

SUMMONS - CIVIL

JD-CV-1 Rev. 4-16
 C.G.S. §§ 51-346, 51-347, 51-349, 51-350, 52-45a,
 52-48, 52-259, P.B. §§ 3-1 through 3-21, 8-1, 10-13

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov



See other side for instructions

- "X" if amount, legal interest or property in demand, not including interest and costs is less than \$2,500.
- "X" if amount, legal interest or property in demand, not including interest and costs is \$2,500 or more.
- "X" if claiming other relief in addition to or in lieu of money or damages.

TO: Any proper officer; BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to make due and legal service of this Summons and attached Complaint.

Address of court clerk where writ and other papers shall be filed (Number, street, town and zip code) (C.G.S. §§ 51-346, 51-350)		Telephone number of clerk (with area code)	Return Date (Must be a Tuesday)
95 WASHINGTON STREET, HARTFORD, CT 06106		(860) 548-2700	October 3, 2017 <small>Month Day Year</small>
<input checked="" type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session	<input type="checkbox"/> G.A. Number:	At (Town in which writ is returnable) (C.G.S. §§ 51-346, 51-349) HARTFORD	Case type code (See list on page 2) Major: M Minor: 90

For the Plaintiff(s) please enter the appearance of:

Name and address of attorney, law firm or plaintiff if self-represented (Number, street, town and zip code) Robert B. Teitelman, Assistant Attorney General, 55 Elm Street, Hartford, CT 06106		Juris number (to be entered by attorney only) 085053
Telephone number (with area code) (860) 808-5040	Signature of Plaintiff (If self-represented)	
The attorney or law firm appearing for the plaintiff, or the plaintiff if self-represented, agrees to accept papers (service) electronically in this case under Section 10-13 of the Connecticut Practice Book.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email address for delivery of papers under Section 10-13 (if agreed to) robert.teitelman@ct.gov

Number of Plaintiffs: 1	Number of Defendants: 1	<input type="checkbox"/> Form JD-CV-2 attached for additional parties
Parties	Name (Last, First, Middle Initial) and Address of Each party (Number; Street; P.O. Box; Town; State; Zip; Country, if not USA)	
First Plaintiff	Name: STATE OF CONNECTICUT Address: c/o Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 P-01	
Additional Plaintiff	Name: Address: P-02	
First Defendant	Name: AGADJANIAN, ARAM a/k/a ARAM YURI AGADZANOV Address: 1087 Bronson Road, Fairfield, CT 06824 D-01	
Additional Defendant	Name: Address: D-02	
Additional Defendant	Name: Address: D-03	
Additional Defendant	Name: Address: D-04	

Notice to Each Defendant

1. YOU ARE BEING SUED. This paper is a Summons in a lawsuit. The complaint attached to these papers states the claims that each plaintiff is making against you in this lawsuit.
2. To be notified of further proceedings, you or your attorney must file a form called an "Appearance" with the clerk of the above-named Court at the above Court address on or before the second day after the above Return Date. The Return Date is not a hearing date. You do not have to come to court on the Return Date unless you receive a separate notice telling you to come to court.
3. If you or your attorney do not file a written "Appearance" form on time, a judgment may be entered against you by default. The "Appearance" form may be obtained at the Court address above or at www.jud.ct.gov under "Court Forms."
4. If you believe that you have insurance that may cover the claim that is being made against you in this lawsuit, you should immediately contact your insurance representative. Other action you may have to take is described in the Connecticut Practice Book which may be found in a superior court law library or on-line at www.jud.ct.gov under "Court Rules."
5. If you have questions about the Summons and Complaint, you should talk to an attorney quickly. The Clerk of Court is not allowed to give advice on legal questions.

Signed (Sign and "X" proper box) 	<input checked="" type="checkbox"/> Commissioner of the Superior Court <input type="checkbox"/> Assistant Clerk	Name of Person Signing at Left Robert B. Teitelman	Date signed 09/07/2017
If this Summons is signed by a Clerk: a. The signing has been done so that the Plaintiff(s) will not be denied access to the courts. b. It is the responsibility of the Plaintiff(s) to see that service is made in the manner provided by law. c. The Clerk is not permitted to give any legal advice in connection with any lawsuit. d. The Clerk signing this Summons at the request of the Plaintiff(s) is not responsible in any way for any errors or omissions in the Summons, any allegations contained in the Complaint, or the service of the Summons or Complaint.			For Court Use Only File Date
I certify I have read and understand the above:	Signed (Self-Represented Plaintiff)	Date	Docket Number

RETURN DATE: OCTOBER 3, 2017

STATE OF CONNECTICUT,
Plaintiff,

: SUPERIOR COURT

v.

: JUDICIAL DISTRICT OF HARTFORD

ARAM AGADJANIAN A/K/A
ARAM YURI AGADZANOV
Defendant

: SEPTEMBER 7, 2017

COMPLAINT

1. This action seeks treble damages, civil penalties and other relief for defendants' participation in a pervasive scheme to submit false claims for reimbursement for dental services provided to indigent and/or disabled Connecticut residents through Connecticut's Medicaid program, administered by the Connecticut Department of Social Services ("DSS") as part of the Connecticut Medical Assistance Program ("CMAP"). Defendants' conduct, as detailed herein, violated the Connecticut False Claims Act, Conn. Gen. Stat. §§4-274 — 4-289.

I. PARTIES

2. The plaintiff is the STATE OF CONNECTICUT, represented by GEORGE JEPSEN, ATTORNEY GENERAL. This action is brought by virtue of the authority of GEORGE JEPSEN, ATTORNEY GENERAL, pursuant to Conn. Gen. Stat. §4-276.

3. Defendant ARAM AGADJANIAN A/K/A ARAM YURI AGADZANOV (hereinafter "ARAM AGADJANIAN") is a resident of Fairfield, Connecticut. ARAM AGADJANIAN transacted business in the State of Connecticut, including in the manner set forth in this Complaint.

4. Defendant ARAM AGADJANIAN was enrolled as a provider of dental services in the CMAP from on or about May 29, 2009 through May 13, 2015.

II. LEGAL AND PUBLIC POLICY BACKGROUND

5. The federal False Claims Act ("FCA") provides in relevant part that any person who: (a) knowingly presents or causes to be presented a false or fraudulent claim for payment or approval; or (b) knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim. 31 U.S.C. §3729(a)(1).

6. The Connecticut False Claims Act ("CT FCA") is modeled after the FCA. The CT FCA provides in relevant part that any person who: (a) knowingly presents or causes to be presented a false or fraudulent claim for payment or approval under a medical assistance program administered by the DSS; or (b) knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim for payment or approval under a medical assistance program administered by the DSS. Conn. Gen. Stat. §§4-275(a)(1) — (b)(a)(3) and 4-275(b).

7. For the purposes of the Connecticut False Claims Act, "knowing" and "knowingly" means that a person, with respect to information: (a) has actual knowledge of the information; (b) acts in deliberate ignorance of the truth or falsity of the information; or (c) acts in reckless disregard of the truth or falsity of the information, without regard to whether the person intends to defraud. Conn. Gen. Stat. §4-274(1).

8. Medicaid is a joint federal-state program that provides health care benefits for certain groups, including the indigent and disabled. The federal Medicaid statutes set forth the minimum requirements for state Medicaid programs to qualify for federal

funding. 42 U.S.C. §1396a. The federal share of each state's Medicaid payments is based on the state's per capita income compared to the national average. 42 U.S.C. §1396d(b). State Medicaid programs pay the balance, which is referred to as the "state share." During the relevant time period, the "state share" for the State of Connecticut's Medicaid program was approximately fifty (50%) percent.

9. The State of Connecticut, through the DSS, administers the CMAP. CMAP includes the State of Connecticut's Medicaid program. The Commissioner of DSS is authorized to promulgate regulations as are necessary to administer CMAP, including the State of Connecticut's Medicaid program. Conn. Gen. Stat. §17b-262; Regulations of Connecticut State Agencies §17b-262-523(13). CMAP in fact pays for health benefits for program recipients.

10. Providers of goods and services to CMAP recipients are required to adhere to CMAP program requirements in order to participate in and receive payment from CMAP. Regulations of Connecticut State Agencies §17b-262-522.

11. "Provider" means "any individual or entity that furnishes Medical Assistance Program goods or services pursuant to a provider agreement with the department and is duly enrolled and in good standing or, as the context may require, an individual or entity applying for enrollment in the Medical Assistance Program". Regulations of Connecticut State Agencies §17b-262-523(22).

12. "Provider agreement" means "the signed, written, contractual agreement between the department and the provider of services or goods". Regulations of Connecticut State Agencies §17b-262-523(23).

13. The DSS CMAP provider enrollment agreement, in effect during all times relevant to the Complaint, contains a certification that provides, in relevant part: "The undersigned being the provider or having the specific authority to bind the Provider to the terms of this agreement, and having read this agreement and understanding it in its entirety, does hereby agree, both individually and on behalf of the Provider as a business entity, to abide by and comply with all of the stipulations, conditions, and terms set forth herein."

14. "Provider enrollment or reenrollment form" means "the department's form which requests the provider's data such as, but not limited to: name, address, licensure or certification information, service protocols, and any other information required by the department to assess provider eligibility for participation in the Medical Assistance Program". Regulations of Connecticut State Agencies §17b-262-523(24).

15. To enroll in the CMAP, and receive payment for goods and services, providers are required to: "(1) meet and maintain all applicable licensing, accreditation and certification requirements; (2) meet and maintain all DSS enrollment requirements including the timely submission of a complete provider enrollment or reenrollment form and submission of all enrollment information and such affidavits as the DSS may require; and (3) have a valid provider agreement on file which is signed by the provider and the DSS. This agreement, which shall be periodically updated, shall continue to be in effect for the duration specified in the agreement. The provider agreement specifies conditions and terms that govern the program and to which the provider is mandated to adhere in order to participate in the program." Regulations of Connecticut State Agencies §17b-262-524.

16. Requirements for a provider to maintain enrollment in CMAP include: abiding by all federal and state statutes, regulations and operational procedures promulgated by the DSS which govern CMAP; notifying the DSS in writing of all substantial changes in information which were provided on the application submitted to the DSS for provider enrollment or reenrollment in CMAP; and furnishing all information relating to the provider's business ownership, as well as transactions with subcontractors, in accordance with federal and state statutes and regulations; meet and adhere to all applicable licensing, accreditation, and certification requirements and all applicable state and local zoning and safety requirements pertaining to the provider's assigned type and specialty in the jurisdiction where the CMAP goods or services are furnished; meet and adhere to any additional DSS requirements, after enrollment, promulgated in conformance with federal and state statutes, regulations and operational procedures which govern the provider's assigned provider type and specialty. Regulations of Connecticut State Agencies, §17b-262-526.

III. THE SUBMISSION OF FALSE CLAIMS TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM.

17. The relevant time period for the facts and causes of action set forth below is for the time period including on or about April 2014 through at least April 2015.

18. During this time period Defendant ARAM AGADJANIAN was a licensed dentist holding Connecticut Department of Public Health dentist license #9095.

19. Defendant ARAM AGADJANIAN billed for and received payment from the DSS for claims for dental services provided by him to CMAP recipients.

20. During the relevant time period Defendant ARAM AGADJANIAN submitted claims for reimbursement to the DSS and received payment for approximately \$929,919 for dental services he allegedly provided to CMAP program recipients by him.

21. Defendant ARAM AGADJANIAN provided dental services to dental patients throughout the State of Connecticut who are CMAP recipients. These patients were typically residents at assisted living facilities in Connecticut. The patients were purportedly examined by and all dental services were allegedly performed by Defendant ARAM AGADJANIAN at the various assisted living facility locations.

22. In the course of providing dental services to CMAP recipients throughout the State of Connecticut, Defendant ARAM AGADJANIAN submitted false or fraudulent claims to the DSS for patients residing at numerous assisted living facilities. The false and fraudulent claims include claims for: (a) services that were not rendered, and (b) medically unnecessary services.

23. Defendant ARAM AGADJANIAN has billed for and received payment from the CMAP for dental services which were never provided to the CMAP recipients. This conduct includes a long-term pattern and practice of the following:

- (a) Billing and receiving payment for multi-surface tooth restorations that were in fact never performed;
- (b) Billing and receiving payment for repairs to dentures, including denture teeth and denture relining, which repairs were never performed; and
- (c) Billing and receiving payment for dentures which were never provided to the patients.

24. Further, Defendant ARAM AGADJANIAN submitted claims for and received payment from CMAP for conflicting dental services which could not have been provided to the CMAP recipients. This conduct includes a long-term pattern and practice of the following:

- (a) Billing and receiving payment for filling cavities and/or other repairs to teeth at the same time that full or partial dentures were ordered and billed;
- (b) Billing and receiving payment for partial dentures for the same teeth for which cavities were purportedly filled and billed;
- (c) Billing and receiving payment for dentures that were unusable since the patient still had root tips in the patient's mouth; and
- (d) Billing and receiving payment for extracting root tips, filling cavities and adjusting dentures for the same teeth.

IV. CAUSES OF ACTION

COUNT 1
Connecticut State False Claims Act
(Conn. Gen. Stat. §4-275 et seq.)
PRESENTATION OF FALSE OR FRAUDULENT CLAIMS

25. The allegations of ¶¶1 — 24 of this Complaint are incorporated herein as allegations of Count 1 as if fully set forth herein. The STATE OF CONNECTICUT further alleges as follows.

26. The provisions of Conn. Gen. Stat. §4-275(1) prohibit the knowing presentation of false or fraudulent claims for payment or approval under a medical assistance program administered by DSS.

27. Defendant ARAM AGADJANIAN knowingly engaged in conduct that would, and did, result in a long-term pattern and practice of submission of false claims to the CMAP including: (a) claims for services that were not rendered; (b) claims for medically unnecessary services; and (c) claims for services that were submitted using a billing code assigned for a more expensive service than the services actually performed.

28. Accordingly, ARAM AGADJANIAN knowingly presented false or fraudulent claims under a medical assistance program administered by the DSS.

COUNT 2
Connecticut State False Claims Act
(Conn. Gen. Stat. §4-275 *et seq.*)
FALSE RECORDS OR STATEMENTS

29. The allegations of ¶¶1 — 24 of this Complaint are incorporated herein as allegations of Count 2 as if fully set forth herein. The STATE OF CONNECTICUT further alleges as follows.

30. The provisions of Conn. Gen. Stat. §4-275(2) prohibit the knowing use of false records or statements material to false or fraudulent claims under a medical assistance program administered by DSS.

31. Under Connecticut regulations compliance with all laws, regulations and DSS enrollment requirements is an express condition of payment for providing services under the Medicaid program. Regulations of Connecticut State Agencies §§17b-262-524 and 17b-262-526.

32. The business practices of Defendant ARAM AGADJANIAN resulted in a long-term pattern and practice of the submission of dental claims to the CMAP, including: (a) claims for services not rendered; (b) claims for medically unnecessary services; and (c) claims for services that were submitted using a billing code assigned for a more expensive service than the services actually performed.

33. The false records or false statements made by Defendant ARAM AGADJANIAN were material in that they had a natural tendency to influence or were capable of influencing the DSS in its decision to remit payment for the false or fraudulent claims Defendant ARAM AGADJANIAN submitted to the CMAP.

34. Accordingly, Defendant ARAM AGADJANIAN knowingly used false records or statements material to false or fraudulent claims under a medical assistance program administered by the DSS.

V. PRAYER FOR RELIEF

WHEREFORE, pursuant to Conn. Gen. Stat. §§4-275(b) and 4-276, the STATE OF CONNECTICUT requests the following relief as to Defendant ARAM AGADJANIAN:

1. A civil penalty of not less than five thousand five hundred dollars or more than eleven thousand dollars, or as adjusted from time to time by the federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. §2461, for each violation of Conn. Gen. Stat. §4-275(a);
2. Three times the amount of damages that the STATE OF CONNECTICUT sustained because of the acts of the Defendant;
3. Costs of investigation and prosecution of this action;
4. Such other relief as is just and equitable to effectuate the purposes of this action.

Dated at Hartford, Connecticut, this 7th day of September, 2017.

STATE OF CONNECTICUT

BY: GEORGE JEPSEN
ATTORNEY GENERAL

/s/ Robert B. Teitelman
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