

ERIC T. SCHNEIDERMAN  
Attorney General of the State of New York  
By: Christopher Y. Miller  
Special Assistant Attorney General  
120 Broadway, 12th Floor  
New York, New York 10271  
Phone: (212) 417-5390  
Email: Christoper.Miller@ag.ny.gov

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA, STATE OF NEW :  
YORK, *ex rel.* SUZANNE K. DALE AND JOSE L. :  
NEVARES, : **ECF Case**  
:  
Plaintiffs, : 12 Civ. 0468 (KMK)  
:  
-against- : ~~UNDER SEAL~~ Kmk  
:  
MENTAL HEALTH ASSOCIATION OF ROCKLAND :  
COUNTY, INC., :  
:  
Defendants. :  
:-----

**STIPULATION AND ORDER OF SETTLEMENT**

This Stipulation and Order of Settlement (the "Stipulation") is entered into by and among the State of New York, acting through the New York State Office of the Attorney General, Medicaid Fraud Control Unit ("MFCU") (the "State"), Mental Health Association of Rockland County, Inc., Relator Suzanne K. Dale, and Relator Jose L. Nevares (collectively the "Parties").

WHEREAS, Mental Health Association of Rockland County, Inc. ("MHA Rockland") is a New York not-for-profit corporation, organized to provide mental health-related services in Rockland County; and

WHEREAS, on January 19, 2012, Suzanne K. Dale ("Relator Dale") and Jose L. Nevares ("Relator Nevares") (collectively "Relators") filed a *qui tam* action in the United States District Court for the Southern District of New York, captioned *United States ex rel. Dale, et al. v. Mental Health Association of Rockland County, Inc.*, No. 12 Civ. 0468 (KMK), pursuant to the *qui tam* provisions of the False Claims Act, 31 U.S.C. § 3730(b), and the New York State False Claims Act, State Finance Law § 190 (the "Relators' Action"); and

WHEREAS, the State, through the Attorney General's Medicaid Fraud Control Unit, filed a notice of intervention in the Relators' Action against MHA Rockland on January 16, 2015 and filed this Stipulation to resolve the State's allegations, which will be referred to in this Stipulation as the "Covered Conduct" and is identified in subparagraphs (a) through (c) of this paragraph:

(a) On October 28, 2009, the New York State Office of the Medicaid Inspector General ("OMIG") began an audit of MHA Rockland's Continuing Day Treatment ("CDT") program (the "Audit"). The Audit concerned claims MHA Rockland submitted to the New York State Medical Assistance Program ("Medicaid") for purportedly providing CDT services to Medicaid recipients between November 1, 2003 to December 31, 2008. Prior to the Audit, OMIG requested that MHA Rockland collect records relating to certain Medicaid recipients, including progress notes that purported to specify the number of hours a recipient spent in MHA Rockland's CDT program on each day of the period covered by each progress note. Medicaid regulations during the applicable Audit period required the clinical staff member who provided the CDT services to

complete dated progress notes for each Medicaid recipient at least every two weeks, 14 N.Y.C.R.R. §§ 587.16, 587.18. In the days preceding the OMIG Audit that began in October 2009, MHA Rockland, through its managers and employees, made over 40 handwritten alterations to the hours in the progress notes that MHA Rockland expected OMIG auditors to review. These alterations were made for the purpose of convincing OMIG auditors that the progress notes supported claims for CDT services that were paid by the Medicaid program. In some instances, the alterations resulted in a handwritten entry of "2" hours being increased to "5" hours, and in other instances, hours were added for days for which there previously had been no entry. The altered progress notes were provided to OMIG auditors in connection with the Audit.

(b) In the 276 instances identified in Exhibit A, MHA Rockland submitted and was paid for Medicaid claims for CDT services that were ineligible for payment because there was no progress note for the applicable time period for the applicable Medicaid recipient (see, e.g., 14 N.Y.C.R.R. § 587.16(f); and

(c) In the 203 instances identified in Exhibit B, MHA Rockland submitted and was paid for Medicaid claims for CDT services that were ineligible for payment because there was no treatment plan for the applicable time period for the applicable Medicaid recipient (see, e.g. 14 N.Y.C.R.R. § 588.7(k); and

WHEREAS, the United States, through the Office of the United States Attorney for the Southern District of New York, filed a notice of intervention in the Relators' Action against MHA Rockland; and

WHEREAS, the United States, through the Office of the United States Attorney for the Southern District of New York, contemporaneously herewith has entered into a stipulation with MHA Rockland to resolve the United States' claims relating to the Covered Conduct ("United States Settlement"); and

WHEREAS, the total amount to be paid in settlement of the claims of the United States and the State related to the Covered Conduct is \$304,015.00 (the "Settlement Amount"); and

WHEREAS, the Relator claims entitlement under 31 U.S.C. § 3730(d) and State Finance Law § 190(6)(a) to a share of the proceeds of this Stipulation and to Relators' reasonable expenses, attorneys' fees and costs; and

WHEREAS, to avoid the delay, uncertainty, inconvenience, and expense of protracted litigation of claims relating to the Covered Conduct, the Parties reach a full and final settlement pursuant to the Terms and Conditions set forth below;

NOW THEREFORE, in consideration of the mutual promises, undertakings and obligations set forth herein, the Parties agree as follows:

#### TERMS AND CONDITIONS

1. The New York State Office of the Attorney General, Medicaid Fraud Control Unit, represents that it has the authority to enter into this Stipulation and effectuate a final resolution of its claims regarding Medicaid reimbursement arising out of the Covered Conduct. It is understood that MHA Rockland is entering into this Stipulation in reliance upon the foregoing representation.

2. The Parties consent to this Court's exercise of subject matter jurisdiction over this action and personal jurisdiction over each of them with respect to this action.

3. MHA Rockland admits, acknowledges, and accepts responsibility for the following facts:

- a. In the days preceding the OMIG Audit that began in October 2009, MHA Rockland, through its managers and employees, reviewed progress notes that MHA Rockland expected OMIG auditors to review and made handwritten changes to the hours in the progress notes so that the progress notes would appear to support claims submitted by MHA Rockland to Medicaid for payment. MHA Rockland provided these progress notes to OMIG auditors in connection with the Audit;
- b. As identified in Exhibit A, MHA Rockland submitted and was paid for Medicaid claims for CDT services that were ineligible for payment because there was no progress note for the applicable time period for the applicable Medicaid recipient (*see, e.g.*, 14 N.Y.C.R.R. § 587.16(f)); and
- c. As identified in Exhibit B, MHA Rockland submitted and was paid for Medicaid claims for CDT services that were ineligible for payment because there was no treatment plan for the applicable time period for the applicable Medicaid recipient (*see, e.g.* 14 N.Y.C.R.R. § 588.7(k));

4. MHA Rockland shall pay to the State ONE HUNDRED SEVENTY-EIGHT THOUSAND SIXTY-SIX DOLLARS AND NINETY-FOUR CENTS (\$178,066.94) ("State Settlement Amount") of the total Settlement Amount by electronic funds transfer (pursuant to written instructions to be provided by MFCU) no later than 10 days after the Effective Date of this Stipulation as defined in Paragraph 30 below.

5. MHA Rockland shall pay to the United States ONE HUNDRED TWENTY-FIVE THOUSAND NINE HUNDRED FORTY-EIGHT DOLLARS AND SIX CENTS (\$125,948.06) (the "Federal Settlement Amount") of the total Settlement Amount no later than 10 days after the Effective Date of this Stipulation as defined in Paragraph 30 below.

6. Conditioned upon the State's receipt of full payment of the State Settlement Amount, within 30 days of receipt of the State Settlement Amount, the State shall pay FIFTEEN THOUSAND ONE HUNDRED THIRTY-FIVE DOLLARS AND SIXTY-NINE CENTS (\$15,135.69) to Relator Dale and FIFTEEN THOUSAND ONE HUNDRED THIRTY-FIVE DOLLARS AND SIXTY-NINE CENTS (\$15,135.69) to Relator Nevares, pursuant to written instructions provided by their counsel. The State shall be solely responsible for making such payment to Relators from the State Settlement Amount.

7. Subject to the provisions of Paragraph 9 (concerning excluded claims) below, and conditioned upon MHA Rockland's full payment of the State Settlement Amount, the State releases MHA Rockland and all of its predecessors, successors and members together with their current and former officers, directors,

trustees, agents, servants, employees and assigns, and the successors and assigns of any of them (the "MHA Rockland Releasees") from any civil cause of action that the State has for the Covered Conduct under the New York State False Claims Act, N.Y. State Fin. Law §§ 189 et seq., Social Services Law § 145-b, Executive Law § 63(12), Executive Law § 63-c, or any common law or equitable theories of liability, including, but not limited to, overpayment by mistake, unjust enrichment and fraud.

8. In consideration of the obligations of MHA Rockland in this Stipulation and conditioned upon MHA Rockland's full payment of the Settlement Amount, Relators for themselves and for their heirs, successors, attorneys, agents, and assigns, and their respective heirs, successors, attorneys, agents, and assigns, releases, waives, and forever discharges the MHA Rockland Releasees from any civil monetary claims, liabilities, demands, actions or causes of action whatsoever, related to or arising out of the Relator's Action, or any allegations contained therein.

9. Notwithstanding the releases given in Paragraph 7 of this Stipulation, or any other term of this Stipulation, the State specifically does not release any person or entity from any of the following liabilities:

- a. Any civil, criminal or administrative liability arising under state revenue codes;
- b. Any criminal liability;
- c. Any administrative liability, including mandatory or permissive exclusion from the State's Medicaid Program;

- d. Any liability to the State (or its agencies) for any conduct other than the Covered Conduct;
- e. Any civil or administrative liability that any person or entity, including MHA Rockland, has or may have to the State or to individual consumers or state program payors under any statute, regulation or rule not expressly covered by the release in Paragraph 7 above;
- f. Any liability which may be asserted on behalf of any payor or insurer, including those that are paid by the State's Medicaid Program on a capitated basis;
- g. Any liability for personal injury, patient abuse or neglect arising from the Covered Conduct; and
- h. Any liability based upon obligations created by this Stipulation.

10. Relators and their heirs, successors, attorneys, agents, and assigns shall not object to this Stipulation but agree and confirm that this Stipulation is fair, adequate, and reasonable under all the circumstances pursuant to N.Y. State Fin. Law § 190(5)(b)(ii). Relators for themselves and for their heirs, successors, attorneys, agents, and assigns, fully and finally releases, waives, and forever discharges the State, its officers, agents, and employees, from any claims arising from or relating to N.Y. State Fin. Law § 190, from any claims arising from the filing of the Relators' Action, from any other claims for a share of the State Settlement Amount, and in full settlement of any claims Relators may have against the State under this Agreement.



11. MHA Rockland waives and shall not assert any defenses MHA Rockland may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Stipulation bars a remedy sought in such criminal prosecution or administrative action. Nothing in this paragraph or any other provision of this Stipulation constitutes an agreement by the State concerning the characterization of the State Settlement Amount for purposes of New York State Tax Law.

12. MHA Rockland hereby releases the State, its agencies, officers, agents, employees, and servants, from all claims, causes or rights of action, demands, liabilities, or penalties of any kind or nature whatsoever (including attorney's fees, costs, and expenses of every kind and however denominated) that MHA Rockland has asserted, could have asserted, or may assert in the future against the State, its agencies, officers, agents, employees, and servants, related to the Covered Conduct, and the State's investigation and pursuit of claims thereon.

13. MHA Rockland hereby releases the Relators and their heirs, executors, administrators, estates, successors, attorneys, agents and assigns, from all claims, causes or rights of action, demands, liabilities, or penalties of any kind or nature whatsoever, in law or in equity, that MHA Rockland had, have, or may have, against Relators related to the Relators' Action and the Covered Conduct and the Relators' investigation and prosecution thereof.

14. MHA Rockland agrees to the following:

a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395kkk and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of MHA Rockland in connection with:

- (1) the matters covered by this Stipulation;
- (2) the State's audit(s) and civil and any criminal investigation(s) of the matters covered by this Stipulation;
- (3) MHA Rockland's investigation, defense, and corrective actions undertaken in response to the State's audit(s) and civil and any criminal investigation(s) in connection with the matters covered by this Stipulation (including attorney's fees);
- (4) the negotiation and performance of this Stipulation; and
- (5) the payments MHA Rockland makes relating to this Settlement Stipulation including costs and attorney's fees, are unallowable costs for government contracting purposes and under the Medicaid Program (hereinafter referred to as "Unallowable Costs").

b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for in nonreimbursable cost centers by MHA Rockland, and MHA Rockland shall not charge such

Unallowable Costs directly or indirectly to any contracts with the United States or any State Medicaid program, or seek payment for such Unallowable Costs through any Consolidated Fiscal Report ("CFR"), cost report, cost statement, information statement, or payment request submitted by MHA Rockland or any of its member corporations or affiliates to the Medicaid Programs.

c. Treatment of Unallowable Costs Previously Submitted for

Payment: MHA Rockland further agrees that within 90 days of the Effective Date of this Stipulation it shall identify to applicable Medicaid fiscal agents, any Unallowable Costs (as defined in Paragraph 13(a)) included in payments previously sought from any State Medicaid program, including, but not limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by MHA Rockland or any of its member corporations or affiliates, and shall request, and agree, that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. MHA Rockland agrees that the State, at a minimum, shall be entitled to recoup from MHA Rockland any overpayment plus applicable interest and penalties as a result of the inclusion of such Unallowable Costs on previously-submitted cost reports, information reports, cost statements, appeals, or requests for payment.

Any payments due after the adjustments have been made shall be paid to the State. The State reserves its rights to disagree with any calculations submitted by MHA Rockland or any of its member corporations or affiliates on the effect of inclusion of Unallowable Costs (as defined in this Paragraph) on MHA Rockland

or any of its member corporation's or affiliates' CFRs, cost reports, cost statements, or information reports, appeals or other payment requests.

d. Nothing in this Stipulation shall constitute a waiver of the rights of the State to audit, examine, or re-examine the books and records of MHA Rockland to determine that no Unallowable Costs have been claimed in accordance with the provisions of this paragraph.

15. Nothing in this Stipulation shall diminish MHA Rockland's liabilities relating to its March 15, 2012 letter to the OMIG's self-disclosure group within the Division of Medicaid Audit. MHA Rockland acknowledges that neither the State Settlement Amount nor the Federal Settlement Amount includes repayment for the monetary amounts that are the subject of MHA Rockland's March 15, 2012 letter and its attachments.

16. Except as expressly provided to the contrary in this Stipulation, this Stipulation is intended for the benefit of the Parties only. The Parties do not release any claims against any other person or entity, except to the extent provided for in Paragraph 17 (waiver for beneficiaries paragraph), below.

17. MHA Rockland agrees that it waives and shall not seek payment for any of the health care billings covered by this Stipulation from any individual health care beneficiaries or their parents, sponsors, legally responsible individuals, or third party payors based upon the claims defined as Covered Conduct.

18. Except as agreed to in any separate settlement agreement between or among Relators, their counsel, and MHA Rockland, each Party shall bear its own legal and other costs incurred in connection with this matter, including the

preparation and performance of this Stipulation. Any separate agreement between or among Relators, their counsel, and MHA Rockland shall not affect any rights or obligations of the State.

19. Each Party and signatory to this Stipulation represents that it freely and voluntarily enters into this Stipulation without any degree of duress or compulsion.

20. Any failure by the State to insist upon the strict performance of any of the provisions of this Stipulation shall not be deemed a waiver of any of the provisions hereof, and the State, notwithstanding that failure, shall have the right thereafter to insist upon strict performance of any and all of the provisions of this Stipulation.

21. MHA Rockland agrees not to take any action or to make or permit to be made any public statement denying, directly or indirectly, any finding in this Stipulation or creating the impression that this Stipulation is without factual basis. Nothing in this paragraph affects MHA Rockland's: (a) testimonial obligations; or (b) right to take legal or factual positions in defense of litigation or other legal proceedings to which the Attorney General is not a party

22. This Stipulation is governed by the laws of the State of New York.

23. For purposes of construing this Stipulation, this Stipulation shall be deemed to have been mutually prepared by all Parties to this Stipulation and shall not, therefore, be construed against any party for that reason in any subsequent dispute.

24. Subject to any separate settlement agreement between or among Realtors, their counsel, and MHA Rockland, this Stipulation constitutes the complete agreement between the Parties with respect to the subject matter hereof. This Stipulation may not be amended except by written consent of the Parties. Any separate agreement between or among, Relators, their counsel, and MHA Rockland shall not affect any rights or obligations of the United States.

25. The undersigned represent and warrant that they are fully authorized to execute this Stipulation on behalf of the persons and entities indicated below.

26. This Stipulation may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Stipulation. Signatures delivered by facsimile transmission or as .pdf attachments to emails shall constitute acceptable, binding signatures for purposes of this Stipulation.

27. This Stipulation is binding on MHA Rockland's successors, transferees, heirs, executors, administrators, estates and assigns.

28. This Stipulation is binding on Relators' successors, transferees, heirs, executors, administrators, estates, and assigns.

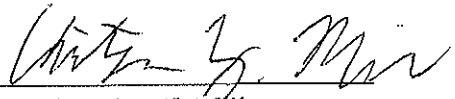
29. All Parties consent to the State's disclosure of this Stipulation, and information about this Stipulation, to the public.

30. The Effective Date of this Stipulation is the date upon which it is entered by the Court.

**THE STATE OF NEW YORK**

Dated: New York, New York  
February 13, 2015

ERIC T. SCHNEIDERMAN  
Attorney General of the  
State of New York

By:   
Christopher Y. Miller  
Special Assistant Attorney General  
Office of the Attorney General  
Medicaid Fraud Control Unit  
120 Broadway, 12th Floor  
New York, NY 10271  
(212) 417-5390  
Christopher.Miller@ag.ny.gov

**THE DEFENDANT**

Dated: New York, New York  
February 16, 2015

MENTAL HEALTH ASSOCIATION OF  
ROCKLAND COUNTY, INC.

By: Stephanie Madison  
Stephanie Madison  
President and Chief Executive Officer

Dated: New York, New York  
February 16, 2015

BURKE, MIELE & GOLDEN, LLP


By: Patrick T. Burke/pai  
Patrick Burke  
40 Matthews Street  
Suite 209  
Goshen, New York 10960  
(845) 294-4080  
pburke@bmglawyers.com



**THE RELATORS**

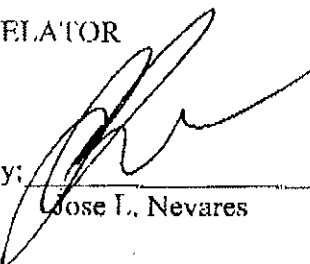
Dated: New York, New York  
February 14, 2015

RELATOR

By:   
Suzanne K. Dada

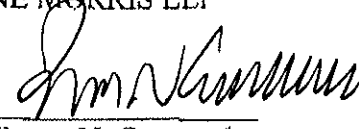
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February 16, 2015

RELATOR

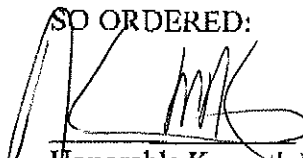
By:   
Jose L. Nevares

Dated: New York, New York  
February 16, 2015

DUANE MORRIS LLP

By:   
Teresa N. Cavnagh  
30 South 17th Street  
Philadelphia, PA 19103-4196  
(215) 979-1808  
TNCavnagh@duanemorris.com

SO ORDERED:

  
Honorable Kenneth M. Karas  
United States District Judge

Dated: March 6, 2015

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
11/1/11	1209700054853620	\$117.79		\$117.79
11/7/11	1209700054853720	\$117.79		\$117.79
11/8/11	1209700054853820	\$117.79		\$117.79
11/14/11	1209700054853920	\$117.79		\$117.79
11/15/11	1209700054854020	\$117.79		\$117.79
11/22/11	1209700054854120	\$117.79		\$117.79
11/28/11	1209700054854920	\$117.79		\$117.79
11/29/11	1209700054855020	\$86.79		\$86.79
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11/4/11	1200400038258620	\$117.79		\$117.79
11/9/11	1200400087685920	\$86.79		\$86.79
11/16/11	1200400102402020	\$86.79		\$86.79
11/18/11	1200400102402120	\$117.79		\$117.79
11/23/11	1200400106194720	\$117.79		\$117.79
11/25/11	1200400106194820	\$117.79		\$117.79
11/30/11	1200400115968320	\$117.79		\$117.79
12/2/11	1203800068372420	\$86.79		\$86.79
12/7/11	1203800077801120	\$117.79		\$117.79
12/9/11	1203800077801220	\$117.79		\$117.79
12/14/11	1203800121672620	\$117.79		\$117.79
12/16/11	1203800121672720	\$117.79		\$117.79
12/21/11	1203800132052920	\$117.79		\$117.79
12/23/11	1203800132053020	\$117.79		\$117.79
12/28/11	1204100050458620	\$117.79		\$117.79
12/30/11	1204100050458720	\$117.79		\$117.79
2/8/11	1107500132413520	\$96.08		\$96.08
2/14/11	1107600006469020	\$127.43		\$127.43
2/15/11	1107600006470020	\$96.08		\$96.08
2/22/11	1107600007837720	\$127.43		\$127.43
2/28/11	1107600009084820	\$127.43		\$127.43
6/6/11	1118000064017520	\$118.92	\$31.69	\$87.23
6/13/11	1118000067895720	\$87.92		\$87.92
6/14/11	1118000067896820	\$118.92	\$31.69	\$87.23
5/17/11	1118300033813020	\$118.92	\$31.69	\$87.23
5/18/11	1118300033814720	\$87.92		\$87.92
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5/27/11	1118300033816720	\$118.92		\$118.92
5/28/11	1118300033818420	\$118.92		\$118.92
10/18/11	1209700060587220	\$117.79		\$117.79
10/20/11	1209700060587320	\$117.79		\$117.79
10/24/11	1209700060587420	\$117.79		\$117.79
10/25/11	1209700060587520	\$117.79		\$117.79

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
10/27/11	1209700060587620	\$117.79		\$117.79
11/3/11	1200400038266720	\$117.79		\$117.79
11/7/11	1200400090719220	\$117.79		\$117.79
11/8/11	1200400090719320	\$117.79		\$117.79
11/10/11	1200400090719420	\$117.79		\$117.79
11/28/11	1200400116035020	\$117.79		\$117.79
11/29/11	1200400116036420	\$117.79		\$117.79
12/1/11	1203800068376620	\$117.79		\$117.79
12/5/11	1203800077810820	\$117.79		\$117.79
12/6/11	1203800077810920	\$86.79		\$86.79
12/12/11	1203800122151220	\$117.79		\$117.79
12/13/11	1203800122151320	\$117.79		\$117.79
12/15/11	1203800122151420	\$117.79		\$117.79
12/19/11	1203800132061120	\$117.79		\$117.79
12/20/11	1203800132061220	\$117.79		\$117.79
12/27/11	1204100050465420	\$117.79		\$117.79
12/29/11	1204100050465520	\$117.79		\$117.79
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11/7/11	1209700060625920	\$86.79		\$86.79
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5/4/11	1115500056012520	\$118.92		\$118.92
5/6/11	1115500056014720	\$118.92		\$118.92

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
5/7/11	1115500056018420	\$118.92		\$118.92
5/9/11	1115500066467920	\$118.92		\$118.92
5/10/11	1115500066471820	\$118.92		\$118.92
5/11/11	1115500066473320	\$118.92		\$118.92
5/13/11	1115500066475320	\$118.92		\$118.92
5/14/11	1115500066476120	\$118.92		\$118.92
5/16/11	1115500113909920	\$103.42		\$103.42
5/17/11	1115500113917120	\$103.42		\$103.42
5/18/11	1115500113922720	\$103.42		\$103.42
5/20/11	1115500113924120	\$103.42		\$103.42
5/21/11	1115500113927920	\$103.42		\$103.42
5/23/11	1116100007109120	\$87.92		\$87.92
5/24/11	1116100007111020	\$91.18		\$91.18
5/25/11	1116100007111820	\$91.18		\$91.18
5/27/11	1116100007113220	\$91.18		\$91.18
5/28/11	1116100007114320	\$91.18		\$91.18
5/31/11	1116100152531120	\$91.18		\$91.18
6/1/11	1118000062767920	\$118.92		\$118.92
6/2/11	1118000062769620	\$118.92	\$45.56	\$73.36
6/3/11	1118000062770720	\$118.92		\$118.92
6/4/11	1118000062771320	\$118.92		\$118.92
6/6/11	1118000064194520	\$118.92		\$118.92
6/7/11	1118000064195420	\$118.92		\$118.92
6/8/11	1118000064196020	\$118.92		\$118.92
6/10/11	1118000064196720	\$118.92		\$118.92
6/11/11	1118000064197320	\$118.92		\$118.92
6/13/11	1118000068118020	\$118.92		\$118.92
6/14/11	1118000068118820	\$103.42		\$103.42
6/15/11	1118000068119920	\$103.42		\$103.42
6/17/11	1118000068120720	\$103.42		\$103.42
6/18/11	1118000068121120	\$103.42		\$103.42
6/20/11	1118900027209820	\$103.42		\$103.42
6/22/11	1118900027211920	\$103.42		\$103.42
6/24/11	1118900027212420	\$91.18		\$91.18
6/25/11	1118900027214120	\$91.18		\$91.18
6/27/11	1119300042979920	\$87.92		\$87.92
6/28/11	1119300042980020	\$91.18		\$91.18
6/29/11	1119300042980120	\$91.18		\$91.18
7/1/11	1120800168578820	\$117.79		\$117.79
7/2/11	1120800168578920	\$117.79		\$117.79
7/4/11	1120800189377820	\$117.79		\$117.79
7/5/11	1120800189377920	\$117.79		\$117.79

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
7/6/11	1120800189378020	\$117.79		\$117.79
7/8/11	1120800189378120	\$117.79		\$117.79
7/9/11	1120800189378220	\$117.79		\$117.79
7/11/11	1120900070631520	\$117.79		\$117.79
7/18/11	1121400083782420	\$102.29		\$102.29
7/19/11	1121400083782520	\$102.29		\$102.29
7/20/11	1121400083783120	\$102.29		\$102.29
7/22/11	1121400083783520	\$102.29		\$102.29
7/23/11	1121400083784020	\$102.29		\$102.29
7/25/11	1122900142136020	\$90.05		\$90.05
7/26/11	1122900142136120	\$90.05		\$90.05
7/27/11	1122900142136220	\$90.05		\$90.05
7/29/11	1122900142136320	\$90.05		\$90.05
7/30/11	1122900142136420	\$90.05		\$90.05
8/1/11	1124200198623520	\$86.79		\$86.79
8/2/11	1124200198623620	\$117.79		\$117.79
8/3/11	1124200198623720	\$117.79		\$117.79
8/5/11	1124200198623820	\$117.79		\$117.79
8/6/11	1124200198623920	\$117.79		\$117.79
8/8/11	1124200204671020	\$117.79		\$117.79
8/9/11	1124200204671120	\$117.79		\$117.79
8/10/11	1124200204671220	\$117.79		\$117.79
8/12/11	1124200204671320	\$117.79		\$117.79
8/13/11	1124200204671420	\$117.79		\$117.79
8/15/11	1125900104958620	\$117.79		\$117.79
8/16/11	1125900104958820	\$102.29		\$102.29
8/17/11	1125900104959220	\$102.29		\$102.29
8/19/11	1125900104959620	\$102.29		\$102.29
8/20/11	1125900104959820	\$102.29		\$102.29
8/22/11	1125900134192620	\$102.29		\$102.29
8/23/11	1125900134192720	\$102.29		\$102.29
8/24/11	1125900134192820	\$90.05		\$90.05
8/26/11	1125900134192920	\$90.05		\$90.05
8/29/11	1125900158194220	\$90.05		\$90.05
8/31/11	1125900158194320	\$90.05		\$90.05
11/3/11	1200400038274720	\$86.79		\$86.79
11/7/11	1200400090728920	\$117.79		\$117.79
11/8/11	1200400090729020	\$117.79		\$117.79
11/10/11	1200400090729120	\$86.79		\$86.79
11/14/11	1200400102420820	\$117.79		\$117.79
11/17/11	1200400102420920	\$86.79		\$86.79
11/28/11	1200400116225020	\$117.79		\$117.79

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
12/1/11	1203800068380120	\$86.79		\$86.79
12/8/11	1203800077819520	\$86.79		\$86.79
12/12/11	1203800122162220	\$117.79		\$117.79
12/13/11	1203800122162420	\$86.79		\$86.79
12/19/11	1203800132069420	\$117.79		\$117.79
4/18/11	1112600018527920	\$118.92		\$118.92
4/19/11	1112600018530720	\$118.92		\$118.92
4/21/11	1112600018531720	\$118.92		\$118.92
4/25/11	1112900096282720	\$118.92		\$118.92
4/26/11	1112900096289520	\$103.42		\$103.42
4/28/11	1112900096290020	\$103.42		\$103.42
5/2/11	1115500056112020	\$118.92		\$118.92
5/3/11	1115500056116720	\$118.92		\$118.92
5/5/11	1115500056118220	\$118.92		\$118.92
5/9/11	1115500066562920	\$118.92		\$118.92
5/10/11	1115500066567620	\$118.92		\$118.92
5/12/11	1115500066570720	\$118.92		\$118.92
5/16/11	1115500114053920	\$118.92		\$118.92
5/17/11	1115500114060220	\$118.92		\$118.92
5/19/11	1115500114061120	\$118.92		\$118.92
5/23/11	1116100007210520	\$118.92		\$118.92
5/24/11	1116100007215820	\$103.42		\$103.42
5/26/11	1116100007217620	\$103.42		\$103.42
5/30/11	1116100152579220	\$103.42		\$103.42
5/31/11	1116100152583420	\$103.42		\$103.42
6/2/11	1118000062805120	\$118.92		\$118.92
6/6/11	1118000064226820	\$118.92		\$118.92
6/7/11	1118000064227520	\$118.92		\$118.92
6/9/11	1118000064228620	\$118.92		\$118.92
6/13/11	1118000068162020	\$118.92		\$118.92
6/14/11	1118000068164620	\$118.92		\$118.92
6/16/11	1118000068165520	\$118.92		\$118.92
6/20/11	1118900027275920	\$118.92		\$118.92
6/21/11	1118900027279620	\$118.92		\$118.92
6/27/11	1119300043083720	\$118.92		\$118.92
6/28/11	1119300043083920	\$103.42		\$103.42
6/30/11	1119300043084020	\$103.42		\$103.42
7/4/11	1120800189380620	\$117.79		\$117.79
7/5/11	1120800189380720	\$117.79		\$117.79
7/6/11	1120800189380820	\$117.79	\$39.44	\$78.35
7/7/11	1120800189380920	\$117.79		\$117.79
7/11/11	1120900070634620	\$117.79		\$117.79



DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
7/12/11	1120900070634720	\$117.79		\$117.79
7/14/11	1120900070634820	\$117.79		\$117.79
7/18/11	1121400083804220	\$117.79		\$117.79
7/19/11	1121400083804520	\$117.79		\$117.79
7/21/11	1121400083805220	\$117.79		\$117.79
7/25/11	1122900142139020	\$117.79		\$117.79
7/26/11	1122900142139120	\$102.29		\$102.29
7/28/11	1122900142139220	\$102.29		\$102.29
11/1/11	1200400038276220	\$117.79		\$117.79
11/3/11	1200400038276320	\$117.79		\$117.79
11/7/11	1200400090731020	\$117.79		\$117.79
11/8/11	1200400090731120	\$117.79		\$117.79
11/10/11	1200400090731220	\$117.79		\$117.79
11/14/11	1200400102422820	\$117.79		\$117.79
11/15/11	1200400102422920	\$117.79		\$117.79
11/17/11	1200400102423020	\$117.79		\$117.79
11/21/11	1200400106205320	\$117.79		\$117.79
11/22/11	1200400106205420	\$117.79		\$117.79
11/28/11	1200400116262020	\$102.29		\$102.29
11/29/11	1200400116266020	\$102.29		\$102.29
12/1/11	1203800068380920	\$102.29		\$102.29
12/5/11	1203800077821220	\$117.79		\$117.79
12/6/11	1203800077821320	\$117.79		\$117.79
12/8/11	1203800077821420	\$117.79		\$117.79
12/12/11	1203800122165220	\$117.79		\$117.79
12/13/11	1203800122165520	\$117.79		\$117.79
12/15/11	1203800122165720	\$86.79		\$86.79
12/19/11	1203800132070920	\$117.79		\$117.79
12/20/11	1203800132071020	\$117.79		\$117.79
12/22/11	1203800132071120	\$117.79		\$117.79
12/27/11	1204100050472220	\$117.79		\$117.79
12/29/11	1204100050472320	\$117.79		\$117.79
11/2/11	1200400038276920	\$117.79		\$117.79
11/5/11	1200400038277020	\$117.79		\$117.79
11/9/11	1200400090732120	\$117.79		\$117.79
11/12/11	1200400090732220	\$117.79		\$117.79
11/19/11	1200400102423720	\$117.79		\$117.79
11/23/11	1200400106205920	\$117.79		\$117.79
11/26/11	1200400106206020	\$117.79		\$117.79
11/30/11	1200400116269120	\$117.79		\$117.79
12/3/11	1203800068381220	\$117.79		\$117.79
12/7/11	1203800077821820	\$117.79		\$117.79

DOS	CLAIM REFERENCE #	AMOUNT PAID BY NY MEDICAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
12/10/11	1203800077821920	\$117.79		\$117.79
12/14/11	1203800122166320	\$86.79		\$86.79
12/17/11	1203800122166420	\$117.79		\$117.79
12/21/11	1203800132071720	\$117.79		\$117.79
12/24/11	1203800132071820	\$86.79		\$86.79
12/28/11	1204100050472520	\$117.79		\$117.79
12/31/11	1204100050472620	\$117.79		\$117.79
11/1/11	1200400038279320	\$117.79		\$117.79
11/3/11	1200400038279420	\$117.79		\$117.79
11/8/11	1200400090735720	\$86.79		\$86.79
11/10/11	1200400090735820	\$117.79		\$117.79
11/14/11	1200400102427020	\$86.79		\$86.79
11/15/11	1200400102427120	\$117.79		\$117.79
11/17/11	1200400102427220	\$86.79		\$86.79
11/28/11	1200400116311620	\$117.79		\$117.79
11/29/11	1200400116312220	\$117.79		\$117.79
12/1/11	1203800068382220	\$117.79		\$117.79
12/5/11	1203800077824020	\$117.79		\$117.79
12/6/11	1203800077824120	\$117.79		\$117.79
12/12/11	1203800122168120	\$86.79		\$86.79
12/13/11	1203800122168220	\$86.79		\$86.79
12/19/11	1203800132074120	\$86.79		\$86.79
12/20/11	1203800132074220	\$86.79		\$86.79
12/27/11	1204100050474420	\$117.79		\$117.79
<b>TOTALS</b>		<b>\$30,419.33</b>	<b>\$180.07</b>	<b>\$30,239.26</b>



DOS	CLAIM REFERENCE #	AMOUNT PAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF- DISCLOSURE FINDING AMOUNT
1/5/11	1102900007799420	\$127.43		\$127.43
1/6/11	1102900007801420	\$96.08		\$96.08
1/10/11	1103900014211820	\$127.43		\$127.43
1/13/11	1103900014215020	\$127.43		\$127.43
1/3/11	1102900007904620	\$127.43	\$31.69	\$95.74
1/4/11	1102900007906720	\$127.43		\$127.43
1/11/11	1103900014361820	\$127.43	\$31.69	\$95.74
1/24/11	1104200006121420	\$127.43		\$127.43
1/31/11	1104300022987720	\$96.08		\$96.08
2/7/11	1107500132411920	\$127.43	\$31.69	\$95.74
11/8/11	1200400087686620	\$86.79		\$86.79
11/10/11	1200400087686520	\$86.79		\$86.79
11/14/11	1200400102402620	\$86.79		\$86.79
11/17/11	1200400102402720	\$86.79		\$86.79
11/28/11	1200400115970120	\$86.79		\$86.79
12/1/11	1203800068372920	\$86.79		\$86.79
12/5/11	1203800077801820	\$86.79		\$86.79
12/6/11	1203800077801920	\$86.79		\$86.79
12/8/11	1203800077802020	\$117.79		\$117.79
12/12/11	1203800122142720	\$117.79		\$117.79
12/13/11	1203800122142820	\$86.79		\$86.79
12/15/11	1203800122142920	\$117.79		\$117.79
12/19/11	1203800132053720	\$117.79		\$117.79
12/20/11	1203800132053820	\$86.79		\$86.79
12/22/11	1203800132053920	\$86.79		\$86.79
12/27/11	1204100050459220	\$117.79		\$117.79
12/29/11	1204100050459320	\$117.79		\$117.79
2/7/11	1110800077523120	\$127.43	\$31.69	\$95.74
2/8/11	1110800077523520	\$127.43	\$31.69	\$95.74
2/10/11	1110800077523820	\$127.43		\$127.43
2/14/11	1110800077524420	\$96.08		\$96.08
2/15/11	1110800077524920	\$127.43		\$127.43
2/17/11	1110800077525420	\$127.43		\$127.43
2/22/11	1110800077525920	\$127.43	\$31.69	\$95.74
2/24/11	1110800077526920	\$127.43		\$127.43
12/1/11	1203800068373820	\$117.79		\$117.79
12/6/11	1203800077803920	\$117.79		\$117.79
12/8/11	1203800077804020	\$117.79		\$117.79
12/12/11	1203800122144720	\$117.79		\$117.79
12/13/11	1203800122144820	\$117.79		\$117.79
12/15/11	1203800122144920	\$117.79		\$117.79
12/19/11	1203800132055220	\$117.79		\$117.79

DOS	CLAIM REFERENCE #	AMOUNT PAID	MHA SELF- DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF- DISCLOSURE FINDING AMOUNT
12/20/11	1203800132055320	\$117.79		\$117.79
12/27/11	1204100050460620	\$117.79		\$117.79
12/29/11	1204100050460720	\$117.79		\$117.79
3/1/11	1113800094888620	\$127.43	\$39.44	\$87.99
3/3/11	1113800094889520	\$96.08		\$96.08
3/7/11	1113800094890220	\$127.43		\$127.43
3/8/11	1113800094890720	\$127.43		\$127.43
3/10/11	1113800094891720	\$127.43		\$127.43
3/14/11	1113800094898520	\$96.08		\$96.08
3/15/11	1113800094899920	\$127.43	\$39.44	\$87.99
3/17/11	1113800094900920	\$127.43		\$127.43
3/21/11	1113800094901820	\$127.43	\$39.44	\$87.99
3/22/11	1113800094902520	\$127.43		\$127.43
3/24/11	1113800094903820	\$127.43		\$127.43
3/28/11	1113800094904520	\$111.76		\$111.76
3/29/11	1113800095169720	\$111.76		\$111.76
3/31/11	1113800095171420	\$111.76		\$111.76
4/4/11	1118300033765720	\$118.92	\$39.44	\$79.48
4/5/11	1118300033768220	\$87.92		\$87.92
4/7/11	1118300033769120	\$118.92		\$118.92
4/11/11	1135700100987020	\$118.92		\$118.92
4/12/11	1118300033769520	\$118.92		\$118.92
4/14/11	1118300033771320	\$87.92		\$87.92
4/18/11	1118300033772920	\$118.92		\$118.92
4/19/11	1118300033774520	\$118.92		\$118.92
4/21/11	1118300033775120	\$118.92		\$118.92
4/25/11	1118300033776720	\$118.92	\$39.44	\$79.48
4/26/11	1118300033777420	\$118.92	\$39.44	\$79.48
4/28/11	1118300033778420	\$103.42		\$103.42
5/2/11	1118300033779320	\$118.92		\$118.92
5/3/11	1118300033780220	\$118.92	\$39.44	\$79.48
5/5/11	1118300033780820	\$118.92		\$118.92
5/9/11	1118300033781120	\$118.92		\$118.92
5/10/11	1118300033782320	\$118.92	\$39.44	\$79.48
5/12/11	1118300033782720	\$118.92		\$118.92
5/16/11	1118300033784020	\$118.92		\$118.92
5/17/11	1118300033784620	\$118.92		\$118.92
5/19/11	1118300033786620	\$118.92		\$118.92
5/23/11	1118300033788920	\$118.92		\$118.92
5/24/11	1118300033790320	\$103.42		\$103.42
5/26/11	1118300033792020	\$87.92		\$87.92
5/31/11	1118300033793520	\$103.42		\$103.42

DOS	CLAIM REFERENCE #	AMOUNT PAID	MHA SELF-DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
6/2/11	1118000062604220	\$118.92		\$118.92
6/6/11	1118000064044820	\$87.92		\$87.92
6/9/11	1118000064045320	\$118.92		\$118.92
6/13/11	1118000067924620	\$118.92		\$118.92
6/14/11	1118000067925520	\$118.92	\$39.44	\$79.48
6/15/11	1120000018784320	\$103.42		\$103.42
6/16/11	1118000067926020	\$87.92		\$87.92
6/20/11	1118900026780020	\$118.92	\$39.44	\$79.48
6/21/11	1118900026782220	\$118.92		\$118.92
6/23/11	1118900026783120	\$118.92		\$118.92
6/27/11	1119300042850120	\$118.92	\$39.44	\$79.48
6/28/11	1119300042850320	\$118.92	\$39.44	\$79.48
6/30/11	1119300042850420	\$80.17		\$80.17
7/5/11	1120800186090920	\$117.79	\$31.69	\$86.10
7/7/11	1120800186091020	\$86.79		\$86.79
7/12/11	1120900070614320	\$117.79		\$117.79
7/14/11	1120900070614420	\$117.79		\$117.79
7/19/11	1215300363463720	\$86.79		\$86.79
7/21/11	1215300363463820	\$117.79		\$117.79
7/25/11	1135700100985620	\$117.79	\$31.69	\$86.10
7/26/11	1135700100986120	\$117.79		\$117.79
7/28/11	1135700100986320	\$117.79		\$117.79
8/1/11	1135700100986720	\$117.79	\$39.44	\$78.35
8/2/11	1135700100988720	\$117.79	\$39.44	\$78.35
8/4/11	1135700100988820	\$117.79		\$117.79
8/8/11	1135700100989320	\$117.79		\$117.79
8/9/11	1135700100989420	\$117.79	\$39.44	\$78.35
8/11/11	1135700100989820	\$86.79		\$86.79
8/15/11	1135700100987120	\$117.79	\$39.44	\$78.35
8/16/11	1135700100987520	\$117.79	\$39.44	\$78.35
8/18/11	1135700100987920	\$79.04		\$79.04
1/20/11	1104200005950620	\$96.08		\$96.08
1/25/11	1104200006197620	\$127.43	\$31.69	\$95.74
2/3/11	1107500132633620	\$96.08		\$96.08
2/7/11	1107500132604920	\$127.43		\$127.43
2/8/11	1107500132607020	\$127.43		\$127.43
2/10/11	1107500132607720	\$127.43		\$127.43
2/14/11	1107600006561020	\$127.43		\$127.43
3/14/11	1110300127518220	\$96.08		\$96.08
3/15/11	1108900028185220	\$127.43	\$31.69	\$95.74
3/17/11	1108900028185820	\$127.43		\$127.43
3/21/11	1109800139542320	\$127.43		\$127.43

DOS	CLAIM REFERENCE #	AMOUNT PAID	MHA SELF-DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
3/22/11	1109800139546720	\$127.43		\$127.43
3/24/11	1109800139550320	\$96.08		\$96.08
3/28/11	1110300127520920	\$127.43		\$127.43
3/29/11	1110300127522020	\$127.43		\$127.43
3/31/11	1110300127522920	\$127.43		\$127.43
4/4/11	1113100025302720	\$118.92		\$118.92
4/5/11	1113100025305420	\$118.92		\$118.92
4/7/11	1113100025307120	\$118.92		\$118.92
10/11/11	1209700060586920	\$117.79		\$117.79
10/13/11	1209700060587020	\$117.79		\$117.79
10/17/11	1209700060587120	\$117.79		\$117.79
3/28/11	1110300127595020	\$96.08		\$96.08
4/4/11	1113100025376220	\$118.92	\$45.56	\$73.36
4/5/11	1113100025915620	\$118.92		\$118.92
4/6/11	1113100025378420	\$118.92	\$45.56	\$73.36
4/7/11	1113100025379720	\$118.92		\$118.92
4/11/11	1113100026517120	\$118.92		\$118.92
4/12/11	1113100026519220	\$118.92		\$118.92
4/13/11	1113100026522620	\$118.92		\$118.92
4/14/11	1113100026524820	\$118.92	\$45.56	\$73.36
4/18/11	1112600018393920	\$118.92		\$118.92
4/19/11	1112600018394920	\$118.92		\$118.92
4/20/11	1112600018395620	\$103.42		\$103.42
4/21/11	1112600018397520	\$103.42		\$103.42
11/26/11	1200400106201420	\$117.79		\$117.79
12/1/11	1203800068377520	\$117.79		\$117.79
12/3/11	1203800068377620	\$117.79		\$117.79
12/8/11	1203800077813620	\$86.79		\$86.79
12/10/11	1203800077813720	\$117.79		\$117.79
12/15/11	1203800122154120	\$117.79		\$117.79
12/17/11	1203800122154220	\$117.79		\$117.79
12/22/11	1203800132064320	\$86.79		\$86.79
12/24/11	1203800132064420	\$117.79		\$117.79
12/29/11	1204100050467420	\$86.79		\$86.79
12/31/11	1204100050467520	\$117.79		\$117.79
1/3/11	1102900008174020	\$127.43		\$127.43
1/4/11	1102900008176620	\$127.43		\$127.43
1/6/11	1102900008177020	\$96.08		\$96.08
1/10/11	1103900014735320	\$127.43		\$127.43
1/11/11	1103900014738320	\$127.43		\$127.43
1/13/11	1103900014739220	\$127.43		\$127.43
1/24/11	1104200006299220	\$127.43		\$127.43

DOS	CLAIM REFERENCE #	AMOUNT PAID	MHA SELF-DISCLOSURE FINDING AMOUNT	AMT PAID MINUS SELF-DISCLOSURE FINDING AMOUNT
1/31/11	1104300023074120	\$127.43		\$127.43
2/3/11	1107500132749620	\$127.43		\$127.43
2/14/11	1107600006666320	\$127.43		\$127.43
2/15/11	1107600006668020	\$127.43		\$127.43
2/17/11	1107600006668520	\$127.43		\$127.43
2/22/11	1107600007981620	\$127.43		\$127.43
2/24/11	1107600007982420	\$127.43		\$127.43
3/1/11	1108300072932920	\$127.43	\$39.44	\$87.99
3/3/11	1108300072934620	\$96.08		\$96.08
3/7/11	1108400005003720	\$127.43		\$127.43
3/8/11	1108400005005120	\$127.43		\$127.43
3/10/11	1108400005005720	\$127.43		\$127.43
3/14/11	1108900028335420	\$127.43		\$127.43
3/15/11	1108900028336520	\$127.43		\$127.43
3/17/11	1108900028337220	\$127.43		\$127.43
3/22/11	1109800139776520	\$127.43		\$127.43
3/24/11	1109800139780520	\$127.43		\$127.43
3/28/11	1110300127706620	\$127.43		\$127.43
7/12/11	1120900070631620	\$117.79		\$117.79
7/13/11	1120900070631720	\$117.79		\$117.79
7/15/11	1120900070631820	\$102.29		\$102.29
7/16/11	1120900070631920	\$102.29		\$102.29
1/24/11	1113800096108220	\$96.08		\$96.08
1/3/11	1102900008331120	\$96.08		\$96.08
1/4/11	1102900008334420	\$96.08		\$96.08
1/6/11	1102900008336320	\$96.08		\$96.08
1/10/11	1103900014939420	\$127.43		\$127.43
3/10/11	1110300127898020	\$96.08		\$96.08
3/11/11	1108400005123220	\$127.43		\$127.43
3/12/11	1108400062490620	\$127.43		\$127.43
3/16/11	1108900028392720	\$127.43		\$127.43
3/18/11	1108900028394020	\$127.43		\$127.43
3/19/11	1108900028394320	\$127.43	\$31.69	\$95.74
3/23/11	1109800140116920	\$127.43		\$127.43
3/26/11	1109800140124620	\$127.43		\$127.43
<b>TOTALS</b>		<b>\$23,346.48</b>	<b>\$1,195.19</b>	<b>\$22,151.29</b>