IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Civil Division

DISTRICT OF COLUMBIA, a municipal corporation, 400 6th Street, N.W Washington, D.C. 20001, Plaintiff, v. VIZION ONE, INCORPORATED 6856 EASTERN AVENUE, N.W. WASHINGTON, D.C. 20012, Defendant.	Civil Action No.: _____

COMPLAINT FOR UNJUST ENRICHMENT

The District of Columbia ("District"), by its Office of the Attorney General, brings this action against Defendant Vizion One, Incorporated ("Vizion One"), for damages and all appropriate relief, as follows.

1. This case arises out of Vizion One's submission of fraudulent claims to the District's Medicaid Program for services not actually provided or legally covered by the Program in order to unlawfully enrich itself at the expense of the District and its residents.

2. Vizion One engaged in an elaborate scheme to unlawfully attain funds from the District's Medicaid Program, administered by the District's Department of Health Care Finance ("DHCF"). Vizion One employed Personal Care Aides ("PCA"), who recruited and bribed Medicaid Beneficiaries ("Beneficiaries") to falsely claim they needed, and received, care that was not actually needed or provided to them. Some of the recruited Beneficiaries were not residents of the District and were provided District

addresses by Vizion One in order to fraudulently collect money from the District Medicaid Program. As part of this scheme, Vizion One also paid kickbacks to chiropractors to execute fraudulent treatment plans for submission to the District's Medicaid Program for reimbursement.

3. The District brings this action to recover funds unjustly obtained by Vizion One at the expense of the District's taxpayers and Medicaid Program.

Jurisdiction and Parties

4. This Court has jurisdiction over the subject matter of this action pursuant to D.C. Code § 11-921 as this action is brought by the District. This Court has personal jurisdiction over Defendant pursuant to D.C. Code §§ 13-422, 423(a)(1) and (3).

5. Plaintiff, the District of Columbia, a municipal corporation empowered to sue and be sued, is the local government for the territory constituting the permanent seat of the government of the United States. The District is represented by and through its chief legal officer, the Attorney General for the District of Columbia. The Attorney General has general charge and conduct of all legal business of the District and all suits initiated by and against the District and is responsible for upholding the public interest. D.C. Code § 1-301.81(a)(1).

6. Defendant Vizion One was a home health agency ("HHA") that employed PCAs to provide services to District Medicaid Beneficiaries. Vizion One was licensed as an HHA by the District's Department of Health.

The Medicaid Program

7. Medicaid is a healthcare program established by Congress under Title XIX of the Social Security Act of 1965. In the District, Medicaid is jointly funded by the federal and District governments. DHCF is the agency that administers the District's

Medicaid Program. The District's Medicaid Program provides healthcare coverage to residents of the District whose incomes are below a certain financial threshold as measured against the poverty line.

8. DHCF enters into agreements with medical providers to secure particular Medicaid benefits. D.C. Code § 7-771.07(7). Among those benefits are PCA services. PCA services are performed by individuals who go to a Beneficiary's home and provide assistance with the activities of daily living ("ADLs"). ADLs include the ability to get in and out of bed, bathe, dress, eat, take medication prescribed for self-administration, and engage in toileting.

9. In the District, PCA services are provided to Beneficiaries by PCAs employed by an HHA.

10. To be eligible to participate in the District's Medicaid Program, HHAs are required to abide by all federal and local laws, regulations, and District program manuals governing Medicaid payments. To receive payments from the District Medicaid Program, HHAs are required to submit claims, electronically or in paper form, to DHCF. As part of the claims process, an HHA has to identify certain information related to the provision of services including the name of the District Beneficiary, the dates of service, the type of services provided and the corresponding Medicaid billing codes for those services, the length of time a service is provided, and the amount of money claimed for reimbursement from the District Medicaid Program. Beginning on or about July 2, 2012, claims had to include the National Provider Identifier of the physician who had prescribed the PCA services. The District's Medicaid program only pays for services that are deemed medically reasonable and necessary by a qualified medical professional and that are provided as claimed.

11. During the relevant period, to receive PCA services covered by the District's Medicaid Program, a Beneficiary must obtain a prescription from a physician or an advanced practice registered nurse (herein referred to as a nurse practitioner). The District's Medicaid Program will only reimburse PCA services if a physician or nurse practitioner determines, after a physical examination, that the beneficiary is functionally limited in one or more ADLs. The prescribing physician or nurse practitioner must have an expectation that the medical, nursing, and social needs of a Beneficiary could be adequately and safely met in the Beneficiary's home. To reach this determination, a physician or nurse practitioner must perform a physical examination focused on the Beneficiary's ability to perform ADLs and the Beneficiary's specific living environment and living arrangements. The prescription sets forth the recommended frequency and duration of PCA visits.

12. After receiving a prescription, a District Medicaid Beneficiary presents the prescription to an HHA. The HHA will assign a PCA to the Beneficiary and arrange for a registered nurse to draft a plan of care or a plan of treatment ("POC") after performing an initial assessment of the Beneficiary's functional status and needs. The POC is required to specify the frequency, duration, and expected outcome of the PCA services, and to be individualized to meet the Beneficiary's needs. The POC must be approved within 30 days of the start of the provision of PCA services to the Beneficiary and must be re-certified by the physician or nurse practitioner at least once every six months. The POC must also be reviewed by a registered nurse at least once every sixty-two days and updated and modified as needed to address the Beneficiary's changing medical needs.

13. Prescriptions and POCs are only valid if signed by a licensed physician or nurse practitioner.

14. The instructions in a prescription state that the "Physician/Nurse Practitioner (NP) is to complete all sections [of the prescription] . . . and transit to home health agency as the order for personal care services." Box 12 of the prescription is titled "Justification. Ordering Physician/NP Must Specify." Box 13 of the prescription is the certification and provides for the "Signature of Ordering Physician/NP."

15. The last page of the POC contains a section titled "Practitioner approving Plan of Care," and the signatory line states "physician/nurse practitioner."

16. According to the District of Columbia Health Occupations Revisions Act, D.C. Code §§ 3-1201 *et seq.*, individuals licensed as chiropractors are neither physicians nor advanced practice registered nurses (nurse practitioners) and cannot practice medicine or provide prescriptions for PCA services.

Vizion One's Scheme to Unlawfully Enrich Itself

17. From on or about January 2012 to on or about April 2014, Vizion One engaged in a scheme to unlawfully obtain money from the District Medicaid Program by submitting false claims for services that were invalidly authorized or never provided.

18. Vizion One employees recruited Medicaid Beneficiaries to request PCA services that they did not need and ultimately, did not receive. Vizion One also used Beneficiaries and other non-employees ("Recruiters") who were paid kickbacks to recruit new Beneficiaries into the scheme.

19. Vizion One employees and Recruiters canvassed underserved populations, such as homeless shelters. They would find a Beneficiary and offer them cash payments to claim they needed PCA services. Recruiters also recruited Beneficiaries outside District agency offices, including the Department of Human Services processing centers and the Department on Disability Services' offices where Beneficiaries were attending to

other matters involving Medicaid enrollment or services. Once a Beneficiary agreed to enter the scheme, the Recruiter would coordinate with a Vizion One employee to assist the Beneficiary in getting approved for PCA services.

20. Vizion One employees and Recruiters also paid already-recruited Beneficiaries to enlist other Beneficiaries. For example, one such Beneficiary was a regular patient at a healthcare clinic. He was familiar with other Beneficiaries that were also patients at the same clinic. Vizion One employees and Recruiters paid him $100 for each Beneficiary he could recruit to falsely claim they needed PCA services.

21. If recruited Beneficiaries did not have a District address, such as homeless Beneficiaries or those who lived outside the District, the Vizion One employee or Recruiter would provide them with a D.C. address to qualify for in-home services through Medicaid.

22. On occasion, Vizion One employees and Recruiters would coach the Beneficiary on what to say to physicians and nurse practitioners to convince them that they had a medical need for PCA services. Once the Beneficiary obtained the prescription for PCA care, Vizion One would not provide services to the Beneficiary. Instead, a Vizion One employee would pay the Beneficiary a sum of money, sometimes up to $200 every two weeks, to sign time sheets stating services were provided, when they were not.

23. Vizion One also recruited chiropractors to prescribe PCA services to Beneficiaries. The recruited chiropractors were neither physicians nor nurse practitioners and were not legally or medically qualified to prescribe these services.

24. Vizion One employees would bring Beneficiaries to the chiropractors' office for an intake examination that was required for the prescription. The chiropractor would do a brief "examination" and would typically prescribe the maximum allowable

PCA services for eight hours a day, seven days a week, for six months. Vizion One gave the chiropractors examples of pre-filled intake exam forms so they understood what to write on the prescription that would qualify Beneficiaries for services.

25. After the sham examination, the Vizion One employee would take the signed intake form back to Vizion One, which would prepare a POC. Once the POC was created, Vizion One would send it back to the chiropractor, often via facsimile, and the chiropractor would sign on the line designated for a "physician" signature.

26. On some occasions, Vizion One would send chiropractors prefilled forms for initial intakes, the required six-month reexaminations, and POCs, and the chiropractors would sign the form without ever meeting with the Beneficiary.

27. Vizion One employees paid the chiropractors cash payments up to approximately $200 for each Beneficiary that the chiropractors prescribed services to.

28. Vizion One used these sham examinations and POCs to support and justify their claims for payment to the District Medicaid Program.

29. During the relevant time period, a typical fraudulent prescription secured by Vizion One translated into a POC for eight hours of PCA services every day for five days a week or eight hours every day for seven days a week for a six-month time span. A single prescription and POC resulted in the District's Medicaid Program paying Vizion One approximately $16,952.00 or $23,732.00 for PCA services that were not medically necessary, were not properly authorized, and were not actually provided.

COUNT I

Unjust Enrichment

30. The District realleges the foregoing paragraphs of this Complaint as if fully set forth herein.

31. This is a claim for the recovery of monies by which Defendant Vizion One has been unjustly enriched.

32. By directly or indirectly obtaining government funds from the District Medicaid Program to which it was not entitled, Vizion One was unjustly enriched to the detriment of the District by over three million dollars.

Prayer for Relief

WHEREFORE, the District respectfully requests that judgment be entered in its favor and against Defendant on its claims, and impose damages as follows:

(1) On Count I against Defendant Vizion One, awarding the District actual damages in an amount to be determined at trial;

(2) Awarding the District interest, costs, and other recoverable expenses permitted by law; and

(3) Awarding the District such further and additional relief as the Court may deem just and proper.

Jury Demand

The District of Columbia hereby demands a trial by jury on all issues triable by a jury and by the maximum number of jurors permitted by law.

Date: March 4, 2021

Respectfully submitted,

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