

SUBCOMMITTEE ON HEALTH CARE, DISTRICT OF COLUMBIA,  
CENSUS AND THE NATIONAL ARCHIVES OF THE COMMITTEE  
ON OVERSIGHT AND GOVERNMENT REFORM

# WRITTEN TESTIMONY

## Part 1 Verbal Testimony

Jean MacQuarrie  
VP, Healthcare Payment Integrity Practice

April 5, 2011



THOMSON REUTERS

Subcommittee on Health Care, District of Columbia, Census and the  
National Archives of the Committee on Oversight and Government  
Reform

**TITLE**

Good afternoon. My name is Jean MacQuarrie and I am the Vice President for Healthcare Payment Integrity for Thomson Reuters. Thomson Reuters has been engaged with our customers to ensure payment integrity for decades.

**Slide 2: Agenda**

In my brief time with you today I am going to talk about:

- How Thomson Reuters views the problem of Waste in the U.S. healthcare system, including fighting fraud and abuse
- The importance of having clinically-based analytics in an effective Fraud, Waste and Abuse (FWA) detection system
- The importance of leveraging external data not on claims to help validate claims accuracy, and
- The need to Gold Card good providers so we can focus our data mining and analytics on outliers

**Slide 3: Documented Waste in the System**

Thomson Reuters has written 2 white papers on the topic of Waste in the U.S. Healthcare System.

- “Where Can \$700 Billion in Waste be Cut Annually From the U.S. Healthcare System?”; and
- “A Path to Eliminating \$3.6 Trillion in Wasteful Healthcare Spending”

Each brings together cited works estimating the size of the problem in the U.S. healthcare system and offers strategies for eliminating waste in the healthcare system, including mitigating fraud and abuse.

#### **Slide 4: Fraud, Waste and Abuse Costs**

The “\$700 Billion Annual Waste White Paper” is broken down into 6 categories including fraud and abuse. Our research shows that fraud and abuse amounts to 19% of the problem or \$125 to \$175 billion annually.

#### **Slide 5: Clinically-based Analytics**

The U.S. healthcare system is complex with providers treating patients differently, for the same condition. Data mining alone is not sufficient to validate the reasonableness of services being billed. Clinical intelligence must be imbedded in analytic software to allow for identification of inappropriate bills. Additionally, most fraud investigators are not physicians or professional claims coders. Therefore, the software needs to accommodate the complexities of healthcare for the investigator.

#### **Slide 6: Clinically-based Analytics**

The foundation of clinically-based waste and abuse detection systems like Thomson Reuters Advantage Suite includes analytic constructs including:

- Episodes of Care – Aggregates of inpatient, outpatient and drug claims into disease categories with severity stages. Episode grouping enables validating submitted claims against patients’ medical conditions, identifying services that may be fraudulent or abusive.
- Admissions – Group together all costs associated with a hospital stay including the physician care.
- Clinical measures and subsets are pre-constructed on the most common and abused conditions like Diabetes and Narcotics.

- Clinical intelligence is added to the data. Fields like Drug Product Name, Therapeutic Class and Clinical Intensity help investigation.
- Clinical Methods like Benchmarks, Case-Mix and Age-Sex Adjustment are necessary to determine true outliers.

These clinically-intense data additions save our clients hundreds and thousands of investigative hours each month by allowing rapid and clinically-accurate data mining. Congress has recognized the critical importance of predictive modeling in the fight against fraud and waste and now needs to realize the critical importance of clinically-intensive models to further advance the analytics essential to fraud, waste and abuse detection and mitigation.

### **Slide 7: Diabetes Test Strips Without a Diabetes Episode**

As an example, it is a well known fact that some types of fraud are pervasive and they occur because it is hard with claims-based data mining to identify the perpetrators. Having a clinically-based detection system is essential to identify many of these issues. Diabetic test strips aren't needed by patients without diabetes. We use our episodes technology to identify patients getting test strips and then make sure they have the clinical condition – diabetes. The subset selection process allows an investigator to query the database for test strips. The episode of care subset limits the selection to test strips not linked to diabetic episodes. Now that I've selected these two subsets (and without having to understand the complex coding around HCPCS and disease conditions), I can open the report to analyze the test strip usage.

### **Slide 8: Diabetes Test Strips Without a Diabetes Episode**

The report shows individual pharmacies and the number of test strips that they dispense followed by the number of test strips without a diabetes condition. The first pharmacy listed depicts that 94% of the test strips purchased were not for beneficiaries with diabetes. For Alpine Valley Drugs, 99% of the test strips weren't associated with a diabetic episode. This could be an indication of either

beneficiaries who are purchasing these items which are often sold at flea markets or the pharmacy billing for supplies not delivered.

### **Slide 9: Medicaid FWA Surveillance**

In Medicaid, the Payment Integrity SURS units run complex statistical analysis for specific provider types, like Mental Health, Dentistry and Therapy Providers.

### **Slide 10: Medicaid FWA Surveillance**

These complex reports rank providers by their degree of deviation from their peer groups, based on numerous statistical measures calculated over time. The comparisons to the peer group are automatically adjusted for the severity of illness of the patient population so that the rankings are fair for the providers who treat really sick patients. Good providers greatly appreciate this clinical intelligence. It would take an investigator with a Business Intelligence tool hundreds of hours to figure out how to perform dynamic and risk adjusted benchmarking – all embedded in Thomson Reuters Advantage Suite fraud and abuse tool.

### **Slide 11: Medicaid FWA Surveillance**

With our clinically-based solution, these complex measures can be fine tuned by our clients with just a few mouse clicks.

### **Slide 12: Linking Public Records Data to Claims for Enhanced FWA Detection**

To investigate the providers who rank at the top of the report, we go to our CLEAR public records data access solution. It is important to utilize public records and other disparate data sources when we look for fraud and waste.

Investigators should not use claims data alone. Public records data sets include Federal and State sanctions information for all states. Criminal history and business relationships between suspicious providers also provide keen insights to investigators. This data can be queried automatically as part of an integrated fraud and abuse detection system and also is available as a standalone searchable platform of which I will show an example next.

### **Slide 13: Linking Public Records Data to Claims for Enhanced FWA Detection**

This screen shows how easy it is to request a review of one of the ranked providers.

### **Slide 14: Linking Public Records Data to Claims for Enhanced FWA Detection**

And then we can see that the selected provider has 4 sanction records.

### **Slide 15: Ranked Provider Drill Down**

This portion of CLEAR presents a Link Analysis Chart showing our provider's relationship to other corporate entities. These 2 providers were found to be linked to a total of 19 providers, many on the board of directors of the other providers – and as this shows, they work out of this strip mall which clearly doesn't seem to support the millions of dollars billed to Medicare by these providers.

### **Slide 16: Oxycontin Abuse**

Another area where the clinical enhancement of the data is invaluable in fraud, waste and abuse detection is in the area of prescription drugs. One of the clinical enhancements of the data is to apply drug classification data to claims using our Redbook product. We add therapeutic class, whether or not the drug has a generic alternative, and the DEA class of the drug, with Schedule II meaning "narcotics". In this example, we start with a standard report and look at the Top 100 Drugs prescribed. As you can see, Oxycontin, a highly abused drug, is in the top 10. The measures include net payment per script, the number of scripts used per patient and the number of total scripts.

### **Slide 17: Oxycontin Abuse**

To drill down, we select "DEA Schedule II" which is not a field included on the claims. Oxycontin is the top Schedule II drug prescribed.

### **Slide 18: Oxycontin Abuse**

To investigate Oxycontin users in more detail I can select a subset for just those beneficiaries that have greater than 180 days of supply in a year. I use these English words in my query instead of the hundreds of NDC codes for Oxycontin and other Schedule II drugs.

### **Slide 19: Oxycontin Abuse**

Opening the report shows those people who have taken over 180 days of Oxycontin. Note that many of those patients use other Schedule II drugs in addition to Oxycontin. One individual has 359 days supply of Oxycontin and also has 178 days supply of other Schedule II narcotics.

### **Slide 20: Oxycontin Abuse**

Drilling down to this individual shows an 80-year old male, with uncomplicated diabetes (stage 1.03) who has been prescribed 42 narcotics scripts. Performing this clinical analysis for every drill down needed in a waste and abuse study would take thousands of hours if a clinically-based detection system weren't used.

### **Slide 21: Gold Card Low Risk Providers**

The process of assigning Gold Card status to providers who routinely bill appropriately reduces the necessity to apply these advanced analytics to each and every claim submitted. Investigators can spend the majority of their time researching claims that look like outliers. Prepayment systems can edit all claims but predictive analytics can be applied to the smaller set of claims from providers who don't have Gold Card status. This is a much more efficient use of technology and investigator time.

### **Slide 22: Thomson Reuters Clients**

Our Thomson Reuters clients who use clinically-based analytics include 22 State Medicaid agencies that are identifying hundreds of millions of dollars in fraud, waste and abuse. Additionally, CMS has Advantage Suite implemented for all 45 million beneficiaries nationwide. Two ZPICs have been trained and other users are now being trained. Many of our large employer clients are now focused on mitigating losses to fraud and abuse. Our public records search engine is used by

the Department of Justice (DOJ), Health and Human Services (HHS), the Department of Homeland Security (DHS) and numerous State Law Enforcement agencies. Perhaps the next step should be to integrate these powerful solutions to enhance each agencies effectiveness in combating fraud, waste and abuse.

**Slide 23: Summary Statement**

As documented in the White Papers attached to my testimony, the problem of fraud, waste and abuse in healthcare is huge. We have done a lot to help our clients combat this problem. CMS has taken many steps to implement predictive modeling and clinically-based detection systems. That said, there is still much to do. Thomson Reuters won't let up. We will continue to work hard and fast to deploy the best technologies and subject matter experts to stay ahead of those who defraud the government. Due to the complexity of these issues, all stakeholders, including the Department of Justice, state Medicaid agencies and the Office of the Inspector General should collaborate to leverage these solutions for the most effective mitigation possible.



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**WRITTEN TESTIMONY**  
Part 2 Slides and Demonstration

Jean MacQuarrie  
VP, Healthcare Payment Integrity Practice



**Jean MacQuarrie**

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VP, Healthcare Payment Integrity Practice



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# TESTIMONY OUTLINE

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- Waste in the U.S. healthcare system, including fighting fraud and abuse
- The importance of having clinically-based analytics in an effective Fraud, Waste and Abuse (FWA) system
- The importance of leveraging external data not on claims to help validate claims accuracy
- The need to Gold Card good providers so we can focus our data mining and analytics on outliers



# DOCUMENTED WASTE IN THE SYSTEM

## Where Can \$700 Billion in Waste be Cut Annually From the U.S. Healthcare System?

WHITE PAPER

### WHERE CAN \$700 BILLION IN WASTE BE CUT ANNUALLY FROM THE U.S. HEALTHCARE SYSTEM?

ROBERT KELLEY  
VICE PRESIDENT,  
HEALTHCARE ANALYTICS  
THOMSON REUTERS

OCTOBER 2009



## A Path to Eliminating \$3.6 Trillion in Wasteful Healthcare Spending

WHITE PAPER

### A PATH TO ELIMINATING \$3.6 TRILLION IN WASTEFUL HEALTHCARE SPENDING

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JUNE 2010

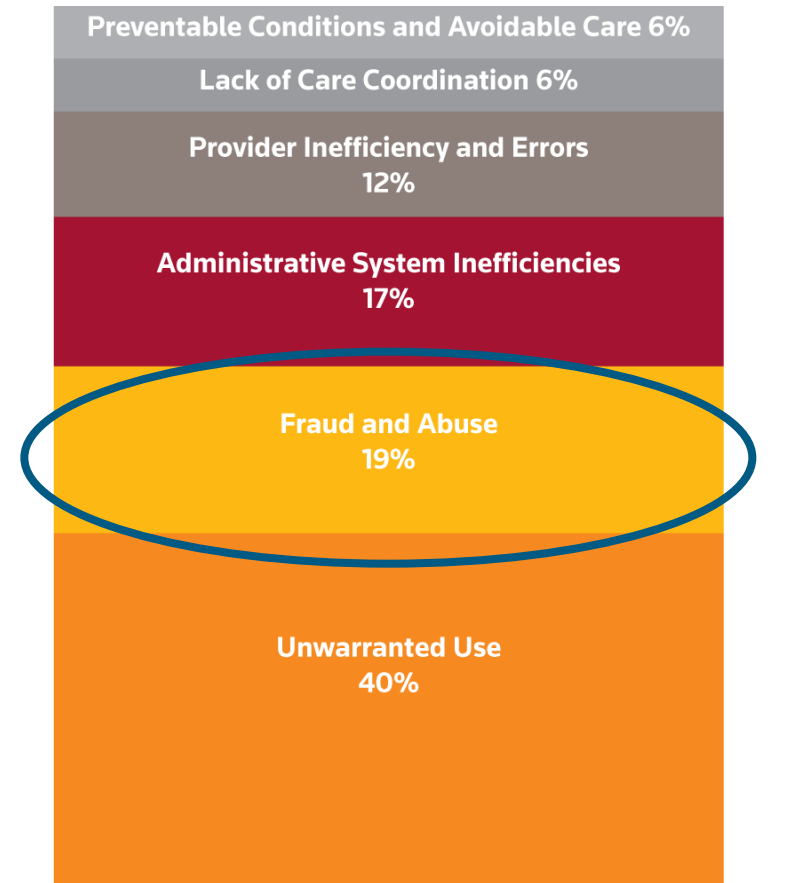


# FRAUD, WASTE, AND ABUSE COSTS

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## Cost in Billions

1. Unwarranted Use	\$250-325
2. <b>Fraud and Abuse</b>	<b>\$125-175</b>
3. Administrative Inefficiencies	\$100-150
4. Provider Inefficiency and Errors	\$75-100
5. Lack of Care Coordination	\$25-50
6. Preventable Conditions	<u>\$25-50</u>
	<b>\$600-850</b>



# CLINICALLY-BASED ANALYTICS

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- Healthcare delivery is complex
- Providers treat beneficiaries differently, for the same condition
- Claims analysis alone not sufficient to determine appropriateness of treatment
- Clinical-based analytics are essential for accurate Fraud, Waste and Abuse (FWA) detection
- Intelligence needs to be in the software to help the investigator
- Allows rapid and clinically-accurate data mining



# CLINICALLY-BASED ANALYTICS

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- Episodes of Care – Aggregates of inpatient, outpatient and drug claims into 550 disease categories with severity stages. Episode Grouping enables investigators to validate claims against patient conditions.
- Admissions – Group together all costs associated with a hospital stay including the physician care.
- Clinical Measures and Subsets are pre-constructed on the most common and abused conditions like Diabetes and Narcotics.
- Added clinical intelligence is added to the claims data to facilitate analysis (e.g., Drug Product Name, Therapeutic Class, and Clinical Intensity).
- Clinical Methods like Benchmarks, Case-Mix and Age-Sex Adjustment are necessary to determine true outliers.



# ADVANTAGE SUITE – DIABETES TEST STRIPS WITHOUT A DIABETES EPISODE

Procedure = Equal to Blood Glucose/Reagent Strips, Lancets Per Box


Procedure = Equal to Blood Glucose/Reagent Strips, Lancets Per Box 

AND

Claims **THAT DO NOT HAVE** Lower value: Upper value:

sum of: Drag here = Equal to

records constrained by

Episode ID <=> Not equal to ~  **Qualifier**

ADD

Time window:  All time  Custom: *Time window is not valid when evaluating admissions, episodes, or claims.* Edit...

Evaluate for:  each time period in the report (limited by )  
 entire database (limited by ) [View tables used](#)

ADD



# ADVANTAGE SUITE – DIABETES TEST STRIPS WITHOUT A DIABETES EPISODE

## 016 Diabetic Supplies Not in an Episode

Time Period: Incurred Year		2004		
		Test Strip and Lancet Services	Test Strip and Lancet Services Not in an Episode	% Test Strip and Lancet Services Not in an Episode
Provider ID and Name				
2999313176	West Tall Maple Junction Drugs	1,925	1,808	94%
2999439351	West White River Quality Drugs	4,379	1,128	26%
2999314224	Alpine Valley Drugs	1,142	1,125	99%
2999381744	West White Bay Mall Pharmacy	1,586	953	60%
2999301866	West Tall Lake City Pharmacy	1,062	655	62%
2999318589	West Tall Pine Park Pharmacy	3,286	602	18%
2999293196	West Tall Island A-1 Pharmacy	1,032	600	58%
2999927629	Corner Mall Pharmacy	746	579	78%
2999314307	Red Rose Pharmacy	678	556	82%
2999396403	W. White Isle Crossing Drugs	779	512	66%
2999381751	West White Bay Plaza Pharmacy	1,576	487	31%
2999292503	W. Tall Canyon Junction Drugs	883	477	54%
2999932363	White Valley City Pharmacy	560	477	85%
2999429758	West White Oak Top Rx Pharmacy	490	472	96%
2999428701	West White Oak Park Pharmacy	573	449	78%
2999293220	W. Tall Island Crossing Drugs	999	428	43%
2999293360	Beech Tree Pharmacy	1,034	418	40%
2999460134	West White Valley Pharmacy	425	400	94%

# MEDICAID FWA SURVEILLANCE

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[Cognos](#) > [Public Folders](#) > [Medstat MktScan AS Medicaid Demo thmdtbe72-advom424\\_build](#) > [advom424 Reports](#) > [Demo](#) > [Template reports](#) > [Adhoc Reports](#) > **SURS** 

Name 	Description
 <a href="#">Ranking - Behavioral and Mental Health Services</a>	
 <a href="#">Ranking - Blind or Disabled Recipients</a>	
 <a href="#">Ranking - Clinic Services</a>	
 <a href="#">Ranking - Dental Services</a>	
 <a href="#">Ranking - Home Health Services</a>	
 <a href="#">Ranking - Inpatient Hospital Services</a>	
 <a href="#">Ranking - Laboratory and Radiology Services</a>	
 <a href="#">Ranking - Medical Supply Providers</a>	
 <a href="#">Ranking - Nursing Facility Services</a>	
 <a href="#">Ranking - Outpatient Hospital Services</a>	
 <a href="#">Ranking - Physician Services</a>	
 <a href="#">Ranking - Prescribed Drugs Pharmacy Services</a>	
 <a href="#">Ranking - Therapy Providers</a>	
 <a href="#">Ranking - Transportation Services</a>	
 <a href="#">Summary Profile - Physician Services</a>	
 <a href="#">Summary Profile - Prescribed Drugs Pharmacy</a>	
 <a href="#">Summary Profile - Recipients</a>	

# MEDICAID FWA SURVEILLANCE

Subset		Behavioral and Mental Health Providers								
Time Period		Jul 2005 - Sep 2005								
Provider ID and Name		Net Pay Per Pat {SZ}	Net Pay Per Pat {SZ} {Dyn Unadj}	Score of z Score for Net Pay Per Pat	Net Pay Per Svc Med {SZ}	Net Pay Per Svc Med {SZ} {Dyn Unadj}	Score of z Score for Net Pay Per Svc Med	Svcs Per Pat Med {SZ}	Svcs Per Pat Med {SZ} {Dyn Unadj}	Score of z Score for Svcs Per Pat Med
2999543954	S. Blue Sky Cove Home Health	\$8,974.58	\$855.90	4.77	\$3,167.50	\$64.56	16.50	2.83	13.26	0.00
2999368634	Dr. Burnita Keno	\$11,885.75	\$855.90	9.09	\$200.04	\$64.56	4.66	59.42	13.26	2.88
2999447297	Dr. Dimitri Stripp	\$10,562.15	\$855.90	8.51	\$183.99	\$64.56	4.28	57.41	13.26	2.93
2999877535	Hillside Meadows Medical Ctr	\$6,634.95	\$855.90	7.61	\$86.19	\$64.56	0.00	76.98	13.26	6.11
2999436134	Inocencia Kileny, PhD	\$284.93	\$855.90	0.00	\$73.87	\$64.56	0.00	3.86	13.26	0.00
2999298914	Dr. Barbara M Swarts	\$183.00	\$855.90	0.00	\$4.17	\$64.56	0.00	43.83	13.26	0.00

Svcs Per Pat Group Counseling {SZ}	Svcs Per Pat Group Counseling {SZ} {Dyn Unadj}	Score of z Score for Svcs Per Pat Group Counseling	Svcs Per Pat Individ Counseling {SZ}	Svcs Per Pat Individ Counseling {SZ} {Dyn Unadj}	Score of z Score for Svcs Per Pat Individ Counseling	Svcs Psych Testing Per Pat Med {SZ}	Svcs Psych Testing Per Pat Med {SZ} {Dyn Unadj}	Score of z Score for Svcs Psych Testing Per Pat Med	Quarter Score	Cross Quarter Total Score	Rank
#N/A	6.12	0.00	#N/A	4.65	0.00	0.00	0.13	0.00	21.27	68.43	1
#N/A	6.12	0.00	#N/A	4.65	0.00	0.00	0.13	0.00	16.63	66.19	2
#N/A	6.12	0.00	#N/A	4.65	0.00	0.00	0.13	0.00	15.72	65.08	3
#N/A	6.12	0.00	#N/A	4.65	0.00	0.00	0.13	0.00	13.72	63.83	4
#N/A	6.12	0.00	2.83	4.65	0.00	0.36	0.13	0.00	0.00	40.09	5
#N/A	6.12	0.00	2.33	4.65	0.00	0.00	0.13	0.00	0.00	37.99	6

# MEDICAID FWA SURVEILLANCE

Report Designer - Ranking - Behavioral and Mental Health Services.rep.axv

New Open Save Run Subsetting Options Enter Values Validate Preview References Help Exit

Included Catalog Find

Dimensions Ctrl+D

- Customer Favorites
- My Favorites
- Alphabetic
- By Dimension
- Distribution Ranges

Measures Ctrl+M

Subsets Ctrl+S

Time Periods Ctrl+T

Description Properties

Subsets	Behavioral and Mental Health Providers				
Time Periods	ROLLING QUARTER Current	ROLLING QUARTER Previous	ROLLING QUARTER Current -2	ROLLING QUARTER Current -3	
Measures	Net Pay Per Pat (SZ)	Net Pay Per Pat (SZ) (Dyn Unadj)	Ratio of Actual to (Dyn Unadj)	z Score (for Ratio of Net Pay Per Pat (SZ) (Dyn Unadj))	Score of z Score for Net Pay Per Pat (SZ) (Dyn Unadj)
Provider ID and Name					
(All Values)					
Total					

**Score Calculation**

z Score (for Ratio of Net Pay Per Pat (SZ) (Dyn Unadj))

Upper Limit

If >  Then result is

Lower Limit

If <  Then result is

Otherwise the result is 0.

OK Cancel Help

Time: (From Report)

2) Statistical Testing  
Attribute to test across:  
(Use Default) Provider ID and Name

3) Unique Count  
If totals are required, consider using the Unique Count Total option.

**Score Calculation**

z Score (for Ratio of Net Pay Per Pat (SZ) (Dyn Unadj))

Upper Limit

If >  Then result is

Lower Limit

If <  Then result is

Otherwise the result is 0.

OK Cancel Help

# LINKING PUBLIC RECORDS DATA TO CLAIMS FOR ENHANCED FWA DETECTION

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- Death Records
- Federal and State Sanctions – all States
- Criminal Records
- Liens and Judgments
- Corporate Records
- Corporate Relationships
- Motor Vehicle Records
- Names, AKAs, Other Addresses



# PUBLIC RECORDS SEARCH ENGINE

The screenshot displays the CLEAR public records search engine interface. At the top, the logo 'CLEAR' is visible on the left, and navigation icons for Search, My Results, My Workspace, Account Tools, History, Summary, Online Help, and Training are on the right. A 'Logout' link is also present. Below the navigation bar, a search result summary indicates '9 Result Groups (representing 11 records) found for 219-09-9999'. A note states 'Reference: N/A' and 'Note: Each record often contains multiple addresses.' The main content area is divided into two panes. The left pane, titled 'Search Results', shows a table with columns for Name/SSN, DOB/Age, Address, Relevance, Records, Reported, and Select. Below the table, a report configuration window is open for 'SAMPLE-DOCUMENT, JANE'. This window is divided into three steps: 1. Review the report criteria (Last Name: SAMPLE-DOCUMENT, First Name: JANE, Middle Initial, DOB, SSN: 219-09-XXXX, Street Address: 240 SUMMIT AVENUE SAINT PAUL, MN 55102), 2. Choose a report (Basic Report, Contact Report, National Comprehensive Report, and Provider Comprehensive Report, which is highlighted with a red box), and 3. Customize your report (Add Relatives, Add Associates, Add Neighbors, and Limit Vehicles). The right pane, titled 'Result Detail', shows 'SAMPLE-DOCUMENT, JANE' and '1 record aggregated.' At the bottom of the interface, there is a footer with copyright information: 'Copyright © 2010 Thomson Reuters All Rights Reserved Privacy Policy | Legal | Security Agreement' and technical support: 'Technical Support: (877) 242-1229'.

# PUBLIC RECORDS SEARCH ENGINE

The screenshot displays the CLEAR Public Records Search Engine interface. The main report is titled "Provider Comprehensive Report » SAMPLE-DOCUMENT, JANE" and is dated 11/17/10 09:14 AM. The report is organized into several sections, with "Possible Utility Services" highlighted by a red box in the left-hand "Report Design" pane.

**Report Design (Left Pane):**

- User-Supplied Information: 1 record
- Subject: 1 record
- Possible AKAs: 2 records
- Possible Addresses Associated with Subject: 7 records
- Possible Utility Services: 1 record** (highlighted)
- Possible Licenses: 2 records
- Possible NPI Records: 1 record
- Possible Sanctions: 4 records
- Possible Business Affiliations: 3 records

**Main Report Content:**

**User-Supplied Information:**

- First Name: JANE
- Middle Initial: SAMPLE-DOCUMENT
- Last Name: SAMPLE-DOCUMENT
- DOB: 219-09-XXXX
- SSN: 240 SUMMIT AVENUE
- Address: SAINT PAUL, MN 55102

**Subject:**

**JANE SAMPLE-DOCUMENT**

- SSN: 219-09-XXXX - Issued in MD between 1934-1951
- DOB (Age): 07/XX/1933 (77)

**Possible AKAs:** 2 records

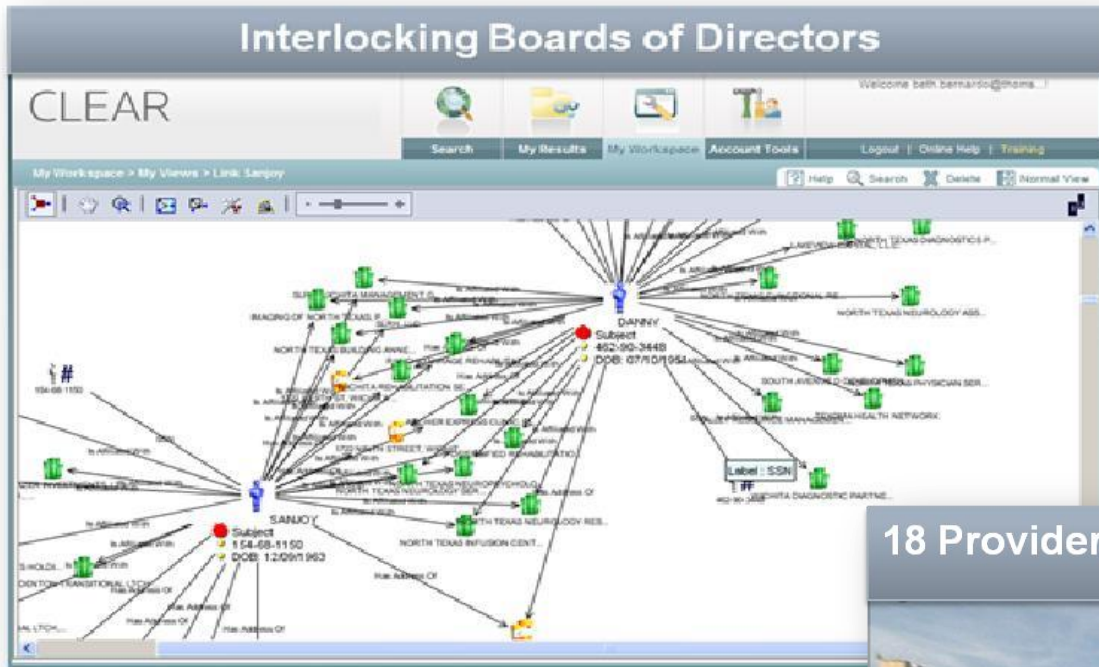
Name	SSN	DOB	Select
HOLLOWAY, JOE HAYDEN	219-09-XXXX	07/XX/1933	<input type="checkbox"/>
S.DOCUMENT, JANE	219-09-XXXX		<input type="checkbox"/>

**Possible Addresses Associated with Subject:** 7 records

Date Range	Address	Source(s)	Reported Date(s)	Select
04/01/2004 - 10/09/2009	240 SUMMIT AVE, SAINT PAUL, MN 55102	Utility, Experian, New Movers, Experian Gateway	10/01/2010 - 10/09/2009, 04/01/2004 - 01/01/2004	<input type="checkbox"/>
01/22/1997 - 07/24/2003	13916 SHADY SHORES DR, TAMPA, FL 33613	Historical Drivers	01/22/1997 - 07/24/2003	<input type="checkbox"/>
01/22/1997 - 07/24/2003	7812 3RD AVE S, SAINT PETERSBURG, FL 33707	Historical Drivers	01/22/1997 - 07/24/2003	<input type="checkbox"/>



# CLEAR – RANKED PROVIDER DRILL DOWN



18 Providers Share Same Strip Mall Location  
Google Street View





# OXYCONTIN ABUSE

## 017 Top 100 Drugs

Subsets Time Period: Incurred Rolling Year	Standard View			
	Oct 2004 - Sep 2005			
	Net Pay Rx	Net Pay Per Script Rx	Scripts Per Pat Rx	Scripts Rx
Product Name				
ZYPREXA	\$8,839,153.75	\$325.48	6.24	27,157
RISPERDAL	\$6,465,248.08	\$189.55	6.53	34,108
PREVACID	\$3,302,617.72	\$146.99	3.96	22,469
PRILOSEC	\$3,238,546.31	\$164.04	4.42	19,743
SEROQUEL	\$3,134,453.93	\$207.50	6.00	15,106
CELEBREX	\$2,783,400.48	\$107.16	3.55	25,974
LIPITOR	\$2,236,173.80	\$86.23	4.28	25,933
PAXIL	\$2,082,874.62	\$92.89	4.25	22,424
NEURONTIN	\$1,982,327.17	\$115.43	4.57	17,174
OXYCONTIN	\$1,734,914.60	\$286.76	5.60	6,050
ZOLOFT	\$1,668,323.63	\$73.22	4.44	22,785
NORVASC	\$1,649,130.99	\$56.73	4.83	29,068
DEPAKOTE	\$1,569,898.24	\$104.31	5.46	15,051



# OXYCONTIN ABUSE

## 017a Top 100 Drugs Schedule II

Subsets Time Period: Incurred Rolling Year DEA Class	Standard View			
	Oct 2004 - Sep 2005			
	Schedule II			
	Net Pay Rx	Net Pay Per Script Rx	Scripts Per Pat Rx	Scripts Rx
Product Name				
OXYCONTIN	\$1,734,914.60	\$286.76	5.60	6,050
DURAGESIC	\$1,027,105.23	\$201.91	5.02	5,087
CONCERTA	\$534,552.78	\$78.84	4.22	6,780
ADDERALL XR	\$410,464.31	\$79.79	4.07	5,144
ADDERALL	\$405,487.51	\$77.19	3.20	5,253
MORPHINE SULFATE	\$195,337.92	\$109.43	2.94	1,785
METHYLPHENIDATE HCL	\$150,857.56	\$32.91	3.61	4,584
MS CONTIN	\$144,543.53	\$162.41	4.18	890
AMPHETAMINE SALT COMBO	\$141,631.07	\$71.42	2.35	1,983
ACTIQ	\$126,817.23	\$912.35	4.21	139
ORAMORPH SR	\$120,709.86	\$353.99	2.64	341
PERCOCET	\$79,390.87	\$83.48	2.40	951
ENDOCET	\$65,221.82	\$26.29	2.36	2,481
METADATE CD	\$56,728.50	\$49.67	3.30	1,142
DILAUDID	\$45,383.77	\$106.79	5.82	425
APAP/OXYCODONE	\$39,247.98	\$11.03	1.69	3,559



# OXYCONTIN ABUSE

[-] People ▾ **THAT HAVE**

sum of: Days Supply Rx > Greater than ▾ Lower value: 180 Upper value:

where is constrained by ▾

Product Name = Equal to ▾ OXYCONTIN

**ADD ▶**

is summed across:  each time period in the report (limited by )  
 entire database (limited by )

[View tables used](#)

## 018 Drugs taken by Heavy Oxycontin Users

Time Period: Incurred Year DEA Class	Subject: 017 Pats w GT 180 Days Oxycontin	
	Patients Rx	Days Supply Rx
2005 Schedule II		
Product Name		
OXYCONTIN	335	92,392
OXYCODONE HCL	46	5,236
DURAGESIC	32	2,486
ROXICODONE	30	2,993
APAP/OXYCODONE	26	984
OXY IR	25	2,010
ROXICET	23	1,878
ENDOCET	21	1,464
MORPHINE SULFATE	19	1,180
PERCOCET	15	950
ACTIQ	14	925
METHADONE HCL	12	1,081
HYDROMORPHONE HCL	10	877
ENDODAN	9	924
DILAUDID	6	662
MEPERIDINE HCL	6	341
METHADOSE	5	246

# OXYCONTIN ABUSE

## 019 Top Oxycontin Users

Time Period: Incurred Year	Subsets		017 Pats w GT 180 Days Oxycontin	
	DEA Class		2005	
	Product Name		Schedule II	
			Days Supply Rx	
	Oxycontin	All Other Values		
<b>Person ID</b>				
00000155068220 <a href="#">PHR</a>	600			
00000203895226 <a href="#">PHR</a>	590			
00000103976451 <a href="#">PHR</a>	540		131	
00000104422842 <a href="#">PHR</a>	540			
00000154387589 <a href="#">PHR</a>	540		96	
00000158563821 <a href="#">PHR</a>	540		165	
00000199917548 <a href="#">PHR</a>	540			
00000143792143 <a href="#">PHR</a>	510			
00000125487214 <a href="#">PHR</a>	498			
00000138426643 <a href="#">PHR</a>	473		87	
00000170075199 <a href="#">PHR</a>	460		8	
00000180788698 <a href="#">PHR</a>	455			
00000203906057 <a href="#">PHR</a>	455		170	
00000108963338 <a href="#">PHR</a>	451		263	
00000208829648 <a href="#">PHR</a>	450			

## 019 Top Oxycontin Users

Time Period: Incurred Year	Subsets		017 Pats w GT 180 Days Oxycontin	
	DEA Class		2005	
	Product Name		Schedule II	
			Days Supply Rx	
	Oxycontin	All Other Values		
<b>Person ID</b>				
00000117537240 <a href="#">PHR</a>	420			
00000134160391 <a href="#">PHR</a>	413		30	
00000167637375 <a href="#">PHR</a>	404		41	
00000207341637 <a href="#">PHR</a>	400			
00000128265226 <a href="#">PHR</a>	384		468	
00000139569662 <a href="#">PHR</a>	382		209	
00000140128548 <a href="#">PHR</a>	379		29	
00000206497448 <a href="#">PHR</a>	378		300	
00000202132490 <a href="#">PHR</a>	376		148	
00000114896475 <a href="#">PHR</a>	370		259	
00000142495273 <a href="#">PHR</a>	365		16	
00000206498693 <a href="#">PHR</a>	364		235	
00000108355224 <a href="#">PHR</a>	360		13	
00000207794021 <a href="#">PHR</a>	360		202	
00000123822363 <a href="#">PHR</a>	359		178	



# OXYCONTIN ABUSE



MEDSTAT  
ADVANTAGE SUITE®



BETTER INFORMATION.  
BETTER RESULTS.

## Patient Health Record

[Patient Summary](#)
[Recommended Care](#)
[Episodes of Care](#)
[Details](#)

Person ID: 00000123822363

### Patient Demographics

Gender: Male      Age In Years: 80      Plan Type Medstat: Indemnity (FFS)  
 Plan: Fee For Service      PCP Name: ~Missing

### Episode Summary

Applied Filter Criteria:

Rows 1..3 of 3

Medical Details	Drug Details	Episode Group	High Disease Stage Code	High Disease Stage	Epis Start Date	Epis End Date	Length Epis	Epis Managing Phys Name	Admits Epis	Scripts Epis Rx	Allowed Amount Epis Total	Episode ID
Med	Rx	Diabetes Mellitus Type 2 & Unspec Type Maintenance	1.03	Asymptomatic diabetes mellitus type 2	01/14/2005	12/13/2005	333	~Missing	0	42	\$49,706	1206620913301
Med	Rx	Other Eye Disorders	1.01	Minor disorder of globe, cysts, foreign body in eye, other visual problems	05/06/2005	05/06/2005	1	~Missing	0	0	\$130	1206620925801
Med	Rx	Diabetes Mellitus Type 2 & Unspec Type Maintenance	1.03	Asymptomatic diabetes mellitus type 2	12/18/2004	01/13/2005	26	~Missing	0	0	\$3,596	1206620876701

# RECOGNIZE PROVEN LOW RISK PROVIDERS WITH GOLD CARD STATUS

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- Gold Card providers are reviewed less frequently
- Allows the majority of investigative effort to be dedicated to outliers
- Allows pre-payment algorithms to process less data
- Measure Return on Investment (ROI) consistently across stakeholders

# THOMSON REUTERS ADVANTAGE SUITE CLIENTS

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- 22 State Medicaid Agencies
  - Achieving hundreds of millions of dollars in savings
- Being adopted by increasing number of 200 Large Employer Clients
- CMS – One Program Integrity (One PI)

Next step might be to integrate DOJ, HHS, DHS  
and State Law Enforcement Agencies

# SUMMARY STATEMENT

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As documented in the White Papers attached to my testimony, the problem of fraud, waste and abuse in healthcare is huge. We have done a lot to help our clients combat this problem. CMS has taken many steps to implement predictive modeling and clinically-based detection systems. That said, there is still much to do. Thomson Reuters won't let up. We will continue to work hard and fast to develop and deploy the best technologies and utilize subject matter expertise to stay ahead of those who defraud the government. Due to the complexity of these issues, all stakeholders, including the Department of Justice, state Medicaid agencies and the Office of the Inspector General should collaborate to leverage these solutions for the most effective mitigation possible.





## EDUCATION

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- Graduate level training at Columbia University
- B.S., Mathematics, University of South Carolina

## KEY COMPETENCIES

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- 23 years of healthcare industry experience
- Nationally recognized fraud expert who has testified before Congress on this subject
- Expert knowledge of fraud and abuse detection methodologies
- Extensive analytic database construction experience with advanced analytic investigation techniques
- Hands-on experience in algorithm design and development
- Over 20 years of intensive team leadership experience
- Significant project management experience

## PROFESSIONAL EXPERIENCE

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### **THOMSON REUTERS (HEALTHCARE) INC., ANN ARBOR, MICHIGAN VP AND PRACTICE LEADER, PAYMENT INTEGRITY 2010 – PRESENT**

- Provide leadership in the support and development of payment integrity solutions. Primary focus on the U.S. payer market, but also supports the company's expansion into healthcare globally.
- Continue to serve as a senior consultant for Fraud and Abuse engagements.

### **VICE PRESIDENT, CLIENT SERVICES, FEDERAL OPERATIONS 1997 – 2010**

- Served as senior consultant for Fraud and Abuse engagements, assisting Medicaid and Medicare in the use of fraud and abuse detection systems, including:
  - Provision of guidance in algorithm development;
  - Results analyses;
  - Prioritization of potential cases for further analysis and investigation.

### **PROGRAM DIRECTOR FOR ALL THOMSON REUTERS HEALTHCARE PROJECTS IN THE FEDERAL GOVERNMENT MARKET, INCLUDING:**

- One PI – Thomson Reuters is a subcontractor to SGS on CMS's One Program Integrity System Integrator project. The vision for One PI is to implement a fraud-focused, innovative and comprehensive integrated data repository for fraud detection in the Medicare and Medicaid programs, including the Medi-Medi program.
- MAC J3 – Thomson Reuters is a subcontractor to Noridian Administrative Services on the Medicare Administrative Contractor Jurisdiction 3 (ND, SD, MT, AZ, WY, UT) project. We collect and warehouse the paid claims for these six states on a daily basis. Data is then analyzed for the MAC J3 project; analytics include program integrity, edit effectiveness, pre and post-pay medical review support, probe investigations, edit development and provide review and investigation.
- PSC/ZPIC – Thomson Reuters supports CMS's anti-fraud Medicare Integrity Program as part of the AdvanceMed Program Safeguard Contractor team. We provide data analyses and decision support systems that enable more rapid and reliable detection, investigation, and recovery of program dollars associated with fraud and abuse for OH, WV, KY, TN, NC, AR, OK, and LA.

- Ms. MacQuarrie personally designed and developed the matching algorithms that link beneficiaries and providers across Medicare eligibility, Medicaid eligibility, Medicare claims, and Medicaid claims. She then presented these techniques to senior CMS staff.
- PSC/ZPIC – We support Trust Solutions on its IL Medi-Medi project. We performed several analyses where Illinois Medicaid and Medicare data were linked with MDS Assessment data in order to perform complex analysis, including provider collusion and network fraud.
- SAC – We served as program integrity subject matter experts on the Statistical Analysis Center contract for CMS. For this contract, we developed a 500 million row analytically ready database of healthcare claims activity for Medicare beneficiaries in three states. This project was a demonstration of the effectiveness of linking different claim types in Medicare, offering a person-level view of utilization to support program vulnerability identification.
  - Using this database and Thomson Reuters' fraud detection tools, Ms. MacQuarrie and other Domain Experts identified millions of dollars of overpayments and vulnerabilities.
- CMS Chronic Care Improvement National Data Sample project - For this MMA project, we built an analytically enhanced database of claims for 7 million Medicare beneficiaries with chronic conditions like diabetes, CHF, and COPD. These data were risk adjusted and grouped into episodes of care; we then developed reports used to design the CCI program, including those published on the CMS website.

**SECTOR ANALYTICS, RESTON, VIRGINIA****DIRECTOR, CLIENT SERVICES****1996 – 1997**

- Managed all client deliverables, including every fraud and abuse analysis, for a fraud and abuse detection and investigation company. Defined algorithms, provided interface to technical development and execution of algorithms, and presented results and recommendations to clients.
- Worked with clients to prioritize potential fraud and abuse cases warranting further investigation.

**VIPS, INC., TOWSON, MARYLAND****VICE PRESIDENT, DECISION SUPPORT SYSTEMS****1984 – 1996**

- Maintained total responsibility for design, development, and implementation of the commercial fraud and abuse software system, STARS.
- Led the development of algorithm definitions and the case management system.
- Led the development of all product documentation and collaterals including User Manuals, Installation Guides, and sales materials.
- Led the STARS installations in more than 20 Medicare carrier sites and three Medicaid state agencies. Also worked with clients to maximize findings using the STARS software.
- Led the sales team responsible for selling STARS to Federal, state and commercial clients.
- Led ViPS diversification efforts for five years. This entailed product conception, ROI analysis, product development, sales and implementation activities for four products in various markets.

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**PUBLICATIONS/PRESENTATIONS**

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- Lead Presenter to the FBI Managers National Health Care Conference on Fraud and Abuse, 2003
- Testified to the House Commerce Committee on Medicaid Fraud and Abuse

**Committee on Oversight and Government Reform**  
**Witness Disclosure Requirement – “Truth in Testimony”**  
**Required by House Rule XI, Clause 2(g)(5)**

Name: Jean MacQuarrie

- 
1. Please list any federal grants or contracts (including subgrants or subcontracts) you have received since October 1, 2008. Include the source and amount of each grant or contract.

NONE.

- 
2. Please list any entity you are testifying on behalf of and briefly describe your relationship with these entities.

Thomson Reuters (Healthcare) Inc.

I have been employed by Thomson Reuters for 14 years. I am the Vice President of the Healthcare Payment Integrity Practice.

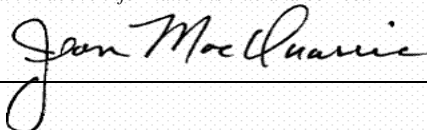
- 
3. Please list any federal grants or contracts (including subgrants or subcontracts) received since October 1, 2008, by the entity(ies) you listed above. Include the source and amount of each grant or contract.

See Attachment 1.

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*I certify that the above information is true and correct.*

Signature:



Date: March 31, 2011

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Cust. ID	Customer Name	City	State	2008	2009	2010	2011
117361	14th Medical Group	Columbus AFB	MS	(\$0)	(\$0)	\$605	\$403
114536	78th Medical Group	Robins AFB	GA	\$563	\$2,385	\$1,023	\$411
117425	88th Medical Group	Wright-Patterson AFB	OH	\$666	\$1,998	\$2,539	\$846
202875	AdvanceMed NPI	Sterling	VA	\$78,167	\$702,235	\$1,669,918	\$400,516
110518	Agency for Healthcare Research and Quality (AHRQ)	Rockville	MD	\$100	\$417	\$422	\$70
116141	Alaska National Guard	Fort Richardson	AK	\$703	\$2,872	\$2,954	\$492
104764	Amarillo VA Health Care System	Amarillo	TX	\$61,578	\$257,450	\$248,377	\$40,418
202888	Arkansas, Ok, La Psc	Nashville	TN	\$31,867	\$112,271		
116434	Armed Forces Institute of Pathology	Rockville	MD	\$652	\$1,522		
117576	Army HQ MedCom	Fort Sam Houston	TX	\$242,604	\$1,980,849		
101097	Baltimore VA Maryland Health Care System	Baltimore	MD	\$15,979	\$71,314	\$72,272	\$5,983
102446	Blanchfield Army Community Hospital	Fort Campbell	KY	\$334	\$1,435	\$1,484	\$124
115755	Board of Veterans Appeals	Washington	DC	\$2,213	\$9,075	\$4,648	
114485	Brookhaven National Laboratory	Upton	NY	\$1,827	\$8,169	\$6,235	
114980	Bureau of Narcotic Enforcement	Sacramento	CA	\$2,829	\$9,580	\$17,003	\$2,346
105026	Carl T. Hayden VA Medical Center	Phoenix	AZ	\$93	\$401	\$0	
111476	Carl Vinson VA Medical Center	Dublin	GA	\$75,036	\$335,973	\$347,180	\$59,303
110400	Centers for Disease Control and Prevention	Atlanta	GA	\$8,205	\$33,710	\$29,944	\$4,531
110519	Centers for Medicare and Medicaid Services	Baltimore	MD	\$0	\$19,208	\$20,168	\$3,462
104206	Central Arkansas Veterans Healthcare System	Little Rock	AR	\$82,428	\$364,059	\$89,297	
115868	Central Intelligence Agency	Washington	DC	\$652	\$2,674	\$1,370	
111477	Cheyenne VA Medical Center	Cheyenne	WY	\$6,459	\$29,174	\$29,841	\$4,973
117107	CMS	Baltimore	MD	\$1,925	\$8,582	\$9,639	\$4,694
202930	Cms Ab Mac J3	Fargo	ND	\$552,504	\$2,062,852	\$766,860	\$126,063
202932	Cms-One Pi	Plano	TX	\$1,428,076	\$9,468,706	\$9,920,505	\$634,202

Cust. ID	Customer Name	City	State	2008	2009	2010	2011
202933	Cms-West Medic	Falls Church	VA	\$28,464			
118238	Combat Center Fire Department	29 Palms	CA	\$703	\$2,895	\$2,954	\$492
109951	Computer Sciences Corporation	El Segundo	CA	\$1,718			
115623	Congressional Budget Office	Washington	DC		\$3,933	\$15,732	\$2,622
112025	Delmarva Foundation for Medical Care	Easton	MD	\$3,781	\$2,678,015	\$2,489,735	\$780,225
202950	Department Of Defense Office Of The Actuary	Arlington	VA	\$9,504	\$107,127	\$103,059	\$13,806
115426	DHHS OIG OEI	Philadelphia	PA	\$4,263	\$17,547	\$17,903	\$2,984
202952	Dhhs,Cms,Ofm,Amg	Baltimore	MD		\$818,879	\$3,581,067	\$420,011
115924	DHHS/PSC	Washington	DC	\$2,813	\$11,675	\$2,954	
202958	Dhhs-Cms	Baltimore	MD	\$937,806	\$4,760,955	\$3,802,554	\$661,744
120955	Drug Enforcement Administration	Springfield	VA	\$100	\$301		
101662	Dwight D Eisenhower Army Medical Center	Fort Gordon	GA	\$884	\$3,714	\$3,714	
115185	Edwards AFB	Edwards AFB	CA	\$3,166	\$5,770	\$3,940	\$1,231
116781	FDA CDER	Silver Spring	MD		\$1,744	\$2,990	\$498
116892	Federal Aviation Administration	Oklahoma City	OK	\$1,715	\$6,493	\$0	
114817	Federal Bureau of Investigation	Quantico	VA	\$3,056	\$13,806	\$10,855	
106774	Food and Drug Administration	Rockville	MD	\$9,417	\$44,072	\$42,017	\$5,768
115241	Fort Bragg Army Base	Ft Bragg	NC	\$2,549	\$5,949	\$10,708	
111448	Grand Junction VA Medical Center	Grand Junction	CO	\$5,112	\$20,950	\$18,180	
115815	Headquarters US Army North	Ft Sam Houston	TX	\$3,399	\$6,798		
204514	Healthcare Management Solutions	Orland Park	IL			\$7,129	\$21,497
213033	HP ENTERPRISE SERVICES, LLC					\$182,025	\$60,675
111411	Huntington VA Medical Center	Huntington	WV	\$252	\$755	\$0	
119957	Indiana Task Force One Canine Urban Response Team	Indianapolis	IN	\$703	\$234		
102361	Ireland Army Community Hospital	Fort Knox	KY	\$0	\$0	\$1,071	\$238

Cust. ID	Customer Name	City	State	2008	2009	2010	2011
111452	Kansas City VA Medical Center	Kansas City	MO	\$34,348	\$151,703		
105645	Kauai Veterans Memorial Hospital	Waimea	HI	\$95	\$432	\$36	
117360	Keesler Medical Center	Keesler AFB	MS	\$773	\$2,578		
113929	Landstuhl Regional Medical Center	APO	AE	\$25,611	\$102,677	\$77,530	
114367	Lawrence Livermore National Laboratory	Livermore	CA	\$440	\$4,835		
110107	Lockheed Martin Corporation	Bethesda	MD		\$1,155,077	\$1,536,219	\$212,489
114403	Los Alamos National Lab	Los Alamos	NM	\$370	\$1,840	\$2,039	\$262
111453	Manchester VA Medical Center	Manchester	NH		\$23,755	\$72,453	\$12,471
209836	Maricom Systems	Baltimore	MD			\$727,712	\$150,000
111454	Martinsburg VA Medical Center	Martinsburg	WV	\$1,846	\$3,077		
113224	Maryland Army National Guard	Fort Meade	MD	\$703	\$2,860	\$2,954	\$492
107665	Mathematica Policy Research	Washington	DC	\$22,000	\$36,494	\$13,333	
114740	McConnell AFB	McConnell AFB	KS	\$0	\$0	\$250	\$500
116764	Minnoawawin Indian Health Clinic	Cloquet	MN	\$2,512	\$4,557	\$4,736	\$789
117264	Mt. Home AFB Medical Facility (366th Medical Group)	Mt. Home AFB	ID	(\$0)	(\$0)	\$491	\$491
114519	NASA / AMES Research Center	Moffett Field	CA	\$1,210	\$5,132	\$5,190	\$865
120953	National Center for Medical Intelligence	Frederick	MD	\$383	\$1,550	\$1,607	\$268
117086	National Emergency Training Center	Emmitsburg	MD	\$1,622	\$7,087	\$7,924	\$1,321
109282	National Institutes of Health	Bethesda	MD	\$3,086	\$13,289	(\$0)	
117326	National Institutes of Health - Fire Department	Bethesda	MD	\$27,609	\$56,823	\$2,215	
115547	National Institutes of Health - Library Department	Bethesda	MD		\$56,541	\$110,530	\$17,996
101079	National Naval Medical Center	Bethesda	MD	\$180,569	\$593,630	\$147,341	\$1,381
115385	Nav Surf War Cen Div	Crane	IN		\$5,011	\$5,059	\$892
115886	Naval Health Clinic New England	Newport	RI	(\$0)	\$0	\$1,104	\$442
114656	Naval Submarine Support Facility	Groton	CT	\$567	\$2,533	\$2,578	\$430

Cust. ID	Customer Name	City	State	2008	2009	2010	2011
203040	North Carolina Medi-Medi	Baltimore	MD	\$28,125	\$116,955		
203042	Ohio Medi-Medi	Grove City	OH	\$38,374	\$109,289	\$167,004	\$18,746
203043	Ohio West Virginia Psc	Grove City	OH	\$136,672	\$365,637	\$365,159	\$16,667
115508	Picatinny Arsenal	Picatinny	NJ	\$675	\$1,434	\$1,969	
104278	Reynolds Army Community Hospital	Fort Sill	OK	\$1,590	\$7,107	\$5,425	
102660	Richard L. Roudebush VA Medical Center	Indianapolis	IN	\$74,081	\$324,103	\$329,656	\$54,540
120616	Sandia National Laboratories	Livermore	CA	\$4,835	\$18,406	\$7,446	
116679	SGMIK USAF	Washington	DC	\$156,030	\$104,020		
110584	Social Security Administration	Baltimore	MD		\$12,900	\$51,600	\$8,600
109360	State of Missouri	Jefferson City	MO	\$3,286	\$2,191		
114904	Tanana Chiefs Conference Inc	Fairbanks	AK	\$952	\$3,226		
203070	Tennessee North Carolina Psc	Sterling	VA	\$13,269	\$26,339	(\$1,341)	
116514	Texas Army National Guard	Austin	TX		\$985	\$1,969	
115717	Theater Medical Information Program (TMIP)	San Antonio	TX	\$4,779	\$19,356	\$20,324	\$3,513
111470	Togus VA Medical Center	Augusta	ME		\$0	\$1,626	\$406
105652	Tripler Army Medical Center	Honolulu	HI	\$0	\$0	\$3,110	\$2,074
203283	U.S. Railroad Retirement Board	Chicago	IL			\$98,740	\$25,053
115062	Uniformed Service University of the Health Science	Bethesda	MD	\$337	\$5,891	\$12,319	\$2,053
120673	United States Department of Justice	Washington	DC	\$1,577	\$5,257	\$8,969	\$1,196
117122	United States Mint Health Unit	San Francisco	CA	\$134	\$403		
200115	US Anti-Doping Agency	Colorado Springs	CO		\$804	\$1,546	\$247
114506	US Army Corps of Engineers Savannah	Savannah	GA	\$649	\$2,164		
115399	US Army Medical Material Agency	Fort Detrick	MD	\$544	\$2,230	\$2,285	\$381
115401	US Army Public Health Command	Aberdeen Proving Ground	MD	\$703	\$2,860	\$2,954	\$492
114339	US Coast Guard	Elizabeth City	NC	\$2,903	\$12,615	\$14,465	\$2,411

Cust. ID	Customer Name	City	State	2008	2009	2010	2011
114335	US Consumer Product Safety Commission	Bethesda	MD	(\$333)	\$3,261	\$4,223	\$360
114345	US Criminal Investigation Lab	Forest Park	GA	\$337	\$1,364	\$1,415	\$236
115746	US EPA	Washington	DC	\$21,141	\$71,630	\$29,347	
116099	US General Accounting Office	Washington	DC	\$7,079	\$28,317	\$16,734	\$859
115769	US Patents and Trademarks	Alexandria	VA	\$2,656	\$10,933	\$10,243	\$1,780
120347	US Supreme Court of the United States Library	Washington	DC	\$186	\$1,048	\$1,079	\$189
117388	USPHS Indian Health Services	Rockville	MD	\$121,178	\$477,474	\$501,240	\$41,663
111444	VA Eastern Colorado HCS Pkg	Denver	CO	\$8,119	\$32,882	\$34,100	\$5,683
118328	VA Health Administration Center	Denver	CO	\$2,711	\$18,294	\$28,018	\$4,543
111433	VA Long Beach Healthcare System	Long Beach	CA	\$66,196	\$270,218	\$275,398	
117218	VA Medical Center - Washington DC	Austin	TX	\$0	\$12,152	\$6,922	\$617
103433	VA Medical Center Ft Harrison	Fort Harrison	MT	\$3,921	\$15,685	\$16,184	
111443	VA Medical Center-Dayton (VISN 10)	Dayton	OH	\$59,402	\$197,460	\$110,908	\$18,003
111486	VA Salt Lake City Health Care System	Salt Lake City	UT	\$8,303	\$65,196	\$57,578	\$179
111458	VA Tennessee Valley Healthcare System-Nashville Campus	Nashville	TN	\$60,167	\$268,997	\$277,190	\$47,913
112971	VAMC White City Oregon Visn 20	Portland	OR	\$71,630	\$293,974	\$289,759	\$49,696
120168	Vangent	Vienna	VA			\$50,820	
205328	Veterans Administration Health Resource Center	Topeka	KS			\$873	\$175
112964	VISN 12 Great Lakes Health Care System	Hines	IL	\$68,391	\$262,271	\$284,520	\$49,193
119216	VISN 15 Missouri Veterans Clinic	St. Louis	MO	\$439	\$585		
112968	VISN 17 Veterans Affairs Heart of Texas Health Care Network	Arlington	TX	\$33,728	\$112,428	\$199,345	\$28,151
120755	VISN 18 Consolidated Mail Outpatient Pharmacy	Tucson	AZ	\$1,708	\$3,417		
112973	VISN 21 Veterans Affairs Sierra Pacific Network	Mare Island	CA	\$24,786	\$106,289	\$112,790	\$19,268
112974	VISN 23 Veterans Affairs Midwest Health Care Network	Minneapolis	MN	\$62,000	\$206,665	\$357,499	\$49,554
112959	VISN 3 Veterans Affairs NY/NJ Veterans Healthcare Network	Bronx	NY	\$50,418	\$167,809	\$286,235	\$38,165



Cust. ID	Customer Name	City	State	2008	2009	2010	2011
112961	VISN 6 Veterans Affairs Mid-Atlantic Health Care Network	Shalotte	NC	\$42,798	\$174,757	\$183,495	\$31,456
112986	VISN 8 Bay Pines VA Healthcare System	Bay Pines	FL	\$55,107	\$246,375	\$253,872	\$43,879
115980	VISN 8 Saint Petersburg Vet Center	St. Petersburg	FL	\$177	\$600		
112956	VISN1 Edith Nourse Rogers Memorial Veterans Hosp	Bedford	MA		\$50,321	\$0	
205127	VMD Systems Integrators, Inc.	Vienna	VA		\$47,741	\$58,721	\$9,835
101061	Walter Reed Army Medical Center	Washington	DC	\$0	\$2,425	\$14,482	\$2,419
116096	Washington National Guard	Tacoma	WA	\$875	\$1,620	\$1,705	\$284
121384	Workers Compensation Review Center	Annapolis Junction	MD		\$9,389	\$1,878	
112511	XL Health	Baltimore	MD	\$6,250	\$341,005	\$328,837	
				\$5,167,500	\$30,876,755	\$31,170,957	\$4,368,279