

September 25, 2013

VIA FIRST CLASS MAIL AND ELECTRONIC MAIL

The Honorable Bill Haslam Office of the Governor 1st Floor, State Capitol Nashville, TN 37243 E-mail: bill.haslam@tn.gov

RE: Potential Liability for Misuse of Federal Grant Funds

The material provided herein is general information and should not be construed as legal advice. Receipt, review, and action taken independent of this correspondence is neither intended to create, nor does create, an attorney-client relationship between the recipient(s) of this correspondence and/or the Tennessee Office of the Governor, on the one hand, and Cause of Action, on the other. None of the information contained herein constitutes legal advice and must not be construed or substituted for the advice of qualified counsel within the appropriate jurisdiction with whom you may choose to consult regarding these or related matters. \(^1\)

Dear Governor Haslam:

We write on behalf of Cause of Action, a non-profit, nonpartisan government accountability organization that uses investigative, legal and communications tools to educate the public on how government transparency and accountability protect economic opportunity for American taxpayers.

The purpose of this letter is to notify the State of Tennessee, as well as entities, contractors, subgrantees, subrecipients and subcontractors who are utilized in furtherance of federally-facilitated exchanges, regarding potential liabilities that may apply if any of these entities or their agents misuse the taxpayer funds they receive.

¹ Please do not convey to Cause of Action any information you regard as confidential unless and until a formal lawyer-client relationship has been established, as any such information received will not be treated as confidential or privileged. Cause of Action provides this correspondence and the information contained herein solely as a convenience to Tennessee's Office of the Governor, Office of the Attorney General, Office of the Secretary of State, and any other Tennessee government offices or related affiliates.

² This would include any future Federal Grants for Navigators, in-person assisters, certified application counselors, and any Federal funding relating to the System for Electronic Rates and Form Filings (SERFF), Enroll UX2014 program and any application programming interface with the Federal Data Services Hub.

On December 10, 2012, you announced that Tennessee would default to a federally-facilitated exchange.³ In an effort to market and promote the Patient Protection and Affordable Care Act (PPACA), HHS has authorized navigator, assister, application counselor, and other consumer outreach programs (collectively, "Enrollment Assistance Programs") with the stated goal of helping citizens enroll in exchange health plans.⁴ On August 14, 2013, thirteen Attorneys General (AG) sent a letter to HHS Secretary Sebelius identifying the lack of programmatic safeguards necessary to protect consumers' private healthcare data in these Enrollment Assistance Programs.⁵ The AG's letter specifically noted that consumers would "hand over all their individual data to a minimally screened and virtually unaccountable 'counselor'" making consumer privacy a "catch-as-catch-can," and that "without more protections, this is a privacy disaster waiting to happen." These concerns are heightened following a recent report from the HHS Office of Inspector General, which notes that the Centers for Medicare and Medicaid Services (CMS) has missed multiple deadlines for analyzing security risks in the Federal Data Services Hub.⁷

Tennessee received an \$1,000,000 State Planning Grant, and three Level One Establishment Grants totaling \$8,110,165 through the Center for Consumer Information and Insurance Oversight (CCIIO), a subdivision of HHS. The Planning Grant was intended to assist Tennessee with initial planning activities related to implementing a state exchange, including, but not limited to, providing major deliverables such as policy briefs and legal analyses regarding a merger of the small group and individual health insurance markets, and analyzing the state's resources and capabilities regarding program integration and business operations. 10

https://www.oag.state.tx.us/newspubs/releases/2013/Letter_to_HHS_re_Data_Privacy__final_8_14_13_.pdf.
⁶ Id., at 2, 5.

http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/Downloads/exchange_planning_grant_foa.pdf.; see also Tennessee Grants List, supra note 8.

³ Gov. Bill Haslam, Office of the Gov. of Tennessee, Press Release (December 10, 2012), available at https://news.tn.gov/node/10017; see also The Henry J. Kaiser Family Foundation, State Exchange Profiles: Tennessee (Dec. 10, 2012), available at http://kff.org/health-reform/state-profile/state-exchange-profiles-tennessee/. ⁴ 45 C.F.R. § 155.205 (2012) (Consumer assistance tools and programs of an Exchange); 45 C.F.R. § 155.210 (2012) (Navigator program standards).

Letter from Patrick Morrisey, Att'y Gen., State of W. Va., et al, to Kathleen Sebelius, Sec'y, U.S. Dep't of Health & Human Servs. (Aug. 14, 2013) at 2, 5, available at

⁷ Letter from Sen. Mitch McConnell, Ranking Member, U.S. Sen., to Marilyn Tavenner, Adm'r, Ctrs. for Medicare & Medicaid Servs. (Aug. 12, 2013), *available at* http://cnsnews.com/sites/default/files/documents/McConnell%20letter%20to%20CMS.pdf.

⁸ U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, *Tennessee Affordable Insurance Exchange Grants Awards List*, [hereinafter *Tennessee Grants List*], available at http://www.cms.gov/cciio/Resources/Marketplace-Grants/tn.html (last visited Sept. 24, 2013); see also Annie L. Mach and C. Stephen Redhead, Status of Federal Funding for State Implementation of Health Insurance Exchanges, Congressional Research Service (June 19, 2013), at 6, available at http://www.fas.org/sgp/crs/misc/R43066.pdf.

⁹ U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, State Planning & Establishment Grants for the Affordable Care Act's Exchanges (July 29, 2010) [hereinafter State Planning Grant Funding Announcement], available at

¹⁰ See Tennessee Grants List, supra note 8 (receiving \$1,000,000 on Sept. 30, 2010 (Planning); and, \$1,560,220 on Nov. 29, 2011, \$2,249,945 on Feb. 22, 2012 and \$4,300,000 on May 16, 2012 (Level I)).

Tennessee's Level I and II Establishment Grant funding will be utilized to fund the Navigator program, ¹¹ in-person assisters, application counselors and other outreach functions in furtherance of the anticipated October 1, 2013 federally-facilitated exchange start date. ¹² On August 15, 2013, two entities in Tennessee received Navigator Grants from CMS totaling \$1,997,278. ¹³ Entities in Tennessee also received twenty-five awards totaling \$3,166,282 from HHS's Health Resources and Services Administration (HRSA) for health center outreach and enrollment assistance under the PPACA. ¹⁴ In light of these allocated funds provided by HHS, Cause of Action writes to identify potential liability pitfalls Tennessee may face when an individual or entity connected to a federally-facilitated exchange makes fraudulent claims.

Compliance Risks Associated with the Funding Opportunity Terms

Any entity receiving Grant Funds through CCIIO is restricted in its use of the funds. As CCIIO's Funding Opportunity Announcement for State Planning Grants provides, Grant Funds may not be used, for example, toward any other Federal program requirements, to cover certain executive compensation, or to cover costs associated with providing direct services to individuals. States receiving CCIIO Grant Funds are also prohibited from using such funds to improve information technology systems or processes solely related to Medicaid or the Children's Health Insurance Program, or any other state or Federal program's eligibility for such programs. ¹⁶

The State of Tennessee and entities within the state which are awarded Navigator Grants and/or HRSA PPACA Enrollment Grants will also be subject to other Federal restrictions. Neither the Navigator, HRSA Grant Funds nor the State Planning Grant Funds and Establishment Grant Funds may be used to cover pre-award costs, to match other Federal Funds, to carry out services that are the responsibility of the Tennessee federally-facilitated exchange, or to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any Federal, state or local legislature or legislative

¹¹ Under 45 C.F.R. § 155.210, each exchange must establish a Navigator program to assist people with healthcare enrollment. State agencies may serve as Navigators. 45 C.F.R. § 155.210(c).

U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, Cooperative Agreement to Support the Establishment of the Affordable Care Act's Health Insurance Exchanges, 1, 36-37 (Nov. 30, 2012) [hereinafter Establishment Grant Funding Announcement], available at http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/Downloads/amended-spring-2012-establishment-foa.pdf.

¹³ U.S. Dep't of Health & Human Servs., Ctrs. For Medicare & Medicaid Servs., *Navigator Grant Recipients*, 1, 22-23 (Aug. 15, 2013), *available at* http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-8-15-2013.pdf.; *see also* Appendix A.

¹⁴ U.S. Dep't of Health & Human Servs., Health Res. & Servs. Admin., Tennessee: Health Center Outreach & Enrollment Assistance, *available at* http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/tn.html (last visited Sept. 24, 2013); *see also* Appendix A.

¹⁵ State Planning Grant Funding Announcement, supra note 9, at 12, 17; see also Establishment Grant Funding Announcement, supra note 12, at 36-37.

¹⁶ State Planning Grant Funding Announcement, supra note 9, at 12, 17; see also 2 C.F.R. pt. 225 (2013) regarding cost allocations.

body. ¹⁷ The numerous restrictions HHS and CCIIO have placed on the use of Grant Funds may subject Tennessee and its exchange contractors, subcontractors, subgrantees and subrecipients to a significant risk of liability under the False Claims Act, and subject Tennessee to sanctions imposed by the Centers for Medicare and Medicaid Services and/or CCIIO, such as restrictions on the use of funds and/or termination of the awards. ¹⁸ In the event material misrepresentations are made, criminal charges and fines may also be imposed under 18 U.S.C. § 1001 (2012). If HHS fails to specifically articulate applicable privacy and security requirements for monitoring Enrollment Assistance Programs, there may be considerable uncertainty as to who could be liable if an Enrollment Assistance Program harms a consumer. ¹⁹

Compliance with the Byrd Anti-Lobbying Amendment

Section 1352 of Title 31 of the United States Code, the Byrd Anti-Lobbying Amendment, expressly prohibits recipients "of a Federal contract, grant, loan, or cooperative agreement" from using appropriated funds to "influenc[e] or attempt[] to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress" in connection with specified "Federal action[s]." In response to a Senate inquiry concerning HHS Grant Funding under the Centers for Disease Control and Prevention's Communities Putting Prevention to Work program, the U.S. Department of Justice stated "[t]he Department is committed to investigating all credible allegations of illegal lobbying activity, which strikes at the heart of the democratic process." To ensure that contractors, subcontractors, subgrantees, and subrecipients comply with Federal law, Tennessee bears responsibility for preventing any appropriated Federal Funds from being used for any form of lobbying—direct or grassroots—regarding pending legislation. 22

Compliance with OMB Circular A-133's Audit Requirements

Any recipient or subrecipient of \$500,000 or more in Federal awards during a single fiscal year must comply with the audit requirements of the Office of Management and Budget's (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations.*²³

¹⁷ This list is not exhaustive. See also State Planning Grant Funding Announcement, supra note 9, at 12, 17; Establishment Grant Funding Announcement, supra note 12, at 36-37.

¹⁸ U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-13-543, PATIENT PROTECTION AND AFFORDABLE CARE ACT—HHS'S PROCESS FOR AWARDING AND OVERSEEING EXCHANGE AND RATE REVIEW GRANTS TO STATES (May 31, 2013), available at http://www.gao.gov/assets/660/654994.pdf.

¹⁹ See Letter from Patrick Morrisey, supra note 5, at 6.

²⁰ 31 U.S.C. § 1352 (2012).

²¹ Letter from Peter J. Kadzik, Principal Deputy Assistant Att'y Gen., U.S. Dep't of Justice, to Sen. Patrick Leahy, Chairman, S. Comm. on the Judiciary (May 7, 2013), 1, 57, available at http://www.judiciary.senate.gov/resources/transcripts/upload/061212QFRs-Holder.pdf.

²² 18 U.S.C. § 1913 (2012).

The Single Audit Act, as amended, applies to non-Federal governmental units, including subrecipients, which receive Federal awards of \$500,000 or more. See 31 U.S.C. § 7502 (2012); OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, OMB CIRCULAR No. A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS at Subpart B, §§ 200(a), 210(a) (June 26, 2007) [hereinafter OMB CIRCULAR A-133], available at http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133 revised 2007.pdf.

The Federal award recipient(s) must identify all Federal awards it receives and expends, establish and maintain internal controls to ensure it is managing the Federal award programs in compliance with all applicable laws, prepare regular financial statements, ensure audits are conducted at the required intervals, and take corrective action on any audit findings.²⁴ Any Federal award recipient who contracts with a for-profit subrecipient is further responsible for the for-profit subrecipient's compliance.²⁵ Such contract must describe the applicable compliance requirements and the for-profit subrecipient's compliance obligations.²⁶

The Federal award recipient must select an auditor to conduct the audit.²⁷ Upon assessing the Federal award recipient's financial statements, internal controls, and compliance, the auditor will issue a report describing its findings.²⁸ The Federal award recipient is then responsible "for follow-up and corrective action on all audit findings," and must prepare a corrective action plan to address any problems identified by the audit.²⁹ Finally, the Federal award recipient must submit to the OMB's Federal clearinghouse a reporting package that includes its financial statements, schedule of expenditures of Federal awards, corrective action plan, and the auditor's reports.³⁰ Because Tennessee received at least \$500,000 in Grant Funds, it must adhere to these requirements. Failure to comply with OMB Circular A-133 may result in suspension of Federal funding and may affect eligibility for future funding.³¹

Compliance with OMB Circular A-87's Cost Principles

State and local entities that receive Federal funding must allocate their expenditures in accordance with OMB Circular A-87, Costs Principles for State, Local, and Indian Tribal Governments.³² This includes adequately documenting all costs associated with administering the Grant Funds.³³ Recipients must submit a Certificate of Cost Allocation Plan³⁴ and a Certificate of Indirect Costs,³⁵ certifying they are in conformance with this OMB Circular.³⁶ If the recipient submits a false certification, it may be subject for treble damage liability under the False Claims Act. Also, any Federal award recipient that contracts with a commercial organization is subject to the cost principles and procedures of 48 C.F.R. part 31.2. Like OMB Circular A-87, these regulations dictate how a Federal award recipient is allowed to expend

²⁴ OMB CIRCULAR A-133, supra note 23, § 300.

²⁵ *Id.* § 210(e).

²⁶ *Id*.

²⁷ *Id.* §§ 105, 200, 500.

²⁸ *Id.* §§ 500, 505, 510.

²⁹ *Id.* § 315.

³⁰ 31 U.S.C. § 7502(h) (2012); OMB CIRCULAR A-133, *supra* note 23, § 320(d).

^{31 31} U.S.C. §§ 7501 (2012) et seq.

³² OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, OMB CIRCULAR NO. A-87, COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS at 5 (Attachment A, ¶ A(3) (Application)) (May 10, 2004) [hereinafter OMB CIRCULAR A-87], available at http://www.whitehouse.gov/omb/circulars a087 2004.

³³ OMB Circular A-87, *supra* note 32, at 9 (Attachment A, ¶ C(1) (Basic Guidelines)).

³⁴ Id. at 45 (Attachment C).

³⁵ *Id*.at 56 (Attachment E).

³⁶ Id. at 12 (Attachment A).

funds when contracting with a commercial organization. Specifically, any state that has received Federal Grant Funds to establish an exchange may be subject to this regulation if it has contracted with commercial organizations.

Tennessee's federally-facilitated health insurance exchange is not currently subject to this OMB Circular. However, because Tennessee received (and has not returned) Federal Grant Funds under State Planning and Establishment Grants, it may be subject to the cost allocation principles and procedures of 48 C.F.R. part 31.2. Additionally, to the extent Tennessee elects in the future to transition to a state-based exchange, all Federal Funds granted to the state for that purpose will be subject to OMB Circular A-87. Violation of these requirements may subject the State of Tennessee to penalties under 48 C.F.R. § 52.242-3.

False Claims Act, Corporate Governance, and Internal Best Practices

Providing false information to the Federal government is strictly illegal under the Federal False Claims Act. 37 All persons are forbidden from knowingly or willfully falsifying or concealing a material fact, making materially false or fraudulent representations, or using any false writings or documents known to be materially fictitious.³⁸ Federal law similarly bars anyone from knowingly presenting false claims to any Federal government representative.³⁹ The Fraud Enforcement and Recovery Act of 2009 (FERA)⁴⁰ substantively amended the False Claims Act in the following areas: (1) FERA expanded the scope of the False Claims Act in re-defining a "claim"; 41 (2) FERA eliminated the False Claims Act's "presentation" requirements; 42 (3) the False Claims Act's intent requirement was eliminated, such that all that is necessary for liability to attach is that such a statement has a "natural tendency to influence, or is capable of influencing the payment or receipt of money or property."⁴³ The False Claims Act's conspiracy provisions have also been expanded to include conspiracies to violate other provisions of the False Claims Act. 44 The FERA amendments also establish an express "materiality" requirement, 45 as well as "reverse false claims" and overpayment "retention" liability. 46 Additionally, Tennessee's subcontractors may face relator claims under the False Claims Act if the subcontractor misuses Federal Funds. Liability for violations under the False Claims Act starts at \$5,500 per occurrence, plus treble damages.⁴⁷ Tennessee should also evaluate its State False Claims Act law(s), if applicable.

³⁷ 31 U.S.C. §§ 3729- 33 (2012).

³⁸ 18 U.S.C. § 1001 (2012).

³⁹ 18 U.S.C. § 287 (2012).

⁴⁰ Pub. L. 111-21, S. 386, 123 Stat. 1616 (2009).

⁴¹ 31 U.S.C. § 3729(b)(2) (2012).

⁴² Id

⁴³ *Id.* at § 3729(b)(4).

⁴⁴ *Id.* at § 3729(b)(4); §§ 3729(a)(1)(C) and (b)(1-4).

⁴⁵ *Id.* at § 3729(a)(1)(C); see supra, note 43.

⁴⁶ 31 U.S.C. § 3729(a)(7); § 3729(b)(3); 73 Fed. Reg. 67,064, 67,091 (Nov. 12, 2008) (amending 48 C.F.R. § 9-406-2(b)(1)(vi)(C); 42 U.S.C. 1320a-7b(a)(3).

⁴⁷ 31 U.S.C. § 3729(a) (2012).

States must also institute procedures to promote compliance with the financial integrity provisions of section 1313 of the PPACA, including requirements related to accounting, reporting, auditing, cooperating with investigators, and adhering to the False Claims Act. A comprehensive strategy to combat fraud will hedge against False Claims Act liabilities and ensure maximal compliance with other laws and regulations.

Absent a comprehensive strategy to combat fraud as required by PPACA § 1313, Tennessee may face liability of its own and be subject to significant risk of reimbursing subcontractors for unlawful activity who may also face relator claims under the False Claims Act if Federal Funds are misused. Given the significant taxpayer funds involved and the wideranging functions and responsibilities of Tennessee as a federally-facilitated exchange, it is increasingly plausible that health insurers and subcontractors may misrepresent their credentials and that there will be ample opportunity for vigilant whistleblowers to file False Claims Act *qui tam* suits in response.

In conclusion, you may wish to evaluate whether Tennessee, its contractors, subcontractors, subgrantees and subrecipients have the oversight capability to ensure that Federal Funds are used in a transparent, accountable, and legally compliant manner. You must promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, subrecipient, subcontractor or other person or entity has submitted a false claim under the False Claims Act, or has committed a criminal or civil violation pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at http://www.oig.hss.gov/fraud/hotline.

If you have any questions regarding this letter, please contact me at 202-499-4232.

Sincerely,

DANIEL Z. EPSTEIN

EXECUTIVE DIRECTOR

cc: Hon. Patrick Leahy, Chairman, Senate Committee on the Judiciary

Hon. Charles Grassley, Ranking Member, Senate Committee on the Judiciary

Hon. Orrin Hatch, Ranking Member, Senate Committee on Finance

Hon. Tom Harkin, Chairman, Senate Committee on Health, Education, Labor and Pensions

Hon. Lamar Alexander, Ranking Member, Senate Committee on Health, Education, Labor, and Pensions

Hon. Johnny Isakson, Vice Chairman, Senate Select Committee on Ethics

⁴⁹ 31 U.S.C. §§ 3729-33 (2012).

⁴⁸ See State Planning Grant Funding Announcement, supra note 9, at 12, 17; Establishment Grant Funding Announcement, supra note 12, at 36-37.

Hon. Darrell Issa, Chairman, House Committee on Oversight and Government Reform

Hon. Fred Upton, Chairman, House Committee on Energy and Commerce

Hon. Elijah Cummings, Ranking Member, House Committee on Oversight and Government Reform

Hon. Roy Blunt, Ranking Member, Senate Subcommittee on Agriculture, Rural Development, Food & Drug Administration, Senate Committee on Appropriations

Hon. Michael Enzi, Ranking Member, Senate Subcommittee on Children and Families, Senate Committee on Health, Education, Labor and Pensions

Hon. Kelly Ayotte, Senate Committee on Homeland Security and Governmental Affairs

Hon. Bob Corker, Ranking Member, Senate Committee on Foreign Relations

Hon. Marsha Blackburn, Vice Chair, House Committee on Energy and Commerce

Hon. David P. Roe, M.D.

Hon. Diane Black

Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services

Daniel Levinson, Inspector General, U.S. Department of Health and Human Services Peter Kadzik, Principal Deputy Assistant Attorney General, Office of Legislative Affairs,

U.S. Department of Justice

Hon. Robert E. Cooper, Jr.,, Attorney General, State of Tennessee (via First Class Mail and Electronic Mail: Tnattygen@ag.tn.gov)

Hon. Tre Hargett, Secretary of State, State of Tennessee (via First Class Mail and Electronic Mail: tre.hargett@tn.gov)

Hon. Julie McPeak, Insurance Commissioner, State of Tennessee (via First Class Mail and Electronic Mail: Ask.TDCI@tn.gov)

Hon. Robert Buddy Lea, Director, Division of Insurance, State of Tennessee (via First Class Mail and Electronic Mail: Buddy.Lea@tn.gov)

Jessica Waltman, Senior Vice President of Government Affairs, National Association of Health Underwriters (via First Class Mail and Electronic Mail: jwaltman@nahu.org)

Appendix A

I. Tennessee Navigator Grant Recipients.

Two awards totaling \$1,997,278:

• Structured Employment Economic Development Corporation Grant amount: \$1,216,013

• Tennessee Primary Care Association

Grant amount: \$781,265

II. Tennessee HRSA Grant Recipients. Twenty-five awards totaling \$3,166,282:

Health Center	City	Award Amount
CHATTANOOGA HAMILTON COUNTY HOSPITAL AUTHORITY	Chattanooga	\$143,260
CHEROKEE HEALTH SYSTEMS	Talbott	\$240,324
CHOTA COMMUNITY HEALTH SERVICES, INC.	Madisonville	\$80,967
CHRIST COMMUNITY HEALTH SERVICES, INC.	Memphis	\$319,337
COMMUNITY HEALTH OF EAST TENNESSEE, INC.	Jacksboro	\$75,511
DAYSPRING FAMILY HEALTH CENTER, INC.	Jellico	\$79,185
EAST TENNESSEE STATE UNIVERSITY	Johnson City	\$91,075
HAMILTON, COUNTY OF	Chattanooga	\$99,480
HARDEMAN COUNTY COMMUNITY HEALTH CENTER	Bolivar	\$97,929
HARDIN COUNTY REGIONAL HEALTH CENTER	Savannah	\$83,475
HEALTH, TENNESSEE DEPT OF	Nashville	\$71,518
HEALTH, TENNESSEE DEPT OF	Nashville	\$266,504
HOPE FAMILY HEALTH SERVICES	Westmoreland	\$69,912
LAKE COUNTY PRIMARY CARE	Tiptonville	\$65,292
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC.	Nashville	\$299,306
MEMPHIS HEALTH CENTER, INC.	Memphis	\$113,736
MERCY HEALTH SERVICES, INC.	Franklin	\$66,876
MORGAN COUNTY HEALTH COUNCIL	Wartburg	\$70,869
MOUNTAIN PEOPLES HEALTH COUNCILS, INC.	Oneida	\$85,477

PERRY COUNTY MEDICAL CENTER, INC.	Linden	\$80,659
RURAL HEALTH SERVICES CONSORTIUM, INC.	Rogersville	\$168,824
RURAL MEDICAL SERVICES, INC.	Newport	\$90,471
RUTHERFORD COUNTY PRIMARY CARE CLINIC, INC.	Murfreesboro	\$83,915
UNITED NEIGHBORHOOD HEALTH SERVICES, INC.	Nashville	\$230,171
UNIVERSITY COMMUNITY HEALTH SERVICES, INC.	Nashville	\$92,209