



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Office of Audit Services  
1100 Commerce, Room 6B6  
Dallas, Texas 75242

June 10, 2002

Common Identification Number: A-06-01-00087

Ronnie D. McCormick, Regional Director  
Provider Audit and Reimbursement  
TrailBlazer Health Enterprises, LLC  
Executive Center III  
8330 LBJ Freeway  
Dallas, Texas 75243-1213

Dear Mr. McCormick:

Enclosed are two copies of the U.S. Department of Health and Human services (HHS), Office of Inspector General (OIG), Office of Audit Services' (OAS) report entitled "Audit of Observation Service Billing by Presbyterian Hospital of Dallas." The audit period covered claims with dates of service from October 1, 1996 through September 30, 1999. A copy of this report will be forwarded to the action official noted below for his review and any action deemed necessary.

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

In accordance with the principles of the Freedom of Information Act (5 U.S.C. 552, as amended by Public Law 104-231), OIG, OAS reports issued to the Department's grantees and contractors are made available to members of the press and general public to the extent information contained therein is not subject to exemptions in the which the department chooses to exercise. (See 45 CFR Part 5.)

To facilitate identification, please refer to Common Identification Number A-06-01-00087 in all correspondence relating to this report.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gordon L. Jato".

Regional Inspector General  
for Audit Services

Enclosures – as stated

Direct Reply to HHS Action Official:

Dr. James R. Farris, MD  
Regional Administrator  
Center for Medicare and Medicaid Services  
1301 Young Street, Room 714  
Dallas, Texas 75202

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**AUDIT OF OBSERVATION  
SERVICE BILLING BY  
PRESBYTERIAN HOSPITAL  
OF DALLAS**

**OCT. 1, 1996 – SEPT. 30, 1999**



**JANET REHNQUIST  
Inspector General**

**JUNE 2002  
A-06-01-00087**

# *Office of Inspector General*

<http://oig.hhs.gov>

---

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

## *Office of Audit Services*

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

## *Office of Evaluation and Inspections*

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in the inspections reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

## *Office of Investigations*

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil monetary penalties. The OI also oversees State Medicaid fraud control units, which investigate and prosecute fraud and patient abuse in the Medicaid program.

## *Office of Counsel to the Inspector General*

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support in OIG's internal operations. The OCIG imposes program exclusions and civil monetary penalties on health care providers and litigates those actions within the Department. The OCIG also represents OIG in the global settlement of cases arising under the Civil False Claims Act, develops and monitors corporate integrity agreements, develops model compliance plans, renders advisory opinions on OIG sanctions to the health care community, and issues fraud alerts and other industry guidance.

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**Audit of Observation Service Billing  
by Presbyterian Hospital of Dallas**

**October 1, 1996 through September 30, 1999**



**JANET REHNQUIST  
Inspector General**

**JUNE 2002  
A-06-01-00087**

# ***NOTICES***

---

**THIS REPORT IS AVAILABLE TO THE PUBLIC  
at <http://oig.hhs.gov>**

In accordance with the principles of the Freedom of Information Act, 5 U.S.C. 552, as amended by Public Law 104-231, Office of Audit Services' (OAS) reports are made available to members of the public to the extent information contained therein is not subject to exemptions in the Act. (See 45 CFR Part 5)

## **OAS FINDINGS AND OPINIONS**

The designation of financial or management practices as questionable or a recommendation for the disallowance of costs incurred or claimed as well as other conclusions and recommendations in this report represent the findings and opinions of the OAS. Final determination on these matters will be made by authorized officials of the HHS divisions.



Office of Audit Services  
1100 Commerce, Room 6B6  
Dallas, Texas 75242

June 10, 2002

Common Identification Number: A-06-01-00087

Ronnie D. McCormick, Regional Director  
Provider Audit and Reimbursement  
TrailBlazer Health Enterprises, LLC  
Executive Center III  
8330 LBJ Freeway  
Dallas, Texas 75243-1213

Dear Mr. McCormick:

This report provides you with the results of our audit work related to outpatient observation services billed by Presbyterian Hospital of Dallas (Hospital) in Dallas, Texas. The objective of our audit was to determine whether outpatient observation services billed by the Hospital met the Medicare reimbursement requirements. Our review covered service dates between October 1, 1996 and September 30, 1999 (fiscal years 1997–1999).

The Hospital billed Medicare for observation services that did not meet Medicare criteria, resulting in an estimated overpayment of \$361,832. We audited a statistical sample of 100 claims that contained observation services and determined that 35 percent of the observation services did not meet Medicare requirements. These observation services were primarily unallowable because:

- Medical records contained standing orders for observation,
- Physicians' orders were not documented in the medical records and,
- Medical records documented that there were no complications following an outpatient procedure.

The Hospital developed an action plan in 1999 to address the problems with observation service billings. The action plan includes: 1) educating physicians and other medical staff with observation criteria, and 2) daily reviews of observation charges for compliance with observation criteria. The rate of unallowable observation services declined in our claim sample from 52 percent in fiscal year 1997 to 24 percent in fiscal year 1999.

We are recommending that the fiscal intermediary: 1) recover the overpayment amount for unallowable observation billings of \$361,832 during the Hospital's fiscal years 1997

through 1999, and 2) review future observation claims to ensure the hospital's action plan continues to reduce unallowable observation billing. The fiscal intermediary concurred with our recommendations. The complete text of their response is included as Appendix D.

## INTRODUCTION

### Background

Outpatient observation services (revenue code 0762) are defined as those services furnished by a hospital on its premises to evaluate an outpatient's condition or determine the need for possible admission to the hospital as an inpatient.

According to Section 230.6 (A) of the Hospital Manual, and 3112.8 (E) of the Intermediary Manual published by the Centers for Medicare and Medicaid Services (CMS):

Observation services are allowable "...only when provided by the order of a physician or another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital or to order outpatient tests."

Additionally, subpart (E) of both manual sections referenced above defines services that are not covered as outpatient observation services. These include:

- services which are not reasonable or necessary for the diagnosis or treatment of the patient (e.g., following an uncomplicated treatment or procedure),
- services which are the result of a standing order for observation following outpatient surgery, and
- services ordered as inpatient services by the admitting physician, but billed as outpatient.

Prior to August 2000, hospitals were separately reimbursed for observation services on a reasonable cost basis. Outpatient observation services were charged by number of hours with the first observation hour beginning when the patient is placed in the observation bed (beginning and ending times are rounded to the nearest hour). With the start of Outpatient Prospective Payment System (OPPS) in August 2000, payment for observation services were no longer reimbursable as a separate payment. They were included as part of the OPPS payment amount for outpatient procedures.

Although CMS will continue to package observation services into surgical procedures and most clinic and emergency visits, beginning April 1, 2002, CMS will separately pay for observation services involving three medical conditions. As published in the

November 30, 2001, Federal Register, CMS will separately pay for observation services relating to chest pain, asthma, and congestive heart failure.

### **Objectives, Scope and Methodology**

The objective of our audit was to determine whether outpatient observation services billed by the Hospital met the Medicare reimbursement requirements. Our review covered service dates between October 1, 1996 and September 30, 1999 (fiscal years 1997 –1999). The Hospital billed Medicare for \$3,838,656 in observation charges during fiscal years 1997 through 1999.

Our audit work included:

- Interviewing fiscal intermediary and Hospital officials,
- Reviewing the medical records to determine whether the observation services met the requirements for Medicare reimbursement, and
- Calculating the effect of unallowable observation services.

The Hospital reported the highest observation costs in the nation for fiscal year 1997. Further analysis of Provider Summary Reports showed that the Hospital had consistently high amounts of observation charges for fiscal year 1998 and 1999. Based upon these factors, we decided to audit claims relating to these three years.

We stratified a statistical sample of 100 Medicare claims with outpatient observation services billed by the Hospital over the three fiscal years (See Appendix A). We reviewed the medical records supporting the observation services drawn in our sample to determine if the amount of charges and number of hours billed met the requirements for Medicare reimbursement.

Our approach in determining whether the observation services were unallowable under Medicare requirements was as follows:

- Medicare requirements do not allow for reimbursement of observation services without physicians' orders or with standing orders. However, when medical records were identified without physicians' orders or with standing orders, we identified at least one additional finding (attribute) in most cases before determining that the observation services were unallowable. The additional findings identified included observation following an uncomplicated treatment or procedure, and an inappropriate number of observations hours billed.
- Specific language in the medical records such as "no complications," or "patient tolerated the procedure well" was used to identify an uncomplicated treatment or procedure before determining that the observation services were unallowable.

- Any time charged to observation prior to a scheduled procedure is not allowable for reimbursement as observation service. Also, time spent in surgery and recovery cannot be simultaneously billed as observation service.

The results of our sample were used to estimate the Hospital's unallowable charges and hours for each fiscal year. We estimated the unallowable charges and hours using the lower limit of the 90 percent two-sided confidence interval (see Appendix A). We are 95 percent confident that the unallowable charges and hours are at least those amounts.

The Medicare overpayment for observation services was determined by resubmitting the Hospital's cost report for each fiscal year under review. Fiscal intermediary officials posted the estimated unallowable observation charges and hours each year as an adjustment to the cost report. Each cost report was then resubmitted to identify the difference in the Hospital's total Part B reimbursement amount. The difference in this cost report amount from each year under review was added together to identify the Medicare overpayment for observation services (see Appendix B).

We are issuing this report to the fiscal intermediary because it is responsible for adjudicating claims submitted by the hospital.

Our audit was conducted in accordance with generally accepted government auditing standards. Our audit was limited to determining the appropriateness of pre-OPPS claims that contained observation services submitted to CMS for payment. We did not review the internal controls of the fiscal intermediary.

Our audit work was performed at the fiscal intermediary, Presbyterian Hospital in Dallas, Texas, and in our Oklahoma City field office during the period of August 2001 through January 2002.

## **RESULTS OF AUDIT**

The Hospital billed Medicare for a number of observation services that did not meet the requirements for Medicare reimbursement resulting in an estimated Medicare overpayment of \$361,832 (see Appendix B). We audited a statistical sample of 100 claims containing observation services with dates of service from October 1, 1996 to September 30, 1999 (Hospital's fiscal years 1997 through 1999). Thirty five percent of the observation services reviewed did not meet Medicare reimbursement criteria. The Hospital charged Medicare \$3,838,656 for all observation services during fiscal years 1997 through 1999.

An official at the hospital told us that lack of physician education was the main cause for the unallowable observation services. The Hospital developed an action plan in 1999 to specifically address the problems with observation service billings. The action plan includes educating physicians and other medical staff with observation criteria, and daily

reviews of observation charges for compliance with observation criteria. Physicians and other medical staff will be educated with observation criteria through letters, education sessions, and outside speakers addressing medical staff departments on Medicare observation criteria. The rate of unallowable observation services declined in our claim sample from 52 percent in fiscal year 1997, to 24 percent in fiscal year 1999.

Of the 100 observation services reviewed, 35 (or 35 percent) did not meet Medicare reimbursement criteria. The entire observation charge for 24 of these claims was unallowable, while 11 claims contained partially unallowable observation charges. (See Appendix C for a table showing the reasons why each service was not allowable.)

### **UNALLOWABLE OBSERVATION SERVICES**

The observation services for 24 of the 35 (or 69 percent) claims did not meet the Medicare requirements for three primary reasons: 1) medical records contained standing orders for observation; 2) physicians' orders were not documented in the medical records; or 3) medical records documented that there were no complications following an outpatient procedure.

#### **Standing Order In The Medical Records**

The observation services for 10 of the 24 (or 42 percent) claims were unallowable because the medical records contained standing orders for observation. These claims had orders for observation written one or more days prior to a patient's admission to the Hospital for a scheduled outpatient procedure. Medicare criteria indicate that standing orders for observation services following outpatient surgery are unallowable.

#### **No Physicians' Order In The Medical Records**

The observation services for 9 of the 24 (or 38 percent) claims were unallowable because the medical records did not include an appropriate order for observation. Medicare criteria indicate that observation services are allowable only when provided by the order of a physician or another individual authorized to admit patients to the hospital or order outpatient tests.

#### **No Complications Following An Outpatient Procedure**

The observation services for 5 of the 24 (or 21 percent) claims were unallowable because the medical records documented that there were no complications following an outpatient procedure. Medicare criteria indicate that services that are not reasonable or necessary, such as observation following an uncomplicated treatment or procedure, are not allowable for Medicare reimbursement. The Clinical Resource Manager, a registered nurse with the Hospital, reviewed these

claims and agreed that the observation charges on these claims were not allowable.

In addition, the majority of these 24 unallowable observation services had additional findings that did not meet Medicare criteria. Most of the services with a standing order, or without physicians' orders, did not meet observation criteria because there were no complications following the outpatient procedure. Further, many of these claims had an inappropriate number of observation hours billed.

### **PARTIALLY UNALLOWABLE OBSERVATION SERVICES**

The observation services for 11 of the 35 (or 31 percent) claims were partially unallowable because they had an inappropriate number of observation hours billed. In some claims, the observation time billed by the Hospital began at the time the patient arrived at the hospital for a scheduled procedure, included the time the patient was in the procedure and in a recovery unit, and ended when the patient was discharged.

For example, in sample claim 29 of fiscal year 1997, the beneficiary entered the hospital at 8:57 a.m. and left after 11:30 a.m. the following day. The hospital billed all 27 hours as observation even though the beneficiary received an outpatient surgical procedure at 12:05 and then went to the recovery room until 6:30 p.m. Under the observation criteria, time spent prior to a scheduled procedure is unallowable as observation, and time spent in surgery and recovery cannot be simultaneously billed as observation. In this case, the 17 hours from recovery to discharge is the maximum amount of time the hospital could have billed observation services. Therefore, we allowed 17 hours for observation on this claim.

### **CONCLUSION AND RECOMMENDATION**

Medicare reimbursed the Hospital for outpatient observation services that did not meet the requirements for Medicare reimbursement during the Hospital's fiscal years 1997 through 1999. Thirty five percent of the observation services in our sample were not allowable under Medicare criteria.

With the start of OPSS in August 2000, payment for observation services were no longer reimbursable as a separate payment. They were included as part of the OPSS payment amount. However, beginning April 1, 2002, CMS will separately pay for observation services relating to three medical conditions. As published in November 30, 2001, Federal Register, these three medical conditions include chest pain, asthma, and congestive heart failure. Unallowable observation services may recur under this new policy.

In 1999, the Hospital developed an action plan to address the problems with observation service billings. The action plan includes educating physicians and other medical staff

with observation criteria, and daily reviews of observation charges for compliance with observation criteria. We believe that this action plan, if properly implemented should reduce the amount of unallowable observation charges.

We recommend that the fiscal intermediary recover the overpayment amount for inappropriate observation billings of \$361,832 during the Hospital's fiscal years 1997 through 1999. We further recommend that the fiscal intermediary review future claims with observation services to ensure the hospital's action plan continues to reduce unallowable outpatient observation services.

#### **AUDITEE COMMENTS**

The fiscal intermediary concurred with our recommendations. In its formal response to our draft report, the fiscal intermediary responded:

“TrailBlazer Health Enterprises, LLC audit staff will take action to incorporate the findings included in this report during the normal settlement process associated with audit examinations of this facility.”

Sincerely,



GordonL. Sato  
RegionalInspector General  
For Audit Services

## **SAMPLE METHODOLOGY RESULTS AND PROJECTION**

### **Objective:**

The objective of our review was to determine whether observation services billed by the hospital met the requirements for Medicare reimbursement.

### **Population:**

The population consisted of all paid claims for observation services (revenue code 0762) provided during the hospital's fiscal years 1997 to 1999. The total number of claims with revenue code 0762 was 8,101.

### **Sample Unit:**

The sample unit is a paid claim that includes revenue code 0762. One claim might have multiple units of revenue code 0762 as the code is billed per hour of service (one unit equals one hour).

### **Sample Design:**

A stratified random sample was used to report the result of our review. Each stratum consists of claims from one fiscal year as shown below:

Stratum One: FY 1997 = 2,685 claims

Stratum Two: FY 1998 = 2,973 claims

Stratum Three: FY 1999 = 2,443 claims

### **Sample Size:**

A sample size of 100 claims was used and distributed as follows: 33 claims for fiscal year 1997, 34 claims for fiscal year 1998 and 33 claims for fiscal year 1999.

### **Estimation Methodology:**

We used the Office of Audit Services statistical software for stratified variable appraisal sampling to project the over payment associated with the unallowable services. We estimated the overpayment and recommend recovery at the lower limit of the 90 percent two-sided confidence interval.

**SAMPLE METHODOLOGY AND RESULTS**

**Sample Results:** The results of our review of 100 sample items are shown by value of charges and hours below.

**PROJECTION OF CHARGED DOLLARS:**

<u>Fiscal Year</u>	<u>Sample Size</u>	<u>Value of Sample Charges</u>	<u>Number of Non-Zero Errors</u>	<u>Value of Unallowable Charges</u>
1997	33	\$15,989.39	17	\$6,600.34
1998	34	\$14,580.70	10	\$5,567.07
1999	33	\$13,176.41	8	\$2,581.18

**Estimated Unallowable Charges:**

<u>Fiscal Year</u>	<u>Point Estimate - Unallowable Charges</u>	<u>90% Confidence Interval:</u>	
		<u>Lower Limit</u>	<u>Upper Limit</u>
1997	\$537,028	\$324,316	\$749,739
1998	\$486,791	\$225,890	\$747,693
1999	\$191,086	\$ 61,259	\$320,912

**PROJECTION OF CHARGED HOURS:**

<u>Fiscal Year</u>	<u>Sample Size</u>	<u>Value of Sample Hours</u>	<u>Number of Non-Zero Errors</u>	<u>Value of Unallowable Hours</u>
1997	33	750.00	17	308.00
1998	34	655.00	10	235.00
1999	33	526.00	8	90.00

**Estimated Unallowable Charges:**

<u>Fiscal Year</u>	<u>Point Estimate - Unallowable Hours</u>	<u>90% Confidence Interval:</u>	
		<u>Lower Limit</u>	<u>Upper Limit</u>
1997	25,060	14,891	35,229
1998	20,549	8,436	32,662
1999	6,663	1,311	12,015

**APPENDIX B**

**TABLE OF OVER-PAYMENT SUPPLIED BY THE FISCAL INTERMEDIARY**

**Sample Results:** The results of our review of 100 sample items and the overpayment amount.

Fiscal Year	Original Cost Report Amount (Amount Due CMS)	Projected Unallowable Charges	New Cost Report Amount (Amount Due CMS)	Over-Payment Amount
1997	\$4,115,459.00	\$324,316.00	\$4,280,552.00	\$165,093.00
1998	\$4,288,006.00	\$225,890.00	\$4,449,278.00	\$161,272.00
1999	\$3,925,561.00	\$ 61,259.00	\$3,961,028.00	\$35,467.00
Total:				\$361,832.00

**SCHEDULE OF UNALLOWABLE OBSERVATION SERVICES  
100 CLAIM SAMPLE, PRESBYTERIAN HOSPITAL OF DALLAS  
OCTOBER 1, 1996, THROUGH SEPTEMBER 30, 1999**

<b>Claims With Standing Orders</b>		
<b>Sample Numbers FY1997</b>	<b>No Complications</b>	<b>Inappropriate Hours</b>
2		X
5	X	X
6	X	X
<b>Sample Numbers FY1998</b>		
12	X	
19	X	X
30	X	
32	X	X
34	X	X
<b>Sample Numbers FY1999</b>		
12	X	
27	X	X
<b>Total Claims=10</b>		
<b>Claims With No Physicians' Orders</b>		
<b>Sample Numbers FY1997</b>	<b>No Complications</b>	<b>Inappropriate Hours</b>
4	X	X
15	X	X
19		
32	X	X
<b>Sample Numbers FY1998</b>		
8		X
23		
<b>Sample Numbers FY1999</b>		
2	X	
8	X	X
25	X	X
<b>Total Claims=9</b>		
<b>Claims With No Complications Following An Outpatient Procedure</b>		
<b>Sample Numbers FY1997</b>	<b>No Complications</b>	<b>Inappropriate Hours</b>
16	X	X
20	X	X
22	X	X
<b>Sample Numbers FY1998</b>		
25	X	
<b>Sample Numbers FY1999</b>		
7	X	X
<b>Total Claims=5</b>		

SCHEDULE OF PARTIALLY UNALLOWABLE SERVICES

<b>Claims With Inappropriate Hours Billed</b>		
<b>Sample Numbers FY1997</b>	<b>Billed Hours</b>	<b>Unallowable Hours</b>
8	32	10
10	28	2
12	39	9
18	43	12
21	31	8
29	27	10
33	35	5
<b>Sample Number FY1998</b>		
14	48	10
20	34	9
<b>Sample Number FY1999</b>		
19	31	2
33	21	3
<b>Total Claims=11</b>		

**Grand Total of Unallowable Claims=35**



**MEDICARE**

Part A Intermediary  
Part B Carrier

Common Identification Number: A-06-01-00087

June 1, 2002

James Hargrove  
Audit Manager  
U.S. Department of Health and Human Services  
3625 N.W. 56<sup>th</sup> Street, Room 101  
Oklahoma City, Oklahoma 73112

RE: Presbyterian Hospital of Dallas  
Provider Number: 45-0462  
FYE: 9/30/97, 9/30/98 and 9/30/99

Dear Mr. Hargrove:

I have completed the review of the draft report submitted by your office on April 24, 2002. The report addresses the results of the audit performed by your staff on outpatient observation services billed by Presbyterian Hospital of Dallas. Based on my review, I concur with the "Conclusions and Recommendation" presented within the text of the draft report.

TrailBlazer Health Enterprises, LLC audit staff will take action to incorporate the findings included in this report during the normal settlement process associated with audit examinations of this facility. Final Settlement of the September 30, 1997 cost report took place on September 29, 2000. This settlement included adjustments to revise total observation days and charges based on the examination of total observation. However, no adjustment to Medicare observation days or charges was included in the final settlement. Consequently, the impact on Medicare reimbursement included in this settlement was immaterial. This cost report will be reopened to reverse the original audit adjustment and post an adjustment to eliminate the Medicare days and charges resulting from the examination of observation charges performed by your staff. The findings from the same examination relating to the September 30, 1998 and September 30, 1999 cost reporting periods will be included as audit adjustments in the final settlement of these cost reports.

TrailBlazer Health Enterprises, LLC audit staff will continue to evaluate the propriety of observation charges submitted for reimbursement through the use of the Medicare Cost Report. This evaluation will be performed in accordance with regulations established in the Provider Reimbursement Manual as directed by the Centers for Medicare and Medicaid Services and will serve to evaluate the Provider's plans to reduce unallowable outpatient observation charges. Material adjustments resulting from the ongoing review of these charges will be incorporated into the final settlement and related Notice of Program Reimbursement for Presbyterian Hospital of Dallas as applicable.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronnie D. McCormick".

Ronnie D. McCormick  
Regional Director  
Provider Audit and Reimbursement

cc: Pete Garza, Home Office Team Director                      Ron Wolf, Director of Reopenings  
Mounir Kamal, Field Office Director, Dallas East              Presbyterian Hospital of Dallas – Permanent File  
James Flemming, Field Office Director, Dallas West

TrailBlazer Health Enterprises, LLC<sup>SM</sup>  
Medicare Part A Audit & Reimbursement · P.O. Box 660263 · Dallas, Texas 75266-0263  
Executive Center III · 8330 LBJ Freeway · Dallas, Texas · 75243-1213  
A CMS Contracted Intermediary and Carrier