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IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
SOUTHERN DIVISION

\* \* \* \* \*

IN RE:

CAMP LEJEUNE WATER LITIGATION

This Document Relates to:

ALL CASES

No. 7:23-CV-897

\* \* \* \* \*

REMOTE VIDEOTAPED DEPOSITION OF KYLE WESTERLIND

September 18, 2025

8:59 a.m. to 12:49 p.m.

REPORTED BY ANITA KORNBURGER

REGISTERED PROFESSIONAL REPORTER

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A P P E A R A N C E S

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ALSO PRESENT: Tanea Verdick

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1 EXAMINATION

2 BY MS. WALLACE:

3 Q. Good morning, Mr. Westerlind.

4 A. Good morning.

5 Q. My name is Whitney. I'm an attorney for  
6 the plaintiff leadership group, and I'm going to be  
7 taking your deposition today.

8 You're in Phoenix, so it's earlier for  
9 you than it is for me on the east coast; right?

10 A. Yep, about 9:00 a.m. Got my coffee here.

11 Q. Okay. Excellent. Thank you for being  
12 here today.

13 MS. WALLACE: I'm going to start by  
14 putting a statement on the record. I've done this  
15 in every deposition that we've taken. There's a  
16 case management order, number three, that requires  
17 me to state that before a remote deposition  
18 commences, we all understand the following  
19 statement: The parties agree that no communication  
20 with the deponent by any means, including but not  
21 limited to text messaging, will occur out of the  
22 view of the other parties while the deposition is  
23 proceeding on the record.

24 BY MS. WALLACE:

25 Q. Do you understand this instruction?

1 A. I do.

2 Q. Okay. And so I'll also ask you before we  
3 get started not to refer -- do you have any  
4 documents in front of you today?

5 A. I do not.

6 Q. Okay. So try not to refer to any  
7 documents unless I direct them to your attention.

8 A. Will do.

9 Q. Please state your name for the record.

10 A. Kyle David Westerlind.

11 Q. What is your date of birth?

12 A. April 27, 1983.

13 Q. Who is your current employer?

14 A. TriWest Healthcare Alliance.

15 Q. What's your job title?

16 A. I am the director of healthcare  
17 analytics.

18 Q. I know you stated earlier that you're  
19 aware that all of your testimony today is being  
20 provided under oath. You understand that you need  
21 to be truthful today?

22 A. I do.

23 Q. Is there any reason you can think of that  
24 you're not able to be truthful today?

25 A. No, ma'am.

1 Q. Great. You just stated that your  
2 employer is TriWest. I want to make it clear. You  
3 are not a governmental employee of any kind, true?

4 A. That is correct, I am not a government  
5 employee.

6 Q. And you're represented in today's  
7 deposition by the Department of Justice?

8 A. I don't believe they are representing me.  
9 TriWest has their own counsel on the line.

10 Q. And can you identify TriWest counsel  
11 that's on the line?

12 A. Tanea Verdick.

13 Q. Is anyone in the room with you today?

14 A. No.

15 Q. Are you -- where are you located  
16 physically today?

17 A. I am in the TriWest corporate office in  
18 Phoenix.

19 Q. Are you familiar with the Camp Lejeune  
20 litigation?

21 A. I heard about it in the news, but it's  
22 not something I deal with day to day in my -- in my  
23 role at TriWest. So at a high level, I am.

24 Q. Are you or any of your family members  
25 veterans?

1           A.    I am not a veteran.  I had two  
2 grandfathers that served in the Marines.

3           Q.    Thank you for their service.

4                    Are you aware of anyone, any friends  
5 or associates or relatives, that have filed a Camp  
6 Lejeune claim?

7           A.    None that I'm aware of.

8           Q.    Do you know what your role -- the role  
9 that your deposition plays in the Camp Lejeune  
10 litigation today?

11          A.    Yes.

12          Q.    Will you describe it for me?

13          A.    The team that I lead here at TriWest was  
14 asked to provide claims data for a set of veterans  
15 related to specific types of care.

16          Q.    Do you have an understanding of what was  
17 going to be done with the data that you extracted?

18          A.    No.  We were aware it was part of a case,  
19 but it was treated like any other report request  
20 that comes through our shop:  produce and move  
21 through the process.

22          Q.    As far as being asked to do a data  
23 extraction for litigation purposes, have you ever  
24 done that before?

25          A.    My team was asked to do that.  I wouldn't

1 say often, but it's not abnormal that we're asked  
2 to do that.

3 Q. Do you know other types of cases that  
4 you've been asked to do a data extraction for?

5 A. I am generally not aware of the cases  
6 themselves as much as I am just the data request  
7 that comes through my team.

8 Q. How do you know that it's for litigation  
9 purposes?

10 A. Oftentimes the subject of the request  
11 will state something to that effect. Usually  
12 because there's an urgency to get the data request  
13 filled, and so we want to make sure that gets  
14 prioritized accordingly.

15 Q. Is it coming always from the Department  
16 of Justice if it's -- if it's for litigation  
17 purposes?

18 MR. ORTIZ: Objection. You can answer.

19 THE WITNESS: I don't know the source of  
20 the request. I know that I have an internal -- now  
21 whether it's our legal team or program  
22 integrity -- an internal customer's asking me for  
23 data, it will state that it's related to a case.  
24 That is all I'm aware of.

25 BY MS. WALLACE:

1 Q. What do you mean by internal customers?

2 A. Colleagues, employees at TriWest asking  
3 for data as opposed to the government or VA or  
4 Department of Defense.

5 Q. If you receive a request for a data  
6 extraction for litigation purposes, does that come  
7 directly to you in your role or to someone else in  
8 TriWest?

9 A. It comes to -- I see it come through. It  
10 is typically managed by my analytics team that sit  
11 underneath me.

12 Q. And if you had to estimate, how many  
13 times or -- have you seen a litigation data  
14 extraction request come through? And you can  
15 answer that how you're comfortable, monthly basis,  
16 annual basis.

17 A. Yeah, two or three a year, tops. That's  
18 how I would answer that.

19 Q. Is it a different methodology that your  
20 team uses to do a data extraction for litigation  
21 purposes based upon what the specifications or  
22 requests are?

23 MR. ORTIZ: Object to form. You can  
24 answer.

25 THE WITNESS: Not -- again, we -- we pull

1 just what the request is from the -- from the  
2 customer making the request.

3 BY MS. WALLACE:

4 Q. So it's not -- it wouldn't be like a  
5 standard request or a standard query you would do,  
6 it would be specific to the request submitted to  
7 you?

8 A. It depends on what is asked. We do have  
9 internal standard reports. For example, a claims  
10 report that has a -- that's used by a variety of  
11 customers has several fields on it that folks can  
12 go and -- and self-serve on those reports. If  
13 there was something more specific that's needed, we  
14 would do -- we would do a customized through the  
15 requestor. But we offer the self-service option  
16 first.

17 Q. And similarly to how you answered  
18 previously, do you know what's done with the data  
19 or what the significance of the data is after you  
20 produce it?

21 A. No, we -- we will -- again, we might know  
22 that it's subpoena or litigation related. Again,  
23 that's just for prioritization. And then we pass  
24 it on to the customer. And then we do not reengage  
25 with that report at that point.

1 Q. Understood. Have you ever had to give a  
2 deposition before in any matter?

3 A. No.

4 Q. Have you ever been a party in any civil  
5 litigation?

6 A. No.

7 Q. When did you learn that you were going to  
8 be deposed in this case?

9 A. Friday.

10 Q. Lots of time to prepare.

11 A. Yes.

12 Q. How did you learn that you were going to  
13 be deposed?

14 MR. ORTIZ: And you can answer to the  
15 extent you're not disclosing privileged or  
16 protected information.

17 THE WITNESS: We had a -- I had a meeting  
18 with our internal counsel late last week, and  
19 following that conversation, I was notified later  
20 in the day on Friday that I was selected for  
21 deposition.

22 BY MS. WALLACE:

23 Q. Congratulations. What did you do to  
24 prepare for today?

25 MR. ORTIZ: And same instruction as

1 before.

2 BY MS. WALLACE:

3 Q. You can -- please.

4 A. We had a -- oh. There was a brief  
5 meeting earlier this week, I believe on Tuesday, to  
6 go through the mechanics of a deposition, having  
7 never done one before, and how the flow  
8 would -- would go from that point, and then to see  
9 the documentation that was present -- that was  
10 submitted, and the reports.

11 Q. Without telling me the substance of any  
12 communications, can you tell me who was present for  
13 your prep meeting, please?

14 A. Yes. Our counsel that's on the line was  
15 present. Giovanni, who's on the line, was present.  
16 And there was another colleague of Giovanni's, his  
17 name is escaping me at the moment, from DOJ. I do  
18 not see him on the line.

19 Q. Do you recall the duration of that  
20 meeting?

21 A. It was around 90 minutes.

22 Q. Prior to today have you had the  
23 opportunity to talk with anyone else at TriWest  
24 regarding your deposition today?

25 A. No. I informed my -- my boss that I was

1 going to be out of pocket for a couple hours today  
2 for this reason, but not details of the deposition.

3 Q. Who is your boss?

4 A. David Civic, vice president of data  
5 analytics and services.

6 Q. Did you speak to Kimberly Rivas with  
7 TriWest prior to today?

8 A. No.

9 Q. Kaitlyn Band?

10 A. No.

11 Q. Did you speak to -- okay. Did you speak  
12 to Crystal Namaske (phonetic)?

13 A. She was on the original call late last  
14 week, but she and I have not discussed this matter  
15 since that meeting.

16 Q. As far as the materials that you reviewed  
17 to get prepared for today, can you describe those  
18 to the best of your knowledge?

19 A. They were a copy of the claims reports  
20 that were pulled for two veterans, two data  
21 dictionaries for those reports, and a letter signed  
22 by Kaitlyn Band.

23 Q. How many different data sets did you  
24 review in preparation for today?

25 A. I believe there were three, plus

1 the two data dictionaries and the letter. So  
2 three -- three different Excel files.

3 Q. Did you review any transcripts, perhaps  
4 of Kimberly Rivas's deposition?

5 A. No.

6 Q. Any other documents that you can think of  
7 that you reviewed to prepare for today's  
8 deposition?

9 A. No.

10 Q. I'm going to -- so Mr. Westerlind, we're  
11 remote today, and so typically if I was there in  
12 person I would hand you an exhibit and we would  
13 look through it together. And because we're  
14 remote, I'm going to be putting exhibits in the  
15 chat feature for the record, and then I'm going to  
16 also put them on the screen for you as I ask  
17 them -- ask you about them. Okay?

18 A. Okay.

19 Q. All right. Please let the record reflect  
20 I'm going to upload three previously marked  
21 exhibits. Exhibit 1 is the notice of deposition  
22 and the DOJ's objections to that notice. Exhibit 2  
23 is the CV of Mr. Westerlind which was provided to  
24 the plaintiffs, and Exhibit 2B is a list of all  
25 TriWest materials that are Bates stamped

1 DOJA\_TriWest\_1 through 10, just a chart  
2 showing -- identifying those exhibits that were  
3 provided to us.

4 MR. ORTIZ: Whitney, sorry to interrupt.  
5 Just for the record, Exhibit 1, did I hear you  
6 correct, is both y'all's notice --

7 MS. WALLACE: Yes.

8 MR. ORTIZ: -- objections, the two  
9 documents together?

10 MS. WALLACE: That's exactly right.

11 MR. ORTIZ: Thank you.

12 BY MS. WALLACE:

13 Q. Mr. Westerlind, I'm going to share on the  
14 screen for your review the exhibit that I've  
15 uploaded that's identified as Exhibit 2B. Can you  
16 see my screen?

17 A. Yes, I can.

18 Q. Great. Do you recognize -- I'll  
19 represent to you that the Bates range numbers on  
20 this chart, DOJ\_TRIWEST\_1 through 10, are -- is  
21 data that has been provided to the PLG, our  
22 plaintiff litigation group, on behalf of TriWest  
23 related to offsets.

24 Have you -- you mentioned you had  
25 reviewed three data sets. I -- in preparation

1 today. I actually have four -- I'm sorry, five  
2 data sets that have been produced to me. Can you  
3 tell me, by looking at the title or the Bates stamp  
4 number, which of these you recommend -- I mean, I'm  
5 sorry -- have reviewed?

6 A. I reviewed WPS\_Larimore, so Exhibit 3. I  
7 reviewed eight and nine, and then also eleven and  
8 twelve are the data dictionaries I referred to  
9 earlier. And I apologize, I didn't consider those  
10 a data set as you did.

11 Q. Oh, no, I didn't either.

12 A. Okay.

13 Q. So the Exhibit 3 -- Exhibit 3 is data  
14 from the WPS system for Mr. Larimore. You're  
15 saying that you did review the WPS data system  
16 data?

17 A. I reviewed Exhibit 3, yes.

18 Q. The Excel sheet that is marked as  
19 Exhibit 5 you're unsure or don't believe that  
20 you've reviewed that?

21 A. I am unsure if I have seen that one.

22 Q. Okay. I want to put it up on the screen  
23 for you just so we can get a clear record.

24 MR. ORTIZ: Thank you.

25 MS. WALLACE: Of course. Oh, and I'll go

1 ahead and put it in the chat since I'm showing it  
2 to the witness. I'm uploading -- I'll have to  
3 close out of it before I can upload it. I'm  
4 uploading Exhibit 5.

5 BY MS. WALLACE:

6 Q. Does this document look familiar to you?  
7 The Bates stamp number is DOJA\_TriWest\_5. The  
8 source of the data system, it's the PGBA in column  
9 BO.

10 A. It looks familiar in that I deal with  
11 PGBA claims data as the course of my job every day,  
12 but not -- I do not believe I reviewed this file in  
13 preparation for today.

14 Q. Got it. Let's go back to 2B. Are you  
15 able to tell me which of these files that you  
16 prepared?

17 MR. ORTIZ: Object to form. You can  
18 answer.

19 THE WITNESS: So I personally did not  
20 prepare any of these files. My analytics team here  
21 at TriWest had a hand in preparing -- we put  
22 together eleven and twelve, the data dictionaries  
23 for the reports. The numbers -- or let's start at  
24 the top. So number three, and what I just saw of  
25 number five, we likely had one of our data analysts

1 pull that data from our enterprise data warehouse  
2 per the -- per a data request.

3 And then numbers eight and nine  
4 that are marked as a CL185, that is a self-service  
5 report. So we produce that report. We post it  
6 internally. And then internal customers can enter  
7 search parameters to get a claims extract. And so  
8 we -- we built the -- we built the report, but we  
9 didn't -- we didn't necessarily push the button to  
10 produce that output.

11 BY MS. WALLACE:

12 Q. You build a template for the report?

13 A. A bit more complicated than that. So we  
14 write code that sits in a SQL Reporting Studios  
15 report that has a user-friendly front end where  
16 they can enter different search parameters like you  
17 do on any other website to -- to filter. You can  
18 put names, codes, dates, what have you in there to  
19 get a subset of claims data, and that points to the  
20 data warehouse.

21 Q. We talked earlier about certain data  
22 queries being more like a standardized --

23 A. Yes.

24 Q. -- data pull. Is that what Exhibits 8  
25 and 9 would be?

1 A. Correct.

2 Q. And you used the word self-service  
3 report. Will you explain one more time what that  
4 means, please?

5 A. Yeah, so internal TriWest employees have  
6 that -- have access to claims data as part of their  
7 job, can go to an internal site and click on the  
8 CL185 report without having to put in a ticket to  
9 my team and wait for it to get prioritized and work  
10 so they can get results back quickly as needed.

11 Q. For as far as eight and nine go, can you  
12 tell me where that data was extracted from, which  
13 database system?

14 A. Yeah. It's from our claims tables within  
15 the enterprise data warehouse, which is where  
16 TriWest stores the claims data from the claims  
17 processor.

18 Q. Is that a distinction or the same data  
19 source that Exhibit 3 or 5 would have come from?

20 A. It would be the same.

21 Q. Is there a different database that you  
22 extract data from, or is the enterprise data  
23 warehouse your primary source?

24 A. Enterprise data warehouse is the primary  
25 source that TriWest pulls data from.

1 Q. So you were testifying that you helped to  
2 prepare Exhibits 11 and 12, which are the data  
3 dictionaries that correspond to a CL185 report and  
4 a claims paid and denied report; is that true?

5 A. I'm testifying that my team built those  
6 two data dictionaries.

7 Q. And can you tell me -- they're titled  
8 Data Dictionary - CL185 Report. So my assumption,  
9 and tell me if I'm wrong, is that that is the data  
10 dictionary which would accompany a standardized  
11 CL185 report.

12 A. That is correct.

13 Q. And the same question for twelve, Data  
14 Dictionary - Claims Paid and Denied. My  
15 understanding is that that is what Exhibit 7, which  
16 is titled Jimmy Larimore\_Jimmy Claims Paid and  
17 Denied - SSN, is Exhibit 12 the data dictionary  
18 that would accompany the data extraction in  
19 Exhibit 7?

20 A. Yes.

21 Q. Were you asked to prepare a data  
22 dictionary to accompany the data extractions that  
23 are identified in Exhibits 3 and 5, which were the  
24 ones that were pulled for litigation purposes?

25 A. Not that I recall.

1 Q. There are different fields involved in  
2 those two exhibits, do you agree?

3 MR. ORTIZ: Objection. You can answer.

4 THE WITNESS: I would split those two  
5 apart. Exhibit 5, many of the fields -- again,  
6 I just saw that for the first time at a glance, but  
7 a lot of those fields seem very similar to what's  
8 in the other, because they're both based on the  
9 PGBA claims data and sourced from the same system.  
10 They might be in a different order, but they're in,  
11 a lot of cases, named the same and mean the same.

12 The Exhibit 3 WPS likely is very  
13 different names because that was from TriWest's  
14 previous claims processor.

15 BY MS. WALLACE:

16 Q. The WPS processor?

17 A. Correct.

18 Q. And we talked -- I'm not sure if you were  
19 aware, but we previously deposed Kimberly Rivas,  
20 who was a director of claims administration for  
21 TriWest.

22 A. I was not aware till you mentioned it  
23 earlier.

24 Q. Okay. She explained that TriWest  
25 outsources payments through -- under their

1 contracts to two different entities, one being the  
2 WPS, and the other being the P -- the one that we  
3 just looked at, which is called PGBA.

4 MR. ORTIZ: Objection. You can --

5 THE WITNESS: Yes.

6 MR. ORTIZ: That's fine.

7 BY MS. WALLACE:

8 Q. Are you --

9 MS. WALLACE: I'm sorry. David, did you  
10 get your objection clean for the record?

11 MR. ORTIZ: I think so. Clean enough.

12 MS. WALLACE: Okay.

13 BY MS. WALLACE:

14 Q. Do you have an understanding in your role  
15 as to how that outsourcing process for payment is  
16 done?

17 A. So from a data perspective, I know that  
18 we subcontract out to currently PGBA. Prior to  
19 PGBA, it was WPS. So we don't have two claims  
20 processors at the same time. They had a blip in  
21 time that they overlapped with each other as we  
22 were transitioning from one to the other. So that  
23 we have one claims processor.

24 And then as they process claims, that  
25 data gets passed over to my team that we then store

1 in the data warehouse. But they are the processor  
2 and system of record for that data.

3 Q. Do they work within a different data  
4 system than enterprise data warehouse?

5 A. Yes, they are not in the TriWest system.

6 Q. So as far as data flow -- and I wanted to  
7 understand. Do you have a good understanding of  
8 how the data flows from the provider through  
9 TriWest, through the payment processors through to  
10 the VA?

11 A. I have some understanding, but I think  
12 there's many flavors to what you just stated. So  
13 you'd have to be more specific about which data  
14 you're talking about.

15 Q. The data that is included on -- in  
16 Exhibits 3, 5, 7, 8 and 9.

17 A. So again, from what I can speak -- speak  
18 to is that, you know, I personally don't have  
19 visibility from the provider to PGBA. I know that  
20 we receive nightly data files from PGBA that are  
21 loaded into the enterprise data warehouse. So I  
22 see -- I see the current status of -- of claims  
23 from the PGBA system every day. The ins and outs  
24 from providers or the VA are not in my scope.

25 Q. As far as the chronology of where the

1 data goes, did I understand you correctly that it  
2 goes from provider to the payment processor such as  
3 PGBA, then to the enterprise data warehouse system  
4 of TriWest?

5 A. I -- I can only speak to that TriWest  
6 receives that file from PGBA. I don't know  
7 the -- I can't speak with any authority on the  
8 provider claims submission process. That would  
9 have to go to somebody in our claims admin team for  
10 the PGBA.

11 Q. Is it true that all of the data within  
12 the enterprise data warehouse with regard to what's  
13 included in Exhibits 3, 5, 7, 8 and 9, that would  
14 come -- your best knowledge of where the source of  
15 that data is coming from is from a contractor known  
16 as the PGBA or the contractor prior to that, WPS?

17 A. That's correct.

18 Q. Can you tell me -- and we're going to  
19 spend some time looking at your resumé, which I had  
20 uploaded into the chat as Exhibit 2.

21 Can you tell me what -- please let the  
22 record reflect that Exhibit 2 is on the screen for  
23 the witness to review.

24 I understand that you have a bachelor  
25 of science in marketing from Butler University, and

1 a master of business administration with a focus in  
2 information systems from Grand Canyon University?

3 A. That's correct.

4 Q. And the first job that we have listed for  
5 you in your CV, it starts in October of 2005. Were  
6 there positions that you held before that?

7 A. They're the two additional experiences  
8 pieces while I was in college that are there, and  
9 some other high school and college odd jobs.

10 Q. Anything -- what was the most significant  
11 job you had prior to October of 2005?

12 A. The Flex Force sales representative,  
13 which was a paid internship. I joined TriWest  
14 right after graduation from my bachelor's.

15 Q. And you've been with them for 20 years?

16 A. Next month.

17 Q. And it looks like you started in the  
18 project specialist role, community relations?

19 A. That's correct.

20 Q. And that -- that did not have to do with  
21 data or analytics; correct?

22 A. It did not.

23 Q. And the project manager role that you  
24 held from 2007 to 2013, would you -- it looks like  
25 it was mostly IT focused, as far as I could tell.

1 Would you care to expand on that?

2 A. Yes, there was a lot of IT  
3 implementations, application development projects.  
4 And then also spent time as part of the quality and  
5 process improvement team. So dealing with  
6 efficiencies within the organization.

7 Q. Not an analytics data role, though;  
8 right?

9 A. I would say that it was analytics heavy,  
10 with the process improvement pieces taking --  
11 taking data and helping to make sense of the  
12 business processes.

13 Q. And was it in a different department than  
14 you're in now?

15 A. Correct. It was in our quality process  
16 improvement department at that time of the company.

17 Q. Was that a department responsible for  
18 doing queries and --

19 A. No. We outsourced -- or outsourced is  
20 the wrong word -- we would request data from the  
21 department I'm in now to help with that.

22 Q. And then you moved into an implementation  
23 coordinator position. Tell me what your primary  
24 role is in that role.

25 A. That role was as we were starting

1 off -- starting up the first iteration of our  
2 engagement with VA, the PC3 program, helping  
3 program/manage the implementations across the  
4 different business areas. So we had five project  
5 managers that were rolled up through me to program  
6 management and leading scrum teams to implement and  
7 stand up that contract.

8 Q. Which program were you working in in this  
9 role? Was it the CCN program, or --

10 A. No, CCN did not exist at that April 2013  
11 timeframe. That was the -- the precursor to CCN,  
12 which was the PC3, which was patient centered  
13 community care.

14 Q. And that would be the Choice program as  
15 well?

16 A. This was the precursor to Choice as well.

17 Q. When did -- do you remember when Choice  
18 started?

19 A. Choice -- I don't know the exact date.  
20 It was shortly after -- because when we started  
21 that program to -- to the PC3 program, shortly  
22 after that is when there was a lot of news around  
23 wait lists and that sort of thing, and that's when  
24 the Choice program came in.

25 So this was, I was going to say,

1 within a year of when we started, we were already  
2 implementing Choice as an add-on to the PC3  
3 program.

4 Q. So Ms. Rivas had only been with the  
5 company for three years, and you've been there  
6 20 years, so I was hoping that you might be able to  
7 help the core understand how when -- when a  
8 community care option started for these veterans,  
9 and how it's changed programatically over time to  
10 the point that it's now the Community Care Network  
11 program. Do you have an understanding of that to  
12 be able to describe it?

13 MR. ORTIZ: Object to form. You can  
14 answer.

15 THE WITNESS: I can only answer from the  
16 third-party administrator's perspective. I don't  
17 know the -- all the legislation that has occurred  
18 that has caused the evolution. But the PC3  
19 program, we were really starting off providing  
20 elasticity to the VA medical centers that if they  
21 couldn't see a patient within certain guidelines,  
22 timeliness and -- and drive time, that they could  
23 send to -- they could send to the TriWest network.

24 And then after the -- a lot of that  
25 came out that there was more -- there was more

1 demand inside VA, Choice program came in and  
2 provided additional access to veterans so a wider  
3 swath of them could go out to -- to a private  
4 provider. And the -- at the time the PC3 program  
5 already existed, so they were able to kind of  
6 leverage us to be able to accelerate that, because  
7 we already had a network built.

8 And then the CCN program was  
9 another evolution, but also tightened that up where  
10 you didn't have, I'll call it PC3 with a Choice  
11 bolt-on to one contract. And that happened 2020,  
12 2021 timeframe.

13 BY MS. WALLACE:

14 Q. As far as dates, do you remember the  
15 first time in your career that you began working  
16 with a community care type program for the VA as a  
17 part of your role at TriWest?

18 A. I was a part of a team that shortly after  
19 our bid was submitted, we started talking about  
20 building out implementation plans. So from that  
21 program manager implementation coordinator role,  
22 very early on.

23 Q. So approximately 2013?

24 A. Approximately, yes.

25 Q. And since that time you've described for

1 us the program has changed several times in name  
2 and in application; is that fair?

3 A. Yes, there's been several -- there's been  
4 big changes and small changes along the way as  
5 we've -- as we've gone.

6 Q. What are some of the big changes that  
7 you've seen?

8 A. There was the -- early on with PC3 there  
9 was an addition of primary care that had to  
10 be -- that more primary care was going to be coming  
11 out of -- out to the network. And so we had to  
12 stand up an additional primary care network.  
13 Obviously the addition of Choice, where veterans  
14 could choose to go out to the network and not have  
15 that decision necessarily made at VA, which was a  
16 tremendous increase in authorization referral  
17 volume coming out through the -- through the  
18 network. Those are definitely the two largest.

19 And then the changeover from PC3  
20 Choice to CCN, where a lot of that was formally  
21 merged together and different -- from my  
22 perspective different recording mechanisms the way  
23 we communicate that back to VA.

24 Q. So during the course of your career with  
25 TriWest, you've seen pretty significant changes to

1 veteran eligibility and access to care through the  
2 programs?

3 MR. ORTIZ: Object to form. You can  
4 answer.

5 THE WITNESS: Yes, that has evolved.

6 BY MS. WALLACE:

7 Q. Do you -- is it -- do you have any  
8 knowledge, is it in a continuing state of  
9 evolution?

10 MR. ORTIZ: Object to form. You can  
11 answer.

12 THE WITNESS: Well, with these government  
13 contracts, they kind of always are evolving, and so  
14 there's -- I assume the answer is yes, but not -- I  
15 don't know specifics about the next evolution.

16 BY MS. WALLACE:

17 Q. Which department is responsible for  
18 making sure that TriWest is keeping up with any of  
19 these regulatory and programmatic changes to the  
20 program and veteran eligibility?

21 A. That rolls through our contract  
22 administration department.

23 Q. But from a billing and analytic  
24 standpoint, it's probably also important for you  
25 guys to have an understanding of what's covered,

1 what's not covered, and how -- and what happens  
2 with those changes?

3 MR. ORTIZ: Object to form.

4 THE WITNESS: Do I answer, David?

5 MR. ORTIZ: You can answer.

6 THE WITNESS: Okay. So I want to  
7 clarify. I have -- my department has nothing to do  
8 with billing. So we are -- we are telling the  
9 story of billing through data, but we're not making  
10 decisions on procedure A versus procedure B, was  
11 that the right one to pay or not or, you know,  
12 should we pay it.

13 My team is saying, you know,  
14 we -- we paid for a thousand procedure As at this  
15 much cost. So we're -- we're on the back end of  
16 that process.

17 BY MS. WALLACE:

18 Q. You take the -- what has already been  
19 paid and you perform analytics of that data?

20 A. Correct.

21 Q. Let's see if we can talk about what your  
22 current role entails. Your resumé states that  
23 you've been the director of analytics from January  
24 2015 to present. Tell me about that department.  
25 What does it do? How many people are in it?

1           A.     Right now, the department has just north  
2 of 40 employees in the analytic space. Our  
3 department does -- well, we employ data analysts  
4 that review and provide analysis back to business  
5 users for -- to help with decision-making. We also  
6 employ SQL and business intelligence developers.  
7 They're the heavy, heavy coders that help build  
8 data tables and the back end structure.

9                     We also have business analysts, and  
10 their role is more around requirements, gathering,  
11 and helping out with testing and validation. But  
12 we are a centralized source within TriWest for any  
13 reporting needs that -- that the company needs.

14           Q.     The data extractions that you perform,  
15 would you say they are related to business  
16 operations?

17           A.     Yes.

18                     MR. ORTIZ:  Objection to form.  You can  
19 answer.

20                     THE WITNESS:  Yes, they're all related to  
21 business operations of TriWest across our two  
22 contracts.

23           BY MS. WALLACE:

24           Q.     Are they related at all to government  
25 reporting?

1           A.    Yeah, so we do our -- in the case of VA,  
2           there's a series of performance reports that go  
3           over monthly and quarterly basis.  And my  
4           department also produces those, and a larger swath  
5           of those, for our DoD contract.

6           Q.    Do they -- are they helpful for  
7           compliance with DoD or VA contracts?

8                   MR. ORTIZ:  Object to form.

9                   THE WITNESS:  We -- they are the  
10           measuring stick of our contract performance against  
11           the standards that are set in the contract.

12           BY MS. WALLACE:

13           Q.    So I'm understanding that you  
14           have -- sounds like you have coders on your team  
15           that you call them analysts, data scientists, but  
16           these coders are not the ones for TriWest that  
17           would be performing any deep dive on provider  
18           coding or auditing or understanding whether the  
19           data that is in -- that is in your query is  
20           accurate and reliable.

21                   MR. ORTIZ:  Object to form.

22                   THE WITNESS:  Yeah, can you -- can you  
23           restate that question?  I think there were a couple  
24           things in there.

25                   MS. WALLACE:  Yes.  Could I have my court

1 reporter restate it for me so I don't misstate?

2 COURT REPORTER: Sure. One moment. "So  
3 I'm understanding that you have -- sounds like you  
4 have coders on your team that you call them  
5 analysts, data scientists, but these coders are not  
6 the ones for TriWest that would be performing any  
7 deep dive on provider coding or auditing or  
8 understanding whether the data that is in your  
9 query is accurate and reliable."

10 THE WITNESS: So I'm going to break that  
11 apart a little bit, and then you can tell me  
12 whether you have any follow-up to that.

13 But my analysts and developers, we  
14 do not do the coding of a claim as in adding  
15 procedure, diagnosis, ICD-9, ICD-10 codes to a  
16 claim. We see those codes as the claims data comes  
17 in, but we are not on the front end validating  
18 those codes on a claim. That's done at the claims  
19 processor level. We do --

20 BY MS. WALLACE:

21 Q. Excuse me. I'm so sorry. Please  
22 continue.

23 A. The second part of that question is we do  
24 assist TriWest with deep dives into the results of  
25 those codes. We do data analytics on clinical

1 outcomes through external analytics. Partners that  
2 leverage our claims data as well to do that level  
3 of analysis and deep dives on the outputs of those  
4 claims and results. But we are not medical coders.  
5 We are writing SQL Python analytics code.

6 Q. You're taking the output that is in the  
7 enterprise data system and running analytics on it?  
8 You're not testing the reliability of the output  
9 data itself?

10 A. That is correct.

11 Q. And you do not have what you called  
12 medical coders on your team?

13 A. No, we do not.

14 Q. Okay. And when you say medical coders,  
15 would that be -- do you have a certification in  
16 mind that you're thinking of specifically, or would  
17 you like for me to read some to you?

18 A. I do not have something in mind. I was  
19 responding to the part of your question about the  
20 codes from providers.

21 Q. What kinds of degrees in coding do your  
22 analysts have for your purposes?

23 A. The vast majority of them have bachelor's  
24 degrees in analytical-type fields, whether that be  
25 data science, information systems, mathematics.

1 And there are a few master's in those type of  
2 fields as well, and a few actuarial degrees.

3 Q. They're not certified coding specialists?

4 A. I'm not familiar with that title in our  
5 analytics world.

6 Q. Do they have medical training, anyone in  
7 your department?

8 A. No. It's not a requirement to be a data  
9 analyst or developer.

10 Q. How many reports does -- would you say  
11 that your team does on a monthly basis?

12 A. Across the VA and DoD work, I would guess  
13 500.

14 Q. And you mentioned an example earlier as  
15 to what type of analytics might be done, what type  
16 of reports. Would it be, for example, how many  
17 laminectomies were performed out of network or a  
18 query for services for condition X over time, cost  
19 over time, comparing treatments, those types of  
20 queries?

21 A. Yes, we -- we perform analytics that are  
22 similar in nature to those examples.

23 Q. And who do you give your queries to as a  
24 department? Is it your superior, or do they -- do  
25 you send them directly to a certain department or

1 agency or person?

2 A. Our queries -- no, we -- the queries are  
3 within our SQL environment.

4 Q. And what about the reports?

5 A. The reports are turned back around to the  
6 requestor of the report.

7 Q. So your department does not do any  
8 analysis as it relates to whether the charges are  
9 related to a certain ICD or ICD-10 code?

10 MR. ORTIZ: Object to form. You can  
11 answer.

12 THE WITNESS: My department does not do  
13 that directly, no.

14 BY MS. WALLACE:

15 Q. And with regard to the exhibit that we  
16 talked about earlier, 2B, your department didn't do  
17 that analysis for any of those data extractions  
18 that we've looked at?

19 A. Can you ask that again?

20 Q. Yes. Let me put it on the screen for  
21 you. My question -- and please let the record  
22 reflect that Exhibit 2B is on the screen for the  
23 witness.

24 My question is, it wasn't within your  
25 role or duties to perform any type of an analysis

1 regarding Exhibits 3, 5, 7, 8 or 9 as to whether  
2 the claims that were included in that -- those data  
3 extractions were related to any specific ICD-9 or  
4 10 code?

5 MR. ORTIZ: Object to form. You can  
6 answer.

7 THE WITNESS: No. Like I mentioned, we  
8 are not a -- we are not a clinical department to  
9 make any determination of appropriateness in care.

10 BY MS. WALLACE:

11 Q. Or relatedness of care?

12 MR. ORTIZ: Object to form.

13 THE WITNESS: Or relatedness.

14 BY MS. WALLACE:

15 Q. Do you have any forensic data analysts on  
16 your team?

17 A. Can you clarify what you mean by forensic  
18 analyst?

19 Q. Yes. I believe it would mean -- well,  
20 can you answer it with just the question that I  
21 asked? And if you don't know what a forensic data  
22 analyst is, that's totally fine.

23 A. No, I have nobody with that title.

24 Q. Okay. And no one with that  
25 certification, to your knowledge?

1 A. No.

2 MS. WALLACE: All right. We have been  
3 going almost an hour. Mr. Westerlind, I usually  
4 try to let you take, you know, a five- to  
5 ten-minute break every hour. So let's do that now,  
6 if we can.

7 THE VIDEOGRAPHER: Okay. Time is now  
8 9:54. Going off the record.

9 (Break taken.)

10 THE VIDEOGRAPHER: Time is now 10:06.  
11 Back on the record.

12 BY MS. WALLACE:

13 Q. Mr. Westerlind, I'm going to add a new  
14 exhibit into the chat for us. And it is going to  
15 be Exhibit 4, which holds the Bates number  
16 COJA\_TriWest\_2 through 4. Can you see my screen?

17 A. Yes, I can.

18 Q. Do you recognize this document?

19 A. Yes. This is the letter I stated earlier  
20 that I reviewed prior to the meeting.

21 Q. When is the first time that you reviewed  
22 this letter?

23 A. Tuesday of this week.

24 Q. This letter appears to have a date of  
25 March 4, 2025. Do you see that?

1 A. I see that.

2 Q. And the letter is authored by Kaitlyn  
3 Band, supervisor of TriWest Healthcare Alliance  
4 program integrity. Which department is that for  
5 TriWest?

6 A. I think -- I believe internal  
7 audit/program integrity are two departments.  
8 Program integrity, in and of itself, is a  
9 department name.

10 Q. How many employees are employed in the  
11 program integrity department?

12 A. I don't know.

13 Q. Have you ever met Kaitlyn Band?

14 A. Not in person, no. But we do routinely  
15 receive data requests from -- from Kaitlyn.

16 Q. And so can you -- as far as this request,  
17 were you aware that in approximately March of 2025  
18 she prepared this letter or compared the data that  
19 it references?

20 A. No, I was not aware.

21 Q. What does the program integrity branch of  
22 your company do, to the best of your knowledge?

23 A. To the best of my knowledge, they're  
24 tasked with looking for fraud and abuse  
25 within -- within the company and the programs that

1 we administer.

2 Q. Let's take a look at the letter. It  
3 looks like it's directed to counsel for the DOJ,  
4 Giovanni Antonucci. Would you agree?

5 A. Yes.

6 Q. And it's written in the first person by  
7 Kaitlyn Band. And she states in sentence two, "I  
8 was asked to provide the details of payments made  
9 on behalf of all 25 track one plaintiffs. Based  
10 upon my review, I was only able to identify  
11 payments made on behalf of Mr. Jimmy Larimore and  
12 Mr. Scott Richard Keller through VA's Community  
13 Care Network as administered by TriWest." Did I  
14 read that correctly?

15 A. Yes.

16 Q. Do you have an understanding -- the  
17 documents that we were provided that accompanied  
18 this letter were the Exhibits 3 and 5 that we  
19 looked at earlier. Is that your understanding?

20 A. Again, I've seen the letter, but I don't  
21 know what was attached. But it was submitted.

22 Q. Okay. She says here in the second  
23 paragraph, "I have provided the DOJ with  
24 information on all of the payments made on behalf  
25 of Mr. Keller and Mr. Larimore by the VA's

1 Community Care Network as administered by TriWest,  
2 and not just those made in connection with health  
3 care related to exposure to the water at Camp  
4 Lejeune."

5 Did you see -- were you copied on  
6 anything that Kaitlyn had produced previously, or  
7 the only exhibits you've seen are those that we  
8 looked at on Exhibit 2B?

9 A. The only -- the only documentation I have  
10 seen related to this matter is what was -- what we  
11 discussed earlier.

12 Q. Do you have any knowledge as to whether  
13 the Exhibit 3 that you said you had reviewed  
14 previously, did that appear to be all claims for  
15 Mr. Larimore, or did it appear to be just claims  
16 related to certain billing codes?

17 A. I did not look at it at that level of  
18 detail, nor do I have the query that was written to  
19 know if there was -- what was included or excluded.

20 Q. Do you know who pulled that data that  
21 Ms. Band references in this cover letter, whether  
22 it was her department or your department?

23 A. For the non-CL185 reports, I do not know  
24 who -- who pulled that, whether it was one of my  
25 analysts or whether Kaitlyn did that on her own

1 through some of our other self-service tools.

2 Q. So let's make sure that's really clear.  
3 I'm going to go back to Exhibit 2B. And so you are  
4 looking at the universe of materials that have been  
5 provided to the plaintiffs related to the TriWest  
6 data for offset. And we talked earlier about there  
7 is an Exhibit 3 that has the WSP data, Exhibit 5  
8 that had the PGBR -- I think I got the acronym  
9 wrong.

10 A. PGBA.

11 Q. Thank you, PGBA data. And then  
12 Exhibit 6, which is the claims paid and denied, and  
13 then 8 and 9, which are CL185 standardized  
14 extracts.

15 To the best of your knowledge, what  
16 are you able to testify as to which one you and/or  
17 your department pulled?

18 A. As I stated earlier, CL185, we didn't  
19 push the button but we wrote the query that sits  
20 out there to pull that data. And to the best of my  
21 knowledge, the 3, 5 and 7, they look like an ad hoc  
22 report that my team would have done. But I  
23 don't -- I don't know that for a fact.

24 Q. Does Kaitlyn have, to your knowledge, the  
25 ability to pull Exhibits 3 and 4 independently in

1 her department?

2 A. So she has access to claims data via some  
3 self-service tools, similar to -- up to and  
4 including the CL185. There's some other -- other  
5 tools that she has access to. I don't recall that  
6 she has direct query access to a database or to the  
7 data warehouse.

8 Q. If your analysts had pulled 3 and 5,  
9 would you have been responsible for overseeing that  
10 or reviewing it prior to it being produced to the  
11 DOJ?

12 A. In some cases, I would. I mean,  
13 ultimately it falls under my department. But there  
14 are some layers of oversight. And so through -- a  
15 lot of those go through a quick peer review. And  
16 then perhaps the manager of that area that reports  
17 to me would review it. But not every ad hoc report  
18 comes up to my level for review.

19 Q. So is your answer, in short, maybe?

20 A. As I stated, it's -- there's reports that  
21 come to me, mainly our government contractual  
22 reports go through my review. Internally requested  
23 add hocs generally don't.

24 Q. What is the oversight as it relates to  
25 your familiarity with your department?

1 A. Can you be more specific?

2 Q. Well, you just used the word oversight,  
3 like some of it would come to you for oversight.  
4 Are you able to expand on that?

5 A. Yes, so they -- they -- in terms of  
6 reporting outputs, if reports are being submitted  
7 via -- for the contract, performance reports, those  
8 sorts of things, they -- they come to me for review  
9 and approval before they go through our contract  
10 admin department over to -- over to the government.

11 There are some levels there where, as  
12 I stated earlier, we do several hundred reports a  
13 month. And so there are internal add hocs  
14 to -- that our peers are requesting. Oftentimes  
15 those are peer reviewed and sent without upper  
16 management review.

17 Q. Okay. So as we sit here today, we're  
18 unsure whether the data extractions in Exhibit 3 or  
19 5 came from you or your department, and we're also  
20 unsure whether they were reviewed by your  
21 department prior to being produced to the DOJ?

22 A. That's correct. I can't state either of  
23 those with a hundred percent certainty.

24 Q. And what about is the same true for  
25 Exhibit 7, 8 and 9 data extracts? It sounds like

1 you created all the coding and formulated  
2 components for these reports because they're  
3 self-service type reports, but you can't say one  
4 way or the other whether you reviewed or had a hand  
5 in creating those specifically?

6 A. So for 7, 8 and 9, we produced the report  
7 that sits out on that customers interact with, and  
8 that was tested and validated as outputs. For  
9 these specific -- I'm looking up this particular  
10 veteran output that was submitted. No, we don't  
11 review every output that comes from that -- that  
12 tool.

13 Q. And so as it relates to Jimmy Larimore or  
14 Scott Keller, you would -- you and your department  
15 did not have a hand in preparing or submitting that  
16 data or viewing that data to the DOJ?

17 A. We did have a hand in that. It's our  
18 report that was used to produce the data. But we  
19 did not push the button that day and submit it to  
20 DOJ.

21 Q. And you didn't review that data other  
22 than it just being a pre-formatted query prior to  
23 it being produced to the DOJ? You didn't  
24 cross-check it or anything more specific than  
25 someone pressed the button?

1 MR. ORTIZ: Object to form. You can  
2 answer.

3 THE WITNESS: The report itself went  
4 through cross-checking and validation when it was  
5 published, but for the -- that -- those specific  
6 outputs, that's correct, there was not an  
7 additional cross-checking performed.

8 BY MS. WALLACE:

9 Q. Are you saying that there is a  
10 cross-checking and validation mechanism that would  
11 have applied to the data? And if so, explain that  
12 to me.

13 A. So when the CL185 report was created, it  
14 was tested by my team and reviewed with our claims  
15 department for validity and accuracy.

16 Q. With what -- respect to what? Validity  
17 and accuracy with respect to what?

18 A. That the -- that the data matches -- the  
19 output of the report matches the expectation based  
20 on what we're seeing in the claims processing  
21 systems.

22 Q. Meaning the two systems are aligned as  
23 far as just output data goes?

24 A. Correct.

25 Q. Okay. And do we have -- do you know who

1 performed the more customized data extractions in  
2 Exhibit 3 and 5?

3 MR. ORTIZ: Object to form. You can  
4 answer.

5 THE WITNESS: At this time I do not  
6 recall who -- who did that.

7 BY MS. WALLACE:

8 Q. You don't recall an individual or you  
9 don't recall what -- exactly which department,  
10 or --

11 A. As previously stated, I do not recall  
12 whether it was -- whether it came through as an ad  
13 hoc for my group, or whether somebody in program  
14 integrity or claims or another area was able to  
15 produce that out of another source.

16 Q. Okay. Let's look back at the Exhibit 4.  
17 Do you know why what methodology was used to pull  
18 Exhibits 3 and 5, and why that particular  
19 methodology was used?

20 A. Do not know.

21 Q. I know you testified earlier that queries  
22 or reports for litigation purposes are not  
23 customary for what your department does, true?

24 MR. ORTIZ: Object to form.

25 THE WITNESS: I mean, we do them as

1 they're -- as they're needed. There's not another  
2 place that they should be coming from necessarily.  
3 But they don't occur frequently, I believe is what  
4 I stated.

5 BY MS. WALLACE:

6 Q. Two to three times --

7 A. Couple --

8 Q. -- yeah.

9 A. Yeah.

10 Q. So the data that is produced in Exhibit 3  
11 and 5, the fields that were chosen and how that  
12 data was selected, you're not familiar with why  
13 that was done?

14 MR. ORTIZ: Object to form. You can  
15 answer.

16 THE WITNESS: No. As I stated, I don't  
17 know the query that was used to produce those  
18 outputs.

19 BY MS. WALLACE:

20 Q. We've talked about --

21 A. Or the rationale behind it.

22 Q. Thank you. We've talked about your  
23 experience and expertise in your CV. You  
24 don't -- do you personally have any professional  
25 coding experience?

1           A.    I did leading our analytics function for  
2 ten years.  I do a little bit of coding and a  
3 little bit of querying, but I'm mostly in an  
4 oversight and analytics role than a develop --  
5 report developer role.

6           Q.    Do you know the difference between the  
7 significance of a primary diagnosis versus a  
8 secondary diagnosis?

9           MR. ORTIZ:  Object to form.

10          THE WITNESS:  No.  As stated earlier,  
11 we're not a clinical department.

12          BY MS. WALLACE:

13          Q.    Are you aware of when -- assuming, just  
14 for the sake of a hypothetical, that you had  
15 pulled -- you or your department had pulled  
16 Exhibits 3 and 5, are you aware of any process or  
17 procedure or methodology of your department that  
18 you would have reviewed medical records to confirm  
19 any of the coding used within the data?

20          MR. ORTIZ:  Objection.

21          THE WITNESS:  Do I answer, David?

22          MR. ORTIZ:  Yes.

23          THE WITNESS:  Okay.  No, we typically  
24 don't review medical records.  Medical records are  
25 not part of the -- in a lot of cases, part of the

1 VA program.

2 BY MS. WALLACE:

3 Q. And so is typically the right word, or  
4 you guys don't review medical records as a part of  
5 your job?

6 A. We don't review medical records as part  
7 of our job. We are not clinical.

8 Q. Do you have any knowledge as to whether  
9 TriWest does review medical records in any  
10 department related to claim auditing?

11 A. I do not know the answer to that.

12 Q. All right. And if there's -- if I  
13 represented to you that TriWest has previously  
14 stated it does not systematically audit  
15 documentation, medical documentation against  
16 claims, do you have any reason to disagree with  
17 that statement?

18 MR. ORTIZ: Objection. Foundation.  
19 Beyond the scope of this deposition. You can  
20 answer.

21 THE WITNESS: I have no reason to agree  
22 or disagree with that statement.

23 BY MS. WALLACE:

24 Q. Understood. You've read previously  
25 Exhibit 4 that's on the screen, which is the cover

1 letter of Kaitlyn Band?

2 A. Yes.

3 Q. And do you understand how -- how she  
4 approached pulling the data as it relates to the  
5 ICD-9 and 10 codes that are in the chart on the top  
6 of the page 3 that says CLJA\_TriWest\_3?

7 A. I thought the letter said that that was  
8 provided to her, the list of codes. But I was not  
9 part of that list, so I don't know for sure.

10 Q. Okay. And do you understand how she used  
11 that list to pull the data in Exhibits 3 and 5?

12 MR. ORTIZ: Object to form. You can  
13 answer.

14 THE WITNESS: What I do know is that you  
15 can look at ICD-9 and ICD-10 codes in the claims  
16 data as part of your pull. Specifically in the  
17 CL185, you can -- you can type those codes in as  
18 part of your search parameter.

19 BY MS. WALLACE:

20 Q. And does that tell you whether or not the  
21 visit is related to one of those codes? Do you  
22 know exactly what methodology you would have to do  
23 to determine the relatedness of a claim to those  
24 codes?

25 MR. ORTIZ: Objection, form.

1 THE WITNESS: I'm not an expert on claims  
2 processing, but that's -- those codes are on the  
3 claim, as I understand it, because it's related.

4 BY MS. WALLACE:

5 Q. In your knowledge, does it matter whether  
6 they're on the claim in a secondary position or on  
7 the claim in a primary position? Do you have any  
8 knowledge to what extent that matters?

9 A. I do not.

10 Q. Do you have a familiarity with the  
11 importance of procedure codes, CPT codes or HCPCS  
12 codes as it relates to determining the relatedness  
13 of a claim to a certain ICD-9 or 10 code?

14 A. I know that those CPT codes are on the  
15 referral, and off that the claim is paid against,  
16 but I don't know the methodology to which a  
17 comparison happens on the claims processing side.

18 Q. And to be clear, you and your team did  
19 not perform any analysis as it relates to linking  
20 CPT codes with an ICD-9 or 10 code in this case  
21 with the data that's in Exhibit 2B?

22 A. Not in these specific cases, no.

23 Q. Are you familiar with a diagnostic  
24 indicator -- and it's also sometimes also called a  
25 diagnostic pointer -- and the significance of that

1 as it relates to the relatedness of a claim to a  
2 certain ICD-9 or 10 code?

3 A. I'm not familiar with that, no.

4 Q. The Exhibit 4 that's on the screen, do  
5 you know what analysis was performed to ensure that  
6 the claims listed on Exhibit 3 and 5 were related  
7 to the ICD-9 and 10 codes that were provided by the  
8 government?

9 MR. ORTIZ: Objection. You can answer.

10 THE WITNESS: I don't -- again, I'm not  
11 able to confirm that we pulled that from my area.  
12 I do know that there -- we provide tools that you  
13 can look up those codes for a specific beneficiary  
14 or veteran if there are claims.

15 BY MS. WALLACE:

16 Q. Ms. Band references that she searched the  
17 individual's names in our claims management  
18 software, Care Radius. What is Care Radius?

19 A. Care Radius is our referral and  
20 authorization medical management system.

21 Q. How does that differ from the enterprise  
22 system you told me about earlier?

23 A. The enterprise data warehouse  
24 specifically?

25 Q. Yes.

1           A.     Yeah.   So Care Radius is an application  
2     that has referrals, and offers are submitted by the  
3     VA, and in some cases network providers, they go  
4     into that system.   That's where they're actively  
5     worked by our medical management group.   The  
6     enterprise data warehouse is a data repository.   So  
7     it has basically static data.

8                     It sees every -- referrals and  
9     authorizations, claims, network providers, customer  
10    service data as of close of business the day  
11    before.   So it's a reporting tool as opposed to a  
12    business application that's used for day-to-day  
13    operations.

14           Q.     Does it look to you as if Ms. Band pulled  
15    the data that was in Exhibits 3 and 5 from Care  
16    Radius as opposed to from the enterprise data  
17    warehouse?

18           A.     Claims data is not resident in Care  
19    Radius.   Reading through her letter, I think that  
20    saying claims management software was a misnomer.  
21    But she got the patient's data from Care Radius,  
22    which is the system of record for the patients, and  
23    then was able to go and use that patient  
24    information, such as their social security number,  
25    as an example, to pull claims data.

1 Q. Where does it show me in this cover  
2 letter where Ms. Band pulled the data from, which  
3 data system?

4 A. I don't believe it does.

5 Q. The way that you described the Care  
6 Radius platform, it sounded like it was not -- you  
7 used the word static as it related to the  
8 enterprise data warehouse, and you distinguished it  
9 from the Care Radius data, which I believe is not  
10 static. It's a moving referral source. Tell me if  
11 I'm understanding your testimony correctly.

12 A. Yes, Care Radius is a -- it's an active  
13 business application. So it's -- it's processing  
14 referrals and authorization as they're received in  
15 near real time throughout the course of the day.

16 Q. Care Radius is a very fluid system, would  
17 you agree with me, data fluid system?

18 A. I don't know how to quantify really  
19 fluid, but yes, it is -- the data is moving as  
20 people are working on those referrals and auths.

21 Q. Okay. Thank you. And is the enterprise  
22 data warehouse, is it -- how would you  
23 describe -- you used the word static, but I -- I  
24 also understand that reprocessings occur. Does  
25 that not happen in the enterprise data warehouse

1 system?

2 A. So I might separate that. Reprocessing  
3 does not happen in the data warehouse. What  
4 happens in the data warehouse is we get daily  
5 updates of those sets of data that I mentioned  
6 earlier. And so if a claim was reprocessed, as an  
7 example, we would catch that update the next time  
8 it was -- the data was loaded at the close of  
9 business.

10 Q. So there is a component of fluidity to  
11 the enterprise data warehouse as well as it relates  
12 to reprocessing?

13 A. The data warehouse gets updated on a  
14 daily basis as opposed to in real time, like a  
15 business application.

16 Q. And the data that's in the enterprise  
17 data warehouse can be subject to change based on  
18 changes to -- related to reprocessing; is that  
19 true?

20 A. Correct. If a -- if an end user at PGBA  
21 or a provider interacted with the claims processor  
22 that changed the status of a claim, the -- that  
23 would be updated the next day in the enterprise  
24 data warehouse.

25 Q. And so going back to Ms. Band's data

1 extraction. How confident are you that her data  
2 was not pulled from the Care Radius system versus a  
3 different system?

4 A. As I stated earlier, I think  
5 the -- reading through this, I can confidently say  
6 that claims data did not come from Care Radius.  
7 The veteran data likely did come from Care Radius.  
8 That was the -- part of the filtering to go get  
9 claims data.

10 Q. And so since we don't know where the  
11 claims data was extracted from, how can we  
12 understand the reliability of the data that's in  
13 Exhibits 3 and 5?

14 MR. ORTIZ: Object to form.

15 THE WITNESS: So I -- let me clarify one  
16 piece, and the -- whether Kaitlyn or somebody else  
17 has a direct query access or was using a different  
18 SSRS report, or it came to my group as an ad hoc  
19 request, if it was produced by TriWest, there is a  
20 very high likelihood it came out of enterprise data  
21 warehouse claims tables.

22 But as you stated, I don't know  
23 that for a hundred percent certainty in this case.  
24 But that's the -- I just wanted to add that  
25 clarity. There's not another -- there's not

1 another internal data source of claims that's not  
2 the enterprise data warehouse source. How somebody  
3 pulled that query from that, that's what I'm  
4 unaware of.

5 BY MS. WALLACE:

6 Q. Could you say that last part one more  
7 time for me, how someone --

8 A. If -- who pulled the query or wrote the  
9 query and how they went about doing that, whether  
10 it was SSRS, whether it was an ad hoc request,  
11 that's what I don't currently have familiarity of  
12 how 3 and 5 were produced.

13 Q. Okay. And we talked earlier about the  
14 flow of data from the provider all the way until  
15 the point that it gets to the enterprise data  
16 warehouse. Do you have an understanding  
17 on -- there's a number of -- it appears, based on  
18 my research, that there's a number of programs that  
19 are involved in that process, such as the VA's HSRM  
20 health share referral manager; the PPMS, provider  
21 profile management system; the ECAMS portal, where  
22 the VA can pay the claim; the VACCR community care  
23 claims reimbursement system; VA program integrity  
24 tool; MCF EDI TAS, which is where other health  
25 insurance information is housed, and then there's

1 the processors of the PGBA claims system.

2 Can you tell me which components of  
3 that process that you are familiar with in your  
4 role?

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

7 THE WITNESS: David?

8 MR. ORTIZ: You can answer. You can  
9 answer unless I tell you not to as a general rule.

10 THE WITNESS: Oh, okay. Sometimes you  
11 say to answer and so -- sorry.

12 MR. ORTIZ: Go ahead.

13 THE WITNESS: Yeah, I'm -- most of those  
14 systems I'm tangentially familiar with. For  
15 example, the H -- HRMS or HM -- HRMS, that system  
16 feeds referrals and authorization from VA into Care  
17 Radius. So I don't interact with that directly. I  
18 see the auth or referral via Care Radius.

19 And then host PGBA claims  
20 processing is where you have the OHI pieces and the  
21 reimbursement pieces. I don't interact with any of  
22 those VA systems directly. I don't reach out for  
23 data in the VA as part of our contract.

24 BY MS. WALLACE:

25 Q. Do you have an understanding of how the

1 electronic billing coding originates, like what the  
2 first electronic data system is that receives that  
3 coding?

4 A. I do not. That would be a question for  
5 claims processing.

6 Q. Do you have an understanding -- and when  
7 you say claims processing, I believe you're talking  
8 about your PGBA contracted companies; is that true?

9 A. Yes. Or -- or our claims department  
10 within TriWest that oversees PGBA, but mainly  
11 trying to say not data analytics and myself.

12 Q. Do you have an understanding on how the  
13 data, claims data, from the PGBA claims processor  
14 electronic database systems, how that changes in  
15 order to merge into the enterprise data warehouse?

16 MR. ORTIZ: Objection. You can answer.

17 THE WITNESS: Yes, there's a nightly -- a  
18 nightly file or files that comes over from PGBA,  
19 and there's a -- an ingestion of that in code that  
20 was written by our data engineering team that  
21 brings that data into the report and tables that my  
22 team uses.

23 BY MS. WALLACE:

24 Q. And the code is what merges the data they  
25 received in their database system into yours in

1 some type of comprehensive, understandable way?

2 A. Yes.

3 Q. Are you aware of any step in between, any  
4 validity step to validate the provider coding or  
5 data that's being uploaded into the enterprise data  
6 warehouse?

7 A. I know that there's validation that's  
8 done inside the claims processing system. I don't  
9 know the specifics of it. They have adjudication  
10 rules and that sort of thing that happens there. I  
11 also believe there's some data validation that  
12 happens before we load it into the tables. That is  
13 more around form and -- because you would crash the  
14 tables if a -- something that was only supposed  
15 to be numeric had letters in it, right,  
16 wouldn't -- wouldn't work. So there's that sort of  
17 data validation. But there's not a validation in  
18 terms of is that the correct code that should be on  
19 that claim.

20 Q. There's not a validation of that?

21 A. Not on the TriWest enterprise data  
22 warehouse side.

23 Q. Is any data validation, is it your  
24 understanding that that's the responsibility of the  
25 PGBA, the claims processor?

1           A.     It would be speculating for me to say yes  
2     or no to that.  I know they do -- that we also  
3     perform some claims audit functions as a company  
4     on -- on PGBA, but I don't know who -- I can't  
5     point to which entity has that responsibility.

6           Q.     But you know that it's not TriWest?  
7     You're not aware of any mechanism that TriWest uses  
8     to do that?

9           A.     I'm not aware of any mechanism that the  
10    data analytics team or -- has to do that.  I can't  
11    speak for other departments within TriWest.

12          Q.     Did you testify earlier that the data  
13    coming from PGBA, it's uploaded on a nightly basis,  
14    and that's the data that you use in your data  
15    extractions; right?

16          A.     Correct.

17          Q.     And so are you aware of any intermediary  
18    data system before that data reaches the data  
19    enterprise -- the enterprise data warehouse, or  
20    it's -- I mean, it's there as soon as the PGBA  
21    uploads it?

22          A.     There's a -- I don't know which tool it  
23    is, but there's a secure data transfer tool that,  
24    you know, links the two organizations together to  
25    protect that data in transit.  And then it --

1 inside the enterprise data warehouse there's some  
2 staging areas where that data gets ingested and  
3 then moved to its final -- to its final place  
4 overnight.

5 Q. All right. I want you to look at the  
6 sentence on page 1. That says, "I have provided  
7 the DOJ with information on all of the payments  
8 made on behalf of Mr. Keller and Mr. Larimore by  
9 the VA's Community Care Network as administered by  
10 TriWest, and not just those made in connection with  
11 health care related to exposure to the water at  
12 Camp Lejeune."

13 Have you viewed that document in  
14 preparation for your deposition today?

15 MR. ORTIZ: Objection.

16 THE WITNESS: Which document? I don't  
17 think it references a specific document.

18 BY MS. WALLACE:

19 Q. It doesn't. But have you reviewed a  
20 document that provides all the payments made on  
21 behalf of Mr. Keller and Mr. Larimore for the VA  
22 Community Care Network as opposed to just the ones  
23 that were related to the ICD-9 and 10 codes?

24 A. Yeah, I think we said earlier the Excel  
25 spreadsheets. I didn't go through them to that

1 level of detail. I thought the CL185 reports, the  
2 cover page on that has the nature of the query that  
3 was used, and the different filters. I did not see  
4 anything in that for the ICD codes to be  
5 filtered -- to filter out anything.

6 That was really just to search on the  
7 provider -- or, sorry, excuse me -- to search on  
8 the veteran. And so I believe those 185 reports  
9 are likely what's referenced there. But again, I  
10 didn't write the letter, so I don't know  
11 specifically.

12 Q. Thank you. My question -- and tell me if  
13 we need to look at data in order for you to answer  
14 it -- but the exhibit numbers -- if we look back at  
15 2B, the exhibits that are 8 and 9, the 185 reports  
16 for Jimmy Larimore and Scott Keller, did you notice  
17 that those did not include ICD-9 and 10 codes on  
18 those exhibits for comparison purposes to Exhibit 3  
19 and 5?

20 MR. ORTIZ: Objection to foundation. You  
21 can answer.

22 THE WITNESS: I did not look for that  
23 specifically. So no, I did not notice.

24 BY MS. WALLACE:

25 Q. Okay. Let's take a look at Exhibit 8,

1 which is the CL185 report for Jimmy Larimore. I'm  
2 going to put it in the chat for you.

3 Are you familiar with this report?  
4 Please let the record reflect that I'm showing the  
5 witness Exhibit 8, which has Bates stamp number  
6 CLJA\_TriWest\_7.

7 A. Yes, I reviewed this prior to the  
8 conversation today.

9 Q. Do you see any ICD-9 or 10 codes on the  
10 first tab as I scroll across?

11 A. You're going a little quick.

12 Q. Let me go slower.

13 A. I do have -- I do have it open since you  
14 added it to the chat.

15 Q. Oh, okay. Great. I'll let you do it.

16 A. So I'm reviewing.

17 Q. Thank you.

18 A. No, I do not see ICD-9/ICD-10 codes as an  
19 output of that report.

20 Q. Did you also search tab two, which is  
21 claim line detail?

22 A. Let me look through that as well. No, I  
23 don't see ICD codes in there either.

24 Q. And let's take a look at Exhibit 5. So  
25 the exhibits we just looked at, those are standard

1 reports that your analytics team would pull. Are  
2 you telling me that in standard -- the standard 185  
3 would not include an ICD-9 or 10 code?

4 MR. ORTIZ: Objection. You can answer.

5 THE WITNESS: That's correct. These  
6 are -- again, that's used by a variety of internal  
7 customers, so it's most frequently requested data  
8 elements.

9 BY MS. WALLACE:

10 Q. And the most frequently requested data  
11 elements are not the nine and ten ICD codes?

12 A. Correct.

13 Q. And so do you understand what is the  
14 significance of an ICD-9 and 10 code as it relates  
15 to determining if a claim is related to a certain  
16 diagnosis?

17 MR. ORTIZ: Object to form. You can  
18 answer.

19 THE WITNESS: Again, I'm not a clinical  
20 or claims expert. We pull data. I do not know the  
21 specifics of the medical coding of ICD-9 and  
22 ICD-10.

23 BY MS. WALLACE:

24 Q. And so if I'm looking at Exhibits 8 and  
25 9, am I able to tell what was the primary or

1 secondary diagnosis that was being treated for  
2 those claims?

3 A. No, you are not.

4 Q. Exhibit 5 is on the screen now. And you  
5 testified earlier that you can't recall if you  
6 reviewed this data extraction prior to today's  
7 deposition; is that true?

8 A. That's correct.

9 Q. Do you -- and you also testified you  
10 weren't -- well, can you explain to me, did -- did  
11 your -- did whomever pulled this data extraction,  
12 was he or she able to select -- did they have to  
13 hand select like a checkbox, all the fields that  
14 they wanted to be included in this data extraction  
15 for it to be done in this manner?

16 A. Again, since I don't know exactly how,  
17 but in general in a query you do have to tell the  
18 query what you want included. Unless you tell it  
19 you want all, then you don't have to specify. So  
20 in that case it would be a dump of the entire  
21 table, every column that's there.

22 Q. And can you tell whether there is a dump  
23 of all the columns or whether whomever pulled this  
24 data extraction actually selected which columns to  
25 be included?

1           A.    I can't tell with any certainty without  
2 seeing a query and which table it was referring to.

3           Q.    So with regard to the query, do you see  
4 anything in exhibit -- in any of the exhibits that  
5 are in 2B that would tell you exactly how this  
6 query was run and why these particular claims were  
7 selected?

8           MR. ORTIZ:  Objection to form.  You can  
9 answer.

10           THE WITNESS:  The two CL185, as I stated,  
11 the first tab labeled cover has the details of  
12 the -- what parameters they can put on that report.  
13 In this case, you can see that there was a social  
14 security number added and some different claim  
15 status codes and different things like that.

16                   For the other -- other outputs, no,  
17 there's nothing in there that would specifically  
18 tell me the -- the nature of the query and what was  
19 included or excluded.

20 BY MS. WALLACE:

21           Q.    So are you -- let's see.  Did I pull up  
22 the wrong exhibit, or is this exhibit -- no, I  
23 didn't.  Okay.  'Cause I saw claims -- I saw claims  
24 process, and I thought maybe I had pulled up seven.  
25 But this is Exhibit 5 that we're looking at on the

1 screen.

2 My question is, are you able to tell  
3 me today that these claims are related to -- for  
4 Mr. Larimore are related to his bladder cancer?  
5 Are you able to tell me that based on your  
6 expertise with any certainty?

7 MR. ORTIZ: Objection.

8 THE WITNESS: Again, I don't think I have  
9 a copy of this one that you've put in the chat for  
10 me to look at to answer that.

11 BY MS. WALLACE:

12 Q. You don't have a copy?

13 A. Well, you put the other ones in the chat.  
14 I know I'm not supposed to open up things unless  
15 you put it in the chat.

16 Q. Oh, thank you. Yes. Let me get that  
17 uploaded for you. I'm sorry. I thought I had  
18 previously put it in there. Do you see it? It was  
19 Exhibit 5 that I uploaded.

20 A. Okay. Yeah.

21 MR. ORTIZ: Yeah, I think it was in there  
22 at 12:16 p.m. Eastern time.

23 THE WITNESS: Apologize. I missed it  
24 from earlier.

25 MS. WALLACE: No problem.

1 MR. ORTIZ: That's fine.

2 THE WITNESS: Sorry, it's not wanting to  
3 open. Give me a second. Exhibit 8 opened, but not  
4 Exhibit 5. All right. There it goes. Okay.  
5 Columns CO, CP, CQ and CR are where the diagnosis  
6 codes are. And it's labeled as ICD-10.

7 BY MS. WALLACE:

8 Q. Are you qualified to tell me that the  
9 claims in Exhibit 5 are related to Mr. Larimore's  
10 bladder cancer?

11 MR. ORTIZ: Objection. Asked and  
12 answered. You can answer.

13 THE WITNESS: Want me to go ahead?

14 MR. ORTIZ: Yes.

15 THE WITNESS: Okay. I'm qualified to  
16 tell you that the claims have a diagnosis name of  
17 malignant neoplasm of bladder unspecified, and  
18 among other examples.

19 BY MS. WALLACE:

20 Q. Okay. So you're qualified to tell me  
21 what the output data says, but as far as any  
22 validation of the claims, that's not been done by  
23 you or your department?

24 A. I am not a clinical nor claims expert, so  
25 no.

1 Q. Okay. With regard to the amounts paid,  
2 do you know which column that I should add up on  
3 this data sheet to show me the amounts paid related  
4 to this Excel sheet?

5 A. Yes, it appears that column CW is the  
6 paid amount. I am just looking for -- to confirm  
7 whether these are line values or header values.  
8 Yes, that is the paid amount. And it appears that  
9 this is -- there's some ins and outs that are in  
10 this. 'Cause this is all iterations of that claim.  
11 And so you'll have some -- some line IDs. But yes,  
12 the paid amount is totaled there in column CW.

13 Q. And is that the sum at the bottom of the  
14 screen, \$6,786.76?

15 A. I don't think you're sharing your screen  
16 anymore.

17 Q. You are correct. I thought maybe I was.  
18 Can you see it now?

19 A. Yes. That's the total I'm showing as  
20 well.

21 Q. I had previously asked another TriWest  
22 employee who was given to us for deposition,  
23 Kimberly Rivas, to take a look at a date of service  
24 for me. And the date is -- can you tell me --  
25 let's see. Which column is the service date? I

1 think it's BX. Do you agree?

2 A. Yeah, BX and BY are the from and to  
3 dates.

4 Q. Okay. Do you have -- and I know you  
5 haven't seen this data. Are you aware of a  
6 duplication check that would have applied to this  
7 set of data that we were given, or should have  
8 applied to it?

9 MR. ORTIZ: Objection. You can answer.

10 THE WITNESS: No. As I stated earlier,  
11 this is different lines of the same claims. And so  
12 you -- if those different lines would be paid on  
13 the same -- the data service would be on the same  
14 day.

15 BY MS. WALLACE:

16 Q. So there would be a possibility for  
17 duplication within this exhibit, based on your  
18 knowledge?

19 A. Duplication of what, specifically?

20 Q. The paid amounts. Within that column  
21 that you previously identified for me, column CW  
22 that totals \$6,786.76.

23 A. Give me just a moment. I mean, there  
24 are -- there are duplicates in terms of that dollar  
25 value might appear a few times, but they appear to

1 be -- hmm. There are -- the short answer is, it  
2 looks like there are some claim IDs that are on  
3 there multiple times. So there might be some  
4 duplicative data on there. I'm trying to see if  
5 there's another value that would -- short answer is  
6 yes, it looks like there's some duplication on  
7 there.

8 Q. Is there a process that you and your  
9 analytics expertise could have employed in order to  
10 eliminate duplication in this data extraction?

11 A. Yes. If lines were exactly the same.  
12 Again, it depends on how the query was written, but  
13 there are some examples in here where there are  
14 some duplicates where the, you know, zip code and  
15 social security numbers are formatted with dashes  
16 versus no dashes or different -- different pieces.

17 So you'd have to kind of go through  
18 line by line to see if there was -- what the  
19 difference was between them that brought  
20 both -- both of them in.

21 Q. And to your knowledge, has that been done  
22 as it relates to this Exhibit A line-by-line  
23 analysis to eliminate duplication errors?

24 A. As I stated earlier, I can't say with  
25 certainty the origin of this, so I can't say with

1 certainty that line-by-line analysis of it.

2 Q. So if someone were to add up all of  
3 column CW and it totals \$6,786.76, you're unable to  
4 tell me today what -- how much of that or what  
5 percentage of that is potentially a duplicative  
6 payment?

7 A. As not a claims expert, no, I would not  
8 be able to.

9 Q. What about as an analytics expert?

10 MR. ORTIZ: Objection. You can answer.

11 THE WITNESS: Not on the -- I mean I  
12 would -- I would -- as an analytics expert, I  
13 would -- I would do some pivoting and slicing of  
14 this to get to a number, but I wouldn't be able to  
15 tell you that my number is more or less accurate  
16 than the total without engaging somebody from  
17 claims.

18 BY MS. WALLACE:

19 Q. And when you say claims, you mean your  
20 contracted third party?

21 A. Or in general an expert on claims,  
22 whether that be our claims department at TriWest or  
23 the third party.

24 MS. WALLACE: Okay. I think we're at  
25 another hour, Mr. Westerlind. Can we go off the

1 record?

2 THE VIDEOGRAPHER: Time is now 11:05.

3 Going off the record.

4 (Break taken.)

5 THE VIDEOGRAPHER: Time is now 11:22.

6 Back on the record.

7 BY MS. WALLACE:

8 Q. Mr. Westerlind, welcome back.

9 A. Thank you.

10 Q. Before the break we were talking -- we  
11 were looking at Exhibit 5, and we were talking  
12 about the potential for duplication within that  
13 document as it relates to amounts paid. Do you  
14 recall that testimony?

15 A. Yes.

16 Q. I am going to upload into the chat  
17 Exhibit 3. And I'm going to also put it on the  
18 screen for you. This exhibit bears the Bates stamp  
19 CLJA\_TriWest\_1. Do you recognize this data set?

20 A. Yes. I briefly reviewed this before this  
21 meeting.

22 Q. I want to -- can you tell me the  
23 difference between, to the best of your knowledge,  
24 between Exhibits 3 and 5? So that would be the  
25 data set one and data set five with the -- I'm

1 sorry, the Bates stamp number underscore one and  
2 Bates stamp underscore five.

3 A. Yes. As I -- this is labeled as a WPS  
4 report, so this was earlier claims under TriWest's  
5 previous claims processor versus the Exhibit 5 was  
6 claims under our current claims processor PGBA.

7 Q. Why were these two data sets pulled  
8 separately?

9 A. Again, I don't know specifically since I  
10 didn't pull them. I will say that there's -- the  
11 two claims processors' data does not necessarily  
12 cleanly merge together, as you said earlier, and so  
13 oftentimes we need to pull one, then the other, and  
14 then -- to see the whole picture, if it spanned --  
15 if the data request spans the transition from one  
16 processor to the other.

17 Q. Do you know how the fields for this data  
18 set were selected by whomever pulled this data  
19 extract?

20 A. I do not specifically, no.

21 Q. Do you know if this data set was reviewed  
22 for duplication prior to being produced to the DOJ?

23 A. I do not know that.

24 Q. Let's take a look at column CQ, which  
25 holds the title paid\_amount. Do you see that

1 column?

2 A. I do.

3 Q. Do you have a way of knowing whether this  
4 column may contain duplicative claims data?

5 A. Well, the -- the value itself is -- I can  
6 see duplicates. But looking at the whole data set,  
7 you have -- a lot of those have the same claim ID  
8 on them. Let me get you a column reference for  
9 that. Column BQ.

10 Q. B as in boy?

11 A. B as in boy. And then partnered with  
12 column BV, which is the specific line.

13 Q. And what can you tell as an analyst from  
14 viewing those two columns together?

15 A. Yeah, as I look through this, you have  
16 different procedure codes for each of those lines,  
17 and then you have a -- columns CP and CQ have  
18 different billed and paid amounts that are  
19 different at a line level.

20 Q. Which one of these is the appropriate  
21 column to add up if we wanted to know the total  
22 amount paid for these claims?

23 A. Again, I'm speculating. Just -- this is  
24 more time than I spent reviewing. I was more  
25 looking at column headers. But previously -- I'm

1 going to -- I'm going to say that the -- the CQ is  
2 line by line, and then the CX is at that header  
3 level, so just the claim ID.

4 So there's duplicative -- you see  
5 that -- you'll see the same number there. But if  
6 you added up the lines, that reconciles.

7 Q. Is there a simple way of telling me which  
8 column I should add up to see how much was paid for  
9 all of the claims on Exhibit 3?

10 A. Again, I would say that CQ is where you'd  
11 want to start. But again, I haven't parsed every  
12 single line to know that for a fact. But where you  
13 see the duplication, it seems to be that CQ reduces  
14 that duplication for you.

15 Q. And so if I were going to try to figure  
16 it out, I would take CQ and then what would I do?

17 A. Total CQ. You don't have -- you don't  
18 have duplication across the claim IDs in column CQ.

19 Q. As we did in Exhibit 5?

20 A. Yeah, they're different data sets. So I  
21 wouldn't tie them together necessarily.

22 Q. Yeah, so it's really interesting, because  
23 CQ, the column that we're looking at, is entitled  
24 Paid Amount. And if you go back and look at C5,  
25 the column that we totaled that we talked about the

1 duplicatives within, was also called paid\_amount.  
2 So they have the exact same column heading. So I'm  
3 trying to understand the difference.

4 MR. ORTIZ: Object to form.

5 THE WITNESS: You have two different  
6 processors and data tables that these were pulled  
7 from, in that from one processor data was stored  
8 one place, from the other processor it was stored  
9 in another. So your -- your headers, they each had  
10 their own unique nomenclature to them.

11 BY MS. WALLACE:

12 Q. So a paid amount in Exhibit 5 could be  
13 different than a paid amount in Exhibit 3?

14 A. Could be, yes.

15 Q. And you testified earlier that the -- you  
16 were concerned about duplication within the paid  
17 amount column CW in Exhibit 5. Do you have the  
18 same concern with Exhibit 3?

19 A. I don't believe I testified to a concern  
20 about that. I did say it was present in there.

21 Q. You're right. So you're saying there  
22 was -- you said it more strongly than I just did.  
23 You said there was duplication in Exhibit Number 5,  
24 column CW. Is there duplication, to the best of  
25 your knowledge, in column CQ, Exhibit 3?

1 A. I do not see duplication in column CQ.

2 Q. And so if you were asked to analyze this  
3 data for duplication, is there a process that you  
4 would do or you -- you don't see any, so you  
5 wouldn't do that?

6 A. I think I walked through the process of  
7 the claim ID and the line numbers, BQ and BV, which  
8 then gives you different procedures with different  
9 billed amounts to paid amount. And then if you  
10 adjust the claim ID level, you'll get to what's CX.

11 Q. What is CX?

12 A. That's the total at the claim header  
13 level versus a claim line level.

14 Q. And it would be inappropriate to tally  
15 column CX?

16 A. Correct, 'cause it has the same value for  
17 every line of a single claim ID.

18 Q. And the same -- the same for CW, it would  
19 be inappropriate to tally that?

20 A. Correct.

21 Q. And so the only one that would be  
22 appropriate to tally on this exhibit is which  
23 column?

24 A. Would be either CQ or CR. But they look  
25 to be exactly the same all the way down.

1 Q. Do you know what the difference is,  
2 definitionally, between the header CQ and CR?

3 A. I do not specifically.

4 Q. Do you know if any analysis was done with  
5 regard to Exhibit 3 or Exhibit 5 to verify that the  
6 claims were coded properly at the provider level?

7 MR. ORTIZ: Objection. You can answer.

8 THE WITNESS: I do not know that one way  
9 or the other.

10 BY MS. WALLACE:

11 Q. Are you generally aware of what provider  
12 upcoding is?

13 MR. ORTIZ: Objection. You can answer.

14 THE WITNESS: I'm familiar with the  
15 concept, yes.

16 BY MS. WALLACE:

17 Q. Can you describe your understanding?

18 A. It's billing for a procedure code that  
19 has a higher reimbursement rate or has a higher  
20 level of care than maybe what was medically  
21 necessary, is my understanding.

22 Q. Are you aware of any auditing procedures  
23 that TriWest has to catch provider upcoding?

24 MR. ORTIZ: Objection. You can answer.

25 THE WITNESS: I'm aware programatically

1 about some of the different things that we do, but  
2 it's not under my area of responsibility.

3 BY MS. WALLACE:

4 Q. Do you know if this data for Mr. Larimore  
5 has been checked for upcoding?

6 MR. ORTIZ: Objection.

7 THE WITNESS: I do not know that  
8 this -- oh. Sorry, David.

9 MR. ORTIZ: That's fine. You can answer.

10 THE WITNESS: I do not know that this  
11 specific data was reviewed for upcoding.

12 BY MS. WALLACE:

13 Q. Do you know what missed coding is?

14 A. I would assume it's coding incorrectly,  
15 but that's an assumption on my part. I don't know  
16 it as a specific term.

17 Q. Do you know if this data has been  
18 reviewed by TriWest for missed coding by the  
19 provider?

20 A. I do not know the answer to that.

21 Q. So to summarize what we've talked about,  
22 Exhibit 5, the data that was based on the claims  
23 processor that we referred to previously as PGBA,  
24 there is possibility for duplication of the paid  
25 amounts in that document, but to the best of your

1 knowledge, you don't think there's duplication in  
2 the Exhibit 3?

3 A. That's correct.

4 Q. When -- how long has TriWest been the TPA  
5 for Community Care Network?

6 A. Since the inception of the Community Care  
7 Network contract, the CCN contract, in 2020 or  
8 2021.

9 Q. And so my understanding is that TriWest  
10 sources CCN with information regarding what amounts  
11 to pay. Like the data that they have for the CCN  
12 program, because you're the administrator, comes  
13 from either TriWest or Optum, which is the other  
14 CCA -- CCN; right?

15 MR. ORTIZ: Objection.

16 THE WITNESS: Can you ask that again?

17 BY MS. WALLACE:

18 Q. Yes. CCN relies on its third-party  
19 contractors, which is TriWest and Optum, in  
20 order -- they get all their data on -- on provider  
21 payments from their TPAs, which is you and Optum?

22 MR. ORTIZ: Same objection. You can  
23 answer.

24 THE WITNESS: Yeah, I believe that's the  
25 case, yes. But I'm not a hundred percent sure that

1 there's not another -- another source. At the very  
2 least, for example, there's a pharmacy and dental  
3 benefit under CCN that would come from other  
4 subcontractors and pieces like that.

5 And so -- but in terms of medical  
6 claims, I believe what you stated is correct.

7 BY MS. WALLACE:

8 Q. Thank you. So for Mr. Larimore, if CCN  
9 had pulled claims data for medical visits for  
10 Mr. Larimore, their claims data should  
11 match -- should seemingly match your claims data  
12 for the same dates of service and visits. Would  
13 you agree with me?

14 MR. ORTIZ: Object to form. You can  
15 answer.

16 THE WITNESS: Theoretically, yes. I will  
17 say that, you know, VA performs -- I don't know  
18 what their internal system is in terms of claims,  
19 and then if they have direct contracts with  
20 providers outside of CCN, I can't speak to all of  
21 that. I can only -- I only know that we send data  
22 to them around our claims, and what they match or  
23 don't match within their system, I don't know that.

24 BY MS. WALLACE:

25 Q. They receive their data on what to pay

1 and how much to pay from the TPA, to the best of  
2 your knowledge?

3 A. Well, not quite. Because VA doesn't pay  
4 the claim. VA reimburses TriWest for paying the  
5 claim.

6 Q. Yes. With that distinction. They still  
7 receive the amount to pay to you, from you?

8 A. Correct.

9 Q. Okay.

10 A. They receive what we pay to the provider  
11 from us.

12 Q. And so if those were -- those claims  
13 should match in the respective systems. So in the  
14 VA CCN system, their claims data should match your  
15 claims data for the same claim?

16 A. I'm going to be a little pedantic here  
17 for a second, but I don't believe -- so there's the  
18 medical claims and then there's the EDI  
19 transactions and the accounts receivable pieces. I  
20 don't believe we are sending them -- they're not  
21 paying claims to us per se. Again, outside my area  
22 of responsibility, whether our accounts receivable  
23 finance department between us and VA, but it's not  
24 a -- we're not sending them a claim in the same way  
25 a provider sends us a claim.

1 Q. What are you sending?

2 A. I don't know specifically what those  
3 transactions look like on the finance and banking  
4 side.

5 Q. My question is focused on the claims  
6 data. So the claims data that we have been looking  
7 at in Exhibit 5 and 3, should that match, whether  
8 it's being pulled from your system or the VA  
9 system, for the same individual in claims?

10 MR. ORTIZ: Objection. You can answer.

11 THE WITNESS: I can only speak to that we  
12 send them the data. How they query it and if they  
13 merged it with anything, I don't know the answer to  
14 that. That's in their -- but theoretically, if  
15 they're only querying our data that we sent, and  
16 it's up to date to the same level, it should match.

17 BY MS. WALLACE:

18 Q. I noticed in the data that we've reviewed  
19 today that there's no field for co-pays or other  
20 health insurance contributions. You -- TriWest as  
21 TPA, is it your understanding that you guys don't  
22 have access to that information? That would be  
23 only the VA if they decided to request a co-pay  
24 from the veteran or recovered other health  
25 insurance from the veteran?

1           A.     We -- I have seen some OHI data.  Again,  
2     not part of these outputs.  In terms of -- there  
3     are some rules in the program around OHI.  But I  
4     don't -- I don't know the ins and outs of exactly  
5     what's there or how things are processed with OHI.  
6     But I do see it in our -- in our data that  
7     sometimes comes across in the claim submitted by  
8     the provider, as an example, that they will send us  
9     the OHI.

10                   I believe there's co-pay data in there  
11     too.  We don't do a lot with it, 'cause it's not  
12     really part of the program as I understand it.  
13     We -- so I think it's in there, but I've never  
14     pulled data or looked at it.

15           Q.     So it is your understanding that the VA  
16     can recover sometimes from a veteran's other health  
17     insurance?  Almost think of it almost like a  
18     subrogation.  So they pay -- you pay the community  
19     care provider on behalf of the VA, the VA  
20     reimburses you.  The VA then seeks any recovery  
21     that it might be able to get from a veteran's other  
22     health insurance.  Is that your understanding of  
23     how it might work?

24                   MR. ORTIZ:  Object to form.

25                   THE WITNESS:  I don't know that level of

1 detail, to be honest, about it, to say one way or  
2 the other.

3 BY MS. WALLACE:

4 Q. Are you able to tell me whether you had  
5 access to pull the amount of other insurance that  
6 the VA might have recovered for any of these  
7 claims, or is that outside of your data?

8 A. It's outside of our data.

9 Q. Are co-pays also outside of your data?

10 A. I don't know for a fact. I think there's  
11 co-pay fields that we get from our claims  
12 processor, but because it's not a standard part of  
13 the program, we don't -- they're sitting in  
14 the -- if we have them, they're sitting in the  
15 table somewhere, but we don't query against them.

16 Q. I want to show you what -- I want to put  
17 an exhibit in the chat which is previously marked  
18 as Exhibit 14. I'll put it on the screen for you.  
19 I'm showing you what's been previously marked as  
20 Exhibit 14. And I will represent to you that this  
21 is the expert report of the DOJ economist as it  
22 relates to the plaintiff, Jimmy Larimore, whose  
23 data we've been looking at today. Do you see that?

24 A. Yes.

25 Q. And if we scroll down just a little bit

1 to the section that involves TriWest. Do you see  
2 on page 3 of this exhibit the column heading Past  
3 Medical Expense?

4 A. I do.

5 Q. It says, "Various government agencies  
6 have provided healthcare benefits paid on  
7 behalf of Mr. Larimore. According to a report  
8 prepared by Kaitlyn Band with TriWest Healthcare  
9 Alliance" -- and we now know that Kaitlyn did not  
10 pull that data, or we don't know one way or the  
11 other if she did or didn't?

12 A. I'm unable to confirm.

13 Q. Okay. And it says dated March 4, 2025.  
14 That's the cover letter that we looked at, right?  
15 That's the date that was on the cover letter?

16 A. Yes.

17 Q. Mr. Larimore has received benefits from  
18 TriWest. And is that -- is that, in and of itself,  
19 a fair statement, that Mr. Larimore has received  
20 benefits from TriWest? Wouldn't the benefits be  
21 being received from the Community Care Network or  
22 VA, and it was just administered by TriWest?

23 MR. ORTIZ: Objection.

24 THE WITNESS: I mean, from a health  
25 insurance perspective, it seems like it's

1 Mr. Larimore's benefit -- health benefit that's  
2 being paid for by TriWest to the provider, but I'm  
3 not sure the semantics of this.

4 BY MS. WALLACE:

5 Q. Yeah. Well, I guess my point is the  
6 money's coming from the VA, not TriWest, right?  
7 You guys are kind of an intermediary that's being  
8 reimbursed by VA; is that true?

9 A. Correct.

10 Q. Okay. So it says the amount totals  
11 12,479 is the benefit that he's been given through  
12 TriWest. And then it shows -- first of all, do you  
13 know how -- did you provide that amount for the  
14 basis of this report or anyone in your department?

15 A. No. That's the first time I've seen  
16 that.

17 Q. And so you weren't consulted in this  
18 amount or a review of the data that we've looked at  
19 in Exhibit 3 and 5?

20 A. No. Again, we've established that 3 and  
21 5, I don't know if we were -- if someone from my  
22 team pulled that or Kaitlyn pulled it somewhere.

23 Q. And as we sit here today, you don't know  
24 how those two datas might total to produce this  
25 number?

1           A.    I mean, no, I don't know exactly.  I  
2    can't say with exact certainty that it does or  
3    doesn't.

4           Q.    Okay.  And so the next bullet under Past  
5    Medical, it says, "According to a report prepared  
6    by the Department of Veteran Affairs dated  
7    February 20, 2025, Mr. Larimore has received  
8    benefits from Community Care Network totaling  
9    \$19,748."  Do you see that?

10          A.    I do.

11          Q.    And do you see how the economist added up  
12    those two numbers together?  It took TriWest's  
13    12,479, and it took Community Care Network's  
14    \$19,748, added it up, and it totals \$32,227.  Do  
15    you see that?

16          A.    I do see that.

17          Q.    Can you help me understand why there  
18    would be -- the data that you pulled for TriWest  
19    was all related to Community Care Network payments,  
20    or in that program.  Is that true for Mr. Larimore?

21          A.    Yes, it's the claims activity that we've  
22    seen for that beneficiary.

23          Q.    Can you explain to me why data from the  
24    Community Care Network, which is what you  
25    administer, and the claims data that you pulled

1 would be added to the -- to your data?

2 A. I didn't write the document, so I  
3 don't -- I cannot explain why the author did that.

4 Q. Should the TriWest data be  
5 duplicative with the Community Care Network  
6 data that was pulled because they are actually the  
7 same -- pulling data from the -- related to  
8 administration of the same program?

9 MR. ORTIZ: Objection.

10 THE WITNESS: Again, I don't know. I  
11 just know that the only thing I can speak to is  
12 that these are the claims that TriWest paid on  
13 behalf of Mr. Larimore.

14 BY MS. WALLACE:

15 Q. Have you had any request to collaborate  
16 with Community Care Network when you guys came up  
17 with a number or your data for Mr. Larimore to  
18 ensure there was no duplication in payments or  
19 billing?

20 A. I was not asked to participate in  
21 anything to that effect.

22 Q. Do you have any confidence as to whether  
23 or not these two totals would be -- would include  
24 duplicative claims data?

25 MR. ORTIZ: Objection. You can answer.

1 THE WITNESS: So I think we've  
2 established that I would be concerned that one of  
3 the exhibits, I believe it was 5, might have some  
4 duplicative on the TriWest side. Without having  
5 seen any of those supporting detail behind the CCN  
6 19,748, I could not speculate as to whether that's  
7 duplicative with ours or not.

8 BY MS. WALLACE:

9 Q. I'm going to show you an exhibit which  
10 has been previously marked as Exhibit 16. I'm  
11 going to put it on the screen for you. Can you see  
12 this document?

13 A. Yes.

14 Q. Do you see where columns A, B and C  
15 include data from -- that has Bates range number of  
16 CLJA\_CCN\_1? Do you see that?

17 A. Yes.

18 Q. And do you see where columns D through G  
19 have a Bates stamp number of CLJA\_TriWest\_1 and,  
20 CLJA\_TriWest\_5?

21 A. Yes.

22 MR. ORTIZ: Just for the record. Sorry  
23 to break in. Just for the record, Whitney, is this  
24 a document that y'all created?

25 MS. WALLACE: It is.

1 MR. ORTIZ: Okay. I just wanted to note  
2 that for the record.

3 MS. WALLACE: It is.

4 BY MS. WALLACE:

5 Q. And so, yes. And let me make this clear.  
6 So A, B and C, I would represent to you, is data  
7 that has been pulled from the source of CLJA\_CCN\_1,  
8 and columns D through G have been extracted or  
9 highlighted, pulled out from -- from Bates number  
10 CLJA\_TriWest\_1 and CLJA\_TriWest\_5.

11 Do you see, based on the document on  
12 the screen, dates of service for Mr. Larimore that  
13 match between the two data systems?

14 A. I do.

15 Q. And do you see claim paid amounts that  
16 match between those two dates of services totaling  
17 an amount of \$11,846.58?

18 A. I see that, yes.

19 Q. So if -- assuming that I've properly  
20 captured the data included in the CCN data  
21 extraction, and I've properly included data from  
22 the TriWest data extraction, do these appear to you  
23 to be duplicative payments for duplicative dates of  
24 service for Mr. Larimore?

25 MR. ORTIZ: Just objection on foundation

1 and authenticity. You can answer.

2 THE WITNESS: I mean, on the surface,  
3 they -- they match up, but without seeing the claim  
4 IDs and that sort of thing, I can't speak to  
5 whether it's actually a duplicate or not.

6 BY MS. WALLACE:

7 Q. Understood. But can we agree that the  
8 dates of service and the claim paid amount are  
9 identical for both -- for -- based on what you're  
10 seeing on Exhibit 16?

11 MR. ORTIZ: Objection. You can answer.

12 THE WITNESS: Yes, Exhibit 16 shows  
13 matching data in B and C to F and G.

14 BY MS. WALLACE:

15 Q. And does seeing this exhibit give you any  
16 pause for concern as to whether there might have  
17 been duplicative data included in the CCN data  
18 extract for Mr. Larimore and the TriWest data  
19 extract for Mr. Larimore?

20 MR. ORTIZ: Objection. You can answer.

21 THE WITNESS: Yeah, it gives me -- it  
22 gives me a little bit of pause in that the --  
23 whether different claims were in both files.

24 BY MS. WALLACE:

25 Q. And they were double counted by the

1 economist when he calculated and added those two  
2 data extractions?

3 A. I cannot speak to what the economist did.

4 MR. ORTIZ: And just interposing an  
5 objection there.

6 BY MS. WALLACE:

7 Q. So if -- from a data analytic standpoint,  
8 how -- if you were trying to represent to the Court  
9 or to DOJ how much money was paid through the CCN  
10 system which TriWest administers for Mr. Larimore,  
11 would it be very important for you to make sure  
12 that there was an analysis performed between what  
13 the CCN data showed and the TriWest data showed?

14 MR. ORTIZ: Objection.

15 THE WITNESS: Yes, I -- in my analytical  
16 view, it would be a claim-by-claim review with  
17 those claim ID numbers.

18 BY MS. WALLACE:

19 Q. Do you understand the -- and tell me if  
20 you don't -- but do you understand the implication  
21 of what this data means to Mr. Larimore?

22 MR. ORTIZ: Objection.

23 BY MS. WALLACE:

24 Q. Do you have an understanding as to what  
25 this data is being used to do?

1 MR. ORTIZ: Objection. You can answer.

2 THE WITNESS: I understand that there's  
3 a -- that part of a Camp Lejeune piece is that  
4 there's some reimbursement or something that goes  
5 back to Mr. Larimore. I don't know the exact  
6 details of that, or the implication of the data  
7 itself.

8 BY MS. WALLACE:

9 Q. And so if the -- if the Court wanted to  
10 take the amount of Mr. Larimore's award that he got  
11 from the Court and subtract the amount of an offset  
12 for -- that the VA might have paid for related  
13 bladder cancer treatment, would it be important to  
14 you to make sure that we got these numbers right  
15 with regard to cross-checking between the databases  
16 and duplication issues? That would be important,  
17 right, to make sure that we got the number  
18 accurate?

19 MR. ORTIZ: Objection to form. You can  
20 answer.

21 THE WITNESS: You'd want to look across  
22 all the -- all the places that was -- that there  
23 was payment and ensure that you have it all  
24 reconciled accurately.

25 BY MS. WALLACE:

1 Q. Were you -- I want to switch gears just a  
2 little bit.

3 Were you -- are you involved, from an  
4 analytics perspective, in the administration of the  
5 TriCare program which TriWest also is a TPA for?

6 A. I am, yes.

7 Q. Does -- do your -- can you describe for  
8 me how your analytics between the two agencies,  
9 what's the difference in the database systems that  
10 you're extracting data from between the two?

11 A. They're stored in completely different  
12 and separate environments.

13 Q. And so you and -- please. I'm sorry.

14 A. They do not cross over or mingle with  
15 each other.

16 Q. And it's an entirely different  
17 eligibility application between TriCare and  
18 TriWest?

19 A. Eligibility application?

20 Q. Yeah. We talked earlier about how  
21 TriWest has -- excuse me -- how CCN has changed in  
22 its programmatic implementation over time. And I  
23 guess my question is TriCare is just -- it's just a  
24 completely different animal. You guys just happen  
25 to be an administrator for two very different

1 programs for the government, one administered by  
2 the VA, and one administered by the Department of  
3 Defense?

4 A. That's correct.

5 Q. And the playbooks are very different and  
6 kept very distinct, and it's different training  
7 that goes into understanding the two very separate  
8 programs?

9 A. Yes.

10 Q. And so -- but do you cross over on  
11 analytics for TriCare?

12 A. Yeah, analytics is a shared service  
13 internally across the two programs.

14 Q. I see. And of your 40 employees, do you  
15 know how many are committed to TriCare only, or it  
16 doesn't work like that, it's -- they're all trained  
17 equally in both programs?

18 A. I would say there's -- there were -- so  
19 we've doubled in size since we implemented the  
20 TriCare program. We went live with that on  
21 January 1st. And so we've -- there were about 18  
22 to 20 of my folks that were -- that were here and  
23 did a lot of work with CCN, and still do. So about  
24 half the department, maybe a little bit more, are  
25 really T5 TriCare focused.

1 Q. And did you -- did TriWest ever have a  
2 role in administering TriCare prior to this recent  
3 award in January 2025?

4 A. Yes. We -- from the onset of our company  
5 in '96, '97, through, I want to say 2012, we were  
6 the TriCare with a Team X contractor for the west  
7 region.

8 Q. Do you know the details on why you guys  
9 lost that contract?

10 A. I do not.

11 Q. Are you aware of the governing bodies  
12 that audit TriCare and TriWest such as the VA  
13 office of inspector general or the government  
14 accountability office?

15 MR. ORTIZ: Objection.

16 THE WITNESS: I know GAO does audit on  
17 the -- on the TriCare side. I don't believe VA OIG  
18 does on the TriCare side, but I could be mistaken.

19 BY MS. WALLACE:

20 Q. Does VA OIG audit on the Tri -- on the  
21 CCN side, the Community Care Network side?

22 A. I don't know if I can say that they do  
23 audits. I have had to fulfill data requests to VA  
24 OIG in the past.

25 Q. Are you familiar with the -- like the

1 subject matter of the audits from the OIG or the VA  
2 OIG?

3 A. Typically not. I'm given a data request  
4 from an internal TriWest employee for what they're  
5 looking for, and we get that data pulled to their  
6 specifications.

7 Q. And the policy component or auditing  
8 results, they are not shared with you in your role  
9 in analytics?

10 A. No.

11 Q. Do you have an understanding in your role  
12 in analytics as to the difference in how TriCare  
13 providers are reimbursed based upon whether the  
14 provider is in network, nonnetwork participating,  
15 or nonnetwork nonparticipating?

16 A. I do know that there's a difference. My  
17 department also does the provider network analysis  
18 pieces and -- but I don't know the specifics of the  
19 different reimbursement methodologies. I know they  
20 exist. I just don't know what exactly they are and  
21 how they're implemented.

22 Q. It sounds like you're aware that they  
23 can -- that the reimbursement rates can vary based  
24 on where the veteran ends up being treated, whether  
25 it's in network, nonnetwork participating, or

1 nonnetwork nonparticipating?

2 A. Yeah, there can be some variation  
3 depending on the provider that is -- that the  
4 patient sees.

5 Q. Have you ever been asked to pull any  
6 analytics relating to trying to calculate future  
7 medical expenses under either the TriCare or the  
8 TriWest program?

9 MR. ORTIZ: Objection. You can answer.

10 THE WITNESS: No, I have not.

11 BY MS. WALLACE:

12 Q. If you had been asked to do that, would  
13 you be able to do that, estimate future charges for  
14 any given treatment?

15 A. Yes. So within my group, we do have some  
16 actuarial resource and data scientist resources  
17 that we could theoretically do some projections on.  
18 But there's a wide variety of external factors in  
19 delivering health care on behalf of the government  
20 like we do. So there's a lot of variation that  
21 would go in there. So -- but theoretically, yeah,  
22 we could look at the data we have and project that  
23 out.

24 Q. What kind of variation would there be  
25 that would affect the actuarial projection?

1           A.     Well, just in the course of -- we talked  
2 earlier there's been some wide changes in terms of  
3 utilization in what, you know, the veterans' choice  
4 pieces. And so legislation is a big part of that,  
5 as that changes. The VA is also unique in trying  
6 to project because the -- the patient can go in and  
7 out of the community versus back into the VA for  
8 some of their health care. And so this is a  
9 dumbed-down example, but when I'm onboarding  
10 somebody working is hey, we're really -- what's  
11 eligible is that veteran's right elbow to go out  
12 and get their surgery, not their total health care.

13                 Each one goes back to are we going to  
14 take that back within the VA, or are we going to  
15 leverage TriWest. It goes through that eligibility  
16 and all that criteria that they use internally.  
17 And so new capabilities at a VA medical center,  
18 they might start taking things back in. You know,  
19 we've had the one eye doctor goes on maternity  
20 leave. And all of a sudden we tic up for a couple  
21 of months, and then we come back down. Those sort  
22 of things can happen market to market too.

23                 So there's -- so there's some wide  
24 variety. We also have a big snowbird population.  
25 So people go from Minnesota out here to sunny

1 Phoenix during the -- during the winter. So  
2 there's a lot of factors into that that we would  
3 have to take into account. And it's not something  
4 we've historically done within our own  
5 organization.

6 Q. So some of the -- I think you've really  
7 done a great job of describing how difficult it is  
8 to predict where the veteran is going to get the  
9 care. Sometimes it'll fall into the VA system, and  
10 sometimes that facility in their hometown doesn't  
11 have the capability of being able to serve them, so  
12 it kicks to the Community Care Network, which has a  
13 completely different, you know, billing  
14 reimbursement rate to it.

15 So it would be really difficult for  
16 you guys to do an actuarial projection because of  
17 the variation in where the veteran will receive the  
18 care?

19 MR. ORTIZ: Objection to form, and to the  
20 narrative.

21 BY MS. WALLACE:

22 Q. Do you agree with me?

23 A. We only have data for a slice of the pie  
24 there. When you layer in inside the VA, if they  
25 have TriCare benefits, if they have Medicare,

1 there's all sorts of other factors that could go  
2 into where they are getting care that we wouldn't  
3 necessarily see that. We can only report on the  
4 slice that we have.

5 Q. And the variation within the slice that  
6 you have, it can be related to what type of  
7 provider they end up seeing, like whether it's in  
8 network, nonnetworking, nonnetwork participating,  
9 or nonnetwork nonparticipating, or it could also be  
10 related to some of those other variations that you  
11 mentioned, like such as geography?

12 MR. ORTIZ: Same objection. You can  
13 answer.

14 THE WITNESS: Yes, that's where the  
15 variation. So network versus nonnetwork, and then  
16 different -- you know, different locations have  
17 different reimbursement rates.

18 BY MS. WALLACE:

19 Q. Have you found in your analytics that  
20 sometimes highly specialized services like, such as  
21 oncology services, are more likely to fall out of  
22 network?

23 A. I wouldn't say more likely to fall out of  
24 network. We have a -- we have a very large  
25 network. And in the case of CCN -- so I want to be

1 careful too, 'cause there's the TriCare versus CCN  
2 piece here. I think TriCare, they have more  
3 capabilities of seeing a nonnetwork provider  
4 than -- than under -- eligibility under CCN. And  
5 so that's a bit more tightly controlled on the CCN  
6 side.

7 Q. I understand. And when I said out of  
8 network, I think I meant VA facilities, like --

9 A. Okay, yes. So in that case, yes, some of  
10 that care happens within their four walls.

11 Q. Do you know how many -- by chance how  
12 many providers are in network with TriCare versus  
13 CCN?

14 A. I don't have that -- those numbers off  
15 the top of my head, but within the -- within the  
16 states that overlap between the west region  
17 there -- so the CCN west region and TriCare west  
18 region are not a one-for-one match. So within  
19 those states there's -- there's fairly tight  
20 alignment between the two networks. But I think  
21 there's -- there's been additions on the TriCare  
22 side.

23 Q. Would both be in the millions of  
24 providers across the country that the veteran would  
25 have access to?

1 A. Millions of providers?

2 Q. Yeah, like a million -- I read like it  
3 was 1.2 million providers under the CCN program  
4 nationwide.

5 A. I believe that number of the 1.2 million  
6 is, I'm going to call it access points. So if  
7 I'm -- if you're Dr. Wallace, and you work in  
8 Phoenix Monday through Thursday, but then you're at  
9 a clinic on the Indian reservation on Fridays  
10 delivering care, you're counted twice in that  
11 1.2 million because there's an access point out on  
12 the reservation that healthcare's being delivered  
13 to veterans that live out there, as an example.

14 So that's where the term access points  
15 is -- comes from, is kind of the combination of  
16 distinct providers and distinct locations where  
17 they provide service.

18 Q. So 1.2 million would have some  
19 duplication in it. Would it be more like hundreds  
20 of thousands of providers --

21 A. Hundreds of thousands of unique certain  
22 beads of providers in the network.

23 Q. And is the number more or less in the  
24 TriCare system?

25 A. It is less, because TriCare has

1 additional states. Bigger geographical footprint.

2 Q. Less for CCN?

3 A. It's less for CCN than TriCare in the  
4 grand total.

5 Q. So TriCare's might be over a million  
6 providers?

7 A. I don't believe there's over a million --

8 Q. Okay.

9 A. -- providers.

10 Q. So hundreds of thousands for both?

11 A. Yes.

12 Q. Okay. When you administer -- you as in  
13 TriWest, the CCN program, is there any way of  
14 guaranteeing whether the patient will be seen by a  
15 network versus nonnetwork or participating versus  
16 nonparticipating provider?

17 A. There's no way of guaranteeing it.  
18 Within the CCN program, though, there's -- there's  
19 been a mix of this, whether TriWest does this or  
20 VA, but there's a facilitation of that scheduling  
21 that happens to get them to a network provider.

22 Q. So there's a preference, but not a  
23 guarantee that they'll be a participating versus  
24 nonparticipating?

25 A. Correct. And there's also some scenarios

1 within just delivering health care, you go to the  
2 ER, and the doctor working that day happens to not  
3 be network, or they're moonlighting in that ER or  
4 urgent care. So there's always situations where  
5 you could see a nonnetwork in a situation like  
6 that.

7 Q. And the same question for TriCare. Is it  
8 the same, same application for TriCare?

9 A. We -- on the TriCare side, there's much  
10 more of a here are the providers that we recommend  
11 that are in the network. Depending on their  
12 eligibility and their program that they're enrolled  
13 in under TriCare, they have some more autonomy to  
14 which provider they go to.

15 Q. And the billing varies between which type  
16 of provider that the veteran ends up seeing; is  
17 that true?

18 A. Yes, by the nature of having a contract  
19 with the network providers that guarantees a  
20 specific rate. We don't have that agreement in  
21 place with a nonnetwork provider.

22 Q. So if we were trying to do cost  
23 projections for Jimmy Larimore, for example,  
24 without knowing which provider he was going to end  
25 up with, it would be difficult to project his

1 future care costs. Would you agree with me?

2 MR. ORTIZ: Objection. You can answer.

3 THE WITNESS: I would agree -- I would  
4 say that there are -- you know, the reimbursement  
5 on the VA side, on the healthcare side, is based  
6 off of Medicare. So you have a -- there's a basis  
7 for a projection off of -- off of Medicare. And  
8 that might be a percent increase off of that for a  
9 nonnetwork. But you have a -- you have a pretty  
10 good guiding set of rates.

11 BY MS. WALLACE:

12 Q. And a percent increase such as like  
13 115 percent of the allowable charge, for example?

14 A. As an example, yes.

15 MS. WALLACE: Okay. I think I'm at an  
16 hour. You guys want to take -- I'm getting close  
17 to being finished, Mr. Westerlind. You guys want  
18 to go off the record?

19 THE VIDEOGRAPHER: Time is now 12:15.  
20 Going off the record.

21 (Break taken.)

22 THE VIDEOGRAPHER: Time is now 12:32.  
23 Back on the record.

24 BY MS. WALLACE:

25 Q. Mr. Westerlind, I am going to put in the

1 chat two exhibits. These are the data dictionaries  
2 that we've spoken about earlier, Exhibits 11 and 12  
3 with Bates stamps number CLJA\_TriWest\_9 and 10.

4 Did you -- can you refresh my  
5 recollection? Did you prepare these exhibits, or  
6 are you more prepared to speak about the contents  
7 in them?

8 A. I'm more prepared to speak to the  
9 content. Analysts on my team put these together.

10 Q. Were you asked, or your analysts asked,  
11 to put together data dictionaries for Exhibits 3  
12 and 5?

13 MR. ORTIZ: Objection, asked and  
14 answered.

15 THE WITNESS: Not that I recall.

16 BY MS. WALLACE:

17 Q. So your primary role as it relates to the  
18 data that we've been looking at today, this is  
19 CLJA\_TriWest\_1 through 10, would you have spent the  
20 majority of your time on the data dictionaries?

21 A. Not necessarily. I've reviewed each of  
22 the -- each of the pieces that have come across  
23 ahead of this meeting.

24 Q. Were you -- were you asked to -- to  
25 recreate Exhibits 11 and 12, you and your

1 department?

2 A. Yes.

3 Q. And so when I -- when those were provided  
4 to us, those did come from you?

5 A. Correct. From the analytics team here at  
6 TriWest.

7 Q. Yeah. And so that was the question I was  
8 trying to ask you. As far as your role in the  
9 grand scheme of things on the CLJA\_TriWest\_1  
10 through 10, you prepared 9 through 10, and you  
11 prepared the coding for the data that's Exhibits 7  
12 through 9, that's CLJA\_TriWest\_6 through 8?

13 A. Yes.

14 Q. Okay. And you had less involvement with  
15 Exhibits 3 and 5 than Exhibit 7, 8, 9, 11 and 12?

16 A. That's correct.

17 Q. And we talked earlier about the data  
18 dictionaries applying to Exhibits 7, which is  
19 claims paid and denied, and 8 and 9, for  
20 Mr. Larimore and Keller, with regard to the CL185?

21 A. Yes.

22 Q. The data that we've looked at today,  
23 Exhibits 3, 5, 7, 8 and 9, the data extractions,  
24 would you agree with me that those represent a  
25 snapshot in time of what the -- your database

1 system, which is called enterprise data warehouse,  
2 those would be a snapshot in time of the data  
3 contained -- the output data contained within those  
4 systems when the data was extracted? Do you  
5 understand my question?

6 MR. ORTIZ: Objection to form. You can  
7 answer.

8 THE WITNESS: Yes. So we extracted what  
9 was in the data warehouse at the -- at that point  
10 in time when the data was pulled.

11 BY MS. WALLACE:

12 Q. And we talked earlier about sometimes  
13 that data can be subject to change on a nightly  
14 basis based upon reprocessing?

15 MR. ORTIZ: Objection.

16 THE WITNESS: Yes.

17 BY MS. WALLACE:

18 Q. Have you been asked to update that data  
19 or any data extractions after -- to the present  
20 date for Mr. Larimore or Mr. Keller?

21 A. I do not believe so.

22 Q. And so those data extractions we can  
23 fill -- they only represent the data at the time  
24 that the data was extracted? We can be sure of  
25 that; right?

1 A. Yes.

2 Q. Do you have or have you looked at what  
3 dates each of these were extracted on based on  
4 metadata or anything that you'd be able to look at?

5 A. Yeah, only on the 185, because I believe  
6 it says it on the cover page what day it was  
7 reviewed or what day it was pulled.

8 Q. And so as far as Exhibits 3 and 5, you're  
9 uncertain when that data was pulled by whomever  
10 pulled it as far as a date goes?

11 A. That's correct.

12 Q. The exhibits that you had reviewed prior  
13 to today's deposition, 7, 8 and 9, which is  
14 CLJA\_TriWest\_6 through 8, we talked earlier about  
15 those not having ICD-9 and 10 codes associated with  
16 them. Would you agree with me?

17 A. Yes.

18 Q. Is there any way -- if I wanted to look  
19 at those data sets, any of the three, 7, 8 and 9,  
20 and try to understand which -- which one of those  
21 claims related to certain diagnosis codes, do I  
22 have a way of doing that without having access to  
23 the ICD-9 and 10 codes for that data? Let me give  
24 you an example.

25 A. Well -- okay.

1 Q. Which might help. Well no, no, you go  
2 ahead and answer, and then I'll give you an example  
3 that I hope will help.

4 A. Yeah. I was going to say, you have  
5 a -- some of our profile codes and provider  
6 specialties. But no, not a specific diagnosis  
7 without those -- without those codes.

8 Q. Okay. And so if I wanted to know what  
9 claims were related to Mr. Larimore's diabetes  
10 diagnosis, I wouldn't be able to pull that  
11 information from -- from data extraction 7, 8 and  
12 9?

13 A. Not with a hundred percent certainty, no.

14 Q. And with regard to Exhibits 3 and 5, do  
15 you know if whomever extracted that data only  
16 pulled data that was in the primary diagnosis  
17 position for the ICD-9 and 10 codes that were  
18 provided, or whether it was -- they also pulled  
19 secondary diagnoses?

20 A. Again, I don't know the details of  
21 that -- of those queries to be able to answer that.

22 Q. And so you're only able to testify as it  
23 relates to -- to the fact that that is the data as  
24 it existed in the enterprise data warehouse at the  
25 time that it was extracted?

1           A.    Yes.  I mean, there's no other -- there's  
2 no way to pull data that's not in the data  
3 warehouse, so -- and it hasn't changed since then,  
4 or we haven't pulled any new output since that  
5 date.

6           Q.    Well, I meant as far as your expertise  
7 relating to those two data extractions.  Like  
8 you're able to say, you know, everything that you  
9 see on the screen was what -- is consistent with  
10 what was pulled with what was in the enterprise  
11 data warehouse.  Or do you feel that strongly about  
12 that?  Or because we don't know the source,  
13 you're -- that would be difficult to say?

14           MR. ORTIZ:  Object to form.  You can  
15 answer.

16           THE WITNESS:  Yeah, the column headers  
17 look familiar and similar to our nomenclature  
18 inside the enterprise data warehouse.  So I would  
19 say yes with a reasonable level of confidence.  But  
20 I can't guarantee that without knowing who pulled  
21 it and from where.

22           BY MS. WALLACE:

23           Q.    When I talked to Ms. Rivas several weeks  
24 ago, there was -- we -- she and I talked about she  
25 cross-referenced exhibit -- the claims paid, which

1 is Exhibit 7, that CLJA\_TriWest\_6 with the amounts  
2 that were in the paid column in Exhibits 3 and 5.  
3 Do you know which of those exhibits would represent  
4 a more reliable source of what was actually paid by  
5 TriWest?

6 A. I don't, again, since I don't know the  
7 source of 3 and 5 with a hundred percent certainty.

8 Q. Do you feel confident that the data in  
9 Exhibit 7 would represent what was paid by TriWest  
10 for the claims since you reviewed that one, are  
11 more familiar with that data extraction?

12 A. I feel confident in saying that at the  
13 point in time it was pulled, that was what was in  
14 the enterprise data warehouse in terms of paid and  
15 denied claims.

16 Q. And would it not be listed as paid unless  
17 it was actually paid, or like for -- in -- I'm  
18 trying to think. Like do you sometimes list it if  
19 it's pending payment, or that type of thing?

20 A. Yes, there's other codes in terms of not  
21 yet processed.

22 Q. And do you know -- the amount that was  
23 pulled for Exhibits 3 and 5, do you know if the  
24 amounts paid were pending or in process or if they  
25 were actually paid, or you don't have a way of

1 knowing?

2 A. Again, I didn't -- I can't speak to 3 and  
3 5.

4 Q. What about 7?

5 A. I believe 7 is a canned report, and so I  
6 can -- I don't know if 7's been posted in the chat  
7 for me to --

8 Q. I'm so sorry. Let me do that for you  
9 right now.

10 A. Can you ask the question again?

11 Q. Do you have confidence that the amounts  
12 that are paid in Exhibit 7 are amounts that were  
13 actually paid and reimbursed by TriWest as opposed  
14 to just pending or processing payment?

15 A. Yes, I do.

16 Q. That those are the -- what is your  
17 understanding?

18 A. Yeah, that distinct claim IDs that have a  
19 claim status of paid and that paid amount.

20 Q. In which column are you looking at?

21 A. Yeah, column -- I'm on the claims status  
22 detail tab. And you have column O, which has a  
23 claims status of paid.

24 Q. I see.

25 A. You also have closed, denied, reversal.

1 You have some different values in there.

2 Q. Okay. And we did not see that same  
3 detail on 3 and 5?

4 A. It didn't look that way when we were  
5 looking at it.

6 Q. No? Is that no?

7 A. No, we didn't see detail on that.

8 Q. And so you don't have -- you're not able  
9 to have the same confidence on which was paid and  
10 which was closed and which was denied for  
11 Exhibits 3 and 5 as you have for Exhibit 7,  
12 which --

13 MR. ORTIZ: Objection to form. You can  
14 answer.

15 THE WITNESS: Again, I can't -- I can't  
16 speak with any authority to the validity of 3 and 5  
17 without knowing its source and its query. You do  
18 have a claim status column in column BR,  
19 attachment three, that you see paid and denied as  
20 the two values that are in there.

21 BY MS. WALLACE:

22 Q. On Exhibit 3?

23 A. That's correct. And I'm looking at five  
24 now. Yeah, column BN has process paid, return,  
25 denied. Has values in column BN.

1 Q. Okay. So does that make you have the  
2 same confidence for just based on -- well, I know  
3 you didn't do the data dictionary for 3 and 5.

4 A. Yeah, there's no data dictionary for 3  
5 and 5. And again, I don't know how it was pulled  
6 to speak to a confidence level.

7 Q. Okay. Do you have knowledge in your role  
8 in analytics at TriWest as to whether funding,  
9 government funding for the TriCare program, is a  
10 discretionary funding source?

11 MR. ORTIZ: Objection. You can answer.

12 THE WITNESS: No, I don't.

13 BY MS. WALLACE:

14 Q. Do you have knowledge in your role at  
15 TriWest as to whether CCN, the VA CCN program, also  
16 is subject to discretionary funding from Congress?

17 MR. ORTIZ: Objection to form. You can  
18 answer.

19 THE WITNESS: No, I don't know that  
20 specifically.

21 BY MS. WALLACE:

22 Q. At TriWest are you aware of any other  
23 contracts that TriWest has as a company outside of  
24 the TriCare and CCN program?

25 A. No.

1 MS. WALLACE: All right. I don't think I  
2 have any further questions for you, Mr. Westerlind.

3 EXAMINATION  
4 BY MR. ORTIZ:

5 Q. Mr. Westerlind, thank you so much for  
6 your time. I just have a few questions. I think  
7 you said you could not recall if the data in  
8 Exhibits 3 and 5 was pulled by someone in your  
9 department; is that right?

10 A. That's correct.

11 Q. And do you know who Crystal -- I'm not  
12 going to say this correctly -- but Engonski is?  
13 E-N-G-O-N-S-K-I.

14 A. Yes, Crystal's a data analyst on my team.

15 Q. So she's within your department?

16 A. Yes.

17 Q. Is it possible that she was the one who  
18 pulled the data in Exhibits 3 and 5?

19 A. It is possible. Like I said, we do a  
20 couple hundred ad hoc reports a month, and so I  
21 don't always -- I don't have direct hands-on  
22 involvement with all of those.

23 MR. ORTIZ: No further questions.

24 MS. WALLACE: No further.

25 THE VIDEOGRAPHER: Time is now 12:49.

1 This concludes the deposition. Going off the  
2 record.

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CERTIFICATE

I, Anita Kornburger, Registered Professional Reporter and Certified Shorthand Reporter, do hereby certify that prior to the commencement of the deposition, Kyle Westerlind was duly remotely sworn by me to testify to the truth, the whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a verbatim transcript of the testimony as taken stenographically by me at the time, place and on the date set forth, to the best of my ability.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.



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Anita Kornburger  
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Notary Public

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