

**SOAH DOCKET NOS. (SEE ATTACHMENT A)
MR NOS.**

**(SEE ATTACHMENT A FOR
PETITIONERS),**

Petitioners

v.

**(SEE ATTACHMENT A FOR
RESPONDENTS),**

Respondents

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BEFORE THE STATE OFFICE

OF

ADMINISTRATIVE HEARINGS

AND

**CONSOLIDATED SOAH DOCKET NO. 454-12-1961.M4
MR NO.**

**VISTA MEDICAL CENTER
HOSPITAL,**

Petitioner

v.

**ZURICH AMERICAN INSURANCE
CO.,**

Respondent

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BEFORE THE STATE OFFICE

OF

ADMINISTRATIVE HEARINGS

DECISION AND ORDER

I. INTRODUCTION

Various hospitals (Providers) requested hearings on decisions by the Medical Review Division (MRD) of the Texas Department of Insurance, Division of Workers' Compensation

(Division)¹ denying additional reimbursement to Providers under the Stop-Loss Exception for a hospital stay provided to an injured worker. Providers argued that reimbursement for the admission should be based on the Stop-Loss Exception to the per diem reimbursement methodology contained in the 1997 Acute Care Inpatient Hospital Fee Guideline (1997 ACIHFG).² By Order dated October 31, 2014, the Stop-Loss Exception cases involving the two Vista hospitals, Vista Medical Center Hospital/Surgical Specialty Hospital of America and Vista Hospital of Dallas (Vista), listed in Attachment A, were consolidated for hearing and decision under Consolidated SOAH Docket No. 454-12-1961.M4 (Lead Docket). The Lead Docket cases went to hearing in February 2016. Also set forth in Attachment A to this Order are pending non-Vista Stop-Loss cases joined by Order dated April 14, 2014 for a common Decision and Order. By Order dated March 26, 2015, the Lead Docket was joined with the non-Vista Stop-Loss cases for a common Decision and Order (collectively, Joined Cases). The Administrative Law Judges (ALJs) find the Stop-Loss Exception should be followed in the cases set forth in Attachment 1 to this Decision and Order (Decision). For the cases set forth in Attachment 2, the ALJs find that no additional reimbursement is owed Provider. For the cases set forth in Attachment 3, the ALJs find the Stop-Loss Exception does not apply but that additional reimbursement is owed Provider. The cases set forth in Attachment 4 are rehabilitation and trauma cases to be reimbursed under a fair and reasonable standard. They are referred to Henry D. Card, the State Office of Administrative Hearings (SOAH) Economic Team Leader, for hearing.³

¹ Effective September 1, 2005, the legislature dissolved the Texas Workers' Compensation Commission (Commission) and created the Division of Workers' Compensation within the Texas Department of Insurance. Act of June 1, 2005, 79th Leg., R.S., ch. 265, § 8.001, 2005 Tex. Gen. Laws 469, 607. This Decision and Order refers to the Commission and its successor collectively as the Division.

² The 1997 ACIHFG, originally codified at 28 Texas Administrative Code § 134.401 (Former Rule), established a general reimbursement scheme for all inpatient services provided by an acute care hospital for medical and/or surgical admissions using a service-related standard per diem amount. On a case-by-case basis, independent reimbursement is allowed if the particular case exceeds the Stop-Loss Threshold as described in paragraph (6) of Former Rule 134.401(c). This independent reimbursement mechanism, the Stop-Loss Method or Stop-Loss Methodology, is sometimes referred to as the Stop-Loss Exception or the Stop-Loss Rule.

³ A large number of cases were referred to the State Office of Administrative Hearings (SOAH) too late to be included in the consolidated and joined hearing dockets. Those cases remain pending at SOAH for hearing assignment by ALJ Card. Several cases in the hearing docket were abated or continued at the request of the parties and will be transferred to ALJ Card for additional proceedings.

In each of the cases, Providers filed a request for dispute resolution with MRD. The MRD issued its Medical Fee Dispute Resolution Findings and Decision (MRD Decision) for each case. Providers timely requested a contested case hearing at SOAH in each of the cases. In certain of the cases, the responsible workers' compensation insurers or self-insureds (Carrier) also filed a request for contested case hearing following issuance of the MRD Decision.

Adequate and timely notice of each hearing was provided as required. A number of SOAH ALJs presided over the hearings, presiding either individually or in various combinations. Both Providers and Carriers were represented by attorneys. The record for the cases on Attachments 1, 2, and 3 closed on June 5, 2019, following additional requests for status reports on continued/abated cases.

II. APPLICABLE LAW

Workers' compensation insurance in Texas covers all medically necessary health care, which includes all reasonable medical aid, examinations, treatments, diagnoses, evaluations, and services reasonably required by the nature of the compensable injury and reasonably intended to cure or relieve the effects naturally resulting from a compensable injury. It includes procedures designed to promote recovery or to enhance the injured worker's ability to return to or retain employment.⁴ Title 5, subtitle A, chapters 401 through 419 of the Texas Labor Code constitute the Texas Workers' Compensation Act (Act).

Act § 413.011 provides that the Division by rule shall establish medical policies and guidelines relating to fees charged or paid for medical services for employees who suffer compensable injuries, including guidelines relating to payment of fees for specific medical treatments or services. That section further provides that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control.⁵

⁴ Tex. Lab. Code § 401.011(19) and (31). The Texas Workers' Compensation Act is found at Texas Labor Code chapters 401-419 (the Act).

⁵ Act § 413.011(d).

Moreover, the guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf.⁶ In setting such guidelines, the increased security of payment afforded by the Act must be considered.⁷

The 1997 ACIHFG governed the reimbursement that workers' compensation carriers paid hospitals for qualified inpatients with admissions dates commencing August 1, 1997,⁸ and prior to March 1, 2008.⁹ As previously noted, the 1997 ACIHFG generally reimbursed hospitals according to a per diem methodology.¹⁰ The per diem rate was intended to cover all inpatient services provided to the injured worker. However, so long as the "bills do not reach the stop-loss threshold," in addition to the standard per diem rate, a hospital could recover reimbursement in addition to the standard per diem.¹¹ Implantables (revenue codes 275, 276, and 278), and orthotics and prosthetics (revenue code 274) were to be reimbursed at the hospital's cost plus 10%.¹² Pharmaceuticals administered during the admission *charged* at greater than \$250 per dose were reimbursed at the hospital's cost plus 10%.¹³ The following services were to be reimbursed at "a fair and reasonable rate:" (1) Magnetic Resonance Imaging (MRI) (revenue codes 610-619);¹⁴ (2) Computerized Axial Tomography (CAT scans) (revenue codes 350-352,

⁶ *Id.*

⁷ *Id.*

⁸ 22 TexReg 6305, 6306 (July 4, 1997).

⁹ 28 Tex. Admin. Code § 134.404(a)(2). *See* 33 TexReg 5319 (July 4, 2008).

¹⁰ The "Standard Per Diem Amount" was \$870 for a medical admission, \$1,118 for a surgical admission, and \$1,560 for an Intensive Care Unit (ICU)/Cardiac Care Unit (CCU) stay. Former Rule 134.401(c)(1). When the injured worker's admission was a medical admission but surgery was subsequently performed during the stay, the entire stay was considered a surgical admission. Former Rule 134.401(b)(2)(F). For each day the injured worker was in the ICU or CCU, the ICU/CCU per diem reimbursement rate was paid in lieu of the medical or surgical per diem rate. Former Rule 134.401(c)(2)(B).

¹¹ Former Rule 134.401(c)(4).

¹² Former Rule 134.401(c)(4)(A)(i-ii).

¹³ Former Rule 134.401(c)(4)(C).

¹⁴ Former Rule 134.401(c)(4)(B)(i).

and 359);¹⁵ (3) Hyperbaric oxygen (revenue code 413);¹⁶ (4) Blood (revenue codes 380-399);¹⁷ and (5) Air ambulance (revenue code 545).¹⁸

Certain types of admissions were exempted from the per diem methodology based upon their ICD-9 Codes.¹⁹ The following admissions were reimbursed at a fair and reasonable rate: (1) Trauma (ICD-9 codes 800.0-959.50); Burns (ICD-9 codes 940-949.9); and Human Immunodeficiency Virus (HIV) (ICD-9 codes 042-044.9).

The purpose of the Stop-Loss Methodology is “to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker.”²⁰ For the Stop-Loss Exception to apply, a hospital’s total post-audit charges must exceed \$40,000, the minimum stop-loss threshold (Stop-Loss Threshold).²¹ Hospitals were required to bill their usual and customary charges.²² Thus, a hospital’s post-audit usual and customary charges for the admission, including items listed in Former Rule 134.401(c)(4), are used to calculate whether the Stop-Loss Threshold has been met for a workers’ compensation admission. According to Former Rule 134.401(c)(6)(A)(3), “[i]f audited charges exceed the Stop-Loss Threshold, reimbursement for the entire admission shall be paid using a Stop-Loss Reimbursement Factor (SLRF) of 75%.” Thus, when the Stop-Loss Methodology applies to a

¹⁵ Former Rule 134.401(c)(4)(B)(ii).

¹⁶ Former Rule 134.401(c)(4)(B)(iii).

¹⁷ Former Rule 134.401(c)(4)(B)(iv).

¹⁸ Former Rule 134.401(c)(4)(B)(v).

¹⁹ Former Rule 134.401(c). ICD-9 is The International Statistical Classification of Diseases, ninth revision.

²⁰ Former Rule 134.401(c)(6).

²¹ Former Rule 134.401(c)(6)(A)(i). The Former Rule defined “Stop-Loss Threshold (SLT)” as follows:

Threshold of total charges established by the Commission, beyond which reimbursement is calculated by multiplying the applicable Stop-Loss Reimbursement Factor by the total charges identifying that particular threshold.

Former Rule 134.401(b)(1)(H).

²² Former Rule 134.401(b)(2)(A).

workers' compensation hospitalization, all eligible items, including items listed in Former Rule 134.401(c)(4), are reimbursed at 75% of their post-audit charges.

The application of the Stop-Loss Exception and the meaning of Former Rule 134.401(c)(6)(A)(3), was the subject of intense and protracted litigation. The history of the legal debate is well-described in *Vista Medical Center Hospital v. Texas Mutual Insurance Co.*, 416 S.W.3d 11, 18-20 (Tex. App.—Austin 2013, no pet.) (op. on reh'g). The interpretation of the Former Rule and the application of the Stop-Loss Exception were somewhat resolved in *Texas Mutual Insurance Co. v. Vista Community Medical Center, LLP*, 275 S.W.3d 538 (Tex. App.—Austin 2008, pet. denied) (*Vista I*). In *Vista I*, the Court held that in addition to showing that the charges from the admission met the Stop-Loss Threshold, the hospitals were also required to show that “the admission involved unusually costly and unusually extensive services to receive reimbursement under the Stop-Loss method.”²³

The unresolved portion of the multi-prong Stop-Loss Exception is defining “unusually costly and unusually extensive.” “What is unusually costly and unusually extensive in any particular fee dispute remains a fact-intensive inquiry best left to the Division’s determination on a case-by-case basis.”²⁴ The court also stated that the two phrases are sufficiently definite to provide guidance to the Division and to the “ALJs who review and determine medical fee disputes on a case-by case basis.”²⁵

III. DISCUSSION

The insurance carriers and hospitals have proffered various theories as to the interpretation of the phrase “unusually costly” services. Two proposals used comparisons with several variables: (1) measuring a hospital’s billed charges and its payments received by diagnosis and procedure against the relevant averages to determine whether the charges and/or payments fall under, at, or above, the statewide average; or (2) using hospital cost to charge

²³ *Vista I* at 551.

²⁴ *Vista I* at 554.

²⁵ *Vista I* at 554.

ratio(s) calculated by the Centers for Medicare and Medicaid Services (CMS) for each hospital on an annual basis for the Medicare cost report and then comparing the cost, using either an average cost-to-charge ratio (single ratio methodology) or a traditional departmental cost-to-charge ratio methodology, of a specific admission against the hospital average admission, average workers' compensation admission, etc. Four other proposals used bright-line comparisons: (1) determining whether the admission was assigned to a Medicare DRG²⁶ with a relative weight greater than 1.6 or some other number; (2) determining whether the admission was assigned to a DRG with a relative weight greater than the unweighted average of some Medicare case mix indices; (3) determining whether the principal procedure in the admission was performed in 9% or fewer of all workers' compensation admissions in that year; or (4) determining whether the admission, had it been covered by Medicare, would have qualified for Medicare outlier payment using cost-to-charge ratios from the hospital's Medicare cost report. Mindful of the emphasis that *Vista I* placed on a case-by-case decision on the application of the Stop-Loss Exception, the ALJs respectfully decline to adopt any of the bright-line tests proffered. Thus, there is no need to analyze any of the bright-line tests further.

With respect to whether the services provided by the hospital were "unusually extensive," *Vista I* also makes clear the determination is a fact-intensive inquiry made on a case-by-case basis.²⁷ Carriers generally contend the correct comparison is between either identical or similar surgical procedures while Providers generally proposed a comparison to a mix of procedures.

Once the ALJs determined the post-audit billed charges for a qualifying admission met the Stop-Loss Threshold, the ALJs proceeded with the two-part analysis required under *Vista I*. For the unusually costly services determination, the ALJs concluded it was appropriate and helpful, as an initial cost analysis, to compare the hospital's costs for the admission using the CMS²⁸ departmental cost-to-charge ratios methodology for the departments covered by the per

²⁶ A diagnosis-related group is a patient classification system that standardizes prospective payment to hospitals. In general, a DRG payment covers all charges associated with an inpatient stay from the time of admission to discharge.

²⁷ *Vista I* at 554.

²⁸ Centers for Medicare & Medicaid Services.

diem reimbursement (Per Diem Services) against the per diem reimbursement for that admission. If the hospital's costs for Per Diem Services are covered by the per diem reimbursement, then no further analysis is required. If the hospital's costs for Per Diem Services are not covered by the per diem reimbursement, then a second analysis may be required.

The second analysis attempts to determine why the hospital's costs for Per Diem Services were not covered by the per diem reimbursement. The second analysis examines the Per Diem Services provided to the injured worker during the admission and considers the injured worker's prior medical history, condition and medical events at the time of admission through time of surgery, the surgery and medical events during surgery, and post-operative condition and post-operative medical events until time of discharge. While the need and scope of consulting specialists is a factor in determining "unusually extensive," the associated professional fees are not considered in determining "unusually costly" because the associated professional fees are not costs absorbed by the hospital. If the second analysis determined that the Per Diem Services provided to treat the injured worker were unusually extensive, then the ALJs applied the Stop-Loss Exception to all post-audit billed charges. If the second analysis determined that the Per Diem Services provided to treat the injured worker were not unusually extensive, the reimbursement deficiency may simply reflect that the per diem reimbursement was inadequate for reasons either outside the scope of the hearing or due to insufficient cost reimbursement evidence.

There are adjustments to Provider reimbursement even when the Stop-Loss Exception does not apply. As the ALJs examined the reimbursement disputes on a case-by-case basis, they attempted to address some deficiencies in implant reimbursement calculations and some calculation errors. For some Per Diem Services, additional reimbursement could not be determined because of insufficient evidence. In some cases, the Carrier sought a refund of some portion of the reimbursement paid to a Provider. In each of those cases, the ALJs agreed with the Division that the Carrier failed to comply with the applicable regulatory requirements. Moreover, in each of those cases the credible evidence in the record failed to prove that the payment made to the Provider violated the Act.

In support of these determinations, the ALJs make the following findings of fact and conclusions of law.

IV. FINDINGS OF FACT

1. On various dates between 1997 through 2008, various hospitals (Providers) provided inpatient hospital services to injured workers in the cases listed on Attachments 1, 2, 3, and 4.
2. The carriers or self-insureds (Carriers) specified on Attachment A were the responsible workers' compensation insurers for the respective injured workers.
3. Providers billed the respective Carriers for the services they provided to the injured worker in each case.
4. The responsible Carrier reimbursed the Provider the amount specified in the column denominated "Carrier Payment" for the services provided to the injured worker in each case.
5. Carriers were required to reimburse Providers under the Texas Department of Insurance, Division of Workers' Compensation's (Division) Acute Care Inpatient Hospital Fee Guideline (1997 ACIHFG).
6. The 1997 ACIHFG generally reimbursed hospitals according to a per diem methodology (Fee Rule).
7. Providers requested additional reimbursement in each case under the Stop-Loss Exception to the Fee Rule. The Stop-Loss Exception, 28 Texas Administrative Code § 134.401(c)(2)(c), when it applies, provides for payment by the insurer in the amount of 75% of the hospital's audited billed charges.
8. Renaissance Hospitals is in a Chapter 7 bankruptcy proceeding. Pursuant to an August 2010 Bankruptcy Court Order, the automatic stay was lifted to allow the Chapter 7 Bankruptcy Trustee for Renaissance Hospitals to continue the claims adjudication process regarding workers' compensation receivables on behalf of the debtor's estate.
9. All cases listed on Attachments 1, 2, and 3 involve billed charges greater than \$40,000, one of the three requirements for application of the Stop-Loss Exception. In each case, the Division separately identified and analyzed the following additional issues to determine whether the admission qualified for the Stop-Loss Exception: (1) whether the admission involved unusually extensive hospital services, and (2) whether the admission

involved unusually costly hospital services.

10. Providers timely filed requests for medical fee dispute resolution with the Division.
11. The Division issued a Medical Fee Dispute Resolution Findings and Decision (MRD Decision) in each case.
12. In each case, the Division found that the admissions in dispute were not eligible for reimbursement under the Stop-Loss Exception and should be calculated pursuant to the Fee Rule — 28 Texas Administrative Code § 134.401(c)(1), entitled “Standard Per Diem Amount,” and §134.401(c)(4), entitled “Additional Reimbursements.”
13. In certain of the cases, the Division ordered Carriers to pay additional reimbursement to Providers.
14. In certain of the cases, the Division determined the reimbursement owed Providers was less than the Carriers paid Providers.
15. The Division almost never possessed all of the documentation needed to fully calculate the total reimbursement owed under the per diem methodology.
16. Providers timely requested hearings before the State Office of Administrative Hearings (SOAH) to contest the MRD Decisions in these cases.
17. By Order dated October 31, 2014, the Stop-Loss Exception cases involving the two Vista hospitals, Vista Medical Center Hospital/Surgical Specialty Hospital of America and Vista Hospital of Dallas (Vista), were consolidated for hearing and decision under Consolidated SOAH Docket No. 454-12-1961.M4 (Lead Docket).
18. Non-Vista Stop-Loss cases were joined by Order dated April 14, 2014, for a common Decision and Order.
19. By Order dated March 26, 2015, the Lead Docket was joined with the non-Vista Stop-Loss cases joined by previous order for a common Decision and Order.
20. All parties were informed of the date, time, and location of the hearing; the matters to be considered; the legal authority under which the hearing would be held; and the statutory provisions applicable to the matters to be considered.
21. The hearing on the merits in the Lead Docket was convened at SOAH in Austin, Texas, on February 23 and 24, 2016, before a five-judge panel consisting of Administrative Law Judges Howard S. Seitzman, Gary W. Elkins, Michael J. O’Malley, Steven M. Rivas, and Pratibha J. Shenoy. All parties were represented by counsel. The non-Vista Stop-Loss

cases were heard on various dates or were submitted by agreement for decision based upon written submissions, including the pre-filed evidence. All parties were represented by counsel. The record for the cases on Attachments 1, 2, and 3 closed on June 5, 2019.

22. Providers proposed specific categorical approaches to determining what constituted unusually extensive and unusually costly hospital services.
23. Cases received after a certain date and cases for which no responsible representative could be determined (Orphan Cases) were excluded from the hearing docket and remain pending at SOAH for further proceedings.
24. Certain of the cases initially included in the Lead Docket and the non-Vista Stop-Loss docket involved types of admissions exempted from the per diem methodology based upon their ICD-9 Codes. The following admissions are reimbursed at a fair and reasonable rate: (1) Trauma (ICD-9 codes 800.0-959.50); Burns (ICD-9 codes 940-949.9); and Human Immunodeficiency Virus (HIV) (ICD-9 codes 042-044.9).
25. For the cases set forth in Attachment 1, the preponderance of the credible evidence in the record shows the inpatient hospital stay qualifies for the Stop-Loss Exception to the per diem methodology and that additional reimbursement is owed to Provider by the respective Carrier.
26. For the cases set forth in Attachment 2, the preponderance of the credible evidence in the record shows the inpatient hospital stay does not qualify for the Stop-Loss Exception to the per diem methodology and that no additional reimbursement is owed to Provider by the respective Carrier.
27. For the cases set forth in Attachment 3, the preponderance of the credible evidence in the record shows the inpatient hospital stay does not qualify for the Stop-Loss Exception to the per diem methodology but that additional reimbursement is owed to Provider by the respective Carrier.
28. For the cases set forth in Attachment 4, the preponderance of the credible evidence in the record shows the inpatient hospital admission is exempted from the per diem methodology based upon the ICD-9 Codes, either (1) Trauma (ICD-9 codes 800.0-959.50); (2) Burns (ICD-9 codes 940-949.9); or (3) Human Immunodeficiency Virus (HIV) (ICD-9 codes 042-044.9), and are to be reimbursed at a fair and reasonable rate.
29. In each of the cases in which Carrier sought a refund of any of the reimbursement paid to Provider, the preponderance of the credible evidence in the record fails to show that Carrier complied with the applicable regulatory requirements for seeking and obtaining a refund.

30. In each of the cases in which Carrier sought a refund of any of the reimbursement paid to Provider, the preponderance of the credible evidence in the record fails to prove that the payment made to Provider violated the Act.

V. CONCLUSIONS OF LAW

1. SOAH has jurisdiction over this proceeding, including the authority to issue a decision and order. Tex. Lab. Code § 413.031; Tex. Gov't Code ch. 2003.
2. Adequate and timely notice of the hearing was provided as required. Tex. Gov't Code §§ 2001.051, .052.
3. The 1997 ACIHFG governed the reimbursement that workers' compensation carriers paid hospitals for qualified inpatients with admissions dates commencing August 1, 1997, and prior to March 1, 2008.
4. The 1997 ACIHFG, originally codified at 28 Texas Administrative Code § 134.401 (Former Rule), established a general reimbursement scheme for all inpatient services provided by an acute care hospital for medical and/or surgical admissions using a service-related standard per diem amount. Independent reimbursement is allowed on a case-by-case basis if the particular case exceeds the Stop-Loss Threshold as described in paragraph (6) of Former Rule 134.401(c). This independent reimbursement mechanism, the Stop-Loss Method or Stop-Loss Methodology, is sometimes referred to as the Stop-Loss Exception or the Stop-Loss Rule.
5. The Stop-Loss Exception requires a hospital to demonstrate that the hospital services it provided were both "unusually extensive" and "unusually costly." *Texas Mutual Insurance Co. v. Vista Community Medical Center, LLP.*, 275 SW 3d 538 (Tex. App.—Austin 2008, pet. denied).
6. Whether the hospital provided unusually extensive and unusually costly services is a fact-intensive inquiry that is determined on a case-by-case basis. *Texas Mutual Insurance Co. v. Vista Community Medical Center, LLP.*, 275 SW 3d 538 (Tex. App.—Austin 2008, pet. denied).
7. For the cases set forth in Attachment 1, the preponderance of the credible evidence in the record shows the inpatient hospital stay qualifies for the Stop-Loss Exception to the per diem methodology and that additional reimbursement is owed to Provider by the respective Carrier.
8. For the cases set forth in Attachment 2, the preponderance of the credible evidence in the record shows the inpatient hospital stay does not qualify for the Stop-Loss Exception to

the per diem methodology and that no additional reimbursement is owed to Provider by the respective Carrier.

9. For the cases set forth in Attachment 3, the preponderance of the credible evidence in the record shows the inpatient hospital stay does not qualify for the Stop-Loss Exception to the per diem methodology but that additional reimbursement is owed to Provider by the respective Carrier.
10. For the cases set forth in Attachment 4, the preponderance of the credible evidence in the record shows the inpatient hospital admission is exempted from the per diem methodology based upon the ICD-9 Codes, and is to be reimbursed at a fair and reasonable rate.
11. For the cases set forth in Attachment 4, additional proceedings will be needed to determine a fair and reasonable reimbursement amount.
12. For the cases set forth in Attachments 1, 2, and 3, Carriers are not entitled to refunds for any of the reimbursement paid to Providers.
13. In each of the cases in which Carrier sought a refund of any of the reimbursement paid to Provider, the preponderance of the credible evidence in the record fails to prove that the payment made to Provider violated the Act.
14. For the cases listed on Attachments 1 and 3, Carriers should be ordered to make the additional reimbursement payments as set forth in the column denominated "Additional Reimbursement Owed to Provider."

ORDER

IT IS ORDERED that the respective Carriers shall make payments to the respective Providers as set forth on Attachment 1 and 3 to this Decision and Order, together with all interest as required by law. **IT IS FURTHER ORDERED** that no additional reimbursement is owed to Providers by the respective Carriers for the cases set forth in Attachment 2 to this Decision and Order. **IT IS FURTHER ORDERED** that Carriers receive no refunds for any reimbursement paid to Providers in the cases set forth in Attachments 1, 2, and 3 to this Decision and Order. **IT IS FURTHER ORDERED** that the cases set forth in Attachment 4 to this Decision and Order are **SEVERED** from these Joined and Consolidated dockets and assigned to Administrative Law Judge HDC, SOAH Economic Team Leader, for further proceedings as to a fair and reasonable reimbursement amount. All relief not expressly granted herein is expressly **DENIED**.

SIGNED June 24, 2019.

HOWARD S. SEITZMAN
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

PRATIBHA J. SHENOY
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

MICHAEL J. O'MALLEY
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

STEVEN M. RIVAS
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1389.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.
454-13-1806.M4		Clear Lake Regional Medical Center	Texas Mutual Insurance Co.
454-13-1807.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.
454-13-1818.M4		Rio Grande Regional Hospital	Texas Mutual Insurance Co.
454-13-1858.M4		Texas Orthopedic Hospital	Texas Mutual Insurance Co.
454-13-1875.M4		Rio Grande Regional Hospital	Texas Mutual Insurance Co.
454-13-2595.M4		Texas Orthopedic Hospital	Texas Mutual Insurance Co.
454-13-3425.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.
454-13-3436.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.
454-13-3464.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.
454-13-3466.M4		Texas Orthopedic Hospital	Texas Mutual Insurance Co.
454-13-3467.M4		Texas Orthopedic Hospital	Texas Mutual Insurance Co.
454-13-3472.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1788.M4		Texas Orthopedic Hospital	Indiana Lumbersmens Mutual
454-13-1850.M4		Corpus Christi Medical Center	Zurich American Insurance Co.
454-13-1851.M4		Texas Orthopedic Hospital	Old Republic Insurance Co.
454-13-1852.M4		Texas Orthopedic Hospital	Zurich American Insurance Co.
454-13-1853.M4		Corpus Christi Medical Center	Facility Insurance Corp.
454-13-1854.M4		Texas Orthopedic Hospital	American Zurich Insurance Co.
454-13-1855.M4		Texas Orthopedic Hospital	TML Axia Services
454-13-1856.M4		Texas Orthopedic Hospital	Texas Municipal League Intergovernmental Risk Pool
454-13-1878.M4		Corpus Christi Medical Center	Bradford Holding Co., Inc.
454-13-1879.M4		Corpus Christi Medical Center	Bradford Holding Co., Inc.
454-13-2591.M4		Kingwood Medical Center	United States Fire Ins. Co.
454-13-2606.M4		Corpus Christi Medical Center	American Home Assurance Co.
454-13-3440.M4		Texas Orthopedic Hospital	East Tx Educational Ins. Assoc.
454-13-3545.M4		Texas Orthopedic Hospital	Connecticut Indemnity Co.
454-13-3547.M4		Texas Orthopedic Hospital	Gray Insurance Co.
454-13-3548.M4		Texas Orthopedic Hospital	Texas Municipal League Intergovernmental Risk Pool
454-13-3560.M4		Texas Orthopedic Hospital	Metropolitan Transit Authority
454-13-4188.M4		Texas Orthopedic Hospital	Insurance Co. of the State of PA

ATTACHMENT A (CONTINUED) (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-4189.M4		Texas Orthopedic Hospital	New Hampshire Insurance Co.
454-13-4190.M4		Corpus Christi Medical Center	Kiewit Corporation
454-13-4195.M4		Kingwood Medical Center	Indemnity Insurance Co. of North America
454-13-4329.M4		Texas Orthopedic Hospital	TPS Joint Self Insurance Funds
454-13-4632.M4		Spring Branch Medical Center	Ace American Insurance Co.
454-13-4633.M4		Texas Orthopedic Hospital	Fidelity & Guaranty Insurance Co.
454-13-4700.M4		Corpus Christi Medical Center	Bradford Holding Co., Inc.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1804.M4		Christus St. John Hospital	Texas Mutual Insurance Co.
454-13-3422.M4		Christus St. John Hospital	Texas Mutual Insurance Co.
454-13-3471.M4		Christus St. Elizabeth Hospital	Texas Municipal League Intergovernmental Risk Pool
454-13-3559.M4		Christus St. Elizabeth Hospital	East TX Educational Ins. Assoc.
454-13-4196.M4		Christus St. Elizabeth Hospital	Insurance Co. of the State of PA
454-13-4328.M4		Christus St. Joseph Hospital	Continental Western Insurance Co.
454-13-4634.M4		Christus St. Elizabeth Hospital	Dolgencorp of Texas, Inc.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-12-0785.M4		Spring Branch Medical Center	Texas Mutual Insurance Co.
454-13-1265.M4		Spring Branch Medical Center	Texas Mutual Insurance Co.
454-13-1805.M4		Spring Branch Medical Center	Texas Mutual Insurance Co.
454-13-3424.M4		Texas Orthopedic Hospital	Texas Mutual Insurance Co.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-0988.M4		Sierra Medical Center	Texas Mutual Insurance Co.
454-13-2530.M4		Encino Medical Center	Texas Mutual Insurance Co.
454-13-2957.M4		RHD Memorial Medical Center	Texas Mutual Insurance Co.
454-13-2965.M4		Sierra Medical Center	Texas Mutual Insurance Co.
454-13-2528.M4		Houston Northwest Medical Center	American Home Assurance Co.
454-13-2527.M4		Centennial Medical Center	Insurance Co. of the State of PA
454-13-2963.M4		Providence Memorial Hospital	Facility Insurance Corp.
454-13-2967.M4		RHD Memorial Medical Center	Zurich American Insurance Co.
454-13-5958.M4		Centennial Medical Center	Zurich American Insurance Co.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1270.M4		Twelve Oaks Medical Center	State Office of Risk Management
454-13-1271.M4		Twelve Oaks Medical Center	State Office of Risk Management
454-13-1272.M4		Twelve Oaks Medical Center	State Office of Risk Management
454-13-1874.M4		Corpus Christi Medical Center	State Office of Risk Management
454-13-2610.M4		Texas Orthopedic Hospital	State Office of Risk Management
454-13-3468.M4		Twelve Oaks Medical Center	State Office of Risk Management
454-13-3469.M4		Texas Orthopedic Hospital	State Office of Risk Management
454-13-3470.M4		Texas Orthopedic Hospital	State Office of Risk Management
454-13-3764.M4		Twelve Oaks Medical Center	State Office of Risk Management
454-13-4701.M4		Texas Orthopedic Hospital	State Office of Risk Management

ATTACHMENT A (03-25-2014) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-12-7500.M4		Corpus Christi Medical Center	Liberty Mutual Fire Ins. Co.
454-12-7510.M4		HCA Mainland Medical Center	Liberty Mutual Ins. Co.
454-12-7513.M4		Liberty Mutual Ins. Co. (Josey)	HCA Spring Branch Medical Center
454-12-7515.M4		Liberty Mutual Ins. Co. (Josey)	HCA Spring Branch Medical Center
454-13-1841.M4		Bayshore Medical Center	Texas Association of Counties RMP
454-13-1842.M4		Corpus Christi Medical Center	Liberty Mutual Fire Ins. Co.
454-13-1843.M4		Twelve Oaks Medical Center	Wausau Business Insurance Co.
454-13-1845.M4		Triumph Hospital San Angelo	Lumbermens Mutual Casualty Co.
454-13-2607.M4		Triumph Hospital El Paso	Liberty Insurance Corporation
454-13-3551.M4		Christus St. Elizabeth Hospital	Liberty Insurance Corporation
454-13-3552.M4		Texas Orthopedic Hospital	Liberty Mutual Ins. Co.
454-13-4192.M4		Christus St. Elizabeth Hospital	Liberty Mutual Ins. Co.
454-13-4193.M4		Spring Branch Medical Center	Liberty Mutual Ins. Co.
454-13-4318.M4		Twelve Oaks Medical Center	Netherlands Insurance Co.
454-13-4330.M4		Christus St. Joseph Hospital	Liberty Mutual Fire Ins. Co.
454-13-4641.M4		Texas Orthopedic Hospital	Liberty Mutual Fire Ins. Co.
454-13-4642.M4		West Houston Medical Center	Liberty Mutual Ins. Co.
454-13-4643.M4		Corpus Christi Medical Center	Liberty Mutual Fire Ins. Co.
454-13-4647.M4		Austin Surgical Hospital	Liberty Mutual Ins. Co.
454-13-4695.M4		Christus St. John Hospital	Pacific Employers Insurance Co.

ATTACHMENT A (03-25-2015) CONTINUED Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-4698.M4		Texas Orthopedic Hospital	Liberty Insurance Corporation
454-13-4706.M4		Texas Orthopedic Hospital	Liberty Insurance Corporation
454-13-4762.M4		Spring Branch Medical Center	Liberty Mutual Fire Ins. Co.
454-13-4763.M4		Corpus Christi Medical Center	Liberty Insurance Corporation

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-12-0520.M4		HCA Spring Branch Medical Center	TPCIGA for Reliance National
454-12-7453.M4		Twelve Oaks Medical Center	Continental Cas. Co.
454-12-7498.M4		Transportation Insurance Co.	HCA Conroe Regional Medical Center
454-12-7499.M4		Texas Orthopedic Hospital	TASB Risk Management Fund
454-12-7503.M4		Twelve Oaks Medical Center	Mid-Century Ins. Co.
454-12-7504.M4		Twelve Oaks Medical Center	TPCIGA for Reliance National
454-12-7508.M4		Corpus Christi Medical Center	West Texas Educational Insurance/Alice ISD
454-12-7511.M4		Mid-Century Ins. Co.	HCA Spring Branch Medical Center
454-12-7512.M4		Truck Insurance Exchange	HCA Spring Branch Medical Center
454-12-7710.M4		American Home Assurance Co.	Texas Orthopedic Hospital
454-12-7730.M4		TPCIGA for Paula Ins. Co.	Valley Regional Medical Center
454-12-7744.M4		TPCIGA for Petrosurance Casualty Co.	Rio Grande Regional Hospital
454-12-7746.M4		TPCIGA for Colonial Casualty Insurance Co.	HCA Spring Branch Medical Center
454-13-1268.M4		Spring Branch Medical Center	Am. Cas. Co. of Reading, PA
454-13-1274.M4		Texas Orthopedic Hospital	Transcontinental Insurance Co.
454-13-1384.M4		Spring Branch Medical Center	Continental Cas. Co.
454-13-1494.M4		TPCIGA for Reliance National	Twelve Oaks Medical Center

ATTACHMENT A (03-25-2015) CONTINUED Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1759.M4		TPCIGA for Home Insurance Co.	Twelve Oaks Medical Center
454-13-1764.M4		Employers Assurance Co.	Texas Orthopedic Hospital
454-13-1789.M4		Twelve Oaks Medical Center	Truck Insurance Exchange
454-13-1798.M4		Twelve Oaks Medical Center	TPCIGA for Home Indemnity Co.
454-13-1813.M4		Twelve Oaks Medical Center	Am. Cas. Co. of Reading, PA
454-13-1844.M4		Corpus Christi Medical Center	National American Insurance Co.
454-13-1846.M4		Twelve Oaks Medical Center	TPCIGA for Reliance National
454-13-1887.M4		Texas Orthopedic Hospital	TPCIGA for Paula Ins. Co.
454-13-1888.M4		Corpus Christi Medical Center	Am. Cas. Co. of Reading, PA
454-13-2526.M4		Twelve Oaks Medical Center	Am. Cas. Co. of Reading, PA
454-13-2960.M4		Twelve Oaks Medical Center	TPCIGA for Colonial Casualty Insurance Co.
454-13-2971.M4		Twelve Oaks Medical Center	Hartford Underwriters Insurance Co.
454-13-3407.M4		Twelve Oaks Medical Center	TPCIGA for Casualty Reciprocal
454-13-3435.M4		Corpus Christi Medical Center	TASB Risk Management Fund
454-13-3439.M4		Texas Orthopedic Hospital	Employers Assurance Co.
454-13-3460.M4		Spring Branch Medical Center	TASB Risk Management Fund
454-13-3462.M4		Twelve Oaks Medical Center	TASB Risk Management Fund
454-13-3554.M4		Twelve Oaks Medical Center	Aberdeen Ins. Co.
454-13-3555.M4		Rio Grande Regional Hospital	Employers Assurance Co.

ATTACHMENT A (03-25-2015) CONTINUED Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-3556.M4		Twelve Oaks Medical Center	National Fire Insurance
454-13-3558.M4		Twelve Oaks Medical Center	TPCIGA for Home Insurance Co.
454-13-3766.M4		Twelve Oaks Medical Center	Am. Cas. Co. of Reading, PA
454-13-3800.M4		Texas Orthopedic Hospital	Hartford Insurance Co. of the Midwest
454-13-3805.M4		Corpus Christi Medical Center	National American Insurance Co.
454-13-4194.M4		Texas Orthopedic Hospital	American Home Assurance Co.
454-13-4637.M4		Petroleum Casualty Co.	Texas Orthopedic Hospital
454-13-4697.M4		Texas Orthopedic Hospital	TPCIGA for Reliance National Insurance)
454-13-5585.M4		Texas Orthopedic Hospital	Petroleum Casualty Co.
454-13-1267.M4		Spring Branch Medical Center	TPCIGA for Am. Motorists Ins. Co. ABATED
454-13-1273.M4		Twelve Oaks Medical Center	TPCIGA for American Manufacturers Mutual Ins. ABATED
454-13-4316.M4		Twelve Oaks Medical Center	TPCIGA for American Manufacturers Mutual Ins. ABATED
454-13-4692.M4		Twelve Oaks Medical Center	TPCIGA for Lumbermens Mutual Casualty Co. ABATED
454-13-4708.M4		Twelve Oaks Medical Center	TPCIGA for Lumbermens Mutual Casualty Co. ABATED
454-13-4709.M4		Twelve Oaks Medical Center	TPCIGA for Lumbermens Mutual Casualty Co. ABATED

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-4181.M4		Valley Regional Medical Center	West American Insurance Co.

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-3798.M4		Renaissance Hospital	Insurance Co. of the State of PA
454-13-3803.M4		Renaissance Hospital	Assurance Co. of America
454-13-3942.M4		Renaissance Hospital	Facility Insurance Corp.
454-13-4019.M4		Renaissance Hospital	Zurich American Insurance Co.
454-13-4029.M4		Renaissance Hospital	TPS Joint Self Insurance Funds
454-13-4153.M4		Renaissance Hospital	Old Republic Insurance Co.
454-13-4156.M4		Renaissance Hospital	Zurich American Insurance Co.
454-13-5234.M4		Renaissance Hospital	American Zurich Insurance Co.
454-13-5237.M4		Renaissance Hospital	American Zurich Insurance Co.
454-13-5238.M4		Renaissance Hospital	Fire & Casualty Insurance Co.of Connecticut

ATTACHMENT A (03-25-2015) Stop-Loss

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-2529.M4		Houston Northwest Medical Center	Liberty Insurance Corporation
454-13-2596.M4		Centennial Medical Center	Liberty Mutual Fire Ins. Co.
454-13-2597.M4		Houston Northwest Medical Center	Liberty Insurance Corporation
454-13-2954.M4		Providence Memorial Hospital	Liberty Insurance Corporation
454-13-2956.M4		Providence Memorial Hospital	Liberty Mutual Ins. Co.
454-13-3950.M4		Park Plaza Hospital	Liberty Insurance Corporation
454-13-4166.M4		Trinity Medical Center	Liberty Mutual Ins. Co.
454-13-5957.M4		Trinity Medical Center	Liberty Mutual Fire Insurance Co.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1548.M4		Vista Medical Center Hospital	North Forest ISD
454-13-2183.M4		Vista Medical Center Hospital	Houston ISD
454-13-4582.M4		Vista Medical Center Hospital	Harris Health System
454-13-0083.M4		Vista Medical Center Hospital	Houston ISD

**ATTACHMENT A Vista Consolidated Stop-Loss Cases
Part 1 of 2**

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-0141.M4		Texas Mutual Insurance Co.	Vista Hospital of Dallas
454-13-0143.M4		Texas Mutual Insurance Co.	Vista Medical Center Hospital
454-13-0417.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-0419.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-0420.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-0898.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-0899.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-0989.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-1538.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-1544.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-1547.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-1550.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-1605.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2126.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2127.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2135.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2188.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-2427.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2430.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2443.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2445.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-2450.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-2538.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-2774.M4		Surgery Specialty Hospital of America	Texas Mutual Insurance Co.
454-13-2776.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-3300.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-3303.M4		Surgery Specialty Hospital of America SE Houston Campus	Texas Mutual Insurance Co.
454-13-3306.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-3307.M4		Surgery Specialty Hospital of America SE Houston Campus	Texas Mutual Insurance Co.
454-13-3309.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-3312.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-3327.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-3334.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.
454-13-3689.M4		Vista Hospital of Dallas	Texas Mutual Insurance Co.
454-13-3691.M4		Vista Medical Center Hospital	Texas Mutual Insurance Co.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-14-2085.M4		Vista Medical Center Hospital	Louisiana Pacific Corporation

**ATTACHMENT A Vista Consolidated Stop-Loss Cases
Part 2 of 3**

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-12-7964.M4		TPCIGA for Home Indemnity Co.	Vista Medical Center Hospital
454-12-7965.M4		TPCIGA for Legion Insurance Co.	Vista Medical Center Hospital
454-13-0983.M4		Vista Medical Center Hospital	TPCIGA for Freestone Ins. fka Dallas Nat. Ins. Co.
454-13-1118.M4		Vista Hospital of Dallas	Transportation Insurance Co.
454-13-1119.M4		Vista Hospital of Dallas	TPCIGA for Legion Insurance Co.
454-13-1120.M4		Vista Medical Center Hospital	Twin City Fire Insurance Co.
454-13-1122.M4		Vista Hospital of Dallas	Hartford Underwriters Insurance Co.
454-13-1124.M4		Vista Hospital of Dallas	Nat'l Fire Ins. Co. of Hartford
454-13-1254.M4		Vista Medical Center Hospital	ACIG Insurance Co.
454-13-1333.M4		Vista Hospital of Dallas	Am. Cas. Co. of Reading, PA
454-13-1364.M4		Surgery Specialty Hospital of America SE Houston Campus	Twin City Fire Insurance Co.
454-13-1367.M4		Vista Medical Center Hospital	TPCIGA for Petrosurance Cas. Co.
454-13-2138.M4		Vista Hospital of Dallas	TPCIGA for Freestone Ins. fka Dallas Nat. Ins. Co.
454-13-2420.M4		Vista Hospital of Dallas	TASB Risk Management Fund
454-13-2438.M4		Vista Hospital of Dallas	Midwest Employers Casualty Co.
454-13-2464.M4		Vista Hospital of Dallas	TPCIGA for Lumbermens Mutual Casualty Co.
454-13-2517.M4		Vista Hospital of Dallas	National American Insurance Co.
454-13-2520.M4		Vista Hospital of Dallas	Transportation Insurance Co.
454-13-2540.M4		Vista Medical Center Hospital	TPCIGA for Freestone Insurance fka Dallas Nat. Ins. Co.
454-13-2542.M4		Vista Medical Center Hospital	ACIG Insurance Co.
454-13-2772.M4		Vista Medical Center Hospital	Aberdeen Insurance Co.
454-13-3631.M4		Vista Hospital of Dallas	Fidelity & Guaranty Ins. Co.
454-13-4367.M4		Vista Hospital of Dallas	TPCIGA for Lumbermens Mutual Casualty Co.
454-13-4385.M4		Vista Medical Center Hospital	Highlands Casualty Co.
454-13-4387.M4		Vista Hospital of Dallas	TPCIGA for Am. Motorists Ins. Co.
454-13-4441.M4		Vista Medical Center Hospital	Truck Insurance Exchange
454-13-4443.M4		Vista Hospital of Dallas	TASB Risk Management Fund
454-13-4451.M4		Vista Hospital of Dallas	TASB Risk Management Fund
454-13-4454.M4		Vista Hospital of Dallas	United State Fire Ins. Co.
454-13-5037.M4		Vista Medical Center Hospital	TPCIGA for Reliance National Ins.
454-13-5041.M4		Vista Hospital of Dallas	TPCIGA for Centennial Ins. Co.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-15-2434.M5		Vista Medical Center Hospital	Ace Insurance Co. of Texas
454-15-2436.M5		Ace Insurance Co. of Texas	Vista Medical Center Hospital

**ATTACHMENT A Vista Consolidated Stop-Loss Cases
Part 2 of 3**

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-4374.M4		Vista Hospital of Dallas	Liberty Insurance Corporation
454-13-4375.M4		Vista Hospital of Dallas	Liberty Mutual Ins. Co.
454-13-4462.M4		Surgery Specialty Hospital of America	Liberty Mutual Fire Ins. Co.
454-13-5040.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-13-5126.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-13-5134.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-13-5164.M4		Vista Hospital of Dallas	LM Insurance Corporation
454-13-5180.M4		Vista Hospital of Dallas	Liberty Insurance Corporation
454-14-2285.M4		Vista Medical Center Hospital	Liberty Mutual Ins. Co.
454-15-0048.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0049.M4		Vista Medical Center Hospital	Employers Insurance Co. of Wausau
454-15-0050.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0051.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0053.M4		Vista Medical Center Hospital	Liberty Mutual Ins. Co.
454-15-0056.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0057.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0058.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0059.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0060.M4		Vista Medical Center Hospital	Wausau Underwriters Ins. Co.
454-15-0061.M4		Vista Medical Center Hospital	LM Insurance Corporation
454-15-0302.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0303.M4		Vista Medical Center Hospital	Mid-Century Ins. Co.
454-15-0304.M4		Vista Medical Center Hospital	Employers Ins. Co. of Wausau
454-15-0305.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0306.M4		Vista Medical Center Hospital	Employers Ins. Co. of Wausau
454-15-0376.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0378.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0379.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0381.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0383.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0384.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0385.M4		Vista Medical Center Hospital	Employers Ins. Co. of Wausau
454-15-0386.M4		Vista Medical Center Hospital	Employers Ins. Co. of Wausau
454-15-0387.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0388.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.

**ATTACHMENT A Vista Consolidated Stop-Loss Cases
Part 3 of 3**

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-15-0389.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0390.M4		Vista Medical Center Hospital	Liberty Mutual Ins. Co.
454-15-0391.M4		Vista Medical Center Hospital	Liberty Mutual Ins. Co.
454-15-0392.M4		Vista Medical Center Hospital	LM Insurance Co.
454-15-0393.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0559.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0560.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0562.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0563.M4		Vista Hospital of Dallas	Liberty Insurance Corporation
454-15-0564.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0565.M4		Vista Hospital of Dallas	Employers Ins. Co. of Wausau
454-15-0566.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0568.M4		Vista Medical Center Hospital	Liberty Mutual Ins. Co.
454-15-0569.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0571.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.
454-15-0572.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0598.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0602.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0708.M4		Vista Medical Center Hospital	Employers Ins. Co. of Wausau
454-15-0710.M4		Vista Hospital of Dallas	Liberty Insurance Corporation
454-15-0712.M4		Vista Hospital of Dallas	Liberty Insurance Corporation
454-15-0713.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0715.M4		Vista Medical Center Hospital	Liberty Insurance Corporation
454-15-0716.M4		Vista Medical Center Hospital	JC Penny Corporation Inc.
454-15-0717.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.
454-15-0718.M4		Vista Medical Center Hospital	LM Insurance Corporation
454-16-0691.M4		Vista Medical Center Hospital	Liberty Mutual Fire Ins. Co.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

Page 1 of 5

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-12-1961.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-2515.M4		Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-4717.M4		Vista Medical Center Hospital	American Home Assurance Co.
454-12-5113.M4		Vista Medical Center Hospital	Insurance Co. of the State of PA
454-12-5429.M4		Vista Hospital of Dallas	Sentry Insurance Co.
454-12-5431.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-5500.M4		Vista Hospital of Dallas	Insurance Co. of the State of PA
454-12-5562.M4		Vista Hospital of Dallas	Dallas ISD
454-12-5563.M4		Vista Hospital of Dallas	Amer. Guarantee & Liability Ins.
454-12-5565.M4		Vista Hospital of Dallas	Albertsons Inc.
454-12-5566.M4		Vista Hospital of Dallas	RCH Protect Cooperative
454-12-5568.M4		Vista Medical Center Hospital	American Home Assurance Co.
454-12-5569.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-12-5858.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-5859.M4		Vista Medical Center Hospital	Illinois National Ins. Co.
454-12-5860.M4		Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-5861.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-5864.M4		Vista Medical Center Hospital	Fidelity & Guaranty Ins. Co.
454-12-5957.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-12-5958.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-12-6021.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-6121.M4		Vista Medical Center Hospital	Facility Insurance Corp.
454-12-6572.M4		Vista Medical Center Hospital	TML Intergovernmental Risk Pool
454-12-7032.M4		Vista Medical Center Hospital	Facility Insurance Corp.
454-12-7146.M4		Vista Medical Center Hospital	American Zurich Insurance Co.
454-12-7149.M4		Vista Medical Center Hospital	Fidelity & Guaranty Ins. Co.
454-12-7150.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-12-7312.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-7313.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-7314.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-7316.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-12-7320.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-12-7333.M4		American Home Assurance Co.	Vista Medical Center Hospital
454-12-7495.M4		Vista Medical Center Hospital	American Insurance Co.
454-12-7838.M4		Facility Insurance Corp.	Vista Medical Center Hospital
454-13-0105.M4		American Guarantee & Liability Ins.	Vista Hospital of Dallas
454-13-0106.M4		Employers Mutual Casualty Co.	Vista Hospital of Dallas

ATTACHMENT A Vista Consolidated Stop-Loss Cases

Page 3 of 5

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-1492.M4		Vista Medical Center Hospital	Sentry Insurance Co.
454-13-1493.M4		Vista Medical Center Hospital	Bituminous Cas. Corporation
454-13-1535.M4		Vista Hospital of Dallas	Federated Mutual Insurance Co.
454-13-1540.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-13-1541.M4		Vista Hospital of Dallas	New Hampshire Insurance Co.
454-13-1545.M4		Vista Hospital of Dallas	Insurance Co. of the State of PA
454-13-2121.M4		Vista Medical Center Hospital	Continental Cas. Co.
454-13-2125.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-2129.M4		Vista Hospital of Dallas	Hartford Underwriters Ins. Co.
454-13-2130.M4		Vista Hospital of Dallas	East TX Educational Ins. Assoc.
454-13-2131.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-13-2141.M4		Vista Hospital of Dallas	American Guarantee & Liability Ins.
454-13-2176.M4		Surgery Specialty Hospital of America SE Houston Campus	Zurich American Insurance Co.
454-13-2190.M4		Vista Medical Center Hospital	Lumbermens Mutual Casualty Co.
454-13-2432.M4		Vista Hospital of Dallas	East TX Educational Ins. Assoc.
454-13-2437.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-2452.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-13-2453.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-13-2455.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-13-2462.M4		Vista Medical Center Hospital	America First Lloyds Insurance
454-13-2463.M4		Vista Hospital of Dallas	TML Intergovernmental Risk Pool
454-13-2476.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-13-2477.M4		Vista Hospital of Dallas	American Insurance Co.
454-13-2514.M4		Vista Hospital of Dallas	Royal Ins. Co. of America
454-13-2541.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-2723.M4		Vista Medical Center Hospital	American Home Assurance Co.
454-13-2866.M4		Vista Medical Center Hospital	Commerce & Industry Ins. Co.
454-13-2867.M4		Vista Medical Center Hospital	Amer. Guarantee & Liability Ins.
454-13-2868.M4		Vista Medical Center Hospital	Amer. Guarantee & Liability Ins.
454-13-2870.M4		Vista Hospital of Dallas	WC Solutions
454-13-2872.M4		Vista Medical Center Hospital	Facility Insurance Corp.
454-13-3168.M4		Vista Hospital of Dallas	Nationwide Mutual Fire Ins. Co.
454-13-3187.M4		Nationwide Mutual Fire Ins. Co.	Vista Hospital of Dallas
454-13-3317.M4		Vista Hospital of Dallas	TPCIGA for Reliance National
454-13-3325.M4		Vista Hospital of Dallas	Liberty Mutual Fire Ins. Co.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

Page 4 of 5

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-3410.M4		Surgery Specialty Hospital of America SE Houston Campus	Old Glory Insurance Co.
454-13-3687.M4		Vista Medical Center Hospital	Royal Ins. Co. of America
454-13-3688.M4		Vista Medical Center Hospital	Houston General Insurance Co.
454-13-3987.M4		Vista Hospital of Dallas	Facility Insurance Corp.
454-13-4271.M4		Vista Medical Center Hospital	Beaumont ISD
454-13-4377.M4		Vista Hospital of Dallas	Security Insurance Co. of Hartford
454-13-4383.M4		Vista Medical Center Hospital	Target Corporation
454-13-4437.M4		Vista Medical Center Hospital	American Zurich Insurance Co.
454-13-4439.M4		Vista Medical Center Hospital	Houston General Insurance Co.
454-13-4446.M4		Vista Medical Center Hospital	Houston General Insurance Co.
454-13-4450.M4		Vista Hospital of Dallas	Federated Mutual Ins. Co.
454-13-4455.M4		Vista Hospital of Dallas	Old Republic Insurance Co.
454-13-4456.M4		Vista Hospital of Dallas	Hartford Underwriters Ins. Co.
454-13-4458.M4		Surgery Specialty Hospital of America	Federated Mutual Ins. Co.
454-13-4460.M4		Surgery Specialty Hospital of America	TML Intergovernmental Risk Pool
454-13-4464.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-13-4466.M4		Surgery Specialty Hospital of America	Commerce & Industry Ins. Co.
454-13-4577.M4		Vista Medical Center Hospital	Ace Insurance Co. of Texas
454-13-4585.M4		Surgery Specialty Hospital of America	Amer. Guarantee & Liability Ins.
454-13-5036.M4		Vista Hospital of Dallas	St. Paul Fire & Marine Ins. Co.
454-13-5130.M4		Surgery Specialty Hospital of America	Indemnity Insurance Co. of North
454-13-5168.M4		Vista Hospital of Dallas	Zurich American Insurance Co.
454-13-5171.M4		Vista Medical Center Hospital	Insurance Co. of the State of PA
454-13-6110.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-14-0080.M4		VHD 0 SSIC	Sentry Insurance Co.
454-14-0081.M4		Vista Medical Center Hospital	Zurich American Insurance Co.
454-14-0468.M4		Vista Medical Center Hospital	American Zurich Insurance Co.
454-14-2363.M4		Surgery Specialty Hospital of America	Zurich American Insurance Co.
454-14-2394.M4		Vista Hospital of Dallas	WC Solutions
454-14-2858.M4		Vista Hospital of Dallas	American Home Assurance Co.
454-15-1312.M4		Vista Hospital of Dallas	Albertson Inc.

ATTACHMENT A Vista Consolidated Stop-Loss Cases

SOAH DKT NO.	MR NO.	PETITIONER	RESPONDENT
454-13-0522.M4		Vista Medical Center Hospital	Bankers Standard Insurance Co.
454-13-1543.M4		Vista Hospital of Dallas	Bankers Standard Insurance Co.

ATTACHMENT 2

Page 2 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
36	454-13-4583.M4		\$3,354.00	\$0.00
37	454-13-5055.M4		\$39,431.80	\$0.00
38	454-14-2857.M4		\$15,197.00	\$0.00
39	454-15-1335.M4		\$50,344.66	\$0.00
40	454-15-1336.M4		\$19,756.50	\$0.00
41	454-14-2085.M4		\$52,763.10	\$0.00
42	454-13-2140.M4		\$12,930.75	\$0.00
43	454-13-3685.M4		\$36,977.88	\$0.00
44	454-13-4278.M4		\$6,656.00	\$0.00
45	454-13-2415.M4		\$26,836.90	\$0.00
46	454-13-2187.M4		\$11,398.50	\$0.00
47	454-12-7449.M4		\$25,842.66	\$0.00
48	454-12-7450.M4		\$19,990.20	\$0.00
49	454-12-7451.M4		\$28,328.00	\$0.00
50	454-12-7501.M4		\$17,898.90	\$0.00
51	454-12-7505.M4		\$37,983.43	\$0.00
52	454-12-7514.M4		\$11,517.55	\$0.00
53	454-12-7709.M4		\$15,851.00	\$0.00
54	454-12-7711.M4		\$10,200.40	\$0.00
55	454-12-7713.M4		\$33,575.65	\$0.00
56	454-12-7716.M4		\$22,913.84	\$0.00
57	454-12-7717.M4		\$24,445.65	\$0.00
58	454-12-7729.M4		\$48,344.49	\$0.00
59	454-12-7731.M4		\$38,209.56	\$0.00
60	454-12-7732.M4		\$76,918.84	\$0.00
61	454-12-7733.M4		\$47,264.42	\$0.00
62	454-12-7734.M4		\$55,782.22	\$0.00
63	454-12-7736.M4		\$70,542.14	\$0.00
64	454-12-7738.M4		\$58,941.20	\$0.00
65	454-12-7740.M4		\$32,878.00	\$0.00
66	454-12-7742.M4		\$31,989.73	\$0.00
67	454-12-7743.M4		\$33,997.02	\$0.00
68	454-12-7745.M4		\$17,198.11	\$0.00
69	454-12-7747.M4		\$57,067.72	\$0.00
70	454-12-7957.M4		\$94,958.90	\$0.00

ATTACHMENT 2

Page 3 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
71	454-12-7959.M4		\$20,447.50	\$0.00
72	454-12-7960.M4		\$83,204.08	\$0.00
73	454-12-7961.M4		\$24,812.00	\$0.00
74	454-12-7962.M4		\$46,304.83	\$0.00
75	454-12-7963.M4		\$41,817.41	\$0.00
76	454-12-7964.M4		\$75,460.09	\$0.00
77	454-12-7965.M4		\$37,689.50	\$0.00
78	454-13-0983.M4		\$48,376.99	\$0.00
79	454-13-1118.M4		\$17,780.20	\$0.00
80	454-13-1120.M4		\$48,937.20	\$0.00
81	454-13-1124.M4		\$1,118.00	\$0.00
82	454-13-2138.M4		\$14,414.77	\$0.00
83	454-13-2420.M4		\$43,623.62	\$0.00
84	454-13-2438.M4		\$17,670.50	\$0.00
85	454-13-2517.M4		\$39,548.14	\$0.00
86	454-13-2520.M4		\$25,227.50	\$0.00
87	454-13-2542.M4		\$10,843.50	\$0.00
88	454-13-2772.M4		\$30,073.90	\$0.00
89	454-13-3631.M4		\$36,742.21	\$0.00
90	454-13-4385.M4		\$15,449.60	\$0.00
91	454-13-4387.M4		\$20,219.50	\$0.00
92	454-13-4451.M4		\$51,598.76	\$0.00
93	454-13-4454.M4		\$68,833.31	\$0.00
94	454-13-5037.M4		\$53,645.09	\$0.00
95	454-13-5041.M4		\$2,236.00	\$0.00
96	454-13-5043.M4		\$23,444.40	\$0.00
97	454-13-5052.M4		\$28,133.00	\$0.00
98	454-13-5054.M4		\$83,417.79	\$0.00
99	454-14-1844.M5		\$24,668.40	\$0.00
100	454-14-1846.M5		\$5,590.00	\$0.00
101	454-14-1851.M4		\$11,500.50	\$0.00
102	454-14-1852.M4		\$16,981.50	\$0.00
103	454-14-1853.M4		\$34,981.32	\$0.00
104	454-14-1854.M4		\$27,367.50	\$0.00
105	454-14-2077.M4		\$37,768.46	\$0.00

ATTACHMENT 2

Page 4 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
106	454-14-2078.M4		\$58,247.52	\$0.00
107	454-14-2079.M4		\$77,553.33	\$0.00
108	454-14-2080.M4		\$45,833.53	\$0.00
109	454-14-2144.M4		See 454-14-2079.M4	See 454-14-2079.M4
110	454-14-2283.M4		\$102,931.37	\$0.00
111	454-15-1318.M4		\$51,713.06	\$0.00
112	454-15-2438.M4		\$65,606.14	\$0.00
113	454-15-2434.M5		\$62,700.15	\$0.00
114	454-15-2436.M5		See 454-14.2434.M5	\$0.00
115	454-13-0530.M4		\$52,229.38	\$0.00
116	454-13-1361.M4		\$7,177.90	\$0.00
117	454-13-1490.M4		\$21,999.00	\$0.00
118	454-13-1536.M4		\$12,230.60	\$0.00
119	454-13-1537.M4		\$21,468.40	\$0.00
120	454-13-2172.M4		\$81,022.70	\$0.00
121	454-13-2173.M4		\$11,883.00	\$0.00
122	454-13-2177.M4		\$13,302.40	\$0.00
123	454-13-3311.M4		\$16,938.00	\$0.00
124	454-13-3324.M4		\$66,495.65	\$0.00
125	454-13-5039.M4		\$47,229.58	\$0.00
126	454-13-5177.M4		\$12,915.20	\$0.00
127	454-15-1313.M4		\$44,896.80	\$0.00
128	454-15-1334.M4		\$43,952.35	\$0.00
129	454-15-2439.M4		\$20,705.07	\$0.00
130	454-13-0418.M4		\$81,785.13	\$0.00
131	454-13-0523.M4		\$9,763.10	\$0.00
132	454-13-0603.M4		\$41,165.35	\$0.00
133	454-13-0895.M4		\$23,459.50	\$0.00
134	454-13-1461.M4		\$84,303.30	\$0.00
135	454-13-2132.M4		\$10,198.50	\$0.00
136	454-13-2139.M4		\$12,191.00	\$0.00
137	454-13-2179.M4		\$66,765.25	\$0.00
138	454-13-2182.M4		\$16,522.10	\$0.00
139	454-13-2189.M4		\$32,244.00	\$0.00
140	454-13-2192.M4		\$49,448.05	\$0.00

ATTACHMENT 2

Page 5 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
141	454-13-2416.M4		\$14,239.60	\$0.00
142	454-13-2417.M4		\$37,461.53	\$0.00
143	454-13-2441.M4		\$4,363.00	\$0.00
144	454-13-2468.M4		\$60,689.55	\$0.00
145	454-13-2473.M4		\$74,267.55	\$0.00
146	454-13-2475.M4		\$16,983.00	\$0.00
147	454-13-2577.M4		\$1,417.00	\$0.00
148	454-13-2871.M4		\$67,295.48	\$0.00
149	454-13-3320.M4		\$2,236.00	\$0.00
150	454-13-3328.M4		\$18,382.20	\$0.00
151	454-13-3331.M4		\$25,445.65	\$0.00
152	454-13-3680.M4		\$4,784.00	\$0.00
153	454-13-3690.M4		\$144,928.41	\$0.00
154	454-13-4263.M4		\$18,967.40	\$0.00
155	454-13-4275.M4		\$19,753.50	\$0.00
156	454-13-4368.M4		\$37,390.17	\$0.00
157	454-13-4374.M4		\$15,816.60	\$0.00
158	454-13-4375.M4		\$4,583.00	\$0.00
159	454-13-4462.M4		\$14,645.50	\$0.00
160	454-13-5134.M4		\$242,088.49	\$0.00
161	454-13-5164.M4		\$21,262.00	\$0.00
162	454-13-5180.M4		\$10,045.32	\$0.00
163	454-14-2285.M4		\$93,171.31	\$0.00
164	454-15-0048.M4		\$11,564.00	\$0.00
165	454-15-0049.M4		\$70,466.50	\$0.00
166	454-15-0050.M4		\$47,787.03	\$0.00
167	454-15-0051.M4		\$55,842.08	\$0.00
168	454-15-0053.M4		\$69,112.49	\$0.00
169	454-15-0056.M4		\$58,546.75	\$0.00
170	454-15-0057.M4		\$35,448.21	\$0.00
171	454-15-0059.M4		\$76,398.80	\$0.00
172	454-15-0060.M4		\$82,754.17	\$0.00
173	454-15-0061.M4		\$66,114.53	\$0.00
174	454-15-0302.M4		\$63,111.51	\$0.00
175	454-15-0303.M4		\$76,212.71	\$0.00
176	454-15-0304.M4		\$51,536.24	\$0.00
177	454-15-0305.M4		\$63,434.22	\$0.00

ATTACHMENT 2

Page 6 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
178	454-15-0306.M4		\$60,119.03	\$0.00
179	454-15-0376.M4		\$67,974.90	\$0.00
180	454-15-0378.M4		\$56,420.00	\$0.00
181	454-15-0379.M4		\$67,545.64	\$0.00
182	454-15-0381.M4		\$48,803.14	\$0.00
183	454-15-0383.M4		\$82,787.20	\$0.00
184	454-15-0384.M4		\$82,317.82	\$0.00
185	454-15-0385.M4		\$60,830.59	\$0.00
186	454-15-0386.M4		\$45,903.69	\$0.00
187	454-15-0388.M4		\$68,506.45	\$0.00
188	454-15-0389.M4		\$38,239.54	\$0.00
189	454-15-0390.M4		\$65,186.06	\$0.00
190	454-15-0391.M4		\$63,786.13	\$0.00
191	454-15-0392.M4		\$97,876.74	\$0.00
192	454-15-0393.M4		\$64,597.54	\$0.00
193	454-15-0559.M4		\$22,835.70	\$0.00
194	454-15-0560.M4		\$60,676.06	\$0.00
195	454-15-0562.M4		\$76,350.99	\$0.00
196	454-15-0563.M4		\$45,970.30	\$0.00
197	454-15-0564.M4		\$26,069.48	\$0.00
198	454-15-0566.M4		\$80,426.08	\$0.00
199	454-15-0569.M4		\$75,077.40	\$0.00
200	454-15-0571.M4		\$38,782.56	\$0.00
201	454-15-0572.M4		\$67,003.09	\$0.00
202	454-15-0598.M4		\$52,336.95	\$0.00
203	454-15-0602.M4		\$111,690.85	\$0.00
204	454-15-0708.M4		\$70,909.07	\$0.00
205	454-15-0710.M4		\$16,288.50	\$0.00
206	454-15-0712.M4		\$57,288.98	\$0.00
207	454-15-0713.M4		\$19,643.29	\$0.00
208	454-15-0715.M4		\$85,436.63	\$0.00
209	454-15-0716.M4		\$57,615.46	\$0.00
210	454-15-0718.M4		\$45,121.52	\$0.00
211	454-12-2515.M4		\$11,588.00	\$0.00
212	454-12-4717.M4		\$34,181.37	\$0.00
213	454-12-5113.M4		\$52,702.34	\$0.00
214	454-12-5429.M4		\$72,293.07	\$0.00

ATTACHMENT 2

Page 7 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
215	454-12-5431.M4		\$4,410.00	\$0.00
216	454-12-5563.M4		\$26,676.60	\$0.00
217	454-12-5566.M4		\$45,668.83	\$0.00
218	454-12-5568.M4		\$32,490.25	\$0.00
219	454-12-5858.M4		\$15,447.50	\$0.00
220	454-12-5859.M4		\$14,100.00	\$0.00
221	454-12-5860.M4		\$63,647.62	\$0.00
222	454-12-5861.M4		\$42,750.50	\$0.00
223	454-12-5957.M4		\$3,840.50	\$0.00
224	454-12-6021.M4		\$18,098.60	\$0.00
225	454-12-6121.M4		\$14,012.52	\$0.00
226	454-12-6572.M4		\$9,565.55	\$0.00
227	454-12-7146.M4		\$48,246.68	\$0.00
228	454-12-7149.M4		\$27,047.58	\$0.00
229	454-12-7150.M4		\$2,678.00	\$0.00
230	454-12-7313.M4		\$7,846.00	\$0.00
231	454-12-7316.M4		\$11,206.50	\$0.00
232	454-12-7320.M4		\$9,205.45	\$0.00
233	454-12-7495.M4		\$35,859.80	\$0.00
234	454-13-0108.M4		\$10,209.50	\$0.00
235	454-13-0517.M4		\$22,982.00	\$0.00
236	454-13-0518.M4		\$47,769.82	\$0.00
237	454-13-0520.M4		\$30,551.50	\$0.00
238	454-13-0521.M4		\$18,446.00	\$0.00
239	454-13-0524.M4		\$2,236.00	\$0.00
240	454-13-0526.M4		\$19,554.50	\$0.00
241	454-13-0527.M4		\$9,648.00	\$0.00
242	454-13-0529.M4		See 454-13-0108.M4	\$0.00
243	454-13-0531.M4		\$26,654.60	\$0.00
244	454-13-0532.M4		\$20,943.60	\$0.00
245	454-13-0896.M4		\$9,428.90	\$0.00
246	454-13-1278.M4		\$9,401.00	\$0.00
247	454-13-1408.M4		\$7,674.00	\$0.00
248	454-13-1409.M4		\$26,131.00	\$0.00
249	454-13-1410.M4		\$14,531.50	\$0.00
250	454-13-1411.M4		\$6,486.00	\$0.00
251	454-13-1412.M4		\$56,387.52	\$0.00

ATTACHMENT 2

Page 8 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
252	454-13-1463.M4		\$13,255.80	\$0.00
253	454-13-1464.M4		\$25,289.50	\$0.00
254	454-13-1465.M4		\$42,779.70	\$0.00
255	454-13-1466.M4		\$22,798.38	\$0.00
256	454-13-1467.M4		\$36,766.50	\$0.00
257	454-13-1468.M4		\$48,697.52	\$0.00
258	454-13-1469.M4		\$9,131.50	\$0.00
259	454-13-1470.M4		\$60,381.62	\$0.00
260	454-13-1471.M4		\$2,236.00	\$0.00
261	454-13-1472.M4		\$42,549.77	\$0.00
262	454-13-1486.M4		\$41,488.40	\$0.00
263	454-13-1492.M4		\$64,160.87	\$0.00
264	454-13-1493.M4		\$65,949.39	\$0.00
265	454-13-1540.M4		\$44,795.34	\$0.00
266	454-13-1541.M4		\$8,106.70	\$0.00
267	454-13-2121.M4		\$47,925.55	\$0.00
268	454-13-2129.M4		\$26,822.00	\$0.00
269	454-13-2130.M4		\$15,848.50	\$0.00
270	454-13-2131.M4		\$24,032.30	\$0.00
271	454-13-2176.M4		\$45,214.59	\$0.00
272	454-13-2190.M4		\$32,735.40	\$0.00
273	454-13-2432.M4		\$68,445.40	\$0.00
274	454-13-2437.M4		\$62,642.74	\$0.00
275	454-13-2452.M4		\$31,255.50	\$0.00
276	454-13-2453.M4		\$18,567.00	\$0.00
277	454-13-2455.M4		\$16,868.60	\$0.00
278	454-13-2462.M4		\$21,434.50	\$0.00
279	454-13-2463.M4		\$4,865.00	\$0.00
280	454-13-2476.M4		\$3,840.50	\$0.00
281	454-13-2477.M4		\$80,740.58	\$0.00
282	454-13-2514.M4		\$40,813.00	\$0.00
283	454-13-2866.M4		\$22,914.00	\$0.00
284	454-13-2867.M4		\$26,997.00	\$0.00
285	454-13-2868.M4		\$17,571.50	\$0.00
286	454-13-3317.M4		\$16,962.80	\$0.00
287	454-13-3325.M4		\$20,291.40	\$0.00
288	454-13-3410.M4		\$22,434.03	\$0.00

ATTACHMENT 2

Page 9 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
289	454-13-3687.M4		\$16,204.70	\$0.00
290	454-13-3688.M4		\$55,749.95	\$0.00
291	454-13-4271.M4		\$93,473.16	\$0.00
292	454-13-4383.M4		\$39,128.79	\$0.00
293	454-13-4437.M4		\$18,688.20	\$0.00
294	454-13-4439.M4		\$17,899.16	\$0.00
295	454-13-4450.M4		\$28,749.25	\$0.00
296	454-13-4455.M4		\$48,977.21	\$0.00
297	454-13-4456.M4		\$25,842.00	\$0.00
298	454-13-4458.M4		\$87,802.47	\$0.00
299	454-13-4460.M4		\$106,688.01	\$0.00
300	454-13-4466.M4		\$27,825.50	\$0.00
301	454-13-4577.M4		\$37,247.94	\$0.00
302	454-13-5036.M4		\$15,740.06	\$0.00
303	454-13-5130.M4		\$6,420.00	\$0.00
304	454-13-5168.M4		\$52,032.96	\$0.00
305	454-13-6110.M4		\$158,119.33	\$0.00
306	454-14-0080.M4		\$77,669.77	\$0.00
307	454-14-0081.M4		\$39,488.45	\$0.00
308	454-14-0468.M4		\$4,032.73	\$0.00
309	454-14-2363.M4		\$6,178.00	\$0.00
310	454-14-2394.M4		\$20,653.00	\$0.00
311	454-14-2858.M4		\$99,690.54	\$0.00
312	454-15-1312.M4		\$63,713.75	\$0.00
313	454-15-1316.M4		\$7,790.10	\$0.00
314	454-15-1317.M4		\$15,817.00	\$0.00
315	454-15-1319.M4		\$72,187.27	\$0.00
316	454-15-1320.M4		\$19,146.00	\$0.00
317	454-15-1330.M4		\$8,720.50	\$0.00
318	454-15-1331.M4		\$21,669.00	\$0.00
319	454-13-3314.M4		\$73,051.49	\$0.00
320	454-13-1543.M4		\$24,843.40	\$0.00
321	454-13-1487.M4		\$10,416.20	\$0.00
322	454-13-2184.M4		\$10,803.50	\$0.00
323	454-13-2423.M4		\$8,161.00	\$0.00
324	454-13-2424.M4		\$18,459.68	\$0.00
325	454-13-3679.M4		\$15,100.50	\$0.00

ATTACHMENT 2

Page 10 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
326	454-13-4274.M4		\$18,720.55	\$0.00
327	454-13-4376.M4		\$43,321.03	\$0.00
328	454-13-4445.M4		\$25,093.00	\$0.00
329	454-13-4447.M4		\$24,648.20	\$0.00
330	454-13-4448.M4		\$28,285.00	\$0.00
331	454-13-4449.M4		\$16,212.30	\$0.00
332	454-13-5056.M4		\$89,142.76	\$0.00
333	454-14-2860.M4		\$33,777.20	\$0.00
334	454-15-1314.M4		\$70,802.57	\$0.00
335	454-13-0988.M4		\$9,269.49	\$0.00
336	454-13-2530.M4		\$3,365.95	\$0.00
337	454-13-2965.M4		\$19,510.40	\$0.00
338	454-13-2528.M4		\$28,248.61	\$0.00
339	454-13-1106.M4		\$16,770.00	\$0.00
340	454-13-2600.M4		\$12,645.96	\$0.00
341	454-13-2969.M4		\$21,173.47	\$0.00
342	454-13-2596.M4		\$10,705.10	\$0.00
343	454-13-2597.M4		\$4,870.89	\$0.00
344	454-13-2954.M4		\$91,706.70	\$0.00
345	454-13-2956.M4		\$12,112.89	\$0.00
346	454-13-4166.M4		\$46,647.30	\$0.00
347	454-13-2963.M4		\$15,393.30	\$0.00
348	454-13-5958.M4		\$8,622.60	\$0.00
349	454-13-3798.M4		\$67,850.10	\$0.00
350	454-13-3942.M4		\$23,275.00	\$0.00
351	454-13-4019.M4		\$8,842.88	\$0.00
352	454-13-4156.M4		\$4,243.70	\$0.00
353	454-13-5234.M4		\$28,170.00	\$0.00
354	454-13-5237.M4		\$10,271.50	\$0.00
355	454-13-5238.M4		\$30,977.72	\$0.00
356	454-12-0785.M4		\$22,275.38	\$0.00
357	454-13-1265.M4		\$22,524.72	\$0.00
358	454-13-1389.M4		\$26,489.12	\$0.00
359	454-13-1804.M4		\$19,936.14	\$0.00
360	454-13-1805.M4		\$10,308.53	\$0.00
361	454-13-1818.M4		\$10,170.09	\$0.00
362	454-13-1858.M4		\$11,616.78	\$0.00

ATTACHMENT 2

Page 11 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
363	454-13-1875.M4		\$6,382.89	\$0.00
364	454-13-2595.M4		\$9,062.15	\$0.00
365	454-13-3422.M4		\$27,561.67	\$0.00
366	454-13-3424.M4		\$15,927.40	\$0.00
367	454-13-3425.M4		\$15,157.04	\$0.00
368	454-13-3436.M4		\$18,945.30	\$0.00
369	454-13-3464.M4		\$20,828.71	\$0.00
370	454-13-3466.M4		\$8,708.76	\$0.00
371	454-13-3467.M4		\$15,733.76	\$0.00
382	454-13-3472.M4		\$14,091.86	\$0.00
383	454-13-2523.M4		\$7,387.76	\$0.00
384	454-13-4191.M4		\$18,009.91	\$0.00
385	454-13-1874.M4		\$26,825.00	\$0.00
386	454-13-2610.M4		\$17,502.06	\$0.00
387	454-13-3469.M4		\$32,770.79	\$0.00
388	454-13-3470.M4		\$9,878.14	\$0.00
389	454-13-4701.M4		\$7,813.26	\$0.00
390	454-12-0520.M4		\$112,561.36	\$0.00
391	454-12-7498.M4		\$30,559.96	\$0.00
392	454-12-7499.M4		\$7,836.57	\$0.00
393	454-12-7508.M4		\$17,149.74	\$0.00
394	454-12-7511.M4		\$5,106.67	\$0.00
395	454-12-7512.M4		\$15,584.59	\$0.00
396	454-12-7730.M4		\$44,456.53	\$0.00
397	454-12-7744.M4		\$9,166.84	\$0.00
398	454-12-7746.M4		\$30,911.39	\$0.00
399	454-13-1268.M4		\$8,287.19	\$0.00
400	454-13-1274.M4		\$11,582.77	\$0.00
401	454-13-1384.M4		\$7,818.00	\$0.00
402	454-13-1764.M4		\$10,396.20	\$0.00
403	454-13-1844.M4		\$5,590.00	\$0.00
404	454-13-1887.M4		\$5,631.76	\$0.00
405	454-13-1888.M4		\$6,708.00	\$0.00
406	454-13-3435.M4		\$30,773.13	\$0.00
407	454-13-3439.M4		\$10,396.20	\$0.00
408	454-13-3460.M4		\$13,880.00	\$0.00
409	454-13-3555.M4		\$24,761.50	\$0.00

ATTACHMENT 2

Page 12 of 13

NO ADDITIONAL REIMBURSEMENT OWED TO PROVIDER

NO.	SOAH Dkt. No.	MR No.	Carrier Payment	Additional Reimbursement Owed to Provider
410	454-13-3800.M4		\$16,034.41	\$0.00
411	454-13-3805.M4		\$44,684.04	\$0.00
412	454-13-4194.M4		\$11,647.32	\$0.00
413	454-13-4637.M4		\$22,446.53	\$0.00
414	454-13-4697.M4		\$10,737.89	\$0.00
415	454-13-5585.M4		See 454-13-4637.M4	See 454-13-4637.M4
416	454-13-4181.M4		\$39,299.96	\$0.00
417	454-12-7500.M4		\$29,057.06	\$0.00
418	454-12-7510.M4		\$6,700.05	\$0.00
419	454-12-7513.M4		\$50,983.63	\$0.00
420	454-12-7515.M4		\$36,542.42	\$0.00
421	454-13-1842.M4		\$69,400.44	\$0.00
422	454-13-1843.M4		\$64,131.32	\$0.00
423	454-13-3551.M4		\$12,071.22	\$0.00
424	454-13-3552.M4		\$9,333.75	\$0.00
425	454-13-4193.M4		\$43,091.92	\$0.00
426	454-13-4318.M4		\$57,363.70	\$0.00
427	454-13-4330.M4		\$12,963.25	\$0.00
428	454-13-4641.M4		\$23,630.32	\$0.00
429	454-13-4643.M4		\$50,406.55	\$0.00
430	454-13-4647.M4		\$8,784.78	\$0.00
431	454-13-4695.M4		\$27,049.31	\$0.00
432	454-13-4698.M4		\$11,446.21	\$0.00
433	454-13-4706.M4		\$28,078.05	\$0.00
434	454-13-4762.M4		\$47,297.26	\$0.00
435	454-13-4763.M4		\$20,528.66	\$0.00
436	454-13-1850.M4		\$13,773.19	\$0.00
437	454-13-1851.M4		\$12,766.25	\$0.00
438	454-13-1852.M4		\$9,523.55	\$0.00
439	454-13-1854.M4		\$30,251.60	\$0.00
440	454-13-1855.M4		\$15,636.20	\$0.00
441	454-13-1856.M4		\$13,227.20	\$0.00
442	454-13-1878.M4		\$36,655.63	\$0.00
443	454-13-1879.M4		\$38,146.39	\$0.00
444	454-13-2591.M4		\$11,693.06	\$0.00
445	454-13-2606.M4		\$18,563.66	\$0.00
446	454-13-3440.M4		\$7,461.00	\$0.00

ATTACHMENT 4
Page 1 of 1

CASES THAT ARE EXCLUDED FROM PER DIEM/STOP-LOSS EXCEPTION

NO.	SOAH Dkt. No.	MR No.	Provider	Carrier	Type of Reimbursement
1	454-12-0230.M4		Corpus Christi Medical Center	Texas Mutual Insurance Co.	Trauma-Fair & Reasonable
2	454-12-0231.M4		Bayshore Medical Center Center	Texas Mutual Insurance Co.	Trauma-Fair & Reasonable
3	454-12-5958.M4		Vista Medical Center Hospital	Commerce & Industry Insurance Co.	Trauma-Fair & Reasonable
4	454-13-1849.M4		Christus St. Elizabeth Hospital	Zurich American Insurance Co.	Trauma-Fair & Reasonable
5	454-13-2533.M4		Bayshore Medical Center Center	Texas Municipal League Intergovernmental Risk Pool	Trauma-Fair & Reasonable
6	454-13-3950.M4		Park Plaza Hospital	Liberty Insurance Corporation	Rehab- Fair & Reasonable
7	454-13-4314.M4		Texas Orthopedic Hospital	American Home Assurance Co.	Trauma-Fair & Reasonable
8	454-13-2607.M4		Triumph Hospital El Paso	Liberty Insurance Corporation	Rehab- Fair & Reasonable
9	454-13-4192.M4		Christus St. Elizabeth Hospital	Liberty Mutual Ins. Co.	Trauma-Fair & Reasonable
10	454-14-1564.M4		Christus St. Elizabeth Hospital	Zurich American Insurance Co.	Trauma-Fair & Reasonable