No. S218497

In the Supreme Court of the State of California

CENTINELA FREEMAN EMERGENCY MEDICAL ASSOCIATES, ET AL.,

Plaintiffs and Appellants,

VS.

HEALTH NET OF CALIFORNIA, INC., ET AL.,

Defendants and Respondents.

OPPOSITION TO REQUEST FOR JUDICIAL NOTICE

After An Opinion By The Court Of Appeal Second Appellate District, Division Three, No. B238867

Appeal From A Judgment Of Dismissal Following Demurrer Los Angeles County Superior Court, Case No. BC415203 Honorable John Shepard Wiley

Service on the Attorney General and the Los Angeles District Attorney Required by Bus. & Prof. Code § 17209 and Cal. Rules of Court, rule 8.29(a) and (b)

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I.

INTRODUCTION

Plaintiffs and appellants Centinela Freeman Emergency Medical Associates, et al. have requested judicial notice of one sentence in the Answer to the Petition for Review of defendant and respondent Blue Cross of California filed in another case, Children's Hospital Central California v. Blue Cross of California dba Anthem Blue Cross, Inc. et al. (case no. S220019).

This Court should deny plaintiffs' request because Blue Cross's Answer in *Children's Hospital* is irrelevant to the issues in this appeal. *Children's Hospital* involved an entirely different issue and nothing in Blue Cross's Answer in that case remotely contradicts any position it has taken in this appeal. The request for judicial notice is an attempt to manufacture an inconsistency where there is none. It is entirely improper and this Court should deny it.1

¹ It should be noted that none of the other health plan defendants involved in this appeal was a party in *Children's Hospital*. For this additional reason, the request for judicial notice is entirely irrelevant as to them.

II.

PLAINTIFFS' REQUEST FOR JUDICIAL NOTICE SHOULD BE DENIED

As this Court has observed, there is "a precondition to the taking of judicial notice in either its mandatory or permissive form—any matter to be judicially noticed must be relevant to a material issue." (People ex rel. Lockyer v. Shamrock Foods Co. (2000) 24 Cal.4th 415, 422, fn. 2; see also Mangini v. R.J. Reynolds Tobacco Co. (1994) 7 Cal.4th 1057, 1063 [judicial notice is confined to matters that are relevant to the issue under review]; Soukup v. Law Offices of Herbert Hafif (2006) 39 Cal.4th 260, 295, fn. 12 [denying judicial notice of irrelevant information]; People v. Rowland (1992) 4 Cal.4th 238, 268, fn. 6 [reviewing court need not take judicial notice of irrelevant court records].)

Plaintiffs argue that Blue Cross's Answer to Petition for Review in *Children's Hospital* contains a statement they claim is inconsistent with the position Blue Cross has taken in this appeal. Plaintiffs' claimed inconsistency appears to be as follows. Plaintiffs point out that, in *Children's Hospital*, Blue Cross took the position that the Court of Appeal's reversal of the judgment for evidentiary and instructional errors as to the reasonable value of the hospital's services did not exempt Blue Cross from complying with statutory provisions regarding reimbursement of a non-contracted hospital's medical services. According to plaintiffs, that position is somehow inconsistent with the position Blue Cross has taken in this case,

namely, that Health and Safety Code section 1371.4's language authorizing health plans to delegate payment responsibility for emergency services precludes post-delegation liability on the part of health plans.

To state plaintiffs' argument is to refute it. Manifestly, Blue Cross's position in *Children's Hospital*—that the reversal of the jury verdict for evidentiary and instructional error as to the *amount* of an obligation did not affect its statutory obligations with respect to reimbursement—is not inconsistent with Blue Cross's position in this case—that it does not even have any obligation (statutory or otherwise) to reimburse plaintiffs for emergency services after a proper delegation.

Some background provides further clarification for this conclusion. *Children's Hospital* involved a dispute between a noncontracted hospital and Blue Cross concerning the reasonable value of inpatient post-stabilization services provided to patients who were enrolled in a managed care plan provided by Blue Cross to Medi-Cal beneficiaries. Although Blue Cross paid what it determined to be the reasonable value of the hospital's services, the hospital sued Blue Cross claiming it was entitled to its full billed charges. The jury found there was an implied-in-fact contract between the hospital and Blue Cross to pay the reasonable value of the services and awarded the hospital the difference between its full billed charges and what Blue Cross had paid.

The Court of Appeal concluded that the damages award was the result of erroneous discovery and evidence rulings and erroneous instructions. The legal issue the Court of Appeal resolved was whether California Code of Regulations, title 28, section 1300.71, subdivision (a)(3)(B) ("C.C.R. section 1300.71(a)(3)(B)") superseded the common law test for determining the reasonable value of inpatient hospital services in an action for breach of an implied-in-fact contract. The Court of Appeal held that C.C.R. section 1300.71(a)(3)(B) did not supersede common law quantum meruit principles for determining the reasonable value of a hospital's claim for payment; that considerations other than those listed in the regulation could be relevant to the reasonable value determination; and that the trial court erroneously limited the evidence that could be obtained through discovery, admitted at trial, and considered by a jury to establish the reasonable value of the services. Accordingly, the Court of Appeal reversed the trial court's judgment and remanded the case for a new trial on damages, including new discovery concerning the reasonable value of the hospital's services.2

Plaintiffs' request for judicial notice concerns a single sentence in Blue Cross's Answer to Petition for Review in Children's Hospital. According to plaintiffs, in the Answer Blue Cross argued "that a strict and literal interpretation of the Knox-

² The plaintiff petitioned this Court for review. On October 15, 2014, this Court denied review.

Keene Act does not exempt the Plan 'from any statutory or regulatory duty it may have under the Knox-Keene Act or immunize Blue Cross from government or private actions to enforce such duties.'" (RJN p. 3, quoting Answer p. 32.) This language has nothing to do with any issue in this case.

To begin, plaintiffs' quote from Blue Cross's Answer is not even accurate. What the Answer actually states is that the *Court of Appeal's Opinion* would "not exempt Blue Cross or any other health care service plan from any statutory or regulatory duty it may have under the Knox-Keene Act or immunize Blue Cross from government or private action to enforce such duties." (Answer p. 32.) There is nothing in the statement about a strict or literal interpretation of the Knox-Keene Act.

The legal issue in *Children's Hospital*—the standard for determining the reasonable value of a provider's services in a quantum meruit action—is miles apart from the legal issue in this case. The sentence in Blue Cross's Answer for which plaintiffs seek judicial notice simply made the point that the Court of Appeal's resolution of the issue in that case would not exempt Blue Cross from any statutory or regulatory duties it may otherwise have had *regarding the payment of provider claims*. That sentence says nothing about a health plan's legal obligations with respect to delegation, much less expressing a position inconsistent with the arguments in this case. Put differently, the issue in *Children's Hospital* was how to determine the amount of an obligation, not who

had it. This issue here is whether Blue Cross even has the obligation after delegation as section 1371.4 allows.

Indeed, not only is there no inconsistency whatsoever in Blue Cross's positions in the two cases, it makes little sense to evaluate whether the two positions are inconsistent when the issues in the two cases have no logical relationship to one another. Simply put, because *Children's Hospital* involved an entirely different issue, any legal arguments Blue Cross advanced in that appeal are simply irrelevant to the issue under review here.

Even on its face, the statement is irrelevant to this appeal because it concerns only "statutory and regulatory" duties. The duty plaintiffs seek to impose on the health plans in this case is a common law negligence duty, not a duty arising under a statute or regulation. Plaintiffs have not pled any causes of action for violation of any statute in the Health and Safety Code. For this further reason, the language of which plaintiffs seek judicial notice is irrelevant to the issue in this case.

In sum, nothing in Blue Cross's Answer in *Children's Hospital* is relevant to the issues in this case, and nothing in that Answer stands in the slightest tension with any position Blue Cross or any of the other health plans has advanced in this case.

III.

CONCLUSION

The Court should deny plaintiffs' request for judicial notice as irrelevant.

DATED: February 13, 2015.

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CONCLUSION

The Court should deny plaintiffs' request for judicial notice as irrelevant.

DATED: February 17, 2015.

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PROOF OF SERVICE

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action. My business address is REED SMITH LLP, 355 South Grant Avenue, Suite 2900, Los Angeles, CA 90071-1514. On February 17, 2015, I served the following document(s) by the method indicated below:

OPPOSITION TO REQUEST FOR JUDICIAL NOTICE			
	by transmitting via facsimile on this date from fax number +1 213 457 8080 the document(s) listed above to the fax number(s) set forth below. The transmission was completed before 5:00 PM and was reported complete and without error. The transmission report was properly issued by the transmitting fax machine. The transmitting fax machine complies with Cal.R.Ct 2003(3).		
	by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Los Angeles, California addressed as set forth below. I am readily familiar with the firm's practice of collection and processing of correspondence for mailing. Under that practice, it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in this Declaration.		
\boxtimes	[BY E-MAIL] by transmitting via email to the parties indicated at the email addresses listed below:		
	(BY ELECTRONIC MAIL OR ELECTRONIC TRANSMISSION) Based on a court order and agreement of the parties to accept service by e-mail or electronic transmission, I provided the documents listed above electronically to the Lexis Nexis website and thereon to those parties on the Service List maintained by that website by submitting an electronic version of the documents to Lexis Nexis. If the documents are provided to Lexis Nexis by 5:00 p.m., then the documents will be deemed served on the date that it was provided to Lexis Nexis.		
above	I declare under penalty of perjury under the laws of the State of California that the is true and correct. Executed on February 17, 2015, at Los Angeles, California.		
	Eileen Kroll		

Proof of Service

Centinela Freeman Emergency Medical Associates. v. Health Net of California, Inc., et al. Supreme Court Case No. S218497

Court of Appeal, Second Appellate District, Division Three, Case No. B238867 (Los Angeles Superior Court Case No. BC415203)

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