

# **EXHIBIT B**

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IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
SOUTHERN DIVISION  
No. 7:23-CV-897

IN RE: :  
CAMP LEJEUNE WATER LITIGATION :  
:  
:  
This Document Relates To: :  
ALL CASES :

Remote deposition of KIMBERLY RIVAS  
taken in the above-entitled matter before  
Suzanne J. Stotz, a Certified Shorthand  
Reporter (Texas License No. 11942), Certified  
Realtime Reporter, Registered Professional  
Reporter, and Notary Public of the State of  
Texas, on Tuesday, August 26, 2025, commencing  
at 12:57 p.m. CDT.

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1 A P P E A R A N C E S (Continued):

2  
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4 (Via Videoconference)

5 UNITED STATES DEPARTMENT OF JUSTICE

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18 ALSO PRESENT:

19 TANEA VERDICK, Associate General Counsel

20 c/o TriWest Healthcare Alliance

21 Corporation

22 DAVID LANE, Videographer

23  
24  
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I N D E X

	EXAMINATION	Page No.
	KIMBERLY RIVAS	
	BY MS. WALLACE	8

E X H I B I T S

Exhibit	Description	Page No.
Exhibit 1	Plaintiffs' Notice of Deposition of Kimberly Rivas, TriWest Director of Claims Administration	17
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## E X H I B I T S (Continued)

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I N D E X (Continued)

E X H I B I T S (Continued)

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(Exhibits attached to transcript.)

1 THE VIDEOGRAPHER: We are now on  
2 the record. My name is David Lane,  
3 videographer for Golkow, a Veritext  
4 division. Today's date is August 26th,  
5 2025, and the time on the record is  
6 12:57 p.m. Central Time.

7 This remote video deposition is  
8 being held in the matter of Camp Lejeune  
9 Water Litigation. Our deponent today is  
10 Kimberly Rivas.

11 All parties to this deposition are  
12 appearing remotely and have agreed to the  
13 witness being sworn in remotely.

14 Due to the nature of remote  
15 reporting, please pause briefly before  
16 speaking to ensure all parties are heard  
17 completely.

18 Our counsel will be noted on the  
19 stenographic record.

20 The court reporter today is Suzanne  
21 Stotz and will now swear in the witness.

22 THE COURT REPORTER: Could you  
23 raise your hand, Ms. Rivas.

24 THE WITNESS: (Complied with  
25 request.)

1                   K I M B E R L Y     R I V A S ,  
2           having first been duly sworn, was examined and  
3           testified as follows:

4                                   EXAMINATION

5           BY MS. WALLACE:

6           Q.           Good afternoon, Ms. Rivas.

7           A.           Good afternoon.

8           Q.           My name is Whitney Wallace. I'm  
9           with Wallace & Graham, and I'll be asking you  
10          some questions today on behalf of the  
11          Plaintiffs' Leadership Group.

12          MS. WALLACE: I wanted to first put  
13          on the record that our CMO Number 3 states  
14          that before remote deposition commences,  
15          the parties agree that no communication  
16          with the deponent by any means, including,  
17          not limited to text messaging, will occur  
18          outside the view of the other parties  
19          while the deposition is preceding.

20          BY MS. WALLACE:

21          Q.           Do you understand that that cannot  
22          occur today?

23          A.           Yeah.

24          Q.           Okay. And I understand that you  
25          have two -- you have counsel for the DOJ that

1 are present, and we're also joined by Tanea  
2 Verdick, associate general counsel for TriWest  
3 Healthcare.

4 Which attorney is representing you  
5 for the purposes of today's deposition?

6 A. I don't know the answer to that.

7 Which attorney is representing me?  
8 I believe that's the DOJ.

9 Q. All right. Will you please state  
10 your name for the record.

11 A. Kimberly Rivas.

12 Q. Your date of birth, please?

13 A. January 17th, 1979.

14 Q. Who is your current employer?

15 A. TriWest Healthcare Alliance.

16 Q. What is your job title at TriWest?

17 A. Director of claims administration.

18 Q. You've been sworn in under oath,  
19 and you understand that all of your -- your  
20 answers today must be truthful?

21 Do you need me to restate the  
22 question, or did you freeze on me?

23 A. I think we froze. I just heard all  
24 my answers have to be truthful. Yes.

25 Q. Okay. Great.

1 I am going to -- if -- if there are  
2 in I questions I ask you today that you do not  
3 understand, will you please ask me to repeat  
4 them; and I'll be happy to -- to do that?

5 A. Yes.

6 Q. If you need a break when I'm not  
7 taking them, please let me know.

8 A. Okay.

9 Q. And as the court reporter  
10 mentioned, because we're remote, there may be  
11 delays. So let's try to make sure each of us  
12 finish our question, our answer before we move  
13 forward.

14 A. Okay.

15 Q. All right. You are not an employee  
16 of the United States government, correct?

17 A. No.

18 Q. I'm sorry. Can you say that answer  
19 again?

20 A. Correct. I am not an employee of  
21 the United States government.

22 Q. Where are you currently located?

23 A. In Lewisville, Texas.

24 Q. Are you in a home? A hotel?

25 A. An apartment.

1 Q. Is there anyone else there with  
2 you?

3 A. No.

4 Q. Do you have any materials that you  
5 are -- that you have hard copy with you today?

6 A. No.

7 Q. Do you have access to data  
8 extractions that have been performed by TriWest  
9 avail- -- available to you today?

10 A. They're in my email, but that is  
11 closed at this point.

12 Q. All right. Are you familiar with  
13 the Camp Lejeune litigation?

14 A. Yes.

15 Q. What do you know generally about  
16 it?

17 A. I just know basic information, that  
18 there were military members that lived on Camp  
19 Lejeune between the '50s and '80s and may have  
20 con- -- contracted diseases due to the water  
21 and the -- their living conditions there.

22 Q. Do you know anyone who has filed a  
23 Camp Lejeune claim?

24 A. I do not.

25 Q. And are you or your family members

1 veterans?

2 A. They are not.

3 Q. Are you aware of what your  
4 testimony and your role today plays in this  
5 litigation?

6 MR. ANTONUCCI: Objection.

7 Foundation.

8 You can answer.

9 THE WITNESS: I'm aware that --  
10 that I am going to --

11 THE VIDEOGRAPHER: She froze on me.

12 THE WITNESS: -- veterans that have  
13 submitted claims and their outcome of the  
14 award or any award that may be issued to  
15 them.

16 BY MS. WALLACE:

17 Q. Ms. Rivas, I think your answer  
18 froze, and I might have to repeat the question  
19 and ask you to answer that again.

20 Is your internet up and running and  
21 strong internet connection?

22 A. Yeah, it is. I -- I haven't had  
23 any problems all morning.

24 Q. Okay. Let's -- let's -- let me ask  
25 that question again.

1           Are you aware of what you in your  
2           role in your deposition today plays in the Camp  
3           Lejeune justice litigation?

4           MR. ANTONUCCI:  Objection.

5           Foundation.

6           THE WITNESS:  Yes.  I am aware that  
7           I will be answering questions regarding  
8           the data that was submitted for a couple  
9           of veterans that we did pay out claims on  
10          their behalf.

11          BY MS. WALLACE:

12          Q.        Do you understand that the data  
13          that you have provided from TriWest or from the  
14          VHA has been provided to the economist in order  
15          to quantify potential offsets related to those  
16          claimants that you pulled data for?

17          MR. ANTONUCCI:  Objection.  Form  
18          and foundation.

19          THE WITNESS:  Yes.  I understand  
20          that that information is used to calculate  
21          any offset so as to not pay the recipient  
22          un- -- unnecessarily or additional funds  
23          more than once.

24          BY MS. WALLACE:

25          Q.        Have you ever provided a similar

1 data extraction for an individual at the  
2 request of DOJ -- DOJ previously?

3 A. No, I have not.

4 Q. Have you given a deposition before?

5 A. No, I have not.

6 Q. Have you ever been a party in any  
7 civil litigation?

8 A. No, I have not.

9 Q. Have you testified before an  
10 administrative panel before?

11 A. No, I have not.

12 Q. When and how did you learn that you  
13 were going to be deposed in this matter?

14 A. Our legal team at TriWest  
15 Healthcare Alliance asked for me to -- or one  
16 of our direct- -- directors in claims  
17 administration to testify, and I was selected  
18 to -- to do that by my direct boss.

19 Q. Who was your direct boss who  
20 selected you?

21 A. Hillary Sheehan.

22 Q. What's her role, please?

23 A. She is VP of claims administration.

24 Q. Did she tell you why you had been  
25 selected to do the deposition today?

1           A.       Not specifically having anything to  
2 do with me, but my understanding is the  
3 directors often switch out if there's a  
4 situation of this nature where someone needs to  
5 testify; and my peer had done it the last time  
6 that there was a request, so this was my turn.

7           Q.       What was your -- what is your  
8 peer's name that you just referenced?

9           A.       Nicole Diaz.

10          Q.       Does she have a similar job title  
11 as you?

12          A.       The exact same job title.

13          Q.       Do you guys handle different  
14 divisions of claims administration director, or  
15 do you guys work together precisely in that  
16 role?

17          A.       We handle different pieces of the  
18 business, but essentially, on the same  
19 contracts.

20          Q.       What did you do to prepare for  
21 today?

22          A.       I did review the spreadsheets that  
23 were pulled and the data sources for them. I  
24 did review all of the supporting documentation  
25 that was sent over, such as the subpoenas.

1 Q. Did you meet with attorneys?

2 A. I did. I met a -- I had a  
3 conversation with the attorneys from the DOJ.

4 Q. Which ones were that?

5 A. Giovanni and -- I'm sorry. I don't  
6 remember the other names.

7 Q. Were any non-attorneys present for  
8 those conversations?

9 A. No. The only other people on the  
10 line were Tanea Verdick, who's here today, and  
11 Brian from TriWest, who is also an attorney.

12 Q. Can you tell me how many times that  
13 you met in preparation for today's deposition?

14 A. Just one.

15 Q. Did you, prior to this deposition,  
16 have any conversations with other persons that  
17 work with a related agency, such as CCN or  
18 TRICARE or VHA or Optum?

19 A. No.

20 Q. Did you do anything else to prepare  
21 or review any other documents other than those  
22 you've named?

23 A. No, I don't believe so.

24 Q. Okay.

25 MS. WALLACE: I'm going to upload

1           our first two exhibits into the chat.  
2           These will be the deposition notice and  
3           the responses to your deposition notice.

4                   (Whereupon, Exhibit 1, Plaintiffs'  
5           Notice of Deposition of Kimberly Rivas,  
6           TriWest Director of Claims Administration,  
7           was marked for identification.)

8                   (Whereupon, Exhibit 2, United  
9           States' Objections and Responses to  
10          Plaintiffs' Notice of Deposition and  
11          subpoena of Ms. Kimberly Rivas, was marked  
12          for identification.)

13                   MS. WALLACE: I want to make sure I  
14          did that correctly for everyone.

15                   Can everyone see -- thumbs up --  
16          that they went through? Okay. Fantastic.

17          BY MS. WALLACE:

18                   Q.          Have you reviewed the -- the  
19          Department of Justice's -- the subpoena that we  
20          served to you and notice for this deposition,  
21          have you reviewed that document?

22                   A.          I did.

23                   Q.          Were you consulted in drafting the  
24          objections to that subpoena by the  
25          Department -- that were served by the

1 Department of Justice that's Exhibit 2?

2 A. Let me try to open this.

3 It's asking me to save it rather  
4 than open it.

5 THE VIDEOGRAPHER: You might have  
6 to download before you open it.

7 THE WITNESS: Yeah. I think that's  
8 what's happening. I'm trying.

9 BY MS. WALLACE:

10 Q. Would it be easier for you if I put  
11 it on the screen for you to see?

12 A. Oh, it's fine here.

13 Q. Okay.

14 A. It came up. I've got it. I was  
15 trying to open it directly.

16 Okay. I'm sorry. Could you repeat  
17 the question?

18 Q. Sure. Were you consulted when the  
19 DOJ provided objections and any documents to  
20 your subpoena notice?

21 A. I was not.

22 Q. Are you -- so you haven't seen  
23 Exhibit 2, the answers in Exhibit 2?

24 A. I have seen the answers, yes. I  
25 have -- but I was not consulted, like, about

1 what -- what the response was. That's what I  
2 thought you were asking me.

3 Q. Okay. Are you aware of any data or  
4 materials which you reviewed related to the  
5 TriWest data that was pulled that have not been  
6 produced to the DOJ?

7 A. I'm not aware of any additional  
8 information, no.

9 Q. Do you -- do you have a CV?

10 A. What is a CV?

11 Q. It's a -- it's called -- it's  
12 Latin. Curriculum vitae. It's, like,  
13 essentially a resume?

14 A. Oh, yes, I have a resume. I sent  
15 that to Brian this morning and Tanea. It is  
16 not updated with this current role, but I have  
17 a prior resume that I shared.

18 Q. And do you know if that was  
19 produced prior to your deposition today?

20 MR. ANTONUCCI: Objection.

21 Foundation.

22 THE WITNESS: I do not know if it  
23 was shared beyond me sharing it with our  
24 legal team.

25

1 BY MS. WALLACE:

2 Q. Do you -- have you reviewed all of  
3 the materials in this case that have been  
4 produced in this matter?

5 And I'll tell you the Bates stamp  
6 number. It's CLJA\_TRIWEST\_'1 through '10.

7 Have you seen all of that  
8 information or reviewed it prior to our  
9 deposition?

10 MR. ANTONUCCI: Object to form and  
11 foundation.

12 BY MS. WALLACE:

13 Q. It would -- let me tell you what it  
14 includes and you tell me if you think that --

15 A. Yes, please.

16 Q. -- that you've reviewed it.

17 It's five datasets, two produced in  
18 April to the plaintiff group in April, and  
19 three produced in June of 2025. And it's two  
20 data dictionaries and one cover letter.

21 Does that sound consistent with  
22 what TriWest has produced in this matter?

23 A. Yes. I've seen three spreadsheets  
24 of data and two data dictionaries.

25 Q. So just three spreadsheets?

1           A.           Yep.    And two data dictionaries.  
2           And then there was a cover letter.   I'm not  
3           sure if -- it was from Kaitlin Band is the one  
4           that I reviewed that is a, like, describes the  
5           data that was pulled, if that's what you're  
6           referring to as a cover letter.

7           Q.           And did you -- is it your testimony  
8           today that you provided the DOJ with all of the  
9           information that they requested of TriWest?

10          A.           I personally did not give any of  
11          that information, but the company did supply  
12          everything that I have seen, yes, those  
13          spreadsheets and data dictionary and letter.

14          Q.           All right.

15                 MS. WALLACE:   I'm going to add  
16          another exhibit, Exhibit 3 into the chat.

17                         (Whereupon, Exhibit 3, Cover  
18          letter, Bates labeled  
19          CLJA\_TRIWEST\_0000000002 through  
20          CLJA\_TRIWEST\_0000000004, was marked for  
21          identification.)

22          BY MS. WALLACE:

23          Q.           This -- Exhibit 3 is a -- I believe  
24          is the cover letter that you just referenced.

25                         Can you open it, Ms. Rivas?

1           A.       Yes.    That is the exact cover  
2   letter that I was referencing, yes.

3           Q.       Okay.  And it -- it's authored by  
4   Kaitlin Band?

5           A.       Correct.

6           Q.       And what is Kate -- tell me Kaitlin  
7   Band's role as it relates to TriWest, please.

8           A.       She is a supervisor in our Payment  
9   Integrity area.

10          Q.       Do you supervise her?

11          A.       No.    She's in a different area than  
12   me.  I'm just aware of her through meetings and  
13   her name.  I have not worked directly with her.

14          Q.       Do you know what her primary role  
15   as supervisor entails?

16                   MR. ANTONUCCI:  Objection.  
17   Foundation.

18                   THE WITNESS:  Normally, our  
19   supervisors oversee a group of people that  
20   would review claims in that area to  
21   determine whether or not they were billed  
22   properly and, like, if they matched the  
23   medical documents that were submitted.

24   BY MS. WALLACE:

25          Q.       Do you know what her training and

1 expertise is as it relates to pulling the data  
2 that's referenced in Exhibit 3?

3 MR. ANTONUCCI: Objection.

4 Foundation.

5 THE WITNESS: All of our  
6 supervisors and managers have a data  
7 source that we can go into SSRS reporting,  
8 where we can pull reports from our  
9 database that give us claim detail and  
10 payment information.

11 BY MS. WALLACE:

12 Q. And as you're the one testifying  
13 today, do you understand how she pulled the  
14 data that's referenced in Exhibit 3?

15 A. I'm sorry. I think you froze for a  
16 second.

17 Can you hear me?

18 Q. Yes, I can.

19 A. Okay.

20 Q. Would you like for me to repeat my  
21 question?

22 A. Yes, please.

23 Q. Do you have an understanding as  
24 our -- our witness today as to how Ms. Band  
25 performed her data extractions that are

1 referenced in Exhibit 3?

2 MR. ANTONUCCI: Objection. Form.

3 THE WITNESS: Yes. She explains  
4 that she did go in and --- go into our  
5 claims management software and confirmed  
6 that the beneficiary information was  
7 correct and pulled the spreadsheets that  
8 correspond to the claims.

9 BY MS. WALLACE:

10 Q. Did you -- have you had independent  
11 conversations with Ms. Rivas about the role  
12 that she -- she played in the data extractions  
13 that are described in Exhibit 3?

14 MR. ANTONUCCI: Objection. Form.

15 I think you may have meant  
16 Ms. Band.

17 MS. WALLACE: I did.

18 BY MS. WALLACE:

19 Q. And would you like for me to repeat  
20 the question, or can you answer it with that  
21 correction?

22 A. I can. Yeah. I have -- I have not  
23 spoken to her directly, no.

24 Q. But you've evaluated and/or  
25 reviewed the data that she pulled; is that

1 accurate?

2 A. Yes, that's accurate. These are  
3 common reports that we pull in our leadership  
4 department across the organization.

5 Q. How long have you been in the role  
6 of claims administration for TriWest?

7 A. Three years. Just over three  
8 years, actually.

9 Q. How long have you been employed  
10 total with TriWest?

11 A. The same, just over the three  
12 years. August of 2022 is when I started.

13 Q. So you were hired into that role?

14 A. Correct.

15 Q. Did you have a background in --  
16 tell me about your background, please.

17 A. Sure. I have about 11 years in  
18 health insurance prior to this, some with  
19 Cognizant -- Cognizant, a technology company;  
20 and then the rest was with UnitedHealthcare.  
21 And with both of those, I oversaw claims  
22 production teams.

23 Q. Were you primarily in a director  
24 role, or were you more involved in data  
25 analytics?

1           A.           I was actually in supervisory and  
2 management roles in those -- in those companies  
3 and a director when coming to TriWest.

4           Q.           So less involved in data management  
5 or data analytics and software systems than a  
6 director role?

7           A.           Correct, yes. I'm not involved in  
8 the data systems. All of them require us to  
9 pull data, but not in a data systems type role,  
10 no.

11          Q.           And you haven't been in an auditing  
12 role?

13          A.           No.

14          Q.           Have you -- what kind of education  
15 or training have you gotten in your role as  
16 director of claims administration for TriWest?

17          A.           I mean, we've gotten quite a bit of  
18 training on the VA Community Care Network  
19 program that we oversee. The same with the  
20 TRICARE DOD work that we contract for.

21                       We've had extensive training in our  
22 systems that we use every day and in our  
23 reporting, our reporting systems where we pull  
24 data. And then as well as just general, like,  
25 HIPAA training and things of that that are

1 important for any privacy acts.

2 Q. The Exhibit 3 that I have produced,  
3 it is a cover letter. It discusses that  
4 TriWest is the current third-party  
5 administrator for both the Community Care  
6 Network Region 4 and 5, and it's also a  
7 regional contractor for -- for the Defense  
8 Health Agency, DHA, for the TRICARE program.

9 Is that accurate?

10 A. That's correct.

11 Q. Are you the director of claims  
12 administration for both of those programs?

13 A. Yes. I'm involved with both of  
14 them. I have teams that work on each contract  
15 and oversee claims rework, essentially, or  
16 written correspondence that comes in from  
17 providers or beneficiaries, and it's generally  
18 tied to underpayments, overpayments, or denied  
19 claims and where we're being asked to look and  
20 validate the outcomes.

21 Q. As a part of your training and your  
22 daily tasks, are you aware or can you explain  
23 how the difference between the TRICARE programs  
24 and playbook versus the TriWest CCN  
25 programming?

1           Are those pretty two distinct  
2 programs that you've had to learn?

3           A.       Yeah, they are very distinct.  
4 Obviously the VA CCN program comes from the VA,  
5 and those -- those are, you know, regulations  
6 and rules that the VA has set up that we  
7 operate within.

8           And then TRICARE is, you know,  
9 everything is set up with the DOD; and -- and  
10 there's a, you know, complete, separate  
11 operations manual that apply to all of that  
12 work.

13          Q.       Do you have different persons that  
14 you report to as it relates to TriWest's  
15 administration of these two very distinct  
16 agencies?

17          A.       I report to one particular person  
18 who oversees. She's the -- the VP for both of  
19 those contracts, but we do work with different  
20 people in each of those capacities, yes, as far  
21 as different people at the VA versus different  
22 people at -- at TRICARE through the DHA.

23          Q.       Do you have an understanding in  
24 your role as director as to how -- as to what  
25 percentage of TriWest's work either involves

1 the Community Care VHA program and the TRICARE  
2 program?

3 A. That's hard to answer. They both  
4 have different needs, and sometimes there's  
5 more need. Right now we spend a lot of time on  
6 the TRICARE business because it's -- it was new  
7 as of January 1st, 2025; but prior to that, you  
8 know, it was all the VA CCN.

9 So both of them have needs on a  
10 daily, weekly, you know, basis, but TRICARE's  
11 probably a little bit heavily -- the needs are  
12 heavier there right now.

13 Q. How large is Tri- -- TriWest is an  
14 independent company, correct?

15 A. Correct.

16 Q. How large is TriWest?

17 A. That's a good question. I don't  
18 know specifically. We did a lot of expansion  
19 after -- you know, with the -- with the TRICARE  
20 contract, so prior to and during this year.

21 I can't even give you a solid guess  
22 at the number of employees or how large the  
23 company is today.

24 Q. Would it be thousands of employees  
25 if you had to guess?

1 A. At least a thousand, I would guess.

2 Q. Is -- is the VA and Department of  
3 Defense, are those your -- TriWest's only  
4 accounts, or do you have other accounts that  
5 TriWest administers?

6 A. No. Those are the two contracts  
7 that TriWest administers.

8 Q. Solely?

9 A. Correct.

10 Q. Do you have -- I know you've just  
11 been with the company for three years.

12 But do you have any knowledge as to  
13 whether TriWest has previously served in  
14 third-party administrator roles on behalf of  
15 either the VA or Department of Defense?

16 A. Yeah. It's my understanding that  
17 when the company started, they did work with  
18 TRICARE with the DOJ before or DOD before. And  
19 then that contract was lost at some point. I  
20 don't remember the year, but that is when the  
21 VA CCN business, they took that over; and we  
22 did that for many years. And then just now  
23 took -- got the -- awarded the TRICARE contract  
24 for the west region.

25 Q. Do you have a strong understanding

1 of what laws and regulations apply to TriWest  
2 as it administers the programs under the VA and  
3 TRICARE?

4 MR. ANTONUCCI: Objection to form  
5 and foundation.

6 THE WITNESS: I wouldn't say a  
7 strong understanding of the laws. I -- I  
8 would say that I have a basic  
9 understanding of things related to claims  
10 processing.

11 BY MS. WALLACE:

12 Q. Well, your -- your testimony is  
13 that your knowledge is more related to laws and  
14 regulations that affect claims processing?

15 A. Yes.

16 MR. ANTONUCCI: Object to form.

17 BY MS. WALLACE:

18 Q. Can you -- can you -- can you name  
19 any of those?

20 MR. ANTONUCCI: Object to form and  
21 foundation.

22 THE WITNESS: I don't know about a  
23 specific law. I guess I would say more  
24 like -- like, for example, CCN program, we  
25 are able to -- you know, the timely filing

1 for a claim is 180 days. You know, under  
2 the TRICARE it's 365.

3 So there's -- there's just  
4 different rules around each one. That was  
5 an example not a specific law.

6 BY MS. WALLACE:

7 Q. Do you -- does TriWest have access  
8 to the same claims data as the agencies that  
9 it -- that it services, such as TriWest and --  
10 I'm sorry, CCN and TRICARE?

11 MR. ANTONUCCI: Object to  
12 foundation.

13 THE WITNESS: I don't know that  
14 information.

15 BY MS. WALLACE:

16 Q. Do you -- does TriWest have its own  
17 independent data system that is not shared with  
18 those entities?

19 A. Yes. We have our independent data  
20 system that we pull most of our reporting and  
21 data from that we often share reporting and  
22 information, but it wouldn't be something that  
23 they would have access to directly.

24 Q. I see. Do you have any knowledge  
25 as to whether the other TPA that services CCN

1 has been asked to provide data in this case,  
2 Optum, or have you not had any conversations  
3 with -- with other TPAs?

4 MR. ANTONUCCI: Object to form and  
5 foundation.

6 THE WITNESS: I don't have  
7 conversation with other TPAs. I don't  
8 know if they've been asked for the same  
9 information.

10 BY MS. WALLACE:

11 Q. All right. Will you talk to us  
12 about your role -- what your daily role as a  
13 director of claims administration entails,  
14 please.

15 A. Sure. My daily role is I have two  
16 teams that one on the CCN side and the other on  
17 TRICARE side, and both of them oversee the work  
18 that comes in through written correspondence.  
19 So a lot of what I oversee is the processes  
20 around those job functions.

21 So we improve the process, meaning,  
22 like, can we get the work done faster or more  
23 accurately, things of that nature. And so  
24 essentially, we are looking for accuracy in  
25 claims payments and -- and reconsidering, you

1 know, claims that maybe were under- or overpaid  
2 to get them adjusted properly.

3 So that is what my team does, and  
4 then we communicate back to the providers  
5 and/or the beneficiaries with our review  
6 outcome.

7 Q. So your job involves ensuring that  
8 TriWest is processing claims -- claim payments  
9 accurately?

10 A. Correct. One -- like, while my  
11 team doesn't do direct audits, we're  
12 essentially auditing the work that was done to  
13 determine if the claim didn't process as  
14 expected or per a contract. Sometimes we would  
15 have to loop in other parts of the organization  
16 to get some -- some data updated so that the  
17 claims may process accurately.

18 Q. So in order to identify whether the  
19 claims are processing accurately, what -- what  
20 type of things does your team do?

21 A. We would review fee schedules. We  
22 would review the contract between the provider  
23 and the company. Sometimes providers have an  
24 agreement to receive more of a higher  
25 percentage if they work that out in the

1 contract.

2 And then we partner with our  
3 payment -- or with our processor, our payment  
4 processor, and they would -- are the ones who  
5 actually adjust the claims. And we have to  
6 ensure that all of the data that we have  
7 programmed and all of the fee schedules that  
8 are set up, that that processor has those in  
9 place so that the claims process according to  
10 how they should.

11 Q. All right. And remind me. So you  
12 report to a VP.

13 Who does your VP report to?

14 A. She reports to Beth -- Beth  
15 Kinsley, our CFO.

16 Q. And who does your CFO report to?

17 A. I believe David -- Dave McIntyre,  
18 the owner of our organization.

19 Q. How much interaction do you have in  
20 your position with the -- with corresponding  
21 supervisors or directors at the VA and  
22 Department of Defense?

23 A. In my specific position, I have  
24 very little. The other directors, they oversee  
25 the contract portion. I do more of the claims

1 processing part of it.

2 Nicole Diaz, as I mentioned before,  
3 one of the directors, she is more of the  
4 liaison that works with the VA. And then  
5 Hillary Sheehan, she's now, the VP; but prior  
6 to this, she was the director that worked --  
7 [videoconference interference].

8 Q. Ms. Rivas, I think we froze again  
9 right in the middle of your answer.

10 A. Oh, I'm sorry.

11 Q. Are you able to repeat that answer?  
12 It's okay.

13 A. Yeah. Nicole Diaz is the director  
14 that works with the VA CCN, and Hillary Sheehan  
15 manages the relationship with the DHA. She --  
16 she's now the VP, but she was the director.  
17 We're backfilling her position right now.

18 Q. Okay. And so you would -- you  
19 might report to her what your team is working  
20 on with accuracy in your claims payment  
21 systems, and it's her role to report that to  
22 the VHA or DOD?

23 A. Yep, correct. She would -- she  
24 would be that liaison that really communicates  
25 with the leaders at that entity.

1 Q. All right. And did -- do you know  
2 whether for the -- we received several  
3 productions.

4 The -- the one that we've talked  
5 about that Kaitlin Band pulled?

6 A. Uh-huh.

7 Q. And there was another set of  
8 production.

9 Do you know who -- who queried or  
10 produced or the other production?

11 MR. ANTONUCCI: Object to form and  
12 foundation.

13 THE WITNESS: We don't. It was my  
14 understanding that she collected that  
15 information and sent it over.

16 BY MS. WALLACE:

17 Q. So any data extractions that have  
18 been produced by your organization were pulled  
19 by Kaitlin Band?

20 A. To my knowledge, yes.

21 Q. All right. Will you describe -- my  
22 understanding is that as a result of Exhibit 3,  
23 the cover letter, your -- TriWest produced  
24 datasets related to two individuals, Jimmy  
25 Laramore and Scott Keller; is that true?

1 A. That is correct.

2 Q. And both -- for both of the data  
3 that we received with that first data  
4 production, it was associated not with the  
5 TRICARE program, but with the CCN program; is  
6 that true?

7 A. Correct. It was all of CCN.

8 Q. Did your -- did TriWest also search  
9 the TRICARE system and note there were no hits?

10 A. When we were asked for this  
11 information, it would have been in late 2024.  
12 So this -- we -- we didn't have any access to  
13 TRICARE prior to that. We didn't start  
14 processing any claims until January 1st of  
15 2025. That would not have been included in  
16 anything that we were asked for.

17 Q. All right. Let me know, can you  
18 tell me when you were initially contacted  
19 regarding the -- to pull the data?

20 You said late 2024.

21 How did that contact occur?

22 A. My understanding is the DOJ  
23 asked -- asked through contracting to pull that  
24 information from our CCN, Community Care,  
25 database.

1 Q. Do you know how that happened?

2 Did DOJ call?

3 You're -- I'm not sure how that  
4 happened. If you can describe, to the best of  
5 your knowledge, as to how that contact  
6 occurred.

7 A. I actually don't know how that  
8 contact occurred.

9 Q. But you think it was late in 2024?

10 A. Yes. That's my understanding is  
11 these reports we were first notified in late  
12 2024 to pull this information. There were  
13 approximately 25 names that we were provided to  
14 pull information for, and we only had claims  
15 data for two of them.

16 Q. And you -- did you say you did  
17 search the TRICARE system, or you didn't yet  
18 have contract with the TRICARE system?

19 A. Correct. We did not have the  
20 contract yet, so that is not anything we would  
21 have had to search.

22 Q. So TRICARE was not searched within  
23 TriWest database?

24 A. Correct.

25 Q. To your knowledge?

1           A.           Correct. We did not have TRICARE  
2 claims or -- or any of that information prior  
3 to 1/1/25.

4           Q.           Are you -- can you describe what  
5 the Community Care Program is that TriWest  
6 administers?

7           A.           Yeah. Essentially, veterans, you  
8 know, usually try to go to the VA; but in a lot  
9 of areas a VA is far away, or the VA is maybe  
10 backlogged or can't -- doesn't have the ability  
11 to provide a certain type of service that's  
12 needed. So they contract out with different  
13 providers in the area to perform Community  
14 Care. You know, that's why it is called the  
15 Community Care Network.

16                       They utilize other providers who  
17 could fill in those gaps and provide the  
18 certain kind of care that's needed; or, like,  
19 say, in rural areas, like maybe Montana, a  
20 veteran might live a large distance away from a  
21 VA; so we would contract with providers in  
22 their area to be able to provide care.

23           Q.           Do you know how many community  
24 providers are in the Community Care Network  
25 program?

1           A.        I do not. I couldn't venture a  
2       guess.

3           Q.        Would you guess that it's  
4       approximately 1.2 million active providers?

5           A.        That wouldn't surprise me. It --  
6       it's a lot. We -- we -- we have a lot of --  
7       like, pretty much all the states on the west  
8       half of the U S. So that would sound  
9       reasonable.

10          Q.        And you are Regions 4 and 5, which  
11       is the west region that, I believe, encompasses  
12       approximately 14 states?

13          A.        Yes. And then also Region 5 is  
14       Alaska.

15          Q.        All right. And so you as TriWest,  
16       because this is a large-scale program that  
17       affects 1.2 million medical providers, TriWest  
18       helps the VA manage that program; is that fair?

19          A.        That's correct.

20          Q.        All right. Do you have any  
21       knowledge as to whether there are copays under  
22       the CCN program that the VA collects?

23                   MR. ANTONUCCI: Object to  
24       foundation.

25                   THE WITNESS: So no. Generally,

1           the -- the VA Community Care Program would  
2           pick up all charges. Veterans should not  
3           be held liable for any sort of copay or  
4           out-of-pocket expenses if they get, you  
5           know, if the providers get the valid  
6           referral; and it's all handled and billed  
7           to the VA CCN program.

8           BY MS. WALLACE:

9           Q.           So it is not TriWest's role to  
10          collect copay from the veteran; it would be the  
11          VA's role.

12                        Is that right?

13          A.           Neither -- neither one -- that is  
14          my understanding -- collects copays for the  
15          program.

16          Q.           It's your testimony that there are  
17          no copays that the VA can collect from a  
18          veteran under the Community Care Program?

19          A.           Yeah. Well if the VA collects  
20          something, I'm not aware of it. My  
21          understanding is the coverage is completely  
22          covered, and they wouldn't be billed in any  
23          manner if they, you know, get the care under  
24          the VA authorization.

25          Q.           Tri- -- and to be clear, TriWest

1 does not pull data on any -- any veteran  
2 copays?

3 A. Correct. TriWest does not charge a  
4 veteran copay or have any data on that,  
5 correct.

6 Q. Are you aware that the VA can also  
7 secure reimbursement payment from other health  
8 providers from a veteran under the Community  
9 Care Network program?

10 MR. ANTONUCCI: Object to  
11 foundation.

12 THE WITNESS: Could you repeat the  
13 question, please?

14 BY MS. WALLACE:

15 Q. Are you aware that the VA can  
16 collect reimbursement under the Community Care  
17 Program from a veterans other health insurance?

18 MR. ANTONUCCI: Same objection.

19 THE WITNESS: We -- we -- we don't  
20 coordinate the benefits with the VA. So  
21 with this program, we wouldn't coordinate  
22 any sort of bene- -- benefits.

23 If the veteran would choose to use,  
24 like, Medicare or some other personal  
25 health insurance, they could do that; and

1           then they might be subjected to copays or  
2           payments.

3                        But under the VA program, if they  
4           use the -- if they go to those services  
5           that were approved by the VA  
6           authorization, then we pay for everything;  
7           and there wouldn't be any coordination of  
8           benefits or other charges for them.

9           BY MS. WALLACE:

10           Q.           You don't keep data for any VA  
11           reimbursements from a veterans other health  
12           insurance, correct?

13           A.           Correct. We do not.

14           Q.           Can we agree that it is a -- a very  
15           large nationwide undertaking on this --  
16           handling and managing this many medical  
17           providers all across the country in your  
18           particular regions that would involve a lot of  
19           management and coordination and standardization  
20           and also database, like, organized database  
21           systems?

22                        MR. ANTONUCCI: Object to form and  
23           foundation.

24                        THE WITNESS: Yes, absolutely.

25

1 BY MS. WALLACE:

2 Q. Can you -- can you tell me, is the  
3 CCN program -- my understanding is that it's a  
4 contract requirement that all of the CCN claims  
5 must be processed electronically as opposed to  
6 in paper form.

7 Is that your understanding as well?

8 A. No. I -- I mean, we -- we  
9 encourage electronic submission, but I do  
10 believe there are times we accept paper.

11 Q. Okay. And so that's your -- that's  
12 your -- do you have the -- do you frequently  
13 review the contract between TriWest and the  
14 CCN?

15 A. I do not.

16 Q. All right. And it's -- if it  
17 states it is a contract requirement that all  
18 CCN claims process electronically, that's not  
19 your understanding?

20 A. I think that if they are  
21 submitted -- I think they're converted to  
22 electronic format if they're submitted on  
23 paper.

24 Q. Okay. And so the goal of -- of CCN  
25 program is to have everything in electronic

1 form?

2 A. Yes, that is the goal.

3 Q. Can you tell me which data system  
4 or systems are used by the VA, CCN, and TriWest  
5 for the circulation of all of that data in  
6 order to carry out their role in the CCN  
7 administration of the process?

8 A. I don't know the names of any  
9 specific systems that -- that they use and  
10 correlate between.

11 Q. What system do you use to transmit  
12 data from medical providers to the VA in your  
13 role as the TPA?

14 A. I don't know the name of that  
15 system, but that would be suggested by finance  
16 that would -- that would be sending those type  
17 of files.

18 Q. You don't work in that system?

19 A. No, I do not.

20 Q. Are you familiar with the Care  
21 Radius system?

22 A. Care Radius is used by the claims  
23 area to hold authorizations and referral. If  
24 they use it for other purposes, it's outside of  
25 my -- my knowledge or scope.

1 Q. Are you able to tell me which  
2 database was queried in order to produce the  
3 data extractions that have been produced in  
4 this case?

5 A. Not through Care Radius. Like, we  
6 have SSRS reporting. Care Radius would give us  
7 an idea of the referrals that are available  
8 that have been issued to those particular  
9 veterans, but the actual claims data would come  
10 from our -- our database.

11 Q. And which database is that?

12 A. Just our TriWest claims database.  
13 If it has a special name, I'm -- I'm not aware.

14 Q. Do you work inside that database?

15 A. Not inside it. I only pull reports  
16 from it.

17 Q. You can -- you can do your own  
18 queries?

19 A. Not exact -- I mean, not exactly.  
20 There's report -- there are reports that are  
21 set up for us to go in and pull, like, say, by  
22 a provider PIN or, say, by a veteran's social  
23 security number or name.

24 So there are queries that are set  
25 up for us that we would generate a type of

1 report and pull -- and use it to pull the from  
2 that database. So we wouldn't be able to,  
3 like, actually, you know, query anything in the  
4 database ourselves.

5 If we need something that is  
6 outside of our general set of standard  
7 reporting, we would have to contact our data  
8 management team and ask them to pull something  
9 like a special one-off report.

10 Q. And the -- this -- the pull that  
11 was done in this case, the data extraction on  
12 behalf of Jimmy Laramore and Scott Keller, that  
13 would not be, like, a standardized report that  
14 you would have had access to; that would have  
15 been a special query?

16 A. The one of them is called the 185,  
17 and the other one came from a CCN -- or I'm  
18 sorry, the WPS system. So the -- the -- both  
19 of them are standard reports, yes.

20 Q. All right. Was a -- was a special  
21 query done to pull those reports at -- with the  
22 parameters that were provided by the DOJ?

23 A. We would have been able to pull a  
24 standard report based off of the information  
25 provided. So I don't believe there would have

1 needed to be anything extra or special pulled  
2 from that -- from that.

3 Q. If you had been personally asked to  
4 do the query for those two gentlemen, is  
5 that -- would you have been able to do that  
6 unique query?

7 A. I would have been to pull the 185  
8 report and then the WPS report that were  
9 provided.

10 Q. So both of -- you would have been  
11 able to do both data extractions?

12 A. I would have been able to pull  
13 those the reports with a general amount of  
14 claims. If they were parsed down any more,  
15 like beyond, it looks like based off of the  
16 ICD-9 and 10 codes, if -- if the reporting or  
17 if the claims specifically when they're -- to  
18 know which -- to know which of those codes if  
19 they -- that they're possibly connected to,  
20 that would be something that would be outside  
21 of my realm. But more so, potentially, the PI  
22 department would be able to do that, which is  
23 likely why they were pulled into this request  
24 to pull the data.

25 Q. Okay. So tell me one more time

1 which was -- what is outside of your realm,  
2 what you would not have been comfortable with?

3 A. So I would not have the able to  
4 pull the claims based off the ICD-9 and 10  
5 codes because that would take more of an  
6 in-depth medical.

7 Q. And that's what --

8 THE VIDEOGRAPHER: She froze again.

9 MS. WALLACE: Oh, I'm so sorry.

10 BY MS. WALLACE:

11 Q. I think you froze again.

12 A. Oh, okay.

13 Q. Did you -- oh, man. I'm not sure  
14 which part of your answer that I missed.

15 Can you repeat maybe the last  
16 couple of things that you said?

17 A. Yeah. I just said the ICD-9 and  
18 ICD-10 codes that takes a little bit more of a  
19 specific coding background to be able to  
20 understand which particular claims are tied to  
21 those specific codes, and that would be outside  
22 of -- that in-depth review would be outside of  
23 what I would be able to do or my team.

24 Q. Do you have a background in coding?

25 A. I do not.

1 Q. Are you familiar generally with  
2 ICD-9 and ICD-10 codes?

3 A. Yes, absolutely. They're on  
4 claims, and I mean, we're taught to recognize  
5 what it is. But we wouldn't specifically, you  
6 know, have the codes memorized or always know  
7 which ones are required or related to the --  
8 the procedure codes that would be billed.  
9 You -- you'd generally need to be more of a  
10 coder or biller to know some of those  
11 specifics.

12 Q. All right. And so you do -- you  
13 personally do not have the expertise in order  
14 to do the data extraction that Kaitlin  
15 performed -- Kaitlin Band performed, correct?

16 A. Correct. Correct.

17 Q. And you -- so you did not review  
18 her data extractions for quality?

19 MR. ANTONUCCI: Objection. Form.

20 THE WITNESS: No. I re- -- I  
21 reviewed all of the information that was  
22 provided and all of the claims that were  
23 provided from our system.

24 BY MS. WALLACE:

25 Q. You reviewed her data extraction

1 but not the methods that she used to pull that  
2 data?

3 A. Correct.

4 Q. Between -- you've read the -- did  
5 you say you have read the contract between CCN  
6 and TriWest?

7 A. Maybe. Parts of it, like, three  
8 years but not anything recent. That's not  
9 something I review regularly.

10 Q. Do you have an understanding of  
11 whether it's your company's responsibility to  
12 catch errors in provider billing?

13 A. Oh, it's absolutely our  
14 responsibility to look for any errors in  
15 provider billing.

16 Q. Does that fall under your  
17 department?

18 A. Not specifically. I mean, if we --  
19 if we identify -- I should say it's our  
20 responsibility to report if we do find provider  
21 billing errors.

22 So if we find something that  
23 doesn't appear right, we would turn that over  
24 to our PI department to have them look into it  
25 further and investigate. They would have a

1 sort of separate set of processes that would --  
2 that they would look into.

3 So my job -- my job wouldn't be to  
4 identify that it was incorrect; but I might  
5 think that something looks suspicious, and I  
6 would report that as, like, fraud, waste, and  
7 abuse. And then another department would take  
8 a deeper dive and outreach the provider or  
9 investigate further.

10 Q. Can you tell me the name of the  
11 department that does the deep dive on -- on  
12 catching errors in provider billing?

13 A. Yeah. That would be Payment  
14 Integrity.

15 Q. And that's the department that --  
16 is that the department that Kaitlin Band was  
17 in?

18 A. That's correct.

19 Q. And you're not the director of that  
20 department?

21 A. I am not.

22 Q. Do you understand what provider  
23 upcoding is?

24 A. I have a basic understanding of a  
25 provider that would upcode generally means they

1 would -- they would generally add additional  
2 services or -- or a code that would -- would  
3 warrant more payments than maybe what they  
4 actually provided.

5 Q. Is that something that your fraud  
6 payment department would monitor?

7 A. They would review that if they had  
8 a reason to review, yes, or they would obtain  
9 medical records and compare what was  
10 actually -- what services were provided versus  
11 what was billed.

12 Q. That does not fall on your  
13 department?

14 A. It does not.

15 Q. Do you -- are you familiar with  
16 up- -- upcoding as it relates to DR- -- like,  
17 categories of DRGs, or is that outside of your  
18 area of expertise?

19 A. I mean, I'm aware of what it is  
20 vaguely; but yeah, it isn't something my team  
21 would review. It's much more the medical scope  
22 of things.

23 Q. If -- have you seen situations  
24 where if a -- if a patient has cancer but they  
25 go into the doctor's office for an unrelated

1 reason, such as bronchitis, have you seen  
2 situations where the -- the primary code might  
3 be upcoded to the cancer diagnosis as opposed  
4 to the bronchitis diagnosis; or is that, again,  
5 outside of your area of expertise?

6 A. That isn't something I would see.  
7 I think if -- we -- we -- it's possible that we  
8 would notice something like that if we were  
9 reviewing a claim in depth, but it isn't  
10 something that we would -- that my- -- myself  
11 or my team would be able to investigate and  
12 deep dive into.

13 If that would be one of those  
14 things that might catch our attention as a  
15 potential fraud, waste, and abuse, then that's  
16 something we could pass along to our team. But  
17 that isn't something I've seen frequently in my  
18 review of claims.

19 Q. All right. And because you don't  
20 direct or manage the Fraud, Waste, and Abuse  
21 Department, do you -- do you not have an  
22 understanding of what they might do  
23 regarding -- you know, how they might remedy  
24 upcoding in that type of thing; or do you -- do  
25 you understand that?

1           A.           I have a very --

2                       MR. ANTONUCCI:   Object to form and  
3           foundation.

4                       THE WITNESS:   I have a very general  
5           idea of what they would do with that.  It  
6           is -- it's not an area that I work within.  
7           But I do know that the -- the general idea  
8           is that they would review claims with  
9           those same codes.  They would look at  
10          similar claims that were billed, and they  
11          would obtain medical records to review --  
12          to review the services that were performed  
13          and determine whether they match what was  
14          billed.

15                      That's the general process for how  
16          that is normal- -- normally handled, but  
17          not an area that I've worked in  
18          specifically.

19       BY MS. WALLACE:

20                      Q.           Are you familiar in your role as  
21          director of claims administration with the  
22          audits that have been done by the GAO and the  
23          VA Office of Inspector General?

24                      A.           I'm not involved in any audits in  
25          my area.

1 Q. Are you aware of what the  
2 governmental auditing body of the VHA is as it  
3 relates to the CCN program?

4 A. I'm not familiar with the auditing  
5 really at all.

6 Q. And are you familiar with any  
7 reports that the governmental -- government  
8 accountability office or the VA Office of  
9 Inspector General have issued as it relates to  
10 the CCN or TRICARE program?

11 A. Nope, I'm not.

12 Q. Does that -- if they had issued  
13 reports regarding accuracy of claim payments,  
14 which I believe is under your purview, you're  
15 not aware of those audits as well?

16 A. No. If --

17 MR. ANTONUCCI: Object to form and  
18 foundation.

19 THE WITNESS: -- if there are  
20 audits that come from that -- like, from  
21 an entity such as the VA, those -- those  
22 would all go to the Payment Integrity --  
23 OI- -- OIG would go to the Payment  
24 Integrity area for auditing. So that  
25 would be an official audit.

1           And then if it came from, like, the  
2           VA, there is a team that -- that does  
3           audit claims that are processed; but  
4           again, that's outside of my area. So I'm  
5           not familiar with those reports or how  
6           often those processes would be.

7           BY MS. WALLACE:

8           Q.           And that's not something that any  
9           of your supervisors have shared with you or  
10          your other depth heads?

11          A.           No. Not specifics on how that  
12          works. No. They would be handled by those --  
13          those appropriate teams.

14          Q.           And your department is not the one  
15          that is responsible for catching coding  
16          errors -- errors; that's that Fraud, Waste, and  
17          Abuse Department?

18          A.           Like, if they had -- yeah. They  
19          would do the investigation. We would just turn  
20          something in if it looked suspicious.

21          Q.           All right. Let's talk about --  
22          let's see. Let's talk about the data that you  
23          guys have pulled from TriWest with regard to  
24          this case.

25                        If you look at Exhibit 3, are you

1 able to articulate the parameters that the DOJ  
2 gave to your company in order to pull data on  
3 behalf of Mr. Laramore and Mr. Keller in this  
4 case?

5 A. Yeah. So what I understand is that  
6 we were asked to pull the claims for them  
7 that -- from the VA CCN program; and we were  
8 asked to narrow down those claims to claims  
9 that could have a ICD-9 or 10 for any of the  
10 codes for bladder cancer, kidney cancer,  
11 leukemia, non-Hodgkin's lymphoma, and  
12 Parkinson's disease.

13 So we were specifically given those  
14 parameters to pull from so we could identify  
15 claims for -- for those specific diseases.

16 Q. Was your directive to identify any  
17 claims that had those ICD-9 or 10 codes, or was  
18 your directive to pull any -- any claims where  
19 the -- the service was connected to those ICD-9  
20 and 10 codes?

21 Do you understand the difference in  
22 my question?

23 A. Yes. So my understanding is  
24 anything that was connected to those.

25 Q. So any -- any claim that was

1 connected to those ICD-9 or 10 codes in any  
2 capacity?

3 A. Correct.

4 Q. Is it your opinion, having reviewed  
5 the data, that all of the claims identified are  
6 connected with those ICD-9 and 10 codes?

7 A. To the best of my knowledge, yes.

8 Q. Were those -- were -- were the  
9 claims data pulled, was there any effort made  
10 by TriWest to review medical records in  
11 connection with the related -- the identified  
12 related dates of service?

13 A. Not that I'm aware of. We don't  
14 collect medical records unless necessary unless  
15 specifically asked or needed to review them for  
16 some particular reason. We don't store them.  
17 The VA would do that.

18 Q. So when -- when an entity like the  
19 DOJ asks you to connect any payments made under  
20 the CCN program related to these, you know, to  
21 bladder cancer, kidney cancer, leukemia,  
22 non-Hodgkin's lymphoma, and Parkinson's  
23 disease, your only mechanism to provide an  
24 answer to that question is -- is to -- is,  
25 essentially, that electronic data query?

1 MR. ANTONUCCI: Object to form.

2 THE WITNESS: Yeah. Correct. We  
3 would not obtain medical records to review  
4 them. We would look at the -- the data  
5 that's in our system.

6 BY MS. WALLACE:

7 Q. Do you understand -- in your role  
8 as a director, do you understand which data  
9 sources are pertinent and necessary in order to  
10 ensure that each one of those ICD-9 and 10  
11 codes services are connected?

12 For example, do you understand,  
13 like, is a CPT code necessary in order to  
14 connect a -- a service to those ICD-9 codes, or  
15 say the diagnostic pointer used or necessary to  
16 connect those ICD-9 codes to the data service;  
17 or is that too in the weeds for you?

18 MR. ANTONUCCI: Object to form.

19 THE WITNESS: All of those would be  
20 connected and matter potentially,  
21 depending on the type of claim, but that  
22 isn't something that I would be an expert  
23 on, no.

24 BY MS. WALLACE:

25 Q. And who would -- who in your entity

1 would be an expert on that?

2 A. Our medical review staff and in PI,  
3 the folks that do the deep dive into the data.

4 Q. And that's not Kaitlin Band's  
5 department; is that true?

6 A. Nope. That would be her part --  
7 she would be part of that department as well.

8 Q. Do you -- have you independently  
9 looked at the ICD-9 and ICD-10 codes that were  
10 provided to you by the government?

11 Have you looked up what those mean,  
12 or do you know what mean?

13 A. I just have them here on this  
14 paper. I haven't looked them up beyond that.

15 Q. Do you know if they cover active  
16 cancers or cancers in remission or a history of  
17 cancers, or is that outside of your scope?

18 A. Yeah. I'm not aware. I haven't  
19 researched them that far.

20 'MR. ANTONUCCI: Hey, Whitney,  
21 we've been going about an hour. I'd  
22 appreciate if we could take a break soon.

23 MS. WALLACE: Absolutely. Do you  
24 guys want to take -- how -- how long do  
25 you want to take, Giovanni?

1 MR. ANTONUCCI: Ms. Rivas, we can  
2 take a short break. We can take a  
3 slightly longer one.

4 Five, ten minutes, what works for  
5 you.

6 THE WITNESS: Five or ten minutes  
7 is good.

8 THE VIDEOGRAPHER: All right. We  
9 are going to go off the record. The time  
10 is 1:59 p.m.

11 (Whereupon, a break was taken.)

12 THE VIDEOGRAPHER: Back on the  
13 record at 2:06 p.m.

14 MR. ANTONUCCI: Before we begin  
15 again, I just wanted to note that on  
16 page 4 of the United States's objections  
17 to the Plaintiffs' Notice of Deposition  
18 and Subpoena of Ms. Rivas, there is a typo  
19 in the last sentence to Response Number 3.  
20 The sentence should read, "The United  
21 States directs plaintiffs to the documents  
22 United States has already produced with  
23 Bates range CLJA\_TriWest\_'1 through  
24 CLJA\_TriWest\_'10 with the documents with  
25 Bates range CLJA\_TriWest\_'4 through

1 CLJA\_TriWest\_'8 constitute the unfiltered  
2 data sheets created at plaintiffs'  
3 request.

4 And additionally, I'd like to note  
5 for the record that Ms. Rivas' CV was  
6 produced via email natively to the  
7 plaintiffs' counsel today as 10:09 a.m.

8 BY MS. WALLACE:

9 Q. Ms. Rivas, are you ready to  
10 restart?

11 A. Yes.

12 Q. All right. I'm going to put a  
13 document in the chat. If you could open it for  
14 me. And, in fact, I'm going to put it on the  
15 screen for you as well.

16 (Whereupon, Exhibit 13, Letter from  
17 the U.S. Department of Justice, dated  
18 July 16, 2026, was previously marked for  
19 identification.)

20 BY MS. WALLACE:

21 Q. Can you see my screen, Ms. Rivas?

22 A. Yes.

23 Q. All right. This is a letter from  
24 the DOJ dated July 16th of 2025, and it's a --  
25 it's a letter that they sent to plaintiffs'

1 counsel regarding offset and data. I don't  
2 believe you've seen -- I would be surprised if  
3 you had seen this document.

4 You have not, correct?

5 A. I have not.

6 Q. All right. I actually want to show  
7 you Attachment A and B that were attached to  
8 this document.

9 Have you ever heard of or seen a  
10 CMS, like, a claim form that looks like  
11 Attachment A?

12 It's called a CMS Form 1450.

13 MR. ANTONUCCI: Object to  
14 foundation.

15 THE WITNESS: Yes, I have.

16 BY MS. WALLACE:

17 Q. Are you -- in your expertise, are  
18 you able to walk me through what these -- what  
19 the codes in green -- now this is a CMS  
20 document. The -- I'll represent to you that  
21 the letter from the DOJ has advised plaintiffs'  
22 leadership that they're going to provide all of  
23 the material in green to the plaintiff  
24 leadership group to review.

25 Do you -- would you be able to walk

1 through some of these codes to tell me what  
2 these mean?

3 MR. ANTONUCCI: Object to  
4 foundation.

5 This is the wrong witness for --  
6 for these questions, Ms. Wallace. I  
7 believe Ms. Rivas works for TriWest and  
8 not CMS.

9 MS. WALLACE: Yeah. So these data  
10 sources are actually represented on the  
11 TriWest data extractions in electronic  
12 form, and so I'm trying to understand if  
13 she actually is familiar with the -- the  
14 coding and the identification of these  
15 fields that are in the TriWest data  
16 extraction.

17 MR. ANTONUCCI: Okay. I'm going to  
18 continue to object to foundation.

19 MS. WALLACE: Okay. But you're not  
20 instructing her not to answer, correct?

21 MR. ANTONUCCI: I am not  
22 instructing the witness not to answer;  
23 however, I do object as to foundation.

24 MS. WALLACE: All right.  
25

1 BY MS. WALLACE:

2 Q. Ms. Rivas, can you tell me if you,  
3 in your capacity as the administrator for  
4 TriWest, are going to identify criteria that  
5 are critically important to understanding  
6 whether a service -- a community provider  
7 service relates to the ICD-9 and ICD-10 codes  
8 that the government provided you?

9 Can you walk me through which  
10 fields of this are important to include?

11 MR. ANTONUCCI: Object to  
12 foundation.

13 THE WITNESS: It's been a really  
14 long time since I've actually reviewed  
15 claims forms such as this, but I would say  
16 that the same things are important that we  
17 kind of -- that we spoke with.

18 Any of the coding where it refers  
19 to revenue code -- revenue code, HCPCS  
20 code. Even so much as a bill type can all  
21 be impacting the claim payment and the --  
22 the accuracy, like, towards that -- that  
23 code.

24 So as far as giving you, like, any  
25 specifics, that would probably be really

1 outside of my scope as it's been a very  
2 long time since I reviewed the actual data  
3 on a claim. I -- I look at things on a  
4 much higher level in my current position.

5 BY MS. WALLACE:

6 Q. Do you -- can you tell me the  
7 importance of a HCPCS code to -- to ensure that  
8 the ICD-9 or ICD-10 code is accurate?

9 MR. ANTONUCCI: Object to  
10 foundation.

11 THE WITNESS: I wouldn't be able to  
12 describe it probably in a -- in an exact  
13 enough way, no. I know that they're  
14 related and relevant to each other.

15 BY MS. WALLACE:

16 Q. But you wouldn't be able to tell  
17 me -- can you tell me what a HCPCS code is?

18 MR. ANTONUCCI: Object to  
19 foundation.

20 THE WITNESS: It's similar to like  
21 a CPT code. It's going to be a code that  
22 describes the service that was provided.

23 BY MS. WALLACE:

24 Q. And how does that service that was  
25 provided relate to the ICD-9 or ICD-10 code for

1 that -- for that service?

2 MR. ANTONUCCI: Object to  
3 foundation.

4 THE WITNESS: Those would -- those  
5 ICD-9 and 10 are diagnosis codes. So it  
6 would be -- it'd be you're providing a  
7 service that would be related to a  
8 diagnosis code.

9 BY MS. WALLACE:

10 Q. What does a "diagnosis indicator"  
11 mean?

12 MR. ANTONUCCI: Object to  
13 foundation.

14 THE WITNESS: Do you mean a  
15 "diagnosis pointer"?

16 BY MS. WALLACE:

17 Q. Yes.

18 A. A diagnosis pointer would just say  
19 that a -- say that a claim has multiple  
20 diagnosis codes listed. It would tell you  
21 which of the services, which of the HCPCS codes  
22 is related to -- which -- which diagnosis code  
23 it's related to.

24 So it could be that it's related to  
25 all of the diagnoses on the claim, or it could

1 just be related -- like, they performed one  
2 particular service that could be related to,  
3 like, one particular service on the claim -- or  
4 one particular, sorry, diagnosis on the claim.

5 So it directs you to which -- which  
6 ones it's connected to.

7 Q. Is that a necessary component of  
8 determining whether that -- that particular  
9 service is related to the ICD-9 code, the  
10 diagnostic pointer?

11 A. Yes.

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 THE WITNESS: Yes.

15 BY MS. WALLACE:

16 Q. So you would need to have a  
17 diagnostic pointer in order to understand if  
18 that service was related to the primary  
19 diagnosing code?

20 MR. ANTONUCCI: Object to  
21 foundation.

22 THE WITNESS: Yes. Like, on a --  
23 on this type of claim, yes, you would need  
24 a diagnosis pointer to tell you which  
25 diagnosis code it is related to.

1 BY MS. WALLACE:

2 Q. And do you know what the difference  
3 is between a primary diagnosis and a secondary  
4 diagnosis as it relates to coding?

5 MR. ANTONUCCI: Object to  
6 foundation.

7 THE WITNESS: My only -- my  
8 knowledge of that would be the primary  
9 would be the first one on the claim, and  
10 everything else would be secondary.

11 BY MS. WALLACE:

12 Q. And what does it mean if it's the  
13 principle primary diagnosis?

14 MR. ANTONUCCI: Object to  
15 foundation.

16 THE WITNESS: I don't know how to  
17 explain it other than that, or I don't  
18 know specifically anything more than it's  
19 the primary -- the primary diagnosis code  
20 versus the secondary ones.

21 BY MS. WALLACE:

22 Q. Do you know if the primary  
23 diagnosis code is the -- is the -- the reason  
24 for the admission or the encounter?

25 MR. ANTONUCCI: Object to

1 foundation.

2 THE WITNESS: I wouldn't feel  
3 confident saying yes or no either way on  
4 that. I believe so, but I don't bill. So  
5 I don't know what they -- I don't know how  
6 that's determined.

7 BY MS. WALLACE:

8 Q. All right. And as far as the  
9 upcoding that we talked about earlier, do you  
10 know, is it the primary diagnosis or the  
11 secondary diagnosis?

12 Which one helps you categorize the  
13 payment grouping, the DRG?

14 Do you know the answer to that?

15 MR. ANTONUCCI: Object to  
16 foundation.

17 THE WITNESS: I do not.

18 BY MS. WALLACE:

19 Q. Do you know if something is listed  
20 in the secondary diagnosis field, whether --  
21 what -- what that is -- would you agree with me  
22 that that condition is coexisting; it's just a  
23 coexisting position -- I'm sorry, a coexisting  
24 diagnosis but not a primary one for the service  
25 date?

1 MR. ANTONUCCI: Object to  
2 foundation.

3 BY MS. WALLACE:

4 Q. Or do you -- or do you lack the  
5 expertise to -- to give that opinion?

6 A. Yeah, I would lack the expertise.

7 Q. All right. And so do you know the  
8 difference between this Form 1450 and a CMS  
9 Form 1500?

10 MR. ANTONUCCI: Object to  
11 foundation.

12 THE WITNESS: Yes. The -- the --  
13 the 15- -- sorry.

14 The 1500 is a medical form. The  
15 other is a hospital form.

16 BY MS. WALLACE:

17 Q. Okay. And tell us the difference  
18 if you will.

19 MR. ANTONUCCI: Object to  
20 foundation.

21 THE WITNESS: Yeah. So medical  
22 forms are just -- are -- are used more for  
23 often, for, like, things of doctors visits  
24 and such.

25 Hospital forms are used more for

1           inpatient or outpatient, like facility  
2           claims. There's, of course, exceptions to  
3           both of those, but that's the general use  
4           of them.

5 BY MS. WALLACE:

6           Q.           Do you know whether TriWest as a  
7           company is required to pull the data in these  
8           claim forms for -- in order to process  
9           TriWest's claims for CCN and TRICARE?

10           MR. ANTONUCCI: Object to form and  
11           foundation.

12           THE WITNESS: Yeah. So whatever is  
13           billed on the claim is pulled into the  
14           system to process the claim, processed  
15           based offer all the codes and information  
16           provided.

17 BY MS. WALLACE:

18           Q.           Are these green identifiers here  
19           fields that you are capturing electronically  
20           for TriWest, CCN, and TRICARE claims?

21           MR. ANTONUCCI: Object to  
22           foundation.

23           THE WITNESS: They're -- they  
24           are -- they would be all pulled in our --  
25           our payment processor would pull all of

1           them in for processing. And I'm sure that  
2           that is information that could be obtained  
3           from our data source that we received from  
4           them, but they are not -- they are not  
5           always on all the reporting that we pull  
6           on a regular basis.

7       BY MS. WALLACE:

8           Q.           Which isn't?

9           A.           Like, for example, the diagnosis  
10          pointers, modifiers. We don't -- our reports  
11          don't always go in to that level of detail  
12          unless we pull them specifically.

13                        But it would all be -- but it would  
14          all be pulled in by our payment processor to  
15          process the claim. I'm just saying on a  
16          regular report, some of these fields wouldn't  
17          be on there, or they would be a mile long.

18          Q.           And are you saying that you would  
19          have -- you would have collected the diagnostic  
20          pointers, but they wouldn't be on your  
21          standardized data pulls?

22                        Like, you would still have access  
23          to the information, but they're not -- they're  
24          not as -- or -- or you don't have access to the  
25          diagnostic?

1 A. What I'm saying --

2 MR. ANTONUCCI: Object to form and  
3 foundation.

4 THE WITNESS: What I'm saying is  
5 our payment processor would need to pull  
6 all of these data points into their system  
7 to process the claim.

8 BY MS. WALLACE:

9 Q. So you have -- so you -- TriWest  
10 would have access to these data points in order  
11 to process a claim?

12 A. Yes, correct.

13 Q. And you know that -- you do know  
14 that in your capacity as director of the claims  
15 --

16 A. Correct --

17 Q. -- administration?

18 A. Correct. All of that would be  
19 pertinent for processing a claim.

20 Q. Okay. And as far what is and is  
21 not in your area of expertise, you're not in  
22 the billing department?

23 A. No. We don't bill claims, so I'm  
24 not in any sort of billing department.

25 Q. You -- you pay claims?

1 MR. ANTONUCCI: Object to form.

2 BY MS. WALLACE:

3 Q. Correct? TriWest pays claims to  
4 community providers?

5 MR. ANTONUCCI: Objection.

6 THE WITNESS: We actually don't --  
7 we don't process the claims ourselves. We  
8 contract with a company that processes the  
9 claims. We review what has been  
10 processed.

11 BY MS. WALLACE:

12 Q. Are you saying that TriWest  
13 contracts with another entity to pay the  
14 claims?

15 A. Correct.

16 Q. What entity is that?

17 A. PGBA. It -- prior it was WPS. So  
18 one of the reports you got was for WPS, and I  
19 believe they processed claims until mid-2021;  
20 and then PGBA is our current claims processor.

21 Q. Are they independent companies?

22 A. To my knowledge, yes.

23 Q. The data that you pulled in this  
24 case, you would have had to seek some of that  
25 data from either WPS or PGBA?

1           A.           Yeah.  So that -- it would be data  
2           that's in our data repository, our system.  
3           However, it would have come from WPS and PGBA,  
4           correct.

5           Q.           And is it a part of TriWest's  
6           duties and responsibilities to review and  
7           verify that data that comes in from WPS and  
8           PGBA?

9           A.           Yeah.  I mean, there are times  
10          that we look on it regular basis and do data  
11          evaluation to ensure that we're getting, you  
12          know, adequate information.  But to what  
13          extent, you know, or what extent that data team  
14          evaluates that, that's outside of my scope.

15          Q.           Turning back to the exhibit on the  
16          screen, this is for the professional services  
17          as opposed to hospitalizations, correct?

18                       MR. ANTONUCCI:  Object to  
19                       foundation.

20                       THE WITNESS:  Professional  
21                       services, yes.  The 1500 form is, correct.

22                       BY MS. WALLACE:

23          Q.           Is it within your area of expertise  
24          to tell me the significance of the first  
25          diagnosis code A versus B through L as it

1 relates to billing?

2 MR. ANTONUCCI: Object to form and  
3 foundation.

4 THE WITNESS: Yeah. It's the same  
5 answer I have as the other form. The  
6 diagnosis codes, they do all matter, and  
7 they're related by the pointer.

8 But as far as, like, which one is  
9 billed in what order and why, I don't have  
10 any expertise on that.

11 BY MS. WALLACE:

12 Q. But you -- because you don't have  
13 expertise in that area, you also did not review  
14 the data extractions for those particular --  
15 you weren't able to crosscheck the data  
16 extractions in this case for Mr. Laramore to  
17 confirm those -- those pointers and modifiers  
18 and CPT codes; is that accurate?

19 MR. ANTONUCCI: Object to form and  
20 foundation.

21 THE WITNESS: Correct. Correct.  
22 I -- from those reports that were  
23 supplied, those -- those appear to be  
24 accurate based off of our database of  
25 information that was pulled. But they're

1 not -- I didn't do any deep dives into  
2 what that data was.

3 BY MS. WALLACE:

4 Q. Okay. And the significance of a  
5 primary diagnosis versus a secondary diagnosis,  
6 if I'm asking you those questions, I'm asking  
7 the wrong person?

8 A. Yeah, that's correct.

9 Q. Okay. Let's take a look -- I'm  
10 going to put in the chat a slew of exhibits, if  
11 you don't mind, and I'll identify each one as I  
12 put it in.

13 The first one are the two datasets  
14 that -- that were provided along with Kaitlin  
15 Band's cover letter of March 4th, 2025. These  
16 are Bates stamped CLJA\_TriWest\_'1.xlsx and  
17 CLJA\_TRIWEST\_'5.xlsx. And I have them marked  
18 as Exhibits 4 and 5 respectively.

19 (Whereupon, Exhibit 4, Excel file,  
20 Bates labeled CLJA\_TRIWEST\_0000000001, was  
21 marked for identification.)

22 (Whereupon, Exhibit 5, Excel file,  
23 Bates labeled CLJA\_TRIWEST\_0000000005, was  
24 marked for identification.)

25

1 BY MS. WALLACE:

2 Q. And, Ms. Rivas, I'm going to put --  
3 just for convenience, I am going to put  
4 Exhibit 5 on the screen for you now if that's  
5 helpful to you.

6 A. Sure. That's fine. I'm going to  
7 open them as well, though, just to be able to  
8 see them a little bit better.

9 Q. Perfect. Do you recognize  
10 Exhibit 5?

11 A. Yes.

12 Q. Who prepared this data extraction?

13 A. To the best of my knowledge, this  
14 data was -- came from Kaitlin Band. If she had  
15 help assembling it -- for beyond that, I'm not  
16 aware.

17 Q. Do you have any knowledge if she  
18 wrote the query that produced this dataset?

19 A. I don't have knowledge of that.

20 Q. Do you have knowledge of how she  
21 decided to comply with the DOJ's parameters in  
22 pulling this dataset?

23 MR. ANTONUCCI: Object to form and  
24 foundation.

25 THE WITNESS: It appears that the

1 diagnosis code is on here, so she would  
2 have -- it looks to me that she would have  
3 pulled those claims with the proper  
4 diagnosis code that were related to what  
5 you have -- what the DOJ asked for.

6 BY MS. WALLACE:

7 Q. Do you know if she only pulled  
8 claims where those diagnoses were in the  
9 primary diagnosis position as opposed to the  
10 secondary position, or do you -- that is  
11 outside the scope of your knowledge of this  
12 data extraction?

13 MR. ANTONUCCI: Object to form and  
14 foundation.

15 THE WITNESS: That is outside the  
16 scope of this data extraction.

17 BY MS. WALLACE:

18 Q. It's out -- it's outside the scope  
19 of your knowledge?

20 A. Correct.

21 MR. ANTONUCCI: Same objection.

22 BY MS. WALLACE:

23 Q. So you are unaware if she  
24 included -- are you able to tell me if she  
25 included any diagnostic pointers in this data

1 extraction?

2 MR. ANTONUCCI: Object to  
3 foundation.

4 THE WITNESS: I'm looking at the  
5 headers to see if there's any -- any  
6 indication of this that in this  
7 extraction.

8 BY MS. WALLACE:

9 Q. You -- you -- you're scrolling on  
10 your own screen, right? So I don't --

11 A. Yes, I am.

12 Q. Okay. Perfect.

13 A. I do not see anything related to  
14 diagnose pointers.

15 Q. And we discussed earlier that it's  
16 not your -- your area of expertise, the  
17 relationship between diagnostic -- diagnostic  
18 pointers and the primary diagnosis or the  
19 service line item?

20 A. Correct. I just know that there's  
21 a correlation between the two and how claims  
22 pay; but as far as what that is and -- that is  
23 outside of my scope. That's a deeper level of  
24 knowledge of coding needed.

25 Q. Understood. Do you understand how

1 Ms. Band determined that each of these dates of  
2 service was related to the ICD-9 and 10 codes  
3 provided by the DOJ?

4 MR. ANTONUCCI: Object to  
5 foundation and form.

6 THE WITNESS: I don't have any  
7 specifics as to how she concluded that  
8 other than the diagnosis codes she has  
9 listed here on the -- on the form.

10 BY MS. WALLACE:

11 Q. Okay. And so was you -- and you  
12 said you were not able to talk to Ms. Band to  
13 ask any clarifying questions?

14 A. I did not speak to her.

15 Q. Are -- and were you able to verify  
16 that each of these dates of service is  
17 connected to the ICD-9 and 10 codes?

18 A. They appear to be based on the  
19 reporting that was pulled.

20 Q. But that's outside the scope of  
21 your expertise?

22 MR. ANTONUCCI: Object to form.

23 THE WITNESS: Well, I would trust  
24 our reporting. I use it every day, and  
25 it's showing you the dates of service; and

1           it's showing you the diagnosis code. So  
2           that would indicate to me that it's  
3           related and included in.

4 BY MS. WALLACE:

5           Q.       Did you do any -- did you make any  
6           effort to confirm that the CPT or the H- --  
7           HCPCS codes matched the primary diagnosis?

8           A.       No. That is outside of my scope.

9           Q.       Did you do any evaluation of this  
10          data to identify any duplications in billing?

11          A.       Duplications in billing?

12                    So it did not appear that there  
13          were duplicate claims submitted. That --  
14          that's what I looked for was whether there was,  
15          like, duplicative -- duplicative claims  
16          submitted for the same dates of service, and I  
17          did not see anything of that nature.

18          Q.       So you did analyze the data for  
19          duplication?

20          A.       Yeah. Duplica- -- duplicative  
21          claims, yes. Like, the -- like -- like,  
22          basically, looking to see if more than one  
23          claim was submitted for the same dates of  
24          service.

25          Q.       And paid the same?

1 A. Uh-huh, correct.

2 Q. Can you take a look, please -- do  
3 you know how to sort and filter this data if I  
4 asked you to filter it for a date of service?

5 A. I'm sorry. I believe you cut out  
6 during the question.

7 Could you repeat the question?

8 Q. Do you -- do you know how to filter  
9 this data if I asked you to filter it by date  
10 of service?

11 A. Yeah. It would be Column BX is the  
12 from, and then BY is the date of service. It  
13 looks like this is line-level data. So you'll  
14 see multiple lines for the same claims on here.

15 Q. Okay. I want you to take a look  
16 at -- and you may not be able to answer this  
17 for me. But if you could take a look at the  
18 date of service 3/22/22, I'm going to highlight  
19 it on the screen for you to make it easier on  
20 both of us in blue.

21 MS. WALLACE: And let the record  
22 reflect that I'm marking Exhibit 5, four  
23 columns in blue, that represent date of  
24 service 3/22/2022.

25

1 BY MS. WALLACE:

2 Q. Can you see my screen?

3 A. Yes.

4 Q. All right. Let's scroll over to  
5 the payment.

6 So we -- do you understand which --  
7 can you tell me which column represents the  
8 amount paid by the government in this claim  
9 data extraction?

10 A. The claim paid amount is in  
11 Column DC.

12 Q. Is that your testimony as to which  
13 column I should look at to see what the  
14 government paid?

15 A. That is what -- that is what we  
16 paid and what I would assume the government  
17 reimbursed TriWest for, but I can't validate  
18 that that was what the government paid.

19 Q. So the claim paid amount has  
20 repeating similar line items on it.

21 Could I direct your attention maybe  
22 to Columns CW and CX that don't have those  
23 duplicates that are filtered for the entire  
24 claim payment?

25 MR. ANTONUCCI: Objection. Form.

1 THE WITNESS: I see CW and CX.

2 What was the question?

3 BY MS. WALLACE:

4 Q. I'm concerned that you identified  
5 the wrong column as to what was paid, and I'd  
6 like you to reconsider your answer and look at  
7 CW and CX.

8 MR. ANTONUCCI: Object to form.

9 THE WITNESS: They're the same --  
10 they're the same totals as in DC.

11 BY MS. WALLACE:

12 Q. So the -- well, they aren't. So if  
13 you look at -- let's look at line 7.

14 A. Sorry. I filtered to that, so they  
15 are on the ones -- the lines I'm looking at. I  
16 apologize if it's different from what you're  
17 looking at. Let me unfilter.

18 Q. Okay. So just so we're on the same  
19 page, would you be able to minimize your  
20 version and look at my screen?

21 A. Yeah. I can try. It's really  
22 small, though, so it's hard for me to read.

23 Q. Yeah. I'm happy to zoom in. I'd  
24 be happy to zoom in for you.

25 How's that?

1 A. That's a little better, yep.

2 Q. Okay. So we are looking at -- let  
3 me ask you the question again.

4 Which one of these columns would  
5 represent, if you totaled it all together, the  
6 amount that the government paid related to  
7 these claims that are in this data extraction,  
8 Exhibit Number 5?

9 MR. ANTONUCCI: Object to form.

10 BY MS. WALLACE:

11 Q. And if this is outside of your area  
12 of expertise, please just let me know.

13 MR. ANTONUCCI: Object to form.

14 THE WITNESS: I'm going to refer to  
15 the -- that's a different exhibit -- I  
16 need to -- I would need you to right click  
17 on the -- the headers for those columns --

18 BY MS. WALLACE:

19 Q. Uh-huh.

20 A. -- so I can read what the headers  
21 say.

22 Q. So you can read them? Sure.

23 A. Yeah.

24 Q. Okay.

25 A. That's the billed amount, and then

1 CW is the paid amount. And then that's a line,  
2 that payment, telling you what that particular  
3 line would have paid. So if there's multiple  
4 lines for a claim, that'll be there.

5 Q. Right. Do you want me to keep  
6 going?

7 A. Yes, because I -- I couldn't tell  
8 the difference on the others --

9 Q. Sure.

10 A. -- from what I was looking at.  
11 Keep going.

12 That's going to be the check number  
13 that was paid on, the paid dates.

14 Q. CZ column is the check number.  
15 DA states paid date?

16 A. Yep.

17 Q. DB states claim billed amount?

18 A. Billed amount.

19 Q. DC states claimed paid amount. DD  
20 states claim net payment. And DE states --  
21 ooh. It's not coming up for me for some  
22 reason.

23 A. There's nothing in that column it  
24 appears.

25 Q. Oh, okay. That must be why.

1           So which one of these columns, if  
2 you add it all together, represents the amount  
3 that the government paid for this data  
4 extraction?

5           MR. ANTONUCCI: Object to form.

6           THE WITNESS: Paid? So -- so what  
7 I'm seeing here -- I'm still trying to,  
8 like, add because it's hard to look at  
9 your -- this without looking at it myself.

10           But it appears to me that the paid  
11 amount is in Column CW, and that's going  
12 to be the for the claim. But I'm -- I  
13 still -- I'm not positive why the CW  
14 column is different sometimes than the  
15 D -- the DC column without looking at this  
16 further. I couldn't tell you why they're  
17 different right off the top of my head.

18           It looks to me like there's a line  
19 item amount is what's broken down on -- in  
20 the CW and CX, and that the DC would be  
21 appear to be more of a claim overall  
22 payment.

23 BY MS. WALLACE:

24           Q. Thank you. And the data  
25 dictionaries that were provided to us by

1 TriWest is that within -- or is -- is -- a  
2 detailed knowledge of the data dictionaries in  
3 these fields, is that within your area of  
4 expertise?

5 A. I've seen the data dictionary. And  
6 if we can look -- if you want to refer to that,  
7 we can take look and see if it calls out any  
8 difference there.

9 Q. Will you answer my question, which  
10 is -- is the -- how the data dictionaries --  
11 the definitions in the data dictionaries, is  
12 that within your area of expertise; or is that  
13 handled by someone else in a different  
14 department?

15 MR. ANTONUCCI: Object to form.

16 BY MS. WALLACE:

17 Q. Familiarity with those criteria and  
18 fields?

19 MR. ANTONUCCI: Object to form.

20 THE WITNESS: Yeah. I'm familiar  
21 with the data dictionary. I don't set the  
22 criteria for what they are.

23 BY MS. WALLACE:

24 Q. And -- and are you saying you're  
25 familiar with it; you just don't remember what

1 the definition is for this particular data  
2 extraction?

3 A. Correct, yes. I would need to see  
4 the data dictionary to see if it gives  
5 additional information or additional  
6 description.

7 Q. All right. And so as far as --  
8 because I don't want to move off this exhibit  
9 right this second.

10 But as far as your knowledge,  
11 which -- which one of these, if you added up  
12 the column, totals the amount paid by the  
13 government for this data extraction?

14 MR. ANTONUCCI: Objection. Form.

15 THE WITNESS: Again, to the best of  
16 my knowledge, DC is the total claim  
17 payment that the government would have  
18 paid.

19 And again, I guess I can't  
20 reference that being the government paid.  
21 That is what TriWest would have paid.  
22 And -- and then submitted to the  
23 government, and the government most likely  
24 returned to money; but I can't verify  
25 that. That's not on this report or in

1 scope.

2 BY MS. WALLACE:

3 Q. Okay. So I'm going to sum the  
4 column DC.

5 And so is it your position that  
6 this particular data extraction, the  
7 government, VA, and/or TriWest would have paid  
8 out \$8,609.36?

9 MR. ANTONUCCI: Object to form and  
10 foundation.

11 THE WITNESS: Yes, I believe so.

12 BY MS. WALLACE:

13 Q. Okay. Can you take a look --  
14 and -- and as opposed to summing Column CW,  
15 which totals \$6,786.76, do you think that would  
16 have underestimated what the government paid  
17 for this data extraction?

18 MR. ANTONUCCI: Object to form and  
19 foundation.

20 THE WITNESS: Yes, I believe so.  
21 But again, I think it would be smart to  
22 refer to the data dictionary to see if  
23 there are any additional descriptions  
24 there.

25

1 BY MS. WALLACE:

2 Q. All right. Can you explain -- can  
3 you tell me for the -- for the four rows that I  
4 have highlighted in blue, can you -- do you  
5 have any expertise or knowledge to be able to  
6 tell whether or not that is a duplication error  
7 in the TriWest payment system?

8 A. Not just by looking at this report,  
9 no. They'd have to look at the actual claims  
10 that are submitted. It's possible one was  
11 submitted and then potentially recouped or  
12 something or it's a line item. I can't tell  
13 from this report and from your highlights  
14 there.

15 Q. Okay. And so you're not able --  
16 now, if I asked you to do a duplication check  
17 to this document, would you be able -- do you  
18 have the expertise to be able to do that?

19 A. Me personally? No, I would not be  
20 able to go in and do that, but I have team  
21 members that be would be able to do that.

22 Q. Who would -- who would be able to  
23 do that?

24 A. My team that report -- well, my  
25 team members that report to me that have access

1 to the system to pull this up specifically and  
2 look at this detail on each claim.

3 Q. Are you telling me that I would  
4 need to see a different dataset than what I'm  
5 looking at on the screen?

6 You couldn't determine if there was  
7 a duplication based on the data that was  
8 provided?

9 MR. ANTONUCCI: Object to form.

10 THE WITNESS: Not without looking  
11 deeper into it, I would not be able to  
12 tell you that.

13 BY MS. WALLACE:

14 Q. Are you saying you don't know if  
15 somebody could tell just from this data whether  
16 there's a duplication error, or, like, you  
17 would have to ask?

18 MR. ANTONUCCI: Object to form.

19 THE WITNESS: We would generally  
20 pull up the claim itself and look to see  
21 if there was a duplication.

22 BY MS. WALLACE:

23 Q. You'd pull the claim up in a  
24 different form than I'm seeing it right now,  
25 like, within your internal claims database?

1           A.       Right.  And look at the actual --  
2           and look at the actual images that were  
3           supplied and the -- and the information on  
4           those claims.

5                    It looks to me like that those are  
6           different line items because -- what -- what --  
7           it's line 39 and 40?

8           Q.       39 through 42.

9           A.       Correct.  So in Column BW, it has  
10          different line items showing one, two, and  
11          three, that those are different line items.  So  
12          they appear to be the same claim but different  
13          line items.

14          Q.       And is that what you mean, one,  
15          one, one, one?

16          A.       Okay.  That's not what mine looks  
17          like on my screen.  So I'm not sure if -- is  
18          yours filtered to anything?

19          Q.       I've sorted it by date.

20          A.       Oh, then I'm sorry that they aren't  
21          going to line up to what mine shows up on here.

22          Q.       It should be the same -- it should  
23          be the same data across fields no matter if  
24          it's sorted or not.

25          A.       But I was looking at line 39, so

1 that may not be --

2 Q. Oh.

3 A. -- the line number if you've sorted  
4 it by date.

5 Q. I'm looking at the four dates of  
6 service for 3/22/2022?

7 A. Correct. And I had it filtered to  
8 that, but then I unfiltered it to see what you  
9 were talking about with the different vol- --  
10 or the different amounts.

11 Could we pull the data dictionary,  
12 though, to validate what's on there because  
13 that would be helpful for me?

14 Q. Sure.

15 A. It's not something I would have all  
16 memorized on -- especially, this is being a WPS  
17 report, this -- this is older claims that we  
18 wouldn't -- some of these that we wouldn't --

19 Q. I will mark as an exhibit -- I have  
20 previously marked Exhibits 10, 11, and 12,  
21 which represent the cover letter from TriWest  
22 and the two data dictionaries that were  
23 provided.

24 MR. ANTONUCCI: Whitney, the cover  
25 letter is Exhibit 3.

1 MS. WALLACE: Oh, I -- I was  
2 talking about -- is there a data  
3 dictionary cover letter?

4 Let's take a look. It should be  
5 Exhibit 10.

6 I'll share my screen.

7 (Whereupon, Exhibit 10,  
8 U.S. Department of Justice cover letter  
9 dated August 6, 2025, was previously  
10 marked for identification.)

11 (Whereupon, Exhibit 11, Excel file,  
12 Bates labeled CLJA\_TRIWEST\_0000000010, was  
13 previously marked for identification.)

14 (Whereupon, Exhibit 12, Excel file,  
15 Bates labeled CLJA\_TRIWEST\_0000000009, was  
16 previously marked for identification.)

17 BY MS. WALLACE:

18 Q. So this is Exhibit 10 -- this is  
19 marked as Exhibit 10 from the Giovanni  
20 Antonucci, and it is letter dated August 6th,  
21 2025, that says, "As requested in your letter  
22 of July 3, 2025, the United States now produces  
23 data dictionaries for the TriWest offsets  
24 spreadsheet. These documents have been  
25 provided electronically."

1 All right. Let's take a look.

2 Do you know which one you want to  
3 review, Ms. Rivas, or do you -- would you like  
4 for me to pull up both?

5 A. Yeah. We'd have to see which one  
6 correlates to this report. One had a 185, I  
7 think, in the subject line. I don't see that  
8 on the name of this report, unless you guys  
9 have changed the headers.

10 Q. Does this -- did you prepare this  
11 document, Ms. Rivas?

12 A. I did not.

13 Q. Do you know who did?

14 A. I do not.

15 Q. Have you seen it?

16 A. The data dictionary? Yes.

17 Q. Have you seen this production?

18 A. The one that you have up?

19 Q. Yes.

20 A. Yes, I've seen this.

21 Q. Do you see anything -- if -- if  
22 you'd like to direct me to where you want to  
23 look regarding the answer on which column to  
24 sum in order -- the government paid that  
25 amount, I'd be happy to go to whichever tab

1 you'd like.

2 THE VIDEOGRAPHER: She's frozen on  
3 my end.

4 MS. WALLACE: Yeah.

5 THE WITNESS: The one you're  
6 sharing, are there additional tabs?  
7 I can't see them.

8 BY MS. WALLACE:

9 Q. Yes, there are.

10 Can you see this tab?

11 A. No, I can't -- yeah. I can't  
12 see where -- I can't see where the tab is at,  
13 but I do see that there is additional  
14 information.

15 So is that everything on here?

16 Is that all the options on this  
17 one?

18 Q. There's one more. So there's  
19 four -- let me -- just for the record so we  
20 keep it clean, I'm showing you Exhibit 11, and  
21 it is Bates stamped with the last digits 10.  
22 And it has four tabs entitled "Claim Status  
23 Summary, Claim Status Detail, Claim Line  
24 Detail, Claim Billed Paid."

25 A. Okay. The check number, billed

1 amount. Okay.

2 So could you go to a different tab?

3 I'm sorry. The tabs are covered by  
4 the --

5 Q. Yes.

6 A. -- header.

7 Q. And if you want me to stop sharing  
8 and you look at those two documents that I put  
9 in the chat --

10 A. Did you put it in the chat?

11 Q. Yeah. Yeah. We'll just do it that  
12 way.

13 A. Which exhibit was that one?

14 Q. The one I just had on the screen  
15 was Exhibit 11.

16 Are you searching for those  
17 definitions relevant to Exhibit 5?

18 A. I am. It's strange because  
19 normally the data dictionary lines you up with  
20 the actual labels on the report. In our  
21 reports -- none of our original reports would  
22 have both the beneficiaries on the same one, so  
23 it's hard to know which tab that they provided  
24 you here, whether it was a claim line, a  
25 claims -- a status line, a claim detail line,

1 or the overall -- because there's several views  
2 that we pull on every single report.

3 Q. Okay. So as far as this deposition  
4 goes and that Exhibit 4 and 5 that I've shown  
5 you --

6 A. Uh-huh.

7 Q. -- you're not prepared to walk  
8 through with me the column implications and  
9 criteria?

10 MR. ANTONUCCI: Object to form.

11 THE WITNESS: Yeah. It -- it does  
12 have -- it has a paid amount here listed  
13 in CW, but it also has a claim paid amount  
14 in DC. And for the four claims that  
15 you're referring to, the amounts are  
16 exactly the same.

17 I see where they are not the same  
18 on some of the other claims, but I -- I  
19 can't speak to why that is different  
20 without looking at an actual claim to  
21 understand what they have posted here on  
22 this report.

23 BY MS. WALLACE:

24 Q. And you told me earlier, you cannot  
25 tell whether those are duplicated as it relates

1 to this dataset?

2 A. Not from -- yeah. Not from this  
3 report. That would take reviewing the actual  
4 claim because I'm not seeing anywhere where it  
5 states that it's recouped or not recouped or --  
6 I'm seeing process and paid, the status of it.

7 Hold on a minute here.

8 Yeah. There's nothing on here that  
9 indicates -- that I'm seeing on here that  
10 indicates that whether that would have been,  
11 like, a claim that was processed and then  
12 potentially reprocessed for some reason or  
13 another.

14 Some of our reports do only show  
15 the paid claims, well, paid or denied, but  
16 nothing that's been recouped. I'm not seeing  
17 that on this report really.

18 So it's showing that it was  
19 processed and paid here, and I'm showing the  
20 first one -- the first two lines are inpatient.  
21 The second two -- or sorry. They're -- I see  
22 inpatient. They're institutional claims, and  
23 then the bottom two lines were professional  
24 claims.

25 But this is not giving me any

1 additional information to identify anything  
2 further from what you have here on this report.

3 Q. Okay. And did you know the that  
4 the claim ID that's column BS is identical for  
5 both of those charges?

6 MR. ANTONUCCI: Objection. Form.

7 THE WITNESS: Yes, I noticed that.

8 BY MS. WALLACE:

9 Q. Okay. But that doesn't tell you,  
10 as we sit here, whether it was paid  
11 duplicatively in -- or based on your expertise?

12 A. No, it does not.

13 MR. ANTONUCCI: Object to form.

14 THE WITNESS: No. It does not  
15 specifically without looking at the claim  
16 because if they did do an adjustment to  
17 the claim, then sometimes the last digit  
18 changes; but it doesn't show on the  
19 report.

20 BY MS. WALLACE:

21 Q. Who would be the best person to  
22 answer my question regarding whether this does  
23 represent a duplicative payment for the same  
24 date of service?

25 MR. ANTONUCCI: Objection. Form.

1                   And I apologize, Whitney. Could  
2                   you please let me know which claim number  
3                   you're referring to?

4                   I'm having trouble following along.

5                   MS. WALLACE: No problem. I'm on  
6                   Exhibit 5, the 3/22/2022 dates of service  
7                   is what we're talking about, if that's  
8                   helpful.

9                   THE WITNESS: Yeah. I -- I'm  
10                  un- -- unfortunately, I -- I don't know  
11                  from -- from this report.

12                 BY MS. WALLACE:

13                 Q.           And can you tell me who would know,  
14                 please?

15                 A.           Like, someone on our claims review  
16                 staff that could pull up the actual claim in  
17                 the system in the image.

18                 Q.           Who would be the best person to  
19                 look at the data that's been provided and --  
20                 and answer that question?

21                 Would it be Kaitlin Band?

22                 A.           I'm not aware of what her specific  
23                 knowledge or her skill set would be to do that,  
24                 but I mean, I've worked with other providers or  
25                 supervisors who work on the CCN program that I

1 know would be able to tell us.

2 Q. And you said it -- you think that  
3 would be a supervisor that would be able to  
4 answer these questions?

5 A. I just am aware of another manager  
6 that I've worked with that's very familiar with  
7 the -- with this program at CCN and would have  
8 the skill set to -- to look this up.

9 Q. What's her name, please?

10 A. Ginger Russell.

11 Q. What's her role at TriWest?

12 A. She's currently a claims manager.

13 Q. Is she familiar with -- would she  
14 be an individual that could answer detailed  
15 questions about CPT codes and diagnostic  
16 pointers and primary diagnosis versus secondary  
17 diagnosis?

18 A. I'm not --

19 MR. ANTONUCCI: Objection.

20 Foundation.

21 THE WITNESS: I -- I'm not sure if  
22 that would even be in her skill set to  
23 give you are the specifics that you'd want  
24 to that.

25

1 BY MS. WALLACE:

2 Q. Who -- who could you identify that  
3 that would be within their skill set?

4 MR. ANTONUCCI: Objection.  
5 Foundation.

6 THE WITNESS: Possibly someone from  
7 our medical review team. I -- I don't  
8 know any of their names off the hand.

9 BY MS. WALLACE:

10 Q. And so you don't know the -- the  
11 vast member of your staff that's the most  
12 familiar with code billing and coding and  
13 payment data systems?

14 A. They wouldn't be on my staff, so I  
15 don't know. They'd be in a different work  
16 group.

17 Q. And remind me which work group.

18 A. They'd be our med- -- they'd be in  
19 our medical billing and -- billing group.  
20 They'd be our -- they've got medical billers  
21 and coders.

22 Q. Does that department have, like, a  
23 different title, or would you just say my  
24 medical billing department?

25 A. It's like the -- the UM team,

1 Utilization Management. That's -- would be my  
2 best guess.

3 Q. Can you tell me who is responsible  
4 for doing these data inputs at TriWest?

5 A. I don't understand the question.

6 Q. Who is responsible for -- for data  
7 input at TriWest?

8 A. Like, to generate this report?

9 Q. Like, entering data.

10 Is it automatically drawn from the  
11 medical -- like, is it automatically drawn from  
12 the medical provider so no one is actually  
13 entering it, or is there someone that does data  
14 entry?

15 A. No, no one would enter this. These  
16 reports are generated off of the -- the  
17 reporting that comes from the claims data that  
18 are our payment processors obtain.

19 Q. So are you saying, like, the  
20 provider would have input this data  
21 electronically, and then TriWest takes that  
22 provider data and puts it into their own  
23 system?

24 A. The provider would submit data on a  
25 claim. That is pulled out and generated by our

1 payment processor, PGBA or WPS prior to 2021.  
2 And they assign it a claim number, and that  
3 information is all sent to TriWest by the  
4 pay- -- by the payment processor.

5 Q. So as far as inputting data related  
6 to -- that's relevant for billing purposes, is  
7 that done by the provider and then TriWest  
8 audits or checks it for accuracy?

9 A. No. That -- that would be --  
10 the -- the provider would supply -- would input  
11 the information on a claim and submit it.

12 Q. And then now that -- so the  
13 provider is the source of that data?

14 A. Of the data, yes, that's correct.

15 Q. Are you aware as a director of  
16 TriWest that -- that your agency has been under  
17 scrutiny in the past for duplication errors  
18 connected with your payment systems?

19 MR. ANTONUCCI: Objection to form.

20 THE WITNESS: I'm not aware of  
21 that.

22 BY MS. WALLACE:

23 Q. Are you familiar with the scrutiny  
24 that some auditing agencies -- remember I  
25 mentioned the GAO and the Inspector General of

1 the VA, that they have also identified --  
2 identified some pass-through errors?

3 MR. ANTONUCCI: Object to form and  
4 foundation.

5 THE WITNESS: I'm not aware of  
6 that.

7 BY MS. WALLACE:

8 Q. Do you know what a pass-through  
9 error is?

10 A. I do not.

11 Q. Do you know how TriWest is paid for  
12 its services to the VHA and to DOD?

13 MR. ANTONUCCI: Object to form and  
14 foundation.

15 THE WITNESS: The only thing -- the  
16 only thing I have any awareness of is  
17 reimbursing for claims.

18 So we process a claim, and then  
19 that is submitted back to the VA; and then  
20 the VA reimburses us. But what -- the  
21 details and anymore specifics than that is  
22 outside of my department. I just have  
23 general understanding of how that works.

24 BY MS. WALLACE:

25 Q. And so you don't know whether

1 TriWest is paid by a claim that it manages or  
2 by a provider or the flat rate?

3 Like, you have no -- no  
4 understanding of how TriWest is compensated for  
5 its services at the TPA?

6 MR. ANTONUCCI: Objection. Form  
7 and foundation.

8 THE WITNESS: No, I do not.

9 BY MS. WALLACE:

10 Q. Can you tell me -- I'm going to put  
11 in -- I'm going to add some additional datasets  
12 that -- that the government has produced from  
13 your company.

14 I'm going to add Exhibits 6, 7, 8,  
15 and 9.

16 (Whereupon, Exhibit 6,  
17 U.S. Department of Justice letter, dated  
18 June 9, 2025, was marked for  
19 identification.)

20 (Whereupon, Exhibit 7, Excel file,  
21 Bates labeled CLJA\_TRIWEST\_0000000006, was  
22 marked for identification.)

23 (Whereupon, Exhibit 8, Excel file,  
24 Bates labeled CLJA\_TRIWEST\_0000000007, was  
25 marked for identification.)

1                   (Whereupon, Exhibit 9, Excel file,  
2                   Bates labeled CLJA\_TRIWEST\_0000000008, was  
3                   marked for identification.)

4 BY MS. WALLACE:

5                   Q.           So I'm going to show you what's  
6                   been marked as Exhibit 6. It's a June 9th  
7                   letter from the DOJ advising that, "As  
8                   discussed during the status conference of  
9                   June 9, 2025, United States now produces the  
10                  underlying data for the TriWest and TRICARE DHA  
11                  offsets spreadsheets."

12                  And then it says how they've been  
13                  shared with us. And then it -- it included  
14                  three datasets.

15                  Can you tell me generally what  
16                  these datasets are, please?

17                  MR. ANTONUCCI: Objection.

18                  Foundation.

19 BY MS. WALLACE:

20                  Q.           Have you reviewed these three  
21                  datasets, Exhibits 7, 8, and 9 prior to the  
22                  deposition today in preparation?

23                  A.           I haven't opened them yet. I'm  
24                  working on it. So let me see them.

25                  Yeah. These reports are actually

1 the ones that I was familiar with, not the one  
2 that you just shared.

3 Q. Can you tell me what these reports  
4 are, and if you -- would you mind telling me in  
5 order as to how they're labeled: Exhibit 7,  
6 Exhibit 8, Exhibit 9?

7 A. Exhibit 7 is a report of --  
8 Exhibit 8 -- oh, one second. Let me just check  
9 7 again really quick.

10 Yep. And 7 is coming from our WPS  
11 payment processor. All of the dates of  
12 services and receive date are old. So this is  
13 telling me this would have been data by WPS.

14 On -- on Exhibit 8 and 9, those are  
15 both going to be current reports from PGBA  
16 system, our current payment processor, and with  
17 Exhibit 8 being for Jimmy Laramore, and with  
18 Exhibit 9 being for Keller.

19 Q. Do you agree with me that Exhibit 8  
20 and 9, those do not contain the detailed claim  
21 data; they're more akin to the -- like, more a  
22 receipt of the query that was run against the  
23 PGBA claims system?

24 MR. ANTONUCCI: Object to form and  
25 foundation.

1 THE WITNESS: These -- well, these  
2 are going to give you an overview of what  
3 was paid and denied. They don't tell you  
4 as much information, like containing  
5 diagnosis codes and things of that nature.

6 They are going to give you the  
7 overview of what was paid and denied, and  
8 these are the reports that I reviewed and  
9 that I was looking at prior to this call.

10 BY MS. WALLACE:

11 Q. Are you saying that you did not  
12 have the opportunity to review Exhibits 4 and 5  
13 prior to this deposition?

14 A. Yep. Those were not familiar to  
15 me. These three reports are the reports that I  
16 viewed, and these are the three reports that I  
17 look at on a regular basis from any other  
18 providers, where they're going to give you the  
19 dates of service and the paid amount.

20 Q. And if we were trying to ascertain  
21 whether or not dates of service and payments --

22 A. Claim information --

23 Q. -- I'm sorry. Can you hear me?

24 I think we might have talked over  
25 each other accidentally.

1           A.        Yes, I can hear you now.

2           Q.        Okay. Let me try -- let me try my  
3 question if you don't mind.

4                    Would you agree with me that  
5 exhibits -- if -- if we were trying to  
6 ascertain whether ICD-9 and ICD-10 codes that  
7 the government provided to TriWest were related  
8 to the dates of service and to the services  
9 provided to the veteran on those particular  
10 dates, would Exhibits 4 and 5 be the better  
11 datasets in order to do that?

12                   MR. ANTONUCCI: Object to form and  
13 foundation.

14                   THE WITNESS: Could you repeat the  
15 question, please?

16 BY MS. WALLACE:

17           Q.        Yes. If we were trying to make a  
18 decision as to which ICD-9 and 10 codes that  
19 were provided to TriWest by the DOJ were  
20 related to the dates of service for a  
21 particular veteran, would -- would Exhibits 4  
22 and 5 that contain more detailed claim level  
23 data be the better exhibits in order to make  
24 that opinion?

25           A.        Yes.

1 MR. ANTONUCCI: Object to form and  
2 foundation.

3 THE WITNESS: Yes.

4 BY MS. WALLACE:

5 Q. What was your answer? I'm sorry.

6 A. Yes, I would say that.

7 That claim that you just were  
8 asking me about on Exhibit 4 --

9 Q. Yes.

10 A. -- that looked like --

11 Q. I think it was Exhibit 5, but go  
12 on.

13 A. Let me just make sure this is the  
14 one I pulled then, Exhibit 5. Yep.

15 From Exhibit 5, it was the one --  
16 one of the duplication -- one of the duplicated  
17 claim lines. That claim's actually found on --  
18 now I've lost my sheet. Sorry. Give me one  
19 second.

20 But that claim is actually found on  
21 this other report, and I would likely be able  
22 to tell you a little bit more about it based  
23 off of this other report.

24 Q. Great. Let me finish this  
25 question, and we will go right to that, okay?

1           A.        Sure.

2           Q.        So you had just testified that  
3           Exhibit 5 and 4 are the better datasets in  
4           order to link ICD-9 codes to the services  
5           received by the claimant.

6                    And -- and did you testify earlier  
7           that those -- you were not -- you're not -- you  
8           weren't prepared to discuss those datasets  
9           today?

10                   MR. ANTONUCCI:   Object to form and  
11           foundation.

12                   THE WITNESS:    Yeah.   Those -- those  
13           are not reports that I had seen.  These,  
14           the three that you just shared, are  
15           reports that I have seen; and they are a  
16           list of all of the claims that were  
17           process add denied.

18                   What you had on the other sheet is  
19           not something I'm familiar with.

20           BY MS. WALLACE:

21           Q.        All right.  And who would you  
22           recommend -- if I wanted to have a deep-dive  
23           session on Exhibit 4 and 5 as it relates to  
24           diagnostic pointers and CPT codes and which  
25           ones are related to the ICD-9 and 10 codes, can

1 you tell me which department of TriWest is the  
2 best one and which individual I should talk to  
3 in order to have a -- have that conversation?

4 MR. ANTONUCCI: Object to form and  
5 foundation.

6 THE WITNESS: I would start with  
7 Kaitlin -- Kaitlin Band, the person who  
8 put this together and got that report.

9 BY MS. WALLACE:

10 Q. All right. Do you -- are you able  
11 to direct me to more knowledge about the  
12 3/22/2022 using Exhibits 7, 8, or 9?

13 A. I'm sorry. What's the number that  
14 you just referenced?

15 Q. 3/22/2022?

16 A. Oh, yes. And I believe that's the  
17 other number. Yeah. So on -- on Exhibit 8.

18 Q. Yep.

19 A. On -- on Exhibit 8 if you filter to  
20 the 3/22 date of service -- I didn't filter it,  
21 but I found it on line 16 and 61, whichever one  
22 is easier, to filter or to look at that.

23 Q. Can you tell me how much was paid  
24 by the government on 3/22/2022?

25 A. Yep. I can tell you that what the

1 claim paid again. I can't speak to what the  
2 government paid because I don't have any of  
3 these reports referenced what we paid on behalf  
4 of the VA, assuming the VA would have  
5 reimbursed us.

6 Q. Yes.

7 A. The total paid amount is on  
8 Column O for \$77.61 --

9 Q. Yes.

10 A. -- and \$555.30.

11 Q. Okay. That's -- and can you tell  
12 me -- that is O, and then it's line -- can you  
13 tell me which line, if you don't mind?

14 A. It's line 60 and 61, Column O.

15 Q. If -- so let's -- let's take that.

16 So we know that that's what should  
17 have been paid for that date of service, right?

18 A. Uh-huh.

19 Q. All right. So let's go back to  
20 Exhibit 5. All right. So I want to scroll  
21 over.

22 I want to represent to you that the  
23 Department of Justice issued -- had their  
24 economist review this data, and he issued a  
25 paid amount. He issued a total amount for --

1 for this data extraction totaling 6,786, which  
2 is the summation of Column CW.

3 A. Okay.

4 Q. Is -- does -- does -- for date of  
5 service 3/22/2022 have double charges for  
6 \$555.30 and \$707.61 [sic] that is included in  
7 that summation total?

8 MR. ANTONUCCI: Object to form and  
9 foundation.

10 THE WITNESS: I can't confirm that.

11 BY MS. WALLACE:

12 Q. Can you -- so can you see  
13 Column CW?

14 A. I can.

15 Q. Okay. And the total for that whole  
16 column is \$6,786.76.

17 Do you see that?

18 A. I see that.

19 Q. And do you see where this \$555.30  
20 and the seven hundred -- \$77.61 was counted  
21 twice?

22 But we just know from your other  
23 dataset that it was only paid -- both of those  
24 charges were only paid once.

25 Would you agree with me that those

1 are double counted in this total here of  
2 \$6,786.76?

3 MR. ANTONUCCI: Object to form and  
4 foundation.

5 THE WITNESS: Yeah. I can't  
6 confirm that for a fact. It -- it -- it  
7 appears to be that way on that report, but  
8 I can't confirm where that data on that  
9 report came from.

10 BY MS. WALLACE:

11 Q. You can't confirm where this data  
12 came from? The --

13 A. Correct. Like, I can't confirm how  
14 that was calculated or where that came from.  
15 It looks like that's taken from some sort of  
16 report and put onto a couple of tabs.

17 I'm looking at the official reports  
18 on the other exhibits, and that would be more  
19 indicative of what actually paid.

20 Q. But as far as that total, it does  
21 include double charges for that date; and we --  
22 you and I have confirmed that it should have  
23 just been \$555.30 plus \$77.61, correct?

24 MR. ANTONUCCI: Object to form and  
25 foundation.

1 THE WITNESS: Yep. It appears that  
2 may be the case. But without, I guess,  
3 identifying where that other information  
4 came from, I wouldn't be able to confirm.

5 BY MS. WALLACE:

6 Q. Who would?

7 A. Whoever put that together. As I  
8 mentioned, Kaitlin Band --

9 Q. Okay.

10 A. -- submitted and reviewed that.

11 Q. I am going to -- we haven't  
12 together looked at Exhibit Number 4, which  
13 is -- which is another one of the data  
14 extractions that was provided to us. And I'm  
15 going to share it for you in -- on the screen.

16 You mentioned earlier that you are  
17 not -- that you did not review Exhibit 4 prior  
18 to this deposition and were not involved in  
19 this data extraction?

20 A. I did not.

21 Q. Do you know generally what this  
22 data extraction represents?

23 A. My understanding is that it's  
24 supposed to represent the claims that are  
25 associated with the relevant diagnosis codes.

1 Q. And do you have an understanding as  
2 to why the difference between -- you mentioned  
3 earlier, like, the WSP [sic] processor versus,  
4 was it PLRG?

5 A. WPS versus PGBA. They're just --  
6 they were two different processors depending on  
7 the date of service.

8 Q. Is that why these two Excel --  
9 so -- so let me ask you -- I'm sorry. Let me  
10 ask you it this way.

11 Exhibit 4 represents a dates of  
12 service for Jimmy Laramore, if you agree with  
13 me, covering approximately March 30th, 2020, to  
14 March 9th, 2021; whereas, Exhibit 5 represents  
15 dates of service for Jimmy Laramore covering  
16 service ranges of June 8th, 2021, through  
17 January 10th, 2025, so a subsequent -- a  
18 subsequent set of dates?

19 MR. ANTONUCCI: Object to form and  
20 foundation.

21 BY MS. WALLACE:

22 Q. Do you agree with me?

23 MR. ANTONUCCI: Same objections.

24 THE WITNESS: That sounds correct  
25 for the dates I see on the spreadsheet.

1 BY MS. WALLACE:

2 Q. And are you able to tell me -- I  
3 know you did not pull this data, but Exhibit 5  
4 does have more detail in it than Exhibit 4.

5 Are you qualified to be able to  
6 tell me the difference in the data criteria for  
7 Exhibit 5 versus Exhibit 4?

8 A. I'm not familiar with the  
9 difference in it other than Laramore, it  
10 appears that Laramore, Exhibit Number 4, is for  
11 WPS claims. And the Exhibit Number 5 has a tab  
12 for both Laramore and Keller, which would be  
13 the PGBA claims that are more recent.

14 Q. Okay. And the -- like, the reason  
15 that these are presented to us in two different  
16 Excels is because they came from -- they were  
17 pulled from two different database systems; is  
18 that accurate?

19 A. Two different data sources,  
20 correct. WPS claims would be in a different --  
21 like, our current -- our current database would  
22 be items that come in from PGBA.

23 WPS is probably, like, a historical  
24 data that is -- that exists, but isn't as  
25 relevant today for what we use due to it being

1 older and by a different payment processor.

2 Q. Yes. And so the CCN program  
3 launched in approximately 2019; is that true?

4 A. I think that's the best of my  
5 ability. It was called something different  
6 before that. I believe -- I believe about 2019  
7 is when the name changed to Community Care.

8 Q. Do you know what the program was  
9 from 2013 to 2019 when this other payor  
10 database system would have been in effect, or  
11 is that beyond your expertise?

12 A. They were the PC3 program. I don't  
13 recall what it stood for, but it was called PC3  
14 before CCN.

15 Q. Do you know why the data fields  
16 would have been different from the data  
17 extraction for Exhibit 4 versus Exhibit 5?

18 A. Not specifically, other than  
19 probably coming from different data fields,  
20 different databases, saved -- in saved data out  
21 in the -- it would be from the databases.

22 Q. Do you know whether Exhibit 4  
23 represents only hospital billing versus also  
24 including professional billing in this?

25 A. I don't, but let me just see if it

1 has a field for -- if -- they're all labeled as  
2 inpatient or outpatient, which would give me  
3 the impression that they are hospital claims.

4 Q. And do you -- are you able to --  
5 can I ask you the same question for Exhibit 5?

6 Can you tell me whether that pulled  
7 hospital and professional claims or just  
8 hospital claims?

9 A. Sure. Let me take a look.

10 Yes. It has a breakdown on  
11 Column BM for institutional versus  
12 professional.

13 Q. And were both provided under  
14 Exhibit 5?

15 A. Yes.

16 Q. And I think we talked previously,  
17 you agreed with me that there are no diagnostic  
18 pointers for the professional services in  
19 Exhibit 5, correct?

20 A. I didn't see anything that  
21 indicated that, correct.

22 Q. Do you know if TriWest has had any  
23 collaboration or conversations with the -- with  
24 the economist for the DOJ in this case as it  
25 relates to -- to TriWest datasets?

1 A. I'm not aware of that.

2 Q. You haven't?

3 A. I have not, no.

4 Q. Is it part of your role in claims  
5 administration for TriWest to monitor when  
6 changes are made to the program?

7 A. Not specifically. I'm more brought  
8 in when, like, and notified that there's  
9 changes that have been made. The changes --  
10 yeah. I don't monitor them firsthand, no.

11 Q. But you are aware in your role that  
12 there have been changes made to the CCN  
13 program, even just in your three years since  
14 you've been at the company, correct?

15 A. Yeah, absolutely. Like, just  
16 changes in the process or obtaining referrals,  
17 things like that, yes.

18 Q. Okay. And it's my understanding  
19 that there have -- there -- there are so many  
20 changes that the VA CCN provider manual is  
21 actually published and updated quarterly; is  
22 that true?

23 A. That's true.

24 Q. Published in January, April, July,  
25 and October approximately?

1 A. It sounds correct.

2 Q. Do you have -- is -- is it updated  
3 even more often than that on occasion, or is  
4 that about when it's updated?

5 A. It's generally updated on  
6 quarterly, but they could issue and update it  
7 at any time if they -- they want to. Something  
8 could change in between.

9 Q. Do you have any knowledge in your  
10 role as to whether those updates affect the  
11 care coverage and eligibility and  
12 appropriations for the C- -- CCN?

13 MR. ANTONUCCI: Objection. Form  
14 and foundation.

15 THE WITNESS: They could impact the  
16 care. It just depends on what the update  
17 is or, you know, is for. It could update,  
18 like, the level of coverage that we  
19 provide or -- yeah, like, the level of  
20 care provided. It just depends on what  
21 the update is for.

22 BY MS. WALLACE:

23 Q. Do you understand that the CCN  
24 program is -- how it's funded from Congress?

25 Do you have an understanding of

1 that?

2 MR. ANTONUCCI: Object to form and  
3 foundation.

4 THE WITNESS: Specifically, no.

5 BY MS. WALLACE:

6 Q. Do you understand that it's  
7 discretionary funding from Congress on an  
8 annual basis?

9 MR. ANTONUCCI: Object to form and  
10 foundation.

11 THE WITNESS: I don't know that.

12 BY MS. WALLACE:

13 Q. Does -- so TriWest, you've told me  
14 earlier, you're -- you have two accounts. One  
15 is the Department of Defense TRICARE system,  
16 and the other is the VHA CCN system.

17 So a hundred percent of TriWest's  
18 company revenue is tied to these two programs;  
19 is that right?

20 MR. ANTONUCCI: Object to form and  
21 foundation.

22 THE WITNESS: To the best of my  
23 knowledge.

24 BY MS. WALLACE:

25 Q. Okay. And is it discussed in

1 your -- at your level as a director of claims  
2 administration that the programs are both  
3 subject to discretionary annual oversight by  
4 Congress?

5 MR. ANTONUCCI: Object to form and  
6 foundation.

7 THE WITNESS: It is not.

8 BY MS. WALLACE:

9 Q. You're unaware of that?

10 A. Yeah. It's -- that's not discussed  
11 at my level.

12 Q. Do you know what law -- have you  
13 ever heard of the MISSION Act?

14 MR. ANTONUCCI: Object to form and  
15 foundation.

16 Whitney, I'm struggling to  
17 understand how this is related to offsets  
18 and damages.

19 MS. WALLACE: Well, TRICARE has  
20 claimed future offsets in this case. So  
21 has CCN.

22 MR. ANTONUCCI: Does that have  
23 anything to do with this witness, Whitney?

24 MS. WALLACE: Yes. It has to do  
25 with offsets.

1 MR. ANTONUCCI: Okay. I --

2 MS. WALLACE: And potentially  
3 corresponding damages information, which  
4 is the subject of our -- that's the scope  
5 of our testimony for these witnesses.

6 MR. ANTONUCCI: That's not the  
7 scope of the testimony for this witness,  
8 though, right?

9 MS. WALLACE: Well, I think --

10 MR. ANTONUCCI: Ms. Rivas is a fact  
11 witness here to testify about her personal  
12 knowledge with regard to TriWest.

13 MS. WALLACE: Are you instructing  
14 her not to answer my questions?

15 MR. ANTONUCCI: I am asking for a  
16 standing objection to form and foundation  
17 to all of your questions that are not  
18 about offsets and related damages.

19 BY MS. WALLACE:

20 Q. Ms. Rivas, were you asked to  
21 calculate any future estimations for care in  
22 this case or to just provide data regarding  
23 past payments?

24 A. Just data for past payments.

25 Q. So would you agree with me that

1 payments -- that funding could be restricted in  
2 the future as it relates to the CCN program?

3 MR. ANTONUCCI: Object to form and  
4 foundation.

5 THE WITNESS: I have no knowledge  
6 of that.

7 BY MS. WALLACE:

8 Q. And similarly, you don't have  
9 knowledge of that as it relates to the TRICARE  
10 program?

11 MR. ANTONUCCI: Object to form and  
12 foundation.

13 THE WITNESS: I don't have  
14 knowledge of that.

15 MR. ANTONUCCI: Whitney, we've been  
16 going for over an hour.

17 Do you mind if we take another  
18 break?

19 MS. WALLACE: Not at all.

20 THE VIDEOGRAPHER: We are going off  
21 the record. The time is 3:21 p.m.

22 (Whereupon, a break was taken.)

23 THE VIDEOGRAPHER: Back on the  
24 record at 3:29 p.m.

25

1 BY MS. WALLACE:

2 Q. Ms. Rivas, do you still have up on  
3 your computer Exhibit 4?

4 A. Yes. Yes.

5 Q. You testified earlier that you were  
6 not the right witness to be able to confirm  
7 that some of the dates of services or CPT codes  
8 were connected with the ICD-9 and 10 codes; is  
9 that correct?

10 MS. WALLACE: Object to foundation  
11 and form.

12 THE WITNESS: I'm sorry. You did  
13 freeze during that.

14 Could you repeat the question?

15 BY MS. WALLACE:

16 Q. Sure. Sure.

17 Did you -- am I -- am I summarizing  
18 your testimony correctly that you testified  
19 earlier that you are not the right individual  
20 to examine the CPT names or procedure codes and  
21 connect those with an ICD-9 and 10 codes that  
22 were provided by the DOJ?

23 MR. ANTONUCCI: Object to form and  
24 foundation.

25 THE WITNESS: That's correct.

1 BY MS. WALLACE:

2 Q. All right. So if there are line  
3 items for Mr. Laramore, such as a glucose blood  
4 device for home use, you do not have any  
5 independent knowledge on whether that service  
6 is connected with his bladder cancer diagnosis,  
7 correct?

8 Can you hear me?

9 A. Yeah. I -- I said correct.

10 Q. Oh, I'm so sorry. I didn't hear  
11 the answer.

12 A. You didn't hear me?

13 Q. No, I didn't. I'm so sorry.  
14 And I have a similar question.

15 What if he had telehealth visits,  
16 are you in any position to tell me whether  
17 identified telehealth visits were or were not  
18 related to his bladder cancer diagnoses?

19 A. I would not be able to tell that.

20 Q. And so as far as it relates to  
21 connecting the dates of services on Exhibit 4  
22 and Exhibit 5 to the ICD-9 and 10 codes that  
23 are identified in the principal diagnosis  
24 section, that is outside of your area of  
25 expertise?

1 Did you answer, Ms. Rivas?

2 I'm sorry if I keep talking over  
3 you.

4 A. Correct.

5 Q. Okay. And are you in a position to  
6 tell me why Kaitlin -- why it was important to  
7 Kaitlin Band to only pull principal diagnoses  
8 related to the bladder cancer ICD-9 and 10  
9 codes as opposed to secondary diagnoses pulled  
10 for the bladder ICD-9 and 10 codes?

11 MR. ANTONUCCI: Object to form and  
12 foundation.

13 THE WITNESS: I -- I'm not certain  
14 that that was the case. I don't know  
15 which diagnosis codes -- diagnosis codes  
16 she did pull.

17 BY MS. WALLACE:

18 Q. You don't know which diagnosis  
19 codes she did pull?

20 A. No, not whether it was primary or  
21 secondary.

22 Q. Do you know why it would matter to  
23 Kaitlin or to TriWest to pull primary versus  
24 secondary?

25 A. I do not.

1                   MR. ANTONUCCI: Object to form and  
2                   foundation.

3 BY MS. WALLACE:

4                   Q.           And you don't know how that might  
5                   relate to the payment component of that service  
6                   record?

7                   MR. ANTONUCCI: Object to form and  
8                   foundation.

9                   THE WITNESS: I do not.

10 BY MS. WALLACE:

11                  Q.           And we just -- we talked about this  
12                  earlier.

13                         In Exhibit 4 are you -- without,  
14                         you know, consulting a data dictionary or  
15                         another individual, are you aware of which  
16                         column is the appropriate one to total if you  
17                         were trying to ascertain how much the  
18                         government paid connected with these dates of  
19                         service?

20                   MR. ANTONUCCI: Object to form.

21                   THE WITNESS: I do not.

22 BY MS. WALLACE:

23                   Q.           And if the economist relied upon  
24                   this dataset in order to come up with an amount  
25                   alleged as an offset you -- you independently

1 would not be able to verify the accuracy of --  
2 of that number; is that true?

3 MR. ANTONUCCI: Object to form and  
4 foundation.

5 THE WITNESS: Correct.

6 BY MS. WALLACE:

7 Q. I should direct those questions to  
8 Kaitlin Band or another individual more  
9 familiar with how this data was pulled and what  
10 is connected with the ICD-9 and 10 codes?

11 A. Correct.

12 Q. And as far as your areas of  
13 expertise, you are more comfortable with  
14 Exhibits 7, 8, and 9 that involved the payment  
15 and denials related to claims?

16 A. Correct.

17 Q. How often -- do you have a denial  
18 rate error -- error as it relates to Community  
19 Care Network?

20 A. I do not.

21 Q. Do you know how often -- how  
22 frequently claims are denied by TriWest?

23 A. I don't know the rate of denial,  
24 no.

25 Q. How often was it done in

1 Mr. Laramore's case?

2 I think that would be Exhibit 7  
3 or 8.

4 A. I mean, he had 13 denied claims on  
5 Exhibit Number 7, and there were 114 paid.  
6 Four of them were adjusted. So essentially, 13  
7 out of 118.

8 Q. And so Mr. Laramore, just as an  
9 example, his access to Community Care payments  
10 and services, it can sometimes be denied; is  
11 that true?

12 A. Services can be denied, but  
13 generally, they're going to be based on what  
14 the provider bills.

15 Q. Okay. And so they're not -- so  
16 it's not a sure thing that he will -- he would  
17 get, you know, any particular service, that --  
18 that was recommended by the VA through the  
19 Community Care Network?

20 MR. ANTONUCCI: Object to form and  
21 foundation.

22 THE WITNESS: If he had a referral  
23 for it and went to a -- a provider and  
24 they billed appropriately for that  
25 service, then there shouldn't be a problem

1 with payment.

2 BY MS. WALLACE:

3 Q. So are you assuming, then, that all  
4 the 13 denials here, it was an improper  
5 provider billing?

6 A. I haven't reviewed this information  
7 to give you an estimate, but it could be based  
8 off the way the provider billed. It could be  
9 based off of a manual error if someone touched  
10 it and just adjusted it wrong -- or reviewed it  
11 wrong.

12 It could be any number of things,  
13 but I wouldn't know that without being able to  
14 examine each of the claims individually.

15 Q. Would you say that that percentage  
16 of errors is typical with CCN, maybe somewhere  
17 around 20 percent?

18 MR. ANTONUCCI: Object to form and  
19 foundation.

20 THE WITNESS: I wouldn't be able to  
21 estimate that.

22 BY MS. WALLACE:

23 Q. Can you tell me which -- I think  
24 you told me at the beginning there's a  
25 department at TriWest that's responsible for --

1 is there a department at TriWest that's  
2 responsible for reviewing medical records and  
3 comparing that to billing records to confirm  
4 that the providers are properly coding and  
5 billing?

6 MR. ANTONUCCI: Object to form.

7 THE WITNESS: Not that I'm aware of  
8 that -- that anything that is a standard  
9 process. If there is a suspicion or a  
10 reason for us to review them, that could  
11 happen, yes; but not just as a standard  
12 process to review them, you know, on a  
13 regular basis, no.

14 BY MS. WALLACE:

15 Q. And so it's your testimony that  
16 TriWest does not regularly review medical  
17 records in order -- in their accuracy and audit  
18 and billing practices, correct?

19 A. No, I didn't say that. I would say  
20 if there is a reason for them to review medical  
21 records, we would obtain them, ask for them,  
22 and review them.

23 Q. But it's not regular procedure?

24 A. Not without a reason that would  
25 require it, no.

1 Q. Do you have -- do you have any  
2 knowledge as to whether your -- your company  
3 has been criticized by a governmental oversight  
4 agency for not looking at medical records  
5 compared to billing in -- in TriWest's history?

6 A. I have no knowledge of that.

7 Q. Do you have knowledge that TriWest  
8 has been -- was -- it was determined that  
9 TriWest had over- -- overbilled the VA system  
10 in the tens of millions of dollars related to  
11 pass-through errors?

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 THE WITNESS: I don't have  
15 knowledge of that.

16 BY MS. WALLACE:

17 Q. Do you have knowledge that in  
18 December of 2021 the VA Office of Inspector  
19 General performed an audit and concluded that  
20 37,900 of the Community Care providers billed  
21 at higher level codes than their peers  
22 accounting for 3.9 million in improper billing  
23 services?

24 MR. ANTONUCCI: Object to form and  
25 foundation.

1 THE WITNESS: I have no knowledge  
2 of that.

3 BY MS. WALLACE:

4 Q. Have you -- do you have knowledge  
5 that the December 2021 VA OIG audit determined  
6 that VHA staff did not audit medical  
7 documentation for billed services as a part of  
8 their oversight responsibilities?

9 MR. ANTONUCCI: Object to form and  
10 foundation.

11 THE WITNESS: I have no knowledge  
12 of that.

13 BY MS. WALLACE:

14 Q. Do you have knowledge of -- does  
15 TriWest have a special investigations unit?

16 A. The only unit I'm aware of is  
17 Payment Integrity, which would review anything  
18 that came in that was -- needed in an  
19 investigation.

20 Q. If -- you mentioned that that -- is  
21 that entity that the fraud detection entity  
22 under TriWest that you're not a part of.

23 Do you have any knowledge as to  
24 when they identify errors, you know, aggregate  
25 errors in provider billing, whether they

1 correct -- correct that on a retroactive basis,  
2 or it's identified for improvements moving  
3 forward?

4 MR. ANTONUCCI: Object to form and  
5 foundation.

6 THE WITNESS: I think that would  
7 depend on the VA's guidance.

8 BY MS. WALLACE:

9 Q. Do you know the answer to that  
10 question?

11 MR. ANTONUCCI: Same objection.

12 BY MS. WALLACE:

13 Q. I know you're not in that  
14 department.

15 A. I do know that if -- yeah. I do  
16 know that if there is something that we've  
17 either paid wrong or -- or accepted -- that was  
18 billed wrong, again, it depends on the VA's  
19 discretion. The VA would tell us whether they  
20 want to correct an issue going forward or  
21 whether they would want us to perform  
22 recoupments or reprocess for additional  
23 payment. It would all be based upon the VA's  
24 decision.

25 Q. Who would handle that reprocessing

1 under TriWest?

2 MR. ANTONUCCI: Object to form and  
3 foundation.

4 THE WITNESS: That reprocessing  
5 would be handled by our payment processor  
6 PGBA.

7 BY MS. WALLACE:

8 Q. Can you -- would you agree with me  
9 that the data extractions that we've received  
10 in this case are a snapshot in time, and it's  
11 in a payment system?

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 BY MS. WALLACE:

15 Q. Do you know what I mean by that  
16 question, or would you like for me to rephrase  
17 it?

18 A. Yeah, could you please rephrase it?

19 Q. I'd be happy to. I've heard -- the  
20 data that was pulled in this case, these data  
21 extractions, Exhibits 4, 5, 7, 8, and 9, they  
22 represent data at the point in time in which  
23 they were pulled.

24 Is it true that the data in your  
25 system is subject to change if there's

1 reprocessing, if there's updated payments,  
2 in -- in that nature?

3 MR. ANTONUCCI: Object to form.

4 THE WITNESS: It could change if a  
5 claim was reprocessed. So yes, this would  
6 have been the data available if the data  
7 was pulled.

8 BY MS. WALLACE:

9 Q. How -- can you describe what data  
10 being reprocessed means, please?

11 A. It would be a claim being  
12 reprocessed. So if we had reason to reprocess  
13 a claim due to it being underpaid or overpaid  
14 or -- or denied in general and we had reason to  
15 reprocess it, we would do that. PGBA would  
16 reprocess that claim and either recoup money  
17 that was overpaid or re- -- you know, pay out  
18 additional monies if the claim was underpaid.

19 Q. Has the DOJ asked your -- your  
20 company, to your knowledge, to provide any  
21 updates related to the data extractions that  
22 you've made after reprocessing -- after any  
23 reprocessing?

24 A. I'm not aware of the request to  
25 pull any updated data.

1 Q. How often do reprocessings occur?

2 A. We reprocess claims on a regular  
3 basis if there's a need to do so. This --  
4 like, for example, the older claims -- it only  
5 goes back so far, right, to, like, usually  
6 within a year or two of processing unless  
7 directed by the VA for some other reason.

8 So like, the claims from the WPS  
9 system, for example, we wouldn't be  
10 reprocessing any of those. They're far too old  
11 to do that.

12 So usually with -- most of the time  
13 a claim would not be adjusted after like a  
14 year -- a year's worth of time. But if we had  
15 reason to do it and we're directed by the VA to  
16 make an -- you know, an adjustment, we would.

17 Q. Is there a point in time where you  
18 consider the data for a particular claim  
19 100 percent stable, meaning there will be no  
20 more changes or the possibility of changes is  
21 so remote as it's not worth concern?

22 MR. ANTONUCCI: Object to form.

23 THE WITNESS: The only time I would  
24 say that would be the case is when a  
25 program closes out. Like I mentioned,

1           before CCN, it was PC3. So when that  
2           program was --

3                   MS. WALLACE:   Oops.

4                   THE VIDEOGRAPHER:   Frozen.

5                   MS. WALLACE:   Yep.

6                   THE WITNESS:   -- our finance  
7           department would have reconciled all of it  
8           with the VA. And therefore, those records  
9           would be what they are. There would be no  
10          more reprocessing of those claims.

11       BY MS. WALLACE:

12           Q.           Unfortunately, you cut out for us  
13          in the middle of that answer. I'm so sorry.

14                   Would you be willing to restate  
15          that answer for the record, please?

16           A.           Yeah. So normally claims are not  
17          reprocessed more than a year or two after the  
18          fact unless the VA would -- would direct us to  
19          do so for some particular reason.

20                   And at a time -- at -- like, for  
21          example, I mentioned that the PC3 program was  
22          the program prior to CCN. So when that program  
23          ended, there was a certain period of time we  
24          could reprocess claims under that program. But  
25          then, you know, a year or two later kind of --

1 the finance department at TriWest and the VA  
2 would say, okay, we've reconciled everything.  
3 The data is what it is. We're not  
4 reprocessing. The program's closed.

5 So there is a point in time where  
6 it's not always set; but, like, when a program  
7 is closed out, we would no longer adjust claims  
8 for it. But up until that point, it could  
9 happen if we were directed to do so by the VA  
10 for the current program.

11 Q. Are you prepared to tell us today  
12 whether there's been any reprocessings to Jimmy  
13 Laramore's claims since these datasets were  
14 produced?

15 A. I don't have that information. It  
16 would require pulling new reports.

17 Q. Do you have any knowledge in your  
18 department as it relates to your company paying  
19 \$179.7 million to resolve overpayments to the  
20 Department of Veteran Affairs?

21 MR. ANTONUCCI: Object to form and  
22 foundation.

23 THE WITNESS: I don't have any  
24 knowledge of that.

25

1 BY MS. WALLACE:

2 Q. Would that be your VP that would?

3 A. I don't know.

4 Q. If in the case of Jimmy Laramore --  
5 and I want to confirm if you're aware -- is he  
6 the only individual who you -- who TriWest  
7 identified claims paid related to the ICD-9 and  
8 10 codes, Mr. Laramore as opposed to  
9 Mr. Keller?

10 MR. ANTONUCCI: Object to the form  
11 and to foundation.

12 THE WITNESS: I'm not sure I'm  
13 following that question. I think there  
14 was Exhibit 4 and 5 --

15 BY MS. WALLACE:

16 Q. Yes.

17 A. -- and one was for -- and I believe  
18 it was 5 had claims for both Jeremy -- Jimmy  
19 Laramore and Keller on it.

20 Q. All right. Let's take a look at  
21 that. I'm going to put on the screen  
22 Exhibit 5.

23 So Tab 1 is Laramore.

24 Can you see that?

25 A. Yep.

1 Q. And Tab 2 is Keller.

2 And it's -- do you see any data in  
3 the Keller tab?

4 A. Oh, nope, I do not. It is empty.  
5 So then I would state that that is -- that that  
6 was not found.

7 Q. So independently today do you know  
8 whether TriWest is claiming that the government  
9 paid claims related to the ICD-9 and 10 codes  
10 for Mr. Keller?

11 A. Yeah. I'm not -- I'm not aware  
12 that that would be the case. I'm not familiar  
13 with Exhibits 4 and 5.

14 Q. Okay. And are you aware that  
15 Exhibits 4 and 5 are the ones that were  
16 provided to the DOJ economist in this case in  
17 order to quantify offset damages?

18 MR. ANTONUCCI: Object to form and  
19 foundation.

20 THE WITNESS: I'm only aware  
21 because that's what you told me. I -- I  
22 was familiar with 7, 8, and 9, which were  
23 the reporting that we pulled for all of  
24 their claims.

25

1 BY MS. WALLACE:

2 Q. Can you explain to me in your own  
3 words what Exhibit 7 shows, that's Bates Number  
4 CLJA\_TRIWEST\_'00006.

5 A. Yep. Exhibit -- Exhibit 7 shows  
6 the paid and denied claims and adjusted claims  
7 for Jimmy Laramore.

8 Q. And that dataset does not contain  
9 claim-level detail datasets?

10 MR. ANTONUCCI: Object to form.

11 THE WITNESS: There is a claim  
12 status detail tab and a claim line detail  
13 tab.

14 BY MS. WALLACE:

15 Q. Does it --

16 A. So --

17 Q. I'm sorry. Please finish. I'm so  
18 sorry.

19 A. Oh. So it's telling you the claim  
20 status of whether overall paid or denied, and  
21 then it shows the breakdown of the claim lines  
22 that were paid on the third tab.

23 Q. Are you representing that it has  
24 the same level of claims detail as Exhibits 4  
25 and 5?

1 MR. ANTONUCCI: Object to form.

2 THE WITNESS: It does not have  
3 the -- it has procedure codes on it, but I  
4 don't see anything related to diagnosis  
5 codes. So it's not a general field that  
6 we normally pull into our standard claim  
7 reports, which is likely why the other one  
8 was one pulled and compiled.

9 BY MS. WALLACE:

10 Q. So Exhibits 7, 8, and 9, which you  
11 are familiar with, don't contain sufficient  
12 identifying information to link those claims  
13 data to the ICD-9 and 10 codes, correct?

14 MR. ANTONUCCI: Object to form and  
15 foundation.

16 THE WITNESS: It would be -- I  
17 would appear to be missing the diagnosis  
18 code. It would have just procedure code.  
19 Yes, that's correct.

20 BY MS. WALLACE:

21 Q. Do you have any knowledge as to  
22 whether if the Community Care Network was asked  
23 to pull data for the claimant, Jimmy Laramore,  
24 and let's just say claims-level data, would  
25 they have access to all of the same fields that

1 TriWest does through your shared database  
2 systems?

3 MR. ANTONUCCI: Object to form and  
4 foundation.

5 THE WITNESS: I'm sorry. Did you  
6 ask if it was the VA that could -- that  
7 would wanted to pull a report?

8 BY MS. WALLACE:

9 Q. Yes. So the -- I understand that  
10 CCN falls under a department of the VA -- of  
11 VHA?

12 A. Uh-huh.

13 Q. But my question is, is there a  
14 database system that would allow CCN to have  
15 the same fields for Jimmy Laramore that you  
16 have -- that your company has produced in  
17 Exhibits 4 and 5?

18 A. Yeah. I'm not aware that they  
19 would have any access to our database. We  
20 would --

21 Q. Do you know --

22 A. We would have to generate reports  
23 in the same manner from the database to share  
24 with them.

25 Q. Do you know if your data

1 extractions for Jimmy Laramore, for example,  
2 have the opportunity to have more detail than  
3 the CCN, or do you have access to more  
4 information from the providers; or would you  
5 imagine that you had somehow transmitted that  
6 same information to the VHA for these claims?

7 MR. ANTONUCCI: Object to form and  
8 foundation.

9 THE WITNESS: I'm sorry. I'm not  
10 following because you're referring to VHA,  
11 and these claims are under the CCN  
12 program.

13 BY MS. WALLACE:

14 Q. Is CCA -- isn't the CCN program  
15 administered by the Veterans Health  
16 Administration?

17 A. By the VA, yes.

18 Q. And so would you like -- would you  
19 prefer that I just say CCN?

20 A. Well, the program is called CCN.  
21 I'm sorry. I thought you had mentioned  
22 something about the DHA in there. If you  
23 didn't, I just misheard you.

24 Q. No. It would have been VHA. I'm  
25 sorry. It's my --

1 A. Okay. I'm sorry.

2 Q. No, no problem.

3 A. I may have heard DHA, and I was,  
4 like, but they're not connected. Okay. Thank  
5 you.

6 Q. I totally understand the confusion.  
7 Let me try again. And if I can -- I just have  
8 a -- see if you can answer this question.

9 How much of TriWest's data that you  
10 have pulled in Exhibits 4 and 5 is shared with  
11 CCN in a shared database system?

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 THE WITNESS: I'm not aware that  
15 there is a shared database system at all  
16 between the VA and TriWest.

17 BY MS. WALLACE:

18 Q. And so how would the CCN get access  
19 to their own veterans' billing information to  
20 the specifications that are in Exhibit 4 and 5?

21 MR. ANTONUCCI: Object to form  
22 foundation.

23 THE WITNESS: So my understanding  
24 is when we submit the claim data to them  
25 to be reimbursed for our claim, they

1           would -- that's how they would have the  
2           data that was billed and the claim  
3           information that was billed and that --  
4           based on -- that was based on what we paid  
5           and then what they would reimburse us for.

6       BY MS. WALLACE:

7           Q.           And tell me what form that would  
8           take if you know.

9                        Is that an Excel sheet that you're  
10           sharing.

11                       Like, what kind of form is the VA  
12           getting to provide reimbursement, and how much  
13           data are they getting in order to give you that  
14           reimbursement?

15           A.           I don't have any of that --

16                       MR. ANTONUCCI:   Object to form and  
17           foundation.

18                       THE WITNESS:   Sorry.   I don't have  
19           any of that information.   That's not  
20           handled by my area.

21       BY MS. WALLACE:

22           Q.           Who has that information?

23           A.           Likely our finance team.

24           Q.           Do you have a name that's the head  
25           of your finance team?

1           A.           I don't know the person who would  
2 handle that portion, no.

3           Q.           And so is it your testimony that  
4 you're uncertain how much TriWest claims detail  
5 data would be transmitted to CCN as a part of  
6 that relationship between the two entities?

7           MR. ANTONUCCI:   Object to form.

8           THE WITNESS:   Yeah. I'm not aware  
9 of how much would be transmitted between  
10 the two.

11 BY MS. WALLACE:

12          Q.           Is it your understanding that  
13 the -- should -- if -- if Jimmy Laramore's  
14 treatment was paid through either the CCN  
15 program or the program that preceded it, should  
16 CCN have access to the same payments and dates  
17 of service that TriWest does, meaning it  
18 would -- they -- they should directly  
19 correlate, CCN's data and TriWest as it relates  
20 to Jimmy Laramore?

21          A.           It should have the same claim  
22 information, yes, because unless the claims  
23 hadn't been submitted over for reimbursement  
24 yet. I'm not sure what cycle that is or how --  
25 the timeliness of how those claims go over, but

1 many of these claims have been processed and  
2 paid years ago. So that information should all  
3 be reconciled with the VA; and if that's the  
4 case, the VA would have the -- this information  
5 about all those claims.

6 MR. ANTONUCCI: Excuse me. Object  
7 to form and foundation for the last  
8 question.

9 BY MS. WALLACE:

10 Q. So to your knowledge, if the DOJ  
11 asked CCN to pull data for Jimmy Laramore and  
12 TriWest to pull data for Jim Laramore and he  
13 was only a recipient of this -- only under the  
14 CCN program, these should -- they should be  
15 correlating -- correlating payment amounts for  
16 that gentleman.

17 Is that -- is that within your area  
18 of expertise?

19 MR. ANTONUCCI: Object to form and  
20 foundation.

21 THE WITNESS: It would make sense  
22 that that's the same as long as all of the  
23 claims have been submitted for  
24 reimbursement and that there wouldn't be  
25 any for Optum, the other -- the other

1 contractor for the other half of the --  
2 the CCN program.

3 BY MS. WALLACE:

4 Q. Thank you. That's a really good  
5 clarification.

6 So assuming that it was just a  
7 TriWest TPA for that particular claimant?

8 A. Correct.

9 Q. Do you, you know, whether Kaitlin  
10 Band assumed that all line items for a service  
11 date were related to the principal diagnosis of  
12 the ICD-9 and 10 codes that she was provided  
13 when she performed her data query?

14 MR. ANTONUCCI: Object to form and  
15 foundation.

16 THE WITNESS: I don't know. I  
17 don't know what she assumed.

18 BY MS. WALLACE:

19 Q. Do you have any independent  
20 knowledge as to whether the line items for  
21 Jimmy Laramore or related to his principal  
22 diagnoses for the ICD-9 -- 10 and 9 codes that  
23 were provided by the DOJ?

24 MR. ANTONUCCI: Object to form and  
25 foundation.

1 THE WITNESS: Could you repeat the  
2 question?

3 BY MS. WALLACE:

4 Q. Yes. Do you have any independent  
5 knowledge as to whether the line items for  
6 services were connected to the principal  
7 diagnosis in Exhibits 4 and 5?

8 A. I don't other than what's on the  
9 worksheet. That -- that's the only knowledge I  
10 have of that process.

11 Q. Do you know if the WPS payment  
12 processor has been previously criticized for  
13 errors in the tens of millions related to  
14 processing the Choice program?

15 MR. ANTONUCCI: Object to form and  
16 foundation.

17 THE WITNESS: I don't have that  
18 information.

19 BY MS. WALLACE:

20 Q. And I think you testified earlier  
21 you actually haven't reviewed any audits of  
22 TriWest by the VA, OIG, or the GAO, correct?

23 A. That is correct.

24 Q. That's outside your scope?

25 A. Correct. It's not handled in my

1 area.

2 Q. Have you ever been -- has your VP  
3 ever discussed with you errors in processing  
4 under the Choice program, or that was before  
5 your time?

6 A. It was before my time. I'm only  
7 familiar with the Choice program because we  
8 received some claim inquiries from it when I  
9 first started, but it was a -- the program was  
10 already closed and out of scope. So I'm just  
11 familiar with the name of it but no -- no other  
12 details.

13 Q. As a part of your role, have you  
14 performed any auditing or retroactive payment  
15 processing relating to the Choice program since  
16 you became the director?

17 A. No. The Choice program was closed,  
18 and so that was -- like, all of the data had  
19 been finalized between finance and VA. So it  
20 wasn't anything that we were able to reprocess.

21 Q. So if any of the data from the WPS  
22 program was inaccurate, it's -- it -- it  
23 was clo- -- it hasn't been reviewed since the  
24 time that it was closed, correct?

25 MR. ANTONUCCI: Object to form.

1 THE WITNESS: Correct it would have  
2 been reviewed and closed out between our  
3 finance area and the VA. They -- they  
4 both agree to --

5 BY MS. WALLACE:

6 Q. Okay. And you as a company are not  
7 provided any knowledge or details to your  
8 understanding from the VA as to whether they  
9 were covered from other health payors any of  
10 the payments made to the providers; that's not  
11 within TriWest's wheelhouse?

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 THE WITNESS: Correct. We don't  
15 coordinate any benefits. So if they were  
16 paid out by anyone else, we wouldn't have  
17 coordinated benefits. The other insurer  
18 would have handled the -- the payment.

19 BY MS. WALLACE:

20 Q. Do you know about any criticisms to  
21 the TRICARE program by the VA or DOD agencies?

22 MR. ANTONUCCI: Object to form and  
23 foundation.

24 THE WITNESS: I'm not aware of  
25 any- -- anything specific from them, no.

1 BY MS. WALLACE:

2 Q. Do you know -- do you have any  
3 knowledge about the VA's program integrity  
4 tool?

5 A. I'm not aware of what that is, no.

6 Q. Do you have any knowledge of  
7 TRICARE's duplication error tool that they have  
8 implemented for TRICARE benefits?

9 MR. ANTONUCCI: Object to  
10 foundation.

11 THE WITNESS: No, I'm not aware of  
12 what that is either.

13 MS. WALLACE: All right. I'm going  
14 to take a moment, if you all don't mind,  
15 maybe a five-minute break.

16 THE VIDEOGRAPHER: All right.  
17 We're going to go off the record at  
18 4:02 p.m.

19 (Whereupon, a break was taken.)

20 THE VIDEOGRAPHER: Back on the  
21 record at 4:09 p.m.

22 BY MS. WALLACE:

23 Q. Ms. Rivas, I am going to upload  
24 into the chat what has been previously marked  
25 as Exhibit 14, and I'm going to share it on the

1 screen for you as well.

2 (Whereupon, Exhibit 14, Expert  
3 Report of Tricia M. Yount, CPA, MAFF, was  
4 previously marked for identification.)

5 BY MS. WALLACE:

6 Q. Ms. Rivas, have you ever seen this  
7 report?

8 A. I have not.

9 Q. Have you ever heard of Tricia  
10 Yount?

11 A. I have not.

12 Q. I want to show you -- I would  
13 represent to you that this is the Department of  
14 Justice economist's expert report as it re- --  
15 relates to Jimmy Laramore, the individual who  
16 TriWest pulled data extractions for.

17 Do you see that?

18 A. Yes.

19 Q. I am going to scroll down to  
20 page 3.

21 Do you see the section entitled  
22 "Past Medical Expenses"?

23 A. Yes.

24 Q. All right. And I'll read aloud for  
25 you.

1           "According to a report prepared by  
2           Kaitlin Band with TriWest Healthcare Alliance  
3           dated March 4, 2025, Mr. Laramore has received  
4           benefits from TriWest, which administers the  
5           Department of Veterans Affairs' Community Care  
6           Network in some states, including Texas,  
7           totaling \$12,479."

8           Do you see that sentence?

9           A.       I do.

10          Q.       Can you tell me using the data  
11          extractions that your agency pulled how that  
12          number was calculated?

13          MR. ANTONUCCI:   Object to  
14          foundation.

15          THE WITNESS:   I don't know where  
16          that number comes from, but I can try to  
17          total the reports to see if that totals.

18          BY MS. WALLACE:

19          Q.       That would be fine.

20          Which reports are you totaling?

21          A.       I'm totaling from Number 4 and  
22          Number 5, Exhibits 4 and 5.

23          Exhibit 4 you had stated that where  
24          that money total had come from is \$5,692.73.

25          And let me just pull up Number 5.  It is

1 \$6,086.

2 Was your number \$12,479.49?

3 Q. It is.

4 A. Then that's what I got from adding  
5 Column CW on Exhibit 4 and 5.

6 Q. Is it CW on 4, or is it a different  
7 column number, just to be clear?

8 A. Oh, I'm sorry. It's CW on  
9 Exhibit 5. Let me look at Exhibit 4.

10 I'm sorry. CQ on Exhibit 4.

11 Q. Thank you. So does it appear to be  
12 your understanding that the economist summed  
13 Exhibit 5 CW and Exhibit 4 CQ in order to come  
14 up with the sum total of alleged governmental  
15 payments for the TRICARE CCN program?

16 MR. ANTONUCCI: Object to  
17 foundation.

18 THE WITNESS: Well, the --

19 BY MS. WALLACE:

20 Q. Yeah. Let me -- I'm so sorry. Let  
21 me change my words.

22 For the CCN program administered by  
23 the VHA with third-party administrator as  
24 TriWest.

25 MR. ANTONUCCI: Object to

1 foundation.

2 THE WITNESS: From what you showed  
3 me, that's where that total appears to  
4 have come from.

5 BY MS. WALLACE:

6 Q. Okay. And we -- you've -- you are  
7 not the -- the person that I could question  
8 related to -- for details related is to  
9 Exhibits 4 -- 4 and 5 as to which dates of  
10 services were related to the ICD-9 and 10  
11 codes, correct?

12 MR. ANTONUCCI: Object to form and  
13 foundation.

14 THE WITNESS: That is correct.

15 BY MS. WALLACE:

16 Q. And did you notice that and we only  
17 previously had talked about that -- the single  
18 duplication error that we discussed before.

19 Would you agree with me that this  
20 amount total includes that duplication error?

21 MR. ANTONUCCI: Object to form and  
22 foundation.

23 THE WITNESS: If it is an error, it  
24 would be included in there; but again, I  
25 didn't compile this sheet. So I don't

1 know where that might have come from  
2 but...

3 BY MS. WALLACE:

4 Q. And we don't know if there might  
5 been additional duplication errors?

6 MR. ANTONUCCI: Object to form and  
7 foundation.

8 THE WITNESS: It appears to be the  
9 total from those columns.

10 BY MS. WALLACE:

11 Q. And you and your department is  
12 unaware of whether the dates of service  
13 included in this sum totals has been audited to  
14 ensure the provider billing was accurate,  
15 correct?

16 MR. ANTONUCCI: Object to form and  
17 foundation.

18 THE WITNESS: I'm not aware of it  
19 if that has happened or not.

20 BY MS. WALLACE:

21 Q. And you're not aware of the -- any  
22 issues with overpayment related to these  
23 claims?

24 MR. ANTONUCCI: Object to form and  
25 foundation.

1 THE WITNESS: I'm not aware of that  
2 either.

3 BY MS. WALLACE:

4 Q. I want to show you the second part  
5 of that economist's report.

6 According to a report by the  
7 Veterans Affairs dated February 20th, 2025 --  
8 this is the top of page 4 -- Mr. Laramore has  
9 received benefits from Community Care Network  
10 totaling 19,748.

11 Do you see that?

12 A. I do see that.

13 Q. Have you -- you've not seen that  
14 data that's itemized at 19,748; is that  
15 correct?

16 A. That's correct.

17 Q. And was your entity aware that  
18 Community Care Network had also been asked to  
19 pull data extraction?

20 A. I was not.

21 Q. And so no comparison between those  
22 datasets has been done by your agency or  
23 company?

24 A. I'm not aware of any.

25 Q. And so you're not offering any

1 testimony regarding the -- either the TriWest  
2 amount or the Community Care Network as being  
3 accurate amounts for Mr. Laramore; is that  
4 true?

5 A. I have no information on the  
6 Community Care Network, but I can -- do feel  
7 certain that the claim information that we  
8 pulled on our reports would be data from our  
9 payment processors should be accurate.

10 How that matches up to your  
11 Exhibit 4 and 5, that's where I'm not aware  
12 and -- and how that was determined with their  
13 diagnosis codes.

14 Q. Okay. And Exhibit 4 and 5 is what  
15 was used to compile the 12,479, correct, not  
16 Exhibit --

17 A. Correct.

18 Q. -- the ones that you had reviewed  
19 and were prepared to talk about?

20 MR. ANTONUCCI: Object to  
21 foundation and to form.

22 THE WITNESS: Correct.

23 MS. WALLACE: I think that's all  
24 the questions that I have for you,  
25 Ms. Rivas. Thank you for your patience

1 with me today.

2 THE WITNESS: Thank you.

3 MR. ANTONUCCI: No redirect.

4 THE VIDEOGRAPHER: All right. This  
5 ends today's deposition. We're got to go  
6 off the record at 4:17 p.m.

7 (The witness is excused.)

8 (Deposition of Kimberly Rivas  
9 concluded at 4:17 p.m. CDT.)

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C E R T I F I C A T E

I, SUZANNE J. STOTZ, a Certified Shorthand Reporter, Registered Professional Reporter, Certified Realtime Reporter, and Notary Public in and for the State of Texas, do hereby certify that the foregoing is a true and accurate transcript of the stenographic above-captioned matter.



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SUZANNE J. STOTZ, CSR, RPR, CRR  
Texas Certification No. 11942

DATED: SEPTEMBER 13, 2025

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