

EXHIBIT C

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)

- - -

ORAL AND VIDEOTAPED DEPOSITION
(VIA ZOOM VIDEOCONFERENCING)
OF
DIANA ZAKARYAN
AUGUST 28, 2025

- - -

Reported by:
TOMMI RUTLEDGE GRAY, CSR No. 1693
Job No. MDLG7557841

1 ORAL AND VIDEOTAPED DEPOSITION (VIA ZOOM
2 VIDEOCONFERENCING) OF DIANA ZAKARYAN, produced
3 as a witness at the instance of the Plaintiffs'
4 Leadership Group, and being remotely duly sworn,
5 was taken in the above-styled and -numbered
6 cause on the 28th day of August, 2025 from 8:59
7 a.m. to 2:32 p.m., before Tommi Rutledge Gray,
8 CSR, RPR, and CRR in and for the State of Texas,
9 reported remotely by machine shorthand, all
10 parties appearing remotely, the witness
11 appearing remotely from Montgomery, Texas, in
12 accordance with Notice of Deposition, and
13 pursuant to the Federal Rules of Civil Procedure.

14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S

FOR THE PLAINTIFFS' LEADERSHIP GROUP:

Whitney Wallace Williams, Esq. (Via Zoom
videoconferencing)

WALLACE & GRAHAM P.A.

525 North Main Street

Salisbury, North Carolina 28144

704.633.5244

800.849.5291 - Fax

email: wwallace@wallacegraham.com

- A N D -

Jenna Fruechtenicht Butler, Esq. (Via Zoom
videoconferencing)

WARD AND SMITH, P.A.

127 Racine Drive

Wilmington, North Carolina 28403

910.794.4800

910.794.4877 - Fax

email: jfb@wardandsmith.com

- A N D -

A. Charles Ellis, Esq. (Via Zoom
videoconferencing)

WARD AND SMITH, P.A.

120 West Fire Tower Road

Winterville, North Carolina 28590

252.215.4000

252.215.4077 - Fax

email: ace@wardandsmith.com

- A N D -

Benjamin VanSlyke, Esq. (Via Zoom
videoconferencing)

WEITZ & LUXENBERG P.C.

3011 West Grand Boulevard

Fisher Building, 24th Floor

Detroit, Michigan 48202

313.800.4170

646.293.7992 - Fax

email: bvanslyke@weitzlux.com

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

FOR THE DEFENDANT, UNITED STATES OF AMERICA:

David R. Ortiz, Esq. (Via Zoom
videoconferencing)

Giovanni Antonucci, Esq. (Via Zoom
videoconferencing)

Michael Cromwell, Esq. (Via Zoom
videoconferencing)

Joseph B. Turner, Esq. (Via Zoom
videoconferencing)

UNITED STATES DEPARTMENT OF JUSTICE
Civil Division, Torts Branch
Camp Lejeune Justice Act Section
310 New Bern Avenue
Third Floor

Raleigh, North Carolina 27601
202.451.7756

email: david.r.ortiz@usdoj.gov
giovanni.antonucci@usdoj.gov
michael.w.cromwell@usdoj.gov
joseph.b.turner@usdoj.gov

ALSO PRESENT:

Nathaniel Hunt Sears, Esq. (Via Zoom
videoconferencing)

THE VIDEOGRAPHER:

Ms. Ingrid Rodriguez (Via Zoom
videoconferencing)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

WITNESS: DIANA ZAKARYAN	PAGE
APPEARANCES	3
EXHIBITS INDEX	6
EXAMINATION BY MS. WALLACE	10
ERRATA SHEET	199
ACKNOWLEDGEMENT OF DEPONENT	200
COURT REPORTER'S CERTIFICATE PAGE	201

REPORTER'S NOTE 1: Quotation marks are used for clarity and do not necessarily reflect a direct quote.

REPORTER'S NOTE 2: Please note that due to the quality of a Zoom videoconference and transmission of data, audio distortion can occur which disrupts the process of preparing a videoconferenced transcript.

E X H I B I T S		
NUMBER	DESCRIPTION	PAGE
1		
2		
3	Exhibit 1	20
4	TRICARE Produced Materials (One page)	
5		
6	Exhibit 1-B	25
7	Curriculum Vitae, Zakaryan Diana	
8	(Three pages)	
9		
10	Exhibit 2	25
11	Plaintiffs' Notice of Deposition of	
12	Diana Zakaryan (Nine pages)	
13		
14	Exhibit 2-B	25
15	United States' Objections and	
16	Responses to Plaintiffs' Notice of	
17	Deposition and Request for	
18	Production of Documents to Diana	
19	Zakaryan (Nine pages)	
20		
21	Exhibit 3	27
22	Memorandum from Defense Health	
23	Agency to Department of Justice,	
24	March 18, 2025 (CLJA_TRICARE_-	
25	0000000005 through CLJA_TRICARE_-	
26	0000000007)	
27		
28	Exhibit 4	73
29	Excel spreadsheet, Robert Fiolek	
30	(CLJA_TRICARE_0000000001.xlsx)	
31		
32	Exhibit 4-C	130
33	Physician Final Report, March 25,	
34	2017 (00062_FIOLEK_CCHC_0000000528	
35	through 00062_FIOLEK_CCHC_0000000530)	
36		
37	Exhibit 4-D	130
38	CarolinaEast Medical Center - History	
39	and Physical Reports, May 3, 2017	
40	(00062_FIOLEK_0000001543 through	
41	00062_FIOLEK_0000001548)	
42		
43	Exhibit 4-E	130
44	CarolinaEast Medical Center - Progress	
45	Notes - Physician, June 14, 2017	
46	(00062_FIOLEK_0000001582 and	
47	00062_FIOLEK_0000001583	

E X H I B I T S (Continued)		
NUMBER	DESCRIPTION	PAGE
1		
2		
3	Exhibit 6	99
4	Excel spreadsheet, Cometto Davis (CLJA_TRICARE_0000000003.xlsx)	
5	Exhibit 7	100
6	Excel spreadsheet, Bruce Hill (CLJA_TRICARE_0000000004.xlsx)	
7	Exhibit 9	148
8	Excel spreadsheet, Jacqueline Tukes (CLJA_TRICARE_0000000009.xlsx)	
9	Exhibit 10	89
10	Excel spreadsheet, Data Dictionary	
11	Exhibit 11	159
12	Excel spreadsheet, David Downs (CLJA_TRICARE_0000000011.xlsx)	
13	Exhibit 19	191
14	Expert Report of Dubravka Tomic, Ph.D., Estimated Economic Loss and Potential Offsets of Mr. Bruce Hill (51 pages)	
15	Exhibit 22	114
16	ICD-10-CM Official Guidelines for Coding and Reporting FY 2024 - Updated April 1, 2024 (April 1, 2024 - September 30, 2024) (120 pages)	
17	Exhibit 23	167
18	United States Government Accountability Office, Report to Congressional Committees, Improper Payments TRICARE Measurement and Reduction Efforts Could Benefit from Adopting Medical Record Reviews (33 pages)	
19	Exhibit 24	175
20	Letter to The Honorable Lloyd J. Austin, III from United States Senate, March 22, 2024 (Three pages)	
21		
22		
23		
24		
25		

1 MONTGOMERY, TEXAS; (VIA ZOOM VIDEOCONFERENCING)

2 THURSDAY, AUGUST 28, 2025; 8:59 A.M.

3 P R O C E E D I N G S

4 THE VIDEOGRAPHER: We
5 are now on the record. My name
6 is Ingrid Rodriguez. I'm a
7 videographer for Golkow
8 Litigation Services.

9 Today's date is August
10 28th, 2025. The time is
11 8:59 a.m.

12 This Remote Video
13 Deposition is being held in the
14 matter of In Re: Camp Lejeune
15 Water Litigation, in the United
16 States District Court for the
17 Eastern District of North
18 Carolina, Southern Division.

19 The deponent is Diana
20 Zakaryan. All parties to this
21 deposition are appearing
22 remotely, and have agreed to
23 the witness being sworn in
24 remotely.

25 Due to the nature of

1 remote reporting, please pause
2 briefly before speaking to ensure
3 all parties are heard completely.

4 Would counsel please state
5 your appearances for the record.

6 MS. WALLACE: Whitney
7 Wallace for the Plaintiffs.

8 MR. ORTIZ: David
9 Ortiz for the United States,
10 along with my colleagues, Michael
11 Cromwell and Joey Turner.

12 MS. BUTLER: I'm Jenna
13 Butler. I'm here also for the
14 Plaintiffs.

15 MR. ORTIZ: And I just
16 want to state that Nate Sears,
17 inhouse counsel for DHA, is also
18 observing, as well.

19 THE VIDEOGRAPHER: The
20 court reporter is Tommi Gray, and
21 will now swear in the witness.

22 THE COURT REPORTER:
23 Thank you.

24 Could I get you to raise
25 your right hand, please.

1 DIANA ZAKARYAN,
2 having been first remotely duly
3 sworn by the Certified Shorthand
4 Reporter (Tommi Rutledge Gray),
5 was examined and testified as
6 follows:

7 EXAMINATION

8 BY MS. WALLACE:

9 Q. Good morning, Ms. Zakaryan. I'm
10 Whitney. I'm looking forward to talking to you
11 today about TRICARE data.

12 How are you?

13 A. I'm good, Whitney.

14 How are you?

15 Q. I'm well.

16 Can you please state your name --
17 actually, let me say one comment before we
18 start.

19 There is a CMO No. 3 in effect for
20 this deposition, and I just want to -- to make
21 you aware of it.

22 It states that the parties agree
23 that no communication with the deponent by any
24 means, including, but not limited to, text
25 messaging, will occur out of the view of the

1 other parties while the deposition is proceeding
2 on the record.

3 Is -- are you comfortable with that
4 instruction, Ms. Zakaryan?

5 A. To clarify what that means, is I'm
6 not able to communicate with anybody via any
7 types of means throughout the deposition?

8 Q. Yes, ma'am.

9 A. Yes, I'm comfortable.

10 Q. Okay; wonderful.

11 Please state your full name for the
12 record.

13 A. My full name is Diana Zakaryan.

14 Q. Your date of birth, please, Ms.
15 Zakaryan?

16 A. December 1, 1981.

17 Q. Who is your current employer?

18 A. My current employer is Defense
19 Health Agency.

20 Q. And Defense Health Agency falls
21 under what branch of the Government?

22 A. Defense Health Agency falls under
23 Department of Defense.

24 Q. Can you tell us your full job title
25 at the present time.

1 A. My full job title is Operations
2 Research Analyst.

3 Q. Is your -- are you aware that all of
4 your testimony will be provided under oath
5 today, and must be truthful to the best of your
6 ability?

7 A. Yes.

8 Q. Because we are remote today, please
9 make sure that I finish my question before you
10 start to answer so that we can keep a nice,
11 clean record.

12 A. Okay.

13 Q. And remote depositions, sometimes if
14 we have a bad internet signal, you might go out
15 or somebody might go in and out when they're
16 responding.

17 If that happens, I'll let you know
18 and you might have to repeat your answer, okay?

19 A. Understood.

20 Q. Where are you located today
21 physically?

22 A. I am in Montgomery, Texas.

23 Q. Is anyone there with you today?

24 A. In the building?

25 Q. Yes. In the room that you're in

1 right now.

2 Are you -- what type of building are
3 you in?

4 A. I am in my residence.

5 Q. Is anyone in the room with you?

6 A. No.

7 Q. And we talked earlier, you
8 understand you cannot communicate with anyone
9 while the deposition is occurring?

10 A. I understand that.

11 Q. Can you tell me what materials you
12 have available to you or with you today.

13 MR. ORTIZ: Object to
14 form.

15 A. I -- could you maybe narrow the
16 question down a little bit?

17 BY MS. WALLACE:

18 Q. Do you have any printed materials
19 that you'll be -- that you have in front of you
20 that you might be referencing during this
21 deposition?

22 A. I do not.

23 Q. Do you have access to materials on
24 your computer that were on -- that you're on
25 right now?

1 A. I do not.

2 Q. Thank you.

3 Are you familiar with the Camp
4 Lejeune litigation generally?

5 A. I have a very vague understanding.

6 Q. Do you know of anyone who's filed a
7 Camp Lejeune claim?

8 A. I do not know anybody personally.

9 Q. What do you understand about this --
10 the litigation generally, if you don't mind?

11 A. My understanding is that there --
12 the -- I think -- and this is just my vague
13 understanding -- is that potentially maybe
14 there -- potentially there was contaminated
15 water that led to health conditions.

16 Q. Do you understand why you have been
17 asked to testify in this case?

18 A. My understanding is that I was asked
19 to testify because I provided data related to a
20 request.

21 Q. Do you know what was done with that
22 data, or how it fits into the litigation?

23 A. I --

24 MR. ORTIZ: Object to
25 form.

1 You can answer.

2 A. I do not really have a good
3 understanding of that.

4 BY MS. WALLACE:

5 Q. And so your understanding is you
6 were asked to pull data, and you pulled it, and
7 what is done with it, you're -- you're not
8 totally aware of?

9 MR. ORTIZ: Object to
10 form.

11 A. I don't have a good understanding of
12 what was done with the data.

13 BY MS. WALLACE:

14 Q. Thank you.

15 Have you ever performed similar
16 individual data extractions for litigation
17 purposes at the request of the DOJ before this?

18 A. I -- it is my job, generally
19 speaking, to do data extraction for requests --
20 for different requesters.

21 Q. Have you done one that you're aware
22 of previously that was for litigation purposes?

23 A. Yes.

24 Q. What was -- can you tell me, what
25 were the circumstances of that data extraction?

1 A. I'm not sure if I can give out the
2 details of that specific -- those specific
3 cases. I'm not familiar with legal terminology
4 and -- and rules and everything, but -- I'm not
5 sure if I can freely speak about those.

6 MR. ORTIZ: Yeah.

7 And -- and I'll just chime in to
8 say to the extent you can answer
9 that question without treading
10 into attorney-client privilege
11 issues or something you discussed
12 with attorneys, then you can
13 answer it.

14 (Mr. VanSlyke enters the videoconference.)

15 A. Okay. So could you -- could I ask
16 you to repeat the question?

17 BY MS. WALLACE:

18 Q. I'm sorry. Can you hear that train
19 going by my office, or is it just me?

20 MR. ORTIZ: (Shaking
21 head negatively.)

22 BY MS. WALLACE:

23 Q. You can hear me perfectly, right?

24 A. Yes.

25 Q. Okay; I'm sorry. I'll repeat the

1 question.

2 You said -- you testified that you
3 have done data extractions for individuals for
4 litigation purposes in the past.

5 Without disclosing anything that's
6 confidential or attorney-client privilege, could
7 you give me any details about what type of data
8 extraction for litigation purposes that was.

9 A. So usually I receive requests from
10 my coll -- from my colleagues, and I -- I just
11 receive by name and identifying information.

12 I extract the data and I -- I send
13 it back. I don't typically have a lot of
14 knowledge behind why -- what the case is about,
15 so it's pretty cut and dry. I receive the name,
16 I do the extraction, and I send it back.

17 Q. How often has that occurred
18 throughout your career with the DHA?

19 A. The frequency varies; however, I
20 would probably say maybe -- it's probably safe
21 to say once a week or maybe once every other
22 week.

23 Q. And that's for litigation purposes,
24 or generally doing an individual data
25 extraction?

1 A. Well, I -- my understanding is that
2 a lot of these are for litigation purposes, but,
3 like I said, I -- my job is just to extract the
4 data, so I don't really know ultimately how the
5 data's used.

6 Q. So your -- so if you were to get a
7 request for data extraction every other week,
8 you're not sure what percentage of that would be
9 for litigation purposes or not?

10 A. I would probably say so.

11 Q. Have you ever given a deposition
12 before?

13 A. I have not.

14 Q. Have you ever been a party in any
15 civil litigation?

16 A. I have been.

17 Q. Can you share with me the
18 circumstances of that.

19 A. I was a plaintiff, and I filed a
20 lawsuit against somebody.

21 Q. Did it have anything to do with your
22 work?

23 A. No. It was on personal grounds.

24 Q. Understood.

25 Any other civil litigation?

1 A. No.

2 Q. Have you ever testified before an
3 Administrative Panel before?

4 A. I -- so -- so during the civil
5 litigation I was asked to testi -- or I went up
6 to the stand and I answered questions.

7 That was the extent of my
8 interactions with the Court.

9 Q. Thank you.

10 When and how did you learn that you
11 were going to be deposed in this case?

12 MR. ORTIZ: And -- and
13 I'll just say to the extent you
14 can answer that question without
15 disclosing any attorney-client
16 communications, you can go ahead
17 and do so.

18 A. Okay. I received an email maybe --
19 maybe two weeks or maybe -- maybe a month ago.
20 I don't remember the exact date.

21 BY MS. WALLACE:

22 Q. From the DOJ, or from your -- a
23 supervisor?

24 A. The email was from OGC, the Office
25 of General Counsel within DOJ.

1 Q. Can you tell me what you did to
2 prepare for your deposition today.

3 A. I reviewed the Word document that
4 was provided to -- that was compiled by our
5 group and sent out;

6 I reviewed the Excel files that were
7 compiled by our group and sent out;

8 And I found my resum -- my latest
9 resum , and I sent that one out, as well.

10 (Exhibit 1 marked for identification.)

11 BY MS. WALLACE:

12 Q. Great. And I want to -- I want to
13 keep a really clean record today, so I want to
14 show you the first exhibit. And it is -- it is
15 a compilation, I'll represent to you, of all of
16 the TRICARE documents that are Bates-stamped
17 with DOJ underscore TRICARE that have been
18 produced by the Government.

19 And I want to walk through those,
20 and tell me if you prepared those or you
21 recognize those so we can keep a nice, clean
22 record.

23 So if you look in the Chat -- if
24 you're able to look in the Chat, I'm going to
25 upload a file that is marked as Exhibit 1.

1 Tell me when -- I'm happy to open
2 that for you and put it on the screen, or if you
3 prefer to open it yourself. Which is your
4 preference?

5 A. You can open it. Maybe that way,
6 everybody can see it.

7 Right; I see that.

8 Q. Can you see my shared screen?

9 A. I can see, yes.

10 Q. Okay. This has been marked as
11 Plaintiffs' Exhibit 1, and it is a -- it shows
12 you the materials that have been produced to
13 Plaintiffs related to TRICARE.

14 Do you recognize the -- the exhibit
15 marked as 4, do you recognize -- and it has a
16 description of "ROBERT FIOLEK.xlsx."

17 Do you recognize that Bates-number
18 and that title?

19 MR. ORTIZ: And just
20 to be clear, Whitney, this is
21 something -- for the record, this
22 is something y'all created?

23 MS. WALLACE: Yes. I
24 was -- it was hard to keep up
25 with all the different tracking

1 productions, and just to be
2 organized, I was hoping to have
3 her identify these.

4 These are -- the -- the
5 description is also exactly how
6 we received them through the DOJ
7 under the JEFs system.

8 BY MS. WALLACE:

9 Q. Ms. Zakaryan, do you recognize these
10 files, names, and Bates-numbers, or would you
11 like for me to show you each of these so we can
12 talk through whether you were the one that
13 pulled this data?

14 A. I -- I recognize the name. So let
15 me just -- give me one moment. Let me read
16 through these, please.

17 Q. Sure.

18 A. Thank you. (Witness reviews
19 documents.)

20 I believe I recognize most of these
21 files. I do not recall why there are two
22 "DraftDeliverable_CampLeJeune_all" files.

23 I do not recall the circumstances of
24 why two separate files were sent; however, the
25 names are familiar.

1 Q. Perfect.

2 And did you say all of these, with
3 the understanding that you're not certain why
4 the underscore 8 and the underscore 54 documents
5 appear to have the same title?

6 MR. ORTIZ: Object to
7 form.

8 A. I do not recall why, yes.

9 BY MS. WALLACE:

10 Q. Did you pull individual Excels for
11 each of the Plaintiffs' names that are -- that
12 are listed there as a part of your request by
13 the DOJ?

14 A. Could you repeat that question,
15 please?

16 Q. Yes. For the six Plaintiffs that
17 the DOJ asked you to pull TRICARE data
18 extractions for, did you create individual
19 Excels for each of those Plaintiffs?

20 A. Yes.

21 Q. And do you recognize those names as
22 the ones that you researched?

23 A. They look familiar, yes.

24 Q. Okay. And then you also produced a
25 cover letter that is represented there in

1 Exhibit 3, and that's TRICARE underscore 5
2 through 7?

3 A. Yes. That cover letter, yes, I -- I
4 produced it in conjunction with my colleagues.

5 Q. Your colleagues -- can you tell me
6 which other colleagues helped you to work on
7 your cover letter, please.

8 A. Yes. I worked on this cover letter
9 with input from the Office of General Counsel,
10 as well as my supervisor, Shawn Coyle.

11 Q. What is his job title, please?

12 A. He was a supervisor. Chief -- I
13 believe, Chief of Aurora branch at the time of
14 creation of the document.

15 Q. What is "Aurora branch"?

16 A. It's a branch of our division in
17 Aurora, Colorado.

18 Q. Oh; thank you.

19 Did you also, at the request of the
20 DOJ or your counsel -- General Counsel, did you
21 pull the Data Dictionary acronyms and the
22 acronyms and abbreviations, or was someone else
23 responsible for pulling that data?

24 A. We compiled that data.

25 Q. And when you say "we," you mean the

1 same two individuals you just advised me of?

2 A. I actually compiled that data.

3 Q. Okay; thank you.

4 So as far as you can tell, you
5 compiled or were a part of compiling all of the
6 exhibits that are listed in Exhibit 1?

7 A. Yes. I compiled the data based on
8 data that was already available. So I just
9 summarized -- so the TRICARE Data Dictionary, I
10 summarized it based on the available Data
11 Dictionary.

12 (Ms. Zina Bash enters the videoconference.)

13 (Exhibits 1-B, 2, and 2-B marked for
14 identification.)

15 BY MS. WALLACE:

16 Q. I understand.

17 I am going to add into the Chat a
18 couple more exhibits. And I will put them up on
19 the screen for you, as well.

20 A. Okay.

21 Q. And can you tell me what that Data
22 Dictionary was for that you produced just as it
23 related to my last question?

24 A. Could you open -- would you mind
25 opening the dictionary?

1 Q. I tell you what, let's look at it in
2 just a little bit.

3 Let's look at your Exhibit -- were
4 you involved in -- have you reviewed the Notice
5 and the Subpoena that was addressed to your
6 counsel's attention?

7 MR. ORTIZ: Object to
8 form.

9 A. I did not thoroughly review that
10 Subpoena. I -- I read through it.

11 BY MS. WALLACE:

12 Q. And do -- were you able to identify
13 any additional documents that were -- that
14 needed to be produced as a result of your
15 Subpoena?

16 MR. ORTIZ: Object to
17 form.

18 A. I was not.

19 BY MS. WALLACE:

20 Q. And so all -- all of the data for
21 the six Plaintiffs that you queried has been
22 produced in that case -- this case that we just
23 looked at in Exhibit 1, true?

24 A. All of the data for the six
25 beneficiaries has been produced as of the date

1 of the analysis, yes.

2 Q. And there's no materials that you
3 reviewed or relied upon, other materials related
4 to those individuals that have not been
5 produced?

6 MR. ORTIZ: Objection.

7 A. Not to my knowledge.

8 MR. ORTIZ: That's
9 fine.

10 (Exhibit 3 marked for identification.)

11 BY MS. WALLACE:

12 Q. Okay; thank you.

13 I want to start -- I'm going add one
14 more exhibit into the Chat, and this is your
15 cover letter, and we're going to walk through it
16 together, and I'm going to put it on the screen
17 for us.

18 Ms. Zakaryan, are you able to see
19 Exhibit 3?

20 A. Yes.

21 Q. Can you tell me how you were -- or
22 actually, can you tell me when you were first
23 approached to pull TRICARE data in this case.

24 A. I believe I was first approached in
25 January of 2025.

1 Q. And without telling me the content
2 of the communications, can you tell me, was that
3 a phone call? An email? An in-person meeting?

4 A. Based on my recollection, I received
5 an -- an email from my supervisor forwarding me
6 an email with the request, and asking me to take
7 this on.

8 Q. Did you ever have any conversations
9 with follow-up questions as a result of that
10 request?

11 MR. ORTIZ: Object to
12 form.

13 You can answer.

14 A. I don't recall. I don't remember.
15 These requests sometimes -- sometimes they
16 involve back and forth, ask clarifying
17 questions; sometimes they don't.

18 I do not remember in this particular
19 case if back-and-forth was involved or not.

20 BY MS. WALLACE:

21 Q. All right. So in your role as --
22 actually, let's start -- let's start with the --
23 the first -- so you had about two months to
24 prepare these responses, it sounds like, from
25 your first contact in January of 2025?

1 A. So we com -- I completed the
2 analysis, I sent the analysis out, and then --
3 and I -- I considered the -- my -- I considered
4 the project as far as my part is concerned
5 closed, and later I received the request to
6 produce a report.

7 So I did not really have two months
8 of actively working on this report.

9 Q. And by "report," are you referring
10 to this cover letter?

11 A. Yes.

12 Q. So are you saying initially you
13 provided the data only, and then you were asked
14 to actually produce a written explanation in the
15 form of this cover letter that -- to accompany
16 the data?

17 MR. ORTIZ: Object to
18 form.

19 BY MS. WALLACE:

20 Q. Is that right?

21 A. I do not know what the purpose of
22 this cover letter was. I just know that I
23 received the request months after the analysis,
24 and I -- but I'm not sure about the purpose.

25 Q. Did anyone else help you prepare --

1 and let's look at the bottom, just to -- this
2 letter has your name at the bottom, correct?

3 A. Correct.

4 Q. And is this the -- this letter that
5 you prepared on your own, or was it with the
6 assistance of a supervisor, Chief Counsel, and
7 Shawn -- what's his last name? I'm sorry.

8 A. Coyle.

9 Q. Coyle. Or did you prepare this on
10 your own?

11 A. I prepared this document with input
12 from Office of General Counsel, and my
13 supervisor, Shawn Coyle -- my then supervisor,
14 Shawn Coyle.

15 Q. Okay. I want to start with talking
16 about your background in order to -- to perform
17 the data extractions that you have done in this
18 case.

19 In the second paragraph, you
20 describe your job title as an Operations
21 Research Analyst with the DOD.

22 Can you walk me through your
23 education -- educational background.

24 A. I have a Bachelor's degree in
25 Economics, and I have a Master's degree in

1 Mathematics.

2 Q. Is there any other education that
3 prepared you for your position as an Operations
4 Research Analyst with the DOD?

5 MR. ORTIZ: Object to
6 form.

7 You can answer.

8 A. Could you repeat that question,
9 please?

10 BY MS. WALLACE:

11 Q. Is there any other education as
12 represented your CV or otherwise that -- that
13 prepared you for the role that you have as an
14 Operations Research Analyst?

15 MR. ORTIZ: Same
16 objection.

17 Go ahead.

18 A. Not -- no other education.

19 BY MS. WALLACE:

20 Q. Okay. And you also described
21 briefly your duties with the DOD.

22 Can you walk me through what your
23 day-to-day primary responsibilities and tasks
24 are as an Operations Research Analyst.

25 A. Sure. My day-to-day duties vary,

1 however, my primary responsibility is to write
2 code, extract data based on that written code,
3 and perform, if necessary, data analysis based
4 on that data extracted.

5 (Ms. Zina Bash exits the videoconference.)

6 Q. What type of data analysis?

7 A. The -- the data analysis varies
8 depending on the nature of the project.

9 Q. Do you -- is it part of your job
10 responsibility to understand claims and billing
11 data?

12 A. That's a little bit vague. So yes
13 and no. I need to have understanding of what
14 claims are, however, I don't need to be a Claims
15 Specialist. I -- I -- yes.

16 Q. How familiar are you with auditing
17 billing records for coding accuracy as part of
18 your role?

19 A. Could you provide some context for
20 that question?

21 Q. Yes. Are you able -- I understand
22 that you work within -- and this is your third
23 paragraph.

24 The -- do -- do you call it, like,
25 the "TED ODS," or how do you -- T-E-D-O-D-S?

1 How do you refer to that?

2 A. Yes, it's TED ODS, yes.

3 Q. I understand that you work within
4 the TED ODS system, which includes, and this is
5 in your paragraph, "TRICARE Encounter Data."

6 What is your level of expertise as
7 it relates to evaluating individual encounter
8 data as it relates to ICD codes and CPT codes,
9 billing coding?

10 MR. ORTIZ: Objection.

11 Go ahead.

12 A. So what -- I -- I -- I would ask you
13 to explain a little bit more the word
14 "evaluating."

15 It's -- in my role as a data
16 analyst, I -- the word -- the -- the nature of
17 my work is performing analysis on claims. I'm
18 not sure if I would necessarily say that I
19 evaluate claims. I extract the data, and I
20 perform analysis.

21 BY MS. WALLACE:

22 Q. What -- can you give me an example
23 of -- of a data extraction that you've done
24 recently that can help me understand what you
25 do.

1 A. Yes, I can give you in general
2 terms.

3 Q. Perfect.

4 A. So recently I extract -- and I can't
5 tell the date, but fairly recently I wrote -- I
6 wrote code to extract data from TED ODS based on
7 specific criteria as requested by the requester.

8 So criteria included, but was not
9 limited to, for example, specific tax IDs of
10 specific providers, so I implemented those
11 filters in the code, and I extracted the data.

12 Q. But you did not analyze the data in
13 that example?

14 A. In that example, I went on to
15 analyze the data, as well.

16 The analysis was more -- the
17 analysis had specific requirements to it and
18 involved a data-matching exercise, which was
19 pretty involved. So I went -- went on to
20 perform both parts.

21 Q. I understand.

22 So do you hold yourself out as an
23 expert in any field?

24 MR. ORTIZ: Objection;
25 form; foundation.

1 A. I -- I -- I think it's -- I think
2 being an expert is a subjective term. I --
3 based on my experience in TED ODS, I -- I -- and
4 writing code, I -- I believe I have a good
5 understanding of the process.

6 BY MS. WALLACE:

7 Q. And so your primary expertise would
8 be writing code and data extraction?

9 MR. ORTIZ: Objection.

10 A. I -- I -- I write code, I do data
11 extraction, and I do data analysis.

12 BY MS. WALLACE:

13 Q. And the data analysis per -- is
14 performed of the data that you've extracted?

15 A. That's correct.

16 Q. You're not involved with doing any
17 data input, is that true, into the TED ODS
18 system?

19 A. I am not.

20 Q. Your first paragraph of Exhibit 3,
21 it discusses that TRICARE -- I'm going to read
22 it out loud for you. These are your words.

23 "TRICARE is the U.S. military's
24 healthcare program and functions as
25 government-managed health insurance."

1 Can you tell me what you mean by the
2 TRICARE program "functions as a managed
3 healthcare insurance [sic]."

4 A. Yes. So TRICARE provides several
5 different plans for beneficiaries who are
6 subscribed to be TRICARE beneficiaries, and
7 those beneficiaries, depending on the type of
8 their plan, they are able to seek care within
9 various entities provided -- or made available
10 through the TRICARE program.

11 Q. Thank you.

12 And do you -- TRICARE is not a -- a
13 program that's administered by the Veterans
14 Administration or the Secretary of Veterans
15 Affairs, is that true?

16 A. That is true.

17 Q. And TRICARE is not a Medicare
18 program?

19 A. That is true, it's not a Medicare
20 program.

21 Q. Or a Medicaid program?

22 A. It is not a Medicaid program.

23 Q. Do you have any idea how many
24 persons are eligible approximately under the
25 TRICARE health insurance program?

1 A. I believe the number is about -- I
2 believe it's about 9 million beneficiaries,
3 based on my recollection.

4 Q. Is it your understanding that only
5 certain individuals can qualify for the program,
6 such as military veterans or their survivors?

7 A. Just like any other program, there
8 are certain requirements that are to be met, and
9 if those requirements are met, people can become
10 beneficiaries.

11 Q. Do you -- you mentioned earlier that
12 the TRICARE program has different types of
13 insurance plans that the enrollees can select.

14 Are you familiar with those plans?

15 A. I -- I am familiar with the concept
16 of those plans. I do not have -- I do not --
17 I -- I would not be able to cite you the
18 specific requirements for those plans.

19 Q. From looking at the data that you
20 reviewed, are you aware that many enrollees pay
21 premiums for their TRICARE coverage?

22 MR. ORTIZ: Object to
23 form.

24 A. I -- the -- the premium information
25 is not contained in -- in our data, in the TED

1 ODS data.

2 BY MS. WALLACE:

3 Q. Is the -- are patient payments
4 included in your data?

5 A. Patient co- -- co-payments are
6 included, yes.

7 Q. And what about deductibles that the
8 patient might pay? Are they included in your
9 data?

10 A. I -- I -- I believe that the amount
11 that -- that gets applied towards the deductible
12 is included. I -- I believe so.

13 Q. Do you -- do you know whether
14 TRICARE has -- how it recoups costs from its
15 enrollees?

16 A. I do not really have a good
17 understanding of that. That's a -- that's more
18 in the lane of Members and Reimbursements.

19 Q. Do you know in your role whether
20 TRICARE uses contracted provider networks for
21 care just like regular insurance does?

22 A. Yes.

23 Q. And just like regular insurance, do
24 you understand that services require
25 preauthorization?

1 MR. ORTIZ: Object to
2 form.

3 You can answer.

4 A. I -- so this is my understanding, is
5 that not all services require pre -- some
6 services do, and others do not, but that's based
7 on just my understanding of the process.

8 But, like I said, I'm not the expert
9 in -- as far as the plans go and the
10 requirements of the plans.

11 BY MS. WALLACE:

12 Q. Okay. And do you know whether the
13 TRICARE plan options, they -- they do not always
14 cover all services, is that your understanding?

15 A. So my understanding is that just
16 like other insurance providers, there are
17 certain services that are covered and certain
18 services that are not covered.

19 Q. Do you know if the enrollees receive
20 EOBs, Explanation of Benefits, just like regular
21 insurance, for their TRICARE coverage?

22 A. I do not have a factual knowledge of
23 whether or not enrollees receive those. It
24 would be my assumption that they do, but, like I
25 said, I do not have firsthand for sure

1 knowledge.

2 Q. How long have you been employed by
3 the DHA, please?

4 A. I have been a contractor for DHA
5 since 2014 performing similar duties, and since
6 2018, I switched over to become a civilian
7 employee.

8 Q. And your resum , which is Exhibit
9 1-B, you previously worked for Lockheed Martin.

10 Is that the contractor that you just
11 mentioned?

12 A. Could you open the resum , please?

13 Q. Oh, sure. (Complying.)

14 A. Yes.

15 Q. And did you not -- is it your
16 testimony that you were primarily contracted
17 with the DHA but employed by Lockheed Martin
18 from 2014 until you became an employee directly
19 of the DHA?

20 A. I was a contractor employed by
21 Lockheed Martin and -- slash Leidos, yes.

22 Q. But most of your work was at the
23 direction of DHA during this employment?

24 A. That is correct.

25 Q. And you performed similar work for

1 the DHA when you were employed by Lockheed
2 Martin/Leidos?

3 A. Yes. I performed data extraction,
4 code writing, and data analysis.

5 Q. Okay. So you've essentially been
6 performing aspects of your role for DHA since
7 approximately 2014?

8 A. Yes.

9 Q. Has your job title or activities
10 changed significantly since that time, or have
11 they remained relatively the same?

12 A. I think I would say that as a high-
13 level, overarching job type -- job duties stayed
14 the same. The -- the nature of my work stayed
15 the same.

16 Q. All right. So I want to go back to
17 our cover letter and talk more about the third
18 paragraph here.

19 All of the data that you pulled for
20 the data extractions that are in Exhibit 1 came
21 out of a system called TED ODS.

22 In your -- is that true?

23 A. Could you pull up the specific file
24 you're talking about, the Excel file?

25 Q. Are you going to make the

1 distinction that some were pulled from the MDR,
2 as well?

3 A. Yes.

4 Q. Okay. Let me change my -- let me
5 change my question.

6 Were all the data extractions that
7 you performed in Exhibit 1, they -- they came
8 from either TED ODS or MDR data?

9 A. Yes.

10 Q. Okay. Can you please -- in your
11 first sentence, "The TED ODS is a centralized
12 database that aggregates TRICARE Encounter Data
13 from multiple data sources..."

14 I want to spend a moment to
15 understand what you mean or what type of other
16 data sources that the TED ODS draws from.

17 A. TED ODS just receives data from
18 managed care support contractors, and it is my
19 understanding that -- that managed -- the data
20 obtained through managed care support
21 contractors gets put into TED ODS on a daily --
22 on a business day basis.

23 Q. And I want to break that down and
24 understand how you as an entity, TRICARE,
25 receive the data that you do.

1 You mentioned that a regional
2 contractor is the one that provides the data to
3 you for input or transmission into the TED ODS
4 system.

5 Do you understand how they get the
6 data, or could you walk us through the -- the
7 claims process as to how the data reaches the
8 TED ODS system?

9 MR. ORTIZ: Object to
10 form.

11 You can answer.

12 A. So I wouldn't be able to explain
13 exactly how that process works because I'm
14 not -- I'm not very familiar with that specific
15 process.

16 However, my understanding is that --
17 this is just my understanding -- is that when a
18 beneficiary goes to the provider, the provider
19 submits -- as a result of that encounter, a bill
20 gets generated, that bill gets sent to managed
21 care support contractors, where managed care
22 support contractors process the claim, and then
23 the claim gets sent to DHA. That's my
24 understanding of the process.

25 BY MS. WALLACE:

1 Q. So DHA is not the original source of
2 the data that finds itself in the TED ODS
3 system.

4 The original source would be a
5 combination of the provider and regional TRICARE
6 contractors to produce that input data, is that
7 true?

8 MR. ORTIZ: Objection.

9 A. I -- I believe -- I believe so.

10 BY MS. WALLACE:

11 Q. And TRICARE's regional contractors,
12 do you have any knowledge today as to who those
13 are? Can you identify those contractors?

14 A. So there was recently a contract
15 change. I believe it's TriWest currently and
16 either Health Net or Humana. I forget which --
17 which provider the -- which managed care support
18 contractor the second pro -- the second entity
19 is.

20 Q. All right. And you-guys have
21 beneficiaries. You mentioned approximately 9
22 million.

23 And so either Humana or Health Net
24 or TriWest would be responsible for pulling the
25 data from millions of providers all across the

1 country, and then inputting it in a form that's
2 acceptable to DHA into the TED ODS system for
3 its encounters, is that accurate?

4 MR. ORTIZ: Objection.

5 A. I can't really speak to what Humana,
6 Health Net, or TriWest does. I -- I just know
7 that the claims come to us -- the purchased
8 sector care claims comes -- come into TED ODS
9 from managed care support contractors.

10 BY MS. WALLACE:

11 Q. In your role as a coding and data
12 extraction expert, do you ever -- have you ever
13 reviewed the input data or performed a project
14 that -- that related to the input data of your
15 contractors or -- or the providers?

16 MR. ORTIZ: Object to
17 form.

18 A. Could you explain the question?

19 BY MS. WALLACE:

20 Q. Have you ever analyzed or reviewed
21 the system of Humana or TriWest to understand
22 how they process the provider information?

23 A. I have not.

24 Q. And did you take -- make any efforts
25 to authenticate any of the data from -- that you

1 extracted for the Plaintiffs in the -- in the
2 TRICARE -- I'm sorry -- in the TriWest or Humana
3 or Health Net database systems before you
4 produced your reports in this case?

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

7 A. So several tens of millions of
8 claims go through our -- our system. It is
9 impossible to validate as a human. However, it
10 is my understanding that there is a branch
11 within our organization that is responsible for
12 data validation and making -- making sure that
13 the claims pass certain audits and those types
14 of things. However, I'm not involved with that.

15 BY MS. WALLACE:

16 Q. Do you know the name of that branch?

17 A. I do not recall their exact name at
18 the moment.

19 Q. Do you recall any employees or
20 supervisors that work within it?

21 A. I believe one individual's name is
22 Sandy Jones -- Sandra Jones.

23 Q. You don't know her -- do you know
24 her job title or role?

25 A. I do not know it. I do not remember

1 her job title. I -- I do not recall.

2 Q. Do you know whether any auditing or
3 cross-checking was done between the TED ODS
4 system and the MDR and the contractor databases
5 by Sandra Jones or that department prior to you
6 producing the data extractions?

7 MR. ORTIZ: Objection.

8 A. I cannot speak for Sandra Jones. I
9 do not know what was or was not performed.

10 BY MS. WALLACE:

11 Q. But as far as the data you pulled,
12 you did not performed any type of a cross-check
13 with the contractor systems or the providers'
14 data?

15 A. I did not.

16 Q. The -- the data that you pulled was
17 connected with ICD-9 and -10 codes that were
18 provided to you by the DOJ; is that right?

19 A. The codes were not directly provided
20 to me by DOJ.

21 Q. Okay. Who provided you the codes in
22 Exhibit 3?

23 A. I received those in the email from
24 the Office of General Counsel.

25 Q. Did you -- did you do -- make any

1 efforts to confirm with the provider and
2 contractor information that the diagnoses were
3 accurate for the Plaintiffs whose data that you
4 pulled?

5 (Mr. Ellis enters the videoconference.)

6 MR. ORTIZ: Objection.

7 A. It would be -- so it would probably
8 be impossible for me to do that because I do not
9 know the providers, I have no personal
10 relationship with any entities, and that is not
11 a standard course of business.

12 BY MS. WALLACE:

13 Q. So it's not -- it's not TRICARE's
14 course of business to confirm the diagnoses
15 codes?

16 MR. ORTIZ: Objection.

17 A. I -- it is -- okay. So I cannot
18 speak for the entire TRICARE, however, for me,
19 as my role to do data extractions, I receive the
20 filters, and I put the filters in to perform the
21 data extract, relying on the specific
22 requirements that I receive from the requester.

23 BY MS. WALLACE:

24 Q. Okay. And so just so I understand,
25 you -- TRICARE has to take the data at face

1 value as it is received from your contractor,
2 and that is when you run your data analysis and
3 extractions.

4 You haven't done -- your role is not
5 to independently verify the accuracy of the
6 information that's in the TED ODS or the MDR
7 system, is that fair?

8 MR. ORTIZ: Object to
9 form.

10 Go ahead.

11 A. So my role as an analyst is -- does
12 not include verifying and confirming data;
13 however, as I said previously, I believe there
14 is an entity within DHA that's responsible for
15 data audits, but I cannot speak for them.

16 BY MS. WALLACE:

17 Q. The data audits would be on a --
18 like a mass scale. It's -- it's not done for
19 every individual in your database, is that true?

20 A. I'm not aware of how exactly they
21 perform those data audits, so I -- I cannot say.

22 Q. So by the time that the data has --
23 has reached you, the -- the ICD-9 and -10 codes,
24 you do have access to that data, is that true?

25 A. Yes.

1 Q. And do you also have access from the
2 providers to CPT codes?

3 A. Yes.

4 Q. And HCPCS codes?

5 A. Yes.

6 Q. And, if applicable, diagnostic
7 pointers?

8 A. I do not work with diagnostic
9 pointers. I'm not sure -- I'm not familiar with
10 that term.

11 Q. Okay. And so the question I was
12 trying to ask you about your expertise earlier
13 as far as what degree of understanding or
14 specialty that you have in order to -- to look
15 at -- to understand the billing records, can --
16 do you understand the interplay between ICD-9
17 and -10 codes, HCPCS codes, CPT codes, and
18 diagnostic pointers, or is that -- and how that
19 relates to the billing for that data, and what
20 that visit was about, or is that outside of the
21 scope of your expertise?

22 MR. ORTIZ: Objection
23 to form.

24 A. So I understand that ICD codes
25 relate to specific diagnosis, and -- and that

1 diag -- that diagnosis that the beneficiary was
2 diagnosed with during the visit.

3 The procedure codes indicate the
4 type of procedure performed. And the diagnostic
5 pointers, like I stated before, I'm not familiar
6 with that term.

7 BY MS. WALLACE:

8 Q. And is a part of your job to analyze
9 whether -- let me ask a different question.

10 Do you have knowledge as to whether
11 your contract -- your contractors review
12 provider information to analyze it for miscoding
13 or upcoding related to those diagnostic codes?

14 MR. ORTIZ: Objection
15 to form and foundation.

16 You can answer.

17 A. I do not have any knowledge about
18 what -- I cannot speak to what -- what
19 contractors do or do not do.

20 BY MS. WALLACE:

21 Q. And so by the time the data reaches
22 you through the TED ODS or the MDR system, you
23 trust that that data has been -- that the data
24 has been provided to you by your contractor, is
25 that accurate?

1 MR. ORTIZ: Objection;
2 form.

3 A. We just rely on the -- the data and
4 perform the analysis on the data that exists.

5 BY MS. WALLACE:

6 Q. Thank you.

7 Do you know, other than -- you told
8 me there's another department that may review
9 that data for accuracy.

10 Are you in a position to tell me
11 what checks and balances are in place to ensure
12 the accuracy of the data in the TED ODS and MDR
13 system?

14 MR. ORTIZ: Object to
15 form.

16 A. As I stated before, I cannot speak
17 to what types of checks and balances that that
18 particular group performs, so I'm -- I'm not
19 aware.

20 BY MS. WALLACE:

21 Q. Right. Let's -- can you tell me the
22 difference generally between the TED ODS and the
23 M -- MDR system?

24 A. Yes. The MDR system is a -- it's a
25 combination. So the MDR system combines

1 different data sources.

2 So as an example, MDR has care
3 provided at a military or private sector care
4 facility. It -- it just contains various
5 different data -- datasets.

6 So it's -- it's a repository of
7 various different datasets coming from different
8 data sources.

9 But TED ODS is -- only contains the
10 TRICARE Encounter Data or purchased sector care.

11 Q. What does that mean, "purchased
12 sector care"?

13 A. So it is care that the insurance
14 receives through civilian third-party providers,
15 not just through military treatment facilities.

16 Q. I see.

17 So that could be millions of
18 providers across the country?

19 A. I do not know the amount of the
20 providers, but it would be the providers that I
21 as a civilian would go see, let's say.

22 Q. Right. Just the -- your local
23 hospital or dentist's office, not military
24 affiliated?

25 A. Local hospital, yes, not military

1 affiliated.

2 Q. Okay. And the MDR is actually
3 more -- more military related. Is that -- what
4 would that be? What's an example of that?

5 A. MDR contains many various different
6 datasets, including data extracts from TED ODS.

7 Q. Oh, it's more comprehensive; MDR has
8 all the data in it?

9 A. MDR has different data sources,
10 including claims from, for example, military
11 treatment facilities whereas TED ODS only
12 includes claims from purchased sector care.

13 Q. I see.

14 All of -- when you say "multiple
15 data sources," is that always coming from one of
16 your -- in the TED ODS system only, is that
17 always coming from your contractors, their data
18 sources?

19 A. Could you repeat that question and
20 maybe clarify it a little bit?

21 Q. The -- the funnel by which TRICARE
22 receives data that goes into the TED ODS system,
23 it comes -- there's, let's just say, millions of
24 providers who provide that information to your
25 general contractor, who then funnels that

1 payment information to the TED ODS system.

2 Do I have that right?

3 A. Yes.

4 Q. Okay. And so all of the TED ODS
5 data that you have would -- comes from one of
6 your two or three contractors?

7 A. Yes.

8 Q. And you're unaware of how they pull
9 that information or how they audit that
10 information for accuracy in your role, is that
11 true?

12 A. Yes.

13 Q. All right. And the MDR, that is not
14 necessarily always received from your
15 contractors; there's possibilities that other --
16 that you're receiving that information from
17 other data sources, or no?

18 A. So for MDR -- M -- MDR receives data
19 from various different data sources within --
20 within our organization.

21 So, for example, it receives -- it
22 contains a -- a claims dataset that represents
23 encounters for direct care.

24 And I believe those records come
25 from specific military treatment facilities, it

1 is my understanding, or it contains another
2 dataset that represents beneficiary information,
3 or it contains another dataset that -- that
4 contains purchased sector care data which came
5 from TED ODS.

6 Q. Is -- is the MDR system another
7 example of where when at the point that TRICARE
8 receives the data in the MDR system, they have
9 to rely on -- on the -- the data source to
10 verify the accuracy and reliability of that
11 data?

12 MR. ORTIZ: Objection.

13 A. I cannot speak to how the
14 reliability is tracked in MDR. I'm not involved
15 in -- just similar with TED ODS, I'm not
16 involved with any of that.

17 MR. ORTIZ: Whitney,
18 we've been going about an hour.
19 I don't know if you're at a good
20 point for a break or --

21 MS. WALLACE: I'm
22 happy to take a break.

23 MR. ORTIZ: If we
24 could take five, that'd be great.

25 MS. WALLACE: Sure;

1 absolutely. Thank you.

2 THE VIDEOGRAPHER: The
3 time right now is 10:03 a.m.

4 We're off the record.

5 (Recess held, 10:03 a.m. to 10:11 a.m.)

6 (Mr. VanSlyke not present.)

7 THE VIDEOGRAPHER: The
8 time right now is 10:11 a.m.

9 We're back on the record.

10 BY MS. WALLACE:

11 Q. Ms. Zakaryan, I just want to wrap up
12 what we were talking about, and then I want the
13 move forward.

14 Would you agree with me that the --
15 by the time that TRICARE receives the data in
16 the TED ODR [sic] and MDR system, it has been --
17 it has passed through multiple systems before
18 it -- that data reaches your agency, is that
19 fair?

20 MR. ORTIZ: Objection.

21 A. I do not know how many systems, and
22 so -- so I can't speak to that process too much.

23 I know we receive the data for TED
24 ODS specifically for managed care support
25 contractors.

1 BY MS. WALLACE:

2 Q. And so the -- the -- because we know
3 that the data's going from the provider to the
4 contractor, and then to the TRICARE agency?

5 A. For TED ODS, yes.

6 Q. For TED ODS.

7 And then -- and then from TED ODS,
8 some of that data is also going from -- most of
9 it's going into the MDR system, and then the MDR
10 also has other data sources that they're
11 receiving data from?

12 A. That is my understanding.

13 Q. Okay; great.

14 I want to look back at your cover
15 letter that tells us what you were asked to do.
16 And I would like for you to explain in your own
17 words what the ask was of you from the DOJ as it
18 relates to the data extractions you performed.

19 And if you'd like me to go to a
20 certain paragraph, let me know. I was thinking
21 it would be here, (indicating), start here with
22 "It is my understanding..."

23 A. So the request did not come directly
24 from DOJ to me. I just want to make that clear.

25 Q. It came from your supervisor?

1 A. Yes.

2 Q. And what did your supervisor explain
3 to you that the DOJ was requesting?

4 A. The supervisor forwarded me an email
5 from OGC with specifications of the data
6 extract.

7 Q. What were those specifications?

8 A. Those specifications included the
9 timeframe of that data extract, the specific
10 filters to be used for the diagnosis codes, and
11 the information regarding the beneficiaries.

12 I -- I believe I was provided with
13 Social Security Numbers. So -- so those three
14 filters were -- I -- I believe those three
15 filters were to be used.

16 Q. And so let's just identify the three
17 filters.

18 One of them was the dates that you
19 just mentioned. Is that -- in this -- the
20 bottom of the page with the Bates-stamp 005, it
21 says "...for the period of August 1st, 1953 to
22 January 8th, 2025"?

23 A. So I don't recall exactly how the
24 request was worded, but I believe that the
25 request was probably to extract data from 1953

1 to -- to date.

2 Q. Okay. So you were -- I'm sorry,
3 ma'am. Did you have a -- I wanted to let you
4 complete your answer. I'm sorry.

5 A. I said I believe that that was the
6 request.

7 Q. Okay. So were these the dates that
8 were provided to you by your supervisor by the
9 DOJ, to the best of your knowledge?

10 A. So I don't remember exactly what was
11 provided, but I think that the request or about
12 the date was to extract data from 1953 to date,
13 and that January 8th was probably the date of
14 the ex -- of the extraction.

15 Q. Did you update your extractions past
16 January 8th, 2025 to the -- to the date that you
17 completed this cover letter of March 18th, or
18 did you just use the data extraction you had
19 done on approximately January 8, 2025?

20 A. I believe I used the original
21 extraction. That's my recollection.

22 Q. Which is -- so all of the data that
23 I have that was in Exhibit 1 would be a data
24 extraction through January 8, 2025?

25 A. That is my recollection, yes.

1 Q. And you were not provided with the
2 patient's date of diagnosis for their cancers,
3 correct?

4 A. I do not recall seeing that date of
5 diagnosis being provided to me.

6 Q. All right. So you were given a date
7 of August 1st, 1953 as a start point, and asked
8 to do data extractions for those six
9 individuals?

10 A. Yes.

11 Q. Do you know how, by the time the
12 request got to you, the six individuals had been
13 identified as being TRICARE recipients, or did
14 you also do that data extraction to see which
15 of -- to see which Plaintiffs with a Social
16 Security Number were TRICARE recipients?

17 MR. ORTIZ: Objection.

18 BY MS. WALLACE:

19 Q. Do you understand my question?

20 A. I do. I was not -- I do not know
21 the prior history, and I did not conduct any
22 analysis to validate the beneficiaries as a
23 TRICARE beneficiary.

24 Q. So you were only given six Social
25 Security Numbers to evaluate, true?

1 A. Yes.

2 Q. And those are for the individuals
3 identified in Exhibit 1 earlier, David Downs,
4 Jacqueline Tukes, Robert Fiolek, Mark Cagiano,
5 Cometto Isaac Davis, and Bruce Hill?

6 A. I don't remember their names, but
7 those -- what you said sounds familiar.

8 Q. Okay. So so far we have a start
9 date of August 1st, 1953; we have the six
10 identified TRICARE beneficiaries, of which you
11 did not identify they were TRICARE, but they
12 came to you as individuals that they asked you
13 to do a data extraction for, right?

14 A. Yes.

15 Q. All right. And then I think the
16 last piece -- you said there were three pieces
17 of information or parameters you were given.

18 I believe the last piece is you were
19 provided with a list of ICD-9 codes and -10
20 codes that are referenced in your cover letter
21 and that are on the screen.

22 Do you see those?

23 A. Yes.

24 Q. You did not independently pull those
25 ICD-9 and -10 codes, correct?

1 A. Could you clarify that question?

2 Q. Did you select these ICD-9 and -10
3 codes? Were you involved in that selection
4 process?

5 A. I do not -- I do not believe so, no.

6 Q. Were these given to you by your
7 supervisor who you believe received these from
8 the DOJ as the codes that they asked you to pull
9 data for?

10 A. Those were provided to me. Whether
11 I -- I do not recall if it was directly through
12 my supervisor or through communication with
13 Office of General Counsel.

14 Q. Do you know -- understand -- did you
15 create this chart that we're looking at on
16 Exhibit 3 of ICD-9 and -10 codes?

17 A. I believe I did. I believe that
18 chart came from -- probably from a "ReadMe" page
19 that was created as part of this analysis.

20 Q. Did you pull the -- what each of
21 these ICD-9 or -10 codes meant before starting
22 your analysis?

23 MR. ORTIZ: Objection.

24 A. I -- I did not.

25 BY MS. WALLACE:

1 Q. Do you have any knowledge as to
2 whether these diagnosis codes are for active
3 cancers or cancers in remission?

4 A. I -- I -- I took the codes and I
5 extracted the data.

6 Q. Okay. And you did not do any
7 analysis of -- of which codes were provided to
8 you? You just took -- took the codes and did
9 what you were asked to do?

10 A. That is correct.

11 Q. Were you -- what exactly were you
12 told to do with these ICD-9 and -10 codes?

13 A. I was told -- I was asked to extract
14 claims that are available that correspond to
15 those six beneficiaries for the timeframe
16 specified that also included these diagnoses
17 codes.

18 Q. Were you asked to pull TRICARE data
19 for claims that were related to those ICD-9 and
20 -10 codes?

21 A. Yes.

22 Q. And did -- are you the one that
23 decided how to query the data?

24 A. Yes.

25 Q. What -- my -- what made you make the

1 decision to query the ICD-9 and -10 codes on the
2 screen for claims where those codes appeared in
3 the "Secondary Diagnoses" columns?

4 MR. ORTIZ: Objection.

5 A. It is my understanding that
6 secondary diagnosis relate to the condition,
7 and -- and when a beneficiary sees a provider,
8 the secondary diagnosis is also part of the
9 claim.

10 BY MS. WALLACE:

11 Q. Are you familiar with the ICD-10
12 Official Guidelines for Coding and Reporting?

13 A. You would maybe need to specify the
14 question a little bit better.

15 Q. Are you familiar with the ICD-10
16 Official Guidelines for Coding and Reporting as
17 related to the difference in how a "Primary
18 Diagnosis" versus a "Secondary Diagnosis" is
19 defined?

20 MR. ORTIZ: Objection.

21 A. I have some understanding.

22 BY MS. WALLACE:

23 Q. What is your understanding of what a
24 "Primary" or "Principal Diagnosis" is in billing
25 coding?

1 A. It is my understanding that the
2 primary relates to the specific complaint, and
3 the secondary relates to the contributing
4 conditions.

5 Q. Do you have any knowledge as to
6 whether a secondary diagnoses can be one that
7 just coexists at the time of treatment for the
8 primary condition as opposed to being the
9 diagnosis that's relevant to the encounter?

10 MR. ORTIZ: Objection.

11 A. I cannot speak to that. I -- yeah.
12 BY MS. WALLACE:

13 Q. So is it outside of your -- your
14 personal scope of expertise what the
15 significance is of a -- of a diagnosis appearing
16 in the secondary field?

17 A. It is my understanding that the
18 secondary field is relevant, and that is the
19 scope of my understanding.

20 Q. And where -- and where do you
21 have -- where did you gather that understanding?
22 Who provided you with that information?

23 A. That information has been my
24 understanding acquired through my work with
25 claims.

1 Q. And so is it your understanding that
2 if one of those ICD-9 or -10 codes -- let me get
3 them back on the screen for us -- if one of
4 these ICD-9 or -10 codes appears in the
5 "Secondary Diagnosis" column, then that is an
6 indicator that that "Date of Service" is related
7 to that diagnosis?

8 Is that your understanding?

9 MR. ORTIZ: Objection.

10 A. So it's my understanding that --
11 this is my understanding: That the "Secondary
12 Diagnosis" had relevance to that specific claim
13 on that specific date of care.

14 BY MS. WALLACE:

15 Q. Okay. And you used the word "had
16 relevance."

17 Do you mean that if it was in the
18 "Secondary" slot, it was related to the reason
19 for the visit, or just had relevance to that
20 date of service?

21 A. It is my understanding that it could
22 be related or it could have an impact on the
23 condition -- the primary condition.

24 Q. Do you have any medical -- do you
25 have any training in claims coding?

1 A. I do not.

2 Q. And I think you mentioned earlier,
3 you have not -- you don't have any detailed
4 understanding of the -- the ICD-10 coding --

5 MR. ORTIZ: Objection.

6 BY MS. WALLACE:

7 Q. -- Guidelines for Coding and
8 Reporting?

9 MR. ORTIZ: Sorry;

10 objection.

11 A. I do not have coding background.

12 BY MS. WALLACE:

13 Q. Did you consult anyone with a coding
14 background prior to doing the data extraction in
15 this case?

16 A. I did not.

17 Q. Did anyone tell you to pull those
18 ICD-9 and -10 codes if they fell into the
19 "Secondary Diagnoses" columns, or was that your
20 independent decision?

21 A. It was my independent decision.

22 Q. Can you tell me -- do you have an
23 understanding -- do you have an opinion as to
24 whether all of the data you pulled -- all of the
25 claims data that you pulled where these

1 diagnoses were found in the "Secondary
2 Diagnoses" positions, is it your opinion that
3 those are related -- those -- those dates of
4 service are related to those diag -- the ICD-9
5 and -10 codes, or is that beyond your level of
6 expertise?

7 MR. ORTIZ: Objection.

8 A. Could you repeat that question,
9 please?

10 BY MS. WALLACE:

11 Q. Yes, I can.

12 Do you have an opinion when you
13 extracted the data for each of these six
14 Plaintiffs, whether if the ICD-9 and -10 codes
15 that were provided to you appear in the
16 "Secondary Diagnoses" columns, is it your
17 opinion that those dates of service are related
18 to those codes, or is that outside your -- the
19 scope of your expertise?

20 MR. ORTIZ: Same
21 objection.

22 You can answer.

23 A. It is my understanding that the
24 presence of those diagnoses codes had relevance
25 as far as the -- that encounter for that

1 specific date of service goes.

2 I cannot speak to the type of
3 relevance, but it's my understanding that they
4 had relevance.

5 BY MS. WALLACE:

6 Q. Not necessarily that they were
7 related?

8 A. I -- they were -- they had some
9 bearing on that specific encounter for that
10 specific day.

11 Q. Did you review any medical records
12 for any of the data that you pulled in Exhibit 1
13 on the six Plaintiffs?

14 MR. ORTIZ: Objection.

15 A. What is -- which one -- could you
16 pull up Exhibit 1?

17 BY MS. WALLACE:

18 Q. Yes. (Complying.)

19 A. Okay. Did I review -- and can you
20 repeat the question?

21 Q. Did you review any medical records
22 for the individuals listed in Exhibit 1?

23 A. I did not review medical records.
24 I -- I extracted the claims and I summarized the
25 claims.

1 Q. You summarized the extractions?

2 A. That's correct.

3 Q. After you submitted your data
4 extractions to the DOJ, were there any requests
5 to revisit that data or modify your extractions
6 in any way?

7 A. I did not submit my extractions to
8 DOJ, so I did not receive any feedback from DOJ.

9 Q. Did you receive any feedback from
10 your supervisor from the DOJ when you submitted
11 your extractions?

12 MR. ORTIZ: Objection.

13 A. I do not recall receiving -- I -- I
14 do not recall receiving any feedback.

15 BY MS. WALLACE:

16 Q. And so you -- you -- when you pulled
17 your data extractions in January, that's --
18 that's the last time that you've evaluated that
19 data, is that fair?

20 MR. ORTIZ: Objection.

21 Go ahead and answer.

22 A. So I don't remember. I -- I -- as
23 far as I can remember, that is the case, but I
24 do not remember for sure the evolution of this
25 analysis.

1 BY MS. WALLACE:

2 Q. All right. Let's take a look at one
3 of your data extractions -- or let me ask you,
4 before we move on from Exhibit 1, did you -- I
5 just want to clarify.

6 You pulled six individual data
7 extractions for these Plaintiffs, and how did
8 you go about identifying the information that
9 went on the individual data extractions as
10 opposed to Exhibits 8 and 14, which were a
11 larger -- which were a larger data excerpt than
12 those?

13 MR. ORTIZ: Object to
14 form.

15 A. So for the six beneficiaries, I
16 extracted -- for the individual files, I
17 extracted data based on inclusion of the
18 diagnosis code filter for Item No. 8 -- and --
19 and I told you, I don't remember what the
20 distinction is between 8 and 14.

21 But for the Item No. 8, I removed
22 the diagnosis code filter, so I extracted all
23 the claims available for those beneficiaries.

24 BY MS. WALLACE:

25 Q. So, meaning whether it had reference

1 to one of those ICD-9 codes or not, you pulled
2 any and all claims in the TRICARE systems
3 related to that individual?

4 A. That is correct.

5 (Exhibit 4 marked for identification.)

6 BY MS. WALLACE:

7 Q. Okay. I am going to upload into our
8 Chat what's been marked as Exhibit 4. Oh, no.
9 Oh, it's currently in use. I'm going to have to
10 close it out before I can upload it. Here we
11 go.

12 MR. ORTIZ: And just
13 for the record, what's the Bates-
14 number for that one?

15 MS. WALLACE: It's --
16 yes, this is the Fiolek data
17 extraction, and it is Bates-
18 numbered CLJA underscore, TRICARE
19 underscore, nine zeros, 1.xlsx.

20 MR. ORTIZ: Thank you.

21 BY MS. WALLACE:

22 Q. Okay. Ms. Zakaryan, can you -- do
23 you recognize this exhibit?

24 A. Yes.

25 Q. Did you prepare Tab 1, which is

1 entitled "ReadMe"?

2 A. Yes.

3 Q. And can you explain to me what you
4 intended to signify by the sources on the
5 "ReadMe" tab.

6 A. Yes. The claims came from all -- so
7 the claims presented in this Excel file came
8 from Sources 7 through 15. Those are separate
9 datasets.

10 Q. Are they all within the TED DSR
11 [sic]? I'm sorry. I know I got the acronym
12 wrong. The TED ODR [sic] system? "ODS." My
13 apologies.

14 A. The first two are from TED ODS. The
15 remaining three, four -- seven are not from TED
16 ODS.

17 Q. Where are those from?

18 A. Those are from MDR.

19 Q. Okay. So all of the data sources
20 identified in the "ReadMe" tab are either from
21 the TED ODS or the MDR?

22 A. Yes.

23 Q. Can you explain for the court what
24 the "NonInstitutional" tab, what type of claims
25 data that is.

1 A. "NonInstitutional" claims are
2 outpatient claims where hospitalization is not
3 required.

4 Q. And the "Institutional" tabs?

5 A. Are claims where hos -- hospital --
6 there was hospitalization.

7 Q. And for most of your datasets, I
8 noticed that the "MHS GENESIS" encounters was
9 blank.

10 What -- what was that tab of data?

11 A. "MHS GENESIS Encounters" represents
12 direct care of patient claims that are sourced
13 from the GENESIS sys -- the tables within MDR.

14 Q. And what about the "CAPER/SADR"
15 systems, which, again, I think most of those
16 tabs are usually blank for our Plaintiffs.

17 A. "CAPER/SADR" also represents
18 similarly to "MHS GENESIS" encounters;
19 represents direct care outpatient claims from
20 MDR.

21 Q. Okay. And I see the "Diagnosis
22 Codes" are at the bottom of the "ReadMe" tab.

23 Did you prepare this?

24 A. Yes, I believe so. I believe I
25 prepared those.

1 Q. And again, you did not independently
2 choose these ICD-9 and -10 codes, correct?

3 A. That is correct.

4 Q. And I also note that you didn't
5 define each of those ICD-9 and -10 codes by
6 providing the identifier within the ICD-9 and
7 -10 manual as to how those are identified.

8 MR. ORTIZ: Object to
9 form.

10 BY MS. WALLACE:

11 Q. Is that true?

12 A. I did not.

13 Q. All right. And I noticed in the
14 "Notes" section, it says "Since the analysis was
15 based on diagnosis code filtering, direct care
16 datasets not containing diagnosis code
17 information were not considered in this
18 analysis..."

19 So it sounds like you excluded
20 direct care pharmacy claims.

21 What else does that sentence mean?

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

24 BY MS. WALLACE:

25 Q. These are your words, are they not,

1 under "Notes"?

2 A. Yes.

3 Q. Can you explain to me what the
4 sentence in Row 19 means.

5 A. There are some datasets, for
6 example, there are pharmacy claim datasets that
7 do not contain diagnosis codes on the claim.

8 Because they do not contain
9 diagnosis codes on the claim, you cannot -- one
10 cannot filter by diagnosis codes.

11 Q. Understood.

12 Can you explain on Row 20, "Search
13 was limited to claims with diagnosis codes
14 provided. Search for these diagnosis codes was
15 performed across all available DX field and
16 therefore was not limited to just primary code"?

17 Did you make that determination to
18 extract the data in that way?

19 A. Yes.

20 Q. Let's take a look at -- can you see
21 my screen where it switched to tab TED -- T --
22 "TEDI Combine Institutional"?

23 A. Yes.

24 Q. Let's walk through -- are you the
25 one that selected each of the fields across Row

1 1 that were queried at the request of your
2 supervisor?

3 A. Yes.

4 Q. Do you independently understand what
5 each of these fields mean?

6 A. I do. I -- I -- I have an
7 understanding of what they mean, yes.

8 Q. All right. And we talked about
9 this.

10 Do you -- we have the "Name," the
11 "Social Security Number." What's the "EDIPN,"
12 please?

13 A. EDIPN was a number -- a beneficiary
14 identifier that I obtained based on the provided
15 SSN from a source that contains beneficiary
16 information.

17 Q. What's the -- is that column pulled
18 twice, in "Provided EDIPN" in "C" versus "G"?

19 A. So "C" is the input into the
20 program; "G" is what that value for EDIPN was
21 returned on the claim.

22 Q. All right. Let's scroll over to --
23 and this is for a hospital. This is hospital
24 extraction data since it's under the "TEDI
25 Institutional" tab, correct?

1 A. Correct.

2 Q. All right. You have the "Source of
3 Admission," whether it's an Emergency Room or a
4 clinical admission?

5 A. Yes.

6 Q. The "Type of Admission," whether
7 it's "Elective" or "Emergency"? And that's in
8 Column P?

9 A. Yes. Can you go back to Column P,
10 please?

11 Q. Yes. (Complying.)

12 A. Yes; okay.

13 Q. And then when we get to the "Date of
14 Care" -- and I just learned this preparing for
15 your deposition -- but the numbers that are
16 under Column U, they just look like numbers to a
17 normal person.

18 What are those, actually?

19 A. Those are dates formatted as
20 numbers.

21 Q. And do -- do you have an
22 understanding as to how those numbers -- how to
23 correlate those to actual dates?

24 A. You correlate them by reformatting
25 those numbers into a date format in Excel.

1 Q. With a formula?

2 A. No. It's through clicking the box
3 up top that says "General."

4 Q. Are you directing me to the word
5 "General" on the screen?

6 A. Yes. If you go up a little bit more
7 and to the left.

8 Q. (Complying.) Here, (indicating)?

9 A. So click on Cell T11.

10 Q. "T"?

11 A. "11."

12 Keep going up with your mouse. Keep
13 going up.

14 MR. ORTIZ: Whitney, I
15 think it's right under where it
16 says "View." There's a drop-down
17 that says "General."

18 MS. WALLACE: Oh, you
19 mean go here, (indicating)?

20 MR. ORTIZ: Yes.

21 BY MS. WALLACE:

22 Q. Okay. I know how to -- I actually
23 know how to do it. But you're saying there's a
24 way to look at this table and understand what
25 that date is somewhere.

1 My understanding is it went from
2 January 1st, 1900, and this is the number of
3 days until you reach the date, is that true?

4 A. So, it could -- I don't -- so -- so
5 there are different types of "Date" formats in
6 SAS datasets.

7 What you described I believe refers
8 to a SAS date, and I do not know if the format
9 for this particular field is SAS date or not.
10 Some dates that are not SAS dates, they just get
11 formatted as a number, and I'm -- I'm not sure
12 what the crosswalk is between the number and the
13 date.

14 However, if you just format it as a
15 date, then you'll be able to see the actual date
16 value.

17 Q. Okay. Within this Excel sheet that
18 we're looking at now?

19 A. That is correct.

20 Q. Okay. Well, at the next break, I'll
21 fix it for us.

22 Okay. So this is the "Admission
23 Date" of the patient in Column U, and then "V"
24 is when they began the date of care, and "W,"
25 since this is a hospital admission, that's when

1 that particular date of care ended, is that
2 true?

3 A. That is true.

4 Q. All right. And we're going to keep
5 going over. There's a lot of fields of data,
6 and I really don't want to ask you about ones
7 that aren't relevant.

8 So we've got the "Provider Group
9 Name." That's under AB. This is the entity
10 that provided the care, true?

11 A. True.

12 Q. We keep going.

13 Now I noticed that you didn't pull
14 the "DRG Descriptor" [sic] or "DRG" under "AH"
15 and "AI."

16 Why not?

17 A. I pulled what was available. So
18 if -- if -- if it's blank, it means that there
19 were no values.

20 Q. Do you know what a "DRG" is?

21 A. I know what "DRG" means. I
22 believe -- I -- I don't know what "DRG" spells.

23 Q. What does it -- what does it mean?

24 A. It -- it means -- I believe DRG is
25 used for compensation, I believe. That's my

1 understanding.

2 Q. Do you know whether the DRG is
3 determined based upon the "Primary Diagnosis"
4 code?

5 A. I do not know the coding and billing
6 behind -- behind it.

7 Q. And so you don't know -- so what --
8 tell me what -- the universe of what you do know
9 about the DRG.

10 MR. ORTIZ: Objection.

11 A. I -- I -- my understanding is that
12 DRG has relation to the compensation that the
13 provider receives.

14 I do not know how the DRG gets
15 assigned; based on what values DRG gets
16 assigned.

17 BY MS. WALLACE:

18 Q. Do you have any knowledge as to how
19 upcoding occurs as it relates to DRGs?

20 MR. ORTIZ: Objection.

21 A. I do not have any knowledge of that,
22 no.

23 BY MS. WALLACE:

24 Q. And -- and as we sit here today, you
25 don't know whether the DRG is determined based

1 on the "Primary Diagnosis" or the "Secondary
2 Diagnoses," is that true?

3 A. That is true.

4 Q. All right. Let's look at the --
5 then we've got the "Line Revenue Code."

6 What is that? That's Column AJ.

7 A. Yes. I believe that "Line Revenue
8 Codes" relate to mapping -- relate to the
9 revenue codes used in reimbursement. That's my
10 understanding -- my limited understanding.

11 Q. Do you know how the Line Revenue
12 Codes connect to the "Diagnoses Codes?"

13 A. I do not know how those are assigned
14 as -- as it relates to the ICD codes. I -- I
15 don't. Those all come on the claim already.

16 Q. The "Line Revenue Code Description,"
17 do you know how -- first, tell me what that is.

18 A. That "Line Revenue Code Description"
19 is based on a crosswalk between "Line Revenue"
20 and "Line Revenue Code."

21 So based on the "Line Revenue Code"
22 number in Column AJ, "Line Revenue Code
23 Description" is obtained.

24 Q. Okay. And each one -- in the
25 example that we're looking at now for Mr.

1 Fiolek, each one of the "Line Revenue Codes" has
2 its own charge associated with it, is that true?

3 A. That is what it looks like, yes.

4 Q. And if we keep scrolling over, it's
5 not always the case that the pro -- that the
6 amount billed is by revenue code -- Line Revenue
7 Code in Column AP?

8 A. Yes. I believe Column AP -- so I
9 believe Cell AP2 represents the total amount
10 billed for that claim.

11 "Line Revenue Code" just describes
12 the detail behind that claim.

13 Q. Okay. And so tell us, "AP" is the
14 amount billed from that provider for that date
15 of service, is that true?

16 A. For that claim, yes.

17 Q. All right. And what does "AQ" mean,
18 "Amount Allowed"?

19 A. "AQ," the "Amount Allowed" means the
20 amount that based on the adjudication process
21 for that claim and coverages provided by
22 TRICARE, that is the allowable amount for -- of
23 reimbursement for that claim.

24 Q. And then you have Column AS, "Amount
25 Paid by Government."

1 Do you understand that that is -- is
2 that the number that shows the final amount that
3 TRICARE would have paid for that particular
4 service claims?

5 A. Yes; that is my understanding.

6 Q. The "Amount Paid by OHI," tell me
7 how that field is defined, please, and what
8 "OHI" means.

9 A. "Amount Paid by OHI," "OHI" means
10 other health insurance. To the extent there was
11 other health insurance, that is the amount that
12 we receive on the claim, indicating payment.

13 Q. Do you -- have you looked at how
14 that is defined in your Data Dictionaries,
15 "Amount Paid by OHI"?

16 A. I'm -- I'm sure I -- I looked over
17 the years, probably. I don't remember
18 specifically looking, though.

19 Q. Right. I was looking -- it might be
20 a good time for a break, because I do want to
21 point out to you what the Data Dictionary shows
22 for OHI as it relates to patient payments.

23 Do you have -- as we sit here today,
24 do you know if the "Amount Paid by OHI" can
25 include patient payments -- amount received from

1 the patient?

2 As you see in just this example,
3 these amounts are the same --

4 MR. ORTIZ: Object to
5 form.

6 BY MS. WALLACE:

7 Q. -- in this cell, (indicating).

8 A. I do not -- I cannot answer that
9 question because I think it's difficult for me
10 to answer it definitively since I do not
11 remember specifically what the Data
12 Dictionary -- how the Data Dictionary dis --
13 defines OHI, and, also, I would say that because
14 those numbers are equal, it does -- does not
15 mean -- you cannot generalize it.

16 Q. Okay. And so before we take a
17 break, tell me what you think the "Amount
18 Patient Pay (Total)" indicates in Column AU.

19 A. I would have to look at the Data
20 Dictionary. I do not remember the specific
21 definition of the amount of "Patient Pay
22 (Total)."

23 MS. WALLACE: Okay.

24 David, if it's okay with you,
25 we'll take a short break, and

1 I'll have those ready for her
2 when we come back.

3 Is it a good time for a
4 break?

5 MR. ORTIZ: It's --
6 it's just about -- that's fine.

7 MS. WALLACE: Okay;
8 all right. Thank you. See you
9 shortly.

10 THE VIDEOGRAPHER: The
11 time right now is 10:55 a.m.

12 We're off the record.

13 (Recess held, 10:55 a.m. to 11:06 a.m.)

14 THE VIDEOGRAPHER: The
15 time right now is 11:06 a.m.

16 We're back on the record.

17 BY MS. WALLACE:

18 Q. Ms. Zakaryan, before the break we
19 were talking about Columns AD and AU, "Amount
20 Paid by OHI."

21 Can you tell me what is your
22 understanding that that column content would
23 include.

24 A. My understanding of that column is
25 that it includes amounts paid by other health

1 insurance.

2 Q. And what is your understanding of
3 what Column AU represents?

4 A. Could you pull up that document? I
5 don't remember what was in AU.

6 (Exhibit 10 marked for identification.)

7 BY MS. WALLACE:

8 Q. I'm sorry. I'm going to put it in
9 the Chat, but I can't do it when it's open.
10 Give me one second.

11 Ms. Zakaryan, I'm going to show you
12 what's been marked as Plaintiffs' Exhibit 10.

13 THE COURT REPORTER:

14 I'm sorry. What was that number?

15 MS. WALLACE: 10.

16 THE COURT REPORTER:

17 Okay; thank you.

18 MS. WALLACE: Or

19 Deposition Exhibit 10.

20 BY MS. WALLACE:

21 Q. Do you recognize this document?

22 A. I believe so.

23 Q. Do you -- as part of your data
24 analysis, do you regularly review the Data
25 Dictionaries?

1 A. I rely on the Data Dictionary to --
2 to look up useful information, yes.

3 Q. And can you tell me -- can you
4 answer my question with access to this Data
5 Dictionary?

6 MR. ORTIZ: Object to
7 form.

8 A. Could you repeat the question,
9 please?

10 BY MS. WALLACE:

11 Q. Yes. Can you tell me what types of
12 data is contained within the "Amount Patient Pay
13 (Total)"?

14 A. Well, I -- I couldn't recall off the
15 top of my head, but it -- it -- it seems like
16 it's described on -- in that Data Dictionary.

17 Q. Can you tell me what it means.

18 A. So the Data Dictionary reads that it
19 is the "Amount of payment not made by TRICARE.
20 This is the difference between the amount
21 allowed and the amount paid. Take caution as
22 this contains other health insurance."

23 Q. So would that amount include any
24 payments made by an enrollee, a beneficiary?

25 A. By the definition of it, it appears

1 that it would.

2 Q. Would it include any deductibles
3 that the patient had paid?

4 A. I cannot speak to that. I -- I -- I
5 don't know the answer to that question.

6 Q. Would it include patient copays?

7 A. It appears that it would include
8 patient copays.

9 Q. Thank you.

10 We're briefly going to go back to
11 Exhibit 4 just to finish going through the data
12 fields, if you don't mind. I'll share it for
13 you.

14 Do you know what "Patient Cost
15 Share" means?

16 A. My understanding of "Patient Cost
17 Share" is that's the portion of the bill that
18 the patient is responsible for.

19 Q. Okay. And not necessarily what was
20 paid in total by the patient?

21 MR. ORTIZ: Object to
22 form.

23 A. So it's my understanding that the
24 patient's payment streams could be different, so
25 "Patient Cost Share" is just one of those

1 payment streams.

2 BY MS. WALLACE:

3 Q. Thank you.

4 And then starting on "AY," we see an
5 "Admitting Diagnosis" for this visit, and as you
6 see just for this example of the Excel we're
7 looking at right now, which is Exhibit 4 for Mr.
8 Fiolek. "Dyspnea" is the admitting diagnosis.

9 Do you know what that diagnosis
10 means?

11 A. I do not.

12 Q. Do you know what the one beneath it
13 means, "Shortness of Breath"?

14 A. I can speculate what it means, yes.

15 Q. Okay. So it looks like for these
16 visits that we're looking at on the screen for
17 Mr. Fiolek, the "Admitting Diagnosis" to the
18 hospital was "dyspnea," which I would represent
19 to you that that's a medical term for shortness
20 of breath.

21 And then beneath it, we have
22 additional "Admitting Diagnoses" for "Shortness
23 of Breath."

24 A. Okay.

25 Q. And then we have the next column is

1 "AZ," which is identified as "Principal
2 Diagnosis."

3 In this case, just this example that
4 we're looking at now for Mr. Fiolek, can you
5 tell me what the primary -- "Principal
6 Diagnosis" was?

7 A. Well, it -- it appears that it is
8 parox -- "Paroxysmal Atrial Fibril" -- "fibril,"
9 which I'm assuming is fibrillation.

10 Q. And is that a heart-related
11 condition?

12 A. I -- I -- I don't know. I have no
13 idea.

14 Q. But we can agree it's not one of the
15 ICD-9 or -10 codes that were identified for you
16 for Mr. Fiolek?

17 A. I am not a medical professional, so
18 I'm not sure how that condition relates to the
19 conditions identified for this particular
20 beneficiary.

21 Q. All right. And we also see that --
22 that you pulled -- under "Principal Diagnosis"
23 below, another field is "Pulmonary Embolism."

24 A. Okay.

25 Q. Do you know how that "Admitting

1 Diagnosis" or that treatment on that date might
2 have related to Mr. Fiolek's leukemia?

3 MR. ORTIZ: Objection.

4 A. Since I'm not a medical expert, I
5 don't have any medical background, I do not know
6 how -- how those conditions are related.

7 BY MS. WALLACE:

8 Q. But yet this was the dataset that
9 was pulled as related to Mr. Fiolek's leukemia;
10 is that right?

11 MR. ORTIZ: Objection.

12 A. This is the dataset, yes.

13 BY MS. WALLACE:

14 Q. So this dataset was pulled as
15 related to Mr. Fiolek's leukemia, but as we look
16 at the sheet right now, we're not sure how these
17 Dates of Service relate to his leukemia?

18 MR. ORTIZ: Same
19 objection.

20 A. I -- without having medical
21 training, I do not -- I cannot opine on the
22 relationship between this particular
23 beneficiary's leukemia condition and the
24 condition listed in "Principal Diagnosis."

25 BY MS. WALLACE:

1 Q. All right. And if you continue on,
2 there starts to be many columns with the
3 diagnosis -- I'm sorry -- with the -- with the
4 fields "Secondary Diagnosis 1," "Secondary
5 Diagnosis 2," "Secondary Diagnosis 3," and so
6 forth, all the way through "Secondary Diagnosis
7 24" in the data sheet -- sheet that you pulled,
8 is that true?

9 A. That is what it looks like, yes.

10 Q. And from your testimony today, my
11 understanding as to why these -- these claims
12 were pulled for -- for these beneficiaries is
13 because the leukemia code or the ICD-9 or -10
14 code that was provided to you by the -- your
15 supervisor would appear anywhere in A -- Column
16 AC, which is "Principal Diagnosis," all the way
17 through Column 20 -- "BX," which is "Secondary
18 Diagnosis 24"?

19 A. That was the filter, yes.

20 Q. And did you make any other -- did
21 you do any other analyses of this data in order
22 to confirm that the ICD-9 and -10 codes provided
23 to you were actually relevant to the treatment
24 dates?

25 MR. ORTIZ: Objection.

1 A. Could you repeat that?

2 BY MS. WALLACE:

3 Q. Did you do any data analysis of
4 these -- these data extractions to confirm or to
5 evaluate how the ICD-9 and -10 codes that were
6 provided to you by your supervisor were related
7 to the visit?

8 MR. ORTIZ: Same
9 objection.

10 A. I did not.

11 BY MS. WALLACE:

12 Q. All right. So if I understand you,
13 the way that you pulled the data correctly, if
14 Mr. Fiolek's leukemia code of C91.90 had showed
15 up in secondary column -- "Secondary Diagnosis"
16 Column 24 under "BX," that data would have been
17 pulled and included on this Excel?

18 A. That is correct.

19 Q. Did you -- just looking -- just
20 finishing through the fields, can you tell me
21 what the "Principal Procedure Code" means.

22 A. So within institutional -- within
23 institutional datasets, the "Procedure Codes"
24 are not codes -- fields that we -- I
25 particularly utilize in my analysis.

1 I would have to defer to the Data
2 Dictionary to give you a precise definition of
3 what those are.

4 Q. And so as -- as far it relates to
5 you querying and pulling data for your
6 supervisor which was to be provided to the DOJ,
7 is it fair to say that your job was in a data
8 extraction role primarily, and you're less
9 inclined to opine on the relevance of the data
10 as it relates to the ICD-9 and -10 codes?

11 MR. ORTIZ: Object to
12 form.

13 You can answer.

14 A. I'm sorry. Could you repeat that?

15 BY MS. WALLACE:

16 Q. Sure. That was not very nice of
17 you. I'll try -- I'll try to repeat it again.

18 So as far as your role in pulling
19 the data extractions for each of these six
20 Plaintiffs, do you view your role as -- as
21 primarily one of data extraction as opposed
22 to -- to taking the next step and giving the
23 opinions that this data is related to the ICD-9
24 and -10 codes that were provided to you by the
25 government?

1 MR. ORTIZ: Same

2 objection.

3 You can answer.

4 A. So my role was to extract the data
5 based on a specific set of diagnoses codes
6 provided to me, and a specific set of
7 assumptions that were conveyed to me, and I
8 extracted the data, and I summarized the data.

9 BY MS. WALLACE:

10 Q. But as far as the relevance of the
11 data that you extracted as it relates to -- to a
12 Plaintiff's offset or in relation to those ICD-9
13 and -10 codes, is that outside the scope of your
14 expertise?

15 A. The query that was designed was
16 intended to extract the relevant -- the claims
17 that were relevant.

18 Q. And do you know -- did you
19 independently confirm that they are relevant?

20 A. I did not go through every line and
21 confirm, no.

22 Q. Okay. And in fact, you just
23 pulled -- you pulled claims where that diagnosis
24 code was entered as -- as any diagnosis code on
25 that claim visit for -- for any purpose, even if

1 it was a history of kidney cancer or it was a
2 "Secondary Diagnosis 23," right?

3 A. That is correct.

4 (Exhibit 6 marked for identification.)

5 BY MS. WALLACE:

6 Q. Okay. I want to walk through with
7 you first the data for Ms. Davis to confirm that
8 we agree that there is no data for Ms. Davis.

9 I'm going to put in the Chat Exhibit
10 6, which I would represent to you is the Cometto
11 Davis.xlsx file that you produced for that
12 Plaintiff.

13 A. Okay.

14 MR. ORTIZ: What's the
15 Bates-number, Whitney?

16 MS. WALLACE: It is
17 Bates-number CLJA underscore,
18 TRICARE underscore, nine zeros,
19 3.xlsx.

20 MR. ORTIZ: Thank you.

21 MS. WALLACE: Yes.

22 BY MS. WALLACE:

23 Q. Ms. Zakaryan, did you do this data
24 extraction for Ms. Davis?

25 A. Yes.

1 Q. And in looking at Exhibit 6, Tab 2,
2 it says "Summary."

3 Were there any claims pulled for
4 those ICD-9 and -10 codes?

5 A. It appears that the search was --
6 returned no claims.

7 Q. And the "Institutional" tab is
8 blank, correct?

9 A. Yes.

10 Q. And the "NonInstitutional" tab is
11 blank?

12 A. Yes.

13 Q. So is it fair to say your track here
14 wasn't able to identify any -- any claims where
15 her Track 1 condition had been identified as
16 paid by TRICARE in any respect?

17 A. It is fair to say that there are no
18 claims within our datasets that correspond to
19 the specific filters that were input for this
20 particular beneficiary.

21 (Exhibit 7 marked for identification.)

22 BY MS. WALLACE:

23 Q. I'm going to show you what's been
24 previously marked as Exhibit 7.

25 This is the Bruce Hill.xlsx

1 extraction that you performed, with a Bates-
2 number CLJA underscore, TRICARE underscore, nine
3 zeros, 4.xlsx.

4 And I will share it for you. I want
5 to go to Tab 2, which is the "Summary" tab for
6 Mr. Hill.

7 A. Okay.

8 Q. And I've noted that there are no --
9 there were no hits for hospitals or
10 institutional for Mr. Hill; is that correct?

11 A. That is what it looks like, yes.

12 Q. All right. And we -- let's go to
13 the tab for "NonInstitutional" for Mr. Hill.

14 A. Okay.

15 Q. All right. Now when you pulled this
16 data, if we were looking at the amount of money
17 paid by TRICARE for this claim related to his
18 leukemia diagnosis, which tab -- which column
19 would I go to?

20 A. So if -- if -- could you repeat?
21 You're -- you're asking about the government
22 paid amount?

23 Q. Yes. Related to his leukemia
24 diagnosis.

25 A. Okay. So if you could keep

1 scrolling.

2 Q. (Complying.)

3 A. It's -- it Column AK.

4 Q. All right. And that says "Amount
5 Paid by Government," and then in parentheses,
6 "(Procedure)."

7 A. Yes.

8 Q. And if I highlight that column --
9 like I'm doing right now, all the way
10 through, -- it shows me at the bottom the amount
11 paid for his noninstitutional care is sum --
12 summed at \$1,253.45.

13 Can you see that at the bottom? I
14 can zoom in if you need me to.

15 A. Yes, I can see.

16 Q. You can see it; okay.

17 Is that true?

18 A. That is what it looks like, yes.

19 Q. All right. And so that is the total
20 amount of payments by the government for the
21 data that you pulled, \$1,253?

22 A. Yes.

23 Q. Okay. And I would represent to you
24 that that is the precise amount that the
25 government's economist produced as -- that

1 TRICARE paid for Mr. Hill's alleged leukemia
2 care, that same amount.

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

5 BY MS. WALLACE:

6 Q. So I want to talk about these visits
7 to -- to talk about whether they -- how you can
8 show me that they're related to his leukemia.

9 MR. ORTIZ: Object to
10 form.

11 BY MS. WALLACE:

12 Q. Do you -- we can see that Mr. Hill
13 has other health insurance that has paid on this
14 claim in Column AL, correct?

15 A. That is what it looks like.

16 Q. And we can see patient payments made
17 under Column AN by Mr. Hill, correct?

18 A. That is -- so according to what the
19 description of patient payments was, that --
20 yes, those -- those -- those particular fields
21 have no/zero -- have no/zero amounts.

22 Q. Okay. And under the "Principal
23 Diagnosis" -- and, again, this is -- we talked
24 about how that is the reason for the -- reason
25 for the visit, is that fair?

1 A. I believe so.

2 Q. Okay. Which -- how many of these
3 line items are related to the ICD-9 -- ICD-9 and
4 -10 codes you received from the government?

5 MR. ORTIZ: Object to
6 form.

7 A. Are you referring to the "Principal
8 Diagnosis" column?

9 BY MS. WALLACE:

10 Q. Yes.

11 A. It's difficult to assess that
12 because an analysis and a lookup table is
13 probably needed to be set up. I -- I just --

14 Q. What is that?

15 A. Just by looking at these records, I
16 cannot see which ones specifically are related.

17 Q. What is a lookup table?

18 A. Well, some type of -- some type of
19 lookup, you know, within Excel to see which --
20 which one of these "Principal Diagnosis" codes
21 actually came specifically from the table that
22 we were reviewing earlier; so the original --

23 Q. Oh, okay.

24 A. -- table.

25 Without that, it's difficult for

1 me -- it's a lot of information, and I do not
2 remember the specific lists of ICD codes that
3 were used in the filter, so I cannot --

4 Q. Okay.

5 A. -- I cannot answer.

6 Q. All right. I'm going to tell you
7 that your cover letter shows that for leukemia,
8 which is what Mr. Hill has, you have an ICD-9
9 code of 204 and 205, and an ICD-10 code of C91
10 and C92.

11 A. Okay.

12 Q. And so do you see which -- do you
13 see any related to those diagnoses here under
14 "AR"?

15 MR. ORTIZ: Object to
16 form.

17 A. It -- it appears -- it looks like
18 the first two.

19 BY MS. WALLACE:

20 Q. Okay. And then -- so let's filter
21 those out, and that leaves us with -- can you
22 tell me what the "Principal Diagnosis" is under
23 the next one after those -- that one is removed?

24 MR. ORTIZ: Object to
25 form.

1 A. So this "Principal Diagnosis" reads
2 "AC UP Respiratory Infection."

3 BY MS. WALLACE:

4 Q. And are you able to tell me if his
5 respiratory infection that he went to the
6 hospital for was related to his leukemia?

7 MR. ORTIZ: Objection.

8 A. Without having a medical background,
9 I'm not able to make that determination.

10 BY MS. WALLACE:

11 Q. So it's not your opinion that --
12 that this visit would necessarily be related to
13 his leukemia?

14 MR. ORTIZ: Objection.

15 A. I cannot opine on that, because I do
16 not have the background.

17 BY MS. WALLACE:

18 Q. All right. And if the -- if there
19 had been an assumption made by the DOJ's
20 economist that your spreadsheet summarizes the
21 amount of money TRICARE paid for Mr. Hill's
22 healthcare related to his leukemia diagnosis, as
23 we sit here today you're not sure if -- if
24 this -- if this sheet tells us that or does
25 not --

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

3 BY MS. WALLACE:

4 Q. -- without further review of -- of
5 the medical records?

6 MR. ORTIZ: Same
7 objection.

8 A. So the premise of extracting the
9 data was to capture claims that have that
10 relevant diagnoses codes, and that's what the
11 sheet represents.

12 BY MS. WALLACE:

13 Q. And the purpose was not to pull
14 billing data directly related to his leukemia
15 diagnosis?

16 MR. ORTIZ: Objection.

17 A. I was instructed to abstract claims
18 according to specific filtering, which I did.

19 BY MS. WALLACE:

20 Q. But you're not giving the opinion
21 that, for example, this -- this visit of Mr.
22 Hill's respiratory infection admission to the
23 hospital is related or not related to his
24 leukemia, is that true?

25 MR. ORTIZ: Object to

1 form; and asked and answered.

2 You can answer.

3 A. The -- once again, the premise of
4 the data extract was to extract claims based on
5 specific filtering criteria, which is what I
6 did. I do not have the medical background to
7 opine on your question.

8 BY MS. WALLACE:

9 Q. And as -- as a data analyst, you're
10 also not able to tell from this data whether
11 this visit is related to his leukemia, is that
12 true?

13 MR. ORTIZ: Objection.

14 A. I -- without having the medical
15 background, I -- I just cannot offer an opinion.

16 BY MS. WALLACE:

17 Q. What about as a data analyst? Like,
18 are you -- what is your opinion on whether this
19 data, the way that you're able to pull it, can
20 tell me one way or another whether this hospital
21 admission is related to his leukemia? Can I
22 tell that just by looking at data?

23 MR. ORTIZ: Objection.

24 A. So my understanding is that the
25 diagnosis codes -- so, for example, the

1 "Secondary Diagnosis Code 1" has contributing
2 impact on the specific -- that specific claim.
3 That's my understanding.

4 BY MS. WALLACE:

5 Q. A contributing impact -- let's --
6 let's take an example of that.

7 So, for example, if he was appearing
8 for a respiratory infection, he had a
9 respiratory infection and he had to go to the
10 Emergency Room or the hospital, and -- it's
11 important for a doctor to know while he's
12 treating the respiratory infection that he also
13 has a diagnosis of leukemia.

14 Are you -- is that a sufficient
15 basis for the "Secondary Diagnosis" to be
16 invoked? Is that your understanding of a
17 possibility of how the -- the "Secondary
18 Diagnosis" would be coded?

19 MR. ORTIZ: Object to
20 form.

21 A. I cannot opine on that. I -- I
22 could say that potentially a secondary diagnosis
23 also led to a primary diagnosis as a scenario.

24 BY MS. WALLACE:

25 Q. But we can't tell that from looking

1 at your coding data or this -- this data?

2 A. I cannot say that.

3 Q. Okay. What about this next one --
4 hospital admission? I've clicked on it, and
5 it's -- it's -- do you recognize this entry,
6 this being the "Principal Diagnosis"?

7 A. I -- I do not remember whether or
8 not this particular diagnosis code was included
9 in the original list.

10 Q. Would you like me to repeat the
11 diagnoses codes?

12 A. I -- I just do not recall if I1310
13 was part of the original list or not.

14 Q. Okay. And if I tell you that -- if
15 I could represent to you that it's not...

16 A. Okay.

17 Q. Do you have any knowledge, as we sit
18 here today, if this hospitalization is related
19 to his leukemia diagnosis?

20 MR. ORTIZ: Objection.

21 A. I cannot answer that question.

22 BY MS. WALLACE:

23 Q. You can't tell me whether you have
24 any knowledge, looking at the data that you
25 pulled, whether this hospitalization is related

1 to his leukemia diagnosis?

2 MR. ORTIZ: Objection.

3 A. I -- I cannot tell. I see that the
4 leukemia diagnosis is in Column AU, and I
5 cannot -- I do not -- I cannot tell if that -- I
6 cannot tell that the "Principal Diagnosis" is
7 related to the leukemia or -- or -- or
8 originated from the leukemia or not.

9 BY MS. WALLACE:

10 Q. You -- you can't tell if it is
11 relevant to his leukemia?

12 A. The other --

13 MR. ORTIZ: Objection.

14 Go ahead and answer.

15 A. I -- I -- I cannot tell that -- if
16 the beneficiary didn't leukemia, they wouldn't
17 have this hypertension.

18 BY MS. WALLACE:

19 Q. Okay. So you -- you can't tell one
20 way or the other whether this hospitalization is
21 related to his leukemia?

22 MR. ORTIZ: Same

23 objection.

24 A. I -- I cannot -- I do not know that
25 for -- for sure.

1 BY MS. WALLACE:

2 Q. As you keep going down, can you see
3 other "Principal Diagnoses" include
4 "Hyperthyroidism," "Hypertension,"
5 "Hyperlipidemia," "Chronic Kidney Disease," and
6 "General Adult Medical Exams"?

7 Do you see those ICD-9 and -10 codes
8 in the "Principal Diagnosis" column?

9 A. Yes.

10 Q. Are you able to tell me with any
11 certainty or expertise whether these -- these
12 hospitalizations are related to his leukemia?

13 MR. ORTIZ: Objection.

14 A. I -- I cannot -- I cannot say
15 because I don't have the medical background.

16 BY MS. WALLACE:

17 Q. As a -- as a data analyst -- can you
18 say as a data analyst?

19 MR. ORTIZ: Objection.

20 A. As a data analyst, I extracted the
21 records that had the specific diagnosis code
22 listed.

23 A -- a specific diagnosis code was
24 provided to me as a filter, and listed in one of
25 those fields.

1 BY MS. WALLACE:

2 Q. And -- and as far as understanding
3 the coding component as to what the significance
4 is between it being in a "Secondary 3" column
5 versus a "Primary," that's not your area of
6 expertise?

7 A. I understand that the "Secondary
8 Diagnosis" had some -- or may have some
9 contributing -- or have some contributing
10 bearing on the -- on the claim and on the
11 "Principal Diagnosis." That's my understanding.

12 Q. Or it -- or it my not. It may just
13 be a coexisting diagnosis. Is that true?

14 MR. ORTIZ: Object to
15 form.

16 You can answer.

17 A. It could probably be true. I cannot
18 say with certainty.

19 BY MS. WALLACE:

20 Q. One more question about -- are you
21 able to -- do you independently have access to
22 Mr. Hill's Excel sheet, or would you like me to
23 show you mine?

24 A. To -- I apologize. Who's Excel's
25 spreadsheet?

1 Q. Mr. Hill.

2 A. Okay; I don't.

3 Q. Okay, okay.

4 So if we were to filter -- I guess
5 you can watch me filter to only include the
6 "Principal Diagnosis" for Mr. Hill related to
7 his leukemia diagnosis.

8 Can you tell me the total amount
9 paid by the government for his -- by TRICARE?

10 MR. ORTIZ: Object to
11 form.

12 A. It looks like it's \$119.

13 BY MS. WALLACE:

14 Q. Okay. And that represents the
15 amount of money paid by TRICARE for Mr. Hill's
16 medical treatment, where the principal reason
17 for the admission is related to leukemia?

18 MR. ORTIZ: Object to
19 form.

20 BY MS. WALLACE:

21 Q. Is that true?

22 A. That is what the -- those two
23 records represent.

24 (Exhibit 22 marked for identification.)

25 BY MS. WALLACE:

1 Q. Okay. Before we look at the next
2 set of data, I want to show you ICD-9 and -10
3 Code Official Guidelines.

4 And I will upload that into the
5 Chat, and we can mark it as Exhibit 22, if
6 that's okay with everybody. I have some
7 premarked exhibits.

8 Okay. I put it in the Chat, and I'm
9 going to put it on the screen for us.

10 Ms. Zakaryan, this is the document I
11 was -- I was referencing earlier, "ICD-10-CM
12 Official Guidelines for Coding and Reporting."

13 Have you ever seen this document?

14 A. That does not look familiar.

15 Q. Do you understand it to be an
16 Official Guideline for the ICD-10 codes that was
17 issued by the CMS and the National Center for
18 Health Statistics, according to the first
19 paragraph?

20 A. I see that's what the title says,
21 so... And the first -- the first paragraph
22 says, but I -- I'm not sure where this was
23 obtained from.

24 Q. Okay. I'll represent to you that
25 this is the official coding guidelines from CMS

1 and -- and the other entity for ICD-10 codes.

2 And I'll fast forward it -- I've --
3 I've scrolled us to Page 112 of 120 where it
4 defines the ICD-10 code for a diagnosis.

5 Do you see there under "G" where it
6 says "List first the ICD-10-CM code for the
7 diagnosis, condition, problem, or other reason
8 for encounter/visit shown in the medical record
9 to be chiefly responsible for the services
10 provided"?

11 A. Yes, I -- I see that.

12 Q. All right. And this "G," let's keep
13 scrolling for -- it also indicates an
14 instruction to "Code all documented conditions
15 that coexist at the time of the encounter/
16 visit."

17 Do you see that?

18 A. I see that, yes.

19 Q. All right. And let's look at --
20 under "Observation Stay" on Page 111, "When a
21 patient is admitted for observation for a
22 medical condition, assign a code for the medical
23 condition as the first-listed diagnosis."

24 Do you see that?

25 A. I do see that.

1 Q. All right. And do you -- as we look
2 at this document -- let's -- let's see. Let's
3 look at it.

4 It also talks about "...history
5 codes may be used as secondary codes if the
6 historical condition or family history has an
7 impact on current care or influences treatment."

8 Do you see that?

9 A. I do.

10 MR. ORTIZ: I'm sorry,
11 Whitney. Where are you?

12 MS. WALLACE: Right on
13 Page 112 under -- under "J."

14 MR. ORTIZ: Thank you.

15 MS. WALLACE: You're
16 welcome.

17 BY MS. WALLACE:

18 Q. All right. And so as far as the
19 coding that involves how coders are trained to
20 identify "Primary Diagnoses" and "Secondary
21 Diagnoses," is -- would you agree that that
22 particular component is outside the scope of
23 your expertise?

24 A. I'm not a coder.

25 Q. Okay. And you have not previously

1 reviewed those Guidelines prior to pulling or
2 deciding how to pull the data that was requested
3 of you, is that true?

4 A. I have not specifically reviewed
5 those particular Guidelines.

6 (Mr. Ellis exits the videoconference.)

7 BY MS. WALLACE:

8 Q. Okay. Let's look at Exhibit 4. I'm
9 going to share my screen with you. This is
10 Bates-stamped number CLJA underscore, TRICARE
11 underscore, 0000000001.xlsx, and it's the Excel
12 sheet for Mr. Fiolek that we looked at earlier.

13 A. Okay.

14 Q. Let's scroll over to -- I want to
15 look at the -- if you take Column AS, which is
16 the "Amount Paid by Government" for this data
17 extraction, so this is the hospitalization
18 TRICARE data for Mr. Fiolek.

19 And would you agree with me that if
20 you combine all of the columns "Paid," it
21 appears to total \$2,896 paid by the government
22 related to hospitalizations?

23 A. Yes, that's what it appears to be.

24 Q. Okay. Let's look over at the -- I
25 think we looked at this earlier, but are you

1 able to show me -- direct my attention to any
2 "Admitting" or "Principal Diagnoses" that are
3 related to his leukemia?

4 MR. ORTIZ: Objection.

5 A. I do not see any, so I cannot opine
6 as a medical professional related to this
7 "Admitting Diagnosis" and the "Principal
8 Diagnosis."

9 BY MS. WALLACE:

10 Q. Are you -- if I showed you one of
11 these medical records for Mr. Fiolek that
12 discussed his admission on these dates, if I
13 showed you both of these records, are -- are you
14 able to read a medical record and understand the
15 reason for the visit?

16 A. I -- I cannot read a medical record.
17 I don't have experience in that.

18 Q. Okay. Do you know of anyone on
19 your -- do you have anyone at TRICARE who --
20 that you're -- that you're aware of that does
21 that sort of matching, that connects the
22 diagnoses with the reason -- with the medical
23 record, or is that outside of your understanding
24 or -- or your division?

25 A. It is outside of the -- our Aurora,

1 Colorado team.

2 Q. Okay. If I represented to you that
3 his -- the visits that you've extracted here
4 from 4/16/2022 and 6/4/2018 are short -- or are
5 connected to shortness of breath and a pulmonary
6 embolism, does that sound to you like it's
7 related to his leukemia diagnosis, or is that
8 outside of your scope?

9 MR. ORTIZ: Objection
10 to form and foundation.

11 A. It is outside of my scope.

12 BY MS. WALLACE:

13 Q. All right. Let's look at the -- the
14 next column. This is "NonInstitutional" for Mr.
15 Fiolek.

16 We have a -- and just -- just to
17 recap, on the "Institutional" tab, there were
18 zero -- zero admissions that had a primary
19 diagnosis of leukemia.

20 Can we agree to that, based on your
21 data extraction?

22 A. Could you scroll down, please?

23 Q. Of course. (Complying.)

24 A. I do not see any under the "Primary
25 Diagnosis."

1 Q. Okay. So zero dollars that we're
2 able to put leukemia as a pri -- "Principal" or
3 "Admitting Diagnosis"?

4 MR. ORTIZ: Objection.

5 A. So I do not see any -- well, I don't
6 remember what specific ICD codes were -- I was
7 filtering for, and I -- I do not remember if the
8 I480 or I2699 were included within that list.

9 BY MS. WALLACE:

10 Q. Okay. And if I represent to you
11 that those are not, and that they actually read
12 "Atrial Fibrillation" and "Pulmonary Embolism,"
13 can we agree that there's zero dollars on this
14 Excel sheet that relate that -- where leukemia's
15 in the "Primary Diagnosis" column?

16 MR. ORTIZ: Object to
17 form.

18 A. There is zero dollars associated
19 with that -- those specific "Primary" --
20 "Principal Diagnosis."

21 BY MS. WALLACE:

22 Q. Okay. And if we go to the tab --
23 the "NonInstitutional" tab of data that you
24 pulled, and we scroll over to "Amount Paid by
25 Government" in Column AK, and we add that up,

1 the total -- all the data that you extracted,
2 that totals \$12,115.21, is that true?

3 A. That is what it looks like.

4 Q. Okay. And I would represent to you
5 that that's the amount that the DOJ economist
6 included in his TRICARE offset. That's the
7 exact amount that the DOJ expert -- \$12,511 is
8 the amount that the DOJ expert included for
9 noninstitutional providers.

10 MR. ORTIZ: Objection;
11 form. Object to form and
12 foundation.

13 BY MS. WALLACE:

14 Q. And so that would correlate with
15 your -- with your data sheet, is that true, if
16 that is what he had indicated?

17 MR. ORTIZ: Same
18 objection.

19 A. So I don't know what the economist
20 presented, however, this data sh -- sheet
21 represents \$12,111.21 [sic].

22 BY MS. WALLACE:

23 Q. 100 -- could you see that number
24 again?

25 A. \$12,115.21.

1 Q. Okay; thank you.

2 And so if the DOJ expert actually
3 put \$12,551, that is not represented by your
4 Excel sheet, is that true?

5 MR. ORTIZ: Objection
6 to form and foundation.

7 A. Could you repeat that question?

8 BY MS. WALLACE:

9 Q. If there was an indication that
10 there was \$12,511, that's not consistent -- for
11 the "NonInstitutional" for Mr. Fiolek, that's
12 not consistent with your number. 12,115.21 is,
13 correct?

14 MR. ORTIZ: Same
15 objection.

16 A. I cannot speak to -- what somebody
17 else compiled or prepared.

18 BY MS. WALLACE:

19 Q. All right. Did you do any analysis
20 on Mr. Fiolek's claim to analyze how much was
21 paid by TRICARE when the leukemia is in the
22 "Principal Diagnosis" column versus the second
23 one of -- the 24 "Secondary Diagnosis" columns?

24 A. I did not go through that specific
25 analysis.

1 Q. I'm going to -- if you'll watch me,
2 I'm going to sort this data. I'm looking -- I'm
3 on Column AR, "Principal Diagnosis," and I'm
4 going to deselect "All," and I'm going to scroll
5 down.

6 There is -- and I'm going to click
7 on -- I'm going to click on the "Diabetes" and
8 "Diplopia," and "Pulmonary Embolism."

9 Are you able to tell me for the ones
10 that I have selected, which is "Pulmonary
11 Embolism," "Diabetes," and "Diplopia," whether
12 these visits are related to Mr. Fiolek's
13 leukemia?

14 MR. ORTIZ: Objection.

15 A. I see that for some of them the
16 leukemia diagnosis code is in "Secondary
17 Diagnosis 1" and "Secondary Diagnosis 2."

18 BY MS. WALLACE:

19 Q. And do you know the coding
20 significance of that? Is there any significance
21 to it being in the "Secondary Diagnosis 2"
22 position versus "4" versus "10" versus "24"? Do
23 you know?

24 A. It is my understanding that the
25 closer the -- the smaller that DX numbers, the

1 more weight or significance the diagnosis
2 carries. That's my understanding.

3 Q. Do you have a source for that
4 understanding?

5 A. I cannot reference a specific
6 source.

7 Q. Are you trained in that
8 understanding?

9 A. I have not received formal training
10 to obtain that understanding.

11 MS. WALLACE: Do
12 you-guys want to take a break?
13 I think we're at another hour.
14 Or do I have more time?

15 MR. ORTIZ: We can
16 take a break now, if you want.

17 MS. WALLACE: Ms.
18 Zakaryan, do you -- do you want
19 a short break?

20 THE WITNESS: I'm
21 sorry? Were you talking to me?
22 I didn't hear.

23 MS. WALLACE: Yes. Do
24 you -- and I just noticed it's
25 late, isn't it? Do we --

1 MR. ORTIZ: Yeah,
2 I was going to -- let's go off
3 the record.

4 MS. WALLACE: Okay.
5 We can go off the record for
6 just a moment.

7 THE VIDEOGRAPHER: The
8 time right now is 11:59 a.m.

9 We're off the record.
10 (Lunch recess, 11:59 a.m. to 12:31 p.m.)

11 THE VIDEOGRAPHER: The
12 time right now is 12:31 p.m.

13 We're back on the record.

14 BY MS. WALLACE:

15 Q. Ms. Zakaryan, hope you had a nice
16 brief lunch. We're going to dive back into
17 data.

18 Are you ready?

19 A. Okay.

20 Q. Okay. I am going to show you the
21 exhibit we were referring to before the break.
22 This is Exhibit 4 -- Deposition Exhibit 4 with
23 the Bates-number CLJA underscore, TRICARE
24 underscore, nine zeros, 1.xlsx -- xlsx.

25 This is Mr. Fiolek's data that you

1 extracted; is that correct?

2 (Mr. Sears not present.)

3 A. It -- it appears to be.

4 Q. All right. I am going to let you
5 watch me do a drop-down under Column AR. AR,
6 again, is the "Principal Diagnosis" column for
7 this data extraction, and I'm going to deselect
8 all, and I'm going to scroll down and click on
9 the diagnosis code entitled "S0100XA."

10 Do you see that I did that?

11 A. Yes.

12 Q. All right. And that's pulled for me
13 13 line items related to that same ICD-9 and -10
14 code of S0100XA.

15 Is that true?

16 A. I don't -- so I don't know how many
17 specifically -- yes, I see 13 -- in the bottom
18 left, 13 of 610.

19 Q. Okay. And this -- if we look at the
20 words here for this "Principal Diagnosis," it
21 says "UNSP," which I believe stands for
22 "unspecified"; is that right?

23 A. I do not know what "UNSP" means
24 specifically.

25 Q. Okay.

1 A. But it could mean "unspecified."

2 Q. Okay. "UNSP Open Wound," comma,
3 "Scalp," comma, "IN."

4 Are you familiar at all with this
5 diagnosis code?

6 A. I am not familiar, no.

7 Q. Okay. But it appears from the
8 description to be involving -- this is -- these
9 visits involve some type of an open wound in --
10 in the scalp area, is that true?

11 A. That is what the description seems
12 to suggest.

13 Q. All right. And for this particular
14 one, this -- the "Secondary Diagnosis," there
15 are two for -- for that "Principal Diagnosis."
16 One says "Lacer WO for" Body -- "BDY of R EL."

17 Do you know what that means?

18 A. I do not know what the specific
19 description is, no.

20 Q. Okay. And "Secondary Diagnosis 1"
21 al -- also states for this "Principal
22 Diagnosis," "UNSP," Unspecified, "Atrial
23 Fibrillation."

24 Do you see that?

25 A. I see that.

1 Q. All right. And -- and some -- and
2 some of these encounters for "Open Wound,"
3 "Leukemia" is the "Secondary Diagnosis 2" spot,
4 is that true?

5 A. Yes.

6 Q. And in the others, it's in the
7 "Secondary Diagnosis 3" spot --

8 A. Yes.

9 Q. -- under Column AU.
10 And the flagging of that ICD-9 code
11 in columns "Secondary Diagnoses 2" and "3" is
12 why this -- these particular visits were pulled
13 by you, is that true?

14 A. Yes.

15 Q. All right. So we're going to scroll
16 over and take a look at the "Dates of Service"
17 for these visits without unfiltering it.

18 So do you see Columns S and T for
19 "Begin Date of Care" and "End Date of Care"?

20 A. Yes.

21 Q. And these dates include May 3rd,
22 2017, May 17, 2017, May 24th, 2017, May 10th,
23 2017, May 31st, 2017, and June 7th and 14th of
24 2017.

25 Do you agree with me?

1 A. Yes.

2 (Exhibits 4-C, 4-D, and 4-E marked for
3 identification.)

4 BY MS. WALLACE:

5 Q. I am going to -- to put in your Chat
6 an exhibit for a date of service for Mr. Fiolek
7 for 4/15 through 4/17.

8 This is -- I'm actually going to put
9 three exhibits in there for you. All right. I
10 am going to share my screen with you.

11 I would represent to you that this
12 is a medical record for Robert Joseph Fiolek
13 with a Date of Service 3/25/2017. And it's an
14 E.R. visit from Dr. John M. Cho, C-H-O.

15 Do you see that exhibit on your
16 screen?

17 A. I do.

18 Q. And would you read to me the "Chief
19 Complaint," please.

20 A. So "PT was walking a dog, there were
21 2 loose dogs try to defend dog fell on concrete
22 large hematoma and laceration to back of head no
23 loc pt on" coum -- "coumadin 5 mg for afib," (as
24 written).

25 Q. So are you able to understand what

1 the reason is that this patient went to the
2 doctor on this date, what happened to him based
3 on that sentence?

4 MR. ORTIZ: Object to
5 form.

6 You can answer.

7 A. Okay. Could you repeat what you
8 said? I didn't hear. I apologize.

9 MR. ORTIZ: I was just
10 objecting for the record.

11 You can go ahead and
12 answer.

13 THE WITNESS: Okay;
14 sorry.

15 A. Okay. So -- so -- okay. So now
16 could you please repeat the question?

17 BY MS. WALLACE:

18 Q. You read the sentence under "Chief
19 Complaint." I know you're not a Medical Doctor,
20 but are you able to understand the reason that
21 the patient was seen on this date by reading
22 that sentence?

23 A. Yes.

24 Q. What does it sound like happened?

25 A. It -- it sounds like the -- the --

1 the patient was attacked by two loose dogs, and
2 the patient, sounds like, fell.

3 Q. All right. If you go just a little
4 bit further down, I'll read for you. It says
5 "She" -- and I think it meant "he" -- "has a
6 very small laceration to his posterior scalp he
7 has a large hematoma underneath it and keeps
8 draining blood.

9 "He did assist with" sta -- "stable
10 placement he got 5 total states staples placed,"
11 (as written).

12 Do you see that?

13 A. I see that.

14 Q. I'm going to open for you Exhibit
15 4-D. This is a visit with an "Admission/
16 Discharge" [sic] date of 5/3/2017 through
17 5/31/2017.

18 Do you see that?

19 A. I do.

20 Q. And what does it say is the "Chief
21 Complaint"?

22 A. "Nonhealing scalp wound, skin tear
23 right elbow."

24 Q. And are these the dates that we have
25 included -- the same dates that we articulated

1 earlier that were included in the "Open wound,"
2 comma, "scalp" "Principal Diagnosis" for Mr.
3 Fiolek from your data extraction?

4 MR. ORTIZ: Object to
5 form.

6 A. So I -- I remember -- I believe the
7 dates were in April 2017, if my memory serves me
8 well.

9 BY MS. WALLACE:

10 Q. Do you want me to go back and show
11 you the Excel?

12 A. Yes, please.

13 Q. Okay; happy to. (Complying.)
14 Does this jog your memory of the
15 dates?

16 A. Okay; yes.

17 Q. So these appear to be -- this 5/3,
18 5/31, many of these dates appear to be within
19 the same range as the record that we're looking
20 at.

21 A. Yes, they appear to be.

22 Q. 5/3, 5/10, 5/17, 5/24, and 5/31.

23 A. Yes.

24 Q. Okay. So we're going to go back to
25 Exhibit 4-D.

1 And the "Chief Complaint" states
2 what for the 5/3 Date of Service?

3 A. "Nonhealing scalp wound, skin tear
4 right elbow."

5 Q. Okay. And if we read under History
6 of Present Illness, it says "Patient is a
7 77-year-old white male with a history of CLL on
8 oral chemotherapy," comma, "atrial fibrillation
9 on anticoagulation and history of fall with
10 traumatic right [sic] injury to right posterior
11 scalp and abrasion right elbow referred to the
12 wound clinic for evaluation of wounds.

13 "Original injury to the scalp
14 patient reports ongoing for 9 weeks," (as
15 written).

16 Do you see that?

17 A. Yes, I do.

18 Q. All right. And does it appear
19 that -- and nine weeks would reach back to --
20 approximately to the March 2017 date that we
21 just looked at.

22 Would you agree with me?

23 A. So nine -- so nine weeks would be
24 about two months.

25 Q. That gets us into March?

1 A. That gets us into March of 2000 --
2 so beginning of -- well, that would be -- so it
3 would be the end of February.

4 Q. Are you -- are you going from the
5 5/3 date?

6 A. 5/3, yes.

7 Q. Okay; all right.

8 So it would -- you don't have any
9 reason to think that he had a different fall
10 that has been going on for nine weeks.

11 Would you agree with me that it
12 seems to be the fall when he was walking his
13 dogs?

14 MR. ORTIZ: Objection
15 to form; foundation.

16 Go ahead and answer.

17 A. I don't have a reason to believe
18 there was another fall. I -- I have no
19 information about any -- any of this.

20 BY MS. WALLACE:

21 Q. Okay. And so when a doctor is
22 treating a patient, let's say, for a fall, can
23 it be important for that doctor to -- to know
24 that he also has a CLL diagnosis as it relates
25 to maybe the medication he decides to -- to

1 prescribe, or how he -- how he decides to treat
2 the patient?

3 Is that --

4 MR. ORTIZ: Objection.

5 BY MS. WALLACE:

6 Q. Is that fair?

7 MR. ORTIZ: Objection.

8 A. I -- as a non-medical professional,
9 I -- I -- I cannot answer that question, but
10 just as a reasonable speculation, I would think
11 that it would be important.

12 BY MS. WALLACE:

13 Q. Yes. And so if you're a doctor and
14 you're treating a patient for -- for any -- you
15 know, for any reason, a fall, or diabetes, or
16 hyperthyroidism, or any reason, oftentimes
17 doctors want to know if there's an active -- or
18 even inactive -- a history of cancer diagnosis.

19 Does that make sense to you?

20 MR. ORTIZ: Object to
21 form.

22 A. I understand what you're saying.

23 BY MS. WALLACE:

24 Q. Okay. And so does it appear to you
25 that this visit is directly related to his

1 leukemia condition, or does it seem to be
2 related to his "Nonhealing scalp wound," comma,
3 "skin tear right elbow"?

4 MR. ORTIZ: Objection.

5 A. It's difficult for me to say because
6 I -- I'm not a medical professional, like I
7 said, and I don't know if the unusually long
8 nonhealing is due to the preexisting conditions
9 or not.

10 BY MS. WALLACE:

11 Q. Are you -- do you see where it
12 says "Problem List, slash, "Past Medical
13 History"?

14 A. I do.

15 Q. And it lists "Chronic lymphocytic
16 leukemia"; it also lists "Paroxymal atrial
17 fibrillation," "Anticoagulation therapy."

18 Do you see that? "GERD,"
19 "Hyperlipidemia," "Arthritis"?

20 A. I do.

21 Q. And so do you have any indication
22 that he -- this provider is actively treating
23 leukemia at this visit, rather than it's
24 important for him to know that past medical
25 history?

1 MR. ORTIZ: Objection.

2 BY MS. WALLACE:

3 Q. Do you want me to rephrase that?
4 I'm sorry.

5 A. Yes, please.

6 Q. Okay. We see that the doctor felt
7 it was important to list, for example, "CLL,"
8 and "Anticoagulation therapy" as a past medical
9 history in this note, right?

10 A. I see that those conditions are
11 listed, yes.

12 Q. But from -- from the medical record,
13 we can -- we can -- I think we can agree that
14 the chief complaint, the reason the patient is
15 there, has to do with a "Nonhealing scalp wound,
16 skin tear right elbow."

17 Would you agree with me that the
18 doctor is not actively treating leukemia at this
19 visit?

20 MR. ORTIZ: Objection.

21 A. The "Chief Complaint" indicates
22 "Nonhealing scalp wound, skin tear right elbow."

23 BY MS. WALLACE:

24 Q. And there was -- I think you
25 testified about this earlier. There was no

1 analysis that was done to the data that you
2 pulled to ensure that a visit such as this one
3 is connected to his leukemia diagnosis, is that
4 true?

5 MR. ORTIZ: Objection.

6 A. I as an analyst did not review the
7 specific records one by one to make an
8 assessment.

9 I wrote a program, and I executed
10 that program.

11 BY MS. WALLACE:

12 Q. And the program that you ran and
13 executed, it's not able to tell you or me
14 definitively that the date of service that was
15 pulled is directly connected to the leukemia
16 diagnosis?

17 MR. ORTIZ: Objection.

18 A. So the program that I wrote contains
19 specific filters related to those conditions,
20 and based on those filters, those records were
21 extracted.

22 BY MS. WALLACE:

23 Q. What records were extracted?

24 A. The -- the records in the Excel
25 files that you are discussing.

1 Q. Okay. But the program that you ran
2 and executed was not intended to prove that each
3 of the dates of service pulled were directly
4 connected to the leukemia, is that true?

5 MR. ORTIZ: Objection.

6 You can answer.

7 A. The program was intended to extract
8 relevant records.

9 BY MS. WALLACE:

10 Q. Okay. "Relevant," not necessarily
11 related?

12 MR. ORTIZ: Objection.

13 BY MS. WALLACE:

14 Q. Do you want me to repeat my
15 question?

16 MR. ORTIZ: I'm not

17 sure --

18 A. I'm not sure.

19 BY MS. WALLACE:

20 Q. I want to again draw your attention
21 to the -- a different page in the ICD-10
22 document I showed you earlier that's already in
23 the Chat.

24 I'm sharing my screen with you.

25 This is Page 109 of 120, and, again, this

1 document is the -- let me scroll to the
2 bottom -- the ICD-10-CM Official Guidelines for
3 Coding and Reporting that we looked at earlier.

4 And so I want you to look at Page
5 109 of 120, Section III which is entitled
6 "Reporting Additional Diagnoses. General Rules
7 for Other (Additional) Diagnoses."

8 And so it says here "For reporting
9 purposes, the definition of [sic] 'Other
10 Diagnoses' is interpreted as additional
11 clinically significant" -- they -- they bolded
12 that -- that phrase, "clinically significant" --
13 "conditions that affect patient care in terms of
14 requiring a clinical evaluation; or therapeutic
15 treatment; or diagnostic procedures; or extended
16 lengths of hospital stay; or increased nursing
17 care and/or monitoring."

18 And it goes on to say "The UHDDS
19 item #11-b defines Other Diagnoses as," quote,
20 "'all conditions that coexist at the time of
21 admission,'" comma, "'that develop
22 subsequently,'" comma, "'or that affect the
23 treatment received and/or the length of stay.'"

24 Would you agree with how I read that
25 section?

1 A. Yes.

2 Q. And so for these other additional
3 diagnoses that appear and the columns that are
4 "Secondary Diagnosis 1" through "24," is it
5 possible that the data that you proved --
6 that -- that you pulled could just be a
7 condition that coexisted at the time of
8 admission that was clinically significant --

9 MR. ORTIZ: Objection.

10 BY MS. WALLACE:

11 Q. -- based upon your reading of that
12 section?

13 MR. ORTIZ: Sorry;
14 objection.

15 A. I think it's difficult for me to
16 read specific sentences from a document of 120
17 pages and make a statement without going a
18 little bit more into the -- the detail and
19 actually reviewing this document.

20 BY MS. WALLACE:

21 Q. Okay. Let me ask you: Is this
22 inconsistent with your understanding of what a
23 "Secondary Diagnosis 1" through "24" means, or
24 is it consistent, what I just read to you, is it
25 consistent with your understanding?

1 MR. ORTIZ: Objection.

2 A. My understanding is that -- I --
3 I've stated what my understanding is, and I -- I
4 cannot answer that question without taking some
5 time out to -- to review and -- and understand
6 what is written better.

7 BY MS. WALLACE:

8 Q. And did you have a different or
9 better understanding of the coding involving
10 Secondary Diagnoses at the time that you pulled
11 the data?

12 MR. ORTIZ: Objection.

13 A. My understanding has not changed
14 between then and now.

15 BY MS. WALLACE:

16 Q. All right. And so if I represented
17 to you that other diagnoses that are coded such
18 as in -- in your data extract columns,
19 "Secondary Diagnoses" Columns 1 through 24 are
20 conditions that co -- that can coexist at time
21 of admission, would you agree with me that
22 that -- that that does not necessarily link that
23 date of service to a coexisting condition?

24 Do you agree with me that's the
25 definition if that's true?

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

3 A. My understanding is that the
4 comorbid -- that conditions that exist at the
5 time or -- or that are listed in the "Secondary
6 Diagnosis" have -- have relevance or have --
7 have relevance on the -- as it relates to the
8 encounter.

9 BY MS. WALLACE:

10 Q. And could it be as simple as
11 relevance that we're treating somebody that has
12 leukemia for a head wound injury, and we want to
13 make sure we prescribe medications that don't
14 interfere with his leukemia treatment?

15 MR. ORTIZ: Objection.

16 A. Could you repeat that question?

17 MS. WALLACE: Can the
18 court reporter repeat it for me?

19 THE COURT REPORTER: I
20 sure can.

21 (Previous record read.)

22 MS. WALLACE: Thank
23 you, Tommi.

24 A. I don't know -- I'm not comfortable
25 answering that question. I want to say yes, but

1 I am not completely comfortable answering that
2 question.

3 BY MS. WALLACE:

4 Q. Are you comfortable in the term --
5 in the way that you're using it, are you
6 comfortable defining the word "relevance" as you
7 use it?

8 A. Yes. "Relevance" as I use it would
9 mean that -- that the existence of those
10 conditions would have bearing on the treatment
11 and implications for the treatment.

12 Q. And -- and as I understand your
13 testimony, you're not saying that it's the
14 reason for the treatment; you're saying it has
15 bearing on the treatment?

16 A. In -- in the specific examples that
17 you pointed out, it appeared to be the case.

18 Q. That it had bearing on the
19 treatment, not the reason for the treatment?

20 A. Yes.

21 Q. Okay; great.

22 I'm going to show you one other
23 page.

24 Do you have any understanding as to
25 how data is supposed to be coded if it was -- if

1 your hospital admission directly related to a
2 malignancy?

3 I'm showing you on the same exhibit
4 we were just looking at, Pages 32 and 33 under
5 the chapter "Neoplasms."

6 Do you know what a neoplasm is?

7 A. My understanding is a neoplasm is
8 related to cancer -- malignant cancer.

9 Q. Okay. And so I'm showing you the
10 section -- or -- or let me ask you, is your --
11 let me ask your understanding first.

12 If a hospital visit is related to a
13 cancer diagnosis, should -- if coding is
14 properly done, should the "Principal"/"Primary
15 Diagnosis" be the leukemia ICD-9 or -10 code?
16 Should that be -- should that be where that
17 diagnosis falls if that's the reason for the
18 visit?

19 MR. ORTIZ: Objection.

20 A. It's my understanding, yes.

21 BY MS. WALLACE:

22 Q. Okay. And then if we look at Page
23 33 on the screen, it -- it's -- it pretty much
24 states that, so I'll read it to you.

25 "If the malignancy is chiefly

1 responsible for occasioning the patient
2 admission/encounter and treatment is directed at
3 the primary site, designate the primary
4 malignancy as the principal/first-listed
5 diagnosis," correct?

6 A. That's what the text says, yes.

7 Q. Okay. But that's not what was done
8 in this case for these cancers? We -- is that
9 true, --

10 MR. ORTIZ: Objection.

11 BY MS. WALLACE:

12 Q. -- as far as pulling data only where
13 it appeared in the principal -- the cancer
14 appeared in the "Principle"/"Primary Diagnosis"
15 column?

16 A. That is correct. The data was not
17 extracted to limit the search to "Primary
18 Diagnosis" only.

19 It was extracted such that whole
20 diagnosis codes had -- at least one of them had
21 to have that relevant filtering.

22 Q. If you -- do you know -- and I know
23 you don't have access to this at your computer,
24 but have you ran any extraction only identifying
25 the ICD-9 and -10 codes in the "Primary"/

1 "Principal Diagnosis" position? Have you ran
2 that data?

3 A. I have not.

4 Q. So you're not able to tell me today
5 what the total might be if that were done for
6 Mr. Fiolek or for any Plaintiff, is that true?

7 A. That is true.

8 (Exhibit 9 marked for identification.)

9 BY MS. WALLACE:

10 Q. Let's look at another exhibit. We
11 are going to look at Ms. Tukes.

12 MS. WALLACE: I'm
13 going to upload the Plaintiff
14 exhibit labeled 9, which is CLJA
15 underscore, TRICARE underscore,
16 nine zeros, 9.xlsx.

17 MR. ORTIZ: Thank you.

18 MS. WALLACE: You're
19 welcome.

20 BY MS. WALLACE:

21 Q. Ms. Zakaryan, on the screen is the
22 document I just put into the Chat for Ms.
23 Tukes -- the individual Excel for Ms. Tukes, and
24 I'm going to direct your attention to -- and it
25 looks like there were claims pulled under the --

1 am I saying this right -- "CAPER/SADR" columns
2 for Ms. Tukes; is that right?

3 A. Yes.

4 Q. Tell us again what that -- oops.
5 Tell us again what that means.

6 A. It means that when I performed the
7 data extract, there were records in the -- in
8 the specific data source for the beneficiary
9 with the specified Social Security Number.

10 Q. And it's like an all database set?

11 A. Could you repeat the question?

12 Q. Is it -- tell me -- please just tell
13 me one more time where that data comes from.

14 A. Yes, so this data comes from the
15 CAPER/SADR datasets, and this data represents
16 the direct care portion of -- of the claims.

17 Q. "Direct care" defined as what?

18 A. Defined as MTF, or military
19 treatment facility related claims.

20 Q. Okay. And I notice there's a -- and
21 it's on the screen now. I'm on that tab,
22 "CAPER/SADR." It's a little different than the
23 way that the fields are on this tab, "Complaint_
24 Diagnosis," and then it goes into "Diagnosis_
25 Code_1," "Diagnosis_Code_2."

1 Do you have any understanding
2 whether complaint diagnosis and -- like, how
3 that equates to the "Primary" and "Principal
4 Diagnoses" on the fields we were just looking at
5 under the "Institutional" and "NonInstitutional"
6 for the TD -- "TEDNI" tabs?

7 A. It -- I -- I would -- I -- I
8 suspect, just looking at the data, is that the
9 "Complaint_Diagnosis" and the "Diagnosis_Code_
10 1" are the same, probably. That's what it looks
11 like.

12 It looks like the "Complaint_
13 Diagnosis" just had the extra period contained
14 within the diagnosis code, and the "Diagnosis_
15 Code_1" field just removes that period.

16 Q. So these would be -- both of these
17 would be, then, most consistent with the
18 "Principal" or "Primary Diagnosis" in the data
19 we were just looking at?

20 A. Yes.

21 Q. Okay; thank you.

22 And then AI starting with
23 "Diagnosis_Code_2," "3," "4," "5," all the way
24 going to "10" here, that would be more
25 consistent with the "Secondary 1" through "24"

1 that we looked at in the prior document?

2 A. Yes.

3 Q. And can you tell me when you -- when
4 you did your data extractions for these, is it
5 true that you pulled any of the ICD-9 codes as
6 they appeared in any "Diagnosis" column?

7 If they -- if one of the ICD-9 or
8 -10 codes appeared in any "Diagnosis" column,
9 you extracted that data; you included that data?

10 A. Yes.

11 Q. Okay. I'm going to show you the
12 tab -- the "NonInstitutional TEDNI" tab for Ms.
13 Tukes, and I'm going to scroll over, and we're
14 going to add up the amount the government paid
15 in your data sheet in Column AK.

16 And it appears to be 139,000 --
17 excuse me -- \$13,986.53.

18 Do you see that?

19 A. I do see that.

20 Q. Do you see that there are -- there
21 is evidence of other health insurance that paid
22 on these claims in Column AL?

23 A. I see there -- on this current field
24 there are three rows that indicate other health
25 insurance.

1 Q. Are you able to tell from your data
2 extraction what insurance that might have been?

3 A. That information is not on -- in our
4 data.

5 Q. All right. I also see that there's
6 an amount applied towards deductible here.

7 Do you understand the implication
8 for that column as it relates to the
9 Plaintiff, --

10 MR. ORTIZ: Object to
11 form.

12 BY MS. WALLACE:

13 Q. -- the patient?

14 A. I understand that the amount that
15 the patient paid in this particular instance was
16 counted towards their -- the annual deductible
17 limits.

18 Q. So that amount indicates a patient
19 payment under Column AM, true?

20 A. That -- that amount could -- could
21 you scroll to the right just a little bit?

22 Q. Yes, yes, (complying.) Tell me --

23 A. Just a little bit more, please.

24 Q. To the right?

25 A. Yes.

1 Q. (Complying.) Absolutely. Did I go
2 too far?

3 There; (complying.)

4 A. Yes. So my understanding of the
5 amount applied towards the deductible is that
6 the amount that the beneficiary paid out of
7 pocket was counted towards their deductible
8 limits. That's my understanding.

9 Q. Thank you.

10 What about "Amount Patient Pay" in
11 Column AN? What does that represent?

12 A. I cannot repeat the description that
13 we read earlier, but I -- I remember that we
14 read a description about this specific field
15 earlier.

16 Q. All right. So the data that you
17 pulled, we saw on that top -- that column of
18 patient payments, it looks like she paid
19 \$1,443.34 for these same dates of service?

20 A. It looks like the -- the amounts
21 that you -- the rows that you selected sum up to
22 that 1,443.

23 Q. Okay. For the record, I selected
24 all the -- all of Column AN and summed it. Do
25 you agree with me?

1 I selected the "Amount Patient Pay"
2 in -- in its entirety, and it equals \$1,443.34.

3 A. Yes. However, I do not exactly
4 recall word to word what that definition of this
5 particular field was from earlier today.

6 Q. I understand.

7 And then how do you distinguish the
8 "Patient Cost Share"? Do you know -- do you
9 remember what the AO column sig -- signifies?

10 A. Yes. It is my understanding that
11 the "Patient Cost Share" is specifically the
12 amount that the patient pays out of pocket --

13 Q. All right.

14 A. -- as a cost share.

15 Q. As a cost share?

16 A. Yes.

17 Q. And do you know whether that
18 includes deductibles or other copays or
19 premiums?

20 A. I know it does not include premiums,
21 and I believe that it does not include
22 deductibles, but I would have to double-check
23 that. I believe it's purely the cost share
24 portion of the current bill.

25 Q. "Cost share" meaning, just like with

1 regular insurance, it would be "Your insurance
2 paid X dollars; you owe X dollars"?

3 A. Right. Because it's my
4 understanding that when -- there's a specific
5 deductible amount that needs to be met before
6 insurance payments kick in, and that deductible
7 amount, the concept of it is different from the
8 concept of cost share, which indicates something
9 else.

10 Q. Got it.

11 And that amount of this column,
12 "Patient Cost Share" totals \$1,083?

13 A. Yes.

14 Q. Okay. Now in this example of Ms.
15 Tukes' "NonInstitutional" data that you included
16 in your extraction, do you see that there are a
17 number of "Primary Diagnoses" that are -- are
18 not the ICD-9 and -10 codes provided to you by
19 your supervisor, such as "Essential (Primary)
20 Hypertension," and "Chronic Kidney Disease," and
21 "M810," which is an osteoporosis ICD-9 and -10
22 code?

23 Do you see that not all of these are
24 for -- related to -- to the one -- the codes
25 that were provided to you by your supervisor?

1 MR. ORTIZ: Object to
2 form; object to form.

3 A. Yes.

4 BY MS. WALLACE:

5 Q. Okay. And I want to ask you for Ms.
6 Tukes before we look at any records, did -- did
7 you perform any analyses to directly relate
8 these dates of service specifically to Ms.
9 Tukes' kidney cancer?

10 MR. ORTIZ: Objection.

11 A. I -- I feel like we've discussed
12 this already, so I will just defer to the
13 replies that I've given before.

14 BY MS. WALLACE:

15 Q. We haven't discussed it with regard
16 to Ms. Tukes specifically, though, right?

17 A. Right. To -- the same replies that
18 I gave for the previous beneficiaries apply for
19 Ms. Tukes.

20 Q. And for -- for all the beneficiaries
21 that you did?

22 A. Yes.

23 Q. All right. So -- so the answer is
24 no, you didn't do anything to independently
25 verify that these dates of service were directly

1 connected to her kidney cancer?

2 MR. ORTIZ: Objection.

3 Ms. Zakaryan, you can
4 answer.

5 A. I have not line by line gone through
6 every one of these encounters and identified
7 that, yes.

8 BY MS. WALLACE:

9 Q. Do you -- similar to your testimony
10 for Mr. Fiolek, you're -- you have not done a
11 data extraction where the leukemia IC -- I'm
12 sorry; excuse me -- where the kidney cancer
13 ICD-9 and -10 codes only were pulled in the
14 primary field?

15 You don't know how much TRICARE
16 might have paid under that scenario, is that
17 true?

18 MR. ORTIZ: Objection;
19 asked and answered.

20 A. I have not done that analysis.

21 BY MS. WALLACE:

22 Q. And you -- you haven't been asked to
23 do that analysis by your supervisor, either,
24 right?

25 A. Right.

1 Q. Okay. If the economist -- you
2 haven't had any conversations with an economist
3 that the DOJ hired, correct?

4 A. I have not.

5 Q. And so has anyone sent you any
6 questions from the economist to answer any
7 questions that he or she may have needed
8 answering with regard to your data?

9 MR. ORTIZ: Objection.

10 A. No.

11 BY MS. WALLACE:

12 Q. Did you do any comparisons with any
13 other agencies that may have paid for health
14 benefits for these Plaintiffs prior to producing
15 your Excel sheet?

16 MR. ORTIZ: Objection;

17 asked and answered.

18 A. I do not have access to any other
19 sources.

20 BY MS. WALLACE:

21 Q. Okay. Let me change -- let me
22 modify my question. I feel like it was not
23 clearly worded.

24 Have you had -- with regard to these
25 particular six Plaintiffs who may -- may have

1 received other governmental care through other
2 agencies such as the VA's Community Care Network
3 Program or the VHA, like Veterans Care.

4 Have you had any conversations or
5 correspondence about these Plaintiffs with other
6 governmental agencies regarding the care
7 provided?

8 A. I do not have access to or any point
9 of contact in any other agencies to be able to
10 have a conversation or obtain such information.

11 Q. Okay. So you're -- TRICARE data was
12 pulled without any knowledge as to what may have
13 been pulled by other agencies for the same
14 Plaintiffs?

15 A. The TRICARE data was pulled to
16 represent the TRICARE portion. I have no
17 knowledge what other agencies -- what type of
18 work other agencies performed.

19 (Exhibit 11 marked for identification.)

20 BY MS. WALLACE:

21 Q. Okay. I am going to put in the
22 Chat -- we've gone over Mr. Fiolek, Mr. Hill,
23 Ms. Davis -- Mr. Davis, Ms. Tukes.

24 MS. WALLACE: And I
25 think that leaves us with David

1 Downs, which is CLJA underscore,
2 TRICARE underscore, eight zeros,
3 11.xlsx.

4 I'm going to upload -- this
5 is --

6 MR. ORTIZ: What
7 exhibit?

8 MS. WALLACE: It's
9 marked as Exhibit 11.

10 MR. ORTIZ: Okay.

11 MS. WALLACE: And it's
12 in the -- Exhibit 1 has the index
13 of sorts for these exhibits,
14 which I hope to be helpful to
15 everybody, and especially the
16 court reporter.

17 BY MS. WALLACE:

18 Q. But I'm going to share Exhibit 11.
19 Do you recognize this exhibit as
20 relating to David Downs in Column A?

21 A. Yes.

22 Q. And so that we don't spend time
23 repeating ourselves, I went to the column
24 "NonInstitutional" tab, and I'm going to look at
25 amount -- we're going to quantify the "Amount

1 Paid by Government" in Column AK, and it totals
2 \$1,456.92.

3 A. Yes, I see that.

4 Q. Do you know how much of that total
5 relates to his kidney cancer without -- directly
6 to his kidney cancer without further analysis?

7 MR. ORTIZ: Objection.

8 A. I -- I cannot answer that question.
9 Could you rephrase that?

10 BY MS. WALLACE:

11 Q. Do you know how much of that is
12 directly related to his kidney cancer diagnosis?

13 MR. ORTIZ: Objection.

14 A. If you're referring to the
15 conversations we had previously regarding the
16 presence of primary -- of those codes in the
17 "Primary Diagnosis" codes, I do not have that
18 data available.

19 BY MS. WALLACE:

20 Q. Okay. So as we sit here today,
21 you're not able to tell us with certainty how
22 much of that -- those payments is related
23 directly to his kidney cancer?

24 MR. ORTIZ: Objection.

25 A. I cannot answer that question at

1 this point.

2 BY MS. WALLACE:

3 Q. Okay. And I noticed that also in
4 the "Principal Diagnoses" Column AR, there
5 are -- there are included diagnoses that are not
6 related to the ICD-9 and -10 codes that were
7 identified for you by your supervisor and by the
8 DOJ, such as "Anemia," "Fatigue."

9 Do you see that? And a "Benign
10 Prostate," ICD-9 and -10 code N401, and also
11 "Amnesia" coding.

12 Do you see those?

13 MR. ORTIZ: Objection.

14 A. I do see those.

15 BY MS. WALLACE:

16 Q. Okay. And there's "Ischemia"
17 included, "Constipation."

18 Do you have -- you've not reviewed
19 any medical records associated with this data
20 extraction, correct?

21 A. I do not have access to medical
22 records.

23 Q. Okay. Can you say with any
24 certainty whether the ICD-9 and -10 codes in the
25 "Principal Diagnosis," whether those dates of

1 service are related or not related to his kidney
2 cancer?

3 MR. ORTIZ: Objection.

4 BY MS. WALLACE:

5 Q. Did you answer, Ms. Zakaryan? I'm
6 sorry if I missed it.

7 A. No, that's okay. Could you repeat
8 the question, please?

9 MS. WALLACE: Oh, I'd
10 love for Tommi to help me again.

11 THE COURT REPORTER:
12 Okay. I'd be glad to.

13 MS. WALLACE: Thank
14 you, Tommi.

15 (Previous record read.)

16 A. The records that I extracted based
17 on the filtering I believe have relevance
18 towards the conditions provided to me by my
19 supervisor.

20 BY MS. WALLACE:

21 Q. Okay. And my question had to do, I
22 believe, with "related."

23 MR. ORTIZ: Objection.

24 And I don't believe there's a
25 question in there.

1 MS. WALLACE: Will
2 you -- Tommi, will you repeat my
3 question one more time, please?
4 I'm so sorry. The original
5 question.

6 (Previous record read.)

7 A. So -- so the records have relevance
8 the way they were pulled towards the kidney
9 cancer of this par -- or comorbid condition of
10 this particular beneficiary.

11 BY MS. WALLACE:

12 Q. They had relevance as a comorbid
13 condition, but -- but were not necessarily --
14 the kidney cancer was not necessarily the reason
15 for the visit or what was treated?

16 MR. ORTIZ: Object to
17 form.

18 A. That appears to be the case.

19 BY MS. WALLACE:

20 Q. Okay; all right.

21 As a part of your role as a data
22 analyst, have you been made -- do you -- do you
23 under -- do you know who the auditing body of
24 TRICARE is from -- from a governmental
25 standpoint, like, who was responsible for

1 auditing the expenses spent by TRICARE?

2 Do you have knowledge of that? If I
3 were to tell you that it's the GAO, do you know
4 what that office is?

5 MR. ORTIZ: Object to
6 form.

7 A. I have a peripheral understanding.
8 I -- I have very limited knowledge of -- of --
9 of that entity and how it relates to auditing of
10 the expenses.

11 BY MS. WALLACE:

12 Q. Can you tell me what you understand
13 about it.

14 A. My understanding is that at times --
15 and the reason I say "at times" is because I was
16 aware of a conversation that I believe GAO had
17 requested or had sent certain questions
18 regarding the expenses that got paid out, and
19 there were meetings to -- to address their
20 questions.

21 However, my -- I -- I was -- my
22 involvement in these meetings and conversations
23 was limited.

24 Q. What is the GAO, to the extent that
25 you know?

1 A. I -- it -- it gives me to provide
2 the -- a full explanation.

3 So it's -- I -- I wouldn't able to
4 tell you what it stands for, but my
5 understanding is that it's an entity that
6 performs auditing.

7 Q. Does Governmental Accountability
8 Office ring a bell?

9 A. It does ring a bell.

10 Q. And you testified earlier that
11 you've been working with the DOJ since
12 approximately -- was it the 2013/2014 timeframe?

13 A. 2014. And I'd actually like to
14 rephrase one thing that I just said a little bit
15 ago, --

16 Q. Okay.

17 A. -- if it's permitted.

18 Q. Sure.

19 A. Okay. The entity that I was
20 referring to in -- in the conversations was the
21 Office of Inspector General.

22 Q. Okay.

23 A. I got confused, so my apologies.

24 Q. So there are actually two entities
25 that govern TRICARE from an auditing

1 perspective. One would be the Office of the
2 Inspector General. And are you aware that the
3 GAO also is a governing agency of TRICARE
4 through the DOD?

5 A. I could assume that it is, but I
6 have no direct knowledge.

7 (Exhibit 23 marked for identification.)

8 BY MS. WALLACE:

9 Q. Okay. I'm going to put in the Chat
10 an exhibit. I'm going to open it for you, as
11 well.

12 Do you recognize the logo for the
13 United States Government Accountability Office?

14 A. So I've never seen their logo
15 before, so I don't recognize it, per se, because
16 I've never seen it before.

17 Q. Okay. Have you seen this document
18 before? This is a 20 -- February 2015 "Report
19 to Congressional Committee" document issued by
20 the GAO, which is the United States Government
21 Accountability Office, and the title is
22 "Improper Payments. TRICARE Measurement and
23 Reduction Efforts Could Benefit from Adopting
24 Medical Record Reviews."

25 Do you see that?

1 A. I see the title of the document, but
2 I've never seen this document before, and I have
3 no knowledge of this document's existence.

4 Q. Do you have any knowledge of the
5 guidance that was given to TRICARE within this
6 document as it relates to how TRICARE's
7 measurement and reduction efforts could benefit
8 from adopting medical records reviews?

9 MR. ORTIZ: Object to
10 form and foundation. If there's
11 something specific in the
12 document you want to ask her
13 about, I'd just ask that you
14 direct her to it.

15 BY MS. WALLACE:

16 Q. Okay. My question was generally,
17 and let me repeat it: Do you have any
18 understanding -- have you ever been told in your
19 role as a data analyst that a governmental
20 agency had issued a report indicating that
21 TRICARE measurement and reduction areas --
22 efforts could benefit from adopting medical
23 record reviews?

24 MR. ORTIZ: Same
25 objection.

1 BY MS. WALLACE:

2 Q. So regardless -- my question is
3 regardless whether you've seen the document.
4 Are you aware of the guidance coming from the
5 document in your role?

6 MR. ORTIZ: Same
7 objection.

8 BY MS. WALLACE:

9 Q. Would you like for me to show you
10 some of the content to -- to help answer that
11 question?

12 A. I have no knowledge of this document
13 or the contents of this document.

14 Q. Okay. Let's look at --

15 THE COURT REPORTER:
16 Excuse me, Counsel. What exhibit
17 number was this?

18 MS. WALLACE: I
19 haven't num -- numbered it. I
20 will defer to your guidance on
21 the number, although I'm
22 thinking about numbering it 23.

23 THE COURT REPORTER:
24 I'm okay with 23.

25 MS. WALLACE: Okay;

1 thank you.

2 MR. ORTIZ: I think
3 the last -- the highest one I
4 heard was 22, so...

5 MS. WALLACE: Okay;
6 that works.

7 And I'm sorry about my -- I
8 wanted to pre-number exhibits,
9 not to confuse everyone, but just
10 to save time. So I'm sorry if
11 that's been confusing to
12 everybody.

13 MR. ORTIZ:
14 Understood.

15 MS. WALLACE: Okay.

16 BY MS. WALLACE:

17 Q. All right. In the left-hand column,
18 I'm going to read just a small paragraph. "Why
19 GAO Did This Study. Improper payments
20 payments that were made in an incorrect amount
21 or should not have been made at all are a
22 contributor to excess healthcare costs.

23 "For programs identified as
24 susceptible to significant improper payments,
25 federal agencies are required to annually report

1 estimates of improper payments, their root
2 causes, and corrective actions to address them.

3 "In fiscal year 2013, DOD spent
4 about \$21 billion for TRICARE and estimated
5 improper payments of \$68 million, or an error
6 rate of 0.3 percent.

7 "That year, HHS estimated that 36
8 billion, or 10.1 percent, of the total 357
9 billion in Medicare payments were improper.

10 "GAO was mandated to examine
11 improper payments in TRICARE and Medicare. This
12 report addresses (1) TRICARE and Medicare
13 improper payment measurement comparability; and
14 (2) the extent to which each program identifies
15 root causes of, and develops corrective actions
16 to address, improper payments."

17 Do you see that paragraph?

18 A. I do see, yes.

19 Q. And can you read for me the summary?
20 This is from the very first page under "What GAO
21 Recommends," if you can see it. And I'm happy
22 to zoom in if it's too hard.

23 Here, how's that, (indicating)?

24 A. That works.

25 "DOD should implement more

1 comprehensive TRICARE improper payment
2 measurement methods that include medical record
3 reviews, and develop more robust corrective
4 action plans.

5 "DOD concurred with GAO's
6 recommendations and identified steps" the --
7 "the department will need to take for
8 implementation. HHS had no comments on the
9 report."

10 Q. In your role with the DOD and DHA,
11 do you have any knowledge of any changes to your
12 protocol that involves medical record reviews?

13 MR. ORTIZ: Objection.

14 A. In my role, I have no knowledge,
15 because my role is limited.

16 MR. ORTIZ: I'm just
17 going to have a standing
18 objection to this line of
19 questioning of this witness.

20 BY MS. WALLACE:

21 Q. Will you read -- I'm going to read
22 you one more paragraph, and then we'll move to a
23 different exhibit, okay, Ms. Zakaryan?

24 This is on Page 14, and it's under
25 the heading "TRICARE Improper Payment

1 Measurement Methodology Was Less Comprehensive
2 than Medicare's, Which Led to Improper Payment
3 Rates That Were Not Comparable."

4 And that paragraph says "DHA's
5 approach to measuring improper payments in
6 TRICARE was less comprehensive than that used by
7 CMS for Medicare.

8 "Both methodologies evaluate a
9 sample of healthcare claims paid or denied by
10 the contractors that process the program claims.

11 "However, while CMS's methodology
12 examined underlying patient medical records
13 supporting each of the sampled" claim --
14 "claims, DHA did not evaluate comparable medical
15 record documentation to discern whether each
16 payment was supported."

17 Do you -- did I read that correctly?

18 A. I believe so.

19 Q. In -- in your role as a data analyst
20 for DHA, have you been made aware of this
21 recommendation by GAO or criticism of TRICARE by
22 GAO as it relates to this type of processing?

23 MR. ORTIZ: Objection.

24 A. I have no knowledge of this document
25 or the contents of the document.

1 BY MS. WALLACE:

2 Q. Okay. And that wasn't my question,
3 if you don't mind.

4 My question is have you -- are you
5 aware of any changes or implementation of
6 different protocol that has occurred as a result
7 of this criticism by the GAO?

8 MR. ORTIZ: Same
9 objection.

10 A. Me personally, I have no knowledge
11 of that.

12 BY MS. WALLACE:

13 Q. Do you know within TRICARE who --
14 who would take a report like this and be
15 responsible for making any changes to TRICARE's
16 methodology?

17 MR. ORTIZ: Objection.

18 A. I have no knowledge.

19 MR. ORTIZ: Whitney,
20 we've been going about an hour.
21 Is this a good point for a break?

22 MS. WALLACE: It's a
23 good point.

24 MR. ORTIZ: Okay.

25 THE VIDEOGRAPHER: The

1 time right now is 1:36 p.m.

2 We're off the record.

3 (Recess held, 1:36 p.m. to 1:55 p.m.)

4 THE VIDEOGRAPHER: The

5 time right now is 1:55 p.m.

6 We're back on the record.

7 BY MS. WALLACE:

8 Q. Okay. Ms. Zakaryan, I'm hoping this
9 is our last hour together, or last -- so hang
10 with me.

11 Before the break we were talking
12 about GAO, and you, I believe, testified that
13 you are not familiar with the -- the GAO's
14 criticism regarding improper TRICARE billings
15 that I put on the screen from 2015, correct?

16 A. I am not familiar, like I said, with
17 the document, or what's contained within the
18 document.

19 (Exhibit 24 marked for identification.)

20 BY MS. WALLACE:

21 Q. Right.

22 I'm going to include Exhibit 24, and
23 I'm going to put that on the screen for you.

24 Do you know a Senator named -- are
25 you familiar with Chuck Grassley, the Ranking

1 Member of the Committee on the Budget; Senate
2 committee?

3 MR. ORTIZ: Objection.

4 A. I'm not really, no.

5 BY MS. WALLACE:

6 Q. All right. Exhibit 24, I will
7 represent to you, is a letter from Senator Chuck
8 Grassley from the Budget Committee to the
9 Secretary, Department of Defense.

10 Are you familiar with Lloyd Austin?

11 MR. ORTIZ: Objection.

12 A. Yes.

13 BY MS. WALLACE:

14 Q. What do you know about Lloyd Austin
15 as it relates to your role with TRICARE?

16 MR. ORTIZ: Objection.

17 A. I'm aware that Lloyd Austin was the
18 Secretary of Defense in the past.

19 BY MS. WALLACE:

20 Q. All right. And this appears to be a
21 letter to Secretary Austin from the Senator, and
22 I'm just going to read the first paragraph to
23 you.

24 Again, -- or, first, have you ever
25 seen this letter?

1 A. I have not.

2 Q. Okay. I'll read "Dear Secretary
3 Austin: The Defense Health Agency (DHA) is
4 responsible for providing medical services to
5 the Army, Navy, and Air Force to ensure our
6 armed forces are medically ready during both
7 peacetime and wartime.

8 "Among other responsibilities, DHA
9 manages the \$18.5 billion budgeted for DOD's
10 health plan, TRICARE.

11 "TRICARE is responsible for
12 delivering healthcare to 9.6 million
13 beneficiaries through a network of military
14 hospitals, clinics, and civilian providers."

15 Did I read that correctly?

16 A. I believe so.

17 Q. And then Senator Grassley in the
18 second paragraph says "The Government
19 Accountability Office (GAO)" -- and I'm sorry, I
20 did want to get the date of this letter on the
21 record. This is March 22nd, 2024.

22 And I'll read the second paragraph:
23 "The Government Accountability Office published
24 a report in February of 2015 titled, "Improper
25 Payments," colon, "TRICARE Measurement and

1 Reduction Efforts Could Benefit from Adopting
2 Medical Record Reviews."

3 Does that sound like a description
4 of the document we just reviewed, Ms. Zakaryan?

5 MR. ORTIZ: Object to
6 form.

7 A. I do not recall word for word what
8 the title of the previous document was.

9 BY MS. WALLACE:

10 Q. If I represent to you it's the same
11 title, would you agree with me that he seems to
12 be referencing the document we just reviewed?

13 MR. ORTIZ: Object to
14 foundation.

15 A. Okay.

16 BY MS. WALLACE:

17 Q. And the same date?

18 A. Okay.

19 Q. And so in the last sentence of that
20 paragraph it says "The GAO made two priority
21 recommendations in that report, both of which
22 remain open."

23 And then the sentence above that
24 says "Part of that report found that, '[b]y not
25 examining medical record documentation to

1 discern if payments [to providers or enrollees]
2 are proper, TRICARE's reported improper payment
3 estimates are not comparable to Medicare's
4 estimates, and likely understate the amount of
5 improper payments relative to the estimates
6 produced by Medicare's more comprehensive
7 methodology.' "

8 And the next paragraph says "GAO's
9 first open recommendation states that, 'to
10 better assess and address the full extent of
11 improper payments in the TRICARE program, the
12 Secretary of Defense should direct the
13 Assistant" Direct -- "Secretary of Defense
14 (Health Affairs) to implement a more
15 comprehensive TRICARE improper payment
16 measurement methodology that includes medical
17 records reviews, as done in other parts of its
18 existing post-payment claims review programs."

19 Do you see that?

20 A. I do see that.

21 MR. ORTIZ: And -- and
22 I'm just going to break in and
23 continue my standing objection
24 to this entire line of
25 questioning.

1 It's y'all's deposition,
2 but this is pretty far afield.
3 So y'all can continue, but just
4 wanted to note that.

5 MS. WALLACE: Thank
6 you.

7 BY MS. WALLACE:

8 Q. So this letter seems -- it says in
9 paragraph -- the paragraph on the screen that
10 starts with "Almost."

11 "Almost ten years ago, in its 2015
12 report, GAO stated that, '[w]ithout taking
13 corrective action, DHA cannot effectively take
14 steps to address practices that contribute to
15 improper payments and excess spending,'" end
16 quote.

17 "It is imperative that DHA use
18 comprehensive oversight methods to detect,
19 deter, and eliminate improper TRICARE payments."

20 And then there's a series of
21 questions that you see in the letter that the
22 Senator poses to the Secretary of the DOD.

23 Do you see that?

24 MR. ORTIZ: Object to
25 form.

1 BY MS. WALLACE:

2 Q. It says "For Congress to better
3 understand DOD's progress in satisfying these
4 open recommendations and to detect, deter, and
5 eliminate waste, please provide answers to the
6 following by April 5th, 2024."

7 Do you recall being queried or
8 involved in addressing answers to these
9 questions in your role, Ms. Zakaryan, as
10 Operations Research Analyst?

11 MR. ORTIZ: Objection.

12 A. I don't recall.

13 BY MS. WALLACE:

14 Q. And do you recall performing any
15 queries or data or coding or data analyses as a
16 part of your regular job duties consistent with
17 the recommendations of the GAO or a request from
18 the GAO that you've seen in these two documents?

19 MR. ORTIZ: Object to
20 form.

21 A. Could you repeat that question,
22 please?

23 BY MS. WALLACE:

24 Q. Yes.

25 MS. WALLACE: Ms.

1 Gray, will you help me again,
2 please?

3 THE COURT REPORTER:

4 Yes.

5 (Previous record read.)

6 A. It's a difficult question for me to
7 answer because I'm not really familiar with
8 these two documents very well, or at all.

9 BY MS. WALLACE:

10 Q. Okay. And I was talking more about
11 the content of the -- of the document.

12 Do you -- do you have any
13 recollection of being involved in working to
14 take corrective action regarding the GAO's
15 recommendations in your role as an Operations
16 Research Analyst with the DOD?

17 MR. ORTIZ: Objection.

18 A. I am not entirely sure just for the
19 first time seeing this document how my role
20 would cross into these recommendations.

21 It's -- it's -- it's not something
22 that I can answer right now.

23 BY MS. WALLACE:

24 Q. I understand.

25 But you can -- I think you have

1 testified that you're not aware of any changes
2 to TRICARE's methodologies that involve
3 signifi -- any significant changes regarding
4 medical record reviews, is that true?

5 MR. ORTIZ: Object to
6 form and move to strike.

7 BY MS. WALLACE:

8 Q. Did you testify earlier that you
9 weren't aware of any significant changes to
10 TRICARE methodology involving medical record
11 reviews to avoid improper TRICARE billing?

12 MR. ORTIZ: Same
13 objections.

14 You can answer.

15 A. I do not recall what I said before.
16 Maybe -- I don't know if there's a way to go
17 back and retrieve what I said.

18 BY MS. WALLACE:

19 Q. Can you answer that same question
20 now?

21 A. And the question is? I apologize.
22 Could you repeat, please?

23 BY MS. WALLACE:

24 Q. Yes, I'll try.

25 Are you aware of any significant

1 changes to the TRICARE methodologies regarding
2 reviewing of medical records as it relates to
3 eliminating improper payments paid under the
4 TRICARE program?

5 MR. ORTIZ: Same
6 objections.

7 A. I'm not part of the group that does
8 review for improper payments, so I cannot really
9 speak for them.

10 BY MS. WALLACE:

11 Q. What group is that?

12 A. I would assume that it's the
13 Improper Payments Group, probably.

14 Q. Do they have a -- a name? Like you
15 were in the Office of Data Analytics --
16 Analytics and Evaluation Division.

17 Do they have an official office?

18 A. I -- I can't remember off the top of
19 my head.

20 Q. In your role as an Operations
21 Research Analyst, do you have to stay apprised
22 of any changes to the TRICARE Program Manual?

23 MR. ORTIZ: Object to
24 foundation.

25 You can answer.

1 A. Not -- it's a "yes" or "no." Not
2 necessarily, is that answer.

3 BY MS. WALLACE:

4 Q. When you're asked to pull coding and
5 analytics, is that -- has that ever been related
6 to evaluating potential policy changes to the
7 program?

8 A. It -- it may have potentially.

9 Q. Are you aware that the TRICARE
10 Policy Manual frequently changes based on data
11 analytics?

12 MR. ORTIZ: Objection.

13 A. I -- that's a bit of a vague
14 question, and I -- I'm not aware how frequently
15 or what type of data analytics are the bases for
16 changes to that policy manual.

17 BY MS. WALLACE:

18 Q. I understand.

19 Are you familiar with the TRICARE
20 Policy Manual?

21 A. I am aware of the existence of a
22 TRICARE Policy Manual.

23 Q. Do you regularly review that in your
24 role?

25 A. I do not regularly review that in my

1 role.

2 Q. Are you aware that there have been
3 updated versions of the TRICARE Policy Manual
4 over time that you had to review?

5 A. I'm aware that that manual gets
6 updated over time.

7 Q. Have you ever seen the electronic
8 website version of the manual where you can
9 actually see markups and changes to the TRICARE
10 Policy Manual and the regulations over time?

11 A. Yes.

12 Q. You've seen that document, right, or
13 that electronic document?

14 A. I have seen it in the past. I'm
15 aware of its existence.

16 Q. And so the TRICARE program and how
17 it's administered is not a -- a set-in-stone
18 program; it's subject to changes and -- in its
19 application, would you agree with me?

20 MR. ORTIZ: Objection.

21 A. I cannot speak to the Policy and
22 the -- the logic and the logistics of -- of it.

23 BY MS. WALLACE:

24 Q. But you do know it's changed, even
25 since you've been at TRICARE, is that true?

1 A. I understand that the program has
2 gone through changes.

3 Q. Do you know how TRICARE is funded,
4 and whether that funding is discretionary from
5 the government?

6 MR. ORTIZ: Objection.

7 A. I cannot speak to the details of any
8 of that.

9 BY MS. WALLACE:

10 Q. I understand.

11 Do you know whether covered
12 services -- which services are covered under the
13 TRICARE program have changed over time?

14 Is that something that you would
15 know in your expertise, in your field?

16 A. I have an understanding that
17 services and the coverage of those services
18 changes over time; however, that is a very broad
19 space, and I cannot speak to that without having
20 a point of reference and getting --

21 Q. Do you know -- do you know who at
22 TRICARE would be most up to date on policy
23 changes affecting coverage issues for TRICARE?

24 MR. ORTIZ: Objection.

25 You can answer.

1 THE WITNESS: I'm
2 thinking.

3 MR. ORTIZ: No
4 worries.

5 A. I am -- I believe there is a group
6 called Members and Reimbursements, or
7 potentially a group called TRICARE Health Plans,
8 but I'm not completely sure of this.

9 BY MS. WALLACE:

10 Q. And they would be in the best
11 position to discuss changes that have occurred
12 to TRICARE in the past, and the likelihood of
13 changes made to the program and its
14 administration in the future?

15 MR. ORTIZ: Object to
16 form.

17 A. I cannot speak for them, so...
18 It -- it was a guess on my part, but I -- I do
19 not know what exactly they can or cannot
20 discuss.

21 BY MS. WALLACE:

22 Q. Were you involved at all in denials
23 of coverage to TRICARE beneficiaries?

24 A. Could you define what you mean by
25 "involved in the denials."

1 Q. Are you -- do you do data
2 extractions for your -- for TRICARE involving a
3 percentage of claims that are denied, like, in
4 auditing of denied claims?

5 A. I'm not.

6 Q. Are you aware that claims are denied
7 under the TRICARE program?

8 A. Yes.

9 Q. And do you -- do you happen to know
10 the rate of denial, or no?

11 A. I do not.

12 Q. Do you know the reasons -- or some
13 of the reasons? Would you be able to articulate
14 any reasons for denials of payments under the
15 TRICARE program?

16 A. Without looking at the data, I -- it
17 would be difficult for me to articulate that;
18 however, as an example, a denial code could be,
19 let's say, "Beneficiary is not eligible," for
20 example.

21 Q. Okay. And I guess, what about an
22 example for -- if coverage was denied --

23 MR. ORTIZ: Object to
24 form.

25 BY MS. WALLACE:

1 Q. -- for a particular service? Have
2 you seen that happen?

3 A. Could you repeat that question,
4 please?

5 Q. Yes. In -- in your line of work
6 with TRICARE, have you seen a denial for a
7 particular service being denied to an enrollee?

8 A. I believe so.

9 Q. Do you have -- do you yourself have
10 any personal interaction with your contractors,
11 such as TriWest and Humana and Health Net?

12 MR. ORTIZ: Object to
13 form.

14 A. No.

15 BY MS. WALLACE:

16 Q. Do you have any knowledge or have
17 you reviewed any GAO or OIG reports relating to
18 criticisms of those contractors as it relates to
19 the TriWest administration?

20 MR. ORTIZ: Objection.

21 A. No.

22 BY MS. WALLACE:

23 Q. But you're required to keep up with
24 that type of auditing in your line of work as an
25 Operations Research Analyst?

1 A. That is correct.

2 Q. Okay. The economist reports that
3 have been issued by the DOJ, have you ever --
4 for the six claimants that you pulled data for,
5 have you ever seen those economist reports?

6 A. Could you explain, what reports are
7 you referring to?

8 (Exhibit 19 marked for identification.)

9 BY MS. WALLACE:

10 Q. I will show you one.

11 I'm going to upload into the Chat
12 what's been previously marked as Exhibit 19.

13 And Ms. Zakaryan, I understand that
14 you have an economics background. You have a
15 B.S. in Economics?

16 A. That is correct.

17 Q. Hold on. You-guys might need to
18 give me one second. It's not -- it's been a
19 hundred percent all day, and I'm not able to
20 upload this one. Give me one second.

21 MR. ORTIZ: Do you
22 want to go off the record for a
23 second?

24 MS. WALLACE: Let me
25 try one more time. If not, I'm

1 going to grab my paralegal.

2 Yes, I want to go off the
3 record for one second.

4 Thank you so much.

5 THE VIDEOGRAPHER: The
6 time right now is 2:18 p.m.

7 We're off the record.

8 (Recess held, 2:18 p.m. to 2:22 p.m.)

9 THE VIDEOGRAPHER: The
10 time right now is 2:22 p.m.

11 We're back on the record.

12 BY MS. WALLACE:

13 Q. Ms. Zakaryan, when we were off the
14 record, I determined that I have exceeded my
15 amount of uploads for this Zoom message, and
16 Defense counsel has kindly allowed me to share
17 Exhibit 19 on the screen with you, and I'm going
18 to provide it to the court reporter
19 subsequently, okay?

20 A. Okay.

21 Q. All right. I'm showing you what has
22 previously been marked as Exhibit 19.

23 Have you ever seen this document
24 before? It says "Expert Report of Dubravka
25 Tomic, Ph.D., Estimated Loss [sic] and Potential

1 Offsets of Mr. Bruce Hill."

2 A. I have not seen this report.

3 Q. And I believe you testified earlier,
4 you've never spoken to Dubravka Tomic?

5 A. I do not know who that person is.

6 Q. Okay. We are going to -- if you
7 look on Page 2 of 51, it's a Table of Contents,
8 and Page 3, you see under Column VII -- Column
9 VII -- or Title VII says "Calculation of The
10 Present Value of Potential Offsets," and E says
11 "TRICARE."

12 Do you agree with me?

13 A. I see that.

14 Q. Okay. We are going to go to -- what
15 page did I say? I've already forgot. 22.

16 And we are on Page 22 of this
17 exhibit under the Column "E. TRICARE."

18 Do you see the?

19 A. I do.

20 Q. And I'll read for you, if -- and you
21 correct me if I say anything wrong, okay?

22 A. Okay.

23 Q. "The Defense Health Agency (DHA), an
24 Agency responsible for overseeing and managing
25 the TRICARE program of the Department of

1 Defense, prepared a memo dated March 18, 2025,
2 which summarizes information on the data sources
3 and the procedures used to identify and extract
4 TRICARE payment data relevant to Mr. Hill," and
5 then in parentheses it says "(and five other
6 Plaintiffs) and his illnesses allegedly related
7 to exposure to contaminated water at Camp
8 Lejeune.

9 "The data the DHA extracted for Mr.
10 Hill is provided in an Excel spreadsheet. This
11 spreadsheet summarizes the amount of money
12 TRICARE has paid for Mr. Hill s healthcare
13 related to his leukemia diagnosis.

14 "Included in the spreadsheet is a
15 list of transactions for Mr. Hill found in the
16 TRICARE Encounter Data (TED) for Institutional
17 (TEDI) and NonInstitutional (TEDNI) healthcare
18 providers.

19 "The spreadsheet shows no
20 transactions related to TEDI care, and 107
21 transactions for TEDNI related to Mr. Hill's
22 medical care between September 29, 2004 and
23 September 9th, 2021 and with one of the primary
24 diagnostic codes associated with leukemia.

25 "Based on the spreadsheet, the total

1 amount of money TRICARE paid for Mr. Hill's
2 healthcare provided at purchased sector care
3 institutional facilities (TEDI) equals zero
4 dollars.

5 "The total amount of money TRICARE
6 paid for Mr. Hill's healthcare provided by
7 purchased care sector noninstitutional providers
8 (TEDNI) equals \$1,253.45," and then it says
9 "(see column AK in the spreadsheet). The DHA
10 memo summarizes these amounts for Mr. Hill as
11 well."

12 And I believe, does this appear that
13 this economist is citing to your cover letter,
14 your summaries, and your data sheets which you
15 prepared for these -- for Mr. Hill?

16 A. It does.

17 Q. Okay. And you do have an economics
18 background?

19 A. I have a Bachelor's in Economics.

20 Q. And so an economist role is to
21 take -- in a situation like this would be to
22 take data provided and to calculate the
23 estimated totals represented in the data. Do
24 you -- is that true?

25 MR. ORTIZ: Object to

1 form.

2 A. I -- I cannot answer that question.
3 I think it's -- I'm -- I don't know what this
4 particular person's role was within this report.

5 BY MS. WALLACE:

6 Q. All right. That's a fair answer.

7 If we're looking at paragraph -- the
8 paragraph I just read to you which is under "E.
9 TRICARE," and he does have this economist Tomic
10 does have a sentence in here "This spreadsheet
11 summarizes the amount of money TRICARE has paid
12 for Mr." Hill -- Mr. "Hill's healthcare related
13 to his leukemia diagnosis."

14 We've talked about the word
15 "related" versus the word "relevant to" today,
16 would you agree with me?

17 A. I would.

18 Q. And so your spreadsheets were not
19 intended to identify healthcare payments made by
20 TRICARE related to the leukemia diagnosis; they
21 were more aptly extracted to identify treatment
22 that -- of -- of which the leukemia diagnosis
23 coexisted, would you agree with me?

24 MR. ORTIZ: Objection.

25 You can answer.

1 A. My spreadsheets contain data that
2 was relevant, yes, to -- to -- to the
3 conditions.

4 BY MS. WALLACE:

5 Q. And "relevant" is not the same as
6 "directly related to" or -- correct?

7 MR. ORTIZ: Ob --
8 object to form.

9 BY MS. WALLACE:

10 Q. Did you answer, Ms. Zakaryan?

11 A. I cannot answer that question
12 because I -- it -- it gets into the semantics of
13 the words.

14 Q. If the economist assumed that your
15 spreadsheet showed care directly related to the
16 leukemia diagnosis, would you agree with me that
17 he misrelied upon the data that you extracted?

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

20 You can answer.

21 A. I could see that.

22 BY MS. WALLACE:

23 Q. Is that a "yes"?

24 A. Yes.

25 Q. And without going through the other

1 economists' reports, if the other -- which we
2 can if anyone would like to.

3 Would you agree with me that to the
4 extent that the other economists' reports rely
5 upon your data extractions to indicate payments
6 made directly related to their Track 1 cancer
7 diagnosis, if those economists interpreted your
8 data in that way, then they likely
9 mischaracterized the data that you provided?

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

12 A. I cannot agree with what you say
13 because I don't know if it's likely or unlikely.
14 I -- I -- I do not have insight into the
15 specifics.

16 BY MS. WALLACE:

17 Q. Let me ask it one more time.

18 So the other -- if the other
19 economists' reports similarly to the one that we
20 just reviewed for Mr. Hill, if they interpreted
21 the data that you provided as 100 percent being
22 related to their Track 1 disease to those ICD-9
23 and -10 codes, do they misrely on the data that
24 you provided; they mischaracterize it?

25 MR. ORTIZ: Same

1 objections.

2 BY MS. WALLACE:

3 Q. Can you answer that question, Ms.
4 Zakaryan?

5 A. I can -- I can see that, yes.

6 Q. Okay.

7 MS. WALLACE: I have
8 no further questions.

9 MR. ORTIZ: I have no
10 questions, Ms. Zakaryan. I just
11 want to thank you very much for
12 your time and patience and
13 sitting through this deposition
14 with us today.

15 It's much appreciated.
16 Thank you, ma'am.

17 MS. WALLACE: Thank
18 you so much, Ms. Zakaryan, for
19 your patience with me.

20 Thank you.

21 THE COURT REPORTER:
22 Mr. Ortiz, do I understand you
23 have a standing order in this
24 matter; is that correct?

25 MR. ORTIZ: I think

1 that's right.

2 MR. ORTIZ: Thank you.

3 THE VIDEOGRAPHER: The
4 time right now is 2:32 p.m.

5 We're off the record.

6 (Deposition concluded at 2:32 p.m.)

7 (Signature/review of transcript
8 not requested.)

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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)

REPORTER'S CERTIFICATE
ORAL AND VIDEOTAPED DEPOSITION
(VIA ZOOM VIDEOCONFERENCING)
OF
DIANA ZAKARYAN
AUGUST 28, 2025

I, TOMMI RUTLEDGE GRAY, TEXAS CSR NO.
1693, Certified Shorthand Reporter, Registered
Professional Reporter, and Certified Realtime
Reporter, certify:

That the foregoing proceedings were taken
remotely before me via Zoom videoconferencing,
at which time the witness was remotely put under
oath by me;

That the testimony of the witness, the
questions propounded, and all objections and
statements made at the time of the examination
were remotely recorded stenographically by me
and were thereafter transcribed;

1 That the foregoing 201 pages are a true
2 and correct transcript of my shorthand notes so
3 taken.

4 I further certify that I am not a relative
5 or employee of any attorney of the parties, nor
6 financially interested in the action.

7 I further certify that before the
8 completion of the deposition, the Deponent,
9 DIANA ZAKARYAN, _____ did ___XX_____ did not
10 request to review the transcript.

11 I declare under penalty of perjury under
12 the laws of Texas that the foregoing is true and
13 correct.

14 Dated this 19th day of September, 2025.

15

16

17

18

19

20



21

TOMMI RUTLEDGE GRAY, CSR, RPR, CRR

22

Texas CSR 1693

Expiration Date: 10/31/2027

23

24

25

&	005 59:20	63:2,16,21	11 7:10 80:11
& 3:4,21	1	64:12,20 65:1	141:19 159:19
0	1 5:18 6:3,4	65:11,15 67:2	160:9,18
0.3 171:6	7:17,17 11:16	67:4 68:4,18	11.xlsx. 160:3
0000000001....	20:10,25 21:11	69:5,14 76:2,5	111 116:20
6:16 118:11	25:6,13 26:23	76:7 89:6,12	112 116:3
0000000003....	40:9 41:20	89:15,19 93:15	117:13
7:4	42:7 60:23	95:13,22 96:5	114 7:15
0000000004....	62:3 70:12,16	97:10,24 98:13	119 114:12
7:6	70:22 72:4	100:4 104:4	11:06 88:13,15
0000000005	73:25 78:1	105:9 112:7	11:59 126:8,10
6:14	95:4 100:15	115:2,11,16	12,111.21
0000000007	109:1 124:17	116:1,4,6	122:21
6:14	128:20 142:4	124:22 127:13	12,115.21 122:2
0000000009....	142:23 143:19	140:21 141:2	123:12
7:8	149:25 150:10	146:15 147:25	12,115.21.
0000000011....	150:15,25	150:24 151:8	122:25
7:11	160:12 171:12	155:18,21	12,511 122:7
0000000528	198:6,22	157:13 162:6	123:10
6:18	1,083 155:12	162:10,24	12,551 123:3
0000000530	1,253 102:21	198:23	120 3:16 7:17
6:19	1,253.45 195:8	10.1 171:8	116:3 140:25
0000001543	1,253.45.	10/31/2027	141:5 142:16
6:21	102:12	202:22	127 3:10
0000001548	1,443 153:22	100 7:5 122:23	12823 202:20
6:22	1,443.34 153:19	198:21	12:31 126:10
0000001582	1,443.34. 154:2	107 194:20	126:12
6:24	1,456.92. 161:2	109 140:25	13 127:13,17,18
0000001583	1.xlsx. 73:19	141:5	13,986.53.
6:25	1.xlsx 126:24	10:03 57:3,5	151:17
00062 6:18,19	10 5:8 7:9,16	10:11 57:5,8	130 6:17,20,23
6:21,22,24,25	47:17 49:23	10:55 88:11,13	139,000 151:16
	50:17 62:19,25	10th 129:22	14 6:24 72:10
			72:20 172:24

<p>148 7:7 14th 129:23 15 74:8 159 7:10 167 7:19 1693 1:24 201:14 202:22 17 129:22 175 7:23 18 6:13 194:1 18.5 177:9 18th 60:17 19 7:12 77:4 191:8,12 192:17,22 1900 81:2 191 7:12 1953 59:21,25 60:12 61:7 62:9 1981 11:16 199 5:10 19th 202:14 1:36 175:1,3 1:55 175:3,5 1st 59:21 61:7 62:9 81:2</p>	<p>130:21 149:25 150:23 171:14 193:7 2,896 118:21 20 6:3 77:12 95:17 167:18 200 5:12 2000 135:1 2004 194:22 201 5:14 202:1 2013 171:3 2013/2014 166:12 2014 40:5,18 41:7 166:13 2015 167:18 175:15 177:24 180:11 2017 6:18,21,24 129:22,22,22 129:23,23,24 133:7 134:20 2018 40:6 202.451.7756 4:10 2021 194:23 2024 7:16,17,17 7:17,25 177:21 181:6 2025 1:15 2:6 6:13 8:2,10 27:25 28:25 59:22 60:16,19 60:24 194:1</p>	<p>201:10 202:14 204 105:9 205 105:9 21 171:4 22 7:15,25 114:24 115:5 170:4 193:15 193:16 22nd 177:21 23 7:19 99:2 167:7 169:22 169:24 24 7:23 95:7,18 96:16 123:23 124:22 142:4 142:23 143:19 150:25 175:19 175:22 176:6 24th 3:22 129:22 25 6:4,6,8,18 252.215.4000 3:17 252.215.4077 3:17 27 6:12 27601 4:10 28 1:15 8:2 201:10 28144 3:5 28403 3:11 28590 3:16 28th 2:6 8:10</p>	<p>29 194:22 2:18 192:6,8 2:22 192:8,10 2:32 2:7 200:4 200:6</p>
			3
			<p>3 5:4 6:12,21 10:19 24:1 27:10,19 35:20 47:22 63:16 95:5 113:4 129:7,11 150:23 193:8 3.xlsx. 99:19 3/25/2017 130:13 30 7:17 3011 3:21 310 4:9 313.800.4170 3:23 31st 129:23 32 146:4 33 7:22 146:4 146:23 357 171:8 36 171:7 3rd 129:21</p>
			4
<p>2 5:21 6:6,8 25:13,13 95:5 100:1 101:5 124:17,21 129:3,11</p>			<p>4 6:15,17,20,23 21:15 73:5,8 91:11 92:7 118:8 124:22</p>

126:22,22 130:2,2,2 132:15 133:25 150:23 4.xlsx. 101:3 4/15 130:7 4/16/2022 120:4 4/17 130:7 48202 3:22	646.293.7992 3:23 68 171:5	97:10,23 98:12 100:4 104:3,3 105:8 112:7 115:2 127:13 129:10 134:14 146:15 147:25 148:8,14 151:5 151:7 155:18 155:21 157:13 162:6,10,24 198:22	106:4,9 108:10 108:19 112:10 113:21 119:1 119:14 121:2 124:9 130:25 131:20 139:13 148:4 152:1 159:9 161:21 166:3 189:13 191:19
5	7 7:5 24:2 74:8 100:21,24 704.633.5244 3:6 73 6:15 77 134:7 7:23 1:2 201:2 7th 129:23	9.6 177:12 9.xlsx. 148:16 910.794.4800 3:11 910.794.4877 3:12 99 7:3 9th 194:23	above 2:5 178:23 abrasion 134:11 absolutely 57:1 153:1 abstract 107:17 ac 95:16 106:2 acceptable 45:2
5 24:1 130:23 132:10 150:23 5/10 133:22 5/17 133:22 5/24 133:22 5/3 133:17,22 134:2 135:5,6 5/3/2017 132:16 5/31 133:18,22 5/31/2017 132:17 51 7:14 193:7 525 3:5 54 23:4 5th 181:6	8 8 23:4 60:19,24 72:10,18,20,21 800.849.5291 3:6 89 7:9 897 1:2 201:2 8th 59:22 60:13 60:16	a a.m. 2:7 8:2,11 57:3,5,5,8 88:11,13,13,15 126:8,10 ab 82:9 abbreviations 24:22 ability 12:6 able 11:6 20:24 26:12 27:18 32:21 36:8 37:17 43:12 81:15 100:14	access 13:23 49:24 50:1 90:4 113:21 147:23 158:18 159:8 162:21 accompany 29:15 accordance 2:12 accountability 7:20 166:7 167:13,21 177:19,23 accuracy 32:17 49:5 52:9,12
6	9 9 7:7 37:2 44:21 47:17 49:23 50:16 62:19,25 63:2 63:16,21 64:12 64:19 65:1 67:2,4 68:18 69:4,14 73:1 76:2,5,6 93:15 95:13,22 96:5		
6 5:6 7:3 99:4 99:10 100:1 6/4/2018 120:4 610 127:18			

<p>55:10 56:10 accurate 45:3 48:3 51:25 ace 3:18 acknowledge... 5:12 acquired 66:24 acronym 74:11 acronyms 24:21,22 act 4:8 action 172:4 180:13 182:14 202:6 actions 171:2 171:15 active 64:2 136:17 actively 29:8 137:22 138:18 activities 41:9 actual 79:23 81:15 actually 10:17 25:2 27:22 28:22 29:14 54:2 79:18 80:22 95:23 104:21 121:11 123:2 130:8 142:19 166:13 166:24 186:9 ad 88:19</p>	<p>add 25:17 27:13 121:25 151:14 additional 26:13 92:22 141:6,7,10 142:2 address 165:19 171:2,16 179:10 180:14 addressed 26:5 addresses 171:12 addressing 181:8 adjudication 85:20 administered 36:13 186:17 administration 36:14 188:14 190:19 administrative 19:3 admission 79:3 79:4,6 81:22 81:25 107:22 108:21 110:4 114:17 119:12 132:15 141:21 142:8 143:21 146:1 147:2 admissions 120:18</p>	<p>admitted 116:21 admitting 92:5 92:8,17,22 93:25 119:2,7 121:3 adopting 7:22 167:23 168:8 168:22 178:1 adult 112:6 advised 25:1 affairs 36:15 179:14 affect 141:13 141:22 affecting 187:23 affiliated 53:24 54:1 afib 130:23 afield 180:2 agencies 158:13 159:2,6 159:9,13,17,18 170:25 agency 6:13 11:19,20,22 57:18 58:4 167:3 168:20 177:3 193:23 193:24 aggregates 42:12</p>	<p>ago 19:19 166:15 180:11 agree 10:22 57:14 93:14 99:8 117:21 118:19 120:20 121:13 129:25 134:22 135:11 138:13,17 141:24 143:21 143:24 153:25 178:11 186:19 193:12 196:16 196:23 197:16 198:3,12 agreed 8:22 ah 82:14 ahead 19:16 31:17 33:11 49:10 71:21 111:14 131:11 135:16 ai 82:15 150:22 air 177:5 aj 84:6,22 ak 102:3 121:25 151:15 161:1 195:9 al 103:14 128:21 151:22 alleged 103:1 allegedly 194:6 allowable 85:22</p>
---	---	--	---

<p>allowed 85:18 85:19 90:21 192:16</p> <p>america 4:3</p> <p>amnesia 162:11</p> <p>amount 38:10 53:19 85:6,9 85:14,18,19,20 85:22,24 86:2 86:6,9,11,15,24 86:25 87:17,21 88:19 90:12,19 90:20,21,23 101:16,22 102:4,10,20,24 103:2 106:21 114:8,15 118:16 121:24 122:5,7,8 151:14 152:6 152:14,18,20 153:5,6,10 154:1,12 155:5 155:7,11 160:25,25 170:20 179:4 192:15 194:11 195:1,5 196:11</p> <p>amounts 87:3 88:25 103:21 153:20 195:10</p> <p>analyses 95:21 156:7 181:15</p>	<p>analysis 27:1 29:2,2,23 32:3 32:6,7 33:17 33:20 34:16,17 35:11,13 41:4 49:2 52:4 61:22 63:19,22 64:7 71:25 76:14,18 89:24 96:3,25 104:12 123:19,25 139:1 157:20 157:23 161:6</p> <p>analyst 12:2 30:21 31:4,14 31:24 33:16 49:11 108:9,17 112:17,18,20 139:6 164:22 168:19 173:19 181:10 182:16 184:21 190:25</p> <p>analytics 184:15,16 185:5,11,15</p> <p>analyze 34:12 34:15 51:8,12 123:20</p> <p>analyzed 45:20</p> <p>anemia 162:8</p> <p>annual 152:16</p> <p>annually 170:25</p>	<p>answer 12:10 12:18 15:1 16:8,13 19:14 28:13 31:7 39:3 43:11 51:16 60:4 69:22 71:21 87:8,10 90:4 91:5 97:13 98:3 105:5 108:2 110:21 111:14 113:16 131:6,12 135:16 136:9 140:6 143:4 156:23 157:4 158:6 161:8,25 163:5 169:10 182:7,22 183:14,19 184:25 185:2 187:25 196:2,6 196:25 197:10 197:11,20 199:3</p> <p>answered 19:6 108:1 157:19 158:17</p> <p>answering 144:25 145:1 158:8</p> <p>answers 181:5 181:8</p>	<p>anticoagulation 134:9 137:17 138:8</p> <p>antonucci 4:4</p> <p>anybody 11:6 14:8</p> <p>ao 154:9</p> <p>ap 85:7,8,13</p> <p>ap2 85:9</p> <p>apologies 74:13 166:23</p> <p>apologize 113:24 131:8 183:21</p> <p>appear 23:5 69:15 95:15 133:17,18,21 134:18 136:24 142:3 195:12</p> <p>appearances 5:4 9:5</p> <p>appeared 65:2 145:17 147:13 147:14 151:6,8</p> <p>appearing 2:10 2:11 8:21 66:15 109:7</p> <p>appears 67:4 90:25 91:7 93:7 100:5 105:17 118:21 118:23 127:3 128:7 151:16 164:18 176:20</p>
--	---	---	---

<p>applicable 50:6 application 186:19 applied 38:11 152:6 153:5 apply 156:18 appreciated 199:15 apprised 184:21 approach 173:5 approached 27:23,24 approximately 36:24 41:7 44:21 60:19 134:20 166:12 april 7:17,17 133:7 181:6 aptly 196:21 aq 85:17,19 ar 105:14 124:3 127:5,5 162:4 area 113:5 128:10 areas 168:21 armed 177:6 army 177:5 arthritis 137:19 articulate 189:13,17</p>	<p>articulated 132:25 asked 14:17,18 15:6 19:5 23:17 29:13 58:15 61:7 62:12 63:8 64:9,13,18 108:1 157:19 157:22 158:17 185:4 asking 28:6 101:21 aspects 41:6 assess 104:11 179:10 assessment 139:8 assign 116:22 assigned 83:15 83:16 84:13 assist 132:9 assistance 30:6 assistant 179:13 associated 85:2 121:18 162:19 194:24 assume 167:5 184:12 assumed 197:14 assuming 93:9</p>	<p>assumption 39:24 106:19 assumptions 98:7 atrial 93:8 121:12 128:22 134:8 137:16 attacked 132:1 attention 26:6 119:1 140:20 148:24 attorney 16:10 17:6 19:15 202:5 attorneys 16:12 au 87:18 88:19 89:3,5 111:4 129:9 audio 5:23 audit 55:9 auditing 32:16 47:2 164:23 165:1,9 166:6 166:25 189:4 190:24 audits 46:13 49:15,17,21 august 1:15 2:6 8:2,9 59:21 61:7 62:9 201:10 aurora 24:13 24:15,17 119:25</p>	<p>austin 7:24 176:10,14,17 176:21 177:3 authenticate 45:25 available 13:12 25:8,10 36:9 64:14 72:23 77:15 82:17 161:18 avenue 4:9 avoid 183:11 aware 10:21 12:3 15:8,21 37:20 49:20 52:19 119:20 165:16 167:2 169:4 173:20 174:5 176:17 183:1,9,25 185:9,14,21 186:2,5,15 189:6 ay 92:4 az 93:1</p>
b			
<p>b 4:6 6:1,4,8 7:1 25:13,13 40:9 141:19 178:24 b.s. 191:15 bachelor's 30:24 195:19</p>			

<p>back 17:13,16 28:16,19 41:16 57:9 58:14 67:3 79:9 88:2 88:16 91:10 126:13,16 130:22 133:10 133:24 134:19 175:6 183:17 192:11</p> <p>background 30:16,23 68:11 68:14 94:5 106:8,16 108:6 108:15 112:15 191:14 195:18</p> <p>bad 12:14</p> <p>balances 52:11 52:17</p> <p>based 25:7,10 28:4 32:2,3 34:6 35:3 37:3 39:6 72:17 76:15 78:14 83:3,15,25 84:19,21 85:20 98:5 108:4 120:20 131:2 139:20 142:11 163:16 185:10 194:25</p> <p>bases 185:15</p> <p>bash 25:12 32:5</p>	<p>basis 42:22 109:15</p> <p>bates 20:16 21:17 22:10 59:20 73:13,17 99:15,17 101:1 118:10 126:23</p> <p>bdy 128:16</p> <p>bearing 70:9 113:10 145:10 145:15,18</p> <p>began 81:24</p> <p>beginning 135:2</p> <p>believe 22:20 24:13 27:24 35:4 37:1,2 38:10,12 44:9 44:9,15 46:21 49:13 55:24 59:12,14,24 60:5,20 62:18 63:5,7,17,17 75:24,24 81:7 82:22,24,25 84:7 85:8,9 89:22 104:1 127:21 133:6 135:17 154:21 154:23 163:17 163:22,24 165:16 173:18 175:12 177:16 188:5 190:8</p>	<p>193:3 195:12</p> <p>bell 166:8,9</p> <p>beneath 92:12 92:21</p> <p>beneficiaries 26:25 36:5,6,7 37:2,10 44:21 59:11 61:22 62:10 64:15 72:15,23 95:12 156:18,20 177:13 188:23</p> <p>beneficiary 43:18 51:1 56:2 61:23 65:7 78:13,15 90:24 93:20 100:20 111:16 149:8 153:6 164:10 189:19</p> <p>beneficiary's 94:23</p> <p>benefit 7:21 167:23 168:7 168:22 178:1</p> <p>benefits 39:20 158:14</p> <p>benign 162:9</p> <p>benjamin 3:20</p> <p>bern 4:9</p> <p>best 12:5 60:9 188:10</p> <p>better 65:14 143:6,9 179:10</p>	<p>181:2</p> <p>beyond 69:5</p> <p>bill 43:19,20 91:17 154:24</p> <p>billed 85:6,10 85:14</p> <p>billing 32:10,17 33:9 50:15,19 65:24 83:5 107:14 183:11</p> <p>billings 175:14</p> <p>billion 171:4,8 171:9 177:9</p> <p>birth 11:14</p> <p>bit 13:16 26:2 32:12 33:13 54:20 65:14 80:6 132:4 142:18 152:21 152:23 166:14 185:13</p> <p>blank 75:9,16 82:18 100:8,11</p> <p>blood 132:8</p> <p>body 128:16 164:23</p> <p>bolded 141:11</p> <p>bottom 30:1,2 59:20 75:22 102:10,13 127:17 141:2</p> <p>boulevard 3:21</p> <p>box 80:2</p>
---	--	---	--

branch 4:8 11:21 24:13,15 24:16 46:10,16 break 42:23 56:20,22 81:20 86:20 87:17,25 88:4,18 125:12 125:16,19 126:21 174:21 175:11 179:22 breath 92:13 92:20,23 120:5 brief 126:16 briefly 9:2 31:21 91:10 broad 187:18 bruce 7:5,14 62:5 100:25 193:1 budget 176:1,8 budgeted 177:9 building 3:22 12:24 13:2 business 42:22 48:11,14 butler 3:9 9:12 9:13 bvanslyke 3:24 bx 95:17 96:16	c91 105:9 c91.90 96:14 c92 105:10 cagiano 62:4 calculate 195:22 calculation 193:9 call 28:3 32:24 called 41:21 188:6,7 camp 1:4 4:8 8:14 14:3,7 194:7 201:4 camplejeune 22:22 cancer 99:1 136:18 146:8,8 146:13 147:13 156:9 157:1,12 161:5,6,12,23 163:2 164:9,14 198:6 cancers 61:2 64:3,3 147:8 caper 75:14,17 149:1,15,22 capture 107:9 care 36:8 38:21 42:18,20 43:21 43:21 44:17 45:8,9 53:2,3 53:10,12,13 54:12 55:23	56:4 57:24 67:13 75:12,19 76:15,20 79:14 81:24 82:1,10 102:11 103:2 117:7 129:19 129:19 141:13 141:17 149:16 149:17 159:1,2 159:3,6 194:20 194:22 195:2,7 197:15 career 17:18 carolina 1:1 3:5 3:11,16 4:10 8:18 201:1 carolinaeast 6:20,23 carries 125:2 case 14:17 17:14 19:11 26:22,22 27:23 28:19 30:18 46:4 68:15 71:23 85:5 93:3 145:17 147:8 164:18 cases 1:6 16:3 201:6 cause 2:6 causes 171:2,15 caution 90:21 cchc 6:18,19	cell 80:9 85:9 87:7 center 6:20,23 115:17 centralized 42:11 certain 23:3 37:5,8 39:17 39:17 46:13 58:20 165:17 certainty 112:11 113:18 161:21 162:24 certificate 5:14 201:8 certified 10:3 201:14,15 certify 201:16 202:4,7 change 42:4,5 44:15 158:21 changed 41:10 143:13 186:24 187:13 changes 172:11 174:5,15 183:1 183:3,9 184:1 184:22 185:6 185:10,16 186:9,18 187:2 187:18,23 188:11,13 chapter 146:5
c			
c 3:1 4:1 6:17 8:3 78:18,19 130:2,14			

charge 85:2 charles 3:14 chart 63:15,18 chat 20:23,24 25:17 27:14 73:8 89:9 99:9 115:5,8 130:5 140:23 148:22 159:22 167:9 191:11 check 47:12 154:22 checking 47:3 checks 52:11 52:17 chemotherapy 134:8 chief 24:12,13 30:6 130:18 131:18 132:20 134:1 138:14 138:21 chiefly 116:9 146:25 chime 16:7 cho 130:14 choose 76:2 chronic 112:5 137:15 155:20 chuck 175:25 176:7 circumstances 15:25 18:18 22:23	cite 37:17 citing 195:13 civil 2:13 4:8 18:15,25 19:4 civilian 40:6 53:14,21 177:14 claim 14:7 43:22,23 65:9 67:12 77:6,7,9 78:21 84:15 85:10,12,16,21 85:23 86:12 98:25 101:17 103:14 109:2 113:10 123:20 173:13 claimants 191:4 claims 32:10,14 32:14 33:17,19 43:7 45:7,8 46:8,13 54:10 54:12 55:22 64:14,19 65:2 66:25 67:25 68:25 70:24,25 72:23 73:2 74:6,7,24 75:1 75:2,5,12,19 76:20 77:13 86:4 95:11 98:16,23 100:3 100:6,14,18	107:9,17 108:4 148:25 149:16 149:19 151:22 173:9,10,14 179:18 189:3,4 189:6 clarify 11:5 54:20 63:1 72:5 clarifying 28:16 clarity 5:19 clean 12:11 20:13,21 clear 21:20 58:24 clearly 158:23 click 80:9 124:6 124:7 127:8 clicked 110:4 clicking 80:2 client 16:10 17:6 19:15 clinic 134:12 clinical 79:4 141:14 clinically 141:11,12 142:8 clinics 177:14 clja 6:13,14,16 7:4,6,8,11 73:18 99:17 101:2 118:10	126:23 148:14 160:1 cll 134:7 135:24 138:7 close 73:10 closed 29:5 closer 124:25 cm 7:16 115:11 116:6 141:2 cmo 10:19 cms 115:17,25 173:7 cms's 173:11 code 32:2,2 34:6,11 35:4,8 35:10 41:4 72:18,22 76:15 76:16 77:16 83:4 84:5,16 84:18,20,21,22 85:6,7,11 95:13,14 96:14 96:21 98:24,24 105:9,9 109:1 110:8 112:21 112:23 115:3 116:4,6,14,22 124:16 127:9 127:14 128:5 129:10 146:15 149:25,25 150:9,14,15,23 155:22 162:10 189:18
---	--	--	---

coded 109:18 143:17 145:25 coder 117:24 coders 117:19 codes 33:8,8 47:17,19,21 48:15 49:23 50:2,4,17,17,17 50:24 51:3,13 59:10 62:19,20 62:25 63:3,8 63:16,21 64:2 64:4,7,8,12,17 64:20 65:1,2 67:2,4 68:18 69:5,14,18,24 73:1 75:22 76:2,5 77:7,9 77:10,13,14 84:8,9,12,12,14 85:1 93:15 95:22 96:5,23 96:24 97:10,24 98:5,13 100:4 104:4,20 105:2 107:10 108:25 110:11 112:7 115:16 116:1 117:5,5 121:6 147:20,25 151:5,8 155:18 155:24 157:13 161:16,17 162:6,24	194:24 198:23 coding 7:16 32:17 33:9 45:11 65:12,16 65:25 67:25 68:4,7,11,13 83:5 110:1 113:3 115:12 115:25 117:19 124:19 141:3 143:9 146:13 162:11 181:15 185:4 coexist 116:15 141:20 143:20 coexisted 142:7 196:23 coexisting 113:13 143:23 coexists 66:7 coll 17:10 colleagues 9:10 17:10 24:4,5,6 colon 177:25 colorado 24:17 120:1 column 67:5 78:17 79:8,9 79:16 81:23 84:6,22 85:7,8 85:24 87:18 88:22,24 89:3 92:25 95:15,17 96:15,16	101:18 102:3,8 103:14,17 104:8 111:4 112:8 113:4 118:15 120:14 121:15,25 123:22 124:3 127:5,6 129:9 147:15 151:6,8 151:15,22 152:8,19 153:11,17,24 154:9 155:11 160:20,23 161:1 162:4 170:17 193:8,8 193:17 195:9 columns 65:3 68:19 69:16 88:19 95:2 118:20 123:23 129:11,18 142:3 143:18 143:19 149:1 com 29:1 combination 44:5 52:25 combine 77:22 118:20 combines 52:25 come 45:7,8 55:24 58:23 84:15 88:2	comes 45:8 54:23 55:5 149:13,14 cometto 7:3 62:5 99:10 comfortable 11:3,9 144:24 145:1,4,6 coming 53:7 54:15,17 169:4 comma 128:2,3 133:2 134:8 137:2 141:21 141:22 comment 10:17 comments 172:8 committee 167:19 176:1,2 176:8 committees 7:20 communicate 11:6 13:8 communication 10:23 63:12 communicati... 19:16 28:2 community 159:2 comorbid 144:4 164:9,12 comparability 171:13
--	--	--	--

comparable 173:3,14 179:3	comprehensive 54:7 172:1	confidential 17:6	consult 68:13
comparisons 158:12	173:1,6 179:6	confirm 48:1	contact 28:25
compensation 82:25 83:12	179:15 180:18	48:14 95:22	159:9
compilation 20:15	computer 13:24 147:23	96:4 98:19,21	contain 77:7,8
compiled 20:4	concept 37:15	99:7	197:1
20:7 24:24	155:7,8	confirming 49:12	contained 37:25 90:12
25:2,5,7	concerned 29:4	confuse 170:9	150:13 175:17
123:17	concluded 200:6	confused 166:23	containing 76:16
compiling 25:5	concrete 130:21	confusing 170:11	contains 53:4,9
complaint 66:2	concurred 172:5	congress 181:2	54:5 55:22
130:19 131:19	condition 65:6	congressional 7:20 167:19	56:1,3,4 78:15
132:21 134:1	66:8 67:23,23	conjunction 24:4	90:22 139:18
138:14,21	93:11,18 94:23	connect 84:12	contaminated 14:14 194:7
149:23 150:2,9	94:24 100:15	connected 47:17 120:5	content 28:1
150:12	116:7,22,23	139:3,15 140:4	88:22 169:10
complete 60:4	117:6 137:1	157:1	182:11
completed 29:1	142:7 143:23	connects 119:21	contents 169:13 173:25
60:17	164:9,13	considered 29:3,3 76:17	193:7
completely 9:3	conditions 14:15 66:4	consistent 123:10,12	context 32:19
145:1 188:8	93:19 94:6	142:24,25	continue 95:1
completion 202:8	116:14 137:8	150:17,25	179:23 180:3
complying 40:13 70:18	138:10 139:19	181:16	continued 4:1
79:11 80:8	141:13,20	constipation 162:17	7:1
102:2 120:23	143:20 144:4		contract 44:14
133:13 152:22	145:10 163:18		51:11
153:1,3	197:3		contracted 38:20 40:16
component 113:3 117:22	conduct 61:21		contractor 40:4
			40:10,20 43:2
			44:18 47:4,13

48:2 49:1 51:24 54:25 58:4 contractors 42:18,21 43:21 43:22 44:6,11 44:13 45:9,15 51:11,19 54:17 55:6,15 57:25 173:10 190:10 190:18 contribute 180:14 contributing 66:3 109:1,5 113:9,9 contributor 170:22 conversation 159:10 165:16 conversations 28:8 158:2 159:4 161:15 165:22 166:20 conveyed 98:7 copays 91:6,8 154:18 correct 30:2,3 35:15 40:24 61:3 62:25 64:10 71:2 73:4 76:2,3 78:25 79:1 81:19 96:18	99:3 100:8 101:10 103:14 103:17 123:13 127:1 147:5,16 158:3 162:20 175:15 191:1 191:16 193:21 197:6 199:24 202:2,13 corrective 171:2,15 172:3 180:13 182:14 correctly 96:13 173:17 177:15 correlate 79:23 79:24 122:14 correspond 64:14 100:18 corresponden... 159:5 cost 91:14,16 91:25 154:8,11 154:14,15,23 154:25 155:8 155:12 costs 38:14 170:22 coum 130:23 coumadin 130:23 counsel 9:4,17 19:25 24:9,20 24:20 30:6,12 47:24 63:13	169:16 192:16 counsel's 26:6 counted 152:16 153:7 country 45:1 53:18 couple 25:18 course 48:11,14 120:23 court 1:1 5:14 8:16 9:20,22 19:8 74:23 89:13,16 144:18,19 160:16 163:11 169:15,23 182:3 192:18 199:21 201:1 cover 23:25 24:3,7,8 27:15 29:10,15,22 39:14 41:17 58:14 60:17 62:20 105:7 195:13 coverage 37:21 39:21 187:17 187:23 188:23 189:22 coverages 85:21 covered 39:17 39:18 187:11 187:12	coyle 24:10 30:8,9,13,14 cpt 33:8 50:2 50:17 create 23:18 63:15 created 21:22 63:19 creation 24:14 criteria 34:7,8 108:5 criticism 173:21 174:7 175:14 criticisms 190:18 cromwell 4:5 9:11 cross 47:3,12 182:20 crosswalk 81:12 84:19 crr 2:8 202:21 csr 1:24 2:8 201:13 202:21 202:22 current 11:17 11:18 117:7 151:23 154:24 currently 44:15 73:9 curriculum 6:5 cut 17:15
--	---	--	---

cv 1:2 31:12 201:2	48:3,19,21,25 49:2,12,15,17 49:21,22,24 50:19 51:21,23 51:23 52:3,4,9 52:12 53:1,5,8 53:10 54:6,8,9 54:15,17,22 55:5,17,18,19 56:4,8,9,11 57:15,18,23 58:8,10,11,18 59:5,9,25 60:12,18,22,23 61:8,14 62:13 63:9 64:5,18 64:23 68:14,24 68:25 69:13 70:12 71:3,5 71:17,19 72:3 72:6,9,11,17 73:16 74:19,25 75:10 77:18 78:24 82:5 86:14,21 87:11 87:12,19 89:23 89:24 90:1,4 90:12,16,18 91:11 95:7,21 96:3,4,13,16 97:1,5,7,9,19 97:21,23 98:4 98:8,8,11 99:7 99:8,23 101:16	102:21 107:9 107:14 108:4,9 108:10,17,19 108:22 110:1,1 110:24 112:17 112:18,20 115:2 118:2,16 118:18 120:21 121:23 122:1 122:15,20 124:2 126:17 126:25 127:7 133:3 139:1 142:5 143:11 143:18 145:25 147:12,16 148:2 149:7,8 149:13,14,15 150:8,18 151:4 151:9,9,15 152:1,4 153:16 155:15 157:11 158:8 159:11 159:15 161:18 162:19 164:21 168:19 173:19 181:15,15 184:15 185:10 185:15 189:1 189:16 191:4 194:2,4,9,16 195:14,22,23 197:1,17 198:5 198:8,9,21,23	data's 18:5 58:3 database 42:12 46:3 49:19 149:10 databases 47:4 dataset 55:22 56:2,3 94:8,12 94:14 datasets 53:5,7 54:6 74:9 75:7 76:16 77:5,6 81:6 96:23 100:18 149:15 date 8:9 11:14 19:20 26:25 34:5 60:1,12 60:12,13,16 61:2,4,6 62:9 67:6,13,20 70:1 79:13,25 80:25 81:3,5,8 81:9,13,15,15 81:23,24 82:1 85:14 94:1 129:19,19 130:6,13 131:2 131:21 132:16 134:2,20 135:5 139:14 143:23 177:20 178:17 187:22 202:22 dated 194:1 202:14
------------------------------	---	---	--

dates 59:18 60:7 69:3,17 79:19,23 81:10 81:10 94:17 95:24 119:12 129:16,21 132:24,25 133:7,15,18 140:3 153:19 156:8,25 162:25 david 4:3 7:11 9:8 62:3 87:24 159:25 160:20 david.r.ortiz 4:11 davis 7:3 62:5 99:7,8,24 159:23,23 davis.xlsx 99:11 day 2:6 31:23 31:23,25,25 42:22 70:10 191:19 202:14 days 81:3 dear 177:2 december 11:16 decided 64:23 decides 135:25 136:1 deciding 118:2	decision 65:1 68:20,21 declare 202:11 deductible 38:11 152:6,16 153:5,7 155:5 155:6 deductibles 38:7 91:2 154:18,22 defend 130:21 defendant 4:3 defense 6:12 11:18,20,22,23 176:9,18 177:3 179:12,13 192:16 193:23 194:1 defer 97:1 156:12 169:20 define 76:5 188:24 defined 65:19 86:7,14 149:17 149:18 defines 87:13 116:4 141:19 defining 145:6 definition 87:21 90:25 97:2 141:9 143:25 154:4 definitively 87:10 139:14	degree 30:24 30:25 50:13 delivering 177:12 denial 189:10 189:18 190:6 denials 188:22 188:25 189:14 denied 173:9 189:3,4,6,22 190:7 dentist's 53:23 department 4:7 6:13 11:23 47:5 52:8 172:7 176:9 193:25 depending 32:8 36:7 deponent 5:12 8:19 10:23 202:8 deposed 19:11 deposition 1:13 2:1,12 6:7,10 8:13,21 10:20 11:1,7 13:9,21 18:11 20:2 79:15 89:19 126:22 180:1 199:13 200:6 201:8 202:8 depositions 12:13	describe 30:20 described 31:20 81:7 90:16 describes 85:11 description 6:2 7:2 21:16 22:5 84:16,18,23 103:19 128:8 128:11,19 153:12,14 178:3 descriptor 82:14 deselect 124:4 127:7 designate 147:3 designed 98:15 detail 85:12 142:18 detailed 68:3 details 16:2 17:7 187:7 detect 180:18 181:4 deter 180:19 181:4 determination 77:17 106:9 determined 83:3,25 192:14 detroit 3:22 develop 141:21 172:3
--	--	---	---

<p>develops 171:15 dha 9:17 17:18 40:3,4,17,19,23 41:1,6 43:23 44:1 45:2 49:14 172:10 173:14,20 177:3,8 180:13 180:17 193:23 194:9 195:9 dha's 173:4 diabetes 124:7 124:11 136:15 diag 51:1 69:4 diagnosed 51:2 diagnoses 48:2 48:14 64:16 65:3 66:6 68:19 69:1,2 69:16,24 84:2 84:12 92:22 98:5 105:13 107:10 110:11 112:3 117:20 117:21 119:2 119:22 129:11 141:6,7,10,19 142:3 143:10 143:17,19 150:4 155:17 162:4,5 diagnosis 50:25 51:1 59:10</p>	<p>61:2,5 64:2 65:6,8,18,18,24 66:9,15 67:5,7 67:12 72:18,22 75:21 76:15,16 77:7,9,10,13,14 83:3 84:1 92:5 92:8,9,17 93:2 93:6,22 94:1 94:24 95:3,4,5 95:5,6,16,18 96:15 98:23,24 99:2 101:18,24 103:23 104:8 104:20 105:22 106:1,22 107:15 108:25 109:1,13,15,18 109:22,23 110:6,8,19 111:1,4,6 112:8,21,23 113:8,11,13 114:6,7 116:4 116:7,23 119:7 119:8 120:7,19 120:25 121:3 121:15,20 123:22,23 124:3,16,17,17 124:21 125:1 127:6,9,20 128:5,14,15,20 128:22 129:3,7</p>	<p>133:2 135:24 136:18 139:3 139:16 142:4 142:23 144:6 146:13,15,17 147:5,14,18,20 148:1 149:24 149:24,25 150:2,9,9,13,14 150:14,18,23 151:6,8 161:12 161:17 162:25 194:13 196:13 196:20,22 197:16 198:7 diagnostic 50:6 50:8,18 51:4 51:13 141:15 194:24 diana 1:15 2:2 5:2 6:5,7,10 8:19 10:1 11:13 201:10 202:9 dictionaries 86:14 89:25 dictionary 7:9 24:21 25:9,11 25:22,25 86:21 87:12,12,20 90:1,5,16,18 97:2 difference 52:22 65:17</p>	<p>90:20 different 15:20 21:25 36:5 37:12 51:9 53:1,5,7,7 54:5 54:9 55:19 81:5 91:24 135:9 140:21 143:8 149:22 155:7 172:23 174:6 difficult 87:9 104:11,25 137:5 142:15 182:6 189:17 diplopia 124:8 124:11 direct 5:20 55:23 75:12,19 76:15,20 119:1 148:24 149:16 149:17 167:6 168:14 179:12 179:13 directed 147:2 directing 80:4 direction 40:23 directly 40:18 47:19 58:23 63:11 107:14 136:25 139:15 140:3 146:1 156:7,25 161:5 161:12,23</p>
--	--	---	---

<p>197:6,15 198:6 dis 87:12 discern 173:15 179:1 discharge 132:16 disclosing 17:5 19:15 discretionary 187:4 discuss 188:11 188:20 discussed 16:11 119:12 156:11 156:15 discusses 35:21 discussing 139:25 disease 112:5 155:20 198:22 disrupts 5:24 distinction 42:1 72:20 distinguish 154:7 distortion 5:23 district 1:1,1 8:16,17 201:1 201:1 dive 126:16 division 1:2 4:8 8:18 24:16 119:24 184:16 201:2</p>	<p>doctor 109:11 131:2,19 135:21,23 136:13 138:6 138:18 doctors 136:17 document 1:5 20:3 24:14 30:11 89:4,21 115:10,13 117:2 140:22 141:1 142:16 142:19 148:22 151:1 167:17 167:19 168:1,2 168:6,12 169:3 169:5,12,13 173:24,25 175:17,18 178:4,8,12 182:11,19 186:12,13 192:23 201:5 document's 168:3 documentation 173:15 178:25 documented 116:14 documents 6:10 20:16 22:19 23:4 26:13 181:18 182:8</p>	<p>dod 30:21 31:4 31:21 167:4 171:3,25 172:5 172:10 180:22 182:16 dod's 177:9 181:3 dog 130:20,21 dogs 130:21 132:1 135:13 doing 17:24 35:16 68:14 102:9 doj 15:17 19:22 19:25 20:17 22:6 23:13,17 24:20 47:18,20 58:17,24 59:3 60:9 63:8 71:4 71:8,8,10 97:6 122:5,7,8 123:2 158:3 162:8 166:11 191:3 doj's 106:19 dollars 121:1 121:13,18 155:2,2 195:4 double 154:22 downs 7:11 62:3 160:1,20 dr 130:14 draftdelivera... 22:22</p>	<p>draining 132:8 draw 140:20 draws 42:16 drg 82:14,14,20 82:21,22,24 83:2,9,12,14,15 83:25 drgs 83:19 drive 3:10 drop 80:16 127:5 dry 17:15 dsr 74:10 dubravka 7:13 192:24 193:4 due 5:21 8:25 137:8 duly 2:4 10:2 duties 31:21,25 40:5 41:13 181:16 dx 77:15 124:25 dyspnea 92:8 92:18</p> <hr/> <p style="text-align: center;">e</p> <hr/> <p>e 3:1,1 4:1,1 5:1 6:1,23 7:1 8:3 8:3 32:25 130:2 193:10 193:17 196:8 e.r. 130:14</p>
--	---	--	--

<p>earlier 13:7 37:11 50:12 62:3 68:2 104:22 115:11 118:12,25 133:1 138:25 140:22 141:3 153:13,15 154:5 166:10 183:8 193:3</p> <p>eastern 1:1 8:17 201:1</p> <p>economic 7:13</p> <p>economics 30:25 191:14 191:15 195:17 195:19</p> <p>economist 102:25 106:20 122:5,19 158:1 158:2,6 191:2 191:5 195:13 195:20 196:9 197:14</p> <p>economists 198:1,4,7,19</p> <p>edipn 78:11,13 78:18,20</p> <p>education 30:23 31:2,11 31:18</p> <p>educational 30:23</p>	<p>effect 10:19</p> <p>effectively 180:13</p> <p>efforts 7:21 45:24 48:1 167:23 168:7 168:22 178:1</p> <p>eight 160:2</p> <p>either 42:8 44:16,23 74:20 157:23</p> <p>el 128:16</p> <p>elbow 132:23 134:4,11 137:3 138:16,22</p> <p>elective 79:7</p> <p>electronic 186:7,13</p> <p>eligible 36:24 189:19</p> <p>eliminate 180:19 181:5</p> <p>eliminating 184:3</p> <p>ellis 3:14 48:5 118:6</p> <p>email 3:7,12,18 3:24 4:11 19:18,24 28:3 28:5,6 47:23 59:4</p> <p>embolism 93:23 120:6 121:12 124:8</p>	<p>124:11</p> <p>emergency 79:3,7 109:10</p> <p>employed 40:2 40:17,20 41:1</p> <p>employee 40:7 40:18 202:5</p> <p>employees 46:19</p> <p>employer 11:17 11:18</p> <p>employment 40:23</p> <p>encounter 33:5 33:7 42:12 43:19 53:10 66:9 69:25 70:9 116:8,15 144:8 147:2 194:16</p> <p>encounters 45:3 55:23 75:8,11,18 129:2 157:6</p> <p>ended 82:1</p> <p>enrollee 90:24 190:7</p> <p>enrollees 37:13 37:20 38:15 39:19,23 179:1</p> <p>ensure 9:2 52:11 139:2 177:5</p>	<p>entered 98:24</p> <p>enters 16:14 25:12 48:5</p> <p>entire 48:18 179:24</p> <p>entirely 182:18</p> <p>entirety 154:2</p> <p>entities 36:9 48:10 166:24</p> <p>entitled 74:1 127:9 141:5</p> <p>entity 42:24 44:18 49:14 82:9 116:1 165:9 166:5,19</p> <p>entry 110:5</p> <p>eobs 39:20</p> <p>equal 87:14</p> <p>equals 154:2 195:3,8</p> <p>equates 150:3</p> <p>errata 5:10</p> <p>error 171:5</p> <p>especially 160:15</p> <p>esq 3:3,9,14,20 4:3,4,5,6,15</p> <p>essential 155:19</p> <p>essentially 41:5</p> <p>estimated 7:13 171:4,7 192:25 195:23</p>
--	--	--	--

<p>estimates 171:1 179:3,4,5 evaluate 33:19 61:25 96:5 173:8,14 evaluated 71:18 evaluating 33:7 33:14 185:6 evaluation 134:12 141:14 184:16 everybody 21:6 115:6 160:15 170:12 evidence 151:21 evolution 71:24 ex 60:14 exact 19:20 46:17 122:7 exactly 22:5 43:13 49:20 59:23 60:10 64:11 154:3 188:19 examination 5:8 10:7 201:23 examine 171:10 examined 10:5 173:12</p>	<p>examining 178:25 example 33:22 34:9,13,14 53:2 54:4,10 55:21 56:7 77:6 84:25 87:2 92:6 93:3 107:21 108:25 109:6,7 138:7 155:14 189:18 189:20,22 examples 145:16 exams 112:6 exceeded 192:14 excel 6:16 7:3,5 7:7,9,11 20:6 41:24 74:7 79:25 81:17 92:6 96:17 104:19 113:22 118:11 121:14 123:4 133:11 139:24 148:23 158:15 194:10 excel's 113:24 excels 23:10,19 excerpt 72:11 excess 170:22 180:15 excluded 76:19</p>	<p>excuse 151:17 157:12 169:16 executed 139:9 139:13 140:2 exercise 34:18 exhibit 6:3,4,6 6:8,12,15,17,20 6:23 7:3,5,7,9 7:10,12,15,19 7:23 20:10,14 20:25 21:11,14 24:1 25:6 26:3 26:23 27:10,14 27:19 35:20 40:8 41:20 42:7 47:22 60:23 62:3 63:16 70:12,16 70:22 72:4 73:5,8,23 89:6 89:12,19 91:11 92:7 99:4,9 100:1,21,24 114:24 115:5 118:8 126:21 126:22,22 130:6,15 132:14 133:25 146:3 148:8,10 148:14 159:19 160:7,9,12,18 160:19 167:7 167:10 169:16 172:23 175:19</p>	<p>175:22 176:6 191:8,12 192:17,22 193:17 exhibits 5:6 25:6,13,18 72:10 115:7 130:2,9 160:13 170:8 exist 144:4 existence 145:9 168:3 185:21 186:15 existing 179:18 exists 52:4 exits 32:5 118:6 expenses 165:1 165:10,18 experience 35:3 119:17 expert 7:13 34:23 35:2 39:8 45:12 94:4 122:7,8 123:2 192:24 expertise 33:6 35:7 50:12,21 66:14 69:6,19 98:14 112:11 113:6 117:23 187:15 expiration 202:22</p>
---	--	---	--

<p>explain 33:13 43:12 45:18 58:16 59:2 74:3,23 77:3 77:12 191:6 explanation 29:14 39:20 166:2 exposure 194:7 extended 141:15 extent 16:8 19:7,13 86:10 165:24 171:14 179:10 198:4 extra 150:13 extract 17:12 18:3 32:2 33:19 34:4,6 48:21 59:6,9 59:25 60:12 64:13 77:18 98:4,16 108:4 108:4 140:7 143:18 149:7 194:3 extracted 32:4 34:11 35:14 46:1 64:5 69:13 70:24 72:16,17,22 98:8,11 112:20 120:3 122:1 127:1 139:21</p>	<p>139:23 147:17 147:19 151:9 163:16 194:9 196:21 197:17 extracting 107:8 extraction 15:19,25 17:8 17:16,25 18:7 33:23 35:8,11 41:3 45:12 60:14,18,21,24 61:14 62:13 68:14 73:17 78:24 97:8,21 99:24 101:1 118:17 120:21 127:7 133:3 147:24 152:2 155:16 157:11 162:20 extractions 15:16 17:3 23:18 30:17 41:20 42:6 47:6 48:19 49:3 58:18 60:15 61:8 71:1,4,5,7,11 71:17 72:3,7,9 96:4 97:19 151:4 189:2 198:5</p>	<p>extracts 54:6 f face 48:25 facilities 53:15 54:11 55:25 195:3 facility 53:4 149:19 fact 98:22 factual 39:22 fair 49:7 57:19 71:19 97:7 100:13,17 103:25 136:6 196:6 fairly 34:5 fall 134:9 135:9 135:12,18,22 136:15 falls 11:20,22 146:17 familiar 14:3 16:3 22:25 23:23 32:16 37:14,15 43:14 50:9 51:5 62:7 65:11,15 115:14 128:4,6 175:13,16,25 176:10 182:7 185:19 family 117:6</p>	<p>far 25:4 29:4 39:9 47:11 50:13 62:8 69:25 71:23 97:4,18 98:10 113:2 117:18 147:12 153:2 180:2 fast 116:2 fatigue 162:8 fax 3:6,12,17 3:23 february 135:3 167:18 177:24 federal 2:13 170:25 feedback 71:8 71:9,14 feel 156:11 158:22 fell 68:18 130:21 132:2 felt 138:6 fibril 93:8,8 fibrillation 93:9 121:12 128:23 134:8 137:17 field 34:23 66:16,18 77:15 81:9 86:7 93:23 150:15 151:23 153:14 154:5 157:14</p>
---	--	---	--

187:15	finishing 96:20	fisher 3:22	114:19 120:10
fields 77:25	fiolk 6:16,18	fits 14:22	121:17 122:11
78:5 82:5	6:19,21,22,24	five 56:24	122:11 123:6
91:12 95:4	6:25 62:4	194:5	131:5 133:5
96:20,24	73:16 85:1	fix 81:21	135:15 136:21
103:20 112:25	92:8,17 93:4	flagging 129:10	144:2 152:11
149:23 150:4	93:16 118:12	floor 3:22 4:9	156:2,2 164:17
file 20:25 41:23	118:18 119:11	follow 28:9	165:6 168:10
41:24 74:7	120:15 123:11	following 181:6	178:6 180:25
99:11	130:6,12 133:3	follows 10:6	181:20 183:6
filed 14:6 18:19	148:6 157:10	force 177:5	188:16 189:24
files 20:6 22:10	159:22	forces 177:6	190:13 196:1
22:21,22,24	fiolk's 94:2,9	foregoing	197:8,19
72:16 139:25	94:15 96:14	201:17 202:1	198:11
filter 72:18,22	123:20 124:12	202:12	formal 125:9
77:10 95:19	126:25	forget 44:16	format 79:25
105:3,20	fiolk.xlsx.	forgot 193:15	81:8,14
112:24 114:4,5	21:16	form 13:14	formats 81:5
filtering 76:15	fire 3:16	14:25 15:10	formatted
107:18 108:5	first 10:2 20:14	23:7 26:8,17	79:19 81:11
121:7 147:21	27:22,24 28:23	28:12 29:15,18	formula 80:1
163:17	28:25 35:20	31:6 34:25	forth 28:16,19
filters 34:11	42:11 74:14	37:23 39:2	95:6
48:20,20 59:10	84:17 99:7	43:10 45:1,17	forward 10:10
59:14,15,17	105:18 115:18	46:6 49:9	57:13 116:2
100:19 139:19	115:21,21	50:23 51:15	forwarded 59:4
139:20	116:6,23	52:2,15 72:14	forwarding
final 6:18 86:2	146:11 147:4	76:9,23 87:5	28:5
financially	171:20 176:22	90:7 91:22	found 20:8
202:6	176:24 179:9	97:12 103:4,10	69:1 178:24
finds 44:2	182:19	104:6 105:16	194:15
fine 27:9 88:6	firsthand 39:25	105:25 107:2	foundation
finish 12:9	fiscal 171:3	108:1 109:20	34:25 46:6
91:11		113:15 114:11	51:15 76:23

<p>103:4 107:2 120:10 122:12 123:6 135:15 144:2 168:10 178:14 184:24 197:19 198:11 four 74:15 freely 16:5 frequency 17:19 frequently 185:10,14 front 13:19 fruechtenicht 3:9 full 11:11,13,24 12:1 166:2 179:10 functions 35:24 36:2 funded 187:3 funding 187:4 funnel 54:21 funnels 54:25 further 107:4 132:4 161:6 199:8 202:4,7 future 188:14 fy 7:16</p>	<p>gao 165:3,16,24 167:3,20 170:19 171:10 171:20 173:21 173:22 174:7 175:12 177:19 178:20 180:12 181:17,18 190:17 gao's 172:5 175:13 179:8 182:14 gather 66:21 general 19:25 24:9,20 30:12 34:1 47:24 54:25 63:13 80:3,5,17 112:6 141:6 166:21 167:2 generalize 87:15 generally 14:4 14:10 15:18 17:24 52:22 168:16 generated 43:20 genesis 75:8,11 75:13,18 gerd 137:18 getting 187:20 giovanni 4:4</p>	<p>giovanni.ant... 4:11 give 16:1 17:7 22:15 33:22 34:1 89:10 97:2 191:18,20 given 18:11 61:6,24 62:17 63:6 156:13 168:5 gives 166:1 giving 97:22 107:20 glad 163:12 go 12:14,15 19:16 31:17 33:11 39:9 41:16 46:8 49:10 53:21 58:19 71:21 72:8 73:11 79:9 80:6,19 91:10 98:20 101:5,12,19 109:9 111:14 121:22 123:24 126:2,5 131:11 132:3 133:10 133:24 135:16 153:1 183:16 191:22 192:2 193:14 goes 43:18 54:22 70:1</p>	<p>141:18 149:24 going 16:19 19:11 20:24 25:17 27:13,15 27:16 35:21 41:25 56:18 58:3,8,9 73:7,9 80:12,13 82:4 82:5,12 89:8 89:11 91:10,11 99:9 100:23 105:6 112:2 115:9 118:9 124:1,2,4,4,6,7 126:2,16,20 127:4,7,8 129:15 130:5,8 130:10 132:14 133:24 135:4 135:10 142:17 145:22 148:11 148:13,24 150:24 151:11 151:13,14 159:21 160:4 160:18,24,25 167:9,10 170:18 172:17 172:21 174:20 175:22,23 176:22 179:22 191:11 192:1 192:17 193:6 193:14 197:25</p>
g			
<p>g 8:3 78:18,20 116:5,12</p>			

<p>golkow 8:7 good 10:9,13 15:2,11 35:4 38:16 56:19 86:20 88:3 174:21,23 govern 166:25 governing 167:3 government 7:19 11:21 20:18 35:25 85:25 97:25 101:21 102:5 102:20 104:4 114:9 118:16 118:21 121:25 151:14 161:1 167:13,20 177:18,23 187:5 government's 102:25 governmental 159:1,6 164:24 166:7 168:19 grab 192:1 graham 3:4 grand 3:21 grassley 175:25 176:8 177:17 gray 1:24 2:7 9:20 10:4 182:1 201:13</p>	<p>202:21 great 20:12 56:24 58:13 145:21 grounds 18:23 group 2:4 3:3 20:5,7 52:18 82:8 184:7,11 184:13 188:5,7 guess 114:4 188:18 189:21 guidance 168:5 169:4,20 guideline 115:16 guidelines 7:16 65:12,16 68:7 115:3,12,25 118:1,5 141:2 guys 44:20 125:12 191:17</p>	<p>happy 21:1 56:22 133:13 171:21 hard 21:24 171:22 hcpcs 50:4,17 head 16:21 90:15 130:22 144:12 184:19 heading 172:25 health 6:12 11:19,20,22 14:15 35:25 36:25 44:16,23 45:6 46:3 86:10,11 88:25 90:22 103:13 115:18 151:21 151:24 158:13 177:3,10 179:14 188:7 190:11 193:23 healthcare 35:24 36:3 106:22 170:22 173:9 177:12 194:12,17 195:2,6 196:12 196:19 hear 16:18,23 125:22 131:8 heard 9:3 170:4 heart 93:10</p>	<p>held 8:13 57:5 88:13 175:3 192:8 help 29:25 33:24 163:10 169:10 182:1 helped 24:6 helpful 160:14 hematoma 130:22 132:7 hhs 171:7 172:8 high 41:12 highest 170:3 highlight 102:8 hill 7:5,14 62:5 101:6,10,13 103:12,17 105:8 114:1,6 159:22 193:1 194:4,10,12,15 195:10,15 196:12 198:20 hill's 103:1 106:21 107:22 113:22 114:15 194:21 195:1,6 196:12 hill.xlsx 100:25 hired 158:3 historical 117:6 history 6:20 61:21 99:1 117:4,6 134:5</p>
	h		
	<p>h 6:1 7:1 130:14 hand 9:25 170:17 hang 175:9 happen 189:9 190:2 happened 131:2,24 happens 12:17</p>		

134:7,9 136:18 137:13,25 138:9 hits 101:9 hold 34:22 191:17 honorable 7:24 hope 126:15 160:14 hoping 22:2 175:8 hos 75:5 hospital 53:23 53:25 75:5 78:23,23 81:25 92:18 106:6 107:23 108:20 109:10 110:4 141:16 146:1 146:12 hospitalization 75:2,6 110:18 110:25 111:20 118:17 hospitalizatio... 112:12 118:22 hospitals 101:9 177:14 hour 56:18 125:13 174:20 175:9 how's 171:23 human 46:9	humana 44:16 44:23 45:5,21 46:2 190:11 hundred 191:19 hunt 4:15 hyperlipidemia 112:5 137:19 hypertension 111:17 112:4 155:20 hyperthyroidi... 112:4 136:16	116:1,4,6 121:6 127:13 129:10 140:21 141:2 146:15 147:25 151:5,7 155:18,21 157:13 162:6 162:10,24 198:22 idea 36:23 93:13 identification 20:10 25:14 27:10 73:5 89:6 99:4 100:21 114:24 130:3 148:8 159:19 167:7 175:19 191:8 identified 61:13 62:3,10 74:20 76:7 93:1,15,19 100:15 157:6 162:7 170:23 172:6 identifier 76:6 78:14 identifies 171:14 identify 22:3 26:12 44:13 59:16 62:11 100:14 117:20	194:3 196:19 196:21 identifying 17:11 72:8 147:24 ids 34:9 iii 7:24 141:5 illness 134:6 illnesses 194:6 impact 67:22 109:2,5 117:7 imperative 180:17 implement 171:25 179:14 implementati... 172:8 174:5 implemented 34:10 implication 152:7 implications 145:11 important 109:11 135:23 136:11 137:24 138:7 impossible 46:9 48:8 improper 7:20 167:22 170:19 170:24 171:1,5 171:9,11,13,16 172:1,25 173:2
	i		
	i1310 110:12 i2699 121:8 i480 121:8 ic 157:11 icd 7:16 33:8 47:17 49:23 50:16,24 62:19 62:25 63:2,16 63:21 64:12,19 65:1,11,15 67:2,4 68:4,18 69:4,14 73:1 76:2,5,6 84:14 93:15 95:13,22 96:5 97:10,23 98:12 100:4 104:3,3 105:2 105:8,9 112:7 115:2,11,16		

173:5 175:14 177:24 179:2,5 179:11,15 180:15,19 183:11 184:3,8 184:13 inactive 136:18 inclined 97:9 include 49:12 86:25 88:23 90:23 91:2,6,7 112:3 114:5 129:21 154:20 154:21 172:2 175:22 included 34:8 38:4,6,8,12 59:8 64:16 96:17 110:8 121:8 122:6,8 132:25 133:1 151:9 155:15 162:5,17 194:14 includes 33:4 54:12 88:25 154:18 179:16 including 10:24 54:6,10 inclusion 72:17 inconsistent 142:22 incorrect 170:20	increased 141:16 independent 68:20,21 independently 49:5 62:24 76:1 78:4 98:19 113:21 156:24 index 5:6 160:12 indicate 51:3 151:24 198:5 indicated 122:16 indicates 87:18 116:13 138:21 152:18 155:8 indicating 58:21 80:8,19 86:12 87:7 168:20 171:23 indication 123:9 137:21 indicator 67:6 individual 15:16 17:24 23:10,18 33:7 49:19 72:6,9 72:16 73:3 148:23 individual's 46:21	individuals 17:3 25:1 27:4 37:5 61:9,12 62:2,12 70:22 infection 106:2 106:5 107:22 109:8,9,12 influences 117:7 information 17:11 37:24 45:22 48:2 49:6 51:12 54:24 55:1,9 55:10,16 56:2 59:11 62:17 66:22,23 72:8 76:17 78:16 90:2 105:1 135:19 152:3 159:10 194:2 ingrid 4:19 8:6 inhouse 9:17 initially 29:12 injury 134:10 134:13 144:12 input 24:9 30:11 35:17 43:3 44:6 45:13,14 78:19 100:19 inputting 45:1 insight 198:14	inspector 166:21 167:2 instance 2:3 152:15 institutional 75:4 77:22 78:25 96:22,23 100:7 101:10 120:17 150:5 194:16 195:3 instructed 107:17 instruction 11:4 116:14 insurance 35:25 36:3,25 37:13 38:21,23 39:16,21 53:13 86:10,11 89:1 90:22 103:13 151:21,25 152:2 155:1,1 155:6 intended 74:4 98:16 140:2,7 196:19 interaction 190:10 interactions 19:8 interested 202:6 interfere 144:14
--	--	---	--

<p>internet 12:14 interplay 50:16 interpreted 141:10 198:7 198:20 invoked 109:16 involve 28:16 128:9 183:2 involved 26:4 28:19 34:18,19 35:16 46:14 56:14,16 63:3 181:8 182:13 188:22,25 involvement 165:22 involves 117:19 172:12 involving 128:8 143:9 183:10 189:2 isaac 62:5 ischemia 162:16 issued 115:17 167:19 168:20 191:3 issues 16:11 187:23 item 72:18,21 141:19 items 104:3 127:13</p>	<p>ithout 180:12</p> <p style="text-align: center;">j</p> <p>j 7:24 117:13 jacqueline 7:7 62:4 january 27:25 28:25 59:22 60:13,16,19,24 71:17 81:2 jefs 22:7 jenna 3:9 9:12 jfb 3:12 job 1:25 11:24 12:1 15:18 18:3 24:11 30:20 32:9 41:9,13,13 46:24 47:1 51:8 97:7 181:16 joey 9:11 jog 133:14 john 130:14 jones 46:22,22 47:5,8 joseph 4:6 130:12 joseph.b.turner 4:12 june 6:24 129:23 justice 4:7,8 6:13</p>	<p style="text-align: center;">k</p> <p>keep 12:10 20:13,21 21:24 80:12,12 82:4 82:12 85:4 101:25 112:2 116:12 190:23 keeps 132:7 kick 155:6 kidney 99:1 112:5 155:20 156:9 157:1,12 161:5,6,12,23 163:1 164:8,14 kindly 192:16 know 12:17 14:6,8,21 18:4 29:21,22 38:13 38:19 39:12,19 45:6 46:16,23 46:23,25 47:2 47:9 48:9 52:7 53:19 56:19 57:21,23 58:2 58:20 61:11,20 63:14 74:11 80:22,23 81:8 82:20,21,22 83:2,5,7,8,14 83:25 84:11,13 84:17 86:24 91:5,14 92:9 92:12 93:12,25</p>	<p>94:5 98:18 104:19 109:11 111:24 119:18 122:19 124:19 124:23 127:16 127:23 128:17 128:18 131:19 135:23 136:15 136:17 137:7 137:24 144:24 146:6 147:22 147:22 154:8 154:17,20 157:15 161:4 161:11 164:23 165:3,25 174:13 175:24 176:14 183:16 186:24 187:3 187:11,15,21 187:21 188:19 189:9,12 193:5 196:3 198:13</p> <p>knowledge 17:14 27:7 39:22 40:1 44:12 51:10,17 60:9 64:1 66:5 83:18,21 110:17,24 159:12,17 165:2,8 167:6 168:3,4 169:12 172:11,14</p>
---	--	--	--

173:24 174:10 174:18 190:16	lengths 141:16 letter 7:24 23:25 24:3,7,8 27:15 29:10,15 29:22 30:2,4 41:17 58:15 60:17 62:20 105:7 176:7,21 176:25 177:20 180:8,21 195:13	197:16 leukemia's 121:14 level 33:6 41:13 69:5 likelihood 188:12 likely 179:4 198:8,13 limit 147:17 limited 10:24 34:9 77:13,16 84:10 165:8,23 172:15 limits 152:17 153:8 line 84:5,7,11 84:16,18,19,20 84:21,22 85:1 85:6,11 98:20 104:3 127:13 157:5,5 172:18 179:24 190:5 190:24 link 143:22 list 62:19 110:9 110:13 116:6 121:8 137:12 138:7 194:15 listed 23:12 25:6 70:22 94:24 112:22 112:24 116:23 138:11 144:5	147:4 lists 105:2 137:15,16 litigation 1:4 8:8,15 14:4,10 14:22 15:16,22 17:4,8,23 18:2 18:9,15,25 19:5 201:4 little 13:16 26:2 32:12 33:13 54:20 65:14 80:6 132:3 142:18 149:22 152:21,23 166:14 lloyd 7:24 176:10,14,17 loc 130:23 local 53:22,25 located 12:20 lockheed 40:9 40:17,21 41:1 logic 186:22 logistics 186:22 logo 167:12,14 long 40:2 137:7 look 20:23,24 23:23 26:1,3 30:1 50:14 58:14 72:2 77:20 79:16 80:24 84:4 87:19 90:2
l	leukemia 94:2 94:9,15,17,23 95:13 96:14 101:18,23 103:1,8 105:7 106:6,13,22 107:14,24 108:11,21 109:13 110:19 111:1,4,7,8,11 111:16,21 112:12 114:7 114:17 119:3 120:7,19 121:2 123:21 124:13 124:16 129:3 137:1,16,23 138:18 139:3 139:15 140:4 144:12,14 146:15 157:11 194:13,24 196:13,20,22		
labeled 148:14 lacer 128:16 laceration 130:22 132:6 lane 38:18 large 130:22 132:7 larger 72:11,11 late 125:25 latest 20:8 laws 202:12 lawsuit 18:20 leadership 2:4 3:3 learn 19:10 learned 79:14 leaves 105:21 159:25 led 14:15 109:23 173:2 left 80:7 127:18 170:17 legal 16:3 leidos 40:21 41:2 lejeune 1:4 4:8 8:14 14:4,7 194:8 201:4 length 141:23			

<p>94:15 115:1,14 116:19 117:1,3 118:8,15,24 120:13 127:19 129:16 141:4 146:22 148:10 148:11 156:6 160:24 169:14 193:7 looked 26:23 86:13,16 118:12,25 134:21 141:3 151:1 looking 10:10 37:19 63:15 81:18 84:25 86:18,19 92:7 92:16 93:4 96:19 100:1 101:16 104:15 108:22 109:25 110:24 124:2 133:19 146:4 150:4,8,19 189:16 196:7 looks 85:3 92:15 95:9 101:11 102:18 103:15 105:17 114:12 122:3 148:25 150:10 150:12 153:18 153:20</p>	<p>lookup 104:12 104:17,19 loose 130:21 132:1 loss 7:13 192:25 lot 17:13 18:2 82:5 105:1 loud 35:22 love 163:10 lunch 126:10 126:16 luxenberg 3:21 lymphocytic 137:15</p> <hr/> <p style="text-align: center;">m</p> <hr/> <p>m 52:23 55:18 130:14 m810 155:21 ma'am 11:8 60:3 199:16 machine 2:9 made 36:9 64:25 90:19,24 103:16 106:19 164:22 170:20 170:21 173:20 178:20 188:13 196:19 198:6 201:23 main 3:5 make 10:20 12:9 41:25</p>	<p>45:24 47:25 58:24 64:25 77:17 95:20 106:9 136:19 139:7 142:17 144:13 making 46:12 46:12 174:15 male 134:7 malignancy 146:2,25 147:4 malignant 146:8 managed 35:25 36:2 42:18,19 42:20 43:20,21 44:17 45:9 57:24 manages 177:9 managing 193:24 mandated 171:10 manual 76:7 184:22 185:10 185:16,20,22 186:3,5,8,10 mapping 84:8 march 6:13,18 7:25 60:17 134:20,25 135:1 177:21 194:1</p>	<p>mark 62:4 115:5 marked 20:10 20:25 21:10,15 25:13 27:10 73:5,8 89:6,12 99:4 100:21,24 114:24 130:2 148:8 159:19 160:9 167:7 175:19 191:8 191:12 192:22 marks 5:18 markups 186:9 martin 40:9,17 40:21 41:2 mass 49:18 master's 30:25 matching 34:18 119:21 materials 6:3 13:11,18,23 21:12 27:2,3 mathematics 31:1 matter 8:14 199:24 mdlg7557841 1:25 mdr 42:1,8 47:4 49:6 51:22 52:12,23 52:24,25 53:2 54:2,5,7,9</p>
---	--	--	--

55:13,18,18 56:6,8,14 57:16 58:9,9 74:18,21 75:13 75:20 mean 24:25 36:1 42:15 53:11 67:17 76:21 78:5,7 80:19 82:23 85:17 87:15 128:1 145:9 188:24 meaning 72:25 154:25 means 10:24 11:5,7 77:4 82:18,21,24 85:19 86:8,9 90:17 91:15 92:10,13,14 96:21 127:23 128:17 142:23 149:5,6 meant 63:21 132:5 measurement 7:21 167:22 168:7,21 171:13 172:2 173:1 177:25 179:16 measuring 173:5	medicaid 36:21 36:22 medical 6:20 6:23 7:22 67:24 70:11,21 70:23 92:19 93:17 94:4,5 94:20 106:8 107:5 108:6,14 112:6,15 114:16 116:8 116:22,22 119:6,11,14,16 119:22 130:12 131:19 136:8 137:6,12,24 138:8,12 162:19,21 167:24 168:8 168:22 172:2 172:12 173:12 173:14 177:4 178:2,25 179:16 183:4 183:10 184:2 194:22 medically 177:6 medicare 36:17 36:19 171:9,11 171:12 173:7 179:3 medicare's 173:2 179:6	medication 135:25 medications 144:13 meeting 28:3 meetings 165:19,22 member 176:1 members 38:18 188:6 memo 194:1 195:10 memorandum 6:12 memory 133:7 133:14 mentioned 37:11 40:11 43:1 44:21 59:19 68:2 message 192:15 messaging 10:25 met 37:8,9 155:5 methodologies 173:8 183:2 184:1 methodology 173:1,11 174:16 179:7 179:16 183:10 methods 172:2 180:18	mg 130:23 mhs 75:8,11,18 michael 4:5 9:10 michael.w.cr... 4:12 michigan 3:22 military 37:6 53:3,15,23,25 54:3,10 55:25 149:18 177:13 military's 35:23 million 37:2 44:22 171:5 177:12 millions 44:25 46:7 53:17 54:23 mind 14:10 25:24 91:12 174:3 mine 113:23 mischaracteri... 198:24 mischaracteri... 198:9 miscoding 51:12 misrelied 197:17 misrely 198:23 missed 163:6
---	--	---	---

modify 71:5 158:22 moment 22:15 42:14 46:18 126:6 money 101:16 106:21 114:15 194:11 195:1,5 196:11 monitoring 141:17 montgomery 2:11 8:1 12:22 month 19:19 months 28:23 29:7,23 134:24 morning 10:9 mouse 80:12 move 57:13 72:4 172:22 183:6 mtf 149:18 multiple 42:13 54:14 57:17	82:9 184:14 named 175:24 names 22:10,25 23:11,21 62:6 narrow 13:15 nate 9:16 nathaniel 4:15 national 115:17 nature 8:25 32:8 33:16 41:14 navy 177:5 necessarily 5:19 33:18 55:14 70:6 91:19 106:12 140:10 143:22 164:13,14 185:2 necessary 32:3 need 32:13,14 65:13 102:14 172:7 191:17 needed 26:14 104:13 158:7 needs 155:5 negatively 16:21 neoplasm 146:6,7 neoplasms 146:5 net 44:16,23 45:6 46:3	190:11 network 159:2 177:13 networks 38:20 never 167:14 167:16 168:2 193:4 new 4:9 nice 12:10 20:21 97:16 126:15 nine 6:7,11 73:19 99:18 101:2 126:24 134:19,23,23 135:10 148:16 non 136:8 nonhealing 132:22 134:3 137:2,8 138:15 138:22 noninstitutio... 74:24 75:1 100:10 101:13 102:11 120:14 121:23 122:9 123:11 150:5 151:12 155:15 160:24 194:17 195:7 normal 79:17 north 1:1 3:5,5 3:11,16 4:10 8:17 201:1	note 5:18,21,21 76:4 138:9 180:4 noted 101:8 notes 6:24 76:14 77:1 202:2 notice 2:12 6:7 6:9 26:4 149:20 noticed 75:8 76:13 82:13 125:24 162:3 num 169:19 number 6:2 7:2 21:17 37:1 61:16 73:14 78:11,13 81:2 81:11,12 84:22 86:2 89:14 99:15,17 101:2 118:10 122:23 123:12 126:23 149:9 155:17 169:17,21 170:8 numbered 2:5 73:18 169:19 numbering 169:22 numbers 22:10 59:13 61:25 79:15,16,20,22 79:25 87:14
n			
n 3:1,8,13,19 4:1 5:1 8:3 n401 162:10 name 8:5 10:16 11:11,13 17:11 17:15 22:14 30:2,7 46:16 46:17,21 78:10			

124:25 nursing 141:16	190:12 195:25 197:8,18 198:10	143:12 144:15 146:19 147:10 156:10 157:2 157:18 158:9 158:16 161:7 161:13,24 162:13 163:3 163:23 168:25 169:7 172:13 172:18 173:23 174:9,17 176:3 176:11,16 179:23 181:11 182:17 185:12 186:20 187:6 187:24 190:20 196:24	occurring 13:9 occurs 83:19 odr 57:16 74:12 ods 32:25 33:2 33:4 34:6 35:3 35:17 38:1 41:21 42:8,11 42:16,17,21 43:3,8 44:2 45:2,8 47:3 49:6 51:22 52:12,22 53:9 54:6,11,16,22 55:1,4 56:5,15 57:24 58:5,6,7 74:12,14,16,21
o	objecting 131:10	objections 6:9 183:13 184:6 199:1 201:22	offer 108:15 office 7:20 16:19 19:24 24:9 30:12 47:24 53:23 63:13 165:4 166:8,21 167:1 167:13,21 177:19,23 184:15,17
o 8:3 32:25 130:14 oath 12:4 201:20 ob 197:7 object 13:13 14:24 15:9 23:6 26:7,16 28:11 29:17 31:5 37:22 39:1 43:9 45:16 46:5 49:8 52:14 72:13 76:8,22 87:4 90:6 91:21 97:11 103:3,9 104:5 105:15,24 107:1,25 109:19 113:14 114:10,18 121:16 122:11 131:4 133:4 136:20 144:1 152:10 156:1,2 164:16 165:5 168:9 178:5,13 180:24 181:19 183:5 184:23 188:15 189:23	objection 27:6 31:16 33:10 34:24 35:9 44:8 45:4 47:7 48:6,16 50:22 51:14 52:1 56:12 57:20 61:17 63:23 65:4,20 66:10 67:9 68:5,10 69:7,21 70:14 71:12,20 83:10 83:20 94:3,11 94:19 95:25 96:9 98:2 106:7,14 107:7 107:16 108:13 108:23 110:20 111:2,13,23 112:13,19 119:4 120:9 121:4 122:10 122:18 123:5 123:15 124:14 135:14 136:4,7 137:4 138:1,20 139:5,17 140:5 140:12 142:9 142:14 143:1	obtained 42:20 78:14 84:23 115:23 occasioning 147:1 occur 5:23 10:25 occurred 17:17 174:6 188:11	official 7:16 65:12,16 115:3 115:12,16,25 141:2 184:17 offset 98:12 122:6

offsets 7:14 193:1,10	98:22 99:6,13 101:7,14,25	166:19,22 167:9,17	opine 94:21 97:9 106:15
oftentimes 136:16	102:16,23 103:22 104:2	168:16 169:14 169:24,25	108:7 109:21 119:5
ogc 19:24 59:5	104:23 105:4	170:5,15	opinion 68:23 69:2,12,17
oh 24:18 40:13 54:7 73:8,9	105:11,20 110:3,14,16	172:23 174:2 174:24 175:8	106:11 107:20 108:15,18
80:18 104:23 163:9	111:19 114:2,3 114:3,14 115:1	177:2 178:15 178:18 182:10	opinions 97:23
ohi 86:6,8,9,9 86:15,22,24	115:6,8,24 117:25 118:8	189:21 191:2 192:19,20	opposed 66:8 72:10 97:21
87:13 88:20	118:13,24 119:18 120:2	193:6,14,21,22 195:17 199:6	options 39:13
oig 190:17	121:1,10,22 122:4 123:1	old 134:7	oral 1:13 2:1 134:8 201:8
okay 11:10 12:12,18 16:15	126:4,19,20 127:19,25	once 17:21,21 108:3	order 30:16 50:14 95:21
16:25 19:18 21:10 23:24	128:2,7,20 131:7,13,15,15	ones 23:22 82:6 104:16 124:9	199:23
25:3,20 27:12 30:15 31:20	133:13,16,24 134:5 135:7,21	ongoing 134:14	organization 46:11 55:20
39:12 41:5 42:4,10 47:21	136:24 138:6 140:1,10	oops 149:4	organized 22:2
48:17,24 50:11 54:2 55:4	142:21 145:21 146:9,22 147:7	open 21:1,3,5 25:24 40:12	original 44:1,4 60:20 104:22
58:13 60:2,7 62:8 64:6	149:20 150:21 151:11 153:23	89:9 128:2,9 129:2 132:14	110:9,13 134:13 164:4
67:15 70:19 73:7,22 74:19	155:14 156:5 158:1,21	133:1 167:10 178:22 179:9	originated 111:8
75:21 79:12 80:22 81:17,20	159:11,21 160:10 161:20	181:4	ortiz 4:3 9:8,9 9:15 13:13
81:22 84:24 85:13 87:16,23	162:3,16,23 163:7,12,21	opening 25:25	14:24 15:9 16:6,20 19:12
87:24 88:7 89:17 91:19	164:20 166:16	operations 12:1 30:20 31:3,14	21:19 23:6 26:7,16 27:6,8
92:15,24 93:24		31:24 181:10 182:15 184:20	28:11 29:17 31:5,15 33:10
		190:25	

34:24 35:9	123:5,14	188:15 189:23	175:3,5 192:6
37:22 39:1	124:14 125:15	190:12,20	192:8,8,10
43:9 44:8 45:4	126:1 131:4,9	191:21 195:25	200:4,6
45:16 46:5	133:4 135:14	196:24 197:7	page 5:2,14 6:2
47:7 48:6,16	136:4,7,20	197:18 198:10	6:3 7:2 59:20
49:8 50:22	137:4 138:1,20	198:25 199:9	63:18 116:3,20
51:14 52:1,14	139:5,17 140:5	199:22,25	117:13 140:21
56:12,17,23	140:12,16	200:2	140:25 141:4
57:20 61:17	142:9,13 143:1	osteoporosis	145:23 146:22
63:23 65:4,20	143:12 144:1	155:21	171:20 172:24
66:10 67:9	144:15 146:19	outpatient 75:2	193:7,8,15,16
68:5,9 69:7,20	147:10 148:17	75:19	pages 6:5,7,11
70:14 71:12,20	152:10 156:1	outside 50:20	7:14,18,22,25
72:13 73:12,20	156:10 157:2	66:13 69:18	142:17 146:4
76:8,22 80:14	157:18 158:9	98:13 117:22	202:1
80:20 83:10,20	158:16 160:6	119:23,25	paid 85:25 86:3
87:4 88:5 90:6	160:10 161:7	120:8,11	86:6,9,15,24
91:21 94:3,11	161:13,24	overarching	88:20,25 90:21
94:18 95:25	162:13 163:3	41:13	91:3,20 100:16
96:8 97:11	163:23 164:16	overseeing	101:17,22
98:1 99:14,20	165:5 168:9,24	193:24	102:5,11 103:1
103:3,9 104:5	169:6 170:2,13	oversight	103:13 106:21
105:15,24	172:13,16	180:18	114:9,15
106:7,14 107:1	173:23 174:8	owe 155:2	118:16,20,21
107:6,16,25	174:17,19,24	own 30:5,10	121:24 123:21
108:13,23	176:3,11,16	58:16 85:2	151:14,21
109:19 110:20	178:5,13	p	152:15 153:6
111:2,13,22	179:21 180:24	p 3:1,1 4:1,1	153:18 155:2
112:13,19	181:11,19	8:3 79:8,9	157:16 158:13
113:14 114:10	182:17 183:5	p.a. 3:4,10,15	161:1 165:18
114:18 117:10	183:12 184:5	p.c. 3:21	173:9 184:3
117:14 119:4	184:23 185:12	p.m. 2:7 126:10	194:12 195:1,6
120:9 121:4,16	186:20 187:6	126:12 175:1,3	196:11
122:10,17	187:24 188:3		

panel 19:3	100:20 103:20	135:22 136:2	189:14 196:19
par 164:9	110:8 117:22	136:14 138:14	198:5
paragraph	118:5 128:13	141:13 147:1	pays 154:12
30:19 32:23	129:12 152:15	152:13,15,18	peacetime
33:5 35:20	154:5 158:25	153:10,18	177:7
41:18 58:20	164:10 190:1,7	154:1,8,11,12	penalty 202:11
115:19,21	196:4	155:12 173:12	people 37:9
170:18 171:17	particularly	patient's 61:2	percent 171:6,8
172:22 173:4	96:25	91:24	191:19 198:21
176:22 177:18	parties 2:10	pause 9:1	percentage
177:22 178:20	8:20 9:3 10:22	pay 37:20 38:8	18:8 189:3
179:8 180:9,9	11:1 202:5	87:18,21 90:12	perfect 23:1
196:7,8	parts 34:20	153:10 154:1	34:3
paralegal 192:1	179:17	payment 55:1	perfectly 16:23
parameters	party 18:14	86:12 90:19	perform 30:16
62:17	53:14	91:24 92:1	32:3 33:20
parentheses	pass 46:13	152:19 171:13	34:20 48:20
102:5 194:5	passed 57:17	172:1,25 173:2	49:21 52:4
parox 93:8	past 17:4 60:15	173:16 179:2	156:7
paroxymal	137:12,24	179:15,18	performed
137:16	138:8 176:18	194:4	15:15 35:14
paroxysmal	186:14 188:12	payments 7:21	40:25 41:3
93:8	patience	38:3,5 86:22	42:7 45:13
part 23:12 25:5	199:12,19	86:25 90:24	47:9,12 51:4
29:4 32:9,17	patient 38:3,5,8	102:20 103:16	58:18 77:15
51:8 63:19	75:12 81:23	103:19 153:18	101:1 149:6
65:8 89:23	86:22,25 87:1	155:6 161:22	159:18
110:13 164:21	87:18,21 90:12	167:22 170:19	performing
178:24 181:16	91:3,6,8,14,16	170:20,24	33:17 40:5
184:7 188:18	91:18,20,25	171:1,5,9,11,16	41:6 181:14
particular	103:16,19	173:5 177:25	performs 52:18
28:18 52:18	116:21 131:1	179:1,5,11	166:6
81:9 82:1 86:3	131:21 132:1,2	180:15,19	period 59:21
93:19 94:22	134:6,14	184:3,8,13	150:13,15

<p>peripheral 165:7</p> <p>perjury 202:11</p> <p>permitted 166:17</p> <p>person 28:3 79:17 193:5</p> <p>person's 196:4</p> <p>personal 18:23 48:9 66:14 190:10</p> <p>personally 14:8 174:10</p> <p>persons 36:24</p> <p>perspective 167:1</p> <p>ph.d. 7:13 192:25</p> <p>pharmacy 76:20 77:6</p> <p>phone 28:3</p> <p>phrase 141:12</p> <p>physical 6:21</p> <p>physically 12:21</p> <p>physician 6:18 6:24</p> <p>piece 62:16,18</p> <p>pieces 62:16</p> <p>place 52:11</p> <p>placed 132:10</p> <p>placement 132:10</p>	<p>plaintiff 18:19 99:12 148:6,13 152:9</p> <p>plaintiff's 98:12</p> <p>plaintiffs 2:3 3:3 6:7,9 9:7 9:14 21:11,13 23:11,16,19 26:21 46:1 48:3 61:15 69:14 70:13 72:7 75:16 89:12 97:20 158:14,25 159:5,14 194:6</p> <p>plan 36:8 39:13 177:10</p> <p>plans 36:5 37:13,14,16,18 39:9,10 172:4 188:7</p> <p>please 5:21 9:1 9:4,25 10:16 11:11,14 12:8 22:16 23:15 24:7,11 31:9 40:3,12 42:10 69:9 78:12 79:10 86:7 90:9 120:22 130:19 131:16 133:12 138:5 149:12 152:23</p>	<p>163:8 164:3 181:5,22 182:2 183:22 190:4</p> <p>pocket 153:7 154:12</p> <p>point 56:7,20 61:7 86:21 159:8 162:1 174:21,23 187:20</p> <p>pointed 145:17</p> <p>pointers 50:7,9 50:18 51:5</p> <p>policy 185:6,10 185:16,20,22 186:3,10,21 187:22</p> <p>portion 91:17 149:16 154:24 159:16</p> <p>poses 180:22</p> <p>position 31:3 52:10 124:22 148:1 188:11</p> <p>positions 69:2</p> <p>possibilities 55:15</p> <p>possibility 109:17</p> <p>possible 142:5</p> <p>post 179:18</p> <p>posterior 132:6 134:10</p>	<p>potential 7:14 185:6 192:25 193:10</p> <p>potentially 14:13,14 109:22 185:8 188:7</p> <p>practices 180:14</p> <p>pre 39:5 170:8</p> <p>preauthorizat... 38:25</p> <p>precise 97:2 102:24</p> <p>preexisting 137:8</p> <p>prefer 21:3</p> <p>preference 21:4</p> <p>premarked 115:7</p> <p>premise 107:8 108:3</p> <p>premium 37:24</p> <p>premiums 37:21 154:19 154:20</p> <p>prepare 20:2 28:24 29:25 30:9 73:25 75:23</p> <p>prepared 20:20 30:5,11 31:3 31:13 75:25 123:17 194:1</p>
--	---	--	---

<p>195:15 preparing 5:24 79:14 prescribe 136:1 144:13 presence 69:24 161:16 present 4:15 11:25 57:6 127:2 134:6 193:10 presented 74:7 122:20 pretty 17:15 34:19 146:23 180:2 previous 144:21 156:18 163:15 164:6 178:8 182:5 previously 15:22 40:9 49:13 100:24 117:25 161:15 191:12 192:22 pri 121:2 primarily 40:16 97:8,21 primary 31:23 32:1 35:7 65:17,24 66:2 66:8 67:23 77:16 83:3 84:1 93:5</p>	<p>109:23 113:5 117:20 120:18 120:24 121:15 121:19 146:14 147:3,3,14,17 147:25 150:3 150:18 155:17 155:19 157:14 161:16,17 194:23 principal 65:24 93:1,5,22 94:24 95:16 96:21 103:22 104:7,20 105:22 106:1 110:6 111:6 112:3,8 113:11 114:6,16 119:2 119:7 121:2,20 123:22 124:3 127:6,20 128:15,21 133:2 146:14 147:4,13 148:1 150:3,18 162:4 162:25 principle 147:14 printed 13:18 prior 47:5 61:21 68:14 118:1 151:1 158:14</p>	<p>priority 178:20 private 53:3 privilege 16:10 17:6 pro 44:18 85:5 probably 17:20 17:20 18:10 48:7 59:25 60:13 63:18 86:17 104:13 113:17 150:10 184:13 problem 116:7 137:12 procedure 2:13 51:3,4 96:21 96:23 102:6 procedures 141:15 194:3 proceeding 11:1 proceedings 201:17 process 5:24 35:5 39:7 43:7 43:13,15,22,24 45:22 57:22 63:4 85:20 173:10 processing 173:22 produce 29:6 29:14 44:6</p>	<p>produced 2:2 6:3 20:18 21:12 23:24 24:4 25:22 26:14,22,25 27:5 46:4 99:11 102:25 179:6 producing 47:6 158:14 production 6:10 productions 22:1 professional 93:17 119:6 136:8 137:6 201:15 program 35:24 36:2,10,13,18 36:20,21,22,25 37:5,7,12 78:20 139:9,10 139:12,18 140:1,7 159:3 171:14 173:10 179:11 184:4 184:22 185:7 186:16,18 187:1,13 188:13 189:7 189:15 193:25 programs 170:23 179:18</p>
---	---	---	---

<p>progress 6:23 181:3</p> <p>project 29:4 32:8 45:13</p> <p>proper 179:2</p> <p>properly 146:14</p> <p>propounded 201:22</p> <p>prostate 162:10</p> <p>protocol 172:12 174:6</p> <p>prove 140:2</p> <p>proved 142:5</p> <p>provide 32:19 54:24 166:1 181:5 192:18</p> <p>provided 12:4 14:19 20:4 29:13 36:9 47:18,19,21 51:24 53:3 59:12 60:8,11 61:1,5 62:19 63:10 64:7 66:22 69:15 77:14 78:14,18 82:10 85:21 95:14,22 96:6 97:6,24 98:6 112:24 116:10 155:18,25 159:7 163:18 194:10 195:2,6</p>	<p>195:22 198:9 198:21,24</p> <p>provider 38:20 43:18,18 44:5 44:17 45:22 48:1 51:12 58:3 65:7 82:8 83:13 85:14 137:22</p> <p>providers 34:10 39:16 44:25 45:15 47:13 48:9 50:2 53:14,18 53:20,20 54:24 122:9 177:14 179:1 194:18 195:7</p> <p>provides 36:4 43:2</p> <p>providing 76:6 177:4</p> <p>pt 130:20,23</p> <p>published 177:23</p> <p>pull 15:6 23:10 23:17 24:21 27:23 41:23 55:8 62:24 63:8,20 64:18 68:17 70:16 82:13 89:4 107:13 108:19 118:2 185:4</p>	<p>pulled 15:6 22:13 41:19 42:1 47:11,16 48:4 68:24,25 70:12 71:16 72:6 73:1 78:17 82:17 93:22 94:9,14 95:7,12 96:13 96:17 98:23,23 100:3 101:15 102:21 110:25 121:24 127:12 129:12 139:2 139:15 140:3 142:6 143:10 148:25 151:5 153:17 157:13 159:12,13,15 164:8 191:4</p> <p>pulling 24:23 44:24 97:5,18 118:1 147:12</p> <p>pulmonary 93:23 120:5 121:12 124:8 124:10</p> <p>purchased 45:7 53:10,11 54:12 56:4 195:2,7</p> <p>purely 154:23</p> <p>purpose 29:21 29:24 98:25 107:13</p>	<p>purposes 15:17 15:22 17:4,8 17:23 18:2,9 141:9</p> <p>pursuant 2:13</p> <p>put 21:2 25:18 27:16 42:21 48:20 89:8 99:9 115:8,9 121:2 123:3 130:5,8 148:22 159:21 167:9 175:15,23 201:19</p>
q			
<p>qualify 37:5</p> <p>quality 5:22</p> <p>quantify 160:25</p> <p>queried 26:21 78:1 181:7</p> <p>queries 181:15</p> <p>query 64:23 65:1 98:15</p> <p>querying 97:5</p> <p>question 12:9 13:16 16:9,16 17:1 19:14 23:14 25:23 31:8 32:20 42:5 45:18 50:11 51:9 54:19 61:19</p>			

63:1 65:14 69:8 70:20 87:9 90:4,8 91:5 108:7 110:21 113:20 123:7 131:16 136:9 140:15 143:4 144:16 144:25 145:2 149:11 158:22 161:8,25 163:8 163:21,25 164:3,5 168:16 169:2,11 174:2 174:4 181:21 182:6 183:19 183:21 185:14 190:3 196:2 197:11 199:3 questioning 172:19 179:25 questions 19:6 28:9,17 158:6 158:7 165:17 165:20 180:21 181:9 199:8,10 201:22 quotation 5:18 quote 5:20 141:19 180:16	racine 3:10 raise 9:24 raleigh 4:10 ran 139:12 140:1 147:24 148:1 range 133:19 ranking 175:25 rate 171:6 189:10 rates 173:3 rather 137:23 reach 81:3 134:19 reached 49:23 reaches 43:7 51:21 57:18 read 22:15 26:10 35:21 119:14,16 121:11 130:18 131:18 132:4 134:5 141:24 142:16,24 144:21 146:24 153:13,14 163:15 164:6 170:18 171:19 172:21,21 173:17 176:22 177:2,15,22 182:5 193:20 196:8	reading 131:21 142:11 readme 63:18 74:1,5,20 75:22 reads 90:18 106:1 ready 88:1 126:18 177:6 really 15:2 18:4 20:13 29:7 38:16 45:5 82:6 176:4 182:7 184:8 realtime 201:15 reason 67:18 103:24,24 114:16 116:7 119:15,22 131:1,20 135:9 135:17 136:15 136:16 138:14 145:14,19 146:17 164:14 165:15 reasonable 136:10 reasons 189:12 189:13,14 recall 22:21,23 23:8 28:14 46:17,19 47:1 59:23 61:4 63:11 71:13,14	90:14 110:12 154:4 178:7 181:7,12,14 183:15 recap 120:17 receive 17:9,11 17:15 39:19,23 42:25 48:19,22 57:23 71:8,9 86:12 received 19:18 22:6 28:4 29:5 29:23 47:23 49:1 55:14 63:7 86:25 104:4 125:9 141:23 159:1 receives 42:17 53:14 54:22 55:18,21 56:8 57:15 83:13 receiving 55:16 58:11 71:13,14 recently 33:24 34:4,5 44:14 recess 57:5 88:13 126:10 175:3 192:8 recipients 61:13,16 recognize 20:21 21:14,15 21:17 22:9,14 22:20 23:21
r			
r 3:1 4:1,3 8:3 128:16			

73:23 89:21 110:5 160:19 167:12,15 recollection 28:4 37:3 60:21,25 182:13 recommendat... 173:21 179:9 recommendat... 172:6 178:21 181:4,17 182:15,20 recommends 171:21 record 7:22 8:5 9:5 11:2,12 12:11 20:13,22 21:21 57:4,9 73:13 88:12,16 116:8 119:14 119:16,23 126:3,5,9,13 130:12 131:10 133:19 138:12 144:21 153:23 163:15 164:6 167:24 168:23 172:2,12 173:15 175:2,6 177:21 178:2 178:25 182:5 183:4,10 191:22 192:3,7	192:11,14 200:5 recorded 201:24 records 32:17 50:15 55:24 70:11,21,23 104:15 107:5 112:21 114:23 119:11,13 139:7,20,23,24 140:8 149:7 156:6 162:19 162:22 163:16 164:7 168:8 173:12 179:17 184:2 recoups 38:14 reduction 7:21 167:23 168:7 168:21 178:1 refer 33:1 reference 72:25 125:5 187:20 referenced 62:20 referencing 13:20 115:11 178:12 referred 134:11 referring 29:9 104:7 126:21 161:14 166:20 191:7	refers 81:7 reflect 5:19 reformatting 79:24 regard 156:15 158:8,24 regarding 59:11 159:6 161:15 165:18 175:14 182:14 183:3 184:1 regardless 169:2,3 regional 43:1 44:5,11 registered 201:14 regular 38:21 38:23 39:20 155:1 181:16 regularly 89:24 185:23,25 regulations 186:10 reimbursement 84:9 85:23 reimburseme... 38:18 188:6 relate 50:25 65:6 84:8,8 94:17 121:14 156:7 related 14:19 21:13 25:23	27:3 45:14 51:13 54:3 64:19 65:17 67:6,18,22 69:3,4,17 70:7 73:3 93:10 94:2,6,9,15 96:6 97:23 101:17,23 103:8 104:3,16 105:13 106:6 106:12,22 107:14,23,23 108:11,21 110:18,25 111:7,21 112:12 114:6 114:17 118:22 119:3,6 120:7 124:12 127:13 136:25 137:2 139:19 140:11 146:1,8,12 149:19 155:24 161:12,22 162:6 163:1,1 163:22 185:5 194:6,13,20,21 196:12,15,20 197:6,15 198:6 198:22 relates 1:5 33:7 33:8 50:19 58:18 66:2,3
--	---	---	--

83:19 84:14 86:22 93:18 97:4,10 98:11 135:24 144:7 152:8 161:5 165:9 168:6 173:22 176:15 184:2 190:18 201:5 relating 160:20 190:17 relation 83:12 98:12 relationship 48:10 94:22 relative 179:5 202:4 relatively 41:11 relevance 67:12,16,19 69:24 70:3,4 97:9 98:10 144:6,7,11 145:6,8 163:17 164:7,12 relevant 66:9 66:18 82:7 95:23 98:16,17 98:19 107:10 111:11 140:8 140:10 147:21 194:4 196:15 197:2,5	reliability 56:10,14 relied 27:3 rely 52:3 56:9 90:1 198:4 relying 48:21 remain 178:22 remained 41:11 remaining 74:15 remember 19:20 28:14,18 46:25 60:10 62:6 71:22,23 71:24 72:19 86:17 87:11,20 89:5 105:2 110:7 121:6,7 133:6 153:13 154:9 184:18 remission 64:3 remote 8:12 9:1 12:8,13 remotely 2:4,9 2:10,11 8:22 8:24 10:2 201:18,19,24 removed 72:21 105:23 removes 150:15 repeat 12:18 16:16,25 23:14 31:8 54:19 69:8 70:20	90:8 96:1 97:14,17 101:20 110:10 123:7 131:7,16 140:14 144:16 144:18 149:11 153:12 163:7 164:2 168:17 181:21 183:22 190:3 repeating 160:23 rephrase 138:3 161:9 166:14 replies 156:13 156:17 report 6:18 7:13,20 29:6,8 29:9 167:18 168:20 170:25 171:12 172:9 174:14 177:24 178:21,24 180:12 192:24 193:2 196:4 reported 1:23 2:9 179:2 reporter 9:20 9:22 10:4 89:13,16 144:18,19 160:16 163:11 169:15,23 182:3 192:18	199:21 201:14 201:15,16 reporter's 5:14 5:18,21 201:8 reporting 7:16 9:1 65:12,16 68:8 115:12 141:3,6,8 reports 6:21 46:4 134:14 190:17 191:2,5 191:6 198:1,4 198:19 repository 53:6 represent 20:15 92:18 99:10 102:23 110:15 114:23 115:24 121:10 122:4 130:11 153:11 159:16 176:7 178:10 represented 23:25 31:12 120:2 123:3 143:16 195:23 represents 55:22 56:2 75:11,17,19 85:9 89:3 107:11 114:14 122:21 149:15 request 6:10 14:20 15:17
---	--	---	---

18:7 23:12 24:19 28:6,10 29:5,23 58:23 59:24,25 60:6 60:11 61:12 78:1 181:17 202:10 requested 34:7 118:2 165:17 200:8 requester 34:7 48:22 requesters 15:20 requesting 59:3 requests 15:19 17:9 28:15 71:4 require 38:24 39:5 required 75:3 170:25 190:23 requirements 34:17 37:8,9 37:18 39:10 48:22 requiring 141:14 research 12:2 30:21 31:4,14 31:24 181:10 182:16 184:21 190:25	researched 23:22 residence 13:4 respect 100:16 respiratory 106:2,5 107:22 109:8,9,12 responding 12:16 responses 6:9 28:24 responsibilities 31:23 177:8 responsibility 32:1,10 responsible 24:23 44:24 46:11 49:14 91:18 116:9 147:1 164:25 174:15 177:4 177:11 193:24 result 26:14 28:9 43:19 174:6 resum 20:8,9 40:8,12 retrieve 183:17 returned 78:21 100:6 revenue 84:5,7 84:9,11,16,18 84:19,20,21,22 85:1,6,6,11	review 26:9 51:11 52:8 70:11,19,21,23 89:24 107:4 139:6 143:5 179:18 184:8 185:23,25 186:4 200:7 202:10 reviewed 20:3 20:6 26:4 27:3 37:20 45:13,20 118:1,4 162:18 178:4,12 190:17 198:20 reviewing 104:22 142:19 184:2 reviews 7:22 22:18 167:24 168:8,23 172:3 172:12 178:2 179:17 183:4 183:11 revisit 71:5 right 9:25 13:1 13:25 16:23 21:7 28:21 29:20 41:16 44:20 47:18 52:21 53:22 55:2,13 57:3,8 61:6 62:13,15 72:2 76:13	78:8,22 79:2 80:15 82:4 84:4 85:17 86:19 88:8,11 88:15 92:7 93:21 94:10,16 95:1 96:12 99:2 101:12,15 102:4,9,19 105:6 106:18 116:12,19 117:1,12,18 120:13 123:19 126:8,12 127:4 127:12,22 128:13 129:1 129:15 130:9 132:3,23 134:4 134:10,10,11 134:18 135:7 137:3 138:9,16 138:22 143:16 149:1,2 152:5 152:21,24 153:16 154:13 155:3 156:16 156:17,23 157:24,25 164:20 170:17 175:1,5,21 176:6,20 182:22 186:12 192:6,10,21 196:6 200:1,4
--	--	--	---

ring 166:8,9 road 3:16 robert 6:16 21:16 62:4 130:12 robust 172:3 rodriguez 4:19 8:6 role 28:21 31:13 32:18 33:15 38:19 41:6 45:11 46:24 48:19 49:4,11 55:10 97:8,18,20 98:4 164:21 168:19 169:5 172:10,14,15 173:19 176:15 181:9 182:15 182:19 184:20 185:24 186:1 195:20 196:4 room 12:25 13:5 79:3 109:10 root 171:1,15 row 77:4,12,25 rows 151:24 153:21 rpr 2:8 202:21 rules 2:13 16:4 141:6	run 49:2 rutledge 1:24 2:7 10:4 201:13 202:21 s s 3:1 4:1 6:1 7:1 8:3 32:25 129:18 179:3 194:12 s0100xa 127:9 127:14 sadr 75:14,17 149:1,15,22 safe 17:20 salisbury 3:5 sample 173:9 sampled 173:13 sandra 46:22 47:5,8 sandy 46:22 sas 81:6,8,9,10 satisfying 181:3 save 170:10 saw 153:17 saying 29:12 80:23 136:22 145:13,14 149:1 says 59:21 76:14 80:3,16 80:17 100:2	102:4 115:20 115:22 116:6 127:21 128:16 132:4 134:6 137:12 141:8 147:6 173:4 177:18 178:20 178:24 179:8 180:8 181:2 192:24 193:9 193:10 194:5 195:8 scale 49:18 scalp 128:3,10 132:6,22 133:2 134:3,11,13 137:2 138:15 138:22 scenario 109:23 157:16 scope 50:21 66:14,19 69:19 98:13 117:22 120:8,11 screen 21:2,8 25:19 27:16 62:21 65:2 67:3 77:21 80:5 92:16 115:9 118:9 130:10,16 140:24 146:23 148:21 149:21 175:15,23	180:9 192:17 scroll 78:22 118:14 120:22 121:24 124:4 127:8 129:15 141:1 151:13 152:21 scrolled 116:3 scrolling 85:4 102:1 116:13 se 167:15 search 77:12,14 100:5 147:17 sears 4:15 9:16 127:2 second 30:19 44:18,18 89:10 123:22 177:18 177:22 191:18 191:20,23 192:3 secondary 65:3 65:6,8,18 66:3 66:6,16,18 67:5,11,18 68:19 69:1,16 84:1 95:4,4,5,6 95:17 96:15,15 99:2 109:1,15 109:17,22 113:4,7 117:5 117:20 123:23 124:16,17,21 128:14,20
---	--	--	--

129:3,7,11 142:4,23 143:10,19 144:5 150:25 secretary 36:14 176:9,18,21 177:2 179:12 179:13 180:22 section 4:8 76:14 141:5,25 142:12 146:10 sector 45:8 53:3,10,12 54:12 56:4 195:2,7 security 59:13 61:16,25 78:11 149:9 see 21:6,7,8,9 27:18 53:16,21 54:13 61:14,15 62:22 75:21 77:20 81:15 87:2 88:8 92:4 92:6 93:21 102:13,15,16 103:12,16 104:16,19 105:12,13 111:3 112:2,7 115:20 116:5 116:11,17,18 116:24,25 117:2,8 119:5	120:24 121:5 122:23 124:15 127:10,17 128:24,25 129:18 130:15 132:12,13,18 134:16 137:11 137:18 138:6 138:10 151:18 151:19,20,23 152:5 155:16 155:23 161:3 162:9,12,14 167:25 168:1 171:17,18,21 179:19,20 180:21,23 186:9 193:8,13 193:18 195:9 197:21 199:5 seeing 61:4 182:19 seek 36:8 seem 137:1 seems 90:15 128:11 135:12 178:11 180:8 seen 115:13 131:21 167:14 167:16,17 168:2 169:3 176:25 181:18 186:7,12,14 190:2,6 191:5	192:23 193:2 sees 65:7 select 37:13 63:2 selected 77:25 124:10 153:21 153:23 154:1 selection 63:3 semantics 197:12 senate 7:25 176:1 senator 175:24 176:7,21 177:17 180:22 send 17:12,16 sense 136:19 sent 20:5,7,9 22:24 29:2 43:20,23 158:5 165:17 sentence 42:11 76:21 77:4 131:3,18,22 178:19,23 196:10 sentences 142:16 separate 22:24 74:8 september 7:17 194:22,23 202:14	series 180:20 serves 133:7 service 67:6,20 69:4,17 70:1 85:15 86:4 94:17 129:16 130:6,13 134:2 139:14 140:3 143:23 153:19 156:8,25 163:1 190:1,7 services 8:8 38:24 39:5,6 39:14,17,18 116:9 177:4 187:12,12,17 187:17 set 98:5,6 104:13 115:2 149:10 186:17 seven 74:15 several 36:4 46:7 sh 122:20 shaking 16:20 share 18:17 91:12,15,17,25 101:4 118:9 130:10 154:8 154:11,14,15 154:23,25 155:8,12 160:18 192:16
--	---	--	--

shared 21:8	shown 116:8	161:20	131:14 138:4
sharing 140:24	shows 21:11	site 147:3	142:13 157:12
shawn 24:10	86:2,21 102:10	sitting 199:13	163:6 164:4
30:7,13,14	105:7 194:19	situation	170:7,10
sheet 5:10	sic 36:3 57:16	195:21	177:19
81:17 94:16	74:11,12 82:14	six 23:16 26:21	sort 119:21
95:7,7 106:24	122:21 132:16	26:24 61:8,12	124:2
107:11 113:22	134:10 141:9	61:24 62:9	sorts 160:13
118:12 121:14	192:25	64:15 69:13	sound 120:6
122:15,20	sig 154:9	70:13 72:6,15	131:24 178:3
123:4 151:15	signal 12:14	97:19 158:25	sounds 28:24
158:15	signature 200:7	191:4	62:7 76:19
sheets 195:14	202:20	skin 132:22	131:25 132:2
short 87:25	signifi 183:3	134:3 137:3	source 44:1,4
120:4 125:19	significance	138:16,22	56:9 78:15
shorthand 2:9	66:15 113:3	slash 40:21	79:2 125:3,6
10:3 201:14	124:20,20	137:12	149:8
202:2	125:1	slot 67:18	sourced 75:12
shortly 88:9	significant	small 132:6	sources 42:13
shortness 92:13	141:11,12	170:18	42:16 53:1,8
92:19,22 120:5	142:8 170:24	smaller 124:25	54:9,15,18
show 20:14	183:3,9,25	smith 3:10,15	55:17,19 58:10
22:11 89:11	significantly	social 59:13	74:4,8,19
100:23 103:8	41:10	61:15,24 78:11	158:19 194:2
113:23 115:2	signifies 154:9	149:9	southern 1:2
119:1 126:20	signify 74:4	somebody	8:18 201:2
133:10 145:22	similar 15:15	12:15 18:20	space 187:19
151:11 169:9	40:5,25 56:15	123:16 144:11	speak 16:5 45:5
191:10	157:9	sorry 16:18,25	47:8 48:18
showed 96:14	similarly 75:18	30:7 46:2 60:2	49:15 51:18
119:10,13	198:19	60:4 68:9	52:16 56:13
140:22 197:15	simple 144:10	74:11 89:8,14	57:22 66:11
showing 146:3	sit 83:24 86:23	95:3 97:14	70:2 91:4
146:9 192:21	106:23 110:17	117:10 125:21	123:16 184:9

<p>186:21 187:7 187:19 188:17 speaking 9:2 15:19 specialist 32:15 specialty 50:14 specific 16:2,2 34:7,9,10,17 37:18 41:23 43:14 48:21 50:25 55:25 59:9 66:2 67:12,13 70:1 70:9,10 87:20 98:5,6 100:19 105:2 107:18 108:5 109:2,2 112:21,23 121:6,19 123:24 125:5 128:18 139:7 139:19 142:16 145:16 149:8 153:14 155:4 168:11 specifically 57:24 86:18 87:11 104:16 104:21 118:4 127:17,24 154:11 156:8 156:16 specifications 59:5,7,8</p>	<p>specifics 198:15 specified 64:16 149:9 specify 65:13 speculate 92:14 speculation 136:10 spells 82:22 spend 42:14 160:22 spending 180:15 spent 165:1 171:3 spoken 193:4 spot 129:3,7 spreadsheet 6:16 7:3,5,7,9 7:11 106:20 113:25 194:10 194:11,14,19 194:25 195:9 196:10 197:15 spreadsheets 196:18 197:1 ssn 78:15 sta 132:9 stable 132:9 stamp 59:20 stamped 20:16 118:10 stand 19:6</p>	<p>standard 48:11 standing 172:17 179:23 199:23 standpoint 164:25 stands 127:21 166:4 staples 132:10 start 10:18 12:10 27:13 28:22,22 30:15 58:21 61:7 62:8 starting 63:21 92:4 150:22 starts 95:2 180:10 state 2:8 9:4,16 10:16 11:11 stated 51:5 52:16 143:3 180:12 statement 142:17 statements 201:23 states 1:1 4:3,7 6:9 7:19,24 8:16 9:9 10:22 128:21 132:10 134:1 146:24 167:13,20 179:9 201:1</p>	<p>statistics 115:18 stay 116:20 141:16,23 184:21 stayed 41:13,14 stenographic... 201:24 step 97:22 steps 172:6 180:14 stone 186:17 streams 91:24 92:1 street 3:5 strike 183:6 study 170:19 styled 2:5 subject 186:18 subjective 35:2 submit 71:7 submits 43:19 submitted 71:3 71:10 subpoena 26:5 26:10,15 subscribed 36:6 subsequently 141:22 192:19 sufficient 109:14 suggest 128:12</p>
--	---	--	---

sum 102:11 153:21 summaries 195:14 summarized 25:9,10 70:24 71:1 98:8 summarizes 106:20 194:2 194:11 195:10 196:11 summary 100:2 101:5 171:19 summed 102:12 153:24 supervisor 19:23 24:10,12 28:5 30:6,13 30:13 58:25 59:2,4 60:8 63:7,12 71:10 78:2 95:15 96:6 97:6 155:19,25 157:23 162:7 163:19 supervisors 46:20 support 42:18 42:20 43:21,22 44:17 45:9 57:24 supported 173:16	supporting 173:13 supposed 145:25 sure 12:9 16:1 16:5 18:8 22:17 29:24 31:25 33:18 39:25 40:13 46:12 50:9 56:25 71:24 81:11 86:16 93:18 94:16 97:16 106:23 111:25 115:22 140:17,18 144:13,20 166:18 182:18 188:8 survivors 37:6 susceptible 170:24 suspect 150:8 swear 9:21 switched 40:6 77:21 sworn 2:4 8:23 10:3 sys 75:13 system 22:7 33:4 35:18 41:21 43:4,8 44:3 45:2,21 46:8 47:4 49:7	51:22 52:13,23 52:24,25 54:16 54:22 55:1 56:6,8 57:16 58:9 74:12 systems 46:3 47:13 57:17,21 73:2 75:15 <hr/> t <hr/> t 6:1 7:1 32:25 77:21 80:10 129:18 t11 80:9 tab 73:25 74:5 74:20,24 75:10 75:22 77:21 78:25 100:1,7 100:10 101:5,5 101:13,18 120:17 121:22 121:23 149:21 149:23 151:12 151:12 160:24 table 80:24 104:12,17,21 104:24 193:7 tables 75:13 tabs 75:4,16 150:6 take 28:6 45:24 48:25 56:22,24 72:2 77:20 87:16,25 90:21	109:6 118:15 125:12,16 129:16 172:7 174:14 180:13 182:14 195:21 195:22 taken 2:5 201:17 202:3 talk 22:12 41:17 103:6,7 talked 13:7 78:8 103:23 196:14 talking 10:10 30:15 41:24 57:12 88:19 125:21 175:11 182:10 talks 117:4 tasks 31:23 tax 34:9 td 150:6 team 120:1 tear 132:22 134:3 137:3 138:16,22 ted 32:25 33:2 33:4 34:6 35:3 35:17 37:25 41:21 42:8,11 42:16,17,21 43:3,8 44:2 45:2,8 47:3 49:6 51:22
--	---	--	--

52:12,22 53:9 54:6,11,16,22 55:1,4 56:5,15 57:16,23 58:5 58:6,7 74:10 74:12,14,15,21 77:21 194:16 tedi 77:22 78:24 194:17 194:20 195:3 tedni 150:6 151:12 194:17 194:21 195:8 tell 11:24 13:11 15:24 20:1,20 21:1 24:5 25:4 25:21 26:1 27:21,22 28:2 34:5 36:1 52:10,21 68:17 68:22 83:8 84:17 85:13 86:6 87:17 88:21 90:3,11 90:17 93:5 96:20 105:6,22 106:4 108:10 108:20,22 109:25 110:14 110:23 111:3,5 111:6,10,15,19 112:10 114:8 124:9 139:13 148:4 149:4,5	149:12,12 151:3 152:1,22 161:21 165:3 165:12 166:4 telling 28:1 tells 58:15 106:24 ten 180:11 tens 46:7 term 35:2 50:10 51:6 92:19 145:4 terminology 16:3 terms 34:2 141:13 testi 19:5 testified 10:5 17:2 19:2 138:25 166:10 175:12 183:1 193:3 testify 14:17,19 183:8 testimony 12:4 40:16 95:10 145:13 157:9 201:21 texas 2:8,11 8:1 12:22 201:13 202:12,22 text 10:24 147:6	thank 9:23 14:2 15:14 19:9 22:18 24:18 25:3 27:12 36:11 52:6 57:1 73:20 88:8 89:17 91:9 92:3 99:20 117:14 123:1 144:22 148:17 150:21 153:9 163:13 170:1 180:5 192:4 199:11 199:16,17,20 200:2 that'd 56:24 therapeutic 141:14 therapy 137:17 138:8 thing 166:14 things 46:14 think 14:12 35:1,1 41:12 60:11 62:15 68:2 75:15 80:15 87:9,17 118:25 125:13 132:5 135:9 136:10 138:13 138:24 142:15 159:25 170:2 182:25 196:3	199:25 thinking 58:20 169:22 188:2 third 4:9 32:22 41:17 53:14 thoroughly 26:9 three 6:5 7:25 55:6 59:13,14 59:16 62:16 74:15 130:9 151:24 thursday 8:2 time 8:10 11:25 24:13 41:10 49:22 51:21 57:3,8,15 61:11 66:7 71:18 86:20 88:3,11,15 116:15 125:14 126:8,12 141:20 142:7 143:5,10,20 144:5 149:13 160:22 164:3 170:10 175:1,5 182:19 186:4,6 186:10 187:13 187:18 191:25 192:6,10 198:17 199:12 200:4 201:19 201:23
--	--	--	---

timeframe 59:9 64:15 166:12	torts 4:8	transcript 5:25 200:7 202:2,10	39:13,21 42:12 42:24 44:5
times 165:14,15	tosic 7:13 192:25 193:4	transmission 5:23 43:3	46:2 48:18,25 53:10 54:21
title 11:24 12:1 21:18 23:5 24:11 30:20 41:9 46:24 47:1 115:20 167:21 168:1 178:8,11 193:9	total 85:9 87:18 87:22 90:13 91:20 102:19 114:8 118:21 122:1 132:10 148:5 161:4 171:8 194:25 195:5	traumatic 134:10	56:7 57:15 58:4 61:13,16 61:23 62:10,11 64:18 73:2,18 85:22 86:3 90:19 99:18 100:16 101:2 101:17 103:1 106:21 114:9
titled 177:24	totally 15:8	treading 16:9	114:15 118:10 118:18 119:19 122:6 123:21 126:23 148:15 157:15 159:11 159:15,16 160:2 164:24 165:1 166:25 167:3,22 168:5 168:21 171:4 171:11,12 172:1,25 173:6 173:21 174:13 175:14 176:15 177:10,11,25 179:11,15 180:19 183:10 183:11 184:1,4 184:22 185:9 185:19,22 186:3,9,16,25
today 10:11 12:5,8,20,23 13:12 20:2,13 44:12 83:24 86:23 95:10 106:23 110:18 148:4 154:5 161:20 196:15 199:14	totals 122:2 155:12 161:1 195:23	treat 136:1	
today's 8:9	towards 38:11 152:6,16 153:5 153:7 163:18 164:8	treated 164:15	
together 27:16 175:9	tower 3:16	treating 109:12 135:22 136:14 137:22 138:18 144:11	
told 52:7 64:12 64:13 72:19 168:18	track 100:13,15 198:6,22	treatment 53:15 54:11 55:25 66:7 94:1 95:23 114:16 117:7 141:15,23 144:14 145:10 145:11,14,15 145:19,19 147:2 149:19 196:21	
tommi 1:24 2:7 9:20 10:4 144:23 163:10 163:14 164:2 201:13 202:21	tracked 56:14	tricare 6:3,13 6:14,16 7:4,6,8 7:11,21 10:11 20:16,17 21:13 23:17 24:1 25:9 27:23 33:5 35:21,23 36:2,4,6,10,12 36:17,25 37:12 37:21 38:14,20	
took 64:4,8,8	tracking 21:25		
top 80:3 90:15 153:17 184:18	train 16:18		
	trained 117:19 125:7		
	training 67:25 94:21 125:9		
	transactions 194:15,20,21		
	transcribed 201:25		

<p>187:3,13,22,23 188:7,12,23 189:2,7,15 190:6 193:11 193:17,25 194:4,12,16 195:1,5 196:9 196:11,20 tricare's 44:11 48:13 168:6 174:15 179:2 183:2 triwest 44:15 44:24 45:6,21 46:2 190:11,19 true 26:23 35:17 36:15,16 36:19 41:22 44:7 49:19,24 55:11 61:25 76:11 81:3 82:2,3,10,11 84:2,3 85:2,15 95:8 102:17 107:24 108:12 113:13,17 114:21 118:3 122:2,15 123:4 127:15 128:10 129:4,13 139:4 140:4 143:25 147:9 148:6,7 151:5 152:19 157:17 183:4</p>	<p>186:25 195:24 202:1,12 trust 51:23 truthful 12:5 try 97:17,17 130:21 183:24 191:25 trying 50:12 tukes 7:8 62:4 148:11,23,23 149:2 151:13 155:15 156:6,9 156:16,19 159:23 turner 4:6 9:11 twice 78:18 two 19:19 22:21,24 25:1 28:23 29:7 55:6 74:14 105:18 114:22 128:15 132:1 134:24 166:24 178:20 181:18 182:8 type 13:2 17:7 32:6 36:7 41:13 42:15 47:12 51:4 70:2 74:24 79:6 104:18,18 128:9 159:17 173:22 185:15 190:24</p>	<p>types 11:7 37:12 46:13 52:17 81:5 90:11 typically 17:13</p> <hr/> <p>u</p> <hr/> <p>u 79:16 81:23 u.s. 35:23 uhdds 141:18 ultimately 18:4 unaware 55:8 under 11:21,22 12:4 22:7 36:24 77:1 78:24 79:16 80:15 82:9,14 93:22 96:16 103:17,22 105:13,22 116:5,20 117:13,13 120:24 127:5 129:9 131:18 134:5 146:4 148:25 150:5 152:19 157:16 164:23 171:20 172:24 184:3 187:12 189:7 189:14 193:8 193:17 196:8 201:19 202:11 202:11</p>	<p>underlying 173:12 underneath 132:7 underscore 20:17 23:4,4 24:1 73:18,19 99:17,18 101:2 101:2 118:10 118:11 126:23 126:24 148:15 148:15 160:1,2 understand 13:8,10 14:9 14:16 25:16 32:10,21 33:3 33:24 34:21 38:24 42:15,24 43:5 45:21 48:24 50:15,16 50:24 61:19 63:14 78:4 80:24 86:1 96:12 113:7 115:15 119:14 130:25 131:20 136:22 143:5 145:12 152:7 152:14 154:6 165:12 181:3 182:24 185:18 187:1,10 191:13 199:22</p>
--	--	---	--

<p>understanding 14:5,11,13,18 15:3,5,11 18:1 23:3 32:13 35:5 37:4 38:17 39:4,7 39:14,15 42:19 43:16,17,24 46:10 50:13 56:1 58:12,22 65:5,21,23 66:1,17,19,21 66:24 67:1,8 67:10,11,21 68:4,23 69:23 70:3 78:7 79:22 81:1 83:1,11 84:10 84:10 86:5 88:22,24 89:2 91:16,23 95:11 108:24 109:3 109:16 113:2 113:11 119:23 124:24 125:2,4 125:8,10 142:22,25 143:2,3,9,13 144:3 145:24 146:7,11,20 150:1 153:4,8 154:10 155:4 165:7,14 166:5 168:18 187:16</p>	<p>understate 179:4 understood 12:19 18:24 77:11 170:14 unfiltering 129:17 united 1:1 4:3,7 6:9 7:19,24 8:15 9:9 167:13,20 201:1 universe 83:8 unsp 127:21,23 128:2,22 unspecified 127:22 128:1 128:22 unusually 137:7 upcoding 51:13 83:19 update 60:15 updated 7:17 186:3,6 upload 20:25 73:7,10 115:4 148:13 160:4 191:11,20 uploads 192:15 usdoj.gov 4:11 4:11,12,12 use 60:18 73:9 145:7,8 180:17</p>	<p>used 5:19 18:5 59:10,15 60:20 67:15 82:25 84:9 105:3 117:5 173:6 194:3 useful 90:2 uses 38:20 using 145:5 usually 17:9 75:16 utilize 96:25</p> <hr/> <p style="text-align: center;">v</p> <hr/> <p>v 81:23 va's 159:2 vague 14:5,12 32:12 185:13 validate 46:9 61:22 validation 46:12 value 49:1 78:20 81:16 193:10 values 82:19 83:15 vanslyke 3:20 16:14 57:6 varies 17:19 32:7 various 36:9 53:4,7 54:5 55:19</p>	<p>vary 31:25 verify 49:5 56:10 156:25 verifying 49:12 version 186:8 versions 186:3 versus 65:18 78:18 113:5 123:22 124:22 124:22,22 196:15 veterans 36:13 36:14 37:6 159:3 vha 159:3 video 8:12 videoconfere... 5:22 16:14 25:12 32:5 48:5 118:6 videoconfere... 5:25 videoconfere... 1:14 2:2 3:4,9 3:15,20 4:4,5,6 4:7,16,19 8:1 201:9,18 videographer 4:18 8:4,7 9:19 57:2,7 88:10 88:14 126:7,11 174:25 175:4 192:5,9 200:3</p>
---	--	--	---

videotaped	20:11 21:23	108:8,16 109:4	162:2,15 163:4
1:13 2:1 201:8	22:8 23:9	109:24 110:22	163:9,13,20
view 10:25	25:15 26:11,19	111:9,18 112:1	164:1,11,19
80:16 97:20	27:11 28:20	112:16 113:1	165:11 167:8
vii 193:8,9,9	29:19 31:10,19	113:19 114:13	168:15 169:1,8
visit 50:20 51:2	33:21 35:6,12	114:20,25	169:18,25
67:19 92:5	38:2 39:11	117:12,15,17	170:5,15,16
96:7 98:25	43:25 44:10	118:7 119:9	172:20 174:1
103:25 106:12	45:10,19 46:15	120:12 121:9	174:12,22
107:21 108:11	47:10 48:12,23	121:21 122:13	175:7,20 176:5
116:8,16	49:16 51:7,20	122:22 123:8	176:13,19
119:15 130:14	52:5,20 56:21	123:18 124:18	178:9,16 180:5
132:15 136:25	56:25 57:10	125:11,17,23	180:7 181:1,13
137:23 138:19	58:1 61:18	126:4,14 130:4	181:23,25
139:2 146:12	63:25 65:10,22	131:17 133:9	182:9,23 183:7
146:18 164:15	66:12 67:14	135:20 136:5	183:18,23
visits 92:16	68:6,12 69:10	136:12,23	184:10 185:3
103:6 120:3	70:5,17 71:15	137:10 138:2	185:17 186:23
124:12 128:9	72:1,24 73:6	138:23 139:11	187:9 188:9,21
129:12,17	73:15,21 76:10	139:22 140:9	189:25 190:15
vitae 6:5	76:24 80:18,21	140:13,19	190:22 191:9
w	83:17,23 87:6	142:10,20	191:24 192:12
w 81:24 180:12	87:23 88:7,17	143:7,15 144:9	196:5 197:4,9
walk 20:19	89:7,15,18,20	144:17,22	197:22 198:16
27:15 30:22	90:10 92:2	145:3 146:21	199:2,7,17
31:22 43:6	94:7,13,25	147:11 148:9	wallacegraha...
77:24 99:6	96:2,11 97:15	148:12,18,20	3:7
walking 130:20	98:9 99:5,16	152:12 156:4	want 9:16
135:12	99:21,22	156:14 157:8	10:20 20:12,12
wallace 3:3,4	100:22 103:5	157:21 158:11	20:13,19 27:13
5:8 9:6,7 10:8	103:11 104:9	158:20 159:20	30:15 41:16
13:17 15:4,13	105:19 106:3	159:24 160:8	42:14,23 57:11
16:17,22 19:21	106:10,17	160:11,17	57:12 58:14,24
	107:3,12,19	161:10,19	72:5 82:6

86:20 99:6 101:4 103:6 115:2 118:14 125:12,16,18 133:10 136:17 138:3 140:14 140:20 141:4 144:12,25 156:5 168:12 177:20 191:22 192:2 199:11 wanted 60:3 170:8 180:4 ward 3:10,15 wardandsmit... 3:12,18 wartime 177:7 waste 181:5 watch 114:5 124:1 127:5 water 1:4 8:15 14:15 194:7 201:4 way 21:5 71:6 77:18 80:24 95:6,16 96:13 102:9 108:19 108:20 111:20 145:5 149:23 150:23 164:8 183:16 198:8 we've 56:18 82:8 84:5 156:11 159:22	174:20 196:14 website 186:8 week 17:21,22 18:7 weeks 19:19 134:14,19,23 135:10 weight 125:1 weitz 3:21 weitzlux.com 3:24 welcome 117:16 148:19 went 19:5 34:14,19,19 72:9 81:1 106:5 131:1 160:23 west 3:16,21 white 134:7 whitney 3:3 9:6 10:10,13 21:20 56:17 80:14 99:15 117:11 174:19 williams 3:3 wilmington 3:11 winterville 3:16 witness 2:3,10 5:2 8:23 9:21 22:18 125:20 131:13 172:19	188:1 201:19 201:21 wo 128:16 wonderful 11:10 word 20:3 33:13,16 67:15 80:4 145:6 154:4,4 178:7 178:7 196:14 196:15 worded 59:24 158:23 words 35:22 58:17 76:25 127:20 197:13 work 18:22 24:6 32:22 33:3,17 40:22 40:25 41:14 46:20 50:8 66:24 159:18 190:5,24 worked 24:8 40:9 working 29:8 166:11 182:13 works 43:13 170:6 171:24 worries 188:4 wound 128:2,9 129:2 132:22 133:1 134:3,12 137:2 138:15	138:22 144:12 wounds 134:12 wrap 57:11 write 32:1 35:10 writing 35:4,8 41:4 written 29:14 32:2 130:24 132:11 134:15 143:6 wrong 74:12 193:21 wrote 34:5,6 139:9,18 wwallace 3:7 x x 5:1 6:1 7:1 155:2,2 xlsx 126:24 xx 202:9 y y 178:24 y'all 21:22 180:3 y'all's 180:1 yeah 16:6 66:11 126:1 year 134:7 171:3,7 years 86:17 180:11
---	---	--	---

z	
zakaryan 1:15 2:2 5:2 6:5,7 6:11 8:20 10:1 10:9 11:4,13 11:15 22:9 27:18 57:11 73:22 88:18 89:11 99:23 115:10 125:18 126:15 148:21 157:3 163:5 172:23 175:8 178:4 181:9 191:13 192:13 197:10 199:4 199:10,18 201:10 202:9	
zero 103:21,21 120:18,18 121:1,13,18 195:3	
zeros 73:19 99:18 101:3 126:24 148:16 160:2	
zina 25:12 32:5	
zoom 1:14 2:1 3:3,9,14,20 4:3 4:4,5,6,15,19 5:22 8:1 102:14 171:22 192:15 201:9	