



## NEBRASKA AUDITOR OF PUBLIC ACCOUNTS

Mike Foley  
State Auditor

Mike.Foley@apa.ne.gov  
P.O. Box 98917  
State Capitol, Suite 2303  
Lincoln, Nebraska 68509  
402-471-2111, FAX 402-471-3301  
www.auditors.state.ne.us

September 19, 2008

Christine Peterson, Chief Executive Officer  
Nebraska Department of Health and Human Services  
301 Centennial Mall South, 3<sup>rd</sup> Floor  
Lincoln, Nebraska 68509

Dear Ms. Peterson:

As you know, the Auditor of Public Accounts' (APA) Attestation Report of the Health and Human Services System Program 348, Medical Services/Aid for the fiscal year ended June 30, 2005, included a comment and recommendation regarding mental health practitioners. The APA decided to examine this issue further and conducted a special evaluation regarding Provisionally Licensed Mental Health Practitioners (PLMHP) and Licensed Mental Health Practitioners (LMHP). We notified the Department of Health and Human Services (DHHS) regarding the evaluation in a letter dated July 9, 2007.

A PLMHP needs to obtain the required 3,000 hours of supervised experience by a supervising licensed practitioner in mental health practice to qualify for a mental health practitioner license. A LMHP holds himself/herself out as a person qualified to engage in mental health practice or a person who offers or renders mental health practice services. According to Title 172 of the Nebraska Administrative Code (NAC) Chapter 94, a mental health practice license is required if a person provides "treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations; and includes the initial assessment of organic mental or emotional disorders for the purpose of referral or consultation." Title 172 of the NAC Chapter 94 details the licensure of mental health practitioners. Title 471 of the NAC Chapters 20 and 32 detail the documentation requirements for clinical records.

All Medicaid Mental Health/Substance Abuse Providers were given a Provider Bulletin from DHHS dated August 4, 2006, which outlines the documentation required for mental health and substance abuse services. The bulletin states: "A progress note must be kept for each treatment service delivered to a Medicaid client. The service must be recommended in the supervising practitioner's initial assessment and identified in the client's treatment plan. Each therapy progress note must include the name of the client, the date of service, the therapist's time spent in the therapy session documenting the beginning and end time of the session, and must identify all individuals present in the therapy session and their relationship to the identified client. The note must be legible and signed by the licensed clinician performing the service." **See Exhibit 6.**

### **APA Summary of Evaluation Procedures**

A list of all Medicaid payments made to PLMHPs during the fiscal year ending June 30, 2007, was obtained from DHHS and totaled \$8,277,215. **See Exhibit 7.** The APA selected five of the highest paid providers from this list and obtained the complete listing of all claims by service date during the fiscal year for each of these providers. From the complete listing of claims, the APA selected a two week period to test and requested the provider records of the Medicaid clients seen during the two weeks.

Additionally, a list of all Medicaid payments made to LHMPs during the fiscal year ending June 30, 2007, was obtained from DHHS and totaled \$18,985,465. **See Exhibit 9.** The APA selected one of the highest paid providers from the list and requested provider records using the same procedures noted above.

The APA evaluated the medical records each provider presented in support of amounts billed to DHHS for the provision of mental health services. The records were examined for client name, type of session, date and time of session, the provider who performed the session, and the individuals present. In the following detailed summary of our evaluation, the APA noted instances which appear to be inaccurate or unusual per the records we obtained from the provider. Again, the APA examined only a two week period of provider Medicaid claims; therefore, the APA wants to emphasize the findings noted below related to the Medicaid claims in the two week period tested and represent a very small portion of the claims paid in the year.

The APA worked with DHHS staff to ensure an appropriate understanding of rates and information regarding services provided. During the evaluation, the APA noted DHHS has implemented procedures to perform a review of mental health providers. These procedures appear to be similar to the APA's procedures noted above; however, DHHS has only reviewed a few providers in detail. Additionally, the APA noted DHHS is further reducing the limited number of staff assigned to this area.

### **APA Summary of Evaluation Results**

The APA noted four different procedures were performed by the six providers tested. This included Individual Therapy (Psytx, Off, 45-50 Min), Family Therapy (Family Psytx w Patient), Biopsychosocial Assessment (Alcohol &/or Drug Screen), and Intensive Outpatient Therapy (Intensive Outpatient Psychia). One of the providers also claimed Unusual Physician Travel.

During the pre-treatment assessment, an initial diagnostic interview and biopsychosocial assessment are performed for each client. The initial diagnostic interview is performed by a supervising practitioner. This includes a psychiatric evaluation, mental status exam, diagnosis, and recommendations for treatment. The biopsychosocial assessment is a comprehensive review of the client's past and is performed by the PLMHP or LMHP and signed by the supervising practitioner. Based on these pre-treatment assessments a treatment plan is developed by the PLMHP or LMHP and signed by the supervising practitioner. The treatment plan is reviewed and updated every 90 days or more frequently if indicated.

### **Provider 1 - PLMHP**

The APA selected the medical records for the two week period of October 11, 2006 through October 25, 2006. During this two week period, Provider 1 treated 27 Medicaid clients for a total of 126 sessions. **See Exhibit 1.** The Provider was paid \$6,897 for the two week period tested and \$106,378 for the fiscal year. We noted the following:

- During the two week period tested, Provider 1 worked seven days in excess of eight hours ranging from 9 to 16 hours worked in one day. In determining if the number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive. Sessions not claimed or paid through Medicaid, but conducted according to records, were included as part of the work day for the purpose of determining the number of hours worked in a day and were not included in the testing of other attributes.
- Medical records were provided for nine sessions which were not submitted to DHHS for payment. Medical records were provided for five sessions which were submitted to DHHS for payment, however, were not paid by DHHS. Therefore only 112 sessions were tested for all attributes.
- The medical records for four clients were not provided until two months after the deadline set by the APA. When the records were provided, the APA observed the dates on the records appeared to be altered for three of the four clients.
- Medical records were not provided for 4 of 112 sessions. One client had records for two dates in October 2006; however, we could not determine the exact day the service was provided as it had been covered with white out.
- Title 471 NAC 20-001.19 and 32-001.05 state, "Each provider shall maintain accurate, complete, and timely records." Records are to include progress notes which according to the Provider Bulletin sent by DHHS in 2006 must include "the therapist's time spent in the therapy session documenting the beginning and end time of the session." The medical records submitted by Provider 1 did not note both the beginning and end times for any of the clients' sessions. The records for a few clients' sessions had only beginning times noted.
- A client's medical records for two sessions noted the treatments provided were family sessions; however, Medicaid paid for individual sessions. The rate for individual therapy is less than family therapy; therefore, Medicaid was not overcharged.
- For three sessions, the medical records did not note the type of treatment provided. However, Medicaid paid for an individual therapy session for each claim.
- Title 471 NAC 20-001.17 and 32-001.07 state, "The supervising practitioner...shall sign and date the treatment plan." The treatment plans for three clients did not have the signature of the supervising practitioner.

### **Provider 2 - PLMHP**

The APA selected the medical records for the two week period of April 20, 2007 through May 4, 2007. During this two week period, Provider 2 treated 9 Medicaid clients for a total of 60 sessions. **See Exhibit 2.** The Provider was paid \$6,371 for the two week period tested and \$98,403 for the fiscal year. We noted the following:

- During the two week period tested, Provider 2 worked five days in excess of eight hours ranging from 9.5 to 12.5 hours worked in one day. In determining if the

- number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive.
- Provider 2 performed intensive outpatient therapy for all 60 sessions in the two week period. According to the Healthcare Common Procedure Coding System (HCPCS), intensive outpatient therapy must be performed a minimum of three hours per day, two to four times per week. Only three of sixty sessions were conducted for the required three hours.
  - Title 471 NAC 20-001.16 and 32-001.06 states outpatient therapy services must be “face-to-face.” According to the medical records, the client was present at only 16 of 60 sessions. One client was not present for any of the sessions claimed.
  - Title 471 NAC 20-001.19 and 32-001.05 state, “Each provider shall maintain accurate, complete, and timely records.” Records are to include progress notes which according to the Provider Bulletin sent by DHHS in 2006 must include “the therapist’s time spent in the therapy session documenting the beginning and end time of the session.” The medical records submitted by Provider 2 did not note beginning and end times for any of the clients’ sessions.
  - Medical records were not provided for 3 of 60 sessions. These three sessions occurred on the same day.
  - According to the medical records Provider 2 claimed a total of 8 sessions that were actually performed by Providers 7 and 8.
  - Title 471 NAC 20-001.17 and 32-001.07 state, “The supervising practitioner...shall sign and date the treatment plan.” The treatment plans for all clients tested did not have the signature of the supervising practitioner.
  - Provider 2 signed the medical records as a Licensed Mental Health Practitioner (LMHP); however, all claims tested were paid as a PLMHP.

### **Provider 3 - PLMHP**

The APA selected the medical records for the two week period of February 1, 2007 through February 15, 2007. During this two week period, Provider 3 treated 21 Medicaid clients for a total of 82 sessions. **See Exhibit 3.** The Provider was paid \$6,034 for the two week period tested and \$100,980 for the fiscal year. We noted the following:

- During the period tested, Provider 3 worked an 11 hour day in excess of eight hours. In determining if the number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive. Sessions not claimed or paid through Medicaid, but conducted according to records, were included as part of the work day for the purpose of determining the number of hours worked in a day and were not included in the testing of other attributes.
- Medical records were provided for one session which was not submitted to DHHS for payment. Therefore only 81 sessions were tested for all attributes.
- During the evaluation of Client 13’s claims, we noted Medicaid paid the provider twice for the same session. We also noted Medicaid paid an additional five sessions twice for this client that did not occur during the period tested.
- The Provider recorded the exact same progress notes for sessions occurring on two different days for the same client. In total this affected 15 sessions.
- The medical records were not provided for 6 of 81 sessions.

- According to the medical records, Provider 3 claimed four sessions that were performed by Provider 6.
- On one occasion, the therapy session of one client overlapped with the therapy session of another client according to the times noted on the medical records.
- The treatment plan created by Provider 3 did not agree to the therapy actually provided for two clients. According to the treatment plan, the Client 3 was to participate in individual therapy and individual therapy with medical evaluation. Provider 3 performed individual therapy in accordance with the treatment plan; however, Provider 3 also performed three sessions of family therapy that were claimed through Medicaid and not on the treatment plan. According to the treatment plan, the Client 7 was to participate in individual therapy. Provider 3 performed individual therapy in accordance with the treatment plan; however, Provider 3 also performed three sessions of family therapy that were claimed through Medicaid and not on the treatment plan.
- During the period tested, Client 16 received family therapy on two occasions. According to the progress notes, a family member was not present at either session. The client's significant other was present at both sessions. Title 471 NAC 32-001.15J states family therapy is "A therapeutic encounter between the client (identified patient), the nuclear and/or extended family, and a mental health or substance abuse professional action within his/her scope of practice." Furthermore, Title 471 NAC 32-001.15C also states, "Family may include biological, step, foster, or adoptive parents; siblings or half siblings; and extended family members, as appropriate."

#### **Provider 4 - PLMHP**

The APA selected the medical records for the two week period of December 15, 2006 through December 29, 2006. During this two week period, Provider 4 treated 19 Medicaid clients for a total of 86 sessions. **See Exhibit 4.** The Provider was paid \$5,637 for the two week period tested and \$108,592 for the fiscal year. We noted the following:

- During the period tested, Provider 4 worked three days in excess of eight hours ranging from 9 to 10 hours worked in a day. In determining if the number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive. Sessions not claimed or paid through Medicaid, but conducted according to records, were included as part of the work day for the purpose of determining the number of hours worked in a day and were not included in the testing of other attributes.
- Medical records were provided for one session which was not submitted to DHHS for payment. Medical records were provided for two sessions which were submitted to DHHS for payment, however, were not paid by DHHS. Therefore only 83 sessions were tested for all attributes.
- On five occasions, the therapy sessions of one client overlapped with the session of another client according to the times noted on the medical records. Both clients' sessions were claimed by the provider and paid by Medicaid for four of these occasions. For the other occasion only one client's session was claimed and paid by Medicaid.
- Medical records were not provided for 2 of 83 sessions.



### **Provider 5 – PLMHP**

The APA selected the medical records for the two week period of August 26, 2006 through September 9, 2006. During this two week period, Provider 5 treated 24 Medicaid clients for a total of 86 sessions. **See Exhibit 5.** The Provider was paid \$5,817 for the two week period tested and \$126,218 for the fiscal year. We noted the following:

- During the period tested, Provider 5 worked three days in excess of eight hours ranging from 8.5 to 13 hours. In determining if the number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive.
- APA could not determine if Provider 5 was in compliance with the mileage requirements of Title 471 NAC 32-001.10E as documentation to support the miles traveled was not provided. Provider 5 claimed 12 instances of unusual physician travel during the period tested. Based on the dollar amount claimed and the mileage reimbursement rate; miles traveled during a day ranged from 14 to 80 miles. The total mileage claimed for the period tested was 228 miles.
- For eight sessions, the progress notes identified treatment occurred at one location; however, the Medicaid claims noted the treatment occurred at a different location. No unusual travel was claimed; however, records appeared inconsistent.
- On two occasions Provider 5 claimed 17 and 18 miles, respectively for travel between the homes of two clients. The provider performed therapy sessions at the homes of each of these clients. According to the times recorded on the progress notes, one client's session ended at the same time the other's started. Therefore, Provider 5 did not account for the travel time necessary between the sessions.

### **Provider 420 - LMHP**

The APA selected the medical records for the two week period of December 18, 2006 through December 31, 2006. During this two week period, Provider 420 treated 10 Medicaid clients for a total of 42 sessions. **See Exhibit 8.** Provider 420 was paid \$4,476 for the two week period tested and \$104,338 for the fiscal year. We noted the following:

- During the period tested, Provider 420 worked seven days in excess of eight hours ranging from 9 to 24 hours. In determining if the number of client sessions in one day was reasonable, the APA used an eight hour work day as a guideline; anything over eight hours was determined to be excessive. Sessions not claimed through Medicaid, but conducted according to records, were included as part of the work day for the purpose of determining the number of hours worked in a day and were not included in the testing of other attributes.
- Medical records were provided for one session which was not submitted to DHHS for payment. Therefore only 41 sessions were tested for all attributes.
- Title 471 NAC 20-001.19 and 32-001.05 state, "Each provider shall maintain accurate, complete, and timely records." Records are to include progress notes which according to the Provider Bulletin sent by DHHS in 2006 must include "the therapist's time spent in the therapy session documenting the beginning and end time of the session." The medical records submitted by Provider 420 did not note beginning and end times for any of the clients' sessions.
- Title 471 NAC 20-001.16 and 32-001.06 states outpatient therapy services must be "face-to-face." According to the medical records, the client was present at only 22 of

41 sessions. The Provider did not indicate the session participants in the medical records for 2 of 41 sessions.

- Title 471 NAC 20-001.17 and 32-001.07 state, “The supervising practitioner...shall sign and date the treatment plan.” The treatment plans for all clients tested did not have the signature of the supervising practitioner.

The APA will refer these providers to the Attorney General’s Medicaid Fraud Control Unit for further investigation.

The APA staff involved in this evaluation were:

Kris Kucera, Auditor-in-Charge  
Julie Smith, Auditor-in-Charge  
Jennifer Cromwell, Investigative Examiner  
Mary Avery, Special Audits and Finance Manager

This letter is intended solely for the information and use of DHHS and the appropriate Federal and regulatory agencies. However, this letter is a matter of public record and its distribution is not limited.

Signed Original On File

Kris Kucera  
Auditor-in-Charge

Julie Smith  
Auditor-in-Charge

Mary Avery  
Special Audits and Finance Manager

Signed Original On File

Mike Foley  
Auditor of Public Accounts  
Room 2303, State Capitol  
Lincoln, NE 68509  
Phone: 402-471-2111  
Mike.Foley@apa.ne.gov

Provider 1 Listing Of Medicaid Claims

Exhibit 1

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	Notes
Provider 1	1	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	1	Individual	10/11/2006	16:00		1	No stop time noted
Provider 1	2	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	2	Family	10/11/2006			1	Family session on notes, billed ind.; no start and stop time noted
Provider 1	3	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	3	Individual	10/11/2006			1	No start and stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	4	Individual	10/11/2006			1	No start and stop time noted
Provider 1	5	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	5	Individual	10/11/2006			1	No start and stop time noted
Provider 1	6	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	6	Individual	10/11/2006			1	No start and stop time noted
Provider 1	7	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	7	Individual	10/11/2006			1	No start and stop time noted
Provider 1	8	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	8		10/11/2006				Type of session not listed; no start and stop time noted
Provider 1	9	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	9	Individual	10/11/2006			1	No start and stop time noted
Provider 1	10	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	10	Individual	10/11/2006			1	No start and stop time noted
Provider 1	11	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	11	Individual	10/11/2006			1	No start and stop time noted
Provider 1	12	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	12	Individual	10/11/2006			1	No start and stop time noted
Provider 1	13	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	13		10/11/2006				Type of session not listed; no start and stop time noted
		<b>Claim not on MMIS</b>			Provider 1	27	Individual	10/11/2006			1	
Provider 1	14	Psytx, Off, 45-50 Min	10/11/2006	\$59.60	Provider 1	14	Individual	10/11/2006			1	No start and stop time noted
Provider 1	15	Psytx, Off, 45-50 Min	10/11/2006	\$0.00	Provider 1	15	Individual	10/11/2006			1	
							<b>Actual Hours</b>	<b>16</b>				
Provider 1	16	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	16	Individual	10/12/2006	13:00		1	No stop time noted
Provider 1	17	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	17	Individual	10/12/2006	15:00		1	No stop time noted
Provider 1	18	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	18	Individual	10/12/2006	16:00		1	No stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	4	Individual	10/12/2006			1	No start and stop time noted
Provider 1	19	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	19	Individual	10/12/2006			1	No start and stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	20	Individual	10/12/2006			1	No start and stop time noted
Provider 1	13	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	13		10/12/2006				Type of session not listed; no start and stop time noted
Provider 1	1	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	1	Individual	10/12/2006			1	No start and stop time noted
Provider 1	21	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	21	Individual	10/12/2006			1	Date changed on case notes; no start and stop time noted
Provider 1	22	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	22	Individual	10/12/2006			1	Date changed on case notes; no start and stop time noted
Provider 1	23	Psytx, Off, 45-50 Min	10/12/2006	\$59.60	Provider 1	23	Individual	10/12/2006			1	Date changed on case notes; no start and stop time noted
Provider 1	24	Alcohol &/or Drug Scr	10/12/2006	\$170.38	Provider 1	24	Biopsychosocial	10/12/2006				No start and stop time noted
Provider 1	25	Alcohol &/or Drug Scr	10/12/2006	\$170.38	Provider 1	25	Biopsychosocial	10/12/2006				No start and stop time noted
							<b>Actual Hours</b>	<b>13</b>				
Provider 1	24	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	24	Individual	10/13/2006			1	No start and stop time noted
Provider 1	25	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	25	Individual	10/13/2006			1	No start and stop time noted
Provider 1	3	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	3	Individual	10/13/2006			1	No start and stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	4	Individual	10/13/2006			1	No start and stop time noted
Provider 1	9	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	9	Individual	10/13/2006			1	No start and stop time noted
Provider 1	10	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	10	Individual	10/13/2006			1	No start and stop time noted
Provider 1	12	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	12	Individual	10/13/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/13/2006	\$59.60	Provider 1	26	Individual	10/13/2006			1	No start and stop time noted
							<b>Actual Hours</b>	<b>8</b>				
Provider 1	2	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	2	Individual	10/16/2006			1	No start and stop time noted
Provider 1	6	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	6	Individual	10/16/2006			1	No start and stop time noted
Provider 1	8	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	8	Individual	10/16/2006			1	No start and stop time noted
Provider 1	7	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	7	Individual	10/16/2006			1	No start and stop time noted
Provider 1	11	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	11	Individual	10/16/2006			1	No start and stop time noted
Provider 1	14	Psytx, Off, 45-50 Min	10/16/2006	\$59.60	Provider 1	14	Individual	10/16/2006			1	No start and stop time noted
Provider 1	15	Psytx, Off, 45-50 Min	10/16/2006	\$0.00	Provider 1	15	Individual	10/16/2006			1	
		<b>Claim not on MMIS</b>			Provider 1	5	Individual	10/16/2006			1	
							<b>Actual Hours</b>	<b>8</b>				



Provider 1 Listing Of Medicaid Claims

Exhibit 1

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 1	1	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	1	Individual	10/17/2006	11:06		1	No stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	20	Individual	10/17/2006	15:45		1	No stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	4	Individual	10/17/2006			1	No start and stop time noted
Provider 1	18	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	18	Individual	10/17/2006			1	No start and stop time noted
Provider 1	19	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	19	Individual	10/17/2006			1	No start and stop time noted
Provider 1	17	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	17	Individual	10/17/2006			1	No start and stop time noted
Provider 1	16	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	16	Individual	10/17/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	26	Individual	10/17/2006			1	No start and stop time noted
Provider 1	22	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	22	Individual	10/17/2006			1	Date changed on case notes; no start and stop time noted
Provider 1	23	Psytx, Off, 45-50 Min	10/17/2006	\$59.60	Provider 1	23	Individual	10/17/2006			1	Date changed on case notes; no start and stop time noted
Provider 1	21	Psytx, Off, 45-50 Min	10/17/2006	\$59.60			<b>Missing Medical Records</b>					Supplied records for 2 dates in 10/06 with date whited out
							<b>Actual Hours</b>	<b>11</b>				
Provider 1	2	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	2	Individual	10/18/2006			1	No start and stop time noted
Provider 1	3	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	3	Individual	10/18/2006			1	No start and stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	4	Individual	10/18/2006			1	No start and stop time noted
Provider 1	6	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	6	Individual	10/18/2006			1	No start and stop time noted
Provider 1	7	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	7	Individual	10/18/2006			1	No start and stop time noted
Provider 1	8	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	8	Individual	10/18/2006			1	No start and stop time noted
Provider 1	9	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	9	Individual	10/18/2006			1	No start and stop time noted
Provider 1	10	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	10	Individual	10/18/2006			1	No start and stop time noted
Provider 1	11	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	11	Individual	10/18/2006			1	No start and stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	20	Individual	10/18/2006			1	No start and stop time noted
Provider 1	12	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	12	Individual	10/18/2006			1	No start and stop time noted
Provider 1	14	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	14	Individual	10/18/2006			1	No start and stop time noted
Provider 1	15	Psytx, Off, 45-50 Min	10/18/2006	\$0.00	Provider 1	15		10/18/2006			1	
Provider 1	5	Psytx, Off, 45-50 Min	10/18/2006	\$59.60	Provider 1	5	Individual	10/18/2006			1	No start and stop time noted
		<b>Claim not on MMIS</b>			Provider 1	27	Individual	10/18/2006			1	
		<b>Claim not on MMIS</b>			Provider 1	26	Individual	10/18/2006			1	
							<b>Actual Hours</b>	<b>16</b>				
Provider 1	17	Psytx, Off, 45-50 Min	10/19/2006	\$59.60	Provider 1	17	Individual	10/19/2006	14:45		1	No stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/19/2006	\$59.60	Provider 1	4	Individual	10/19/2006			1	No start and stop time noted
Provider 1	18	Psytx, Off, 45-50 Min	10/19/2006	\$59.60	Provider 1	18	Individual	10/19/2006			1	No start and stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/19/2006	\$59.60	Provider 1	20	Individual	10/19/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/19/2006	\$59.60	Provider 1	26	Individual	10/19/2006			1	No start and stop time noted
Provider 1	13	Psytx, Off, 45-50 Min	10/19/2006	\$59.60			<b>Missing Medical Records</b>					
		<b>Claim not on MMIS</b>			Provider 1	19	Individual	10/19/2006			1	
		<b>Claim not on MMIS</b>			Provider 1	23	Individual	10/19/2006			1	
		<b>Claim not on MMIS</b>			Provider 1	16	Individual	10/19/2006			1	
							<b>Actual Hours</b>	<b>9</b>				
Provider 1	24	Psytx, Off, 45-50 Min	10/20/2006	\$59.60	Provider 1	24	Individual	10/20/2006			1	No start and stop time noted
Provider 1	25	Psytx, Off, 45-50 Min	10/20/2006	\$59.60	Provider 1	25	Individual	10/20/2006			1	No start and stop time noted
Provider 1	3	Psytx, Off, 45-50 Min	10/20/2006	\$59.60	Provider 1	3	Individual	10/20/2006			1	No start and stop time noted
Provider 1	10	Psytx, Off, 45-50 Min	10/20/2006	\$59.60	Provider 1	10	Individual	10/20/2006			1	No start and stop time noted
Provider 1	12	Psytx, Off, 45-50 Min	10/20/2006	\$59.60	Provider 1	12	Individual	10/20/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/20/2006	\$59.60			<b>Missing Medical Records</b>					
		<b>Claim not on MMIS</b>			Provider 1	13		10/20/2006				
		<b>Claim not on MMIS</b>			Provider 1	9		10/20/2006				
							<b>Actual Hours</b>	<b>8</b>				
Provider 1	11	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	11	Individual	10/23/2006	13:00		1	No stop time noted

Provider 1 Listing Of Medicaid Claims

Exhibit 1

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 1	2	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	2	Family	10/23/2006			1	Family session on notes, billed ind.; no start and stop time noted
Provider 1	6	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	6	Individual	10/23/2006			1	No start and stop time noted
Provider 1	7	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	7	Individual	10/23/2006			1	No start and stop time noted
Provider 1	8	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	8	Individual	10/23/2006			1	No start and stop time noted
Provider 1	14	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	14	Individual	10/23/2006			1	No start and stop time noted
Provider 1	15	Psytx, Off, 45-50 Min	10/23/2006	\$0.00	Provider 1	15	Individual	10/23/2006			1	
Provider 1	5	Psytx, Off, 45-50 Min	10/23/2006	\$59.60	Provider 1	5	Individual	10/23/2006			1	No start and stop time noted
							<b>Actual Hours</b>	<b>8</b>				
Provider 1	24	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	24	Individual	10/24/2006			1	No start and stop time noted
Provider 1	25	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	25	Individual	10/24/2006			1	No start and stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	4	Individual	10/24/2006			1	No start and stop time noted
Provider 1	18	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	18	Individual	10/24/2006			1	No start and stop time noted
Provider 1	19	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	19	Individual	10/24/2006			1	No start and stop time noted
Provider 1	17	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	17	Individual	10/24/2006			1	No start and stop time noted
Provider 1	16	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	16	Individual	10/24/2006			1	No start and stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	20	Individual	10/24/2006			1	No start and stop time noted
Provider 1	1	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	1	Individual	10/24/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	26	Individual	10/24/2006			1	No start and stop time noted
Provider 1	22	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	22	Individual	10/24/2006			1	Date changed on case notes; No start and stop time noted
Provider 1	23	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	23	Individual	10/24/2006			1	Date changed on case notes; No start and stop time noted
Provider 1	21	Psytx, Off, 45-50 Min	10/24/2006	\$59.60	Provider 1	21	Individual	10/24/2006			1	Date changed on case notes; No start and stop time noted
							<b>Actual Hours</b>	<b>13</b>				
Provider 1	11	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	11	Individual	10/25/2006	13:30		1	No stop time noted
Provider 1	20	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	20	Individual	10/25/2006	16:00		1	No stop time noted
Provider 1	2	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	2	Individual	10/25/2006			1	No start and stop time noted
Provider 1	3	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	3	Individual	10/25/2006			1	No start and stop time noted
Provider 1	4	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	4	Individual	10/25/2006			1	No start and stop time noted
Provider 1	6	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	6	Individual	10/25/2006			1	No start and stop time noted
Provider 1	7	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	7	Individual	10/25/2006			1	No start and stop time noted
Provider 1	8	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	8	Individual	10/25/2006			1	No start and stop time noted
Provider 1	9	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	9	Individual	10/25/2006			1	No start and stop time noted
Provider 1	10	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	10	Individual	10/25/2006			1	No start and stop time noted
Provider 1	27	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	27	Individual	10/25/2006			1	No start and stop time noted
Provider 1	14	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	14	Individual	10/25/2006			1	No start and stop time noted
Provider 1	26	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	26	Individual	10/25/2006			1	No start and stop time noted
Provider 1	15	Psytx, Off, 45-50 Min	10/25/2006	\$0.00	Provider 1	15	Individual	10/25/2006			1	
Provider 1	5	Psytx, Off, 45-50 Min	10/25/2006	\$59.60	Provider 1	5	Individual	10/25/2006			1	No start and stop time noted
Provider 1	12	Psytx, Off, 45-50 Min	10/25/2006	\$59.60			<b>Missing Medical Records</b>					
			<b>Total</b>	<b>\$6,896.76</b>			<b>Actual Hours</b>	<b>16</b>				

**Note:** The treatment plan for Clients 21, 22 and 23 do not have the signature of the supervising practitioner.  
 The medical records for Clients 5, 21, 22 and 23 were not provided until two months after the deadline.  
 In determining the number of hours worked in a day, APA used one hour as reasonable for the session time for the biopsychosocial assessment.  
 In calculating actual hours, one hour was counted for sessions missing records or the length of session.

Provider 2 Listing Of Medicaid Claims

Exhibit 2

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	Notes
Provider 2	1	Intensive Outpatient Psychia	04/20/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	4/20/2007			1.5	Client, mother, father and brother present
Provider 2	2	Intensive Outpatient Psychia	04/20/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	4/20/2007			2	Client present
Provider 2	3	Intensive Outpatient Psychia	04/20/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	4/20/2007			3	Mother and father present
							<b>Actual Hours</b>	<b>6.5</b>				
Provider 2	4	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 2	4	Intensive Outpatient Therapy	4/23/2007			1	Conversation with probation officer
Provider 2	5	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 2	5	Intensive Outpatient Therapy	4/23/2007			1.5	Mother present
Provider 2	6	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	4/23/2007			2	Guardians present
Provider 2	7	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 2	7	Intensive Outpatient Therapy	4/23/2007			1	Conversation with unknown participant
Provider 2	2	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 7	2	Intensive Outpatient Therapy	4/23/2007			2	No participants listed
Provider 2	3	Intensive Outpatient Psychia	04/23/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	4/23/2007			2	Mother present
							<b>Actual Hours</b>	<b>7.5</b>				
Provider 2	4	Intensive Outpatient Psychia	04/24/2007	\$109.18	Provider 2	4	Intensive Outpatient Therapy	4/24/2007			1	Conversation with probation officer
Provider 2	6	Intensive Outpatient Psychia	04/24/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	4/24/2007			2	Conversation with school counselor
Provider 2	1	Intensive Outpatient Psychia	04/24/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	4/24/2007			1	Conversation with DHHS worker
Provider 2	7	Intensive Outpatient Psychia	04/24/2007	\$109.18	Provider 2	7	Intensive Outpatient Therapy	4/24/2007			1	Conversation with unknown participant
Provider 2	2	Intensive Outpatient Psychia	04/24/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	4/24/2007			1.5	DHHS worker present
							<b>Actual Hours</b>	<b>6.5</b>				
Provider 2	4	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 7	4	Intensive Outpatient Therapy	4/25/2007			1.5	Client, mother, probation officer present
Provider 2	5	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 2	5	Intensive Outpatient Therapy	4/25/2007			1.5	Conversation with probation officer
Provider 2	6	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	4/25/2007			2	Conversation with school counselor
Provider 2	8	Intensive Outpatient Psychia	04/25/2007	\$19.18	Provider 8	8	Intensive Outpatient Therapy	4/25/2007			2	Client, guardians present
Provider 2	9	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 2	9	Intensive Outpatient Therapy	4/25/2007			2	Client, mother, father, step-father, school-based worker present
Provider 2	1	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	4/25/2007			2	Client, mother, DHHS worker
Provider 2	7	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 7	7	Intensive Outpatient Therapy	4/25/2007			1.5	Mother and probation officer present
Provider 2	2	Intensive Outpatient Psychia	04/25/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	4/25/2007				Client and mother present; number of hours not listed
							<b>Actual Hours</b>	<b>10.5</b>				
Provider 2	4	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 7	4	Intensive Outpatient Therapy	4/26/2007			1	Conversation with probation officer
Provider 2	6	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	4/26/2007			3	Client, guardian, unknown participant present
Provider 2	8	Intensive Outpatient Psychia	04/26/2007	\$19.18	Provider 8	8	Intensive Outpatient Therapy	4/26/2007			1.5	Client, guardians present
Provider 2	9	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 2	9	Intensive Outpatient Therapy	4/26/2007			2	Father present
Provider 2	1	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	4/26/2007			1.5	Client present
Provider 2	7	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 7	7	Intensive Outpatient Therapy	4/26/2007			1	Conversation with probation officer
Provider 2	2	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	4/26/2007			1	Conversation with unknown participant
Provider 2	3	Intensive Outpatient Psychia	04/26/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	4/26/2007			2	Mother and father present
							<b>Actual Hours</b>	<b>9.5</b>				
Provider 2	4	Intensive Outpatient Psychia	04/27/2007	\$109.18	Provider 2	4	Intensive Outpatient Therapy	4/27/2007			1	Conversation with probation officer
Provider 2	5	Intensive Outpatient Psychia	04/27/2007	\$109.18	Provider 2	5	Intensive Outpatient Therapy	4/27/2007			1.5	Conversation with referring therapist
Provider 2	9	Intensive Outpatient Psychia	04/27/2007	\$109.18	Provider 2	9	Intensive Outpatient Therapy	4/27/2007			2.5	Mother and step-father present
Provider 2	7	Intensive Outpatient Psychia	04/27/2007	\$109.18	Provider 2	7	Intensive Outpatient Therapy	4/27/2007			1	Conversation with DHHS worker
Provider 2	3	Intensive Outpatient Psychia	04/27/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	4/27/2007			2	Conversation with DHHS worker
							<b>Actual Hours</b>	<b>8</b>				
Provider 2	4	Intensive Outpatient Psychia	04/30/2007	\$109.18	Provider 2	4	Intensive Outpatient Therapy	4/30/2007			1	Conversation with probation officer
Provider 2	5	Intensive Outpatient Psychia	04/30/2007	\$109.18			<b>Missing Medical Records</b>					
Provider 2	8	Intensive Outpatient Psychia	04/30/2007	\$109.18	Provider 8	8	Intensive Outpatient Therapy	4/30/2007			1.5	Client, guardians present
Provider 2	9	Intensive Outpatient Psychia	04/30/2007	\$109.18			<b>Missing Medical Records</b>					
Provider 2	1	Intensive Outpatient Psychia	04/30/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	4/30/2007			1	Conversation with DHHS worker
Provider 2	2	Intensive Outpatient Psychia	04/30/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	4/30/2007			1.5	Client and mother present
Provider 2	3	Intensive Outpatient Psychia	04/30/2007	\$109.18			<b>Missing Medical Records</b>					
							<b>Actual Hours</b>	<b>12.5</b>				
Provider 2	5	Intensive Outpatient Psychia	05/01/2007	\$109.18	Provider 2	5	Intensive Outpatient Therapy	5/1/2007			1.5	Client and mother present
Provider 2	6	Intensive Outpatient Psychia	05/01/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	5/1/2007			2	Guardian, school counselor and unknown participant present
Provider 2	1	Intensive Outpatient Psychia	05/01/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	5/1/2007			1	Conversation with DHHS worker
Provider 2	3	Intensive Outpatient Psychia	05/01/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	5/1/2007			2	Conversation with mother
							<b>Actual Hours</b>	<b>6.5</b>				

Provider 2 Listing Of Medicaid Claims

Exhibit 2

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes	
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours		
Provider 2	6	Intensive Outpatient Psychia	05/02/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	5/2/2007				2	Guardian and unknown participants present
Provider 2	1	Intensive Outpatient Psychia	05/02/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	5/2/2007				1	Conversation with DHHS worker
Provider 2	3	Intensive Outpatient Psychia	05/02/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	5/2/2007				2	Mother and father present
							<b>Actual Hours</b>				<b>5</b>		
Provider 2	6	Intensive Outpatient Psychia	05/03/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	5/3/2007				2	Guardians present
Provider 2	9	Intensive Outpatient Psychia	05/03/2007	\$109.18	Provider 2	9	Intensive Outpatient Therapy	5/3/2007				3	Mother present
Provider 2	1	Intensive Outpatient Psychia	05/03/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	5/3/2007				1.5	Mother and brother present
Provider 2	2	Intensive Outpatient Psychia	05/03/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	5/3/2007				2	Client and mother present
Provider 2	3	Intensive Outpatient Psychia	05/03/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	5/3/2007				2	Conversation with DHHS worker
							<b>Actual Hours</b>				<b>10.5</b>		
Provider 2	5	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	5	Intensive Outpatient Therapy	5/4/2007				1.5	Probation officer present
Provider 2	6	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	6	Intensive Outpatient Therapy	5/4/2007				2	Conversation with school counselor
Provider 2	9	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	9	Intensive Outpatient Therapy	5/4/2007				2	Mother present
Provider 2	1	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	1	Intensive Outpatient Therapy	5/4/2007				1.5	Client present
Provider 2	2	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	2	Intensive Outpatient Therapy	5/4/2007				2	School counselor, mother and unknown participant present
Provider 2	3	Intensive Outpatient Psychia	05/04/2007	\$109.18	Provider 2	3	Intensive Outpatient Therapy	5/4/2007				2	Client, mother and father present
			<b>Total</b>	<b>\$6,370.80</b>			<b>Actual Hours</b>				<b>11</b>		

Note: Clinical notes did not contain start and stop times.

Client 7 was not present at any of the sessions.

In calculating actual hours, three hours were counted for sessions missing records or the length of session. Actual hours are for services provided by Provider 2 only.

Client 8 was not seen by Provider 2 for any sessions.

The treatment plans assessments for all clients were not signed by the supervising practitioner.

Provider 3 Listing Of Medicaid Claims

Exhibit 3

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 3	1	Psyt, Off, 45-50 Min	02/01/2007	\$59.60	None	1	Individual	2/1/2007	10:00	11:00	1	
Provider 3	2	Family Psyt w Patient	02/01/2007	\$77.71	None	2	Family	2/1/2007	12:00	13:00	1	
Provider 3	3	Psyt, Off, 45-50 Min	02/01/2007	\$59.60	None	3	Individual	2/1/2007	14:00	15:00	1	
Provider 3	3	Family Psyt w Patient	02/01/2007	\$77.71	None	3	Family	2/1/2007	15:00	16:00	1	Treatment plan identified 90806 and 90807; no family therapy (90808)
Provider 3	4	Family Psyt w Patient	02/01/2007	\$77.71	None	4	Family	2/1/2007	18:30	19:30	1	
Provider 3	5	Family Psyt w Patient	02/01/2007	\$77.71	None	5	Family	2/1/2007	20:00	21:00	1	Provider 6 listed as provider on clinical records
							<b>Actual Hours</b>	<b>6</b>				
Provider 3	6	Alcohol &/or Drug Scree	02/02/2007	\$170.38	None	6	Biopsychosocial	2/2/2007				No start and stop time noted
Provider 3	6	Psyt, Off, 45-50 Min	02/02/2007	\$59.60	None	6	Individual	2/2/2007	9:00	10:00	1	
Provider 3	2	Psyt, Off, 45-50 Min	02/02/2007	\$59.60	None	2	Individual	2/2/2007	10:15	11:15	1	2/2/2007 and 2/7/2007 narratives appear to be the same
Provider 3	2	Family Psyt w Patient	02/02/2007	\$77.71	None	2	Family	2/2/2007	11:15	12:15	1	Times overlap between Client 2 family and Client 7 individual session
Provider 3	7	Psyt, Off, 45-50 Min	02/02/2007	\$59.60	None	7	Individual	2/2/2007	12:00	13:00	1	2/2/07 and 2/10/07 narratives appear to be the same
Provider 3	7	Family Psyt w Patient	02/02/2007	\$77.71	None	7	Family	2/2/2007	13:00	14:00	1	2/2, 2/10, and 2/15/07 narratives appear to be the same; treatment plan did not include family therapy
Provider 3	8	Family Psyt w Patient	02/02/2007	\$77.71	None	8	Family	2/2/2007	14:30	15:30	1	
Provider 3	9	Psyt, Off, 45-50 Min	02/02/2007	\$59.60	None	9	Individual	2/2/2007	16:00	17:00	1	
Provider 3	9	Family Psyt w Patient	02/02/2007	\$77.71	None	9	Family	2/2/2007	17:00	18:00	1	2/2/2007 and 2/8/2007 narratives appear to be the same
Provider 3	10	Psyt, Off, 45-50 Min	02/02/2007	\$59.60	None	10	Individual	2/2/2007	18:30	19:30	1	2/2/2007 and 2/7/2007 narratives appear to be the same
Provider 3	10	Family Psyt w Patient	02/02/2007	\$77.71	None	10	Family	2/2/2007	19:30	20:30	1	
							<b>Actual Hours</b>	<b>11</b>				
Provider 3	12	Family Psyt w Patient	02/03/2007	\$77.71	None	12	Family	2/3/2007	12:30	13:30	1	
Provider 3	3	Alcohol &/or Drug Scree	02/03/2007	\$170.38	None	3	Biopsychosocial	2/3/2007				No start and stop time noted
Provider 3	13	Psyt, Off, 45-50 Min	02/03/2007	\$59.60			<b>Missing Medical Records</b>					
Provider 3	13	Alcohol &/or Drug Scree	02/03/2007	\$170.38			<b>Missing Medical Records</b>					Assessment conducted 1/2/2007, clinical interview 2/10/2007
							<b>Actual Hours</b>	<b>4</b>				
Provider 3	14	Family Psyt w Patient	02/04/2007	\$77.71	None	14	Family	2/4/2007	13:00	14:00	1	
Provider 3	15	Family Psyt w Patient	02/04/2007	\$77.71	None	15	Family	2/4/2007	15:00	16:00	1	
Provider 3	10	Psyt, Off, 45-50 Min	02/04/2007	\$59.60	None	10	Individual	2/4/2007	18:00	19:00	1	
							<b>Actual Hours</b>	<b>3</b>				
Provider 3	16	Psyt, Off, 45-50 Min	02/05/2007	\$59.60	None	16	Individual	2/5/2007	9:00	10:00	1	
Provider 3	16	Family Psyt w Patient	02/05/2007	\$77.71	None	16	Family	2/5/2007	10:00	11:00	1	Progress notes appear to be for treatment other than family therapy
Provider 3	9	Psyt, Off, 45-50 Min	02/05/2007	\$59.60	None	9	Individual	2/5/2007	11:15	12:15	1	
Provider 3	3	Psyt, Off, 45-50 Min	02/05/2007	\$59.60	None	3	Individual	2/5/2007	12:30	13:30	1	
Provider 3	3	Family Psyt w Patient	02/05/2007	\$77.71	None	3	Family	2/5/2007	13:30	14:30	1	Treatment plan identified 90806 and 90807; no family therapy (90808)
Provider 3	8	Family Psyt w Patient	02/05/2007	\$77.71	None	8	Family	2/5/2007	15:30	16:30	1	
Provider 3	17	Family Psyt w Patient	02/05/2007	\$77.71	None	17	Family	2/5/2007	16:45	17:45	1	
Provider 3	10	Family Psyt w Patient	02/05/2007	\$77.71	None	10	Family	2/5/2007	18:00	19:00	1	
							<b>Actual Hours</b>	<b>8</b>				
Provider 3	6	Psyt, Off, 45-50 Min	02/06/2007	\$59.60	None	6	Individual	2/6/2007	10:00	11:00	1	
Provider 3	1	Psyt, Off, 45-50 Min	02/06/2007	\$59.60	None	1	Individual	2/6/2007	11:30	12:30	1	
Provider 3	18	Psyt, Off, 45-50 Min	02/06/2007	\$59.60	None	18	Individual	2/6/2007	16:30	17:30	1	2/6/2007 and 2/13/2007 narratives appear to be the same
Provider 3	18	Family Psyt w Patient	02/06/2007	\$77.71	None	18	Family	2/6/2007	17:30	18:30	1	2/6/2007 and 2/13/2007 narratives appear to be the same
							<b>Actual Hours</b>	<b>4</b>				
Provider 3	10	Psyt, Off, 45-50 Min	02/07/2007	\$59.60	None	10	Individual	2/7/2007	7:00	7:50	1	2/2/2007 and 2/7/2007 narratives appear to be the same
Provider 3	2	Psyt, Off, 45-50 Min	02/07/2007	\$59.60	None	2	Individual	2/7/2007	16:15	17:15	1	2/2/2007 and 2/7/2007 narratives appear to be the same
Provider 3	2	Family Psyt w Patient	02/07/2007	\$77.71	None	2	Family	2/7/2007	17:15	18:15	1	
Provider 3	19	Psyt, Off, 45-50 Min	02/07/2007	\$59.60	None	19	Individual	2/7/2007	18:30	19:30	1	
Provider 3	19	Family Psyt w Patient	02/07/2007	\$77.71	None	19	Family	2/7/2007	19:30	20:30	1	
Provider 3	3	Family Psyt w Patient	02/07/2007	\$77.71	None	3	Family	2/7/2007	20:45	21:45	1	Treatment plan identified 90806 and 90807; no family therapy (90808)
Provider 3	12	Family Psyt w Patient	02/07/2007	\$77.71	None	12	Family	2/7/2007	21:45	22:45	1	
							<b>Actual Hours</b>	<b>7</b>				
Provider 3	20	Family Psyt w Patient	02/08/2007	\$77.71	None	20	Family	2/8/2007	13:00	14:00	1	
Provider 3	4	Family Psyt w Patient	02/08/2007	\$77.71	None	4	Family	2/8/2007	16:00	17:00	1	
Provider 3	21	Family Psyt w Patient	02/08/2007	\$77.71	None	21	Family	2/8/2007	17:15	18:15	1	Provider 6 listed as provider on clinical records
Provider 3	9	Family Psyt w Patient	02/08/2007	\$77.71	None	9	Family	2/8/2007	18:30	19:30	1	2/2/2007 and 2/8/2007 narratives appear to be the same
Provider 3	22	Family Psyt w Patient	02/08/2007	\$77.71	None	22	Family	2/8/2007	19:45	20:45	1	
Provider 3	21	Psyt, Off, 45-50 Min	02/08/2007	\$59.60			<b>Missing Medical Records</b>					
							<b>Actual Hours</b>	<b>6</b>				
Provider 3	6	Psyt, Off, 45-50 Min	02/09/2007	\$59.60	None	6	Individual	2/9/2007	9:00	10:00	1	
		<b>Claim not on MMIS</b>			None	2	Family	2/9/2007	10:30	11:30	1	
Provider 3	8	Family Psyt w Patient	02/09/2007	\$77.71	None	8	Family	2/9/2007	16:00	17:00	1	
Provider 3	17	Family Psyt w Patient	02/09/2007	\$77.71	None	17	Family	2/9/2007	17:15	18:15	1	
Provider 3	13	Psyt, Off, 45-50 Min	02/09/2007	\$59.60			<b>Missing Medical Records</b>					

Provider 3 Listing Of Medicaid Claims

Exhibit 3

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 3	13	Family Psytch w Patient	02/09/2007	\$77.71			Missing Medical Records					
							Actual Hours	6				
Provider 3	13	Psytch, Off, 45-50 Min	02/10/2007	\$59.60	None	13	Individual	2/10/2007	12:00	13:00	1	
Provider 3	13	Psytch, Off, 45-50 Min	02/10/2007	\$59.60	Duplicate Session Claimed							Two individual therapy sessions for Client 13 were paid on the same date
Provider 3	13	Family Psytch w Patient	02/10/2007	\$77.71	None	13	Family	2/10/2007	13:00	14:00	1	
Provider 3	7	Psytch, Off, 45-50 Min	02/10/2007	\$59.60	None	7	Individual	2/10/2007	14:30	15:30	1	2/2/07 and 2/10/07 narratives appear to be the same
Provider 3	7	Family Psytch w Patient	02/10/2007	\$77.71	None	7	Family	2/10/2007	15:30	16:30	1	2/2, 2/10, and 2/15/07 narratives appear to be the same; treatment plan did not include family therapy
							Actual Hours	5				
Provider 3	14	Family Psytch w Patient	02/11/2007	\$77.71	None	14	Family	2/11/2007	13:00	14:00	1	
Provider 3	15	Family Psytch w Patient	02/11/2007	\$77.71	None	15	Family	2/11/2007	15:00	16:00	1	
							Actual Hours	2				
Provider 3	16	Psytch, Off, 45-50 Min	02/12/2007	\$59.60	None	16	Individual	2/12/2007	9:00	10:00	1	
Provider 3	16	Family Psytch w Patient	02/12/2007	\$77.71	None	16	Family	2/12/2007	10:00	11:00	1	Progress notes appear to be for treatment other than family therapy
Provider 3	3	Psytch, Off, 45-50 Min	02/12/2007	\$59.60	None	3	Individual	2/12/2007	12:30	13:30	1	
Provider 3	8	Family Psytch w Patient	02/12/2007	\$77.71	None	8	Family	2/12/2007	15:30	16:30	1	
Provider 3	17	Family Psytch w Patient	02/12/2007	\$77.71	None	17	Family	2/12/2007	16:45	17:45	1	
Provider 3	5	Family Psytch w Patient	02/12/2007	\$77.71	None	5	Family	2/12/2007	18:00	19:00	1	Provider 6 listed as provider on clinical records
							Actual Hours	6				
Provider 3	6	Psytch, Off, 45-50 Min	02/13/2007	\$59.60	None	6	Individual	2/13/2007	10:00	11:00	1	
Provider 3	1	Psytch, Off, 45-50 Min	02/13/2007	\$59.60	None	1	Individual	2/13/2007	11:30	12:30	1	
Provider 3	18	Psytch, Off, 45-50 Min	02/13/2007	\$59.60	None	18	Individual	2/13/2007	16:30	17:30	1	2/6/2007 and 2/13/2007 narratives appear to be the same
Provider 3	18	Family Psytch w Patient	02/13/2007	\$77.71	None	18	Family	2/13/2007	17:30	18:30	1	2/6/2007 and 2/13/2007 narratives appear to be the same
							Actual Hours	4				
Provider 3	19	Psytch, Off, 45-50 Min	02/14/2007	\$59.60	None	19	Individual	2/14/2007	17:15	18:15	1	
Provider 3	19	Family Psytch w Patient	02/14/2007	\$77.71	None	19	Family	2/14/2007	18:15	19:15	1	
Provider 3	12	Family Psytch w Patient	02/14/2007	\$77.71	None	12	Family	2/14/2007	19:30	20:30	1	
							Actual Hours	3				
Provider 3	6	Psytch, Off, 45-50 Min	02/15/2007	\$59.60	None	6	Individual	2/15/2007	9:00	10:00	1	
Provider 3	20	Psytch, Off, 45-50 Min	02/15/2007	\$59.60	None	20	Individual	2/15/2007	10:15	11:15	1	
Provider 3	20	Family Psytch w Patient	02/15/2007	\$77.71	None	20	Family	2/15/2007	11:15	12:15	1	
Provider 3	7	Psytch, Off, 45-50 Min	02/15/2007	\$59.60	None	7	Individual	2/15/2007	13:00	14:00	1	
Provider 3	7	Family Psytch w Patient	02/15/2007	\$77.71	None	7	Family	2/15/2007	14:00	15:00	1	2/2, 2/10, and 2/15/07 narratives appear to be the same; treatment plan did not include family therapy
Provider 3	4	Family Psytch w Patient	02/15/2007	\$77.71	None	4	Family	2/15/2007	16:00	17:00	1	
Provider 3	21	Family Psytch w Patient	02/15/2007	\$77.71	None	21	Family	2/15/2007	17:30	18:30	1	Provider 6 listed as provider on clinical records
Provider 3	21	Psytch, Off, 45-50 Min	02/15/2007	\$59.60			Missing Medical Records					
							Actual Hours					
							<b>Total</b>					<b>\$6,034.49</b>

Note: In calculating actual hours, one hour was counted for sessions missing records or the length of session.  
 In determining the number of hours worked in a day, APA used one hour as reasonable for the session time for the biopsychosocial assessment.

Subsequent Adjustments:

Claim #	Client	Adjusted Date	Refund Requested	Reason
00718088609	13	4/26/2008	\$ 119.20	Provider 3 initiated the adjustment. This session was actually for another client. Since
00718088610	13	4/26/2008	\$ 77.71	Provider 3 had already billed and was paid by DHHS for the session of the other client; DHHS
00718088611	13	4/22/2008	\$ 170.38	requested reimbursement from the Provider.
			\$ 367.29	



Provider 4 Listing Of Medicaid Claims

Exhibit 4

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	Notes
Provider 4	1	Psytx, Off, 45-50 Min	12/15/2006	\$59.60	Provider 4	1	Individual	12/15/2006	15:00	15:45	1	
Provider 4	1	Family Psytx w Patient	12/15/2006	\$77.71	Provider 4	1	Family	12/15/2006	15:45	16:45	1	
Provider 4	2	Psytx, Off, 45-50 Min	12/15/2006	\$59.60	Provider 4	2	Individual	12/15/2006	17:00	17:45	1	
Provider 4	2	Family Psytx w Patient	12/15/2006	\$77.71	Provider 4	2	Family	12/15/2006	17:45	18:45	1	Two sessions billed during same hour
Provider 4	3	Family Psytx w Patient	12/15/2006	\$77.71	Provider 4	3	Family	12/15/2006	18:00	19:00	1	Two sessions billed during same hour
Provider 4	4	Psytx, Off, 45-50 Min	12/15/2006	\$0.00	Provider 4	4	Individual	12/15/2006	19:00	19:45	1	
Provider 4	5	Psytx, Off, 45-50 Min	12/15/2006	\$17.35	Provider 4	5	Individual	12/15/2006	19:45	20:30	1	
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	1	Family Psytx w Patient	12/16/2006	\$77.71	Provider 4	1	Family	12/16/2006	9:00	10:00	1	
Provider 4	6	Psytx, Off, 45-50 Min	12/16/2006	\$59.60	Provider 4	6	Individual	12/16/2006	10:15	11:00	1	
Provider 4	6	Family Psytx w Patient	12/16/2006	\$77.71	Provider 4	6	Family	12/16/2006	11:00	12:00	1	
Provider 4	7	Psytx, Off, 45-50 Min	12/16/2006	\$59.60	Provider 4	7	Individual	12/16/2006	12:15	13:00	1	
Provider 4	7	Family Psytx w Patient	12/16/2006	\$77.71	Provider 4	7	Family	12/16/2006	13:00	14:00	1	
Provider 4	8	Psytx, Off, 45-50 Min	12/16/2006	\$59.60	Provider 4	8	Individual	12/16/2006	14:00	14:45	1	
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	9	Psytx, Off, 45-50 Min	12/18/2006	\$59.60	Provider 4	9	Individual	12/18/2006	15:00	15:45	1	
Provider 4	9	Family Psytx w Patient	12/18/2006	\$77.71	Provider 4	9	Family	12/18/2006	15:45	16:45	1	
Provider 4	10	Psytx, Off, 45-50 Min	12/18/2006	\$59.60	Provider 4	10	Individual	12/18/2006	17:00	17:45	1	
Provider 4	10	Family Psytx w Patient	12/18/2006	\$77.71	Provider 4	10	Family	12/18/2006	17:45	18:45	1	
Provider 4	11	Psytx, Off, 45-50 Min	12/18/2006	\$59.60	Provider 4	11	Individual	12/18/2006	19:00	19:45	1	
Provider 4	11	Family Psytx w Patient	12/18/2006	\$77.71	Provider 4	11	Family	12/18/2006	19:45	20:45	1	
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	6	Psytx, Off, 45-50 Min	12/19/2006	\$59.60	Provider 4	6	Individual	12/19/2006	9:00	9:45	1	
Provider 4	6	Family Psytx w Patient	12/19/2006	\$77.71	Provider 4	6	Family	12/19/2006	9:45	10:45	1	
Provider 4	12	Psytx, Off, 45-50 Min	12/19/2006	\$59.60	Provider 4	12	Individual	12/19/2006	11:00	11:45	1	
Provider 4	12	Family Psytx w Patient	12/19/2006	\$77.71	Provider 4	12	Family	12/19/2006	11:45	12:45	1	
Provider 4	2	Psytx, Off, 45-50 Min	12/19/2006	\$59.60	Provider 4	2	Individual	12/19/2006	13:00	13:45	1	
Provider 4	2	Family Psytx w Patient	12/19/2006	\$77.71	Provider 4	2	Family	12/19/2006	13:45	14:45	1	Two sessions billed during same hour
Provider 4	13	Psytx, Off, 45-50 Min	12/19/2006	\$59.60	Provider 4	13	Individual	12/19/2006	14:00	14:45	1	Two sessions billed during same hour
Provider 4	13	Family Psytx w Patient	12/19/2006	\$77.71	Provider 4	13	Family	12/19/2006	14:45	15:45	1	
Provider 4	14	Family Psytx w Patient	12/19/2006	\$77.71	Provider 4	14	Individual	12/19/2006	16:15	17:00	1	
Provider 4	14	Psytx, Off, 45-50 Min	12/19/2006	\$59.60	Provider 4	14	Family	12/19/2006	17:00	18:00	1	
Provider 4	1	Family Psytx w Patient	12/19/2006	\$77.71			<b>Missing Medical Records</b>					
							<b>Actual Hours</b>	<b>10</b>				
Provider 4	7	Psytx, Off, 45-50 Min	12/20/2006	\$59.60	Provider 4	7	Individual	12/20/2006	12:00	12:45	1	
Provider 4	7	Family Psytx w Patient	12/20/2006	\$77.71	Provider 4	7	Family	12/20/2006	12:45	13:45	1	
Provider 4	8	Psytx, Off, 45-50 Min	12/20/2006	\$59.60	Provider 4	8	Individual	12/20/2006	13:45	14:30	1	
Provider 4	15	Psytx, Off, 45-50 Min	12/20/2006	\$59.60	Provider 4	15	Individual	12/20/2006	14:30	15:15	1	
Provider 4	16	Family Psytx w Patient	12/20/2006	\$77.71			<b>Missing Medical Records</b>					
							<b>Actual Hours</b>	<b>5</b>				
Provider 4	17	Psytx, Off, 45-50 Min	12/21/2006	\$59.60	Provider 4	17	Individual	12/21/2006	10:00	10:45	1	
Provider 4	17	Family Psytx w Patient	12/21/2006	\$77.71	Provider 4	17	Family	12/21/2006	10:45	11:45	1	
Provider 4	3	Psytx, Off, 45-50 Min	12/21/2006	\$59.60	Provider 4	3	Individual	12/21/2006	11:45	12:30	1	
Provider 4	16	Psytx, Off, 45-50 Min	12/21/2006	\$59.60	Provider 4	16	Individual	12/21/2006	12:45	13:30	1	
Provider 4	16	Family Psytx w Patient	12/21/2006	\$77.71	Provider 4	16	Family	12/21/2006	13:30	14:30	1	
Provider 4	14	Family Psytx w Patient	12/21/2006	\$77.71	Provider 4	14	Family	12/21/2006	14:45	15:45	1	
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	1	Psytx, Off, 45-50 Min	12/22/2006	\$59.60	Provider 4	1	Individual	12/22/2006	11:00	11:45	1	
Provider 4	1	Family Psytx w Patient	12/22/2006	\$77.71	Provider 4	1	Family	12/22/2006	11:45	12:45	1	
Provider 4	18	Psytx, Off, 45-50 Min	12/22/2006	\$59.60	Provider 4	18	Individual	12/22/2006	13:00	13:45	1	
Provider 4	18	Family Psytx w Patient	12/22/2006	\$77.71	Provider 4	18	Family	12/22/2006	13:45	14:45	1	
Provider 4	15	Psytx, Off, 45-50 Min	12/22/2006	\$59.60	Provider 4	15	Individual	12/22/2006	14:45	15:30	1	
							<b>Actual Hours</b>	<b>5</b>				
Provider 4	5	Psytx, Off, 45-50 Min	12/23/2006	\$17.35	Provider 4	5	Individual	12/23/2006	9:30	10:15	1	

Provider 4 Listing Of Medicaid Claims

Exhibit 4

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 4	4	Psytx, Off, 45-50 Min	12/23/2006	\$0.00	Provider 4	4	Individual	12/23/2006	10:15	11:00	1	
Provider 4	17	Family Psytx w Patient	12/23/2006	\$77.71	Provider 4	17	Family	12/23/2006	11:00	12:00	1	
Provider 4	10	Psytx, Off, 45-50 Min	12/23/2006	\$59.60	Provider 4	10	Individual	12/23/2006	12:15	13:00	1	
Provider 4	10	Family Psytx w Patient	12/23/2006	\$77.71	Provider 4	10	Family	12/23/2006	13:00	13:45	1	
Provider 4	9	Psytx, Off, 45-50 Min	12/23/2006	\$59.60	Provider 4	9	Individual	12/23/2006	14:15	15:00	1	
Provider 4	9	Family Psytx w Patient	12/23/2006	\$77.71	Provider 4	9	Family	12/23/2006	15:00	16:00	1	
Provider 4	11	Family Psytx w Patient	12/23/2006	\$77.71	Provider 4	11	Family	12/23/2006	17:15	18:15	1	
Provider 4	11	Psytx, Off, 45-50 Min	12/23/2006	\$59.60	Provider 4	11	Individual	12/23/2006	18:15	19:00	1	
							<b>Actual Hours</b>	<b>9</b>				
Provider 4	1	Psytx, Off, 45-50 Min	12/26/2006	\$59.60	Provider 4	1	Individual	12/26/2006	9:00	9:45	1	
Provider 4	10	Psytx, Off, 45-50 Min	12/26/2006	\$59.60	Provider 4	10	Individual	12/26/2006	11:00	11:45	1	
Provider 4	10	Family Psytx w Patient	12/26/2006	\$77.71	Provider 4	10	Family	12/26/2006	11:45	12:45	1	
Provider 4	11	Family Psytx w Patient	12/26/2006	\$77.71	Provider 4	11	Family	12/26/2006	13:45	14:45	1	Two sessions billed during same hour
Provider 4	11	Psytx, Off, 45-50 Min	12/26/2006	\$59.60	Provider 4	11	Individual	12/26/2006	13:45	14:45	1	Two sessions billed during same hour
Provider 4	14	Psytx, Off, 45-50 Min	12/26/2006	\$59.60	Provider 4	14	Individual	12/26/2006	15:15	16:00	1	
Provider 4	1	Family Psytx w Patient	12/26/2006	\$77.71	Provider 4	1	Family	12/26/2006	15:45	16:45	1	Two sessions billed during same hour
Provider 4	14	Family Psytx w Patient	12/26/2006	\$77.71	Provider 4	14	Family	12/26/2006	16:00	17:00	1	Two sessions billed during same hour
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	6	Psytx, Off, 45-50 Min	12/27/2006	\$59.60	Provider 4	6	Individual	12/27/2006	9:45	10:30	1	
Provider 4	6	Family Psytx w Patient	12/27/2006	\$77.71	Provider 4	6	Family	12/27/2006	10:30	11:30	1	
Provider 4	18	Psytx, Off, 45-50 Min	12/27/2006	\$59.60	Provider 4	18	Individual	12/27/2006	11:45	12:30	1	
Provider 4	7	Family Psytx w Patient	12/27/2006	\$77.71	Provider 4	7	Family	12/27/2006	12:30	13:30	1	Records provided for two sessions during the same hour; however, only one was billed
		<b>Claim not on MMIS</b>			Provider 4	18	Family	12/27/2006	12:30	13:30	1	
Provider 4	15	Psytx, Off, 45-50 Min	12/27/2006	\$59.60	Provider 4	15	Individual	12/27/2006	13:30	14:15	1	
Provider 4	13	Psytx, Off, 45-50 Min	12/27/2006	\$59.60	Provider 4	13	Individual	12/27/2006	14:30	15:15	1	
Provider 4	13	Family Psytx w Patient	12/27/2006	\$77.71	Provider 4	13	Family	12/27/2006	15:15	16:15	1	
Provider 4	9	Psytx, Off, 45-50 Min	12/27/2006	\$59.60	Provider 4	9	Individual	12/27/2006	16:15	17:00	1	
Provider 4	19	Alcohol &/or Drug Screen	12/27/2006	\$170.38	Provider 4	19	Biopsychosocial	12/27/2006				No start and stop time noted; also signed by supervising practioner
							<b>Actual Hours</b>	<b>9</b>				
Provider 4	17	Psytx, Off, 45-50 Min	12/28/2006	\$59.60	Provider 4	17	Individual	12/28/2006	9:00	9:45	1	
Provider 4	17	Family Psytx w Patient	12/28/2006	\$77.71	Provider 4	17	Family	12/28/2006	9:45	10:45	1	
Provider 4	3	Psytx, Off, 45-50 Min	12/28/2006	\$59.60	Provider 4	3	Individual	12/28/2006	10:45	11:30	1	
Provider 4	5	Psytx, Off, 45-50 Min	12/28/2006	\$17.35	Provider 4	5	Individual	12/28/2006	11:30	12:15	1	
Provider 4	2	Psytx, Off, 45-50 Min	12/28/2006	\$59.60	Provider 4	2	Individual	12/28/2006	12:30	13:15	1	
Provider 4	2	Family Psytx w Patient	12/28/2006	\$77.71	Provider 4	2	Family	12/28/2006	13:15	14:15	1	
							<b>Actual Hours</b>	<b>6</b>				
Provider 4	1	Family Psytx w Patient	12/29/2006	\$77.71	Provider 4	1	Family	12/29/2006	8:30	9:30	1	
Provider 4	7	Psytx, Off, 45-50 Min	12/29/2006	\$59.60	Provider 4	7	Individual	12/29/2006	10:15	11:00	1	
Provider 4	7	Family Psytx w Patient	12/29/2006	\$77.71	Provider 4	7	Family	12/29/2006	11:00	12:00	1	
Provider 4	8	Psytx, Off, 45-50 Min	12/29/2006	\$59.60	Provider 4	8	Individual	12/29/2006	12:00	12:45	1	
Provider 4	16	Psytx, Off, 45-50 Min	12/29/2006	\$59.60	Provider 4	16	Individual	12/29/2006	13:00	13:45	1	
Provider 4	16	Family Psytx w Patient	12/29/2006	\$77.71	Provider 4	16	Family	12/29/2006	13:45	14:45	1	
Provider 4	14	Family Psytx w Patient	12/29/2006	\$77.71	Provider 4	14	Family	12/29/2006	15:00	16:00	1	
		<b>Total</b>		<b>\$5,637.12</b>			<b>Actual Hours</b>	<b>7</b>				

**Note:** In calculating actual hours, one hour was counted for sessions missing records or the length of session.  
 In determining the number of hours worked in a day, APA used one hour as reasonable for the session time for the biopsychosocial assessment.

Provider 5 Listing Of Medicaid Claims

Exhibit 5

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	
Provider 5	1	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	1	Individual	8/26/2006	9:00	9:45	1	Visit at home
Provider 5	2	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	2	Individual	8/26/2006	9:45	10:30	1	Visit at home
Provider 5	2	Family Psytx w Patient	08/26/2006	\$77.71	Provider 5	2	Family	8/26/2006	10:30	11:30	1	Claim identified visit at home
Provider 5	3	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	3	Individual	8/26/2006	12:00	12:45	1	Claim identified visit at home
Provider 5	3	Family Psytx w Patient	08/26/2006	\$77.71	Provider 5	3	Family	8/26/2006	12:45	13:45	1	Claim identified visit at home
Provider 5	3	Unusual Physician Travel	08/26/2006	\$8.61			<b>No travel documentation</b>					21 miles traveled
Provider 5	4	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	4	Individual	8/26/2006	14:00	14:45	1	Visit at home
Provider 5	4	Family Psytx w Patient	08/26/2006	\$77.71	Provider 5	4	Family	8/26/2006	14:45	15:45	1	Visit at home
Provider 5	4	Unusual Physician Travel	08/26/2006	\$9.43			<b>No travel documentation</b>					23 miles traveled
Provider 5	5	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	5	Individual	8/26/2006	16:00	16:45	1	Visit at home
Provider 5	5	Family Psytx w Patient	08/26/2006	\$77.71	Provider 5	5	Family	8/26/2006	16:45	17:45	1	Visit at home
Provider 5	5	Unusual Physician Travel	08/26/2006	\$6.97			<b>No travel documentation</b>					17 miles traveled
Provider 5	6	Psytx, Off, 45-50 Min	08/26/2006	\$59.60	Provider 5	6	Individual	8/26/2006	18:00	18:45	1	Visit at home
Provider 5	6	Family Psytx w Patient	08/26/2006	\$77.71	Provider 5	6	Family	8/26/2006	18:45	19:45	1	Visit at home
Provider 5	6	Unusual Physician Travel	08/26/2006	\$7.79			<b>No travel documentation</b>					19 miles traveled
							<b>Travel Hours</b>		<b>2</b>			
							<b>Actual Hours</b>		<b>13</b>			
Provider 5	7	Psytx, Off, 45-50 Min	08/28/2006	\$59.60	Provider 5	7	Individual	8/28/2006	9:00	9:45	1	Visit at home
Provider 5	8	Family Psytx w Patient	08/28/2006	\$77.71	Provider 5	8	Family	8/28/2006	12:45	13:45	1	Claim identified visit at home
Provider 5	5	Psytx, Off, 45-50 Min	08/28/2006	\$59.60	Provider 5	5	Individual	8/28/2006	14:00	14:45	1	Claim identified visit at home
Provider 5	5	Family Psytx w Patient	08/28/2006	\$77.71	Provider 5	5	Family	8/28/2006	14:45	15:45	1	Claim identified visit at home
Provider 5	5	Unusual Physician Travel	08/28/2006	\$6.97			<b>No travel documentation</b>					17 miles traveled
Provider 5	9	Psytx, Off, 45-50 Min	08/28/2006	\$59.60	Provider 5	9	Individual	8/28/2006	15:45	16:30	1	No travel time allowed between clients; claim identified visit at home
Provider 5	9	Family Psytx w Patient	08/28/2006	\$77.71	Provider 5	9	Family	8/28/2006	16:30	17:30	1	Visit at home
Provider 5	10	Psytx, Off, 45-50 Min	08/28/2006	\$59.60	Provider 5	10	Individual	8/28/2006	17:30	18:15	1	Claim identified visit at home
							<b>Travel Hours</b>		<b>0.5</b>			
							<b>Actual Hours</b>		<b>7.5</b>			
Provider 5	8	Psytx, Off, 45-50 Min	08/29/2006	\$59.60	Provider 5	8	Individual	8/29/2006	9:00	9:45	1	Visit at school; claim identified visit at home
Provider 5	11	Psytx, Off, 45-50 Min	08/29/2006	\$59.60	Provider 5	11	Individual	8/29/2006	12:00	12:45	1	Visit at home
Provider 5	11	Family Psytx w Patient	08/29/2006	\$77.71	Provider 5	11	Family	8/29/2006	12:45	13:45	1	Claim identified visit at home
Provider 5	12	Psytx, Off, 45-50 Min	08/29/2006	\$59.60	Provider 5	12	Individual	8/29/2006	14:50	15:35	1	Claim identified visit at office
Provider 5	12	Family Psytx w Patient	08/29/2006	\$77.71	Provider 5	12	Family	8/29/2006	15:35	16:35	1	Claim identified visit at office
Provider 5	13	Psytx, Off, 45-50 Min	08/29/2006	\$59.60	Provider 5	13	Individual	8/29/2006	18:45	19:30	1	Claim identified visit at home
Provider 5	13	Family Psytx w Patient	08/29/2006	\$77.71	Provider 5	13	Family	8/29/2006	19:30	20:30	1	Claim identified visit at home
							<b>Actual Hours</b>		<b>7</b>			
Provider 5	6	Family Psytx w Patient	08/30/2006	\$77.71	Provider 5	6	Family	8/30/2006	12:00	13:00	1	Claim identified visit at home
Provider 5	6	Psytx, Off, 45-50 Min	08/30/2006	\$59.60	Provider 5	6	Individual	8/30/2006	13:00	13:45	1	Claim identified visit at home
Provider 5	6	Unusual Physician Travel	08/30/2006	\$7.79			<b>No travel documentation</b>					19 miles traveled
Provider 5	14	Psytx, Off, 45-50 Min	08/30/2006	\$59.60	Provider 5	14	Individual	8/30/2006	14:00	14:45	1	Claim identified visit at home
Provider 5	14	Family Psytx w Patient	08/30/2006	\$77.71	Provider 5	14	Family	8/30/2006	14:45	15:45	1	Claim identified visit at home
Provider 5	15	Psytx, Off, 45-50 Min	08/30/2006	\$59.60	Provider 5	15	Individual	8/30/2006	15:45	16:30	1	Claim identified visit at home
Provider 5	16	Psytx, Off, 45-50 Min	08/30/2006	\$59.60	Provider 5	16	Individual	8/30/2006	16:40	17:25	1	Claim identified visit at home
Provider 5	16	Family Psytx w Patient	08/30/2006	\$77.71	Provider 5	16	Family	8/30/2006	17:25	18:25	1	Visit at home; only five minutes allowed between sessions
Provider 5	17	Psytx, Off, 45-50 Min	08/30/2006	\$59.60	Provider 5	17	Individual	8/30/2006	18:30	19:15	1	Claim identified visit at home
Provider 5	17	Family Psytx w Patient	08/30/2006	\$77.71	Provider 5	17	Family	8/30/2006	19:15	20:15	1	Claim identified visit at home
							<b>Travel Hours</b>		<b>0.5</b>			
							<b>Actual Hours</b>		<b>9.5</b>			
Provider 5	18	Psytx, Off, 45-50 Min	08/31/2006	\$59.60	Provider 5	18	Individual	8/31/2006	15:00	15:45	1	Claim identified visit at home
Provider 5	19	Psytx, Off, 45-50 Min	08/31/2006	\$59.60	Provider 5	19	Individual	8/31/2006	17:00	17:45	1	Claim identified visit at home
Provider 5	20	Psytx, Off, 45-50 Min	08/31/2006	\$59.60	Provider 5	20	Individual	8/31/2006	17:45	18:30	1	Claim identified visit at home
Provider 5	4	Family Psytx w Patient	08/31/2006	\$77.71	Provider 5	4	Family	8/31/2006	18:30	19:30	1	Visit at home
Provider 5	4	Psytx, Off, 45-50 Min	08/31/2006	\$59.60	Provider 5	4	Individual	8/31/2006	19:30	20:15	1	Claim identified visit at home

Provider 5 Listing Of Medicaid Claims

Exhibit 5

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							Notes	
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours		
Provider 5	4	Unusual Physician Travel	08/31/2006	\$9.43			No travel documentation						23 miles traveled
							Travel Hours	0.5					
							Actual Hours	5.5					
Provider 5	3	Family Psytch w Patient	09/01/2006	\$77.71	Provider 5	3	Family	9/1/2006	15:00	16:00	1		Claim identified visit at home
Provider 5	3	Psytch, Off, 45-50 Min	09/01/2006	\$59.60	Provider 5	3	Individual	9/1/2006	16:00	16:45	1		Claim identified visit at home
Provider 5	3	Unusual Physician Travel	09/01/2006	\$8.61			No travel documentation						21 miles traveled
Provider 5	21	Psytch, Off, 45-50 Min	09/01/2006	\$59.60	Provider 5	21	Individual	9/1/2006	17:00	17:45	1		Claim identified visit at office
Provider 5	22	Family Psytch w Patient	09/01/2006	\$77.71	Provider 5	22	Family	9/1/2006	17:45	18:45	1		Claim identified visit at office
Provider 5	22	Psytch, Off, 45-50 Min	09/01/2006	\$59.60	Provider 5	22	Individual	9/1/2006	18:45	19:30	1		Claim identified visit at office
							Travel Hours	0.5					
							Actual Hours	5.5					
Provider 5	1	Psytch, Off, 45-50 Min	09/02/2006	\$59.60	Provider 5	1	Individual	9/2/2006	9:00	9:45	1		Claim identified visit at home
Provider 5	2	Psytch, Off, 45-50 Min	09/02/2006	\$59.60	Provider 5	2	Individual	9/2/2006	9:45	10:30	1		Claim identified visit at home
Provider 5	2	Family Psytch w Patient	09/02/2006	\$77.71	Provider 5	2	Family	9/2/2006	10:30	11:30	1		Visit at home
Provider 5	23	Psytch, Off, 45-50 Min	09/02/2006	\$59.60	Provider 5	23	Individual	9/2/2006	11:30	12:15	1		Claim identified visit at home
Provider 5	24	Psytch, Off, 45-50 Min	09/02/2006	\$59.60	Provider 5	24	Individual	9/2/2006	13:00	13:45	1		Claim identified visit at office
Provider 5	24	Family Psytch w Patient	09/02/2006	\$77.71	Provider 5	24	Family	9/2/2006	13:45	14:45	1		Visit at home; Claim identified visit at office
							Actual Hours	6					
Provider 5	10	Psytch, Off, 45-50 Min	09/04/2006	\$59.60	Provider 5	10	Individual	9/4/2006	9:00	9:45	1		Claim identified visit at home
Provider 5	9	Family Psytch w Patient	09/04/2006	\$77.71	Provider 5	9	Family	9/4/2006	9:45	10:45	1		Claim identified visit at home
Provider 5	9	Psytch, Off, 45-50 Min	09/04/2006	\$59.60	Provider 5	9	Individual	9/4/2006	10:45	11:30	1		Claim identified visit at home
Provider 5	7	Psytch, Off, 45-50 Min	09/04/2006	\$59.60	Provider 5	7	Individual	9/4/2006	12:00	12:45	1		Visit at home
Provider 5	5	Psytch, Off, 45-50 Min	09/04/2006	\$59.60	Provider 5	5	Individual	9/4/2006	14:00	14:45	1		Claim identified visit at home
Provider 5	5	Family Psytch w Patient	09/04/2006	\$77.71	Provider 5	5	Family	9/4/2006	14:45	15:45	1		Visit at home
Provider 5	5	Unusual Physician Travel	09/04/2006	\$6.97			No travel documentation						17 miles traveled
							Travel Hours	0.5					
							Actual Hours	6.5					
Provider 5	11	Psytch, Off, 45-50 Min	09/05/2006	\$59.60	Provider 5	11	Individual	9/5/2006	12:00	12:45	1		Visit at home
Provider 5	11	Family Psytch w Patient	09/05/2006	\$77.71	Provider 5	11	Family	9/5/2006	12:45	13:45	1		Claim identified visit at home
Provider 5	12	Psytch, Off, 45-50 Min	09/05/2006	\$59.60	Provider 5	12	Individual	9/5/2006	14:15	15:00	1		Visit at home; Claim identified visit at office
Provider 5	12	Family Psytch w Patient	09/05/2006	\$77.71	Provider 5	12	Family	9/5/2006	15:00	16:00	1		Visit at home; Claim identified visit at office
Provider 5	13	Family Psytch w Patient	09/05/2006	\$77.71	Provider 5	13	Family	9/5/2006	18:15	19:15	1		Visit at home
Provider 5	13	Psytch, Off, 45-50 Min	09/05/2006	\$59.60	Provider 5	13	Individual	9/5/2006	19:15	20:00	1		Claim identified visit at home
							Actual Hours	6					
Provider 5	6	Family Psytch w Patient	09/06/2006	\$77.71	Provider 5	6	Family	9/6/2006	12:00	13:00	1		Claim identified visit at home
Provider 5	6	Psytch, Off, 45-50 Min	09/06/2006	\$59.60	Provider 5	6	Individual	9/6/2006	13:00	13:45	1		Visit at home
Provider 5	6	Unusual Physician Travel	09/06/2006	\$7.79			No travel documentation						19 miles traveled
Provider 5	8	Family Psytch w Patient	09/06/2006	\$77.71	Provider 5	8	Family	9/6/2006	14:00	15:00	1		Visit at home
Provider 5	14	Psytch, Off, 45-50 Min	09/06/2006	\$59.60	Provider 5	14	Individual	9/6/2006	15:00	15:45	1		Claim identified visit at home
Provider 5	15	Psytch, Off, 45-50 Min	09/06/2006	\$59.60	Provider 5	15	Individual	9/6/2006	15:45	16:30	1		Visit at Grandma's
Provider 5	16	Psytch, Off, 45-50 Min	09/06/2006	\$59.60	Provider 5	16	Individual	9/6/2006	16:40	17:25	1		Visit at home
Provider 5	16	Family Psytch w Patient	09/06/2006	\$77.71	Provider 5	16	Family	9/6/2006	17:25	18:25	1		Visit at home; only five minutes allowed between sessions
Provider 5	17	Psytch, Off, 45-50 Min	09/06/2006	\$59.60	Provider 5	17	Individual	9/6/2006	18:30	19:15	1		Visit at Grandma's
							Travel Hours	0.5					
							Actual Hours	8.5					
Provider 5	18	Psytch, Off, 45-50 Min	09/07/2006	\$59.60	Provider 5	18	Individual	9/7/2006	15:00	15:45	1		Claim identified visit at home
Provider 5	20	Psytch, Off, 45-50 Min	09/07/2006	\$59.60	Provider 5	20	Individual	9/7/2006	16:00	16:45	1		Claim identified visit at home
Provider 5	19	Psytch, Off, 45-50 Min	09/07/2006	\$59.60	Provider 5	19	Individual	9/7/2006	16:45	17:30	1		Claim identified visit at home
Provider 5	4	Psytch, Off, 45-50 Min	09/07/2006	\$59.60	Provider 5	4	Family	9/7/2006	17:30	18:30	1		Visit at home
Provider 5	4	Family Psytch w Patient	09/07/2006	\$77.71	Provider 5	4	Individual	9/7/2006	18:30	19:15	1		Claim identified visit at home
Provider 5	4	Unusual Physician Travel	09/07/2006	\$5.74			No travel documentation						14 miles traveled
							Travel Hours	0.5					

Provider 5 Listing Of Medicaid Claims

Exhibit 5

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	Notes
							<b>Actual Hours</b>	<b>5.5</b>				
Provider 5	3	Psytx, Off, 45-50 Min	09/08/2006	\$59.60	Provider 5	3	Individual	9/8/2006	15:00	15:45	1	Claim identified visit at home
Provider 5	3	Family Psytx w Patient	09/08/2006	\$77.71	Provider 5	3	Family	9/8/2006	15:45	16:45	1	Visit at home
Provider 5	3	Unusual Physician Travel	09/08/2006	\$7.38			<b>No travel documentation</b>					18 miles traveled; no travel time allowed between sessions
Provider 5	22	Family Psytx w Patient	09/08/2006	\$77.71	Provider 5	22	Family	9/8/2006	16:45	17:45	1	Visit at home; Claim identified visit at office
Provider 5	22	Psytx, Off, 45-50 Min	09/08/2006	\$59.60	Provider 5	22	Individual	9/8/2006	17:45	18:30	1	Claim identified visit at office
Provider 5	21	Psytx, Off, 45-50 Min	09/08/2006	\$59.60	Provider 5	21	Individual	9/8/2006	18:30	19:15	1	Visit at home; Claim identified visit at office
							<b>Travel Hours</b>	<b>0.5</b>				
							<b>Actual Hours</b>	<b>5.5</b>				
Provider 5	1	Psytx, Off, 45-50 Min	09/09/2006	\$59.60	Provider 5	1	Individual	9/9/2006	9:00	9:45	1	Claim identified visit at home
Provider 5	2	Psytx, Off, 45-50 Min	09/09/2006	\$59.60	Provider 5	2	Individual	9/9/2006	9:45	10:30	1	Claim identified visit at home
Provider 5	2	Family Psytx w Patient	09/09/2006	\$77.71	Provider 5	2	Family	9/9/2006	10:30	11:30	1	Visit at home
Provider 5	23	Psytx, Off, 45-50 Min	09/09/2006	\$59.60	Provider 5	23	Individual	9/9/2006	11:30	12:15	1	Claim identified visit at home
Provider 5	24	Psytx, Off, 45-50 Min	09/09/2006	\$59.60	Provider 5	24	Individual	9/9/2006	13:00	13:45	1	Visit at home; Claim identified visit at office
Provider 5	24	Family Psytx w Patient	09/09/2006	\$77.71	Provider 5	24	Family	9/9/2006	13:45	14:45	1	Visit at home; Claim identified visit at office
			<b>Total</b>	<b>\$5,816.71</b>			<b>Actual Hours</b>	<b>6</b>				

**Note:** APA estimated travel hours. As all travel occurred in Omaha, APA estimated it would take about 1/2 hour to drive 15-20 miles rounded to the nearest 1/2 hour. This amount was included in the provider's actual hours.





# PROVIDER BULLETIN

No. 06-17

August 4, 2006

TO: Medicaid Mental Health/Substance Abuse Providers

FROM: Mary Steiner, Medicaid Director

BY: Jerry Easterday, M.D., Medical Director  
Michele Marsh, M.D., Medical Director  
Margaret VanDyke, R.N., Psychiatric Nurse Consultant  
Medicaid Mental Health/Substance Abuse Unit

RE: Documentation for Mental Health and Substance Abuse Services

**PLEASE SHARE THIS INFORMATION WITH ALL ADMINISTRATIVE, CLINICAL AND BILLING STAFF**

Medicaid considers reimbursement for mental health/substance abuse services when the service meets medical necessity requirements, is identified as a covered service in Medicaid regulations, and is necessary to improve the Medicaid eligible client's mental health and/or substance abuse condition.

**Documentation Requirements for All Services**

In order to support medical need, a progress note must be kept for each treatment service delivered to a Medicaid client. The service must be recommended in the supervising practitioner's initial assessment and identified in the client's treatment plan. Each therapy progress note must include the name of the client, the date of service, the therapist's time spent in the therapy session documenting the beginning and end time of the session, and must identify all individuals present in the therapy session and their relationship to the identified client. The note must be legible and signed by the licensed clinician performing the service. Please refer to documentation requirements in 471 NAC 20-001.19 Clinical Records, 20-002.07 Documentation in Client's Clinical Records, 471 NAC 32-001.04 Clinical Records, and 471 NAC 32-002.07 Documentation in Client's Clinical Records.

**Documentation Requirements When Billing Family Therapy Without the Client Present (90846)**

Effective with the date of this memo, all sessions (CPT code 90846) submitted for payment must include the therapy progress notes. A copy of authorization for the service as well as the progress note is required for all claims for managed care clients. All claims submitted to Medicaid are subject to pre- and post-payment review (see Utilization Review 471 NAC 20-002.09, 471 NAC 32-002.09, Audits 471 NAC 2-002.06 and Post-Payment Review 471 NAC 3-002.03).

In order to be reimbursed, the service must meet the Medicaid regulation and definition for family therapy (please see 471 NAC 32-001.15K and 471 NAC 20-001.12 Service Definitions). Meetings with caseworkers, assisted living facility staff, nursing home staff, other therapy providers, etc., do not meet the definition of family therapy. Parenting sessions, information exchange or time spent completing forms does not meet the definition of family therapy. For services provided to managed care clients, please continue to follow the directions provided by Magellan in the family therapy letter sent on May 13, 2005 (copy enclosed).

Please call Margaret Van Dyke at 402-471-1608 for information regarding Medicaid policy and billing practices.

B6122C

Enclosure



<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 9 TOTAL	\$ 303,764.33
PROVIDER 10 TOTAL	\$ 191,683.40
PROVIDER 11 TOTAL	\$ 126,455.31
PROVIDER 5 TOTAL	\$ 126,217.76
PROVIDER 12 TOTAL	\$ 112,503.38
PROVIDER 13 TOTAL	\$ 110,095.89
PROVIDER 4 TOTAL	\$ 108,592.12
PROVIDER 1 TOTAL	\$ 106,377.72
PROVIDER 3 TOTAL	\$ 100,979.58
PROVIDER 14 TOTAL	\$ 98,731.46
PROVIDER 2 TOTAL	\$ 98,403.40
PROVIDER 15 TOTAL	\$ 97,819.52
PROVIDER 16 TOTAL	\$ 97,452.62
PROVIDER 17 TOTAL	\$ 88,463.46
PROVIDER 8 TOTAL	\$ 83,293.28
PROVIDER 18 TOTAL	\$ 82,310.92
PROVIDER 19 TOTAL	\$ 80,746.22
PROVIDER 20 TOTAL	\$ 79,760.99
PROVIDER 21 TOTAL	\$ 78,109.20
PROVIDER 22 TOTAL	\$ 76,798.82
PROVIDER 23 TOTAL	\$ 75,574.64
PROVIDER 24 TOTAL	\$ 74,656.17
PROVIDER 25 TOTAL	\$ 73,615.50
PROVIDER 26 TOTAL	\$ 73,397.12
PROVIDER 27 TOTAL	\$ 73,221.61
PROVIDER 28 TOTAL	\$ 71,964.06
PROVIDER 29 TOTAL	\$ 71,742.44
PROVIDER 30 TOTAL	\$ 71,612.46
PROVIDER 31 TOTAL	\$ 71,591.38
PROVIDER 32 TOTAL	\$ 71,206.32
PROVIDER 33 TOTAL	\$ 70,190.42
PROVIDER 34 TOTAL	\$ 69,226.54
PROVIDER 35 TOTAL	\$ 66,557.23
PROVIDER 36 TOTAL	\$ 66,448.12
PROVIDER 37 TOTAL	\$ 64,197.03
PROVIDER 38 TOTAL	\$ 62,769.41
PROVIDER 39 TOTAL	\$ 60,778.10
PROVIDER 40 TOTAL	\$ 58,114.61
PROVIDER 41 TOTAL	\$ 56,876.37
PROVIDER 42 TOTAL	\$ 56,317.65
PROVIDER 43 TOTAL	\$ 56,139.42
PROVIDER 44 TOTAL	\$ 55,682.07
PROVIDER 45 TOTAL	\$ 55,608.74
PROVIDER 46 TOTAL	\$ 55,550.85
PROVIDER 47 TOTAL	\$ 55,467.74
PROVIDER 48 TOTAL	\$ 55,403.89
PROVIDER 49 TOTAL	\$ 54,862.81
PROVIDER 50 TOTAL	\$ 52,248.89
PROVIDER 51 TOTAL	\$ 51,949.46
PROVIDER 52 TOTAL	\$ 51,532.46
PROVIDER 53 TOTAL	\$ 51,458.98
PROVIDER 54 TOTAL	\$ 50,887.73
PROVIDER 55 TOTAL	\$ 49,186.41
PROVIDER 56 TOTAL	\$ 48,934.68
PROVIDER 57 TOTAL	\$ 48,545.95
PROVIDER 58 TOTAL	\$ 47,540.28
PROVIDER 59 TOTAL	\$ 47,554.28
PROVIDER 60 TOTAL	\$ 46,180.87
PROVIDER 61 TOTAL	\$ 45,902.56
PROVIDER 62 TOTAL	\$ 44,983.99
PROVIDER 63 TOTAL	\$ 44,592.12
PROVIDER 64 TOTAL	\$ 43,951.82
PROVIDER 65 TOTAL	\$ 41,762.63
PROVIDER 66 TOTAL	\$ 40,400.63

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 67 TOTAL	\$ 39,676.78
PROVIDER 68 TOTAL	\$ 39,613.52
PROVIDER 69 TOTAL	\$ 39,442.29
PROVIDER 70 TOTAL	\$ 39,185.89
PROVIDER 71 TOTAL	\$ 38,015.66
PROVIDER 72 TOTAL	\$ 37,905.54
PROVIDER 73 TOTAL	\$ 37,720.90
PROVIDER 74 TOTAL	\$ 37,625.63
PROVIDER 75 TOTAL	\$ 37,009.26
PROVIDER 76 TOTAL	\$ 36,695.41
PROVIDER 77 TOTAL	\$ 36,496.44
PROVIDER 78 TOTAL	\$ 36,139.41
PROVIDER 79 TOTAL	\$ 35,990.09
PROVIDER 80 TOTAL	\$ 35,985.52
PROVIDER 81 TOTAL	\$ 34,920.14
PROVIDER 82 TOTAL	\$ 32,238.68
PROVIDER 83 TOTAL	\$ 32,048.68
PROVIDER 84 TOTAL	\$ 31,518.02
PROVIDER 85 TOTAL	\$ 31,416.73
PROVIDER 86 TOTAL	\$ 31,048.01
PROVIDER 87 TOTAL	\$ 30,513.70
PROVIDER 88 TOTAL	\$ 30,430.36
PROVIDER 89 TOTAL	\$ 30,055.86
PROVIDER 90 TOTAL	\$ 29,974.85
PROVIDER 91 TOTAL	\$ 29,962.28
PROVIDER 92 TOTAL	\$ 29,920.68
PROVIDER 93 TOTAL	\$ 29,802.60
PROVIDER 94 TOTAL	\$ 28,131.26
PROVIDER 95 TOTAL	\$ 27,956.91
PROVIDER 96 TOTAL	\$ 27,884.38
PROVIDER 97 TOTAL	\$ 27,719.11
PROVIDER 98 TOTAL	\$ 27,654.12
PROVIDER 99 TOTAL	\$ 27,337.59
PROVIDER 100 TOTAL	\$ 27,249.91
PROVIDER 101 TOTAL	\$ 26,901.89
PROVIDER 102 TOTAL	\$ 26,427.39
PROVIDER 103 TOTAL	\$ 26,308.53
PROVIDER 104 TOTAL	\$ 26,280.12
PROVIDER 105 TOTAL	\$ 26,217.51
PROVIDER 106 TOTAL	\$ 25,569.18
PROVIDER 107 TOTAL	\$ 25,565.62
PROVIDER 108 TOTAL	\$ 25,484.26
PROVIDER 109 TOTAL	\$ 24,790.73
PROVIDER 110 TOTAL	\$ 24,690.75
PROVIDER 111 TOTAL	\$ 24,659.72
PROVIDER 112 TOTAL	\$ 24,619.32
PROVIDER 113 TOTAL	\$ 24,578.88
PROVIDER 114 TOTAL	\$ 24,381.26
PROVIDER 115 TOTAL	\$ 24,344.49
PROVIDER 116 TOTAL	\$ 24,119.10
PROVIDER 117 TOTAL	\$ 22,849.80
PROVIDER 118 TOTAL	\$ 22,476.70
PROVIDER 119 TOTAL	\$ 22,295.38
PROVIDER 120 TOTAL	\$ 22,223.64
PROVIDER 121 TOTAL	\$ 22,173.93
PROVIDER 122 TOTAL	\$ 22,170.32
PROVIDER 123 TOTAL	\$ 22,023.43
PROVIDER 124 TOTAL	\$ 21,409.00
PROVIDER 125 TOTAL	\$ 20,321.84
PROVIDER 126 TOTAL	\$ 20,292.07
PROVIDER 127 TOTAL	\$ 20,243.79
PROVIDER 128 TOTAL	\$ 19,886.30
PROVIDER 129 TOTAL	\$ 19,496.17
PROVIDER 130 TOTAL	\$ 19,441.81

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 131 TOTAL	\$ 19,336.00
PROVIDER 132 TOTAL	\$ 18,791.22
PROVIDER 133 TOTAL	\$ 18,514.35
PROVIDER 134 TOTAL	\$ 18,379.28
PROVIDER 135 TOTAL	\$ 18,202.77
PROVIDER 136 TOTAL	\$ 18,089.15
PROVIDER 137 TOTAL	\$ 18,027.87
PROVIDER 138 TOTAL	\$ 17,953.88
PROVIDER 139 TOTAL	\$ 17,921.01
PROVIDER 140 TOTAL	\$ 17,174.26
PROVIDER 141 TOTAL	\$ 17,078.30
PROVIDER 142 TOTAL	\$ 16,823.26
PROVIDER 143 TOTAL	\$ 16,729.17
PROVIDER 144 TOTAL	\$ 16,233.22
PROVIDER 145 TOTAL	\$ 16,210.97
PROVIDER 146 TOTAL	\$ 15,782.47
PROVIDER 147 TOTAL	\$ 15,644.28
PROVIDER 148 TOTAL	\$ 15,429.96
PROVIDER 149 TOTAL	\$ 15,419.24
PROVIDER 150 TOTAL	\$ 15,180.26
PROVIDER 151 TOTAL	\$ 14,867.19
PROVIDER 152 TOTAL	\$ 14,841.60
PROVIDER 153 TOTAL	\$ 14,729.42
PROVIDER 154 TOTAL	\$ 14,691.67
PROVIDER 155 TOTAL	\$ 14,563.61
PROVIDER 156 TOTAL	\$ 14,394.24
PROVIDER 157 TOTAL	\$ 14,335.01
PROVIDER 158 TOTAL	\$ 14,129.60
PROVIDER 159 TOTAL	\$ 13,970.84
PROVIDER 160 TOTAL	\$ 13,881.09
PROVIDER 161 TOTAL	\$ 13,840.74
PROVIDER 162 TOTAL	\$ 13,750.92
PROVIDER 163 TOTAL	\$ 13,741.10
PROVIDER 164 TOTAL	\$ 13,503.44
PROVIDER 165 TOTAL	\$ 13,173.39
PROVIDER 166 TOTAL	\$ 12,888.29
PROVIDER 167 TOTAL	\$ 12,852.86
PROVIDER 168 TOTAL	\$ 12,796.99
PROVIDER 169 TOTAL	\$ 12,564.78
PROVIDER 170 TOTAL	\$ 12,330.14
PROVIDER 171 TOTAL	\$ 12,097.86
PROVIDER 172 TOTAL	\$ 11,988.90
PROVIDER 173 TOTAL	\$ 11,931.95
PROVIDER 174 TOTAL	\$ 11,865.46
PROVIDER 175 TOTAL	\$ 11,791.36
PROVIDER 176 TOTAL	\$ 11,359.71
PROVIDER 177 TOTAL	\$ 11,187.11
PROVIDER 178 TOTAL	\$ 11,117.25
PROVIDER 179 TOTAL	\$ 11,068.53
PROVIDER 180 TOTAL	\$ 10,390.61
PROVIDER 181 TOTAL	\$ 10,367.41
PROVIDER 182 TOTAL	\$ 10,265.95
PROVIDER 183 TOTAL	\$ 10,233.60
PROVIDER 184 TOTAL	\$ 10,220.16
PROVIDER 185 TOTAL	\$ 10,086.69
PROVIDER 186 TOTAL	\$ 10,073.55
PROVIDER 187 TOTAL	\$ 10,020.86
PROVIDER 188 TOTAL	\$ 9,818.86
PROVIDER 189 TOTAL	\$ 9,817.97
PROVIDER 190 TOTAL	\$ 9,780.87
PROVIDER 191 TOTAL	\$ 9,673.83
PROVIDER 192 TOTAL	\$ 9,608.16
PROVIDER 193 TOTAL	\$ 9,365.34
PROVIDER 194 TOTAL	\$ 9,300.66

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 195 TOTAL	\$ 9,229.57
PROVIDER 196 TOTAL	\$ 8,997.34
PROVIDER 197 TOTAL	\$ 8,844.57
PROVIDER 198 TOTAL	\$ 8,598.06
PROVIDER 199 TOTAL	\$ 8,515.14
PROVIDER 200 TOTAL	\$ 8,455.39
PROVIDER 201 TOTAL	\$ 8,356.56
PROVIDER 202 TOTAL	\$ 8,297.14
PROVIDER 203 TOTAL	\$ 8,283.10
PROVIDER 204 TOTAL	\$ 8,262.04
PROVIDER 205 TOTAL	\$ 8,252.63
PROVIDER 206 TOTAL	\$ 8,206.01
PROVIDER 207 TOTAL	\$ 8,205.26
PROVIDER 208 TOTAL	\$ 8,023.81
PROVIDER 209 TOTAL	\$ 7,955.38
PROVIDER 210 TOTAL	\$ 7,952.10
PROVIDER 211 TOTAL	\$ 7,907.43
PROVIDER 212 TOTAL	\$ 7,876.93
PROVIDER 213 TOTAL	\$ 7,851.39
PROVIDER 214 TOTAL	\$ 7,752.83
PROVIDER 215 TOTAL	\$ 7,638.78
PROVIDER 216 TOTAL	\$ 7,587.63
PROVIDER 217 TOTAL	\$ 7,553.73
PROVIDER 218 TOTAL	\$ 7,530.62
PROVIDER 219 TOTAL	\$ 7,508.77
PROVIDER 220 TOTAL	\$ 7,481.16
PROVIDER 221 TOTAL	\$ 7,478.61
PROVIDER 222 TOTAL	\$ 7,466.38
PROVIDER 223 TOTAL	\$ 7,445.35
PROVIDER 224 TOTAL	\$ 7,435.29
PROVIDER 225 TOTAL	\$ 7,399.67
PROVIDER 226 TOTAL	\$ 7,395.87
PROVIDER 227 TOTAL	\$ 7,395.80
PROVIDER 228 TOTAL	\$ 7,359.61
PROVIDER 229 TOTAL	\$ 7,298.56
PROVIDER 230 TOTAL	\$ 7,296.80
PROVIDER 231 TOTAL	\$ 7,108.78
PROVIDER 232 TOTAL	\$ 7,088.10
PROVIDER 233 TOTAL	\$ 7,048.38
PROVIDER 234 TOTAL	\$ 7,041.27
PROVIDER 235 TOTAL	\$ 6,921.56
PROVIDER 236 TOTAL	\$ 6,890.59
PROVIDER 237 TOTAL	\$ 6,874.91
PROVIDER 238 TOTAL	\$ 6,694.42
PROVIDER 239 TOTAL	\$ 6,685.39
PROVIDER 240 TOTAL	\$ 6,621.67
PROVIDER 241 TOTAL	\$ 6,617.40
PROVIDER 242 TOTAL	\$ 6,513.49
PROVIDER 243 TOTAL	\$ 6,507.14
PROVIDER 244 TOTAL	\$ 6,372.31
PROVIDER 245 TOTAL	\$ 6,355.30
PROVIDER 246 TOTAL	\$ 6,340.11
PROVIDER 247 TOTAL	\$ 6,276.14
PROVIDER 248 TOTAL	\$ 6,174.93
PROVIDER 249 TOTAL	\$ 6,153.32
PROVIDER 250 TOTAL	\$ 6,151.34
PROVIDER 251 TOTAL	\$ 6,066.62
PROVIDER 252 TOTAL	\$ 6,019.29
PROVIDER 253 TOTAL	\$ 5,977.07
PROVIDER 254 TOTAL	\$ 5,976.65
PROVIDER 255 TOTAL	\$ 5,925.61
PROVIDER 256 TOTAL	\$ 5,909.68
PROVIDER 257 TOTAL	\$ 5,780.23
PROVIDER 258 TOTAL	\$ 5,779.73

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 259 TOTAL	\$ 5,706.21
PROVIDER 260 TOTAL	\$ 5,693.27
PROVIDER 261 TOTAL	\$ 5,413.88
PROVIDER 262 TOTAL	\$ 5,370.48
PROVIDER 263 TOTAL	\$ 5,303.50
PROVIDER 264 TOTAL	\$ 5,162.66
PROVIDER 265 TOTAL	\$ 5,150.52
PROVIDER 266 TOTAL	\$ 5,086.97
PROVIDER 267 TOTAL	\$ 5,017.99
PROVIDER 268 TOTAL	\$ 4,953.00
PROVIDER 269 TOTAL	\$ 4,950.41
PROVIDER 270 TOTAL	\$ 4,949.43
PROVIDER 271 TOTAL	\$ 4,821.83
PROVIDER 272 TOTAL	\$ 4,794.86
PROVIDER 273 TOTAL	\$ 4,646.61
PROVIDER 274 TOTAL	\$ 4,509.40
PROVIDER 275 TOTAL	\$ 4,175.29
PROVIDER 276 TOTAL	\$ 4,094.96
PROVIDER 277 TOTAL	\$ 4,050.18
PROVIDER 278 TOTAL	\$ 3,888.29
PROVIDER 279 TOTAL	\$ 3,860.28
PROVIDER 280 TOTAL	\$ 3,848.07
PROVIDER 281 TOTAL	\$ 3,782.77
PROVIDER 282 TOTAL	\$ 3,751.74
PROVIDER 283 TOTAL	\$ 3,708.46
PROVIDER 284 TOTAL	\$ 3,699.25
PROVIDER 285 TOTAL	\$ 3,691.69
PROVIDER 286 TOTAL	\$ 3,614.97
PROVIDER 287 TOTAL	\$ 3,605.09
PROVIDER 288 TOTAL	\$ 3,590.13
PROVIDER 289 TOTAL	\$ 3,559.49
PROVIDER 290 TOTAL	\$ 3,555.14
PROVIDER 291 TOTAL	\$ 3,538.50
PROVIDER 292 TOTAL	\$ 3,503.00
PROVIDER 293 TOTAL	\$ 3,483.43
PROVIDER 294 TOTAL	\$ 3,467.26
PROVIDER 295 TOTAL	\$ 3,441.50
PROVIDER 296 TOTAL	\$ 3,414.71
PROVIDER 297 TOTAL	\$ 3,375.68
PROVIDER 298 TOTAL	\$ 3,357.03
PROVIDER 299 TOTAL	\$ 3,343.80
PROVIDER 300 TOTAL	\$ 3,307.38
PROVIDER 301 TOTAL	\$ 3,276.95
PROVIDER 302 TOTAL	\$ 3,135.84
PROVIDER 303 TOTAL	\$ 3,095.50
PROVIDER 304 TOTAL	\$ 3,014.43
PROVIDER 305 TOTAL	\$ 2,993.86
PROVIDER 306 TOTAL	\$ 2,979.49
PROVIDER 307 TOTAL	\$ 2,947.89
PROVIDER 308 TOTAL	\$ 2,853.42
PROVIDER 309 TOTAL	\$ 2,785.32
PROVIDER 310 TOTAL	\$ 2,760.02
PROVIDER 311 TOTAL	\$ 2,731.34
PROVIDER 312 TOTAL	\$ 2,646.59
PROVIDER 313 TOTAL	\$ 2,625.97
PROVIDER 314 TOTAL	\$ 2,519.15
PROVIDER 315 TOTAL	\$ 2,498.32
PROVIDER 316 TOTAL	\$ 2,427.61
PROVIDER 317 TOTAL	\$ 2,385.62
PROVIDER 318 TOTAL	\$ 2,378.76
PROVIDER 319 TOTAL	\$ 2,355.89
PROVIDER 320 TOTAL	\$ 2,344.29
PROVIDER 321 TOTAL	\$ 2,297.16
PROVIDER 322 TOTAL	\$ 2,285.89

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 323 TOTAL	\$ 2,227.44
PROVIDER 324 TOTAL	\$ 2,208.87
PROVIDER 325 TOTAL	\$ 2,189.33
PROVIDER 326 TOTAL	\$ 2,181.84
PROVIDER 327 TOTAL	\$ 2,021.55
PROVIDER 328 TOTAL	\$ 1,971.96
PROVIDER 329 TOTAL	\$ 1,907.23
PROVIDER 330 TOTAL	\$ 1,901.93
PROVIDER 331 TOTAL	\$ 1,866.37
PROVIDER 332 TOTAL	\$ 1,824.84
PROVIDER 333 TOTAL	\$ 1,758.31
PROVIDER 334 TOTAL	\$ 1,703.14
PROVIDER 335 TOTAL	\$ 1,682.91
PROVIDER 336 TOTAL	\$ 1,551.33
PROVIDER 337 TOTAL	\$ 1,549.09
PROVIDER 338 TOTAL	\$ 1,535.91
PROVIDER 339 TOTAL	\$ 1,460.19
PROVIDER 340 TOTAL	\$ 1,426.80
PROVIDER 341 TOTAL	\$ 1,348.52
PROVIDER 342 TOTAL	\$ 1,251.77
PROVIDER 343 TOTAL	\$ 1,247.01
PROVIDER 344 TOTAL	\$ 1,224.94
PROVIDER 345 TOTAL	\$ 1,222.30
PROVIDER 346 TOTAL	\$ 1,221.96
PROVIDER 347 TOTAL	\$ 1,207.64
PROVIDER 348 TOTAL	\$ 1,168.64
PROVIDER 349 TOTAL	\$ 1,165.78
PROVIDER 350 TOTAL	\$ 1,066.66
PROVIDER 351 TOTAL	\$ 1,056.77
PROVIDER 352 TOTAL	\$ 1,055.96
PROVIDER 353 TOTAL	\$ 960.92
PROVIDER 354 TOTAL	\$ 839.40
PROVIDER 355 TOTAL	\$ 834.40
PROVIDER 356 TOTAL	\$ 805.75
PROVIDER 357 TOTAL	\$ 776.01
PROVIDER 358 TOTAL	\$ 761.11
PROVIDER 359 TOTAL	\$ 735.05
PROVIDER 360 TOTAL	\$ 706.78
PROVIDER 361 TOTAL	\$ 697.76
PROVIDER 362 TOTAL	\$ 687.65
PROVIDER 363 TOTAL	\$ 683.86
PROVIDER 364 TOTAL	\$ 683.63
PROVIDER 365 TOTAL	\$ 675.92
PROVIDER 366 TOTAL	\$ 623.66
PROVIDER 367 TOTAL	\$ 623.31
PROVIDER 368 TOTAL	\$ 596.00
PROVIDER 369 TOTAL	\$ 577.93
PROVIDER 370 TOTAL	\$ 536.40
PROVIDER 371 TOTAL	\$ 525.87
PROVIDER 372 TOTAL	\$ 508.10
PROVIDER 373 TOTAL	\$ 490.36
PROVIDER 374 TOTAL	\$ 481.93
PROVIDER 375 TOTAL	\$ 468.38
PROVIDER 376 TOTAL	\$ 462.29
PROVIDER 377 TOTAL	\$ 454.32
PROVIDER 378 TOTAL	\$ 449.76
PROVIDER 379 TOTAL	\$ 444.65
PROVIDER 380 TOTAL	\$ 411.42
PROVIDER 381 TOTAL	\$ 371.66
PROVIDER 382 TOTAL	\$ 367.94
PROVIDER 383 TOTAL	\$ 318.47
PROVIDER 384 TOTAL	\$ 297.08
PROVIDER 385 TOTAL	\$ 293.32
PROVIDER 386 TOTAL	\$ 274.68



<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 387 TOTAL	\$ 270.57
PROVIDER 388 TOTAL	\$ 257.34
PROVIDER 389 TOTAL	\$ 238.40
PROVIDER 6 TOTAL	\$ 233.13
PROVIDER 390 TOTAL	\$ 229.98
PROVIDER 391 TOTAL	\$ 229.98
PROVIDER 392 TOTAL	\$ 227.49
PROVIDER 393 TOTAL	\$ 226.78
PROVIDER 394 TOTAL	\$ 196.91
PROVIDER 395 TOTAL	\$ 189.12
PROVIDER 396 TOTAL	\$ 186.83
PROVIDER 397 TOTAL	\$ 178.80
PROVIDER 398 TOTAL	\$ 178.80
PROVIDER 399 TOTAL	\$ 178.80
PROVIDER 400 TOTAL	\$ 178.80
PROVIDER 401 TOTAL	\$ 178.29
PROVIDER 402 TOTAL	\$ 177.63
PROVIDER 403 TOTAL	\$ 167.04
PROVIDER 404 TOTAL	\$ 157.08
PROVIDER 405 TOTAL	\$ 155.42
PROVIDER 406 TOTAL	\$ 142.56
PROVIDER 407 TOTAL	\$ 138.57
PROVIDER 408 TOTAL	\$ 125.00
PROVIDER 409 TOTAL	\$ 120.00
PROVIDER 410 TOTAL	\$ 119.31
PROVIDER 411 TOTAL	\$ 119.20
PROVIDER 412 TOTAL	\$ 116.86
PROVIDER 413 TOTAL	\$ 103.31
PROVIDER 414 TOTAL	\$ 59.60
PROVIDER 415 TOTAL	\$ 59.60
PROVIDER 416 TOTAL	\$ 58.43
PROVIDER 417 TOTAL	\$ 58.43
PROVIDER 418 TOTAL	\$ 58.43
PROVIDER 419 TOTAL	\$ 44.88

Grand Total \$ 8,277,214.74

Average Total Amount Paid to a PLMHP \$ 19,801.95  
 (Grand Total / 418 PLMHP Providers)

**Note:** The total number of PLHMP Providers is 418 as Provider 7 is a Licensed Mental Health Provider and not paid as a PLMHP.

Provider 420 Listing of Medicaid Claims

Exhibit 8

Nebraska Medicaid Payments Through MMIS					Medical Records Supplied By Provider							
Provider	Client	Procedure Nebraska	Service Date	Net Payment	Signature on Report	Client	Type of Session	Date Seen	Start Time	Stop Time	Hours	Notes
Provider 420	1	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/18/2006				Mother present
Provider 420	2	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/18/2006				Conversation with unknown participant
Provider 420	3	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/18/2006				Client and mother present
Provider 420	4	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	4	Intensive Outpatient Psychia	12/18/2006				Mother present
Provider 420	5	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/18/2006				Conversation with DHHS worker
Provider 420	6	Intensive Outpatient Psychia	12/18/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/18/2006				Client present
							<b>Actual Hours</b>				<b>18</b>	
Provider 420	4	Intensive Outpatient Psychia	12/19/2006	\$109.18	Provider 420	4	Intensive Outpatient Psychia	12/19/2006				Unknown participant present
Provider 420	6	Intensive Outpatient Psychia	12/19/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/19/2006				Family present - appears client was present based on session notes
		<b>Claim not on MMIS</b>			Provider 420	5	Intensive Outpatient Psychia	12/19/2006				
							<b>Actual Hours</b>				<b>9</b>	
Provider 420	1	Intensive Outpatient Psychia	12/20/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/20/2006				Conversation with school
Provider 420	2	Intensive Outpatient Psychia	12/20/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/20/2006				Client present
Provider 420	3	Intensive Outpatient Psychia	12/20/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/20/2006				Conversation with unknown participant
Provider 420	4	Intensive Outpatient Psychia	12/20/2006	\$109.18	Provider 420	4	Intensive Outpatient Psychia	12/20/2006				Client present
							<b>Actual Hours</b>				<b>12</b>	
Provider 420	1	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/21/2006				Client present
Provider 420	2	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/21/2006				Family present - appears client was present based on session notes
Provider 420	3	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/21/2006				Client and DHHS worker present
Provider 420	4	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	4	Intensive Outpatient Psychia	12/21/2006				Family present - appears client was present based on session notes
Provider 420	5	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/21/2006				Family, client, and DHHS worker present
Provider 420	6	Intensive Outpatient Psychia	12/21/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/21/2006				Conversation with mother
							<b>Actual Hours</b>				<b>18</b>	
Provider 420	5	Intensive Outpatient Psychia	12/22/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/22/2006				Family present - appears client was present based on session notes
Provider 420	6	Intensive Outpatient Psychia	12/22/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/22/2006				Family present - appears client was present based on session notes
							<b>Actual Hours</b>				<b>6</b>	
Provider 420	7	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	7	Intensive Outpatient Psychia	12/27/2006				Conversation with unknown participant
Provider 420	8	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	8	Intensive Outpatient Psychia	12/27/2006				Family present - appears client was present based on session notes
Provider 420	1	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/27/2006				Client and DHHS worker present
Provider 420	2	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/27/2006				Participants not listed-appears client was present based on session notes
Provider 420	3	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/27/2006				Client present
Provider 420	9	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	9	Intensive Outpatient Psychia	12/27/2006				Family present - appears client was present based on session notes
Provider 420	5	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/27/2006				Conversation with DHHS worker
Provider 420	6	Intensive Outpatient Psychia	12/27/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/27/2006				Conversation with mother
							<b>Actual Hours</b>				<b>24</b>	
Provider 420	7	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	7	Intensive Outpatient Psychia	12/28/2006				Conversation with father
Provider 420	1	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/28/2006				Unknown participant present
Provider 420	2	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/28/2006				Participants not listed
Provider 420	3	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/28/2006				Conversation with unknown participant
Provider 420	5	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/28/2006				Conversation with unknown participant
Provider 420	6	Intensive Outpatient Psychia	12/28/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/28/2006				Family present - appears client was present based on session notes
							<b>Actual Hours</b>				<b>18</b>	
Provider 420	7	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	7	Intensive Outpatient Psychia	12/29/2006				Family present - appears client was present based on session notes
Provider 420	10	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	10	Intensive Outpatient Psychia	12/29/2006				Participants not listed
Provider 420	1	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	1	Intensive Outpatient Psychia	12/29/2006				DHHS worker present
Provider 420	2	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	2	Intensive Outpatient Psychia	12/29/2006				Unknown participant present
Provider 420	3	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	3	Intensive Outpatient Psychia	12/29/2006				Client present
Provider 420	5	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	5	Intensive Outpatient Psychia	12/29/2006				Team meeting - appears client was present based on session notes
Provider 420	6	Intensive Outpatient Psychia	12/29/2006	\$109.18	Provider 420	6	Intensive Outpatient Psychia	12/29/2006				Family and unknown participant present - appears client was present based on session notes
		<b>Total</b>		<b>\$4,476.38</b>			<b>Actual Hours</b>				<b>21</b>	

**Note:** Medical records do not contain start and stop times.  
 In calculating actual hours, three hours were counted for sessions missing start and stop times.  
 The treatment plans for all clients were not signed by the supervising practitioner.  
 No services were provided on 12/30/06 and 12/31/06.

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 421 TOTAL	\$ 167,082.29
PROVIDER 422 TOTAL	\$ 164,250.93
PROVIDER 423 TOTAL	\$ 162,759.18
PROVIDER 424 TOTAL	\$ 158,994.53
PROVIDER 425 TOTAL	\$ 141,685.49
PROVIDER 426 TOTAL	\$ 132,809.86
PROVIDER 427 TOTAL	\$ 130,871.21
PROVIDER 428 TOTAL	\$ 128,482.36
PROVIDER 429 TOTAL	\$ 120,719.91
PROVIDER 430 TOTAL	\$ 113,934.49
PROVIDER 431 TOTAL	\$ 111,566.69
PROVIDER 420 TOTAL	\$ 104,338.23
PROVIDER 432 TOTAL	\$ 104,111.74
PROVIDER 433 TOTAL	\$ 101,576.99
PROVIDER 434 TOTAL	\$ 99,043.94
PROVIDER 435 TOTAL	\$ 98,484.19
PROVIDER 436 TOTAL	\$ 97,633.43
PROVIDER 437 TOTAL	\$ 96,510.22
PROVIDER 438 TOTAL	\$ 92,029.73
PROVIDER 439 TOTAL	\$ 91,523.65
PROVIDER 440 TOTAL	\$ 91,453.62
PROVIDER 441 TOTAL	\$ 91,122.49
PROVIDER 442 TOTAL	\$ 90,409.94
PROVIDER 443 TOTAL	\$ 90,225.23
PROVIDER 444 TOTAL	\$ 84,077.98
PROVIDER 445 TOTAL	\$ 84,066.97
PROVIDER 446 TOTAL	\$ 82,692.06
PROVIDER 447 TOTAL	\$ 82,089.09
PROVIDER 448 TOTAL	\$ 81,071.15
PROVIDER 449 TOTAL	\$ 77,577.61
PROVIDER 450 TOTAL	\$ 75,402.10
PROVIDER 451 TOTAL	\$ 74,933.23
PROVIDER 452 TOTAL	\$ 73,835.72
PROVIDER 453 TOTAL	\$ 73,332.32
PROVIDER 454 TOTAL	\$ 72,860.90
PROVIDER 455 TOTAL	\$ 72,250.89
PROVIDER 456 TOTAL	\$ 70,924.09
PROVIDER 457 TOTAL	\$ 69,433.14
PROVIDER 458 TOTAL	\$ 68,670.89
PROVIDER 459 TOTAL	\$ 67,994.87
PROVIDER 460 TOTAL	\$ 67,871.68
PROVIDER 461 TOTAL	\$ 67,644.62
PROVIDER 462 TOTAL	\$ 67,478.00
PROVIDER 463 TOTAL	\$ 66,273.99
PROVIDER 464 TOTAL	\$ 65,453.99
PROVIDER 465 TOTAL	\$ 65,087.80
PROVIDER 466 TOTAL	\$ 64,166.67
PROVIDER 467 TOTAL	\$ 63,516.29
PROVIDER 468 TOTAL	\$ 62,941.04
PROVIDER 469 TOTAL	\$ 62,499.55
PROVIDER 470 TOTAL	\$ 62,379.45
PROVIDER 471 TOTAL	\$ 61,710.65
PROVIDER 472 TOTAL	\$ 61,196.10
PROVIDER 473 TOTAL	\$ 61,176.51
PROVIDER 474 TOTAL	\$ 60,920.90
PROVIDER 475 TOTAL	\$ 60,872.92
PROVIDER 476 TOTAL	\$ 60,663.44
PROVIDER 477 TOTAL	\$ 60,621.58
PROVIDER 478 TOTAL	\$ 59,882.33
PROVIDER 479 TOTAL	\$ 59,282.51
PROVIDER 480 TOTAL	\$ 59,183.97
PROVIDER 481 TOTAL	\$ 58,709.19

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 482 TOTAL	\$ 58,578.19
PROVIDER 483 TOTAL	\$ 58,178.34
PROVIDER 484 TOTAL	\$ 57,224.86
PROVIDER 485 TOTAL	\$ 57,144.32
PROVIDER 486 TOTAL	\$ 56,338.26
PROVIDER 487 TOTAL	\$ 56,236.22
PROVIDER 488 TOTAL	\$ 55,467.74
PROVIDER 489 TOTAL	\$ 55,262.68
PROVIDER 490 TOTAL	\$ 55,185.94
PROVIDER 491 TOTAL	\$ 55,178.33
PROVIDER 492 TOTAL	\$ 54,711.95
PROVIDER 493 TOTAL	\$ 54,631.27
PROVIDER 494 TOTAL	\$ 54,586.06
PROVIDER 495 TOTAL	\$ 54,435.72
PROVIDER 496 TOTAL	\$ 54,346.26
PROVIDER 497 TOTAL	\$ 53,875.83
PROVIDER 498 TOTAL	\$ 53,756.80
PROVIDER 499 TOTAL	\$ 53,713.66
PROVIDER 500 TOTAL	\$ 53,568.65
PROVIDER 501 TOTAL	\$ 53,334.47
PROVIDER 502 TOTAL	\$ 53,142.77
PROVIDER 503 TOTAL	\$ 53,059.68
PROVIDER 504 TOTAL	\$ 52,969.25
PROVIDER 505 TOTAL	\$ 52,841.83
PROVIDER 506 TOTAL	\$ 52,799.50
PROVIDER 507 TOTAL	\$ 52,590.79
PROVIDER 508 TOTAL	\$ 52,340.32
PROVIDER 509 TOTAL	\$ 52,265.27
PROVIDER 510 TOTAL	\$ 52,223.78
PROVIDER 511 TOTAL	\$ 52,101.54
PROVIDER 512 TOTAL	\$ 51,933.23
PROVIDER 513 TOTAL	\$ 51,415.58
PROVIDER 514 TOTAL	\$ 51,372.04
PROVIDER 515 TOTAL	\$ 51,339.47
PROVIDER 516 TOTAL	\$ 50,479.51
PROVIDER 517 TOTAL	\$ 50,056.92
PROVIDER 518 TOTAL	\$ 49,913.18
PROVIDER 519 TOTAL	\$ 49,497.27
PROVIDER 520 TOTAL	\$ 49,077.14
PROVIDER 521 TOTAL	\$ 48,540.23
PROVIDER 522 TOTAL	\$ 48,351.28
PROVIDER 523 TOTAL	\$ 48,288.26
PROVIDER 524 TOTAL	\$ 48,190.21
PROVIDER 525 TOTAL	\$ 48,042.88
PROVIDER 526 TOTAL	\$ 47,893.03
PROVIDER 527 TOTAL	\$ 47,868.33
PROVIDER 528 TOTAL	\$ 47,431.90
PROVIDER 529 TOTAL	\$ 47,149.32
PROVIDER 530 TOTAL	\$ 46,896.19
PROVIDER 531 TOTAL	\$ 46,733.87
PROVIDER 532 TOTAL	\$ 46,611.47
PROVIDER 533 TOTAL	\$ 46,555.71
PROVIDER 534 TOTAL	\$ 46,403.33
PROVIDER 535 TOTAL	\$ 46,276.79
PROVIDER 536 TOTAL	\$ 46,154.65
PROVIDER 537 TOTAL	\$ 45,947.55
PROVIDER 538 TOTAL	\$ 45,675.48
PROVIDER 539 TOTAL	\$ 45,520.65
PROVIDER 540 TOTAL	\$ 45,373.08
PROVIDER 541 TOTAL	\$ 45,260.02
PROVIDER 542 TOTAL	\$ 45,248.11
PROVIDER 543 TOTAL	\$ 44,766.29

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 544 TOTAL	\$ 44,757.25
PROVIDER 545 TOTAL	\$ 44,426.49
PROVIDER 546 TOTAL	\$ 44,423.87
PROVIDER 547 TOTAL	\$ 44,318.43
PROVIDER 548 TOTAL	\$ 44,247.03
PROVIDER 549 TOTAL	\$ 44,167.15
PROVIDER 550 TOTAL	\$ 44,128.95
PROVIDER 551 TOTAL	\$ 44,114.54
PROVIDER 7 TOTAL	\$ 43,969.41
PROVIDER 552 TOTAL	\$ 43,671.32
PROVIDER 553 TOTAL	\$ 43,402.29
PROVIDER 554 TOTAL	\$ 42,920.58
PROVIDER 555 TOTAL	\$ 42,645.27
PROVIDER 556 TOTAL	\$ 42,105.09
PROVIDER 557 TOTAL	\$ 41,994.55
PROVIDER 558 TOTAL	\$ 41,977.18
PROVIDER 559 TOTAL	\$ 41,902.84
PROVIDER 560 TOTAL	\$ 41,667.02
PROVIDER 561 TOTAL	\$ 40,736.99
PROVIDER 562 TOTAL	\$ 40,456.09
PROVIDER 563 TOTAL	\$ 40,442.43
PROVIDER 564 TOTAL	\$ 40,154.57
PROVIDER 565 TOTAL	\$ 40,119.60
PROVIDER 566 TOTAL	\$ 39,748.48
PROVIDER 567 TOTAL	\$ 39,706.20
PROVIDER 568 TOTAL	\$ 39,680.12
PROVIDER 569 TOTAL	\$ 39,418.73
PROVIDER 570 TOTAL	\$ 39,351.80
PROVIDER 571 TOTAL	\$ 39,344.13
PROVIDER 572 TOTAL	\$ 39,306.06
PROVIDER 573 TOTAL	\$ 39,077.26
PROVIDER 574 TOTAL	\$ 38,727.08
PROVIDER 575 TOTAL	\$ 38,323.74
PROVIDER 576 TOTAL	\$ 38,320.33
PROVIDER 577 TOTAL	\$ 38,284.32
PROVIDER 578 TOTAL	\$ 38,066.75
PROVIDER 579 TOTAL	\$ 37,969.44
PROVIDER 580 TOTAL	\$ 37,613.38
PROVIDER 581 TOTAL	\$ 37,420.10
PROVIDER 582 TOTAL	\$ 37,267.74
PROVIDER 583 TOTAL	\$ 37,212.21
PROVIDER 584 TOTAL	\$ 36,845.98
PROVIDER 585 TOTAL	\$ 36,606.38
PROVIDER 586 TOTAL	\$ 36,132.42
PROVIDER 587 TOTAL	\$ 36,040.01
PROVIDER 588 TOTAL	\$ 35,841.03
PROVIDER 589 TOTAL	\$ 35,742.14
PROVIDER 590 TOTAL	\$ 35,588.47
PROVIDER 591 TOTAL	\$ 35,496.82
PROVIDER 592 TOTAL	\$ 35,441.38
PROVIDER 593 TOTAL	\$ 35,438.41
PROVIDER 594 TOTAL	\$ 34,984.43
PROVIDER 595 TOTAL	\$ 34,953.59
PROVIDER 596 TOTAL	\$ 34,825.36
PROVIDER 597 TOTAL	\$ 34,813.57
PROVIDER 598 TOTAL	\$ 34,762.41
PROVIDER 599 TOTAL	\$ 34,518.90
PROVIDER 600 TOTAL	\$ 34,481.10
PROVIDER 601 TOTAL	\$ 33,858.63
PROVIDER 602 TOTAL	\$ 33,838.31
PROVIDER 603 TOTAL	\$ 33,667.94
PROVIDER 604 TOTAL	\$ 33,522.38

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 605 TOTAL	\$ 33,491.77
PROVIDER 606 TOTAL	\$ 33,490.30
PROVIDER 607 TOTAL	\$ 33,422.64
PROVIDER 608 TOTAL	\$ 33,281.78
PROVIDER 609 TOTAL	\$ 33,233.48
PROVIDER 610 TOTAL	\$ 32,905.01
PROVIDER 611 TOTAL	\$ 32,856.42
PROVIDER 612 TOTAL	\$ 32,817.39
PROVIDER 613 TOTAL	\$ 32,570.22
PROVIDER 614 TOTAL	\$ 32,376.94
PROVIDER 615 TOTAL	\$ 32,176.13
PROVIDER 616 TOTAL	\$ 31,633.39
PROVIDER 617 TOTAL	\$ 31,595.38
PROVIDER 618 TOTAL	\$ 31,534.57
PROVIDER 619 TOTAL	\$ 31,196.27
PROVIDER 620 TOTAL	\$ 30,612.29
PROVIDER 621 TOTAL	\$ 30,451.87
PROVIDER 622 TOTAL	\$ 30,408.32
PROVIDER 623 TOTAL	\$ 30,159.25
PROVIDER 624 TOTAL	\$ 29,986.93
PROVIDER 625 TOTAL	\$ 29,881.91
PROVIDER 626 TOTAL	\$ 29,749.30
PROVIDER 627 TOTAL	\$ 29,739.53
PROVIDER 628 TOTAL	\$ 29,730.74
PROVIDER 629 TOTAL	\$ 29,706.22
PROVIDER 630 TOTAL	\$ 29,580.84
PROVIDER 631 TOTAL	\$ 29,546.37
PROVIDER 632 TOTAL	\$ 29,505.73
PROVIDER 633 TOTAL	\$ 29,501.71
PROVIDER 634 TOTAL	\$ 29,298.05
PROVIDER 635 TOTAL	\$ 29,248.05
PROVIDER 636 TOTAL	\$ 29,216.04
PROVIDER 637 TOTAL	\$ 29,197.54
PROVIDER 638 TOTAL	\$ 29,094.47
PROVIDER 639 TOTAL	\$ 29,074.23
PROVIDER 640 TOTAL	\$ 29,006.38
PROVIDER 641 TOTAL	\$ 28,999.67
PROVIDER 642 TOTAL	\$ 28,836.91
PROVIDER 643 TOTAL	\$ 28,595.05
PROVIDER 644 TOTAL	\$ 28,417.82
PROVIDER 645 TOTAL	\$ 28,406.15
PROVIDER 646 TOTAL	\$ 28,271.15
PROVIDER 647 TOTAL	\$ 28,112.58
PROVIDER 648 TOTAL	\$ 28,046.02
PROVIDER 649 TOTAL	\$ 28,008.90
PROVIDER 650 TOTAL	\$ 27,913.49
PROVIDER 651 TOTAL	\$ 27,861.70
PROVIDER 652 TOTAL	\$ 27,716.72
PROVIDER 653 TOTAL	\$ 27,661.30
PROVIDER 654 TOTAL	\$ 27,615.88
PROVIDER 655 TOTAL	\$ 27,585.36
PROVIDER 656 TOTAL	\$ 27,503.18
PROVIDER 657 TOTAL	\$ 27,415.73
PROVIDER 658 TOTAL	\$ 27,390.52
PROVIDER 659 TOTAL	\$ 27,331.16
PROVIDER 660 TOTAL	\$ 27,308.43
PROVIDER 661 TOTAL	\$ 27,130.82
PROVIDER 662 TOTAL	\$ 27,058.68
PROVIDER 663 TOTAL	\$ 26,905.23
PROVIDER 664 TOTAL	\$ 26,901.43
PROVIDER 665 TOTAL	\$ 26,883.35
PROVIDER 666 TOTAL	\$ 26,883.07



<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 667 TOTAL	\$ 26,859.28
PROVIDER 668 TOTAL	\$ 26,789.98
PROVIDER 669 TOTAL	\$ 26,547.32
PROVIDER 670 TOTAL	\$ 26,364.69
PROVIDER 671 TOTAL	\$ 26,361.97
PROVIDER 672 TOTAL	\$ 26,345.26
PROVIDER 673 TOTAL	\$ 26,279.77
PROVIDER 674 TOTAL	\$ 26,149.82
PROVIDER 675 TOTAL	\$ 26,085.97
PROVIDER 676 TOTAL	\$ 26,036.82
PROVIDER 677 TOTAL	\$ 26,020.74
PROVIDER 678 TOTAL	\$ 25,977.54
PROVIDER 679 TOTAL	\$ 25,768.68
PROVIDER 680 TOTAL	\$ 25,746.64
PROVIDER 681 TOTAL	\$ 25,607.55
PROVIDER 682 TOTAL	\$ 25,548.96
PROVIDER 683 TOTAL	\$ 25,496.75
PROVIDER 684 TOTAL	\$ 25,476.61
PROVIDER 685 TOTAL	\$ 25,474.01
PROVIDER 686 TOTAL	\$ 25,464.33
PROVIDER 687 TOTAL	\$ 25,406.10
PROVIDER 688 TOTAL	\$ 25,395.66
PROVIDER 689 TOTAL	\$ 25,262.87
PROVIDER 690 TOTAL	\$ 25,165.96
PROVIDER 691 TOTAL	\$ 24,958.92
PROVIDER 692 TOTAL	\$ 24,919.22
PROVIDER 693 TOTAL	\$ 24,857.96
PROVIDER 694 TOTAL	\$ 24,818.10
PROVIDER 695 TOTAL	\$ 24,764.37
PROVIDER 696 TOTAL	\$ 24,671.96
PROVIDER 697 TOTAL	\$ 24,573.04
PROVIDER 698 TOTAL	\$ 24,178.44
PROVIDER 699 TOTAL	\$ 24,135.56
PROVIDER 700 TOTAL	\$ 24,128.66
PROVIDER 701 TOTAL	\$ 24,070.34
PROVIDER 702 TOTAL	\$ 24,015.88
PROVIDER 703 TOTAL	\$ 23,961.44
PROVIDER 704 TOTAL	\$ 23,952.33
PROVIDER 705 TOTAL	\$ 23,858.70
PROVIDER 706 TOTAL	\$ 23,723.12
PROVIDER 707 TOTAL	\$ 23,668.64
PROVIDER 708 TOTAL	\$ 23,547.29
PROVIDER 709 TOTAL	\$ 23,440.65
PROVIDER 710 TOTAL	\$ 23,384.63
PROVIDER 711 TOTAL	\$ 23,367.52
PROVIDER 712 TOTAL	\$ 23,043.44
PROVIDER 713 TOTAL	\$ 23,022.92
PROVIDER 714 TOTAL	\$ 22,938.97
PROVIDER 715 TOTAL	\$ 22,872.63
PROVIDER 716 TOTAL	\$ 22,828.11
PROVIDER 717 TOTAL	\$ 22,611.48
PROVIDER 718 TOTAL	\$ 22,520.70
PROVIDER 719 TOTAL	\$ 22,418.49
PROVIDER 720 TOTAL	\$ 22,260.13
PROVIDER 721 TOTAL	\$ 22,127.87
PROVIDER 722 TOTAL	\$ 22,028.55
PROVIDER 723 TOTAL	\$ 21,857.44
PROVIDER 724 TOTAL	\$ 21,834.41
PROVIDER 725 TOTAL	\$ 21,744.56
PROVIDER 726 TOTAL	\$ 21,741.19
PROVIDER 727 TOTAL	\$ 21,483.36
PROVIDER 728 TOTAL	\$ 21,441.54

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 729 TOTAL	\$ 21,221.97
PROVIDER 730 TOTAL	\$ 20,965.72
PROVIDER 731 TOTAL	\$ 20,892.32
PROVIDER 732 TOTAL	\$ 20,795.61
PROVIDER 733 TOTAL	\$ 20,681.12
PROVIDER 734 TOTAL	\$ 20,562.19
PROVIDER 735 TOTAL	\$ 20,562.03
PROVIDER 736 TOTAL	\$ 20,477.77
PROVIDER 737 TOTAL	\$ 20,392.45
PROVIDER 738 TOTAL	\$ 20,287.59
PROVIDER 739 TOTAL	\$ 20,122.67
PROVIDER 740 TOTAL	\$ 19,806.73
PROVIDER 741 TOTAL	\$ 19,688.21
PROVIDER 742 TOTAL	\$ 19,603.42
PROVIDER 743 TOTAL	\$ 19,578.21
PROVIDER 744 TOTAL	\$ 19,460.17
PROVIDER 745 TOTAL	\$ 19,331.55
PROVIDER 746 TOTAL	\$ 19,310.51
PROVIDER 747 TOTAL	\$ 19,279.01
PROVIDER 748 TOTAL	\$ 19,147.65
PROVIDER 749 TOTAL	\$ 19,020.33
PROVIDER 750 TOTAL	\$ 19,014.95
PROVIDER 751 TOTAL	\$ 19,000.47
PROVIDER 752 TOTAL	\$ 18,869.93
PROVIDER 753 TOTAL	\$ 18,859.97
PROVIDER 754 TOTAL	\$ 18,837.03
PROVIDER 755 TOTAL	\$ 18,794.32
PROVIDER 756 TOTAL	\$ 18,621.01
PROVIDER 757 TOTAL	\$ 18,610.34
PROVIDER 758 TOTAL	\$ 18,586.05
PROVIDER 759 TOTAL	\$ 18,546.07
PROVIDER 760 TOTAL	\$ 18,360.18
PROVIDER 761 TOTAL	\$ 18,341.59
PROVIDER 762 TOTAL	\$ 18,288.09
PROVIDER 763 TOTAL	\$ 18,121.82
PROVIDER 764 TOTAL	\$ 18,120.15
PROVIDER 765 TOTAL	\$ 18,060.94
PROVIDER 766 TOTAL	\$ 18,043.87
PROVIDER 767 TOTAL	\$ 17,996.53
PROVIDER 768 TOTAL	\$ 17,990.57
PROVIDER 769 TOTAL	\$ 17,988.70
PROVIDER 770 TOTAL	\$ 17,949.03
PROVIDER 771 TOTAL	\$ 17,914.25
PROVIDER 772 TOTAL	\$ 17,775.82
PROVIDER 773 TOTAL	\$ 17,724.47
PROVIDER 774 TOTAL	\$ 17,590.55
PROVIDER 775 TOTAL	\$ 17,518.23
PROVIDER 776 TOTAL	\$ 17,508.79
PROVIDER 777 TOTAL	\$ 17,448.94
PROVIDER 778 TOTAL	\$ 17,425.38
PROVIDER 779 TOTAL	\$ 17,413.47
PROVIDER 780 TOTAL	\$ 17,407.50
PROVIDER 781 TOTAL	\$ 17,358.48
PROVIDER 782 TOTAL	\$ 17,315.62
PROVIDER 783 TOTAL	\$ 17,305.56
PROVIDER 784 TOTAL	\$ 17,228.82
PROVIDER 785 TOTAL	\$ 17,194.54
PROVIDER 786 TOTAL	\$ 16,718.23
PROVIDER 787 TOTAL	\$ 16,669.13
PROVIDER 788 TOTAL	\$ 16,644.17
PROVIDER 789 TOTAL	\$ 16,637.39
PROVIDER 790 TOTAL	\$ 16,630.55

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 791 TOTAL	\$ 16,457.69
PROVIDER 792 TOTAL	\$ 16,420.49
PROVIDER 793 TOTAL	\$ 16,406.05
PROVIDER 794 TOTAL	\$ 16,360.72
PROVIDER 795 TOTAL	\$ 16,253.11
PROVIDER 796 TOTAL	\$ 16,233.82
PROVIDER 797 TOTAL	\$ 16,145.16
PROVIDER 798 TOTAL	\$ 16,100.14
PROVIDER 799 TOTAL	\$ 16,099.24
PROVIDER 800 TOTAL	\$ 16,057.76
PROVIDER 801 TOTAL	\$ 16,053.76
PROVIDER 802 TOTAL	\$ 16,020.84
PROVIDER 803 TOTAL	\$ 16,005.16
PROVIDER 804 TOTAL	\$ 15,994.40
PROVIDER 805 TOTAL	\$ 15,921.52
PROVIDER 806 TOTAL	\$ 15,735.51
PROVIDER 807 TOTAL	\$ 15,667.99
PROVIDER 808 TOTAL	\$ 15,659.20
PROVIDER 809 TOTAL	\$ 15,531.55
PROVIDER 810 TOTAL	\$ 15,337.19
PROVIDER 811 TOTAL	\$ 15,248.72
PROVIDER 812 TOTAL	\$ 15,229.79
PROVIDER 813 TOTAL	\$ 15,058.97
PROVIDER 814 TOTAL	\$ 15,058.50
PROVIDER 815 TOTAL	\$ 14,892.03
PROVIDER 816 TOTAL	\$ 14,835.93
PROVIDER 817 TOTAL	\$ 14,762.42
PROVIDER 818 TOTAL	\$ 14,739.72
PROVIDER 819 TOTAL	\$ 14,675.70
PROVIDER 820 TOTAL	\$ 14,629.25
PROVIDER 821 TOTAL	\$ 14,548.36
PROVIDER 822 TOTAL	\$ 14,526.68
PROVIDER 823 TOTAL	\$ 14,387.42
PROVIDER 824 TOTAL	\$ 14,259.77
PROVIDER 825 TOTAL	\$ 14,196.81
PROVIDER 826 TOTAL	\$ 14,119.29
PROVIDER 827 TOTAL	\$ 14,104.28
PROVIDER 828 TOTAL	\$ 14,054.10
PROVIDER 829 TOTAL	\$ 14,009.95
PROVIDER 830 TOTAL	\$ 13,964.14
PROVIDER 831 TOTAL	\$ 13,899.85
PROVIDER 832 TOTAL	\$ 13,708.73
PROVIDER 833 TOTAL	\$ 13,495.75
PROVIDER 834 TOTAL	\$ 13,494.28
PROVIDER 835 TOTAL	\$ 13,482.45
PROVIDER 836 TOTAL	\$ 13,215.97
PROVIDER 837 TOTAL	\$ 13,178.76
PROVIDER 838 TOTAL	\$ 13,162.64
PROVIDER 839 TOTAL	\$ 13,159.63
PROVIDER 840 TOTAL	\$ 13,139.34
PROVIDER 841 TOTAL	\$ 13,086.02
PROVIDER 842 TOTAL	\$ 13,044.32
PROVIDER 843 TOTAL	\$ 13,026.55
PROVIDER 844 TOTAL	\$ 12,993.79
PROVIDER 845 TOTAL	\$ 12,967.51
PROVIDER 846 TOTAL	\$ 12,957.96
PROVIDER 847 TOTAL	\$ 12,825.05
PROVIDER 848 TOTAL	\$ 12,801.11
PROVIDER 849 TOTAL	\$ 12,793.35
PROVIDER 850 TOTAL	\$ 12,782.44
PROVIDER 851 TOTAL	\$ 12,776.53
PROVIDER 852 TOTAL	\$ 12,739.83

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 853 TOTAL	\$ 12,713.37
PROVIDER 854 TOTAL	\$ 12,619.66
PROVIDER 855 TOTAL	\$ 12,606.61
PROVIDER 856 TOTAL	\$ 12,595.62
PROVIDER 857 TOTAL	\$ 12,533.27
PROVIDER 858 TOTAL	\$ 12,520.63
PROVIDER 859 TOTAL	\$ 12,509.30
PROVIDER 860 TOTAL	\$ 12,495.28
PROVIDER 861 TOTAL	\$ 12,486.12
PROVIDER 862 TOTAL	\$ 12,481.43
PROVIDER 863 TOTAL	\$ 12,345.82
PROVIDER 864 TOTAL	\$ 12,337.58
PROVIDER 865 TOTAL	\$ 12,279.30
PROVIDER 866 TOTAL	\$ 12,265.54
PROVIDER 867 TOTAL	\$ 12,256.40
PROVIDER 868 TOTAL	\$ 12,249.27
PROVIDER 869 TOTAL	\$ 12,171.50
PROVIDER 870 TOTAL	\$ 12,093.93
PROVIDER 871 TOTAL	\$ 12,075.31
PROVIDER 872 TOTAL	\$ 12,073.98
PROVIDER 873 TOTAL	\$ 12,066.16
PROVIDER 874 TOTAL	\$ 12,017.72
PROVIDER 875 TOTAL	\$ 11,957.54
PROVIDER 876 TOTAL	\$ 11,913.44
PROVIDER 877 TOTAL	\$ 11,900.98
PROVIDER 878 TOTAL	\$ 11,889.58
PROVIDER 879 TOTAL	\$ 11,889.08
PROVIDER 880 TOTAL	\$ 11,769.31
PROVIDER 881 TOTAL	\$ 11,758.43
PROVIDER 882 TOTAL	\$ 11,756.55
PROVIDER 883 TOTAL	\$ 11,659.32
PROVIDER 884 TOTAL	\$ 11,622.37
PROVIDER 885 TOTAL	\$ 11,607.06
PROVIDER 886 TOTAL	\$ 11,591.14
PROVIDER 887 TOTAL	\$ 11,590.97
PROVIDER 888 TOTAL	\$ 11,547.02
PROVIDER 889 TOTAL	\$ 11,515.41
PROVIDER 890 TOTAL	\$ 11,302.29
PROVIDER 891 TOTAL	\$ 11,291.56
PROVIDER 892 TOTAL	\$ 11,264.35
PROVIDER 893 TOTAL	\$ 11,233.78
PROVIDER 894 TOTAL	\$ 11,154.51
PROVIDER 895 TOTAL	\$ 11,075.17
PROVIDER 896 TOTAL	\$ 11,049.45
PROVIDER 897 TOTAL	\$ 11,014.04
PROVIDER 898 TOTAL	\$ 10,999.47
PROVIDER 899 TOTAL	\$ 10,995.02
PROVIDER 900 TOTAL	\$ 10,753.97
PROVIDER 901 TOTAL	\$ 10,746.91
PROVIDER 902 TOTAL	\$ 10,739.67
PROVIDER 903 TOTAL	\$ 10,666.32
PROVIDER 904 TOTAL	\$ 10,663.86
PROVIDER 905 TOTAL	\$ 10,643.82
PROVIDER 906 TOTAL	\$ 10,638.84
PROVIDER 907 TOTAL	\$ 10,635.91
PROVIDER 908 TOTAL	\$ 10,634.23
PROVIDER 909 TOTAL	\$ 10,617.77
PROVIDER 910 TOTAL	\$ 10,581.64
PROVIDER 911 TOTAL	\$ 10,513.88
PROVIDER 912 TOTAL	\$ 10,500.97
PROVIDER 913 TOTAL	\$ 10,436.25
PROVIDER 914 TOTAL	\$ 10,313.31

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 915 TOTAL	\$ 10,303.86
PROVIDER 916 TOTAL	\$ 10,298.97
PROVIDER 917 TOTAL	\$ 10,163.27
PROVIDER 918 TOTAL	\$ 10,132.61
PROVIDER 919 TOTAL	\$ 10,118.28
PROVIDER 920 TOTAL	\$ 9,897.74
PROVIDER 921 TOTAL	\$ 9,876.04
PROVIDER 922 TOTAL	\$ 9,846.22
PROVIDER 923 TOTAL	\$ 9,828.64
PROVIDER 924 TOTAL	\$ 9,827.13
PROVIDER 925 TOTAL	\$ 9,812.26
PROVIDER 926 TOTAL	\$ 9,797.27
PROVIDER 927 TOTAL	\$ 9,795.50
PROVIDER 928 TOTAL	\$ 9,769.46
PROVIDER 929 TOTAL	\$ 9,651.08
PROVIDER 930 TOTAL	\$ 9,643.37
PROVIDER 931 TOTAL	\$ 9,636.10
PROVIDER 932 TOTAL	\$ 9,600.01
PROVIDER 933 TOTAL	\$ 9,595.34
PROVIDER 934 TOTAL	\$ 9,581.67
PROVIDER 935 TOTAL	\$ 9,567.85
PROVIDER 936 TOTAL	\$ 9,544.81
PROVIDER 937 TOTAL	\$ 9,512.42
PROVIDER 938 TOTAL	\$ 9,487.31
PROVIDER 939 TOTAL	\$ 9,485.06
PROVIDER 940 TOTAL	\$ 9,430.16
PROVIDER 941 TOTAL	\$ 9,407.08
PROVIDER 942 TOTAL	\$ 9,349.45
PROVIDER 943 TOTAL	\$ 9,301.39
PROVIDER 944 TOTAL	\$ 9,268.26
PROVIDER 945 TOTAL	\$ 9,259.52
PROVIDER 946 TOTAL	\$ 9,249.26
PROVIDER 947 TOTAL	\$ 9,232.68
PROVIDER 948 TOTAL	\$ 9,227.13
PROVIDER 949 TOTAL	\$ 9,157.60
PROVIDER 950 TOTAL	\$ 9,155.28
PROVIDER 951 TOTAL	\$ 9,142.21
PROVIDER 952 TOTAL	\$ 9,117.08
PROVIDER 953 TOTAL	\$ 9,095.92
PROVIDER 954 TOTAL	\$ 9,074.73
PROVIDER 955 TOTAL	\$ 9,026.15
PROVIDER 956 TOTAL	\$ 9,022.47
PROVIDER 957 TOTAL	\$ 9,020.90
PROVIDER 958 TOTAL	\$ 8,999.97
PROVIDER 959 TOTAL	\$ 8,983.84
PROVIDER 960 TOTAL	\$ 8,940.91
PROVIDER 961 TOTAL	\$ 8,894.24
PROVIDER 962 TOTAL	\$ 8,885.86
PROVIDER 963 TOTAL	\$ 8,726.90
PROVIDER 964 TOTAL	\$ 8,708.83
PROVIDER 965 TOTAL	\$ 8,694.82
PROVIDER 966 TOTAL	\$ 8,655.58
PROVIDER 967 TOTAL	\$ 8,600.49
PROVIDER 968 TOTAL	\$ 8,579.18
PROVIDER 969 TOTAL	\$ 8,552.22
PROVIDER 970 TOTAL	\$ 8,484.06
PROVIDER 971 TOTAL	\$ 8,450.26
PROVIDER 972 TOTAL	\$ 8,384.13
PROVIDER 973 TOTAL	\$ 8,375.66
PROVIDER 974 TOTAL	\$ 8,275.64
PROVIDER 975 TOTAL	\$ 8,269.56
PROVIDER 976 TOTAL	\$ 8,257.99

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 977 TOTAL	\$ 8,249.27
PROVIDER 978 TOTAL	\$ 8,211.04
PROVIDER 979 TOTAL	\$ 8,196.21
PROVIDER 980 TOTAL	\$ 8,183.33
PROVIDER 981 TOTAL	\$ 8,170.03
PROVIDER 982 TOTAL	\$ 8,146.71
PROVIDER 983 TOTAL	\$ 8,141.76
PROVIDER 984 TOTAL	\$ 8,109.70
PROVIDER 985 TOTAL	\$ 8,086.10
PROVIDER 986 TOTAL	\$ 8,079.10
PROVIDER 987 TOTAL	\$ 7,939.49
PROVIDER 988 TOTAL	\$ 7,926.60
PROVIDER 989 TOTAL	\$ 7,921.79
PROVIDER 990 TOTAL	\$ 7,904.92
PROVIDER 991 TOTAL	\$ 7,728.08
PROVIDER 992 TOTAL	\$ 7,678.33
PROVIDER 993 TOTAL	\$ 7,654.82
PROVIDER 994 TOTAL	\$ 7,626.62
PROVIDER 995 TOTAL	\$ 7,536.22
PROVIDER 996 TOTAL	\$ 7,517.27
PROVIDER 997 TOTAL	\$ 7,500.05
PROVIDER 998 TOTAL	\$ 7,499.77
PROVIDER 999 TOTAL	\$ 7,479.97
PROVIDER 1000 TOTAL	\$ 7,401.46
PROVIDER 1001 TOTAL	\$ 7,392.76
PROVIDER 1002 TOTAL	\$ 7,352.89
PROVIDER 1003 TOTAL	\$ 7,342.38
PROVIDER 1004 TOTAL	\$ 7,320.15
PROVIDER 1005 TOTAL	\$ 7,295.87
PROVIDER 1006 TOTAL	\$ 7,291.96
PROVIDER 1007 TOTAL	\$ 7,205.15
PROVIDER 1008 TOTAL	\$ 7,202.42
PROVIDER 1009 TOTAL	\$ 7,178.89
PROVIDER 1010 TOTAL	\$ 7,142.59
PROVIDER 1011 TOTAL	\$ 7,115.94
PROVIDER 1012 TOTAL	\$ 7,065.59
PROVIDER 1013 TOTAL	\$ 7,055.41
PROVIDER 1014 TOTAL	\$ 7,037.51
PROVIDER 1015 TOTAL	\$ 7,037.39
PROVIDER 1016 TOTAL	\$ 6,997.42
PROVIDER 1017 TOTAL	\$ 6,987.02
PROVIDER 1018 TOTAL	\$ 6,944.97
PROVIDER 1019 TOTAL	\$ 6,901.46
PROVIDER 1020 TOTAL	\$ 6,891.86
PROVIDER 1021 TOTAL	\$ 6,846.85
PROVIDER 1022 TOTAL	\$ 6,802.18
PROVIDER 1023 TOTAL	\$ 6,798.16
PROVIDER 1024 TOTAL	\$ 6,772.78
PROVIDER 1025 TOTAL	\$ 6,770.99
PROVIDER 1026 TOTAL	\$ 6,718.55
PROVIDER 1027 TOTAL	\$ 6,718.00
PROVIDER 1028 TOTAL	\$ 6,682.28
PROVIDER 1029 TOTAL	\$ 6,658.25
PROVIDER 1030 TOTAL	\$ 6,630.54
PROVIDER 1031 TOTAL	\$ 6,586.25
PROVIDER 1032 TOTAL	\$ 6,571.91
PROVIDER 1033 TOTAL	\$ 6,450.50
PROVIDER 1034 TOTAL	\$ 6,429.53
PROVIDER 1035 TOTAL	\$ 6,326.28
PROVIDER 1036 TOTAL	\$ 6,310.45
PROVIDER 1037 TOTAL	\$ 6,282.76
PROVIDER 1038 TOTAL	\$ 6,187.87

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1039 TOTAL	\$ 6,174.27
PROVIDER 1040 TOTAL	\$ 6,137.38
PROVIDER 1041 TOTAL	\$ 6,130.09
PROVIDER 1042 TOTAL	\$ 6,112.62
PROVIDER 1043 TOTAL	\$ 6,081.08
PROVIDER 1044 TOTAL	\$ 6,074.27
PROVIDER 1045 TOTAL	\$ 6,056.23
PROVIDER 1046 TOTAL	\$ 6,056.04
PROVIDER 1047 TOTAL	\$ 6,034.07
PROVIDER 1048 TOTAL	\$ 5,989.66
PROVIDER 1049 TOTAL	\$ 5,941.28
PROVIDER 1050 TOTAL	\$ 5,940.97
PROVIDER 1051 TOTAL	\$ 5,906.18
PROVIDER 1052 TOTAL	\$ 5,887.53
PROVIDER 1053 TOTAL	\$ 5,874.41
PROVIDER 1054 TOTAL	\$ 5,760.20
PROVIDER 1055 TOTAL	\$ 5,739.04
PROVIDER 1056 TOTAL	\$ 5,681.89
PROVIDER 1057 TOTAL	\$ 5,657.86
PROVIDER 1058 TOTAL	\$ 5,650.35
PROVIDER 1059 TOTAL	\$ 5,518.18
PROVIDER 1060 TOTAL	\$ 5,494.14
PROVIDER 1061 TOTAL	\$ 5,480.62
PROVIDER 1062 TOTAL	\$ 5,478.78
PROVIDER 1063 TOTAL	\$ 5,476.27
PROVIDER 1064 TOTAL	\$ 5,427.68
PROVIDER 1065 TOTAL	\$ 5,414.93
PROVIDER 1066 TOTAL	\$ 5,412.96
PROVIDER 1067 TOTAL	\$ 5,402.46
PROVIDER 1068 TOTAL	\$ 5,385.57
PROVIDER 1069 TOTAL	\$ 5,339.34
PROVIDER 1070 TOTAL	\$ 5,297.40
PROVIDER 1071 TOTAL	\$ 5,254.33
PROVIDER 1072 TOTAL	\$ 5,213.99
PROVIDER 1073 TOTAL	\$ 5,137.21
PROVIDER 1074 TOTAL	\$ 5,130.46
PROVIDER 1075 TOTAL	\$ 5,114.08
PROVIDER 1076 TOTAL	\$ 5,051.72
PROVIDER 1077 TOTAL	\$ 5,045.03
PROVIDER 1078 TOTAL	\$ 5,027.59
PROVIDER 1079 TOTAL	\$ 5,012.16
PROVIDER 1080 TOTAL	\$ 4,986.92
PROVIDER 1081 TOTAL	\$ 4,985.11
PROVIDER 1082 TOTAL	\$ 4,975.69
PROVIDER 1083 TOTAL	\$ 4,969.60
PROVIDER 1084 TOTAL	\$ 4,942.87
PROVIDER 1085 TOTAL	\$ 4,937.98
PROVIDER 1086 TOTAL	\$ 4,926.87
PROVIDER 1087 TOTAL	\$ 4,909.65
PROVIDER 1088 TOTAL	\$ 4,898.75
PROVIDER 1089 TOTAL	\$ 4,895.95
PROVIDER 1090 TOTAL	\$ 4,869.70
PROVIDER 1091 TOTAL	\$ 4,849.55
PROVIDER 1092 TOTAL	\$ 4,828.23
PROVIDER 1093 TOTAL	\$ 4,823.44
PROVIDER 1094 TOTAL	\$ 4,793.79
PROVIDER 1095 TOTAL	\$ 4,773.38
PROVIDER 1096 TOTAL	\$ 4,762.34
PROVIDER 1097 TOTAL	\$ 4,751.89
PROVIDER 1098 TOTAL	\$ 4,731.75
PROVIDER 1099 TOTAL	\$ 4,663.87
PROVIDER 1100 TOTAL	\$ 4,657.69

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1101 TOTAL	\$ 4,623.30
PROVIDER 1102 TOTAL	\$ 4,603.64
PROVIDER 1103 TOTAL	\$ 4,577.85
PROVIDER 1104 TOTAL	\$ 4,569.55
PROVIDER 1105 TOTAL	\$ 4,516.03
PROVIDER 1106 TOTAL	\$ 4,504.18
PROVIDER 1107 TOTAL	\$ 4,447.46
PROVIDER 1108 TOTAL	\$ 4,420.22
PROVIDER 1109 TOTAL	\$ 4,404.36
PROVIDER 1110 TOTAL	\$ 4,376.83
PROVIDER 1111 TOTAL	\$ 4,363.48
PROVIDER 1112 TOTAL	\$ 4,350.84
PROVIDER 1113 TOTAL	\$ 4,350.27
PROVIDER 1114 TOTAL	\$ 4,343.78
PROVIDER 1115 TOTAL	\$ 4,329.07
PROVIDER 1116 TOTAL	\$ 4,328.63
PROVIDER 1117 TOTAL	\$ 4,328.08
PROVIDER 1118 TOTAL	\$ 4,300.12
PROVIDER 1119 TOTAL	\$ 4,284.56
PROVIDER 1120 TOTAL	\$ 4,233.31
PROVIDER 1121 TOTAL	\$ 4,226.64
PROVIDER 1122 TOTAL	\$ 4,215.45
PROVIDER 1123 TOTAL	\$ 4,205.04
PROVIDER 1124 TOTAL	\$ 4,119.54
PROVIDER 1125 TOTAL	\$ 4,001.97
PROVIDER 1126 TOTAL	\$ 3,967.61
PROVIDER 1127 TOTAL	\$ 3,955.78
PROVIDER 1128 TOTAL	\$ 3,950.08
PROVIDER 1129 TOTAL	\$ 3,920.66
PROVIDER 1130 TOTAL	\$ 3,912.47
PROVIDER 1131 TOTAL	\$ 3,910.56
PROVIDER 1132 TOTAL	\$ 3,901.54
PROVIDER 1133 TOTAL	\$ 3,867.96
PROVIDER 1134 TOTAL	\$ 3,828.04
PROVIDER 1135 TOTAL	\$ 3,804.81
PROVIDER 1136 TOTAL	\$ 3,777.62
PROVIDER 1137 TOTAL	\$ 3,738.82
PROVIDER 1138 TOTAL	\$ 3,724.48
PROVIDER 1139 TOTAL	\$ 3,715.18
PROVIDER 1140 TOTAL	\$ 3,688.49
PROVIDER 1141 TOTAL	\$ 3,600.68
PROVIDER 1142 TOTAL	\$ 3,579.08
PROVIDER 1143 TOTAL	\$ 3,565.65
PROVIDER 1144 TOTAL	\$ 3,547.66
PROVIDER 1145 TOTAL	\$ 3,520.11
PROVIDER 1146 TOTAL	\$ 3,518.19
PROVIDER 1147 TOTAL	\$ 3,516.58
PROVIDER 1148 TOTAL	\$ 3,508.05
PROVIDER 1149 TOTAL	\$ 3,470.26
PROVIDER 1150 TOTAL	\$ 3,454.46
PROVIDER 1151 TOTAL	\$ 3,393.20
PROVIDER 1152 TOTAL	\$ 3,387.01
PROVIDER 1153 TOTAL	\$ 3,384.27
PROVIDER 1154 TOTAL	\$ 3,376.19
PROVIDER 1155 TOTAL	\$ 3,322.27
PROVIDER 1156 TOTAL	\$ 3,244.05
PROVIDER 1157 TOTAL	\$ 3,196.76
PROVIDER 1158 TOTAL	\$ 3,186.64
PROVIDER 1159 TOTAL	\$ 3,164.53
PROVIDER 1160 TOTAL	\$ 3,158.32
PROVIDER 1161 TOTAL	\$ 3,157.11
PROVIDER 1162 TOTAL	\$ 3,149.53



<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1163 TOTAL	\$ 3,109.38
PROVIDER 1164 TOTAL	\$ 3,080.61
PROVIDER 1165 TOTAL	\$ 3,045.30
PROVIDER 1166 TOTAL	\$ 3,039.31
PROVIDER 1167 TOTAL	\$ 3,033.86
PROVIDER 1168 TOTAL	\$ 3,025.55
PROVIDER 1169 TOTAL	\$ 2,999.93
PROVIDER 1170 TOTAL	\$ 2,964.05
PROVIDER 1171 TOTAL	\$ 2,961.70
PROVIDER 1172 TOTAL	\$ 2,933.92
PROVIDER 1173 TOTAL	\$ 2,919.06
PROVIDER 1174 TOTAL	\$ 2,870.63
PROVIDER 1175 TOTAL	\$ 2,864.80
PROVIDER 1176 TOTAL	\$ 2,848.87
PROVIDER 1177 TOTAL	\$ 2,833.91
PROVIDER 1178 TOTAL	\$ 2,832.65
PROVIDER 1179 TOTAL	\$ 2,812.84
PROVIDER 1180 TOTAL	\$ 2,806.61
PROVIDER 1181 TOTAL	\$ 2,800.62
PROVIDER 1182 TOTAL	\$ 2,785.56
PROVIDER 1183 TOTAL	\$ 2,754.74
PROVIDER 1184 TOTAL	\$ 2,741.73
PROVIDER 1185 TOTAL	\$ 2,721.38
PROVIDER 1186 TOTAL	\$ 2,703.82
PROVIDER 1187 TOTAL	\$ 2,687.69
PROVIDER 1188 TOTAL	\$ 2,667.66
PROVIDER 1189 TOTAL	\$ 2,656.14
PROVIDER 1190 TOTAL	\$ 2,630.02
PROVIDER 1191 TOTAL	\$ 2,614.13
PROVIDER 1192 TOTAL	\$ 2,597.14
PROVIDER 1193 TOTAL	\$ 2,588.72
PROVIDER 1194 TOTAL	\$ 2,584.55
PROVIDER 1195 TOTAL	\$ 2,577.12
PROVIDER 1196 TOTAL	\$ 2,566.88
PROVIDER 1197 TOTAL	\$ 2,561.94
PROVIDER 1198 TOTAL	\$ 2,554.42
PROVIDER 1199 TOTAL	\$ 2,508.93
PROVIDER 1200 TOTAL	\$ 2,463.88
PROVIDER 1201 TOTAL	\$ 2,443.59
PROVIDER 1202 TOTAL	\$ 2,433.07
PROVIDER 1203 TOTAL	\$ 2,416.22
PROVIDER 1204 TOTAL	\$ 2,407.13
PROVIDER 1205 TOTAL	\$ 2,401.12
PROVIDER 1206 TOTAL	\$ 2,397.65
PROVIDER 1207 TOTAL	\$ 2,380.89
PROVIDER 1208 TOTAL	\$ 2,341.20
PROVIDER 1209 TOTAL	\$ 2,331.72
PROVIDER 1210 TOTAL	\$ 2,327.11
PROVIDER 1211 TOTAL	\$ 2,325.53
PROVIDER 1212 TOTAL	\$ 2,280.47
PROVIDER 1213 TOTAL	\$ 2,261.29
PROVIDER 1214 TOTAL	\$ 2,231.77
PROVIDER 1215 TOTAL	\$ 2,221.44
PROVIDER 1216 TOTAL	\$ 2,189.93
PROVIDER 1217 TOTAL	\$ 2,153.12
PROVIDER 1218 TOTAL	\$ 2,140.92
PROVIDER 1219 TOTAL	\$ 2,133.70
PROVIDER 1220 TOTAL	\$ 2,122.29
PROVIDER 1221 TOTAL	\$ 2,116.43
PROVIDER 1222 TOTAL	\$ 2,104.11
PROVIDER 1223 TOTAL	\$ 2,086.10
PROVIDER 1224 TOTAL	\$ 2,080.48

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1225 TOTAL	\$ 2,067.78
PROVIDER 1226 TOTAL	\$ 2,066.66
PROVIDER 1227 TOTAL	\$ 2,062.06
PROVIDER 1228 TOTAL	\$ 2,032.35
PROVIDER 1229 TOTAL	\$ 1,979.67
PROVIDER 1230 TOTAL	\$ 1,954.08
PROVIDER 1231 TOTAL	\$ 1,952.44
PROVIDER 1232 TOTAL	\$ 1,950.36
PROVIDER 1233 TOTAL	\$ 1,930.61
PROVIDER 1234 TOTAL	\$ 1,899.70
PROVIDER 1235 TOTAL	\$ 1,888.02
PROVIDER 1236 TOTAL	\$ 1,857.72
PROVIDER 1237 TOTAL	\$ 1,849.29
PROVIDER 1238 TOTAL	\$ 1,841.42
PROVIDER 1239 TOTAL	\$ 1,821.19
PROVIDER 1240 TOTAL	\$ 1,818.41
PROVIDER 1241 TOTAL	\$ 1,813.03
PROVIDER 1242 TOTAL	\$ 1,811.31
PROVIDER 1243 TOTAL	\$ 1,806.07
PROVIDER 1244 TOTAL	\$ 1,796.96
PROVIDER 1245 TOTAL	\$ 1,778.24
PROVIDER 1246 TOTAL	\$ 1,715.30
PROVIDER 1247 TOTAL	\$ 1,707.32
PROVIDER 1248 TOTAL	\$ 1,685.66
PROVIDER 1249 TOTAL	\$ 1,661.26
PROVIDER 1250 TOTAL	\$ 1,627.66
PROVIDER 1251 TOTAL	\$ 1,610.94
PROVIDER 1252 TOTAL	\$ 1,602.98
PROVIDER 1253 TOTAL	\$ 1,591.93
PROVIDER 1254 TOTAL	\$ 1,487.63
PROVIDER 1255 TOTAL	\$ 1,472.38
PROVIDER 1256 TOTAL	\$ 1,472.36
PROVIDER 1257 TOTAL	\$ 1,471.85
PROVIDER 1258 TOTAL	\$ 1,445.75
PROVIDER 1259 TOTAL	\$ 1,442.54
PROVIDER 1260 TOTAL	\$ 1,416.66
PROVIDER 1261 TOTAL	\$ 1,414.25
PROVIDER 1262 TOTAL	\$ 1,410.45
PROVIDER 1263 TOTAL	\$ 1,409.73
PROVIDER 1264 TOTAL	\$ 1,406.60
PROVIDER 1265 TOTAL	\$ 1,400.98
PROVIDER 1266 TOTAL	\$ 1,375.24
PROVIDER 1267 TOTAL	\$ 1,368.05
PROVIDER 1268 TOTAL	\$ 1,348.46
PROVIDER 1269 TOTAL	\$ 1,344.02
PROVIDER 1270 TOTAL	\$ 1,338.73
PROVIDER 1271 TOTAL	\$ 1,336.03
PROVIDER 1272 TOTAL	\$ 1,335.36
PROVIDER 1273 TOTAL	\$ 1,303.26
PROVIDER 1274 TOTAL	\$ 1,301.29
PROVIDER 1275 TOTAL	\$ 1,299.50
PROVIDER 1276 TOTAL	\$ 1,285.55
PROVIDER 1277 TOTAL	\$ 1,268.65
PROVIDER 1278 TOTAL	\$ 1,263.59
PROVIDER 1279 TOTAL	\$ 1,251.60
PROVIDER 1280 TOTAL	\$ 1,238.70
PROVIDER 1281 TOTAL	\$ 1,219.74
PROVIDER 1282 TOTAL	\$ 1,217.68
PROVIDER 1283 TOTAL	\$ 1,211.76
PROVIDER 1284 TOTAL	\$ 1,204.26
PROVIDER 1285 TOTAL	\$ 1,196.29
PROVIDER 1286 TOTAL	\$ 1,192.00

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1287 TOTAL	\$ 1,191.96
PROVIDER 1288 TOTAL	\$ 1,177.34
PROVIDER 1289 TOTAL	\$ 1,152.68
PROVIDER 1290 TOTAL	\$ 1,150.24
PROVIDER 1291 TOTAL	\$ 1,150.17
PROVIDER 1292 TOTAL	\$ 1,147.03
PROVIDER 1293 TOTAL	\$ 1,126.89
PROVIDER 1294 TOTAL	\$ 1,122.81
PROVIDER 1295 TOTAL	\$ 1,121.98
PROVIDER 1296 TOTAL	\$ 1,112.21
PROVIDER 1297 TOTAL	\$ 1,109.02
PROVIDER 1298 TOTAL	\$ 1,084.47
PROVIDER 1299 TOTAL	\$ 1,066.91
PROVIDER 1300 TOTAL	\$ 1,064.38
PROVIDER 1301 TOTAL	\$ 1,050.50
PROVIDER 1302 TOTAL	\$ 1,047.42
PROVIDER 1303 TOTAL	\$ 1,040.51
PROVIDER 1304 TOTAL	\$ 987.94
PROVIDER 1305 TOTAL	\$ 970.70
PROVIDER 1306 TOTAL	\$ 965.86
PROVIDER 1307 TOTAL	\$ 936.76
PROVIDER 1308 TOTAL	\$ 911.10
PROVIDER 1309 TOTAL	\$ 891.66
PROVIDER 1310 TOTAL	\$ 887.83
PROVIDER 1311 TOTAL	\$ 867.80
PROVIDER 1312 TOTAL	\$ 863.76
PROVIDER 1313 TOTAL	\$ 856.83
PROVIDER 1314 TOTAL	\$ 833.31
PROVIDER 1315 TOTAL	\$ 809.14
PROVIDER 1316 TOTAL	\$ 804.88
PROVIDER 1317 TOTAL	\$ 797.28
PROVIDER 1318 TOTAL	\$ 768.95
PROVIDER 1319 TOTAL	\$ 760.49
PROVIDER 1320 TOTAL	\$ 756.79
PROVIDER 1321 TOTAL	\$ 753.68
PROVIDER 1322 TOTAL	\$ 733.31
PROVIDER 1323 TOTAL	\$ 732.53
PROVIDER 1324 TOTAL	\$ 726.16
PROVIDER 1325 TOTAL	\$ 715.36
PROVIDER 1326 TOTAL	\$ 711.69
PROVIDER 1327 TOTAL	\$ 710.61
PROVIDER 1328 TOTAL	\$ 709.93
PROVIDER 1329 TOTAL	\$ 685.98
PROVIDER 1330 TOTAL	\$ 680.60
PROVIDER 1331 TOTAL	\$ 655.60
PROVIDER 1332 TOTAL	\$ 652.25
PROVIDER 1333 TOTAL	\$ 649.08
PROVIDER 1334 TOTAL	\$ 647.18
PROVIDER 1335 TOTAL	\$ 647.18
PROVIDER 1336 TOTAL	\$ 630.26
PROVIDER 1337 TOTAL	\$ 627.15
PROVIDER 1338 TOTAL	\$ 594.68
PROVIDER 1339 TOTAL	\$ 593.66
PROVIDER 1340 TOTAL	\$ 584.30
PROVIDER 1341 TOTAL	\$ 579.16
PROVIDER 1342 TOTAL	\$ 573.73
PROVIDER 1343 TOTAL	\$ 572.62
PROVIDER 1344 TOTAL	\$ 567.35
PROVIDER 1345 TOTAL	\$ 545.47
PROVIDER 1346 TOTAL	\$ 536.40
PROVIDER 1347 TOTAL	\$ 531.51
PROVIDER 1348 TOTAL	\$ 521.65

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1349 TOTAL	\$ 513.18
PROVIDER 1350 TOTAL	\$ 509.99
PROVIDER 1351 TOTAL	\$ 498.67
PROVIDER 1352 TOTAL	\$ 493.47
PROVIDER 1353 TOTAL	\$ 474.46
PROVIDER 1354 TOTAL	\$ 464.68
PROVIDER 1355 TOTAL	\$ 456.45
PROVIDER 1356 TOTAL	\$ 448.80
PROVIDER 1357 TOTAL	\$ 430.95
PROVIDER 1358 TOTAL	\$ 403.51
PROVIDER 1359 TOTAL	\$ 393.28
PROVIDER 1360 TOTAL	\$ 381.74
PROVIDER 1361 TOTAL	\$ 380.06
PROVIDER 1362 TOTAL	\$ 374.30
PROVIDER 1363 TOTAL	\$ 356.04
PROVIDER 1364 TOTAL	\$ 351.75
PROVIDER 1365 TOTAL	\$ 351.34
PROVIDER 1366 TOTAL	\$ 345.39
PROVIDER 1367 TOTAL	\$ 338.80
PROVIDER 1368 TOTAL	\$ 325.31
PROVIDER 1369 TOTAL	\$ 314.74
PROVIDER 1370 TOTAL	\$ 314.54
PROVIDER 1371 TOTAL	\$ 310.61
PROVIDER 1372 TOTAL	\$ 298.00
PROVIDER 1373 TOTAL	\$ 298.00
PROVIDER 1374 TOTAL	\$ 298.00
PROVIDER 1375 TOTAL	\$ 296.83
PROVIDER 1376 TOTAL	\$ 289.58
PROVIDER 1377 TOTAL	\$ 281.98
PROVIDER 1378 TOTAL	\$ 256.51
PROVIDER 1379 TOTAL	\$ 256.00
PROVIDER 1380 TOTAL	\$ 243.55
PROVIDER 1381 TOTAL	\$ 239.46
PROVIDER 1382 TOTAL	\$ 239.17
PROVIDER 1383 TOTAL	\$ 238.40
PROVIDER 1384 TOTAL	\$ 238.40
PROVIDER 1385 TOTAL	\$ 235.36
PROVIDER 1386 TOTAL	\$ 232.62
PROVIDER 1387 TOTAL	\$ 225.47
PROVIDER 1388 TOTAL	\$ 215.27
PROVIDER 1389 TOTAL	\$ 202.96
PROVIDER 1390 TOTAL	\$ 178.97
PROVIDER 1391 TOTAL	\$ 178.80
PROVIDER 1392 TOTAL	\$ 178.80
PROVIDER 1393 TOTAL	\$ 175.29
PROVIDER 1394 TOTAL	\$ 173.41
PROVIDER 1395 TOTAL	\$ 170.38
PROVIDER 1396 TOTAL	\$ 170.38
PROVIDER 1397 TOTAL	\$ 170.38
PROVIDER 1398 TOTAL	\$ 167.04
PROVIDER 1399 TOTAL	\$ 167.04
PROVIDER 1400 TOTAL	\$ 145.00
PROVIDER 1401 TOTAL	\$ 137.31
PROVIDER 1402 TOTAL	\$ 120.54
PROVIDER 1403 TOTAL	\$ 119.20
PROVIDER 1404 TOTAL	\$ 119.20
PROVIDER 1405 TOTAL	\$ 119.20
PROVIDER 1406 TOTAL	\$ 119.20
PROVIDER 1407 TOTAL	\$ 119.20
PROVIDER 1408 TOTAL	\$ 119.20
PROVIDER 1409 TOTAL	\$ 105.38
PROVIDER 1410 TOTAL	\$ 77.71

<b>Provider Rendering Service</b>	<b>2007 Payments</b>
PROVIDER 1411 TOTAL	\$ 76.19
PROVIDER 1412 TOTAL	\$ 69.36
PROVIDER 1413 TOTAL	\$ 68.67
PROVIDER 1414 TOTAL	\$ 68.67
PROVIDER 1415 TOTAL	\$ 61.94
PROVIDER 1416 TOTAL	\$ 59.60
PROVIDER 1417 TOTAL	\$ 59.60
PROVIDER 1418 TOTAL	\$ 59.60
PROVIDER 1419 TOTAL	\$ 59.60
PROVIDER 1420 TOTAL	\$ 59.60
PROVIDER 1421 TOTAL	\$ 58.43
PROVIDER 1422 TOTAL	\$ 58.43
PROVIDER 1423 TOTAL	\$ 57.32
PROVIDER 1424 TOTAL	\$ 45.78
PROVIDER 1425 TOTAL	\$ 44.88
PROVIDER 1426 TOTAL	\$ 40.18
PROVIDER 1427 TOTAL	\$ 22.89
PROVIDER 1428 TOTAL	\$ 21.18
PROVIDER 1429 TOTAL	\$ 20.00

**Grand Total** \$ 18,985,465.42

**Average Total Amount Paid to a LMHP** \$ 18,778.90  
**(Grand Total / 1,011 LMHP Providers)**

**Note:** The total number of LMHP Providers is 1,011 as the are 418 PLMHP Providers for a total of 1,429 LMHP and PLMHP Providers.