

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
STIPULATION AND CONSENT ORDER

In the matter of:

Connecticut Behavioral Health Associates

In this matter, the Department of Social Services ("DSS") and Connecticut Behavioral Health Associates ("CBHA") enter into this Stipulation and Consent Order and thereby mutually agree to settle all claims, liabilities, and obligations arising from the facts and circumstances stipulated herein without further controversy, trial, or adjudication, all in accordance with the Uniform Administrative Procedures Act, Chapter 54 of the Connecticut General Statutes, Regulations of Connecticut State Agencies §§ 17b-262-531(j)-(m) and §§ 17-83k-1 through 17-83k-7, and Connecticut General Statutes §§ 17b-99 and 17b-103, governing hearings and enforcement procedures before and by DSS with respect to refunds by medical providers to patients eligible for participation in the Connecticut Medical Assistance Program ("CTMAP").

Recitals

- A. On or about May 4, 2011, DSS notified CBHA that approximately 400 CTMAP patients treated for opioid dependence detoxification (ODD) utilizing Suboxone or Subutex ("Suboxone treatments") were covered under CTMAP and directed, pursuant to Regulations of Connecticut State Agencies §§ 17b-262-526 and 17b-262-531 and DSS's Provider Enrollment Agreement, that CBHA issue refunds for ODD services billed to and paid by any eligible CTMAP patients. CBHA's billing and collection of payments from approximately 400 CTMAP patients for ODD utilizing Suboxone treatments covered under CTMAP is referred to hereafter as the "Disputed Conduct."

- B. On June 2, 2011, CBHA, through its counsel, rejected the contention by DSS that Suboxone treatments were payable under CTMAP, due to the nature of the care and absence of applicable billing codes, and denied any obligation of CBHA to refund amounts paid by CTMAP patients for Suboxone treatments.
- C. On August 12, 2011, the State Office of the Attorney General ("AG") reiterated on behalf of DSS its demand that CBHA refund payments from CTMAP patients for Suboxone treatments and reserved its right to seek available remedies and penalties authorized by law should CBHA refuse. The parties thereafter met on November 17, 2011 in an effort to resolve the issues raised by the Disputed Conduct.
- D. This Stipulation and Consent Order is neither an admission of liability by CBHA nor a concession by the DSS that its claims are not legally cognizable. To avoid the delay, uncertainty, and expense of protracted litigation of the Disputed Conduct, and in consideration of the mutual promises and obligations of this Agreement, DSS and CBHA agree and covenant as follows:

Terms and Conditions

- 1. Pursuant to Connecticut General Statutes §§ 17b-99 and 17b-103, and Regulations of Connecticut State Agencies §§ 17-83k-1 through 17-83k-7 and §17b-262-531, inclusive, and the Consent Order, below, CBHA shall make restitution to certain CTMAP beneficiaries as a condition of its continued participation in the CTMAP. The maximum amount refundable to CTMAP beneficiaries is \$512,224.00 for services CBHA provided from October 2006 until September 2011.
- 2. DSS has provided a list of CBHA patients, together with their CTMAP eligibility dates, who may be entitled to refunds for their Suboxone treatments. Attached hereto

and incorporated herein by reference as Exhibit A is an itemization, including amounts to be refunded to the patients and subsequently reimbursed by DSS.

3. CBHA shall confirm and provide notice to all CTMAP eligible patients that paid for Suboxone treatments of their entitlement to a refund, in a letter approved by DSS and attached hereto and incorporated herein by reference as Exhibit B ("Refund Letter").
4. Refund Letters will be mailed by CBHA to all patients in Exhibit A at their last known address by certified mail with a return receipt requested. For the purpose of the mailing, the patients in Exhibit A shall be divided into quarterly groups of approximately equal number. Refund Letters shall be mailed to all patients in Exhibit A after the effective date of this Stipulation and Consent Order as follows: to the first quarterly group not later than 60 days; to the second quarterly group not later than 120 days; to the third quarterly group not later than 180 days; and, to the fourth quarterly group not later than 270 days.
5. Any Refund Letter returned by the U.S. Postal Service as "undeliverable" will be forwarded to DSS, which will then attempt to determine a current address for CBHA to send a second Refund Letter by certified mail with a return receipt requested. If CBHA does not receive a response by the CTMAP beneficiary to the first or second Refund Letter, or the second Refund Letter is also returned as "undeliverable," CBHA will not be obligated to make further attempts to contact the CTMAP beneficiary.
6. All refunds will be processed by CBHA in accordance with the terms of the Refund Letter.

7. Processed refunds will be documented through cancelled checks. DSS will coordinate with its fiscal administrator, HP, to reimburse CBHA for CTMAP patient refunds within 30 days of their submission.
8. DSS will waive timely filing and prior authorization requirements for reimbursement claims, to be paid per DSS fee schedules in effect on the date of the Medicaid eligible service and in accordance with appropriate procedure codes. All such claims are subject to review and/or audit, disallowance, and recoupment by DSS for the limited purposes of confirming the payment of the refunds and recouping payment in the event any refunds are not paid.
9. Any notice necessary under this Stipulation and Consent Order shall be in writing and delivered by facsimile or certified mail return receipt requested. Such notice shall be effective upon receipt. Notice shall be addressed to the Department as follows:

John F. McCormick, Director
Office of Quality Assurance
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Gregory K. O'Connell, Assistant Attorney General
Office of the Attorney General
P.O. Box 120
55 Elm Street
Hartford, CT 06141-0120

Notice shall be addressed to CBHA as follows:

Mr. A. J. Traboulsi
Connecticut Behavioral Health Associates
41 Faire Harbour Place
New London, CT 06320

10. CBHA admits all jurisdiction of the Commissioner to issue this Stipulation and Consent Order. CBHA admits all jurisdictional facts and that DSS has complied with

all statutory and regulatory procedures in connection with the Disputed Conduct, but expressly denies that it has violated any terms and conditions of its provider agreement with DSS, any state regulation or the general statutes, in billing CTMAP patients directly for Suboxone treatments. CBHA waives and shall not assert any defenses CBHA may have to this Stipulation and Consent Order. CBHA waives any further notice of this Stipulation and Consent Order and agrees not to contest such Stipulation and Consent Order, under Connecticut General Statutes § 17b-99 and Regulations of Connecticut State Agencies §§ 17-83k-1 through 17-83k-7, inclusive, either administratively or in any state or federal court. CBHA understands this Stipulation and Consent Order shall have no force or effect, nor shall it become a part of the official record, unless or until it is accepted in writing by the Commissioner. Upon written acceptance by the Commissioner, this Stipulation and Consent Order shall become final without further notice to CBHA and shall relieve the Commissioner from all responsibility to render a final decision under Connecticut General Statutes § 17b-99 and Regulations of Connecticut State Agencies §§ 17-83k-1 through 17-83k-7, inclusive. This Stipulation and Consent Order shall have the same force and effect of law as an Order entered into as a final decision after a full hearing with Findings of Fact and Conclusions of Law. This Stipulation and Consent Order shall be enforceable by DSS in the same manner in which a final decision by the Commissioner is enforceable. This Stipulation and Consent Order shall be governed by the laws of the State of Connecticut. CBHA agrees that exclusive jurisdiction and venue for any dispute arising under the Consent Order shall be the Superior Court for the Hartford Judicial District.

11. CBHA fully and finally releases DSS, the State of Connecticut, and their respective agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that CBHA have asserted, could have asserted, or may assert in the future against the Department, the State of Connecticut, and their respective agencies, employees, servants, and agents, concerning the Disputed Conduct and the investigation and prosecution thereof by DSS and the State of Connecticut.
12. If CBHA fully complies with all the terms and conditions of this Stipulation and Consent Order, DSS will not seek any additional administrative sanction, under Regulations of Connecticut State Agencies § 17-83k-1 through 17-83k-7, and Connecticut General Statutes § 17b-99 and 17b-103, against CBHA and occurring prior to the effective date of this Stipulation and Consent Order, relating to the Disputed Conduct. This Stipulation and Consent Order has no bearing on any criminal, civil, or federal administrative liability CBHA may have for the Disputed Conduct.
13. Except as explicitly stated, this Stipulation and Consent Order shall not create or extinguish any of the rights or obligations of CBHA and DSS. This Stipulation and Consent Order shall have no precedential effect whatsoever adverse to CBHA and DSS, and is based upon the unique circumstances surrounding this case. This Stipulation and Consent Order constitutes the complete agreement between CBHA and DSS. This Stipulation and Consent Order may not be amended except by written consent of both CBHA and the DSS Commissioner.
14. By their signature below each signatory warrants that they have full power and authority to enter into this Agreement on behalf of the party for which they sign, and

that the signatory has been properly authorized and empowered to enter into this Stipulation and Consent Order. CBHA has read this Agreement, understands it, and agrees to be bound by it. CBHA is knowingly and voluntarily signing this Consent Order. CBHA and DSS further acknowledge that they have negotiated the terms of this agreement, have consulted with counsel regarding same, and that they accept and freely enter into this agreement. CBHA and DSS consent to the disclosure of this Stipulation and Consent Order to the public, except any portions containing CTMAP beneficiaries' personal identifying information shall not be disclosed.

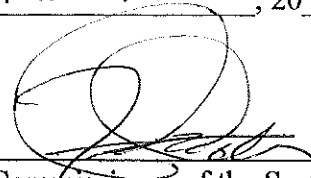
WITNESS

CONNECTICUT BEHAVIORAL
HEALTH ASSOCIATES


Bassam Awwa, M.D.


Krista M. Strazza
Print Name

Acknowledged before me on the 20th day of March, 2013.


Commissioner of the Superior Court/
Notary Public
My commission expires on:

3/25/13
Date

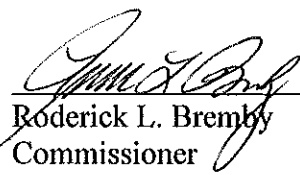
STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES


John F. McCormick, Director
Office of Quality Assurance
Department of Social Services

CONSENT ORDER

The provisions of the Consent Order between Connecticut Behavioral Health Associates and the State of Connecticut Department of Social Services, set forth in paragraphs 1 through 14, above, are hereby incorporated by reference and accepted as an order of the State of Connecticut Department of Social Services.

Accepted and approved and Consent Order entered by the Commissioner on the 26th day of March, 2013.



Roderick L. Bremby
Commissioner
Department of Social Services