STATE OF WISCONSIN,

Plaintiff,

V.

Case No. 14 CF 1429

Linda J. Turner W/F (d.o.b. 7/4/1955) 539 Franklin Avenue Lake Geneva, Wisconsin 53147,

Defendant.

CRIMINAL COMPLAINT

I, Rose Slattery, being duly sworn on oath, upon information and belief, state that:

COUNT 1: MEDICAL ASSISTANCE FRAUD

On or between February 6, 2011 and February 14, 2011, in the County of Kenosha, Wisconsin, defendant Linda J. Turner did, as a registered nurse medical assistance provider, knowingly and willfully make or cause to be made false statements or representations of material fact in applications for payment, to wit: submitted false statements in support of claims for payment to the Wisconsin Medicaid program for medical care services allegedly provided to Y.R.E., totaling \$2,745.96, for which she was paid by Wisconsin Medicaid, contrary to Wis. Stat. §§ 49.49(1)(a)1., a Class H Felony, and upon conviction may be fined not more than twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years, or both.

COUNT 2: MEDICAL ASSISTANCE FRAUD

On or between May 9, 2013 and May 23, 2013, in the County of Kenosha, Wisconsin, defendant Linda J. Turner did, as a registered nurse medical assistance provider, knowingly and willfully make or cause to be made false statements or representations of material fact in applications for payment, to wit: submitted false statements in support of claims for payment to the Wisconsin Medicaid program for medical care services allegedly provided to Y.R.E., totaling \$4,315.08, for which she was paid by Wisconsin Medicaid, contrary to Wis. Stat. § 49.49(1)(a)1., a Class H Felony, and upon conviction may be fined not more than twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years, or both.

COUNT 3: MEDICAL ASSISTANCE FRAUD

On or between June 17, 2013 and September 15, 2013, in the County of Kenosha, Wisconsin, defendant Linda J. Turner did, as a registered nurse medical assistance provider, knowingly and willfully make or cause to be made false statements or representations of material fact in applications for payment, to wit: submitted false statements in support of claims for payment to the Wisconsin Medicaid program for medical care services allegedly provided to Y.R.E., totaling \$21,477.33, for which she was paid by Wisconsin Medicaid, contrary to Wis. Stat. § 49.49(1)(a)1., a Class H Felony, and upon conviction may be fined not more than twenty-five thousand dollars (\$25,000) or imprisonment not to exceed six (6) years, or both.

PROBABLE CAUSE

I, Rose Slattery, am an Investigator with the Wisconsin Department of Justice, Medicaid Fraud Control and Elder Abuse Unit. I have been so employed for approximately seven (7) months, prior to which I was employed as an Investigator by the Wisconsin Department of Agriculture, Trade and Consumer Protection. The Medicaid Fraud Control and Elder Abuse

Unit (MFCEAU) is charged with the investigation and prosecution of criminal offenses and civil violations related to the Medical Assistance program (a/k/a "Medicaid").

Based on my training, experience and familiarity with Wis. Stat. § 49.45, I know that the Medical Assistance program is administered by the Wisconsin Department of Health Services (DHS) which reimburses health care providers for, among other things, services provided to certain indigent qualified recipients. I know that HP Enterprise Services (HP) is a private firm located in the city of Madison, Dane County, Wisconsin, that contracts with DHS to process claims for reimbursement under the program and to pay those claims with funds provided by the state of Wisconsin. HP maintains identification and utilization records of providers and recipients of Medicaid services.

I have reviewed records maintained by DHS and HP as part of this investigation. I believe the records maintained by DHS are truthful and reliable because they are government records maintained in the ordinary course of DHS's administration of the Medical Assistance program. I believe the records maintained by HP are reliable and that they are maintained by HP in the ordinary course of its business under contract with DHS.

Throughout this complaint, "claims" refers to claims for reimbursement from the Medical Assistance program. Throughout this complaint, "recipient" means an individual who is eligible to have certain medical services and equipment paid on his or her behalf by the Medical Assistance program. To protect the patient's confidentiality, the recipient and related individuals are referred to in this complaint only by initials. I know that the recipient and individuals so identified are real people, and at the time of service of this complaint, defendant will be furnished with information correlating the initials to the names of the recipient and related individuals.

On August 8, 2013, Cindy Griffith, RN, Nurse Clinician for the Tracheostomy and Ventilator Program at The Children's Hospital of Wisconsin in Milwaukee, emailed Kelly Townsend at DHS with concerns that Linda J. Turner was billing for private duty nursing services for Y.R.E. which she had not provided. After reviewing the claims, DHS referred Linda J. Turner to the MFCEAU for investigation on October 31, 2013, as it was deemed there was a credible allegation of fraud. This investigation was initially assigned to Joseph Husar, an Investigative Auditor for the MFCEAU; I was added to the investigation with Husar in May 2014, and was the sole investigator assigned upon his retirement in July 2014. Husar and I conducted interviews and reviewed pertinent records. I have personal knowledge of Joseph Husar, a former Auditor Senior who worked in MFCEAU for approximately five (5) years. Husar was formerly employed as a sworn law enforcement officer with the City of Milwaukee Police Department for over twenty-five (25) years, and employed as the Security Director at Luther Manor for over three (3) years. I believe Joseph Husar to be truthful and reliable.

The investigation ultimately determined that, as further described herein, between February 6, 2011 and September 15, 2013, Linda J. Turner, a certified Medicaid provider, made false statements in applications for payment submitted to HP as fiscal intermediary for the state of Wisconsin Medicaid program by billing for services when services had not been provided, which is a violation of Wis. Stat. § 49.49(1)(a)1. This probable cause section explains how Linda J. Turner billed 873 hours and received approximately \$28,538.37 in payments due to billing for services not rendered.

Linda Jean Turner (d.o.b. July 4, 1955) currently resides at 539 Franklin Avenue, Lake Geneva, Wisconsin. When Turner billed Medicaid for providing private duty nursing services in 2011, she listed her address as 17390 Crest Hill Drive, Apartment 124, Brookfield, WI. When

Turner billed Medicaid for providing private duty nursing services in 2013, she listed her address as 113 N. Vita Street, Beaver Dam, WI. Turner is a licensed registered nurse in the state of Wisconsin and has been certified to bill the Wisconsin Medicaid program for providing private duty nursing services since June 14, 1995. Turner billed the Wisconsin Medicaid program for providing nursing services in the home for Y.R.E. from September 1, 2010 until September 15, 2013. Y.R.E. was a resident of Kenosha County during this time period. Turner had two other patients during this period of time, but she billed minimal hours for each; Y.R.E. was Turner's primary patient.

On April 16, 2014, Husar interviewed B.E., mother of Y.R.E., both of whom reside in the city and county of Kenosha, Wisconsin. B.E. informed Husar that Turner had provided private duty nursing care for Y.R.E. in Kenosha from 2010 to May 2013. Turner provided care on a daily basis. Y.R.E. was receiving cares for her tracheostomy. On May 9, 2013, Y.R.E. was decannulated and hospitalized for reconstructive surgery relative to the tracheostomy and remained in the hospital until May 22, 2013. Upon being discharged and returning home she experienced complications and returned to the hospital on May 27, 2013, and was discharged again on May 30, 2013.

According to B.E., Turner did not provide Y.R.E. any medical services after the surgery on May 9, 2013. Turner never contacted the family to advise them that she was not going to provide cares for Y.R.E. for the recommended two weeks after Y.R.E. was discharged from the hospital. B.E. told Husar that Turner did come to the house on one occasion and wanted B.E. to sign paperwork indicating that Turner was providing medical care to Y.R.E. B.E. refused to sign the paper. B.E. stated that it was her impression that Turner intended to copy or forge her signature so she would be paid. It was perceived by the family that Turner was angry because Y.R.E. got better after the surgery. B.E. received explanation of benefits statements from

Wisconsin Forward Health in 2013 which revealed that Turner had billed Wisconsin Medicaid for providing services to Y.R.E. after May 9, 2013. B.E. was insistent that these services were not provided and Turner should not have been paid.

I reviewed Medicaid claims for Y.R.E. from September 1, 2010 to September 30, 2013. There were inpatient claims for Y.R.E. at The Children's Hospital of Milwaukee for February 6, 2011 to February 14, 2011, May 9, 2013 to May 22, 2013, and May 27, 2013 to May 30, 2013. These dates were verified by The Children's Hospital of Milwaukee as dates when Y.R.E. was hospitalized at the facility. The claim records show Turner billed for providing private duty nursing care in the home for Y.R.E. on dates she was hospitalized in February 2011 and May 2013; summarized in the charts for Count 1 and Count 2 I prepared below. The claim records also show Turner billed for providing private duty nursing care in the home for Y.R.E. from June 17, 2013 to September 15, 2013, although B.E. insists Turner did not provide care for Y.R.E. after she was admitted to The Children's Hospital on May 9, 2013; refer to the chart for Count 3 I prepared below for complete dates.

Count 1:

Y.R.E. hospitalized at The Children's Hospital of Milwaukee February 6, 2011 to February 14, 2011

Date Turner Hours Date of Fraud Amount Paid Hours Billed Billed Worked Service Medicaid \$392.28 0 \$392.28 5/2/2011 2/6/2011 12 0 \$392.28 \$392.28 5/2/2011 12 2/7/2011 0 \$392.28 \$392.28 12 5/2/2011 2/8/2011 \$392.28 \$392.28 0 12 5/2/2011 2/9/2011 \$392.28 0 \$392.28 5/2/2011 12 2/10/2011 0 \$392.28 \$392.28 5/2/2011 12 2/13/2011 0 \$392.28 5/2/2011 \$392.28 12 2/14/2011

\$2,745.96

Count 2:

Y.R.E. hospitalized at The Children's Hospital of Milwaukee May 9, 2013 to May 22, 2013

Date of Service	Hours Billed	Date Turner Billed Medicaid	Amount Paid	Hours Worked	Fraud
5/9/2013	12	5/17/2013	\$392.28	0	\$392.28
5/12/2013	12	5/17/2013	\$392.28	0	\$392.28
5/13/2013	12	5/17/2013	\$392.28	0	\$392.28
5/14/2013	12	5/17/2013	\$392.28	0	\$392.28
5/15/2013	12	5/17/2013	\$392.28	0	\$392.28
5/16/2013	24	5/17/2013	\$392.28	0	\$392.28
5/19/2013	12	5/24/2013	\$392.28	0	\$392.28
5/20/2013	12	5/24/2013	\$392.28	0	\$392.28
5/21/2013	12	5/24/2013	\$392.28	0	\$392.28
5/22/2013	12	5/24/2013	\$392.28	0	\$392.28
5/23/2013	12	5/24/2013	\$392.28	0	\$392.28

\$4,315.08

Count 3:

Y.R.E. did not receive care after discharge from The Children's Hospital of Milwaukee June 17, 2013 to September 15, 2013

Date of Service	Hours Billed	Date Turner Billed Medicaid	Amount Paid	Hours Worked	Fraud
6/17/2013	12	8/2/2013	\$392.28	0	\$392.28
6/18/2013	12	8/2/2013	\$392,28	0	\$392.28
6/19/2013	12	8/2/2013	\$392.28	0	\$392.28
6/20/2013	12	8/2/2013	\$294.21	0	\$294.21
6/24/2013	12	8/2/2013	\$392.28	0	\$392.28
6/25/2013	12	8/2/2013	\$392,28	0	\$392.28
6/26/2013	12	8/2/2013	\$392.28	0	\$392.28
7/1/2013	12	7/19/2013	\$392.28	0	\$392.28
7/2/2013	12	7/19/2013	\$392.28	0	\$392.28
7/3/2013	12	7/19/2013	\$392.28	0	\$392.28
7/5/2013	12	7/19/2013	\$392.28	0	\$392.28
7/8/2013	12	7/19/2013	\$392.28	0	\$392.28
7/9/2013	12	7/19/2013	\$392.28	0	\$392.28
7/10/2013	12	7/19/2013	\$392.28	0	\$392.28
7/11/2013	12	7/19/2013	\$392.28	0	\$392.28
7/15/2013	12	7/19/2013	\$392.28	0	\$392.28
7/16/2013	12	7/19/2013	\$392.28	0	\$392.28
7/17/2013	12	7/19/2013	\$392.28	0	\$392.28
7/18/2013	12	7/19/2013	\$392.28	·o	\$392.28
7/19/2013	12	7/19/2013	\$392.28	0	\$392.28
7/22/2013	12	8/2/2013	\$392.28	0	\$392,28

Count 3 continued:

From Date of Service	Hours Billed	Date Turner Billed	Amount Paid Detail	Hours Worked	Fraud
	10	Medicaid		0	\$392.28
7/23/2013	12	8/2/2013	\$392.28 \$392.28	0	\$392.28
7/24/2013	12	8/2/2013		0	\$392.28
7/25/2013	12	8/2/2013	\$392.28	0	\$392.28
7/26/2013	12	8/2/2013	\$392.28		\$392.28
7/29/2013	12	8/16/2013	\$392.28	0 0	\$392.28
7/30/2013	12	8/16/2013	\$392.28	0	\$392.28
7/31/2013	12	8/16/2013	\$392.28		
8/1/2013	12	8/16/2013	\$392.28	<u> </u>	\$392.28
8/2/2013	12	8/16/2013	\$392.28	0	\$392.28
8/5/2013	12	8/16/2013	\$392.28	0	\$392.28
8/6/2013	12	8/16/2013	\$392.28	0	\$392.28
8/7/2013	12	8/16/2013	\$392.28	0	\$392.28
8/8/2013	12	8/16/2013	\$392.28		\$392.28
8/9/2013	12	8/16/2013	\$392.28	0	\$392.28
8/12/2013	12	8/28/2013	\$392.28	0	\$392.28
8/13/2013	12	8/28/2013	\$392.28	00	\$392.28
8/14/2013	12	8/28/2013	\$392.28	0	\$392.28
8/15/2013	12	8/28/2013	\$392.28	0	\$392.28
8/19/2013	12	9/13/2013	\$392.28	00	\$392.28
8/20/2013	12	9/13/2013	\$392.28	0	\$392.28
8/21/2013	12	9/13/2013	\$392.28	0	\$392.28
8/22/2013	12	9/13/2013	\$392.28	0	\$392.28
8/29/2013	12	9/13/2013	\$392.28	0	\$392.28
8/30/2013	12	9/13/2013	\$392.28	0	\$392.28
8/31/2013	12	9/13/2013	\$392.28	0	\$392.28
9/1/2013	12	9/13/2013	\$392.28	0	\$392.28
9/5/2013	12	9/20/2013	\$392.28	0	\$392.28
9/6/2013	12	9/20/2013	\$392.28	0	\$392.28
9/7/2013	12	9/20/2013	\$392.28	0	\$392.28
9/8/2013	12	9/20/2013	\$392.28	0	\$392.28
9/12/2013	12	9/20/2013	\$392.28	0	\$392.28
9/13/2013	12	9/20/2013	\$392.28	0	\$392.28
9/14/2013	12	9/20/2013	\$392.28	0	\$392.28
9/15/2013	12	9/20/2013	\$392.28	0	\$392.28

\$21,477.33

Dated this 4th day of December, 2014.

ROSE SLATTERY

Investigator

Medicaid Fraud Control Unit Wisconsin Department of Justice

Subscribed and sworn to before me and approved for filing this 4 day of December, 2014 My commission is permanent.

THOMAS L. STORM

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