

AFFIDAVIT IN SUPPORT OF INFORMATION

Your Affiant, Kelly Ann Timbrook, has been employed as a Senior Investigator with the Office of the Attorney General, State of Florida, Medicaid Fraud Control Unit [MFCU], since April 10, 1998. Prior to employment with the Office of the Attorney General, Affiant was employed with the West Virginia Medicaid Fraud Control Unit for approximately ten years. In each of these capacities, Affiant has conducted numerous investigations of individuals committing fraud.

Your Affiant was assigned to investigate allegations of Medicaid fraud by A & S RESPIRATORY HOME MEDICAL [A & S], also doing business as TAMPA BAY MEDICAL [TBM], a medical supply/durable medical equipment provider for the Florida Medicaid Program. Information on the subject is as follows:

A. Subject:	A & S RESPIRATORY HOME MEDICAL
Business Address:	13330 W. Colonial Drive, Suite 140 Winter Garden, FL 34787
Telephone:	407-905-5449
Mailing Address (Pay to Address):	11049 W. Colonial Drive Ocoee, FL 34761
Owner:	[REDACTED]
Federal Tax Number:	59-3294263
Date of Birth:	[REDACTED]
Social Security #:	[REDACTED]
State of Florida Corporate Number:	P95000007716
Provider #:	6721575-01
Residence Address:	[REDACTED] [REDACTED]
Physical Description: (Race/Sex)	B/M
Florida Driver's License No.:	R152-018-65-097-0
Prior Arrest(s):	None known at this time
B. Subject:	TAMPA BAY MEDICAL [TBM]
Business Address:	11049 W. Colonial Drive Ocoee, FL 34761
Telephone:	407-905-5449
Mailing Address (Pay to Address):	11049 W. Colonial Drive Ocoee, FL 34761
Owner:	[REDACTED]
Federal Tax Number:	59-3674565
State of Florida Corporate Number:	P00000006559
Provider #:	0260118-00

Your Affiant and the MFCU have authority to investigate these allegations pursuant to Florida Statute 409.920.

As a provider, A & S and TBM furnished medical equipment and supplies to eligible Medicaid recipients.

Medicaid is a program administered by the State of Florida Agency for Health Care Administration [AHCA] which reimburses health care providers for services provided to certain indigent patients. The fiscal agent for AHCA, Affiliated Computer Services [ACS], is a private firm which contracted with AHCA to process claims for reimbursement under the program. Those claims are paid by the Medicaid program which is funded approximately 38.22% by the State of Florida and approximately 61.78% by the federal government (figures applicable for the period of April 1, 2003 through September 30, 2004). ACS maintains these records in the ordinary course of business under its contract with AHCA.

The Medicaid Durable Medical Equipment and Medical Supply Services [DME] program is authorized by Title XIX of the Social Security Act and Title 42, Code of Federal Regulations (C.F.R.), Part 440.70. The program was implemented through Chapter 409, Florida Statute (F.S.) and the Florida Administrative Code (F.A.C.) Chapter 59G.

DME is defined as medically-necessary equipment that can withstand repeated use, serves a medical purpose, and is appropriate for use in the recipient's home as determined by the AHCA.

When a provider begins participating in the Medicaid program, the provider is supplied with AHCA's Medicaid Program "DME/Medical Supply Services Coverage and Limitations Handbook" [Handbook]. The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients. The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.

A Medicaid provider must also sign a Medicaid provider agreement, in which the provider agrees to adhere to the laws and rules governing the delivery and reimbursement of services to Medicaid recipients.

The Handbook covers topics governing covered services, limitations and exclusions of goods and services for the Medicaid population in the state of Florida. For DME and medical supplies, Medicaid reimburses for services that are determined medically necessary, do not duplicate another provider's service, and are: individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; not experimental or investigational; reflective of the level of services that can be safely furnished and for which no equally effective and more conservative or less costly treatment is available statewide; and, furnished in a manner not primarily intended for the convenience of the

recipient, the recipient's caretaker, or the provider. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods, or services medically necessary or a covered service.

Medical necessity must be documented in one of four ways:

- a. A prescription - DME/medical supplies, orthotic, or prosthetic devices must be prescribed by the Medicaid recipient's attending physician, physician assistant (PA), advanced registered nurse practitioner (ARNP), or podiatrist. Prescriptions may be dated by the physician after service has been initiated, but cannot be dated more than 14 days after initiation.
- b. on a signed and dated "Certificate of Medical Necessity" [CMN]. Medicaid prohibits vendors from preparing the entire CMN.
- c. an established plan of care; or,
- d. a hospital discharge plan.

The documentation must include the recipient's name, and the attending practitioner's name and license number, as well as the practitioner's Medicaid or Medicare provider number.

For disposable medical supplies, the medical necessity must be redetermined every six months.

When DME, orthotic, or prosthetic devices are a one time purchase, medical necessity is required with each request.

In addition, providers not in compliance with Medicaid rules and regulations (e.g., no required documentation for services for which payment was made) are subject to payment recoupment.

FL MFCU investigated A & S, TBM, and ROBINSON for, among other things, the following:

1. Billing Medicaid for services not rendered, namely, medical equipment and supplies.
2. Upcoding, billing Medicaid for a more expensive service than the one actually provided.
3. Causing Medicaid to be billed for medically unnecessary services, namely wheelchairs, hospital beds, and other medical equipment and supplies.
4. Failing to maintain records of services provided.

Your Affiant downloaded information from FREEDOM [Florida Rapid Entry to Enhance Data Online Medicaid], a database operated by ACS which contains information necessary to gather, adjudicate and process Medicaid claims. A review of ACS's records was completed. According to the billing history maintained by ACS, A & S, TBM, and ROBINSON received payments from Medicaid totaling \$2,810,919.21 for the period of January 1, 2001 through August 31, 2003, for a total of 227 unique recipient identification numbers. A list of the names of Medicaid recipients who have been identified by your Affiant from FREEDOM records as patients for whom A & S billed for services, along with the total amount billed per recipient, is attached to this document and labeled as EXHIBIT 1.

The investigation revealed that ROBINSON submitted claims electronically to Medicaid via HCFA-1500 claim forms, to receive Medicaid reimbursement. In order to complete electronic claims submission, the Medicaid fiscal agent has provided free PC-based software, called WINASAP2003, to enable providers to submit claims electronically on personal computers. The Handbook states that providers can transmit the claims via telephone lines directly to the fiscal agent. The WINASAP2003 software, user manual, and technical support are available free of charge to Florida Medicaid providers. These HCFA-1500s must be signed and dated, as stated in the Handbook. Because an electronic claim cannot be submitted with a signature, the claim is certified as follows, according to the Handbook: “. . . [t]he provider's endorsed signature on the back of the remittance check issued by the Medicaid fiscal agent takes the place of a signature on a paper claim form. It acknowledges the submission of the claim and the receipt of the payment for the claim. It certifies that the claim is in compliance with the conditions stated on the back of the paper claim form, and with all federal and state laws.”

Your Affiant also verified the financial transactions between A & S and Medicaid, through Transaction Control Numbers [TCNs], Remittance Vouchers [RVs], and Warrants used for Electronic Funds Transfers [EFTs]. Medicaid payments to A & S were deposited into an account identified and authorized by A & S via an “Authorization Agreement for Electronic Funds Transfer, Automatic Deposits/Payments” form. Per the Handbook, “Any provider who utilizes the electronic funds transfer system is certifying with each use of the electronic funds transfer system that the claim(s) for which the provider is being paid is in compliance with the provisions found on the back of the paper claim form and with all federal and state laws.”

A random sample of thirty (30) Medicaid recipients was produced from billing records as submitted by A & S to Medicaid. The sample was the basis for the recipients chosen to be interviewed. The results of those interviews are also attached in EXHIBIT 1. A summary of each interview or records' review is listed below. In addition, a chart summarizing the transactions between Medicaid and A & S for each recipient follows each recipient summary. (For privacy reasons, your Affiant has truncated each Medicaid recipient's identification number to a four (4) digit ID.) The columns' labels are defined as:

Amount Paid: the total dollar amount Medicaid paid to A & S for the recipient in question.

Overpayment: the dollar amount identified by your Affiant as received from Medicaid by A & S that was fraudulent; dollar amount of the claims denied.

Date of Service: the date(s) an item or items were made available to the recipient by A & S; i.e., the date the service was rendered.

Date Billed: the date that A & S submitted the claim to Medicaid

Date Paid: the date that Medicaid remitted payment to A & S for the claim

ID 6425 - B [REDACTED], A [REDACTED]: Your Affiant interviewed T [REDACTED] E [REDACTED], A [REDACTED]'s mother, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. She stated that her son A [REDACTED] had received a prescription for a nebulizer, on June 24 or 25, 2003. The prescription was filled by A & S the next day. According to E [REDACTED], neither she nor her son received any of the items listed on the printout, on the dates of service shown. Furthermore, E [REDACTED] advised your Affiant that she and her son moved to Florida from New York on or about March 24-25, 2003. The printout indicated dates of service ranging from March 2, 2003 through June 3, 2003. E [REDACTED] was not in the state for the first date of service; the last date on the printout is prior to the prescription written for her son. Medicaid paid A & S \$9,850.31, for the dates of service beginning March 2, 2003 through June 3, 2003. A & S submitted the charges to Medicaid using A [REDACTED]'s Medicaid recipient identification number beginning July 16, 2003 through July 30, 2003. Medicaid remitted payment to A & S on dates beginning July 23, 2003 through August 6, 2003. All claims submitted by A & S were fraudulent.

ID 9702 - C [REDACTED], N [REDACTED] (a.k.a. N [REDACTED] Y [REDACTED]-S [REDACTED]): Your Affiant interviewed Y [REDACTED]-S [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. Y [REDACTED]-S [REDACTED] stated that she never received any of the items listed on the printout, nor has she ever been to A & S's location. Y [REDACTED]-S [REDACTED] further advised that she had never even heard of A & S or TAMPA BAY, nor does she have any medical need for any of the items billed to Medicaid by A & S. Medicaid paid A & S \$1,087.90, for the date of service October 20, 2002. A & S submitted the charges to Medicaid using Y [REDACTED]-S [REDACTED]'s Medicaid recipient identification number beginning July 2, 2003 through July 9, 2003. Medicaid remitted payment to A & S on dates beginning July 9, 2003 through July 16, 2003. All claims submitted by A & S were fraudulent.

ID 9846 - C [REDACTED], B [REDACTED]: Your Affiant interviewed B [REDACTED] S [REDACTED], mother of B [REDACTED]. Ms. S [REDACTED] reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. According to S [REDACTED], her son never received any of the items listed on the printout from A & S. Medicaid paid A & S \$6,312.23, for the dates of service beginning February 2, 2003 through March 24, 2003. A & S submitted the charges to Medicaid using B [REDACTED]'s Medicaid recipient identification number on July 2, 2003. Medicaid remitted payment to A & S on July 9, 2003. All claims submitted by A & S were fraudulent.

ID 7663 - C [REDACTED]-A [REDACTED], K [REDACTED]: Your Affiant interviewed the mother of K [REDACTED], C [REDACTED]-A [REDACTED], M [REDACTED] A [REDACTED], who stated that K [REDACTED]'s only medical issue is asthma. The chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S was reviewed with Ms. A [REDACTED]. According to A [REDACTED], K [REDACTED] never received any of the items listed on the printout from A & S, nor has she ever heard of A & S or TAMPA BAY MEDICAL. She further advised that K [REDACTED] does not have any medical need for any of the items billed to Medicaid by A & S, except for the nebulizer. Medicaid paid A & S \$6,687.95, for the date of service June 2, 2003. A & S submitted the charges to Medicaid using K [REDACTED]'s Medicaid recipient identification number beginning July 2, 2003 through July 9, 2003. Medicaid remitted payment to A & S beginning July 9, 2003 through July 16, 2003. Two claims were allowed; all other claims submitted by A & S were fraudulent.

ID 8703 - C [REDACTED], G [REDACTED]: Your Affiant interviewed the parents of G [REDACTED], A [REDACTED] and T [REDACTED] C [REDACTED]. The chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S was reviewed with the C [REDACTED]. The C [REDACTED] stated that a prescription for diapers for G [REDACTED] was filled by A & S on or about June 27, 2003. This was the only item, however, received from A & S by G [REDACTED]. According to the C [REDACTED], their daughter did not receive any of the items on the printout. Furthermore, the parents advised that their daughter did not need any of these items. Medicaid paid A & S \$10,089.96, for dates of service beginning February 1, 2003 through June 1, 2003. (The first date of service occurred more than four (4) months prior to the date of the prescription.) A & S submitted the charges to Medicaid using G [REDACTED]'s Medicaid recipient identification number on July 9, 2003. Medicaid remitted payment to A & S on July 16, 2003. All claims submitted by A & S were fraudulent.

ID 0737 - G [REDACTED], K [REDACTED] (a.k.a. K [REDACTED] S [REDACTED]): Your Affiant interviewed S [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. S [REDACTED] stated that she had not received either of the two items listed: a battery charger for use with a wheelchair or the power add-on equipment used to convert a manual wheelchair. She further advised that she has never owned a wheelchair. S [REDACTED] stated that she did have a prescription for a wrist band, which she believed had been filled at A & S. Medicaid paid A & S \$2,544.82, for the date of service on March 24, 2003. A & S submitted the charges to Medicaid using S [REDACTED]'s Medicaid recipient identification number on July 2, 2003. Medicaid remitted payment to A & S on July 9, 2003. All claims submitted by A & S were fraudulent.

ID 3079 - H [REDACTED], C [REDACTED]: Your Affiant interviewed the mother of C [REDACTED] H [REDACTED], K [REDACTED] J [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. According to J [REDACTED], her daughter never received any of the items listed on the printout from A & S, except for the nebulizer and supply kit. According to the delivery ticket for the nebulizer, however, it was not received until June 25, 2003; Medicaid was first charged for the nebulizer and its supply

kit on April 26, 2003, two months prior to its delivery. She further advised that C [REDACTED] does not have any medical need for any of the items billed to Medicaid by A & S, except for the nebulizer. Medicaid paid A & S \$7,228.98, for dates of service beginning April 26, 2003 through May 26, 2003. A & S submitted the charges to Medicaid using [REDACTED]'s Medicaid recipient identification number on June 25, 2003. Medicaid remitted payment to A & S on July 2, 2003. All claims submitted by A & S were fraudulent.

ID 7365 - J [REDACTED], T [REDACTED]: Your Affiant interviewed the mother of T [REDACTED], Y [REDACTED] J [REDACTED], who stated that her daughter received a nebulizer kit from A & S, on July 22, 2003. J [REDACTED] was shown a list of medical equipment and supplies as billed by A & S for her daughter; J [REDACTED] advised that none of these items were provided to T [REDACTED]. Medicaid paid A & S \$12,772.19, for dates of service beginning December 1, 2002 through May 2, 2003. A & S submitted the charges to Medicaid using T [REDACTED]'s Medicaid recipient identification number on July 30, 2003. Medicaid remitted payment to A & S on August 6, 2003. All claims submitted by A & S were fraudulent.

ID 0169 - K [REDACTED], I [REDACTED] (date of death - July 31, 2004): Your Affiant interviewed the daughter of I [REDACTED] K [REDACTED], S [REDACTED] U [REDACTED], MD, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. She stated that her father had never received any of the items listed. Dr. U [REDACTED] provided further information regarding how A & S obtained her father's Medicaid ID number: on or about June 30, 2003, her father received a prescription from Muqheet Siddiqui, MD, for a motorized scooter. The prescription was filled at A & S (which Usmani identified as "TAMPA BAY"). According to billing documentation produced by A & S and maintained by ACS, including the transaction control numbers [TCNs] and remittance advices, Siddiqui was the referring physician for equipment and supplies on the claims submitted to Medicaid for payment. Your Affiant also interviewed Muqheet A. Siddiqui, MD, who reviewed K [REDACTED]'s medical chart and was able to confirm that he had not prescribed any of the durable medical equipment and/or supplies as charged to Medicaid by A & S. Medicaid paid A & S \$10,263.74, for dates of service beginning October 5, 2002 through February 15, 2003. A & S submitted the charges to Medicaid using K [REDACTED]'s Medicaid recipient identification number on July 2, 2003. Medicaid remitted payment to A & S on July 9, 2003. All claims submitted by A & S were fraudulent.

ID 0276 - M [REDACTED], R [REDACTED] (date of death - December 25, 2003): Your Affiant interviewed Loida Valentin-Neal, Practice Site Supervisor, Orlando Regional Healthcare, Internal Faculty Practice [ORH]. According to billing documentation produced by A & S, including the TCNs and remittance advices, ORH was the referring provider for equipment and supplies on the claims submitted to Medicaid for payment by A & S. Valentin-Neal reviewed M [REDACTED]'s medical chart and was able to confirm that their office had not prescribed or ordered any of the durable medical equipment and/or supplies as charged to Medicaid by A & S, although M [REDACTED]'s patient chart indicated that a "Certificate of Medical Necessity" for a hospital bed was completed for

M█████ - dated June 16, 2003. TAMPA BAY was listed as the supplier on the form. This information was then used to calculate the overpayment received by A & S. Medicaid paid A & S \$9,481.93, for dates of service beginning February 2, 2003 through June 2, 2003. A & S submitted the charges to Medicaid using M█████'s Medicaid recipient identification number on July 2, 2003. Medicaid remitted payment to A & S on July 9, 2003. All claims submitted by A & S were fraudulent.

ID 9595 - M█████, A█████: Your Affiant interviewed the mother of A█████ M█████, N█████ P█████. She was shown a list of medical equipment and supplies as billed by A & S for her daughter; P█████ advised that, except for a nebulizer and its supply kit, none of these items were provided to A█████. Medicaid paid A & S \$8,204.03, for dates of service beginning July 31, 2002 through August 30, 2002. A & S submitted the charges to Medicaid using A█████'s Medicaid recipient identification number on July 30, 2003. Medicaid remitted payment to A & S on August 6, 2003. Two claims were allowed; all other claims submitted by A & S were fraudulent.

ID 7848 - R█████, J█████: Your Affiant interviewed the mother of J█████ R█████, C█████ M█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. Matos stated that her son received none of the items listed on the printout. Medicaid paid A & S \$11,243.64, for dates of service beginning December 28, 2002 through May 2, 2003. A & S submitted the charges to Medicaid using J█████'s Medicaid recipient identification number on July 16, 2003. Medicaid remitted payment to A & S on July 23, 2003. All claims submitted by A & S were fraudulent.

ID 4605 - S█████, J█████: Your Affiant interviewed the mother of J█████ S█████, Y█████ P█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. P█████ stated that her son received none of the items listed on the printout. Medicaid paid A & S \$6,127.73, for dates of service beginning April 20, 2003 through May 23, 2003. A & S submitted the charges to Medicaid using J█████'s Medicaid recipient identification number on July 30, 2003. Medicaid remitted payment to A & S on August 6, 2003. All claims submitted by A & S were fraudulent.

ID 5816 - B█████, J█████: Your Affiant interviewed the father of J█████ B█████, R█████ N█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. N█████ stated that his son received none of the items listed on the printout. Medicaid paid A & S \$25,693.70, for dates of service beginning April 30, 2003 through June 3, 2003. A & S submitted the charges to Medicaid using J█████'s Medicaid recipient identification number beginning on April 23, 2003 through June 7, 2003. Medicaid remitted payment to A & S beginning on April 30, 2003 through June 18, 2003. All claims submitted by A & S were fraudulent.

ID 7451 - B█████, M█████: Your Affiant interviewed M█████ B█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid

by A & S. B■■■■ stated that she did not receive most of those items for which Medicaid was charged. A & S was given credit for the items B■■■■ recalled; the amount of this credit totaled \$5,472.79. The overpayment totaled \$34,368.29. Medicaid paid A & S \$39,841.08, for dates of service beginning May 31, 2001 through June 1, 2003. A & S submitted the charges to Medicaid using B■■■■'s Medicaid recipient identification number for dates beginning May 29, 2002 through June 5, 2003. Medicaid remitted payment to A & S for dates beginning June 5, 2002 through June 11, 2003. Of the 166 claims billed to Medicaid by A & S, 113 claims submitted by A & S were fraudulent.

ID 4868 - B■■■■, W■■■■ (date of death: February 4, 2004): Your Affiant determined during the course of the investigation that B■■■■ had passed away on February 4, 2004. B■■■■ had been under hospice treatment for several years, through VITAS Innovative Hospice Care Healthcare Corporation of Central Florida. Per Medicaid regulations, once a Medicaid recipient elects receipt of hospice services, Medicaid reimburses the hospice, through a per diem rate, for services rendered to eligible recipients. This per diem rate includes medical appliances and supplies, including durable medical equipment. Because of this, the individual waives the rights to Medicaid payment for the duration of the election for any services provided for the terminal illness for which the hospice was elected. Upon entry to the hospice program operated by VITAS, a medical equipment assessment is conducted. Should the Medicaid recipient have any such equipment in their possession, VITAS arranges for its removal. Dates of service as billed by A & S were compared to the dates of service during which B■■■■ was under the care of VITAS; this resulted in the denial of all claims as billed by A & S under B■■■■' Medicaid ID. Medicaid paid A & S \$26,838.08, for dates of service beginning April 26, 2002 through June 3, 2003. A & S submitted the charges to Medicaid using B■■■■' Medicaid recipient identification number beginning on April 9, 2003 through June 7, 2003. Medicaid remitted payment to A & S beginning on April 16, 2003 through June 18, 2003. All claims submitted by A & S were fraudulent.

ID 6888 - B■■■■, T■■■■: Special Agent [SA] Scott R. Skinner, Orlando Resident Agency, Federal Bureau of Investigation, interviewed the mother of T■■■■ B■■■■, T■■■■ B■■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. B■■■■ stated that her daughter did not receive most of those items for which Medicaid was charged. A & S was given credit for the items B■■■■ recalled - a nebulizer and its supply kit; the amount of this credit totaled \$118.34. The overpayment totaled \$10,923.39. Medicaid paid A & S \$11,041.73 for dates of service beginning February 2, 2003 through June 2, 2003. A & S submitted the charges to Medicaid using T■■■■'s Medicaid recipient identification number on dates beginning April 14, 2003 through June 7, 2003. Medicaid remitted payment to A & S on dates beginning April 23, 2003 through June 18, 2003. Two claims were allowed; all other claims submitted by A & S were fraudulent.

ID 2786 - C■■■■, H■■■■: SA Scott R. Skinner, Orlando Resident Agency, Federal Bureau of Investigation, interviewed H■■■■ C■■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S.

C [REDACTED] stated that he did not receive most of those items for which Medicaid was charged. A & S was given credit for the items C [REDACTED] recalled; the amount of this credit totaled \$87.03. The overpayment totaled \$27,696.28. Medicaid paid A & S \$27,783.31 for dates of service beginning January 1, 2001 through December 1, 2002. A & S submitted the charges to Medicaid using C [REDACTED]'s Medicaid recipient identification number on dates beginning on January 5, 2001 through December 3, 2002. Medicaid remitted payment to A & S on dates beginning January 17, 2001 through December 11, 2002. Two claims were allowed; all other claims submitted by A & S were fraudulent.

ID 5902 - C [REDACTED], R [REDACTED]: Anthony Dean, former Captain, Orlando bureau, MFCU, interviewed C [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. According to C [REDACTED], she did receive much of the equipment and supplies as charged by A & S, under her Medicaid ID. However, several items were not received. The overpayment calculations reflected the allowances, and the overpayment amount totaled \$28,483.51. Medicaid paid A & S \$33,925.42, for dates of service beginning January 1, 2001 through June 2, 2003. A & S submitted the charges to Medicaid using C [REDACTED]'s Medicaid recipient identification number beginning on January 11, 2001 through June 18, 2003. Medicaid remitted payment to A & S beginning on January 17, 2001 through June 25, 2003. Fifty-five claims (of 161 claims billed) were allowed; 106 claims submitted by A & S were fraudulent.

ID 4636 - D [REDACTED], E [REDACTED]: Paul Lester, former Law Enforcement Investigator with the Orlando bureau, MFCU, interviewed E [REDACTED] D [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. According to D [REDACTED], he did receive much of the equipment and supplies as charged by A & S, under his Medicaid ID. However, several items were not received. The overpayment calculations reflected the allowances, and the overpayment amount totaled \$22,911.38. Medicaid paid A & S \$39,132.10, for dates of service beginning October 29, 2001 through May 1, 2003. A & S submitted the charges to Medicaid using D [REDACTED]'s Medicaid recipient identification number on dates beginning February 5, 2002 through May 21, 2003. Medicaid remitted payment to A & S on dates beginning February 13, 2002 through May 28, 2003. Seventy-three (73) claims, out of 146 claims submitted by A & S, were fraudulent.

ID 2458 - D [REDACTED], M [REDACTED]: Your Affiant interviewed the mother of M [REDACTED] D [REDACTED], D [REDACTED] S [REDACTED]-O [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. S [REDACTED]-O [REDACTED] stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$4,602.73, for dates of service beginning August 12, 2001 through December 12, 2001. A & S submitted the charges to Medicaid using M [REDACTED]'s Medicaid recipient identification number beginning on June 19, 2002 through July 10, 2002. Medicaid remitted payment to A & S beginning on June 26, 2002 through July 17, 2002. All claims submitted by A & S were fraudulent.

ID 2748 - G [REDACTED], J [REDACTED]: Your Affiant interviewed the mother of J [REDACTED] G [REDACTED], A [REDACTED] G [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. G [REDACTED] stated that her son did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$9,205.15, for dates of service beginning March 3, 2003 through June 3, 2003. A & S submitted the charges to Medicaid using J [REDACTED]'s Medicaid recipient identification number beginning on April 16, 2003 through June 7, 2003. Medicaid remitted payment to A & S beginning on April 23, 2003 through June 18, 2003. All claims submitted by A & S were fraudulent. In addition, Freedom downloads indicated dates of service ranging between March 3, 2003 and June 3, 2003 - neither G [REDACTED] lived in Florida during that period.

ID 8102 - G [REDACTED], R [REDACTED]: Your Affiant interviewed R [REDACTED] G [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. G [REDACTED] stated that she did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$12,803.81, for dates of service beginning February 2, 2002 through April 1, 2003. A & S submitted the charges to Medicaid using G [REDACTED]'s Medicaid recipient identification number on dates beginning June 5, 2002 through April 16, 2003. Medicaid remitted payment to A & S on dates beginning June 12, 2002 through April 23, 2003. All claims submitted by A & S were fraudulent.

ID 6098 - H [REDACTED], J [REDACTED]: SA Scott R. Skinner, Orlando Resident Agency, Federal Bureau of Investigation, interviewed the mother of J [REDACTED] H [REDACTED], D [REDACTED] H [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. H [REDACTED] stated that her daughter did not receive any of those items for which Medicaid was charged, and that the only nebulizer used by her daughter was provided through her physician, not A & S. Medicaid paid A & S \$6,471.60, for dates of service beginning September 1, 2002 through April 1, 2003. A & S submitted the charges to Medicaid using J [REDACTED]'s Medicaid recipient identification number on dates beginning March 12, 2003 through April 2, 2003. Medicaid remitted payment to A & S on dates beginning March 19, 2003 through April 9, 2003. All claims submitted by A & S were fraudulent.

ID 4189 - H [REDACTED], D [REDACTED]: Your Affiant interviewed D [REDACTED] H [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. H [REDACTED] advised that the only item he received as billed by A & S was a walker; all claims submitted by A & S were fraudulent, except for the walker. The overpayment totaled \$3,458.14. Medicaid paid A & S \$3,628.96, for dates of service beginning September 27, 2001 through October 27, 2001. A & S submitted the charges to Medicaid using H [REDACTED]'s Medicaid recipient identification number beginning September 28, 2001 through November 20, 2001. Medicaid remitted payment to A & S beginning October 3, 2001 through December 5, 2001.

ID 1275 - K■■■, K■■■: Your Affiant interviewed the mother of K■■■ K■■■, M■■■ K■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. K■■■ stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$6,055.95, for dates of service beginning January 2, 2003 through May 3, 2003. A & S submitted the charges to Medicaid using ■■■■'s Medicaid recipient identification number on May 19, 2003. Medicaid remitted payment to A & S on May 28, 2003. All claims submitted by A & S were fraudulent.

ID 4069 - M■■■■■, J■■■: SA Scott R. Skinner, Orlando Resident Agency, Federal Bureau of Investigation, interviewed the granddaughter of J■■■ M■■■■■, D■■■ M■■■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. According to M■■■■■, her grandmother has some medical equipment, including a hospital bed, a nebulizer, a stool, and a walker. None of this equipment came from A & S, however. M■■■■■ stated that her grandmother did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$26,217.49, for dates of service beginning January 1, 2001 through June 3, 2003. A & S submitted the charges to Medicaid using M■■■■■'s Medicaid recipient identification number on dates beginning August 1, 2001 through June 4, 2003. Medicaid remitted payment to A & S on dates beginning August 8, 2001 through June 11, 2003. All claims submitted by A & S were fraudulent.

ID 1745 - M■■■, L■■■: SA Scott R. Skinner, Orlando Resident Agency, Federal Bureau of Investigation, interviewed the mother of L■■■ M■■■, N■■■ Me■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. M■■■ stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$25,935.36, for dates of service beginning May 3, 2003 through June 3, 2003. A & S submitted the charges to Medicaid using L■■■'s Medicaid recipient identification number on dates beginning June 1, 2001 through June 7, 2003. Medicaid remitted payment to A & S on dates beginning May 14, 2003 through June 18, 2003. All claims submitted by A & S were fraudulent.

ID 0758 - M■■■, L■■■: Paul Lester, former Law Enforcement Investigator with the Orlando bureau, MFCU, interviewed L■■■ M■■■, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. M■■■ stated that she did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$27,692.22, for dates of service beginning February 15, 2002 through March 1, 2003. A & S submitted the charges to Medicaid using M■■■'s Medicaid recipient identification number on dates beginning August 28, 2002 through March 5, 2003. Medicaid remitted payment to A & S on dates beginning September 4, 2002 through March 12, 2003. All claims submitted by A & S were fraudulent.

ID 8026 - R■■■■■, L■■■■■: Your Affiant attempted to interview the mother of L■■■■■ R■■■■■, L■■■■■ W■■■■■. It was ascertained, however, that the owner of A & S, Alexis ROBINSON, is R■■■■■'s uncle by marriage (R■■■■■'s mother,

L [REDACTED] W [REDACTED], and ROBINSON's wife, Shanel, are sisters). An alternative method was employed to determine what, if any, overpayment existed. According to billing documentation produced by A & S, Elinor Miranda, MD, and Florida Pediatrics were the referring physicians for equipment and supplies on the claims submitted to Medicaid for payment. Each office's respective medical charts were reviewed. Neither physician prescribed any of the durable medical equipment and/or supplies as charged to Medicaid by A & S. This information was then used to calculate the overpayment received by the provider, taking into consideration those charges for which no referring physician was listed. The overpayment totaled \$10,806.68. Medicaid paid A & S \$14,631.86, for dates of service beginning June 1, 2002 through May 2, 2003. A & S submitted the charges to Medicaid using R [REDACTED]'s Medicaid recipient identification number beginning August 7, 2002 through May 6, 2003. Medicaid remitted payment to A & S beginning August 14, 2002 through May 21, 2003. Of the seventy-five (75) claims billed to Medicaid by A & S, fifty-six (56) claims submitted by A & S were fraudulent.

ID 3309 - R [REDACTED], R [REDACTED] (date of death: July 5, 2003): Your Affiant determined during the course of the investigation that R [REDACTED] had passed away on July 5, 2003. For this reason, billing documentation as produced by A & S was used to identify two different referring physicians for the equipment and supplies charged by the provider, using R [REDACTED]'s Medicaid ID: Emmanuel Lionel Nau, MD, and the Community Health Center/Apopka Family Center. Each business was contacted and asked to provide a copy of R [REDACTED]'s medical files; neither office prescribed any of the durable medical equipment and/or supplies as charged to Medicaid by A & S. Medicaid paid A & S \$20,020.49, for dates of service beginning January 2, 2001 through July 2, 2002. A & S submitted the charges to Medicaid using R [REDACTED]'s Medicaid recipient identification number beginning on August 3, 2001 through August 13, 2002. Medicaid remitted payment to A & S beginning on August 8, 2001 through August 21, 2002. All claims submitted by A & S were fraudulent.

ID 2459 - S [REDACTED], M [REDACTED]: Your Affiant interviewed the mother of M [REDACTED] S [REDACTED], D [REDACTED] S [REDACTED]-O [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. S [REDACTED]-O [REDACTED] stated that her son did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$9,824.37, for dates of service beginning on August 1, 2001 through December 21, 2001. A & S submitted the charges to Medicaid using M [REDACTED]'s Medicaid recipient identification number beginning on June 19, 2002 through August 7, 2002. Medicaid remitted payment to A & S beginning on June 26, 2002 through August 14, 2002. All claims submitted by A & S were fraudulent.

ID 3245 - S [REDACTED], B [REDACTED]: Your Affiant interviewed the mother of B [REDACTED] S [REDACTED], T [REDACTED] T [REDACTED]-A [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. T [REDACTED] T [REDACTED]-A [REDACTED] stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$15,083.07, for dates of service beginning

October 2, 2001 through September 3, 2002. A & S submitted the charges to Medicaid using B█████'s Medicaid recipient identification number beginning on September 25, 2002 through October 2, 2002. Medicaid remitted payment to A & S beginning on October 2, 2002 through October 9, 2002. All claims submitted by A & S were fraudulent.

ID 3986 - S█████, S█████: Your Affiant interviewed the mother of S█████ S█████, T█████ S█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. S█████ stated that her daughter did not receive any of those items for which Medicaid was charged, and further advised that her daughter S█████ had obtained a prescription for a nebulizer in December 2002, which was filled as a business she knew as "Tampa Bay Medical." This prescription was charged to Medicaid by A & S on June 12, 2002 - six months before S█████ had an authorization for such a machine. Medicaid paid A & S \$11,266.40, for dates of service beginning June 1, 2002 through February 10, 2003, A & S submitted the charges to Medicaid using S█████'s Medicaid recipient identification number on February 12, 2003. Medicaid remitted payment to A & S on February 19, 2003. All claims submitted by A & S were fraudulent.

ID 1829 - S█████-B█████, J█████: Your Affiant interviewed the father of J█████ S█████-B█████, R█████ A█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. A█████ stated that his daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$5,997.75, for the date of service on November 3, 2002. A & S submitted the charges to Medicaid using J█████'s Medicaid recipient identification number on May 14, 2003. Medicaid remitted payment to A & S on May 21, 2003. All claims submitted by A & S were fraudulent.

ID 6521 - T█████, S█████: Law Enforcement Investigator Charles Jordan interviewed S█████ T█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. T█████r stated that she did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$41,528.62, for dates of service beginning July 29, 2001 through April 2, 2003. A & S submitted the charges to Medicaid using T█████'s Medicaid recipient identification number on dates beginning July 17, 2002 through April 16, 2003. Medicaid remitted payment to A & S on dates beginning July 24, 2002 through April 23, 2003. All claims submitted by A & S were fraudulent.

ID 2044 - W█████, M█████: Your Affiant interviewed the mother of M█████ W█████, M█████ C█████, who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. C█████ stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$3,754.87, for dates of service beginning on February 23, 2001 through April 24, 2001. A & S submitted the charges to Medicaid using M█████'s Medicaid recipient identification number beginning on December 5, 2001 through

December 26, 2001. Medicaid remitted payment to A & S beginning on December 12, 2001 through January 2, 2002. All claims submitted by A & S were fraudulent.

ID 4706 - W [REDACTED], F [REDACTED]: Anthony Dean, former Captain, Orlando bureau, MFCU, interviewed the mother of F [REDACTED] W [REDACTED], F [REDACTED] J [REDACTED], who reviewed the chart as prepared from the Freedom printout of those claims submitted to Medicaid by A & S. J [REDACTED] stated that her daughter did not receive any of those items for which Medicaid was charged. Medicaid paid A & S \$118.34, for the date of service on February 9, 2001. A & S submitted the charges to Medicaid using F [REDACTED]'s Medicaid recipient identification number on February 9, 2001. Medicaid remitted payment to A & S on February 21, 2001. All claims submitted by A & S were fraudulent.

Based on the above stated facts, probable cause exists that between January 1, 2001 and August 31, 2003, Alexis Vincent ROBINSON committed violations of:

1. Section 817.034(4)(a), Florida Statutes, Organized Fraud
2. Section 817.568(2)(c), Florida Statutes [2003], Criminal Use of Personal Identification Information, by knowingly causing fraudulent funds to be paid from the Medicaid program for services not rendered, totaling \$101,658.73
3. Section 817.568(2)(b), Florida Statutes [2001], Criminal Use of Personal Identification Information, by knowingly causing fraudulent funds to be paid from the Medicaid program for services not rendered, totaling \$417,757.67

FURTHER AFFIANT SAYETH NOT

AFFIANT
Kelly Ann Timbrook
Senior Investigator

Sworn to me and subscribed this
_____ day of _____ A.D. 2005

Signature of Person Administering Oath