

Department of Law, Criminal Division 310 K Street Suite 601, Anchorage, AK 99501 Phone: (907) 269-6250 Fax: (907) 269-7939

1	Count V - AS 47.05.210(a)(7) Medical Assistance Fraud
2	Kristen E Nilsson - 005
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4	THE ATTORNEY GENERAL CHARGES:
5	COUNT I:
6	That between June 2014 and November 2015, in the Third Judicial District, State
7	of Alaska, Kristen E. Nilsson did commit the crime of medical assistance fraud by
8	knowingly failing to complete and maintain adequate documentation regarding her care
9	coordination contact reports for services purportedly provided to a Medicaid recipient,
10	A.E., as required by regulations promulgated pursuant to AS 47.07 or AS 47.08.
11	All of which is a class B misdemeanor offense being contrary to and in violation
12	of 47.05.210(a)(7) and against the peace and dignity of the State of Alaska.
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14	COUNT II:
15	That between June 2015 and November 2015, in the Third Judicial District, State
16	of Alaska, Kristen E. Nilsson did commit the crime of medical assistance fraud by
17	knowingly failing to complete and maintain adequate documentation regarding her care
18	coordination contact reports for services purportedly provided to a Medicaid recipient,
19	B.B., as required by regulations promulgated pursuant to AS 47.07 or AS 47.08.
20	All of which is a class B misdemeanor offense being contrary to and in violation
20	of 47.05.210(a)(7) and against the peace and dignity of the State of Alaska.
22	COUNT III:
23	That between May 2013 and September 2014, in the Third Judicial District,
24	State of Alaska, Kristen E. Nilsson did commit the crime of medical assistance fraud by
25	knowingly failing to complete and maintain adequate documentation regarding her care
26	coordination contact reports for services purportedly provided to a Medicaid recipient,
27	W.D., as required by regulations promulgated pursuant to AS 47.07 or AS 47.08.

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All of which is a class B misdemeanor offense being contrary to and in violation of 47.05.210(a)(7) and against the peace and dignity of the State of Alaska.

COUNT IV:

That between February 2015 and December 2015, in the Third Judicial District, State of Alaska, Kristen E. Nilsson did commit the crime of medical assistance fraud by knowingly failing to complete and maintain adequate documentation regarding her care coordination contact reports for services purportedly provided to a Medicaid recipient, A.L., as required by regulations promulgated pursuant to AS 47.07 or AS 47.08.

9 All of which is a class B misdemeanor offense being contrary to and in violation
10 of 47.05.210(a)(7) and against the peace and dignity of the State of Alaska.

COUNT V:

That between June 2015 and September 2015, in the Third Judicial District, State of Alaska, Kristen E. Nilsson did commit the crime of medical assistance fraud by knowingly failing to complete and maintain adequate documentation regarding her care coordination contact reports for services purportedly provided to a Medicaid recipient, K.T., as required by regulations promulgated pursuant to AS 47.07 or AS 47.08.

All of which is a class B misdemeanor offense being contrary to and in violation of 47.05.210(a)(7) and against the peace and dignity of the State of Alaska.

The undersigned swears under oath this Information is based upon a review of DHSS investigative reports submitted to date.

Kristen Nilsson, acting as a sole proprietor, began operating Assisting Alaskans
Care Coordination agency in April 2013. As part of her business, Nilsson provides
services to Medicaid recipients and seeks payment through the state administered
Medicaid program. In order to participate in the Medicaid program, Nilsson has
undergone training and received certification to provide care coordination services to
Medicaid recipients. As part of that certification process, Nilsson, on behalf of her

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agency, has agreed to comply with the laws and regulations that apply to care coordinators that participate in the Medicaid program and bill Medicaid for their services. Several such regulation requirements, as enacted pursuant to AS 47.07 or AS 47.08, require specific documentation to be maintained by a care coordination provider in order to ensure the integrity of the services being provided.

Once a person has been enrolled as a care coordinator, the regulations, as set 6 forth in 7 AAC 130.240 (b), prohibits Medicaid-based payments to a care coordinator 7 that fails to maintain "contact with the recipient or the recipient's representative in a 8 manner and with a frequency appropriate to the needs and the communication abilities of 9 the recipient, but at a minimum makes two contacts each month with the recipient or the 10 recipient's representative; one of the two contacts must be an in-person visit with the recipient." Additionally, after each of those visits, the care coordinator is required to 11 "complete and retain, as documentation of each visit, a recipient contact report in 12 accordance with the department's Care Coordination Conditions of Participation," which 13 includes collecting a signature by the recipient or another witness for the in-person visit 14 that occurs. A certified care coordinator is required to produce the documentation 15 described above upon request for auditing purposes. As part of the initial process with a 16 care coordinator taking on a new client that is a Medicaid recipient, the care coordinator 17 enters into a written agreement with the recipient to provide these services. 18

When providing services to a Medicaid recipient, a care coordinator is required 19 by 7 AAC 105.230(a) to "maintain accurate financial, clinical, and other records 20 necessary to support the services for which the provider requests payment. The provider 21 shall ensure that the provider's staff, billing agent, or other entity responsible for the 22 maintenance of the provider's financial, clinical, and other records meets the requirements 23 of this section." Included among the documentation a care coordinator is required to 24 maintain are the documents that would support the services being provided to a recipient that would permit the disbursements of payments pursuant to 7 AAC 130.240. The care 25 coordinator provider is not only required to maintain records of the treatment that was 26 provided to the recipient, but they are also required to maintain documentation regarding 27

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In January 2014, the Department of Health and Social Services (DHSS) received numerous complaints that Ms. Nilsson, d/b/a Assisting Alaskans Care Coordination, was not fulfilling her obligations as a care coordinator. Based on the complaints, DHSS conducted an investigation into Ms. Nilsson's practices and compliance with the necessary regulations. The investigation was conducted by Investigator Theresa Rosso from the Division of Senior and Disabilities Services.

9 Inv. Rosso's investigation revealed that there were at least six Medicaid 10 recipients who were receiving care coordination services from Ms. Nilsson during the timeframe of May 2013 through November 2015 where Ms. Nilsson received payments 11 for her services but she was unable to produce adequate documentation when requested 12 for those services. When interviewed, Ms. Nilsson admitted that her record keeping and 13 documentation as required by law and regulations was inadequate regarding several 14 recipients. Ms. Nilsson stated that she was having a hard time keeping up with the 15 necessary documentation and she often got behind on her reports and would attempt to 16 use her calendar to catch up with the required reports. 17

For one recipient, E.A., Ms. Nilsson billed Medicaid for purported care 18 coordination services from June 2014 through November 2015. During that 18 month 19 period, there should have been a minimum of 36 documented contacts with the recipient, 20 with a minimum of at least 18 in-person visits. E.A.'s guardian reported that Ms. Nilsson 21 did meet with the recipient on a regular basis during this period, but Ms. Nilsson did not 22 have adequate documentation to support the meetings. Also, the recipient's guardian 23 indicated in her interview in early 2016 that Ms. Nilsson inexplicably completely stopped 24 meeting with E.A. altogether in November 2015 and they have not seen her or spoken to her for several months. 25

For another recipient, B.B., Ms. Nilsson billed Medicaid for purported care
coordination services from June 2015 through November 2015. During that 6 month

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period, Ms. Nilsson only performed two in-person visits and when the necessary documentation was requested for the other contacts, Ms. Nilsson was unable to provide any documentation for any contacts with B.B.

For recipient W.D., Ms. Nilsson billed Medicaid for purported care coordination services from May 2013 through September 2014. During that 17 month period, Inv. Rosso could only verify less than 6 in-person visits. When the documentation was requested for the services that were provided to W.D., Ms. Nilsson was unable to provide the necessary documentation relating to 13 billings that occurred for services allegedly performed for W.D. Also, the documentation that was provided for the other contacts was inadequate in that it generally did not have the recipient's signature or the signature of another witness and the notations were cursory in nature.

For recipient A.L., Ms. Nilsson billed Medicaid for purported care coordination services from February 2015 through December 2015. A.L.'s guardian indicated that there was a maximum of only 6 in-person visits during that 10 month period, but that Ms. 13 Nilsson did make regular phone contact. The recipient's guardian was experiencing 14 problems because the actual care provider was not being paid for their services, and when the guardian inquired as to what was causing the problem, she was informed that Ms. 16 Nilsson was not submitting the necessary reports, which was impacting the services being provided to A.L. When requested, Ms. Nilsson was unable to provide appropriate documentation regarding her contacts with A.L. during this time frame. 19

Finally, for recipient K.T., Ms. Nilsson billed Medicaid for purported care 20 coordination services from June 2015 through September 2015. There, the recipient's 21 guardian received a disenrollment letter and when she inquired as to the issue, she was 22 informed that Ms. Nilsson had not been providing the agency with the necessary 23 documentation. K.T.'s guardian was required to get a new care coordinator in order to 24 avoid losing K.T.'s enrollment. The investigator was only able to confirm 2 in-person visits with K.T. during the 4 month period. Again, Ms. Nilsson was unable to provide 25 adequate documentation for the services allegedly provided to K.T. during this time 26 frame. 27

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For each of the recipients described above, Ms. Nilsson submitted billing to the state for Medicaid-based payments. Ms. Nilsson was paid by the department, but when several complaints were received, the department performed an audit on Ms. Nilsson's services and requested the necessary supporting documentation for the services provided. Ms. Nilsson was unable to provide the documentation that she was required to maintain, so the case was referred to the Medicaid Fraud Control Unit for further review.

BAIL INFORMATION

The defendant has no prior criminal convictions.

Dated at Anchorage, Alaska, this <u>day of November</u>, 2016.

JAHNA LINDEMUTH ATTORNEY GENERAL

By:

Paul J. Miovas Assistant District Attorney Alaska Bar No. 0808051

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