

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

UNITED STATES OF AMERICA * CRIMINAL NO.
VERSUS * SECTION:
ANISSA EUGENE *
 * * *

FACTUAL BASIS

If this matter were to proceed to trial, the government would prove the following facts through competent evidence:

Joe Kopsa would testify and provide evidence showing that Medicaid is a public insurance (assistance) program that provides primary and preventative health care coverage to low-income families and persons with medical disabilities. UNISYS Corporation is a fiscal intermediary that processes Medicaid claims and makes reimbursement to providers for rendering services to qualified Medicaid recipients. Each claim submitted by a provider discloses the recipient's identification number and the name of the recipient receiving the service, a description of the procedure using a billing code that accurately describes the service rendered, the date of service, the amount billed and the provider's unique Medicaid number.

Records from Medicaid and documents recovered in a search of A New Beginning of New Orleans, Inc. (ANBNO) in May 2005 would prove that ANBNO was an agency located at 3714 Westbank Expressway, Suite 7, Harvey, Louisiana, that was certified by Medicaid to provide services to eligible Medicaid recipients. Michael Davis would testify that on April 28, 2001, he applied for a Medicaid Provider Number (PN) on behalf of ANBNO and Akasia Lee to become a Personal Care Attendant Provider.

ANBNO transmitted its claims to UNISYS electronically. Each electronic billing included a professional services certification, signed by the provider, which stated in part: “the services rendered were necessary, medically indicated and were rendered by me or under my personal supervision. I have reviewed the claim information submitted and certify that it is true, accurate and complete . . . I understand that payment and satisfaction of these claims will be from federal and state funds, and that any false claims, statements, or documents, or concealment of material fact, may be prosecuted under applicable federal and state laws.”

Louisiana Medicaid has an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program which covers personal care services (PCS) available to eligible recipients meeting the medical necessity criteria for the services. PCS are prescribed by physicians who also approve a plan of care (POC) which specifies the type of PCS to be provided, that is, the activities of daily living for which assistance is needed, and the minimum and maximum frequency and duration of these services.

PCS must be provided through a licensed Personal Care Attendant Medicaid provider in a recipient's home unless it is medically necessary to do so elsewhere. Staff assigned to provide PCS were not to include a member of the recipient's immediate family. Immediate family was defined as father, mother, sister, brother, spouse, child, grandparent, in-law, or any individual acting as parent or guardian of the recipient.

The purpose of ordering PCS was to prevent institutionalization of the recipient, and to enable the recipient to be treated on an outpatient basis rather than an inpatient basis.

EPSDT Personal Care Services include:

1. Basic personal care, toileting and grooming activities, including bathing, hair care and assistance with dressing;
2. Assistance with bladder and/or bowel requirements, including helping the client to and from the bathroom or assisting with bedpan routines;
3. Assisting with eating and food, nutrition and diet activities, including preparing meals for the recipient only;
4. Performing incidental household services only for the recipient that are essential to the recipient's health and comfort in the home, such as changing and washing the recipient's bed linens or cleaning up, or of meal preparation for the recipient only.
5. Accompanying, but not transporting, the recipient to and from the doctor;

Documentation requirements for providers of EPSDT PCS include documenting dates of service, services provided (a checklist is adequate), total number of hours worked, time period worked, condition of recipient and service provision difficulties.

The investigation of the billings submitted by ANBNO to the Louisiana Medicaid Program conducted by the Federal Bureau of Investigation, the Office of Inspector General for the U.S. Department of Health and Human Services and the Louisiana Department of Justice's Medicaid Fraud Control Unit indicated that virtually every claim submitted for reimbursement was false and fraudulent.

Crystal Black and Kenyatta Devezin, both former employees of ANBNO, would testify that Anissa Eugene was employed at ANBNO as an office employee. Black and Devezin would testify that Eugene was regularly present at ANBNO offices on the days the office was opened. Black would also testify that Eugene created fraudulent documents indicating that she had personally rendered PCS that were not actually rendered.

The government would introduce into evidence 4 patients' files that were obtained from the ANBNO office when it was searched. Those patient files would include time sheets and PCS daily schedules indicating that Eugene personally provided PCS to Medicaid recipients. These patients' files contained background information on the patient, the physician's prescriptions ordering the PCS, the Plans of Care, and the Medicaid 90-L preauthorization forms, in addition to time sheets and PCS daily schedules, which falsely documented that PCS were rendered. The

following medical records (as described by the patients' initials) contained these fraudulent time sheets and PCS daily activity schedules and indicated that Eugene had rendered PCS to these patients: RoLe, EuLa, LaAl and LeCo.

Crystal Black would testify that the time sheets falsified by Eugene were used by Akasia Lee as the basis for billing the Medicaid program for PCS services for these patients that were not rendered and for complying with Medicaid regulations requiring documentation supporting the claims that are submitted to Medicaid for payment.

The government would introduce the testimony from the parents or guardians of patients, and Crystal Black, that Eugene did not render PCS to the 4 patients as indicated in the ANBNO time sheets and PCS daily activity schedules.

The government would also introduce evidence showing that the parents/guardians of LaAl and LeCo participated in the fraud committed against Medicaid by receiving kickbacks from ANBNO and from Eugene in return for allowing the billing of non-rendered services to Medicaid for their children and for participating in the creation of fraudulent documentation concerning the services that were not rendered. These parents/guardians would testify about the manner in which fraud was committed against Medicaid.

The parent/guardian of LeCo would testify that D'Juan Robinson, Eugene and Crystal Black paid \$72 to him/her every two weeks for filling out the false documentation indicating that

PCS had been rendered to LeCo by the assigned worker. The parent/guardian of LeCo would also testify that he/she had conversations with Akasia Lee about these payments.

The parent/guardian of LeAl would testify that the he/she was paid \$72 every two weeks by the worker assigned to LeAl. The parent/guardian of LeAl would usually go to the office of ANBNO to pick up these payments.

The parent/guardians of RoLe and EuLa would testify about how they falsified documentation for services claimed to have been performed for their children indicating that Eugene and others had provided PCS for RoLe and EuLa. The parents/guardians would testify that they falsified documentation indicating that they had provided PCS to other children registered with ANBNO in order to get paid by ANBNO as employees. In return, the parents/guardians of RoLe and EuLa allowed their children to be billed for PCS that were not provided by Eugene or other ANBNO employees, and would sign false time sheets attesting that PCS were rendered.

The government would also introduce evidence obtained in the search of ANBNO showing that forged, altered and falsified prescriptions and other documents required for pre-authorization of services by Medicaid were contained in at least 2 of the 4 patients' files in which Eugene created false time sheets documenting PCS that were not rendered, as well as forged, altered and false prescription in other patients' files. These documents were submitted to the Medicaid Program by ANBNO in order to receive authorization to bill for PCS. These

fraudulent documents included prescriptions which indicated that a physician had ordered and authorized the PCS as medically necessary, as well as care plans which listed diagnoses and/or conditions that the patient did not suffer. This evidence would include original and photocopied prescriptions on which patient names or dates had been whited out, hidden, altered or removed in some manner. The documents were then copied, and other names or dates would be written into the blanks on the copied documents. These documents were then used for various patients for the purpose of seeking preapproval from the State for billing PCS for the patients. Crystal Black would testify that Akasia Lee created these fraudulent documents and used them to obtain preauthorization from Medicaid to bill for PCS.

The government would introduce into evidence financial and billing information provided by Medicaid establishing that ANBNO received approximately \$44,490 for PCS services based upon false ANBNO time sheets indicating that Eugene was the provider of PCS that were never rendered.

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