

State Brings Criminal Charges and Civil Claims Action against Stamford-based Dental Provider Alleging Medicaid Fraud



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For immediate release

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HARTFORD – In a coordinated law enforcement effort, the state has commenced both criminal and civil proceedings against a Stamford-based dental practitioner and related individuals and businesses alleging a long-running and substantial scheme of fraudulent Medicaid claims for dental services provided to residents of long-term care facilities in the state, Attorney General George Jepsen, Chief State's Attorney Kevin T. Kane and Department of Social Services Commissioner Roderick L. Bremby announced today.

Attorney General Jepsen initiated the civil complaint, which alleges violations of the Connecticut False Claims Act, and seeks damages in the amount of three times the fraud, civil penalties and other relief against Georgy Betser and Irina Betser of Stamford, Conn.; Nodari Daviti of Bronx, N.Y.; Advanced Dental Office and Laboratory, G. Betser D.D.S., LLC; Dental Laboratory Advanced Management and Billing, LLC; and Mobile Management & Billing of USA, LLC.

The Office of the Attorney General commenced its investigation after referral from the DSS in February 2013. The investigation was conducted in coordination with the state Division of Criminal Justice's Medicaid Fraud Control Unit, which announced today the arrest of Georgy Betser on criminal charges.

"The Connecticut False Claims Act gives my office the authority to seek restitution from medical providers and others who defraud the system by submitting false claims for reimbursements they are not eligible to receive," Attorney General Jepsen said. "Through partnership with DSS, the Medicaid Fraud Control Unit and other law enforcement agencies, we will work to hold accountable those who set out to defraud the state. The allegations in this matter are particularly egregious – the defendants are charged with victimizing vulnerable residents in long-term care settings in perpetrating their fraud, at times providing patients with poorly fitting and unusable dentures. This lawsuit will seek to recover damages incurred by the state's Medicaid program and penalties against them, and to deter others from defrauding taxpayers in the future."

DSS Commissioner Bremby said: "The alleged fraudulent activity that resulted in these criminal and civil actions was initially investigated by DSS, and we appreciate the outstanding cooperation and support received from the Attorney General's Office and Chief State's Attorney's Office. While this particular scenario does not reflect Connecticut's Medicaid dental program as a whole, it clearly indicates the need for state authorities to be constantly vigilant in rooting out fraud and abuse wherever it occurs in the system."

The civil complaint alleges that from October 2009 to the present, the defendants provided services to dental patients enrolled in the Connecticut Medical Assistance Program (CMAP), which includes the state's Medicaid program and is administered by the state Department of Social Services (DSS). The patients were typically residents at long-term care facilities, and dental services were performed at

the various facilities.

The state alleges that the defendants billed CMAP for services, including cavity fillings, that were never provided and gave patients dentures that were improperly made and packaged, rendering them unusable.

The civil complaint also alleges that, after DSS temporarily suspended Georgy Betser's CMAP reimbursements in light of the fraud investigation, the defendants unlawfully arranged for Daviti to submit claims to DSS in his place, with Daviti paying Betser and his businesses in exchange for access to their clients. Daviti failed to disclose this relationship to DSS when he became a CMAP Medicaid provider despite clear legal requirements to do so.

Attorney General Jepsen thanked Chief State's Attorney Kane, the state Division of Criminal Justice and the DSS Office of Quality Assurance for their continued partnership in investigating Medicaid fraud allegations.

Today's law enforcement actions are part of efforts underway by Governor Malloy's Interagency Fraud Task Force, which was created in July 2013 to wage a coordinated and proactive effort to investigate and prosecute healthcare fraud directed at state healthcare and human service programs. The task force includes a number of Connecticut agencies and works with federal counterparts in the U. S. Attorney's Office and the U.S. Health and Human Services, Office of Inspector General – Office of Investigations.

Anyone with knowledge of suspected fraud or abuse in the healthcare system is asked to contact the Medicaid Fraud Control Unit in the Office of the Chief State's Attorney at 860-258-5986 or by email at conndcj@ct.gov; the Attorney General's Antitrust and Government Program Fraud Department at 860-808-5040 or by email at ag.fraud@ct.gov; or the DSS fraud reporting hotline at 1-800-842-2155 or by email at providerfraud.dss@ct.gov.

Forensic Fraud Examiner Larry Marini, Legal Investigator Thomas Martin and Assistant Attorney General Michael Cole, chief of the Antitrust and Government Program Fraud Department, are assisting the Attorney General with this matter.

[Please click here to view the state's civil complaint.](#)

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