medical insurance claims, electronic medical records, and other sources of "big health data," continuous risk score for developing opioid use disorders, Algorithms utilizing health insurance claims data, and/or nontraditional sources of data (social networks, housing status, income), machine learning algorithms, and/or gradient boosted decision trees.
33. All verification and reliability testing of Appriss/Experian data and analysis by USDOJ pertaining to United States Patent Number- 8,688,477 B1 (April 1, 2014): Usage Related Indicator, MME Indicator, Narcotic Unit Indicator, Controlled Substance Unit Indicator, Instruction Related Indicator, Prescription Indicator, Prescriber Indicator, Prescription Overlap Indicator, Dispensing

Related Indicator, Distribution Source Indicator, Distribution Geography Indicator, Auxiliary Indicator, Narcotic Abuse Request Indicator, Narcotic Abuse Rate of Change, Active Prescription Indicator

34. Validation and reliability studies by USDOJ of Qlarant NBI MEDIC Indicators of physician criminality including but not limited to:

a. The number of Medicare beneficiaries that receive schedule II controlled substance

b. The number of Medicare patients that receive schedule III substances

c. The number of Medicare patients that receive schedule IV controlled substances

d. The 30-day equivalent prescription drug event records for schedule II controlled substances

e. Whether the prescription is a new prescription without a refill indication (i.e. new script iswritten and processed by a pharmacy rather than just a refill in which a pharmacy can dispense the drugs without getting the new prescription).

f. Whether the prescription is a new prescription without a refill indication (i.e. the prescription had to have been a new prescription without the refill indication).

g. The physical quantity of schedule II controlled substances (doses/capsules) that have been dispensed by a prescriber to beneficiaries within a given 12 month rolling time period.

h. The number of Schedule II tablets or capsules that have been prescribed in a given month, and it is the total of all of the quantity divided by the number of months in which the prescriber had prescribed that particular class of medication.

i. The number of Schedule III tablets or capsules that have been prescribed in a given month, and it is the total of all of the quantity divided by the number of months in which the prescriber had prescribed that particular class of medication

j. The number of Schedule IV tablets or capsules that have been prescribed in a given month, and it is the total of all of the quantity divided by the number of months in which the prescriber had prescribed that particular class of medication

k. The number of tablets or capsules that have been prescribed in a given month, and it is the total of all of the quantity divided by the number of months in which the prescriber had prescribed that particular class of medication

l. The number of beneficiaries exceeding travel threshold: (1) If the beneficiary's physical address is located in a county that has been designated as a rural county, it's 120 miles, or (2) If the beneficiary's address is located in an urban county it's 30 miles, or (3) distance in miles from patient physical address to prescriber addresses found in Federal Information Processing Standards, FIPS county codes

m. The number generated in other indicators above divided by the total number of beneficiaries that receive schedule II, III and IV medications from a specific prescriber.

n. Red flags (i.e. no corresponding office visit to match prescription)

o. The count of Medicare beneficiaries who have had a drug abuse or misuse diagnosis during an ER visit during the time frame of interest (i.e. if a particular doctor's practice has 2 people during the time period that went to the hospital and the hospital diagnosed them with drug misuse or drug abuse, that would count as two against the doctor).

p. Percentage (i.e. the number of patients on physician's caseload/number generated in a previous indicator).

q. Predicted Risk Score that is generated from 0-1000

35. Any and all identified high risk prescribers by USDOJ and or metrics/numbers associated with: The number of beneficiaries prescribed controlled II substances; The number of beneficiaries prescribed controlled -- substances of schedule III; The number of 30-day equivalent PDE records for controlled substances II through IV were all above the 75th percentile among all potential prescribers; and 95th percentile in the nation for all of the 17 risk factors combined.
36. Any and all use of computerized algorithms by USDOJ utilizing Newcomb–Benford law, the law of anomalous numbers, or the first-digit law.
37. Any and all use of nonlinear partial differential equations by USDOJ including use of Navier–Stokes equations, Lotka–Volterra equations or Kolmogorov model.

38. Any and all computer algorithms by USDOJ utilizing the Pearson correlation coefficient, Pruning factors or G pairs in to find correlations in a constructed data set.
39. Identification of all unstructured or structured data used by USDOJ including but not limited to GDIT Trusted Third Party, HFPP, BCBSA, Qlarant NBI Medic, CMS Pill Mill Doctor Project.
40. Any and all use by USDOJ of the calculus of negligence, also known as the Hand rule, Hand formula, or BPL formula, coined by Judge Learned Hand, *United States v. Carroll Towing Co*. 159 F.2d 169 (2d. Cir. 1947).
41. Any and all calculus of negligence by USDOJ based on Coase theorem mathematics.
42. Any and all data analytic algorithms and techniques used by USDOJ to determine: "hit-and-run" and "steal a little, all the time" healthcare fraud schemes. (i.e. "Hit-and-run" perpetrators simply submit many fraudulent claims, receive payment, and disappear. "Steal a little, all the time" perpetrators work to ensure fraud goes unnoticed and bill fraudulently over a long period of time.)
43. Any and all computerized analysis programs and/or calculating algorithms by USDOJ of physicians who are: Phantom Billing – Submitting claims for services not provided, Duplicate Billing – Submitting similar claims more than once, Bill Padding – Submitting claims for unneeded ancillary services to Medicaid, Upcoding – Billing for a service with a higher reimbursement rate than the service provided, Unbundling – Submitting several claims for various services that should only be billed as one service, Excessive or Unnecessary Services – Provides medically excessive or unnecessary services to a patient, Kickbacks – A kickback is a form of negotiated bribery in which a commission is paid to the bribe-taker(provider or patient) as a quid pro quo for services rendered.
44. Any and all computerized and/or fraud criminal forensic tools by USDOJ that analyzes data beyond the transaction level including the defining seven levels of healthcare fraud control: Level 1 Single Claim, or Transaction (the claim itself and the related provider and the patient); Level 2 One patient, one provider, and all of their claims; Level 3a. One patient and all of its claims and related providers. Level 3b. One provider and all of its claims and related patients; Level 4a. Insurer Policy / Provider Patients that are covered by the same insurance policy and are targeted by one provider. 4b. Patient / Provider Group One patient being targeted by multiple providers within a practice; Level 5 Insurer Policy / Provider Group Patients with the same policy being targeted by multiple providers within a practice; Level 6a. Defined Patient Group Groups of patients being targeted by providers. (e.g. patients living in the same location) 6b. Provider Group Groups of

providers targeting their patients where the groups can be providers within the same practice, clinics, hospitals, or other arrangements; Level 7 Multiparty, Criminal Conspiracies, Multiparty conspiracies that could involve many relationships.

45. Any and all computerized models by USDOJ concerning controlled substance medications pharmacodynamic or multicompartment pharmacokinetic models, including pharmacokinetic modeling of single and multiple compartment models and compartment models that simulate drug absorption distribution and elimination; this includes all methods of computerized or algorithmic therapeutic dose calculations.
46. Any and all computerized models by USDOJ that identify controlled substance medications initial fast distribution phase, followed by a slower elimination phase during which the concentration is maintained by redistribution from drug stores in the tissues including clearances from tissues outside the central "blood" compartment; this includes all methods of computerized or algorithmic therapeutic dose calculations.
47. Any and all computerized models by USDOJ that identify or calculate nerve conduction, nerve facilitation and neurochemical balances for the purposes of identifying patients who are presenting to a physicians office for: diversion, addiction, acute pain, chronic pain, or intractable chronic pain; this includes all methods of computerized or algorithmic *Diagnostic and Statistical Manual of Mental Disorders* DSM-4/5, Axis I, Axis II, Axis III, Axis IV, Axis V , Disorders classification and/or GAF calculations.
48. Any and all integration into computerized algorithms by USDOJ of the Health and Human Services Pain Management Best Practices Inter-Agency Task Force (Task Force), whose charter was approved by the Secretary of Health and Human Services on October 24, 2017 and sunset on July 22, 2019, which was established to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain and develop a strategy for disseminating information about best practices.
49. Any and all integration into computerized algorithms by USDOJ of the U.S. Department of Veterans Affairs, Office of National Drug Control Policy and U.S. Department of Defense pain guidelines.
50. NBI Medic Contractor, Qlarant's, manner and methods of specialized data analysis which helps law enforcement or USDOJ locate buried targets and "**speed convictions**".

51. NBI Medic Contractor, Qlarant's, manner and methods of mining for trends & targets for "**Coordinating for Convic**tion" and For the "**Strength of Convictions**" for USDOJ.
52. NBI Medic Contractor, Qlarant's, manner and methods of "**Pre-seizure identification of the most likely drug-seeking patients**" for USDOJ.
53. NBI Medic Contractor, Qlarant's, manner and methods of Pre-indictment targeting and categorization of a **physician's property records**, tracing of **physician's ownership/assets**, and **physician's financial filings** for purposes of maximizing civil or criminal asset forfeiture and restitution for USDOJ.
54. NBI Medic Contractor, Qlarant's, manner and methods of Customized Program Options: where Qlarant can create a program around specific needs in each respective region giving the USDOJ or **US Attorney's Office "great latitude to build upon specific issues known in their area based upon experiences and knowledge of the potential bad actors."**

I request that USDOJ provides information with minimal redactions, as excessive redactions are disfavored as the FOIA's exemptions are exclusive and must be narrowly construed. If a record contains information responsive to a FOIA request, then the USDOJ must disclose the entire record; a single record cannot be split into responsive and non-responsive bits. Consequently, the department should produce email attachments Per 5 U.S.C. § 552(a)(4)(A)(iii) and 28 C.F.R. § 16.10. I am also requesting a waiver of all search and duplication fees.

I am aware that commercial or financial matters are only "confidential" for the purpose of this exemption if such voluntarily provided information is of a kind that would customarily not be released to the public by the person from whom the information was obtained, or if such required submissions are likely to: impair the government's ability to obtain necessary information in the future; cause substantial harm to the competitive position of the person from whom the information was obtained; or impair the effectiveness of a government program.

My FOIA request is not subject to any confidentiality exemption as my request is intended to protect the interest of both the government and submitters of information. Therefore there is no relevant objection that would satisfy a Exemption b(7) which protects "records or information compiled for law enforcement purposes ... to the extent that the production of such law enforcement records or information (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, (F) could reasonably be expected

to endanger the life or physical safety of any individual." I am interested in researching, analyzing, and verifying the utilization of computerized algorithms by USDOJ or its contractors as criminal forensic tools. Therefore, it is important that there is disclosure to the public pertaining to the verification, reliability and credibility of these novel criminal forensic algorithm tools utilized by CMS or its contractors.

Pursuant to Freedom of Information Act (FOIA), 5 U.S.C. § 552, and 28 C.F.R. Part 16. I am seeking all responsive records regardless of format, medium, or physical characteristics. In conducting your search, please understand the terms "record," "document," and "information" in their broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. I am seeking records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages and transcripts, notes, or minutes of any meetings, telephone conversations or discussions.

My FOIA request includes any attachments to these records. No category of material should be omitted from search, collection, and production. Please search all records regarding agency business. USDOJ may not exclude searches of files or emails in the personal custody of your officials, such as personal email accounts. Records of official business conducted using unofficial systems or stored outside of official files is subject to the Federal Records Act and FOIA. It is not adequate to rely on policies and procedures that require officials to move such information to official systems within a certain period of time. I have a right to records contained in those files even if material has not yet been moved to official systems or if officials have, through negligence or willfulness, failed to meet their obligations.

In addition, please note that in conducting a "reasonable search" as required by law, USDOJ must employ the most up-to-date technologies and tools available, in addition to searches by individual custodians likely to have responsive information. Recent technology may have rendered USDOJ's prior FOIA practices unreasonable.

In light of the government-wide requirements to manage information electronically by the end of 2016, it is no longer reasonable to rely exclusively on custodian-driven searches. Furthermore, agencies that have adopted the National Archives and Records Agency (NARA) Capstone program, or similar policies, now maintain emails in a form that is reasonably likely to be more complete than individual custodians' files. For example, a custodian may have deleted a

responsive email from his or her email program, but USDOJ's archiving tools would capture that email under Capstone. Accordingly, I insist that USDOJ use the most up-to-date technologies to search for responsive information and take steps to ensure that the most complete repositories of information are searched. Presidential Memorandum—Managing Government Records, 76 Fed. Reg. 75,423 (Nov. 28, 2011), Managing Government Records Directive," M-12-18 (Aug. 24, 2012). I am aware that according to the Presidential Memorandum custodian searches are still required; agencies may not have direct access to files stored in .PST files, outside of network drives, in paper format, or in personal email accounts. Under the FOIA Improvement Act of 2016, agencies must adopt a presumption of disclosure, withholding information "only if . . . disclosure would harm an interest protected by an exemption" or "disclosure is prohibited by law." If it is CMS position that any portion of the requested records is exempt from disclosure, Our organization requests that CMS provide an index of those documents as required under *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973), cert. denied, 415 U.S. 977 (1974). As CMS is aware, a Vaughn index must describe each document claimed as exempt with sufficient specificity "to permit a reasoned judgment as to whether the material is actually exempt under FOIA." Moreover, the Vaughn index "must describe each document or portion thereof withheld, and for each withholding it must discuss the consequences of disclosing the sought-after information." Further, "the withholding agency must supply 'a relatively detailed justification, specifically identifying the reasons why a particular exemption is relevant and correlating those claims with the particular part of a withheld document to which they apply." In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If it is USDOJ position that a document contains non-exempt segments, but that those non-exempt segments are so dispersed throughout the document as to make segregation impossible, please state what portion of the document is non-exempt, and how the material is dispersed throughout the document. Claims that are non-segregable must be made with the same degree of detail as required for claims of exemptions in a Vaughn index. If a request is denied in whole, please state specifically that it is not reasonable to segregate portions of the record for release. USDOJ should institute a preservation hold on information responsive to this request.

Upon information or belief the USDOJ/HHS/CMS Pill Mill Doctor Project, physician and patient classification system, public-private joint enterprise partnership etc. are engaged in

possible: 1) Violations of U.S. Constitutional Law, 2) Violations of U.S. Statutory Law, 3) Violations of International Law, 4) Violations of Human Rights, 5) Crimes Against Humanity, 6) unlawful massive fishing expeditions on a national scale of confidential patient records for purposes of unlawful parallel construction of healthcare fraud cases, 7) unlawful or negligent utilization of untested criminal forensic tools in the persecution of physicians or patients, 8) unlawful or lawless targeting of U.S. physicians by the U.S. legal system based on physician wealth, age, and skin color, 9) restraint and monopolization of trade, potential conflicts of interest, and Federal Advisory Committee Act (FACA) Violations. Any possibility of U.S. Constitutional Law Violations, U.S. Statutory Law Violations, International Law Violations, Human Rights Violations, and Crimes Against Humanity, compels the need for expedited processing of my FOIA requests by CMS pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e).

I certify the "compelling need" for expedited processing of my FOIA requests under 5 U.S.C. § 552(a)(6)(E). The common public meaning of "urgency" at the time of § 552(a)(6)(E)(v)(II)'s enactment was "the quality or state of being urgent." The common public meaning of "urgent", in turn, was "requiring or compelling speedy action or attention." Upon information or belief the possibility of gross or willful U.S. Constitutional and U.S. Statutory Law violations, International Law violations, human rights violations, and "Crimes Against Humanity" requires or compels speedy action and attention. Accordingly, this FOIA request should be granted expedited processing. In the alternative, 28 C.F.R. § 16.5(e) is the department's expedited processing regulation. 28 C.F.R. § 16.5(e)(ii) repeats the statutory factors. Therefore, as explained above, I am entitled to expedited processing here as well. As permitted by statute, the department has expanded expedited processing to include requests for records involving the loss of substantial due process rights or matters of widespread and exceptional media interest in which there exist possible questions about the government's integrity that affect public confidence.

The production of evidence held by USDOJ concerning the infringement of the Constitutional rights of patients and their physicians by the U.S. executive branch facially threatens the "loss of substantial due process rights" under 28 C.F.R. § 16.5(e)(1)(iii). Additionally, the analysis of the "opioid epidemic" and its subject matter are self-evidently of

urgent and intense public interest and concern in which there are possible questions about the government's integrity that affect public confidence under 28 C.F.R. § 16.5(e)(1)(iv).

An express or implied contract existed between the franchisees of Blue Cross Blue Shield Association ("BCBSA"), BCBSMMIC, Independence Blue Cross (IBC) among other franchisees of BCBSA, BCS Insurance Company, GDIT, Qlarant solutions, DEA, OIG, CMS, Medicare, Medicaid, and the FBI law enforcement. The parties above formed a joint enterprise, named, HFPP (Health Care Fraud Partnership). HFPP is an instrumentality of interstate commerce. The contract excluded other health insurers, in restraint of trade, such exclusion constitute a criminal violation of the Sherman Anti-Trust Act. High managerial employees at BCBSMMIC, IBC, BCBSA, and BCS Insurance Company aided, abetted, and ratified the restraint of trade.

Franchisor Blue Cross Blue Shield Association, through its franchisees and their subsidiaries, hold a dominant share of the U.S health insurance market. Blue Cross Blue Shield Association and its franchisees, such as Blue Cross Blue Shield of Michigan Mutual insurance Company and Independence Blue Cross, provide health insurance, 1) power back office and front office operations for Medicare and Medicaid, 2) share investigative methods of physicians involved in the treatment of pain and addiction, 3) coordinate investigations of health care fraud at a uniformly low price, and 4) effectively raises health insurance premiums simultaneously. BCS Insurance Company provide insurance and reinsurance services of the various Blue Cross Plans.

Qlarant (formerly Health Integrity NBI Medic), General Dynamics Information Technology (GDIT), Medicare "Pill Mills" analysis , Blue Cross Blue Shield of Michigan Mutual Insurance Company (BCBSMMIC) "Prescriber Block Analysis", Blue Cross Blue Shield Association, Independence Blue Cross (" IBC"), among other private companies, have intertwined themselves and share equal control, as state actors, with the DEA, OIG, CMS, Medicare, Medicaid, and the FBI for an improper purpose.

The above parties seek 1) prospective criminal investigations, 2) mutually beneficial pecuniary gains via assets forfeitures of health care entities, 3) tax write- off from speculative, but uncollectible restitution recoveries from health entities. Where the dollar amount in the restitutions bear no specific relation to actual damage, the dollar amount sought under restitution represent an unenforceable penalty.

The intentional misrepresentation of the federal statute, so to induce reliance by law enforcement actions against physicians, and law enforcement justifiably, but unreasonably, relied on the misrepresentation, in generating manufactured probable cause, in physicians selected for federal indictment, constitutes Fraud. As a result of the misrepresentation, U.S. physicians have suffered pecuniary loss.

By the concerted action seeking a particular result, the private entities (Qlarant, BCBSMMIC, IBC, BCBSA, GDIT) set of entities have advertised their entry into: 1) traditional police of criminal investigations, 2) into governmental prosecutorial functions by coordinating the criminal conviction of physicians, 3) depriving of medical care to people considered disabled, 4) depriving patients entitled at law to medical care under the American Disability Act and other various laws, 5) prevent the U.S. government from mitigating financial losses that arise from controlled substances prescription drug diversion.

A public/private partnership named HFPP (Healthcare Fraud Prevention Partnership), established a "pre-crime" industry wide standard for the monitoring software product. The partnership is composed of a small group of people. The industry-wide standard selects physicians based on race and nation of origin as a suspect class for selective prosecution. HFPP prevents those selected physicians from practicing medicine in a race –neutral manner by coordinating selective enforcement of the Controlled Substance Act on the suspect group of physicians. HFPP broke down the Chinese wall between the private health insurers and OIG /CMS/USDOJ, while encouraging the performance of improper search and seizure of the privileged medical records and personal identification data of patients treated by the suspect class of physicians. The opioid monitoring software is defective on an industry-wide basis.

HFPP marketed, compiled, summarize, and disseminate the information to the members of the "pre-crime" industry. HFPP excludes other health insurers from the data sharing. In violation of §1 of the Sherman Act, HFPP provides a vehicle that deprives the marketplace of independent decision making. Parties acting together in order to accomplish a particular result are involved in a concert of action that makes anyone of them vicariously liable for the torts committed by the others.

The members of the joint enterprise created by USDOJ, CMS, HFPP and GDIT TTP: 1) intruded into the corporate practice of medicine, 2) codified their actions jointly via the

partnership in the HFPP (Health Care Fraud Partnership) without substantial and procedural due process safeguards, 3) failed to monitor the continuation of medical care of the patients that was once provided by the doctor, but no longer due to criminal proceedings, and 4) failed to disclose the FDIC material facts related changed circumstances. Where a fiduciary duty existed, the non-disclosure of fact amounts to a fraudulent assertion of fact under Gramm Leach Bliley. Any retaliation acts by BCBSA, IBC, and BCBSMMIC against physician whistleblowers or patient whistleblowers violates both state and federal laws, including the Dodd-Frank Act and Sarbanes-Oxley Act of 2002, that protects whistleblowers from retaliation. The intrusion by BCBSA, IBC, and BCBSMMIC is disproportionately adversely prejudicial in the medical offices of African American and other doctors of ethnic minorities of nation of origin, and much less prejudicial in the offices of white doctors.

The HFPP regularly issues reports that make recommendations to healthcare payers, employer organizations, USDOJ, FBI, OIG, and CMS itself. BCBSMMIC, IBC, GDIT and BCBSA formed a committee called Healthcare Fraud Prevention Partnership (HFPP), which operates largely in the dark, in violation of the Federal Advisory Committee Act (FACA). Statutory notice of the meetings to health insurance competitors of BCBSMMIC, IBC and BCBSA did not occur, in violation of FACA. The violation creates a foreseeable risk of serious harm even when reason able care is exercised by all actors. The FACA violations are not in common usage by other health insurance companies. The activities leading up to the FACA violations are abnormally dangerous activities.

Where U.S. patients fundamental right to medical treatment is violated under conflict of laws, statutes and guidelines pursuant to: 1) CFR 42 § 2.61-2.67, 2) the Americans with Disabilities Act, 42 U.S.C. §12101, et seq., 3) The Rehabilitation Act of 1973, 29 U.S.C. §701, et seq., 4) the Affordable Care Act, 42 U.S.C. §18116, et seq, 5) the Nuremberg Code §4 and §44 Code of the Geneva Convention, 6) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) “pain as the 5th Vital Sign,” 7) EMTALA (Emergency Treatment and Labor Act) laws, 8) the Controlled Substance Act (CSA 802 (56)(c)), 9) the Drug Addiction Treatment Act of 2000 (Data 2000) under SAMSHA, 10) PROP (Physicians For Responsible Prescribing) guidelines, 11) the 2016 CDC Guidelines, 12) the pharmacist’s corresponding responsibility under CFR 1306.04 (a) where dispensing of a prescription ratifying the validity of

that prescription for controlled substances, 13) health insurance pre-authorization services of medications, 14) Pharmacy Benefit Manager (PBM) formularies, and 15) the 2019 HHS " Best Practices - Pain Management Guidelines - there a basis for the use of strict scrutiny standard for judicial review, regarding the release of information and affidavits - supporting the search and seizure of PDMP and medical records.

Where classification of U.S. citizens is based on race and nation of origin, was compiled by USDOJ, HHS, CMS, HFPP, GDIT, Qlarant, BCBSA, BCBSMMIC, and IBC, I am entitled to that information, under a judicial review under a rational basis scrutiny standard. Furthermore, the data analytic software intended to coordinate, strengthen and speed criminal convictions of doctors, using a medical malpractice evidentiary standard of evidence as probable cause of criminal intent, is not reasonable. The CMS, Qlarant, HFPP "pre- crime'' software carries a high risk of death, disability, and of inducing false criminal proceedings. As such, USDOJ is the primary U.S. government partner of the HFPP and also overseer of contractor, Qlarant's activities, which imposes upon USDOJ an absolute duty to make sure such activities are safe to the public. Unfortunately, the dangerous aspects of these aforementioned activities are the actual and proximate cause of injury in multiple patients. USDOJ, HHS, CMS, HFPP, GDIT, Qlarant, BCBSA, BCBSMMIC, and IBC, are involved in an abnormally dangerous activity, for which USDOJ is strictly liable.

Due to potential conflicts of interests involving the state actors, restraint of trade, and FACA violations, and ongoing damages to the public, a request is made for USDOJ to grant an Expedited Processing on a rolling basis pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e), concerning all Freedom of Information Act as requested above pertaining to Blue Cross Blue Shield Association, Independence Blue Cross, or Blue Cross Blue Shield of Michigan Mutual Insurance Company.

The legal basis for my FOIA requests include the following legal authorities: *Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979). *King v. U.S. Dep't of Justice*, 830 F.2d 210, 223–24 (D.C. Cir. 1987). *Mead Data Central, Inc. v. U.S. Dep't of the Air Force*, 566 F.2d 242, 251 (D.C. Cir. 1977).

If I cannot resolve our FOIA request through the USDOJ FOIA Public Liaison, I intend on appealing to the Office of Government Information Services (OGIS), and the Office of Information Policy (OIP).

Since the purpose of my FOIA request is simply to advance the public interest, I accordingly ask USDOJ to waive any fees and charges that would normally be imposed in connection with USDOJ's handling of this request. Thank you for your time and professionalism. If you have any further questions, please feel free to email me at cardiacgaasman@gmail.com or call me anytime on telephone at 267-934-9784.

Very Respectfully,

Neil Anand

1313 Cheltenham Drive, Bensalem, PA, 19020
cardiacgasman@gmail.com

Exhibit

III

1) FOIA/PA Mail Referral Unit, Department of Justice Room 115, LOC Building, Washington, DC 20530-0001, Phone: (202) 616-3837, E-mail: MRUFOIA.Requests@usdoj.gov
2) Office of Government Information Services National Archives and Records Administration 8601 Adelphi Road-OGIS College Park, MD 20740-6001 Telephone: 202-741-5770 Toll-Free: 1-877-684-6448 E-mail: ogis@nara.gov Fax: 202-741-5769
3) Office of Information Policy (OIP), U.S. Department of Justice, 6th Floor 441 G St. NW Washington, DC 20530, E-mail: DOJ.OIP.FOIA@usdoj.gov

Dear USDOJ Freedom of Information Officer,

This letter is a formal request under the Freedom of Information Act (FOIA) 5 U.S.C. § 552 addressed to the United States Department of Justice (USDOJ) to produce material as set forth in this letter. I am requesting documents within and under the immediate control of USDOJ as well as maintained by its subagencies including the Office of Solicitor General.

I am a physician and patient advocate who is working to promote the rule of law in the United States while saving millions of American lives at risk from the ongoing Opioid Epidemic. My aim is to ensure due process and equal protection for all U.S. physicians and the patients they take care of. I am also currently working with academics in the fields of medicine, law, pharmacy, and the media, who are also engaged in encouraging public knowledge and promoting law and individual rights guaranteed under the United States Constitution and the laws of the United States.

My mission includes promoting government transparency and accountability by gathering official information, analyzing it, and disseminating it through reports, press releases, and/or other media, including social media platforms, all to educate the public. All the records that will eventually be produced by my FOIA request from USDOJ will be made publicly available on the internet for citizens, journalists, and scholars to review and use. USDOJ is an agency of the federal government within the meaning of 5 U.S.C. § 552(f) and has possession and control of the records that I seek.

On March 1, 2022, in his State of Union Address, the 46th President of the United States, Joseph Robinette Biden Jr., announced to the entire United States his "Unity Agenda for the Nation". President Biden announced to the World that the United States has to "Beat the Opiate Epidemic" because there are "23 million" Americans in drug recovery. He also added that we

have to “stop doctors from prescribing treatments”. The opioid epidemic has become a large issue for the United States and it seems that President Biden has advocated for doctors to stop prescribing treatments unfortunately without declaring in particular which medical treatments are verboten.

Ironically on the same day, March 1, 2022, for the first time since *Moore v. United States* (1975) the United States Supreme Court held oral arguments in *Ruan and Khan v. United States* (Case 20-1410). The brilliant, Deputy Solicitor General Eric J. Feigin, addressed the U.S. Supreme Court and stated, “we're dealing with trained professionals who voluntarily choose to work with dangerous substances with vulnerable patients, that the idea of some objective manifestation of at least an attempt to practice some recognizable form of medicine.”

Solicitor General Feigin dazzled the U.S. Supreme Court stating, “It's the kind of doctor, and I think you'll see some resemblances to the doctors here, who doesn't follow up on the background of his patients, doesn't make sure they're taking the medications, doesn't even conduct physical exams, doesn't check the database to see who else is prescribing opioids, and trusts nurse practitioners, who aren't DEA registrants, aren't allowed to do this, don't have medical licenses, to do most of the prescribing.”

The Solicitor General explained to the Supreme Court that U.S. doctors, “want to be free of any obligation even to undertake any minimal effort to act like doctors when they prescribe dangerous, highly addictive, and, in one case, lethal dosages of drugs to trusting and vulnerable patients.” Feigin also offered penetrating and powerful insights to the Supreme Court stating that, “There could be a doctor who just beneficently believes that handing out prescriptions on a street corner for cash is good -- is a legitimate medical purpose because lots of people are in pain, but I think we'd all recognize that person as a drug dealer.” Feigin also explains situations, “where a doctor just, you know, meets someone on the street who says, I have pain, writes out a script, and hands it to him without even examining him or doing any of the other things you'd think a doctor would, other than signing an illegible signature on the bottom of a prescription.”

Feigin enlightened the Supreme Court that numerous U.S. physician drug traffickers including Dr. Khan and Dr. Ruan, “they aren't actually examining the patients” and “shield all drug dealing that he's running in the guise of a doctor's office…and he prescribes substances that are -- any other doctor would say are crazy and lethal,” causing “situations like we had after

raiding Ruan's clinic where the price of opioids on the streets doubles because suddenly the supply has been cut off".

Solicitor General Feigin is correct that there are hundreds of dangerous medications and some physicians voluntarily prescribe "lethal" medications like Ziconotide where dosages are measured in infinitesimal micrograms per day. As explained by Solicitor General Feigin to the presiding U.S. Supreme Court panel, the US Department of Justice evaluates U.S. physician drug traffickers by "an honest effort, which we interpret as some objectively minimal --minimal, reasonable effort to practice some recognizable form of medicine, is to prove beyond a reasonable doubt that the defendant was not even attempting to recognizably practice medicine, ….by pointing to the honest effort standard".

Solicitor General Feigin explains the rationale of US Department of Justice "honest effort standard" (also referred in his oral arguments to the Supreme Court panel as a "objective honest effort standard", "objectively grounded mens rea" or "honest effort mens rea"): "You can't be convicted so long as you took an honest effort to prescribe for a legitimate medical purpose. And there can be reasonable mistakes about what legitimate medical purposes are." Solicitor General Feigin clarifies, "that a jury has to really believe that the doctor wasn't even trying to act as a doctor. And it's, I think, going to be informed by the expert's testimony as to the other piece of this, which is the usual course of medical practice…explicated by the honest effort standard, which I think sets forth an objective standard". "The objective component is incredibly doctor protective. It -- all it requires is some attempt to recognizably practice medicine, which wasn't present in Moore and isn't present in these cases."

Solicitor General Feigin complete and total mastery of the issue seemed to overwhelm and fluster the U.S. Supreme Court and so Feigin, finished his oral arguments stating "objective and reasonable and that what the statute is asking doctors to do when it applies to doctors at the end of the day is, if you're going to rely on your license, be at least minimally careful when you do that…when they exceed the scope of their registration and their special ability to do it, they become the same as ordinary people violating the criminal laws." And "**it's outside the usual course of medical practice because all the indicators of diversion show that the doctor really should not be prescribing these drugs to that patient**."

The U.S. Executive Branch through published public documents describes the use of statistical algorithms and other data analytic criminal forensic tools to presume 1) actual

knowledge, or 2) knowledge of being highly certain, of diversion, health care fraud or other criminal acts. Under *United States v Staples*, 511 U.S 600 (1994) knowledge is the mens rea requirement for the violation. The U.S. Executive Branch also through the USDOJ converts or manipulates primary evidence to manufacture demonstrative testimonial evidence in order to manufacture probable cause in supportive affidavits of search warrants, as well as coordinate the criminal convictions of physicians, pharmacists and other healthcare providers nationwide. The USDOJ has also partnered with Blue Cross Blue Shield and the public-private healthcare cartel called Healthcare Fraud and Prevention Partnership allowing a present day dystopian nightmare where these health insurance companies view their human clients as "milk cows" on "their plantation", branded with their "Blue Cross" insurance logos and member identity cards, paying a contracted health care provider a modest amount of money to keep their "members" healthy enough for a continuous milking stream of insurance premium payments until their human clients become too sick, old and costly, relegated to become "beef cows" and consequently denied further expensive, innovative, and experimental health care treatments.

Justice Thurgood Marshal wrote, "[t]he basic purpose of FOIA is to ensure an informed citizenry, vital to the functioning of a democratic society, needed to check against corruption and to hold the governors accountable to the governed." *NLRB v. Robbins Tire & Rubber Co.*, 437 U.S. 214, 242 (1978).

Furthermore, U.S. Federal Courts have stated to U.S. Citizens seeking information from Federal Agencies pursuant to Freedom of Information Act that concerning federal investigations, "Obviously, where all investigatory subjects are already aware of an investigation's pendency, the "tip off" harm sought to be prevented through this record exclusion is not of concern. Accordingly, the language of this exclusion expressly obliges agencies contemplating its use to consider the level of awareness already possessed by the investigative subjects involved. Agencies must make this determination according to a good-faith, "reason to believe" standard. Furthermore, once a law enforcement matter reaches a stage at which all subjects are aware of its pendency, or at which the agency otherwise determines that the public disclosure of that pendency no longer could lead to harm, the exclusion should be regarded as no longer applicable. If the FOIA request that triggered the agency's use of the exclusion remains pending administratively at such time, the excluded records should be identified as responsive to that request and then processed in an ordinary fashion."

Based on information obtained from published US government documents, the US Attorneys Office (USAO) is now utilizing a variety of criminal forensic tools, red flags and other indicators of drug diversion to litigate the full spectrum of drug diversion and/or health care fraud matters, both independently and in partnership with USDOJ Civil and Criminal Divisions. The USDOJ and USAO also uses information from the "Pill Mill Doctor Project" which has vital information in its computerized databases of the "most likely drug seeking patients" as well as identified "bad actor" physicians.

USAOs receive many health care fraud referrals directly from investigative agencies and increasingly are developing cases in-house through data analytics. They also receive referrals through the filing of qui tam (or whistleblower) complaints. USAOs coordinate closely both internally, with AUSAs developing parallel cases with their civil or criminal colleagues, and with other USAOs, collaborating on investigations that sprawl across district borders.

Since 2018, the USAOs for ten federal districts in six states have joined the Health Care Fraud (HCF) Unit in the Criminal Division's Fraud Section (HCF Unit), as well as law enforcement partners at the FBI, HHS-OIG and DEA, to form the ARPO Strike Force, a joint law enforcement effort to identify and investigate health care fraud schemes in the Appalachian region and surrounding areas, and to effectively and efficiently prosecute medical professionals and others involved in the illegal prescription and distribution of opioids.

The Consumer Protection Branch is advancing a number of U.S. Executive Branch Department priorities to combat the nation's opioid crisis, pursuing wrongdoers throughout the entire opioid distribution chain, including pharmaceutical manufacturers, wholesale distributers, pharmacies, and health care providers. The Consumer Protection Branch is a leading member of the U.S. Executive Branch Department's Prescription Interdiction and Litigation (PIL) Task Force established in February 2018 to combat the opioid crisis at every level of the distribution system. The Consumer Protection Branch is actively working on numerous criminal and civil investigations and litigation related to opioid manufacturers.

Using a variety of data sets and advanced analytics, the Consumer Protection Branch is advancing an effort to take all appropriate action against pharmacies, pharmacists, and health care providers fueling the diversion of prescription opioids. The Consumer Protection Branch has brought a number of civil injunctive and penalty actions under the Controlled Substance Act

to stop dangerous dispensing and prescribing conduct in advance of potential criminal prosecutions.

Since 2007, the HCF Unit has deployed data analytics combined with investigative intelligence. In 2018, the HCF Unit formed its own in-house data team, which now consists of eight analysts with deep experience in Medicare and Medicaid data analysis, as well as financial analysis, who identify egregious health care fraud and prescription opioid-related targets to ensure the HCF Unit and its partners efficiently identify the worst offenders. The concept and structure of the Data Analytics Team is regarded as ground-breaking for the Department. The team uses data to identify billing patterns, suspicious prescribing practices, and curious relationships between doctors and patients that signify high-risk targets. The investigations are then prosecuted by HCF Unit prosecutors or referred to USAOs and law enforcement partners in a "targeting package," which includes data summaries and descriptions of why a pattern is suspect, such as submission of claims for dead beneficiaries, beneficiaries who live a great distance from the clinic they purportedly regularly attended in person, etc.

In April 2018, Centers for Medicare & Medicaid Services (CMS) issued a final rule that requires plan sponsors to deny payments provided by individuals and entities on a **preclusion list**, rather than requiring the enrollment of providers. The preclusion list will include individuals or entities that (1) are revoked from Medicare, under a reenrollment bar, and the conduct that led to the **revocation is detrimental to the best interests of Medicare** or (2) have engaged in behavior for which they could have been revoked had they been enrolled in Medicare and the conduct that would have led to the revocation is detrimental to the best interests of Medicare.

According to statutes Title 42 Chapter IV Subchapter B Part 411 § 411.15 Particular services excluded from coverage. The following services are excluded from coverage: (a) Routine physical checkups such as: (1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic exams, prostate cancer screening tests, glaucoma screening exams, ultrasound screening for abdominal aortic aneurysms (AAA), cardiovascular disease screening tests, diabetes screening tests, a screening electrocardiogram, initial preventive physical examinations that meet the criteria specified in paragraphs (k)(6) through (k)(15) of this section, additional preventive services that meet the criteria in § 410.64 of this chapter, or annual wellness visits providing personalized prevention

plan services. (2) Examinations required by insurance companies, business establishments, government agencies, or other third parties.

For the purposes of expedited processing pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e), I am seeking all relevant information on how the US Department of Justice (USDOJ), Office of Solicitor General, Pill Mill Doctor Project, Consumer Protection Branch, Prescription Interdiction and Litigation (PIL) Task Force, HCF Unit, HCF Unit Data Analytics Team, USAO targeting package, Healthcare Fraud Prevention Partnership (HFPP), CMS Medicare's Trusted Third Party (TTP), General Dynamics Information Technology (GDIT), CMS Contractor NBI Medic Qlarant communicates and shares healthcare information or patient data of U.S. citizens with federal law enforcement departments including but not limited to the United States Department of Justice (USDOJ), Drug Enforcement Agency (DEA), Federal Bureau of Investigation (FBI) and Office of Inspector General (OIG). This request also covers any material of the types called for herein that come into existence between the date of this request and the date of USDOJ's final response.

For the purposes of 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e), I instantly certify that I have a compelling need for expedited processing of its requests by USDOJ or their collaborators including the Office of Solicitor General, Pill Mill Doctor Project, Consumer Protection Branch, Prescription Interdiction and Litigation (PIL) Task Force, HCF Unit, HCF Unit Data Analytics Team, USAO targeting package, Healthcare Fraud Prevention Partnership (HFPP), CMS Medicare's Trusted Third Party (TTP), General Dynamics Information Technology (GDIT), CMS Contractor NBI Medic Qlarant, on a rolling basis of the following critical information listed below:

1. All documents within USDOJ possession pertaining to USAO identified "bad actor" physician lists, CMS preclusion lists of physicians/healthcare providers and/or Healthcare Fraud Preventive Partnership (HFPP) "provider alert" lists.
2. All documents within USDOJ possession of "bad actor" healthcare insurers or payors, CMS preclusion lists of healthcare insurers or payors, and HFPP insurers or health insurers that (1) are revoked from Medicare and the conduct that led to the revocation is detrimental to the best interests of Medicare or (2) have engaged in behavior for which they could have been revoked

had they been enrolled in Medicare and the conduct that would have led to the revocation is detrimental to the best interests of Medicare.

3. All USDOJ or Office of Solicitor General "red flags", indicators of "outside the usual course of medical practice" or other indicators of diversion as identified by USDOJ or Office of Solicitor General as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410).
4. All USDOJ or Office of Solicitor General identified dangerous drugs, "crazy" drugs, highly addictive drugs, dangerous drug combinations and/or lethal dosages of drugs as prescribed by U.S. physicians to trusting and vulnerable patients as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410).
5. All USDOJ or Office of Solicitor General documents pertaining to U.S. physician "honest effort standard and/or legal elements", "objective honest effort standard and/or legal elements", "objectively grounded mens rea and/or legal elements" or "honest effort mens rea and/or legal elements" as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410).
6. All USDOJ or Office of Solicitor General documents pertaining to the identities of U.S. physicians as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410) who don't follow up on the background of their patients, don't make sure their patients are taking the prescribed medications, don't conduct physical exams, don't check a computer database to see who else is prescribing opioids.
7. All USDOJ or Office of Solicitor General documents pertaining to the identities of nurse practitioners as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410), who aren't DEA registrants, who do most of the prescribing of controlled substances in the United States.
8. All USDOJ or Office of Solicitor General documents pertaining to the identities of U.S. physician experts as argued to the U.S. Supreme Court on March 1, 2022, in *Ruan and Khan v. United States* (Case 20-1410) who inform the public or U.S. Court of Law though expert testimony the "usual course of medical practice".
9. All USDOJ or Office of Solicitor General documents pertaining to the entire list or identities of medical experts used by USDOJ in criminal cases against medical providers who prescribe

substances that are crazy, lethal, not for a legitimate purpose, or outside the usual course of medical practice.

10. All USDOJ or Office of Solicitor General documents pertaining to the identities of U.S. physicians whom USDOJ experts and/or physician experts have previously identified, analyzed, or evaluated as successfully or correctly practicing within the usual course of medical practice.
11. All documents as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410) that describe the "usual course of medical practice" and/or the legal elements of legitimate medical purpose as well as documents pertaining to the legal elements of acting in the usual course of professional medical practice.
12. All USDOJ or Office of Solicitor General documents pertaining to identified and/or previously identified "reasonable mistakes about what legitimate medical purposes are" as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410).
13. All USDOJ or Office of Solicitor General documents pertaining to identified objective components that are incredibly doctor protective and/or identified indicators of attempts to recognizably practice medicine, as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410).
14. All USDOJ or Office of Solicitor General documents pertaining to identified situations that could exist where a prescription was not issued for a legitimate medical purpose but still is in the usual course of professional practice as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410).
15. All USDOJ or Office of Solicitor General documents pertaining to identified legitimate medical purposes for opiate controlled substance medications.
16. All USDOJ or Office of Solicitor General documents pertaining the identities of U.S. physicians who are handing out prescriptions on a street corner, or identities of doctors who "meets someone on the street who says, I have pain, writes out a script, and hands it to him without even examining him or doing any of the other things you'd think a doctor would, other than signing an illegible signature on the bottom of a prescription" as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410).
17. All USDOJ or Office of Solicitor General documents pertaining to price information of opioids, and street drug supply as well as the described "situations like we had after raiding Ruan's clinic where the price of opioids on the streets doubles because suddenly the supply has been cut off"

as argued to the U.S. Supreme Court on March 1, 2022 in *Ruan and Khan v. United States* (Case 20-1410).

18. All USDOJ or Office of Solicitor General documents pertaining to price information of opioids, and street drug supply pertaining to the situations after raiding Dr. Shakeel Khan's clinics where the price of opioids on the streets changes because suddenly the supply has been cut off.
19. All USDOJ or Office of Solicitor General documents pertaining to price information of opioids, prices of drugs of abuse, spreadsheets or databases of street drug supply and street drug prices.
20. All USDOJ or Office of Solicitor General documents, price information of opioids, prices of drugs of abuse, spreadsheets or databases of street drug supply and prices after raiding of a particular U.S. physician in a particular geographic location (i.e. Greater Philadelphia area, Monroe Michigan area etc).
21. All USDOJ or Office of Solicitor General documents, pertaining to the minimum level of physical exam deemed adequate, prior to the prescribing of controlled substances as well as documents identifying criminal or civil conflicts concerning identified U.S. Physicians who do not perform physical examinations of patients because Medicare Physical Exams Coverage pursuant to Title 42 Chapter IV Subchapter B Part 411 § 411.15 including Initial Preventive Physical Exam (IPPE) Covered only once within 12 months of first Part B enrollment, Annual Wellness Visit (AWV) Covered once every 12 months and/or Routine Physical Exam not covered by Medicare and prohibited by statute. See https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
22. All USDOJ or Office of Solicitor General documents, pertaining to the elements, mens rea and/or evidentiary standard of a "Pill Mill" and/or "Money Mill".
23. All USDOJ or Office of Solicitor General documents pertaining to physicians who prescribe Food and Drug Administration (FDA) approved medications "off label" and fall under a criminal standard including documents that describe the procedural and substantive safeguards that protect doctors who prescribe off- label FDA medications (i.e. evidentiary standard, reasonable suspicion, preponderance of evidence, clear and convincing evidence, or beyond a reasonable doubt evidence, mens rea, purpose, and knowledge).
24. All USDOJ or Office of Solicitor General documents pertaining to the differences in legal standards and legal elements of medical criminality versus medical malpractice.

25. All USDOJ or Office of Solicitor General documents pertaining to the total amounts of criminal or civil asset forfeiture or restitution obtained by the United States after referral of a healthcare provider from a Blue Cross Blue Shield company.

I request that USDOJ provides information with minimal redactions, as excessive redactions are disfavored as the FOIA's exemptions are exclusive and must be narrowly construed. If a record contains information responsive to a FOIA request, then the USDOJ must disclose the entire record; a single record cannot be split into responsive and non-responsive bits. Consequently, the department should produce email attachments Per 5 U.S.C. § 552(a)(4)(A)(iii) and 28 C.F.R. § 16.10. I am also requesting a waiver of all search and duplication fees.

I am aware that commercial or financial matters are only "confidential" for the purpose of this exemption if such voluntarily provided information is of a kind that would customarily not be released to the public by the person from whom the information was obtained, or if such required submissions are likely to: impair the government's ability to obtain necessary information in the future; cause substantial harm to the competitive position of the person from whom the information was obtained; or impair the effectiveness of a government program.

My FOIA request is not subject to any confidentiality exemption as my request is intended to protect the interest of both the government and submitters of information. Therefore there is no relevant objection that would satisfy a Exemption b(7) which protects "records or information compiled for law enforcement purposes ... to the extent that the production of such law enforcement records or information (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, (F) could reasonably be expected to endanger the life or physical safety of any individual." I am interested in researching, analyzing, and verifying the utilization of computerized algorithms by USDOJ or its contractors as criminal forensic tools. Therefore, it is important that there is disclosure to the public pertaining to the verification, reliability and credibility of these novel criminal forensic algorithm tools, "red flags", or other indicators of diversion utilized by U.S. Executive Branch, USDOJ or its contractors.

Pursuant to Freedom of Information Act (FOIA), 5 U.S.C. § 552, and 28 C.F.R. Part 16. I am seeking all responsive records regardless of format, medium, or physical characteristics. In conducting your search, please understand the terms "record," "document," and "information" in

their broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. I am seeking records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages and transcripts, notes, or minutes of any meetings, telephone conversations or discussions.

My FOIA request includes any attachments to these records. No category of material should be omitted from search, collection, and production. Please search all records regarding agency business. USDOJ may not exclude searches of files or emails in the personal custody of your officials, such as personal email accounts. Records of official business conducted using unofficial systems or stored outside of official files is subject to the Federal Records Act and FOIA. It is not adequate to rely on policies and procedures that require officials to move such information to official systems within a certain period of time. I have a right to records contained in those files even if material has not yet been moved to official systems or if officials have, through negligence or willfulness, failed to meet their obligations.

In addition, please note that in conducting a "reasonable search" as required by law, USDOJ must employ the most up-to-date technologies and tools available, in addition to searches by individual custodians likely to have responsive information. Recent technology may have rendered USDOJ's prior FOIA practices unreasonable.

In light of the government-wide requirements to manage information electronically by the end of 2016, it is no longer reasonable to rely exclusively on custodian-driven searches. Furthermore, agencies that have adopted the National Archives and Records Agency (NARA) Capstone program, or similar policies, now maintain emails in a form that is reasonably likely to be more complete than individual custodians' files. For example, a custodian may have deleted a responsive email from his or her email program, but USDOJ's archiving tools would capture that email under Capstone. Accordingly, I insist that USDOJ use the most up-to-date technologies to search for responsive information and take steps to ensure that the most complete repositories of information are searched. Presidential Memorandum—Managing Government Records, 76 Fed. Reg. 75,423 (Nov. 28, 2011), Managing Government Records Directive," M-12-18 (Aug. 24, 2012).

I am aware that according to the Presidential Memorandum custodian searches are still required; agencies may not have direct access to files stored in .PST files, outside of network

drives, in paper format, or in personal email accounts. Under the FOIA Improvement Act of 2016, agencies must adopt a presumption of disclosure, withholding information "only if . . . disclosure would harm an interest protected by an exemption" or "disclosure is prohibited by law." If it is USDOJ's position that any portion of the requested records is exempt from disclosure, I request that USDOJ provide an index of those documents as required under *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973), cert. denied, 415 U.S. 977 (1974). As USDOJ is aware, a *Vaughn* index must describe each document claimed as exempt with sufficient specificity "to permit a reasoned judgment as to whether the material is actually exempt under FOIA." Moreover, the *Vaughn* index "must describe each document or portion thereof withheld, and for each withholding it must discuss the consequences of disclosing the sought-after information." Further, "the withholding agency must supply 'a relatively detailed justification, specifically identifying the reasons why a particular exemption is relevant and correlating those claims with the particular part of a withheld document to which they apply." In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If it is USDOJ position that a document contains non-exempt segments, but that those non-exempt segments are so dispersed throughout the document as to make segregation impossible, please state what portion of the document is non-exempt, and how the material is dispersed throughout the document. Claims that are non-segregable must be made with the same degree of detail as required for claims of exemptions in a *Vaughn* index. If a request is denied in whole, please state specifically that it is not reasonable to segregate portions of the record for release. USDOJ should institute a preservation hold on information responsive to this request.

This FOIA request is made in good faith and will provide vital information to the public to potentially save the 1.2 million human lives as risk of dying as recently identified by Stanford–Lancet Commission. The FOIA information concerning the "most likely drug seeking patients" in the USDOJ computerized databases will allow U.S. physicians to avoid prescribing controlled substances to patients at high risk of abuse or diversion. The FOIA information as requested in this FOIA request concerning identified "bad actor" physicians, CMS preclusion lists or Healthcare Fraud Preventive Partnership (HFPP) "provider alert lists" would allow the U.S. public and/or patients to avoid physicians who would contribute to the worsening opioid epidemic. Alternatively, the lists of identified patients or physicians may also be incorrect or

erroneous. Information obtained by the FOIA request would allow physicians or patients to contest inaccurate identification within USDOJ's computerized databases. Physicians and patients could seek removal from the USAO "bad actor", CMS preclusion, or HFPP provider alert lists for any erroneous findings of the "Pill Mill Doctor Project" or other collected databases of the USDOJ. Information, evidence, and results obtained pursuant to the FOIA request will be shared with every medical school, every pharmacy school, every nursing school, every podiatry school, every dental school, every medical conference, and through Continuing Medical Education (CME).

This FOIA will provide vital information to the public to save millions of American human lives as risk of dying as recently identified by President Joseph Biden's "State of Union Address", the "Stanford–Lancet Commission on the North American Opioid Crisis", and the bipartisan congressional commission on "Combating Synthetic Opioid Trafficking". The health and safety of millions of Americans compels the need for expedited processing of my FOIA requests by USDOJ pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e).

I certify the "compelling need" for expedited processing of my FOIA requests under 5 U.S.C. § 552(a)(6)(E). The common public meaning of "urgency" at the time of § 552(a)(6)(E)(v)(II)'s enactment was "the quality or state of being urgent." The common public meaning of "urgent", in turn, was "requiring or compelling speedy action or attention." In the alternative, 28 C.F.R. § 16.5(e) is the department's expedited processing regulation. 28 C.F.R. § 16.5(e)(ii) repeats the statutory factors. Therefore, as explained above, I am entitled to expedited processing here as well. As permitted by statute, the USDOJ has expanded expedited processing to include requests for records involving the loss of substantial due process rights or matters of widespread and exceptional media interest in which there exist possible questions about the government's integrity that affect public confidence. Ultimately the FOIA request hopes to obtain information from the USDOJ that will potentially save millions of lives and help instruct U.S. physicians of the proscribed behavior to prevent future physician drug trafficking as well as identify the "most likely drug seeking patients" in whom controlled substance treatments should be avoided.

This FOIA request is made for USDOJ to grant an Expedited Processing on a rolling basis pursuant to 5 U.S.C. § 552(a)(6)(E)(vi) and 28 C.F.R. § 16.5(e). The production of evidence held by USDOJ concerning the possible infringement of the Constitutional rights of

patients and their physicians by the U.S. executive branch, USDOJ, facially threatens the "loss of substantial due process rights" under 28 C.F.R. § 16.5(e)(1)(iii). Additionally, the analysis of the "opioid epidemic" and its subject matter are self-evidently of urgent and intense public interest and concern in which there are possible questions about the government's integrity that affect public confidence under 28 C.F.R. § 16.5(e)(1)(iv).

The legal basis for my FOIA requests include the following legal authorities: *Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979). *King v. U.S. Dep't of Justice*, 830 F.2d 210, 223–24 (D.C. Cir. 1987). *Mead Data Central, Inc. v. U.S. Dep't of the Air Force*, 566 F.2d 242, 251 (D.C. Cir. 1977). If I cannot resolve our FOIA request through the USDOJ FOIA Public Liaison, I intend on appealing to the Office of Government Information Services (OGIS), and the Office of Information Policy (OIP).

Since the purpose of my FOIA request is simply to advance the public interest, I accordingly ask USDOJ to waive any fees and charges that would normally be imposed in connection with USDOJ's handling of this request. Thank you for your time and professionalism. If you have any further questions, please feel free to email me at cardiacgaasman@gmail.com or call me anytime on telephone at 267-934-9784.

Very Respectfully,

Neil Anand

Neil Anand

1313 Cheltenham Drive, Bensalem, PA, 19020

cardiacgasman@gmail.com

Exhibit

IV

U.S. Department of Justice
Office of Information Policy
Sixth Floor
441 G Street, NW
Washington, DC 20530-0001

Telephone: (202) 514-3642

March 18, 2022

Neil Anand
cardiacgasman@gmail.com

Re: FOIA-2022-00877
DRH:EAH:GMG

Dear Neil Anand:

This is to acknowledge receipt of your Freedom of Information Act (FOIA) request dated and received in this Office on March 8, 2022, in which you requested various records concerning *Ruan v. United States*, No. 20-1410 and the opioid crisis.

You have requested expedited processing of your request pursuant to the Department's standard permitting expedition for requests involving "[a]n urgency to inform the public about an actual or alleged federal government activity, if made by a person primarily engaged in disseminating information." See 28 C.F.R. § 16.5(e)(1)(ii) (2021). Based on the information you have provided; I have determined that your request for expedited processing under this standard should be denied. This Office cannot identify a particular urgency to inform the public about an actual or alleged federal government activity beyond the public's right to know about government activities generally.

You have requested expedited processing of your request pursuant to the Department's standard involving the "loss of substantial due process rights." See 28 C.F.R. § 16.5(e)(1)(iii) (2018). Based on the information you have provided; I have determined that your request for expedited processing under this standard should be denied. Courts are reluctant to grant expedited processing unless a requester can show (1) "that [he] is facing grave punishment [in a criminal proceeding], and (2) that there is reason to believe information will be produced to aid the individual's defense." Freeman v. United States Department of Justice, No. 92-0557, slip op. at 4 (D.D.C. Oct. 2, 1992). Neither of these circumstances is present here. Please be advised that, although your request for expedited processing has been denied, it has been assigned to an analyst in this Office and our processing of it has been initiated.

You have also requested expedited processing of your request pursuant to the Department's standard involving "[a] matter of widespread and exceptional media interest in which there exist possible questions about the government's integrity which affect public confidence." See 28 C.F.R. § 16.5(e)(1)(iv) (2021). Pursuant to Department policy, we directed your request to the Director of Public Affairs, who makes the decision whether to grant or deny expedited processing under this standard. See id. § 16.5(e)(2). Please be advised that as of the date of this letter, a decision on your expedition request is still pending. Once a determination has been made, we will promptly notify you. Nevertheless, please be advised

that your request has been assigned to an analyst in this Office and our processing of it has been initiated.

To the extent that your request requires a search in another Office, consultations with other Department components or another agency, and/or involves a voluminous amount of material, your request falls within "unusual circumstances." See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2018). Accordingly, we will need to extend the time limit to respond to your request beyond the ten additional days provided by the statute. For your information, we use multiple tracks to process requests, but within those tracks we work in an agile manner, and the time needed to complete our work on your request will necessarily depend on a variety of factors, including the complexity of our records search, the volume and complexity of any material located, and the order of receipt of your request. At this time, we have assigned your request to the complex track. In an effort to speed up our process, you may wish to narrow the scope of your request to limit the number of potentially responsive records so that it can be placed in a different processing track. You can also agree to an alternative time frame for processing, should records be located, or you may wish to await the completion of our records search to discuss either of these options. Any decision with regard to the application of fees will be made only after we determine whether fees will be implicated for this request.

If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact the analyst handing your request, Georgianna Gilbeaux, by telephone at the above number or you may write to them at the above address. You may contact our FOIA Public Liaison, Valeree Villanueva, for any further assistance and to discuss any aspect of your request at: Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001; telephone at 202-514-3642.

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, MD 20740-6001; e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with my response to this request for expedited processing, you may administratively appeal by writing to the Director, Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: https://www.justice.gov/oip/submit-and-track-request-or-appeal. Your appeal must be postmarked or electronically submitted within ninety days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,

for

Douglas R. Hibbard
Chief, Initial Request Staff

Exhibit V

U.S. Department of Justice
Office of Information Policy
Sixth Floor
441 G Street, NW
Washington, DC 20530-0001

Telephone: (202) 514-3642

April 12, 2022

Neil Anand
1313 Cheltenham Drive
Bensalem, PA 19020
cardiacgasman@gmail.com

Re: FOIA-2022-00404

Dear Neil Anand:

This is to acknowledge receipt of your Freedom of Information Act (FOIA) request which this Office agreed to review upon your administrative appeal of our expedition determination letter dated December 2, 2021.[1] In your initial request, you sought records concerning prosecutions of "pill mill" schemes.

You have requested expedited processing of your request. I have determined that your request for expedited processing should be granted as your request involves the "loss of substantial due process rights." See 5 U.S.C. § 16.5(e)(1)(ii) (2021). Accordingly, your request has been assigned to an analyst in this Office and our processing of it has been initiated.

Although your request has been granted expedited processing, we are required to advise you that the records you seek require a search in and/or consultation with another Office, and so your request falls within "unusual circumstances." See 5 U.S.C. 552 § (a)(6)(B)(i)-(iii) (2018). Accordingly, we have not yet completed a search to determine whether there are records within the scope of your request. The time needed to process your request will necessarily depend on the complexity of our records search and on the volume and complexity of any records located. Any decision with regard to the application of fees will be made only after we determine whether fees will be implicated for this request. Your request has been assigned to the expedited track and will be processed as soon as practicable.

you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact this Office by telephone at the above number or you may write to the Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001. Lastly, you may contact our FOIA Public Liaison, Valeree Villanueva, at the telephone number listed above to discuss any aspect of your request.

[1] This Office's Administrative Appeals Staff sent you notice of our agreement to re-open your request for expedited processing on April 5, 2022. The Administrative Appeals tracking number is A-2022-01030.

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland 20740-6001; e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448.

If you are not satisfied with this Office's determination in response to this request, you may administratively appeal by writing to the Director, Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: https://www.justice.gov/oip/submit-and-track-request-or-appeal. Your appeal must be postmarked or electronically submitted within ninety days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,

for

Douglas R. Hibbard
Chief, Initial Request Staff

Exhibit VI

U.S. Department of Justice
Office of Information Policy
Sixth Floor
441 G Street, NW
Washington, DC 20530-0001

Telephone: (202) 514-3642

April 12, 2022

Neil Anand
1313 Cheltenham Drive
Bensalem, PA 19020
cardiacgasman@gmail.com

Re: FOIA-2022-00877

Dear Neil Anand:

This is to acknowledge receipt of your Freedom of Information Act (FOIA) request which this Office agreed to review upon your administrative appeal of our expedition determination letter dated April 18, 2022.[1] In your initial request, you sought records concerning *Ruan v. United States*, No. 20-1410 and the opioid crisis.

You have requested expedited processing of your request. I have determined that your request for expedited processing should be granted as your request involves the "loss of substantial due process rights." See 5 U.S.C. § 16.5(e)(1)(ii) (2021). Accordingly, your request has been assigned to an analyst in this Office and our processing of it has been initiated.

Although your request has been granted expedited processing, we are required to advise you that the records you seek require a search in and/or consultation with another Office, and so your request falls within "unusual circumstances." See 5 U.S.C. § 552 (a)(6)(B)(i)-(iii) (2018). Accordingly, we have not yet completed a search to determine whether there are records within the scope of your request. The time needed to process your request will necessarily depend on the complexity of our records search and on the volume and complexity of any records located. Any decision with regard to the application of fees will be made only after we determine whether fees will be implicated for this request. Your request has been assigned to the expedited track and will be processed as soon as practicable.

If you have any questions or wish to discuss reformulation or an alternative time frame for the processing of your request, you may contact this Office by telephone at the above number or you may write to the Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001. Lastly, you may contact our FOIA Public Liaison, Valeree Villanueva, at the telephone number listed above to discuss any aspect of your request.

[1] This Office's Administrative Appeals Staff sent you notice of our agreement to re-open your request for expedited processing on April 5, 2022. The Administrative Appeals tracking number is A-2022-01029.

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland 20740-6001; e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448.

If you are not satisfied with this Office's determination in response to this request, you may administratively appeal by writing to the Director, Office of Information Policy, United States Department of Justice, Sixth Floor, 441 G Street, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: https://www.justice.gov/oip/submit-and-track-request-or-appeal. Your appeal must be postmarked or electronically submitted within ninety days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,

for

Douglas R. Hibbard
Chief, Initial Request Staff

Exhibit VII

U.S. Department of Justice

Washington, D.C. 20530

November 22, 2021

Neil Anand
1313 Cheltenham Dr
Bensalem, PA 19020

Dear Sir/Madam:

This is in response to your request for records, Tracking Number, EMRUFOIA112121. Your Freedom of Information Act and/or Privacy Act (FOIA/PA) request was received by this office which serves as the receipt and referral unit for FOIA/PA requests addressed to the Department of Justice (DOJ). Federal agencies are required to respond to a FOIA request within 20 business days. This period does not begin until the request is actually received by the component within the DOJ that maintains the records sought, or ten business days after the request is received in this office, whichever is earlier.

We have referred your request to the DOJ component(s) you have designated or, based on descriptive information you have provided, to the component(s) most likely to have the records. All future inquiries concerning the status of your request should be addressed to the office(s) listed below:

FOIA/PA
Office of Information Policy
Department of Justice
441 G St, NW
6th Floor
Washington, DC 20530-0001
(202) 514-FOIA

Sincerely,

MRUFOIA
Logistics Management
Facilities and Administrative Services Staff
Justice Management Division