



QA REPORT

TO: Bradley A. Hedges, Ph.D.
Executive Director

FROM: Shawna Watts-Shumaker, MBA
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities for September 2005
Chart Reviews for July 2005

SUBMITTED: November 29, 2005

I: MAJOR UNUSUAL INCIDENTS

There were no major unusual incidents for the month of September.

II: TRANSFERS FROM STATE HOSPITALS

There was one release from a state hospital in September. Client #020610C3 was admitted to Twin Valley in July 2003 and discharged on 09/27/2005. Joe Dunson saw the client on 09/27/2005. The extended stay was due to forensic case involvement.

There was one client released from community hospitalization in September. Client #02102204 was admitted to Mt. Carmel on 9/13/2005 and discharged on 9/15/2005. Bonnie Daniels saw the client on 9/21/2005.

III: PLANT/PHYSICAL HEALTH AND SAFETY

During the month of September the local fire department conducted the annual review of the agency buildings. During this review, it was found that the portable fire extinguishers in the agency were due to be inspected. The inspection occurred on October 4th and the fire inspector re-inspected on October 7th and noted the correction. The fire inspector noted no other findings.

There were no other health and safety issues.



IV: RECORDS COMPLETENESS REVIEW (July)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Chris Ray's Team			
Dr. Chris Ray	100	NO	NO
Bonnie Daniels	97	NO	YES
Rick Gehlbach	99	NO	NO
Chris Johnson	98	NO	NO
Tricia Ostrander	100	NO	NO
Team Score	99		
Robin Rippeth's Team			
Dr. Robin Rippeth	100	NO	YES
Steve Ford	98	NO	YES
Mike Selegue	98	NO	NO
Heather Stevens	98	NO	YES
Paula Moreland	99	NO	YES
Karis Mason	98	NO	NO
Misty Coleman*	89	NO	YES
Jessica Mitchell	97	NO	YES
Ellen Marshall	95	NO	YES
Kimberly Rugg	99	NO	YES
Team Score	97		
Scott Craft's Team			
Dr. Scott Craft	97	NO	NO
Joe Dunson	98	NO	YES
A.J. Bierly	97	NO	YES
Amanda Moore	99	NO	YES
Team Score	98		
Brad Hedges' Team			
Dr. Brad Hedges	99	NO	NO
Claire Robitaille	95	NO	YES
Dean Bachelor*	93	NO	NO
Team Score	99		
Franklin County Team			
Joni Grim	94	NO	NO
Beth Stutz	100	NO	NO
Team Score	97		

*Denotes that the clinician did not meet the target threshold of 95% compliance with the standards.

Ninety-two percent of the clinicians met the 95% threshold for the record review.

Reasons that clinicians did not meet the threshold and the percentage of records reviewed are as follows:

- Twenty-five percent of the records reviewed were missing a copy of the current medical card.
- Fifty-four percent of the records reviewed were missing forms or had incomplete forms in the chart.

- Signatures were missing on some forms in the chart for 21% of the clinicians.
- In forty-two percent of the records reviewed there was at least one session recorded that did not match the billing record.
- Twenty-one percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Eight percent of the records reviewed did not have a reviewed health assessment.
- Twenty-nine percent of clinicians were missing case notes for billed services.

V: PEER REVIEW (July)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Chris Ray's Team			
Dr. Chris Ray	98	NO	NO
Bonnie Daniels	97	NO	YES
Rick Gehlbach	99	NO	NO
Chris Johnson	90	NO	NO
Tricia Ostrander	100	NO	NO
Team Score	97		
Robin Rippeth's Team			
Dr. Robin Rippeth	98	NO	YES
Steve Ford	94	NO	YES
Mike Selegue*	87	NO	NO
Heather Stevens	97	NO	YES
Paula Moreland	100	NO	YES
Karis Mason	95	NO	NO
Misty Coleman	93	NO	YES
Jessica Mitchell	99	NO	YES
Ellen Marshall	92	NO	YES
Kimberly Rugg	100	NO	YES
Team Score	96		
Scott Craft's Team			
Dr. Scott Craft	97	NO	NO
Joe Dunson	97	NO	YES
A.J. Bierly	96	NO	YES
Amanda Moore	98	NO	YES
Team Score	97		
Brad Hedges' Team			
Dr. Brad Hedges	97	NO	NO
Claire Robitaille	97	NO	YES
Dean Bachelor	95	NO	NO
Team Score	96		
Franklin County Team			
Joni Grim	100	NO	NO
Beth Stutz	100	NO	NO
Team Score	100		

*Denotes that the clinician did not meet the target threshold of 90% compliance with the standards.

Ninety-six percent of the clinicians met the 90% threshold for peer review.

- Twenty-nine percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Fifty percent of the records were not maintained consistently in that case notes were not completed and not billed for. Also, the client, clinician, and the supervisor have not signed the progress note or other necessary documentation.

VI: UTILIZATION REVIEW (September)

Clinician	Number of Clients Assigned	Number of Clients Seen	Average Number of Contacts Per Client Seen
Dean Bachelor	36	12	2.75
A.J. Bierly	46	33	3.36
Misty Coleman	64	35	2.45
Dr. Scott Craft	81	25	2.36
Bonnie Daniels	60	30	1.66
Joe Dunson	25	23	4.78
Steve Ford	72	40	1.67
Rick Gehlbach	55	41	1.73
Dr. Joni Grim	84	25	3.64
Dr. Brad Hedges	67	14	1.14
Chris Johnson	92	39	1.89
Ellen Marshall	112	30	1.73
Karis Mason	69	35	1.62
Jessica Mitchell	28	35	1.80
Amanda Moore	45	32	3.96
Paula Moreland	75	41	2.43
Tricia Ostrander	74	34	1.76
Dr. Chris Ray	34	27	1.51
Dr. Robin Rippeth	24	14	1.71
Claire Robitaille	42	33	2.09
Kimberly Rugg	51	51	2.50
Mike Selegue	91	62	1.40
Average	61	32	2.27

The No Show rate for September was 14%. When considering both the no show rate and the cancellation rate, this figure is 30%.

VII: AOD UTILIZATION REVIEW

There are currently no AOD groups active within the agency. AOD clients continue to be seen on an individual basis outside of the AOD program. We are in the process of re-developing the AOD program.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of September 2005.

IX: PROFESSIONAL STAFF ORGANIZATION

The clinical staff maintains current licensure requirements.

Mid-Ohio Psychological Services has been approved as a CEU provider by the Ohio Psychological Association (#311358292) and the Ohio Counselor, Social Worker & Marriage and Family Therapy Board (RCS060502). The second agency sponsored training was held on 9/23/2005 entitled Kid’s Diagnosis Seminar by Dr. Robin Rippeth and Dr. Joni Grim.

Clinician	Workshop Name	Dates Attended	# of CEU’s
Misty Coleman	Kid’s Diagnosis Seminar	9/23/2005	6
Claire Robitaille	Kid’s Diagnosis Seminar	9/23/2005	6
Chris Ray	Kid’s Diagnosis Seminar	9/23/2005	6
Robin Rippeth	Kid’s Diagnosis Seminar	9/23/2005	6
Karis Mason	Kid’s Diagnosis Seminar	9/23/2005	6
Mike Selegue	Kid’s Diagnosis Seminar	9/23/2005	6
Ellen Marshall	NASW Conference	9/22-9/23/2005	
Joni Grim	Kid’s Diagnosis Seminar	9/23/2005	6
Tricia Ostrander	Kid’s Diagnosis Seminar	9/23/2005	6
Joe Dunson	Kid’s Diagnosis Seminar	9/23/2005	6
Amanda Moore	Kid’s Diagnosis Seminar	9/23/2005	6
Kimberly Rugg	Kid’s Diagnosis Seminar	9/23/2005	6

The Kid’s Diagnosis Seminar was also attended by 12 individuals from outside the agency.

Dr. Scott Craft and Dr. Bradley Hedges presented two trainings to the local MRDD system on Understanding Mental Illness in the MRDD Population.

X: REVIEW OF WAITING LIST

There were a total of 90 new clients seen in the month of September. Sixty-two percent of these new clients were from Fairfield County. The total number of clients seen in the month of September was 711.

It has been discovered that there was an error in previously identifying the number of new clients to the agency. A report has been written that corrects this error and a chart titled “Revised New Client Chart” is attached correcting the information since January of 2005. The error was created by how the New Client report counted clients, the report counted each time a first-time client was seen during their first month of service, causing the number reported to be inflated.

The average time between phone intake and completion of intakes for new clients was 60 days.

XI: REVIEW OF SERVICES UNDER CONTRACT

Currently no services are provided under contract to this agency.

XII: FOCUSED REVIEW AREA

The focused area of review for September was to conduct an evaluation of one service area within the agency; the committee chose to review psychiatric services.

A random sample of 30 clients was taken from the active client list. Of the 30 clients sampled, 14 clients were adults and 16 clients were adolescents. From this sample client charts were reviewed to collect information from the ISP on client diagnosis and GAF scores. Client case notes and email communications were reviewed to collect data on medications call-ins and communication between the assigned therapist and Dr. Snyder. Medication summary forms were reviewed to obtain a current list of medications. Lastly, incoming mail and case notes were reviewed to obtain any psychiatric hospitalization information from the year being reviewed.

Who is referring clients for medication/somatic services?

A review of appropriate referral sources showed that 20% of clients were referred for medications services by a hospital or other medical doctor. Thirteen percent of psychiatric clients were referred by another mental health facility. Job and Family Services referred Thirty-three percent of the clients. The assigned therapist from MOPS referred six percent of clients from this agency. In total seventy-two percent of client charts documented an appropriate referral source for medication management, of the remaining twenty-eight percent, fifteen percent listed no referrals source, and thirteen percent listed a parent or guardian with no explanation of the reason. This is an area where improved documentation should be reviewed with clinical staff.

How many cases are we providing medication/somatic services to?

Dr. Snyder has provided medication management services for 562 clients since he began with the agency in April of 2002, included in this number are his 377 active clients which account for 5.8% of all active agency clients. Dr. Snyder completed approximately 6,314 session during the calendar year, averaging 121 sessions a week and 61 sessions a day.

Does the recorded diagnosis support medications?

Dr. Snyder conducted a blind review of the diagnosis information and the assigned medications for each client in this sample; he was not provided name or any other identifying information. His review indicated that in 20% of the cases at least one medication prescribed needed to be reviewed based on the client's recorded current diagnosis. Dr. Snyder circled the medication that needed to be reviewed for each client.

At the completion of this study, complete information will be provided to Dr. Snyder in order to facilitate reviewing the client cases to make changes in prescribed medications or updating of the recorded current diagnosis based on the treatment being provided.

How frequently are patients seen?

Clients are seen a minimum of every 60 days by their assigned therapist and every 30 to 60 days unless problems are experienced such as side affects or medications being ineffective by Dr. Snyder.

Are we providing adequate client services?

Thirty seven percent of the client's sampled engaged in a diagnostic assessment during the review period. Contacts for the entire sample population occurred with the following breakdown: clients were seen an average of 10 times for individual therapy, 5 times for medication services, and 14 times for case management during the review period of one year. During this same period the clients missed an average of 5 scheduled appointments, meaning they either did not call to cancel the appointment or did not give the appropriate 24-hours notice. The clients cancelled an average of 6 scheduled appointments, for a total of eleven failed contacts in the year's review period.

Have hospitalizations decreased/increased/or stable?

The review of hospitalizations within the sample indicate that six percent of the clients in the sample where hospitalized in the current and prior year. Of the two clients who were hospitalized in the current year, one was hospitalized before receiving medications services with the agency, but after seeing a therapist for two months. The second client was hospitalized after becoming destabilized due to life stressors. Medication services were provided within seven days of the client's discharge from the hospital.

Does the agency receive a high number of medication call-in requests?

This sample indicates that over the course of a year, 16 percent of clients required medication to be called in. "Call-ins" may be requested when a client is unable to attend an appointment with Dr. Snyder due to illness or transportation issues, and on rare occasions it is due to Dr. Snyder canceling a session or a scheduling error by staff resulting in the client not having enough medication to make it to the next available appointment. There did not appear to be any "call-in requests" that could not be completed within this population due to the patients not attending scheduled appointments, or the medication being a controlled substance that cannot be filled by a pharmacy using a verbal request.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

There was no response to last month's focused review.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were no client rights or grievance issues for September 2005.

cc: Fairfield County Mental Health and Recovery Services Board
 MOPS Board of Directors
 MOPS Staff
 QA Minutes Logbook

Agency Service Budget Month of September 2005

	Service Provided for Month		Budgeted for Month		Fiscal Y-T-D Provided		Fiscal Y-T-D Budgeted		Variance between Budgeted and Provided Y-T-D	
	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid
Diagnostic/Assessment	211	91	200	83	559	285	600	249		
	\$27,402	\$11,881	\$25,998	\$10,789	\$72,651	\$37,034	\$77,994	\$32,368	(\$5,343)	\$4,667
Individual Counseling	856	550	962	510	2,684	1,665	2,886	1,530		
	\$77,004	\$49,464	\$86,580	\$45,900	\$241,542	\$149,859	\$259,740	\$137,700	(\$18,198)	\$12,159
Individual CSP	201	217	302	208	656	639	906	624		
	\$17,115	\$18,497	\$25,767	\$17,747	\$55,936	\$54,519	\$77,300	\$53,240	(\$21,364)	\$1,280
Group CSP	0	0	0	0	0	0	0	0		
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Group	188	34	208	26	605	103	624	78		
	\$7,430	\$1,323	\$8,212	\$1,026	\$23,874	\$4,059	\$24,636	\$3,079	(\$762)	\$979
Medication	54	38	53	34	161	115	159	102		
	\$11,345	\$7,929	\$11,176	\$7,170	\$33,908	\$24,292	\$33,528	\$21,509	\$380	\$2,783
AOD Assessment	0	0	2	2	0	0	6	6		
	\$0	\$0	\$192	\$192	\$0	\$0	\$577	\$577	(\$577)	(\$577)
AOD Individual	0	0	2	1	0	0	6	3		
	\$0	\$0	\$131	\$87	\$0	\$0	\$523	\$262	(\$523)	(\$262)
AOD Group	0	0	12	6	0	0	36	18		
	\$0	\$0	\$457	\$228	\$0	\$0	\$1,371	\$685	(\$1,371)	(\$685)
Court Diversion	196	0	196	0	588	0	588	0		
	\$6,860	\$0	\$6,860	\$0	\$20,580	\$0	\$20,580	\$0	\$0	\$0
Forensic Evaluations	0	0	2	0	0	0	6	0		
	\$0	\$0	\$1,000	\$0	\$0	\$0	\$3,000	\$0	(\$3,000)	\$0
Other	0	0	8	0	0	0	24	0		
	\$0	\$0	\$280	\$0	\$0	\$0	\$840	\$0	(\$840)	\$0
Sum \$	\$147,156	\$89,094	\$165,373	\$83,140	\$448,491	\$269,763	\$496,250	\$249,420	(\$47,759)	\$20,343

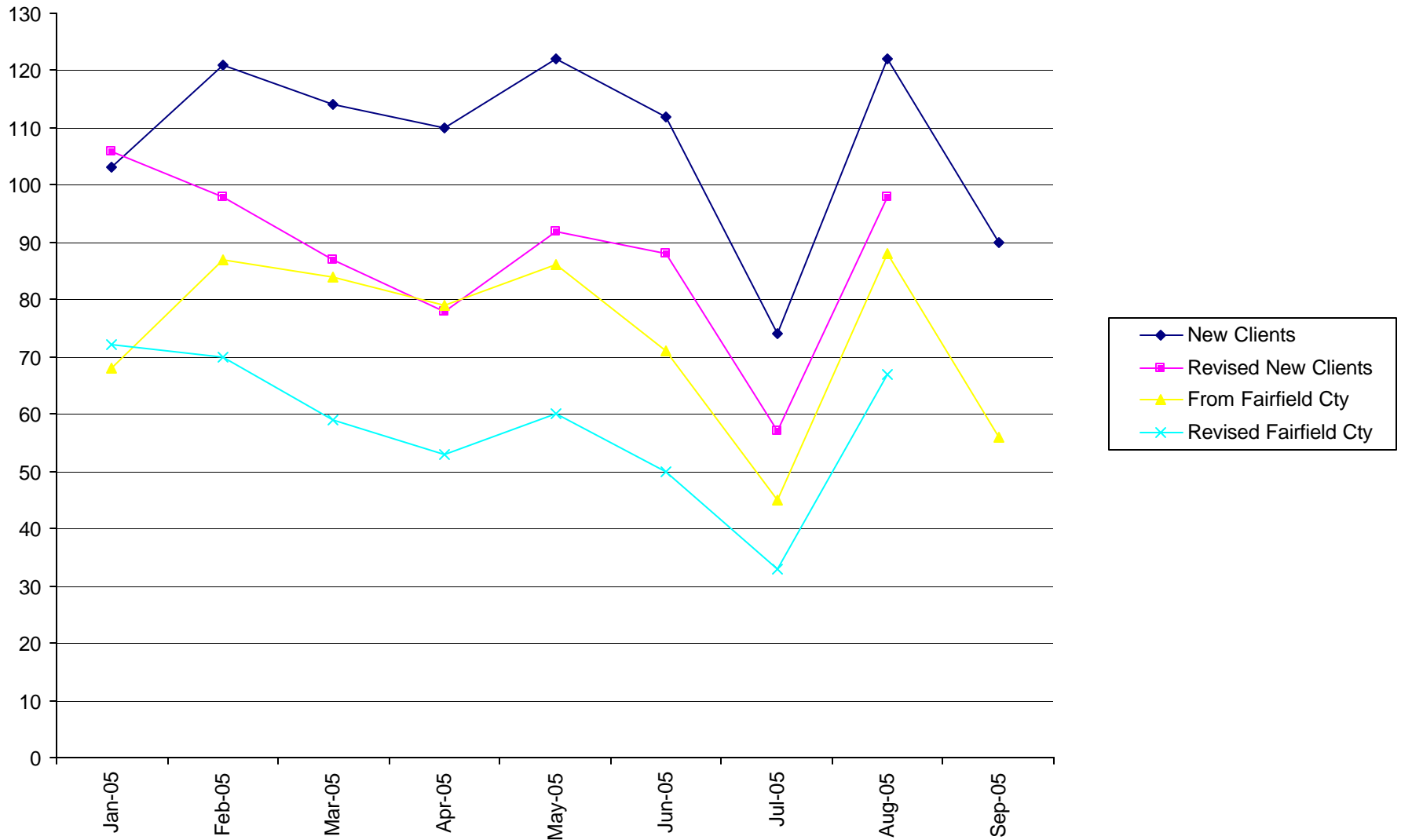
* () figures indicate that MOPS provided fewer services in this category than budgeted.

61% Percent of Services for Fairfield County

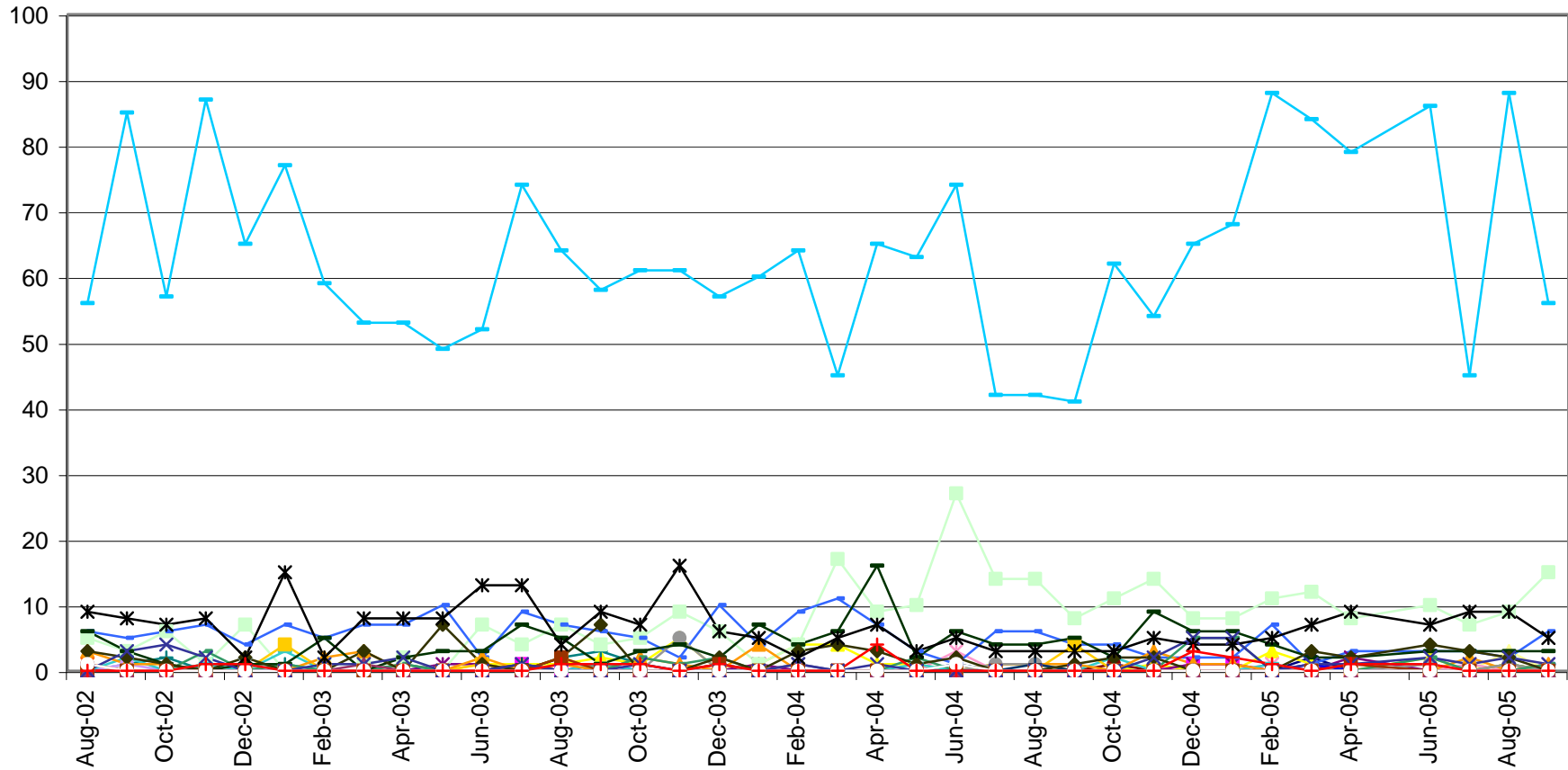
9.63% Percent Below Overall MOPS Budget

8.16% Percent Over Fairfield County Medicaid

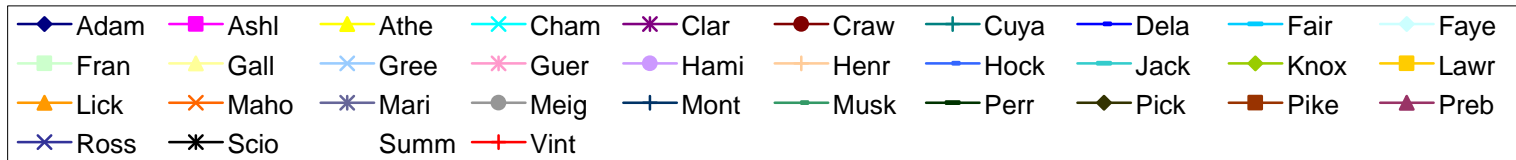
Revised New Client Chart



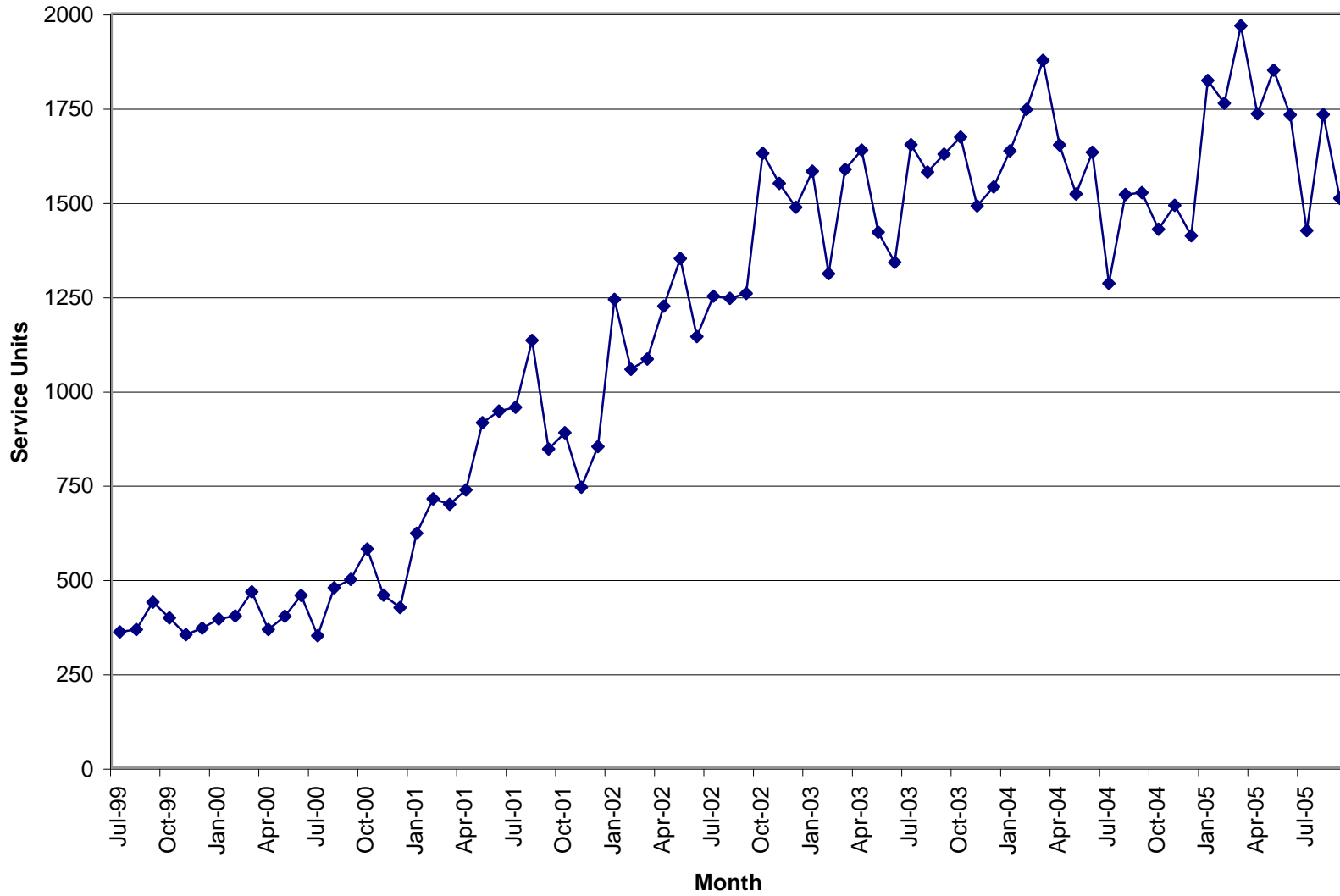
Number of Intakes by County



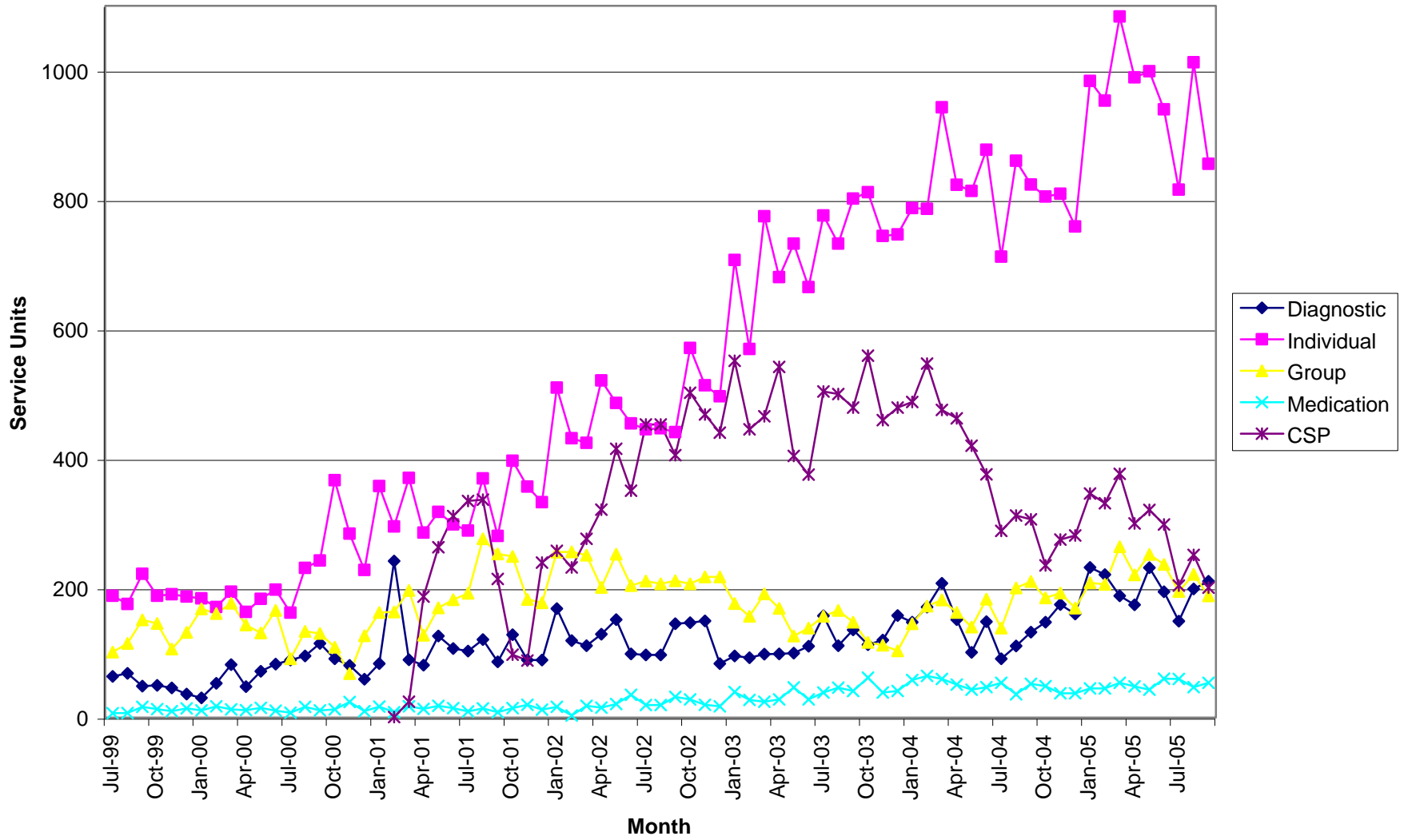
Prior to 9/05 the numbers reported were somewhat inflated due to a report issue that has been corrected.



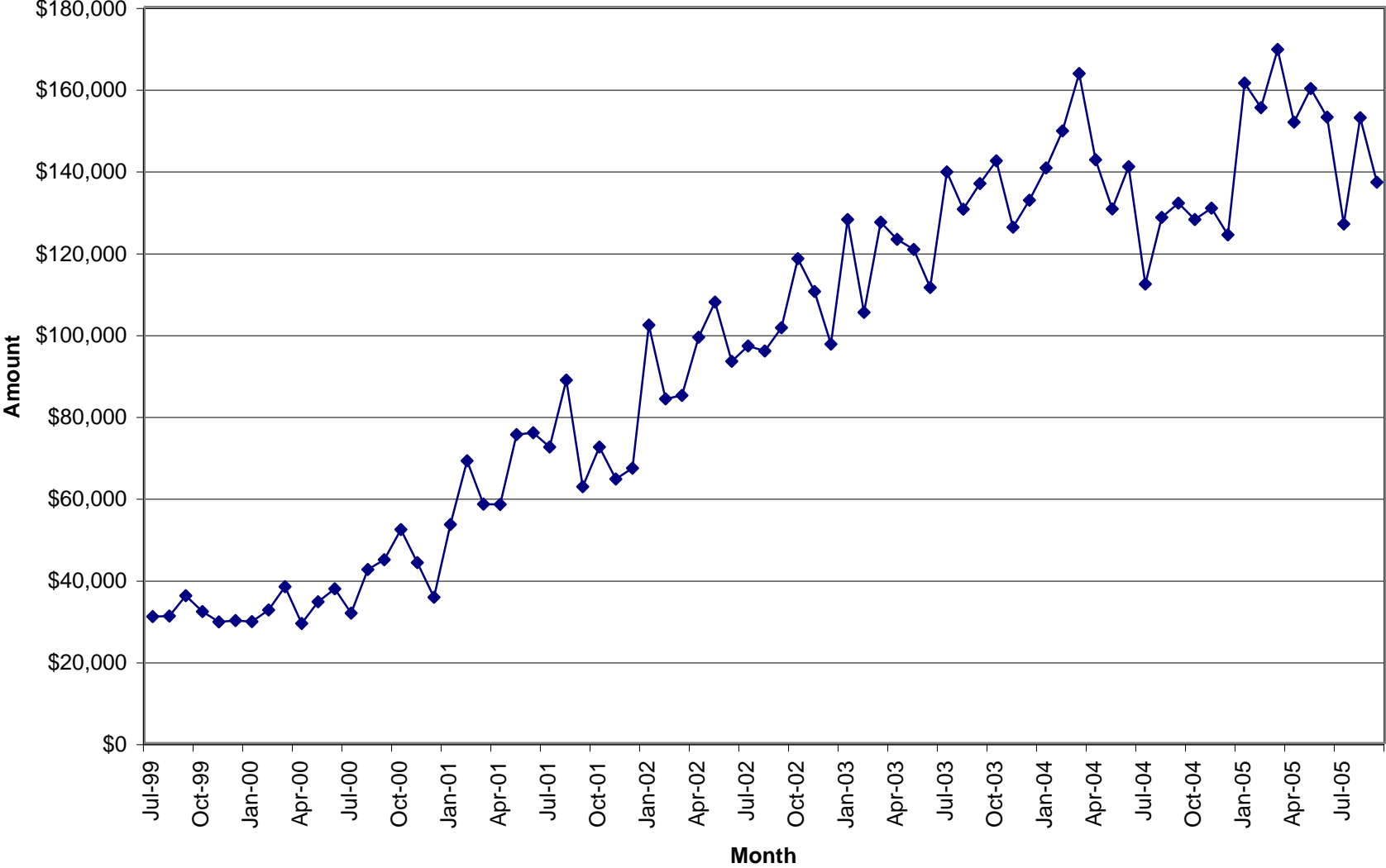
Total Units of Service



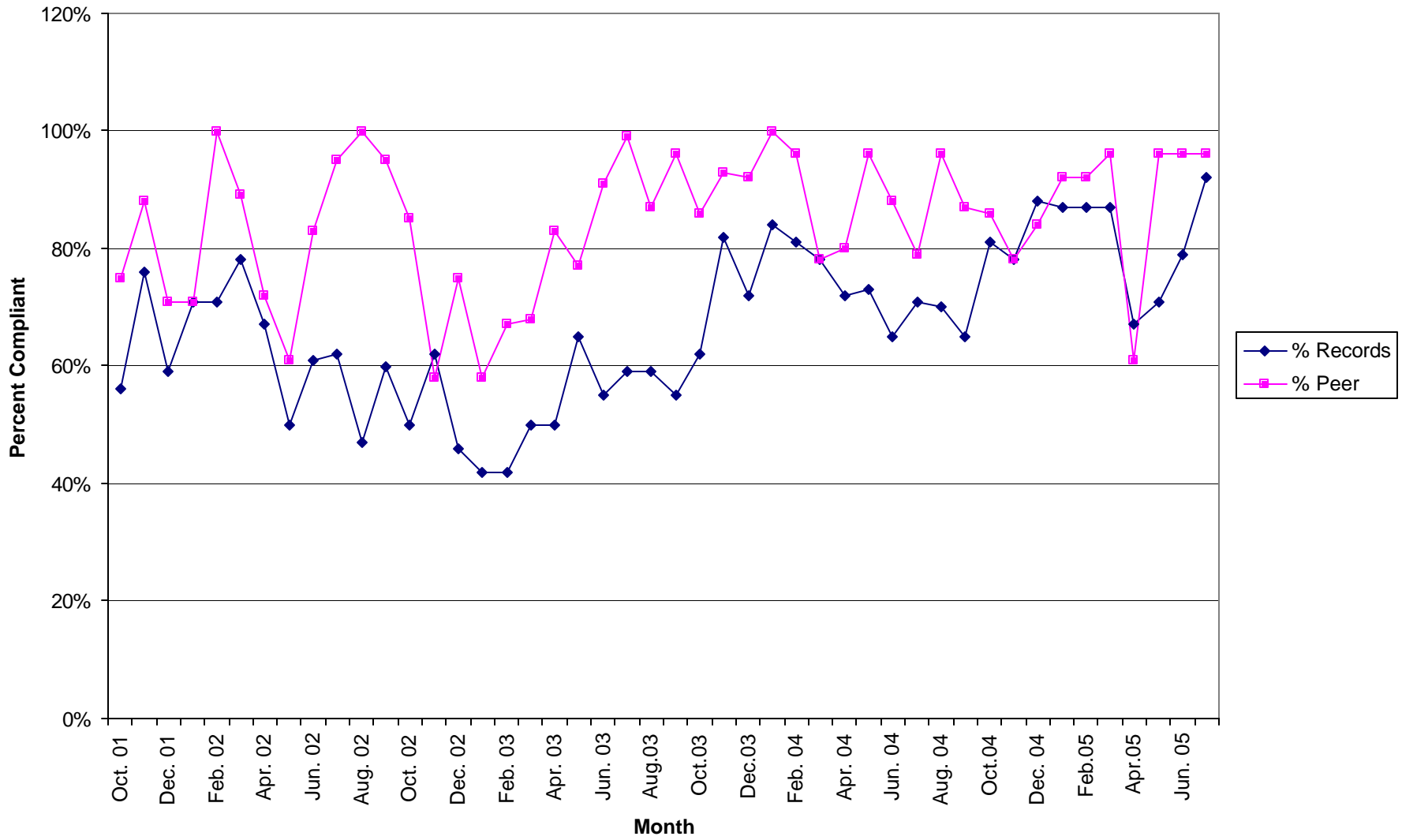
Units of Service



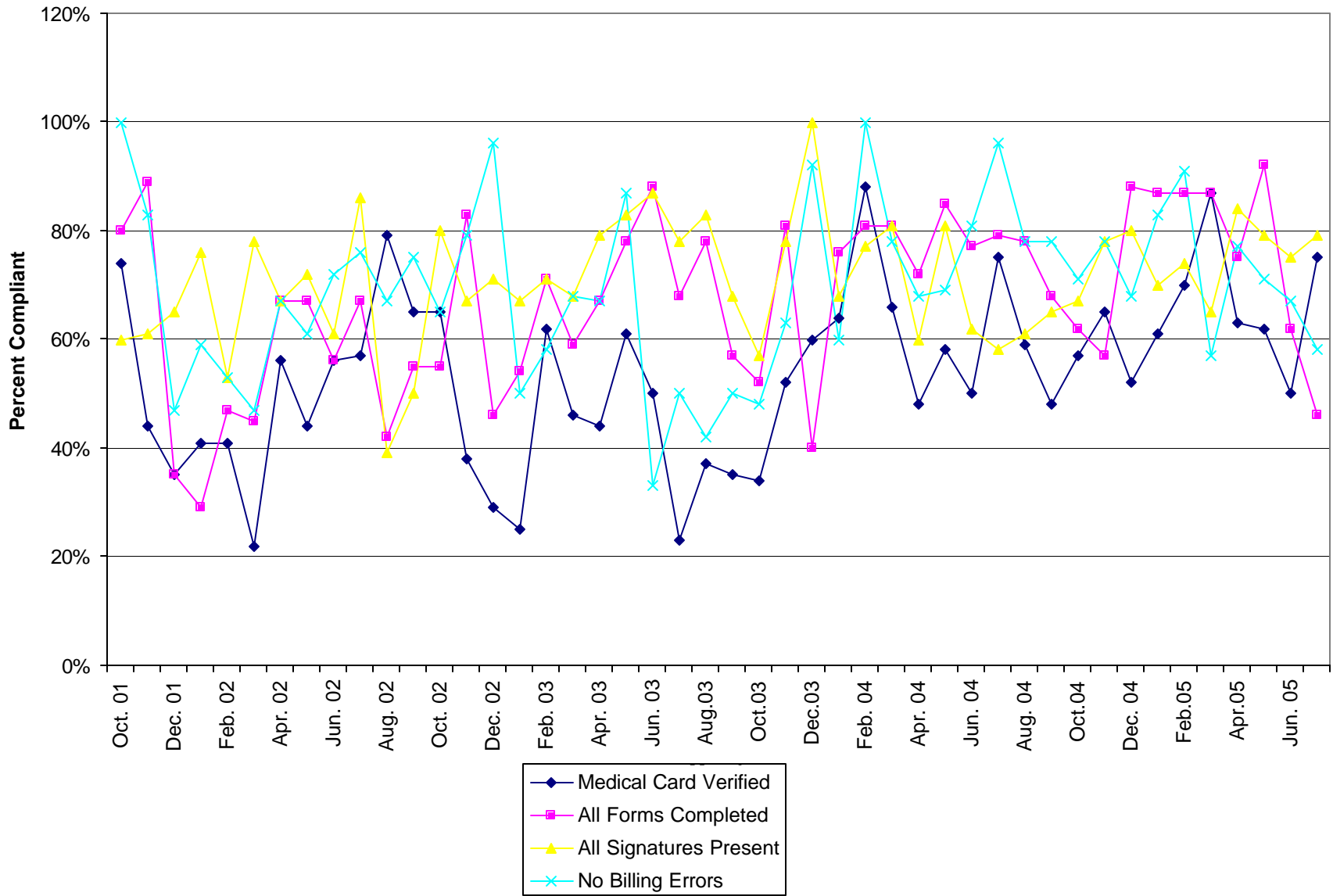
Total Units \$



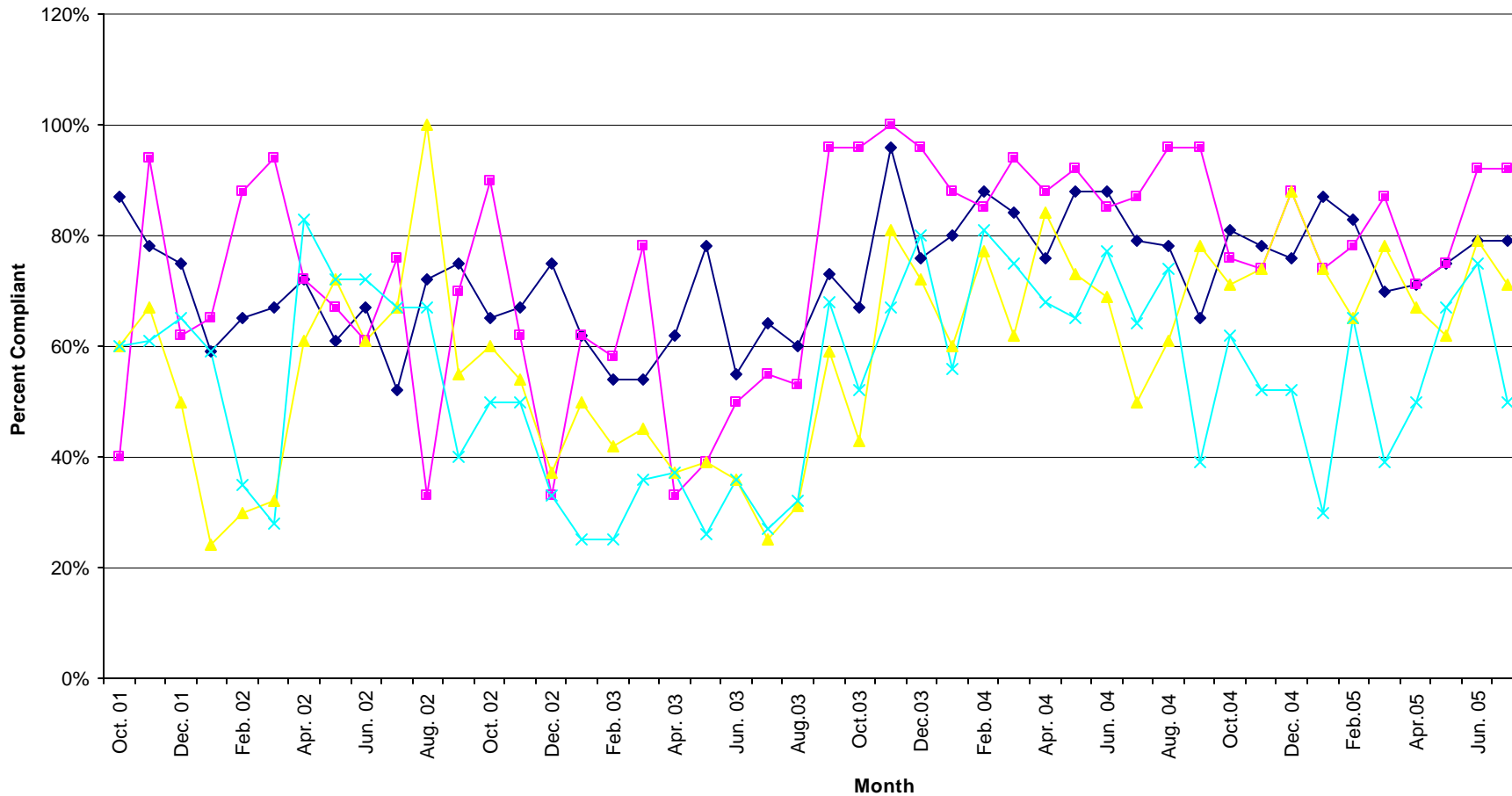
Compliance Review



Selected Record Review Issues



Selected Record Review Issues



- ◆ ISP Completed and Updated
- Health Assessment Completed and Reviewed
- ▲ All Notes Present
- × Record Maintained Consistently

**Unit Production & Scheduling Proficiency by Clinician
Mid Ohio Psychological Services**

September 2005

	Cancellations	Missed	Diagnostics	Evaluations	AOD Assessments	Individual	Group	Community Support	Medication	Other Units	Total Units	Billable Units	Units Billed+ Missed	Schedule Proficiency	% Canceled	% Missed	Lost Units due to C & M	% of Total Billable Units
Unit Rate			129.99	129.99	96.24	90	39.48	65	195	35								
Dean Bachelor	6	21	0.00	0.00	0.00	10.80	18.00	0.00	0.0		55.80	28.80	49.80	58%	11%	38%	48%	2%
A. J. Bierly*	0	0	0.00	0.00	0.00	0.00	0.00	74.80	0.0		74.80	74.80	74.80	100%	0%	0%	0%	4%
Misty Coleman	29	26	12.00	0.00	0.00	43.40	50.50	2.00	0.0		162.90	107.90	133.90	66%	18%	16%	34%	6%
Scott Craft	10	27	1.00	1.80	0.00	29.80	39.60	1.80	0.0	100.0	211.00	174.00	201.00	82%	5%	13%	18%	10%
Bonnie Daniels	35	17	3.50	0.00	0.00	45.90	0.00	1.60	0.0		103.00	51.00	68.00	50%	34%	17%	50%	3%
Joe Dunson *	0	0	0.00	0.00	0.00	0.00	0.00	2.40	0.0	59.3	61.70	61.70	61.70	100%	0%	0%	0%	4%
Steve Ford	29	22	9.50	0.00	0.00	61.70	0.00	0.00	0.0		122.20	71.20	93.20	58%	24%	18%	42%	4%
Rick Gehlbach	7	25	13.90	6.80	0.00	53.70	0.00	0.80	0.0		107.20	75.20	100.20	70%	7%	23%	30%	5%
Joni Grim	6	19	4.00	0.00	0.00	33.90	63.60	5.00	0.0		131.50	106.50	125.50	81%	5%	14%	19%	6%
Brad Hedges	6	3	1.00	28.90	0.00	5.30	0.00	0.00	0.0		44.20	35.20	38.20	80%	14%	7%	20%	2%
Chris Johnson	30	13	10.00	0.00	0.00	58.60	0.00	6.30	0.0		117.90	74.90	87.90	64%	25%	11%	36%	4%
Ellen Marshall	41	21	10.60	0.00	0.00	43.70	0.00	1.20	0.0		117.50	55.50	76.50	47%	35%	18%	53%	3%
Karis Mason	27	22	2.00	13.80	0.00	44.10	6.00	0.50	0.0		115.40	66.40	88.40	58%	23%	19%	42%	4%
Jessica Mitchell	23	18	0.00	0.00	0.00	50.80	10.50	1.00	0.0		103.30	62.30	80.30	60%	22%	17%	40%	4%
Amanda Moore*	0	0	0.00	0.00	0.00	8.00	0.00	87.20	0.0		95.20	95.20	95.20	100%	0%	0%	0%	6%
Paula Moreland	7	19	10.50	0.00	0.00	61.00	0.00	8.00	0.0		105.50	79.50	98.50	75%	7%	18%	25%	5%
Tricia Ostrander	15	21	20.00	0.00	0.00	45.20	0.00	1.90	0.0		103.10	67.10	88.10	65%	15%	20%	35%	4%
Chris Ray	21	22	8.70	3.70	0.00	30.60	0.00	0.50	0.0		86.50	43.50	65.50	50%	24%	25%	50%	3%
Robin Rippeth	2	6	8.70	10.10	0.00	9.70	0.00	1.50	0.0		38.00	30.00	36.00	0%	0%	0%	0%	2%
Claire Robitaille	33	11	2.00	0.00	0.00	66.40	0.00	0.00	0.0		112.40	68.40	79.40	61%	29%	10%	39%	4%
Kimberly Rugg	12	19	14.50	0.00	0.00	79.20	0.00	4.10	0.0		128.80	97.80	116.80	76%	9%	15%	24%	6%
Mike Selegue	39	36	13.80	0.00	0.00	73.80	0.00	0.00	0.0		162.60	87.60	123.60	54%	24%	22%	46%	5%
Charles Snyder	120	62	0.00	0.00	0.00	0.00	0.00	0.00	53.8		235.80	53.80	115.80	23%	51%	26%	77%	3%
Heather Stevens	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.0		0.00	0.00	0.00	0%	0%	0%	0%	0%
Sum Totals	498	430	145.70	65.10	0.00	855.60	188.20	200.60	53.8	159.3	2596.30	1668.30	2098.30					
Average														62%	16%	14%	30%	4%

* These clinicians do not have a daily scheduler therefore their totals are not reported in the missed or cancelled sessions.

% of Agency \$ Billed by Clinician

September	2005		Weighted							
	DA	EVAL	AOD	IND	Group	CSP	MED	Other	Tot Units	% of Tot
Unit Rate	\$ 129.99	\$ 129.99	\$ 96.24	\$ 90	\$ 39.48	\$ 65	\$ 195	\$ 35		
Dean Bachelor	0.00	0.00	0.00	10.80	18.00	0.00	0.0	0.0		
	\$0	\$0	\$0	\$972	\$711	\$0	\$0	\$0	\$ 1,682.64	1.28%
A.J. Bierly	0.00	0.00	0.00	0.00	0.00	74.80	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,862.00	\$0.00	\$0.00	\$ 4,862.00	3.69%
Misty Coleman	12.00	0.00	0.00	43.40	50.50	2.00	0.00	0.00		
	\$1,559.88	\$0.00	\$0.00	\$3,906.00	\$1,993.74	\$130.00	\$0.00	\$0.00	\$ 7,589.62	5.76%
Scott Craft	1.00	1.80	0.00	29.80	39.60	1.80	0.0	100.0		
	\$129.99	\$233.98	\$0.00	\$2,682.00	\$1,563.41	\$117.00	\$0.00	\$3,500.00	\$ 8,226.38	6.25%
Bonnie Daniels	3.50	0.00	0.00	45.90	0.00	1.60	0.00	0.00		
	\$454.97	\$0.00	\$0.00	\$4,131.00	\$0.00	\$104.00	\$0.00	\$0.00	\$ 4,689.97	3.56%
Joe Dunson	0.00	0.00	0.00	0.00	0.00	2.40	0.00	59.30		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156.00	\$0.00	\$2,075.50	\$2,231.50	1.69%
Steve Ford	9.50	0.00	0.00	61.70	0.00	0.00	0.00	0.00		
	\$1,234.91	\$0.00	\$0.00	\$5,553.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 6,787.91	5.16%
Rick Gehlbach	13.90	6.80	0.00	53.70	0.00	0.80	0.00	0.00		
	\$1,806.86	\$883.93	\$0.00	\$4,833.00	\$0.00	\$52.00	\$0.00	\$0.00	\$ 7,575.79	5.75%
Joni Grim	4.00	0.00	0.00	33.90	63.60	5.00	0.00	0.00		
	\$519.96	\$0.00	\$0.00	\$3,051.00	\$2,510.93	\$325.00	\$0.00	\$0.00	\$ 6,406.89	4.87%
Brad Hedges	1.00	28.90	0.00	5.30	0.00	0.00	0.00	0.00		
	\$129.99	\$3,756.71	\$0.00	\$477.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 4,363.70	3.31%
Chris Johnson	10.00	0.00	0.00	58.60	0.00	6.30	0.00	0.00		
	\$1,299.90	\$0.00	\$0.00	\$5,274.00	\$0.00	\$409.50	\$0.00	\$0.00	\$ 6,983.40	5.30%
Ellen Marshall	10.60	0.00	0.00	43.70	0.00	1.20	0.00	0.00		
	\$1,377.89	\$0.00	\$0.00	\$3,933.00	\$0.00	\$78.00	\$0.00	\$0.00	\$5,388.89	4.09%
Karis Mason	2.00	13.80	0.00	44.10	6.00	0.50	0.00	0.00		
	\$259.98	\$1,793.86	\$0.00	\$3,969.00	\$236.88	\$32.50	\$0.00	\$0.00	\$ 6,292.22	4.78%
Jessica Mitchell	0.00	0.00	0.00	50.80	10.50	1.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$4,572.00	\$414.54	\$65.00	\$0.00	\$0.00	\$5,051.54	3.84%
Amanda Moore	0.00	0.00	0.00	8.00	0.00	87.20	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$720.00	\$0.00	\$5,668.00	\$0.00	\$0.00	\$6,388.00	4.85%
Paula Moreland	10.50	0.00	0.00	61.00	0.00	8.00	0.0	0.0		
	\$1,364.90	\$0.00	\$0.00	\$5,490.00	\$0.00	\$520.00	\$0.00	\$0.00	\$ 7,374.90	5.60%
Tricia Ostrander	20.00	0.00	0.00	45.20	0.00	1.90	0.0	0.0		
	\$2,599.80	\$0.00	\$0.00	\$4,068.00	\$0.00	\$123.50	\$0.00	\$0.00	\$ 6,791.30	5.16%
Chris Ray	8.70	3.70	0.00	30.60	0.00	0.50	0.00	0.00		
	\$1,130.91	\$480.96	\$0.00	\$2,754.00	\$0.00	\$32.50	\$0.00	\$0.00	\$ 4,398.38	3.34%
Robin Rippeth	8.70	10.10	0.00	9.70	0.00	1.50	0.00	0.00		
	\$1,130.91	\$1,312.90	\$0.00	\$873.00	\$0.00	\$97.50	\$0.00	\$0.00	\$ 3,414.31	2.59%
Claire Robitaille	2.00	0.00	0.00	66.40	0.00	0.00	0.00	0.00		
	\$259.98	\$0.00	\$0.00	\$5,976.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,235.98	4.74%
Kimberly Rugg	14.50	0.00	0.00	79.20	0.00	4.10	0.00	0.00		
	\$1,884.86	\$0.00	\$0.00	\$7,128.00	\$0.00	\$266.50	\$0.00	\$0.00	\$9,279.36	7.05%
Mike Selegue	13.80	0.00	0.00	73.80	0.00	0.00	0.00	0.00		
	\$1,793.86	\$0.00	\$0.00	\$6,642.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,435.86	6.41%
Charles Snyder	0.00	0.00	0.00	0.00	0.00	0.00	53.80	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,491.00	\$0.00	\$10,491.00	7.97%
Heather Stevens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Sum Totals	\$17,054.69	\$8,462.35	\$0.00	\$69,876.00	\$7,430.14	\$12,772.50	\$10,491.00	\$5,575.50	\$131,662.17	

This chart represents the percentage of the total dollars billed by clinician in September 2005.