

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**AUDIT OF MEDICARE PSYCHIATRIC  
SERVICES PROVIDED BY PARKVIEW  
PASSAGES OF TOPEKA DURING THE  
PERIOD JULY 1, 1996 THROUGH  
JUNE 30, 1997**



**JUNE GIBBS BROWN  
INSPECTOR GENERAL**

**JANUARY 2001  
A-07-99-01279**

# *Office of Inspector General*

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General  
Office of Audit Services

Region VII  
601 East 12th Street  
Room 284A  
Kansas City, Missouri 64106

CIN: A-07-99-01279

Mr. Timothy Parry  
Vice President - General Counsel  
Health Management Associates  
5811 Pelican Way Boulevard, Suite 500  
Naples, Florida 34108-2710

January 24, 2001

Dear Mr. Parry:

Enclosed are two copies of the U.S. Department of Health and Human Services, Office of Inspector General (OIG), Office of Audit Services (OAS) report Entitled "*Audit of Medicare Psychiatric Services Provided by Parkview Passages of Topeka during the Period July 1, 1996 through June 30, 1997*". A copy of this report will be forwarded to the action official noted below for his review and any action deemed necessary.

Final determination as to actions taken on all matters reported will be made by the HHS action official named below. We request that you respond to the HHS action official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

In accordance with the principles of the Freedom of Information Act (Public Law 90-23), OIG/OAS reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the Department chooses to exercise (See 45 CFR Part 5).

To facilitate identification, please refer to Common Identification Number A-07-99-01279 in all correspondence relating to this project.

Sincerely yours,

A handwritten signature in black ink that reads "James P. Aasmundstad".

James P. Aasmundstad  
Regional Inspector General  
for Audit Services, Region VII

Enclosures

**Direct Reply to DHHS Action Official:**

Joe Tilghman  
Regional Administrator  
HCFA Region VII  
601 East 12<sup>th</sup> Street, Room 235  
Kansas City, Missouri 64106-2808

## EXECUTIVE SUMMARY

Title XVIII of the Social Security Act (the Act) authorizes the Medicare program to provide medical benefits to individuals 65 years of age or older, and certain individuals under age 65 who are disabled or suffer from end stage renal disease. The Act, Section 1833 (a)(2)(b) will pay for outpatient and Partial Hospitalization Program (PHP) services on the basis of reasonable cost. Section 230.5 of the Health Care Financing Administration (HCFA) Medicare Hospital Manual discusses coverage requirements for psychiatric services furnished under the Medicare outpatient hospital benefit. Outpatient psychiatric services are for those individuals needing a less intensive level of support, and for those individuals who transition out of the PHP. The purpose of the PHP is to provide a more intensive psychiatric treatment resource which will improve or maintain a patient's level of functioning and reduce or control a patient's symptoms so as to prevent relapse or hospitalization. In general, to be covered, the services must be reasonable and necessary for the diagnosis or active treatment of a patient's condition which cannot be accomplished in a less intensive setting.

Claims are submitted for services rendered and interim reimbursement is based upon submitted charges. At year end, the provider submits a cost report to the Medicare Fiscal Intermediary (Intermediary) for final settlement. Medicare regulations require costs claimed on the cost report to be reasonable, allowable, allocable, and related to patient care.

The objective of our review was to determine whether claims for psychiatric services provided by Parkview Passages of Topeka (Parkview), during the period July 1, 1996 through June 30, 1997 were billed and reimbursed in accordance with Medicare laws and regulations.

For psychiatric services provided during the period, Parkview submitted charges of \$2,347,742. Parkview was reimbursed a total of \$486,615 for those services. We found that 86 percent of the sampled claims did not meet Medicare PHP reimbursement requirements. On this basis, our projected lower limit for disallowing charges is \$1,851,519.

We will provide the results of our review to the Intermediary, so that the appropriate adjustment of \$1,851,519 can be applied to Parkview's FY 1997 cost report. We will also request that the Intermediary review PHP services provided by Parkview for other cost periods. Parkview voluntarily canceled their participation in the Medicare program on January 1, 1999.

The auditee partially agreed with our draft report, stating that 31 percent of the medical records reviewed by their independent consultants did not meet the Medicare criteria. Their comments are presented in further detail later in this report and included as Appendix C. We believe that our final audit determinations are correct and no adjustments to our report are necessary.

## TABLE OF CONTENTS

	Page
INTRODUCTION	1
BACKGROUND	
<i>Laws and regulations</i>	1
<i>Parkview Passages of Topeka</i>	2
<i>Fiscal Intermediary Responsibilities</i>	3
OBJECTIVE, SCOPE AND METHODOLOGY	3
FINDING AND RECOMMENDATION	4
MEDICAL RECORDS REVIEW	4
<i>Services Were Not Reasonable or Necessary for the Patient's Condition</i>	5
CONCLUSION	5
RECOMMENDATION	6
AUDITEE COMMENTS	6
OIG RESPONSE	6
APPENDIX	
APPENDIX A - STATISTICAL SAMPLE INFORMATION	
APPENDIX B - ACCESS TO SOURCE INFORMATION	
APPENDIX C - HEALTH MANAGEMENT ASSOCIATES, INC. RESPONSE TO DRAFT REPORT	

## INTRODUCTION

### BACKGROUND

#### Laws and Regulations

Title XVIII of the Act authorizes the Medicare program to provide medical benefits to individuals 65 years of age and older, and certain individuals under age 65 who are disabled or suffer from end stage renal disease.

Section 230.5 of HCFA's Medicare Hospital Manual, entitled "Outpatient Hospital Psychiatric Services", discusses the coverage requirements for psychiatric services furnished under the outpatient hospital benefit. The manual provides specific coverage criteria for the services and explains that the treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms such as to prevent relapse or hospitalization, and improve or maintain the patient's level of functioning.

A outpatient psychiatric hospital may provide a wide range of outpatient services from full day intensive treatment to minimal supportive, protective or social activities. Because of this diversity, payments must only be made for covered services that meet the requirements of the outpatient hospital benefit.

In general, to be covered the services must be: (1) incident to a physician's service and (2) reasonable and necessary for the diagnosis or treatment of the patient's condition. This means the services must be for the purpose of diagnostic study or the services must reasonably be expected to improve the patient's condition.

Section 1833 (a)(2)(b) of the Act provides that PHP services will be paid on the basis of reasonable cost. During the year, hospitals receive interim payments based on a percentage of billed charges. These payments are intended to approximate the hospital's reasonable cost. Upon receipt of the Medicare cost report for the year, the Intermediary makes a settlement payment based on the reasonable costs incurred.

Further, Section 1833(e) of the Act states that Medicare reimbursement shall only be made to providers if sufficient information has been supplied to support the amounts due the provider.

## **Parkview Passages of Topeka**

Parkview was a comprehensive free-standing psychiatric hospital whose goal was to meet the emotional and behavioral needs of children, adolescents, adults, and older adults. In addition to standard outpatient psychiatric services, Parkview also had a day treatment program, which was to meet the needs of those older individuals who did not need the intensity of inpatient treatment, but needed the structure and stimulation Parkview's day treatment program had to offer. This day treatment program was intended to allow participants to focus on individual issues while being able to remain in their current living environment.

In order to meet organizational goals, Parkview services were provided by teams consisting of a psychiatrist, social worker, psychiatric nurses, expressive therapist and mental health workers. This team was under the direction of a psychiatrist who was Board Certified in Geriatric Psychiatry.

The four component programs offered by Parkview during our audit period were as follows:

- ✓ The Adolescent Partial Hospital Program - intensive therapeutic day treatment process that provide increased structure to allow for trying new ways to problem solve issues within self, family, and community.
- ✓ The Adult Partial Hospital Services Program - treatment program for adults whose behavior manifestations or symptoms were so severe that there was significant interference with age appropriate social, family or vocational functioning.
- ✓ The Senior Partial Hospital Program - intensive daily treatment for individuals experiencing multiple behavior and physical problems which made the maintenance of mental health more complex.
- ✓ The Genesis Partial Hospital Program - recovery and relapse prevention treatment for the client with a dual diagnosis (addiction and psychiatric illness), the relapse prone client, and the client who had not yet attempted recovery.

Parkview voluntarily canceled their participation in the Medicare program on January 1, 1999. Parkview is currently licensed as a residential treatment center for children and adolescents.

## **Fiscal Intermediary Responsibilities**

The Health Care Financing Administration (HCFA) contracts with intermediaries, usually large insurance companies, to assist them in administering the outpatient and PHP program. The Intermediary for Parkview during our audit period was Mutual of Omaha. The Intermediary was responsible for:

- reviewing and processing claims for outpatient and PHP services;
- making interim payments;
- conducting audits of cost reports;
- performing liaison activities between HCFA and hospitals;
- dissemination of information and educational material.

## **OBJECTIVE, SCOPE, AND METHODOLOGY**

The objective of our review was to determine whether claims for psychiatric services provided by Parkview, during the period July 1, 1996 through June 30, 1997 were billed and reimbursed in accordance with Medicare laws and regulations.

We conducted our review during the period March 1999 through August 1999 the limited scope audit work was completed in accordance with generally accepted government auditing standards. The audit objective did not require an understanding or assessment of internal control structure. Consequently, no evaluation of internal control structure or internal controls was performed. Our field work was performed at the Intermediary, Mutual of Omaha, Omaha Nebraska and at the provider, Parkview Passages of Topeka in Topeka, Kansas. The review of sampled Parkview medical records was performed in a cooperative effort by both the medical review staffs of the Intermediary and the Kansas Foundation for Medical Care, a Peer Review Organization (PRO).

To accomplish our objective, we:

- ◇ reviewed applicable laws, regulations, and Medicare guidelines;
- ◇ identified 722 paid Medicare claims for outpatient and PHP psychiatric services provided by Parkview during the period July 1, 1996 through June 30, 1997. Total charges for these claims were \$2,347,742 for which Parkview was reimbursed \$486,615;
- ◇ randomly selected a statistical sample of 100 of the 722 paid Medicare claims using a simple random approach. The total amount of charges for these 100 claims were \$328,237 for which Parkview was reimbursed \$69,965;
- ◇ determined whether services claimed met Medicare eligibility and reimbursement requirements;

- ◇ utilized medical review staff from the Intermediary and PRO to perform a medical review of the medical records maintained by Parkview for each of the 100 sampled claims;
- ◇ used a variable appraisal program to estimate the dollar impact of improper charges in the total population.

## FINDING AND RECOMMENDATION

Our review showed (based on a statistical projection) that Parkview submitted at least \$1,851,519 in charges for services that did not meet Medicare eligibility. We are recommending the Intermediary consider these findings, as discussed in greater detail in the following paragraphs, in finalizing Parkview's FY 1997 cost report.

## MEDICAL RECORDS REVIEW

We submitted the medical records for our sample to the Intermediary's medical review team for evaluation and determination of whether the services met Medicare eligibility and reimbursement requirements. Medical review determined that 86 percent of the sampled claims did not meet the Medicare requirements. In all 86 cases, the Intermediary determined that the documentation did not support that the intensity of services of a PHP were reasonable or necessary and that without these services, the patient would be in an inpatient psychiatric setting for treatment. We will provide the results of our review to the Intermediary, so that the appropriate adjustment of \$1,851,519 can be applied to Parkview's FY 1997 cost report.

The following table presents the results of the Intermediary's medical review of the 3,266 units of services contained on the 100 claims sampled:

Revenue Code - Type of Service:	Units of Service:		Charges:
	Billed	Denied	Denied (1)
912 - Psychiatric Services - Day Care.	1,131	995	\$56,250
914 - Psychiatric Services - Individual Therapy.	60	53	\$2,437
915 - Psychiatric Services - Group Therapy.	2,045	1,820	\$230,756
910, 916, 762, 450, 270. (2)	30	6	\$705
<b>Total</b>	<b>3,266</b>	<b>2,874</b>	<b>\$290,148</b>

(1) Services were not reasonable or necessary for the patient's condition.

(2) revenue codes correlating to the following types of services: Psychiatric Services - General Classification; Psychiatric Services - Family Therapy; Treatment or Observation Room; Emergency Room - General Classification; and Medical / Surgical Supplies General Classification.

### Services Were Not Reasonable or Necessary for the Patient's Condition

For 2,874 of the 3,266 units of service charged on the 100 claims, the medical review team determined that the services provided were not reasonable or necessary for the patient's condition. Charges related to these units totaled \$290,148. An example of unnecessary services is the case of a patient who was first admitted into PHP on February 6, 1995. Parkview filed a claim for the period August 1, 1996 through August 13, 1996, billing Medicare \$4,300 for 44 units of service as follows:

Units Billed:	Type of Psychiatric Service Billed:	Documentation In Medical Records:	Medical Reviewer Conclusion:
14	Day Care	Patient used a wheelchair at all times due to physical status.	Patient was already in a 24 hour nursing care facility.
3	Individual Therapy	Reinitiated due to upcoming bad news of an adult child's health problem. Psychiatrist stated the patient was fairly stable.	No indication for the intensity of PHP to be used.
27	Group Therapy	Patient attended the majority of days scheduled. Played games, sang songs, and listened to a story.	Nursing care facility could provide the support necessary.

In summary, the Intermediary's medical review team determined that the documentation did not support that the intensity of services of a PHP were reasonable or necessary and that without these services the patient would be at an inpatient Psychiatric setting for treatment. Consequently, the billed charges totaling \$4,300 were overclaimed to the Medicare program.

Medical review determined that 86 of the 100 sampled claims did not meet the Medicare eligibility and reimbursement requirements. Charges for the 86 claims were \$290,148. Total charges for the 722 paid claims for psychiatric services provided during FY 1997 were \$2,347,742 for which Parkview was reimbursed \$486,615. We extrapolated the results of the statistical sample over the population using standard statistical methods. Using the lower limit projection of our statistical sample, we are 90 percent confident that Parkview submitted charges of *at least* \$1,851,519 for psychiatric services that did not meet Medicare eligibility and reimbursement requirements. (See Appendix A for full appraisal results)

### CONCLUSION

Parkview submitted charges totaling \$2,347,742 for psychiatric services provided during the period July 1, 1996 through June 30, 1997. Our audit of 100 randomly selected claims showed that at least \$1,851,519 charges were for services that did not meet Medicare PHP eligibility and reimbursement requirements.

## **RECOMMENDATION**

We will provide the results of our review to the Intermediary, so that the appropriate adjustment of \$1,851,519 can be applied to Parkview's FY 1997 cost report. We will also request that the Intermediary review PHP services provided by Parkview for other cost periods.

## **AUDITEE COMMENTS**

We received written comments to our draft report from Health Management Associates, Inc., (HMA) the owners of Parkview Passages of Topeka. The HMA officials contracted with independent consultants to perform a medical review on the denied sampled claims. The consultant's response (See Appendix C), indicated that they did not perform a review on 25 of the 86 claims since the facility had closed, and HMA was unable to locate those records. In the consultant's clinical opinion, 31 percent of the records reviewed did not meet Medicare criteria for medical necessity for PHP services, while 69 percent did.

In addition to the medical review performed, the consultants maintained in their response that "...16 of the 57 records were previously denied and pursued by the facility during the time period in question. The facility already pursued a formal appeal process with the Intermediary, Mutual of Omaha. The hearing officer reviewed these cases, with seven denials upheld and nine denials overturned and ultimately paid." The consultants stated that they were unclear as to why these claims were revisited as part of our sample.

Appendix C does not include the medical review portion of the response due to the sensitivity of the data. This data is being forwarded to the Intermediary for use in resolution of the report.

## **OIG RESPONSE**

We recognize HMA's decision to retain the services of independent consultant. However, we utilized Intermediary medical review personnel to determine whether services provided by Parkview Passages of Topeka met Medicare eligibility and reimbursement requirements. The medical review personnel used Medicare guidelines and regulations in making their determinations. We believe the Intermediary made the correct determinations for the claims where the consultants disagreed.

The consultants did not disclose which nine beneficiary claims were overturned. The HMA provided a list of beneficiaries for the nine overturned denials. Thus, all the claims associated with the beneficiaries in our sample, 15, were provided to the Intermediary appeal's department. The appeals department researched each individual claim in question, and did not discover any denied claims. Fourteen of the 15 claims were paid without question, and the remaining claim was originally paid, but subsequently canceled. We believe that our final audit determinations are correct and no adjustments to our draft report are necessary.

**APPENDIX A**

**AUDIT OF MEDICARE PSYCHIATRIC SERVICES PROVIDED BY  
PARKVIEW PASSAGES OF TOPEKA**

**STATISTICAL SAMPLE INFORMATION**

POPULATION

Items: 722 Claims  
Charges: \$2,347,742  
Reimbursed: \$486,615

SAMPLE

Items: 100 Claims  
Charges: \$328,237  
Reimbursed: \$69,965

SAMPLE ERRORS

Items: 86  
Charges: \$290,148  
Reimbursed: \$61,183

PROJECTION OF SAMPLE RESULTS  
Precision at the 90 Percent Confidence Level

Charges

Point Estimate: \$2,094,872  
Lower Limit: \$1,851,519  
Upper Limit: \$2,338,225

**APPENDIX B**

AUDIT OF PAID PSYCHIATRIC SERVICES PROVIDED BY  
PARKVIEW PASSAGES OF TOPEKA

AUDIT REPORT CIN: A-07-99-01279  
TOPEKA, KANSAS

OFFICE OF AUDIT INDIVIDUALS HAVING ACCESS TO SOURCE  
INFORMATION REGARDING THIS AUDIT REPORT

Name, Title

James P. Aasmundstad, RIGA  
Jack Morman, Audit Manager  
John Klatt, Senior Auditor  
Sue McKaig, Senior Auditor  
Christine Storey, Senior Auditor  
Kerry Passe, Auditor

Class of Persons Having Access to this Report

Office Administrative Personnel

HEALTH MANAGEMENT ASSOCIATES, INC.  
5811 Pelican Bay Boulevard, Suite 500  
Naples, Florida 34108-2710  
941/598-3176  
941/597-5794 Fax

Timothy R. Parry  
Vice President, General Counsel and Corporate Secretary

November 8, 2000

**Via Overnight Courier**

Ms. Barbara A. Bennett  
Regional Inspector General for Audit Services  
Office of Inspector General  
Office of Audit Services, Region VII  
601 East 12th Street, Room 284A  
Kansas City, MO 64106

Re: Parkview Passages of Topeka/Preliminary Draft Audit Report  
Your Identification No. A-07-99-01279

Dear Ms. Bennett:

Pursuant to my earlier communications with your office, I am enclosing an original plus two copies of a response on behalf of Parkview Passages Hospital to the draft audit report prepared by the Office of Audit Services. Independent consultants retained by the hospital for this project prepared this response.

In an effort to further cooperate with your office, I would respectfully request an opportunity to meet with you and your staff members who worked on the audit, together with our consultants to discuss their report in the hopes of reaching a mutually satisfactory resolution of the audit. We are willing to travel to Kansas City so as to avoid any inconvenience to you and your staff.

In addition, I want to thank you and Mr. Jack Morman for your professionalism in extending us additional time in which to submit a response as we experienced a great amount of difficulty in locating the subject medical records because of the hospital having closed earlier this year and the relocation of all records offsite. In the final analysis, all but 15 records were located, but we believe the statistical findings of the hospital's consultants could be reasonably projected to these 15 records.

Ms. Barbara A. Bennett  
November 8, 2000  
Page 2

If you have any questions or are in need of additional information, please do not hesitate to contact me. I will await hearing from you on our request for a meeting.

Sincerely,



Timothy R. Parry  
Vice President and General Counsel

/jet  
Enclosures:



November 6, 2000

Mr. Timothy Parry  
Vice President – General Counsel  
Health Management Associates  
5811 Pelican Way Boulevard  
Naples, Florida 33963  
RE: Review of Medical Records – Parkview Passages of Topeka

Dear Mr. Parry,

Pursuant to your request, we were asked to independently review and render opinions on closed medical records from the Parkview – Topeka Hospital Partial Hospitalization Program (PHP). The program was audited by the Office of the Inspector General, Office of Audit Services (OAS), who randomly selected a statistical sample of 100 of the 722 paid Medicare claims. OAS determined that 86% of the sampled claims did not meet the Medicare requirements. We were asked to independently examine each of these denials and render an independent opinion as to the medical necessity of admission and continued stay in the Partial Hospitalization Program (PHP).

Before reviewing the medical records, we referenced section 230.5 of HCFA's Medicare Hospital Manual entitled "Outpatient Hospital Psychiatric Services." We also reviewed other appropriate state and industry PHP guidelines that were pertinent for the time period of July 1, 1996 through June 30, 1997. We then reviewed the Parkview Partial Hospitalization Program mission and objectives along with the hospital policies and procedures.

We reviewed 42 closed records, which included 61 dates of service. According to the master list that was provided for this audit, there were a total of 57 records and 86 dates of service. There were 15 records with 25 dates of service that we did not review. It is our understanding that administrative staff were unable to locate these records at the time of this review due to the closing of the hospital and subsequent storage of these records in Orlando.

Each of the 42 records were reviewed for medical necessity as established by the 1996–97 Medicare guidelines. Our opinions on each of these records is contained in attachment #1 and listed by HIC and Sample #'s and patient initials in order to protect patient confidentiality.

In our clinical opinion, 29 (69%) of the records did meet Medicare criteria for medical necessity and 13 (31%) of the records did not. Of the 31% that did not meet Medicare criteria, there was evidence to show that Partial Hospitalization was reasonable and appropriate but not enough documentation to substantiate each of the Medicare inclusion/exclusion criteria.

It is important to note that of this original sample that Medicare denied, 16 of the 57 records were previously denied and pursued by the facility during the time period in question. The facility already pursued a formal appeal process with the intermediary, Mutual of Omaha. The hearing officer reviewed these cases, with seven denials upheld and nine denials overturned and ultimately paid. It is unclear as to why HCFA would revisit these nine claims now when they were previously overturned by their intermediary.

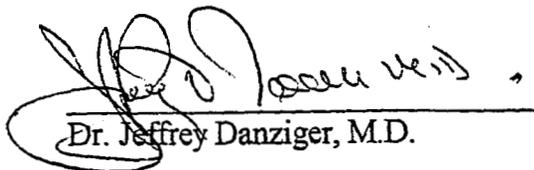
Our review of these charts shows many strengths and indications of good care and appropriate psychiatric treatment. The weekly treatment plan updates document the involvement of the various multidisciplinary team members along with the supervision of the attending physician. These updates give a comprehensive summary that reflects individualized care and specific objectives. These weekly updates give evidence of physician involvement above and beyond the minimum Medicare expectation of every 31 days.

The program operated with varying length of stay and number of days/week required per patient which speaks to an individualized plan of care rather than a "cookie cutter" approach. Patient attendance varied from 2 - 6 days/week as appropriate to patient need.

Another important community consideration is the closing of the Topeka State Hospital during the time period in question. This facility was located less than one mile from the Parkview Hospital program. Given this closing, many chronically mentally ill patients with long standing histories of recurrent, frequent hospitalization were thrust into the community. Many of these patients were precariously stabilized and at risk for relapse and decompensation. They required intensive intervention to avoid deterioration and/or return to an inpatient level of care.

In conclusion, we reviewed 42 records from the Parkview Hospital Partial Hospitalization Program (PHP). It is our clinical opinion that good care and medically necessary treatment was received by the patients in the program. Of these 42 records, it is our opinion that sufficient documentation and medical evidence exists to justify admission criteria and continued stay criteria in 29 of these charts. This corresponds to 69% of the records reviewed. All of the opinions expressed above are within a reasonable degree of medical certainty. A copy of our resumes listing our education, qualifications, and work experience is attached.

Respectfully Submitted,

  
Dr. Jeffrey Danziger, M.D.

  
Anita Riggs, R.N., M.A., CAP