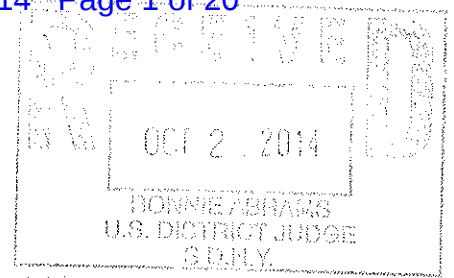


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



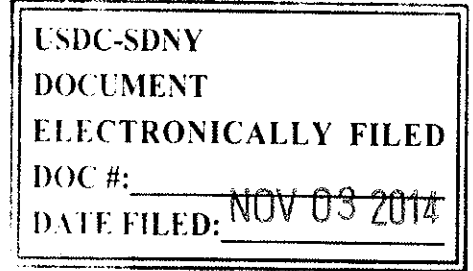
----- X  
UNITED STATES OF AMERICA *ex rel.* DAVID  
HEISLER; and STATE OF NEW YORK *ex rel.*  
DAVID HEISLER,

Plaintiffs,

- against -

VNSNY CHOICE et al.,

Defendants.  
----- X



UNITED STATES OF AMERICA,

Plaintiff-Intervenor,

- against -

VNS CHOICE; VNS CHOICE COMMUNITY CARE;  
and VISITING NURSE SERVICE OF NEW YORK,

Defendants.  
----- X

13 Civ. 4261(RA)(SN)

**STIPULATION AND ORDER OF SETTLEMENT**

This Stipulation and Order of Settlement (the "Stipulation" or "Agreement") is entered into among the United States of America, by its attorney Preet Bharara, United States Attorney for the Southern District of New York (the "United States"), Defendants VNS Choice, VNS Choice Community Care, and Visiting Nurse Service of New York (collectively, "VNS"), and David Heisler ("Relator") (collectively, the "Parties"), through their authorized representatives.

WHEREAS, Visiting Nurse Service of New York ("VNSNY") is a New York not-for-profit corporation, organized to provide home and community-based health care and supportive services, and VNSNY provides support to its affiliated organizations, including VNS Choice and VNS Choice Community Care;

WHEREAS, VNS Choice (“Choice”) is a New York not-for profit corporation that administers managed health care plans available to residents of the New York City metropolitan area and certain upstate areas, and, in particular, administers a Managed Long Term Care Plan (the “Choice MLTCP”) for Medicaid beneficiaries under which it arranges for health and long-term care services on a capitated basis pursuant to a Managed Long Term Care Partial Capitation Model Contract (“MLTCP Contract”) with the New York State Department of Health;

WHEREAS, VNS Choice Community Care (“Choice Community Care”) is a New York not-for-profit corporation and licensed home care services agency that provides care management and home health care services to members of the Choice MLTCP, and Choice is the sole corporate member of Choice Community Care;

WHEREAS, on or about June 20, 2013, Relator filed a *qui tam* action in the United States District Court for the Southern District of New York, captioned *United States ex rel. Heisler et al. v. VNSNY Choice et al.*, No. 13 Civ. 4261 (RA)(SN), pursuant to the *qui tam* provisions of the False Claims Act, 31 U.S.C. § 3730(b) (“the Relator’s Action”). The Relator’s Action alleges, among other things, that Choice improperly solicited individuals to join the Choice MLTCP by offering them incentives and making false promises, and enrolled individuals who were not eligible for membership in the Choice MLTCP;

WHEREAS, on or about January 6, 2014, the Relator filed an amended complaint in the Relator’s Action;

WHEREAS, the United States, through the Office of the United States Attorney for the Southern District of New York, filed a Notice of Partial Intervention in the Relator’s Action against VNS and simultaneously herewith filed this Stipulation to resolve allegations that VNS submitted or caused to be submitted false claims for payment to the Medicaid program as a result

of the following conduct, which occurred from January 1, 2011, through September 1, 2013:

(a) the Choice MLTCP enrolled 1740 ineligible members who were referred by social adult day care centers (“SADCCs”), or who received services from SADCCs, but whom Choice subsequently assessed and dis-enrolled from the MLTCP (“the 1740 Ineligible Members”) (the 1740 Ineligible Members are identified in Exhibit A to this Stipulation)<sup>1</sup>; (b) Choice used SADCCs to provide personal care services to MLTCP members as the members’ primary source of personal care services where (i) such services did not qualify as personal care services, or (ii) such services were provided by SADCCs that were not legally permitted or competent to provide such personal care services; and (c) Choice engaged in improper marketing practices specifically directed toward enrolling members through SADCCs and inducing such members to use SADCCs as the members’ primary source of personal care services (this conduct is referred to below as the “Covered Conduct”);

WHEREAS, the State of New York (the “State”), through the Medicaid Fraud Control Unit of the New York State Attorney General’s Office, has filed a Notice of Partial Intervention in the Relator’s Action;

WHEREAS, the State, through the Medicaid Fraud Control Unit of the New York State Attorney General’s Office, contemporaneously herewith has entered into a stipulation with VNS to resolve the State’s claims relating to the Covered Conduct (“State Settlement”);

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 \$34,378,442.57, plus accrued interest in the amount of \$615,986.34;

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<sup>1</sup> The names and any other identifying information of the 1740 Ineligible Members are redacted in the version of the Stipulation that is filed on the Civil Docket to preserve the confidentiality of their identities pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

NOW, THEREFORE, in consideration of the mutual promises and obligations of this Stipulation, the Parties agree and covenant as follows:

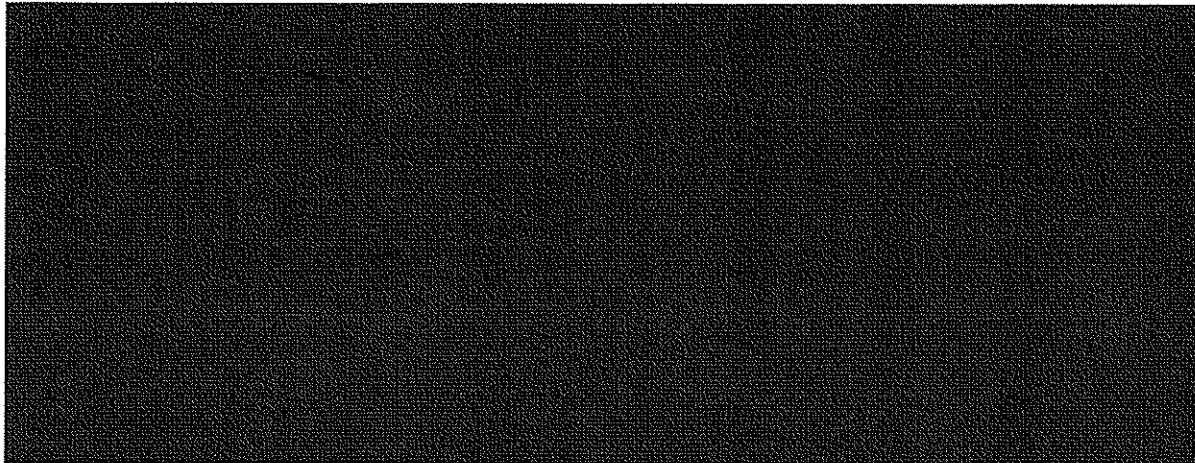
1. The Parties consent to this Court's exercise of subject matter jurisdiction over this action and personal jurisdiction over each of them with respect to this action.
2. VNS admits, acknowledges, and accepts responsibility for the following:
  - a. 1740 members of Choice's MLTCP were referred to Choice by SADCCs or used SADCC services, were not eligible to be members of the plan, and were dis-enrolled beginning in August 2013; and
  - b. During 2012 and 2013, various SADCCs in the provider network did not provide services to Choice MLTCP members that qualified as "personal care services" under Choice's MLTCP Contract with the New York State Department of Health.
3. Choice agrees to pay to the United States \$13,751,377.03, plus accrued interest in the amount of \$246,394.54, for an aggregate payment of \$13,997,771.57 (the "U.S. Settlement Amount"), for the federal portion of the loss to the Medicaid program due to the Covered Conduct. Payment of the U.S. Settlement Amount shall be made from funds held by the State in the escrow account created pursuant to the escrow agreement, dated December 18, 2013, between the Medicaid Fraud Control Unit of the New York State Attorney General's Office and Choice (the "Escrow Agreement" and the "Escrow Account," respectively), which Escrow Account includes funds withheld by the Office of the Medicaid Inspector General from payments to Choice under the Medicaid program, pursuant to 18 NYCRR §§ 504.8(d) and 518.7 and 42 C.F.R. § 455.23, and funds paid by Choice to the State under the Escrow Agreement, pursuant to


42 C.F.R. § 455.23(e)(2). Choice has consented to the U.S. Settlement Amount being paid from these funds. The State has informed the United States that it will forward the U.S. Settlement Amount to the United States within 10 days of the Effective Date (as defined in Paragraph 30 below), and the State will be solely responsible for effecting such transfer.

4. Conditioned upon the United States receiving the U.S. Settlement Amount from the State and promptly after receipt, the United States shall pay \$699,888.58 to the Relator by electronic funds transfer. The United States shall be solely responsible for making such payment to the Relator from the U.S. Settlement Amount.

5. Subject to the exceptions in Paragraph 9 (concerning excluded claims) below, and conditioned upon the United States receiving the U.S. Settlement Amount, the United States releases VNS and all of its predecessors, successors, and members, together with its respective current and former officers, directors, trustees, servants, employees, agents, affiliates, and assigns, with the exception of Choice President Christopher D. Palmieri, from any civil or administrative monetary claim the United States has under the False Claims Act, 31 U.S.C. §§ 3729-3733, the Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a, the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812, or the common law theories of payment by mistake, breach of contract, unjust enrichment, and fraud related to the Covered Conduct.

6. This Stipulation resolves only part of the United States' investigation regarding the operation of Choice's MLTCP, and the balance of that investigation (the "Remaining Investigation") is continuing. Specifically, this Stipulation is not intended to and does not cover any allegations other than with respect to the Covered Conduct. For purposes of example only and without limitation, the following allegations are specifically excluded from the Covered Conduct and subject to further investigation: [REDACTED]



 <sup>2</sup> VNS agrees to cooperate with the Remaining Investigation, provided, however, that VNS shall not be required as part of any such cooperation to waive (a) its attorney-client privilege, joint defense privilege, or attorney work product protections, or (b) its right to assert any factual or legal defenses to any additional claims or charges that the United States might bring against VNS.

7. Conditioned upon full payment of the U.S. Settlement Amount, the Relator for himself and for his heirs, executors, administrators, estates, successors, attorneys, agents, and assigns, hereby fully, finally and irrevocably releases VNS and all of its predecessors, successors, and members, together with its respective current and former officers, directors, trustees, servants, employees, agents, affiliates, and assigns, with the exception of Choice President Christopher D. Palmieri, from any claims the Relator has asserted, could have asserted, or may assert in the future on behalf of the United States arising out of the Covered Conduct, including, without limitation, 31 U.S.C. §§ 3729-3733. However, nothing in this Stipulation

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<sup>2</sup> The language in the provisions (a) – (e) are redacted in the version of the Stipulation that is filed on the Civil Docket to preserve the confidentiality of the subject matters of the Remaining Investigation.

shall preclude the Relator from seeking to recover his expenses or attorney's fees and costs from VNS, pursuant to 31 U.S.C. § 3730(d) and N.Y. State Fin. Law § 190(6)(a).

8. During the pendency of the Remaining Investigation, VNS agrees that Choice will continue to (a) monitor, and further revise, if necessary, Choice's standards for credentialing SADCCs; (b) take steps to credential and re-credential only those SADCCs that have the necessary certificates to operate as an SADCC, are capable of providing community-based personal care services and comply with applicable regulations, including 9 NYCRR § 6654.20 (the SOFA Regulations); (c) monitor SADCCs in Choice's provider network to ensure compliance with Choice's credentialing requirements, SOFA Regulations and care plans for members of the Choice MLTCP; (d) ensure that SADCCs provide community-based personal care services pursuant to the care plan for Choice MLTCP members and (e) prohibit marketing practices specifically directed at enrolling Choice MLTCP members through SADCCs or inducing such members to use SADCCs as their primary source of personal care services.

9. Notwithstanding the releases given in Paragraph 5 or any other Paragraph of this Stipulation, the following claims of the United States are specifically reserved and are not released:

- a. Any liability arising under Title 26, U.S. Code (Internal Revenue Code);
- b. Any criminal liability;
- c. Except as explicitly stated in this Stipulation, any administrative liability, including mandatory exclusion from Federal health care programs;
- d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct; and
- e. Any liability based upon obligations created by this Stipulation.

10. Relator and his 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 31 U.S.C. § 3730(c)(2)(B). Conditioned upon the Relator's receipt of the payment described in Paragraph 4, the Relator for himself and his heirs, successors, attorneys, agents, and assigns, fully and finally releases, waives, and forever discharges the United States, its agencies, officers, agents, employees, and servants, from any claims arising out of the Covered Conduct alleged in the Relator's Action or under 31 U.S.C. § 3730, and from any claim to a share of the proceeds of this Stipulation.

11. Conditioned upon full payment of the U.S. Settlement Amount, the Relator, for himself and for his heirs, executors, administrators, estates, successors, attorneys, agents, and assigns, hereby fully, finally, and irrevocably releases VNS and all of its predecessors, successors, and members, together with its respective current and former officers, directors, trustees, servants, employees, agents, affiliates, and assigns, with the exception of Choice President Christopher D. Palmieri, from any liability to the Relator arising out of the Covered Conduct alleged in the Relator's Action, except for claims under 31 U.S.C. § 3730(d) and N.Y. State Fin. Law § 190(6)(a) for expenses or attorney's fees and costs associated with the claims relating to the Covered Conduct in the Relator's Action.

12. VNS waives and shall not assert any defenses it 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 United States concerning the characterization of the U.S. Settlement Amount for purposes of the Internal Revenue laws, Title 26 of the United States Code.

13. VNS and all of its predecessors, successors, and members, together with its respective current and former officers, directors, trustees, servants, employees, agents, affiliates, and assigns, with the exception of Choice President Christopher D. Palmieri, fully and finally releases the United States, and its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that VNS has asserted, could have asserted, or may assert in the future against the United States, and its agencies, officers, agents, employees, and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

14. In consideration of the obligations of the Relator set forth in this Stipulation, VNS and all of its predecessors, successors, and members, together with its respective current and former officers, directors, trustees, servants, employees, agents, affiliates, and assigns, with the exception of Choice President Christopher D. Palmieri, hereby fully, finally, and irrevocably release the Relator and his 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 they had, have, or may have, against the Relator arising out of the Covered Conduct, and the Relator's investigation and prosecution thereof.

15. The U.S. Settlement Amount shall not be decreased as a result of the denial or retention of claims for payment now being withheld from payment by any Medicare contractor (e.g., Medicare Administrative Contractor, fiscal intermediary, carrier) or any state payer, related to the Covered Conduct; and VNS agrees not to resubmit to any Medicare contractor or any state

payer any previously denied claims related to the Covered Conduct, and agrees not to appeal any such denials of claims.

16. VNS 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-1 and 1396-1396w-5, and the regulations and official program directives promulgated thereunder) incurred by or on behalf of VNS or its present or former officers, directors, trustees, employees, shareholders, and agents in connection with:

- (1) the matters covered by this Stipulation;
- (2) the United States' investigation(s) of the matters covered by this Stipulation;
- (3) VNS' investigation, defense, and corrective actions undertaken in response to the United States' 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 payment Choice makes to the United States pursuant to this Stipulation and any payments that VNS may make to the Relator, including for his costs and attorney's fees,

are unallowable costs for government contracting purposes and under the Medicare Program, Medicaid Program, TRICARE Program, and Federal Employees Health Benefits Program ("FEHBP") (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 VNS, and VNS 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 cost report, cost statement, information statement, or payment request submitted by VNS or any of its member corporations, subsidiaries or affiliates to the Medicare, Medicaid, TRICARE, or FEHBP Programs.

c. Treatment of Unallowable Costs Previously Submitted for Payment: VNS further agrees that within 90 days of the Effective Date of this Stipulation it shall identify to applicable Medicare and TRICARE fiscal intermediaries, carriers, and/or contractors, and Medicaid and FEHBP fiscal agents, any Unallowable Costs (as defined in this Paragraph) included in payments previously sought from the United States, or 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 VNS or any of its member corporations, subsidiaries 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. VNS agrees that the United States, at a minimum, shall be entitled to recoup from VNS 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, or requests for payment. Any payments due after the adjustments have been made shall be paid to the United States pursuant to the direction of the Department of Justice and/or the affected agencies. The United States reserves its rights to disagree with any calculations submitted by VNS or any of its member corporations, subsidiaries or affiliates on the effect of inclusion of Unallowable Costs (as defined in this Paragraph) on

VNS or any of its member corporations', subsidiaries' or affiliates' cost reports, cost statements, or information reports.

d. Nothing in this Stipulation shall constitute a waiver of the rights of the United States to audit, examine, or re-examine VNS' books and records to determine that no Unallowable Costs have been claimed in accordance with the provisions of this Paragraph.

17. This Stipulation is intended to be for the benefit of the Parties only. The Parties do not release any claims against any other person or entity except as provided in Paragraphs 18 below.

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

19. This Stipulation is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Stipulation is the United States District Court for the Southern District of New York. For purposes of construing this Stipulation, this Stipulation shall be deemed to have been drafted by all Parties to this Stipulation and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

20. Except as provided in Paragraph 7, each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Stipulation.

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

22. 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.

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

24. 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.

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

26. This Stipulation is binding on Relator's successors, transferees, heirs, executors, administrators, estates, and assigns.

27. The Parties consent to the United States' disclosure of this Stipulation, and information about this Stipulation, to the public.

28. Any failure by the United States 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 United States, notwithstanding that failure, shall have the right thereafter to insist upon strict performance of any and all of the provisions of this Stipulation.

29. Any notices pursuant to this Stipulation shall be in writing and shall, unless expressly provided otherwise herein, be given by hand delivery, express courier, or email followed by postage prepaid first class mail, and shall be addressed as follows:

TO THE UNITED STATES:

Jeffrey K. Powell  
United States Attorney's Office  
Southern District of New York  
86 Chambers Street, 3rd Floor  
New York, NY 10007  
Telephone: (212) 637-2706  
Email: [Jeffrey.Powell@usdoj.gov](mailto:Jeffrey.Powell@usdoj.gov)

TO VISITING NURSE SERVICE OF NEW YORK, VNS CHOICE AND VNS CHOICE  
COMMUNITY CARE:

Stephen A. Warnke, Esq.  
Ropes & Gray LLP  
1211 Avenue of the Americas  
New York, NY 10036  
Telephone: (212) 841-0681  
Email: [Stephen.Warnke@ropesgray.com](mailto:Stephen.Warnke@ropesgray.com)

TO RELATOR:

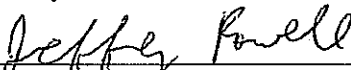
Kathy S. Marks, Esq.  
Yankwitt LLP  
140 Grand Street, Suite 501  
White Plains, NY 10601  
Telephone: (914) 686-1500  
Email: [Kathy@Yankwitt.com](mailto:Kathy@Yankwitt.com)

30. The effective date of this Stipulation is the date upon which this Stipulation is entered by the Court (the "Effective Date").

Dated: New York, New York  
October 21, 2014

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

By:

  
\_\_\_\_\_  
JEFFREY K. POWELL  
Assistant United States Attorney  
86 Chambers Street  
New York, New York 10007  
Telephone: (212) 637-2706  
Facsimile: (212) 637-2686  
Email: [Jeffrey.Powell@usdoj.gov](mailto:Jeffrey.Powell@usdoj.gov)

Dated: New York, New York  
10/16, 2014

VNS CHOICE

By: 

\_\_\_\_\_  
Christopher Palmieri  
President

Dated: New York, New York  
\_\_\_\_, 2014

VISITING NURSE SERVICE OF NEW YORK

By: \_\_\_\_\_

Mary Ann Christopher  
President and CEO

Dated: New York, New York  
10/16, 2014

VNS CHOICE COMMUNITY CARE

By: 

\_\_\_\_\_  
Christopher Palmieri  
President




Dated: New York, New York  
\_\_\_\_\_, 2014

VNS CHOICE

By: \_\_\_\_\_  
Christopher Palmieri  
President

Dated: New York, New York  
*10/16* 2014

VISITING NURSE SERVICE OF NEW YORK

By:   
\_\_\_\_\_  
Mary Ann Christopher  
President and CEO

Dated: New York, New York  
\_\_\_\_\_, 2014

VNS CHOICE COMMUNITY CARE

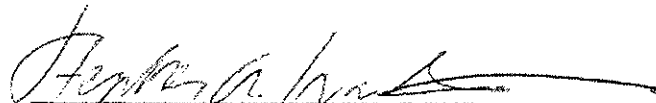
By: \_\_\_\_\_  
Christopher Palmieri  
President

Dated: New York, New York

*10/16*, 2014

ROPES & GRAY LLP  
Attorneys for VISITING NURSE SERVICE OF NEW  
YORK, VNS CHOICE AND VNS CHOICE  
COMMUNITY CARE

By:



STEPHEN A. WARNKE, ESQ.

Ropes & Gray LLP

1211 Avenue of the Americas

New York, NY 10036

Telephone: (212) 841-0681

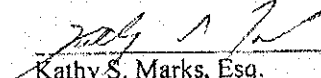
Email: [Stephen.Warnke@ropesgray.com](mailto:Stephen.Warnke@ropesgray.com)

Dated: New York, New York  
October 13, 2014

  
David Heisler, Relator

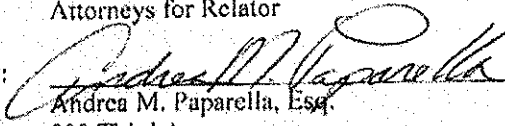
Dated: New York, New York  
October 14, 2014

YANKWITT LLP  
Attorneys for Relator

By:   
Kathy S. Marks, Esq.  
140 Grand Street, Suite 501  
White Plains, NY 10601  
Telephone: (914) 686-1500  
Email: [Kathy@Yankwitt.com](mailto:Kathy@Yankwitt.com)


Dated: New York, New York  
October 14, 2014

LIDDLE & ROBINSON, L.L.P.  
Attorneys for Relator

By:   
Andrea M. Paparella, Esq.  
800 Third Avenue  
New York, NY 10022  
Telephone: (212) 687-8500  
Email: [apaparella@liddle-robinson.com](mailto:apaparella@liddle-robinson.com)

SO ORDERED:

November 3, 2014



\_\_\_\_\_

HONORABLE RONNIE ABRAMS, U.S.D.J.

Exhibit A to Stipulation and Order of Settlement					
Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1				2/1/2013	9/1/2013
2				8/1/2012	8/1/2013
3				8/1/2012	8/1/2013
4				3/1/2013	8/1/2013
5				3/1/2013	8/1/2013
6				2/1/2013	8/1/2013
7				2/1/2013	8/1/2013
8				11/1/2012	8/1/2013
9				4/1/2013	10/1/2013
10				4/1/2013	8/1/2013
11				4/1/2013	8/1/2013
12				11/1/2012	8/1/2013
13				9/1/2012	8/1/2013
14				4/1/2013	10/1/2013
15				2/1/2013	8/1/2013
16				9/1/2012	8/1/2013
17				3/1/2013	8/1/2013
18				1/1/2013	8/1/2013
19				12/1/2012	8/1/2013
20				3/1/2013	8/1/2013
21				3/1/2013	8/1/2013
22				7/1/2012	8/1/2013
23				7/1/2012	8/1/2013
24				1/1/2013	8/1/2013
25				2/1/2013	8/1/2013
26				1/1/2013	8/1/2013
27				2/1/2013	8/1/2013
28				2/1/2013	8/1/2013
29				5/1/2013	8/1/2013
30				7/1/2012	8/1/2013
31				7/1/2012	8/1/2013
32				6/1/2012	8/1/2013
33				11/1/2012	8/1/2013
34				9/1/2012	8/1/2013
35				11/1/2012	8/1/2013
36				3/1/2013	8/1/2013
37				3/1/2013	8/1/2013
38				12/1/2012	8/1/2013
39				4/1/2013	8/1/2013
40				10/1/2012	8/1/2013
41				1/1/2013	8/1/2013
42				5/1/2012	8/1/2013
43				5/1/2012	8/1/2013
44				10/1/2012	8/1/2013
45				8/1/2012	8/1/2013
46				4/1/2013	8/1/2013
47				4/1/2013	8/1/2013
48				9/1/2012	8/1/2013
49				12/1/2012	10/1/2013
50				9/1/2012	8/1/2013
51				10/1/2012	8/1/2013
52				12/1/2012	8/1/2013
53				12/1/2012	8/1/2013
54				11/1/2012	8/1/2013
55				12/1/2012	8/1/2013

REDACTED

REDACTED

REDACTED

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
56				4/1/2013	8/1/2013
57				4/1/2013	8/1/2013
58				6/1/2013	8/1/2013
59				3/1/2013	8/1/2013
60				1/1/2013	8/1/2013
61				1/1/2013	8/1/2013
62				11/1/2012	8/1/2013
63				12/1/2012	8/1/2013
64				2/1/2013	9/1/2013
65				5/1/2013	8/1/2013
66				4/1/2013	8/1/2013
67				11/1/2012	8/1/2013
68				11/1/2012	8/1/2013
69				11/1/2012	8/1/2013
70				11/1/2012	8/1/2013
71				12/1/2012	8/1/2013
72				1/1/2013	8/1/2013
73				10/1/2012	8/1/2013
74				2/1/2013	9/1/2013
75				5/1/2013	8/1/2013
76				12/1/2012	8/1/2013
77				1/1/2013	8/1/2013
78				5/1/2013	8/1/2013
79				5/1/2012	8/1/2013
80				7/1/2012	8/1/2013
81				12/1/2012	10/1/2013
82				12/1/2012	8/1/2013
83				4/1/2013	8/1/2013
84				9/1/2012	8/1/2013
85				4/1/2013	8/1/2013
86				11/1/2012	8/1/2013
87				5/1/2012	8/1/2013
88				5/1/2013	8/1/2013
89				3/1/2012	8/1/2013
90				3/1/2012	8/1/2013
91				4/1/2013	8/1/2013
92				7/1/2012	8/1/2013
93				9/1/2012	8/1/2013
94				8/1/2012	8/1/2013
95				12/1/2011	8/1/2013
96				4/1/2013	8/1/2013
97				3/1/2013	8/1/2013
98				3/1/2013	8/1/2013
99				9/1/2012	8/1/2013
100				12/1/2012	8/1/2013
101				2/1/2013	8/1/2013
102				11/1/2011	8/1/2013
103				12/1/2012	8/1/2013
104				1/1/2013	8/1/2013
105				1/1/2013	8/1/2013
106				4/1/2012	8/1/2013
107				7/1/2012	8/1/2013
108				3/1/2013	8/1/2013
109				3/1/2013	8/1/2013
110				4/1/2013	8/1/2013
111				12/1/2012	10/1/2013

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REDACTED

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
112				3/1/2012	8/1/2013
113				3/1/2012	8/1/2013
114				11/1/2012	8/1/2013
115				11/1/2012	8/1/2013
116				4/1/2012	8/1/2013
117				2/1/2012	8/1/2013
118				3/1/2013	8/1/2013
119				12/1/2012	8/1/2013
120				4/1/2013	8/1/2013
121				4/1/2013	8/1/2013
122				1/1/2013	8/1/2013
123				2/1/2013	8/1/2013
124				2/1/2013	8/1/2013
125				1/1/2013	8/1/2013
126				3/1/2013	8/1/2013
127				5/1/2013	8/1/2013
128				5/1/2013	8/1/2013
129				3/1/2013	8/1/2013
130				5/1/2013	8/1/2013
131				5/1/2013	8/1/2013
132				2/1/2013	8/1/2013
133				5/1/2013	8/1/2013
134				5/1/2013	8/1/2013
135				10/1/2012	8/1/2013
136				10/1/2012	8/1/2013
137				4/1/2012	8/1/2013
138				4/1/2012	8/1/2013
139				3/1/2013	8/1/2013
140				11/1/2012	8/1/2013
141				2/1/2012	8/1/2013
142				1/1/2013	8/1/2013
143				7/1/2012	8/1/2013
144				4/1/2013	8/1/2013
145				5/1/2013	8/1/2013
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147				6/1/2013	8/1/2013
148				9/1/2012	8/1/2013
149				1/1/2013	8/1/2013
150				3/1/2013	8/1/2013
151				3/1/2013	8/1/2013
152				2/1/2013	8/1/2013
153				2/1/2013	8/1/2013
154				1/1/2013	8/1/2013
155				4/1/2013	8/1/2013
156				4/1/2013	8/1/2013
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159				5/1/2013	9/1/2013
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161				5/1/2013	8/1/2013
162				12/1/2012	10/1/2013
163				4/1/2013	8/1/2013
164				3/1/2013	8/1/2013
165				1/1/2013	8/1/2013
166				11/1/2012	8/1/2013
167				6/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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169				2/1/2013	8/1/2013
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172				12/1/2012	8/1/2013
173				9/1/2012	9/1/2013
174				3/1/2013	8/1/2013
175				12/1/2011	8/1/2013
176				3/1/2012	8/1/2013
177				4/1/2013	8/1/2013
178				5/1/2012	8/1/2013
179				10/1/2012	8/1/2013
180				5/1/2013	8/1/2013
181				1/1/2013	8/1/2013
182				1/1/2013	8/1/2013
183				5/1/2013	8/1/2013
184				9/1/2012	8/1/2013
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187				12/1/2012	8/1/2013
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190				11/1/2012	8/1/2013
191				4/1/2012	8/1/2013
192				4/1/2012	8/1/2013
193				4/1/2012	8/1/2013
194				4/1/2012	8/1/2013
195				2/1/2013	8/1/2013
196				3/1/2013	8/1/2013
197				3/1/2013	8/1/2013
198				3/1/2013	8/1/2013
199				10/1/2012	8/1/2013
200				3/1/2013	10/1/2013
201				11/1/2012	8/1/2013
202				4/1/2013	8/1/2013
203				10/1/2012	10/1/2013
204				11/1/2012	8/1/2013
205				4/1/2013	8/1/2013
206				4/1/2013	8/1/2013
207				7/1/2012	8/1/2013
208				4/1/2013	8/1/2013
209				4/1/2013	8/1/2013
210				8/1/2012	8/1/2013
211				9/1/2012	8/1/2013
212				2/1/2013	8/1/2013
213				4/1/2013	8/1/2013
214				3/1/2013	8/1/2013
215				11/1/2012	8/1/2013
216				5/1/2012	8/1/2013
217				5/1/2013	8/1/2013
218				4/1/2012	8/1/2013
219				1/1/2012	8/1/2013
220				2/1/2013	8/1/2013
221				3/1/2013	8/1/2013
222				3/1/2013	8/1/2013
223				12/1/2011	8/1/2013



Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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225				2/1/2013	8/1/2013
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227				2/1/2013	8/1/2013
228				4/1/2012	8/1/2013
229				4/1/2012	8/1/2013
230				10/1/2012	8/1/2013
231				1/1/2013	8/1/2013
232				3/1/2013	8/1/2013
233				3/1/2013	10/1/2013
234				12/1/2012	8/1/2013
235				12/1/2012	8/1/2013
236				7/1/2012	8/1/2013
237				1/1/2012	8/1/2013
238				1/1/2012	8/1/2013
239				1/1/2012	8/1/2013
240				8/1/2012	8/1/2013
241				3/1/2013	8/1/2013
242				5/1/2012	9/1/2013
243				6/1/2012	9/1/2013
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245				3/1/2013	8/1/2013
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249				12/1/2012	8/1/2013
250				5/1/2013	8/1/2013
251				10/1/2012	8/1/2013
252				2/1/2013	8/1/2013
253				2/1/2013	8/1/2013
254				2/1/2013	8/1/2013
255				4/1/2013	10/1/2013
256				2/1/2013	8/1/2013
257				11/1/2012	8/1/2013
258				5/1/2013	8/1/2013
259				8/1/2012	8/1/2013
260				4/1/2012	8/1/2013
261				3/1/2012	8/1/2013
262				3/1/2012	8/1/2013
263				1/1/2012	8/1/2013
264				12/1/2012	8/1/2013
265				1/1/2013	8/1/2013
266				10/1/2012	10/1/2013
267				4/1/2013	8/1/2013
268				4/1/2013	8/1/2013
269				4/1/2013	8/1/2013
270				3/1/2013	8/1/2013
271				5/1/2013	8/1/2013
272				12/1/2012	8/1/2013
273				9/1/2012	8/1/2013
274				11/1/2012	10/1/2013
275				5/1/2013	10/1/2013
276				12/1/2012	8/1/2013
277				10/1/2012	8/1/2013
278				1/1/2013	8/1/2013
279				2/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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285				2/1/2013	8/1/2013
286				11/1/2012	8/1/2013
287				12/1/2012	8/1/2013
288				4/1/2013	8/1/2013
289				11/1/2012	8/1/2013
290				3/1/2012	8/1/2013
291				5/1/2013	8/1/2013
292				1/1/2013	8/1/2013
293				1/1/2013	8/1/2013
294				1/1/2013	8/1/2013
295				10/1/2012	10/1/2013
296				5/1/2013	8/1/2013
297				3/1/2013	8/1/2013
298				11/1/2012	8/1/2013
299				2/1/2013	8/1/2013
300				10/1/2012	10/1/2013
301				6/1/2012	8/1/2013
302				11/1/2012	8/1/2013
303				2/1/2013	9/1/2013
304				2/1/2013	8/1/2013
305				4/1/2013	8/1/2013
306				5/1/2013	8/1/2013
307				7/1/2012	8/1/2013
308				4/1/2013	8/1/2013
309				5/1/2013	10/1/2013
310				8/1/2012	8/1/2013
311				7/1/2012	8/1/2013
312				5/1/2013	8/1/2013
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314				2/1/2013	8/1/2013
315				11/1/2012	8/1/2013
316				2/1/2013	8/1/2013
317				4/1/2013	8/1/2013
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319				3/1/2013	8/1/2013
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321				7/1/2012	8/1/2013
322				8/1/2012	8/1/2013
323				10/1/2012	8/1/2013
324				4/1/2013	8/1/2013
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328				3/1/2013	8/1/2013
329				3/1/2013	8/1/2013
330				2/1/2013	8/1/2013
331				3/1/2013	8/1/2013
332				9/1/2011	8/1/2013
333				9/1/2011	8/1/2013
334				6/1/2011	8/1/2013
335				12/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
336				9/1/2012	8/1/2013
337				2/1/2013	8/1/2013
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339				2/1/2013	8/1/2013
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341				3/1/2013	8/1/2013
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343				2/1/2012	8/1/2013
344				5/1/2013	10/1/2013
345				11/1/2012	8/1/2013
346				3/1/2013	8/1/2013
347				4/1/2013	8/1/2013
348				10/1/2012	8/1/2013
349				2/1/2013	8/1/2013
350				1/1/2013	8/1/2013
351				12/1/2012	8/1/2013
352				2/1/2012	8/1/2013
353				4/1/2013	8/1/2013
354				9/1/2012	8/1/2013
355				3/1/2013	8/1/2013
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358				11/1/2012	8/1/2013
359				11/1/2012	8/1/2013
360				11/1/2012	8/1/2013
361				4/1/2013	8/1/2013
362				12/1/2011	8/1/2013
363				12/1/2011	8/1/2013
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365				9/1/2012	8/1/2013
366				5/1/2012	8/1/2013
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368				7/1/2012	9/1/2013
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370				5/1/2013	8/1/2013
371				1/1/2012	8/1/2013
372				1/1/2012	8/1/2013
373				4/1/2013	8/1/2013
374				10/1/2012	8/1/2013
375				12/1/2012	8/1/2013
376				5/1/2011	8/1/2013
377				7/1/2012	8/1/2013
378				5/1/2013	8/1/2013
379				2/1/2012	8/1/2013
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383				8/1/2012	8/1/2013
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388				6/1/2011	8/1/2013
389				3/1/2013	8/1/2013
390				4/1/2012	8/1/2013
391				4/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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395				3/1/2013	8/1/2013
396				11/1/2012	8/1/2013
397				1/1/2012	8/1/2013
398				6/1/2012	8/1/2013
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402				1/1/2013	8/1/2013
403				11/1/2012	8/1/2013
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407				5/1/2012	8/1/2013
408				11/1/2012	8/1/2013
409				5/1/2012	10/1/2013
410				10/1/2012	10/1/2013
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444				12/1/2012	8/1/2013
445				3/1/2013	8/1/2013
446				1/1/2013	8/1/2013
447				3/1/2013	9/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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537				8/1/2012	8/1/2013
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543				5/1/2013	8/1/2013
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557				4/1/2013	8/1/2013
558				1/1/2013	8/1/2013
559				4/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
560				11/1/2012	8/1/2013
561				9/1/2012	8/1/2013
562				3/1/2012	8/1/2013
563				9/1/2012	8/1/2013
564				9/1/2012	8/1/2013
565				9/1/2012	8/1/2013
566				12/1/2012	8/1/2013
567				5/1/2012	8/1/2013
568				4/1/2013	8/1/2013
569				12/1/2011	8/1/2013
570				12/1/2012	8/1/2013
571				12/1/2012	8/1/2013
572				9/1/2012	8/1/2013
573				9/1/2012	8/1/2013
574				5/1/2013	8/1/2013
575				4/1/2013	8/1/2013
576				5/1/2013	8/1/2013
577				1/1/2013	8/1/2013
578				1/1/2013	8/1/2013
579				11/1/2012	8/1/2013
580				4/1/2012	8/1/2013
581				1/1/2013	8/1/2013
582				5/1/2013	9/1/2013
583				4/1/2013	9/1/2013
584				2/1/2013	8/1/2013
585				4/1/2013	8/1/2013
586				11/1/2012	8/1/2013
587				1/1/2013	8/1/2013
588				11/1/2012	8/1/2013
589				11/1/2012	8/1/2013
590				5/1/2013	8/1/2013
591				5/1/2012	8/1/2013
592				1/1/2013	8/1/2013
593				6/1/2012	8/1/2013
594				5/1/2013	8/1/2013
595				5/1/2013	8/1/2013
596				8/1/2012	8/1/2013
597				8/1/2012	8/1/2013
598				4/1/2013	8/1/2013
599				5/1/2013	8/1/2013
600				11/1/2012	8/1/2013
601				12/1/2012	9/1/2013
602				3/1/2012	8/1/2013
603				9/1/2012	8/1/2013
604				1/1/2012	8/1/2013
605				1/1/2013	8/1/2013
606				4/1/2012	8/1/2013
607				9/1/2012	10/1/2013
608				9/1/2012	8/1/2013
609				4/1/2012	8/1/2013
610				10/1/2012	8/1/2013
611				5/1/2013	8/1/2013
612				6/1/2012	8/1/2013
613				3/1/2013	8/1/2013
614				4/1/2013	9/1/2013
615				5/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
616				2/1/2012	8/1/2013
617				9/1/2012	8/1/2013
618				2/1/2013	8/1/2013
619				6/1/2012	8/1/2013
620				6/1/2012	8/1/2013
621				9/1/2012	8/1/2013
622				1/1/2013	8/1/2013
623				3/1/2013	8/1/2013
624				9/1/2012	8/1/2013
625				9/1/2012	8/1/2013
626				9/1/2012	9/1/2013
627				5/1/2012	8/1/2013
628				11/1/2012	8/1/2013
629				11/1/2012	8/1/2013
630				8/1/2012	9/1/2013
631				11/1/2012	8/1/2013
632				2/1/2013	8/1/2013
633				5/1/2013	8/1/2013
634				3/1/2013	9/1/2013
635				10/1/2012	8/1/2013
636				6/1/2012	10/1/2013
637				3/1/2012	8/1/2013
638				3/1/2013	8/1/2013
639				2/1/2013	8/1/2013
640				12/1/2012	8/1/2013
641				3/1/2013	8/1/2013
642				1/1/2012	8/1/2013
643				1/1/2012	8/1/2013
644				4/1/2012	8/1/2013
645				8/1/2012	8/1/2013
646				10/1/2012	8/1/2013
647				10/1/2012	8/1/2013
648				2/1/2013	8/1/2013
649				11/1/2012	8/1/2013
650				11/1/2012	8/1/2013
651				12/1/2011	8/1/2013
652				5/1/2012	11/1/2013
653				4/1/2012	9/1/2013
654				9/1/2012	8/1/2013
655				12/1/2012	8/1/2013
656				5/1/2013	8/1/2013
657				5/1/2013	8/1/2013
658				7/1/2012	8/1/2013
659				9/1/2012	8/1/2013
660				8/1/2012	8/1/2013
661				4/1/2013	10/1/2013
662				10/1/2012	8/1/2013
663				1/1/2013	8/1/2013
664				11/1/2012	8/1/2013
665				1/1/2012	8/1/2013
666				11/1/2012	8/1/2013
667				2/1/2013	8/1/2013
668				5/1/2013	8/1/2013
669				12/1/2012	8/1/2013
670				11/1/2012	8/1/2013
671				10/1/2012	8/1/2013



Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
672				10/1/2012	8/1/2013
673				8/1/2012	8/1/2013
674				6/1/2012	8/1/2013
675				4/1/2013	8/1/2013
676				5/1/2013	8/1/2013
677				3/1/2013	8/1/2013
678				3/1/2013	8/1/2013
679				3/1/2013	8/1/2013
680				3/1/2013	8/1/2013
681				11/1/2012	8/1/2013
682				10/1/2012	8/1/2013
683				4/1/2013	8/1/2013
684				10/1/2012	8/1/2013
685				11/1/2012	8/1/2013
686				3/1/2013	8/1/2013
687				10/1/2012	8/1/2013
688				5/1/2012	8/1/2013
689				11/1/2012	8/1/2013
690				5/1/2013	8/1/2013
691				3/1/2013	8/1/2013
692				5/1/2013	8/1/2013
693				6/1/2012	8/1/2013
694				1/1/2013	8/1/2013
695				12/1/2012	8/1/2013
696				8/1/2012	8/1/2013
697				1/1/2013	9/1/2013
698				5/1/2013	2/1/2014
699				10/1/2012	8/1/2013
700				10/1/2012	8/1/2013
701				8/1/2012	8/1/2013
702				6/1/2012	10/1/2013
703				7/1/2012	8/1/2013
704				4/1/2013	8/1/2013
705				11/1/2012	8/1/2013
706				3/1/2012	8/1/2013
707				3/1/2012	8/1/2013
708				10/1/2012	8/1/2013
709				12/1/2011	8/1/2013
710				9/1/2012	8/1/2013
711				9/1/2012	8/1/2013
712				8/1/2012	8/1/2013
713				3/1/2013	8/1/2013
714				1/1/2013	8/1/2013
715				1/1/2013	8/1/2013
716				4/1/2013	8/1/2013
717				1/1/2013	8/1/2013
718				1/1/2013	8/1/2013
719				1/1/2013	8/1/2013
720				5/1/2012	10/1/2013
721				5/1/2013	8/1/2013
722				3/1/2013	8/1/2013
723				5/1/2012	8/1/2013
724				5/1/2013	8/1/2013
725				2/1/2013	8/1/2013
726				2/1/2013	8/1/2013
727				8/1/2011	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
728				1/1/2012	8/1/2013
729				12/1/2012	8/1/2013
730				10/1/2012	8/1/2013
731				10/1/2012	8/1/2013
732				2/1/2012	8/1/2013
733				2/1/2012	8/1/2013
734				5/1/2013	8/1/2013
735				5/1/2013	8/1/2013
736				2/1/2013	8/1/2013
737				4/1/2013	8/1/2013
738				9/1/2012	8/1/2013
739				10/1/2012	8/1/2013
740				10/1/2012	8/1/2013
741				3/1/2013	9/1/2013
742				5/1/2013	10/1/2013
743				5/1/2012	8/1/2013
744				11/1/2012	8/1/2013
745				5/1/2012	8/1/2013
746				12/1/2012	10/1/2013
747				12/1/2012	8/1/2013
748				2/1/2013	8/1/2013
749				8/1/2012	8/1/2013
750				10/1/2012	8/1/2013
751				10/1/2012	8/1/2013
752				6/1/2012	8/1/2013
753				1/1/2013	8/1/2013
754				8/1/2012	8/1/2013
755				5/1/2013	8/1/2013
756				8/1/2011	8/1/2013
757				5/1/2012	8/1/2013
758				11/1/2011	8/1/2013
759				4/1/2013	8/1/2013
760				3/1/2013	8/1/2013
761				5/1/2013	8/1/2013
762				1/1/2013	8/1/2013
763				1/1/2013	8/1/2013
764				8/1/2012	8/1/2013
765				10/1/2012	8/1/2013
766				5/1/2013	8/1/2013
767				10/1/2012	8/1/2013
768				10/1/2012	8/1/2013
769				4/1/2012	8/1/2013
770				12/1/2012	8/1/2013
771				4/1/2013	8/1/2013
772				4/1/2013	8/1/2013
773				12/1/2012	8/1/2013
774				1/1/2013	8/1/2013
775				4/1/2012	8/1/2013
776				5/1/2013	8/1/2013
777				12/1/2012	8/1/2013
778				11/1/2012	8/1/2013
779				2/1/2012	8/1/2013
780				3/1/2013	8/1/2013
781				11/1/2012	8/1/2013
782				3/1/2013	8/1/2013
783				10/1/2008	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
784				5/1/2012	8/1/2013
785				4/1/2013	8/1/2013
786				7/1/2012	8/1/2013
787				3/1/2012	8/1/2013
788				4/1/2013	8/1/2013
789				11/1/2012	8/1/2013
790				11/1/2012	8/1/2013
791				12/1/2012	10/1/2013
792				12/1/2012	8/1/2013
793				3/1/2013	8/1/2013
794				4/1/2013	8/1/2013
795				10/1/2012	10/1/2013
796				9/1/2012	8/1/2013
797				5/1/2012	8/1/2013
798				4/1/2013	8/1/2013
799				12/1/2012	8/1/2013
800				10/1/2012	8/1/2013
801				11/1/2012	8/1/2013
802				3/1/2013	8/1/2013
803				2/1/2012	8/1/2013
804				8/1/2012	8/1/2013
805				5/1/2013	10/1/2013
806				3/1/2013	8/1/2013
807				3/1/2012	8/1/2013
808				8/1/2012	8/1/2013
809				12/1/2012	8/1/2013
810				11/1/2012	8/1/2013
811				4/1/2013	8/1/2013
812				6/1/2012	8/1/2013
813				4/1/2013	10/1/2013
814				5/1/2013	8/1/2013
815				5/1/2013	8/1/2013
816				1/1/2013	8/1/2013
817				6/1/2012	8/1/2013
818				3/1/2013	8/1/2013
819				2/1/2013	8/1/2013
820				10/1/2012	8/1/2013
821				4/1/2013	8/1/2013
822				4/1/2013	8/1/2013
823				1/1/2013	8/1/2013
824				10/1/2012	10/1/2013
825				1/1/2013	8/1/2013
826				4/1/2013	8/1/2013
827				2/1/2012	8/1/2013
828				5/1/2013	9/1/2013
829				11/1/2012	8/1/2013
830				3/1/2013	8/1/2013
831				5/1/2012	8/1/2013
832				5/1/2012	8/1/2013
833				3/1/2013	8/1/2013
834				3/1/2013	8/1/2013
835				1/1/2012	8/1/2013
836				1/1/2012	8/1/2013
837				9/1/2010	8/1/2013
838				8/1/2012	8/1/2013
839				5/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
840				1/1/2012	8/1/2013
841				2/1/2013	8/1/2013
842				6/1/2012	8/1/2013
843				10/1/2012	8/1/2013
844				3/1/2012	8/1/2013
845				3/1/2012	8/1/2013
846				4/1/2013	10/1/2013
847				4/1/2013	8/1/2013
848				1/1/2012	8/1/2013
849				5/1/2013	8/1/2013
850				12/1/2012	8/1/2013
851				11/1/2012	9/1/2013
852				7/1/2012	8/1/2013
853				10/1/2012	8/1/2013
854				11/1/2012	8/1/2013
855				3/1/2013	8/1/2013
856				5/1/2013	8/1/2013
857				12/1/2012	8/1/2013
858				5/1/2012	8/1/2013
859				3/1/2012	8/1/2013
860				3/1/2013	8/1/2013
861				4/1/2013	8/1/2013
862				4/1/2013	8/1/2013
863				5/1/2013	8/1/2013
864				8/1/2012	8/1/2013
865				7/1/2012	8/1/2013
866				11/1/2012	8/1/2013
867				5/1/2012	8/1/2013
868				12/1/2012	8/1/2013
869				1/1/2013	8/1/2013
870				4/1/2013	8/1/2013
871				8/1/2012	8/1/2013
872				4/1/2013	8/1/2013
873				11/1/2012	8/1/2013
874				7/1/2012	8/1/2013
875				7/1/2012	8/1/2013
876				2/1/2013	8/1/2013
877				11/1/2012	8/1/2013
878				11/1/2012	8/1/2013
879				2/1/2013	8/1/2013
880				1/1/2013	8/1/2013
881				3/1/2013	8/1/2013
882				2/1/2013	8/1/2013
883				12/1/2012	8/1/2013
884				3/1/2013	8/1/2013
885				4/1/2013	8/1/2013
886				3/1/2013	8/1/2013
887				3/1/2013	8/1/2013
888				1/1/2013	8/1/2013
889				1/1/2012	8/1/2013
890				4/1/2013	8/1/2013
891				8/1/2012	8/1/2013
892				4/1/2013	8/1/2013
893				10/1/2012	9/1/2013
894				10/1/2012	8/1/2013
895				11/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
896				5/1/2013	9/1/2013
897				5/1/2013	8/1/2013
898				3/1/2013	8/1/2013
899				3/1/2013	8/1/2013
900				4/1/2012	8/1/2013
901				4/1/2013	8/1/2013
902				4/1/2013	8/1/2013
903				5/1/2013	10/1/2013
904				7/1/2012	8/1/2013
905				5/1/2013	8/1/2013
906				2/1/2013	8/1/2013
907				12/1/2011	8/1/2013
908				8/1/2012	8/1/2013
909				1/1/2012	8/1/2013
910				5/1/2012	8/1/2013
911				5/1/2012	8/1/2013
912				4/1/2013	8/1/2013
913				4/1/2013	8/1/2013
914				3/1/2013	8/1/2013
915				12/1/2012	8/1/2013
916				9/1/2012	8/1/2013
917				1/1/2013	8/1/2013
918				6/1/2012	8/1/2013
919				1/1/2012	8/1/2013
920				1/1/2013	8/1/2013
921				4/1/2013	8/1/2013
922				12/1/2011	8/1/2013
923				4/1/2012	8/1/2013
924				10/1/2012	8/1/2013
925				3/1/2013	8/1/2013
926				3/1/2013	8/1/2013
927				7/1/2012	8/1/2013
928				7/1/2012	8/1/2013
929				5/1/2013	8/1/2013
930				5/1/2013	8/1/2013
931				3/1/2013	8/1/2013
932				10/1/2012	8/1/2013
933				4/1/2013	8/1/2013
934				4/1/2013	8/1/2013
935				4/1/2013	8/1/2013
936				1/1/2013	8/1/2013
937				3/1/2012	8/1/2013
938				5/1/2013	8/1/2013
939				5/1/2013	8/1/2013
940				11/1/2012	8/1/2013
941				3/1/2013	12/1/2013
942				3/1/2013	8/1/2013
943				11/1/2012	8/1/2013
944				2/1/2013	8/1/2013
945				11/1/2012	8/1/2013
946				12/1/2012	10/1/2013
947				2/1/2013	8/1/2013
948				12/1/2012	8/1/2013
949				5/1/2013	12/1/2013
950				8/1/2012	8/1/2013
951				4/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
952				5/1/2013	8/1/2013
953				5/1/2013	8/1/2013
954				2/1/2013	8/1/2013
955				2/1/2013	8/1/2013
956				4/1/2013	8/1/2013
957				5/1/2012	8/1/2013
958				4/1/2013	8/1/2013
959				11/1/2012	8/1/2013
960				3/1/2012	8/1/2013
961				9/1/2012	8/1/2013
962				4/1/2013	8/1/2013
963				4/1/2013	8/1/2013
964				3/1/2013	8/1/2013
965				2/1/2013	8/1/2013
966				2/1/2013	8/1/2013
967				2/1/2013	8/1/2013
968				12/1/2012	8/1/2013
969				5/1/2013	8/1/2013
970				8/1/2012	8/1/2013
971				12/1/2011	10/1/2013
972				12/1/2011	8/1/2013
973				12/1/2011	8/1/2013
974				5/1/2013	8/1/2013
975				6/1/2012	8/1/2013
976				6/1/2012	8/1/2013
977				4/1/2013	8/1/2013
978				3/1/2013	8/1/2013
979				5/1/2013	8/1/2013
980				4/1/2013	8/1/2013
981				12/1/2012	9/1/2013
982				5/1/2012	8/1/2013
983				12/1/2012	8/1/2013
984				12/1/2012	8/1/2013
985				10/1/2012	8/1/2013
986				9/1/2012	8/1/2013
987				5/1/2013	10/1/2013
988				5/1/2013	8/1/2013
989				4/1/2013	8/1/2013
990				5/1/2013	8/1/2013
991				10/1/2012	8/1/2013
992				11/1/2012	8/1/2013
993				8/1/2012	8/1/2013
994				8/1/2012	8/1/2013
995				1/1/2013	8/1/2013
996				11/1/2012	8/1/2013
997				9/1/2012	8/1/2013
998				4/1/2013	8/1/2013
999				8/1/2011	8/1/2013
1000				8/1/2011	8/1/2013
1001				2/1/2013	8/1/2013
1002				10/1/2012	8/1/2013
1003				3/1/2013	8/1/2013
1004				4/1/2013	8/1/2013
1005				12/1/2012	8/1/2013
1006				10/1/2012	9/1/2013
1007				10/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
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1009				9/1/2012	8/1/2013
1010				10/1/2012	8/1/2013
1011				10/1/2012	8/1/2013
1012				2/1/2012	8/1/2013
1013				1/1/2013	8/1/2013
1014				10/1/2012	8/1/2013
1015				4/1/2013	8/1/2013
1016				1/1/2013	8/1/2013
1017				1/1/2013	8/1/2013
1018				5/1/2012	8/1/2013
1019				3/1/2013	8/1/2013
1020				9/1/2012	8/1/2013
1021				2/1/2013	8/1/2013
1022				2/1/2012	8/1/2013
1023				2/1/2013	8/1/2013
1024				4/1/2013	8/1/2013
1025				9/1/2012	8/1/2013
1026				4/1/2013	8/1/2013
1027				8/1/2012	8/1/2013
1028				4/1/2012	8/1/2013
1029				2/1/2013	8/1/2013
1030				3/1/2013	8/1/2013
1031				3/1/2013	8/1/2013
1032				9/1/2012	8/1/2013
1033				12/1/2012	9/1/2013
1034				1/1/2013	9/1/2013
1035				9/1/2012	8/1/2013
1036				5/1/2013	8/1/2013
1037				4/1/2012	8/1/2013
1038				1/1/2013	8/1/2013
1039				6/1/2012	8/1/2013
1040				3/1/2013	8/1/2013
1041				3/1/2013	8/1/2013
1042				7/1/2012	8/1/2013
1043				8/1/2011	8/1/2013
1044				8/1/2012	8/1/2013
1045				8/1/2012	8/1/2013
1046				5/1/2013	8/1/2013
1047				5/1/2013	8/1/2013
1048				1/1/2012	8/1/2013
1049				2/1/2013	8/1/2013
1050				5/1/2013	8/1/2013
1051				1/1/2013	8/1/2013
1052				10/1/2012	8/1/2013
1053				3/1/2012	8/1/2013
1054				5/1/2012	8/1/2013
1055				1/1/2013	8/1/2013
1056				4/1/2013	8/1/2013
1057				4/1/2012	8/1/2013
1058				8/1/2012	9/1/2013
1059				8/1/2012	8/1/2013
1060				1/1/2013	8/1/2013
1061				12/1/2012	8/1/2013
1062				3/1/2012	8/1/2013
1063				6/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1064				5/1/2013	8/1/2013
1065				12/1/2012	8/1/2013
1066				12/1/2012	8/1/2013
1067				5/1/2013	8/1/2013
1068				12/1/2012	8/1/2013
1069				8/1/2012	8/1/2013
1070				2/1/2013	8/1/2013
1071				11/1/2012	8/1/2013
1072				12/1/2011	8/1/2013
1073				4/1/2013	8/1/2013
1074				12/1/2011	8/1/2013
1075				8/1/2012	9/1/2013
1076				9/1/2012	8/1/2013
1077				9/1/2012	8/1/2013
1078				4/1/2013	8/1/2013
1079				4/1/2013	8/1/2013
1080				1/1/2013	8/1/2013
1081				12/1/2012	10/1/2013
1082				10/1/2012	8/1/2013
1083				10/1/2012	8/1/2013
1084				4/1/2012	8/1/2013
1085				4/1/2012	8/1/2013
1086				8/1/2011	8/1/2013
1087				10/1/2012	8/1/2013
1088				4/1/2013	10/1/2013
1089				11/1/2012	8/1/2013
1090				5/1/2012	8/1/2013
1091				4/1/2013	8/1/2013
1092				5/1/2012	8/1/2013
1093				12/1/2012	8/1/2013
1094				12/1/2012	8/1/2013
1095				12/1/2011	8/1/2013
1096				3/1/2013	8/1/2013
1097				3/1/2013	8/1/2013
1098				10/1/2011	8/1/2013
1099				10/1/2011	10/1/2013
1100				5/1/2013	10/1/2013
1101				5/1/2013	8/1/2013
1102				5/1/2013	8/1/2013
1103				4/1/2013	8/1/2013
1104				10/1/2012	8/1/2013
1105				2/1/2012	8/1/2013
1106				12/1/2012	8/1/2013
1107				3/1/2013	8/1/2013
1108				4/1/2013	8/1/2013
1109				5/1/2012	8/1/2013
1110				9/1/2011	8/1/2013
1111				7/1/2012	8/1/2013
1112				7/1/2012	8/1/2013
1113				2/1/2013	8/1/2013
1114				5/1/2012	8/1/2013
1115				11/1/2012	8/1/2013
1116				10/1/2012	8/1/2013
1117				3/1/2013	8/1/2013
1118				12/1/2012	8/1/2013
1119				5/1/2012	8/1/2013



Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1120				1/1/2013	8/1/2013
1121				4/1/2013	8/1/2013
1122				11/1/2012	8/1/2013
1123				7/1/2012	8/1/2013
1124				8/1/2012	8/1/2013
1125				2/1/2012	8/1/2013
1126				1/1/2012	8/1/2013
1127				6/1/2012	8/1/2013
1128				2/1/2012	8/1/2013
1129				3/1/2013	8/1/2013
1130				1/1/2012	8/1/2013
1131				3/1/2013	8/1/2013
1132				3/1/2013	8/1/2013
1133				11/1/2011	8/1/2013
1134				1/1/2012	8/1/2013
1135				3/1/2013	8/1/2013
1136				11/1/2012	8/1/2013
1137				11/1/2012	8/1/2013
1138				3/1/2013	8/1/2013
1139				2/1/2012	11/1/2013
1140				11/1/2011	9/1/2013
1141				5/1/2012	8/1/2013
1142				5/1/2012	8/1/2013
1143				1/1/2013	8/1/2013
1144				5/1/2013	8/1/2013
1145				12/1/2012	8/1/2013
1146				2/1/2013	8/1/2013
1147				7/1/2012	8/1/2013
1148				8/1/2012	8/1/2013
1149				11/1/2012	8/1/2013
1150				9/1/2012	8/1/2013
1151				1/1/2013	8/1/2013
1152				3/1/2012	8/1/2013
1153				1/1/2013	8/1/2013
1154				3/1/2013	8/1/2013
1155				4/1/2013	8/1/2013
1156				12/1/2012	8/1/2013
1157				3/1/2013	8/1/2013
1158				3/1/2013	10/1/2013
1159				9/1/2011	9/1/2013
1160				5/1/2013	8/1/2013
1161				5/1/2013	8/1/2013
1162				3/1/2013	8/1/2013
1163				5/1/2013	8/1/2013
1164				9/1/2012	8/1/2013
1165				3/1/2012	8/1/2013
1166				9/1/2012	8/1/2013
1167				4/1/2013	8/1/2013
1168				8/1/2012	10/1/2013
1169				12/1/2011	8/1/2013
1170				12/1/2011	8/1/2013
1171				4/1/2012	8/1/2013
1172				5/1/2013	8/1/2013
1173				10/1/2012	8/1/2013
1174				8/1/2012	8/1/2013
1175				5/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1176				2/1/2013	8/1/2013
1177				4/1/2013	8/1/2013
1178				1/1/2012	8/1/2013
1179				9/1/2012	8/1/2013
1180				3/1/2013	11/1/2013
1181				8/1/2012	8/1/2013
1182				5/1/2012	8/1/2013
1183				5/1/2012	8/1/2013
1184				10/1/2012	8/1/2013
1185				5/1/2012	8/1/2013
1186				2/1/2013	9/1/2013
1187				12/1/2011	8/1/2013
1188				4/1/2013	8/1/2013
1189				11/1/2012	8/1/2013
1190				10/1/2012	8/1/2013
1191				4/1/2013	8/1/2013
1192				4/1/2013	8/1/2013
1193				4/1/2013	8/1/2013
1194				3/1/2012	8/1/2013
1195				3/1/2013	8/1/2013
1196				6/1/2012	8/1/2013
1197				3/1/2013	8/1/2013
1198				3/1/2013	8/1/2013
1199				3/1/2013	8/1/2013
1200				9/1/2012	8/1/2013
1201				5/1/2013	8/1/2013
1202				5/1/2013	8/1/2013
1203				12/1/2012	8/1/2013
1204				5/1/2013	8/1/2013
1205				10/1/2012	8/1/2013
1206				3/1/2013	8/1/2013
1207				2/1/2012	8/1/2013
1208				3/1/2012	8/1/2013
1209				2/1/2012	8/1/2013
1210				8/1/2012	8/1/2013
1211				8/1/2012	8/1/2013
1212				1/1/2013	8/1/2013
1213				2/1/2013	8/1/2013
1214				2/1/2012	8/1/2013
1215				11/1/2012	8/1/2013
1216				4/1/2013	9/1/2013
1217				5/1/2013	8/1/2013
1218				9/1/2012	8/1/2013
1219				12/1/2012	8/1/2013
1220				11/1/2012	8/1/2013
1221				12/1/2012	8/1/2013
1222				11/1/2012	8/1/2013
1223				5/1/2012	8/1/2013
1224				4/1/2013	8/1/2013
1225				12/1/2011	8/1/2013
1226				7/1/2012	8/1/2013
1227				2/1/2013	8/1/2013
1228				9/1/2010	8/1/2013
1229				5/1/2010	8/1/2013
1230				10/1/2012	8/1/2013
1231				11/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1232				12/1/2009	8/1/2013
1233				8/1/2012	8/1/2013
1234				8/1/2012	8/1/2013
1235				10/1/2012	10/1/2013
1236				10/1/2012	9/1/2013
1237				12/1/2012	12/1/2013
1238				5/1/2013	8/1/2013
1239				4/1/2012	8/1/2013
1240				3/1/2013	8/1/2013
1241				12/1/2012	8/1/2013
1242				12/1/2012	8/1/2013
1243				9/1/2012	9/1/2013
1244				2/1/2013	8/1/2013
1245				2/1/2013	8/1/2013
1246				2/1/2013	10/1/2013
1247				2/1/2013	10/1/2013
1248				7/1/2012	8/1/2013
1249				5/1/2013	8/1/2013
1250				12/1/2012	8/1/2013
1251				11/1/2012	8/1/2013
1252				11/1/2012	8/1/2013
1253				12/1/2012	8/1/2013
1254				3/1/2013	8/1/2013
1255				8/1/2012	8/1/2013
1256				1/1/2013	8/1/2013
1257				6/1/2012	8/1/2013
1258				7/1/2012	8/1/2013
1259				4/1/2013	8/1/2013
1260				4/1/2013	8/1/2013
1261				5/1/2013	8/1/2013
1262				2/1/2012	8/1/2013
1263				2/1/2012	8/1/2013
1264				1/1/2013	8/1/2013
1265				3/1/2009	8/1/2013
1266				1/1/2013	8/1/2013
1267				5/1/2013	8/1/2013
1268				9/1/2012	8/1/2013
1269				1/1/2013	8/1/2013
1270				2/1/2013	8/1/2013
1271				1/1/2013	8/1/2013
1272				8/1/2012	8/1/2013
1273				7/1/2011	8/1/2013
1274				7/1/2011	8/1/2013
1275				9/1/2012	8/1/2013
1276				3/1/2013	8/1/2013
1277				3/1/2013	8/1/2013
1278				12/1/2012	8/1/2013
1279				8/1/2012	8/1/2013
1280				2/1/2013	8/1/2013
1281				4/1/2013	8/1/2013
1282				7/1/2012	9/1/2013
1283				8/1/2012	8/1/2013
1284				10/1/2012	8/1/2013
1285				12/1/2011	8/1/2013
1286				2/1/2013	8/1/2013
1287				3/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1288				8/1/2011	8/1/2013
1289				5/1/2013	8/1/2013
1290				4/1/2012	8/1/2013
1291				3/1/2013	8/1/2013
1292				5/1/2013	8/1/2013
1293				5/1/2013	8/1/2013
1294				2/1/2012	8/1/2013
1295				8/1/2012	8/1/2013
1296				12/1/2012	8/1/2013
1297				3/1/2013	10/1/2013
1298				3/1/2013	8/1/2013
1299				3/1/2013	8/1/2013
1300				12/1/2011	9/1/2013
1301				5/1/2013	8/1/2013
1302				6/1/2012	8/1/2013
1303				5/1/2013	8/1/2013
1304				4/1/2013	8/1/2013
1305				4/1/2013	8/1/2013
1306				2/1/2013	8/1/2013
1307				3/1/2013	8/1/2013
1308				3/1/2013	10/1/2013
1309				4/1/2013	8/1/2013
1310				9/1/2012	8/1/2013
1311				9/1/2012	8/1/2013
1312				10/1/2012	8/1/2013
1313				5/1/2013	8/1/2013
1314				11/1/2012	8/1/2013
1315				3/1/2013	8/1/2013
1316				10/1/2012	11/1/2013
1317				8/1/2012	8/1/2013
1318				11/1/2012	8/1/2013
1319				3/1/2013	11/1/2013
1320				3/1/2013	8/1/2013
1321				5/1/2013	8/1/2013
1322				4/1/2012	8/1/2013
1323				4/1/2013	8/1/2013
1324				5/1/2013	9/1/2013
1325				2/1/2012	8/1/2013
1326				2/1/2012	8/1/2013
1327				8/1/2012	8/1/2013
1328				6/1/2012	8/1/2013
1329				3/1/2013	8/1/2013
1330				12/1/2012	8/1/2013
1331				11/1/2012	8/1/2013
1332				4/1/2013	8/1/2013
1333				10/1/2009	8/1/2013
1334				4/1/2012	8/1/2013
1335				11/1/2012	8/1/2013
1336				3/1/2012	8/1/2013
1337				12/1/2012	9/1/2013
1338				11/1/2012	8/1/2013
1339				7/1/2012	8/1/2013
1340				12/1/2011	8/1/2013
1341				3/1/2013	8/1/2013
1342				12/1/2011	8/1/2013
1343				4/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1344				1/1/2013	8/1/2013
1345				12/1/2012	8/1/2013
1346				12/1/2012	8/1/2013
1347				7/1/2012	8/1/2013
1348				1/1/2013	8/1/2013
1349				11/1/2012	8/1/2013
1350				9/1/2012	8/1/2013
1351				8/1/2012	8/1/2013
1352				9/1/2011	8/1/2013
1353				12/1/2012	8/1/2013
1354				11/1/2012	8/1/2013
1355				4/1/2013	8/1/2013
1356				11/1/2012	8/1/2013
1357				1/1/2013	8/1/2013
1358				9/1/2012	8/1/2013
1359				11/1/2012	8/1/2013
1360				4/1/2011	8/1/2013
1361				8/1/2012	8/1/2013
1362				5/1/2013	9/1/2013
1363				4/1/2012	8/1/2013
1364				1/1/2013	8/1/2013
1365				3/1/2013	8/1/2013
1366				11/1/2012	8/1/2013
1367				1/1/2013	8/1/2013
1368				3/1/2013	8/1/2013
1369				6/1/2006	8/1/2013
1370				10/1/2012	8/1/2013
1371				10/1/2011	8/1/2013
1372				7/1/2012	8/1/2013
1373				4/1/2012	8/1/2013
1374				4/1/2012	8/1/2013
1375				9/1/2012	8/1/2013
1376				10/1/2012	8/1/2013
1377				4/1/2013	8/1/2013
1378				11/1/2012	8/1/2013
1379				2/1/2012	8/1/2013
1380				1/1/2013	8/1/2013
1381				1/1/2013	8/1/2013
1382				1/1/2013	8/1/2013
1383				4/1/2013	8/1/2013
1384				5/1/2013	8/1/2013
1385				2/1/2013	8/1/2013
1386				5/1/2013	8/1/2013
1387				4/1/2013	8/1/2013
1388				12/1/2012	8/1/2013
1389				1/1/2013	8/1/2013
1390				2/1/2013	8/1/2013
1391				1/1/2013	8/1/2013
1392				11/1/2012	8/1/2013
1393				6/1/2012	8/1/2013
1394				12/1/2011	8/1/2013
1395				12/1/2011	8/1/2013
1396				10/1/2009	8/1/2013
1397				1/1/2013	8/1/2013
1398				2/1/2012	8/1/2013
1399				3/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1400				1/1/2013	8/1/2013
1401				12/1/2012	10/1/2013
1402				3/1/2013	8/1/2013
1403				4/1/2013	8/1/2013
1404				11/1/2012	8/1/2013
1405				1/1/2013	8/1/2013
1406				6/1/2012	8/1/2013
1407				11/1/2012	8/1/2013
1408				10/1/2012	8/1/2013
1409				7/1/2012	8/1/2013
1410				10/1/2012	8/1/2013
1411				10/1/2012	8/1/2013
1412				2/1/2013	8/1/2013
1413				5/1/2013	8/1/2013
1414				4/1/2012	8/1/2013
1415				9/1/2012	10/1/2013
1416				4/1/2013	8/1/2013
1417				7/1/2012	8/1/2013
1418				3/1/2013	8/1/2013
1419				2/1/2013	8/1/2013
1420				6/1/2012	8/1/2013
1421				7/1/2012	10/1/2013
1422				10/1/2012	8/1/2013
1423				3/1/2013	8/1/2013
1424				10/1/2012	8/1/2013
1425				4/1/2013	8/1/2013
1426				12/1/2012	8/1/2013
1427				10/1/2012	8/1/2013
1428				10/1/2012	8/1/2013
1429				12/1/2011	10/1/2013
1430				7/1/2012	8/1/2013
1431				8/1/2012	8/1/2013
1432				3/1/2013	8/1/2013
1433				7/1/2004	8/1/2013
1434				1/1/2013	8/1/2013
1435				4/1/2013	10/1/2013
1436				4/1/2013	8/1/2013
1437				4/1/2013	8/1/2013
1438				8/1/2012	8/1/2013
1439				3/1/2013	8/1/2013
1440				6/1/2012	8/1/2013
1441				2/1/2013	8/1/2013
1442				5/1/2013	8/1/2013
1443				8/1/2012	8/1/2013
1444				9/1/2012	8/1/2013
1445				1/1/2013	10/1/2013
1446				10/1/2012	8/1/2013
1447				4/1/2013	8/1/2013
1448				2/1/2012	8/1/2013
1449				1/1/2013	8/1/2013
1450				9/1/2003	8/1/2013
1451				12/1/2012	8/1/2013
1452				4/1/2013	8/1/2013
1453				5/1/2013	8/1/2013
1454				2/1/2012	8/1/2013
1455				5/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1456				2/1/2012	8/1/2013
1457				3/1/2013	8/1/2013
1458				9/1/2012	8/1/2013
1459				4/1/2013	8/1/2013
1460				4/1/2013	8/1/2013
1461				5/1/2013	8/1/2013
1462				8/1/2012	8/1/2013
1463				3/1/2013	8/1/2013
1464				2/1/2013	8/1/2013
1465				9/1/2012	8/1/2013
1466				4/1/2013	8/1/2013
1467				2/1/2013	8/1/2013
1468				4/1/2013	8/1/2013
1469				4/1/2013	8/1/2013
1470				12/1/2012	8/1/2013
1471				1/1/2013	8/1/2013
1472				1/1/2013	8/1/2013
1473				9/1/2012	8/1/2013
1474				11/1/2012	8/1/2013
1475				2/1/2013	8/1/2013
1476				2/1/2013	8/1/2013
1477				2/1/2013	8/1/2013
1478				1/1/2013	8/1/2013
1479				10/1/2012	8/1/2013
1480				5/1/2013	8/1/2013
1481				1/1/2012	8/1/2013
1482				1/1/2012	8/1/2013
1483				10/1/2012	8/1/2013
1484				1/1/2012	8/1/2013
1485				2/1/2013	8/1/2013
1486				4/1/2013	8/1/2013
1487				3/1/2013	8/1/2013
1488				8/1/2012	9/1/2013
1489				5/1/2012	8/1/2013
1490				6/1/2012	8/1/2013
1491				4/1/2013	8/1/2013
1492				10/1/2012	8/1/2013
1493				3/1/2013	8/1/2013
1494				9/1/2012	8/1/2013
1495				9/1/2012	8/1/2013
1496				9/1/2012	8/1/2013
1497				11/1/2012	8/1/2013
1498				11/1/2012	8/1/2013
1499				2/1/2013	8/1/2013
1500				4/1/2013	8/1/2013
1501				4/1/2013	8/1/2013
1502				6/1/2012	8/1/2013
1503				4/1/2013	8/1/2013
1504				12/1/2012	8/1/2013
1505				3/1/2013	8/1/2013
1506				5/1/2013	8/1/2013
1507				9/1/2012	8/1/2013
1508				12/1/2012	8/1/2013
1509				2/1/2013	11/1/2013
1510				11/1/2012	8/1/2013
1511				11/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1512				11/1/2012	8/1/2013
1513				6/1/2012	9/1/2013
1514				6/1/2012	9/1/2013
1515				1/1/2012	8/1/2013
1516				9/1/2012	8/1/2013
1517				12/1/2012	8/1/2013
1518				12/1/2011	8/1/2013
1519				1/1/2007	8/1/2013
1520				10/1/2012	8/1/2013
1521				1/1/2013	8/1/2013
1522				12/1/2011	8/1/2013
1523				4/1/2013	8/1/2013
1524				12/1/2012	8/1/2013
1525				12/1/2012	8/1/2013
1526				12/1/2012	8/1/2013
1527				2/1/2013	8/1/2013
1528				12/1/2012	8/1/2013
1529				11/1/2012	10/1/2013
1530				1/1/2013	8/1/2013
1531				1/1/2013	8/1/2013
1532				3/1/2013	8/1/2013
1533				11/1/2012	8/1/2013
1534				6/1/2012	8/1/2013
1535				12/1/2012	8/1/2013
1536				5/1/2013	8/1/2013
1537				5/1/2013	8/1/2013
1538				12/1/2012	8/1/2013
1539				12/1/2012	8/1/2013
1540				2/1/2012	8/1/2013
1541				3/1/2013	8/1/2013
1542				2/1/2013	8/1/2013
1543				11/1/2011	8/1/2013
1544				11/1/2011	8/1/2013
1545				3/1/2012	8/1/2013
1546				3/1/2013	8/1/2013
1547				2/1/2013	8/1/2013
1548				5/1/2012	8/1/2013
1549				5/1/2013	10/1/2013
1550				3/1/2013	8/1/2013
1551				10/1/2010	8/1/2013
1552				11/1/2012	8/1/2013
1553				10/1/2012	8/1/2013
1554				4/1/2013	8/1/2013
1555				9/1/2012	8/1/2013
1556				9/1/2012	8/1/2013
1557				2/1/2013	8/1/2013
1558				10/1/2012	9/1/2013
1559				3/1/2013	8/1/2013
1560				5/1/2013	8/1/2013
1561				1/1/2013	8/1/2013
1562				7/1/2012	8/1/2013
1563				2/1/2013	8/1/2013
1564				12/1/2012	8/1/2013
1565				4/1/2013	8/1/2013
1566				2/1/2013	8/1/2013
1567				8/1/2011	8/1/2013



Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1568				3/1/2013	10/1/2013
1569				3/1/2013	10/1/2013
1570				12/1/2012	8/1/2013
1571				4/1/2013	8/1/2013
1572				4/1/2013	8/1/2013
1573				5/1/2013	8/1/2013
1574				4/1/2013	8/1/2013
1575				9/1/2012	8/1/2013
1576				4/1/2012	9/1/2013
1577				4/1/2013	8/1/2013
1578				11/1/2012	8/1/2013
1579				4/1/2013	8/1/2013
1580				12/1/2011	8/1/2013
1581				3/1/2013	8/1/2013
1582				3/1/2013	8/1/2013
1583				12/1/2011	8/1/2013
1584				12/1/2012	8/1/2013
1585				5/1/2013	10/1/2013
1586				2/1/2013	8/1/2013
1587				3/1/2013	8/1/2013
1588				8/1/2012	8/1/2013
1589				1/1/2013	8/1/2013
1590				5/1/2013	8/1/2013
1591				4/1/2013	8/1/2013
1592				8/1/2012	8/1/2013
1593				3/1/2013	8/1/2013
1594				10/1/2012	9/1/2013
1595				2/1/2013	8/1/2013
1596				10/1/2011	8/1/2013
1597				1/1/2013	8/1/2013
1598				12/1/2012	9/1/2013
1599				3/1/2013	8/1/2013
1600				3/1/2013	8/1/2013
1601				10/1/2012	8/1/2013
1602				10/1/2012	8/1/2013
1603				4/1/2013	8/1/2013
1604				5/1/2012	8/1/2013
1605				5/1/2012	8/1/2013
1606				4/1/2013	8/1/2013
1607				10/1/2012	8/1/2013
1608				10/1/2012	8/1/2013
1609				9/1/2012	8/1/2013
1610				3/1/2013	8/1/2013
1611				2/1/2013	8/1/2013
1612				7/1/2012	8/1/2013
1613				12/1/2012	8/1/2013
1614				2/1/2012	8/1/2013
1615				1/1/2012	8/1/2013
1616				1/1/2013	8/1/2013
1617				3/1/2013	8/1/2013
1618				5/1/2013	8/1/2013
1619				2/1/2013	8/1/2013
1620				1/1/2013	8/1/2013
1621				10/1/2012	8/1/2013
1622				4/1/2013	8/1/2013
1623				2/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1624				10/1/2012	9/1/2013
1625				2/1/2013	8/1/2013
1626				1/1/2013	9/1/2013
1627				4/1/2013	8/1/2013
1628				3/1/2013	8/1/2013
1629				7/1/2012	8/1/2013
1630				3/1/2013	8/1/2013
1631				3/1/2013	8/1/2013
1632				3/1/2013	8/1/2013
1633				3/1/2013	8/1/2013
1634				2/1/2013	8/1/2013
1635				2/1/2013	8/1/2013
1636				5/1/2013	8/1/2013
1637				12/1/2012	8/1/2013
1638				1/1/2013	8/1/2013
1639				2/1/2013	10/1/2013
1640				12/1/2012	8/1/2013
1641				4/1/2012	8/1/2013
1642				4/1/2012	8/1/2013
1643				5/1/2013	10/1/2013
1644				1/1/2013	8/1/2013
1645				2/1/2013	8/1/2013
1646				5/1/2013	8/1/2013
1647				4/1/2013	8/1/2013
1648				4/1/2013	8/1/2013
1649				11/1/2012	8/1/2013
1650				9/1/2012	8/1/2013
1651				7/1/2008	8/1/2013
1652				2/1/2012	8/1/2013
1653				2/1/2013	8/1/2013
1654				4/1/2013	8/1/2013
1655				10/1/2012	8/1/2013
1656				11/1/2012	8/1/2013
1657				2/1/2012	8/1/2013
1658				2/1/2013	8/1/2013
1659				7/1/2011	8/1/2013
1660				5/1/2013	8/1/2013
1661				2/1/2013	8/1/2013
1662				4/1/2013	8/1/2013
1663				3/1/2013	10/1/2013
1664				11/1/2012	8/1/2013
1665				5/1/2013	10/1/2013
1666				1/1/2013	8/1/2013
1667				12/1/2012	8/1/2013
1668				4/1/2013	8/1/2013
1669				3/1/2013	9/1/2013
1670				4/1/2013	8/1/2013
1671				4/1/2013	9/1/2013
1672				11/1/2011	8/1/2013
1673				10/1/2011	8/1/2013
1674				3/1/2013	8/1/2013
1675				2/1/2013	8/1/2013
1676				12/1/2012	8/1/2013
1677				5/1/2013	8/1/2013
1678				3/1/2013	8/1/2013
1679				12/1/2012	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1680				1/1/2013	8/1/2013
1681				6/1/2013	8/1/2013
1682				5/1/2013	8/1/2013
1683				4/1/2013	8/1/2013
1684				3/1/2013	8/1/2013
1685				2/1/2012	8/1/2013
1686				2/1/2013	8/1/2013
1687				5/1/2013	8/1/2013
1688				4/1/2013	8/1/2013
1689				3/1/2013	11/1/2013
1690				4/1/2013	8/1/2013
1691				1/1/2013	8/1/2013
1692				2/1/2013	8/1/2013
1693				4/1/2013	8/1/2013
1694				5/1/2013	9/1/2013
1695				3/1/2013	8/1/2013
1696				3/1/2013	8/1/2013
1697				2/1/2013	8/1/2013
1698				12/1/2012	8/1/2013
1699				2/1/2013	8/1/2013
1700				12/1/2012	8/1/2013
1701				3/1/2013	10/1/2013
1702				4/1/2013	8/1/2013
1703				12/1/2012	8/1/2013
1704				1/1/2013	8/1/2013
1705				3/1/2011	8/1/2013
1706				4/1/2013	8/1/2013
1707				5/1/2013	8/1/2013
1708				2/1/2013	9/1/2013
1709				12/1/2011	8/1/2013
1710				4/1/2013	8/1/2013
1711				3/1/2013	8/1/2013
1712				10/1/2012	8/1/2013
1713				4/1/2013	8/1/2013
1714				4/1/2013	8/1/2013
1715				5/1/2013	8/1/2013
1716				4/1/2013	8/1/2013
1717				4/1/2013	8/1/2013
1718				2/1/2012	8/1/2013
1719				3/1/2013	8/1/2013
1720				2/1/2013	8/1/2013
1721				8/1/2012	8/1/2013
1722				2/1/2013	8/1/2013
1723				4/1/2013	8/1/2013
1724				3/1/2013	8/1/2013
1725				11/1/2012	8/1/2013
1726				5/1/2013	8/1/2013
1727				2/1/2013	8/1/2013
1728				12/1/2012	8/1/2013
1729				6/1/2011	8/1/2013
1730				4/1/2013	8/1/2013
1731				5/1/2013	8/1/2013
1732				4/1/2013	8/1/2013
1733				8/1/2012	8/1/2013
1734				5/1/2013	8/1/2013
1735				4/1/2013	8/1/2013

Member Identification Number	Medicaid Number	Last Name	First Name	Enrollment Date	DE Effective Date
1736				3/1/2013	8/1/2013
1737				11/1/2012	8/1/2013
1738				4/1/2013	8/1/2013
1739				4/1/2013	8/1/2013
1740				2/1/2010	8/1/2013