

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

UNITED STATES OF AMERICA * **CRIMINAL NO. 15-61**

VERSUS * **SECTION: "E" (5)**

SUPRENIA WASHINGTON *

* * *

FACTUAL BASIS

1. If this matter were to proceed to trial, the United States would introduce the following facts with relevant and admissible testimony and exhibits:

2. Wendy Naquin from AdvanceMed, the Zone Integrity Contractor (ZPIC) over home health claims in this state, would testify that during all times mentioned in this indictment, Abide Home Care Services, Inc. (Abide) was enrolled as a provider able to bill Medicare for providing home health services to qualified beneficiaries.

3. LeAnne Dodson would testify that she is a registered nurse (RN) employed by ZPIC AdvanceMed as a team leader for the Home Health Agency Review Team. Dodson, who has testified as an expert witness in the field of home health, would testify that the home health benefit generally is for elderly or disabled beneficiaries who are acutely ill and for whom it is a taxing or considerable effort to get out of the home to receive medical care by going to a physician or an outpatient facility. Dodson would testify that a physician's order initiates home health and that home health services cannot begin without such a referral. When a home health agency gets an order from a physician for home health services for a patient that physician sees, the agency sends out a registered nurse to do an assessment, known as an Outcome and

Assessment Information Set (OASIS) to determine what type of skilled nursing the patient needs. The OASIS is very specific and consists mostly of objective multiple choice questions. The first thing the RN would determine is whether the patient is home bound. If the patient was not homebound, the RN would discontinue the assessment because the patient did not meet the first criteria of home health. Dodson would also testify that some diagnoses result in higher reimbursements to the provider than other diagnoses. Other factors that are determined in the OASIS are whether the patient can perform certain activities of daily living, such as self-toileting. Generally, the sicker and the more disabled a patient was, the more the agency was reimbursed for providing services.

4. Dodson would testify that after the RN completes an OASIS for a patient, a plan of care (POC), also known as the CMS 485, is created. The POC contains the patient's diagnoses and medications, orders, what will be done for the patient, the goals and the discharge plan. The home health agency is supposed to send the POC to the patient's primary care physician, who is familiar with the patient's history and who ordered the home health services, for his signature. After the agency obtains the physician's signature, only then can the 60-day episode of home health begin.

5. Federal Bureau of Investigation Special Agent Krista Bradford would testify that on March 25, 2014, a search warrant was executed at Abide. Documentation obtained at that search would establish that as a RN at Abide, **WASHINGTON'S** job description required her to assess and evaluate a patient's status by writing and initiating a plan of care, regularly re-evaluating patient/client needs, revise plans of care as necessary, evaluate patients, families and home environment for admission to and continued service from the Agency on the day that is assigned, provide comprehensive nursing care through the utilization of the home assessment,

nursing diagnosis and care plans, and complete, maintain, and submit accurate and relevant clinical notes regarding patient's condition and care given.

6. Naquin would testify that Abide billed Medicare for providing thirty (30) episodes of home health to Medicare beneficiary ArGi. A review of the file would show that **WASHINGTON** performed the first OASIS on ArGi on about May 24, 2009. **WASHINGTON** performed OASIS assessments for ArGi three more times to recertify additional home health episodes between July 18, 2009, and March 20, 2010.

7. On July 16, 2010, **WASHINGTON** again performed an OASIS to recertify ArGi for home health and signed a 485 which assigned diagnoses of hypertension NOS, stomach function disorder, pernicious anemia, myasthenia and low vision. ArGi did not have any of these diagnoses, did not require skilled nursing and he/she was not homebound. With reference to the principal diagnosis of hypertension NOS which **WASHINGTON** indicated was the condition allegedly making ArGi homebound, the previous episode of home health documented blood pressure readings of between 122/70 and 146/85, which do not support a classification of "3" indicating that ArGi's blood pressure is poorly controlled.

8. On about September 16, 2010, **WASHINGTON** was again responsible for performing an OASIS for ArGi and having him/her certified for another medically unnecessary episode of home health, this time indicating that ArGi needed home health for stomach function disorder, a condition for which ArGi did not suffer.

9. Dr. Brobson Lutz would testify that ArGi had approximately eighteen (18) functional limitations on his OASIS forms, including inability to feel him/herself, unable to shop, unable to drive, must have medications left out, must have utensils left out, and must have clothes laid out. Dr. Lutz would testify that he observed that ArGi's primary diagnoses were

consistently coded at a severity level of 3, the second diagnosis was usually a 3, and the others were typically scored at a 2. Dr. Lutz would testify that, at best, and only if the patient suffered from the designated illness, these should have been coded as a 1.

10. ArGi would testify that he/she was born in 1956 and received home health services from Abide for about three years. ArGi would testify that he/she has never suffered from or been diagnosed with muscle spasms, stomach function disorder, pernicious anemia, myasthenia, arthropathy, or low vision. ArGi would state that he/she wears reading glasses. ArGi would testify that he/she was discharged from Abide because he/she did not want them coming to his/her home.

11. ArGi would testify that, while he/she was receiving home health services from Abide, a nurse came to his/her home twice per month to take his/her blood pressure. ArGi would testify that the visits lasted about ten or fifteen minutes. ArGi would testify that he/she did not have a driver's license because he/she needed new glasses but that his/her sisters drove him/her where he/she needed to go. ArGi would state that he/she was not confined to his/her home because he/she went out with friends or family at least weekly and walked his/her dog daily.

12. Records would establish that **WASHINGTON** completed the OASIS for ArGi for six home health episodes between May 24, 2009 and September 16, 2010, and falsely documented that ArGi had abnormal blood pressure or uncontrolled hypertension for five of the six episodes. Records from Abide would establish **WASHINGTON** documented on the OASIS numerous diagnoses from which ArGi did not suffer, including muscle spasms, pernicious anemia, stomach function disorder, myasthenia, low vision, cerebral lipidosis, depressive psychosis, and arthropathy. AdvanceMed records would show, and ArGi would testify, that he/she was never diagnosed with or suffered from these illnesses.

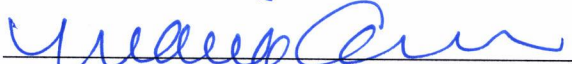
13. Billing data provided by AdvanceMed would show a payment to Abide in the amount of \$2,199.28 for a home health episode beginning on July 18, 2010. The OASIS and 485 **WASHINGTON** fraudulently completed to justify ArGi's home health episode charged in Count 9 of the indictment would be introduced into evidence.

14. Testimony from numerous Abide employees would establish that if the OASIS did not reflect a change in the medical status of a beneficiary being assessed for recertification of home health services, such as an exacerbation of an illness, the onset of pain, or rearranging the diagnosis codes to make it appear that one illness had an exacerbation over another, or conditions documenting homebound status for the patient, the OASIS was altered and recoded by the Abide Case Managers. The POCs **WASHINGTON** later signed, whether they reflected her medically unsupported findings or any changes made by the Abide Managers, falsified the conditions justifying homebound status and medical necessity for home health services billed by Abide.


15. Testimony by co-defendants and other Abide employees would establish that **WASHINGTON** deliberately closed her eyes to what would otherwise have been obvious to her, as she was subjectively aware of a high probability that her actions were illegal and purposely tried to avoid learning more about the illegal conduct. She intentionally turned a blind eye to the ever-changing falsified diagnoses she included on OASIS assessments and falsely documented the need for home health services based upon these fraudulent diagnoses.


16. **WASHINGTON** admits and agrees that this was her part in the overall health care fraud scheme, in that she knowingly and intentionally aided and abetted Abide and others in creating materially false documents Medicare required and relied upon in reimbursing Abide for health care claims.

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Defendant
Date: 2-7-16


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