

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS

FLORIDA SOCIETY OF AMBULATORY  
SURGICAL CENTERS, INC.; HCA  
HEALTH SERVICES OF FLORIDA, INC.,  
d/b/a OAK HILL HOSPITAL;  
HSS SYSTEMS, LLC, d/b/a PARALLON  
BUSINESS PERFORMANCE GROUP;  
AND AUTOMATED HEALTHCARE SOLUTIONS, INC.,

Petitioners,

vs.

Case No. 17-3025RP  
17-3026RP  
17-3027RP

DEPARTMENT OF FINANCIAL SERVICES,  
DIVISION OF WORKERS' COMPENSATION,

Respondent,

and

ZENITH INSURANCE COMPANY;  
BRIDGEFIELD CASUALTY INSURANCE COMPANY;  
BUSINESSFIRST INSURANCE COMPANY; and  
RETAILFIRST INSURANCE COMPANY,

Intervenors.

DEPOSITION OF:

LAVOUNIA BOZMAN

AT THE INSTANCE OF:

Petitioners

DATE:

August 21, 2017

TIME:

Commenced: 1:00 p.m.

LOCATION:

Hartman Building  
2012 Capital Circle Southeast  
Tallahassee, Florida

REPORTED BY:

ANDREA KOMARIDIS  
Court Reporter and  
Notary Public in and for the  
State of Florida at Large

## 1 APPEARANCES:

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20 REPRESENTING THE INTERVENORS:

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REPRESENTING THE DEPARTMENT OF FINANCIAL  
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Tallahassee, FL 32399

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## INDEX TO EXHIBITS

NO.

DESCRIPTION

MARKED

\*No exhibits were marked for identification

\*Huh-uh is a negative response

\*Uh-huh is a positive response

## D E P O S I T I O N

Whereupon,

LAVOUNIA BOZMAN

was called as a witness, having been first duly sworn to speak the truth, the whole truth, and nothing but the truth, was examined and testified as follows:

## EXAMINATION

BY MS. DAILEY:

Q Good afternoon, Ms. Bozman. My name is Virginia Dailey. I am one of the attorneys for Automated Healthcare Solutions. We are one of the parties that is challenging the proposed rule regarding Workers' Compensation reimbursement disputes.

Are you familiar with our rule challenge?

A I'm aware of it.

MS. DAILEY: Okay. First, I would like to address your attorneys, Ms. Harnage and Ms. Pumphrey.

We noticed this deposition duces tecum on August 8th. So, about two weeks ago. And I understand that there's been an objection via e-mail this morning; so, well past the 10-day requirement for an objection to be made to the request for duces tecum.

Can we discuss, now, what is the status of our

1 request to see the documents in the ARAMIS  
2 database?

3 MS. HARNAGE: Yeah, I think Tom can produce  
4 this as of now. And then he's been corresponding  
5 with you via e-mail to narrow the request because  
6 there's over 240,000 documents contained. So,  
7 that -- that's my understanding is you and him are  
8 negotiating that.

9 MS. DAILEY: And at the moment, as we sit  
10 here, there are no documents -- other than one list  
11 of cases, there are no documents available for the  
12 parties to review or discuss with the witness; is  
13 that correct?

14 MS. HARNAGE: This is the document that I was  
15 suggested to give to you today.

16 MS. DAILEY: All right. Madam Court Reporter,  
17 we would reserve the right to continue this  
18 deposition when there are documents available with  
19 which we can question the witness about the cases  
20 involving this proposed rule -- relevant to this  
21 proposed rule.

22 In the meantime, as a matter of good faith, I  
23 will ask the questions I have now that do not  
24 relate to the documents we've requested. But we  
25 need these documents to continue discovery in this

1 case. And I will want to take Ms. Bozman's  
2 deposition again, when we have that information  
3 available.

4 MS. HARNAGE: What documents do you have that  
5 you can question her on?

6 MS. DAILEY: I have documents that I've  
7 prepared separate from the list that you just gave  
8 me.

9 MS. HARNAGE: Okay. To show her and to  
10 question her on?

11 MS. DAILEY: Uh-huh.

12 MS. HARNAGE: Okay.

13 BY MS. DAILEY:

14 Q All right. I apologize, Ms. Bozman. That was  
15 just a bunch of lawyer talk. We're trying to figure out  
16 the documents to be reviewed in this proceeding.

17 So, now I want to show you a document that has  
18 been referenced as Exhibit No. 1 to Ms. Miller's  
19 deposition. It is a report to the three-member panel  
20 for Fiscal Year 2015 and '16, dated January 2017.

21 Are you familiar with that report?

22 A I am aware of this report.

23 Q What do you know about that report?

24 A Well, this report -- I provide the data for  
25 the report.

1 Q Okay. I'm going to use a slang term here.  
2 So, forgive me. You've been referred to the queen of  
3 the ARAMIS database. Is that about accurate?

4 A I wouldn't say that, but --  
5 (Laughter.)

6 Q Okay. Can you describe your role with respect  
7 to the ARAMIS database.

8 A I am the -- I helped design the system. I  
9 also helped with the templates that are utilized in the  
10 system. And that's pretty much it.

11 Q Okay. Are you a person who inputs data into  
12 the system?

13 A Sometimes I do.

14 Q And are you a person that generates reports  
15 from the system?

16 A Yes.

17 Q We have learned from your colleagues that the  
18 medical services section produces monthly reports  
19 regarding reimbursement disputes. Do you generate those  
20 monthly reports?

21 A Yes.

22 Q Let's see. For the report that I reference --  
23 I showed to you, were you the ARAMIS administrator  
24 during the time, Fiscal Year 2015-'16, reflected in that  
25 report?

1 A Yes.

2 Q Okay. If you can turn to Page 3, you'll see a  
3 table that indicates the medical services section  
4 received 3,601 reimbursement prac- -- reimbursement  
5 petitions from practitioners during Fiscal Year '15-'16.

6 Are you with me?

7 A Yes.

8 Q Does the ARAMIS database identify how many of  
9 those petitions involved an EOBR code relating to  
10 compensability or medical necessity?

11 A Yes, if it was on the EOBR.

12 Q So, if, for example, Code 10 is marked on the  
13 EOBR, can you query the database to provide a list of  
14 all petitions for reimbursement resolution where the  
15 carriers' EOBR code disallows payment for Code 10?

16 A Only if it was a determination issued.

17 Q So, if a determination was not issued, does  
18 that mean the petition is still pending?

19 A No. It could mean it was pending or it was  
20 dismissed.

21 Q Okay. Got it.

22 So, if a petition was dismissed, you are not  
23 able to sort those disputes by the EOBR code; is that  
24 right?

25 A Correct.



1 Q So, assuming that we got past the dismissal,  
2 deficiency, or anything like that, and you -- you have,  
3 then, some that would be pending and then some that have  
4 determinations. And those two categories would be the  
5 types that you could sort by code?

6 A Only the ones we've rendered a decision on.

7 Q Okay. So, you cannot --

8 A If it's pending, we cannot.

9 Q Cannot sort pending cases.

10 MS. HARNAGE: And I'm sorry to interrupt, I  
11 just want to confirm that you did receive the  
12 e-mail from Tom at 12:15.

13 MS. DAILEY: I did.

14 MS. HARNAGE: Okay. Good.

15 MS. HINSON: I didn't. Should I have?

16 MS. DAILEY: I forwarded it to you.

17 MS. HINSON: Oh, this is -- okay.

18 MS. DAILEY: Yes, Ms. Harnage, I received the  
19 e-mail. And he didn't provide any documents in  
20 that e-mail.

21 MS. HARNAGE: No -- right. I just -- I don't  
22 think I articulated it as well as he did in the  
23 e-mail saying that you suggested the  
24 confidentiality agreement -- that's not going to  
25 work, and then talking about getting a programmer

1 to create the program. I just wanted to make sure  
2 that you --

3 MS. DAILEY: Well, those --

4 MS. HARNAGE: -- saw that.

5 MS. DAILEY: Those are certainly interesting  
6 observations that would have been timely in an  
7 objection within ten days we after filed our notice  
8 for duces tecum.

9 MS. HARNAGE: Okay. I just wanted to make  
10 sure you got that e-mail.

11 BY MS. DAILEY:

12 Q All right. Ms. Bozman, we have seen  
13 indication that, at some point, language was added into  
14 the ARAMIS database that, where a reimbursement dispute  
15 involves compensability or medical necessity, the  
16 Division will not address that dispute.

17 Do you know when that change was made in the  
18 database?

19 A I think that may have been the fall of 2015.

20 Q And who directed that change in the database?

21 A I just received the e-mail from my supervisor  
22 telling me.

23 Q And your supervisor is --

24 A Theresa --

25 Q Was Ms. Pugh at that time?

1 A Yes. Uh-huh.

2 Q Do you know what the reason for that change  
3 was?

4 A No.

5 Q Do you know how the reimbursement disputes  
6 involving an EOB code for compensability or medical  
7 necessity were resolved before that language was added  
8 to the database?

9 A No.

10 Q You don't know how they were resolved?

11 A I don't recall.

12 Q And do you know if the language that was added  
13 to the system -- did it address both compensability and  
14 medical necessity? Was that change for both of those  
15 made at the same time?

16 A Yes, it was.

17 Q Okay. Now, I have a very picky question. On  
18 the three-member panel report, if you look at the -- on  
19 Page 5, the number of determinations by reason in Fiscal  
20 Year 2015 and '16 --

21 A Uh-huh.

22 Q If you add those up, it totals 9,542. And  
23 I'll ask you just to trust my math on that; is that  
24 okay?

25 A Okay. Sure.

1 Q Usually not a good idea with lawyers, but I  
2 used a calculator.

3 Now, if you go back to the front table in that  
4 report, it shows 9,570 determinations issued in Fiscal  
5 Year '15-'16.

6 A Which page was that?

7 Q The first table -- oh, I'm sorry. It's the  
8 second table. So, the first one about petitions. And  
9 it shows 9,570 determinations in Fiscal Year '15-'16.

10 Do you know why the difference of 28 cases  
11 between those two tables?

12 A I report to date -- the data, what makes the  
13 report. I don't know. I can't answer that.

14 Q Is there a way to ask ARAMIS what are the 28  
15 cases that are in the -- that second table that are not  
16 in that final table?

17 A Yeah.

18 Q There is?

19 A (Nodding head affirmatively.) The only  
20 explanation I could -- sometimes in a determination,  
21 other reasons -- and that's not captured on this table.  
22 And that could be the reason.

23 Q So, there is a separate reason for  
24 determinations that's not captured in the final table?

25 A It may be. Uh-huh.

1 Q I see.

2 Okay. So, now, referring to the table at the  
3 bottom of Page 5, the number of determinations issued by  
4 reason, before the change in the policy that we talked  
5 about where you change the database in 20- -- late  
6 2015 --

7 A Uh-huh.

8 Q Where would the determination show up in that  
9 table if a healthcare provider submitted a petition and  
10 the carrier disallowed payment based on medical  
11 necessity or compensability?

12 A We wouldn't -- we wouldn't capture these in  
13 the tables. Our determinations are based upon the  
14 reimbursement policy -- policy. So, it wouldn't matter  
15 whether it was medical necessity or not.

16 Q How would -- so, I'm -- let's go back in time  
17 to before the database was changed to say, for those  
18 reimbursement disputes where the carrier disallows based  
19 on compensability or medical necessity, the Division is  
20 not going to address that.

21 So, I'm saying, before that -- so, let's say,  
22 early 2015, late 2014, how -- how or where in the  
23 database would those reimbursement disputes show up?  
24 Does that make sense?

25 A It sorta does. I -- I really can't answer

1 that out without looking at the database.

2 Q What would you need to look at within the  
3 database to answer that? Is there a way to query the  
4 database to ask that question?

5 A It's a way to query the database. We -- the  
6 system was redesigned in, I believe, June of 2015.  
7 Prior to that, we did not capture this.

8 Q I see. Prior to June of 2015, did you capture  
9 the EOBR codes?

10 A No.

11 Q Prior to June '15, did the MDMS database  
12 capture EOBR codes?

13 A Yes.

14 Q And prior to June 2015, is there a way for the  
15 ARAMIS and MDMS databases to interact so that --

16 A No.

17 Q -- you could check --

18 A No. Totally separate database.

19 Q So, if you knew the case number, patient's  
20 name, doctor's name, et cetera, for a particular  
21 reimbursement, for -- for resolution of reimbursement,  
22 could you go and look at that in the MDMS database to  
23 identify what EOBR codes were used by the carrier?

24 A No, the case number. You would have to have  
25 the injured worker's date of service, the provider, the

1 billed amount, the charged amount, the reimbursement  
2 amount.

3 Q So, I'm sorry. It was the date of injury --  
4 and what else did you say?

5 A Date of injury, the social security number,  
6 the provider who provided -- rendered the services, the  
7 billed amount, the charged amount, and also the CPT  
8 codes or HCPCS codes that was charged for.

9 Q Okay. Thank you.

10 So, it could be put together; it would be a  
11 bit time-intensive.

12 A Correct.

13 Q So, then, now, after you made the change in  
14 the database that says the Division will not address  
15 disputes where the carrier raises compensability or  
16 medical necessity, where would a determination show up  
17 in that final table? Would it be under the one that  
18 says "no additional payment due"?

19 A No.

20 Q Is that where that category would show up?

21 A We do it based on the line items.

22 Q Okay.

23 A So, it could be inclusive in any of these  
24 tables.

25 Q So, how does that work, if you have more than

1 one line in a particular petition for resolution of  
2 reimbursement, and one of those lines, the carrier  
3 asserts -- denies payment based on compensability? For  
4 that line, the Division, on the new policy, will not  
5 address that; is that right?

6 A You are correct.

7 Q Would that show up as an underpayment or as a  
8 no additional payment due? Where would that show up on  
9 that table?

10 A It just depends. You could have multiple line  
11 items on a bill. So, if only one addresses  
12 compensability and the others may be an underpayment,  
13 you would still be given additional monies if the total  
14 dispute -- the line items in the dispute were owed.  
15 You -- we don't just address the line items that --  
16 compensability or medical necessity.

17 Q I see.

18 Do you know what type of determinations  
19 typically result in the row that's titled "no additional  
20 payment due"?

21 A Ones that I have seen -- I can't speak on all  
22 of them, but the ones that I have seen, usually the  
23 petitioner hasn't substantiated entitlement to  
24 additional reimbursement.

25 Q And was that field, the no-additional-payment-



1 due -- was that a newly-added field in June of 2015,  
2 when you redesigned the system?

3 A No.

4 Q So, if I am looking at the table on Page 5, at  
5 the number of petitions resulting in an underpayment,  
6 that is a net underpayment including all line items in  
7 the petition for resolution of reimbursement; is that  
8 right?

9 MR. DOUGLAS: Form objection.

10 Q You can answer the question.

11 A Oh, I can answer that?

12 I'm not sure. I can't answer that without  
13 looking at the medical bills.

14 Q Okay. Is it possible that the Division has  
15 issued a determination of either zero payment or a dash  
16 in the payment column where a carrier has asserted  
17 disallowance based on compensability or medical  
18 necessity that some of those -- what I would consider  
19 underpayments or I think the healthcare providers would  
20 consider underpayments -- is it possible that some of  
21 those do not show up in that count of underpayments in  
22 your table?

23 A Could you clarify that for me, again?

24 Q Yeah, that's a -- that's a complicated  
25 question.

1                   So, I'm representing one of the healthcare  
2 providers or their agents. And if I were to try to  
3 count how many petitions for the resolution of  
4 reimbursement disputes -- so, how many of those  
5 petitions that go through the system --

6           A     Uh-huh.

7           Q     -- and resulted in an underpayment -- okay?

8           A     Uh-huh.

9           Q     That's the number I'm trying to count. I  
10 couldn't look at the number in that table that says the  
11 number of petitions that resulted in a determination of  
12 underpayment because there are some that won't be  
13 counted in that table; is that right?

14          A     It's possible --

15                   MR. DOUGLAS: Form objection.

16          A     But I can't -- I can't answer that without  
17 actually looking at the cases.

18          Q     Okay. And I'm going to give you a  
19 hypothetical just to see if that particular one would be  
20 in the count of -- in that particular table.

21                   So, let's say a provider provides prescription  
22 medicine to an injured worker; the carrier disallows  
23 payment for that medicine based on compensability, but  
24 in that same health claim, in the same day that that  
25 doctor saw that patient, other medications were

1 prescribed and dispensed and were approved by the  
2 carrier -- so, let's say we have three line items in  
3 that claim.

4 A Uh-huh.

5 Q One of them is denied on the basis of  
6 compensability; two of them are paid. If -- assuming  
7 that the other two line items are resolved by the  
8 carrier and the provider -- they -- they resolved that  
9 dispute. So, the only line item left in the petition  
10 for resolution of reimbursement dispute is the one where  
11 compensability is asserted by the carrier.

12 A Uh-huh.

13 Q Are you with me?

14 A Yeah.

15 Q Where, in that table, would it show up -- if  
16 at all, would that case show up?

17 A It just depends. It depends on if -- you said  
18 that one line item.

19 Q So, you only have one line item left.

20 A In dispute.

21 Q And -- that's right. That's all that's left  
22 in dispute, and it is only the one that is -- where the  
23 carrier has asserted non-compensability.

24 A We wouldn't address.

25 Q So, you -- you would put a dash or a zero in

1 the far-right column, right --

2 A Uh-huh.

3 Q -- that says "amount due."

4 And then, how would ARAMIS reflect that in  
5 your data? Would it be reflected as an underpayment or  
6 no additional payment or -- you know, how -- how does  
7 that dash get tabulated?

8 A Our sys- --

9 MR. DOUGLAS: Form objection and incomplete  
10 hypothetical and calls for speculation and facts  
11 not in evidence.

12 Q Go ahead.

13 A Without looking at the actual case, I would  
14 think it may fall in "no additional due" because we  
15 wouldn't be addressing the issue.

16 Q Okay. Thank you.

17 If you turn to Page 5 of that report, you will  
18 see that it says 85.5 percent of determinations in  
19 Fiscal Year '15-'16 resulted in underpayment to  
20 healthcare providers.

21 Are you with me?

22 A Yes.

23 Q Do you know the number or percentage of  
24 determinations in previous fiscal years that resulted in  
25 underpayment to healthcare providers?

1           A     I cannot recall, other than looking at the  
2     report.

3           Q     Okay. Would the database identify that number  
4     or percentage?

5           A     No. You would have to go back and look at the  
6     reports. It would identify the numbers, but the  
7     percentages are captured in the reports.

8           Q     Okay. Does the database indicate the  
9     percentage for reimbursement disputes involving  
10    practitioners; so, excluding hospitals and ambulatory  
11    surgery centers?

12          A     The database doesn't indicate percentages.

13          Q     I'm sorry. Numbers.

14          A     Yes.

15          Q     You could query the database for the numbers  
16    of practitioners, excluding hospitals and ambulatory  
17    surgery centers.

18          A     Correct.

19          Q     So, you would be able to know whether that  
20    85.5 percent -- with those numbers from the database,  
21    you could, then, identify whether the 85.5 percent that  
22    was for all claims was the same if it was just  
23    practitioner claims.

24          A     Correct.

25          Q     Do you know if there was discussion within the

1 Division about this level of underpayment of  
2 reimbursement disputes by carriers?

3 A Not that I'm aware of.

4 Q Would you typically be party to such  
5 conversations or discussion?

6 A Not always.

7 Q Would you ever?

8 A Possibly.

9 Q Okay. Have you -- have you, in the past, been  
10 privy to those discussions?

11 A No, other than reporting this data.

12 Q Who has access to the ARAMIS database?

13 A All of the staff in the medical services unit,  
14 the bureau chief, Ryan Gagne.

15 Q And who is he?

16 A He --

17 Q Or she.

18 A -- works for Charlene Miller.

19 Q And what is his role -- or her?

20 A He's a government analyst. So, I'm not sure  
21 what all she has him -- his responsibilities are.

22 Q What data is included in the monthly reports  
23 that are generated for senior management?

24 A We report the number of petitions received,  
25 the number of reimbursement-dispute cases closed, as

1 well as, on a separate report, we report the data by the  
2 practitioner type, healthcare-provider type.

3 Q Does that report indicate the bases for -- or  
4 sorry -- the EOB codes asserted by the carriers?

5 A No.

6 Q Can the database provide a report of all cases  
7 in which the carrier has asserted compensability or  
8 medical necessity as a basis for disallowing?

9 A For the -- when we started doing the  
10 compensability -- so, that's August of 2015 for the --  
11 did you say compensability or contracts?

12 Q Compensability. Sorry.

13 A Oh, that was the fall of 2015.

14 Q So, that was after August?

15 A That was after August. We would have to do  
16 that based upon the EOB codes. It's not necessarily  
17 asserted in the carrier response. It's based on the  
18 EOB codes.

19 Q Do you know if the -- how -- what is the  
20 process for the Division if a petitioner seeks  
21 reimbursement, the carrier responds -- I'm sorry.  
22 I'm -- back it up.

23 The petitioner seeks reimbursement and, in  
24 that reimbursement, you have an EOB where the carrier  
25 has asserted no for compensability or medical necessity,

1 but then the carrier doesn't file a carrier response --  
2 what happens? How does the Division process that  
3 dispute?

4 A From my knowledge, if they've alleged it on  
5 the EOB and the reimbursement was based upon it or not,  
6 you still apply the language. We don't address it.

7 Q Okay. And that's true even if the carrier  
8 fails to respond to the petition.

9 A From my knowledge, yes.

10 Q Who would be able to confirm that?

11 A I'm not sure.

12 Q Okay. Is that something you would just need  
13 to check the database to see or check your notes? How  
14 would you know for sure whether that's accurate?

15 A Well, the policy is, if they've alleged it --  
16 and that includes the reimbursement codes. So, if it's  
17 compensability or medical necessity, we don't address  
18 it.

19 Q And -- and who gave you that policy?

20 A I got the e-mail from my supervisor.

21 Q Okay. We have heard from some of your  
22 colleagues that certain reimbursement disputes get  
23 supervisory review. So, the nurse case manager has a  
24 question or is not sure how to handle it; it gets  
25 bumped, I guess, for review with supervisors or legal or



1 other members of the MSS team.

2 Does that supervisory review get reflected in  
3 the database?

4 A I believe so.

5 Q And how would that be reflected in the  
6 database?

7 A Usually, it will be placed in suspense if --  
8 and some of the case managers will note that they gave  
9 it to the supervisor for review.

10 Q What does that mean, "placed in suspense"?  
11 What does that mean?

12 A Pending, a pending status.

13 Q Now, we've also heard about cases that were  
14 placed on hold. Is that the same concept?

15 A Yes.

16 Q Is there a way to query the database now to  
17 see how many cases are on hold?

18 A I don't think there is. It's just we put  
19 stuff on suspense for NODs as well.

20 Q Okay.

21 A So, it will be hard to --

22 Q It would be hard to differentiate those two --

23 A Uh-huh.

24 Q -- sets of materials? Okay.

25 What about the use of expert medical advisers?

1 Is there a mechanism within the database that reflects a  
2 request to use EMAs?

3 A There is. That was transferred from the old  
4 system. We haven't utilized it. It's not programmed  
5 yet. It's just there.

6 Q So, to your knowledge, a case manager has  
7 never made that request for an EMA.

8 A Not from this new system.

9 Q How did such a request work in the old system?  
10 Is that pre-June 2015?

11 A Yeah, that's -- that's maybe 2009.

12 Q Okay.

13 A 2000- -- probably around 2009.

14 Q How did the requests for an EMA work at that  
15 time?

16 A It was similar to how it is in the system now.

17 Q And how is that?

18 A They would request an EMA for whatever type of  
19 services; if it was a violation, overutilization. There  
20 was a form they had to fill out.

21 Q And the case manager fills out that form?

22 A They would request an EMA, yes.

23 Q Are you aware of any instructions given to the  
24 case managers about using that form or not using it?

25 A No.

1 Q Are you aware how many EMAs the Division has?

2 A We have about one -- a little over 140.

3 MR. DOUGLAS: Form objection as -- I'm not  
4 sure, like is it staff or are they just independent  
5 providers who can be called.

6 Q And Ms. Bozman, are you aware of any petitions  
7 for resolution of reimbursement disputes where the  
8 Division has hired or contracted with or consulted with  
9 an expert medical adviser in developing its  
10 determination?

11 A I am, but it was years back. I don't recall  
12 the year.

13 Q Can you give me an estimate?

14 A 2009, '08.

15 Q Okay. Thanks.

16 Can you explain how that process worked at  
17 that time?

18 A Somewhat. Again, they would request an EMA.  
19 The person assigned to give the EMAs -- they would  
20 search the database for the EMAs to pay -- depending on  
21 the specialty they needed. And then if -- they would  
22 staff the EMAs to see what they needed them for.

23 And then a contract would go out to the EMAs.  
24 And they would have to fill out some additional  
25 paperwork. And they would send it back in.

1 Q And did that EMA's opinion or paperwork go to  
2 the case manager or supervisor?

3 A No, at the time -- I think it may have gone  
4 back to the person who requested an EMA. I don't recall  
5 if it was a supervisor or the case manager.

6 Q And do you know who was the bureau chief when  
7 that process was in place?

8 A We didn't have a bureau chief then.

9 Q Okay. Do you know who was in charge of the  
10 medical services team at that time?

11 A I believe it was Bill Woods or Anna Olsen.

12 Q Going back in time.

13 And do you know what the basis was for the  
14 change from Ms. Pugh to make that change in the database  
15 about compensability and medical necessity?

16 A The basis? No.

17 Q Do you know what the reasons were for making  
18 that change?

19 A No.

20 Q Did you ever hear any discussion within the  
21 Division about the reasons for that change?

22 A No.

23 Q Did you ever hear any discussions of problems  
24 or concerns about the process or the system before that  
25 change was made?

1           A     For the system? No.

2           Q     Let me ask again. So, before that change was  
3     made, before Ms. Pugh sent the e-mail saying, let's  
4     change the database so that the Division will not  
5     address --

6           A     Uh-huh.

7           Q     -- reimbursement disputes where the carrier  
8     has asserted compensability or medical necessity, did  
9     you ever hear discussions of concerns raised by  
10    colleagues or carriers or any other parties about how it  
11    was working before then?

12          A     No, I don't recall.

13          Q     Do you know if any analyses or reports or  
14    research was done to identify what EOB codes should be  
15    affected by the change regarding compensability and  
16    medical necessity?

17          A     It would be the codes -- the codes  
18    specifically say medical necessity and compensability.  
19    Without actually looking at the codes themselves, I  
20    can't give you the numbers.

21          Q     And just using Codes 10 and 11 as an  
22    example -- I can pull up the language for -- the exact  
23    language of those codes, if it would be helpful, but  
24    they both use the word "compensability" in the  
25    definition of the code.

1 But they -- my question to you is: Does the  
2 database and the Division treat both of those the same  
3 in the sense that the Division will not address a line  
4 item where the carrier asserts Code 10 or 11?

5 A I would have to look at them. 11 was a newer  
6 code.

7 Q Okay. We can come back to that, if we need  
8 to.

9 Do you know, in terms of the Division's  
10 process for reviewing a reimbursement petition, are  
11 there any steps that the Division takes to assess the  
12 validity of the carrier's assertion that a claim -- that  
13 a medication is not compensable?

14 A I'm not sure. I couldn't answer that.

15 Q To your knowledge, has the Division ever  
16 issued a determination where there's a request for  
17 reimbursement, the carrier denied payment based on  
18 medical necessity, and yet, the Division issued a  
19 determination ordering payment by the carrier?

20 A I can't answer that either.

21 Q Can -- could you search for that in the  
22 database if you searched by compensability or medical  
23 necessity?

24 A Anything prior to June of 2015, I cannot  
25 search for that because we switched databases.

1 Q There is language in the new rule that says  
2 the healthcare provider must show documentation  
3 demonstrating the carrier authorized a treatment. Is  
4 that documentation -- is there a separate field or tab  
5 in the database for that documentation?

6 A We haven't addressed that.

7 Q Okay. You have not made a change to the  
8 system to incorporate that yet.

9 A No.

10 Q Do you intend to or are you aware of a plan to  
11 do so?

12 A I'm not sure.

13 Q Who would know about that?

14 A That would have to be up to upper management.

15 Q And who -- are you referring to Ms. Macon -- I  
16 mean, Ms. Miller?

17 A Ms. Miller, Mr. Sabolic, legal.

18 Q If you will, give me just a moment to review  
19 my notes. I appreciate your indulgence.

20 At one time, did the determination where the  
21 carrier asserts compensability or medical necessity --  
22 did the determination change from a zero to a dash sign?

23 A Say that again?

24 Q So, in the new policy --

25 A Uh-huh.

1 Q -- the Division does not issue a determination  
2 that addresses a -- a line item where the carrier  
3 asserts medical necessity or compensability. It's my  
4 understanding that, in some determinations, the Division  
5 notates that --

6 A Uh-huh.

7 Q -- by putting a dash in the column -- in the  
8 column that says "total amount due." But it's also my  
9 understanding that sometimes the Division puts a zero  
10 there.

11 Are you -- do you know which -- which one it  
12 does and --

13 A I think at one point we did and it changed. I  
14 can't tell you when, though.

15 Q So, did it start as a zero and then go to a  
16 dash?

17 A Yes.

18 Q And do you know who made that change?

19 A No.

20 Q And you don't know when.

21 A No. No. I made the change in the database.  
22 I don't remember who --

23 Q Oh, instructed you --

24 A -- gave -- right.

25 Q -- to make the change? Okay. So, you don't



1 remember who instructed you to make the change, correct?

2 A Huh-uh.

3 Q But you are the one that would implement the  
4 change in the database.

5 A Correct.

6 Q That makes sense. Thank you.

7 Were you involved in the medical sections --  
8 medical services section's backlog-elimination project?

9 A Yes.

10 Q What was that? Can you describe that?

11 A During 20- -- I believe 2012, we started  
12 getting an influx of physician-dispensed cases. And  
13 then we just hired additional staff to help resolve  
14 that. It took several years for that.

15 Q Is that project concluded, now?

16 A Yes.

17 Q Is the proposed rule relating to medical  
18 necessity or compensability related in any way to the  
19 elimination of the backlog?

20 A I can't answer that.

21 Q Don't know?

22 A I don't know.

23 Q In the language that the database uses, did  
24 you ever have language that said the Division -- or that  
25 used the word "presumptive"; that the -- there was no --

1 the Division would not issue a presumptive decision or  
2 determination? Are you familiar --

3 A Are you referring to in our templates?

4 Q In your template, yes.

5 A I don't recall seeing that --

6 MS. DAILEY: Don't recall that word? Okay.

7 I believe those are all of my questions.

8 Ladies, do you have any?

9 MS. HARNAGE: Excuse me. Just real quick -- I  
10 just want to try to resolve this, the document  
11 situation. So, we produced documents in response  
12 to one.

13 Two, we're working with IT to see how to query  
14 and -- because there is 250,000 pages. And it  
15 would be Tom and I and Christina redacting all of  
16 that. So, we're trying to figure out a way -- if  
17 there is some sort of auto-redaction or something  
18 like that.

19 MS. DAILEY: Uh-huh.

20 MS. HARNAGE: So, I just want you to know that  
21 that's what we're doing. And if you're -- we don't  
22 want to file a motion for protective order, motion  
23 for sanctions; try to work in good faith. So, are  
24 you all right with that?

25 MS. DAILEY: We are happy to work in good

1 faith. I will reserve the right to continue this  
2 deposition when that material is open. The bulk of  
3 my questions for Ms. Bozman relies on me being able  
4 to review that data.

5 MS. HARNAGE: Yeah, we're definitely okay  
6 to -- for you to redepose her.

7 MS. DAILEY: Thank you.

8 MS. HARNAGE: All right.

9 MS. HINSON: Well, on behalf of my client --  
10 I'm going to have to talk to my client about  
11 whether or not they want to file a motion to compel  
12 or for sanctions or anything. So, I can't --

13 MS. HARNAGE: Did you set this?

14 MS. DAILEY: We -- it was a joint notice.

15 MS. HINSON: It was a joint --

16 MS. HARNAGE: Okay. So, you -- you --

17 MS. DAILEY: It's a joint notice.

18 MS. HARNAGE: -- think that y'all will file?

19 MS. HINSON: No, I didn't say I think we will.  
20 I said I just can't commit right now, one way or  
21 the other, whether or not we would file a motion to  
22 compel or motion for sanctions because I need --  
23 that's something my client would have to direct me  
24 on.

25 MS. HARNAGE: Okay. Well, what -- I guess I'm

1       trying to preempt that. We're -- we're going to  
2       comply. We don't need an order compelling. It's  
3       literally -- whatever floor IT is on, then --  
4       they're going to have to create a program to get  
5       all of the data. And then we need to see if it can  
6       be auto-redacted.

7               That, hopefully -- we don't want to have to  
8       redact all of that, but if we do, that's going to  
9       take more time, but we'll keep y'all in the know.

10              So, Tom just wants to know, you know, if -- if  
11       anyone is going to go, you know, back today and  
12       file a motion for sanctions or compel, we -- we  
13       would like to preempt that with a motion for  
14       protective order, which we really don't think is  
15       necessary because we're working on it, but -- so, I  
16       know you can't speak right now.

17              MS. HINSON: Yeah.

18              MS. HARNAGE: Can you reach out and let me  
19       know before we leave today?

20              MS. DAILEY: Why -- why don't --

21              MS. HINSON: I doubt it.

22              MS. DAILEY: Why don't we schedule a  
23       teleconference of Counsel for Thursday morning.  
24       You all do the investigation needed to answer these  
25       questions, and we can -- we can speak to our

1 clients and confer with our clients and -- and,  
2 perhaps, come up with a plan between now and  
3 Thursday morning.

4 MS. HARNAGE: I'm in Pensacola for a hearing,  
5 but I'll let Tom know.

6 MS. DAILEY: Okay.

7 MS. HARNAGE: And --

8 MS. DAILEY: Because we have depositions all  
9 day Wednesday. So, I think --

10 MS. HARNAGE: Yeah.

11 MS. DAILEY: -- folks really -- I'm assuming  
12 you all need some time to -- to get the materials.

13 MS. PUMPHREY: Well, I think two days would  
14 be -- two full days would be -- somebody should  
15 have a straight answer --

16 MS. DAILEY: Okay.

17 MS. HINSON: Okay.

18 MS. PUMPHREY: -- one way or the another.

19 MS. DAILEY: Okay. We'll --

20 MS. PUMPHREY: And not a bunch of ifs,  
21 or still need to talk to somebody or -- so, I think  
22 that's a great idea.

23 MS. DAILEY: All right. Let's set up a call  
24 for Thursday morning at 9:00.

25 MS. HARNAGE: I don't -- I'm just saying I'm

1 out. And Tom would be the one, so --

2 MS. GALLAGHER: Just send an invite out --

3 MS. HARNAGE: Yeah. That would be --

4 MS. GALLAGHER: -- when you get back to the  
5 office.

6 MS. DAILEY: And I think, Madam Court  
7 Reporter, we can probably go off the record.

8 (Discussion off the record.)

9 EXAMINATION

10 BY MS. HINSON:

11 Q Ms. Bozman, again, my name is Jennifer Hinson,  
12 and I represent Oak Hill Hospital and Parallon.

13 One question. What types of providers are  
14 able to utilize the reimbursement-dispute resolution  
15 process here at the Division? Like, what kind of  
16 providers can file the petitions?

17 A You've got your physicians, non-physician  
18 practition- -- that can be an ARNP, PT, OT -- ASCs,  
19 ambulatory surgery centers, and hospitals.

20 Q Okay. Are there any others? Because in the  
21 reimbursement manual, it looks like there are several  
22 other -- like, additional types of providers, like home  
23 health agencies and --

24 A They fall in that.

25 Q -- the like.

1 A I'm -- I'm just speaking from the ones that  
2 I've seen.

3 Q Yes, ma'am. Yes. So, is it safe to say that  
4 those that are listed in the reimbursement manual would  
5 be able to utilize this process?

6 A Correct.

7 MS. HINSON: Okay. That's my only question.

8 MS. DAILEY: Can I also ask a follow-up?

9 FURTHER EXAMINATION

10 BY MS. DAILEY:

11 Q If I wanted to query the records that the  
12 Department provides of these reimbursement disputes,  
13 would we need to purchase a copy of the software for the  
14 ARAMIS database to do that?

15 A I'm not really sure. It's a proprietary  
16 database. So, I don't know if you could purchase  
17 anything from it.

18 Q Okay. So, in order for us to obtain -- to ask  
19 questions of the database -- we can't do that ourselves;  
20 we would have to ask the Department to conduct those  
21 queries?

22 A I believe so.

23 Q Is that your understanding?

24 A That's my understanding.

25 MS. DAILEY: Okay. Thank you.

1 Anything else?

2 MS. GALLAGHER: I have a couple.

3 EXAMINATION

4 BY MS. GALLAGHER:

5 Q I'm Julie Gallagher. And I represent the  
6 Florida Society of Ambulatory Surgical Centers. And I  
7 want to go back to this report a little bit.

8 I, too, may have some questions once we get  
9 all of our discovery. I've got some things given to me  
10 today. And I don't know that -- whether there is  
11 anything in there that will pertain to you. So, we may  
12 have to come back and ask you some more questions.

13 But in the meantime, do you have your -- do  
14 you have that in front of you?

15 A Yes, ma'am.

16 Q Looking at Page 5 -- and if you covered this,  
17 I'm sorry to repeat it -- to repeat it. But looking at  
18 the table at the bottom of Page 5, there is the category  
19 for correct payment and a category for no additional  
20 payment due.

21 What's the difference between those two?  
22 Because if it's correct, it would be no additional  
23 payment. So, what are -- what's the difference between  
24 those two categories?

25 A This is just how we -- for our -- they are the



1 same, but we just capture whether the carrier paid  
2 correctly or if the provider didn't substantiate the  
3 reimbursement, entitlement to it.

4 Q Oh, okay. All right. I got that.

5 In looking up at the table above that on  
6 Page 5, I think you explained -- well, let's see --  
7 actually, let's go back further.

8 I thought -- if you look at the table on  
9 Page 4 at the top, and the table on the bottom of  
10 Page 3, I thought that you said that the spike in -- in  
11 determinations for '15-'16 was the resolution of the  
12 backlog; is that correct?

13 A I didn't speak on that.

14 Q Oh, you didn't speak on that? Okay.

15 Well, looking at -- let's go back to Page 3.  
16 Looking at the practitioner's -- the petition submitted  
17 by practitioner --

18 A Uh-huh.

19 Q -- there's a huge drop-off between '14-'15 and  
20 '15-'16. Any understanding of why that occurred?

21 A Again, what I was telling her earlier, in  
22 '11-'12 and the days before -- years after that, we  
23 received an influx in the physician-dispensed cases.

24 Q But there -- but it's cut in half between '14  
25 and '15 and '15-'16. So, I was wondering if you knew

1 why there were so -- you know, so many fewer petitions  
2 by practitioner --

3 A I --

4 Q -- between those two years.

5 A I assume they just chose not to file a  
6 petition. It's their choice. We don't have any control  
7 over what we receive.

8 Q Okay. But at the same time, as the petitions  
9 submitted dropped in '15-'16, the number of petitions  
10 determined in '15-'16 nearly doubled. And why was that?

11 A Because we hired more staff.

12 Q To do the backlog?

13 A Yes.

14 Q Okay. All right. Going to the -- on Page 5,  
15 the top table, I was trying to understand what each  
16 category is: Petition withdrawn is very obvious; the  
17 petitioner withdraws the petition.

18 Failure to cure the deficiency -- and that  
19 would be a failure on the part of the petitioner?

20 A Correct.

21 Q Okay. So, if you had a situation where there  
22 was a contract alleged between the parties and the  
23 contract documents didn't identify who was a party to  
24 the contract or what the rates were -- is that the type  
25 of deficiency that you would expect the petitioner to

1 correct?

2 MR. DOUGLAS: Form objection. Lack of  
3 predicate. Improper hypothetical and speculative.

4 A Yeah, I -- I can't answer that.

5 Q Okay. Well, what types of deficiencies does  
6 the petitioner have to cure?

7 A Generally, it's what's listed in -- I can't --  
8 give -- I can't -- I need the rule to --

9 MS. DAILEY: Which -- which rule?

10 THE WITNESS: The dispute rule.

11 MS. HINSON: Do you want me to get a copy?

12 MS. GALLAGHER: The new one?

13 MS. PUMPHREY: No, the current.

14 MS. DAILEY: The old --

15 THE WITNESS: The current one.

16 MS. PUMPHREY: It's in here somewhere.

17 MS. HINSON: Where is it?

18 MS. PUMPHREY: I don't have it --

19 MS. GALLAGHER: Well, there is no current one.

20 THE WITNESS: Whatever is listed on the  
21 petition requirements -- if it doesn't meet those,  
22 you can NOD for stuff.

23 (Simultaneous speakers.)

24 MS. GALLAGHER: She's talking about the  
25 petition requirements.

1 MS. HINSON: Oh. Oh. Oh.

2 MS. GALLAGHER: Okay.

3 THE WITNESS: Under .005.

4 BY MS. GALLAGHER:

5 Q All right. Untimely, other reason.

6 Lack of jurisdiction -- what -- what kinds of  
7 things would fall within lack of jurisdiction?

8 A That could be a federal claim, longshoreman.

9 Q Okay. And non-healthcare provider -- is that  
10 what "non-HCP" means?

11 A Yes, ma'am.

12 Q So, somebody that wasn't the provider?

13 A That could be, like, an air ambulance.

14 Q Okay. And then what about managed care? Why  
15 would petitions have been dismissed for managed care  
16 back in '11-'12 fiscal year?

17 A There was a rule that we didn't -- we were  
18 dismissing things with managed care.

19 Q Is that because AHCA was handling managed care  
20 at the time?

21 A I'm not sure, ma'am.

22 Q Okay.

23 A It was in the rule.

24 Q All right. So, looking at '13- -- I'm still  
25 on the managed-care column. Looking at '13-'14, you had

1 274 petitions dismissed because they involved -- I  
2 guess, involved managed care; is that what that category  
3 means?

4 A Yes, ma'am.

5 Q It involved a managed-care arrangement?

6 A Uh-huh.

7 Q And then it drops to two the next year and  
8 five the following year.

9 Do you know why there were so few?

10 A More than likely, these petitions in those --  
11 '14-'15 were received prior to the repeal.

12 Q The repeal --

13 A We had a backlog.

14 Q Okay.

15 A Of the managed-care rule.

16 Q Okay. What rule was repealed?

17 A The managed care that was part of the dispute  
18 rule.

19 Q Okay. Why was that rule repealed?

20 A I'm not sure.

21 (Discussion off the record.)

22 MS. GALLAGHER: I think that's all I have for  
23 today. I just wanted to make sure I understood  
24 what was on this, but -- I think we'll probably be  
25 back, but thank you for your time today.

1 MS. HINSON: And if I didn't say it in the  
2 record -- sorry, Ralph -- if I didn't say it in the  
3 record, we just want to also reserve the right to  
4 come back and speak with Ms. Bozman.

5 MS. GALLAGHER: And if I didn't say it at the  
6 outset, either, I do, too -- or we do, too.

7 (Whereupon, the deposition was concluded at  
8 2:03 p.m., and the witness did not waive reading and  
9 signing.)

1 CERTIFICATE OF OATH

2

3

4 STATE OF FLORIDA )

5 COUNTY OF LEON )

6

7

8 I, the undersigned authority, certify that the  
9 above-named witness personally appeared before me and  
10 was duly sworn.

11

12

13

14 WITNESS my hand and official seal this 7th day  
15 of September, 2017.

16

17

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19

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21



22

ANDREA KOMARIDIS  
NOTARY PUBLIC  
COMMISSION #GG060963  
EXPIRES FEBRUARY 09, 2021

23

24

25

CERTIFICATE OF REPORTER

STATE OF FLORIDA )  
COUNTY OF LEON )

I, ANDREA KOMARIDIS, Court Reporter, certify  
that the foregoing proceedings were taken before me at  
the time and place therein designated; that my shorthand  
notes were thereafter translated under my supervision;  
and the foregoing pages, numbered 1 through 46, are a  
true and correct record of the aforesaid proceedings.

I further certify that I am not a relative,  
employee, attorney or counsel of any of the parties, nor  
am I a relative or employee of any of the parties'  
attorney or counsel connected with the action, nor am I  
financially interested in the action.

DATED this 7th day of September, 2017.



ANDREA KOMARIDIS  
NOTARY PUBLIC  
COMMISSION #GG060963  
EXPIRES FEBRUARY 09, 2021



1 ERRATA SHEET

2 I have read the transcript of my deposition, Pages 1  
3 through 46 and hereby subscribe to same, including any  
4 corrections and/or amendments listed below.

4 DATE: \_\_\_\_\_

5 LAVOUNIA BOZMAN  
6 (FLORIDA SOCIETY OF AMBULATORY SURGICAL CENTERS, ET AL.  
7 (DFS, ET AL.))

8 PAGE/LINE	9 CORRECTION/AMENDMENT	10 REASON FOR CHANGE
11		
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22 DATE OF DEPOSITION: August 21, 2017

23 REPORTER: ANDREA KOMARIDIS

24

25