



NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF BRIDGE BACK TO LIFE CENTER, INC.
CLAIMS FOR OUTPATIENT CHEMICAL DEPENDENCE SERVICES
PAID FROM
JANUARY 1, 2004 – DECEMBER 31, 2005

FINAL AUDIT REPORT
AUDIT #: 07-1190

James C. Cox
Medicaid Inspector General

October 23, 2014



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
90 Church Street, 14th Floor
New York, New York 10007

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

October 23, 2014

[REDACTED]
Bridge Back to Life Center, Inc.
500 8th Avenue, Suite 906
New York, New York 10018

Re: Final Audit Report
Audit #: 07-1190
Provider ID #: [REDACTED]
FEIN: [REDACTED]
NPI #: [REDACTED]

Dear [REDACTED]

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Bridge Back to Life Center, Inc." (Provider) paid claims for outpatient chemical dependence services covering the period January 1, 2004 through December 31, 2005.

In the attached final audit report, the OMIG has detailed our scope, procedures, laws, regulations, rules and policies, sampling technique, findings, provider rights, and statistical analysis.

The OMIG has attached the sample detail for the paid claims determined to be in error. This final audit report incorporates consideration of any additional documentation and information presented in response to the draft audit report dated July 2, 2014. The adjusted mean point estimate overpaid is \$1,171,958. The adjusted lower confidence limit of the amount overpaid is \$293,004. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit. This audit may be settled through repayment of the adjusted lower confidence limit of \$293,004.

If the Provider has any questions or comments concerning this final audit report, please contact [REDACTED] or through email at [REDACTED]. Please refer to report number 07-1190 in all correspondence.

Sincerely,

[REDACTED]
Division of Medicaid Audit, New York City
Office of the Medicaid Inspector General

[REDACTED]
Enclosure

cc: [REDACTED]

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

OFFICE OF THE MEDICAID INSPECTOR GENERAL

www.omig.ny.gov

The mission of the Office of the Medicaid Inspector General (OMIG), as mandated by New York Public Health Law § 31 is to preserve the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds.

DIVISION OF MEDICAID AUDIT

The Division of Medicaid Audit professional staff conducts audits and reviews of Medicaid providers to assess compliance and program requirements and, where necessary, to recover overpayments. These activities are done to monitor the cost-effective delivery of Medicaid services for prudent stewardship of scarce dollars; to assess the required involvement of professionals in planning care to program beneficiaries; safeguard the quality of care, medical necessity and appropriateness of Medicaid services provided; and, to reduce the potential for fraud, waste and abuse.

DIVISION OF MEDICAID INVESTIGATIONS

The Division of Medicaid Investigations (DMI) investigates potential instances of fraud, waste, and abuse in the Medicaid program. DMI deters improper behavior by inserting covert and overt investigators into all aspects of the program, scrutinizing provider billing and services, and cooperating with other agencies to enhance enforcement opportunities. Disreputable providers are removed from the program or prevented from enrolling. Recipients abusing the system are not removed from this safety net, but their access to services is examined and restricted, as appropriate. DMI maximizes cost savings, recoveries, penalties, and improves the quality of care for the state's most vulnerable population.

DIVISION OF TECHNOLOGY AND BUSINESS AUTOMATION

The Division of Technology and Business Automation will continue to support the data needs for the OMIG in the form of audit and investigative support, data mining and analysis, system match and recovery, through the use of commercial data mining products and procurement of expert service consultants.

OFFICE OF COUNSEL TO THE MEDICAID INSPECTOR GENERAL

The Office of Counsel to the Medicaid Inspector General promotes the OMIG's overall statutory mission through timely, accurate and persuasive legal advocacy and counsel.

EXECUTIVE SUMMARY

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The federal and state governments jointly fund and administer the Medicaid program. In New York State, the Department of Health (DOH) administers the Medicaid program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

Outpatient chemical dependence services are provided in either hospital-based or free-standing settings. Regardless of the setting in which they are provided, these services must be furnished in one of two distinct programs: an outpatient chemical dependence clinic program or an outpatient chemical dependence rehabilitation program. The purpose of outpatient programs for individuals with a diagnosis of chemical dependence is to provide medical evaluation, clinical care management, clinical services, and rehabilitation services. The specific standards and criteria for chemical dependence clinics are outlined in Title 14 NYCRR Part 822 and Title 18 NYCRR Section 505.27. The MMIS Provider Manual for Clinics also provides program guidance for claiming Medicaid reimbursement for chemical dependence services.

PURPOSE AND SCOPE

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for outpatient chemical dependence services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to outpatient chemical dependence services, this audit covered services paid by Medicaid from January 1, 2004, through December 31, 2005.

SUMMARY OF FINDINGS

We inspected a random sample of 100 patients consisting of 5,174 services with \$391,017.55 in Medicaid payments. Of the 100 patients in our random sample, 46 patients involving 729 services had at least one error and did not comply with state requirements. Of the 729 noncompliant services, some contained more than one deficiency. Specifics are as follows:

<u>Error Description</u>	<u>Number of Errors</u>
Uncertified Site	576
Duration of Visit Not Documented	54
Missing Progress Note	42
Missing/Late Initial Individual Treatment Plan	20
Missing Treatment Plan Review	20
Missing Record of Attendance	6
Duration of Clinic Visit Less Than Thirty Minutes	6
Group Counseling Patient Limit Exceeded	5

Based on the procedures performed, the OMIG has determined the Provider was overpaid \$56,006.76 in sample overpayments with an extrapolated adjusted point estimate of \$1,171,958. The adjusted lower confidence limit of the amount overpaid is \$293,004.

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INTRODUCTION

BACKGROUND

Medicaid Program

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State governments jointly fund and administer the Medicaid program.

New York State's Medicaid Program

In New York State, the Department of Health (DOH) is the State agency responsible for operating the Medicaid program. Within DOH, the Office of Health Insurance Programs administers the Medicaid program. DOH uses the electronic Medicaid New York Information system (eMedNY), a computerized payment and information reporting system, to process and pay Medicaid claims, including outpatient chemical dependence service claims.

As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

New York State's Outpatient Chemical Dependence Program

Outpatient chemical dependence services are provided in either hospital-based or free-standing settings. Regardless of the setting in which they are provided, these services must be furnished in one of two distinct programs: an outpatient chemical dependence clinic program or an outpatient chemical dependence rehabilitation program. The purpose of outpatient programs for individuals with a diagnosis of chemical dependence is to provide medical evaluation, clinical care management, clinical services, and rehabilitation services. The specific standards and criteria for chemical dependence clinics are outlined in Title 14 NYCRR Part 822 and Title 18 NYCRR Section 505.27. The MMIS Provider Manual for Clinics also provides program guidance for claiming Medicaid reimbursement for chemical dependence services.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for outpatient chemical dependence services complied with applicable Federal and State laws, regulations, rules and policies governing the New York State Medicaid Program and to verify that:

- Medicaid reimbursable services were rendered for the dates billed;
- appropriate rate or procedure codes were billed for services rendered;
- patient related records contained the documentation required by the regulations; and,

- claims for payment were submitted in accordance with DOH regulations and the appropriate Provider Manuals.

Scope

Our audit period covered payments to the Provider for outpatient chemical dependence services paid by Medicaid from January 1, 2004, through December 31, 2005. Our audit universe consisted of 2,246 patients consisting of 98,935 service claims totaling \$7,468,123.74.

During our audit, we did not review the overall internal control structure of the Provider. Rather, we limited our internal control review to the objective of our audit.

Methodology

To accomplish our objective, we:

- reviewed applicable federal and state laws, regulations, rules and policies;
- held discussions with the Provider's management personnel to gain an understanding of the outpatient chemical dependence program;
- ran computer programming application of claims in our data warehouse that identified 2,246 patients consisting of 98,935 paid outpatient chemical dependence service claims, totaling \$7,468,123.74;
- selected a random sample of 100 patients consisting of 5,174 services from the population of 2,246 patients consisting of 98,935 services; and,
- estimated the overpayment paid in the population of 2,246 patients.

For each sample selection we inspected, as available, the following:

- Medicaid electronic claim information
- Patient record, including, but not limited to:
 - Treatment Plans and Treatment Plan Reviews
 - Comprehensive Evaluations
 - Medical Histories and Physical Examinations
 - OASAS Level of Care Determinations
- Progress Notes:
 - Group Attendance Sheets, if available
 - Patient Schedules
 - Discharge Plans and Discharge Summary
- Any additional documentation deemed by the Provider necessary to substantiate the Medicaid paid claim

LAWS, REGULATIONS, RULES AND POLICIES

The following are applicable Laws, Regulations, Rules and Policies of the Medicaid program referenced when conducting this audit:

- Departments of Health and Mental Hygiene [Titles 10, 14, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)].
- Medicaid Management Information System and eMedNY Provider Manual.
- Specifically, Title 18 NYCRR Section 540.6, Title 14 NYCRR Part 822, and Title 18 NYCRR Section 505.27
- In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department."
18 NYCRR Section 504.3

Regulations state: "Fee-for-service providers. (1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment . . . All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review."
18 NYCRR Section 517.3(b)

Regulations require that bills for medical care, services and supplies contain patient name, case number and date of service; itemization of the volume and specific types of care, services and supplies provided; the unit price and total cost of the care, services and supplies provided; and a dated certification by the provider that the care, services and supplies itemized have been in fact furnished; that the amounts listed are in fact due and owing; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may

be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided.

18 NYCRR Section 540.7(a)(1)-(3) and (8)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR Section 518.1(c)

Regulations state: "Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

18 NYCRR Section 540.1

Regulations state: "The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim."

18 NYCRR Section 518.3(a)

Regulations state: "The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished..."

18 NYCRR Section 518.3(b)

Regulations state: "Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record."

18 NYCRR Section 518.3(b)

AUDIT FINDINGS

This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated July 2, 2014. The attached Bridge Schedule (Exhibit XI) indicates any changes to the findings as a result of your response.

AUDIT FINDINGS DETAIL

The OMIG's review of Medicaid claims paid to the Provider from January 1, 2004, through December 31, 2005, identified 46 patients involving 729 service claims with at least one error, for a total sample overpayment of \$56,006.76 (Exhibits II to IX). This audit report incorporates consideration of any additional documentation and information presented in response to the Draft Audit Report dated July 2, 2014. Appropriate adjustments were made to the findings.

1. Uncertified Site

Regulations state "there shall be reimbursement only for visits that meet the following requirements: each occasion of service must be a face-to-face contact between a patient or a significant other and treatment staff, which takes place at the certified site.

14 NYCRR Section 822.10(e)(1)

In 576 instances pertaining to 4 patients, the services were provided at an uncertified site. This resulted in a sample overpayment of \$44,507.55 (Exhibit II).

2. Duration of Visit Not Documented

Regulations state, "An attendance note shall document the date, type and duration of the service provided."

14 NYCRR Section 822.4(r)

In 54 instances pertaining to 22 patients, the record did not indicate the duration of the visit. The clinic visit was disallowed. This resulted in a sample overpayment of \$4,005.26 (Exhibit III). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

3. Missing Progress Note

Regulations state, "Progress notes shall be written at least every five visits or twice per month, whichever comes first, unless the patient is scheduled less frequently than twice per month, in which case a progress note shall be written after every session."

14 NYCRR Section 822.4(s)

In 42 instances pertaining to 20 patients, there was no progress note that related to the services billed. This resulted in a sample overpayment of \$3,145.56 (Exhibit IV).

4. Missing/Late Initial Individual Treatment Plan

Regulations state, "Within thirty days of admission to an outpatient service, a written individual treatment plan based on the comprehensive evaluation shall be developed and approved by the multidisciplinary team for each patient."

14 NYCRR Section 822.4(f)

In 20 instances pertaining to 4 patients, the required individual treatment plan was not completed. This resulted in a sample overpayment of \$1,584.68 (Exhibit V).

5. Missing Treatment Plan Review

Regulations state, "The entire treatment plan, once established, shall be thoroughly reviewed and revised at least every ninety calendar days thereafter . . ."

14 NYCRR Section 822.4(n)

In 20 instances pertaining to 2 patients, the required treatment plan review was not completed. This resulted in a sample overpayment of \$1,508.76 (Exhibit VI).

6. Missing Record of Attendance

Regulations state, "An attendance note shall document the date, type and duration of the service provided."

14 NYCRR Section 822.4(r)

In 6 instances pertaining to 6 patients, no record of attendance was available. This resulted in a sample overpayment of \$449.56 (Exhibit VII).

7. Duration of Clinic Visit Less Than Thirty Minutes

Regulations state, "There shall be reimbursement only for visits that meet the following requirements: ... each occasion of service must last at least 30 minutes."

14 NYCRR Section 822.10(e)(3)

In 6 instances pertaining to 4 patients, the duration of the clinic visit was less than thirty minutes. This resulted in a sample overpayment of \$443.54 (Exhibit VIII).

8. Group Counseling Patient Limit Exceeded

Regulations state, "Each outpatient service must directly provide the following: group counseling (containing no more than 15 persons) and individual counseling."

14 NYCRR Section 822.2(c)(1)

In 5 instances pertaining to 3 patients, the maximum number of patients allowed for group counseling services was exceeded. This resulted in a sample overpayment of \$361.85 (Exhibit IX).

Total sample overpayments for this audit amounted to \$56,006.76.

Additional reasons for disallowance exist regarding certain findings. These findings are identified in Exhibit X.

PROVIDER RIGHTS

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the adjusted lower confidence limit amount of \$293,004, one of the following repayment options must be selected within 20 days from the date of this letter:

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #07-1190
Albany, New York 12237

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

[REDACTED]

If you choose not to settle this audit through repayment of the adjusted lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the adjusted point estimate of \$1,171,958. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

At the hearing you have the right to:

- a) be represented by an attorney or other representative, or to represent yourself;
- b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
- c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

██████████
Bridge Back to Life Center, Inc.
500 8th Avenue, Suite 906
New York, New York 10018

PROVIDER ID ██████████

AUDIT #07-1190

AMOUNT DUE: \$293,004

**AUDIT
TYPE**

PROVIDER
 RATE
 PART B
 OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

██████████
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #07-1190
Albany, New York 12237

Thank you for your cooperation.

SAMPLE DESIGN

The sample design used for Audit #07-1190 was as follows:

- Universe - Medicaid claims for outpatient chemical dependence services paid during the period January 1, 2004, through December 31, 2005.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider claims for outpatient chemical dependence services paid during the period January 1, 2004, through December 31, 2005.
- Sample Unit - The sample unit is a patient case of Medicaid claims paid during the period January 1, 2004, through December 31, 2005.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 patient cases.

BRIDGE BACK TO LIFE CENTER, INC.
 PROVIDER NUMBER: [REDACTED]
 AUDIT NUMBER: 07-1190

Exhibit I

SAMPLE RESULTS AND ESTIMATES

Universe Size	2,246
Sample Size	100
Sample Value	\$ 391,017.55
Sample Overpayments	\$ 56,006.76
Net Financial Error Rate	14.3%
Confidence Level	90%

Extrapolation of Sample Findings

Total Sample Overpayments	\$ 56,006.76
Less Overpayments Not Extrapolated*	<u>(4,005.26)</u>
Sample Overpayments for Extrapolation Purposes	\$ 52,001.50
Sample Size	100
Mean Dollars in Error for Extrapolation Purposes	\$ 520.0150
Universe Size	2,246
Point Estimate of Total Dollars	\$ 1,167,953
Add Overpayments Not Extrapolated*	<u>4,005</u>
Adjusted Point Estimate of Totals Dollars	<u>\$ 1,171,958</u>
Lower Confidence Limit	\$ 288,999
Add Overpayments Not Extrapolated*	<u>4,005</u>
Adjusted Lower Confidence Limit	<u>\$ 293,004</u>

* The actual dollar disallowance for the following finding was subtracted from the total sample overpayment and added to the Point Estimate and Lower Confidence Limit:

- **Finding #2 – Duration of Visit Not Documented**

The dollar disallowance associated with this finding was not used in the extrapolation. However, this does not apply if an extrapolated finding was also identified for a sampled claim.

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	4/12/2004	4216	\$72.37	\$72.37
	4/13/2004	4216	\$72.37	\$72.37
	4/14/2004	4216	\$72.37	\$72.37
	4/15/2004	4216	\$72.37	\$72.37
	4/19/2004	4216	\$72.37	\$72.37
	4/20/2004	4216	\$72.37	\$72.37
	4/21/2004	4216	\$72.37	\$72.37
	4/22/2004	4216	\$72.37	\$72.37
	4/23/2004	4216	\$72.37	\$72.37
	4/26/2004	4216	\$72.37	\$72.37
	4/27/2004	4216	\$72.37	\$72.37
	4/29/2004	4216	\$72.37	\$72.37
	4/30/2004	4216	\$72.37	\$72.37
	5/3/2004	4216	\$72.37	\$72.37
	5/4/2004	4216	\$72.37	\$72.37
	5/5/2004	4216	\$72.37	\$72.37
	5/6/2004	4215	\$72.37	\$72.37
	5/7/2004	4216	\$72.37	\$72.37
	5/10/2004	4216	\$72.37	\$72.37
	5/11/2004	4216	\$72.37	\$72.37
	5/12/2004	4216	\$72.37	\$72.37
	5/13/2004	4216	\$72.37	\$72.37
	5/14/2004	4216	\$72.37	\$72.37
	5/15/2004	4216	\$72.37	\$72.37
	5/17/2004	4216	\$72.37	\$72.37
	5/18/2004	4216	\$72.37	\$72.37
	5/19/2004	4216	\$72.37	\$72.37
	5/20/2004	4216	\$72.37	\$72.37
	5/21/2004	4216	\$72.37	\$72.37
	5/24/2004	4216	\$72.37	\$72.37
	5/25/2004	4216	\$72.37	\$72.37
	5/26/2004	4216	\$72.37	\$72.37
	5/27/2004	4216	\$72.37	\$72.37
	5/28/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	6/1/2004	4216	\$72.37	\$72.37
	6/2/2004	4216	\$72.37	\$72.37
	6/3/2004	4216	\$72.37	\$72.37
	6/4/2004	4216	\$72.37	\$72.37
	6/7/2004	4216	\$72.37	\$72.37
	6/8/2004	4216	\$72.37	\$72.37
	6/10/2004	4216	\$72.37	\$72.37
	6/11/2004	4216	\$72.37	\$72.37
	6/12/2004	4216	\$72.37	\$72.37
	6/14/2004	4216	\$72.37	\$72.37
	6/15/2004	4216	\$72.37	\$72.37
	6/16/2004	4216	\$72.37	\$72.37
	6/17/2004	4216	\$72.37	\$72.37
	6/18/2004	4216	\$72.37	\$72.37
	6/19/2004	4216	\$72.37	\$72.37
	6/22/2004	4216	\$72.37	\$72.37
	6/23/2004	4216	\$72.37	\$72.37
	6/24/2004	4216	\$72.37	\$72.37
	6/25/2004	4216	\$72.37	\$72.37
	6/26/2004	4216	\$72.37	\$72.37
	6/29/2004	4216	\$72.37	\$72.37
	6/30/2004	4216	\$72.37	\$72.37
	7/1/2004	4216	\$72.37	\$72.37
	7/2/2004	4216	\$72.37	\$72.37
	7/3/2004	4216	\$72.37	\$72.37
	7/6/2004	4216	\$72.37	\$72.37
	7/7/2004	4216	\$72.37	\$72.37
	7/8/2004	4216	\$72.37	\$72.37
	7/9/2004	4216	\$72.37	\$72.37
	7/10/2004	4216	\$72.37	\$72.37
	7/12/2004	4216	\$72.37	\$72.37
	7/13/2004	4216	\$72.37	\$72.37
	7/14/2004	4216	\$72.37	\$72.37
	7/15/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	7/16/2004	4216	\$72.37	\$72.37
	7/19/2004	4216	\$72.37	\$72.37
	7/20/2004	4216	\$72.37	\$72.37
	7/21/2004	4216	\$72.37	\$72.37
	7/22/2004	4216	\$72.37	\$72.37
	7/23/2004	4216	\$72.37	\$72.37
	7/26/2004	4216	\$72.37	\$72.37
	7/27/2004	4216	\$72.37	\$72.37
	7/28/2004	4216	\$72.37	\$72.37
	7/29/2004	4216	\$72.37	\$72.37
	7/30/2004	4216	\$72.37	\$72.37
	8/2/2004	4216	\$72.37	\$72.37
	8/3/2004	4216	\$72.37	\$72.37
	8/4/2004	4216	\$72.37	\$72.37
	8/5/2004	4216	\$72.37	\$72.37
	8/9/2004	4216	\$72.37	\$72.37
	8/11/2004	4216	\$72.37	\$72.37
	8/12/2004	4216	\$72.37	\$72.37
	8/13/2004	4216	\$72.37	\$72.37
	8/16/2004	4216	\$72.37	\$72.37
	8/17/2004	4216	\$72.37	\$72.37
	8/18/2004	4216	\$72.37	\$72.37
	8/19/2004	4216	\$72.37	\$72.37
	8/20/2004	4216	\$72.37	\$72.37
	8/23/2004	4216	\$72.37	\$72.37
	8/24/2004	4216	\$72.37	\$72.37
	8/25/2004	4216	\$72.37	\$72.37
	8/26/2004	4216	\$72.37	\$72.37
	8/27/2004	4216	\$72.37	\$72.37
	8/30/2004	4216	\$72.37	\$72.37
	8/31/2004	4216	\$72.37	\$72.37
	9/1/2004	4216	\$72.37	\$72.37
	9/2/2004	4216	\$72.37	\$72.37
	9/3/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	9/7/2004	4216	\$72.37	\$72.37
	9/8/2004	4216	\$72.37	\$72.37
	9/9/2004	4216	\$72.37	\$72.37
	9/10/2004	4216	\$72.37	\$72.37
	9/14/2004	4216	\$72.37	\$72.37
	9/15/2004	4216	\$72.37	\$72.37
	9/16/2004	4216	\$72.37	\$72.37
	9/17/2004	4216	\$72.37	\$72.37
	9/20/2004	4216	\$72.37	\$72.37
	9/21/2004	4216	\$72.37	\$72.37
	9/22/2004	4216	\$72.37	\$72.37
	9/23/2004	4216	\$72.37	\$72.37
	9/24/2004	4216	\$72.37	\$72.37
	9/27/2004	4216	\$72.37	\$72.37
	9/28/2004	4216	\$72.37	\$72.37
	9/29/2004	4216	\$72.37	\$72.37
	9/30/2004	4216	\$72.37	\$72.37
	10/1/2004	4216	\$72.37	\$72.37
	10/4/2004	4216	\$72.37	\$72.37
	10/5/2004	4216	\$72.37	\$72.37
	10/6/2004	4216	\$72.37	\$72.37
	10/11/2004	4216	\$72.37	\$72.37
	10/12/2004	4216	\$72.37	\$72.37
	10/13/2004	4216	\$72.37	\$72.37
	10/14/2004	4216	\$72.37	\$72.37
	10/15/2004	4216	\$72.37	\$72.37
	10/18/2004	4216	\$72.37	\$72.37
	10/19/2004	4216	\$72.37	\$72.37
	10/20/2004	4216	\$72.37	\$72.37
	10/21/2004	4216	\$72.37	\$72.37
	10/22/2004	4216	\$72.37	\$72.37
	10/25/2004	4216	\$72.37	\$72.37
	10/26/2004	4216	\$72.37	\$72.37
	10/27/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	10/28/2004	4216	\$72.37	\$72.37
	10/29/2004	4216	\$72.37	\$72.37
	11/1/2004	4216	\$72.37	\$72.37
	11/2/2004	4216	\$72.37	\$72.37
	11/3/2004	4216	\$72.37	\$72.37
	11/4/2004	4216	\$72.37	\$72.37
	11/5/2004	4216	\$72.37	\$72.37
	11/8/2004	4216	\$72.37	\$72.37
	11/9/2004	4216	\$72.37	\$72.37
	11/10/2004	4216	\$72.37	\$72.37
	11/16/2004	4216	\$72.37	\$72.37
	11/17/2004	4216	\$72.37	\$72.37
	11/18/2004	4216	\$72.37	\$72.37
	11/19/2004	4216	\$72.37	\$72.37
	11/22/2004	4216	\$72.37	\$72.37
	11/23/2004	4216	\$72.37	\$72.37
	11/30/2004	4216	\$72.37	\$72.37
	12/1/2004	4216	\$72.37	\$72.37
	12/6/2004	4216	\$72.37	\$72.37
	12/7/2004	4216	\$72.37	\$72.37
	12/8/2004	4216	\$72.37	\$72.37
	12/9/2004	4216	\$72.37	\$72.37
	12/14/2004	4216	\$72.37	\$72.37
	12/15/2004	4216	\$72.37	\$72.37
	12/16/2004	4216	\$72.37	\$72.37
	12/17/2004	4216	\$72.37	\$72.37
	12/20/2004	4216	\$72.37	\$72.37
	12/21/2004	4216	\$72.37	\$72.37
	12/22/2004	4216	\$72.37	\$72.37
	12/23/2004	4216	\$72.37	\$72.37
	12/28/2004	4216	\$72.37	\$72.37
	12/29/2004	4216	\$72.37	\$72.37
	12/30/2004	4216	\$72.37	\$72.37
	1/4/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	1/5/2005	4216	\$72.37	\$72.37
	1/6/2005	4216	\$72.37	\$72.37
	1/7/2005	4216	\$72.37	\$72.37
	1/10/2005	4216	\$72.37	\$72.37
	1/11/2005	4216	\$72.37	\$72.37
	1/12/2005	4216	\$72.37	\$72.37
	1/13/2005	4216	\$72.37	\$72.37
	1/17/2005	4216	\$72.37	\$72.37
	1/18/2005	4216	\$72.37	\$72.37
	1/19/2005	4216	\$72.37	\$72.37
	1/20/2005	4216	\$72.37	\$72.37
	1/21/2005	4216	\$72.37	\$72.37
	1/24/2005	4216	\$72.37	\$72.37
	1/25/2005	4216	\$72.37	\$72.37
	1/26/2005	4216	\$72.37	\$72.37
	1/28/2005	4216	\$72.37	\$72.37
	1/31/2005	4216	\$72.37	\$72.37
	2/1/2005	4216	\$72.37	\$72.37
	2/2/2005	4216	\$72.37	\$72.37
	2/4/2005	4216	\$72.37	\$72.37
	2/7/2005	4216	\$72.37	\$72.37
	2/8/2005	4216	\$72.37	\$72.37
	2/10/2005	4216	\$72.37	\$72.37
	2/15/2005	4216	\$72.37	\$72.37
	2/16/2005	4216	\$72.37	\$72.37
	3/14/2005	4216	\$72.37	\$72.37
	9/7/2005	4216	\$217.11	\$217.11
	9/12/2005	4216	\$2,750.06	\$2,750.06
	12/1/2005	4216	\$72.37	\$72.37
	12/2/2005	4216	\$72.37	\$72.37
	12/5/2005	4216	\$72.37	\$72.37
	12/6/2005	4216	\$72.37	\$72.37
	12/7/2005	4216	\$72.37	\$72.37
	12/8/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
59	12/9/2005	4216	\$72.37	\$72.37
	12/12/2005	4216	\$72.37	\$72.37
	12/13/2005	4216	\$72.37	\$72.37
	12/14/2005	4216	\$72.37	\$72.37
	12/15/2005	4216	\$72.37	\$72.37
	12/16/2005	4216	\$72.37	\$72.37
	12/19/2005	4216	\$72.37	\$72.37
	12/20/2005	4216	\$72.37	\$72.37
87	4/12/2004	4216	\$72.37	\$72.37
	4/13/2004	4216	\$72.37	\$72.37
	4/14/2004	4216	\$72.37	\$72.37
	4/15/2004	4216	\$72.37	\$72.37
	4/19/2004	4216	\$72.37	\$72.37
	4/20/2004	4216	\$72.37	\$72.37
	4/21/2004	4216	\$72.37	\$72.37
	4/23/2004	4216	\$72.37	\$72.37
	4/26/2004	4216	\$72.37	\$72.37
	4/27/2004	4216	\$72.37	\$72.37
	4/28/2004	4216	\$72.37	\$72.37
	4/29/2004	4216	\$72.37	\$72.37
	4/30/2004	4216	\$72.37	\$72.37
	5/3/2004	4216	\$72.37	\$72.37
	5/4/2004	4216	\$72.37	\$72.37
	5/5/2004	4216	\$72.37	\$72.37
	5/6/2004	4216	\$72.37	\$72.37
	5/7/2004	4216	\$72.37	\$72.37
	5/10/2004	4216	\$72.37	\$72.37
	5/11/2004	4216	\$72.37	\$72.37
5/12/2004	4216	\$72.37	\$72.37	
5/14/2004	4216	\$72.37	\$72.37	
5/17/2004	4216	\$72.37	\$72.37	
5/18/2004	4216	\$72.37	\$72.37	
5/19/2004	4216	\$72.37	\$72.37	

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
87	5/20/2004	4216	\$72.37	\$72.37
	5/21/2004	4216	\$72.37	\$72.37
	5/24/2004	4216	\$72.37	\$72.37
	5/25/2004	4216	\$72.37	\$72.37
	5/26/2004	4216	\$72.37	\$72.37
	5/27/2004	4216	\$72.37	\$72.37
	5/28/2004	4216	\$72.37	\$72.37
	6/1/2004	4216	\$72.37	\$72.37
	6/2/2004	4216	\$72.37	\$72.37
	6/3/2004	4216	\$72.37	\$72.37
	6/4/2004	4216	\$72.37	\$72.37
	6/7/2004	4216	\$72.37	\$72.37
	6/8/2004	4216	\$72.37	\$72.37
	6/9/2004	4216	\$72.37	\$72.37
	6/10/2004	4216	\$72.37	\$72.37
	6/11/2004	4216	\$72.37	\$72.37
	6/12/2004	4216	\$72.37	\$72.37
	6/24/2004	4216	\$72.37	\$72.37
	6/26/2004	4216	\$72.37	\$72.37
	9/8/2005	4216	\$72.37	\$72.37
	9/9/2005	4216	\$72.37	\$72.37
	9/12/2005	4216	\$72.37	\$72.37
	9/13/2005	4216	\$72.37	\$72.37
	9/14/2005	4216	\$72.37	\$72.37
	9/15/2005	4216	\$72.37	\$72.37
	9/16/2005	4216	\$72.37	\$72.37
	9/20/2005	4216	\$72.37	\$72.37
	9/21/2005	4216	\$72.37	\$72.37
	9/22/2005	4216	\$72.37	\$72.37
	9/23/2005	4216	\$72.37	\$72.37
	9/26/2005	4216	\$72.37	\$72.37
	9/27/2005	4216	\$72.37	\$72.37
	9/28/2005	4216	\$72.37	\$72.37
	9/29/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
87	9/30/2005	4216	\$72.37	\$72.37
	10/3/2005	4216	\$72.37	\$72.37
	10/5/2005	4216	\$72.37	\$72.37
	10/6/2005	4216	\$72.37	\$72.37
	10/7/2005	4216	\$72.37	\$72.37
	10/10/2005	4216	\$72.37	\$72.37
	10/11/2005	4216	\$72.37	\$72.37
	10/12/2005	4216	\$72.37	\$72.37
	10/13/2005	4216	\$72.37	\$72.37
	10/14/2005	4216	\$72.37	\$72.37
	10/17/2005	4216	\$72.37	\$72.37
	10/18/2005	4216	\$72.37	\$72.37
	10/19/2005	4216	\$72.37	\$72.37
	10/20/2005	4216	\$72.37	\$72.37
	10/21/2005	4216	\$72.37	\$72.37
	10/24/2005	4216	\$72.37	\$72.37
	10/25/2005	4216	\$72.37	\$72.37
	10/26/2005	4216	\$72.37	\$72.37
	10/28/2005	4216	\$72.37	\$72.37
	10/31/2005	4216	\$72.37	\$72.37
	11/1/2005	4216	\$72.37	\$72.37
	11/2/2005	4216	\$72.37	\$72.37
	11/3/2005	4216	\$72.37	\$72.37
	11/4/2005	4216	\$72.37	\$72.37
	11/7/2005	4216	\$72.37	\$72.37
	11/8/2005	4216	\$72.37	\$72.37
	11/9/2005	4216	\$72.37	\$72.37
	11/10/2005	4216	\$72.37	\$72.37
	11/11/2005	4216	\$72.37	\$72.37
	11/14/2005	4216	\$72.37	\$72.37
	11/15/2005	4216	\$72.37	\$72.37
	11/16/2005	4216	\$72.37	\$72.37
	11/17/2005	4216	\$72.37	\$72.37
	11/18/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
87	11/21/2005	4216	\$72.37	\$72.37
	11/22/2005	4216	\$72.37	\$72.37
	11/23/2005	4216	\$72.37	\$72.37
	11/25/2005	4216	\$72.37	\$72.37
	11/28/2005	4216	\$72.37	\$72.37
	11/29/2005	4216	\$72.37	\$72.37
	11/30/2005	4216	\$72.37	\$72.37
	12/1/2005	4216	\$72.37	\$72.37
	12/2/2005	4216	\$72.37	\$72.37
	12/5/2005	4216	\$72.37	\$72.37
	12/6/2005	4216	\$72.37	\$72.37
	12/7/2005	4216	\$72.37	\$72.37
	12/8/2005	4216	\$72.37	\$72.37
	12/9/2005	4216	\$72.37	\$72.37
	12/12/2005	4216	\$72.37	\$72.37
	12/13/2005	4216	\$72.37	\$72.37
	12/14/2005	4216	\$72.37	\$72.37
	12/15/2005	4216	\$72.37	\$72.37
	12/16/2005	4216	\$72.37	\$72.37
	12/19/2005	4216	\$72.37	\$72.37
12/20/2005	4216	\$72.37	\$72.37	
88	5/25/2004	4216	\$72.37	\$72.37
	5/26/2004	4216	\$72.37	\$72.37
	5/27/2004	4216	\$72.37	\$72.37
	6/8/2004	4216	\$72.37	\$72.37
	6/14/2004	4216	\$72.37	\$72.37
	6/15/2004	4216	\$72.37	\$72.37
	6/17/2004	4216	\$72.37	\$72.37
	6/22/2004	4216	\$72.37	\$72.37
	7/7/2004	4216	\$72.37	\$72.37
	7/16/2004	4216	\$72.37	\$72.37
	7/23/2004	4216	\$72.37	\$72.37
	7/26/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
88	7/27/2004	4216	\$72.37	\$72.37
	8/2/2004	4216	\$72.37	\$72.37
	8/4/2004	4216	\$72.37	\$72.37
	8/5/2004	4216	\$72.37	\$72.37
	8/9/2004	4216	\$72.37	\$72.37
	8/10/2004	4216	\$72.37	\$72.37
	8/12/2004	4216	\$72.37	\$72.37
	8/16/2004	4216	\$72.37	\$72.37
	8/25/2004	4216	\$72.37	\$72.37
	8/26/2004	4216	\$72.37	\$72.37
	8/27/2004	4216	\$72.37	\$72.37
	8/30/2004	4216	\$72.37	\$72.37
	8/31/2004	4216	\$72.37	\$72.37
	9/14/2004	4216	\$72.37	\$72.37
	9/15/2004	4216	\$72.37	\$72.37
	9/16/2004	4216	\$72.37	\$72.37
	9/17/2004	4216	\$72.37	\$72.37
	9/20/2004	4216	\$72.37	\$72.37
	9/21/2004	4216	\$72.37	\$72.37
	9/22/2004	4216	\$72.37	\$72.37
	9/23/2004	4216	\$72.37	\$72.37
	9/24/2004	4216	\$72.37	\$72.37
	10/5/2004	4216	\$72.37	\$72.37
	10/6/2004	4216	\$72.37	\$72.37
	10/7/2004	4216	\$72.37	\$72.37
	10/8/2004	4216	\$72.37	\$72.37
	10/11/2004	4216	\$72.37	\$72.37
	10/22/2004	4216	\$72.37	\$72.37
	10/25/2004	4216	\$72.37	\$72.37
	10/27/2004	4216	\$72.37	\$72.37
	10/28/2004	4216	\$72.37	\$72.37
	10/29/2004	4216	\$72.37	\$72.37
	11/1/2004	4216	\$72.37	\$72.37
	11/2/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
88	11/3/2004	4216	\$72.37	\$72.37
	11/16/2004	4216	\$72.37	\$72.37
	11/17/2004	4216	\$72.37	\$72.37
	11/19/2004	4216	\$72.37	\$72.37
	11/22/2004	4216	\$72.37	\$72.37
	11/23/2004	4216	\$72.37	\$72.37
	11/24/2004	4216	\$72.37	\$72.37
	11/29/2004	4216	\$72.37	\$72.37
	12/1/2004	4216	\$72.37	\$72.37
	12/2/2004	4216	\$72.37	\$72.37
	12/3/2004	4216	\$72.37	\$72.37
	12/7/2004	4216	\$72.37	\$72.37
	12/13/2004	4216	\$72.37	\$72.37
	12/14/2004	4216	\$72.37	\$72.37
	12/15/2004	4216	\$72.37	\$72.37
	12/16/2004	4216	\$72.37	\$72.37
	12/17/2004	4216	\$72.37	\$72.37
	12/20/2004	4216	\$72.37	\$72.37
	12/21/2004	4216	\$72.37	\$72.37
99	9/23/2004	4216	\$72.37	\$72.37
	9/24/2004	4216	\$72.37	\$72.37
	9/27/2004	4216	\$72.37	\$72.37
	9/28/2004	4216	\$72.37	\$72.37
	9/29/2004	4216	\$72.37	\$72.37
	9/30/2004	4216	\$72.37	\$72.37
	10/1/2004	4216	\$72.37	\$72.37
	10/4/2004	4216	\$72.37	\$72.37
	10/5/2004	4216	\$72.37	\$72.37
	10/6/2004	4216	\$72.37	\$72.37
	10/7/2004	4216	\$72.37	\$72.37
	10/11/2004	4216	\$72.37	\$72.37
	10/12/2004	4216	\$72.37	\$72.37
10/13/2004	4216	\$72.37	\$72.37	

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	10/14/2004	4216	\$72.37	\$72.37
	10/15/2004	4216	\$72.37	\$72.37
	10/18/2004	4216	\$72.37	\$72.37
	10/19/2004	4216	\$72.37	\$72.37
	10/20/2004	4216	\$72.37	\$72.37
	10/21/2004	4216	\$72.37	\$72.37
	10/25/2004	4216	\$72.37	\$72.37
	10/26/2004	4216	\$72.37	\$72.37
	10/27/2004	4216	\$72.37	\$72.37
	10/28/2004	4216	\$72.37	\$72.37
	10/29/2004	4216	\$72.37	\$72.37
	11/1/2004	4216	\$72.37	\$72.37
	11/3/2004	4216	\$72.37	\$72.37
	11/8/2004	4216	\$72.37	\$72.37
	11/10/2004	4216	\$72.37	\$72.37
	11/18/2004	4216	\$72.37	\$72.37
	11/19/2004	4216	\$72.37	\$72.37
	11/22/2004	4216	\$72.37	\$72.37
	11/23/2004	4216	\$72.37	\$72.37
	11/26/2004	4216	\$72.37	\$72.37
	11/30/2004	4216	\$72.37	\$72.37
	12/1/2004	4216	\$72.37	\$72.37
	12/2/2004	4216	\$72.37	\$72.37
	12/3/2004	4216	\$72.37	\$72.37
	12/6/2004	4216	\$72.37	\$72.37
	12/7/2004	4216	\$72.37	\$72.37
	12/8/2004	4216	\$72.37	\$72.37
	12/9/2004	4216	\$72.37	\$72.37
	12/10/2004	4216	\$72.37	\$72.37
	12/13/2004	4216	\$72.37	\$72.37
	12/14/2004	4216	\$72.37	\$72.37
	12/15/2004	4216	\$72.37	\$72.37
	12/16/2004	4216	\$72.37	\$72.37
	12/17/2004	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	12/20/2004	4216	\$72.37	\$72.37
	12/21/2004	4216	\$72.37	\$72.37
	12/22/2004	4216	\$72.37	\$72.37
	12/23/2004	4216	\$72.37	\$72.37
	12/30/2004	4216	\$72.37	\$72.37
	1/6/2005	4216	\$72.37	\$72.37
	1/10/2005	4216	\$72.37	\$72.37
	1/12/2005	4216	\$72.37	\$72.37
	1/13/2005	4216	\$72.37	\$72.37
	1/14/2005	4216	\$72.37	\$72.37
	1/17/2005	4216	\$72.37	\$72.37
	1/25/2005	4216	\$72.37	\$72.37
	1/31/2005	4216	\$72.37	\$72.37
	2/2/2005	4216	\$72.37	\$72.37
	2/3/2005	4216	\$72.37	\$72.37
	2/4/2005	4216	\$72.37	\$72.37
	2/7/2005	4216	\$72.37	\$72.37
	2/9/2005	4216	\$72.37	\$72.37
	2/10/2005	4216	\$72.37	\$72.37
	2/14/2005	4216	\$72.37	\$72.37
	2/15/2005	4216	\$72.37	\$72.37
	2/16/2005	4216	\$72.37	\$72.37
	2/17/2005	4216	\$72.37	\$72.37
	2/18/2005	4216	\$72.37	\$72.37
	2/22/2005	4216	\$72.37	\$72.37
	2/23/2005	4216	\$72.37	\$72.37
	2/24/2005	4216	\$72.37	\$72.37
	2/25/2005	4216	\$72.37	\$72.37
	2/28/2005	4216	\$72.37	\$72.37
	3/2/2005	4216	\$72.37	\$72.37
	3/3/2005	4216	\$72.37	\$72.37
	3/9/2005	4216	\$72.37	\$72.37
	3/14/2005	4216	\$72.37	\$72.37
	3/15/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	3/16/2005	4216	\$72.37	\$72.37
	3/17/2005	4216	\$72.37	\$72.37
	3/18/2005	4216	\$72.37	\$72.37
	3/21/2005	4216	\$72.37	\$72.37
	3/22/2005	4216	\$72.37	\$72.37
	3/23/2005	4216	\$72.37	\$72.37
	3/24/2005	4216	\$72.37	\$72.37
	3/25/2005	4216	\$72.37	\$72.37
	3/28/2005	4216	\$72.37	\$72.37
	3/29/2005	4216	\$72.37	\$72.37
	3/30/2005	4216	\$72.37	\$72.37
	3/31/2005	4216	\$72.37	\$72.37
	4/1/2005	4216	\$72.37	\$72.37
	4/4/2005	4216	\$72.37	\$72.37
	4/6/2005	4216	\$72.37	\$72.37
	4/7/2005	4216	\$72.37	\$72.37
	4/8/2005	4216	\$72.37	\$72.37
	4/11/2005	4216	\$72.37	\$72.37
	4/12/2005	4216	\$72.37	\$72.37
	4/13/2005	4216	\$72.37	\$72.37
	4/14/2005	4216	\$72.37	\$72.37
	4/15/2005	4216	\$72.37	\$72.37
	4/18/2005	4216	\$72.37	\$72.37
	4/19/2005	4216	\$72.37	\$72.37
	4/20/2005	4216	\$72.37	\$72.37
	4/21/2005	4216	\$72.37	\$72.37
	4/22/2005	4216	\$72.37	\$72.37
	4/25/2005	4216	\$72.37	\$72.37
	4/27/2005	4216	\$72.37	\$72.37
	4/28/2005	4216	\$72.37	\$72.37
	4/29/2005	4216	\$72.37	\$72.37
	5/2/2005	4216	\$72.37	\$72.37
	5/3/2005	4216	\$72.37	\$72.37
	5/4/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	5/5/2005	4216	\$72.37	\$72.37
	5/6/2005	4216	\$72.37	\$72.37
	5/9/2005	4216	\$72.37	\$72.37
	5/10/2005	4216	\$72.37	\$72.37
	5/13/2005	4216	\$72.37	\$72.37
	5/16/2005	4216	\$72.37	\$72.37
	5/17/2005	4216	\$72.37	\$72.37
	5/18/2005	4216	\$72.37	\$72.37
	5/19/2005	4216	\$72.37	\$72.37
	5/20/2005	4216	\$72.37	\$72.37
	5/23/2005	4216	\$72.37	\$72.37
	5/24/2005	4216	\$72.37	\$72.37
	5/25/2005	4216	\$72.37	\$72.37
	5/26/2005	4216	\$72.37	\$72.37
	5/27/2005	4216	\$72.37	\$72.37
	5/31/2005	4216	\$72.37	\$72.37
	6/1/2005	4216	\$72.37	\$72.37
	6/2/2005	4216	\$72.37	\$72.37
	6/3/2005	4216	\$72.37	\$72.37
	6/6/2005	4216	\$72.37	\$72.37
	6/7/2005	4216	\$72.37	\$72.37
	6/8/2005	4216	\$72.37	\$72.37
	6/9/2005	4216	\$72.37	\$72.37
	6/10/2005	4216	\$72.37	\$72.37
	6/13/2005	4216	\$72.37	\$72.37
	6/14/2005	4216	\$72.37	\$72.37
	6/15/2005	4216	\$72.37	\$72.37
	6/16/2005	4216	\$72.37	\$72.37
	6/17/2005	4216	\$72.37	\$72.37
	6/20/2005	4216	\$72.37	\$72.37
	6/21/2005	4216	\$72.37	\$72.37
	6/22/2005	4216	\$72.37	\$72.37
	6/23/2005	4216	\$72.37	\$72.37
	6/24/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

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Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	6/29/2005	4216	\$72.37	\$72.37
	6/30/2005	4216	\$72.37	\$72.37
	7/1/2005	4216	\$72.37	\$72.37
	7/5/2005	4216	\$72.37	\$72.37
	7/6/2005	4216	\$72.37	\$72.37
	7/7/2005	4216	\$72.37	\$72.37
	7/8/2005	4216	\$72.37	\$72.37
	7/13/2005	4216	\$72.37	\$72.37
	7/14/2005	4216	\$72.37	\$72.37
	7/15/2005	4216	\$72.37	\$72.37
	7/18/2005	4216	\$72.37	\$72.37
	7/20/2005	4216	\$72.37	\$72.37
	7/21/2005	4216	\$72.37	\$72.37
	7/22/2005	4216	\$72.37	\$72.37
	7/25/2005	4216	\$72.37	\$72.37
	7/26/2005	4216	\$72.37	\$72.37
	7/28/2005	4216	\$72.37	\$72.37
	7/29/2005	4216	\$72.37	\$72.37
	8/1/2005	4216	\$72.37	\$72.37
	8/2/2005	4216	\$72.37	\$72.37
	8/3/2005	4216	\$72.37	\$72.37
	8/4/2005	4216	\$72.37	\$72.37
	8/5/2005	4216	\$72.37	\$72.37
	8/8/2005	4216	\$72.37	\$72.37
	8/9/2005	4216	\$72.37	\$72.37
	8/10/2005	4216	\$72.37	\$72.37
	8/11/2005	4216	\$72.37	\$72.37
	8/12/2005	4216	\$72.37	\$72.37
	8/15/2005	4216	\$72.37	\$72.37
	8/16/2005	4216	\$72.37	\$72.37
	8/17/2005	4216	\$72.37	\$72.37
	8/18/2005	4216	\$72.37	\$72.37
	8/19/2005	4216	\$72.37	\$72.37
	8/22/2005	4216	\$72.37	\$72.37

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit II

Page 18 of 18

Uncertified Site

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
99	8/29/2005	4216	\$72.37	\$72.37
Total Services			<u>576</u>	<u>\$44,507.55</u>

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit III

Page 1 of 2

Duration of Visit Not Documented

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
4	2/4/2004	4216	\$77.03	\$77.03
	3/10/2004	4216	\$77.03	\$77.03
9	5/20/2004	4215	\$72.37	\$72.37
11	6/29/2004	4216	\$72.37	\$72.37
14	5/13/2005	4215	\$72.37	\$72.37
17	1/6/2004	4215	\$77.03	\$77.03
	1/17/2004	4215	\$77.03	\$77.03
	2/21/2004	4215	\$77.03	\$77.03
	4/24/2004	4215	\$72.37	\$72.37
18	4/20/2004	4216	\$72.37	\$72.37
26	6/18/2004	4218	\$87.71	\$87.71
	6/22/2004	4218	\$87.71	\$87.71
	7/6/2004	4218	\$87.71	\$87.71
27	12/23/2003	4215	\$77.03	\$77.03
28	12/14/2004	4216	\$72.37	\$72.37
	12/29/2004	4216	\$72.37	\$72.37
	12/30/2004	4216	\$72.37	\$72.37
	4/29/2005	4216	\$72.37	\$72.37
32	4/13/2004	4215	\$72.37	\$72.37
38	8/5/2004	4216	\$72.37	\$72.37
	8/19/2004	4216	\$72.37	\$72.37
40	12/10/2004	4215	\$72.37	\$72.37
	2/9/2005	4216	\$72.37	\$72.37
46	8/3/2004	4216	\$72.37	\$72.37
	8/17/2004	4216	\$72.37	\$72.37
62	1/22/2004	4216	\$77.03	\$77.03
68	2/21/2004	4215	\$77.03	\$77.03
	3/9/2004	4216	\$77.03	\$77.03

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit III

Page 2 of 2

Duration of Visit Not Documented

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
68	8/18/2004	4216	\$72.37	\$72.37
69	10/15/2004	4216	\$72.37	\$72.37
75	3/9/2004	4216	\$77.03	\$77.03
80	8/13/2004	4215	\$72.37	\$72.37
86	2/1/2005	4215	\$72.37	\$72.37
	3/1/2005	4215	\$72.37	\$72.37
	4/14/2005	4215	\$72.37	\$72.37
	6/8/2005	4215	\$72.37	\$72.37
93	8/17/2005	4216	\$72.37	\$72.37
94	2/12/2004	4215	\$77.03	\$77.03
96	5/27/2004	4215	\$72.37	\$72.37
	6/23/2004	4216	\$72.37	\$72.37
	8/18/2004	4216	\$72.37	\$72.37
	9/15/2004	4215	\$72.37	\$72.37
	10/13/2004	4215	\$72.37	\$72.37
	11/3/2004	4215	\$72.37	\$72.37
	12/2/2004	4215	\$72.37	\$72.37
	12/30/2004	4215	\$72.37	\$72.37
	2/3/2005	4215	\$72.37	\$72.37
	3/11/2005	4215	\$72.37	\$72.37
	4/12/2005	4215	\$72.37	\$72.37
	7/15/2005	4215	\$72.37	\$72.37
	8/12/2005	4215	\$72.37	\$72.37
	9/14/2005	4215	\$72.37	\$72.37
	10/12/2005	4215	\$72.37	\$72.37
	12/6/2005	4215	\$72.37	\$72.37
Total Services			54	\$4,005.26

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit IV

Page 1 of 2

Missing Progress Note

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
5	8/13/2005	4218	\$87.71	\$87.71
	8/14/2005	4218	\$87.71	\$87.71
12	1/29/2004	4216	\$77.03	\$77.03
	4/22/2004	4215	\$72.37	\$72.37
14	3/10/2005	4216	\$72.37	\$72.37
	5/16/2005	4216	\$72.37	\$72.37
19	12/30/2004	4216	\$72.37	\$72.37
	2/17/2005	4216	\$72.37	\$72.37
26	6/8/2004	4218	\$87.71	\$87.71
	6/9/2004	4218	\$87.71	\$87.71
28	1/6/2005	4216	\$72.37	\$72.37
	4/22/2005	4216	\$72.37	\$72.37
	6/20/2005	4216	\$72.37	\$72.37
40	12/30/2004	4216	\$72.37	\$72.37
	1/10/2005	4216	\$72.37	\$72.37
	2/10/2005	4216	\$72.37	\$72.37
	2/17/2005	4216	\$72.37	\$72.37
	3/7/2005	4216	\$72.37	\$72.37
	3/11/2005	4216	\$72.37	\$72.37
42	3/17/2005	4216	\$72.37	\$72.37
	10/24/2005	4218	\$87.71	\$87.71
46	8/10/2004	4216	\$72.37	\$72.37
	8/26/2004	4216	\$72.37	\$72.37
53	1/28/2004	4216	\$77.03	\$77.03
	5/18/2004	4216	\$72.37	\$72.37
	6/18/2004	4216	\$72.37	\$72.37
	6/23/2004	4216	\$72.37	\$72.37
60	6/16/2005	4216	\$72.37	\$72.37
62	12/23/2003	4216	\$77.03	\$77.03

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit IV

Page 2 of 2

Missing Progress Note

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
62	4/8/2004	4216	\$72.37	\$72.37
68	7/31/2004	4216	\$72.37	\$72.37
71	1/24/2005	4216	\$72.37	\$72.37
	7/20/2005	4216	\$72.37	\$72.37
73	11/9/2005	4215	\$72.37	\$72.37
	12/15/2005	4216	\$72.37	\$72.37
80	1/14/2005	4216	\$72.37	\$72.37
81	3/18/2005	4216	\$72.37	\$72.37
86	2/14/2005	4216	\$72.37	\$72.37
91	11/4/2005	4218	\$87.71	\$87.71
96	6/11/2005	4215	\$72.37	\$72.37
	8/5/2005	4215	\$72.37	\$72.37
	10/7/2005	4215	\$72.37	\$72.37
Total Services			42	\$3,145.56

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit V

Page 1 of 1

Missing/Late Initial Individual Treatment Plan

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
14	7/20/2005	4216	\$72.37	\$72.37
20	2/9/2004	4215	\$77.03	\$77.03
	2/21/2004	4215	\$77.03	\$77.03
	2/28/2004	4215	\$77.03	\$77.03
27	2/9/2004	4216	\$77.03	\$77.03
	2/10/2004	4216	\$77.03	\$77.03
	2/11/2004	4216	\$77.03	\$77.03
	2/17/2004	4215	\$77.03	\$77.03
	2/18/2004	4216	\$77.03	\$77.03
	2/20/2004	4216	\$77.03	\$77.03
	2/23/2004	4216	\$77.03	\$77.03
	2/27/2004	4216	\$77.03	\$77.03
	3/1/2004	4216	\$77.03	\$77.03
	3/15/2004	4216	\$77.03	\$77.03
30	4/2/2004	4216	\$72.37	\$72.37
	4/7/2005	4218	\$87.71	\$87.71
	4/8/2005	4218	\$87.71	\$87.71
	4/11/2005	4218	\$87.71	\$87.71
	4/12/2005	4218	\$87.71	\$87.71
	4/18/2005	4218	\$87.71	\$87.71
Total Services			20	\$1,584.68

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit VI

Page 1 of 1

Missing Treatment Plan Review

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
28	1/13/2005	4216	\$72.37	\$72.37
	1/20/2005	4216	\$72.37	\$72.37
	1/24/2005	4216	\$72.37	\$72.37
	1/28/2005	4216	\$72.37	\$72.37
	2/3/2005	4215	\$72.37	\$72.37
	2/4/2005	4216	\$72.37	\$72.37
	2/11/2005	4215	\$72.37	\$72.37
	2/18/2005	4216	\$72.37	\$72.37
	3/4/2005	4216	\$72.37	\$72.37
	3/17/2005	4216	\$72.37	\$72.37
	3/18/2005	4216	\$72.37	\$72.37
	3/24/2005	4216	\$72.37	\$72.37
	4/7/2005	4215	\$72.37	\$72.37
65	6/5/2004	4216	\$72.37	\$72.37
	6/7/2004	4218	\$87.71	\$87.71
	6/8/2004	4215	\$72.37	\$72.37
	6/9/2004	4218	\$87.71	\$87.71
	6/10/2004	4218	\$87.71	\$87.71
	6/12/2004	4216	\$72.37	\$72.37
	6/14/2004	4218	\$87.71	\$87.71
Total Services			20	\$1,508.76

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit VII

Page 1 of 1

Missing Record of Attendance

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
6	10/20/2005	4215	\$72.37	\$72.37
8	12/30/2004	4216	\$72.37	\$72.37
11	5/25/2004	4216	\$72.37	\$72.37
50	12/2/2002	4218	\$87.71	\$87.71
72	7/19/2005	4215	\$72.37	\$72.37
94	3/16/2005	4216	\$72.37	\$72.37
Total Services			6	\$449.56

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit VIII

Page 1 of 1

Duration of Clinic Visit Less Than Thirty Minutes

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
7	5/13/2005	4215	\$72.37	\$72.37
39	4/1/2004	4215	\$72.37	\$72.37
71	4/2/2005	4215	\$72.37	\$72.37
75	3/2/2004	4216	\$77.03	\$77.03
	3/23/2004	4216	\$77.03	\$77.03
	4/22/2004	4215	\$72.37	\$72.37
Total Services			6	\$443.54

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit IX

Page 1 of 1

Group Counseling Patient Limit Exceeded

Sample #	Date of Service	Rate Code Billed	Amount Paid	Amount Disallowed
8	4/16/2004	4216	\$72.37	\$72.37
	4/22/2004	4216	\$72.37	\$72.37
31	8/9/2004	4216	\$72.37	\$72.37
	8/27/2004	4216	\$72.37	\$72.37
80	7/16/2004	4216	\$72.37	\$72.37
Total Services			5	\$361.85

BRIDGE BACK TO LIFE CENTER, INC.

Provider Number: [REDACTED]

Audit Number: 07-1190

Exhibit X

Page 1 of 1

Additional Findings Pertaining to Sampled Items

<u>Sample #</u>	<u>Date of Service</u>	<u>Primary Finding</u>	<u>Other Findings Pertaining to Sampled Item</u>
14	7/20/2005	Missing/Late Initial Individual Treatment Plan	Missing Progress Note
20	2/21/2004	Missing/Late Initial Individual Treatment Plan	Duration of Clinic Visit Less Than Thirty Minutes
	2/28/2004	Missing/Late Initial Individual Treatment Plan	Missing Progress Note
50	12/2/2002	Missing Record of Attendance	Missing Treatment Plan Review

FINAL DISPOSITION FOR SAMPLED SELECTIONS CHANGED FROM DRAFT TO FINAL AUDIT REPORT

BRIDGE BACK TO LIFE CENTER, INC.
 OUTPATIENT CHEMICAL DEPENDENCE SERVICES AUDIT
 AUDIT #07-1190
 AUDIT PERIOD: 1/1/2004 - 12/31/2005

BRIDGE SCHEDULE

SAMPLE #	DATE OF SERVICE	FINDING	DRAFT REPORT AMOUNT DISALLOWED	FINAL REPORT AMOUNT DISALLOWED	CHANGE
11	6/10/2004	Duration of Visit Not Documented	\$72.37	\$0.00	(\$72.37)
TOTALS			<u>\$72.37</u>	<u>\$0.00</u>	<u>(\$72.37)</u>

Note: The adjustment shown above only reflects the one that was revised as a result of the provider's response. All other financial adjustments remain the same as shown in the Draft Audit Report.