

LINDA JOY
ZENITH INS. vs DEPT OF FINANCIAL SERVICES

September 19, 2018
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2	DIVISION OF ADMINISTRATIVE HEARINGS	2	WITNESS: Linda Joy
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4	ZENITH INSURANCE COMPANY,	4	
5	Petitioner,	5	EXAMINATION
6	vs. DOAH 18-3844	6	By Mr. Douglas
7	MSS CASE NO.	7	By Ms. Harnage
8	20160420-005	8	
9	DEPARTMENT OF FINANCIAL SERVICES,	9	
10	DIVISION OF WORKERS' COMPENSATION,	10	
11	Respondent.	11	
12	-----	12	
13		13	
14	DEPOSITION OF	14	
15	LINDA JOY	15	
16	September 19, 2018	16	
17	11:55 a.m.	17	
18		18	
19	535 Anton Boulevard, Suite 400	19	
20	Costa Mesa, California	20	
21		21	
22		22	
23		23	
24	Reported by Terri Bradley, CSR No. 5600	24	
25		25	

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1	APPEARANCES OF COUNSEL	1	INDEX TO EXHIBITS
2	For the Petitioner:	2	EXHIBITS
3	McCONNAGHAY, COONROD, POPE, WEAVER & STERN,	3	1 Curriculum Vitae
4	P.A.	4	2 Coding Summary
5	RALPH P. DOUGLAS, Esq. (Telephonically)	5	3 OPTUM360 RevenueCyclePro screen shot
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4 LINDA JOY,
5 having been first duly sworn, testifies as follows:
6 EXAMINATION
7 BY MR. DOUGLAS:
8 Q. Hello again, Ms. Joy. Would you state your
9 full name for the record, please.
10 A. Linda Joy.
11 Q. And, as you know, we are here for your
12 deposition for final hearing in Case No. 18-3844,
13 Medical Services Section or MSS Case No. 20160420-005.
14 And just so we're all on the same page about
15 what patient, what facility and what bills we're talking
16 about, Madam Court Reporter, as before, I'm going to ask
17 for the patient's name, but if you could please leave
18 that entirely blank.
19 THE REPORTER: Okay.
20 BY MR. DOUGLAS:
21 Q. Ms. Joy, what patient's name are we here for?
22 A. [Redacted]. Facility is Lawnwood Regional
23 Medical Center in Fort Pierce, Florida. And the date of
24 service is January 21, 2016, through January 25, 2016.
25 Q. Thank you. Having said that, we all agree

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1 we're on the same case here. You stated your full name.
2 Where are you employed and what is your professional
3 address?
4 A. Zenith Insurance. Professional address is
5 790 The City Drive South, Suite 350 in Orange,
6 California.
7 Q. And is your personal residence reasonably
8 approximate or close to within driving distance in
9 California of Orange, California?
10 A. Yes.
11 Q. So is it fair to say that you live and work
12 more than 100 miles from Tallahassee, Florida?
13 A. Yes.
14 Q. Having said all that, what do you do at Zenith
15 Insurance Company?
16 A. I'm a nurse bill auditor in the bill review
17 department. And I review a variety of bills utilizing
18 bill repricing systems and other calculation tools.
19 Bills that I review include multijurisdictional fee
20 schedules. And they include bills such as in-patient
21 hospital, outpatient hospital, durable medical
22 equipment, nonfee schedule items, Medicare-based bills,
23 rehabilitation facilities, provider or physician bills,
24 physical therapy bills, and basically whatever bill
25 comes in.

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1 Q. Okay. And your title is Bill Auditor?
2 A. Yes.
3 Q. Have you brought with you a CV or a resume?
4 A. Yes.
5 Q. How many pages is it?
6 A. Two.
7 Q. Is that CV or resume a fair and accurate
8 representation of your professional education and the
9 certifications that relate to your profession and your
10 employment history in your profession?
11 A. Yes.
12 MR. DOUGLAS: I'd like to attach that as
13 Exhibit 1, please.
14 (Exhibit 1 marked)
15 BY MR. DOUGLAS:
16 Q. Before we go any further in your current
17 occupation, could you tell us, please, when you got your
18 degree and where that was at?
19 A. My degree, 1979 from the University of South
20 Dakota.
21 Q. What was your degree in?
22 A. Associate of Arts in Nursing.
23 Q. Okay. And did you ever go on to get a
24 professional license, a Registered Nurse license?
25 A. Yes, I did.

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1 Q. What is the first year you held your Registered
2 Nursing license?
3 A. 1979.
4 Q. And have you maintained that consistently in
5 one state or another since 1979?
6 A. Yes, that's correct.
7 Q. And what states have you held that?
8 A. South Dakota and California.
9 Q. And you currently work in California; is that
10 correct?
11 A. Correct.
12 Q. So you've been a Registered Nurse for 39 years,
13 roughly?
14 A. Yes.
15 Q. Besides your RN licensure, what other kind of
16 training or certificates do you have?
17 A. I have a CCM, which is Certified Case Manager.
18 And that is issued by the Commission for Case Management
19 Certification. That's a nationwide certification.
20 Q. What does that entitle you to do?
21 A. To do medical case management. So that
22 encompasses so many things. It's basically overseeing a
23 patient's care, making sure that they get quality
24 medical treatment in a timely manner. So that might be
25 scheduling appointments, coordinating between doctors,

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<p>Page 9</p> <p>1 making sure multiple doctors have information from other 2 doctors. And just generally assisting a patient to get 3 their care within the system. 4 Q. And how long have you held that Certified Case 5 Manager certification? 6 A. I got that certification in 1994. 7 Q. Is that still in force and effect? 8 A. Yes. 9 Q. Do you have any other similar certifications to 10 that one, the case manager? 11 A. The WCCA, which is the Workers' Compensation 12 Claims Associate, which that training was provided by 13 the Insurance Education Association. That gives you a 14 broad overview of Workers' Compensation claims. It 15 teaches you everything, like what kind of medical 16 treatment somebody's given, how to pay temporary 17 disability benefits, permanent disability benefits, 18 rehab. It basically covers everything in the Workers' 19 Compensation field, what would be knowledge to work a 20 claim. 21 Q. When did you get that? 22 A. 1998. 23 Q. You also have a Certified Disability Manager? 24 A. Yes. What that focuses on is basically 25 employer return-to-work programs. And I got that in</p>	<p>Page 11</p> <p>1 Q. Procedural -- 2 A. Procedural Terminology. 3 Q. And who owns those, if you will, for lack of a 4 better term? Or prepares them or publishes them? 5 A. The American Medical Association. 6 Q. Okay. You mentioned the CPC allows you to 7 review the records and put them into medical 8 terminology? 9 A. Yes. 10 Q. What else does that allow you to do? 11 A. It's like learning a new language. You speak 12 in code instead of the alphabet words. 13 Q. And is that what you use in your current job as 14 the nurse bill auditor? 15 A. That's part of what I use. I use that to make 16 sure that the bills are coded correctly. So when I'm 17 reviewing a bill, I do look at the codes on there to see 18 if they've coded everything correctly. 19 Q. -- your nursing license? 20 A. Say that again. I didn't hear that. 21 Q. You also use your nursing background and your 22 medical case management and license in that process? 23 A. Correct. Because when I'm reviewing bills, I'm 24 looking to see was the medical treatment appropriate and 25 related to, in this case, a Workers' Compensation</p>
<p>Page 10</p> <p>1 2005. That was issued by the DMEC, which is the 2 Disability Management Employer Coalition in conjunction 3 with the IEA, which is the Insurance Education 4 Association. 5 Q. Is the Insurance Education Association 6 nationally recognized as an appropriate national 7 insurance agency for these types of professionals? 8 A. Yes. 9 Q. What is the last one there at the bottom of 10 Page 2 of your resume? CPC, Certified Professional 11 Coder. 12 A. Right. And I got that in 2010. And, like I 13 said, that's issued by the AAPC, American Association of 14 Professional Coders. 15 Q. And what is the American Association of 16 Professional Coders and what does that certification, 17 CPC, allow you to do? 18 A. It teaches you how to code correctly. So you 19 could take a medical report, read it and extrapolate 20 from that, switch it over to the CPC codes -- CPT codes. 21 excuse me, that you would put on a bill and submit to an 22 insurance company. 23 Q. Basically, what is a CPT code? 24 A. A Current -- I knew you were going to ask me 25 that.</p>	<p>Page 12</p> <p>1 injury, or was it related to something completely 2 different that's not Industrial. So, yes, I use that. 3 Q. It sounds like, from what you said before, the 4 WCCA, that's also used in that process? 5 A. Yes, because that's where the fee schedules 6 come in. And every state has a different fee schedule. 7 Q. Okay. Looking at your professional experience, 8 it looks like you did work in a professional capacity as 9 a staffing nurse or Registered Nurse; correct? 10 A. Yes. 11 Q. Could you just briefly describe those positions 12 and when you did them? 13 A. Well, starting when I was first out of school I 14 worked at the Veteran's Administration Hospital. And I 15 worked on a combination unit. Part of it was adult 16 oncology and part of it was respiratory therapy. And 17 that was a staff nurse. And I was there four years. 18 And after that I went to a nursing home for a year and 19 worked as an evening supervisor charge nurse. 20 And then after that, I went back to a hospital 21 and I worked on an in-patient psych unit, 13-bed locked 22 unit. I worked there for a few years. And then I 23 transferred over to working in the intensive care 24 nursery. I worked there for just one year at that time. 25 And then I also worked with a physician in his</p>

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1 clinic at the hospital. He did pediatric oncology and
2 also hemophilia for the entire state of South Dakota.
3 After that is when I got into the Workers'
4 Compensation field, basically when I started with
5 Intracorp, which is a case management company. I first
6 started working with them in 1989 as a hospital bill
7 auditor. I would go into hospitals down in their
8 medical record department in the basement and review all
9 the medical records and compare it to the bills and
10 worked with their staff there to come to an agreement on
11 how bills should be paid or would be paid.
12 And then after --
13 Q. Can I stop you real quick?
14 A. Yeah.
15 Q. How long did you do that?
16 A. I did that for two years.
17 Q. Okay. Go ahead.
18 A. And then after that, I went into the case
19 management. I did field case management for several
20 years with Intracorp. And during that time I
21 transferred to California with that company.
22 And when I was doing field case work for
23 Workers' Compensation claims, I would go meet injured
24 workers in their home, do home assessments. I would
25 attend doctor appointments with them and help schedule

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1 appointments, transportation, interpreters, if needed.
2 Also go to the employer, do job site analysis. And just
3 everything to coordinate the care and make sure that it
4 kept flowing and they didn't get stuck in the system
5 where nothing was happening. You know, missed
6 appointments and they never get rescheduled. I helped
7 with that.
8 Q. Okay. And then fast forwarding, it looks like
9 you started with Zenith Insurance Company in 2002?
10 A. Correct.
11 Q. And if I read this correctly, you started out
12 as a nurse case manager?
13 A. Correct.
14 Q. Was that similar to what you just described?
15 A. Yeah, it was similar, only it was just
16 telephonic. I didn't go out in the field anymore.
17 Q. How long did you do the nurse case management
18 role with Zenith?
19 A. From 2002 to 2008?
20 Q. When did you start doing nurse bill auditor
21 activities?
22 A. In October of 2008.
23 Q. Okay. And I would like to offer Ms. Joy as an
24 expert in medical or nurse case management, medical bill
25 review, and medical coding.

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1 Ms. Harnage, do you have any questions of
2 Ms. Joy in that regard?
3 MS. HARNAGE: No.
4 MR. DOUGLAS: Okay.
5 MS. HARNAGE: We don't object.
6 MR. DOUGLAS: Okay. Thank you. We proffer the
7 witness.
8 Q. Ms. Joy, I'm going to move on to the substance
9 that we're here for, which is a medical bill that you
10 got.
11 A. Yes.
12 Q. I understand correctly that you did not bring
13 all the medical records, for obvious reasons?
14 A. Correct.
15 Q. You do not have the entire file, and that is
16 perfectly okay. But do you recall getting bills from
17 Lawnwood Medical Center? I believe you said service
18 1/21/through 1/25 of 2016?
19 A. Correct.
20 Q. How did that bill come to you?
21 A. Electronically in my queue in our bill pricing
22 system.
23 Q. Okay. Before I go further into that, how many
24 bills do you normally get in any certain period of time,
25 whether a month or a year?

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1 A. I review anywhere between 600 to a thousand
2 bills a year.
3 Q. Do you have any idea what percentage of those
4 might be hospital bills versus other providers?
5 A. I would estimate approximately 75 percent of
6 them.
7 Q. Okay. So this particular bill for this date of
8 service came to you in your electronic queue; is that
9 correct?
10 A. Correct.
11 Q. And why would it come to you?
12 A. Well, number one, because it's high dollar,
13 over \$50,000. So it would automatically be assigned to
14 a nurse to review. And I have background in reviewing
15 Florida bills.
16 Q. Okay. And what came with the bill?
17 A. The UB-04, which is the Medicare -- standard
18 Medicare bill format. So the UB-04, the itemization.
19 And I had approximately -- well, it was over 400 pages
20 of records. I don't know the exact number.
21 Q. Okay, that's fine. What was the injury or --
22 as a predicate I'll ask you did you review all of the
23 records?
24 A. Yes.
25 Q. You have a nurse bill auditor's impression what

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1 the injury was or the condition was that the patient was
2 at the hospital for?
3 A. Yes.
4 Q. What's your understanding or your description
5 of what that was for?
6 A. Well, the patient was at the hospital for a
7 preauthorized follow-up surgery to fix some scar tissue
8 in a right index finger. He had previously had a
9 surgery in November of 2015 and then developed scar
10 tissue. So he was going back to the OR for a routine
11 outpatient procedure to release an extensor tendon of
12 that index finger.
13 Q. And I think you've already indicated to
14 Ms. Harnage previously, you didn't really request why he
15 was there, it seemed appropriate; right?
16 A. Right. There were some complications in
17 surgery and they had to admit him.
18 Q. Was the initial diagnosis a rather simple one,
19 but then they had a complication?
20 A. Yes. Correct.
21 Q. Do you know what the complication was?
22 A. Yes, per the doctor's operative report -- hold
23 on. Per the doctor's operative report -- and I'm going
24 to quote this -- "I realized I had inadvertently cut the
25 digital nerve and the digital artery and vein."

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1 So he required much more treatment than what
2 had initially been thought.
3 Q. But you're not denying reimbursement for the
4 treatment in this case; is that correct?
5 A. Correct.
6 Q. How much was the bill?
7 A. The bill total was \$163,697.30.
8 Q. What was your impression of this bill when you
9 received it?
10 A. I thought the charges were high.
11 Q. Why would you think that?
12 A. Well, it was a four-day in-patient stay. And
13 just looking at the charges, they appeared higher to me
14 than other hospital bills I have reviewed in the past.
15 Q. It sounds like you've reviewed a fair amount of
16 hospital bills.
17 A. Yes.
18 Q. Did you get any documentation from the provider
19 that might indicate what their costs were to provide
20 this service or what they felt other programs might
21 reimburse for this service?
22 A. Not their costs, but what another program would
23 reimburse, yes.
24 Q. What did you get and what did that indicate?
25 A. Included in the records that were submitted

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1 with the bill and the itemization, they included their
2 Coding Summary sheet, which a lot of hospitals call this
3 their abstract sheet, but they call it a Coding Summary,
4 which lists all the diagnosis codes, the ICD9 or ICD10.
5 These were ICD10 codes. It includes all of the
6 procedure codes listed, the ICD10 hospital procedure
7 codes, not CPT codes on this particular bill.
8 Q. Can I stop you and ask you what's the
9 difference between a CPT and a hospital procedure code?
10 A. Yeah, the CPT is a code that goes on a surgeon
11 bill. And the ICD10 code is how it's cross walked to a
12 code that goes on a hospital bill.
13 Q. Okay.
14 A. And then on there also was the DRG listed as
15 983, which is extensive OR procedure unrelated to
16 principal diagnosis. And also the reimbursement amount
17 for that DRG code, which is \$8,901.15. And they have
18 some other information on here about cost, weight and
19 group reversions. They were using Grouper Version 33,
20 which was current for 2016. I think we're up to Grouper
21 Version 35 now.
22 Q. Is this something you're used to seeing in
23 reviewing as an RN bill auditor?
24 A. Yes.
25 Q. You mentioned it had a reimbursement amount on

Page 20
1 there?
2 A. Yes.
3 Q. What was that reimbursement amount?
4 A. \$8,901.15.
5 Q. Is this a two-page document? Or how many pages
6 is it?
7 A. It is a two-page document.
8 Q. Do you have a copy there with you?
9 A. I do.
10 Q. And is the copy an accurate and complete
11 facsimile of what you received with the provider's bill
12 and medical records?
13 A. It is.
14 Q. Okay. I'd like to go and attach that as
15 Exhibit No. 2, please.
16 (Exhibit 2 marked)
17 BY MR. DOUGLAS:
18 Q. Jumping back to the Coding Summary sheet, how
19 do you know it says reimbursed \$8,901.15?
20 A. Because it spells it out. It says that.
21 Q. And for someone who is not used to looking at
22 these, where is that on the two-page sheet?
23 A. It's towards the bottom of Page 1.
24 Q. It's the last substantive line of Page 1?
25 A. Correct.

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1 Q. And is it the line that says "REIMB"? Would
2 that stand for reimburse?
3 A. Correct.
4 Q. And then the number is immediately below that;
5 is that correct?
6 A. Correct.
7 Q. How do you know the \$8,901.15 is remotely
8 correct or remotely what Medicare -- or what they
9 believe Medicare would reimburse?
10 A. Because we have a program that we use that we
11 can calculate out Medicare reimbursement. It's called
12 OPTUM360 RevenueCyclePro. And so I can plug in Lawnwood
13 Regional's specific Medicare number and the dates of
14 service and the DRG, and it will tell me what the total
15 Medicare reimbursement would be.
16 Q. So you're saying you have a way of
17 double-checking what's on this form?
18 A. Yes.
19 Q. And before we get to the double-checking, is
20 this something that you know as a certified professional
21 coder and as an RN bill auditor, that that's what this
22 Coding Summary sheet means?
23 A. Yes.
24 Q. Okay. So there's not really any dispute in the
25 industry about what the sheet means; is there?

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1 A. No.
2 Q. So you take this to mean this is what the
3 provider's billing department plugged in and submitted
4 either called an abstract or a Coding Summary, it puts
5 out what Medicare would, according to their information,
6 would reimburse?
7 A. Correct.
8 Q. And is that supposed to be a cost plus some
9 kind of profit reimbursement with Medicare?
10 A. Yes.
11 Q. Okay. If that's the case, what did you do to
12 double-check the number or why did you double-check the
13 number? If you'll just describe that, please.
14 A. We always double-check this. And so, like I
15 said, I used the tool, the OPTUM360 RevenueCyclePro,
16 plugged in all the information. And the total
17 reimbursement amount that that system gave me was
18 \$11,173.81. And I can only think that the reason
19 there's a slight discrepancy between the hospital's
20 number and RevCyclePro's number, I'm guessing that I
21 think the hospital reimbursement doesn't include the
22 patient's co-payment.
23 Q. Is that your best estimate from your years of
24 experience?
25 A. Yes.

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1 Q. And based on your experience, you take the
2 number they submit as a fair and accurate representation
3 of what they would get from Medicare?
4 A. Yes.
5 Q. And on top of that, there might be some form of
6 co-pay for this type of service?
7 A. Correct.
8 Q. If it wasn't Workers' Compensation?
9 A. Right, correct.
10 Q. So you jumped over to RevenueCyclePro. Where
11 does that data come from?
12 A. Straight from Medicare.
13 Q. Is it straight from their website, straight
14 from their database? Or how would you describe it?
15 A. Straight from their database.
16 Q. Have you ever tried to verify that with your
17 own double-checking the double-checking program?
18 A. I have. When I first started in bill review
19 the first couple years, I would take the pricing from
20 RevenueCyclePro and I would go straight to the Medicare
21 site where you can also -- they have what's called an
22 IPPSP pricer, which stands for In-Patient Prospective
23 Services Pricer. And I would plug the data in there to
24 see if that was the same amount as RevCyclePro, and it
25 would be. It was the same.

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1 Q. Okay. So this In-Patient Prospective Services
2 Pricer, is that something anybody can access?
3 A. Right. Anyone. It's public information.
4 Q. And then the RevenueCyclePro, that's a program
5 you have direct access to with your employment; is that
6 right?
7 A. Correct.
8 Q. But in your experience, the two have pretty
9 much always come back with the same number?
10 A. Yes.
11 Q. Do you have a copy of whatever you obtained
12 from the OPTUM RevenueCyclePro?
13 A. Yes.
14 Q. And could you just describe it, since this is
15 by telephone and we can't really see it?
16 A. It actually is Exhibit 5 that was in the
17 carrier response. So it says Lawnwood Regional -- I
18 just titled it Lawnwood Regional Medical Center and the
19 dates of service and the Medicare number for this
20 hospital.
21 And then there's a screen shot of
22 RevenueCyclePro and their pricing of this DRG.
23 Q. So that was Exhibit 5 to the carrier response
24 to the provider's petition in the reimbursement dispute
25 level at the division?

<p>1 A. Yes.</p> <p>2 Q. Okay. So if you would, please, let's attach</p> <p>3 that as Exhibit No. 3.</p> <p>4 A. Okay.</p> <p>5 (Exhibit 3 marked)</p> <p>6 BY MR. DOUGLAS:</p> <p>7 Q. Then looking back at the Coding Summary sheet</p> <p>8 No. 2, was that also attached to the carrier response to</p> <p>9 the provider petition for resolution?</p> <p>10 A. Yes.</p> <p>11 Q. Was that Exhibit 4 to the carrier response?</p> <p>12 A. Correct.</p> <p>13 Q. As far as you know, was that information</p> <p>14 provided to the division or the department with the</p> <p>15 carrier response?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. And then the Coding Summary sheet came</p> <p>18 directly from the provider, if I'm not mistaken, and the</p> <p>19 OPTUM revenue exhibit, you pulled from your data, which</p> <p>20 pulled directly from CMS for Medicare or services</p> <p>21 database?</p> <p>22 A. Correct.</p> <p>23 Q. So the summary there is what? The provider</p> <p>24 sheet showed \$8,901.15. Your double-checking showed</p> <p>25 basically a total reimbursement of \$11,173.81?</p>	<p>Page 25</p> <p>1 UB, I looked at the utilization, I reviewed all of the</p> <p>2 records. I went to our claims system to verify that</p> <p>3 this injured worker has an accepted claim and what is</p> <p>4 the accepted body part to make sure that what we're</p> <p>5 being billed for, we're responsible for for the medical</p> <p>6 treatment for that body part. And then back to</p> <p>7 reviewing the bill. And I also looked at, you know,</p> <p>8 jurisdiction, how do bills pay in that jurisdiction.</p> <p>9 And I would look at the medical treatment, was</p> <p>10 it medically necessary, did it seem reasonable treatment</p> <p>11 for this injury, which, yes, I thought it was. I looked</p> <p>12 at the length of stay. Did the length of stay appear</p> <p>13 appropriate. And even though he was initially to have</p> <p>14 an outpatient procedure and that's what was</p> <p>15 preauthorized, because of the complications during</p> <p>16 surgery, he was admitted for further additional</p> <p>17 treatment, and that was appropriate also. I had no</p> <p>18 dispute with the length of stay or the treatment.</p> <p>19 Q. Okay. After looking at all of this, did you</p> <p>20 bring any of this information to anyone's attention at</p> <p>21 Zenith?</p> <p>22 A. Yes. I sent an e-mail to our bill review</p> <p>23 management team, which is Carol Brodie, and then also</p> <p>24 staffed with her. I calculated out what this bill would</p> <p>25 price to paper the Florida fee schedule if we were</p>
<p>1 A. Correct.</p> <p>2 Q. Okay.</p> <p>3 Q. How do you know that that would be for those</p> <p>4 services that were provided to this patient at this</p> <p>5 facility?</p> <p>6 A. Well, there's a way to check that the DRG is</p> <p>7 correct. And I did double-check that. Using a DRG</p> <p>8 grouper, you plug in all the codes, the diagnosis and</p> <p>9 procedure codes, to see if it does come out to this DRG</p> <p>10 983, which it did.</p> <p>11 Q. So you double checked the DRG submitted by the</p> <p>12 hospital; is that correct?</p> <p>13 A. Correct.</p> <p>14 Q. And it sounds like you agreed with the DRG</p> <p>15 submitted by the hospital?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. So, again, there's no dispute about that</p> <p>18 part of this case?</p> <p>19 A. No.</p> <p>20 Q. In addition to doing that and reviewing the</p> <p>21 medical records which you briefly described, what else</p> <p>22 did you do as part of the RN bill audit of this bill?</p> <p>23 For example, did you look at any specific line item</p> <p>24 charges?</p> <p>25 A. Yes. When I reviewed the bill, I looked at the</p>	<p>Page 26</p> <p>1 paying 75 percent of the bill charges. But the charges</p> <p>2 were very high for the services that were rendered, my</p> <p>3 opinion.</p> <p>4 Q. Okay.</p> <p>5 A. And so we discussed how can we pay this bill</p> <p>6 reasonably?</p> <p>7 Q. Okay. In looking at the line audit, did you</p> <p>8 notice any particular line that seemed high or was it</p> <p>9 just the total bill or was it both?</p> <p>10 A. It was pretty much every line. I did look at</p> <p>11 every single line. And in our carrier response we did</p> <p>12 give examples of some of the -- you know, we didn't give</p> <p>13 examples of every single line, but we gave some examples</p> <p>14 of some of the items that were very high charged.</p> <p>15 Q. And were some of those items just simple</p> <p>16 over-the-counter-type medications or pharmaceuticals</p> <p>17 that you and I could buy at Walmart?</p> <p>18 A. No.</p> <p>19 Q. And I'm kind of looking back. For example,</p> <p>20 Bacitracin, is that something you can buy in a tube at</p> <p>21 Walmart?</p> <p>22 A. Yes, you would be able to buy that in a tube at</p> <p>23 Walmart.</p> <p>24 Q. Okay. And I don't see this on the summary, but</p> <p>25 a 4-inch by 4-inch gauze pad, can you buy that at</p>
<p>Page 27</p> <p>1 UB, I looked at the utilization, I reviewed all of the</p> <p>2 records. I went to our claims system to verify that</p> <p>3 this injured worker has an accepted claim and what is</p> <p>4 the accepted body part to make sure that what we're</p> <p>5 being billed for, we're responsible for for the medical</p> <p>6 treatment for that body part. And then back to</p> <p>7 reviewing the bill. And I also looked at, you know,</p> <p>8 jurisdiction, how do bills pay in that jurisdiction.</p> <p>9 And I would look at the medical treatment, was</p> <p>10 it medically necessary, did it seem reasonable treatment</p> <p>11 for this injury, which, yes, I thought it was. I looked</p> <p>12 at the length of stay. Did the length of stay appear</p> <p>13 appropriate. And even though he was initially to have</p> <p>14 an outpatient procedure and that's what was</p> <p>15 preauthorized, because of the complications during</p> <p>16 surgery, he was admitted for further additional</p> <p>17 treatment, and that was appropriate also. I had no</p> <p>18 dispute with the length of stay or the treatment.</p> <p>19 Q. Okay. After looking at all of this, did you</p> <p>20 bring any of this information to anyone's attention at</p> <p>21 Zenith?</p> <p>22 A. Yes. I sent an e-mail to our bill review</p> <p>23 management team, which is Carol Brodie, and then also</p> <p>24 staffed with her. I calculated out what this bill would</p> <p>25 price to paper the Florida fee schedule if we were</p>	<p>Page 28</p> <p>1 paying 75 percent of the bill charges. But the charges</p> <p>2 were very high for the services that were rendered, my</p> <p>3 opinion.</p> <p>4 Q. Okay.</p> <p>5 A. And so we discussed how can we pay this bill</p> <p>6 reasonably?</p> <p>7 Q. Okay. In looking at the line audit, did you</p> <p>8 notice any particular line that seemed high or was it</p> <p>9 just the total bill or was it both?</p> <p>10 A. It was pretty much every line. I did look at</p> <p>11 every single line. And in our carrier response we did</p> <p>12 give examples of some of the -- you know, we didn't give</p> <p>13 examples of every single line, but we gave some examples</p> <p>14 of some of the items that were very high charged.</p> <p>15 Q. And were some of those items just simple</p> <p>16 over-the-counter-type medications or pharmaceuticals</p> <p>17 that you and I could buy at Walmart?</p> <p>18 A. No.</p> <p>19 Q. And I'm kind of looking back. For example,</p> <p>20 Bacitracin, is that something you can buy in a tube at</p> <p>21 Walmart?</p> <p>22 A. Yes, you would be able to buy that in a tube at</p> <p>23 Walmart.</p> <p>24 Q. Okay. And I don't see this on the summary, but</p> <p>25 a 4-inch by 4-inch gauze pad, can you buy that at</p>

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1 Walmart?
2 A. Yes.
3 Q. And if I'm not mistaken, the charge on that was
4 \$54.00 for one 4-inch by 4-inch gauze pad? Does that
5 seem high to you?
6 A. Yes.
7 Q. You already mentioned pretty much every line
8 seemed high?
9 A. Yes.
10 Q. And some of that is reflected in the carrier
11 response to provider petition; is that right?
12 A. Correct.
13 Q. You know that Zenith tried to list every line
14 and do a comparison on everything?
15 A. No.
16 Q. Is it fair to say that wasn't necessary because
17 those were just kind of audit examples of the whole
18 picture?
19 A. Correct.
20 Q. And were they all pretty consistently high?
21 A. Yes.
22 Q. Okay. You mentioned Medicare. How common is
23 Medicare for a reimbursement standard, whether in
24 Workers' Compensation or other payers, such as better --
25 A. Well, it's pretty common, actually. I review

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1 bills in approximately 46 different states. And many of
2 the jurisdictions for their work comp use the fee
3 schedule as a base and then some version of it. Like,
4 they add a percentage amount
5 Q. Can you name, say, three states off the top of
6 your head that do that?
7 A. Sure. Well, in California for in-patient
8 hospital bills, it pays at the basic Medicare DRG rate
9 plus 20 percent. In Texas it pays -- the in-patient
10 hospital bills pay at the basic Medicare DRG rate times
11 143 percent. Illinois pays at a straight in-patient
12 hospital DRG rate just straight, unless it's trauma
13 bill. Indiana pays at the Medicare rate times 2,
14 200 percent of Medicare.
15 Q. That's a range of what other states pay if they
16 use this formula?
17 A. Indiana is the highest I've seen paying at
18 200 percent of Medicare rate.
19 Q. So in local parlance, it's two times Medicare?
20 A. Right.
21 Q. And what was this ultimate decision by Zenith's
22 executive team or management to reimburse in this
23 particular case with Lawnwood Regional?
24 A. To pay at three times Medicare rate.
25 Q. Okay. And was that three times submitted by

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1 the provider which is \$9,000 or the higher more generous
2 amount that you pulled directly from Medicare?
3 A. The higher amount.
4 Q. I'm going to come back to the EOBR. Ultimately
5 you had an issue with the EOBR and making a payment;
6 correct?
7 A. Correct.
8 Q. What does EOBR stand for?
9 A. Explanation of Bill Review.
10 Q. Is that a process that is mandated by the
11 Florida Workers' Compensation rules that are involved
12 with bill review?
13 A. Yes.
14 Q. And it flows from the statute as well; is that
15 correct?
16 A. Yes.
17 Q. Did all the states or most of the states, or
18 how would you describe it, have some sort of process
19 like that? Like an EOBR process?
20 A. Yes, all of the states have that.
21 Q. Okay. And I think everybody has asked you at
22 least once about EOB codes. Are you following me here?
23 A. Yes.
24 Q. What are EOB codes?
25 A. They're codes that you put on to explain how

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1 you're paying it.
2 Q. Do they require those specific codes to be
3 used?
4 A. I didn't hear that. Can you restate that?
5 Q. In Florida does the Workers' Compensation rules
6 regarding the reimbursement require you to use only
7 approved codes?
8 A. Yes, that's correct.
9 Q. Is it fair to say you can't make up your own
10 codes?
11 A. Correct.
12 Q. Okay. You have to use one because they put in
13 a rule, identify them and apply them to your EOBR?
14 A. Correct.
15 Q. Okay. In this particular case which EOB
16 codes -- well, let me back up.
17 Is there a limit on how many EOB codes you can
18 use for each line item?
19 A. I believe it's three in Florida.
20 Q. Okay. And how many do you normally use in your
21 EOB?
22 A. Three. Try to use three per line.
23 Q. Okay. Why do you do that? Explain better what
24 happened?
25 A. Right.

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1 Q. In this particular one you have an EOBR. Did
2 you have a particular one in deciding on the EOBR?
3 A. Typically, I do. On this bill I did not. The
4 codes were selected by management team.
5 Q. Did you provide input to management for -- I'll
6 back up.
7 Did you do a line item audit in this case?
8 A. Yes.
9 Q. Did you review every line item on the bill?
10 A. Yes.
11 Q. Did you provide input to management regarding
12 those line items?
13 A. Yes.
14 Q. If I'm not mistaken, you actually pointed out,
15 as you indicated earlier, there were certain things like
16 Bacitracin, for example, that were part of your audit?
17 A. Correct.
18 Q. Okay. How does the process work generally? Is
19 that what you did in this case? Once you do your line
20 item audit, do you do some sort of report?
21 A. I do. I do write up a recommendation of how to
22 pay this -- how to process the bill for payment.
23 Q. Did you do that in this case?
24 A. I did. I wrote a bill summary and directions
25 on how to -- to price this to pay at three times the

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1 Medicare rate for DRG 983.
2 Q. And I think you already testified in your
3 deposition that somebody else decided to pay it three
4 times Medicare; is that correct?
5 A. Correct.
6 Q. You said you do all the states. Did you
7 provide any input about what other states do in similar
8 situations?
9 A. I may have, during our phone call. I don't
10 remember.
11 Q. Okay. The EOB was ultimately issued; is that
12 correct?
13 A. Yes.
14 Q. Can you tell me what codes were used? And do
15 you have the EOBR in front of you?
16 A. I do have an EOBR in front of me. The codes
17 used -- there were actually four of them.
18 Q. Why would there be four if you can only use
19 three per line?
20 A. Well, because not all the same codes were on
21 every single line.
22 Q. So four different ones were used throughout the
23 entire bill?
24 A. Correct.
25 Q. Okay. Was one of them just only used one time?

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1 A. Correct.
2 Q. Which one was that?
3 A. That was number Code 4, request for an invoice
4 for an implant for the Rev Code 278.
5 Q. In layman's terms, people who aren't familiar
6 with reimbursement, what's an implant and why do you
7 want an invoice?
8 A. Because in Florida in-patient hospitals,
9 implants are paid at cost plus 60 percent.
10 Q. Okay. So there's a direct relationship back to
11 some sort of invoice cost for that item plus a markup;
12 is that right?
13 A. Correct.
14 Q. And they can't just make up a number and then
15 multiply something?
16 A. Correct.
17 Q. Did you ever get the invoice?
18 A. Not that I'm aware of. Not that I'm aware of.
19 Q. Is that why this particular EOB code was used
20 for the implant line item?
21 A. Right. We didn't have the invoice at the time
22 this was issued.
23 Q. Okay. And just hypothetically, after you
24 issued the EOBR and a check, they come back and give you
25 an invoice, do you then pay from the invoice a

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1 supplemental payment?
2 A. Not on this bill because we had paid it at
3 three times Medicare rate. And Medicare DRG includes
4 the cost of implants.
5 Q. I see. Okay. But if you have a standard bill
6 that's being paid with an implant carved out, I'll get
7 back to this in a minute. And they don't get back the
8 invoice right away, that doesn't mean they don't get
9 paid; is it?
10 A. Right, correct.
11 Q. So you go back later and get the supplemental
12 payment after you get an invoice for the supplemental
13 payment?
14 A. Correct.
15 Q. What kind of code was used for that so we can
16 rule that out of the rest of the picture?
17 A. That was Code 47.
18 Q. The remaining three codes are what?
19 A. 81, 92 and 93.
20 Q. Okay. And could we attach a copy of the EOBR,
21 please, as Exhibit 4?
22 (Exhibit 4 marked)
23 BY MR. DOUGLAS:
24 Q. You described this a little bit in your
25 deposition already, but if you could, Ms. Joy, start

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1 with describing the first code in order, No. 81. Why
2 did you put that? And on which items did you list that
3 as an EOB code?
4 A. Yes. 81 is for payment modified pursuant to a
5 charge audit. And that code went on every single line
6 except for the implant line.
7 Q. What does it mean to you, say, pursuant to a
8 charge audit?
9 A. That I reviewed the charges on the bill and the
10 payment was modified.
11 Q. And you listed that on every line?
12 A. Yes.
13 Q. Every line item on the bill?
14 A. Yes. Except for the line for implants.
15 Q. Okay. Except the implants, you listed Code 81
16 for every line item. And you didn't do it on the
17 implant because it was carved out for the couple of
18 reasons that you just described?
19 A. Correct.
20 Q. And you did, in fact, review audit every line
21 item on this bill?
22 A. Correct.
23 Q. Okay. What was the next EOB code that you
24 used?
25 A. 92, payment made pursuant to Florida Workers'

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1 Compensation Reimbursement Manual for Hospitals.
2 Q. Okay. And why was that code used?
3 A. Because this was a hospital bill.
4 Q. Okay. Did you put that on all hospital bills?
5 A. Yes.
6 Q. Okay. I'm going to come back to the Florida
7 Workers' Compensation Reimbursement Manual for Hospitals
8 in a second.
9 What was the third code? If we could finish
10 that up.
11 A. 93. Payment made pursuant to written
12 contractual arrangement.
13 Q. And what does that mean in this case?
14 A. That's regarding the PPO.
15 Q. Okay. PPO. Is this the Coventry contract that
16 we've been talking about?
17 A. Correct.
18 Q. So Zenith has a contract with Coventry that
19 impacts or controls this reimbursement?
20 A. Correct.
21 Q. And 81, 92 and 93 on each of the items except
22 for that implant line item?
23 A. Correct.
24 Q. Going back to Code 92, Workers' Compensation
25 Reimbursement for Hospitals, are you with me?

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1 A. Yes.
2 Q. I'm going to back up to the statute, 4401312A
3 actually says -- you may not be familiar with that
4 level, but the hospital in-patient -- basically hospital
5 in-patient bills are paid on a per diem basis. Does any
6 of that sound familiar to you?
7 A. Yes.
8 Q. Okay. Was this bill or the provider in their
9 petition planning reimbursement on a per diem basis?
10 A. Not that I know of.
11 Q. So as far as you understand, they wanted a
12 percent of their total charges?
13 A. Yes. Because it was over stop loss.
14 Q. Okay. That was the second part of this. What
15 is a stop loss and where does it come from?
16 A. Well, the stop loss amount, if I remember
17 correctly, is \$59,000 -- oh, boy. 59,000 something and
18 some change. I have to look that up every time I review
19 a Florida bill.
20 Q. Is that something you do as far as being a
21 nurse auditor, you precisely look it up and verify it;
22 is that correct?
23 A. Yes. Yes. Every time. Every time.
24 Q. Do you mind if I say just either 59 and change
25 or 59,8 or just under 60,000? Will any of those terms

Page 40
1 work for you?
2 A. Yes, any of them will work for me.
3 Q. Okay. So you're saying if they bill more than
4 60 -- roughly, just under \$60,000, then they're getting
5 to be reimbursed on a percentage of what they're charged
6 is what they're planning in their petition?
7 A. Correct.
8 Q. Do you know personally one way or another
9 whether the stop loss is in the statute? Or that term
10 is referenced in the statute?
11 A. I don't know.
12 Q. Okay. Is that a Carol Brodie type issue to
13 discuss?
14 A. Yes.
15 Q. Other experts to discuss?
16 A. Yes.
17 Q. The argument given that you reimburse for
18 different states -- you can look up all this information
19 that you described thus far, and I'll ask you more
20 questions about things you can verify in a minute. But
21 given all that, does it make sense to you that someone
22 can claim they get a percent of whatever unlimited
23 number they want to charge?
24 A. No.
25 Q. In your understanding, adjusting the 46 states

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<p>Page 41</p> <p>1 that you adjust, is there some limitation on whatever I 2 want, some percentage of whatever I want to get paid? 3 A. Yes. 4 Q. What is that? 5 A. Reasonable. 6 Q. Where does that come from, as far as your 7 understanding? 8 A. That language is written in many labor codes 9 that the employer will pay what's reasonable for medical 10 treatment. 11 Q. Okay. And of course our position is that given 12 our current Workers' Compensation statute in Florida, is 13 it your understanding that also applies to contracts or 14 contract-impacted reimbursements? 15 A. Yes. 16 Q. Did you make any other efforts besides what 17 we've talked about to go verify what is reasonable or 18 what other hospitals charge or get paid or anything 19 along those lines at any point in this process? 20 A. I did look at -- I did look at some things in 21 the healthcare Bluebook. I did look at some items for 22 RED BOOK pricing of drugs, but in Florida they use 23 Medi-Span, so someone else did that. And I'm constantly 24 looking at what Medicare pays to all different 25 hospitals.</p>	<p>Page 43</p> <p>1 me on that. 2 Q. Okay. So you're not on the stand to tell us 3 all about the FAIR Health methodology and collection of 4 data; is that correct? 5 A. Correct. 6 Q. You want to leave that up to some 7 representative of FAIR Health or Zenith who has gone 8 back and we get an affidavit or something, you're 9 willing to rely on that as to how their process is done; 10 correct? 11 A. Yes. 12 Q. Do you have an impression, however, regarding 13 whether their data is sufficiently large and accurate to 14 be reliable? 15 A. Yes. 16 Q. What is your impression or opinion in that 17 regard? 18 A. It's massive. When you plug in a code, they 19 will tell you for that time period how many bills, how 20 many records they have for a specific code in a specific 21 geozip and then they'll tell you what the pricing comes 22 out at. 23 Q. So they'll tell you what the sample size is for 24 the data collected and what exact region it was in? 25 A. Yes.</p>
<p>Page 42</p> <p>1 Q. Okay. You're not trying to say you're limiting 2 them to just exactly whatever Medicare pays? 3 A. No. 4 Q. Okay. You're referencing tools to establish 5 some reasonable reimbursement? 6 A. Right. Oh, and I also looked at -- later on, 7 not at the time, but later on -- looked at what FAIR 8 Health had to say. 9 Q. Okay. What is FAIR Health? What is your 10 understanding? 11 A. FAIR Health is a program that takes bills, 12 bill the charges, and they compile that data and then 13 they give you what's the mean, what's the 50th 14 percentile, 60th percentile, all the way up to, like, 15 90th percentile of what various providers in a specific 16 geozip area would bill for like services. 17 Q. Do you know where this data comes from? 18 A. No, I do not. 19 Q. Okay. Where do you get this information? 20 A. From the FAIR Health tool. 21 Q. Okay. Is that a program, a website? Or what 22 is that? 23 A. Yeah, it's a program on a website. And you 24 lease it. And they -- I'm not sure if they -- well, I 25 think they get the bills from Medicare, but don't quote</p>	<p>Page 44</p> <p>1 Q. Okay. And then backing up, we'll get to what 2 they did in a second, but my understanding is they have 3 billions and billions of charges. Is that anything 4 within your realm of understanding? 5 A. Yes. 6 Q. It's a bigger database; is that right? 7 A. It's a massive database. Massive. 8 Q. So what did you do as far as FAIR Health? What 9 did you find out? And did you compile any documentation 10 as a result of that? 11 A. I did do a printout. What I did was I went 12 into FAIR Health. And keep in mind this is billed 13 charges now. Not payments made, but billed charges of 14 like facilities. 15 So what I did was I used the geozip for the 16 hospital for Lawnwood Regional. 17 Q. Can I ask you what that means? 18 A. The ZIP code area where that hospital is 19 located. And they have a geographical area for that ZIP 20 code. I'm not sure how big it is. But it's the 21 surrounding area of like facilities and like bills. 22 Q. Okay. 23 A. And then I also -- oh, go ahead. 24 Q. You go ahead. 25 A. And then I also put in the DRG code of 983.</p>

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45-48

<p>Page 45</p> <p>1 Q. Where did you get that from?</p> <p>2 A. I got that from the hospital Coding Summary</p> <p>3 sheet.</p> <p>4 Q. That was the DRG that you already said you</p> <p>5 double checked and confirmed?</p> <p>6 A. Correct.</p> <p>7 Q. Okay. Go ahead.</p> <p>8 A. And I put that information in also with the</p> <p>9 relative date that was close to this date of service.</p> <p>10 And it came back with 32 hospital records that billed</p> <p>11 the DRG 983 in that ZIP code region. And it gave me a</p> <p>12 mean. And then the different percentiles of various</p> <p>13 charges from various other hospitals who had submitted</p> <p>14 that DRG on their bill.</p> <p>15 Q. What did it show for the 50th percentile?</p> <p>16 A. 50th percentile for billed charges was \$40,204.</p> <p>17 Q. Are you familiar with the term "usual and</p> <p>18 customary charges"?</p> <p>19 A. Yes.</p> <p>20 Q. What does that mean to you?</p> <p>21 A. Well, there's another database you can use for</p> <p>22 that. And that also is based upon billed charges, not</p> <p>23 payments made.</p> <p>24 Q. Okay. Is it based on a single hospital bill</p> <p>25 charge that's usual and customary?</p>	<p>Page 47</p> <p>1 A. I'm not following you, Ralph.</p> <p>2 Q. Okay. In this printout you have from FAIR</p> <p>3 Health for this particular DRG for this hospital?</p> <p>4 A. Yes.</p> <p>5 Q. I think you said the 50th percentile was the</p> <p>6 40,204 number; is that correct?</p> <p>7 A. Correct.</p> <p>8 Q. I'll just leave it at that. Can you just</p> <p>9 describe what else you have on this two-page document</p> <p>10 that you have prepared, starting at the top? Is the</p> <p>11 patient's name redacted on the copy that you brought</p> <p>12 with you today?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. So it lists the redacted name, the claim</p> <p>15 number of the facility and the date of service at the</p> <p>16 top; correct?</p> <p>17 A. I redacted the claim, but I left the Lawnwood</p> <p>18 Regional Medical Center and the date of services and</p> <p>19 total billed charges on this.</p> <p>20 Q. Okay. And it looks like you showed a mean</p> <p>21 charge compared to Lawnwood's billed charges; is that</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. So what was the mean charge that you saw from</p> <p>25 this printout?</p>
<p>Page 46</p> <p>1 A. No, that would be based on compiled data.</p> <p>2 Q. Compiled meaning what? Other hospitals?</p> <p>3 A. Right. Right.</p> <p>4 Q. All hospitals or some group of like hospitals?</p> <p>5 A. Well, usually when we're looking at a usual and</p> <p>6 customary database, it is for a particular area, not</p> <p>7 nationwide.</p> <p>8 Q. Okay. So similar hospitals in a region of some</p> <p>9 sort?</p> <p>10 A. Correct.</p> <p>11 Q. And that's a methodology in some of the states</p> <p>12 that you reimburse; is that correct?</p> <p>13 A. Yes, that's correct.</p> <p>14 Q. Okay. If the division has a rule in one of its</p> <p>15 manuals on an outpatient -- we're in-patient, but if we</p> <p>16 want to borrow that rule from the outpatient manual from</p> <p>17 their own interpretation of the rules that's usual and</p> <p>18 customary is the 50th percentile. what would that number</p> <p>19 be in this case?</p> <p>20 A. Well, for outpatient I'd have to do a different</p> <p>21 kind of calculation. So I couldn't really tell you.</p> <p>22 Q. Okay. I'm saying hypothetically. If we use</p> <p>23 the FAIR Health database, what would be the usual and</p> <p>24 customary number if the division basically -- if we were</p> <p>25 to borrow that division at the 50th percentile?</p>	<p>Page 48</p> <p>1 A. For a DRG billed charges, the mean charge for</p> <p>2 this geozip area was \$48,222 compared to Lawnwood's</p> <p>3 billed charges of \$163,697.30.</p> <p>4 Q. Okay. And that first page is what you were</p> <p>5 describing, the total bill charged at the various</p> <p>6 percentiles; is that correct?</p> <p>7 A. Right.</p> <p>8 Q. What is the second page?</p> <p>9 A. The second page was a way to calculate out</p> <p>10 daily per diem billed charges using the FAIR Health</p> <p>11 database for that same ZIP code and DRG.</p> <p>12 Q. Why did you reference per diem?</p> <p>13 A. Because I wanted to look at it.</p> <p>14 Q. Okay. Well, excluding the stop loss, the</p> <p>15 Florida manual and statute would be a per diem per</p> <p>16 hospital as well; is that correct?</p> <p>17 A. That's correct, yes.</p> <p>18 Q. Do you know off the top of your head what the</p> <p>19 daily per diem is for Florida in-patient?</p> <p>20 A. It's about 3800, I think. Like I said, I</p> <p>21 always have to look every time I do one of these bills.</p> <p>22 Q. Okay. So that's kind of a rough number</p> <p>23 starting point. And then I think there's also some sort</p> <p>24 of regional modifier that might go up or down; is that</p> <p>25 right?</p>

<p>Page 49</p> <p>1 A. Correct. There's also a little shift for 2 trauma also. 3 Q. And was this a trauma code case in our 4 particular case? 5 A. It wasn't ever classified as a trauma. 6 Q. Okay. Because it started out as an outpatient 7 schedule; is that right? 8 A. Right. It was an emergency, but I don't think 9 a trauma. 10 Q. Okay. What does your comparison of the FAIR 11 Health data show? 12 A. It shows that the mean total billed charges 13 per diem is \$7,746. So that's the average of what 14 hospitals in a like area would bill per day compared to 15 Lawnwood's daily charges of \$40,924.33. 16 Q. And if we assume that \$3800 per diem number 17 in the Florida statute, if that applied to this 18 reimbursement, and bump it up to \$4,000 for the sake of 19 easy numbers. 20 A. Yeah. 21 Q. You multiply that times the number of 22 in-patient days; is that correct? 23 A. That's correct. 24 Q. And this was four in-patient days? 25 A. Correct.</p>	<p>Page 51</p> <p>1 is your description of the comparison; is that correct? 2 A. Correct. 3 Q. As we sit here today, do you still find that to 4 be a fair and accurate representation of the amount of 5 what you did? 6 A. Yes. 7 Q. In your deposition that you gave earlier -- 8 Ms. Harnage, you intend to submit that 9 deposition; is that correct? 10 MS. HARNAGE: I do. And I guess for the record 11 I would want this entire transcript, we would ask that 12 that all be submitted at trial. 13 MR. DOUGLAS: Okay. We'll stipulate. That's 14 fine. And then I won't go over everything that you 15 won't recover per your response. 16 MS. HARNAGE: Okay. 17 BY MR. DOUGLAS: 18 Q. But I will, per clarification, briefly ask 19 Ms. Joy, you did not provide a carrier response; is that 20 correct? 21 A. Correct. 22 Q. But I think you mentioned you had -- at 23 different stages of this, you looked at Bluebook for 24 some things and you looked at RED BOOK. Because 25 Medi-Span is in Florida, you or somebody went out and</p>
<p>Page 50</p> <p>1 Q. So the number would be \$16,000 or less -- 2 A. Correct. 3 Q. -- depending on -- 4 What was the ultimate number of reimbursement 5 issued by Zenith attached to the check for the EOBR? 6 A. 31,844.70. 7 Q. Did we already attach your FAIR Health 8 printout? 9 A. No. 10 Q. Okay. Go ahead and attach that, please. That 11 would be Exhibit 5, assuming the check is not attached 12 to the EOBR, Exhibit 4. 13 (Exhibit 5 marked) 14 THE WITNESS: Okay. Also, this EOBR and check 15 in the carrier summary was Exhibit 3. So we'll mark 16 that 4 now for this one. 17 MR. DOUGLAS: Okay. 18 MS. HARNAGE: I'm just going to object for the 19 record to the summary for FAIR Health. 20 MR. DOUGLAS: Okay. 21 Q. Is this a fair and accurate representation of 22 what you found when you accessed the FAIR Health 23 database? 24 A. Yes. 25 Q. And the typed language above those screen shots</p>	<p>Page 52</p> <p>1 got Medi-Span? 2 A. Correct. 3 Q. You didn't do all the data yourself, but you 4 did some of the leg work. And you did the line item 5 audit of every charge on the initial bill? 6 A. Correct. 7 Q. Okay. When the provider's petition for 8 resolution of reimbursement dispute came in, did you get 9 any kind of notice or were you made aware of that? 10 A. I was made aware of that. Whenever a dispute 11 comes in, the nurse who had originally reviewed the bill 12 is notified by e-mail and then given the opportunity to 13 review any additional information and give feedback if 14 we would change our initial answer. 15 Q. Okay. Did you do that in this case in terms of 16 reviewing? 17 A. I did review, and I had nothing to add or to 18 change. 19 Q. Okay. This FAIR Health comparison that you 20 pulled that we just attached, that came later in the 21 process; is that correct? 22 A. Yes. 23 Q. Did that change anything? 24 A. No. 25 Q. Does it confirm anything?</p>

Page 53	Page 55
<p>1 A. To me it confirms that we paid a reasonable 2 amount. 3 Q. And just briefly, once again, can you determine 4 how you determine what is a reasonable amount? 5 A. By comparing to what other hospitals would get. 6 By comparing to what they bill, what the reimbursement 7 is, what FAIR Health data says, what Medicare pays, by 8 making multiple comparisons. 9 Q. Okay. Did the hospital ever reach out to you 10 and provide you any documentation of why their initial 11 163,000-something dollars in billed charges were 12 reasonable or necessary because of their cost structure 13 or because of something unusual? Did they give you 14 anything to change your mind? 15 A. No. 16 Q. But they did give you the Initial Coding 17 Summary with that \$8,901.15 on it for the Medicare 18 reimbursement; is that right? 19 A. Yes. 20 Q. One second. While I'm looking here, did you 21 have any other substantive roles in preparing either the 22 carrier response or any other data accumulation other 23 than what you described? 24 A. No. 25 Q. I'm just going to focus back on what you said</p>	<p>1 EXAMINATION 2 BY MS. HARNAGE: 3 Q. Ms. Joy, just a few follow-ups. 4 I asked earlier, and Mr. Douglas did, the three 5 times the Medicare, the reimbursable amount, you know 6 what I'm talking about? 7 A. Yes. 8 Q. You testified that that directive came from 9 supervisors; is that right? 10 A. Right. 11 Q. Do you know who that directive came from? 12 A. From Carol Brodie. 13 Q. Okay. That's it. 14 And I just want to say we'll reserve objections 15 for whenever this entire transcript will be submitted at 16 the hearing. But that's all I have. Thank you, 17 Ms. Joy. 18 MR. DOUGLAS: That concludes the deposition. 19 And Madam Court Reporter, we will order. 20 MS. HARNAGE: The department will have a copy 21 too we're ordering both originals. And we need it 22 expedited by Wednesday, September 26. 23 (Deposition concluded at 1:15 p.m.) 24 25</p>
<p>1 about state Workers' Compensation programs that were 2 Medicare-based model for reimbursement. I think you 3 mentioned Texas, Illinois, Indiana, if I'm not mistaken, 4 and California. 5 A. Yes. 6 Q. Am I correct so far? 7 A. Yes. 8 Q. What is the range of multipliers that are added 9 to Medicare for reimbursement of hospital in-patient 10 surgeries? 11 A. From adding an additional 20 percent all the 12 way up to two times the Medicare rate. 13 Q. So 1.2 up to 2 times Medicare is what the other 14 states use; is that correct? 15 A. That's correct. 16 Q. And management in this case decided, given the 17 information that they had, they would use a 3 times 18 multiplier? 19 A. Correct. 20 Q. Do you feel that that is a reasonable 21 reimbursement, having reviewed the entire medical 22 chart and the line item audit and all of the data 23 analyses? 24 A. I thought it was very generous. 25 MR. DOUGLAS: Okay. I have nothing else.</p>	<p>1 REPORTER'S CERTIFICATE 2 3 I, Terri Bradley, Certified Shorthand Reporter, in 4 and for the State of California, do hereby certify: 5 That the foregoing witness was by me duly sworn; 6 that the deposition was then taken before me at the time 7 and place herein set forth; that the testimony and 8 proceedings were reported stenographically by me and 9 later transcribed into typewriting under my direction; 10 that the foregoing is a true record of the testimony and 11 proceedings taken at that time. 12 IN WITNESS WHEREOF, I have subscribed my name this 13 24th day of September, 2018, 14 15 16 17 18 19 20 21 22 23 24 25</p> <p><i>Terri Bradley</i> Terri Bradley, CSR No. 5600</p>

LINDA JOY
ZENITH INS. vs DEPT OF FINANCIAL SERVICES

September 19, 2018
57-59

Page 57		Page 59	
1 DEPOSITION ERRATA SHEET		1 DEPOSITION ERRATA SHEET	
2		2 Page No. ____ Line No. ____ Change to: ____	
3		3	
4 Our Assignment No.: J27256298		4 Reason for change: ____	
5 Case Caption: Zenith Insurance Company		5 Page No. ____ Line No. ____ Change to: ____	
6 vs: Department of Financial Services, et al.		6	
7		7 Reason for change: ____	
8 DECLARATION UNDER PENALTY OF PERJURY		8 Page No. ____ Line No. ____ Change to: ____	
9		9	
10 I declare under penalty of perjury that I have read		10 Reason for change: ____	
11 the entire transcript of my deposition taken in the		11 Page No. ____ Line No. ____ Change to: ____	
12 above-captioned matter or the same has been read to me,		12	
13 and the same is true and accurate, save and except for		13 Reason for change: ____	
14 changes and/or corrections, if any, as indicated by me		14	
15 on the DEPOSITION ERRATA SHEET hereof, with the		15 Page No. ____ Line No. ____ Change to: ____	
16 understanding that I offer these changes as if still		16	
17 under oath.		17 Reason for change: ____	
18 Signed on the ____ day of ____, 2018.		18 Page No. ____ Line No. ____ Change to: ____	
19		19	
20 Linda Joy		20 Reason for change: ____	
21		21 Page No. ____ Line No. ____ Change to: ____	
22		22	
23		23 Reason for change: ____	
24		24 SIGNATURE: ____ DATE: ____	
25		25 Linda Joy	

Page 58	
1 DEPOSITION ERRATA SHEET	
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16 Reason for change: ____	
17 Page No. ____ Line No. ____ Change to: ____	
18	
19 Reason for change: ____	
20 Page No. ____ Line No. ____ Change to: ____	
21	
22 Reason for change: ____	
23	
24 SIGNATURE: ____ DATE: ____	
25 Linda Joy	



800.211.DEPO (3376)
EsquireSolutions.com

Exhibit 1

Linda Joy

l.joy@ebcglobal.net

PROFESSIONAL EXPERIENCE

Zenith Insurance, Orange, CA

Nurse Case Manager and Bill Auditor

2002 to present

- Oct. 2008 to present: Nurse Bill Auditor in Bill Review Department. Review variety of bills utilizing bill re-pricing system and other calculation tools. Reviewed bills include multi-jurisdictional fee schedules (inpatient, outpatient, DME, non-fee schedule, Medicare, rehabilitation facilities, provider/physician bills, physical therapy bills, etc.). Provider negotiations with direct fee agreements. Cost projections for reviewing reserves on claims.
- Sept. 2002- Oct. 2008: Nurse Case Manager in workers' compensation claims office. Special projects included: assisting with implementation of interoffice training for ACOEM guidelines, IT UR pilot project, and developed doctor group block time for AME/QME evals. Identified inappropriate billing from DME vendor, which resulted in \$500,000.00 cost savings.

CNA/RSKCo Insurance, Brea, CA

Nurse Case Manager

1997- Sept, 2002

- Telephonic Nurse Case Manager in workers' compensation claims office working directly with claims examiners, attorneys, safety and health, vocational specialists, employers and medical providers. Developed reference tool for cost/benefit analysis and reference tool for URAC compliance. Developed instruction course and resource manual, Case Management Cost Savings and Service Benefit.

Independent Nurse Case Manager, Los Angeles, CA

Nurse Case Manager

1997- 1997

- Independent Field Nurse Case Manager for workers' compensation claims. All aspects of startup of a small business including: marketing/sales, office set up, case management, invoices/billing, reports, tax records, etc. Client referral base included: CIGNA, Federal Dept. of Labor and attorneys.

Saddleback Memorial Medical Center, Laguna Hills, CA

Staff RN Level III Intensive Care Nursery

1994-1997

- Provide bedside care to neonates. Attend high-risk deliveries. Use of all technical equipment. Computerized care plans, diagnostic tests, dispensing medications, feedings. NALS certified.

Intracorp, MN, SD, CA

Hospital Bill Auditor and Nurse Case Manager

1989-1997

- Interacted with over 70 insurance carriers. Educated in state and federal work comp law. Catastrophic medical case management in the field. Coordinated return to work with onsite job analysis at employer locations. Disability evaluations for medical (auto liability and workers' compensation). QA and cost containment. Marketing and sales. ADA training.

McKenna Hospital, Sioux Falls, SD

Registered Nurse

1985-1992

- 1990-1992 State coordinator for Hemophilia Treatment Program. Wrote budget and grant application for NIH funding. Accessed grant monies thru Ryan White Care Act. Raised money for camp scholarships for patients. Referred patients for study protocols thru Mayo Clinic, Rochester, MN. Statewide surveys of physician and client populations. Patient education. Also filled in at pediatric oncology clinic.

Exhibit No.:	1
Name:	Joy
Date:	9-19-18
ESQUIRE	

- 1989-1990 Staff nurse in Level III Intensive Care Nursery. Attend high-risk deliveries. NALS certified.
- 1985-1989 Staff and charge nurse on Acute Care Psychiatric Unit. Thirteen bed locked unit.

Good Samaritan Nursing Home, Sioux Falls, SD
Registered Nurse

1984-1985

- 1984-1985 Evening supervisor/charge nurse in skilled nursing facility. Responsible for supervision of up to 10 staff and 100 residents. Conducted employee performance evaluations.

Veteran's Administration Hospital, Sioux Falls, SD
Registered Nurse

1980-1984

- Staff nurse on adult oncology and respiratory unit. General patient care. Reviewed charts and physician orders. Mixed and administered oral and IV medications. Mixed oncology drugs using laminar flow hood. IV start team.

ADDITIONAL EXPERIENCE

Leadership Accomplishments:

- Past Board member of CMSA-SCC 1997-1998
- Chair of CMSA-SCC annual conference 1989-1999
- Grant writing committee for VAMS (Vietnamese American Music Society) 2002-2004
- Project manager for CPDM RTW team

Technical Qualifications:

- Experience in Medical Case Management- 30 yrs. (RN/CCM)
- Experience in UR and QA- 15 yrs.
- Experience in workers' compensation- 30 yrs. (WCCA)
- Experience in RTW- 30 yrs. (CPDM)
- Experience in professional coding- 8 yrs. (CPC)

Management of Financial Resources:

- Developed budget for CMSA-SCC annual conference (600 attendees, multiple vendors/speakers)
- Grants for Hemophilia Program (NIH and Ryan White Care Act) (obtained \$40,000.00 grant for camp scholarships for children with hemophilia)
- Negotiation of direct provider contracts

Quality Practice Outcomes:

- Execution of quality claims/med management model
- Coordinated partnerships for AME/QME block time
- Developed tool to evaluate ROI for healthcare services

EDUCATION

- University of South Dakota, Vermillion, SD 1979 AA in Nursing
- SD RN license 1979-1994
- CA RN Licensure- 1984 to present
- CCM (Certified Case Manager) 1994 to present
- WCCA (Worker's Compensation Claims Associate) 1998 to present
- CPDM (Certified Professional Disability Manager) 2005 to present
- CPC (Certified professional coder) 2010 to present

000000022

MRN DATE 01/27/16
MRN TIME 0410
MRN USER RFP FRED

LAWRENCE ABB +LIVE+
CODING SUGGEST

EXHIBIT **2**

PAGE 1

000000022

NAME **ROSE, GLEN**

ACCT# H00105093570
FORM

ADM DATE 01/21/16 0800
ATTEND PHYS Crowell, Christopher MD
DIS DT/WM 01/25/16 0834
DIS DISP ROUTINE HOME/SELF CARE 01
LOS
PT CLASS IN OTH

UNIT# H000741740
SEX M
AGE 47
DOB 08/07/68
PTN CLASS 04
AMB STATUS FINAL

DIAGNOSIS

ACMIT DX N23 641

STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED

PCA INDICATOR CODESET
ICD10

REASON FOR VISIT DX

PRIMARY CODESET

PRINC DX 199 6
OTHER DX N23 641
P17 210

OTHER DISORDER OF CIRCULATORY SYSTEM
STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED
NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED

Y ICD10
Y ICD10
Y ICD10

OTHER CODESET

PRINC DX

OTHER DX

PROCEDURE

PRIMARY CODESET

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST	ICD10
01/21/16	01N700Z RELEASE RIGHT HAND TENDON, OPEN APPROX	Crowell, Christ		ICD10
01/21/16	01Q600Z REPAIR RADIAL NERVE, OPEN APPROX	Crowell, Christ		ICD10
01/21/16	01N400Z RELEASE ULNAR NERVE, OPEN APPROX	Crowell, Christ		ICD10
01/21/16	83000Z FLUORIN RADIOPHANY OF RIGHT UPP	Binette, Christo		ICD10
01/20/16	83000Z FLUORIN RADIOPHANY OF RIGHT UPP	Binette, Christo		ICD10
01/20/16	03H833Z INSERTION OF INFUSION DEV INTO	Binette, Christo		ICD10
01/20/16	330531Z INSERTION OF OTH THERAPEUTIC	Binette, Christo		ICD10
01/21/16	05P000Z REMOVAL OF INFUSION DEVICE PRO	Binette, Christo		ICD10

PRIMARY CODESET

DRG 1-10

OTHER CODESET

DRG 1-9

STATUS

Y

REBIDG
0801 15

MIN-LOS

STD-LOS
2 P

COST PT
1 7175

GRP VERS
33

GRP FC
04

Patient ROSE, GLEN

MRN H000741740 Encounter H00105093570 Page 1 of 2

Exhibit No.: 2
Name: Joff
Date: 9-18-18
ESQUIRE

00000023

00000023
PAGE

RUN DATE 01/27/16
RUN TIME 0410
RUN USER RFF-FRED

LAWWOOD AHS *LIVE*
CODING SUPPORT

NAME

ACCT# H00103003570
YCHX

ADN DATE 01/21/16 0800
ATTEND- PHYS Crowell, Christopher MD
DIN DT/TH 01/25/16 0034
DYS DIST ROUTINE HOME/SELF CARE 01
LOS 4
PT CLASS IN OTK

UNIT# H000741740
SEX M
AGE 47
DOB 08/07/68
FIN CLASS 04
AHS STATUS FINAL

DWG STATUS DATE 01/26/16
OWNER 1R8FW0627

AHS STATUS DATE 01/26/16
ABSTRACTOR 1R8FW0627

This form will be maintained as a permanent part of the medical record

Patient ROSE, GLEN

MRN H000741740 Encounter H00105093570 Page 2 of 2

Lawwood Regional Medical Center

DOS: 1/21/2016- 1/25/2016

Medicare # 100246

EXHIBIT #5
3

OPTUM360[®] RevenueCyclePro.com

Enter BSN: 083 Enter Provider Number: 100246 Consider Length: Patient Date: 01/21/2016 Discharge Date: 01/25/2016

☐ Apply 25-segmentation reduction amount (0.00)

Factor	Value	Factor	Value	Factor	Value
Net Patient Allowance	15,389.37	Operating Value used in Calculation		Operating Expenses	
Hospital Workday Adjust	33,877.94	Operating MIE Factor		Operating Federal Specific Factor (O-F SF)	68,151.66
Hospital Wage Index (MI)	5,818.7	Operating DSH Factor	0.00000000	Operating Hospital Specific Rate (O-H SP)	60.00
Cost of Living Adjustment (COLA)	1.0000	DSH Reduction Factor	0.3600	Operating DSH (O-DSH)	6407.24
Federal Wage-adjusted Rate (FWSR)	15,195.12	Capital Value used in Calculation		Operating MIE (O-MIE)	60.00
Readmission Adjustment Factor	0.9635	Geographic Adjustment Factor (GAF)	0.8443	Readmission Reduction (READMIT)	664.64
Value Based Purchasing Factor	1.0010728740	Capital COLA	1.0000	Value Based Purchasing (VBP)	616.04
Low Volume	8.000000	Capital Federal Specific Rate (SF Rate)	0.00000000	Capital Expenses	
Sale Community Care per Discharge	50.00	Capital DSH Factor	0.0701	Capital FFP (C-FFP)	1729.01
				Capital DSH (C-DSH)	663.06
				Capital MIE (C-MIE)	60.00

083

Example OR
Procedure Description is
Prostatectomy
with GLEPCC

1.00103 3.30 days 3.68 644 31,500.26 3290.74 6787.31 60.00 60.00 60.00 60.00 611,173.21

Page 1 of 1

Exhibit No.: 3
Name: Jay
Date: 9-19-18
ESQUIRE

EXPLANATION OF BILL REVIEW - FL

EXHIBIT #3

Carrier/Audit Reviewer
Zenith Insurance Company
P.O. BOX 1558
SARASOTA, FL 34230
(800) 440-5020
DIVISION ISSUED INSURER NUMBER: 785

Patient Information
GLENN ROSE
1515 14TH COURT
VERO BEACH, FL 32960
SSN: XXX-XX-6304
DATE OF INJURY: 09/20/15
Patient Acct No: 103093570

Zenith Claim Information
Claim Number: 648094
Check Date: 03/24/16
Check Number: 887025
Date Of Review: 03/16/16
Case Number: ZEN-ZZFL-203032

Billing Provider Information
LAWNWOOD REGIONAL MEDICAL
CENTER INC
PO BOX 402781
ATLANTA GA 30384-2781
TAX ID: 291354486
GROUP NPI: 156640647

Rendering Provider Information
LAWNWOOD REGIONAL MEDICAL
CENTER
1700 S 13RD ST
FORT PIERCE FL 34950
NPI: 1568408647

Employer Information
ORCHID ISLAND JUICE COMPANY
330 N. US HIGHWAY 1
FORT PIERCE, FL 34950
(772) 465-1122

DIAGNOSIS INFORMATION: M25.641, F17.210, 199.8

DATES OF SERVICE: 01/21/16 TO 01/23/16

Date Of	Procedure	Service	Code	Med Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
01/21/16	121			MED-SUR-GY72 B	0004	8,792.00	5,385.48	69.75	0.00	1,326.77	81 82 83
01/21/16	250			PHARMACY GENER0012		4,185.00	3,332.45	43.13	0.00	818.42	81 82 83
01/21/16	258			PHARMACY IV 80	0013	8,742.00	5,355.75	58.32	0.00	1,318.62	81 82 83
01/21/16	259			PHARMACY OTHER 0027		1,507.00	1,187.14	18.60	0.00	294.35	81 82 83
01/21/16	270			MED/SURGICAL S	0001	53.00	42.10	0.55	0.00	10.35	81 82 83
01/21/16	272			STERILE SUPPLY	0048	5,177.00	6,465.70	784.07	0.00	1,597.29	81 82 83
01/21/16	278			OTHER IMPLANTS	0001	669.00	589.00	0.00	0.00	0.00	47 82 83
01/21/16	301			LABORATORY CHE	0001	630.00	500.48	6.46	0.00	123.08	81 82 83
01/21/16	305			LABORATORY HEM	0013	4,821.00	3,670.88	47.51	0.00	902.63	81 82 83
01/21/16	320			RADIOLOGY DIAG	0001	605.00	480.80	6.23	0.00	118.17	81 82 83
01/21/16	380			OPERATING ROOM	0013	52,090.00	41,379.62	535.52	0.00	10,174.80	81 82 83
01/21/16	381			MINOR SURGERY	0001	7,774.00	6,176.56	79.93	0.00	1,518.51	81 82 83
01/21/16	370			ANESTHESIA GEN	0019	38,722.00	28,785.32	348.69	0.00	6,588.99	81 82 83
01/21/16	838			DRUGS / DETAIL	0353	20,604.80	21,372.43	276.60	0.00	5,255.27	81 82 83
01/21/16	837			UNLISTED SPECI	0005	200.00	166.00	2.08	0.00	30.00	81 82 83
01/25/16	710			RECOVERY ROOM	0002	9,016.00	7,162.20	92.70	0.00	1,761.10	81 82 83
TOTAL SUMMARY:						183,667.30	130,176.68	1,876.04	0.00	31,844.70	

State/ANSI Reason Code & Description:

- 47 PAYMENT DISALLOWED: INSUFFICIENT DOCUMENTATION: INVOICE OR CERTIFICATION NOT SUBMITTED FOR IMPLANT.
 81 PAYMENT ADJUSTED: BILLING ERROR: PAYMENT MODIFIED PURSUANT TO A CHARGE AUDIT.
 82 PAID: NO MODIFICATION TO THE INFORMATION PROVIDED ON THE MEDICAL BILL: PAYMENT MADE PURSUANT TO FLORIDA WORKERS' COMPENSATION REIMBURSEMENT MANUAL FOR HOSPITALS.
 93 PAID: NO MODIFICATION TO THE INFORMATION PROVIDED ON THE MEDICAL BILL: PAYMENT MADE PURSUANT TO WRITTEN CONTRACTUAL ARRANGEMENT (SEE PPO ABOVE OR NOTE BELOW).

THIS BILL HAS BEEN PRICED IN ACCORDANCE WITH THE TERMS OF YOUR CONTRACT WITH COVENTRY NATIONAL.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.
 ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 1558, SARASOTA, FL 34230-1558

(Explanation Of Bill Review Continued On Next Page)

THEZENITH
CLAIM NO: 648094
P.O. BOX 1558
SARASOTA, FL 34230

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
ATLANTA
DEKALB COUNTY, GA 30345

BR 887025 64-1278
511

DATE: 03/24/16 AMOUNT \$ 31,844.70

PAY **THIRTY ONE THOUSAND EIGHT HUNDRED FORTY FOUR DOLLARS AND 70 CENTS **

VOID AFTER 180 DAYS
ZENITH INSURANCE COMPANY

TO THE ORDER OF
LAWNWOOD REGIONAL MEDICAL CENTER INC
PO BOX 402781
ATLANTA GA 30384-2781

C887025C A061112788A 3299777815C

Exhibit No.:	4
Name:	JPYK
Date:	3-24-16
ESQUIRE	

Claim Number: 648094

EXPLANATION OF BILL REVIEW - FL

Page 2

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-888-288-0554 for more information.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

This EOB constitutes notice of disallowance or adjustment of payment within the meaning of Section 440.13(7), F.S. Zenith Insurance Company accepts Service of Process directly for petitions for reimbursement dispute resolution by certified mail pursuant to Section 440.13(7)(a), F.S. at the following address:

Zenith Insurance Company
ATTN: LEGAL DEPARTMENT
1090 MAIN STREET
SARASOTA, FL 34238

COPY ONLY

4.2

Exhibit 5

Lawnwood Regional MC

DOS: 1/71/2016- 1/25/2016

Total billed charges: \$163,697.30

DRG: 983 - Extensive OR procedures unrelated to principle DX without CC/MCC

Per FairHealth data using geo zip 349 and DRG 983:

Average total charges for this DRG :

(MEAN total billed charges for this DRG in this geo zip area: \$48,222.00 compared to Lawnwood's billed charges of \$163,697.30)

FAIRHealth
Fair Health Analysis

PH Benchmarks - Inpatient Facility - 00083

Release Date: 2015 - GeoZip: 349 Product Line: Tot - Dollars

Found 1 record

Ref Date	Record	DRG	Group	Product	FREQ	Mean	RV	50th	60th	70th	75th	80th	85th	90th	95th	97th	99th	Prod Description
Oct 2015	32	00083	100	Totals	0	\$48,222	1000	\$40,000	\$41,775	\$42,015	\$42,407	\$42,738	\$43,076	\$43,414	\$43,752	\$44,090	\$44,428	Extensive OR procedures unrelated to principal dx w/o

Display: Dollars

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Continue to next page please.

Exhibit No: 5

Name: JAY

Date: 9-18-18

INSURE

5.1

(MEAN total billed charges per diem: \$7,746.00 compared to Lawnwood's daily charges of \$40,924.33)

6.2