

STATE OF WISCONSIN,

Plaintiff,

v.

Case No. 13 CF 461

LARA SKRZYPCZYNSKI,
2880 Deer Path Way
Beloit, Wisconsin 53511
DOB: 2/14/1968

Defendant.

AMENDED CRIMINAL COMPLAINT

I, Richard A. Basiliere, being duly sworn on oath upon information and belief state that:

COUNT ONE – MEDICAL ASSISTANCE FRAUD

Beginning on or about May 4, 2008 and continuing until on or about April 17, 2010, in or around the city of Genoa City, Walworth County, Wisconsin, defendant did knowingly and willfully make or cause to be made false statements of material fact in an application for payment from the Medical Assistance Program, to wit: submitted false statements in support of claims for payment for medical care services allegedly provided to T.R. (DOB 4/27/1988) totaling \$4,164.64, for which she was paid by the Wisconsin Medicaid program contrary to Wis. Stat. § 49.49(1)(a)1., a class H felony under Wis. Stat. § 49.49(1)(b)1., with a maximum penalty of a fine of twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years or both.

COUNT TWO – MEDICAL ASSISTANCE FRAUD

Beginning on or about September 26, 2007, and continuing until on or about December 26, 2008, in or around the city of Genoa City, Walworth County, Wisconsin, defendant did knowingly and willfully make or cause to be made false statements of material fact in an application for payment from the Medical Assistance Program, to wit: submitted false statements in support of claims for payment for medical care services allegedly provided to T.R. (DOB 4/27/1988) totaling \$14,415.46, for which she was paid by the Wisconsin Medicaid program contrary to Wis. Stat. § 49.49(1)(a)1., a class H felony under Wis. Stat. § 49.49(1)(b)1., with a maximum penalty of a fine of twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years or both.

COUNT THREE – MEDICAL ASSISTANCE FRAUD

Beginning on or about June 23, 2008, and continuing until on or about September 24, 2009, in or around the city of Genoa City, Walworth County, Wisconsin, defendant did knowingly and willfully make or cause to be made false statements of material fact in an application for payment from the Medical Assistance Program, to wit: submitted false statements in support of claims for payment for medical care services allegedly provided to T.R. (DOB 4/27/1988) totaling \$22,256.13, for which she was paid by the Wisconsin Medicaid program contrary to Wis. Stat. § 49.49(1)(a)1., a class H felony under Wis. Stat. § 49.49(1)(b)1., with a maximum penalty of a fine of twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years or both.

COUNT FOUR – MEDICAL ASSISTANCE FRAUD

Beginning on or about July 9, 2008, and continuing until on or about May 7, 2009, in or around the city of Genoa City, Walworth County, Wisconsin, defendant did knowingly and

~~willfully make or cause to be made false statements of material fact in an application for~~
payment from the Medical Assistance Program, to wit: submitted false statements in support of
claims for payment for medical care services allegedly provided to T.R. (DOB 4/27/1988) and/or
J.R. (DOB 2/24/1986) totaling \$4,950.64, for which she was paid by the Wisconsin Medicaid
program contrary to Wis. Stat. § 49.49(1)(a)1., a class H felony under Wis. Stat. § 49.49(1)(b)1.,
with a maximum penalty of a fine of twenty-five thousand dollars (\$25,000) or imprisonment not
to exceed six (6) years or both.

COUNT FIVE – UNAUTHORIZED USE OF PERSONAL IDENTIFICATION INFORMATION

Beginning on or about September 26, 2007 until on or about April 17, 2010, in the city of
Genoa City, Walworth County, Wisconsin, defendant did intentionally use or attempt to use
personal identifying information of an individual to obtain money, without the authorization or
consent of the individual, and by representing she was acting with the authorization or consent of
the individual, to wit: provided the name and Medicaid identification number for T.R. (DOB
4/27/1988) and/or J.R. (DOB 2/24/1986) to obtain money for medical care services allegedly
provided, contrary to Wis. Stat. § 943.201(2), a Class H felony under Wis. Stat. § 939.50(3)(h),
with a maximum penalty of a fine of ten thousand dollars (\$10,000) and imprisonment not to
exceed six (6) years or both.

COUNT SIX – FALSIFICATION OF PATIENT HEALTH CARE RECORDS

Beginning on or about September 26, 2007 and continuing until on or about April 17,
2010, in the city of Genoa City, Walworth County, Wisconsin, defendant did intentionally falsify
the patient health care records of T.R. and/or J.R., to wit: defendant, a health care provider,
created patient health care records for T.R. (DOB 4/27/1988) and J.R. (DOB 2/24/1986); made
false representations of fact in said patient health care records, including falsely representing that

health care services were provided to T.R. and J.R. when they were not provided; and defendant knew the false representations in the patient health care records were false; all contrary to Wis. Stat. § 146.83(4)(a), an unclassified misdemeanor under Wis. Stat. § 146.84(a)(2)3, with a maximum penalty of a fine of twenty-five thousand dollars (\$25,000), or imprisoned not to exceed nine (9) months, or both.

COUNT SEVEN – THEFT

Beginning on or about September 26, 2007 and continuing until on or about April 17, 2010, in the city of Genoa City, Walworth County, Wisconsin, defendant did obtain title to property of another person, to wit: \$45,786.87 from Wisconsin Medicaid administered by the Wisconsin Department of Health Services, by intentionally deceiving the person with a false representation to whom it is made in an amount greater than ten thousand dollars (\$10,000), contrary to Wis. Stat. § 943.20(1)(d) and 3(c), a class G felony, and upon conviction may be fined not more than twenty-five thousand dollars (\$25,000) or imprisoned not to exceed ten (10) years, or both.

PROBABLE CAUSE

Complainant is an Investigative Auditor Senior with the State of Wisconsin Department of Justice Medicaid Fraud Control and Elder Abuse Unit (MFCEAU). The MFCEAU is in charge of investigations and prosecutions of criminal offenses related to the Wisconsin Medical Assistance Program (also known as Medicaid). In the capacity of an Investigative Auditor Senior, complainant investigates instances of fraud and related financial crimes against the Medicaid program perpetrated by institutions and individuals who are to provide services and/or equipment to Medicaid recipients.

Complainant bases this criminal complaint upon his own observations and investigation, the statements of adult civilian witnesses whom he believes to be truthful and reliable, Medicaid documents, timesheet records maintained by defendant's employers, business records maintained by State of Wisconsin fiscal agents EDS and/or Hewlett Packard Enterprise Services (collectively, HP), business records maintained by Badgerland Billing LLC, business records maintained by the Wisconsin Department of Justice (DOJ), business records maintained by the State of Wisconsin Department of Health Services (DHS), and credit card records maintained by American Express.

Based on his training, experience and familiarity with Wis. Stat. § 49.45, complainant is aware that Wisconsin Medicaid is a publicly funded insurance program that reimburses health care providers for services provided to certain eligible patients and is administered by the DHS. In addition, complainant is aware that HP is a private firm that contracts with DHS to serve as its fiscal agent, processing claims for reimbursement under the Medicaid program and paying those claims with funds provided by the State of Wisconsin. HP also maintains records of providers and recipients of Medicaid services. Complainant believes the records maintained by HP are reliable business records that have been generated and maintained in the normal course of business.

Wisconsin Department of Health and Family Services (now known as DHS) records show that on or about July 27, 2006, Lara Skrzypczynski, DOB: 2/14/1968, Registered Nurse license # 155951-30, signed and then submitted a Wisconsin Medicaid Provider Application to deliver private duty nursing services for Medicaid recipients. DHS granted Skrzypczynski certification to provide services on or about October 10, 2006.

As part of the provider application process, Skrzypczynski signed and submitted the “Department of Health and Family Services Wisconsin Medicaid Program Provider Agreement” and signed an affidavit where she acknowledged and agreed to comply with “official written policy as transmitted to her in the Wisconsin Medicaid Program Handbooks and all other publications.” On or about October 19, 2006, the State’s fiscal agent, EDS (now HP), sent Skrzypczynski correspondence regarding notification of certification, and referenced the location of reference materials such as the All Providers Handbook and the provider handbook specific to the Nurses in Independent Practice program. Skrzypczynski was also supplied with a phone number for provider assistance at EDS for assistance with Medicaid policy and procedure.

The All Providers Handbook as well as the program specific handbook provides guidance to providers related to processes and procedures. The following excerpts are from the Medicaid Handbook (emphasis added):

- The provider is responsible for the accuracy, truthfulness, and completeness of all claims submitted whether prepared or submitted by the provider or by an outside billing service or clearinghouse.
- Providers are required to retain documentation, including medical and financial records, for a period of not less than five years from the date of payment.
- Responsibilities include billing only for services that were actually provided.
- Providers may submit claims only after the service is provided.

Complainant reviewed DOJ business records showing that former MFCEAU investigator Jennifer Cramer interviewed M.R. in August 2010. In April 2011, complainant interviewed M.R. (DOB 01/17/1965), the mother of Medicaid recipients T.R. (DOB 4/27/1988) and J.R. (DOB 2/24/1986). T.R. and J.R. both have Duchenne muscular dystrophy and require 24-hour skilled nursing care. Private duty nurses were hired to provide, and did provide, in-home nursing services to T.R. and J.R. at their family residence located in the city of Genoa City, Walworth County, Wisconsin.

In 2007, M.R. and Skrzypczynski met through mutual friends who were members of the Muscular Dystrophy Association (MDA). Skrzypczynski's brother had muscular dystrophy and she had contacts with people in the MDA.

In February 2007, M.R. and Skrzypczynski first spoke on the telephone. At that time, M.R. and her family lived in Illinois but planned to move to Wisconsin because it offered better prospects for her sons' nursing care. Skrzypczynski offered to assist by completing paperwork to help secure nursing care for T.R. and J.R. in Wisconsin.

In late June or early July 2007, M.R. met Skrzypczynski in person for the first time. Skrzypczynski made clear that she could not personally provide any nursing services for T.R. or J.R. because she worked as a nurse at Swedish American Hospital in Rockford, Illinois and also provided private duty nursing care for her brother. Although Skrzypczynski would occasionally visit M.R.'s household, M.R. believed that Skrzypczynski's visits were as a friend, not as a private duty nurse. M.R. reasonably believed Skrzypczynski was helping T.R. and J.R. as a friend, not a private duty nurse, because of her statements and also because of the nature of their relationship (*e.g.*, they met through the MDA and Skrzypczynski's brother also had muscular dystrophy). Skrzypczynski also informed other nurses working in M.R.'s household that she (Skrzypczynski) was not part of the nursing staff and that she was just helping out the family. M.R. did not consent to Skrzypczynski billing Medicaid for providing private duty nursing care to either T.R. on the dates identified in the tables below. M.R. did not consent to Skrzypczynski's purported delivery of services to either T.R. or J.R. for the overnight (UJ) shifts at the operative times complained of herein or to her use of the Medicaid identification numbers for T.R. or J.R. for Medicaid billing purposes.

After this initial meeting with M.R., Skrzypczynski visited M.R. occasionally, approximately once every month or two. The Medical Administration Records maintained by M.R. for medication delivered to T.R. and J.R. did not indicate that Skrzypczynski delivered any medication to either T.R. or J.R.

In December 2009, after Medicaid stopped paying for case management services, Skrzypczynski told M.R. that, in order to keep her case manager (K.P.), she (Skrzypczynski) would bill for night hours not rendered and, in turn, pay K.P. for performing case management services. M.R. refused to consent to Skrzypczynski's plan to bill for services not delivered so that case manager, K.P. would continue to manage the care for T.R. and J.R.

In October 2012, I interviewed Lori Schey, owner and operator of Badgerland Billing, LLC, a third-party biller for nurses that use Medicaid's Nurses in Independent Practice Program. Schey stated that from at least August 2007 until May 2010, Badgerland Billing did submit Medicaid bills for services that Skrzypczynski stated she delivered to T.R. and/or J.R., including bills submitted for the specific claims described herein.

Schey provided billing records that I reviewed, showing that Skrzypczynski, through Badgerland Billing, submitted claims for, and was paid by, Medicaid for services delivered to T.R. and J.R. between 8/29/07 – 5/2/10.

I reviewed written documentation provided to me by Desarae Robinson, Quality Assurance / Internal Consultant for HP. The written documentation included provider application information, forms, and billing/payment records involving Skrzypczynski, and showed that Skrzypczynski submitted claims for, and was paid by, Wisconsin Medicaid for services purportedly delivered to T.R. from 8/29/07-5/2/10 and J.R. from 7/2/07-9/8/07 and 1/15/10-5/14/10.

I reviewed written documentation provided to me by Toni Lamanna, Subpeona Correspondent at American Express/DataMark. I reviewed the records and statements of the American Express credit card account for Skrzypczynski and found that Skrzypczynski used her American Express credit card to make several out-of-state purchases that were in conflict with dates for which she purportedly provided private duty nursing services to T.R. Ms. Lamanna stated that the dates reflected in the statements are the dates of purchase or the date that the card was swiped by the merchant. She also indicated that the city and/or state that are indicated in the statement was the location of the merchant where the merchandise was purchased. Therefore, the credit card was actually used at the location indicated in the account statement. Lamanna further stated that Skrzypczynski was the only authorized individual on the account and that at no time did she report the credit card lost or stolen between July 2007 and May 2010.

I spoke with DHS Nurse Auditor Cheryl A. Wilson, R.N. Wilson conducted an audit on Skrzypczynski's Medicaid billings relating to the care of T.R. and J.R. between January 2008 and June 2010. Skrzypczynski submitted patient health care records of T.R. and J.R. pursuant to DHS request in preparation for the audit. Wilson found that despite the frequency of Skrzypczynski's billing, Skrzypczynski's name was sporadically mentioned in the documentation maintained by M.R. (*e.g.*, nursing calendars, medical administration records, communication log books) and that Skrzypczynski's name appeared on the nursing calendar approximately seven times. Based upon my review of, among other things, T.R. and J.R.'s patient health care records, the documentation maintained by M.R., the results of Wilson's audit, and my witness interviews, I believe that Skrzypczynski knowingly made false representations of fact in the patient health care records of T.R. and J.R.

I reviewed DOJ business records showing that former MFCEAU investigator Jennifer Cramer spoke with private duty nurse Joan Michal Spruce-Kalla in December 2010. Spruce-Kalla provided private duty nursing care for T.R. and J.R. from August 2007 until December 2008. She indicated she typically worked nights for T.R. and/or J.R., but she would also help out as she could on other shifts. She explained the family did not have enough nursing staff for the necessary around-the-clock care. This left M.R. to provide medical care to her sons alone, so Spruce-Kalla would try to help out as needed when the house was not fully staffed. Spruce-Kalla described Skrzypczynski's involvement as stopping by occasionally, helping give baths, or just generally checking in on T.R. or J.R. or their medical equipment. Upon discussing billing records in September and October 2007, Spruce-Kalla stated that Skrzypczynski was not present in M.R.'s household for the shifts she billed for.

I spoke with Elaine Gudeman, who began providing private duty nursing care for T.R. and J.R. in June 2008 and continued providing care for T.R. and J.R. at all operative times herein. During the time period she worked at M.R.'s home, Gudeman indicated that Skrzypczynski was never there for any significant amount of time. Gudeman stated that she never worked with Skrzypczynski. While Skrzypczynski may have been at M.R.'s home for a few hours from time to time, Gudeman never worked with Skrzypczynski from midnight to 7:00 a.m., never took report from Skrzypczynski in the day (*i.e.*, passing information to the next person caring for the patient), and never gave report to Skrzypczynski in the morning.

I spoke with Keith Elliott, R.N., who provided private duty nursing care for T.R. and J.R. between September 2007 and August 2010. Elliott typically worked 14 days per month for 10 hours per day from 7 a.m. to 5 p.m. Elliott stated that because he was in M.R.'s home frequently, he had a good idea as to which nurses were working in the home. Elliott stated that he did not

remember Skrzypczynski ever working a full shift and that Skrzypczynski would come to the home infrequently and stay for brief periods of time.

I reviewed DOJ business records showing that former MFCEAU investigator Cramer requested and received Skrzypczynski's employment information from Vicky Harvey in Human Resources at Swedish American Hospital. I reviewed Skrzypczynski's Swedish American Hospital employment records for 6/6/2005 through 5/16/09 that indicated conflicts, including travel time between the hours that Skrzypczynski indicated that she provided services and the time she would have spent traveling to her work at Swedish American Hospital. The records also contain conflicts between Skrzypczynski's Medicaid billing, hospital work and her work as a personal care worker through Society's Assets.

I spoke with Gloria LaBoda, Accounts Receivable Manager from Society's Assets Inc., an independent living center offering homecare services and home healthcare. LaBoda stated that Skrzypczynski worked as a personal care worker through Society's Assets for her mother, S.R., and her brother, D.S. LaBoda supplied me with records pertaining to the schedule of services that Skrzypczynski provided to S.R. and D.S. LaBoda stated that she was certain that the dates and times indicated on Skrzypczynski's schedule of services provided was reflective of the actual dates and times that Skrzypczynski reported working and was paid for.

In response to a DHS audit, Skrzypczynski produced medical administration records relating to T.R. and J.R. Based upon my review of these records, and after analyzing them in comparison to the other records and witness statements described above, I believe Skrzypczynski falsely created the medical administration records to support her claims for Medicaid payment for services that she did not deliver or delivered in an amount less than claimed.

The following tables identify the dates of false claims submitted by Skrzypczynski for care services provided to T.R. For each date, evidence establishes that Skrzypczynski billed for, and was paid for, private duty nursing services when services were not provided or not provided to the extent billed for. The table was compiled based upon complainant's investigation as described above, including interviews, a review of Skrzypczynski's billing records, and from HP business records showing that Skrzypczynski was paid for the services she claimed were provided. For purposes of this complaint, only Skrzypczynski's claims of services on the dates and for the reasons further identified below are alleged to be false.

As to Count One

Skrzypczynski claimed to have provided private duty nursing services for T.R. for 128 hours between 5/4/08 – 4/17/10 at times when American Express credit card records indicate Skrzypczynski was out-of-state, totaling \$4,164.64. The table below indicates the dates on which Skrzypczynski billed for private duty nursing services for T.R. in or around Genoa City, Walworth County, Wisconsin; the out-of-state location where Skrzypczynski's American Express records indicate she used her American Express credit card on those dates; the hours billed to Medicaid; and the amount received from Medicaid.

DATE	LOCATION	HRS BILLED	AMOUNT
5/4/2008	New Orleans	5	\$161.05
5/5/2008	New Orleans	12	\$386.52
5/6/2008	New Orleans	12	\$386.52
5/7/2008	New Orleans	12	\$386.52
2/11/2009	Las Vegas	5	\$163.45
2/12/2009*	Las Vegas	12	\$392.28

2/13/2009	Las Vegas	7	\$228.83
2/15/2009	Las Vegas	5	\$163.45
5/26/2009	California	12	\$392.28
5/27/2009	California	12	\$392.28
5/28/2009	California	12	\$392.28
5/29/2009	California	5	\$163.45
5/31/2009	California	5	\$163.45
4/17/2010	Florida	12	\$392.28
TOTAL		128	\$4,164.64

As to Count Two

Skrzypczynski claimed to have provided private duty nursing services for T.R. for at least 487 hours when Skrzypczynski did not provide the services claimed, totaling \$14,415.46. The table below indicates the dates on which Skrzypczynski billed for private duty nursing services for T.R. where Spruce-Kalla and M.R. both state that Skrzypczynski did not provide services. The date entries marked with an asterisk denote times where Skrzypczynski's claims were duplicative of other nurses' service delivery to T.R. for the same shift.

DATE	TOTAL HOURS BILLED	AMOUNT OVERPAID
9/26/2007	7	\$225.47
9/28/2007	9	\$289.89
9/29/2007	10	\$322.10
10/3/2007	8	\$257.68
10/4/2007	6	\$193.26
10/9/2007	5	\$161.05
10/15/2007	6	\$193.26
10/16/2007	4	\$128.84

11/7/2007	12	\$386.52
11/8/2007	6	\$193.26
11/10/2007	7	\$225.47
11/19/2007	12	\$386.52
11/20/2007	12	\$386.52
11/21/2007	6	\$193.26
11/22/2007	7	\$225.47
12/4/2007	12	\$386.52
12/5/2007	12	\$386.52
12/6/2007	3	\$96.63
12/18/2007	12	\$386.52
12/22/2007	7	\$225.47
1/2/2008	12	\$386.52
1/3/2008	6	\$193.26
1/16/2008	5	\$161.05
2/1/2008	4	\$128.84
2/12/2008	12	\$386.52
2/13/2008	7	\$225.47
2/26/2008	8	\$257.68
2/27/2008	6	\$193.26
2/29/2008	12	\$386.52
3/13/2008	9	\$289.89
3/14/2008	9	\$289.89
3/27/2008	12	\$386.52
3/28/2008	7	\$225.47
4/11/2008	12	\$386.52
4/12/2008	4	\$128.84

4/18/2008	6	\$193.26
5/16/2008	8	\$225.47
5/19/2008	10	\$225.47
5/21/2008	12	\$386.52
5/22/2008	9	\$289.89
5/23/2008	8	\$225.47
9/30/2008	12	\$228.83
10/13/2008	7	\$228.83
10/27/2008	7	\$228.83
10/31/2008	12	\$228.83
11/7/2008	8	\$228.83
11/21/2008	12	\$228.83
11/22/2008*	7	\$228.83
11/25/2008	12	\$228.83
12/5/2008	12	\$225.83
12/6/2008*	7	\$228.83
12/9/2008	12	\$228.83
12/19/2008	12	\$228.83
12/20/2008*	7	\$228.83
12/25/2008*	12	\$392.28
12/26/2008	7	\$228.83
TOTAL	487	\$14,415.46

As to Count Three

Skrzypczynski claimed to have provided private duty nursing services for T.R. for at least 721 hours when Skrzypczynski did not provide the services claimed, totaling \$22,256.13. The

table below indicates the dates on which Skrzypczynski billed for private duty nursing services for T.R. where Gudeman and M.R. both state that Skrzypczynski did not provide services.

DATE	TOTAL HOURS BILLED	AMOUNT OVERPAID
6/23/2008	12	\$386.52
7/3/2008	12	\$392.28
7/10/2008	12	\$392.28
7/17/2008	12	\$392.28
7/24/2008	12	\$392.28
7/31/2008	12	\$392.28
8/7/2008	7	\$228.83
8/13/2008	12	\$392.28
8/21/2008	9	\$294.21
8/23/2008	7	\$228.83
9/2/2008	7	\$228.83
9/4/2008	8	\$261.52
9/11/2008	12	\$392.28
9/20/2008	12	\$392.28
9/25/2008	12	\$392.28
10/2/2008	12	\$392.28
10/5/2008	12	\$392.28
10/9/2008	12	\$392.28
10/12/2008	12	\$392.28
10/16/2008	12	\$392.28
10/18/2008	7	\$228.83
10/23/2008	12	\$392.28
10/25/2008	7	\$228.83
10/30/2008	12	\$392.28

11/1/2008	7	\$228.83
11/6/2008	12	\$392.28
11/8/2008	7	\$228.83
11/13/2008	12	\$392.28
11/15/2008	7	\$392.28
11/20/2008	12	\$392.28
11/28/2008	8	\$261.52
11/29/2008	7	\$228.83
12/11/2008	12	\$392.28
12/13/2008	7	\$228.83
12/18/2008	12	\$392.28
1/8/2009	12	\$392.28
1/10/2009	7	\$228.83
1/17/2009	7	\$228.83
1/24/2009	7	\$228.83
1/31/2009	7	\$228.83
2/7/2009	7	\$228.83
3/12/2009	12	\$392.28
3/26/2009	12	\$392.28
4/2/2009	12	\$392.28
4/9/2009	12	\$392.28
4/16/2009	12	\$392.28
4/23/2009	12	\$392.28
4/30/2009	12	\$392.28
5/7/2009	12	\$392.28
5/14/2009	12	\$392.28
5/25/2009	12	\$392.28

6/11/2009	12	\$392.28
6/25/2009	15	\$490.35
7/9/2009	10	\$326.90
7/22/2009	10	\$326.90
7/23/2009	12	\$392.28
7/29/2009	10	\$326.90
8/6/2009	12	\$392.28
8/7/2009	5	\$163.45
8/13/2009	12	\$392.28
8/20/2009	12	\$392.28
8/27/2009	10	\$326.90
9/3/2009	10	\$326.90
9/17/2009	10	\$326.90
9/24/2009	10	\$326.90
TOTAL	721	\$22,256.13

As to Count Four

Skrzypczynski claimed to have provided private duty nursing services for T.R. for at least 234 hours when Skrzypczynski did not provide the services claimed, totaling \$4,950.64. The table below indicates the dates on which Skrzypczynski billed for private duty nursing services for T.R. that conflict with her work at Swedish American Hospital according to Swedish American Hospital business records.

DATE	TOTAL HOURS BILLED	AMOUNT OVERPAID
5/8/2008	7	\$225.47
6/9/2008	12	\$386.52
6/13/2008	7	\$225.47

6/17/2008	12	\$386.52
7/5/2008	7	\$228.83
7/11/2008	7	\$228.83
7/29/2008	7	\$228.83
8/12/2008	12	\$392.28
8/25/2008	12	\$392.28
9/9/2008	12	\$392.28
9/16/2008	5	\$163.45
9/19/2008	5	\$163.45
10/3/2008	7	\$228.83
10/10/2008	7	\$228.83
10/24/2008	12	\$392.28
11/1/2008	7	\$228.83
12/31/2008	7	\$228.83
2/9/2009	7	\$228.83
TOTAL	234	\$4,950.64

As to Count Seven

Thus, Skrzypczynski submitted false claims to Medicaid for private duty nursing services totaling \$45,786.87.

Dated this 18th day of October, 2013.



RICHARD A. BASILIERE
Investigative Auditor Senior
Medicaid Fraud Control Unit
Wisconsin Department of Justice

Subscribed and sworn to before me
and approved for filing on
October 18, 2013. My commission
is permanent.



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