

## State Reaches Settlement with Second Defendant in Alleged Fraudulent Medicaid Billing Lawsuit

For immediate release

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HARTFORD – The state has reached a settlement with a Stamford dentist and 13 of his practices and management companies resolving fraud allegations and civil claims stemming from an illegal Medicaid billing scheme, Attorney General George Jepsen said today.

Mehran Zamani and his companies were among 28 individuals, dental practices and corporations named in a civil lawsuit filed by the state in May 2012 that alleged participation in an elaborate and illegal scheme that resulted in the submission of fraudulent Medicaid claims over two years in violation of the Connecticut False Claims Act and the Connecticut Unfair Trade Practices Act.

The state filed its stipulation of partial judgment, memorializing the settlement, in Hartford Superior Court yesterday.

Zamani, who was also charged with federal criminal offenses for his alleged involvement in the billing scheme, pleaded guilty in U.S. District Court in Hartford today.

"This settlement provides restitution to the Connecticut Medical Assistance Program and bars Mr. Zamani from participating in any federal healthcare program for 10 years," said Attorney General Jepsen. "In addition, he has agreed to fully cooperate with the state's ongoing investigation and litigation of this matter as well as any other matter related to the alleged scheme."

Under the terms of the settlement, Zamani will pay \$2.1 million into the Medicaid program, consisting of a \$200,000 payment to the state and the federal government and the forfeiture of any right or legal interest in \$1.9 million in Medicaid payments that had been suspended and held by the state Department of Social Services during the pendency of the investigation and litigation. Zamani is barred from participating in any federal healthcare program – including Medicaid and Medicare as well as Connecticut's Medical Assistance Program – for a period of 10 years. Additionally, Zamani and one of his companies will forfeit a property located at 18 Madison Street in Hartford, valued at approximately \$159,000.

The Attorney General thanked the U.S. Department of Health and Human Services, Office of the Inspector General – Office of Investigations; the U.S. Attorney's Office for the District of Connecticut; the Internal Revenue Service – Criminal Investigation Division; the Federal Bureau of Investigation; and the state Department of Social Services for their close coordination on this case.

"While the great majority of Connecticut Medicaid providers are honest and above-board, this case shows the need for constant vigilance in addressing fraud and abuse where it occurs through our collective enforcement efforts," said Department of Social Services Commissioner Roderick L. Bremby. "We believe that aggressively rooting out fraud leads to a stronger Medicaid program, enhances taxpayer confidence and, in this case, supports our national-leader status in

dental services for eligible children and adults. We thank the Attorney General's Office and our federal partners and law enforcement agencies for their outstanding work in this critical area."

The state reached a \$9.9 million settlement with another defendant in the alleged scheme, Gary Anusavice of North Kingston, R.I., and his companies in June 2013.

Neither the Zamani settlement nor the Anusavice settlement resolves the state's claims against the additional defendants – including Paul Anusavice of North Grafton, Mass.; John Gallagher of Manchester, Mass.; David Wu of Cheshire, Conn.; and Alphonso Mack of Bloomfield, Conn. – and the state's civil lawsuit against them continues.

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 <a href="mailto:conndcj@ct.gov">conndcj@ct.gov</a>; the Attorney General's Antitrust and Government Program Fraud Department at 860-808-5040 or by email at <a href="mailto:ag.fraud@ct.gov">ag.fraud@ct.gov</a>; or the DSS fraud reporting hotline at 1-800-842-2155 or by email at <a href="mailto:providerfraud.dss@ct.gov">providerfraud.dss@ct.gov</a>.

Assistant Attorney General Joshua Jackson, with Forensic Fraud Examiners Lawrence Marini and David Boucher 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 Stipulation for Partial Judgment.

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