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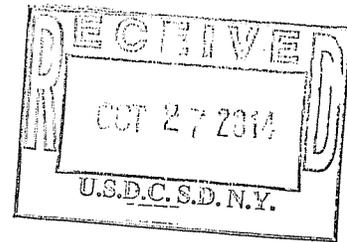
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

- X

UNITED STATES OF AMERICA *ex rel.*
VINCENT FORCIER

          Plaintiff,

    v.

COMPUTER SCIENCES CORPORATION and
THE CITY OF NEW YORK ,

          Defendants.

- X

12 Civ. 1750 (DAB)

COMPLAINT-IN-INTERVENTION
OF THE UNITED STATES

JURY TRIAL DEMANDED

The United States, by its attorney, Preet Bharara, the United States Attorney for the

Southern District of New York, alleges for its complaint as follows:

PRELIMINARY STATEMENT

1.   This is a civil fraud enforcement action brought by the United States (the

"Government") against defendants Computer Sciences Corporation ("CSC") and the City of New

York (the "City" or "NYC" and, together with CSC, the "Defendants") under the False Claims

Act, 31 U.S.C. §§ 3729-3733 (the "FCA"), and the common law.

2.   As set forth below, from in or about 2008 to in or about 2012, the City and CSC

(as the City's Medicaid billing agent) exploited the automatic defaulting capabilities of a

computerized billing system CSC developed for the City to orchestrate billing frauds against

Medicaid. The basic purpose of these fraud schemes was to enable the City to increase the

amount and speed of Medicaid reimbursements for early intervention program ("EIP") services. In two such schemes, the City and CSC used computer programs to circumvent Medicaid's "secondary payor" requirement, which required the City and CSC to exhaust private insurance coverage before submitting claims to Medicaid. In a third scheme, the City and CSC used a computer program to switch the ICD-9 diagnosis codes in Medicaid claims from what had been supplied by the providers rendering EIP services to a default ICD-9 code that they knew Medicaid would pay. As a result of these fraud schemes, CSC and the City submitted tens of thousands of false claims to Medicaid and unlawfully obtained millions of dollars in Medicaid reimbursements. This action seeks treble damages sustained by, and civil penalties and restitution owed to, the Government as a result of these billing frauds.

3. Briefly, EIP services were available to children under three who (*i*) had been found to have developmental delays or (*ii*) had been diagnosed with medical conditions, such as autism and low birth weight, with a high probability of causing developmental delays. At all relevant times, EIP services for children in New York City were rendered by service providers under contracts with the City for providing such services. The City, in turn, was responsible for processing claims submitted by EIP service providers, paying the service provider when they submitted appropriate claims, and then seeking reimbursements from the appropriate funding sources, *i.e.*, first, private insurers; second, Medicaid; and, finally, the State's EIP funds. Further, as a precondition for billing Medicaid for EIP services, the City and CSC both certified to Medicaid that they complied with applicable Medicaid policies and regulations and the data and information transmitted to Medicaid were accurate and complete. *See infra* ¶¶ 16-47.

4. As explained below, the City had a strong economic incentive to bill Medicaid for EIP services as much as possible and as soon as possible — compared to private insurers, Medicaid typically issued payments more promptly, paid in full, and did not demand additional

information; and, compared to the State's EIP funds, which only covered 49% of the cost of EIP services, Medicaid covered a larger share (typically the full amount) of the cost of EIP services. Indeed, the City not only set an annual target for the amount of Medicaid payments it expected to obtain for EIP services in each fiscal year, but also tied the amount of fees it paid CSC to the amount of Medicaid payments CSC obtained for the City. *See infra* ¶¶ 53-60. Here, each fraud scheme was designed to serve the City's and CSC's economic interests.

5. *In one fraud scheme*, CSC and the City submitted EIP claims to Medicaid without exhausting private insurance coverage. In tens of thousands of cases, CSC and the City had information indicating the child receiving EIP service had private insurance, but did not have a complete policy ID number. Instead of working to obtain correct policy ID numbers, CSC suggested, and the City agreed, to create a computer program to automatically insert 999-999-999 as the purported policy number in the private insurance claims for all these children. As CSC and the City expected, this practice resulted in the wholesale denial of those claims by private insurers. CSC and the City then went ahead and submitted claims for those services to Medicaid in violation of Medicaid's secondary payor requirement. *See infra* ¶¶ 68-76.

6. *In another fraud scheme*, CSC and the City sent tens of thousands EIP claims to private insurers and, then, without waiting for private insurers to adjudicate those claims, submitted them to Medicaid for payment. At the City's behest, CSC created computer programs to automatically "force claims out the door to Medicaid" if the private insurance claims for those services had not been adjudicated after a period of time (initially 90 days and later 120 days). In many cases, as CSC and the City knew, private insurance adjudication was delayed because the City chose not to devote resources to answer the insurers' questions. CSC nonetheless forced those claims through to Medicaid by improperly applying a modifier (referred to as "0Fill"), even though, as CSC and the City knew, Medicaid permitted the use of the 0Fill modifier only in two

scenarios – *one*, if the private insurer had a policy of not covering the service at issue, or, *two*, if the private insurer had adjudicated a claim but issued no payment – and neither was applicable. This scheme, thus, also violated Medicaid's "secondary payor" requirement. *See infra* ¶¶ 79-86.

7.   *In a third fraud scheme*, CSC and the City submitted EIP claims to Medicaid with diagnosis information that (*i*) had not been supplied by the service-providers and (*ii*), in many cases, did not accurately reflect the conditions for which services had been rendered. Although the City and CSC knew that state law only authorized them to submit EIP claims to Medicaid "to the extent that" they received adequate diagnosis data from the service providers, they nonetheless created computer programs to identify provider-supplied ICD-9 codes that were likely to be rejected by Medicaid and to replace them with a generic code, 315.9, that they knew would be accepted by Medicaid. This scheme not only was in contravention of state law, but also caused Medicaid to receive claims with false descriptions of the conditions for which EIP services had been rendered. *See infra* ¶¶ 87-116.

8.   As a result of these schemes, CSC and the City submitted tens of thousands of false claims to Medicaid that violated state laws and policies regarding Medicaid billing and, in many cases, contained inaccurate and false data. Indeed, when asked whether he had schemed with CSC to submit claims with false information to get Medicaid payments, the City's former EIP finance director repeatedly invoked his Fifth Amendment privilege. The Medicaid claims submitted under those schemes also were false because they contravened express certifications that the City and CSC each made to Medicaid on an annual basis, including certifications as to the accuracy of the data and information sent to Medicaid and as to their compliance with applicable state laws and policies. Finally, these fraud schemes were far from isolated events; instead, they were part and parcel of a general practice at CSC and the City to blatantly disregard their obligations to comply with Medicaid billing requirements. *See infra* ¶¶ 117-131.

JURISDICTION AND VENUE

9. This Court has subject matter jurisdiction over the Government's claims under the FCA pursuant to 28 U.S.C §§ 1331 and 1345, and over the Government's common law claims pursuant to 28 U.S.C § 1345.

10. This Court may exercise personal jurisdiction over the City and CSC, and venue is proper in this District pursuant to 31 U.S.C. § 3732(a), as well as 28 U.S.C. §§ 1391(b) and 1391(c), because, in furtherance of their billing fraud schemes, the City and CSC submitted, caused to be submitted, and/or conspired to submit false claims to Medicaid in this District and, as to the City, because it resides in this District.

THE PARTIES

11. Plaintiff is the United States. Through its agency the United States Department of Health and Human Services ("HHS"), the Government provides funding for the Medicaid program, including Medicaid in New York State.

12. Defendant New York City is a municipal corporation. During all relevant times, the City, through its Department of Health and Mental Hygiene ("DOHMH"), assumed responsibility for paying service providers for EIP services rendered to children in New York City and then seeking reimbursement from funding sources, including Medicaid.

13. Defendant CSC is an information technology firm that is incorporated in Nevada and has its headquarters in Falls Church, Virginia. As relevant here, CSC, through its Early Intervention Product group based in Overland Park, Kansas, served as the City's fiscal agent for the EIP program. As the City's fiscal agent, CSC's responsibilities included processing and paying claims submitted by EIP service providers and then submitting claims to funding sources, including Medicaid, to seek reimbursement.

THE FALSE CLAIMS ACT

14. The FCA reflects Congress's objective to "enhance the Government's ability to recover losses as a result of fraud against the Government." S. Rep. No. 99-345, at 1 (1986); *reprinted in* 1986 U.S.C.C.A.N. 5266. As relevant here, the FCA establishes treble damages liability to the Government for any entity or individual that:

(i) "knowingly presents, or causes to be presented, to an officer or employee of the United States Government ... a false or fraudulent claim for payment or approval," 31 U.S.C. § 3729(a)(1) (2000) and, as amended, 31 U.S.C. § 3729(a)(1)(A);

(ii) "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim", *id.* § 3729(a)(1)(B); or

(iii) "conspires to defraud the Government by getting a false or fraudulent claim allowed or paid," *id.* § 3729(a)(3)(1986), and, as amended, 31 U.S.C. § 3729(a)(1)(C).[1]

In addition to treble damages, the FCA also provides for the assessment of a civil penalty for each violation or each false claim.[2]

15. "Knowing," within the meaning of the FCA, is defined to include reckless disregard and deliberate indifference. *Id.* Thus, parties doing business with the Government cannot seek to evade liability by avoiding knowledge of fraud; instead, the FCA requires them to make an inquiry "to [e]nsure that the claims they submit are accurate." S. Rep. No. 99-345, at 7.

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[1] On May 20, 2009, the False Claims Act was amended pursuant to Public Law 111-21, the Fraud Enforcement and Recovery Act of 2009 ("FERA"). Section 3729(a)(1)(B) was formerly Section 3729(a)(2), and is applicable to defendants' conduct for the entire time period alleged in the complaint by virtue of Section 4(f) of FERA, while the pre-FERA versions of §§ 3279(a)(1) and 3279(a)(3) (as amended in 1986), remain applicable here for conduct prior to May 20, 2009.

[2] Pursuant to the Federal Civil Penalties Inflation Adjustment Act of 1990, as amended by the Debt Collection Improvement Act of 1996, 28 U.S.C. § 2461 (notes) and 64 Fed. Reg. 47099, 47103 (1999), the FCA civil penalties are $5,500 to $11,000 for violations, such as those alleged here, occurring on or after September 29, 1999.

THE EARLY INTERVENTION PROGRAM AND MEDICAID'S COVERAGE OF EIP SERVICES

I.   EIP Services in New York State

16.   The EIP program in New York State (and other states) originated from the promulgation of the Individuals with Disabilities in Education Act, 20 U.S.C. § 1401 *et seq.* (the "IDEA"), in 1986.

17.   Specifically, in enacting Part C of the IDEA, Congress identified the need "to enhance the development of infants and toddlers with disabilities [] and to minimize their potential for developmental delay." 20 U.S.C. § 1431(a)(1). To address that need, Congress established a framework for the Government "to provide financial assistance to States" to "develop and implement" integrated systems for providing "early intervention services for infants and toddlers with disabilities and their families." *Id.* § 1431(b)(1).

18.   In New York, SDOH is the lead agency for promulgating rules and regulations for the administration of the EIP program. N.Y. Pub. Health L. §§ 2542, 2559-b.

A.   Medical Conditions for Which EIP Services May Be Provided

19.   For purposes of EIP, the IDEA defines an "infant or toddler with a disability" as a child "under 3 years of age" who *either* "(i) is experiencing developmental delays" in "cognitive development, physical development, communication development, social or emotional development, and adaptive development;" *or* "(ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay." 20 U.S.C. § 1432(5). In New York, state regulations similarly use those two criteria for determining whether a child has "a disability" that qualifies him or her for EIP services. 18 N.Y.C.R.R. § 69-4.23(a)(1), (2).

20.   In December 1999, SDOH, the state agency responsible for administering the EIP program in New York State, issued public guidance, EIP Memorandum 1999-2, to offer clarification on determining children's eligibility based on a diagnosed condition that likely will

lead to development delay. As SDOH explained in that memorandum, when a child had certain "diagnosed conditions," that child could be eligible for EIP services even "if he/she is currently developmentally age-appropriate," *i.e.*, not having a developmental delay.

21. In EIP Memorandum 1999-2, SDOH identified more than 50 specific diagnoses that represented "conditions with a high probability of developmental delay" and, thus, were appropriate for qualifying children for EIP services even in the absence of developmental delay. Those conditions included common diagnoses such as attention deficit disorder (with or without hyperactivity), cleft palate, autism, pervasive developmental disorder, and low birth weight.

B.   Provision of Services under New York State's EIP Program

22. In New York, a child potentially eligible for EIP services was required to undergo a multi-disciplinary evaluation to determine the child's eligibility and the appropriate services that child should receive.

23. A child determined to be EIP-eligible was then given an Individualized Family Service Plan ("IFSP") that described the EIP services to be delivered, including the types and durations of services, the frequency of such services, and the location for those services. *See* 18 N.Y.C.R.R. § 69-4.11(a)(10). In New York, EIP program covered services such as audiology, nursing, physical therapy, psychological services, and speech therapy. *See id.* § 69-4.1(a)(2).

24. In New York, state law specified that EIP services must be provided by "qualified personnel." N.Y. Pub. Health L. § 2541(7)(e) (2003). Further, SDOH regulations required an EIP service provider to, among other things, receive approval from SDOH. *See* 18 N.Y.C.R.R. § 69-4.5.

II.   The City's Obligations with Regard to Seeking Private Insurance and Medicaid Coverage for EIP Services

25. By statute, New York State established a legal framework for funding EIP

services. *See* N.Y. Pub. Health L. §§ 2557, 2559. Under that framework, coverage for EIP services should first be sought from private insurers and then from Medicaid. During the times relevant here, costs of EIP services not covered by private insurance or Medicaid were the shared financial responsibility of the State and the relevant municipality. *See* N.Y. Pub. Health L. § 2557(2) (2003) (amended 2013). The City's share of the costs of EIP services for children in New York City was 51%, whereas the State contributed the other 49% from its EIP funds.

26.   State law also delineated who was responsible for seeking private insurance and Medicaid coverage. The EIP service providers had the obligation "in the first instance" to "seek payment from all third party payors including governmental agencies prior to claiming payment from a given municipality for [EIP] services rendered to eligible children." *Id.* § 2559(3)(a) (2006) (amended Mar. 30, 2012).

27.   But, under certain conditions, State law allowed an EIP service provider to bill a municipality directly and also authorized the municipality to pay the providers and then seek private insurance and Medicaid coverage for those claims. Specifically, section 2559(3)(a) of the Public Health Law specified that, "*to the extent that* the [service] provider ha[d] promptly furnished to the municipality adequate and complete information necessary to support the municipality billing," the municipality "shall be deemed the provider of such early intervention services" for purposes of "seeking payment from [Medicaid] or other third party payors." *Id.* (emphasis added).

28.   Finally, if a municipality, like the City, took on the responsibility for paying EIP service providers first and then seeking insurance coverage in their stead, State regulations specified that the municipality must first seek private insurance coverage before seeking coverage from Medicaid or payment from the State of its 49% share of the costs not covered by private insurance or Medicaid. *See* 18 N.Y.C.R.R. § 69-4.22(a) ("Municipalities *shall* in the first

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instance and where applicable, seek payment from private third party insurers, *prior to* claiming

payment from Medicaid or the [State] Department of Health") (emphasis added).

III. The Medicaid Program in New York State

29. Medicaid is a joint federal-state program created in 1965 that provides health

care benefits for certain groups, primarily the poor and disabled. The federal portion of each

state's Medicaid payments, known as the Federal Medical Assistance Percentage ("FMAP"), is

based on the state's per capita income compared to the national average. *See* 42 U.S.C. §

1396d(b). During the times relevant to this action, FMAP for New York State was at least 50%

and, in several quarters, more than 60%.

A. New York Medicaid's Coverage for EIP Services

30. In New York State, Medicaid provided comprehensive coverage for EIP

services rendered to children who were eligible for Medicaid.

31. During all relevant times, New York Medicaid maintained a set of "rate codes"

specific to EIP services. Those codes, which were assigned to specific types of services,

corresponded to different rates of Medicaid reimbursement (in addition to the types of services,

the Medicaid rate for a specific type of service also varied according to which county the eligible

child resided in).

32. In addition to the rate codes specific to EIP services, New York Medicaid also

established certain basic billing requirements, which were applicable to, but not limited to,

claims submitted to Medicaid for EIP services.

33. As relevant here, one of the requirements was that a diagnosis, in the form of an

ICD-9 code, must be provided for each claim for EIP service. New York Medicaid denied claims

that did not contain valid ICD-9 codes.

34. New York Medicaid regulations also specified that "any amount not authorized

to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake" is deemed an "overpayment" and subject to recovery by Medicaid. 18 N.Y.C.R.R. § 518.1(c).

B. Medicaid's "Secondary Payor" Requirement

35. Under federal and New York state law, Medicaid was to be a secondary payor vis-à-vis other sources of coverage for healthcare services like private insurance and Medicare.

36. During the relevant times, federal Medicaid laws, for example, required states receiving FMAP funds to undertake a number of steps to ensure that Medicaid did not pay claims for which third parties were liable. *See* 42 U.S.C. §1396(a)(25); 42 C.F.R. §§ 433.137–139.

37. As relevant here, federal Medicaid regulations required that there be a determination of the amount of third party liability, *e.g.*, private insurance coverage, before a state Medicaid agency could pay a claim. *See* 42 C.F.R. § 433.139(b)(1). Specifically, the regulations provided that if a state Medicaid agency had "established the probable existence of third party [*e.g.*, private insurance] liability at the time [a] claim [was] filed" by a provider with the agency, the agency then "*must reject* the claim and return it to the provider for a determination of the amount of [third party] liability." *Id.* (emphasis added). That regulation further provided a state Medicaid agency must pay the claim "[w]hen the amount of liability [was] determined" and "to the extent that payment allowed under the agency's payment schedule exceeds the amount of the third party's payment." *Id.*

38. New York Medicaid regulations, in turn, provided that "*[a]s a condition of payment*, all providers of medical assistance must take reasonable measures to ascertain the legal liability of third parties to pay for medical care and services." 18 N.Y.C.R.R. § 540.6(e)(1) (emphasis added).

39. Further, consistent with the federal Medicaid requirement for state agencies to

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refrain from paying claims subject to private insurance coverage until the amount of such coverage has been determined, New York's rules and regulations also prohibited the submission of claim to Medicaid unless and until a final determination of third party liability had been rendered. As an initial matter, New York Medicaid regulations provided:

> No claim for reimbursement shall be submitted unless the provider has:
> (i) investigated to find third-party resources in the same manner and to the same extent as the provider would to ascertain the existence of third-party resources for individuals for whom reimbursement is not available under the medical assistance program; and
> (ii) sought reimbursement from liable third parties.

18 N.Y.C.R.R. § 540(e)(2).

40. Further, New York Medicaid's Provider Manual for General Policy specified that Medicaid "provide[s] payment for medical care and services *only after* all [private insurance] resources available for payments have been *exhausted*" and that "payment from [private insurance] sources *must be received* before submitting a Medicaid claim." (emphasis added). Likewise, New York Medicaid's Provider Manual for Third Party Information instructed parties seeking to submit Medicaid claims that private insurance "coverage must be utilized for payment of medical services prior to submitting claims to the Medicaid program." Moreover, in 2003, SDOH also issued guidance directed to municipal EIP officials, emphasizing that, if a private insurer denied an EIP claim submitted by a municipality due to a "technical error," such as an "incorrect policy number[]," then the municipality must correct the error and resubmit the claim to the insurer before seeking payment from Medicaid or the State's EIP funds.

41. In addition, New York Medicaid regulations also required a person seeking to submit Medicaid claims to:

- ask the recipient of Medicaid-covered services for information regarding "any

resources available to pay for medical care and services;"

- "investigate the possibility of making a claim to [a] liable third party" whenever it became aware "of the potential existence of any [private insurance] resources by an official of [Medicaid] or any other person who can reasonably be presumed to have knowledge of a probable source;"

- even after submitting a claim to Medicaid, to "continue to investigate" whether "potential third-party resources" exist and to "attempt to recover from" such sources to at least the same extent that such investigations and attempts would occur in the absence of [potential Medicaid] reimbursement; and

- "take any other reasonable measures necessary to assure that no claims are submitted to [Medicaid] that could be submitted to another source of reimbursement."

18 N.Y.C.R.R.. § 540.6(e)(3)(i), (iii)--(v).

42. To effectuate this directive, New York Medicaid regulations provided an exception to the general rule requiring claims to be submitted within 90 days of service, allowing claims to be submitted beyond 90 days if the delay is "due to … attempts to recover from a third party insurer." 18 N.Y.C.R.R. § 540.6(a)(1). Indeed, as emails shows, the City and CSC both knew that they could use delay reason code 7 to indicate to Medicaid that a claim was being submitted more than 90 days after the date of service due to private insurance processing delay.

C.   **New York Medicaid's Provider Annual Certification Requirement**

43. During all relevant times, New York Medicaid required any person or entity seeking to submit claims for Medicaid reimbursement to enroll as a provider. *See* N.Y.C.R.R. § 504.1(b)(1). The person or entity also was required to execute a "Certification Statement for Provider Billing Medicaid" (the "Medicaid Certification") before it was allowed to obtain a "provider number" and submit claims to Medicaid using that number. Further, to the extent that the party wished to continue submitting claims from year to year, it was required to execute and submit the NY Medicaid Certification on an annual basis.

44. Here, CSC and the City each executed the Medicaid Certification on an annual basis in connection with their involvement in submitting Medicaid claims for EIP services. *See, e.g.*, Medicaid Certification for New York City dated May 22, 2009 (the "2009 NYC Medicaid Certification") (Ex. A); Medicaid Certification for Covansys [a division of CSC] dated June 9, 2010 (the "2010 CSC Medicaid Certification") (Ex. B).

45. In their Medicaid Certifications, CSC and the City acknowledged their obligations to comply with Medicaid's secondary payor requirement. Specifically, each certified that "the amounts listed [in the claim] are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than [Medicaid]." *Id.*

46. The Medicaid Certification also required CSC and the City to vouch for the accuracy and completeness of the information and data they were sending to Medicaid. Thus, each certified that "ALL STATEMENTS, DATA, AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE" and "NO MATERIAL FACT HAS BEEN OMITTED." *Id.* (capitalizations in original).

47. Finally, in their Medicaid Certifications, CSC and the City acknowledged their understanding and agreement to abide by all applicable state laws as well as SDOH rules and regulations. Specifically, they certified that "[i]n submitting claims under this agreement," they "shall be subject to and bound by all rules, regulations, policies, standards [] and procedures of the [SDOH] ... as set forth in statute or [18 N.Y.C.R.R.] and other publications of the [SDOH], including eMedNY Provider Manuals and other official [SDOH] bulletins." *Id.*

FUNDING OF EIP SERVICES IN NEW YORK CITY AND THE CITY'S AND CSC'S ECONOMIC INCENTIVES TO SEEK TO INCREASE THE LEVEL AND SPEED OF MEDICAID PAYMENTS

A. **The City's and CSC's Roles in Paying EIP Service Providers and Seeking Coverage from Medicaid and Other Funding Sources**

48. EIP service providers in New York City did not have to seek private insurance

and Medicaid coverage themselves. Instead, the City's Department of Health and Mental Hygiene contracted with the service providers and, pursuant to those contracts, assumed the responsibility for paying the service providers and then seeking coverage from private insurance and Medicaid or the State's share of EIP service costs.

49.   To process claims from the EIP service providers and then seek insurance coverage, the City did not rely on DOHMH's own staff or its systems. Instead, the City used a fiscal agent both to process and pay claims submitted by EIP service providers and to seek coverage from private insurance or Medicaid or the State's share of not-covered EIP costs. Until late 2008, the City used First Health as its fiscal agent for the EIP program.

50.   In January 2005, however, the City issued a request for proposal (the "2005 RFP") to seek a replacement for First Health as the EIP fiscal agent. As set forth in that RFP, the City expected the entity replacing First Health to be responsible for implementing a computerized database system that was capable of processing electronic and paper claims submitted by EIP service providers, paying the service providers, submitting electronic claims to private insurers and Medicaid to seek insurance coverage, seeking the State's share for costs not covered by private insurance or Medicaid, and, finally, to perform financial reconciliation to ensure consistency between payments made to service providers and reimbursements received.

51.   In April 2005, CSC's corporate predecessor, Covansys Corporation, submitted an application in response to the City's 2005 RFP. In that application, CSC presented itself as an experienced and knowledgeable Medicaid billing agent, highlighting, for example, that it had "submitted millions of claims to various Medicaid Programs" for EIP services. CSC also told the City that it would "work[] diligently and on an ongoing basis to design and develop systems that maximize the amount of Medicaid [payments for the City]."

52.   In 2007, CSC signed a contract with the City, agreeing to replace First Health as

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the fiscal agent for the EIP program starting in or about August 2008. CSC's contract with the City incorporated by reference the responsibilities set forth in the 2005 RFP. CSC's contract with the City also provided that, "[n]otwithstanding any other provision" in that contract, CSC "remain[ed] responsible for ensuring that any service provided pursuant to this contract complie[d] with all pertinent provisions of applicable Federal, State or local statutes, rules and regulations … ."

B.   The City's Economic Interest in Obtaining Medicaid Coverage for EIP Services as Much as Possible and as Soon as Possible

53.   As the City publicly acknowledged, the cost of paying service providers for EIP services was a major financial obligation for DOHMH. In 2010, for example, 30% of DOHMH's total budget was expended on making payments to service providers for EIP services and administering the EIP program (this reflected DOHMH's gross outlay, before taking into account what the City obtained from private insurance, Medicaid, and the State).

54.   To limit its own share of EIP costs, the City made it a priority to obtain coverage for the services from other funding sources. In this effort (which the City termed "fund recovery"), the City had a strong economic incentive in increasing Medicaid payments and, thus, made it a priority to seek Medicaid coverage as much as possible and as soon as possible.

55.   Specifically, as noted above, Medicaid reimbursed the City for EIP services based on the rates published by SDOH, which typically were the full amounts the City paid to service providers. By comparison, the State's EIP funds covered only 49% of costs not covered by Medicaid or private insurance, requiring the City to cover the other 51% of such costs.[3]

56.   Further, Medicaid not only paid EIP claims in full, it also typically adjudicated

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[3]   While municipalities, like the City, were responsible "local share" of Medicaid expenditures, New York State law capped the local share. *See generally City of New York v.*

such claims without requiring follow-up information from the City. Private insurers, on the other hand, often demanded additional information from the City before adjudicating EIP claims.

57. Thus, for the City, seeking Medicaid coverage for EIP services (*i*) required less expenditures on administrative costs in terms of responding to private insurers' inquiries, (*ii*) was more likely to result in prompt payments, and (*iii*) as compared to relying on the State's 49% contribution, yielded a much higher level of reimbursement. Indeed, between fiscal years 2005 and 2010, the City was able to increase Medicaid payments for EIP services from 41% to 50.8%.

58. One way in which the City sought to increase Medicaid coverage was by establishing annual targets for the amount of Medicaid payments it expected to obtain for EIP services, both in dollar terms and as a percentage of DOHMH's expenditures on EIP services. For example, in 2010, the City expected to obtain $238 million in Medicaid payments, which was equivalent to 52% of DOHMH's expenditures on EIP services. For the City, meeting these targets was crucial– as an EIP official at DOHMH complained to CSC in an email dated September 15, 2010, failing to reach the Medicaid target "resulted in a potential revenue shortfall" of "approximately $6 million" in DOHMH's budget for fiscal year 2010.

59. Another way through which the City tried to increase the amount and speed of Medicaid payments was by inserting a "performance based compensation" structure into its contract with CSC. Specifically, that contract specified that, if CSC obtained Medicaid payments above certain "threshold dollar levels" for the City, then CSC stood to earn "incentive payment[s]," defined as 15% of the amount of Medicaid payments in excess of the threshold level. In other words, if CSC obtained $10 million in excess Medicaid payments for the City in a given fiscal year, then the City would reward CSC with a $1.5 million "performance" bonus.

Novello, 77 A.D. 3d 514, 515 (N.Y.A.D. 1st Div. 2010). The City's share of Medicaid costs, thus, was a small fraction of the share it had to pay for EIP services not covered by Medicaid.

60.   On the other hand, that contract also specified that, if CSC failed to meet the City's expectations in obtaining Medicaid payments, it was liable for performance penalties, referred to as "liquidated damages" in the contract. Specifically, the City was entitled to exact penalties out of the fees that CSC would otherwise earn for its fiscal agent duties. As CSC witnesses admitted under oath, the City invoked the performance penalties provision in 2010 to withhold approximately $100,000 in fees on the ground that CSC had failed to meet expectations in terms of obtaining enough Medicaid reimbursements.

CSC AND THE CITY'S SCHEMES TO DEFRAUD MEDICAID BY SUBMITTING CLAIMS IN BLATANT DISREGARD OF MEDICAID'S "SECONDARY PAYOR" REQUIREMENT

I.   **CSC's and the City's Basic Disregard for Medicaid's Secondary Payor Requirement**

61.   As summarized above, both Medicaid regulations and the annual certifications signed by CSC and the City expressly conditioned the availability of Medicaid coverage for EIP services on CSC's and the City's compliance with Medicaid's secondary payor requirement. *See supra* ¶¶ 34-42, 45.

62.   In addition, as deposition testimony shows, the City and CSC both knew that they were required to first exhaust private insurance coverage before submitting claims to Medicaid for EIP services. For example, a former assistant director for EIP at the City testified that, under Medicaid rules, "DOHMH was supposed to first go to a private insurance, if there was private insurance coverage, before going to Medicaid." Similarly, at his deposition, CSC's former project director for the City's EIP program admitted that he "generally [] understood that [New York] state policy [was] that you bill [private] insurance and then you bill Medicaid."

63.   However, when CSC and the City developed and then implemented a computer database system for seeking private insurance and/or Medicaid coverage for EIP services, they demonstrated a basic and knowing disregard for this requirement.

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64. This basic disregard for Medicaid's secondary payor requirement was evidenced during the system development process. Specifically, CSC and the City agreed on a schedule for "roll[ing] out" the computer system for submitting claims for reimbursement to the three funding sources — private insurance, Medicaid, and the State's EIP funds. Under that agreed-upon plan, CSC was scheduled to start submitting claims for EIP services to Medicaid on a weekly basis no later than January 2009. On the other hand, CSC would not start submitting EIP claims to private insurers until months later. Indeed, as CSC's former project director for the City's EIP system acknowledged at his deposition, it was not until "around December of 2009" when CSC began to submit, on a systematic basis, private insurance claims for children who had private insurance coverage and also were Medicaid-eligible.

65. In other words, for a number of months in 2009, CSC and the City knowingly submitted claims to Medicaid each week without having made *any* effort to seek private insurance coverage. As New York Medicaid claims data shows, CSC and the City submitted tens of thousands of claims to Medicaid each month for children who had both private insurance coverage and Medicaid eligibility. Those claims, thus, did not comply with New York Medicaid regulations and policies that required the exhaustion of private insurance coverage or with CSC's and the City's own certifications to Medicaid.

66. Moreover, even after they finally "rolled out" a system to submit claims to private insurers, CSC and the City continued to show a basic disregard for Medicaid's secondary payor requirement when circumventing that requirement furthered their economic interests.

67. For example, in 2010, the City expressed dismay at CSC's failure to obtain reimbursement from Medicaid at a level and at a speed that would enable the City to meet its annual target. In response, and as described more fully below, CSC and the City agreed to implement two fraud schemes so that they could submit EIP service claims to Medicaid as soon

as possible – without having investigated the availability of private insurance coverage or having taken reasonable steps to obtain such coverage.

II.   CSC's and the City's Scheme to Circumvent Medicaid's Secondary Payor Requirement by Defaulting Policy IDs to 999-999-999 in Private Insurance Claims

68.   A valid insurance policy ID number, as CSC and the City knew, was required for purposes of submitting a claim to a private insurance carrier. For example, a former third party insurance specialist at DOHMH admitted under oath that having "a correct policy number" was "the most important" element of submitting a "valid claim" to a private insurer. Similarly, in a May 2010 email, a former project director at CSC explained that "a missing or unusable Policy ID prevents submission to [a private insurance carrier] because those fields are required in order for us to compose a valid EDI claim."

69.   By May 2010, however, CSC and the City recognized that they lacked correct or complete private insurance policy ID numbers for thousands of children in the EIP program for whom CSC or the City had evidence indicating that private insurance coverage likely was available. Specifically, in CSC's database, the policy IDs for those children were "blank or null, or ha[ve] fewer than two letter or numbers." CSC and the City also knew that many of those children were Medicaid eligible.

70.   Under such circumstances, New York Medicaid regulations required CSC and the City to "investigate" each situation and to "take any other reasonable measures necessary" to submit a private insurance claim with the correct policy ID for each child. *See* 18 N.Y.C.R.R. § 540.6(e)(3)(iv)-(v).

71.   But CSC and the City wholly disregarded that requirement. Specifically, CSC and the City did not devote resources and personnel to try to find the correct policy IDs for the children without complete policy IDs. Instead, to demonstrate that it was responsive to the

ongoing pressure from the City regarding the level of Medicaid payments, CSC suggested a way to circumvent Medicaid's requirement on exhausting private insurance coverage so that CSC could submit the claims to Medicaid as soon as possible.

72.   Specifically, in a May 18, 2010, email, the then-project director at CSC suggested to the City's then-EIP finance director that CSC implement a computer program that would automatically "replace" any "existing polic[y]" ID that was "blank or null, or has fewer than two letters or numbers" with "'999999999' (nine 9's)."

73.   As CSC and the City recognized, implementing such a computer program would result almost invariably in the private insurers' denying all the claims where the "existing" IDs were replaced with 999-999-999. As CSC's former account manager responsible for the City's EIP project admitted under oath, it would "surprise [him] if it [*i.e.*, 999-999-999] was acceptable to any private insurance company." Further, as CSC and the City both knew, once the private insurers denied the claims with the default, 999-999-999 policy IDs, CSC's system was designed to automatically submit those claims to Medicaid even though CSC and the City had failed to comply with Medicaid's requirements to investigate and exhaust private insurance coverage.

74.   Nonetheless, on May 20, 2010, the City's then-EIP finance director wrote back and advised CSC that its proposal was "[c]onfirmed and approved." Based on that agreement, CSC designed and implemented this proposal. As an internal CSC email dated July 1, 2010 shows, a computer program was designed and "deploy[ed]" in June 2010 to "default [] to 999999999" any blank "Policy Holder's Policy Number."

75.   As the claims data from CSC's own database shows, the implementation of this defaulting program caused tens of thousands of claims with the default 999-999-999 policy ID to be submitted to private insurers. After these claims were denied, CSC – instead of working to obtain correct policy IDs and then resubmitting the claims to private insurers as required by

SDOH guidance, *see supra* ¶ 40 – submitted those claims to Medicaid, which paid on the basis of

private insurance "denials." In May 2011 alone, for example, Medicaid received and paid

hundreds of such claims. *See* Sample Claims Involving 999-999-999 Defaulting from May 2011

("May 2011 Sample 9x9 Defaulting Claims") (Ex. C).

76.   Each of these claims was false because it was submitted in violation of both the

secondary payor requirement as set forth in Medicaid regulations, *see* 18 N.Y.C.R.R. §

540.6(e)(3)(iv)-(v), and CSC's and the City's annual certifications to Medicaid. *See* 2009 NYC

Medicaid Certification (Ex. A); 2010 CSC Medicaid Certification (Ex. B) ("no part [of the

claim] ... to the best of my knowledge is payable from any other source other than [Medicaid]").

III.   **CSC's and the City's Scheme to Circumvent Medicaid's Secondary Payor**
         Requirement by Misuing the 0Fill Modifier in Medicaid Claims

77.   As CSC and the City knew, New York Medicaid implemented certain computer

programs to enforce the secondary payor requirement. Those programs checked whether claims

submitted to Medicaid were for beneficiaries who also had private insurance coverage and, if so,

whether the provider submitting such a claim had obtained a private insurance payment or a

decision by the private insurer not to pay. If private insurance coverage was present and the

provider submitting claims failed to indicate the result of private insurance adjudication, such a

claim would be denied by New York Medicaid for failing to exhaust private insurance coverage.

78.   However, the City and CSC viewed Medicaid's system for enforcing the

secondary payor requirement as an obstacle to the City's goal of increasing the level and speed of

Medicaid payments. This is because private insurance adjudication, as the City and CSC knew,

often took time and required staffing and resources – unacceptably so for the City. As the former

EIP product manager at CSC testified at his deposition, it was "a very common thing" for the

City to "receive requests for additional information" from private insurers before the insurers

would adjudicate the City's EIP claims. But the City was unwilling to devote resources to answering the insurers' questions, which further prolonged private insurance adjudications. As the former EIP product manager also explained, the City frequently failed to respond to requests from private insurers because, among other reasons, the City did "not have the capability ... [or] have the staffing to ... provide all of that follow up request for the private insurance carrier in order to have a potential for payment." The City's failure to respond, thus, was a common reason for private insurers to delay their adjudication of the relevant EIP claims.

79. As the former EIP product manager further acknowledged at his deposition, the City's and CSC's response to this situation was *not* to devote more staff and resources to answering such requests. Instead, the City's then-EIP finance director agreed with CSC to develop computer programs that would circumvent New York Medicaid's system for enforcing the secondary payor requirement.

80. As a former system development manager at CSC summarized in a July 12, 2011 email to an EIP official at the City, CSC created programs in its computer database to automatically identify all private insurance claims that had been pending for a period of time – but not adjudicated – and then create a "dummy denial record" for each claim.[4] This program, which CSC first used in mid-2010, initially created the "dummy denials" after a private insurance claim had been pending for 90 days. In 2011, CSC lengthened this period to 120 days. In other words, CSC's "dummy denial" programs created the appearance that tens of thousands of private insurance claims had been denied even though, in fact, there had not been any adjudication.

81. Next, CSC developed a program to "force [those] claims out the door to Medicaid." Specifically, as the former system development manager went on to explain in her

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[4] CSC employees also referred to these dummy denial records as "dummy RA." An RA (remittance advice) is a response from a private insurer explaining how it adjudicated a claim.

July 12, 2011 email, CSC created a program to "send the claims [with the "dummy denial records"] on to Medicaid with [the] 0Fill [modifier]." As CSC and the City knew, applying the 0Fill modifier to those claims was an improper use of that modifier. Specifically, Medicaid only allowed the 0Fill modifier to be used in two scenarios – *first*, "to bypass submitting the claim to [a private insurer] who would otherwise deny the claim," *e.g.*, because the policy did not cover a certain type of service; and *second*, to be applied to claims that were adjudicated by private insurers and either were "denied (services were not covered) or were paid zero."

82.   Contrary to the Medicaid rules, CSC and the City applied the 0Fill modifier to claims that were potentially eligible for coverage based on the types of services and had *not* been adjudicated by the private insurers. In other words, CSC and the City falsely applied the 0Fill modifier to bypass Medicaid's system for enforcing the secondary payor requirement.

83.   Further, as CSC's former EIP product manager admitted under oath, CSC and the City knew it was "very likely" that there were no private insurance adjudications for many of the claims being submitted to Medicaid because the City had not answered requests for information from the private insurers. Thus, in addition to misusing 0Fill, CSC and the City were violating Medicaid regulations requiring them to take all "reasonable measures necessary" to obtain private insurance coverage. *See* 18 N.Y.C.R.R. § 540.6(e)(3)(v).

84.   The illegality of this practice, however, did not deter CSC and the City. Instead, CSC viewed the misuse of 0Fill as an effective tool to meet the City's demands on CSC to meet DOHMH's targets in terms of Medicaid payments. Thus, in September 2010, and as DOHMH's fiscal year neared an end, a City official emailed CSC to complain that CSC's failure to obtain Medicaid payments more quickly had "resulted in a revenue shortfall to the Department [DOHMH] of approximately $6 Million which should have been recognized during Fiscal Year 2010." To mollify the City, CSC decided that, in response, it would "work[] to resubmit

additional claims that can benefit from 0FILL logic."

85.   As both emails and CSC's own EIP claims database show, CSC continued the practice of submitting claims to Medicaid without waiting for the claims to be adjudicated by private insurance carriers throughout 2011 and 2012. As part of this fraud scheme, CSC and the City submitted tens of thousands of false claims and improperly obtained millions of dollars in Medicaid payments.[5] For example, in May 2011, hundreds of such false claims were submitted to Medicaid, and the City received over tens of thousands of dollars in payments. *See* Sample Dummy Denial Claims for May 2011 at 1-8 (Ex. D).

86.   Each of those claims was submitted in violation of Medicaid regulations setting forth the secondary payor requirement and thus was false. Further, each claim also was false because it was submitted in violation of CSC's and the City's annual certifications to Medicaid — as CSC began to implement this scheme, CSC's then-EIP product manager, who knew CSC was submitting Medicaid claims that had not been adjudicated by private insurers due to the City's failure to answer insurers' questions, signed a Medicaid certification, falsely representing that, "to the best of [his] knowledge," no part of any of those claims was "payable from any other source other than Medicaid." *See* 2010 CSC Medicaid Certification [Ex. B].[6]

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[5]   In 2012, New York Medicaid stopped using the 0Fill modifier. But this did not stop CSC from continuing to create "dummy denial records" and submitting claims to Medicaid before it had exhausted private insurance coverage.

[6]   The misuse of 0Fill also was not limited to submitting claims to Medicaid before private insurance adjudication. As a CSC senior consultant acknowledged in a May 25, 2010 email, CSC had submitted to Medicaid "under the '0Fill Rules" more than 4,000 claims that were "TPL [private insurance] eligible," but had never been submitted to private insurance.

CSC AND THE CITY'S SCHEME TO DEFRAUD MEDICAID BY SUBMITTING CLAIMS THAT CONTAINED FALSE DIAGNOSIS CODES

I.   **Medicaid Reimbursement of EIP Services Required the Submission of ICD-9 Diagnosis Codes That (*i*) Were Generated by the Service Providers and (*ii*) Accurately Reflected the Condition for Which the Services Were Rendered**

A.   **CSC and NYC Were Required to Submit "Provider-Generated" ICD-9 Codes**

87.   As summarized above, New York state law authorized a municipality, such as the City, to seek reimbursement from Medicaid (and private insurance) only "*to the extent*" that the City had received from the service providers "adequate and complete information necessary to support the municipality billing." *See* N.Y. Pub. Health L. § 2559(3)(a) (2006) (emphasis added). In short, the City was not permitted even to submit claims on Medicaid or private insurers unless it had received "adequate and complete information" from service providers.

88.   SDOH explained on what constituted "adequate and complete information necessary to support [] municipality billing" in section 2559(3)(a) in a guidance memorandum issued in 2003, explaining to EIP program participants that the types of information "necessary for billing and claiming purposes" included, as relevant here, the "ICD-9 diagnostic code for the conditions or reasons for which care is provided." SDOH further clarified that all such information, *i.e.*, including the ICD-9 diagnostic code, was "required for submission to municipalities by providers at the time payment is sought for [EIP] services delivered."

89.   In an email dated June 5, 2007, SDOH provided further guidance to managers of municipal EIP programs – including the City's EIP program manager – regarding the requirements of Public Health Law § 2559(3)(a). Specifically, SDOH explained that, under that provision, the responsibility to "promptly furnish the municipality with adequate and complete information necessary to support" claiming belonged to "the provider that directly delivers the service to the child." Thus, the City and other municipalities "*must* include provider-generated

ICD9 [] codes" when submitting claims to Medicaid for EIP services, and *"should not* create diagnosis [] codes" on their own.

B. The City and CSC Certified That the ICD-9 Codes Transmitted to Medicaid Accurately Reflected the Conditions for Which Services Were Provided

90. In addition to conditioning reimbursement for EIP services on municipalities complying with Public Health Law § 2559 and obtaining the ICD-9 codes and other information from service providers, New York Medicaid also conditioned reimbursement on the City and CSC certifying the accuracy of the data they were submitting in their Medicaid claims.

91. Specifically, the City and CSC both expressly certified that, "ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE." *See, e.g.*, NYC 2009 Medicaid Certification; CSC 2010 Medicaid Certification (capitalizations in original) (Ex. A).

92. The City and CSC knew that the ICD-9 code was a data element required by New York Medicaid. Thus, their certifications applied to the accuracy of the ICD-9 codes in the EIP claims they submitted to Medicaid.

93. Further, the City and CSC each certified that in "submitting claims" to Medicaid, it "shall be subject to and bound by all rules, regulations, policies ... of [SDOH] ... as set forth in statute ... and other publications of the [SDOH]"). *See* NYC 2009 Medicaid Certification; CSC 2010 Medicaid Certification (Ex. B). This certification applied to the requirement – as set forth in statute and SDOH policies – that municipalities must use the provider-generated ICD-9 codes in the EIP claims they submitted to Medicaid.

II.   **The City and CSC Orchestrated a Scheme to Submit Medicaid Claims with False ICD-9 Codes, _i.e._, Codes That Were Not Generated by Service Providers and/or Did Not Accurately Reflect the Conditions for Which Services Were Rendered**

A.   **The City and CSC Knew That Medicaid Required Valid ICD-9 Codes**

94.   Starting in late 2007, _i.e._, shortly after the City picked CSC to be the EIP fiscal agent, CSC and the City held a series of meetings (referred to internally as "joint application development" or "JAD" sessions) to discuss the capabilities and features that CSC would develop for the City. During those meetings, the City and CSC discussed the fact that New York Medicaid required claims to contain valid ICD-9 codes.

95.   Further, as soon as CSC began to submit EIP claims to Medicaid on behalf of the City, it became aware that, in practice, Medicaid implemented this requirement by denying claims that did not contain valid ICD-9 codes.

96.   For example, in an internal email dated January 8, 2009, a quality assurance ("QA") manager at CSC wrote she had "noticed in our files for Medicaid" that "many claims" contained "0 in the [ICD-9] field." If CSC went ahead and submitted those claims to Medicaid, as the QA manager warned, it was "going to be getting a[] lot more denials" from Medicaid. Similarly, when CSC analyzed in April 2009 why Medicaid had not paid many EIP claims CSC had submitted for the City, CSC's project director reported in an email that invalid "diagnosis code is the main issue … in that it's the vast majority of all unpaid claims."

B.   **The City and CSC Agreed to Implement Programs That Automatically Switched the Service Provider-Generated ICD-9 Codes That Did Not Comply with § 2559(3)(a) to a Default Code, 315.9, in Medicaid Claims**

97.   Even before it retained CSC as its fiscal agent, the City's then-EIP finance director made it a practice to submit EIP claims to New York Medicaid using a default code, 315.9, which designates "unspecified delay in development," instead of the service-provider-generated ICD-9 codes.

98. In April 2008, CSC held discussions with key EIP officials from DOHMH, including the EIP finance director, regarding the ICD-9 code to be used in Medicaid claims. The City initially indicated that it would seek guidance from the State. But the City did not seek such guidance; instead, on April 18, 2008, DOHMH officials asked CSC to use 315.9 "as the default" diagnosis code in Medicaid claims. This was because, as the City explained to CSC, "code 315.9 is the one used in the past and its use had not impacted [the City's] recovery from Medicaid."

99. CSC agreed to that request. Indeed, before it even began submitting EIP claims to Medicaid on behalf of the City, CSC started to develop a program – originally referred to as "Rule 68" in the database that CSC developed for the City – to implement this request.[7] Further, as CSC and the City learned more about when Medicaid would pay or deny EIP claims throughout early 2009, the scope of their ICD-9 switching practice expanded and eventually applied to any claim that was likely to be denied by Medicaid based on the ICD-9 code.

100. CSC first implemented Rule 68 in January 2009. At that time, it was designed to identify instances where the service providers submitted codes were improperly formatted, i.e., "non numeric" or had "length [] less than 3." Rule 68 then switched those codes to 315.9 in the claims submitted to Medicaid. By implementing this rule, CSC did not merely "correct" ICD-9 codes that were incorrectly formatted but otherwise indicating medical conditions relevant to EIP services. Instead, CSC changed codes that indicated no diagnosis whatsoever – such as 0 or 1 – to 315.9 in tens of thousands of claims submitted to Medicaid because, as the City told CSC, Medicaid would pay based on that code.

101. By April 2009, CSC and the City saw that Medicaid had denied several hundred thousand EIP claims because of invalid diagnosis codes and the denial reasons were not limited

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[7]   CSC and the City also agreed to use this ICD-9 switching practice for purposes of submitting claims to private insurance carriers.

to ICD-9 codes being non numeric or shorter than 3. But, instead of requiring service providers to correct their ICD-9 coding, CSC and the City chose to revise the ICD-9 code switching program to replace other provider-generated diagnosis codes – including codes indicating specific medical conditions relevant to EIP like autism (299.0), pervasive development disorder (299.8), attention deficit disorder (314.0), and low birth weight (765.01) – to 315.9 as well.

102. Specifically, as a CSC project tracking "task order" shows, CSC revised the ICD-9 switching program in mid-April 2010 to "check" whether the service providers-generated ICD-9 codes were "valid" in the sense that they were on the list of codes that CSC and the City expected Medicaid to pay. If the provider-generated ICD-9 code "was not found" on that list (because, for example, a provider entered 299.0, rather than 299.00, for autism) the program switched it "to a default code" with the "string value of 3159."

103. Between April 21 and April 24, 2009, CSC deployed this revised rule to resubmit to Medicaid more than 600,000 claims, which Medicaid had previously denied, with "improved ICD9 codes." As a CSC report shows, as of May 2, 2009, that mass resubmission had resulted in "a $49 [million] payment" from Medicaid to the City.

104. After April 2009, CSC and the City continued to use this program to replace the service provider-generated ICD-9 codes with 315.9 in Medicaid claims whenever the provider-generated codes were not on the list that CSC and the City expected Medicaid to pay. For example, in an email dated May 4, 2011, CSC reported to the City that, during the month of January 2011, CSC had switched the ICD-9 codes in 179,244 claims submitted to Medicaid and private insurance carriers. Indeed, as CSC's former account manager responsible for the City's EIP program testified in sworn testimony, CSC did not stop the ICD-9 defaulting practice at any time before his retirement in May 2012.

105. In sum, the ICD-9 switching program developed by CSC for the City performed

two functions. First, it identified the instances where the service provider-generated ICD-9 codes would not be accepted by Medicaid. In other words, it identified instances where the service providers had not given CSC the "adequate and complete information" required under Public Health Law § 2559(3)(a). Second, after identifying those instances, CSC and the City – rather than requiring the services providers to resubmit claims with "adequate and complete information" – used the ICD-9 switching program to automatically replace the problematic ICD-9 codes with 315.9 in Medicaid claims.

III.   **CSC and the City Implemented the ICD-9 Code Switching Practice in Knowing Violation of Their Certifications and SDOH Requirements**

106. Even as they were still designing the ICD-9 switching program, CSC employees knew populating Medicaid claims with ICD-9 codes that did not come from service providers likely did not comply with Medicaid rules and requirements. For example, in an email dated January 12, 2009, a QA manager at CSC emphasized that it was "VERY important" for the City to get service providers to "start sending correct [ICD-9] information because if NY Medicaid audits our data, they will see we are sending them different [ICD-9] information than what providers have sent us." (capitalization in original).

107. In addition, CSC also was aware that, due to its ICD-9 switching practice, it was submitting claims to Medicaid with ICD-9 codes that did not accurately reflect the diagnoses for which the EIP services were being rendered. As described in the notes of CSC's former account manager regarding a discussion he had with EIP officials from the City on January 13, 2010, because CSC had a practice of defaulting the provider-generated ICD-9 codes that would not be accepted by Medicaid "to 315.9 for forwarding to fund recovery sources," this resulted in the claims containing ICD-9 codes that did not correspond to the "diagnoses in the child's set of established diagnoses" and, thus, were not "correct."

108. In short, CSC implemented the ICD-9 switching scheme knowing that its conduct contravened its annual certification to Medicaid – both in terms of agreeing to abide by SDOH rules and policies and in terms of submitting "true and accurate" data and information. Indeed, as CSC employees acknowledged in a May 4, 2011 email to the City, the ICD-9 switching scheme was not concerned with accuracy; instead, it was designed to "enhance the payment success as discussed with [the City] in the Spring[] 2009 timeframe."

109. The City, likewise, knew that its agreement with CSC to implement the ICD-9 code switching scheme violated SDOH rules and policies as well as its certifications to Medicaid. Indeed, the City's own EIP staff had repeatedly raised concerns that the ICD-9 switching practice was improper.

110. For example, as a former assistant director for EIP at the City testified under oath, she told the City's then-EIP finance director that "we should not be defaulting any diagnosis codes" in connection with Medicaid or private insurance submissions. The then-EIP finance director, however, brushed off her concern and continued the practice.

111. In 2008 or 2009, that former assistant director again approached the City's then-EIP finance director – this time with a new third-party insurance specialist – to raise concerns about the practice of submitting claims to Medicaid after having inserted 315.9 as the default ICD-9 code. As the third-party insurance specialist testified at his deposition, this meeting likewise did not stop the finance director from continuing with the ICD-9 switching practice.

112. At his deposition, the City's former EIP finance director was confronted with evidence indicating that he and CSC had agreed to implement the ICD-9 code switching scheme to obtain Medicaid payments using false information and data. When he was asked under oath whether "based on this agreement [he] had with CSC, CSC in fact submitted thousands of claims every week to Medicaid that contained false diagnosis information" the former EIP finance

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director invoked his Fifth Amendment privilege. He likewise invoked the Fifth Amendment when asked whether he "and CSC agreed [that] CSC would implement this [ICD-9] defaulting process in order to maximize the level of Medicaid recovery" for the City.

IV. **The ICD-9 Code Switching Scheme Caused the Submission of Tens of Thousands of False Claims to Medicaid**

113. Pursuant to their agreement to implement a program to automatically replace certain provider-generated ICD-9 codes with 315.9 in Medicaid claims, the City and CSC submitted tens of thousands of false claims to Medicaid and improperly obtained from Medicaid millions of dollars in reimbursements to which they were not entitled.

114. More specifically, the City and CSC submitted claims that were false because the claims did not comply with requirements of Public Health Law § 2559(3)(a). As discussed above, that statutory provision authorized the City to submit claims to Medicaid "to the extent that" it had obtained from ICD-9 codes "adequate ... to support [] municipality billing" from the service providers. However, as claims data from CSC's own database shows, in tens of thousands of instances, the City and CSC submitted claims to Medicaid, and received reimbursements, even though the service providers that did not submit ICD-9 codes indicating medical conditions relevant to EIP, but simply 0s and 1s. *See* Sample Claims Subject to ICD-9 Code Switching Submitted to Medicaid on May 5, 2009, at 1-5 (Ex. E); Sample Claims Subject to ICD-9 Code Switching Submitted to Medicaid on May 7, 2010, at 1, 5 (Ex. F).[8]

115. Moreover, the City and CSC submitted tens of thousands of claims that were false because the claims contained diagnosis codes that did not accurately reflect the diagnoses for which, as the service providers indicated to CSC, the services had been rendered. For example, as sample claims data shows, the City and CSC replaced the provider-generated

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diagnoses of disability –including codes indicating conditions such as autism (299.0), pervasive

development disorder (299.8), attention deficit disorder (314.0), cerebral palsy (343.9), or cleft

palate (749.0) – with unspecified developmental delay (315.9). *See* May 2009 ICD-9 Switching

Samples at 5-8; May 2010 ICD-9 Switching Samples at 1-5 (Ex. E and F).

116. Finally, in both scenarios set forth above, the City and CSC each violated the

express certifications they made to Medicaid in terms of complying with SDOH rules and

policies and submitting "accurate and complete" data. *See* NYC 2009 Medicaid Certification

(Ex. A); CSC 2010 Medicaid Certification (Ex. B). Those violations of the Medicaid

certifications rendered the claims false.

THE THREE FRAUD SCHEMES DESCRIBED ABOVE REFLECTED CSC'S AND THE CITY'S OVERALL INDIFFERENCE TO COMPLYING WITH BILLING RULES

117. The failure by CSC and the City to comply with billing rules or requirements

was not limited to the three fraud schemes described above. Instead, as summarized below, both

the City and CSC had a basic and deliberate disregard for complying with Medicaid's billing

rules and regulations or the accuracy of the information they submitted to get claims paid.

118. From the outset, CSC's contract with the City contravened federal and State

Medicaid laws insofar as the contract's "performance payment" and "liquidated damages"

provisions directly linked payments to CSC to the amount of Medicaid reimbursements that CSC

obtained as the City's billing agent. *See supra* ¶¶ 59-60 (the contract provided for a 15%

performance payment if CSC collected Medicaid payments above certain thresholds and also

liquidated damages for failing to satisfy the City's expectations regarding collections).

119. Specifically, federal regulations permitted a Medicaid provider to pay "a

business agent" for billing services only "*if* the agent's compensation for this service is ... *not*

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[8]   Exhibits E and F shall be referred to below as the "May 2009 ICD-9 Switching Samples"

related on a percentage or other basis *to the amount that is billed or collected*" from Medicaid. 42 C.F.R. § 447.10(f) (emphasis added). Similarly, New York Medicaid regulations permitted billing agents to "prepare and send bills and receive [Medicaid] payments in the name of [a] provider only if the compensation paid to the agent is ... unrelated, directly or indirectly, to the dollar amounts billed and collected" from Medicaid, 18 N.Y.C.R.R. § 360-7.5(c), and further specified that "[Medicaid] payment *may be made* ... to a business agent, including [] a billing service" only "if ... the agent's compensation ... *is not related* on a percentage or other basis *to the amount billed or collected*," *id.* § 504.9(a)(1) (emphasis added).

120. During contract negotiations in 2007, CSC and the City were aware that the "performance incentives" provisions raised regulatory concerns. As a CSC project director testified at his deposition, CSC "collectively ... felt" that, under "CMS [Centers for Medicare and Medicaid Services] guidance," it "was not appropriate ... to have an incentive clause based on a percentage of ... collections" from Medicaid. Indeed, according to the CSC project director's testimony, CSC and the City discussed these concerns "on numerous occasions."

121. Yet, CSC and the City did not delete the provisions linking CSC's payments to collections from Medicaid from their contract. Instead, as the CSC project director admitted under oath, the incentive provisions "were part of the contract executed in September 2007."

122. Further, once CSC began its work as the City's billing agent under that contract, the pattern of deliberate disregard for billing rules and accuracy continued. Throughout 2009, for example, CSC submitted EIP claims to Medicaid more than 90 days after the dates of service. To justify the delay in submitting those claims, CSC and the City used "Delay Reason [] code 7" to indicate that it was due to "Third Party [private insurance] Processing Delay."

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and the "May 2010 ICD-9 Switching Samples," respectively.

123. However, as CSC explained in a February 2010 report, the use of that delay reason code was false in each single instance because, as CSC and the City knew, "none of these claims had been previously submitted to TPL [private insurance]" at all. In other words, for an entire year, CSC and the City consistently submitted EIP claims to Medicaid with false information concerning why they did not submit the claims on a timely basis.

124. In fact, the pattern of deliberate disregard for complying with billing rules or submitting accurate information was not limited just to Medicaid. In spring 2009, as CSC was preparing to begin submitting EIP claims to private insurers, the City's then-EIP finance director advised CSC to "submit code 11" in "all private insurance submissions" to indicate that the services had been rendered in the offices of the service providers. The then-EIP finance director also told CSC that, "if [those claims] get rejected" by the private insurers, "then [DOHMH] will trigger resubmission using code 12" to indicate that the services had been rendered at "home."

125. Of course, an EIP service could only have been rendered *either* at an office *or* at home, but not at both locations depending on whether an insurer was prepared to pay. The coding scheme proposed by the City's former EIP finance director, thus, was clearly fraudulent. Indeed, when the former EIP finance was asked under oath whether he had asked CSC to submit "claims to private insurance carriers that contained inaccurate or false service location code information," he invoked his Fifth Amendment privilege.

126. The City and CSC also displayed their basic disregard of whether they were complying with billing rules or engaging in potential fraud in terms of reporting the gender of the children receiving EIP services. In Spring 2010, as CSC records show, the City asked to CSC develop programs to "systematically revise [an EIP beneficiary's] gender when a Medicaid claim [had been] denied due to [] gender mismatch" and to do so "without manual intervention," *i.e.*, anyone actually checking whether the revised gender was accurate. A business analyst at CSC

promptly raised concerns that creating a program to "systematically revis[e] a child gender value without direct human intervention to perform due diligence" could be deemed "Medicaid fraud."

127. However, CSC did not heed that concern. Instead, it went ahead and implemented the program per the City's direction. As a result, as the City's former EIP assistant director admitted under oath, whenever Medicaid denied an EIP claim based on a mismatch between the gender of the child indicated in the claim submitted to Medicaid and the gender in Medicaid's records, the City made no any effort to ascertain the actual gender of the child, but instead automatically resubmitted the claim with the opposite gender code.

128. Finally, in yet another example of their basic disregard for billing rules, CSC learned in August 2011 that its claim submission procedures had resulted in Medicaid overpaying the City in connection with "over 39,000 [EIP] claims." CSC's analysis further showed that the overpayments, or "credit balances," for many of those claims had been outstanding for long periods of time. For example, according to an August 29, 2011 internal CSC email, "[a]bout 19,000 of these claims [had] Service Dates prior to August 2009."

129. As an official at DOHMH testified in his deposition, it was part of CSC's responsibility as the fiscal agent to monitor reimbursements to identify "duplicate payments" and refund overpayments to Medicaid or the State. Further by 2011, CSC had a clear legal duty to report and refund the overpayments owed to Medicaid promptly. *See* 18 N.Y.C.R.R. § 540.6(e) (requiring the return of Medicaid overpayments within 30 days); *see also* 42 U.S.C. § 1320a-7k(d)(1)-(2) (2010) (requiring "a person [who] has received an overpayment" to "report and return the overpayment to the [] State" and to "notify the [] State ... in writing of the reason for the overpayment" within "60 days after the date on which the overpayment was identified"). Indeed, as a billing agent, CSC had ample notice that it had an obligation to monitor and report such "credit balances." *See* HHS-OIG COMPLIANCE PROGRAM GUIDANCE FOR THIRD-PARTY

MEDICAL BILLING COMPANIES, 63 Fed. Reg. 70,138, 70,144-45 (Dec. 18, 1998) (advising "*all*

billing companies, large or small [and] regardless of the type of services provider" to "establish

policies and procedures, as well as responsibility, for *timely and appropriate [] resolution of []*

overpayments") (emphasis added).

130. Yet, as deposition testimony shows, the EIP team at CSC did not react to those

39,000 overpayments with any urgency and did not heed its obligation to refund those

overpayments within 30 days, as required by Medicaid regulations.

131. Further, even though CSC had notice by August 2011 that it had not been

effective in refunding overpayments to Medicaid, CSC did not undertake any comprehensive

efforts to identify instances where it had received duplicate payments from private insurers and

Medicaid and failed to refund Medicaid. Indeed, CSC's claims database and Medicaid claims

data show, CSC continued to retain duplicate payments until at least April 2013, *i.e.*, well after

the Government and New York State had launched an investigation in this matter.

FIRST CLAIM

**Violations of the False Claims Act: Presenting False Claims for Payment
(31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A))**

132. The United States incorporates by reference paragraphs 1 through 131 above as

if fully set forth in this paragraph.

133. The United States seeks relief against CSC and the City under Section

3729(a)(1) of the False Claims Act, 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. §

3729(a)(1)(A) .

134. As a result of their orchestrating the billing fraud schemes described above,

CSC and the City presented claims for reimbursement to Medicaid, and/or caused such claims to

be presented to Medicaid, that were false or fraudulent.

135. Accordingly, CSC and the City knowingly presented and/or caused to be presented false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A).

136. By reason of the false or fraudulent claims that CSC and the City knowingly presented and/or caused to be presented to Medicaid, the United States has been damaged in a substantial amount to be determined at trial, and is entitled to recover treble damages plus a civil monetary penalty for each false claim.

SECOND CLAIM

**Violations of the False Claims Act: Use of False Statements
(31 U.S.C. § 3729(a)(1)(B) (Supp. 2009))**

137. The United States incorporates by reference paragraphs 1 through 131 above as if fully set forth in this paragraph.

138. The United States seeks relief against CSC and the City under Section 3729(a)(1)(B) of the False Claims Act, 31 U.S.C. § 3729(a)(1)(B) (Supp. 2009).

139. As a result of their orchestrating the billing fraud schemes described above, CSC and the City made false records or statements that were material to getting false or fraudulent claims paid by Medicaid.

140. More specifically, CSC and the City falsely certified, stated, and/or represented that the claims they were submitting complied with Medicaid's secondary payor requirements and also transmitted false diagnostic information and data to Medicaid.

141. Accordingly, CSC and the City knowingly caused the use of false records or statements material to false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1)(B).

142. By reason of these false records or statements that CSC and the City caused, the

United States has been damaged in a substantial amount to be determined at trial and is entitled

to recover treble damages plus a civil monetary penalty for each false record or statement.

THIRD CLAIM

**Violations of the False Claims Act: Conspiring to Violate the False Claims Act
(31 U.S.C. § 3729(a)(3) (1986) and, as amended, 31 U.S.C. § 3729(a)(1)(C))**

143. The United States incorporates by reference paragraphs 1 through 131 above as if fully set forth in this paragraph.

144. The United States seeks relief against CSC and the City under Section 3729(a)(3) of the False Claims Act, 31 U.S.C. § 3729(a)(3) (1986), and, as amended, 31 U.S.C. § 3729 (a)(1)(C).

145. As set forth above, CSC and the City conspired to present false or fraudulent claims to Medicaid and to make and use false statements or information in connection with getting claims paid by Medicaid.

146. Accordingly, CSC and the City conspired to defraud the United States by getting false or fraudulent claims allowed or paid, in violation of 31 U.S.C. § 3729(a)(3) (1986), and conspired to commit violations of 31 U.S.C. §§ 3729(a)(1)(A) and 3729(a)(1)(B), in violation of 31 U.S.C. § 3729 (a)(1)(C) (2009).

147. By reason of the false or fraudulent claims that CSC and the City conspired to get allowed or paid or by reasons of their conspiracy to violate 31 U.S.C. §§ 3729(a)(1)(A) and 3729(a)(1)(B), the United States has been damaged in a substantial amount to be determined at trial and is entitled to recover treble damages plus a civil monetary penalty for each false claim.

FOURTH CLAIM

Unjust Enrichment

148. The Government incorporates by reference paragraphs 1 through 131 above as if

fully set forth herein.

149. As set forth above, Medicaid issued reimbursements to the City based on false or fraudulent claims for EIP services that were submitted under one or more of the billing fraud schemes alleged above.

150. The circumstances of the City's and CSC's receipt of monies based on false claims submitted under one or more of the billing fraud schemes alleged above are such that, in equity and in good conscience, the City and CSC should not retain such monies, the amount of which is to be determined at trial.

151. By reason of the City's and CSC's unjust enrichment, the Government is entitled to disgorgement of all monies that the City and CSC earned as a result of the billing fraud schemes alleged above and/or imposition of a constructive trust in favor of the Government on those monies.

FIFTH CLAIM

Payment by Mistake of Fact

152. The United States incorporates by reference paragraphs 1 through 131 above as if fully set forth herein.

153. The United States seeks relief against the City to recover the Medicaid reimbursements obtained by the City for EIP services that were made as a result of mistaken understandings of fact. Medicaid made payments to the City for EIP services under the erroneous belief that the City was entitled to such payments. Specifically, in making such claims, Medicaid reasonably relied upon and assumed that the City, consistent with its express certifications, had complied with applicable Medicaid rules and regulations and provided accurate and complete data and information. This erroneous belief was material to Medicaid's decision to pay these claims.

154. Under such circumstances, the Government's expenditure of federal funds under the Medicaid program was by mistake and was not authorized. The City, accordingly, is liable to account for and repay such funds, the amount to which is to be determined at trial, to the Government.

PRAYER FOR RELIEF

WHEREFORE, plaintiff, the United States, requests that judgment be entered in its favor as follows:

(a) On the First, Second, and Third Claims for relief (violations of the FCA, 31 U.S.C. §§ 3729(a)(1), as amended, 31 U.S.C. §§ 3729(a)(1)(A); 3729(a)(1)(B); and 3729(a)(3), as amended, 3729(a)(1)(C)), a judgment against CSC and the City for treble the Government's damages, in an amount to be determined at trial, plus an $11,000 penalty for each false claim submitted in violation of the FCA;

(b) On the First, Second, and Third Claims for relief, an award of costs pursuant to 31 U.S.C. § 3729(a)(3);

(c) On the Fourth Claim for relief (Unjust Enrichment), a judgment against CSC and the City for the damages sustained and amounts by which they retained illegally obtained monies, plus interest, costs, and expenses;

(d)   On the Fifth Claim for relief (Payment by Mistake of Fact), a judgment

against the City for the damages sustained and amounts by which the City

retained illegally obtained monies, plus interest, costs, and expenses; and

(e)   for such further relief as is proper.

Dated: New York, New York
       October 27, 2014

PREET BHARARA
United States Attorney for the
Southern District of New York

By: _____

LI YU
REBECCA C. MARTIN
Assistant United States Attorneys
86 Chambers Street, 3rd Floor
New York, N.Y. 10007
Telephone: (212) 637-2734/2714
Fax: (212) 637-2686
Email: li.yu@usdoj.gov
       rebecca.martin@usdoj.gov
Attorneys for the United States

Exhibit A

(1) ETIN ~~BT~~ (2) BILLING SERVICE NAME (IF APPLICABLE) __CSC Covansys__

~~BT~~ 0 2000 5/T603

JU 6\

eMedNY/MEDICAID MANAGEMENT INFORMATION SYSTEM

CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID

(3) As of (date) 5/22/09 , all claims submitted electronically or on paper to the States Medicaid fiscal agent, for services or supplies furnished

(4) by (provider name) NYC Dept. of Health + Mental Hygiene (5) (8-digit Medicaid Provider Number – REQUIRED) | 01426888

(6) (10-digit National Provider ID (NPI) – REQUIRED unless exempted from NPI) | 1194941120

will be subject to the following certification.

I am (or the business entity named in this form of which I am a partner, officer, or director is) a qualified provider enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this claim; the persons providing services, care and supplies have the necessary licensing, certification, training and experience to perform the claimed services; I have reviewed these claims; I (or the entity) have furnished or caused to be furnished the care, services, and supplies itemized and done so in accordance with applicable federal and state laws and regulations; I have read the eMedNY Provider Manual and all revisions thereto; all claims are made in full compliance with the pertinent provisions of the Manual and revisions; all claims for care, services and supplies provided at the order of another professional have to the best of my knowledge been ordered by that professional in bona fide compliance with the procedures set forth in the manual and revisions. All care, services and supplies for which claim is made are medically necessary for the treatment of the named recipient, the amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than the Medical Assistance Program; payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid; ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED; I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL, STATE AND LOCAL PUBLIC FUNDS AND THAT I MAY BE FINED AND/OR PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY VIOLATION OF THE TERMS OF THIS CERTIFICATION, INCLUDING BUT NOT LIMITED TO FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; taxes from which the State is exempt are excluded; all records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and such records and information regarding these claims and payment therefor shall be promptly furnished upon request to the local Department of Social Services, the State Department of Health, the Office of the Medicaid Inspector General, the State Medicaid Fraud Control Unit or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion; I agree (or the entity agrees) to comply with the requirement of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to (1) make administrative corrections to claims submitted under this agreement to enable its automated processing, subject to reversal by the provider, and (2) accept the claim under this agreement as original evidence of care, services and supplies furnished.

In submitting claims under this agreement I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Health and the Office of the Medicaid Inspector General as set forth in statute or title 18 of the Official Compilation of Codes, Rules and Regulation of New York State and other publications of the Department, including eMedNY Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of the law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or my entitys) past, present or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I UNDERSTAND THAT MY SIGNATURE HEREON THE ABOVE CERTIFICATION WILL APPLY TO ALL CLAIMS SUBMITTED ELECTRONICALLY OR ON PAPER, USING MY (OR THE ENTITY(S) NPI OR MEDICAID PROVIDER IDENTIFICATION NUMBER. THIS CERTIFICATION REMAINS IN EFFECT AND APPLIES TO ALL CLAIMS UNTIL SUPERSEDED BY ANOTHER PROPERLY EXECUTED CERTIFICATION STATEMENT.

| PLEASE DO NOT STAPLE OR WRITE IN BAR CODE AREA |

(7) (Signature) Louis Rosen (8) (Date) 5-22-09

(9) (Print Name and Title) Louis Rosen, Director Fiscal Operations

(10) (Telephone #) (212) 219-5274 (11) (eMail, if available) lrosen@health.nyc.gov

STATE OF New York

COUNTY OF New York (12)

On this 22nd day of May , 2009, before me personally came

Louis Rosen , to me know and known to me to the individual described in and who executed the foregoing instrument, and (s)he acknowledge to me that (s)he executed the same.

(SEAL)

CHARLES J. BROWNING
Notary Public, State of New York
No. 01BR4676921
Qualified in New York County
Commission Expires November 30, 20 10

Charles J. Browning
NOTARY PUBLIC

E09175.0003.014

PR15200-R1117 (Rev. 6/20/2008)

Exhibit B

(1) ETIN **QAAM**   (2) BILLING SERVICE NAME (IF APPLICABLE) _____

eMedNY/MEDICAID MANAGEMENT INFORMATION SYSTEM

CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID

(3) As of (date) **5/21/10**, all claims submitted electronically or on paper to the State's Medicaid fiscal agent, for services or supplies furnished

(4) by (provider name) **COVANSYS CORPORATION** (8-digit Medicaid Provider Number – REQUIRED) **02948869**

(6) (10-digit National Provider ID (NPI) – REQUIRED unless exempted from NPI)

will be subject to the following certification.

I am (or the business entity named in this form of which I am a partner, officer, or director is) a qualified provider enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this claim; the persons providing services, care and supplies have the necessary licensing, certification, training and experience to perform the claimed services; I have reviewed these claims. I (or the entity) have furnished or caused to be furnished the care, services, and supplies itemized and done so in accordance with applicable federal and state laws and regulations; I have read the eMedNY Provider Manual and all revisions thereto; all claims are made in full compliance with the pertinent provisions of the Manual and revisions; all claims for care, services and supplies provided at the order of another professional have to the best of my knowledge been ordered by that professional in bona fide compliance with the procedures set forth in the manual and revisions. All care, services and supplies for which claim is made are medically necessary for the treatment of the named recipient, the amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than the Medical Assistance Program; payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid; ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED; I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL, STATE AND LOCAL PUBLIC FUNDS AND THAT I MAY BE FINED AND/OR PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY VIOLATION OF THE TERMS OF THIS CERTIFICATION, INCLUDING BUT NOT LIMITED TO FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; taxes from which the State is exempt are excluded; all records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and such records and information regarding these claims and payment therefor shall be promptly furnished upon request to the local Department of Social Services, the State Department of Health, the Office of the Medicaid Inspector General, the State Medicaid Fraud Control Unit or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion; I agree (or the entity agrees) to comply with the requirement of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to (1) make administrative corrections to claims submitted under this agreement to enable its automated processing, subject to reversal by the provider, and (2) accept the claim under this agreement as original evidence of care, services and supplies furnished.

In submitting claims under this agreement I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Health and the Office of the Medicaid Inspector General as set forth in statute or title 18 of the Official Compilation of Codes, Rules and Regulation of New York State and other publications of the Department, including eMedNY Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of the law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or my entity's) past, present or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I UNDERSTAND THAT MY SIGNATURE HEREON THE ABOVE CERTIFICATION WILL APPLY TO ALL CLAIMS SUBMITTED ELECTRONICALLY OR ON PAPER, USING MY (OR THE ENTITY(S) NPI OR MEDICAID PROVIDER IDENTIFICATION NUMBER. THIS CERTIFICATION REMAINS IN EFFECT AND APPLIES TO ALL CLAIMS UNTIL SUPERSEDED BY ANOTHER PROPERLY EXECUTED CERTIFICATION STATEMENT.

PLEASE DO NOT STAPLE OR WRITE IN BAR CODE AREA

(7) (Signature) _____ (8) (Date) **6/8/2010**

(9) (Print Name and Title) **JAY SAUNDERS, PRODUCT MANAGER**

(10) (Telephone #) **913-469-8700** (11) (eMail, if available) **jsaunders4@CSC.com**

STATE OF **Kansas**
COUNTY OF **Johnson**   (12)

On this **9th** day of **June**, 20 **10**, before me personally came

Jay Saunders, to me know and known to me to the individual described in and who executed the foregoing instrument, and is the acknowledge to me that (s)he executed the same.

(SEAL)

PATRICIA FAWKS
Notary Public
State of Kansas
My Commission Expires **3/13/2011**

Patricia Fawks
NOTARY PUBLIC

Exhibit C

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
999999999	92390900-1	1112900094390120	20110316	20110508	81.00
999999999	92390913-1	1112900094391920	20110318	20110508	81.00
999999999	92390925-1	1112900094393220	20110321	20110508	81.00
999999999	92394732-1	1112900089289920	20110308	20110508	81.00
999999999	92394751-2	1112900089291620	20110310	20110508	81.00
999999999	92394760-3	1112900089293120	20110316	20110508	81.00
999999999	92394771-1	1112900089293720	20110309	20110508	81.00
999999999	92394782-2	1112900089294620	20110316	20110508	81.00
999999999	92395918-1	1112900089296020	20110329	20110508	81.00
999999999	92395928-2	1112900089297420	20110331	20110508	81.00
999999999	92395933-1	1112900089298920	20110323	20110508	81.00
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999999999	92419490-3	1112900085708920	20110329	20110508	81.00
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999999999	92426847-3	1112900090594020	20110308	20110508	63.00
999999999	92426862-4	1112900090595820	20110311	20110508	63.00
999999999	92426873-5	1112900090596320	20110314	20110508	63.00
999999999	92426894-6	1112900090597520	20110315	20110508	63.00
999999999	92426903-7	1112900090598920	20110318	20110508	63.00
999999999	92426915-8	1112900090600120	20110321	20110508	63.00
999999999	92426932-9	1112900090601920	20110324	20110508	63.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
999999999	92426948-10	1112900090603520	20110325	20110508	63.00
999999999	92426961-11	1112900090605120	20110328	20110508	63.00
999999999	92426972-12	1112900090606520	20110329	20110508	63.00
999999999	92426984-1	1112900090607520	20110301	20110508	63.00
999999999	92426997-2	1112900090608920	20110302	20110508	63.00
999999999	92427011-3	1112900090611020	20110308	20110508	63.00
999999999	92427023-4	1112900090611720	20110309	20110508	63.00
999999999	92427034-5	1112900090612720	20110314	20110508	63.00
999999999	92427049-6	1112900090613820	20110316	20110508	63.00
999999999	92427061-7	1112900090614920	20110317	20110508	63.00
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999999999	92427125-11	1112900090621020	20110325	20110508	63.00
999999999	92427136-12	1112900090622620	20110330	20110508	63.00
999999999	92427151-13	1112900090624420	20110301	20110508	63.00
999999999	92427158-14	1112900090626020	20110303	20110508	63.00
999999999	92427169-15	1112900090626720	20110307	20110508	63.00
999999999	92427182-16	1112900090627620	20110309	20110508	63.00
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999999999	92427208-18	1112900090630320	20110311	20110508	63.00
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999999999	92428797-2	1112900076676920	20110330	20110508	81.00
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999999999	92461625-1	1112900086159520	20110322	20110508	114.00
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999999999	92462869-1	1112900069732220	20110322	20110508	81.00
999999999	92462879-2	1112900069733720	20110329	20110508	81.00
999999999	92481483-1	1112900077575620	20110301	20110508	81.00
999999999	92481496-2	1112900077576120	20110307	20110508	81.00
999999999	92481508-3	1112900077576920	20110316	20110508	81.00
999999999	92481514-4	1112900077578220	20110321	20110508	81.00
999999999	92481522-5	1112900077579120	20110328	20110508	81.00
999999999	92481679-1	1112900077701020	20110307	20110508	47.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	92481715-2	1112900077702720	20110310	20110508	60.00
999999999	92481890-1	1112900077002820	20110303	20110508	47.00
999999999	92481897-2	1112900077003420	20110314	20110508	47.00
999999999	92481904-3	1112900077004420	20110318	20110508	47.00
999999999	92481910-4	1112900077005320	20110324	20110508	47.00
999999999	92481920-5	1112900077005720	20110328	20110508	47.00
999999999	92481936-6	1112900077006220	20110331	20110508	47.00
999999999	92481948-1	1112900077006920	20110303	20110508	60.00
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999999999	92481974-4	1112900077008520	20110324	20110508	60.00
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999999999	92481997-1	1112900077703020	20110301	20110508	81.00
999999999	92482000-6	1112900077001920	20110331	20110508	60.00
999999999	92482003-2	1112900077703620	20110302	20110508	81.00
999999999	92482016-3	1112900077704120	20110303	20110508	81.00
999999999	92482027-4	1112900077704820	20110304	20110508	81.00
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999999999	92089693-1	1113200101075120	20110309	20110511	81.00
999999999	92089695-1	1113200101082720	20110314	20110511	81.00
999999999	91984678-1	1114000046988320	20110307	20110517	514.00
999999999	92518423-1	1114000031361720	20110404	20110517	81.00
999999999	92518428-2	1114000031362120	20110406	20110517	81.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	87623403-1	1114000006247722	20100521	20110518	214.00
999999999	87742646-2	1114000006267420	20100519	20110518	155.00
999999999	87881474-1	1114000021654020	20100318	20110518	206.00
999999999	88031880-1	1114000006284820	20100529	20110518	155.00
999999999	88146703-1	1114000006269020	20100524	20110518	514.00
999999999	88146704-1	1114000006270120	20100526	20110518	214.00
999999999	88146705-1	1114000006270520	20100527	20110518	214.00
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999999999	88316209-2	1114000006232520	20100603	20110518	81.00
999999999	88316213-3	1114000006233120	20100610	20110518	81.00
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999999999	88316226-6	1114000006235120	20100622	20110518	81.00
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999999999	88345204-12	1114000006091322	20100603	20110518	81.00
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999999999	88345204-3	1114000006088922	20100608	20110518	81.00
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999999999	88345204-6	1114000006090322	20100617	20110518	81.00
999999999	88345204-8	1114000006090722	20100628	20110518	81.00
999999999	88345204-9	1114000006091022	20100705	20110518	81.00
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999999999	88391583-1	1114000005981622	20100625	20110518	81.00
999999999	88394133-1	1114000005273522	20100603	20110518	81.00
999999999	88394143-3	1114000005274722	20100610	20110518	81.00
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999999999	88394152-2	1114000005275922	20100624	20110518	81.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	88394164-4	1114000005276722	20100603	20110518	81.00
999999999	88397527-2	1114000005708522	20100629	20110518	81.00
999999999	88397531-3	1114000005710922	20100611	20110518	81.00
999999999	88397538-5	1114000005712722	20100604	20110518	81.00
999999999	88488947-1	1114000006237520	20100602	20110518	81.00
999999999	88488949-2	1114000006238120	20100609	20110518	81.00
999999999	88488950-3	1114000006238520	20100616	20110518	81.00
999999999	88488952-4	1114000006239120	20100623	20110518	81.00
999999999	88488953-5	1114000006239720	20100630	20110518	81.00
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999999999	88497403-1	1114000006262320	20100630	20110518	81.00
999999999	88497407-1	1114000006263020	20100712	20110518	81.00
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999999999	89002705-1	1114000006271220	20100722	20110518	214.00
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999999999	90551220-5	1114000013986320	20101020	20110518	81.00
999999999	90551232-6	1114000013987920	20101025	20110518	81.00
999999999	90551245-7	1114000013988720	20101027	20110518	81.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	91176254-1	1114000006583020	20101208	20110518	81.00
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999999999	91344867-1	1114000021176920	20101220	20110518	81.00
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999999999	91734023-1	1114000009173620	20110201	20110518	81.00
999999999	91734023-2	1114000009174720	20110203	20110518	81.00
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Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	91770024-7	1114000006643720	20110222	20110518	81.00
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999999999	91795198-9	1114000021622720	20110209	20110518	81.00
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999999999	91811275-1	1114000009179120	20110202	20110518	81.00
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999999999	91813611-1	1114000006647420	20110221	20110518	63.00
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999999999	91813611-3	1114000006648420	20110223	20110518	63.00
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999999999	91816602-3	1114000020536720	20101115	20110518	81.00
999999999	91816614-4	1114000020537220	20101121	20110518	81.00
999999999	91816622-5	1114000020537820	20101129	20110518	81.00
999999999	91821075-1	1114000007101620	20110306	20110518	514.00
999999999	91855341-1	1114000010283620	20110205	20110518	155.00
999999999	91899375-1	1114000018811420	20110218	20110518	514.00
999999999	91899381-2	1114000018812120	20110218	20110518	155.00
999999999	91915055-1	1114000018645320	20110207	20110518	514.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
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999999999	91915057-3	1114000018646720	20110216	20110518	214.00
999999999	92016752-1	1114000007031720	20110111	20110518	214.00
999999999	92269368-2	1114000015274020	20110324	20110518	81.00
999999999	92269370-3	1114000015275020	20110330	20110518	81.00
999999999	92352576-1	1114000017037520	20110317	20110518	81.00
999999999	92352587-1	1114000017038120	20110322	20110518	81.00
999999999	92352598-1	1114000017038720	20110324	20110518	81.00
999999999	92352609-1	1114000017039120	20110329	20110518	81.00
999999999	92352659-1	1114000010401220	20110322	20110518	81.00
999999999	92352669-1	1114000010403120	20110329	20110518	81.00
999999999	92394692-1	1114000020183620	20110221	20110518	81.00
999999999	92394707-2	1114000020186220	20110222	20110518	81.00
999999999	92394718-3	1114000020187120	20110228	20110518	81.00
999999999	92395064-1	1114000020187720	20110302	20110518	81.00
999999999	92395077-1	1114000020188020	20110301	20110518	81.00
999999999	92450651-1	1114000021587720	20110330	20110518	81.00
999999999	92450660-1	1114000021588220	20110331	20110518	81.00
999999999	92470621-1	1114000018127120	20110119	20110518	114.00
999999999	92470630-1	1114000018128720	20110210	20110518	114.00
999999999	92470640-1	1114000018129120	20110216	20110518	114.00
999999999	92470643-1	1114000018130020	20110222	20110518	114.00
999999999	92470648-1	1114000018130920	20110301	20110518	114.00
999999999	92470654-1	1114000018131920	20110308	20110518	114.00
999999999	92484730-2	1114000012355820	20110120	20110518	81.00
999999999	92494717-1	1114000021453620	20110318	20110518	81.00
999999999	92512039-1	1114000020914620	20110321	20110518	81.00
999999999	92512051-2	1114000020915220	20110328	20110518	81.00
999999999	92526433-1	1114000014998820	20110324	20110518	81.00
999999999	92534960-1	1114000012381120	20110301	20110518	63.00
999999999	92534963-2	1114000012382920	20110303	20110518	63.00
999999999	92534967-3	1114000012384720	20110331	20110518	63.00
999999999	92534972-4	1114000012387820	20110324	20110518	63.00
999999999	92534977-5	1114000012389320	20110329	20110518	63.00
999999999	92534980-6	1114000012390220	20110308	20110518	63.00
999999999	92534983-7	1114000012391520	20110310	20110518	63.00
999999999	92534987-8	1114000012394120	20110315	20110518	63.00
999999999	92534992-9	1114000012395020	20110322	20110518	63.00
999999999	84608266-1	1114500092502020	20090819	20110524	206.00
999999999	87652367-1	1114500089084620	20100521	20110524	155.00
999999999	87652370-1	1114500089087620	20100519	20110524	54.00
999999999	88700334-1	1114500088954420	20100611	20110524	44.75
999999999	88700349-1	1114500088956920	20100621	20110524	52.65
999999999	89004469-1	1114500088949420	20100712	20110524	52.65
999999999	89004488-1	1114500088952220	20100726	20110524	44.75
999999999	89066317-1	1114500088928120	20100706	20110524	64.47
999999999	89522841-6	1114500088735420	20100614	20110524	81.00

Default Policy ID Inserted by CSC	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
999999999	89526202-5	1114500088839320	20100630	20110524	52.65
999999999	89526223-6	1114500088842820	20100615	20110524	64.30
999999999	89526227-7	1114500088844120	20100629	20110524	52.65
999999999	89587220-4	1114500088868220	20100809	20110524	52.65
999999999	89587223-6	1114500088870520	20100813	20110524	44.75
999999999	89668193-5	1114500088916620	20100831	20110524	81.00
999999999	90207266-1	1114500096010320	20100906	20110524	81.00
999999999	90207605-1	1114500096013120	20100920	20110524	81.00
999999999	90207616-2	1114500096015120	20100922	20110524	81.00
999999999	90208302-1	1114500096021920	20101004	20110524	81.00
999999999	90208310-3	1114500096017020	20101011	20110524	81.00
999999999	90208314-4	1114500096019520	20101013	20110524	81.00
999999999	90208570-2	1114500092052920	20101019	20110524	81.00
999999999	90208578-3	1114500092055320	20101025	20110524	81.00
999999999	90208585-4	1114500092057120	20101026	20110524	81.00
999999999	90208590-1	1114500092058320	20101020	20110524	81.00
999999999	90208595-2	1114500092059820	20101021	20110524	81.00
999999999	90245889-1	1114500093657620	20101101	20110524	81.00
999999999	90246592-4	1114500097000120	20100727	20110524	81.00
999999999	90246614-2	1114500097002020	20100805	20110524	81.00
999999999	90246624-1	1114500097004220	20100901	20110524	81.00
999999999	90246634-3	1114500097006120	20100908	20110524	81.00
999999999	90246645-5	1114500097007920	20100910	20110524	81.00
999999999	90275537-1	1114500092453320	20101003	20110524	81.00
999999999	90295697-1	1114500092593020	20100928	20110524	81.00
999999999	90295699-2	1114500092595520	20101005	20110524	81.00
999999999	90303458-1	1114500094881420	20101026	20110524	81.00
999999999	91464533-1	1114500093091320	20110118	20110524	81.00
999999999	91464545-1	1114500093092120	20110119	20110524	81.00
999999999	91464557-1	1114500093092920	20110120	20110524	81.00
999999999	91464568-1	1114500093093620	20110124	20110524	81.00
999999999	91464579-1	1114500093094220	20110126	20110524	81.00
999999999	91464594-1	1114500093094920	20110127	20110524	81.00
999999999	91464603-1	1114500093095320	20110131	20110524	81.00
999999999	91478277-1	1114500092706220	20110104	20110524	81.00
999999999	91478288-2	1114500092709820	20110107	20110524	81.00
999999999	91478297-3	1114500092711020	20110111	20110524	81.00
999999999	91478309-4	1114500092712120	20110113	20110524	81.00
999999999	91478328-5	1114500092713820	20110119	20110524	81.00
999999999	91478338-6	1114500092714920	20110120	20110524	81.00
999999999	91493715-5	1114500093461120	20101115	20110524	81.00
999999999	91498502-4	1114500093649520	20101110	20110524	81.00
999999999	91498530-4	1114500093651020	20101126	20110524	81.00
999999999	91542169-1	1114500093660620	20110131	20110524	63.00

Exhibit D

May 2011 Sample Dummy Denial Claims

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
90420861-1	1112900072435920	20101101	20110508	81.00
90420863-2	1112900072437420	20101104	20110508	81.00
90430212-1	1112900095634520	20101110	20110508	81.00
90430228-2	1112900095625020	20101101	20110508	81.00
90430247-3	1112900095633620	20101108	20110508	81.00
90430258-4	1112900095629920	20101103	20110508	81.00
90447844-1	1112900091403720	20101105	20110508	81.00
90447864-1	1112900091404420	20101110	20110508	81.00
90472815-1	1112900089846620	20101031	20110508	214.00
90472816-2	1112900089847920	20101031	20110508	54.00
90580382-1	1112900078399720	20101017	20110508	81.00
90580391-1	1112900078400320	20101020	20110508	81.00
90580398-1	1112900078400820	20101027	20110508	81.00
90580407-1	1112900078401220	20101031	20110508	81.00
90580416-1	1112900078401720	20101101	20110508	81.00
90580423-1	1112900078402520	20101107	20110508	81.00
90580438-1	1112900078403120	20101108	20110508	81.00
90580448-1	1112900078404020	20101115	20110508	81.00
90580458-1	1112900078404420	20101126	20110508	81.00
90582349-1	1112900073575620	20101124	20110508	214.00
90582372-1	1112900085089520	20101125	20110508	214.00
90588244-1	1112900093350220	20101117	20110508	81.00
90603862-15	1112900095635320	20101115	20110508	81.00
90603908-19	1112900095637020	20101117	20110508	81.00
90609119-1	1112900088761620	20101103	20110508	81.00
90609120-2	1112900088762620	20101104	20110508	81.00
90609122-3	1112900088763620	20101110	20110508	81.00
90609124-4	1112900088764220	20101111	20110508	81.00
90609126-5	1112900088765220	20101117	20110508	81.00
90609127-6	1112900088769620	20101118	20110508	81.00
90609129-7	1112900088771720	20101124	20110508	81.00
90609131-8	1112900088773020	20101126	20110508	81.00
90714318-1	1112900084655420	20101115	20110508	514.00
90714322-1	1112900084657020	20101110	20110508	214.00
90766852-4	1112900072862820	20101129	20110508	81.00
90766899-9	1112900072863320	20101115	20110508	81.00
90766960-17	1112900072864120	20101122	20110508	81.00
90766968-18	1112900072864620	20101118	20110508	81.00
90779349-1	1112900073741920	20101101	20110508	81.00
90779366-3	1112900073743220	20101108	20110508	81.00
90779385-5	1112900073744120	20101115	20110508	81.00
90779401-7	1112900073744320	20101122	20110508	81.00
90779416-9	1112900073745020	20101129	20110508	81.00
90813733-1	1112900085180520	20101212	20110508	214.00
90821278-1	1112900093351520	20101201	20110508	81.00
90821280-2	1112900093352720	20101202	20110508	81.00

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
90821288-3	1112900093354320	20101205	20110508	81.00
90821293-4	1112900093356220	20101206	20110508	81.00
90821303-5	1112900093357320	20101207	20110508	81.00
90821307-6	1112900093359020	20101208	20110508	81.00
90821441-1	1112900073816020	20101207	20110508	81.00
90821444-2	1112900073816620	20101209	20110508	81.00
90837980-1	1112900095637920	20101129	20110508	81.00
90837991-2	1112900095639320	20101201	20110508	81.00
90837998-3	1112900095641020	20101206	20110508	81.00
90854282-1	1112900085359220	20101209	20110508	214.00
90854284-2	1112900085362720	20101202	20110508	214.00
90854290-6	1112900085363920	20101209	20110508	214.00
90868614-1	1112900091394520	20101117	20110508	81.00
90868624-1	1112900091396520	20101119	20110508	81.00
90868635-1	1112900091397920	20101121	20110508	81.00
90868644-1	1112900091399320	20101124	20110508	81.00
90868654-1	1112900091400320	20101213	20110508	81.00
90935777-1	1112900075736520	20101124	20110508	81.00
90965026-3	1112900085165620	20101128	20110508	214.00
90965028-5	1112900085169020	20101124	20110508	214.00
90965030-7	1112900085169420	20101129	20110508	214.00
90965032-9	1112900085170220	20101125	20110508	214.00
90987640-1	1112900085732420	20101223	20110508	214.00
90989033-1	1112900073812220	20101213	20110508	81.00
90989037-2	1112900073813120	20101215	20110508	81.00
90989040-3	1112900073813820	20101222	20110508	81.00
90989042-4	1112900073814820	20101223	20110508	81.00
90989047-1	1112900073815420	20101213	20110508	81.00
91028599-1	1112900088729620	20101208	20110508	81.00
91028600-2	1112900088733120	20101209	20110508	81.00
91028601-3	1112900088735120	20101215	20110508	81.00
91028602-4	1112900088735620	20101216	20110508	81.00
91028603-5	1112900088736020	20101222	20110508	81.00
91028604-6	1112900088736620	20101223	20110508	81.00
91028605-7	1112900088737120	20101229	20110508	81.00
91028606-8	1112900088737720	20101230	20110508	81.00
91045384-1	1112900078366120	20101219	20110508	81.00
91045387-1	1112900078367320	20101226	20110508	81.00
91139324-1	1112900075738820	20101124	20110508	81.00
91145523-6	1112900072392920	20110103	20110508	63.00
91146453-1	1112900085364820	20110113	20110508	81.00
91171368-1	1112900091384020	20101228	20110508	81.00
91171374-1	1112900091393620	20101229	20110508	81.00
91173088-1	1112900080886520	20110103	20110508	81.00
91173096-1	1112900080888320	20110104	20110508	81.00
91173107-1	1112900080889020	20110105	20110508	81.00

May 2011 Sample Dummy Denial Claims

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91173119-1	1112900080889420	20110106	20110508	81.00
91173131-1	1112900080891020	20110110	20110508	81.00
91173141-1	1112900080892120	20110112	20110508	81.00
91173714-1	1112900087602920	20110102	20110508	81.00
91173717-1	1112900087605020	20110103	20110508	81.00
91173721-1	1112900087607720	20110104	20110508	81.00
91173724-1	1112900087608920	20110106	20110508	81.00
91173727-1	1112900087609520	20110111	20110508	81.00
91346917-1	1114000021270120	20101223	20110518	81.00
91347727-1	1114000017742720	20101111	20110518	514.00
91347991-1	1114000019173820	20110103	20110518	63.00
91347991-2	1114000019175220	20110104	20110518	63.00
91347991-3	1114000019176020	20110106	20110518	63.00
91347991-4	1114000019176120	20110111	20110518	63.00
91347991-5	1114000019176720	20110113	20110518	63.00
91347991-6	1114000019177720	20110114	20110518	63.00
91347991-7	1114000019178120	20110118	20110518	63.00
91348157-1	1114000021360420	20110101	20110518	81.00
91348158-2	1114000021360920	20110105	20110518	81.00
91348159-3	1114000021361320	20110112	20110518	81.00
91348160-4	1114000021362220	20110119	20110518	81.00
91348161-5	1114000021362620	20110126	20110518	81.00
91348166-1	1114000021295120	20110117	20110518	81.00
91348166-2	1114000021295520	20110122	20110518	81.00
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91348166-5	1114000021296420	20110131	20110518	81.00
91348960-1	1114000021296620	20101206	20110518	81.00
91348977-1	1114000021297120	20101207	20110518	81.00
91348989-1	1114000021297620	20101213	20110518	81.00
91349001-1	1114000021298120	20101214	20110518	81.00
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91349025-1	1114000021298620	20101221	20110518	81.00
91349034-1	1114000021299120	20101228	20110518	81.00
91349051-1	1114000021299420	20101231	20110518	81.00
91351564-1	1114000019552020	20101119	20110518	81.00
91351566-1	1114000019553020	20101122	20110518	81.00
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91351623-1	1114000009896620	20110117	20110518	114.00
91351624-1	1114000009898820	20110120	20110518	81.00
91351625-1	1114000009899520	20110124	20110518	81.00
91351626-1	1114000009899820	20110118	20110518	81.00
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91351628-1	1114000009901720	20110124	20110518	81.00
91351702-1	1114000008556220	20110103	20110518	81.00
91351710-2	1114000008556720	20110105	20110518	81.00

May 2011 Sample Dummy Denial Claims

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91351775-1	1114000021605720	20101129	20110518	81.00
91351786-2	1114000021605420	20101130	20110518	81.00
91351855-1	1114000008555120	20110114	20110518	81.00
91351866-2	1114000008555420	20110121	20110518	81.00
91351875-1	1114000008555920	20110117	20110518	81.00
91351949-1	1114000021605220	20101201	20110518	81.00
91352227-1	1114000021604220	20101214	20110518	81.00
91352235-2	1114000021604520	20101216	20110518	81.00
91352246-3	1114000021604820	20101220	20110518	81.00
91352256-4	1114000021602720	20101221	20110518	81.00
91352276-1	1114000018407820	20110119	20110518	81.00
91353141-1	1114000007924520	20110111	20110518	81.00
91353144-2	1114000007925520	20110118	20110518	81.00
91353148-1	1114000007925920	20110113	20110518	81.00
91353152-2	1114000007926520	20110118	20110518	81.00
91353155-3	1114000007927220	20110120	20110518	81.00
91353159-4	1114000007927620	20110112	20110518	81.00
91354222-10	1114000016964120	20101214	20110518	81.00
91354222-11	1114000016964620	20101215	20110518	81.00
91354222-12	1114000016965120	20101216	20110518	81.00
91354222-13	1114000016966020	20101220	20110518	81.00
91354222-14	1114000016967220	20101221	20110518	81.00
91354222-15	1114000016968320	20101222	20110518	81.00
91354222-16	1114000016968520	20101223	20110518	81.00
91354222-17	1114000016969120	20101227	20110518	81.00
91354222-18	1114000016970020	20101228	20110518	81.00
91354222-19	1114000016970720	20101229	20110518	81.00
91354222-2	1114000016959020	20101201	20110518	81.00
91354222-20	1114000016971420	20101230	20110518	81.00
91354222-3	1114000016959520	20101202	20110518	81.00
91354222-4	1114000016959720	20101203	20110518	81.00
91354222-5	1114000016960620	20101206	20110518	81.00
91354222-6	1114000016961220	20101207	20110518	81.00
91354222-7	1114000016961820	20101208	20110518	81.00
91354222-8	1114000016962420	20101209	20110518	81.00
91354222-9	1114000016962920	20101213	20110518	81.00
91354340-1	1114000020976320	20101029	20110518	81.00
91354342-2	1114000020977020	20101030	20110518	81.00
91354344-3	1114000020977520	20101018	20110518	81.00
91354346-4	1114000020978220	20101019	20110518	81.00
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91354350-6	1114000020978820	20101022	20110518	81.00
91354351-7	1114000020979420	20101023	20110518	81.00
91354353-8	1114000020979720	20101025	20110518	81.00
91354355-9	1114000020980320	20101026	20110518	81.00
91354357-10	1114000020980820	20101028	20110518	81.00

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91354359-11	1114000020981020	20101008	20110518	81.00
91354360-12	1114000020981520	20101009	20110518	81.00
91354362-13	1114000020982220	20101011	20110518	81.00
91354364-14	1114000020982520	20101016	20110518	81.00
91357319-1	1114000016199520	20110105	20110518	81.00
91357319-2	1114000016200020	20110107	20110518	81.00
91357319-3	1114000016200620	20110112	20110518	81.00
91357319-4	1114000016201220	20110114	20110518	81.00
91357319-5	1114000016202520	20110116	20110518	81.00
91357319-6	1114000016203120	20110117	20110518	81.00
91357355-1	1114000021441120	20110120	20110518	81.00
91357365-2	1114000021441520	20110127	20110518	81.00
91357904-3	1114000009157720	20110106	20110518	81.00
91357919-1	1114000009158220	20110103	20110518	81.00
91358300-1	1114000015955120	20110120	20110518	81.00
91358312-1	1114000015955820	20110124	20110518	81.00
90982835-2	1114500092513020	20101213	20110524	81.00
90982844-3	1114500092513720	20101216	20110524	81.00
90982853-4	1114500092514520	20101220	20110524	81.00
90982859-5	1114500092515220	20101221	20110524	81.00
90987708-1	1114500090749120	20110104	20110524	214.00
90987710-1	1114500090750620	20110102	20110524	214.00
90987713-2	1114500090751220	20110102	20110524	54.00
90987716-1	1114500090752420	20110105	20110524	214.00
90987718-2	1114500090753720	20110105	20110524	54.00
91106069-1	1114500092872120	20101022	20110524	81.00
91106079-1	1114500092873120	20101029	20110524	81.00
91106087-1	1114500092873920	20101105	20110524	81.00
91106094-1	1114500092875120	20101126	20110524	81.00
91133974-1	1114500090756920	20101217	20110524	155.00
91133980-1	1114500090760220	20101217	20110524	514.00
91167665-1	1114500093974520	20101230	20110524	114.00
91167666-2	1114500093977720	20101231	20110524	114.00
91187387-1	1114500090743320	20101215	20110524	514.00
91187388-2	1114500090746020	20101215	20110524	155.00
91187425-1	1114500090776220	20110106	20110524	514.00
91197290-1	1114500092869220	20101119	20110524	81.00
91208078-1	1114500098051220	20110103	20110524	114.00
91208079-2	1114500098052820	20110107	20110524	114.00
91208081-3	1114500098051920	20110110	20110524	114.00
91239829-1	1114500092506420	20110111	20110524	81.00
91239834-2	1114500092507820	20110112	20110524	81.00
91285325-1	1114500089998220	20110103	20110524	81.00
91285329-1	1114500089994120	20110105	20110524	81.00
91285335-1	1114500089995920	20110112	20110524	81.00
91288752-1	1114500089990820	20110106	20110524	81.00

May 2011 Sample Dummy Denial Claims

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91288758-1	1114500089997320	20110107	20110524	81.00
91288766-1	1114500089991720	20110113	20110524	81.00
91289438-1	1114500092516120	20110117	20110524	81.00
91289448-2	1114500092516820	20110118	20110524	81.00
91334712-1	1114500094613020	20110103	20110524	81.00
91334724-1	1114500094611920	20110105	20110524	81.00
91334735-1	1114500094613820	20110110	20110524	81.00
91334748-1	1114500094610620	20110112	20110524	81.00
91334792-1	1114500093685920	20110105	20110524	81.00
91334803-1	1114500093685320	20110107	20110524	81.00
91334811-1	1114500093684420	20110113	20110524	81.00
91334822-1	1114500093684820	20110114	20110524	81.00
91335039-1	1114500090000220	20110105	20110524	81.00
91335046-1	1114500089999420	20110106	20110524	81.00
91335054-1	1114500090000920	20110112	20110524	81.00
91335069-1	1114500090003620	20110113	20110524	81.00
91335192-1	1114500096698620	20110105	20110524	81.00
91335201-1	1114500096700220	20110111	20110524	81.00
91337433-1	1114500092541420	20110103	20110524	81.00
91337758-1	1114500092331720	20110103	20110524	81.00
91337768-1	1114500092330920	20110107	20110524	81.00
91337775-1	1114500092330120	20110110	20110524	81.00
91337779-1	1114500092326720	20110114	20110524	81.00
91342776-1	1114500097556020	20110103	20110524	81.00
91342782-1	1114500097554820	20110105	20110524	81.00
91344872-1	1114500092004520	20101216	20110524	81.00
91344879-1	1114500092007020	20101220	20110524	81.00
91344889-1	1114500092007920	20101221	20110524	81.00
91344900-1	1114500092008420	20101223	20110524	81.00
91344908-1	1114500092009320	20101227	20110524	81.00
91344913-1	1114500092010120	20101228	20110524	81.00
91345360-1	1114500092509420	20110124	20110524	81.00
91345368-2	1114500092510620	20110125	20110524	81.00
91345392-1	1114500097790120	20110124	20110524	81.00
91408936-7	1114500093043420	20110131	20110524	81.00
91437518-1	1114500092104120	20101201	20110524	81.00
91437531-2	1114500092107320	20101208	20110524	81.00
91437548-3	1114500092109520	20101217	20110524	81.00
91437556-4	1114500092110420	20101223	20110524	81.00
91437605-1	1114500093163520	20110201	20110524	81.00
91437624-2	1114500093164220	20110203	20110524	81.00
91437767-1	1114500092503820	20110131	20110524	81.00
91437776-2	1114500092505720	20110203	20110524	81.00
91437957-1	1114500091852520	20110131	20110524	81.00
91437968-2	1114500091853620	20110201	20110524	81.00
91437979-3	1114500091854620	20110202	20110524	81.00

May 2011 Sample Dummy Denial Claims

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91438008-1	1114500093829220	20110204	20110524	81.00
91438949-1	1114500097995820	20101203	20110524	81.00
91438960-2	1114500097998720	20101210	20110524	81.00
91438965-1	1114500097241320	20110121	20110524	81.00
91438975-2	1114500097242820	20110128	20110524	81.00
91440703-1	1114500093642420	20101231	20110524	81.00
91440717-2	1114500093644520	20101217	20110524	81.00
91440735-3	1114500093645420	20110102	20110524	81.00
91440742-4	1114500093646120	20101219	20110524	81.00
91440748-5	1114500093646820	20110119	20110524	81.00
91440755-6	1114500093647320	20110116	20110524	81.00
91440764-7	1114500093648220	20110114	20110524	81.00
91440773-8	1114500093648620	20110107	20110524	81.00
91440873-1	1114500093628620	20110102	20110524	81.00
91440881-3	1114500093630120	20101214	20110524	81.00
91440887-4	1114500093631320	20101231	20110524	81.00
91440892-5	1114500093632720	20110105	20110524	81.00
91440898-6	1114500093633820	20110107	20110524	81.00
91440903-7	1114500093634520	20110109	20110524	81.00
91440907-8	1114500093634820	20110123	20110524	81.00
91440910-9	1114500093635620	20110121	20110524	81.00
91440912-10	1114500093636420	20110119	20110524	81.00
91440920-12	1114500093637920	20110116	20110524	81.00
91440923-13	1114500093638820	20110114	20110524	81.00
91440926-14	1114500093639920	20101015	20110524	81.00
91440929-15	1114500093640620	20101219	20110524	81.00
91440933-16	1114500093641520	20101217	20110524	81.00
91440937-1	1114500093621020	20110119	20110524	81.00
91440939-2	1114500093621820	20110116	20110524	81.00
91440941-3	1114500093622420	20110114	20110524	81.00
91440943-4	1114500093623520	20110109	20110524	81.00
91440945-5	1114500093624520	20110107	20110524	81.00
91440947-6	1114500093625620	20110102	20110524	81.00
91440949-7	1114500093626220	20101231	20110524	81.00
91440951-8	1114500093626520	20101219	20110524	81.00
91440953-9	1114500093627320	20101217	20110524	81.00
91440955-10	1114500093628020	20101112	20110524	81.00
91440959-1	1114500093606820	20110119	20110524	81.00
91440963-3	1114500093608320	20101217	20110524	81.00
91440965-4	1114500093609120	20110114	20110524	81.00
91443658-1	1114500098042920	20110121	20110524	114.00
91443659-2	1114500098047120	20110122	20110524	114.00
91443660-3	1114500098048920	20110124	20110524	114.00
91443661-4	1114500098050420	20110125	20110524	114.00
91443662-5	1114500098051020	20110127	20110524	114.00
91444650-1	1114500089430920	20101220	20110524	81.00

Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
91446619-1	1114500090729920	20110119	20110524	81.00
91447065-1	1114500094220120	20101026	20110524	81.00
91447067-2	1114500094223420	20101028	20110524	81.00
91447069-3	1114500094224620	20101102	20110524	81.00
91447072-4	1114500094226120	20101104	20110524	81.00
91447434-10	1114500089326420	20110120	20110524	81.00
91447434-11	1114500089327620	20110121	20110524	81.00
91447434-12	1114500089328820	20110124	20110524	81.00
91447434-13	1114500089330920	20110126	20110524	81.00
91447434-14	1114500089332620	20110128	20110524	81.00
91447434-15	1114500089334620	20110131	20110524	81.00
91447434-16	1114500089335720	20110104	20110524	81.00
91447434-17	1114500089336320	20110106	20110524	81.00
91447434-18	1114500089337320	20110111	20110524	81.00
91447434-19	1114500089338520	20110118	20110524	81.00
91447434-2	1114500089316220	20110104	20110524	81.00
91447434-20	1114500089339820	20110119	20110524	81.00
91447434-21	1114500089340720	20110120	20110524	81.00
91447434-22	1114500089341620	20110125	20110524	81.00
91447434-23	1114500089342820	20110126	20110524	81.00
91447434-3	1114500089317720	20110107	20110524	81.00
91447434-4	1114500089318920	20110110	20110524	81.00
91447434-5	1114500089320120	20110112	20110524	81.00
91447434-6	1114500089321320	20110113	20110524	81.00
91447434-7	1114500089322320	20110114	20110524	81.00
91447434-8	1114500089323320	20110117	20110524	81.00
91447434-9	1114500089325120	20110118	20110524	81.00
91448236-1	1114500092800320	20110104	20110524	81.00

Exhibit E

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	71468989-1	0912900002133920	20071025	20090507	90.00
0	315.9	71855986-1	0912900007903920	20071119	20090507	126.00
0	315.9	71855987-1	0912900007892820	20071127	20090507	126.00
0	315.9	72089920-1	0912900033521020	20071129	20090507	90.00
0	315.9	72089921-1	0912900033516120	20071211	20090507	90.00
0	315.9	72092858-1	0912900007902420	20071204	20090507	126.00
0	315.9	72092859-1	0912900007914220	20071211	20090507	126.00
0	315.9	72265669-1	0912900007909720	20071220	20090507	126.00
0	315.9	72427128-1	0912800121923620	20071218	20090507	90.00
0	315.9	73018635-1	0912900006295120	20080129	20090507	90.00
0	315.9	73018636-1	0912900006289220	20080207	20090507	90.00
0	315.9	73018637-1	0912900006287120	20080214	20090507	90.00
0	315.9	73036001-1	0912800132824820	20071223	20090507	149.00
0	315.9	73057047-1	0912800127406220	20080222	20090507	90.00
0	315.9	73057160-1	0912800130483020	20080114	20090507	90.00
0	315.9	73057161-1	0912800130479020	20080117	20090507	90.00
0	315.9	73057162-1	0912800130489720	20080118	20090507	90.00
0	315.9	73057163-1	0912800130492020	20080121	20090507	90.00
0	315.9	73057165-1	0912800130487220	20080125	20090507	90.00
0	315.9	73057166-1	0912800130473020	20080128	20090507	90.00
0	315.9	73119401-1	0912800121929520	20080105	20090507	90.00
0	315.9	73237902-1	0912900006291520	20080226	20090507	90.00
0	315.9	73237920-1	0912900007905820	20080102	20090507	126.00
0	315.9	73237921-1	0912900007901220	20080104	20090507	126.00
0	315.9	73237922-1	0912900007897620	20080209	20090507	126.00
0	315.9	73237923-1	0912900007910720	20080210	20090507	126.00
0	315.9	73237924-1	0912900007911920	20080211	20090507	126.00
0	315.9	73237925-1	0912900007895320	20080212	20090507	126.00
0	315.9	73237926-1	0912900007907920	20080213	20090507	126.00
0	315.9	73237927-1	0912900007913220	20080214	20090507	126.00
0	315.9	73237928-1	0912900007900120	20080215	20090507	126.00
0	315.9	73237929-1	0912900007896520	20080224	20090507	126.00
0	315.9	73369679-1	0912800131291820	20080112	20090507	126.00
0	315.9	73379697-1	0912800130517020	20080226	20090507	90.00
0	315.9	73383345-1	0912800123134620	20080203	20090507	126.00
0	315.9	73441570-1	0912800119961120	20080216	20090507	90.00
0	315.9	73442338-1	0912900006292820	20080311	20090507	90.00
0	315.9	73703133-1	0912800130469220	20080328	20090507	90.00
0	315.9	73724433-1	0912900005847820	20080322	20090507	90.00
0	315.9	73724434-1	0912900005844020	20080326	20090507	90.00
0	315.9	73724435-1	0912900005839920	20080329	20090507	90.00
0	315.9	73775495-1	0912900001373020	20080327	20090507	126.00
0	315.9	73775496-1	0912900001369820	20080316	20090507	126.00
0	315.9	73775497-1	0912900001384120	20080317	20090507	126.00
0	315.9	73775498-1	0912900001375020	20080323	20090507	126.00
0	315.9	73775499-1	0912900001377320	20080325	20090507	126.00
0	315.9	73775500-1	0912900001386120	20080326	20090507	126.00
0	315.9	73775501-1	0912900001386920	20080327	20090507	126.00
0	315.9	73775502-1	0912900001387720	20080330	20090507	126.00
0	315.9	73775503-1	0912900001380220	20080331	20090507	126.00
0	315.9	73785759-1	0912800131288120	20080126	20090507	126.00
0	315.9	73785767-1	0912800131281120	20080224	20090507	126.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	73904529-1	0912900012962520	20080318	20090507	126.00
0	315.9	73904531-1	0912900012959220	20080320	20090507	126.00
0	315.9	73952084-1	0917700108396820	20080221	20090507	18.25
0	315.9	73966969-1	0912900006284920	20080326	20090507	90.00
0	315.9	74000647-1	0912800130485820	20080303	20090507	90.00
0	315.9	74000648-1	0912800130484620	20080324	20090507	90.00
0	315.9	74183453-1	0912900005845420	20080402	20090507	90.00
0	315.9	74183454-1	0912900005850820	20080405	20090507	90.00
0	315.9	74183455-1	0912900005843220	20080409	20090507	90.00
0	315.9	74183456-1	0912900005849620	20080412	20090507	90.00
0	315.9	74723588-1	0912900033702520	20080520	20090507	90.00
0	315.9	74723589-1	0912900033703720	20080521	20090507	90.00
0	315.9	74723590-1	0912900033682820	20080523	20090507	90.00
0	315.9	74723591-1	0912900033696020	20080526	20090507	90.00
0	315.9	74723592-1	0912900033697020	20080527	20090507	90.00
0	315.9	74723593-1	0912900033705120	20080519	20090507	90.00
0	315.9	74723594-1	0912900033725520	20080520	20090507	90.00
0	315.9	74723595-1	0912900033697420	20080527	20090507	90.00
0	315.9	74723596-1	0912900033721520	20080528	20090507	90.00
0	315.9	74723597-1	0912900033719520	20080519	20090507	126.00
0	315.9	74723598-1	0912900033724520	20080526	20090507	126.00
0	315.9	74859162-1	0917700108171220	20080402	20090507	18.25
0	315.9	74951280-1	0912800122751220	20080505	20090507	90.00
0	315.9	74991491-1	0912900033683620	20080602	20090507	90.00
0	315.9	74991492-1	0912900033698620	20080604	20090507	90.00
0	315.9	74991493-1	0912900033700320	20080605	20090507	90.00
0	315.9	74991494-1	0912900033694520	20080606	20090507	90.00
0	315.9	74991495-1	0912900033711120	20080610	20090507	90.00
0	315.9	74991496-1	0912900033739020	20080611	20090507	90.00
0	315.9	74991498-1	0912900033726220	20080603	20090507	90.00
0	315.9	74991499-1	0912900033727320	20080604	20090507	90.00
0	315.9	74991500-1	0912900033712920	20080609	20090507	90.00
0	315.9	74991501-1	0912900033740620	20080610	20090507	90.00
0	315.9	74991502-1	0912900033706620	20080611	20090507	90.00
0	315.9	75007221-1	0912900014002520	20080610	20090507	52.00
0	315.9	75269841-1	0912900033736720	20080616	20090507	90.00
0	315.9	75269842-1	0912900033714320	20080617	20090507	90.00
0	315.9	75269843-1	0912900033728020	20080619	20090507	90.00
0	315.9	75269844-1	0912900033723120	20080623	20090507	90.00
0	315.9	75269845-1	0912900033738120	20080624	20090507	90.00
0	315.9	75269846-1	0912900033733520	20080626	20090507	90.00
0	315.9	75269847-1	0912900033701220	20080630	20090507	90.00
0	315.9	75269852-1	0912900033735120	20080616	20090507	90.00
0	315.9	75269853-1	0912900033742620	20080617	20090507	90.00
0	315.9	75269854-1	0912900033735720	20080618	20090507	90.00
0	315.9	75269855-1	0912900033736220	20080620	20090507	90.00
0	315.9	75269856-1	0912900033744020	20080624	20090507	90.00
0	315.9	75269857-1	0912900033715820	20080625	20090507	90.00
0	315.9	75269858-1	0912900033685320	20080627	20090507	90.00
0	315.9	75269861-1	0912900033691320	20080619	20090507	90.00
0	315.9	75269862-1	0912900033716420	20080623	20090507	90.00
0	315.9	75269863-1	0912900033689120	20080624	20090507	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	75269864-1	0912900033717620	20080625	20090507	90.00
0	315.9	75269865-1	0912900033675220	20080630	20090507	90.00
0	315.9	75269866-1	0912900033707620	20080616	20090507	126.00
0	315.9	75269867-1	0912900033722120	20080622	20090507	126.00
0	315.9	75269868-1	0912900033742020	20080630	20090507	126.00
0	315.9	75512559-1	0912900033692520	20080707	20090507	126.00
0	315.9	75774230-1	0912800123034420	20080625	20090507	232.00
0	315.9	75774240-1	0912900001230520	20080724	20090507	232.00
0	315.9	75837042-1	0917700105179120	20080725	20090507	18.25
0	315.9	76055260-1	0912800120787720	20080721	20090507	206.00
0	315.9	76114644-1	0917700105174120	20080806	20090507	18.25
0	315.9	76114645-1	0917700105175320	20080807	20090507	18.25
0	315.9	77250827-1	0912900011561020	20080624	20090507	90.00
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0	315.9	77258719-1	0912900013051620	20080618	20090507	90.00
0	315.9	77264198-1	0912900005835620	20080331	20090507	40.00
0	315.9	77266311-1	0912900005825220	20080409	20090507	40.00
0	315.9	77266575-1	0912900004313120	20080627	20090507	90.00
0	315.9	77270479-1	0912900013051020	20080311	20090507	90.00
0	315.9	77271681-1	0912900001038020	20080505	20090507	53.00
0	315.9	77271825-1	0912900004301720	20080730	20090507	90.00
0	315.9	77274086-1	0912900001039020	20080505	20090507	53.00
0	315.9	77274677-1	0912900006072820	20080703	20090507	40.00
0	315.9	77275479-1	0912900013031320	20080625	20090507	90.00
0	315.9	77275626-1	0912900005836220	20080415	20090507	40.00
0	315.9	77276455-1	0912900006088120	20080813	20090507	53.00
0	315.9	77276881-1	0912900013044920	20080127	20090507	90.00
0	315.9	77278307-1	0912900013056720	20080429	20090507	90.00
0	315.9	77280043-1	0912900006074120	20080716	20090507	53.00
0	315.9	77280848-1	0912900035211220	20080814	20090507	40.00
0	315.9	77280867-1	0912900035278220	20080801	20090507	40.00
0	315.9	77280879-1	0912900035011520	20080818	20090507	53.00
0	315.9	77281269-1	0912800117039920	20080731	20090507	90.00
0	315.9	77281663-1	0912900035241520	20080731	20090507	53.00
0	315.9	77283168-1	0912900004360120	20080723	20090507	90.00
0	315.9	77284355-1	0912900006068420	20080616	20090507	53.00
0	315.9	77284700-1	0912900035279320	20080811	20090507	53.00
0	315.9	77285266-1	0912900035209820	20080604	20090507	40.00
0	315.9	77286057-1	0912900035265920	20080812	20090507	40.00
0	315.9	77286255-1	0912900006062720	20080612	20090507	40.00
0	315.9	77288887-1	0912900006048720	20080611	20090507	53.00
0	315.9	77289674-1	0912900006041220	20080721	20090507	40.00
0	315.9	77290145-1	0912900035229920	20080728	20090507	40.00
0	315.9	77290325-1	0912900035274720	20080721	20090507	40.00
0	315.9	77290566-1	0912800119573420	20080625	20090507	18.25
0	315.9	77290708-1	0912900013053820	20080115	20090507	90.00
0	315.9	77291104-1	0912900006071520	20080709	20090507	40.00
0	315.9	77291353-1	0912900006089620	20080813	20090507	40.00
0	315.9	77292584-1	0912900035169120	20080726	20090507	90.00
0	315.9	77292950-1	0912900035242120	20080527	20090507	53.00
0	315.9	77293248-1	0912900006047420	20080730	20090507	40.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	77293446-1	0912900035178920	20080527	20090507	40.00
0	315.9	77293462-1	0912900035238120	20080715	20090507	90.00
0	315.9	77293958-1	0912900013041620	20080226	20090507	90.00
0	315.9	77294072-1	0912900013028820	20080709	20090507	90.00
0	315.9	77294835-1	0912900013055320	20080616	20090507	90.00
0	315.9	77295008-1	0912900035237320	20080718	20090507	40.00
0	315.9	77297686-1	0912900035277720	20080804	20090507	53.00
0	315.9	77298051-1	0912900035202420	20080723	20090507	40.00
0	315.9	77298119-1	0912900006094220	20080618	20090507	40.00
0	315.9	77298464-1	0912800119565220	20080229	20090507	18.25
0	315.9	77298581-1	0912900013052920	20080519	20090507	90.00
0	315.9	77299374-1	0912900035229120	20080728	20090507	53.00
0	315.9	77300000-1	0912900013042220	20080220	20090507	90.00
0	315.9	77300450-1	0912900035177920	20080818	20090507	53.00
0	315.9	77300568-1	0912900006051420	20080806	20090507	53.00
0	315.9	77300722-1	0912900006082420	20080806	20090507	40.00
0	315.9	77301628-1	0912900035270120	20080619	20090507	40.00
0	315.9	77301780-1	0912900035231220	20080611	20090507	53.00
0	315.9	77301894-1	0912900035199520	20080611	20090507	40.00
0	315.9	77302543-1	0912900035168420	20080724	20090507	90.00
0	315.9	77302855-1	0912900005836820	20080409	20090507	53.00
0	315.9	77302884-1	0912900013040820	20080213	20090507	90.00
0	315.9	77303486-1	0912900013037920	20080602	20090507	90.00
0	315.9	77303772-1	0912900013045320	20080318	20090507	90.00
0	315.9	77304043-1	0912900035236220	20080709	20090507	53.00
0	315.9	77304287-1	0912900006092520	20080818	20090507	40.00
0	315.9	77304759-1	0912900006049820	20080709	20090507	53.00
0	315.9	77304799-1	0912900035242920	20080530	20090507	40.00
0	315.9	77305015-1	0912900035181920	20080528	20090507	53.00
0	315.9	77305022-1	0912900035183020	20080613	20090507	53.00
0	315.9	77305305-1	0912900035015020	20080813	20090507	53.00
0	315.9	77309904-1	0912900035219020	20080731	20090507	40.00
0	315.9	77310528-1	0912900035167320	20080715	20090507	40.00
0	315.9	77313806-1	0912900035246620	20080530	20090507	53.00
0	315.9	77314490-1	0912900035176020	20080724	20090507	53.00
0	315.9	77314642-1	0912900035215020	20080725	20090507	53.00
0	315.9	77314650-1	0912900035171820	20080801	20090507	53.00
0	315.9	77314922-1	0912900035280320	20080812	20090507	53.00
0	315.9	77318621-1	0912900035258820	20080818	20090507	40.00
0	315.9	77319120-1	0912900035263320	20080617	20090507	53.00
0	315.9	77319436-1	0912900035196020	20080807	20090507	40.00
0	315.9	77319998-1	0912900035227920	20080710	20090507	40.00
0	315.9	77320127-1	0912900035239320	20080719	20090507	90.00
299.0	315.9	74116160-1	0917700095562820	20080316	20090520	52.00
299.0	315.9	81054206-1	0914200120858120	20090401	20090520	90.00
299.0	315.9	81054206-3	0914200120853320	20090408	20090520	90.00
299.0	315.9	81054235-1	0914200120856520	20090401	20090520	53.00
299.0	315.9	81054235-10	0914200120855320	20090408	20090520	53.00
299.0	315.9	81054235-2	0914200120852420	20090406	20090520	53.00
299.0	315.9	81054235-3	0914200120842920	20090407	20090520	53.00
299.0	315.9	81054246-1	0914200120850720	20090403	20090520	126.00
299.8	315.9	77467116-1	0914200144689920	20081006	20090520	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	77467126-2	0914200144676520	20081007	20090520	90.00
299.8	315.9	77467136-3	0914200144658220	20081008	20090520	90.00
299.8	315.9	77467148-4	0914200144688320	20081009	20090520	90.00
299.8	315.9	77467163-5	0914200144659820	20081010	20090520	90.00
299.8	315.9	77467174-6	0914200144691320	20081011	20090520	90.00
299.8	315.9	77467187-7	0914200144692520	20081014	20090520	90.00
299.8	315.9	77467204-8	0914200144696620	20081015	20090520	90.00
299.8	315.9	77467218-9	0914200144677420	20081016	20090520	90.00
299.8	315.9	77467229-10	0914200144660520	20081017	20090520	90.00
299.8	315.9	77467240-11	0914200144697720	20081018	20090520	90.00
299.8	315.9	79157667-10	0914200125330520	20081125	20090520	90.00
299.8	315.9	79642973-7	0914200124241520	20090120	20090520	90.00
299.8	315.9	79645146-2	0914200114558020	20090107	20090520	90.00
299.8	315.9	79645149-3	0914200114568920	20090114	20090520	90.00
299.8	315.9	79645152-4	0914200114564520	20090108	20090520	90.00
299.8	315.9	79645155-5	0914200114567620	20090112	20090520	90.00
299.8	315.9	79678922-1	0914200124271320	20090127	20090520	90.00
299.8	315.9	79678928-3	0914200124240720	20090131	20090520	90.00
299.8	315.9	79925675-2	0914200125344320	20090203	20090520	126.00
299.8	315.9	80405840-5	0914200125350020	20090109	20090520	90.00
299.8	315.9	80405842-6	0914200125343520	20090113	20090520	90.00
299.8	315.9	80405846-8	0914200125352420	20090115	20090520	90.00
299.8	315.9	80405852-10	0914200125347720	20090120	20090520	90.00
299.8	315.9	80405865-14	0914200125324320	20090127	20090520	90.00
299.8	315.9	80405887-22	0914200125346520	20090210	20090520	90.00
299.8	315.9	80405898-26	0914200125349120	20090217	20090520	90.00
299.8	315.9	80405900-1	0914200125351220	20090218	20090520	90.00
299.8	315.9	80405917-7	0914200125327420	20090225	20090520	90.00
299.8	315.9	80422902-16	0914200139759820	20090331	20090520	53.00
299.8	315.9	80437871-1	0914200159262220	20090330	20090520	126.00
299.8	315.9	80437872-2	0914200159260020	20090331	20090520	126.00
299.8	315.9	80437873-3	0914200159229920	20090401	20090520	126.00
299.8	315.9	80437874-4	0914200159231520	20090402	20090520	126.00
299.8	315.9	80479134-1	0914200159303420	20090401	20090520	107.00
299.8	315.9	80479136-2	0914200159250420	20090402	20090520	107.00
299.8	315.9	80479137-3	0914200159303920	20090403	20090520	107.00
299.8	315.9	80479319-1	0914200159232820	20090401	20090520	90.00
299.8	315.9	80479320-2	0914200159307620	20090402	20090520	90.00
299.8	315.9	80479321-3	0914200159260820	20090403	20090520	90.00
299.8	315.9	80527764-2	0917700096735520	20090320	20090520	126.00
299.8	315.9	80527766-4	0917700096738720	20090324	20090520	126.00
299.8	315.9	80527779-1	0917700096740820	20090319	20090520	126.00
299.8	315.9	80527781-3	0917700096740220	20090323	20090520	126.00
299.8	315.9	80539150-7	0914200161511120	20090225	20090520	126.00
299.8	315.9	80539154-21	0914200161513920	20090226	20090520	126.00
299.8	315.9	80539156-4	0914200161512820	20090223	20090520	126.00
299.8	315.9	80539157-5	0914200161503820	20090224	20090520	126.00
299.8	315.9	80629045-1	0914200135671220	20090120	20090520	126.00
299.8	315.9	80629046-2	0914200135639220	20090122	20090520	126.00
299.8	315.9	80629047-3	0914200135640520	20090127	20090520	126.00
299.8	315.9	80808165-1	0914200143227520	20090420	20090520	90.00
299.8	315.9	80820505-1	0914200139738920	20090406	20090520	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	80820506-2	0914200139739620	20090407	20090520	90.00
299.8	315.9	80820507-3	0914200139722820	20090408	20090520	90.00
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299.8	315.9	80820743-2	0914200139728120	20090407	20090520	107.00
299.8	315.9	80820744-3	0914200139729120	20090408	20090520	107.00
299.8	315.9	80820745-1	0914200159204620	20090406	20090520	90.00
299.8	315.9	80820746-2	0914200159273620	20090407	20090520	90.00
299.8	315.9	80820747-3	0914200159212020	20090408	20090520	90.00
299.8	315.9	80820748-1	0914200159292820	20090406	20090520	107.00
299.8	315.9	80820749-2	0914200159275420	20090407	20090520	107.00
299.8	315.9	80820750-3	0914200159300720	20090408	20090520	107.00
299.8	315.9	80829881-1	0914200137181620	20090406	20090520	90.00
299.8	315.9	80829882-2	0914200137220620	20090408	20090520	90.00
299.8	315.9	80900715-1	0914200139761020	20090420	20090520	90.00
299.8	315.9	80900716-2	0914200139816820	20090421	20090520	90.00
299.8	315.9	80900717-3	0914200139714820	20090422	20090520	90.00
299.8	315.9	80900718-4	0914200139715720	20090423	20090520	90.00
299.8	315.9	80900719-5	0914200139731320	20090424	20090520	90.00
299.8	315.9	80900720-1	0914200139759120	20090420	20090520	107.00
299.8	315.9	80900721-2	0914200139806020	20090421	20090520	107.00
299.8	315.9	80900722-3	0914200139732220	20090422	20090520	107.00
299.8	315.9	80900723-4	0914200139761920	20090423	20090520	107.00
299.8	315.9	80900724-5	0914200139716620	20090424	20090520	107.00
299.8	315.9	80900725-1	0914200159225820	20090423	20090520	90.00
299.8	315.9	80900726-2	0914200159226520	20090424	20090520	90.00
299.8	315.9	80900727-1	0914200159229020	20090423	20090520	107.00
299.8	315.9	80900728-2	0914200159302720	20090424	20090520	107.00
299.8	315.9	80900755-1	0914200119874620	20090421	20090520	90.00
299.8	315.9	80900756-2	0914200119887220	20090422	20090520	90.00
299.8	315.9	80900757-3	0914200119875320	20090423	20090520	90.00
299.8	315.9	80900760-1	0914200119876520	20090421	20090520	107.00
299.8	315.9	80900761-2	0914200119891320	20090422	20090520	107.00
299.8	315.9	80900762-3	0914200119880020	20090423	20090520	107.00
299.8	315.9	80900966-4	0914200134534020	20090424	20090520	90.00
299.8	315.9	80914308-1	0914200159276720	20090403	20090520	126.00
299.8	315.9	80914309-2	0914200159245420	20090406	20090520	126.00
299.8	315.9	80914310-3	0914200159257520	20090407	20090520	126.00
299.8	315.9	80914311-4	0914200159258220	20090408	20090520	126.00
299.8	315.9	80914312-5	0914200159288920	20090409	20090520	126.00
299.8	315.9	80914313-6	0914200159277920	20090410	20090520	126.00
299.8	315.9	80914314-7	0914200159234120	20090413	20090520	126.00
299.8	315.9	80914315-8	0914200159235520	20090414	20090520	126.00
299.8	315.9	80914316-9	0914200159256320	20090415	20090520	126.00
299.8	315.9	80914317-10	0914200159289120	20090416	20090520	126.00
299.8	315.9	80914318-11	0914200159236420	20090417	20090520	126.00
299.8	315.9	80914319-12	0914200159238620	20090420	20090520	126.00
299.8	315.9	80914320-13	0914200159246620	20090421	20090520	126.00
299.8	315.9	80914321-14	0914200159211220	20090422	20090520	126.00
299.8	315.9	80914322-15	0914200159209520	20090423	20090520	126.00
299.8	315.9	80914323-16	0914200159247720	20090424	20090520	126.00
299.8	315.9	80914324-17	0914200159279320	20090427	20090520	126.00
299.8	315.9	80914325-1	0914200159259520	20090403	20090520	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	80914326-2	0914200159240420	20090410	20090520	90.00
299.8	315.9	80914327-3	0914200159281220	20090417	20090520	90.00
299.8	315.9	80914328-4	0914200159249820	20090424	20090520	90.00
299.8	315.9	80914333-12	0914200119883620	20090422	20090520	126.00
299.8	315.9	80914334-13	0914200119885420	20090423	20090520	126.00
299.8	315.9	80923679-1	0914200159255620	20090407	20090520	53.00
299.8	315.9	80935960-1	0914200143241220	20090422	20090520	90.00
299.8	315.9	80935962-2	0914200143225520	20090423	20090520	90.00
299.8	315.9	80935964-3	0914200143228520	20090427	20090520	90.00
299.8	315.9	80956659-1	0914200143236820	20090428	20090520	90.00
299.8	315.9	80956661-2	0914200143252820	20090429	20090520	90.00
299.8	315.9	80956663-3	0914200143246720	20090430	20090520	90.00
299.8	315.9	80957297-1	0914200143261420	20090429	20090520	126.00
299.8	315.9	81007609-2	0914200160600720	20090427	20090520	90.00
299.8	315.9	81025493-1	0914200121485320	20090403	20090520	90.00
299.8	315.9	81025493-2	0914200121486920	20090410	20090520	90.00
299.8	315.9	81025493-3	0914200121490320	20090417	20090520	90.00
299.8	315.9	81025494-1	0914200121480720	20090424	20090520	90.00
299.8	315.9	81025498-1	0914200132218420	20090420	20090520	126.00
299.8	315.9	81025498-2	0914200132206720	20090421	20090520	126.00
299.8	315.9	81025498-3	0914200132219820	20090422	20090520	126.00
299.8	315.9	81025498-4	0914200132211220	20090423	20090520	126.00
299.8	315.9	81025498-6	0914200132212620	20090424	20090520	126.00
299.8	315.9	81025505-1	0914200121833620	20090501	20090520	90.00
299.8	315.9	81025508-1	0914200121836120	20090501	20090520	107.00
299.8	315.9	81025511-1	0914200151813420	20090427	20090520	90.00
299.8	315.9	81025511-2	0914200151810220	20090428	20090520	90.00
299.8	315.9	81025511-3	0914200151825920	20090429	20090520	90.00
299.8	315.9	81025511-4	0914200151811520	20090430	20090520	90.00
299.8	315.9	81025511-5	0914200151826720	20090501	20090520	90.00
299.8	315.9	81025514-1	0914200151829820	20090427	20090520	107.00
299.8	315.9	81025514-2	0914200151842720	20090428	20090520	107.00
299.8	315.9	81025514-3	0914200151845120	20090429	20090520	107.00
299.8	315.9	81025514-4	0914200151824520	20090430	20090520	107.00
299.8	315.9	81025514-5	0914200151825320	20090501	20090520	107.00
299.8	315.9	81025540-1	0914200135628420	20090427	20090520	90.00
299.8	315.9	81025540-2	0914200135630420	20090428	20090520	90.00
299.8	315.9	81025540-3	0914200135639820	20090429	20090520	90.00
299.8	315.9	81025540-4	0914200135619920	20090430	20090520	90.00
299.8	315.9	81025540-5	0914200135632720	20090501	20090520	90.00
299.8	315.9	81025549-2	0914200131773820	20090406	20090520	53.00
299.8	315.9	81025554-1	0914200135633120	20090427	20090520	107.00
299.8	315.9	81025554-2	0914200135614120	20090428	20090520	107.00
299.8	315.9	81025554-3	0914200135624720	20090429	20090520	107.00
299.8	315.9	81025554-4	0914200135617720	20090430	20090520	107.00
299.8	315.9	81025554-5	0914200135627520	20090501	20090520	107.00
299.8	315.9	81025555-1	0914200139723120	20090205	20090520	90.00
299.8	315.9	81025555-2	0914200139724220	20090207	20090520	90.00
299.8	315.9	81025555-3	0914200139746820	20090210	20090520	90.00
299.8	315.9	81025555-4	0914200139748120	20090212	20090520	90.00
299.8	315.9	81025555-5	0914200139713320	20090312	20090520	90.00
299.8	315.9	81025555-6	0914200139714520	20090314	20090520	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	81025556-1	0914200148248720	20090203	20090520	126.00
299.8	315.9	81025578-1	0914200148267520	20090129	20090520	126.00
299.8	315.9	81025578-2	0914200148245520	20090202	20090520	126.00
299.8	315.9	81025578-5	0914200148237020	20090204	20090520	126.00
299.8	315.9	81025578-6	0914200148218120	20090205	20090520	126.00
1561718	315.9	81157796-1	0914900097061320	20090505	20090527	107.00
1561718	315.9	81157796-2	0914900097050520	20090506	20090527	107.00
1561718	315.9	81157796-3	0914900097054520	20090507	20090527	107.00
1561718	315.9	81157796-4	0914900097052120	20090508	20090527	107.00
299.0	315.9	81071700-22	0917700102968920	20090331	20090527	126.00
299.8	315.9	70975239-1	0915000004829020	20070823	20090527	18.25
299.8	315.9	73098407-1	0914900090643120	20080219	20090527	58.00
299.8	315.9	73098408-1	0914900090650020	20080220	20090527	58.00
299.8	315.9	73098409-1	0914900090647220	20080221	20090527	58.00
299.8	315.9	73098410-1	0914900090641320	20080225	20090527	58.00
299.8	315.9	73098411-1	0914900090648220	20080226	20090527	58.00
299.8	315.9	73098412-1	0914900090645420	20080227	20090527	58.00
299.8	315.9	73098413-1	0914900090646420	20080228	20090527	58.00
299.8	315.9	73098414-1	0914900090646620	20080229	20090527	58.00
299.8	315.9	73124428-1	0914900088322120	20080310	20090527	90.00
299.8	315.9	73235053-1	0915000004813220	20080229	20090527	18.25
299.8	315.9	73235318-1	0914900088323120	20080312	20090527	90.00
299.8	315.9	73311752-1	0914900088319020	20080314	20090527	90.00
299.8	315.9	73384457-1	0914900090646220	20080303	20090527	58.00
299.8	315.9	73384458-1	0914900090647020	20080306	20090527	58.00
299.8	315.9	73503508-1	0914900088328820	20080327	20090527	90.00
299.8	315.9	73538852-1	0915000004815520	20080306	20090527	18.25
299.8	315.9	73539114-1	0914900088330120	20080401	20090527	90.00
299.8	315.9	73539268-1	0914900104092320	20080303	20090527	18.25
299.8	315.9	73539269-1	0914900104095220	20080306	20090527	18.25
299.8	315.9	73589976-1	0914900088325320	20080324	20090527	107.00
299.8	315.9	73591198-1	0914900088324520	20080403	20090527	90.00
299.8	315.9	73886745-1	0914900088326220	20080402	20090527	107.00
299.8	315.9	73886748-1	0914900088329520	20080407	20090527	107.00
299.8	315.9	73886749-1	0914900088331020	20080408	20090527	107.00
299.8	315.9	73886751-1	0914900088327820	20080410	20090527	107.00
299.8	315.9	73886753-1	0914900088327320	20080414	20090527	107.00
299.8	315.9	73886754-1	0914900088331720	20080415	20090527	107.00
299.8	315.9	74457002-1	0914900102277020	20080422	20090527	18.25
299.8	315.9	74457004-1	0914900102275920	20080428	20090527	18.25
299.8	315.9	78272761-3	0914900092336220	20081028	20090527	90.00
299.8	315.9	78272772-5	0914900092353220	20081003	20090527	90.00
299.8	315.9	78272787-8	0914900092338120	20081008	20090527	90.00
299.8	315.9	78272794-9	0914900092341020	20081020	20090527	90.00
299.8	315.9	79157221-4	0914900086655620	20081219	20090527	126.00
299.8	315.9	79236642-5	0914900111991820	20081209	20090527	90.00
299.8	315.9	79236660-8	0914900111988720	20081216	20090527	90.00
299.8	315.9	80829884-1	0914900094811020	20090406	20090527	107.00
299.8	315.9	80829885-2	0914900094815320	20090408	20090527	107.00
299.8	315.9	81157757-1	0914900087177720	20090504	20090527	90.00
299.8	315.9	81157757-2	0914900087189020	20090506	20090527	90.00
299.8	315.9	81157757-3	0914900087192220	20090507	20090527	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	81157757-4	0914900087197420	20090508	20090527	90.00
299.8	315.9	81157758-1	0914900087187020	20090504	20090527	107.00
299.8	315.9	81157758-2	0914900087202320	20090506	20090527	107.00
299.8	315.9	81157758-3	0914900087193120	20090507	20090527	107.00
299.8	315.9	81157758-4	0914900087189520	20090508	20090527	107.00
299.8	315.9	81157761-1	0914900088592120	20090504	20090527	90.00
299.8	315.9	81157761-2	0914900088592520	20090505	20090527	90.00
299.8	315.9	81157761-3	0914900088585420	20090507	20090527	90.00
299.8	315.9	81157761-4	0914900088586420	20090508	20090527	90.00
299.8	315.9	81157762-1	0914900088590320	20090504	20090527	107.00
299.8	315.9	81157762-2	0914900088582220	20090505	20090527	107.00
299.8	315.9	81157762-3	0914900088591020	20090507	20090527	107.00
299.8	315.9	81157762-4	0914900088584720	20090508	20090527	107.00
299.8	315.9	81157777-1	0914900087301020	20090504	20090527	90.00
299.8	315.9	81157777-2	0914900087301820	20090505	20090527	90.00
299.8	315.9	81157777-3	0914900087294220	20090506	20090527	90.00
299.8	315.9	81157779-1	0914900087299920	20090504	20090527	107.00
299.8	315.9	81157779-2	0914900087298120	20090505	20090527	107.00
299.8	315.9	81157779-3	0914900087297220	20090506	20090527	107.00
299.8	315.9	81157791-1	0914900107528320	20090504	20090527	107.00
299.8	315.9	81157791-2	0914900107525020	20090506	20090527	107.00
299.8	315.9	81157791-3	0914900107529320	20090507	20090527	107.00
299.8	315.9	81157791-4	0914900107527520	20090508	20090527	107.00
299.8	315.9	81157795-1	0914900097052720	20090505	20090527	90.00
299.8	315.9	81157795-2	0914900097043320	20090506	20090527	90.00
299.8	315.9	81157795-3	0914900097053720	20090507	20090527	90.00
299.8	315.9	81157795-4	0914900097061720	20090508	20090527	90.00
299.8	315.9	81157799-1	0914900091803820	20090504	20090527	90.00
299.8	315.9	81157799-2	0914900091806320	20090505	20090527	90.00
299.8	315.9	81157799-3	0914900091807420	20090506	20090527	90.00
299.8	315.9	81157801-1	0914900091804520	20090504	20090527	107.00
299.8	315.9	81157801-2	0914900091805520	20090505	20090527	107.00
299.8	315.9	81157801-3	0914900091802320	20090506	20090527	107.00
299.8	315.9	81158339-1	0914900101080220	20090401	20090527	126.00
299.8	315.9	81158339-2	0914900101079220	20090402	20090527	126.00
299.8	315.9	81158387-1	0914900093061920	20090504	20090527	90.00
299.8	315.9	81158387-2	0914900093048320	20090505	20090527	90.00
299.8	315.9	81158387-3	0914900093050920	20090506	20090527	90.00
299.8	315.9	81158387-4	0914900093049220	20090507	20090527	90.00
299.8	315.9	81158387-5	0914900093047620	20090508	20090527	90.00
299.8	315.9	81158413-1	0914900093051520	20090504	20090527	107.00
299.8	315.9	81158413-2	0914900093033720	20090505	20090527	107.00
299.8	315.9	81158413-3	0914900093036220	20090506	20090527	107.00
299.8	315.9	81158413-4	0914900093035020	20090507	20090527	107.00
299.8	315.9	81158413-5	0914900093038520	20090508	20090527	107.00
299.8	315.9	81158515-1	0914900095936520	20090504	20090527	90.00
299.8	315.9	81158515-2	0914900095928120	20090505	20090527	90.00
299.8	315.9	81158515-3	0914900095937320	20090506	20090527	90.00
299.8	315.9	81158515-4	0914900095929120	20090507	20090527	90.00
299.8	315.9	81159871-1	0914900095933820	20090504	20090527	107.00
299.8	315.9	81159871-2	0914900095926220	20090505	20090527	107.00
299.8	315.9	81159871-3	0914900095927020	20090506	20090527	107.00

May 2009 Sample ICD-9 Switching Claims

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.8	315.9	81159871-4	0914900095927320	20090507	20090527	107.00
3891	315.9	81288674-1	0914900110605620	20090223	20090527	18.25
3891	315.9	81288678-2	0914900110602720	20090227	20090527	18.25
3891	315.9	81288685-3	0914900110599920	20090302	20090527	18.25
3891	315.9	81288690-4	0914900110606220	20090304	20090527	18.25
3891	315.9	81288694-5	0914900110603720	20090301	20090527	18.25
3891	315.9	81288698-6	0914900110607220	20090312	20090527	18.25
3891	315.9	81319201-1	0914900107531820	20090504	20090527	53.00
3891	315.9	81340723-1	0914900102294720	20090504	20090527	53.00
3891	315.9	81340729-2	0914900102296520	20090508	20090527	53.00
7490	315.9	81303030-1	0914900108185620	20090304	20090527	18.25
7490	315.9	81303033-2	0914900108183920	20090311	20090527	18.25
7490	315.9	81303036-3	0914900108186120	20090316	20090527	18.25
7490	315.9	81303039-4	0914900108187320	20090407	20090527	18.25
7490	315.9	81303043-5	0914900108188020	20090422	20090527	18.25
7490	315.9	81303046-6	0914900108185220	20090423	20090527	18.25

Exhibit F

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
1	315.9	86633600-1	1012800005971920	20100303	20100505	494.00
1	315.9	86633601-2	1012800005973220	20100303	20100505	149.00
1	315.9	86633602-3	1012800005973620	20100309	20100505	206.00
1	315.9	86633603-4	1012800005974920	20100309	20100505	52.00
299.0	315.9	84979707-1	1012800051085020	20091203	20100505	206.00
299.0	315.9	84979710-1	1012800051085520	20091203	20100505	52.00
299.0	315.9	86357590-1	1012800055254020	20100308	20100505	126.00
299.0	315.9	86357593-2	1012800055252520	20100309	20100505	126.00
299.0	315.9	86357595-4	1012800055273720	20100312	20100505	126.00
299.0	315.9	86421772-1	1012800055253420	20100315	20100505	126.00
299.0	315.9	86606318-1	1012800055255520	20100317	20100505	126.00
299.0	315.9	86606320-3	1012800055260120	20100322	20100505	126.00
299.0	315.9	86606321-4	1012800055262120	20100323	20100505	126.00
299.0	315.9	86606322-5	1012800055272820	20100324	20100505	126.00
299.0	315.9	86754908-1	1012800055270620	20100304	20100505	126.00
299.0	315.9	86754909-2	1012800055264620	20100329	20100505	126.00
299.0	315.9	86754911-3	1012800055271820	20100330	20100505	126.00
299.0	315.9	86754912-4	1012800055265620	20100331	20100505	126.00
299.0	315.9	86958430-1	1012800021831920	20100323	20100505	126.00
299.0	315.9	86958432-4	1012800033181920	20100315	20100505	126.00
299.0	315.9	86958432-6	1012800033179820	20100317	20100505	126.00
299.0	315.9	86964101-2	1012800021834220	20100413	20100505	114.00
299.0	315.9	86964101-3	1012800021843420	20100414	20100505	114.00
299.0	315.9	86964101-4	1012800021835920	20100415	20100505	114.00
299.0	315.9	86964101-5	1012800021839920	20100416	20100505	114.00
299.0	315.9	86964101-6	1012800021842120	20100419	20100505	114.00
299.0	315.9	86967977-2	1012800033207720	20100409	20100505	114.00
299.0	315.9	86967977-3	1012800033187020	20100412	20100505	114.00
299.0	315.9	86967977-4	1012800033197820	20100414	20100505	114.00
299.0	315.9	86967977-5	1012800033188720	20100415	20100505	114.00
299.0	315.9	86967977-6	1012800033191520	20100416	20100505	114.00
299.0	315.9	86967977-7	1012800033199420	20100419	20100505	114.00
299.0	315.9	86969701-2	1012800038544720	20100415	20100505	114.00
299.0	315.9	86969701-4	1012800038547320	20100416	20100505	114.00
299.0	315.9	86969794-2	1012800055359220	20100415	20100505	114.00
299.0	315.9	86969794-3	1012800055356720	20100416	20100505	114.00
299.0	315.9	86969794-4	1012800055364320	20100419	20100505	114.00
299.0	315.9	86969794-5	1012800055362020	20100420	20100505	114.00
299.0	315.9	86969815-2	1012800058173820	20100415	20100505	114.00
299.0	315.9	86969815-3	1012800058172120	20100416	20100505	114.00
299.0	315.9	86969815-4	1012800058175520	20100419	20100505	114.00
299.0	315.9	86969815-5	1012800058176620	20100420	20100505	114.00
299.0	315.9	86972730-2	1012800033202220	20100421	20100505	114.00
299.0	315.9	86972730-3	1012800033200820	20100422	20100505	114.00
299.0	315.9	86972730-4	1012800033195120	20100423	20100505	114.00
299.0	315.9	86973132-2	1012800055362820	20100422	20100505	114.00
299.0	315.9	86973137-2	1012800058174620	20100422	20100505	114.00
299.0	315.9	86996542-11	1012800043106920	20100422	20100505	114.00
299.0	315.9	86996542-14	1012800043101720	20100425	20100505	114.00
299.0	315.9	86996542-2	1012800043096220	20100415	20100505	114.00
299.0	315.9	86996542-4	1012800043099420	20100418	20100505	114.00
299.0	315.9	86996542-6	1012800043103820	20100419	20100505	114.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
299.0	315.9	86996542-7	1012800043105120	20100420	20100505	114.00
299.0	315.9	86996542-9	1012800043106420	20100421	20100505	114.00
299.0	315.9	87012252-2	1012800033210920	20100413	20100505	125.00
299.0	315.9	87012252-3	1012800033204520	20100414	20100505	125.00
299.0	315.9	87012252-4	1012800033205920	20100415	20100505	125.00
299.0	315.9	87012252-5	1012800033212020	20100416	20100505	125.00
299.8	315.9	85159215-4	1012800051356920	20091209	20100505	126.00
299.8	315.9	85159227-3	1012800051350720	20091204	20100505	126.00
299.8	315.9	85159231-5	1012800051353120	20091210	20100505	126.00
299.8	315.9	85159233-6	1012800051358020	20091211	20100505	126.00
299.8	315.9	85159235-7	1012800051374120	20091215	20100505	126.00
299.8	315.9	85159477-2	1012800051367120	20091222	20100505	126.00
299.8	315.9	85159479-3	1012800051349320	20091229	20100505	126.00
299.8	315.9	85159485-1	1012800051375520	20091221	20100505	126.00
299.8	315.9	85159491-4	1012800051360220	20091230	20100505	126.00
299.8	315.9	85159493-5	1012800051361220	20091231	20100505	126.00
299.8	315.9	85165163-13	1012800038824720	20091231	20100505	126.00
299.8	315.9	85165163-15	1012800038799720	20100105	20100505	126.00
299.8	315.9	85171356-21	1012800053433320	20091210	20100505	126.00
299.8	315.9	85171356-23	1012800053434120	20091214	20100505	126.00
299.8	315.9	85171356-25	1012800053457920	20091216	20100505	126.00
299.8	315.9	85171364-2	1012800053459420	20091218	20100505	126.00
299.8	315.9	85171364-6	1012800053464020	20091229	20100505	126.00
299.8	315.9	85171364-7	1012800053437720	20091230	20100505	126.00
299.8	315.9	85171364-8	1012800053438420	20091231	20100505	126.00
299.8	315.9	85175745-1	1012800062448620	20091223	20100505	90.00
299.8	315.9	85276107-1	1012800038858720	20100106	20100505	126.00
299.8	315.9	85276107-10	1012800038803320	20100112	20100505	126.00
299.8	315.9	85276107-4	1012800038801120	20100107	20100505	126.00
299.8	315.9	85276107-5	1012800038766820	20100109	20100505	126.00
299.8	315.9	85276107-8	1012800038802120	20100110	20100505	126.00
299.8	315.9	85289586-2	1012800048006120	20100108	20100505	90.00
299.8	315.9	85289877-2	1012800062468020	20100112	20100505	90.00
299.8	315.9	85338714-1	1012800048005120	20100114	20100505	90.00
299.8	315.9	85338740-1	1012800062450720	20100113	20100505	90.00
299.8	315.9	85338743-2	1012800062469020	20100114	20100505	90.00
299.8	315.9	85386225-1	1012800048006820	20100106	20100505	90.00
299.8	315.9	85386317-1	1012800062476020	20100104	20100505	90.00
299.8	315.9	85387551-1	1012800051345520	20100102	20100505	126.00
299.8	315.9	85387554-2	1012800051343820	20100104	20100505	126.00
299.8	315.9	85459468-1	1012800038796520	20100119	20100505	126.00
299.8	315.9	85459468-3	1012800038828120	20100120	20100505	126.00
299.8	315.9	85459468-6	1012800038781420	20100121	20100505	126.00
299.8	315.9	85459468-7	1012800038797720	20100123	20100505	126.00
299.8	315.9	85459468-9	1012800038798620	20100124	20100505	126.00
299.8	315.9	85507681-1	1012800048011420	20100126	20100505	90.00
299.8	315.9	85507683-2	1012800048010420	20100127	20100505	90.00
34390	315.9	87044747-1	1012800108609020	20100304	20100505	18.25
34390	315.9	87044750-1	1012800108604920	20100305	20100505	36.50
34390	315.9	87044753-1	1012800108608420	20100309	20100505	36.50
34390	315.9	87044757-1	1012800108619820	20100310	20100505	54.75
34390	315.9	87044879-1	1012800108607620	20100318	20100505	18.25

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
34390	315.9	87044882-1	1012800108611220	20100319	20100505	18.25
34390	315.9	87044885-1	1012800108615220	20100324	20100505	18.25
0	315.9	74586932-1	1013100076470320	20080519	20100508	18.25
0	315.9	74894563-1	1013100076469120	20080604	20100508	18.25
0	315.9	75032582-1	1013100014231920	20080512	20100508	58.00
0	315.9	75032583-1	1013100014241120	20080513	20100508	58.00
0	315.9	75032584-1	1013100014256220	20080515	20100508	58.00
0	315.9	75032585-1	1013100014252520	20080519	20100508	58.00
0	315.9	75032586-1	1013100014234420	20080520	20100508	58.00
0	315.9	75032587-1	1013100014250920	20080522	20100508	58.00
0	315.9	75032588-1	1013100014253720	20080529	20100508	58.00
0	315.9	75142915-1	1013100014260820	20080602	20100508	58.00
0	315.9	75142916-1	1013100014243520	20080603	20100508	58.00
0	315.9	75142917-1	1013100014261820	20080609	20100508	58.00
0	315.9	75142918-1	1013100014259420	20080610	20100508	58.00
0	315.9	75142919-1	1013100014249620	20080612	20100508	58.00
0	315.9	75142920-1	1013100014246920	20080616	20100508	58.00
0	315.9	75142921-1	1013100014237220	20080617	20100508	58.00
0	315.9	75142922-1	1013100014239920	20080619	20100508	58.00
0	315.9	75632538-1	1013100011678220	20080606	20100508	206.00
0	315.9	75632539-1	1013100011681120	20080606	20100508	52.00
0	315.9	75634323-1	1013100010485320	20080618	20100508	494.00
0	315.9	75634324-1	1013100010480720	20080618	20100508	149.00
0	315.9	75634325-1	1013100010487520	20080630	20100508	206.00
0	315.9	75634326-1	1013100010483520	20080630	20100508	52.00
0	315.9	75943524-1	1013100004611420	20080625	20100508	494.00
0	315.9	75981276-1	1013100074240220	20080626	20100508	206.00
299.8	315.9	80908995-1	1013100073577920	20090408	20100508	73.50
299.8	315.9	81059654-1	1013100073573220	20090415	20100508	73.50
299.8	315.9	81059658-1	1013100073574320	20090401	20100508	34.45
299.8	315.9	81059658-11	1013100073587120	20090430	20100508	34.45
299.8	315.9	81059658-2	1013100073604720	20090403	20100508	34.45
299.8	315.9	81059658-3	1013100073575120	20090406	20100508	34.45
299.8	315.9	81059658-5	1013100073586520	20090408	20100508	34.45
299.8	315.9	81059658-6	1013100073582120	20090420	20100508	34.45
34390	315.9	87331470-1	1014800107912020	20100420	20100526	81.00
34390	315.9	87331474-1	1014800107910220	20100422	20100526	81.00
3891	315.9	87411810-1	1014900000976420	20100504	20100526	63.00
3891	315.9	87411811-2	1014900000977720	20100506	20100526	63.00
3891	315.9	87411816-3	1014900000979120	20100507	20100526	63.00
3891	315.9	87411819-4	1014900000979620	20100511	20100526	63.00
3891	315.9	87412338-1	1014800099925320	20100430	20100526	63.00
3891	315.9	87412342-2	1014800099922520	20100503	20100526	63.00
3891	315.9	87413344-1	1014800111202020	20100429	20100526	63.00
3891	315.9	87413346-2	1014800111204720	20100503	20100526	63.00
3891	315.9	87413350-3	1014800111206120	20100506	20100526	63.00
3891	315.9	87413354-4	1014800111208320	20100510	20100526	63.00
3891	315.9	87413356-5	1014800111210720	20100511	20100526	63.00
3892	315.9	87396757-1	1014800106760520	20100402	20100526	81.00
3892	315.9	87396763-1	1014800106762620	20100407	20100526	81.00
3892	315.9	87396767-1	1014800106764120	20100409	20100526	81.00
3892	315.9	87396772-1	1014800106765820	20100414	20100526	81.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
3892	315.9	87396777-1	1014800106768120	20100421	20100526	81.00
3892	315.9	87396782-1	1014800106767020	20100428	20100526	81.00
0	315.9	72948179-1	1015700067670622	20080129	20100530	54.75
0	315.9	74478463-1	1015700068016122	20080515	20100530	127.75
0	315.9	74687037-1	1015700068016822	20080530	20100530	36.50
0	315.9	74915904-1	1015600126172120	20080603	20100530	90.00
0	315.9	74915905-1	1015600126120620	20080605	20100530	90.00
0	315.9	74915906-1	1015600126190820	20080607	20100530	90.00
0	315.9	74915907-1	1015600126176820	20080610	20100530	90.00
0	315.9	75027343-1	1015600126119620	20080614	20100530	90.00
0	315.9	75027344-1	1015600126189720	20080616	20100530	90.00
0	315.9	75061519-1	1015700068079122	20080612	20100530	73.00
0	315.9	75122956-1	1015600126173720	20080625	20100530	90.00
0	315.9	75122957-1	1015600126181020	20080626	20100530	90.00
0	315.9	75235685-1	1015600126193220	20080628	20100530	90.00
0	315.9	75235686-1	1015600126124020	20080701	20100530	90.00
0	315.9	75276141-1	1015600140040520	20080624	20100530	90.00
0	315.9	75276142-1	1015600140043420	20080701	20100530	90.00
0	315.9	75352827-1	1015600139333820	20080606	20100530	126.00
0	315.9	75352828-1	1015600139335620	20080609	20100530	126.00
0	315.9	75352829-1	1015600139336920	20080612	20100530	126.00
0	315.9	75352830-1	1015600139339320	20080616	20100530	126.00
0	315.9	75352831-1	1015600139328420	20080620	20100530	126.00
0	315.9	75352832-1	1015600139331320	20080623	20100530	126.00
0	315.9	75352833-1	1015600139343720	20080626	20100530	126.00
0	315.9	75371214-1	1015600139355020	20080605	20100530	126.00
0	315.9	75371215-1	1015600139355620	20080610	20100530	126.00
0	315.9	75371216-1	1015600139356120	20080612	20100530	126.00
0	315.9	75371217-1	1015600139348720	20080617	20100530	126.00
0	315.9	75371218-1	1015600139352620	20080624	20100530	126.00
0	315.9	75371219-1	1015600139354120	20080626	20100530	126.00
0	315.9	75381865-1	1015600130692620	20080623	20100530	90.00
0	315.9	75398588-1	1015700068085322	20080617	20100530	36.50
0	315.9	75398590-1	1015700068087122	20080623	20100530	36.50
0	315.9	75400870-1	1015600126114620	20080605	20100530	90.00
0	315.9	75400871-1	1015600126182320	20080612	20100530	90.00
0	315.9	75400872-1	1015600126186120	20080619	20100530	90.00
0	315.9	75400873-1	1015600126116320	20080626	20100530	90.00
0	315.9	75404724-1	1015600140035820	20080610	20100530	90.00
0	315.9	75404725-1	1015600140039420	20080617	20100530	90.00
0	315.9	75464912-1	1015700067477922	20080715	20100530	36.50
0	315.9	75512084-1	1015700067159722	20080714	20100530	36.50
0	315.9	75516856-1	1015600126177620	20080705	20100530	90.00
0	315.9	75516857-1	1015600126159020	20080708	20100530	90.00
0	315.9	75516858-1	1015600126178120	20080714	20100530	90.00
0	315.9	75516859-1	1015600126167020	20080715	20100530	90.00
0	315.9	75521300-1	1015600140054720	20080702	20100530	90.00
0	315.9	75521301-1	1015600140046520	20080707	20100530	90.00
0	315.9	75521302-1	1015600140049620	20080709	20100530	90.00
0	315.9	75521303-1	1015600140053720	20080714	20100530	90.00
0	315.9	75581149-1	1015600130629920	20080708	20100530	90.00
0	315.9	75581150-1	1015600130631920	20080709	20100530	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	75581151-1	1015600130634720	20080710	20100530	90.00
0	315.9	75581152-1	1015600130636420	20080714	20100530	90.00
0	315.9	75581153-1	1015600130638120	20080717	20100530	90.00
0	315.9	75581154-1	1015600130639920	20080718	20100530	90.00
0	315.9	75600155-1	1015700067266722	20080613	20100530	36.50
0	315.9	75600156-1	1015700067263522	20080627	20100530	36.50
0	315.9	75609631-1	1015700067544522	20080708	20100530	73.00
0	315.9	75611644-1	1015700067622722	20080709	20100530	164.25
0	315.9	75611645-1	1015700067629322	20080710	20100530	73.00
0	315.9	75620902-1	1015700067679722	20080723	20100530	54.75
0	315.9	75620903-1	1015700067683522	20080725	20100530	36.50
0	315.9	75620904-1	1015700067671922	20080728	20100530	73.00
0	315.9	75620905-1	1015700067678022	20080729	20100530	36.50
0	315.9	75625065-1	1015600140125420	20080708	20100530	90.00
0	315.9	75625066-1	1015600140127420	20080715	20100530	90.00
0	315.9	75628656-1	1015600139371220	20080602	20100530	126.00
0	315.9	75628657-1	1015600139371720	20080603	20100530	126.00
0	315.9	75628660-1	1015600139372220	20080603	20100530	126.00
0	315.9	75628661-1	1015600139372620	20080604	20100530	126.00
0	315.9	75628662-1	1015600139378320	20080605	20100530	126.00
0	315.9	75628663-1	1015600139379920	20080610	20100530	126.00
0	315.9	75628664-1	1015600139380820	20080611	20100530	126.00
0	315.9	75628665-1	1015600139382220	20080612	20100530	126.00
0	315.9	75628671-1	1015600139383920	20080617	20100530	126.00
0	315.9	75628672-1	1015600139384420	20080618	20100530	126.00
0	315.9	75628673-1	1015600139384920	20080619	20100530	126.00
0	315.9	75628674-1	1015600139387520	20080624	20100530	126.00
0	315.9	75628675-1	1015600139374620	20080625	20100530	126.00
0	315.9	75628676-1	1015600139376620	20080630	20100530	126.00
0	315.9	75642111-1	1015600126176020	20080722	20100530	90.00
0	315.9	75642112-1	1015600126163120	20080723	20100530	90.00
0	315.9	75649194-1	1015700067475122	20080724	20100530	36.50
0	315.9	75667248-1	1015600143960820	20080722	20100530	53.00
0	315.9	75682098-1	1015600139358220	20080701	20100530	126.00
0	315.9	75682099-1	1015600139366820	20080702	20100530	126.00
0	315.9	75682100-1	1015600139369920	20080708	20100530	126.00
0	315.9	75682101-1	1015600139361520	20080709	20100530	126.00
0	315.9	75682102-1	1015600139363520	20080710	20100530	126.00
0	315.9	75682103-1	1015600139364720	20080715	20100530	126.00
0	315.9	75700408-1	1015600143967120	20080703	20100530	90.00
0	315.9	75700409-1	1015600143971120	20080704	20100530	90.00
0	315.9	75700410-1	1015600143973220	20080711	20100530	90.00
0	315.9	75700411-1	1015600143973720	20080717	20100530	90.00
0	315.9	75700412-1	1015600143975320	20080718	20100530	90.00
0	315.9	75700599-1	1015600143976420	20080702	20100530	90.00
0	315.9	75700600-1	1015600143982720	20080703	20100530	90.00
0	315.9	75700601-1	1015600143979720	20080708	20100530	90.00
0	315.9	75700602-1	1015600143980520	20080710	20100530	90.00
0	315.9	75700603-1	1015600143984420	20080715	20100530	90.00
0	315.9	75700604-1	1015600143986920	20080717	20100530	90.00
0	315.9	75700605-1	1015600143988920	20080722	20100530	90.00
0	315.9	75700606-1	1015600143991120	20080724	20100530	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	75700607-1	1015600143977620	20080729	20100530	90.00
0	315.9	75700608-1	1015600143978320	20080730	20100530	90.00
0	315.9	75712362-1	1015700067259122	20080715	20100530	109.50
0	315.9	75727481-1	1015700067165522	20080721	20100530	36.50
0	315.9	75728313-1	1015600126179920	20080726	20100530	90.00
0	315.9	75728314-1	1015600126152120	20080729	20100530	90.00
0	315.9	75732226-1	1015600140055220	20080716	20100530	90.00
0	315.9	75732227-1	1015600140055820	20080717	20100530	90.00
0	315.9	75732228-1	1015600140057220	20080718	20100530	90.00
0	315.9	75732229-1	1015600140074820	20080721	20100530	90.00
0	315.9	75732230-1	1015600140077420	20080722	20100530	90.00
0	315.9	75732231-1	1015600140081620	20080723	20100530	90.00
0	315.9	75732232-1	1015600140083420	20080724	20100530	90.00
0	315.9	75732233-1	1015600140084920	20080725	20100530	90.00
0	315.9	75732234-1	1015600140058920	20080728	20100530	90.00
0	315.9	75732235-1	1015600140060820	20080729	20100530	90.00
0	315.9	75732236-1	1015600140063220	20080730	20100530	90.00
0	315.9	75732237-1	1015600140067020	20080731	20100530	90.00
0	315.9	75732238-1	1015600140067920	20080716	20100530	90.00
0	315.9	75732239-1	1015600140115120	20080721	20100530	90.00
0	315.9	75732240-1	1015600140068520	20080723	20100530	90.00
0	315.9	75732241-1	1015600140070720	20080701	20100530	90.00
0	315.9	75732242-1	1015600140071720	20080703	20100530	90.00
0	315.9	75732243-1	1015600140073420	20080708	20100530	90.00
0	315.9	75732244-1	1015600140074020	20080710	20100530	90.00
0	315.9	75732245-1	1015600140084120	20080715	20100530	90.00
0	315.9	75732246-1	1015600140092320	20080717	20100530	90.00
0	315.9	75732247-1	1015600140093020	20080722	20100530	90.00
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0	315.9	75732249-1	1015600140101220	20080702	20100530	90.00
0	315.9	75732250-1	1015600140104520	20080704	20100530	90.00
0	315.9	75732251-1	1015600140105720	20080707	20100530	90.00
0	315.9	75732252-1	1015600140108220	20080709	20100530	90.00
0	315.9	75732253-1	1015600140110820	20080711	20100530	90.00
0	315.9	75732254-1	1015600140087120	20080714	20100530	90.00
0	315.9	75732255-1	1015600140089820	20080716	20100530	90.00
0	315.9	75732256-1	1015600140097020	20080718	20100530	90.00
0	315.9	75732257-1	1015600140098220	20080721	20100530	90.00
0	315.9	75732258-1	1015600140113620	20080723	20100530	90.00
0	315.9	75732259-1	1015600140117820	20080725	20100530	90.00
0	315.9	75732260-1	1015600140121220	20080728	20100530	90.00
0	315.9	75732261-1	1015600140122520	20080730	20100530	90.00
0	315.9	75764127-1	1015600123877920	20080718	20100530	90.00
0	315.9	75778705-1	1015600138161920	20080801	20100530	90.00
0	315.9	75778706-1	1015600138163020	20080804	20100530	90.00
0	315.9	75778707-1	1015600138164920	20080805	20100530	90.00
0	315.9	75805918-1	1015600130651620	20080710	20100530	90.00
0	315.9	75805919-1	1015600130653620	20080711	20100530	90.00
0	315.9	75805920-1	1015600130655620	20080716	20100530	90.00
0	315.9	75805921-1	1015600130657120	20080717	20100530	90.00
0	315.9	75805922-1	1015600130658620	20080718	20100530	90.00
0	315.9	75807055-1	1015600130644020	20080721	20100530	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	75807056-1	1015600130641620	20080724	20100530	90.00
0	315.9	75807057-1	1015600130676920	20080728	20100530	90.00
0	315.9	75807058-1	1015600130686920	20080730	20100530	90.00
0	315.9	75807059-1	1015600130614620	20080731	20100530	90.00
0	315.9	75807063-1	1015600130646020	20080722	20100530	90.00
0	315.9	75807064-1	1015600130648320	20080724	20100530	90.00
0	315.9	75807065-1	1015600130685220	20080730	20100530	90.00
0	315.9	75820499-1	1015700066784422	20080604	20100530	36.50
0	315.9	75827079-1	1015700067273622	20080716	20100530	36.50
0	315.9	75829127-1	1015600139402220	20080702	20100530	126.00
0	315.9	75829128-1	1015600139404020	20080703	20100530	126.00
0	315.9	75829130-1	1015600139406320	20080709	20100530	126.00
0	315.9	75829131-1	1015600139409220	20080710	20100530	126.00
0	315.9	75829132-1	1015600139412120	20080716	20100530	126.00
0	315.9	75829133-1	1015600139413820	20080717	20100530	126.00
0	315.9	75829134-1	1015600139414220	20080723	20100530	126.00
0	315.9	75829135-1	1015600139417020	20080724	20100530	126.00
0	315.9	75836372-1	1015700067251222	20080730	20100530	36.50
0	315.9	75836571-1	1015600137609820	20080804	20100530	90.00
0	315.9	75849012-1	1015700066861522	20080801	20100530	73.00
0	315.9	75859433-1	1015600144016320	20080708	20100530	90.00
0	315.9	75859434-1	1015600144018220	20080710	20100530	90.00
0	315.9	75859435-1	1015600144019020	20080715	20100530	90.00
0	315.9	75859436-1	1015600167082720	20080720	20100530	90.00
0	315.9	75859437-1	1015600143996720	20080722	20100530	90.00
0	315.9	75859438-1	1015600143991920	20080724	20100530	90.00
0	315.9	75859439-1	1015600143993520	20080729	20100530	90.00
0	315.9	75859440-1	1015600143994120	20080730	20100530	90.00
0	315.9	75859441-1	1015600143995320	20080701	20100530	90.00
0	315.9	75859442-1	1015600143998020	20080702	20100530	90.00
0	315.9	75859443-1	1015600143999420	20080707	20100530	90.00
0	315.9	75859444-1	1015600144003020	20080711	20100530	90.00
0	315.9	75859445-1	1015600144004820	20080714	20100530	90.00
0	315.9	75859446-1	1015600144005920	20080716	20100530	90.00
0	315.9	75859447-1	1015600144008320	20080722	20100530	90.00
0	315.9	75859448-1	1015600144011120	20080724	20100530	90.00
0	315.9	75859449-1	1015600144012320	20080727	20100530	90.00
0	315.9	75859450-1	1015600144013420	20080728	20100530	90.00
0	315.9	75865555-1	1015700067354822	20080804	20100530	109.50
0	315.9	75933238-1	1015700067278622	20080723	20100530	36.50
0	315.9	75933239-1	1015700067282322	20080724	20100530	127.75
0	315.9	75940683-1	1015700067020722	20080731	20100530	36.50
0	315.9	75989466-1	1015700067011722	20080721	20100530	73.00
0	315.9	75989467-1	1015700067016322	20080723	20100530	36.50
0	315.9	75989468-1	1015700067019222	20080731	20100530	109.50
0	315.9	75993984-1	1015600140453420	20080804	20100530	90.00
0	315.9	76008492-1	1015600140454220	20080801	20100530	90.00
0	315.9	76008493-1	1015600140455420	20080803	20100530	90.00
0	315.9	76036543-1	1015600132585820	20080805	20100530	90.00
0	315.9	76036544-1	1015600132587220	20080807	20100530	90.00
0	315.9	76036545-1	1015600132583520	20080813	20100530	90.00
0	315.9	76036546-1	1015600132584220	20080814	20100530	90.00

Provider-Generated Diagnosis	Diagnosis Sent to Medicaid	Provider Claim Number	ICN	Service Date	Medicaid Submission Date	Medicaid Payment
0	315.9	76040745-1	1015600130664220	20080713	20100530	90.00
0	315.9	76040746-1	1015600130668520	20080715	20100530	90.00
0	315.9	76041231-1	1015600130660220	20080720	20100530	90.00
0	315.9	76041232-1	1015600130662020	20080722	20100530	90.00
0	315.9	76041233-1	1015600130610320	20080727	20100530	90.00
0	315.9	76041234-1	1015600130679220	20080729	20100530	90.00
0	315.9	76072903-1	1015600130672920	20080725	20100530	90.00
0	315.9	76081701-1	1015600130670120	20080722	20100530	90.00
0	315.9	76081702-1	1015600130695020	20080724	20100530	90.00
0	315.9	76081703-1	1015600130675220	20080729	20100530	90.00
0	315.9	76101502-1	1015700067631422	20080815	20100530	36.50
0	315.9	76119545-1	1015600139389920	20080701	20100530	126.00
0	315.9	76119546-1	1015600139392320	20080703	20100530	126.00
0	315.9	76119547-1	1015600139394320	20080708	20100530	126.00
0	315.9	76119549-1	1015600139389220	20080710	20100530	126.00
0	315.9	76119550-1	1015600139394620	20080715	20100530	126.00
0	315.9	76119551-1	1015600139394820	20080717	20100530	126.00
0	315.9	76119552-1	1015600139397320	20080722	20100530	126.00
0	315.9	76119553-1	1015600139398720	20080724	20100530	126.00
0	315.9	76119554-1	1015600139399320	20080728	20100530	126.00
0	315.9	76119555-1	1015600139400220	20080730	20100530	126.00
0	315.9	77272728-1	1015600162130120	20080602	20100530	90.00
0	315.9	77279631-1	1015600162193420	20080724	20100530	90.00
0	315.9	77283120-1	1015600162121720	20080620	20100530	90.00
0	315.9	77286701-1	1015600162182720	20080715	20100530	90.00
0	315.9	77289423-1	1015600162199020	20080725	20100530	90.00
0	315.9	77290391-1	1015600162136920	20080606	20100530	90.00
0	315.9	77297655-1	1015600162157620	20080603	20100530	90.00