

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA and THE  
STATES OF MARYLAND, NEW JERSEY, NEW  
YORK, TENNESSEE, TEXAS, AND THE CITY  
OF NEW YORK *ex rel.* SCOIF LLC,

Plaintiffs,

v.

COMMUNITY OPTIONS, INC. and  
COMMUNITY OPTIONS OF NEW YORK,  
INC.,

Defendants.

STIPULATION AND ORDER  
OF SETTLEMENT AND  
DISMISSAL

Civil Action No. 20-cv-4684

Hon. Valerie Caproni

**THIS STIPULATION AND ORDER OF SETTLEMENT AND DISMISSAL** (the “Agreement”) is entered into among the State of New York (the “State”), by the Office of the Attorney General, through the Medicaid Fraud Control Unit (“MFCU”), Community Options, Inc., Community Options New York, Inc. (“Community Options NY” and collectively, with Community Options, Inc., “Community Options”), and SCOIF LLC (“Relator”). The State, Community Options, and Relator shall be collectively referred to herein as the “Parties.”

**WHEREAS**, Community Options, Inc. is a not-for-profit corporation organized under the laws of the State of New Jersey with its principal place of business at 16 Farber Road, Princeton, New Jersey 08540;

**WHEREAS**, Defendant Community Options, Inc., among other things, oversees Community Options NY’s operations in New York and provides administrative support, including a centralized billing team, which handles Community Options NY’s submission of claims for reimbursement to the New York Medicaid Program;

**WHEREAS**, Community Options NY is a not-for-profit corporation organized under the laws of the State of New York with its principal place of business at 350 5<sup>th</sup> Avenue Suite 5230, New York, New York 10118;

**WHEREAS**, Community Options NY is enrolled as a provider of medical services in the New York State Medical Assistance Program (the “Medicaid Program” or “Medicaid”) under Provider ID 02703937;

**WHEREAS**, Community Options NY, among other things, operates a network of residential and non-residential facilities and programs for adults with developmental or intellectual disabilities throughout the State of New York, including in Brooklyn, Manhattan, Queens, Binghamton, Vestal, Waverly, and Syracuse. Community Options NY provides, among other things, Day Habilitation services to adults with developmental or intellectual disabilities at certified sites and in the community;

**WHEREAS**, Day Habilitation services are programs intended to help adults with developmental or intellectual disabilities improve their independence and skills in daily activities. Day Habilitation services are face-to-face services provided outside of an individual’s home, usually at a certified site or in the community. *See* 14 NYCRR § 635-10.3(b)(2). In New York, Day Habilitation services are overseen by the New York State Office for People With Developmental Disabilities (“OPWDD”), and are reimbursed by New York’s Medicaid Program pursuant to a Home and Community-Based Services waiver between the State of New York and the Centers for Medicare and Medicaid Services;

**WHEREAS**, in order to receive payment from the New York Medicaid Program for the provision of Day Habilitation services, Community Options is required to comply with state regulations, including those set forth at 14 NYCRR § 635-10.5(c), and service documentation

requirements promulgated by OPWDD concerning Day Habilitation services, including program day duration and face-to-face service delivery requirements, 14 NYCRR § 635-10.5(c)(6), maintenance of contemporaneous daily service and monthly summary documentation, *id.*, OPWDD Administrative Memoranda #2006-01, 2006-01R, maintenance and review of Life Plans and Day Habilitation Staff Action Plans, 14 NYCRR §§ 635-10.5(c)(4)(iii), 635-99.1(bk), and maintenance and review of annual Level of Care Eligibility Determinations, 14 NYCRR § 633.10(a)(2) (collectively, the “OPWDD Requirements”);

**WHEREAS**, during all times relevant to this Agreement, Community Options executed annual Certification Statements For Provider Billing Medicaid through the State’s Medicaid Fiscal Agent (“Certification Statements”), pursuant to 18 NYCRR §§ 504.1 (b)(1), 504.9, certifying that all claims that Community Options submitted for reimbursement to Medicaid were made in full compliance with applicable federal and state laws and regulations and pertinent provisions of the eMedNY Provider Manual and all revisions thereto, and that Community Options understood and agreed that it would be subject to and bound by all rules, regulations, policies, standards, fee codes, and procedures of the New York State Department of Health (“NYSDOH”) and the Office of the Medicaid Inspector General (“OMIG”) as set forth in statute or title 18 of the Official Compilation of Codes, Rules and Regulations of New York State and other publications of NYSDOH, including eMedNY Provider Manuals and other official bulletins of NYSDOH;

**WHEREAS**, on June 15, 2020 Relator filed a *qui tam* action in the United States District Court for the Southern District of New York, captioned *United States of America and the States of Maryland, New Jersey, New York, Tennessee, Texas and the City of New York ex rel. SCOIF, LLC v. Community Options, Inc. and Community Options of New York, Inc.*, No. 20-cv-4684 (the “Civil

Action”), pursuant to the *qui tam* provisions of the federal False Claims Act, 31 U.S.C. § 3730(b), and the New York State False Claims Act (“State False Claims Act”), State Finance Law § 190;

**WHEREAS**, on November 27, 2024, the State filed a Notice of Election to Partially Intervene in the Civil Action and intends to resolve the State’s claims for the Covered Conduct under the provisions in Paragraph 7 below by way of this Agreement;

**WHEREAS**, the State and the United States, investigated the allegations in the Civil Action and found that Community Options engaged in the following conduct described below (the “Covered Conduct”):

From January 1, 2017 to September 13, 2024 (the “Covered Period”), Community Options violated the State False Claims Act by knowingly (1) submitting and/or causing the submission of false claims for payment to the New York Medicaid Program for the provision of Day Habilitation services that failed to comply with one or more OPWDD Requirements concerning the delivery and documentation of such services; and (2) improperly avoiding the return of certain payments for claims submitted to the New York Medicaid Program associated with Day Habilitation services (the “Overpayments” specifically identified in Exhibit A attached hereto) that Community Options identified in January 2022 as not meeting one or more OPWDD Requirements concerning the delivery and documentation of such services;

**WHEREAS**, as a result of the Covered Conduct, Community Options caused the State to suffer damages of at least the amount to be repaid under this Agreement;

**WHEREAS**, the State has civil claims against Community Options as a result of the Covered Conduct, including under the State False Claims Act, N.Y. Executive Law § 63(12), N.Y. Executive Law § 63-c, N.Y. Social Services Law § 145-b, and the common law;

**WHEREAS**, Community Options wishes to resolve its civil liability for the Covered Conduct;

**WHEREAS**, Relator claims entitlement under N.Y. State Finance Law § 190(6) to a share of the proceeds of this Agreement, nothing in this Agreement shall preclude Relator from seeking to recover its expenses or attorneys' fees and costs from Community Options;

**WHEREAS**, the total amount to be paid in settlement of the claims of the United States and the State of New York related to the Covered Conduct is Five Million, Sixteen Thousand, Six Hundred and Twenty-Six Dollars, and Eleven Cents (\$5,016,626.11), plus interest ("Total Settlement Amount");

**WHEREAS**, Community Options intends to enter into a separate agreement with the United States ("United States Agreement") to resolve claims asserted by the United States for the Covered Conduct and has agreed to pay a total of Two Million, One Hundred Forty-Eight Thousand, Five Hundred and Forty Dollars, and Thirty-Seven Cents (\$2,148,540.37) plus interest to the United States for the federal Medicaid share of the Total Settlement Amount pursuant to the United States Agreement;

**WHEREAS**, Community Options will enter into a Corporate Integrity Agreement with the Office of Inspector General for the Department of Health and Human Services as a result of the Covered Conduct;

**WHEREAS**, the Parties have, through this Agreement, reached a mutually agreeable resolution addressing the State's claims against Community Options in the Civil Action; and

**WHEREAS**, contemporaneous with the filing of this Agreement, Relator is filing a Partial Notice of Voluntary Dismissal in which the Relator is dismissing, with prejudice, its claims against

Community Options that are not encompassed by the Covered Conduct and without prejudice to any rights or claims possessed by the State with respect to those claims.

**NOW, THEREFORE**, in consideration of the mutual covenants and undertakings set forth herein, **IT IS HEREBY ORDERED** that:

**TERMS AND CONDITIONS**

1. Community Options admits, acknowledges, and accepts responsibility for the following conduct:

- a. In order to receive payment from the New York Medicaid Program for the provision of Day Habilitation services, Community Options was required to ensure that such services were delivered and documented in compliance with the OPWDD Requirements.
- b. During the Covered Period, Community Options failed to maintain policies concerning the provision and documentation of Day Habilitation services consistent with the OPWDD Requirements and failed to adequately train their employees on compliance with the OPWDD Requirements. As a result, Community Options' employees routinely failed to deliver and document Community Options NY's provision of Day Habilitation services in accordance with the OPWDD Requirements.
- c. In many instances, and contrary to OPWDD Requirements, Community Options NY: did not accurately complete and adequately maintain daily service documentation, monthly summaries, Life Plans, Staff Action Plans, and Level of Care Eligibility Determinations for individuals enrolled in Community Options NY's Day Habilitation programs; failed to complete such

documentation in a timely manner; or failed to provide the necessary review and approval of Life Plans, Day Habilitation Staff Action Plans, and Level of Care Eligibility Determinations on a semi-annual or annual basis.

- d. Nonetheless, Community Options submitted claims for, and received, reimbursement from the New York Medicaid Program to which it was not entitled for Day Habilitation services that did not meet OPWDD Requirements.
- e. As a provider of services under New York's Medicaid Program, Community Options NY was required to adopt and implement an effective corporate compliance program that includes measures that prevent, detect, and correct non-compliance with Medicaid requirements, such as the OPWDD Requirements, as well as report and return identified overpayments to the New York Medicaid Program.
- f. Nonetheless, during the Covered Period, Community Options NY failed to implement an effective compliance program concerning the provision and documentation of Day Habilitation services. Specifically, Community Options NY did not conduct routine audits of Day Habilitation service documentation to ensure compliance with the OPWDD Requirements. Additionally, Community Options NY failed to conduct any audits of daily service records for its Day Habilitation programs.
- g. Community Options NY was required to report and return overpayments associated with Day Habilitation services that did not meet the OPWDD Requirements to the New York Medicaid Program. Nonetheless, when Community Options conducted non-routine reviews that identified their receipt

and retention of overpayments associated with Day Habilitation services, it failed to report and return those overpayments to the New York Medicaid Program.

2. Community Options shall pay to the State Two Million, Eight Hundred Sixty-Eight Thousand, Eighty-Five Dollars, and Seventy-Four Cents (**\$2,868,085.74**), plus any applicable interest at a rate of 4.65% per annum accruing December 12, 2024 to the date of payment (the “Settlement Amount”), pursuant to the terms set forth herein, within seven (7) calendar days of the Effective Date (as defined in Paragraph 33 herein). One Million Four Hundred Thirty-Four Thousand, Forty-Two Dollars, and Eighty-Seven Cents (**\$1,434,042.87**) of the Settlement Amount constitutes restitution.

3. Community Options shall take reasonable steps to ensure that all Day Habilitation services it provides in New York State comply with OPWDD Requirements.

4. Community Options agrees to cooperate fully and truthfully with the State’s investigation of individuals and entities not released in this Agreement. Upon reasonable notice, Community Options shall encourage, and agrees not to impair, the cooperation of its directors, officers, and employees, and shall use their best efforts to make available, and encourage, the cooperation of former directors, officers, and employees for interviews and testimony, consistent with the rights and privileges of such individuals. Community Options further agrees to furnish to the State, upon request, complete and unredacted copies of all non-privileged documents, reports, memoranda of interviews, and records in its possession, custody, or control concerning any investigation of the Covered Conduct that it has undertaken, or that has been performed by another on its behalf.



5. Pursuant to the State's obligations under N.Y. Finance Law § 190(6)(a) and the terms of this Agreement, as soon as practicable after the State's receipt of the Settlement Amount, the State shall pay Relator nineteen percent (19%) of such payment ("Relator's Share"). The undersigned Relator's counsel shall provide the State with written instructions to facilitate such payments. The State's obligation to pay the Relator's Share is conditioned upon the State's receipt of payment from Community Options, and in no event will the Relator's Share exceed nineteen percent (19%) of the Settlement Amount.

6. The Settlement Amount does not include Relator's reasonable expenses, attorneys' fees, and costs pursuant to New York State Finance Law § 190(6), which shall be paid separately by Community Options to Relator. Nothing in this Agreement shall preclude Relator from seeking to recover its expenses or attorneys' fees and costs from Community Options. Community Options, Inc. and Community Options NY shall be jointly and severally liable for the Settlement Amount and all payments due pursuant to this Agreement.

7. Subject to the provisions in Paragraph 8 (concerning reserved claims) and subject to Paragraph 15 (concerning default) and Paragraph 16 (concerning bankruptcy proceedings) below, and conditioned upon full payment of the Settlement Amount by Community Options, the State releases Community Options, its successors, assigns, present and former parents, subsidiaries, and affiliates from any civil monetary claim against Community Options for the Covered Conduct under the State False Claims Act, N.Y. Executive Law § 63(12), N.Y. Executive Law § 63-c, N.Y. Social Services Law § 145-b, and the common law theories of disgorgement, payment by mistake, money had and received, unjust enrichment, breach of contract, and fraud.

8. Notwithstanding the releases given in Paragraph 7 above, or any other term of this Agreement, the State specifically does not release:

- a. Any liability arising under state tax law;
- b. Any criminal liability;
- c. Any administrative liability, including mandatory or permissive exclusion from the State's Medicaid Program;
- d. Any liability that Community Options has or may have to the State or to individual consumers or state program payors under any statute, regulation, or rule not expressly covered by the releases in Paragraph 7 above, including but not limited to any and all claims involving unfair and/or deceptive acts and practices and/or violations of consumer protection laws;
- e. Any liability to the State (or its agencies) for any conduct other than the Covered Conduct;
- f. Any liability for personal injury, patient abuse, or neglect, arising from the Covered Conduct;
- g. Any liability of individuals for the Covered Conduct;
- h. Any liability that may be asserted by or on behalf of any payor or insurer paid by the State's Medicaid Program on a capitated basis, other than liability of Community Options to the State for the Covered Conduct; and
- i. Any liability based upon obligations created by this Agreement.

9. In consideration of the obligations of the State set forth in this Agreement, Community Options, for itself and for its successors, assigns, present and former parents, subsidiaries, and affiliates waives, discharges, and fully releases the State, its agencies, officers, political subdivisions, employees, servants, and agents, from any claims (including attorneys' fees, costs, and expenses of every kind and however denominated) that Community Options asserted,

could have asserted, or may assert in the future, against the State, its agencies, officers, political subdivisions, employees, servants, and agents, relating to the Covered Conduct, the allegations set forth in the Civil Action, and the State's investigation and prosecution thereof.

10. In consideration of the obligations of Community Options in this Agreement, and conditioned upon Community Options' full payment of the Settlement Amount, Relator, for itself and for its members, heirs, successors, attorneys, agents, and assigns releases Community Options, its successors, assigns, present and former parents, subsidiaries, and affiliates and all of their current or former officers, directors, employees, and agents from any claims and all manner of claims, proceedings, liens, and causes of action of any kind or description, whether known or unknown, that Relator has asserted or could have asserted against Community Options related to or arising from the Covered Conduct or the allegations in the Civil Action provided, however, that nothing in this Agreement shall preclude Relator from seeking to recover his reasonable expenses and attorneys' fees and costs from Community Options pursuant to State Finance Law § 190(6)(a).

11. Community Options for itself and for its successors, assigns, present and former parents, subsidiaries, and affiliates fully and finally releases Relator, its members, heirs, successors, attorneys, agents, and assigns from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Community Options has asserted, could have asserted, or may assert in the future against Relator related to the Covered Conduct, the allegations set forth in the Civil Action, and Relator's investigation and prosecution thereof.

12. Conditioned upon Relator's receipt of the payment described in Paragraph 5, Relator, for itself and for its members, heirs, successors, attorneys, agents, and assigns hereby waives, discharges, and fully releases the State, its agencies, officers, political subdivisions, employees, servants, and agents from any claims (including attorneys' fees, costs, and expenses

of every kind and however denominated) that Relator has asserted, could have asserted, or may assert in the future against the State, its agencies, officers, political subdivisions, employees, servants, and agents, arising from the Covered Conduct, the allegations in the Civil Action, including the investigation and prosecution thereof, and from any claim to a share of the proceeds of the Settlement Amount except as provided in Paragraph 5.

13. Relator, on behalf of itself and its members, heirs, successors, attorneys, agents, and assigns, shall not object to this Agreement and confirms that this Agreement is fair, adequate, and reasonable under all the circumstances pursuant to New York State Finance Law § 190(5)(b)(ii).

14. Community Options waives and shall not assert any defenses it may have to criminal prosecution or administrative action for the Covered Conduct, which defenses may be based in whole, or in part, upon a contention made under the Double Jeopardy Clause of the Fifth Amendment of the Constitution, or under the Excessive Fines Clause of the Eighth Amendment of the Constitution, and shall not assert that this Agreement bars a remedy sought in such criminal prosecution or administrative action.

15. Community Options shall be in default of this Agreement if it fails to make the required payment set forth in Paragraph 2 above on or before the due date for such payment, or if it fails to comply materially with any other term of this Agreement that applies to it (“Default”). The State will provide a written Notice of Default to Community Options of any Default in the manner set forth in Paragraph 32 below. Community Options shall then have an opportunity to cure the Default within seven (7) calendar days from the date of receipt of the Notice of Default by making the payment due and paying any additional interest accruing under the Agreement up to the date of payment. If Community Options fails to cure the Default within seven (7) calendar

days of receiving the Notice of Default (“Uncured Default”), interest on the remaining unpaid balance shall thereafter accrue at the rate of twelve percent (12%) per annum, compounded daily from the date of Default, on the remaining unpaid total (principal and interest balance). In the event of an Uncured Default, Community Options shall agree to the entry of a consent judgment in favor of the State against Community Options in the amount of the Settlement Amount as attached hereto as Exhibit B. Community Options also agrees that the State, at its sole discretion, may (i) retain any payments previously made, rescind this Agreement, and bring any civil and/or administrative claim, action, or proceeding against Community Options for the claims that would otherwise be covered by the releases provided in Paragraph 7 above, with any recovery reduced by the amount of any payments previously made by Community Options to the State under this Agreement; (ii) take any action to enforce this Agreement in a new action; (iii) offset the remaining unpaid balance from any amounts due and owing to Community Options and/or affiliated companies by any department, agency, or agent of the State at the time of Default or subsequently; and/or (iv) exercise any other right granted by law, or under the terms of this Agreement, or recognizable at common law or in equity. The State shall be entitled to any other rights granted by law or in equity by reason of Default, including referral of this matter for private collection. In the event the State pursues a collection action, Community Options agrees immediately to pay the State the State’s reasonable attorneys’ fees and expenses incurred in such an action. In the event that the State opts to rescind this Agreement pursuant to this paragraph, Community Options waives and agrees not to plead, argue, or otherwise raise any defenses of statute of limitations, laches, estoppel or similar theories, to any civil or administrative claims that (i) are filed by the State against Community Options within One Hundred and Twenty Days (120) days of written notification that this Agreement has been rescinded, and (ii) relate to the Covered Conduct, except

to the extent these defenses were available on June 15, 2020. Community Options agrees not to contest any offset, recoupment, and/or collection action undertaken by the State pursuant to this paragraph, either administratively or in any state or federal court, except on the grounds of actual payment to the State.

16. In exchange for valuable consideration provided in this Agreement, Community Options acknowledges the following:

- a. Community Options has reviewed its financial situation and warrants that it is solvent within the meaning of 11 U.S.C. §§ 547(b)(3) and 548(a)(1)(B)(ii)(I) and shall remain solvent following payment to the State of the Settlement Amount.
- b. In evaluating whether to execute this Agreement, the Parties intend that the mutual promises, covenants, and obligations set forth herein constitute a contemporaneous exchange for new value given to Community Options, within the meaning of 11 U.S.C. § 547(c)(1), and the Parties conclude that these mutual promises, covenants, and obligations do, in fact, constitute such a contemporaneous exchange.
- c. The mutual promises, covenants, and obligations set forth herein are intended by the Parties to, and do in fact, constitute a reasonably equivalent exchange of value.
- d. The Parties do not intend to hinder, delay, or defraud any entity to which Community Options was or became indebted on or after the date of any transfer contemplated in this Agreement, within the meaning of 11 U.S.C. § 548(a)(1).

- e. If Community Options' obligations under this Agreement are avoided for any reason (including but not limited to through the exercise of a trustee's avoidance powers under the Bankruptcy Code) or if, before the Settlement Amount is paid in full, Community Options or a third party commences a case, proceeding, or other action under any law relating to bankruptcy, insolvency, reorganization, or relief of debtors seeking any order for relief of Community Options' debts, or to adjudicate Community Options as bankrupt or insolvent, or seeking appointment of a receiver, trustee, custodian, or other similar official for Community Options or for all or any substantial part of Community Options' assets:
- i. the State may rescind the releases in this Agreement and bring any civil and/or administrative claim, action, or proceeding against Community Options for the claims that would otherwise be covered by the releases provided in Paragraph 7 above;
  - ii. the State has an undisputed, noncontingent, and liquidated allowed claim against Community Options in the amount of Two Million, Eight Hundred Sixty-Eight Thousand, Eighty-Five Dollars, and Seventy-Four Cents (**\$2,868,085.74**), less any payments received pursuant to the Agreement, provided, however, that such payments are not otherwise avoided and recovered from the State by Community Options, a receiver, trustee, custodian, or other similar official for Community Options; and

iii. if any payments are avoided and recovered by Community Options, a receiver, trustee, custodian, or similar official for Community Options, Relator shall, within thirty (30) days of written notice from the State to the undersigned Relator's counsel, return any portions of such payments already paid by the State to Relator.

f. Community Options agrees that any civil and/or administrative claim, action, or proceeding brought by the State under Paragraph 16(e) above or Paragraph 8 is not subject to an "automatic stay" pursuant to 11 U.S.C. § 362(a) because it would be an exercise of the State's police and regulatory power. Community Options shall not argue or otherwise contend that the State's claim, action, or proceeding is subject to an automatic stay and, to the extent necessary, consents to relief from the automatic stay for cause under 11 U.S.C. § 362(d)(1). Community Options waives and shall not plead, argue, or otherwise raise any defenses under the theories of statute of limitations, laches, estoppel, or similar theories, to any such civil or administrative claim, action, or proceeding brought by the State within One Hundred and Twenty (120) days of written notification to Community Options that the releases have been rescinded pursuant to this paragraph, except to the extent such defenses were available on June 15, 2020.

17. The Settlement Amount shall not be decreased as a result of the denial of claims for payment now being withheld from payment by the State Medicaid Program, or any other state payor, for the Covered Conduct, and Community Options agrees not to resubmit to the State Medicaid Program, or any other state payor, any previously denied claims, which denials were



based upon the Covered Conduct, and agrees not to appeal or cause the appeal of any such denials of claims.

18. Community Options shall not seek payment for any claims for reimbursement to the State Medicaid Program covered by this Agreement from any healthcare beneficiaries or their parents, sponsors, legally responsible individuals, or third-party payors.

19. Community Options agrees to the following:

- a. Unallowable Costs Defined: All costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVIII and XIX of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) incurred by or on behalf of Community Options or any of its present or former officers, directors, trustees, employees, shareholders, and agents in connection with:
  - i. the matters covered by this Agreement;
  - ii. the State's audit and any civil and/or criminal investigation of the matters covered by this Agreement;
  - iii. the investigation, defense, and corrective actions undertaken by Community Options in response to the State's audit and any civil and/or criminal investigation in connection with the matters covered by this Agreement (including attorneys' fees);
  - iv. the negotiation and performance of this Agreement; and
  - v. the payments that Community Options makes relating to this Agreement, including costs and attorneys' fees,

are unallowable costs for government contracting purposes and under the Medicaid Program (“Unallowable Costs”).

- b. Future Treatment of Unallowable Costs: Unallowable Costs shall be separately determined and accounted for in non-reimbursable cost centers by Community Options and Community Options shall not charge such Unallowable Costs directly or indirectly to any contracts with the Medicaid Program or seek payment for such Unallowable Costs through any Consolidated Fiscal Report, cost report, cost statement, information statement, or payment request submitted by Community Options to the Medicaid Program.
- c. Treatment of Unallowable Costs Previously Submitted for Payment: Community Options further agrees that, within ninety (90) days of the Effective Date of this Agreement, it shall identify to applicable Medicaid fiscal agents any Unallowable Costs that were included in payments previously sought from the Medicaid Program, including but not limited to payments sought in any cost reports, cost submissions, information reports, or payment requests already submitted by Community Options and shall request and agree that such cost reports, cost statements, information reports, or payment requests, even if already settled, be adjusted to account for the effect of the inclusion of the Unallowable Costs. Community Options agrees that the State, at a minimum, shall be entitled to recoup from Community Options any overpayment, plus applicable interest and penalties, as a result of the inclusion of such Unallowable Costs on previously submitted cost reports, cost statements, information reports, appeals, or requests for payment. Any payments due after

the adjustments have been made shall be paid to the State. The State reserves its right to disagree with any calculations submitted by Community Options on the effect of inclusion of Unallowable Costs on Community Options' Consolidated Fiscal Reports, cost reports, cost statements, or information reports, appeals, or other payment requests.

- d. Nothing in this Agreement shall constitute a waiver of the rights of the State to audit, examine, or re-examine the books and records of Community Options to determine that no Unallowable Costs have been claimed in accordance with the provisions of this paragraph.

20. Community Options will not assert any claim for any tax rebate or refund, or other government payment from the State, until the Settlement Amount plus any applicable interest is satisfied. In the State's sole discretion, the State may recoup or offset any such payment, without further notice to Community Options, for credit towards the Settlement Amount plus any applicable interest.

21. No provision of this Agreement constitutes an agreement by the State concerning the characterization of the Settlement Amount for purposes of New York Tax Law. Community Options shall not deduct or discharge the Settlement Amount as part of its New York State tax obligations.

22. Community Options agrees not to take any action or to make or permit to be made any public statement denying, directly or indirectly, any finding in this Agreement or creating the impression that this Agreement is without factual basis. Nothing in this paragraph affects Community Options' (a) testimonial obligations, if any, or (b) right to take any good faith legal or factual positions in defense of litigation or other proceedings to which the State is not a party.

23. This Agreement shall be governed by and construed in accordance with the laws of the State of New York without regard to choice of law or conflict of laws principles. The Parties consent to the jurisdiction of the United States District Court for the Southern District of New York in any action brought by the State to enforce or interpret this Agreement. The Parties further agree that this Court has subject matter jurisdiction over this action and consent to this Court's exercise of personal jurisdiction over each of them.

24. Any failure by the State to insist upon the strict performance of any of the provisions of this Agreement shall not be deemed a waiver of any of the provisions hereof, and the State, notwithstanding that failure, shall have the right thereafter to insist upon strict performance of any and all of the provisions of this Agreement.

25. The undersigned represent and warrant that they are fully authorized to execute this Agreement on behalf of the persons and entities indicated below.

26. This Agreement shall be deemed to have been mutually prepared by the Parties hereto and shall not be construed against any of them solely by reason of authorship.

27. The Parties each acknowledge and represent that they have entered into this Agreement freely, voluntarily, and upon due deliberation, with the advice of counsel and without any degree of coercion, duress, or compulsion whatsoever.

28. This Agreement shall be binding on all successors, transferees, heirs, and assigns of Community Options and Relator.

29. Except as otherwise stated in this Agreement, this Agreement is intended to be for the benefit of the Parties only, and by this instrument the Parties do not release any liability against any other person or entity.

30. Each Party to this Agreement shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement, with the exception of Relator's reasonable expenses, attorneys' fees, and costs, as provided in Paragraph 6 above.

31. All payments by Community Options to the State pursuant to this Agreement shall be made by wire transfer in accordance with the written wire instructions to be provided by the State.

32. All notices pursuant to this Agreement shall be in writing and shall, unless expressly provided otherwise herein, be given by e-mail, followed by hand delivery, overnight delivery by any nationally recognized overnight courier service, or first-class U.S. mail, addressed as follows:

TO THE STATE:

Chief, Civil Enforcement Division  
Medicaid Fraud Control Unit  
New York State Office of the Attorney General  
28 Liberty Street, 13<sup>th</sup> Floor  
New York, NY 10005  
Telephone: (212) 417-5300  
MFCUNotices@ag.ny.gov

TO COMMUNITY OPTIONS:

Kevin H. Marino, Esq.  
Marino, Tortorella & Boyle, P.C.  
437 Southern Boulevard  
Chatham, NY 07928-1488  
Telephone 973-824-9300  
[kmarino@khmarino.com](mailto:kmarino@khmarino.com)

TO RELATOR:

Brian McCormick, Jr.  
Villari, Giannone & Matteo, P.C.  
161 Washington Street, Suite 401  
Conshohocken, PA 19428  
Telephone: (215) 687-7965  
[bmccormick@villarilaw.com](mailto:bmccormick@villarilaw.com)

33. The effective date of this Agreement shall be the date that it is so-ordered by the Court (“Effective Date”).

34. This Agreement constitutes the complete agreement between the Parties with respect to Community Options’ civil liability under the provisions released in Paragraph 7, above, relating to the Covered Conduct, and it may not be changed in any respect, except by a writing duly executed by the Parties or their authorized representatives.

35. Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement.

36. This Agreement may be executed in counterparts, each of which shall constitute an original, and all of which shall constitute one and the same Agreement.

**WHEREFORE**, the Parties have read the foregoing Agreement and accept and agree to the provisions contained herein and hereby have caused this Agreement to be signed as of the date adjacent to their signatures.

**THE STATE OF NEW YORK**

LETITIA JAMES


*Attorney General of the State of New York*

BY: *Tiffany Castleman-Smith* Dated: 3/25/2025


Tiffany Castleman-Smith  
Special Assistant Attorney General  
Medicaid Fraud Control Unit  
28 Liberty Street  
New York, New York 10005

**DEFENDANTS**


COMMUNITY OPTIONS, INC.

BY:  \_\_\_\_\_ Dated: 3/14/25  
COMMUNITY OPTIONS, INC.  
Robert Stack  
*President and Chief Executive Officer*

COMMUNITY OPTIONS NEW YORK, INC.

BY:  \_\_\_\_\_ Dated: 3/14/25  
COMMUNITY OPTIONS NEW YORK, INC.  
Robert Stack  
*Principal Officer and Chairman*

Approved as to Form:

BY:  \_\_\_\_\_ Dated: March 14, 2025  
Kevin H. Marino  
*Attorney for Community Options*



**RELATOR**

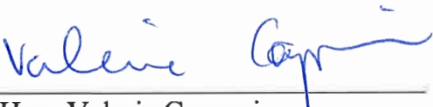
BY:  Dated: 3/24/2025  
SCOIF, LLC

Approved as to Form:

BY:  Dated: 3/24/25  
Brian McCormick, Jr.  
*Attorney for SCOIF, LLC*

Dated: March 26, 2025  
New York, New York

SO ORDERED:

  
Hon. Valerie Caproni  
UNITED STATES DISTRICT JUDGE

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
MH30083S	10/12/2021	02703937	\$225.69	4453
MH30083S	10/13/2021	02703937	\$225.69	4453
MH30083S	10/20/2021	02703937	\$225.69	4453
MH30083S	10/27/2021	02703937	\$225.69	4453
MH30083S	11/03/2021	02703937	\$225.69	4453
MH30083S	11/16/2021	02703937	\$225.69	4453
MH30083S	11/17/2021	02703937	\$225.69	4453
MH30083S	11/23/2021	02703937	\$225.69	4453
MH30083S	11/24/2021	02703937	\$225.69	4453
MH30083S	11/30/2021	02703937	\$225.69	4453
PB08988G	10/01/2021	02703937	\$225.69	4453
PB08988G	10/04/2021	02703937	\$225.69	4453
PB08988G	10/05/2021	02703937	\$225.69	4453
PB08988G	10/06/2021	02703937	\$225.69	4453
PB08988G	10/07/2021	02703937	\$225.69	4453
PB08988G	10/08/2021	02703937	\$225.69	4453
PB08988G	10/11/2021	02703937	\$225.69	4453
PB08988G	10/15/2021	02703937	\$225.69	4453
PB08988G	10/18/2021	02703937	\$225.69	4453
PB08988G	10/22/2021	02703937	\$225.69	4453
PB08988G	10/25/2021	02703937	\$225.69	4453
PB08988G	10/26/2021	02703937	\$225.69	4453
PB08988G	10/28/2021	02703937	\$225.69	4453
PB08988G	10/29/2021	02703937	\$225.69	4453
PB08988G	11/01/2021	02703937	\$225.69	4453
PB08988G	11/02/2021	02703937	\$225.69	4453
PB08988G	11/03/2021	02703937	\$225.69	4453
PB08988G	11/04/2021	02703937	\$225.69	4453
PB08988G	11/05/2021	02703937	\$225.69	4453
PB08988G	11/09/2021	02703937	\$225.69	4453
PB08988G	11/12/2021	02703937	\$225.69	4453
PB08988G	11/19/2021	02703937	\$225.69	4453
PB08988G	11/22/2021	02703937	\$225.69	4453
PB08988G	11/23/2021	02703937	\$225.69	4453
PB08988G	11/26/2021	02703937	\$225.69	4453
PB08988G	11/29/2021	02703937	\$225.69	4453
PB08988G	11/30/2021	02703937	\$225.69	4453
QK53188U	05/17/2021	02703937	\$221.46	4453
QK53188U	05/18/2021	02703937	\$221.46	4453
QK53188U	05/20/2021	02703937	\$221.46	4453
QK53188U	05/21/2021	02703937	\$221.46	4453
QK53188U	05/24/2021	02703937	\$221.46	4453
QK53188U	05/25/2021	02703937	\$221.46	4453
QK53188U	05/27/2021	02703937	\$221.46	4453
QK53188U	05/28/2021	02703937	\$221.46	4453
QK53188U	06/01/2021	02703937	\$221.46	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
QK53188U	06/02/2021	02703937	\$221.46	4453
QK53188U	06/03/2021	02703937	\$221.46	4453
QK53188U	06/04/2021	02703937	\$221.46	4453
QK53188U	06/07/2021	02703937	\$110.73	4454
QK53188U	06/08/2021	02703937	\$110.73	4454
QK53188U	06/09/2021	02703937	\$110.73	4454
QK53188U	06/10/2021	02703937	\$110.73	4454
QK53188U	06/11/2021	02703937	\$110.73	4454
QK53188U	06/16/2021	02703937	\$221.46	4453
QK53188U	06/17/2021	02703937	\$221.46	4453
QK53188U	06/18/2021	02703937	\$221.46	4453
QK53188U	06/21/2021	02703937	\$221.46	4453
QK53188U	06/22/2021	02703937	\$221.46	4453
QK53188U	06/23/2021	02703937	\$221.46	4453
QK53188U	06/24/2021	02703937	\$221.46	4453
QK53188U	06/25/2021	02703937	\$221.46	4453
QK53188U	06/28/2021	02703937	\$221.46	4453
QK53188U	06/29/2021	02703937	\$221.46	4453
QK53188U	06/30/2021	02703937	\$221.46	4453
QK53188U	07/01/2021	02703937	\$225.69	4453
QK53188U	07/02/2021	02703937	\$225.69	4453
QK53188U	07/05/2021	02703937	\$225.69	4453
QK53188U	07/06/2021	02703937	\$225.69	4453
QK53188U	07/07/2021	02703937	\$225.69	4453
QK53188U	07/08/2021	02703937	\$225.69	4453
QK53188U	07/12/2021	02703937	\$225.69	4453
QK53188U	07/13/2021	02703937	\$225.69	4453
QK53188U	07/14/2021	02703937	\$225.69	4453
QK53188U	07/15/2021	02703937	\$225.69	4453
QK53188U	07/16/2021	02703937	\$225.69	4453
QK53188U	07/19/2021	02703937	\$225.69	4453
QK53188U	07/20/2021	02703937	\$225.69	4453
QK53188U	07/21/2021	02703937	\$225.69	4453
QK53188U	07/22/2021	02703937	\$225.69	4453
QK53188U	07/23/2021	02703937	\$225.69	4453
QK53188U	07/26/2021	02703937	\$225.69	4453
QK53188U	07/27/2021	02703937	\$225.69	4453
QK53188U	07/28/2021	02703937	\$225.69	4453
QK53188U	07/29/2021	02703937	\$225.69	4453
QK53188U	08/02/2021	02703937	\$225.69	4453
QK53188U	08/03/2021	02703937	\$225.69	4453
QK53188U	08/04/2021	02703937	\$225.69	4453
QK53188U	08/05/2021	02703937	\$225.69	4453
QK53188U	08/06/2021	02703937	\$225.69	4453
QK53188U	08/09/2021	02703937	\$225.69	4453
QK53188U	08/10/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
QK53188U	08/12/2021	02703937	\$225.69	4453
QK53188U	08/13/2021	02703937	\$225.69	4453
QK53188U	08/16/2021	02703937	\$225.69	4453
QK53188U	08/18/2021	02703937	\$112.84	4454
QK53188U	08/19/2021	02703937	\$112.84	4454
QK53188U	08/20/2021	02703937	\$112.84	4454
QK53188U	08/23/2021	02703937	\$225.69	4453
QK53188U	08/25/2021	02703937	\$225.69	4453
QK53188U	08/26/2021	02703937	\$225.69	4453
QK53188U	08/27/2021	02703937	\$225.69	4453
QK53188U	08/30/2021	02703937	\$225.69	4453
QK53188U	08/31/2021	02703937	\$225.69	4453
QK53188U	09/01/2021	02703937	\$225.69	4453
QK53188U	09/02/2021	02703937	\$225.69	4453
QK53188U	09/03/2021	02703937	\$225.69	4453
QK53188U	09/07/2021	02703937	\$225.69	4453
QK53188U	09/08/2021	02703937	\$225.69	4453
QK53188U	09/28/2021	02703937	\$112.84	4454
QK53188U	09/30/2021	02703937	\$225.69	4453
QK53188U	10/01/2021	02703937	\$225.69	4453
QK53188U	10/05/2021	02703937	\$225.69	4453
QK53188U	10/07/2021	02703937	\$225.69	4453
QK53188U	10/08/2021	02703937	\$225.69	4453
QK53188U	10/12/2021	02703937	\$225.69	4453
QK53188U	10/14/2021	02703937	\$225.69	4453
QK53188U	10/19/2021	02703937	\$225.69	4453
QK53188U	10/21/2021	02703937	\$225.69	4453
QK53188U	10/22/2021	02703937	\$225.69	4453
QK53188U	10/29/2021	02703937	\$225.69	4453
QK53188U	11/02/2021	02703937	\$112.84	4454
QK53188U	11/05/2021	02703937	\$225.69	4453
QK53188U	11/09/2021	02703937	\$112.84	4454
QK53188U	11/10/2021	02703937	\$225.69	4453
QK53188U	11/11/2021	02703937	\$225.69	4453
QK53188U	11/16/2021	02703937	\$225.69	4453
QK53188U	11/18/2021	02703937	\$225.69	4453
QK53188U	11/19/2021	02703937	\$225.69	4453
QK53188U	11/26/2021	02703937	\$225.69	4453
QX57737F	10/01/2021	02703937	\$225.69	4453
QX57737F	10/04/2021	02703937	\$225.69	4453
QX57737F	10/05/2021	02703937	\$225.69	4453
QX57737F	10/06/2021	02703937	\$225.69	4453
QX57737F	10/07/2021	02703937	\$225.69	4453
QX57737F	10/08/2021	02703937	\$225.69	4453
QX57737F	10/11/2021	02703937	\$225.69	4453
QX57737F	10/12/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
QX57737F	10/13/2021	02703937	\$225.69	4453
QX57737F	10/14/2021	02703937	\$225.69	4453
QX57737F	10/15/2021	02703937	\$225.69	4453
QX57737F	10/18/2021	02703937	\$225.69	4453
QX57737F	10/21/2021	02703937	\$225.69	4453
QX57737F	10/22/2021	02703937	\$225.69	4453
QX57737F	10/25/2021	02703937	\$225.69	4453
QX57737F	10/26/2021	02703937	\$225.69	4453
QX57737F	10/27/2021	02703937	\$225.69	4453
QX57737F	10/28/2021	02703937	\$225.69	4453
QX57737F	10/29/2021	02703937	\$225.69	4453
QX57737F	11/01/2021	02703937	\$225.69	4453
QX57737F	11/02/2021	02703937	\$225.69	4453
QX57737F	11/03/2021	02703937	\$225.69	4453
QX57737F	11/04/2021	02703937	\$225.69	4453
QX57737F	11/09/2021	02703937	\$225.69	4453
QX57737F	11/10/2021	02703937	\$225.69	4453
QX57737F	11/11/2021	02703937	\$225.69	4453
QX57737F	11/12/2021	02703937	\$225.69	4453
QX57737F	11/15/2021	02703937	\$225.69	4453
QX57737F	11/16/2021	02703937	\$225.69	4453
QX57737F	11/18/2021	02703937	\$225.69	4453
QX57737F	11/19/2021	02703937	\$225.69	4453
QX57737F	11/22/2021	02703937	\$225.69	4453
QX57737F	11/23/2021	02703937	\$225.69	4453
QX57737F	11/24/2021	02703937	\$225.69	4453
QX57737F	11/26/2021	02703937	\$225.69	4453
QX57737F	11/29/2021	02703937	\$225.69	4453
QX57737F	11/30/2021	02703937	\$225.69	4453
TC42414D	10/01/2021	02703937	\$225.69	4453
TC42414D	10/04/2021	02703937	\$225.69	4453
TC42414D	10/05/2021	02703937	\$225.69	4453
TC42414D	10/06/2021	02703937	\$225.69	4453
TC42414D	10/07/2021	02703937	\$225.69	4453
TC42414D	10/08/2021	02703937	\$225.69	4453
TC42414D	10/11/2021	02703937	\$225.69	4453
TC42414D	10/12/2021	02703937	\$225.69	4453
TC42414D	10/13/2021	02703937	\$225.69	4453
TC42414D	10/14/2021	02703937	\$225.69	4453
TC42414D	10/15/2021	02703937	\$225.69	4453
TC42414D	10/19/2021	02703937	\$225.69	4453
TC42414D	10/20/2021	02703937	\$225.69	4453
TC42414D	10/21/2021	02703937	\$225.69	4453
TC42414D	10/22/2021	02703937	\$225.69	4453
TC42414D	10/25/2021	02703937	\$225.69	4453
TC42414D	10/26/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
TC42414D	10/27/2021	02703937	\$225.69	4453
TC42414D	10/28/2021	02703937	\$225.69	4453
TC42414D	10/29/2021	02703937	\$225.69	4453
TC42414D	11/01/2021	02703937	\$225.69	4453
TC42414D	11/02/2021	02703937	\$225.69	4453
TC42414D	11/03/2021	02703937	\$225.69	4453
TC42414D	11/04/2021	02703937	\$225.69	4453
TC42414D	11/05/2021	02703937	\$225.69	4453
TC42414D	11/08/2021	02703937	\$225.69	4453
TC42414D	11/09/2021	02703937	\$225.69	4453
TC42414D	11/10/2021	02703937	\$225.69	4453
TC42414D	11/11/2021	02703937	\$225.69	4453
TC42414D	11/12/2021	02703937	\$225.69	4453
TC42414D	11/15/2021	02703937	\$225.69	4453
TC42414D	11/16/2021	02703937	\$225.69	4453
TC42414D	11/17/2021	02703937	\$225.69	4453
TC42414D	11/18/2021	02703937	\$225.69	4453
TC42414D	11/19/2021	02703937	\$225.69	4453
TC42414D	11/22/2021	02703937	\$225.69	4453
TC42414D	11/23/2021	02703937	\$225.69	4453
TC42414D	11/24/2021	02703937	\$225.69	4453
TC42414D	11/26/2021	02703937	\$225.69	4453
TC42414D	11/29/2021	02703937	\$225.69	4453
TQ44471J	10/01/2021	02703937	\$225.69	4453
TQ44471J	10/06/2021	02703937	\$225.69	4453
TQ44471J	10/08/2021	02703937	\$225.69	4453
TQ44471J	10/12/2021	02703937	\$225.69	4453
TQ44471J	10/13/2021	02703937	\$225.69	4453
TQ44471J	10/14/2021	02703937	\$225.69	4453
TQ44471J	10/15/2021	02703937	\$225.69	4453
TQ44471J	10/20/2021	02703937	\$225.69	4453
TQ44471J	10/21/2021	02703937	\$225.69	4453
TQ44471J	10/22/2021	02703937	\$225.69	4453
TQ44471J	10/27/2021	02703937	\$225.69	4453
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TW96612Q	10/01/2021	02703937	\$225.69	4453
TW96612Q	10/04/2021	02703937	\$225.69	4453
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TW96612Q	10/06/2021	02703937	\$225.69	4453
TW96612Q	10/07/2021	02703937	\$225.69	4453
TW96612Q	10/08/2021	02703937	\$225.69	4453
TW96612Q	10/11/2021	02703937	\$225.69	4453
TW96612Q	10/12/2021	02703937	\$225.69	4453
TW96612Q	10/13/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
TW96612Q	10/15/2021	02703937	\$225.69	4453
TW96612Q	10/18/2021	02703937	\$225.69	4453
TW96612Q	10/19/2021	02703937	\$225.69	4453
TW96612Q	10/20/2021	02703937	\$225.69	4453
TW96612Q	10/21/2021	02703937	\$112.84	4454
TW96612Q	10/22/2021	02703937	\$112.84	4454
TW96612Q	10/25/2021	02703937	\$225.69	4453
TW96612Q	10/26/2021	02703937	\$112.84	4454
TW96612Q	10/27/2021	02703937	\$225.69	4453
TW96612Q	10/28/2021	02703937	\$225.69	4453
TW96612Q	10/29/2021	02703937	\$225.69	4453
TW96612Q	11/01/2021	02703937	\$225.69	4453
TW96612Q	11/02/2021	02703937	\$112.84	4454
TW96612Q	11/03/2021	02703937	\$225.69	4453
TW96612Q	11/04/2021	02703937	\$225.69	4453
TW96612Q	11/05/2021	02703937	\$225.69	4453
TW96612Q	11/08/2021	02703937	\$225.69	4453
TW96612Q	11/09/2021	02703937	\$225.69	4453
TW96612Q	11/10/2021	02703937	\$112.84	4454
TW96612Q	11/11/2021	02703937	\$225.69	4453
TW96612Q	11/12/2021	02703937	\$225.69	4453
TW96612Q	11/15/2021	02703937	\$112.84	4454
TW96612Q	11/17/2021	02703937	\$225.69	4453
TW96612Q	11/18/2021	02703937	\$225.69	4453
TW96612Q	11/19/2021	02703937	\$225.69	4453
TW96612Q	11/22/2021	02703937	\$225.69	4453
TW96612Q	11/23/2021	02703937	\$225.69	4453
TW96612Q	11/24/2021	02703937	\$112.84	4454
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UF80595F	04/07/2021	02703937	\$221.46	4453
UF80595F	04/12/2021	02703937	\$221.46	4453
UF80595F	04/14/2021	02703937	\$221.46	4453
UF80595F	04/16/2021	02703937	\$221.46	4453
UF80595F	04/19/2021	02703937	\$221.46	4453
UF80595F	04/20/2021	02703937	\$221.46	4453
UF80595F	04/21/2021	02703937	\$221.46	4453
UF80595F	04/22/2021	02703937	\$221.46	4453
UF80595F	04/27/2021	02703937	\$221.46	4453
UF80595F	04/28/2021	02703937	\$221.46	4453
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UF80595F	05/05/2021	02703937	\$221.46	4453
UF80595F	05/06/2021	02703937	\$221.46	4453
UF80595F	05/07/2021	02703937	\$221.46	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UF80595F	05/10/2021	02703937	\$221.46	4453
UF80595F	05/11/2021	02703937	\$221.46	4453
UF80595F	05/12/2021	02703937	\$221.46	4453
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UF80595F	05/14/2021	02703937	\$221.46	4453
UF80595F	05/17/2021	02703937	\$221.46	4453
UF80595F	05/18/2021	02703937	\$221.46	4453
UF80595F	05/20/2021	02703937	\$221.46	4453
UF80595F	05/21/2021	02703937	\$221.46	4453
UF80595F	05/24/2021	02703937	\$221.46	4453
UF80595F	05/25/2021	02703937	\$221.46	4453
UF80595F	05/26/2021	02703937	\$221.46	4453
UF80595F	06/01/2021	02703937	\$221.46	4453
UF80595F	06/03/2021	02703937	\$221.46	4453
UF80595F	06/04/2021	02703937	\$221.46	4453
UF80595F	06/08/2021	02703937	\$221.46	4453
UF80595F	06/09/2021	02703937	\$221.46	4453
UF80595F	06/10/2021	02703937	\$221.46	4453
UF80595F	06/11/2021	02703937	\$221.46	4453
UF80595F	06/14/2021	02703937	\$221.46	4453
UF80595F	06/15/2021	02703937	\$221.46	4453
UF80595F	06/16/2021	02703937	\$221.46	4453
UF80595F	06/17/2021	02703937	\$221.46	4453
UF80595F	06/18/2021	02703937	\$221.46	4453
UF80595F	06/21/2021	02703937	\$221.46	4453
UF80595F	06/22/2021	02703937	\$221.46	4453
UF80595F	06/23/2021	02703937	\$221.46	4453
UF80595F	06/24/2021	02703937	\$221.46	4453
UF80595F	06/25/2021	02703937	\$221.46	4453
UF80595F	06/29/2021	02703937	\$221.46	4453
UF80595F	06/30/2021	02703937	\$221.46	4453
UF80595F	07/01/2021	02703937	\$225.69	4453
UF80595F	07/02/2021	02703937	\$225.69	4453
UF80595F	07/06/2021	02703937	\$225.69	4453
UF80595F	07/08/2021	02703937	\$225.69	4453
UF80595F	07/09/2021	02703937	\$225.69	4453
UF80595F	07/12/2021	02703937	\$225.69	4453
UF80595F	07/13/2021	02703937	\$225.69	4453
UF80595F	07/14/2021	02703937	\$225.69	4453
UF80595F	07/15/2021	02703937	\$225.69	4453
UF80595F	07/16/2021	02703937	\$225.69	4453
UF80595F	07/20/2021	02703937	\$225.69	4453
UF80595F	07/22/2021	02703937	\$225.69	4453
UF80595F	07/23/2021	02703937	\$225.69	4453
UF80595F	07/27/2021	02703937	\$225.69	4453
UF80595F	07/28/2021	02703937	\$225.69	4453



# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UF80595F	07/29/2021	02703937	\$225.69	4453
UF80595F	07/30/2021	02703937	\$225.69	4453
UF80595F	08/02/2021	02703937	\$225.69	4453
UF80595F	08/03/2021	02703937	\$225.69	4453
UF80595F	08/04/2021	02703937	\$225.69	4453
UF80595F	08/06/2021	02703937	\$225.69	4453
UF80595F	08/10/2021	02703937	\$112.84	4454
UF80595F	08/11/2021	02703937	\$225.69	4453
UF80595F	08/12/2021	02703937	\$225.69	4453
UF80595F	08/13/2021	02703937	\$225.69	4453
UF80595F	08/16/2021	02703937	\$225.69	4453
UF80595F	08/17/2021	02703937	\$225.69	4453
UF80595F	08/19/2021	02703937	\$225.69	4453
UF80595F	08/20/2021	02703937	\$225.69	4453
UF80595F	08/24/2021	02703937	\$225.69	4453
UF80595F	08/25/2021	02703937	\$225.69	4453
UF80595F	08/26/2021	02703937	\$225.69	4453
UF80595F	08/27/2021	02703937	\$225.69	4453
UF80595F	08/31/2021	02703937	\$225.69	4453
UF80595F	09/01/2021	02703937	\$225.69	4453
UF80595F	09/03/2021	02703937	\$225.69	4453
UF80595F	09/07/2021	02703937	\$225.69	4453
UF80595F	09/08/2021	02703937	\$225.69	4453
UF80595F	09/09/2021	02703937	\$225.69	4453
UF80595F	09/10/2021	02703937	\$225.69	4453
UF80595F	09/14/2021	02703937	\$225.69	4453
UF80595F	09/15/2021	02703937	\$225.69	4453
UF80595F	09/16/2021	02703937	\$225.69	4453
UF80595F	09/17/2021	02703937	\$225.69	4453
UF80595F	09/20/2021	02703937	\$225.69	4453
UF80595F	09/21/2021	02703937	\$225.69	4453
UF80595F	09/22/2021	02703937	\$225.69	4453
UF80595F	09/23/2021	02703937	\$225.69	4453
UF80595F	09/24/2021	02703937	\$225.69	4453
UF80595F	09/27/2021	02703937	\$225.69	4453
UF80595F	09/28/2021	02703937	\$112.84	4454
UF80595F	09/29/2021	02703937	\$225.69	4453
UF80595F	09/30/2021	02703937	\$225.69	4453
UF80595F	10/01/2021	02703937	\$225.69	4453
UF80595F	10/04/2021	02703937	\$225.69	4453
UF80595F	10/05/2021	02703937	\$225.69	4453
UF80595F	10/06/2021	02703937	\$225.69	4453
UF80595F	10/07/2021	02703937	\$225.69	4453
UF80595F	10/12/2021	02703937	\$225.69	4453
UF80595F	10/13/2021	02703937	\$225.69	4453
UF80595F	10/14/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UF80595F	10/15/2021	02703937	\$225.69	4453
UF80595F	10/18/2021	02703937	\$225.69	4453
UF80595F	10/19/2021	02703937	\$225.69	4453
UF80595F	10/20/2021	02703937	\$225.69	4453
UF80595F	10/21/2021	02703937	\$225.69	4453
UF80595F	10/22/2021	02703937	\$225.69	4453
UF80595F	10/25/2021	02703937	\$225.69	4453
UF80595F	10/26/2021	02703937	\$225.69	4453
UF80595F	10/27/2021	02703937	\$225.69	4453
UF80595F	10/28/2021	02703937	\$225.69	4453
UF80595F	10/29/2021	02703937	\$225.69	4453
UF80595F	11/01/2021	02703937	\$225.69	4453
UF80595F	11/04/2021	02703937	\$225.69	4453
UF80595F	11/05/2021	02703937	\$225.69	4453
UF80595F	11/08/2021	02703937	\$225.69	4453
UF80595F	11/09/2021	02703937	\$225.69	4453
UF80595F	11/10/2021	02703937	\$225.69	4453
UF80595F	11/11/2021	02703937	\$225.69	4453
UF80595F	11/12/2021	02703937	\$225.69	4453
UF80595F	11/15/2021	02703937	\$225.69	4453
UF80595F	11/16/2021	02703937	\$225.69	4453
UF80595F	11/17/2021	02703937	\$225.69	4453
UF80595F	11/18/2021	02703937	\$225.69	4453
UF80595F	11/19/2021	02703937	\$225.69	4453
UF80595F	11/22/2021	02703937	\$225.69	4453
UF80595F	11/23/2021	02703937	\$225.69	4453
UF80595F	11/24/2021	02703937	\$225.69	4453
UF80595F	11/29/2021	02703937	\$225.69	4453
UF80595F	11/30/2021	02703937	\$225.69	4453
UH07373D	11/01/2021	02703937	\$225.69	4453
UH07373D	11/05/2021	02703937	\$225.69	4453
UH07373D	11/09/2021	02703937	\$225.69	4453
UH07373D	11/10/2021	02703937	\$225.69	4453
UK58939A	10/01/2021	02703937	\$225.69	4453
UK58939A	10/04/2021	02703937	\$225.69	4453
UK58939A	10/05/2021	02703937	\$225.69	4453
UK58939A	10/06/2021	02703937	\$225.69	4453
UK58939A	10/07/2021	02703937	\$225.69	4453
UK58939A	10/08/2021	02703937	\$225.69	4453
UK58939A	10/11/2021	02703937	\$225.69	4453
UK58939A	10/12/2021	02703937	\$225.69	4453
UK58939A	10/13/2021	02703937	\$225.69	4453
UK58939A	10/14/2021	02703937	\$225.69	4453
UK58939A	10/15/2021	02703937	\$225.69	4453
UK58939A	10/18/2021	02703937	\$225.69	4453
UK58939A	10/19/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UK58939A	10/20/2021	02703937	\$225.69	4453
UK58939A	10/25/2021	02703937	\$225.69	4453
UK58939A	10/26/2021	02703937	\$225.69	4453
UK58939A	10/27/2021	02703937	\$225.69	4453
UK58939A	10/29/2021	02703937	\$225.69	4453
UK58939A	11/02/2021	02703937	\$225.69	4453
UK58939A	11/03/2021	02703937	\$225.69	4453
UK58939A	11/04/2021	02703937	\$225.69	4453
UK58939A	11/05/2021	02703937	\$225.69	4453
UK58939A	11/09/2021	02703937	\$225.69	4453
UK58939A	11/10/2021	02703937	\$225.69	4453
UK58939A	11/12/2021	02703937	\$225.69	4453
UK58939A	11/15/2021	02703937	\$225.69	4453
UK58939A	11/16/2021	02703937	\$225.69	4453
UK58939A	11/17/2021	02703937	\$225.69	4453
UK58939A	11/18/2021	02703937	\$225.69	4453
UK58939A	11/19/2021	02703937	\$225.69	4453
UK58939A	11/22/2021	02703937	\$225.69	4453
UK58939A	11/23/2021	02703937	\$225.69	4453
UK58939A	11/24/2021	02703937	\$225.69	4453
UK58939A	11/26/2021	02703937	\$225.69	4453
UK58939A	11/29/2021	02703937	\$225.69	4453
UK58939A	11/30/2021	02703937	\$225.69	4453
UM18441B	10/21/2021	02703937	\$225.69	4453
UM18441B	10/22/2021	02703937	\$225.69	4453
UM18441B	11/05/2021	02703937	\$225.69	4453
UM18441B	11/11/2021	02703937	\$225.69	4453
UM18441B	11/12/2021	02703937	\$225.69	4453
UM18441B	11/15/2021	02703937	\$225.69	4453
UM18441B	11/16/2021	02703937	\$225.69	4453
UM18441B	11/17/2021	02703937	\$225.69	4453
UM18441B	11/18/2021	02703937	\$225.69	4453
UM18441B	11/22/2021	02703937	\$225.69	4453
UM18441B	11/23/2021	02703937	\$225.69	4453
UM18441B	11/26/2021	02703937	\$225.69	4453
UN67496T	01/05/2021	02703937	\$219.41	4453
UN67496T	01/07/2021	02703937	\$219.41	4453
UN67496T	01/12/2021	02703937	\$219.41	4453
UN67496T	01/14/2021	02703937	\$219.41	4453
UN67496T	01/19/2021	02703937	\$219.41	4453
UN67496T	01/21/2021	02703937	\$219.41	4453
UN67496T	01/26/2021	02703937	\$219.41	4453
UN67496T	01/28/2021	02703937	\$219.41	4453
UN67496T	02/02/2021	02703937	\$219.41	4453
UN67496T	02/04/2021	02703937	\$219.41	4453
UN67496T	02/09/2021	02703937	\$219.41	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UN67496T	02/16/2021	02703937	\$219.41	4453
UN67496T	02/18/2021	02703937	\$219.41	4453
UN67496T	02/23/2021	02703937	\$219.41	4453
UN67496T	02/25/2021	02703937	\$219.41	4453
UN67496T	03/02/2021	02703937	\$219.41	4453
UN67496T	03/04/2021	02703937	\$219.41	4453
UN67496T	03/09/2021	02703937	\$219.41	4453
UN67496T	03/11/2021	02703937	\$219.41	4453
UN67496T	03/16/2021	02703937	\$219.41	4453
UN67496T	03/18/2021	02703937	\$219.41	4453
UN67496T	03/23/2021	02703937	\$219.41	4453
UN67496T	03/25/2021	02703937	\$219.41	4453
UN67496T	03/30/2021	02703937	\$219.41	4453
UN67496T	04/01/2021	02703937	\$221.46	4453
UN67496T	04/06/2021	02703937	\$221.46	4453
UN67496T	04/08/2021	02703937	\$221.46	4453
UN67496T	04/13/2021	02703937	\$221.46	4453
UN67496T	04/15/2021	02703937	\$221.46	4453
UN67496T	04/20/2021	02703937	\$221.46	4453
UN67496T	04/22/2021	02703937	\$221.46	4453
UN67496T	04/27/2021	02703937	\$221.46	4453
UN67496T	04/29/2021	02703937	\$221.46	4453
UN67496T	05/04/2021	02703937	\$221.46	4453
UN67496T	05/06/2021	02703937	\$221.46	4453
UN67496T	05/11/2021	02703937	\$221.46	4453
UN67496T	05/13/2021	02703937	\$221.46	4453
UN67496T	05/18/2021	02703937	\$221.46	4453
UN67496T	05/20/2021	02703937	\$221.46	4453
UN67496T	05/25/2021	02703937	\$221.46	4453
UN67496T	06/01/2021	02703937	\$221.46	4453
UN67496T	06/03/2021	02703937	\$221.46	4453
UN67496T	06/08/2021	02703937	\$221.46	4453
UN67496T	06/15/2021	02703937	\$221.46	4453
UN67496T	06/17/2021	02703937	\$221.46	4453
UN67496T	06/22/2021	02703937	\$221.46	4453
UN67496T	06/24/2021	02703937	\$221.46	4453
UN67496T	06/29/2021	02703937	\$221.46	4453
UN67496T	07/01/2021	02703937	\$225.69	4453
UN67496T	07/06/2021	02703937	\$225.69	4453
UN67496T	07/08/2021	02703937	\$225.69	4453
UN67496T	07/13/2021	02703937	\$225.69	4453
UN67496T	07/15/2021	02703937	\$225.69	4453
UN67496T	07/20/2021	02703937	\$225.69	4453
UN67496T	07/22/2021	02703937	\$225.69	4453
UN67496T	07/27/2021	02703937	\$225.69	4453
UN67496T	07/29/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UN67496T	08/03/2021	02703937	\$225.69	4453
UN67496T	08/05/2021	02703937	\$225.69	4453
UN67496T	08/10/2021	02703937	\$225.69	4453
UN67496T	08/12/2021	02703937	\$225.69	4453
UN67496T	08/17/2021	02703937	\$225.69	4453
UN67496T	08/19/2021	02703937	\$225.69	4453
UN67496T	08/24/2021	02703937	\$225.69	4453
UN67496T	08/26/2021	02703937	\$225.69	4453
UN67496T	08/31/2021	02703937	\$225.69	4453
UN67496T	09/02/2021	02703937	\$225.69	4453
UN67496T	09/07/2021	02703937	\$225.69	4453
UN67496T	09/14/2021	02703937	\$112.84	4454
UN67496T	09/16/2021	02703937	\$225.69	4453
UN67496T	09/21/2021	02703937	\$225.69	4453
UN67496T	09/23/2021	02703937	\$225.69	4453
UN67496T	09/28/2021	02703937	\$225.69	4453
UN67496T	09/30/2021	02703937	\$225.69	4453
UN67496T	10/05/2021	02703937	\$225.69	4453
UN67496T	10/07/2021	02703937	\$225.69	4453
UN67496T	10/12/2021	02703937	\$225.69	4453
UN67496T	10/14/2021	02703937	\$225.69	4453
UN67496T	10/19/2021	02703937	\$225.69	4453
UN67496T	10/21/2021	02703937	\$225.69	4453
UN67496T	10/26/2021	02703937	\$225.69	4453
UN67496T	10/28/2021	02703937	\$225.69	4453
UN67496T	11/02/2021	02703937	\$225.69	4453
UN67496T	11/04/2021	02703937	\$225.69	4453
UN67496T	11/09/2021	02703937	\$225.69	4453
UN67496T	11/11/2021	02703937	\$225.69	4453
UN67496T	11/16/2021	02703937	\$225.69	4453
UN67496T	11/18/2021	02703937	\$225.69	4453
UN67496T	11/23/2021	02703937	\$225.69	4453
UT70081G	10/21/2021	02703937	\$225.69	4453
UT70081G	10/22/2021	02703937	\$225.69	4453
UT70081G	11/05/2021	02703937	\$225.69	4453
UT70081G	11/09/2021	02703937	\$225.69	4453
UT70081G	11/11/2021	02703937	\$225.69	4453
UT70081G	11/12/2021	02703937	\$225.69	4453
UT70081G	11/15/2021	02703937	\$225.69	4453
UT70081G	11/16/2021	02703937	\$225.69	4453
UT70081G	11/17/2021	02703937	\$225.69	4453
UT70081G	11/18/2021	02703937	\$225.69	4453
UT70081G	11/19/2021	02703937	\$225.69	4453
UT70081G	11/22/2021	02703937	\$225.69	4453
UT70081G	11/23/2021	02703937	\$225.69	4453
UT70081G	11/24/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
UT70081G	11/26/2021	02703937	\$225.69	4453
UW91738G	10/01/2021	02703937	\$225.69	4453
UW91738G	10/05/2021	02703937	\$225.69	4453
UW91738G	10/07/2021	02703937	\$225.69	4453
UW91738G	10/08/2021	02703937	\$225.69	4453
UW91738G	10/13/2021	02703937	\$225.69	4453
UW91738G	10/14/2021	02703937	\$225.69	4453
UW91738G	10/15/2021	02703937	\$225.69	4453
UW91738G	10/18/2021	02703937	\$225.69	4453
UW91738G	10/21/2021	02703937	\$225.69	4453
UW91738G	10/22/2021	02703937	\$225.69	4453
UW91738G	10/25/2021	02703937	\$225.69	4453
UW91738G	10/27/2021	02703937	\$225.69	4453
UW91738G	10/28/2021	02703937	\$225.69	4453
UZ87854V	01/04/2021	02703937	\$219.41	4453
UZ87854V	02/22/2021	02703937	\$219.41	4453
UZ87854V	02/26/2021	02703937	\$219.41	4453
VA78204C	05/03/2021	02703937	\$221.46	4453
VA78204C	05/04/2021	02703937	\$221.46	4453
VA78204C	05/05/2021	02703937	\$221.46	4453
VA78204C	05/06/2021	02703937	\$221.46	4453
VA78204C	05/07/2021	02703937	\$221.46	4453
VA78204C	05/11/2021	02703937	\$221.46	4453
VA78204C	05/14/2021	02703937	\$221.46	4453
VA78204C	05/17/2021	02703937	\$221.46	4453
VA78204C	05/18/2021	02703937	\$221.46	4453
VA78204C	05/19/2021	02703937	\$221.46	4453
VA78204C	05/20/2021	02703937	\$221.46	4453
VA78204C	05/24/2021	02703937	\$221.46	4453
VA78204C	05/25/2021	02703937	\$221.46	4453
VA78204C	05/27/2021	02703937	\$221.46	4453
VA78204C	06/01/2021	02703937	\$221.46	4453
VA78204C	06/02/2021	02703937	\$221.46	4453
VA78204C	06/08/2021	02703937	\$221.46	4453
VA78204C	06/09/2021	02703937	\$110.73	4454
VA78204C	06/11/2021	02703937	\$110.73	4454
VA78204C	06/14/2021	02703937	\$221.46	4453
VA78204C	06/15/2021	02703937	\$221.46	4453
VA78204C	06/16/2021	02703937	\$221.46	4453
VA78204C	06/17/2021	02703937	\$110.73	4454
VA78204C	06/18/2021	02703937	\$221.46	4453
VA78204C	06/21/2021	02703937	\$221.46	4453
VA78204C	06/22/2021	02703937	\$221.46	4453
VA78204C	06/23/2021	02703937	\$221.46	4453
VA78204C	06/24/2021	02703937	\$221.46	4453
VA78204C	06/25/2021	02703937	\$221.46	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
VA78204C	06/28/2021	02703937	\$221.46	4453
VA78204C	06/29/2021	02703937	\$221.46	4453
VA78204C	06/30/2021	02703937	\$221.46	4453
VA78204C	07/01/2021	02703937	\$225.69	4453
VA78204C	07/02/2021	02703937	\$225.69	4453
VA78204C	07/05/2021	02703937	\$225.69	4453
VA78204C	07/06/2021	02703937	\$225.69	4453
VA78204C	07/07/2021	02703937	\$225.69	4453
VA78204C	07/08/2021	02703937	\$225.69	4453
VA78204C	07/09/2021	02703937	\$225.69	4453
VA78204C	07/12/2021	02703937	\$225.69	4453
VA78204C	07/13/2021	02703937	\$225.69	4453
VA78204C	07/14/2021	02703937	\$225.69	4453
VA78204C	07/15/2021	02703937	\$225.69	4453
VA78204C	07/16/2021	02703937	\$225.69	4453
VA78204C	07/22/2021	02703937	\$225.69	4453
VA78204C	07/23/2021	02703937	\$225.69	4453
VA78204C	07/26/2021	02703937	\$225.69	4453
VA78204C	07/27/2021	02703937	\$225.69	4453
VA78204C	07/28/2021	02703937	\$225.69	4453
VA78204C	07/30/2021	02703937	\$225.69	4453
VA78204C	08/02/2021	02703937	\$225.69	4453
VA78204C	08/03/2021	02703937	\$225.69	4453
VA78204C	08/04/2021	02703937	\$225.69	4453
VA78204C	08/05/2021	02703937	\$112.84	4454
VA78204C	08/06/2021	02703937	\$112.84	4454
VA78204C	08/11/2021	02703937	\$225.69	4453
VA78204C	08/13/2021	02703937	\$225.69	4453
VA78204C	08/23/2021	02703937	\$225.69	4453
VA78204C	08/24/2021	02703937	\$112.84	4454
VA78204C	08/25/2021	02703937	\$225.69	4453
VA78204C	08/30/2021	02703937	\$225.69	4453
VA78204C	08/31/2021	02703937	\$225.69	4453
VA78204C	09/01/2021	02703937	\$112.84	4454
VA78204C	09/02/2021	02703937	\$225.69	4453
VA78204C	09/03/2021	02703937	\$112.84	4454
VA78204C	09/07/2021	02703937	\$225.69	4453
VA78204C	09/08/2021	02703937	\$225.69	4453
VA78204C	09/09/2021	02703937	\$225.69	4453
VA78204C	09/10/2021	02703937	\$225.69	4453
VA78204C	09/14/2021	02703937	\$225.69	4453
VA78204C	09/15/2021	02703937	\$225.69	4453
VA78204C	09/16/2021	02703937	\$112.84	4454
VA78204C	09/20/2021	02703937	\$225.69	4453
VA78204C	09/21/2021	02703937	\$225.69	4453
VA78204C	09/22/2021	02703937	\$225.69	4453

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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
VA78204C	09/27/2021	02703937	\$225.69	4453
VA78204C	09/28/2021	02703937	\$225.69	4453
VA78204C	09/29/2021	02703937	\$225.69	4453
VA78204C	09/30/2021	02703937	\$225.69	4453
VA78204C	10/01/2021	02703937	\$112.84	4454
VA78204C	10/04/2021	02703937	\$225.69	4453
VA78204C	10/05/2021	02703937	\$225.69	4453
VA78204C	10/06/2021	02703937	\$225.69	4453
VA78204C	10/07/2021	02703937	\$112.84	4454
VA78204C	10/08/2021	02703937	\$112.84	4454
VA78204C	10/11/2021	02703937	\$225.69	4453
VA78204C	10/12/2021	02703937	\$112.84	4454
VA78204C	10/13/2021	02703937	\$225.69	4453
VA78204C	10/15/2021	02703937	\$112.84	4454
VA78204C	11/08/2021	02703937	\$225.69	4453
VA78204C	11/10/2021	02703937	\$225.69	4453
VA78204C	11/11/2021	02703937	\$225.69	4453
VA78204C	11/12/2021	02703937	\$225.69	4453
VA78204C	11/15/2021	02703937	\$225.69	4453
VA78204C	11/16/2021	02703937	\$225.69	4453
VA78204C	11/17/2021	02703937	\$225.69	4453
VA78204C	11/23/2021	02703937	\$225.69	4453
VA78204C	11/24/2021	02703937	\$225.69	4453
VR50051Q	11/01/2021	02703937	\$225.69	4453
VR50051Q	11/02/2021	02703937	\$225.69	4453
VR50051Q	11/04/2021	02703937	\$225.69	4453
VR50051Q	11/05/2021	02703937	\$225.69	4453
VR50051Q	11/08/2021	02703937	\$225.69	4453
VR50051Q	11/09/2021	02703937	\$225.69	4453
VR50051Q	11/10/2021	02703937	\$225.69	4453
VR50051Q	11/12/2021	02703937	\$225.69	4453
VR50051Q	11/15/2021	02703937	\$225.69	4453
VR50051Q	11/16/2021	02703937	\$225.69	4453
VR50051Q	11/18/2021	02703937	\$225.69	4453
VR50051Q	11/19/2021	02703937	\$225.69	4453
VR50051Q	11/22/2021	02703937	\$225.69	4453
VR50051Q	11/23/2021	02703937	\$225.69	4453
VR50051Q	11/24/2021	02703937	\$225.69	4453
WK17503Q	07/01/2021	02703937	\$225.69	4453
WK17503Q	07/07/2021	02703937	\$225.69	4453
WK17503Q	07/09/2021	02703937	\$225.69	4453
WK17503Q	07/13/2021	02703937	\$225.69	4453
WK17503Q	07/16/2021	02703937	\$225.69	4453
WK17503Q	07/19/2021	02703937	\$225.69	4453
WK17503Q	07/21/2021	02703937	\$225.69	4453
WK17503Q	07/23/2021	02703937	\$225.69	4453



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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
WK17503Q	07/26/2021	02703937	\$225.69	4453
WK17503Q	07/27/2021	02703937	\$225.69	4453
WK17503Q	07/30/2021	02703937	\$225.69	4453
WK17503Q	10/04/2021	02703937	\$225.69	4453
WK17503Q	10/05/2021	02703937	\$225.69	4453
WK17503Q	10/06/2021	02703937	\$225.69	4453
WK17503Q	10/11/2021	02703937	\$225.69	4453
WK17503Q	10/12/2021	02703937	\$225.69	4453
WK17503Q	10/13/2021	02703937	\$225.69	4453
WK17503Q	10/19/2021	02703937	\$225.69	4453
WK17503Q	10/22/2021	02703937	\$225.69	4453
WK17503Q	10/26/2021	02703937	\$225.69	4453
WK17503Q	10/27/2021	02703937	\$225.69	4453
WK17503Q	10/28/2021	02703937	\$225.69	4453
WK17503Q	10/29/2021	02703937	\$225.69	4453
WK17503Q	11/02/2021	02703937	\$225.69	4453
WK17503Q	11/03/2021	02703937	\$225.69	4453
WK17503Q	11/05/2021	02703937	\$225.69	4453
WK17503Q	11/09/2021	02703937	\$225.69	4453
WK17503Q	11/10/2021	02703937	\$225.69	4453
WK17503Q	11/12/2021	02703937	\$225.69	4453
WK17503Q	11/15/2021	02703937	\$225.69	4453
WK17503Q	11/17/2021	02703937	\$225.69	4453
WK17503Q	11/18/2021	02703937	\$225.69	4453
WK17503Q	11/22/2021	02703937	\$225.69	4453
WK17503Q	11/23/2021	02703937	\$225.69	4453
WK17503Q	11/24/2021	02703937	\$225.69	4453
WK17503Q	11/26/2021	02703937	\$225.69	4453
WK17503Q	11/29/2021	02703937	\$225.69	4453
WK17503Q	11/30/2021	02703937	\$225.69	4453
WK29178P	11/01/2021	02703937	\$225.69	4453
WK29178P	11/02/2021	02703937	\$225.69	4453
WK29178P	11/05/2021	02703937	\$225.69	4453
WK29178P	11/08/2021	02703937	\$225.69	4453
WK29178P	11/10/2021	02703937	\$225.69	4453
WK29178P	11/12/2021	02703937	\$225.69	4453
WK29178P	11/15/2021	02703937	\$225.69	4453
WK29178P	11/16/2021	02703937	\$225.69	4453
WK29178P	11/17/2021	02703937	\$225.69	4453
WK29178P	11/19/2021	02703937	\$225.69	4453
XH23649K	10/01/2021	02703937	\$225.69	4453
XH23649K	10/04/2021	02703937	\$225.69	4453
XH23649K	10/05/2021	02703937	\$225.69	4453
XH23649K	10/06/2021	02703937	\$225.69	4453
XH23649K	10/07/2021	02703937	\$225.69	4453
XH23649K	10/08/2021	02703937	\$225.69	4453

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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
XH23649K	10/11/2021	02703937	\$225.69	4453
XH23649K	10/12/2021	02703937	\$225.69	4453
XH23649K	10/13/2021	02703937	\$225.69	4453
XH23649K	10/14/2021	02703937	\$225.69	4453
XH23649K	10/15/2021	02703937	\$225.69	4453
XH23649K	10/18/2021	02703937	\$225.69	4453
XH23649K	10/19/2021	02703937	\$225.69	4453
XH23649K	10/20/2021	02703937	\$225.69	4453
XH23649K	10/21/2021	02703937	\$225.69	4453
XH23649K	10/22/2021	02703937	\$225.69	4453
XH23649K	10/25/2021	02703937	\$225.69	4453
XH23649K	10/26/2021	02703937	\$225.69	4453
XH23649K	10/27/2021	02703937	\$225.69	4453
XH23649K	10/28/2021	02703937	\$225.69	4453
XH23649K	10/29/2021	02703937	\$225.69	4453
XH23649K	11/01/2021	02703937	\$225.69	4453
XH23649K	11/02/2021	02703937	\$225.69	4453
XH23649K	11/03/2021	02703937	\$225.69	4453
XH23649K	11/04/2021	02703937	\$225.69	4453
XH23649K	11/05/2021	02703937	\$225.69	4453
XH23649K	11/08/2021	02703937	\$225.69	4453
XH23649K	11/09/2021	02703937	\$225.69	4453
XH23649K	11/10/2021	02703937	\$225.69	4453
XH23649K	11/11/2021	02703937	\$225.69	4453
XH23649K	11/12/2021	02703937	\$225.69	4453
XH23649K	11/15/2021	02703937	\$225.69	4453
XH23649K	11/16/2021	02703937	\$225.69	4453
XH23649K	11/17/2021	02703937	\$225.69	4453
XH23649K	11/22/2021	02703937	\$225.69	4453
XH23649K	11/23/2021	02703937	\$225.69	4453
XH23649K	11/24/2021	02703937	\$225.69	4453
XH23649K	11/26/2021	02703937	\$225.69	4453
XH23649K	11/29/2021	02703937	\$225.69	4453
XH23649K	11/30/2021	02703937	\$225.69	4453
YB28925T	11/16/2021	02703937	\$225.69	4453
YK36252R	05/17/2021	02703937	\$221.46	4453
YK36252R	05/18/2021	02703937	\$221.46	4453
YK36252R	05/20/2021	02703937	\$221.46	4453
YK36252R	05/27/2021	02703937	\$221.46	4453
YK36252R	06/03/2021	02703937	\$221.46	4453
YK36252R	06/04/2021	02703937	\$110.73	4454
YK36252R	06/08/2021	02703937	\$110.73	4454
YK36252R	06/09/2021	02703937	\$221.46	4453
YK36252R	06/10/2021	02703937	\$110.73	4454
YK36252R	06/11/2021	02703937	\$110.73	4454
YK36252R	06/14/2021	02703937	\$221.46	4453

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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
YK36252R	06/15/2021	02703937	\$221.46	4453
YK36252R	06/21/2021	02703937	\$221.46	4453
YK36252R	06/22/2021	02703937	\$221.46	4453
YK36252R	06/24/2021	02703937	\$221.46	4453
YK36252R	06/25/2021	02703937	\$221.46	4453
YK36252R	06/30/2021	02703937	\$221.46	4453
YK36252R	07/02/2021	02703937	\$225.69	4453
YK36252R	07/05/2021	02703937	\$225.69	4453
YK36252R	07/20/2021	02703937	\$225.69	4453
YK36252R	07/21/2021	02703937	\$225.69	4453
YK36252R	07/22/2021	02703937	\$225.69	4453
YK36252R	07/23/2021	02703937	\$225.69	4453
YK36252R	07/26/2021	02703937	\$225.69	4453
YK36252R	07/27/2021	02703937	\$225.69	4453
YK36252R	07/30/2021	02703937	\$225.69	4453
YK36252R	08/02/2021	02703937	\$225.69	4453
YK36252R	08/03/2021	02703937	\$225.69	4453
YK36252R	08/04/2021	02703937	\$225.69	4453
YK36252R	08/05/2021	02703937	\$225.69	4453
YK36252R	08/06/2021	02703937	\$112.84	4454
YK36252R	08/10/2021	02703937	\$225.69	4453
YK36252R	08/12/2021	02703937	\$225.69	4453
YK36252R	08/23/2021	02703937	\$112.84	4454
YK36252R	08/25/2021	02703937	\$225.69	4453
YK36252R	08/26/2021	02703937	\$225.69	4453
YK36252R	08/30/2021	02703937	\$225.69	4453
YK36252R	09/02/2021	02703937	\$112.84	4454
YK36252R	09/07/2021	02703937	\$225.69	4453
YK36252R	09/08/2021	02703937	\$225.69	4453
YK36252R	09/13/2021	02703937	\$112.84	4454
YK36252R	09/14/2021	02703937	\$225.69	4453
YK36252R	09/15/2021	02703937	\$225.69	4453
YK36252R	09/16/2021	02703937	\$225.69	4453
YK36252R	09/20/2021	02703937	\$225.69	4453
YK36252R	09/22/2021	02703937	\$225.69	4453
YK36252R	09/28/2021	02703937	\$225.69	4453
YK36252R	09/30/2021	02703937	\$225.69	4453
YK36252R	10/01/2021	02703937	\$225.69	4453
YK36252R	10/04/2021	02703937	\$225.69	4453
YK36252R	10/05/2021	02703937	\$225.69	4453
YK36252R	10/06/2021	02703937	\$225.69	4453
YK36252R	10/07/2021	02703937	\$225.69	4453
YK36252R	10/08/2021	02703937	\$112.84	4454
YK36252R	10/11/2021	02703937	\$225.69	4453
YK36252R	10/13/2021	02703937	\$225.69	4453
YK36252R	10/14/2021	02703937	\$225.69	4453

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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
YK36252R	10/15/2021	02703937	\$225.69	4453
YK36252R	10/19/2021	02703937	\$225.69	4453
YK36252R	11/08/2021	02703937	\$225.69	4453
YK36252R	11/10/2021	02703937	\$225.69	4453
YK36252R	11/12/2021	02703937	\$225.69	4453
YK36252R	11/15/2021	02703937	\$225.69	4453
YK36252R	11/16/2021	02703937	\$225.69	4453
YK36252R	11/17/2021	02703937	\$225.69	4453
YK36252R	11/23/2021	02703937	\$225.69	4453
YK36252R	11/24/2021	02703937	\$225.69	4453
YN23821B	10/20/2021	02703937	\$112.84	4454
YS63793H	09/02/2021	02703937	\$225.69	4453
YS63793H	09/03/2021	02703937	\$225.69	4453
YS63793H	09/07/2021	02703937	\$225.69	4453
YS63793H	09/09/2021	02703937	\$225.69	4453
YS63793H	09/10/2021	02703937	\$225.69	4453
YS63793H	09/13/2021	02703937	\$225.69	4453
YS63793H	09/14/2021	02703937	\$225.69	4453
YS63793H	09/15/2021	02703937	\$225.69	4453
YS63793H	09/17/2021	02703937	\$112.84	4454
YS63793H	09/20/2021	02703937	\$225.69	4453
YS63793H	09/21/2021	02703937	\$225.69	4453
YS63793H	09/22/2021	02703937	\$112.84	4454
YS63793H	09/24/2021	02703937	\$225.69	4453
YS63793H	09/27/2021	02703937	\$225.69	4453
YS63793H	09/28/2021	02703937	\$225.69	4453
YS63793H	09/30/2021	02703937	\$225.69	4453
YS63793H	10/01/2021	02703937	\$225.69	4453
YS63793H	10/04/2021	02703937	\$225.69	4453
YS63793H	10/06/2021	02703937	\$225.69	4453
YS63793H	10/07/2021	02703937	\$225.69	4453
YS63793H	10/08/2021	02703937	\$225.69	4453
YS63793H	10/11/2021	02703937	\$225.69	4453
YS63793H	10/12/2021	02703937	\$225.69	4453
YS63793H	10/14/2021	02703937	\$225.69	4453
YS63793H	10/15/2021	02703937	\$225.69	4453
YS63793H	10/18/2021	02703937	\$112.84	4454
YS63793H	10/19/2021	02703937	\$112.84	4454
YS63793H	10/21/2021	02703937	\$112.84	4454
YS63793H	10/22/2021	02703937	\$225.69	4453
YS63793H	10/25/2021	02703937	\$225.69	4453
YS63793H	10/28/2021	02703937	\$225.69	4453
YS63793H	10/29/2021	02703937	\$225.69	4453
YS63793H	11/01/2021	02703937	\$225.69	4453
YS63793H	11/02/2021	02703937	\$225.69	4453
YS63793H	11/04/2021	02703937	\$112.84	4454

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Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
YS63793H	11/05/2021	02703937	\$225.69	4453
YS63793H	11/08/2021	02703937	\$225.69	4453
YS63793H	11/09/2021	02703937	\$225.69	4453
YS63793H	11/11/2021	02703937	\$225.69	4453
YS63793H	11/12/2021	02703937	\$225.69	4453
YS63793H	11/15/2021	02703937	\$225.69	4453
YS63793H	11/16/2021	02703937	\$225.69	4453
YS63793H	11/18/2021	02703937	\$225.69	4453
YS63793H	11/19/2021	02703937	\$225.69	4453
YS63793H	11/22/2021	02703937	\$225.69	4453
YS63793H	11/23/2021	02703937	\$225.69	4453
ZE82720U	02/09/2021	02703937	\$219.41	4453
ZE82720U	02/23/2021	02703937	\$219.41	4453
ZE82720U	04/01/2021	02703937	\$221.46	4453
ZE82720U	04/06/2021	02703937	\$221.46	4453
ZE82720U	04/13/2021	02703937	\$221.46	4453
ZE82720U	04/15/2021	02703937	\$221.46	4453
ZE82720U	04/22/2021	02703937	\$221.46	4453
ZE82720U	04/26/2021	02703937	\$221.46	4453
ZE82720U	04/29/2021	02703937	\$221.46	4453
ZE82720U	04/30/2021	02703937	\$221.46	4453
ZE82720U	05/06/2021	02703937	\$221.46	4453
ZE82720U	05/13/2021	02703937	\$221.46	4453
ZE82720U	05/20/2021	02703937	\$221.46	4453
ZE82720U	05/27/2021	02703937	\$221.46	4453
ZE82720U	06/03/2021	02703937	\$221.46	4453
ZE82720U	06/10/2021	02703937	\$221.46	4453
ZE82720U	06/17/2021	02703937	\$221.46	4453
ZE82720U	06/24/2021	02703937	\$221.46	4453
ZE82720U	07/01/2021	02703937	\$225.69	4453
ZE82720U	07/08/2021	02703937	\$225.69	4453
ZE82720U	07/15/2021	02703937	\$225.69	4453
ZE82720U	07/22/2021	02703937	\$225.69	4453
ZE82720U	07/29/2021	02703937	\$225.69	4453
ZE82720U	08/05/2021	02703937	\$225.69	4453
ZE82720U	08/09/2021	02703937	\$225.69	4453
ZE82720U	08/12/2021	02703937	\$225.69	4453
ZE82720U	08/16/2021	02703937	\$225.69	4453
ZE82720U	08/19/2021	02703937	\$225.69	4453
ZE82720U	08/24/2021	02703937	\$225.69	4453
ZE82720U	08/25/2021	02703937	\$225.69	4453
ZE82720U	08/26/2021	02703937	\$225.69	4453
ZE82720U	08/27/2021	02703937	\$225.69	4453
ZE82720U	08/30/2021	02703937	\$225.69	4453
ZE82720U	08/31/2021	02703937	\$225.69	4453
ZE82720U	09/02/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
ZE82720U	09/03/2021	02703937	\$225.69	4453
ZE82720U	09/09/2021	02703937	\$225.69	4453
ZE82720U	09/10/2021	02703937	\$225.69	4453
ZE82720U	09/16/2021	02703937	\$225.69	4453
ZE82720U	09/17/2021	02703937	\$225.69	4453
ZE82720U	09/20/2021	02703937	\$225.69	4453
ZE82720U	09/22/2021	02703937	\$225.69	4453
ZE82720U	09/23/2021	02703937	\$225.69	4453
ZE82720U	09/27/2021	02703937	\$225.69	4453
ZE82720U	09/28/2021	02703937	\$225.69	4453
ZE82720U	09/29/2021	02703937	\$225.69	4453
ZE82720U	09/30/2021	02703937	\$225.69	4453
ZE82720U	10/01/2021	02703937	\$225.69	4453
ZE82720U	10/05/2021	02703937	\$225.69	4453
ZE82720U	10/07/2021	02703937	\$225.69	4453
ZE82720U	10/08/2021	02703937	\$225.69	4453
ZE82720U	10/11/2021	02703937	\$225.69	4453
ZE82720U	10/14/2021	02703937	\$225.69	4453
ZE82720U	10/18/2021	02703937	\$225.69	4453
ZE82720U	10/21/2021	02703937	\$225.69	4453
ZE82720U	10/22/2021	02703937	\$225.69	4453
ZE82720U	10/28/2021	02703937	\$225.69	4453
ZE82720U	11/03/2021	02703937	\$225.69	4453
ZE82720U	11/04/2021	02703937	\$225.69	4453
ZE82720U	11/05/2021	02703937	\$225.69	4453
ZE82720U	11/15/2021	02703937	\$225.69	4453
ZE82720U	11/17/2021	02703937	\$225.69	4453
ZE82720U	11/18/2021	02703937	\$225.69	4453
ZE82720U	11/19/2021	02703937	\$225.69	4453
ZE82720U	11/22/2021	02703937	\$225.69	4453
ZM26787Z	05/03/2021	02703937	\$221.46	4453
ZM26787Z	05/05/2021	02703937	\$221.46	4453
ZM26787Z	05/06/2021	02703937	\$221.46	4453
ZM26787Z	05/07/2021	02703937	\$221.46	4453
ZM26787Z	05/10/2021	02703937	\$221.46	4453
ZM26787Z	05/13/2021	02703937	\$221.46	4453
ZM26787Z	05/14/2021	02703937	\$221.46	4453
ZM26787Z	05/17/2021	02703937	\$221.46	4453
ZM26787Z	05/19/2021	02703937	\$221.46	4453
ZM26787Z	05/21/2021	02703937	\$221.46	4453
ZM26787Z	05/24/2021	02703937	\$221.46	4453
ZM26787Z	05/26/2021	02703937	\$221.46	4453
ZM26787Z	05/27/2021	02703937	\$221.46	4453
ZM26787Z	06/01/2021	02703937	\$221.46	4453
ZM26787Z	06/03/2021	02703937	\$221.46	4453
ZM26787Z	06/04/2021	02703937	\$221.46	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
ZM26787Z	06/07/2021	02703937	\$221.46	4453
ZM26787Z	06/08/2021	02703937	\$221.46	4453
ZM26787Z	06/10/2021	02703937	\$221.46	4453
ZM26787Z	06/11/2021	02703937	\$221.46	4453
ZM26787Z	06/28/2021	02703937	\$221.46	4453
ZM26787Z	06/29/2021	02703937	\$221.46	4453
ZM26787Z	10/01/2021	02703937	\$225.69	4453
ZM26787Z	10/04/2021	02703937	\$225.69	4453
ZM26787Z	10/06/2021	02703937	\$225.69	4453
ZM26787Z	10/07/2021	02703937	\$225.69	4453
ZM26787Z	10/08/2021	02703937	\$225.69	4453
ZM26787Z	10/11/2021	02703937	\$225.69	4453
ZM26787Z	10/13/2021	02703937	\$225.69	4453
ZM26787Z	10/14/2021	02703937	\$225.69	4453
ZM26787Z	10/15/2021	02703937	\$225.69	4453
ZM26787Z	10/18/2021	02703937	\$225.69	4453
ZM26787Z	10/20/2021	02703937	\$225.69	4453
ZM26787Z	10/21/2021	02703937	\$225.69	4453
ZM26787Z	10/22/2021	02703937	\$225.69	4453
ZM26787Z	10/25/2021	02703937	\$225.69	4453
ZM26787Z	10/27/2021	02703937	\$112.84	4454
ZM26787Z	10/28/2021	02703937	\$225.69	4453
ZM26787Z	10/29/2021	02703937	\$225.69	4453
ZM26787Z	11/01/2021	02703937	\$225.69	4453
ZM26787Z	11/03/2021	02703937	\$225.69	4453
ZM26787Z	11/08/2021	02703937	\$225.69	4453
ZM26787Z	11/10/2021	02703937	\$225.69	4453
ZM26787Z	11/11/2021	02703937	\$225.69	4453
ZM26787Z	11/12/2021	02703937	\$225.69	4453
ZM26787Z	11/15/2021	02703937	\$225.69	4453
ZM26787Z	11/17/2021	02703937	\$225.69	4453
ZM26787Z	11/18/2021	02703937	\$225.69	4453
ZM26787Z	11/19/2021	02703937	\$225.69	4453
ZM26787Z	11/22/2021	02703937	\$225.69	4453
ZZ55044N	09/02/2021	02703937	\$112.84	4454
ZZ55044N	09/03/2021	02703937	\$225.69	4453
ZZ55044N	09/08/2021	02703937	\$225.69	4453
ZZ55044N	09/09/2021	02703937	\$225.69	4453
ZZ55044N	09/10/2021	02703937	\$225.69	4453
ZZ55044N	09/13/2021	02703937	\$225.69	4453
ZZ55044N	09/14/2021	02703937	\$225.69	4453
ZZ55044N	09/16/2021	02703937	\$225.69	4453
ZZ55044N	09/17/2021	02703937	\$225.69	4453
ZZ55044N	09/20/2021	02703937	\$225.69	4453
ZZ55044N	09/23/2021	02703937	\$225.69	4453
ZZ55044N	09/24/2021	02703937	\$225.69	4453

# EXHIBIT A

Reference ID	Service Date	Billing MMIS ID	Net Total Paid Amount	Rate Code
ZZ55044N	09/27/2021	02703937	\$225.69	4453
ZZ55044N	09/28/2021	02703937	\$225.69	4453
ZZ55044N	09/30/2021	02703937	\$225.69	4453
ZZ55044N	10/01/2021	02703937	\$225.69	4453
ZZ55044N	10/05/2021	02703937	\$225.69	4453
ZZ55044N	10/06/2021	02703937	\$225.69	4453
ZZ55044N	10/07/2021	02703937	\$225.69	4453
ZZ55044N	10/08/2021	02703937	\$225.69	4453
ZZ55044N	10/11/2021	02703937	\$225.69	4453
ZZ55044N	10/12/2021	02703937	\$225.69	4453
ZZ55044N	10/14/2021	02703937	\$225.69	4453
ZZ55044N	10/15/2021	02703937	\$225.69	4453
ZZ55044N	10/18/2021	02703937	\$225.69	4453
ZZ55044N	10/20/2021	02703937	\$225.69	4453
ZZ55044N	10/21/2021	02703937	\$225.69	4453
ZZ55044N	10/22/2021	02703937	\$225.69	4453
ZZ55044N	10/25/2021	02703937	\$225.69	4453
ZZ55044N	10/28/2021	02703937	\$225.69	4453
ZZ55044N	10/29/2021	02703937	\$225.69	4453
ZZ55044N	11/01/2021	02703937	\$225.69	4453
ZZ55044N	11/02/2021	02703937	\$225.69	4453
ZZ55044N	11/04/2021	02703937	\$225.69	4453
ZZ55044N	11/05/2021	02703937	\$225.69	4453
ZZ55044N	11/08/2021	02703937	\$225.69	4453
ZZ55044N	11/09/2021	02703937	\$225.69	4453
ZZ55044N	11/11/2021	02703937	\$225.69	4453
ZZ55044N	11/12/2021	02703937	\$225.69	4453
ZZ55044N	11/15/2021	02703937	\$225.69	4453
ZZ55044N	11/16/2021	02703937	\$225.69	4453
ZZ55044N	11/18/2021	02703937	\$225.69	4453
ZZ55044N	11/19/2021	02703937	\$225.69	4453
ZZ55044N	11/22/2021	02703937	\$225.69	4453
ZZ55044N	11/23/2021	02703937	\$112.84	4454

**Total Paid**

**\$228,355.19**



# **Exhibit B**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

UNITED STATES OF AMERICA and  
THE STATES OF MARYLAND, NEW JERSEY,  
NEW YORK, TENNESSEE, TEXAS AND THE  
CITY OF NEW YORK, *ex rel.* SCOIF LLC,

Plaintiffs,

Civil Action No.  
20-cv-4684

vs.

COMMUNITY OPTIONS, INC. and COMMUNITY  
OPTIONS OF NEW YORK, INC.,

Defendants.

-----X

**CONSENT JUDGEMENT**

Upon the consent of the Plaintiff, the State of New York, and Defendants Community Options, Inc. and Community Options New York., Inc. (“Defendants”), it is hereby;

ORDERED, ADJUDGED and DECREED that Plaintiff the State of New York is awarded judgment in the amount of Two Million Eight Hundred Sixty-Eight Thousand, Eighty-Five Dollars, and Seventy-Four Cents (**\$2,868,085.74**) jointly and severally against Community Options, Inc. and Community Options New York, Inc., as well as post-judgment interest at 12% per annum compounded daily from December 24, 2024.

**AGREED TO BY:**

Dated: March 25 2025  
New York, NY


Respectfully Submitted,

LETITIA JAMES  
Attorney General of the State of New York


By: /s/ Tiffany Castleman-Smith  
Tiffany Castleman-Smith  
Special Assistant Attorneys General  
Office of the New York State Attorney  
General Medicaid Fraud Control Unit  
28 Liberty St., 13th Fl.  
New York, NY 10005  
(212) 417-5394

**DEFENDANTS**


COMMUNITY OPTIONS, INC.

BY:  \_\_\_\_\_ Dated: 3/25/2025  
COMMUNITY OPTIONS, INC.  
Robert Stack  
*President and Chief Executive Officer*

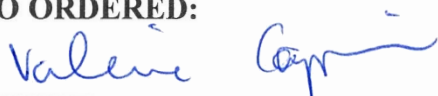
COMMUNITY OPTIONS NEW YORK, INC.

BY:  \_\_\_\_\_ Dated: 3/25/2025  
COMMUNITY OPTIONS NEW YORK, INC.  
Robert Stack  
*Principal Officer and Chairman*

Approved as to Form:

BY:  \_\_\_\_\_ Dated: 3/25/2025  
Kevin H. Marino  
*Attorney for Defendants*

**SO ORDERED:**



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HON. VALERIE E. CAPRONI  
UNITED STATES DISTRICT JUDGE

Dated: March 26, 2025