SUMMONS - CIVIL

JD-CV-1 Rev. 2-13
C.G.S. §§ 51-346, 51-347, 51-349, 51-350, 52-45a, 52-48, 52-259, P.B. Secs. 3-1 through 3-21, 8-1

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

See page 2 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	July (Month) 15 (Day), 2014 (Year)
☒ Judicial District ☐ Housing Session ☐ 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)*	Juris number *(to be entered by attorney only)*
Robert B. Teitelman, Assistant Attorney General, 55 Elm Street, Hartford, CT 06106	085053
Telephone number *(with area code)* (860) 808-5040	Signature of Plaintiff *(If self-represented)*

Number of Plaintiffs: 1 | Number of Defendants: 6 | ☒ 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: BETSER, GEORGY a/k/a GARY BETSER Address: 12 Longview Avenue, Stamford, CT 06905	D-01
Additional Defendant	Name: ADVANCED DENTAL OFFICE AND LABORATORY, G. BETSER, D.D.S., LLC Address: 1250 Summer Street, Suite 302, Stamford, CT 06905	D-02
Additional Defendant	Name: DENTAL LABORATORY ADVANCED MANAGEMENT AND BILLING, LLC Address: 1250 Summer Street, Suite 302, Stamford, CT 06905	D-03
Additional Defendant	Name: MOBILE MANAGEMENT & BILLING OF USA, LLC Address: 1250 Summer Street, Suite 302, Stamford, CT 06905	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)*		Name of Person Signing at Left	Date signed
Robert B. Teitelman	☒ Commissioner of the Superior Court ☐ Assistant Clerk	Robert B. Teitelman, AAG	06/09/2014

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

Name and address of person recognized to prosecute in the amount of $250
N/A - action by the State of Connecticut

Signed *(Official taking recognizance; "X" proper box)*		Date	Docket Number
Robert B. Teitelman	☒ Commissioner of the Superior Court ☐ Assistant Clerk	06/09/2014	

CIVIL SUMMONS
CONTINUATION OF PARTIES
JD-CV-2 Rev. 9-12

STATE OF CONNECTICUT
SUPERIOR COURT

First named Plaintiff *(Last, First, Middle Initial)*
STATE OF CONNECTICUT

First named Defendant *(Last, First, Middle Initial)*
BETSER, GEORGY a/k/a GARY BETSER

Additional Plaintiffs

Name *(Last, First, Middle Initial, if individual)*	Address *(Number, Street, Town and Zip Code)*	CODE
		03
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Additional Defendants

Name *(Last, First, Middle Initial, if individual)*	Address *(Number, Street, Town and Zip Code)*	CODE
BETSER, IRINA	**12 Longview Avenue, Stamford, CT 06905**	05
DAVITI, NODARI a/k/a NODARI DAVITIASHVILI	**3902 Sedgwick Ave., Bronx, NY 10463**	06
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FOR COURT USE ONLY - File Date

Docket number

RETURN DATE: JULY 15, 2014

STATE OF CONNECTICUT, Plaintiff,	: SUPERIOR COURT
v.	: JUDICIAL DISTRICT OF HARTFORD
GEORGY BETSER A/K/A GARY BETSER, ADVANCED DENTAL OFFICE AND LABORATORY, G. BETSER, D.D.S., LLC, DENTAL LABORATORY ADVANCED MANAGEMENT AND BILLING, LLC, MOBILE MANAGEMENT & BILLING OF USA, LLC, IRINA BETSER, AND NODARI DAVITI A/K/A NODARI DAVITIASHVILI. Defendants	: JUNE 9, 2014

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 needy 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. §§17b-301a — 17b-301p.

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. §17b-301c.

3. Defendant GEORGY BETSER A/K/A GARY BETSER (hereinafter "GEORGY BETSER") is a resident of Stamford, Connecticut. GEORGY BETSER transacted business in the State of Connecticut, including in the manner set forth in this Complaint.

4. Defendant ADVANCED DENTAL OFFICE AND LABORATORY, G. BETSER, D.D.S., LLC (hereinafter "ADVANCED DENTAL") is a Connecticut limited liability company.

5. On information and belief, GEORGY BETSER was the managing member and officer, and an owner, of ADVANCED DENTAL. GEORGY BETSER exercised management authority and control over the operations of ADVANCED DENTAL.

6. Defendants GEORGY BETSER and ADVANCED DENTAL were enrolled as providers of dental services in the CMAP as follows: (1) Defendant GEORGY BETSER was enrolled from on or about April 7, 2006 through September 2009; and (2) Defendant ADVANCED DENTAL was enrolled from on or about April 21, 2009 through the present.

7. Defendant IRINA BETSER is a resident of Stamford, Connecticut. IRINA BETSER transacted business in the State of Connecticut, including in the manner set forth in this Complaint. IRINA BETSER is the wife of GEORGY BETSER.

8. Defendant DENTAL LABORATORY ADVANCED MANAGEMENT AND BILLING, LLC (hereinafter "DENTAL LABORATORY BILLING"), is a Connecticut limited liability company.

9. On information and belief, Defendant IRINA BETSER was the managing member and officer, and an owner, of DENTAL LABORATORY BILLING. IRINA BETSER exercised management authority and control over the operations of DENTAL LABORATORY BILLING.

10. Defendant MOBILE MANAGEMENT & BILLING OF USA, LLC (hereinafter "MOBILE MANAGEMENT BILLING"), is a Connecticut limited liability company.

11. On information and belief, Defendant IRINA BETSER was the managing member and officer, and an owner, of MOBILE MANAGEMENT BILLING. IRINA BETSER exercised management authority and control over the operations of MOBILE MANAGEMENT BILLING.

12. On information and belief, Defendant IRINA BETSER directed all day-to-day activities of Defendants DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, including receiving directly from Defendants GEORGY BETSER and NODARI DAVITI charts and records of dental services performed by them, discussing the services with Defendants GEORGY BETSER and NODARI DAVITI, and submitting claims for payment or reimbursement for said dental services.

13. Defendant NODARI DAVITI A/K/A NODARI DAVITIASHVILI (hereinafter "NODARI DAVITI" or "DAVITI") is a resident of Bronx, New York. DAVITI transacted business in the State of Connecticut, including in the manner set forth in this Complaint.

14. The terms "Defendants" or "Defendants GEORGY BETSER, ADVANCED DENTAL, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING, IRINA BETSER and NODARI DAVITI" where used below means Defendants GEORGY BETSER, ADVANCED DENTAL, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING, IRINA BETSER and NODARI DAVITI, jointly and severally.

15. Defendants ADVANCED DENTAL, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, and each of them, transacted business in the State of Connecticut, including in the manner set in this Complaint. Any and all acts alleged herein to have been committed by Defendants ADVANCED DENTAL, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, were committed by officers, directors, members, employees or agents

who at all times acted on behalf of Defendants ADVANCED DENTAL, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, and within the scope of their employment.

II. LEGAL AND PUBLIC POLICY BACKGROUND

16. 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; (b) knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim; or (c) conspires to commit a false claims violation, is liable to the United States for relief including civil penalties and treble damages. 31 U.S.C. §3729(a)(1).

17. 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; (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; or (c) conspires to commit a false claims violation, is liable to the STATE OF CONNECTICUT for relief including civil penalties, treble damages, and the costs of investigation and prosecution of this action. Conn. Gen. Stat. §§17b-301b(a)(1) — (b)(a)(3) and 17b-301b(b).

18. 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. §17b-301a(1).

19. Medicaid is a joint federal-state program that provides health care benefits for certain groups, including the poor 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.

20. 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.

21. 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.

22. "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).

23. "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).

24. The DSS CMAP Provider Enrollment Agreement ("Provider 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."

25. "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).

26. To enroll in 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.

27. 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.

28. Potential providers of goods and services under the CMAP are required by federal and state law to make specific disclosures concerning the ownership and control of those businesses they are seeking to have enrolled in the CMAP program.

29. Federal law requires potential providers to disclose "[t]he name and address of each person with an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5 percent or more", and that the potential provider "submit the information to the Medicaid agency before entering into a contract or agreement to participate in the program." 42 CFR §§455.104(a)(1) & (b)(2). "Ownership interest" is defined to mean "the possession of equity in the capital, the stock, or the profits of the disclosing entity." 42 CFR §455.101. "Person with an ownership or control interest" means, in relevant part: "a person or corporation that – (a) has an ownership interest totaling 5 percent or more in a disclosing entity; (b) has an indirect ownership interest equal to 5

percent or more in a disclosing entity; (c) has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity..." 42 CFR §455.101.

30. Federal financial participation is not available for payments made to a provider that failed to disclose such ownership or control information. 42 CFR §455.104(d).

31. Connecticut state law contains provisions similar to the federal regulations. "Ownership or control interest" means, in relevant part: "A person or corporation that (A) Has an ownership interest totaling 5 percent or more in a disclosing entity; (B) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity; (C) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity; (D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity; (E) Is an officer or director of a disclosing entity that is organized as a corporation..." Regulations of Connecticut State Agencies §17-83k-1(b)(7).

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

32. The relevant time period for the facts and causes of action set forth below is for the time period including October 2009 through the present.

33. During this time period Defendant GEORGY BETSER was a licensed dentist holding Connecticut Department of Public Health dentist license #9571.

34. During this time period NODARI DAVITI was a licensed dentist holding Connecticut Department of Public Health dentist license # 10921.

35. Defendant GEORGY BETSER used Defendant ADVANCED DENTAL as the business entity through which he delivered dental services to CMAP recipients. Defendants GEORGY

BETSER, ADVANCED DENTAL, IRINA BETSER, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, billed for and received payment from the DSS for claims for dental services provided by Defendants GEORGY BETSER and/or ADVANCED DENTAL.

36. Defendants NODARI DAVITI, IRINA BETSER, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING, billed for and received payment for claims from the DSS for dental services provided by Defendant NODARI DAVITI to CMAP recipients.

37. Defendants IRINA BETSER, DENTAL LABORATORY BILLING and MOBILE MANAGEMENT BILLING were responsible for all claims submission and billing to the DSS for dental services provided by Defendants GEORGY BETSER, ADVANCED DENTAL and NODARI DAVITI to CMAP recipients.

38. During the relevant time period Defendants GEORGY BETSER, ADVANCED DENTAL, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING, IRINA BETSER and NODARI DAVITI submitted claims for reimbursement to the DSS and received payment for approximately $5,000,000.00 for dental services allegedly provided to CMAP program recipients by Defendants GEORGY BETSER and ADVANCED DENTAL.

39. Defendants GEORGY BETSER and ADVANCED DENTAL provided dental services to dental patients throughout the State of Connecticut who are CMAP recipients. These patients were typically residents at long term care facilities in Connecticut. The patients were purportedly examined and all dental services were allegedly performed at the various long term care facility locations.

40. On or about February 14, 2013, the DSS temporarily suspended reimbursements under the CMAP (including Medicaid) to Defendants GEORGY BETSER and ADVANCED DENTAL, pursuant to 42 CFR §455.23, which requires the DSS to suspend Medicaid payments after the

DSS determines that there is a pending investigation concerning a credible allegation of fraud. Defendants GEORGY BETSER and ADVANCED DENTAL continued to provide dental services to CMAP recipients subsequent to said temporary payment suspension.

41. During the time period between March 2013 and July 2013 Defendant DAVITI applied for and obtained provider enrollment in the CMAP with the DSS. Defendant DAVITI did not disclose to the DSS in any way his relationship with Defendants GEORGY BETSER and ADVANCED DENTAL either in his enrollment application or otherwise.

42. At some point following the DSS temporarily suspending payments to Defendants GEORGY BETSER and ADVANCED DENTAL an arrangement was entered into between Defendants GEORGY BETSER and ADVANCED DENTAL and Defendant NODARI DAVITI under which DAVITI would assist Defendants GEORGY BETSER and ADVANCED DENTAL in providing dental services to certain CMAP recipients previously serviced by Defendants GEORGY BETSER and ADVANCED DENTAL. The arrangement commenced no later than the point in July 2013 when Defendant DAVITI obtained a provider agreement from the DSS and continued through September 2013. During the period between September 2013 and November 2013 Daviti entered into further contracts (1) with Defendants GEORGY BETSER and ADVANCED DENTAL describing the terms of Defendant DAVITI'S access to patients, and (2) with Defendants IRINA BETSER, DENTAL LABORATORY BILLING, and MOBILE MANAGEMENT BILLING for services associated with submitting claims and receiving payment. These arrangements included Defendant DAVITI submitting claims under DAVITI'S provider agreement with the DSS to ensure that the claims would in fact be paid, and DAVITI providing some compensation to Defendants GEORGY BETSER and ADVANCED DENTAL in exchange for being able to provide services to the CMAP recipients. For all intents and purposes Defendants GEORGY BETSER and ADVANCED DENTAL retained an

"ownership or control interest" in Defendant DAVITI'S practice, as those terms are defined in 42 CFR §§455.101, 104(a)(1) & (b)(2) and Regulations of Connecticut State Agencies §17-83k-1(b)(7), through controlling DAVITI'S access to CMAP recipients in Connecticut long-term care facilities and receiving compensation therefore. Further, this financial arrangement effectively enabled Defendants GEORGY BETSER and ADVANCED DENTAL to partially circumvent the temporary payment suspension that the DSS imposed pursuant to 42 CFR §455.23.

43. In the course of providing dental services to CMAP recipients throughout the State of Connecticut, Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER submitted false or fraudulent claims to the DSS for patients residing at numerous long term care facilities. The false and fraudulent claims include claims for: (a) dentures that were unusable and/or not medically necessary, (b) services that were not rendered, and (c) medically unnecessary services.

44. Many of the dental services billed to CMAP by Defendants GEORGY BETSER and ADVANCED DENTAL were associated with dentures. Defendants GEORGY BETSER and ADVANCED DENTAL engaged in a long-term pattern and practice of providing dentures to CMAP recipients without taking proper impressions to ensure that the dentures fit properly in the patients' mouths. Instead of taking proper impressions, Defendant GEORGY BETSER carried with him three denture molds or impressions and merely looked in a patient's mouth to determine whether the patient needed "small", "medium" or "large" dentures. This practice effectively rendered the dentures unusable for any of the patients as they were not in the first instance made from proper impressions, let alone fitted correctly to the patient. Further, Defendant GEORGY BETSER failed to deliver the dentures in usable condition. Rather than delivering dentures packaged in water, as

per proper protocol, Defendant GEORGY BETSER delivered them in plastic bags, which resulted in the dentures being distorted and dried out, rendering them unusable for the patients.

45. Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING, and IRINA BETSER have billed for and received payment from the CMAP for dental services which were never provided. This conduct includes a long-term pattern and practice of the following:

(a) Billing and receiving payment for full and/or partial dentures which were never delivered;

(b) Billing and receiving payment for dentures that were never provided to the patients, not medically necessary and/or did not need adjustment;

(c) Billing and receiving payment for delivering dentures that were never properly fit to the patient and/or were unusable; and

(d) Billing and receiving payment for filling cavities that were in fact never filled.

46. Further, Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER submitted bills 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 full dentures where patient charts show teeth in patients' mouths;

(b) Billing and receiving payment for filling cavities and/or other repairs to teeth at the same time that full dentures were ordered;

(c) Billing and receiving payment for root canals and crowns on the same date of service as billing for and receiving payment for filling cavities on the same teeth;

(d) Billing and receiving payment for partial dentures for the same teeth for which cavities were filled;

(e) Billing and receiving payment for dentures that could not be worn since patient still had root tips in mouth; and

(f) 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. §17b-301 *et seq.*)
PRESENTATION OF FALSE OR FRAUDULENT CLAIMS

47. The allegations of ¶¶1 — 46 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.

48. The provisions of Conn. Gen. Stat. §17b-301b(1) prohibit the knowing presentation of false or fraudulent claims for payment or approval under a medical assistance program administered by DSS.

49. Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER knowingly engaged in conduct that would, and did, result in a long-term pattern and practice of submission of claims to the CMAP including: (a) claims for services not rendered; (b) claims for medically unnecessary services; (c) claims for services that were different from the services actually performed; and (d) claims for dentures and/or other dental devices that were not suitable for use and/or were not properly fitted for the use of the patients.

50. Accordingly, GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER 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. §17b-301 *et seq.*)
FALSE RECORDS OR STATEMENTS

51. The allegations of ¶¶1 — 46 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.

52. The provisions of Conn. Gen. Stat. §17b-301b(2) prohibit the knowing use of false records or statements material to false or fraudulent claims under a medical assistance program administered by DSS.

53. 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.

54. The business practices of Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER 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; (c) claims for services that were different from the services actually performed; and (d) claims for dentures and/or other dental devices that were not suitable for use and/or were not properly fitted for the use of the patients.

55. The false records or false statements made by Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and/or IRINA BETSER 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 Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER submitted to the CMAP.

56. Accordingly, Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER knowingly used false records or statements material to false or fraudulent claims under a medical assistance program administered by the DSS.

COUNT 3
Connecticut State False Claims Act
(Conn. Gen. Stat. §17b-301 *et seq.*)
CONSPIRACY

57. The allegations of ¶¶1 — 56 of this Complaint are incorporated herein as allegations of Count 3 as if fully set forth herein. The STATE OF CONNECTICUT further alleges as follows.

58. The provisions of Conn. Gen. Stat. §17b-301b(3) prohibit conspiring to commit false claims violations.

59. Defendants GEORGY BETSER, ADVANCED DENTAL, NODARI DAVITI, DENTAL LABORATORY BILLING, MOBILE MANAGEMENT BILLING and IRINA BETSER have conspired with each other to commit false claims violations, in the manner pleaded above.

V. PRAYER FOR RELIEF

WHEREFORE, pursuant to Conn. Gen. Stat. §§17b-301b(b) and 17b-301c, the STATE OF CONNECTICUT requests the following relief as to each of the defendants, jointly and severally:

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. §17b-301b(a);

2. Three times the amount of damages that the STATE OF CONNECTICUT sustained because of the acts of the Defendants, jointly and severally;

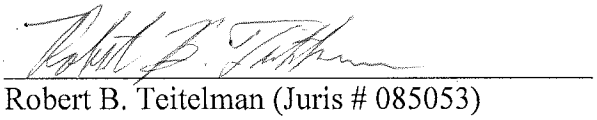
3. Costs of investigation and prosecution of this action;

4. Such other relief as is just and equitable to effectuate the purposes of this action.

Dated at Hartford, Connecticut, this 9th day of June, 2014.

PLAINTIFF
STATE OF CONNECTICUT

BY: GEORGE JEPSEN
ATTORNEY GENERAL



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