7/28/2021 2:00 PM Steven D. Grierson **CLERK OF THE COURT** 1 INFM AARON D. FORD 2 Attorney General Steven Sidhu (Bar. No. 7516) 3 Senior Deputy Attorney General State of Nevada Office of the Attorney General 4 5175 South Durango Drive Las Vegas, NV 89113 5 (702) 486-3420 (phone) 6 (702) 486-0460 (fax) SSidhu@ag.nv.gov 7 Attorneys for State of Nevada (I.A. 08/04/2021, 10:00 A.M.) 8 DISTRICT COURT 9 CLARK COUNTY, STATE OF NEVADA 10 THE STATE OF NEVADA. 11 Case No. C21-357741-1 Plaintiff. 12 Dept. No. I 13 vs. 14 PHENOMENAL ANGELS, LLC, Defendant. 15 **INFORMATION** 16 The State of Nevada, by and through legal counsel, AARON D. FORD, Nevada 17 Attorney General, and STEVEN SIDHU, Senior Deputy Attorney General, informs this 18 Honorable Court PHENOMENAL ANGELS, LLC ("PHENOMENAL"), a Nevada limited 19 liability company, the Defendant above named, has committed the offenses of: 20 SUBMITTING FALSE CLAIMS: MEDICAID FRAUD, a category D felony violation of 21 NRS 422.540(1)(a) and NRS 422.540(2)(a), one (1) count; **OBTAINING AND USING THE** 22 PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR 23 **UNLAWFUL PURPOSES**, a category B felony violation of NRS 205.463(1) and NRS 24 205.463(3), one (1) count; and INTENTIONAL FAILURE TO MAINTAIN ADEQUATE 25 **RECORDS**, a gross misdemeanor violation of NRS 422.570, one (1) count, as follows: 26 111 27

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COUNT I

SUBMITTING FALSE CLAIMS: MEDICAID FRAUD [NRS 422.540(1)(a) and NRS 422.540(2)(a), Felony, Category D]

Defendant, through a scheme or continuous course of conduct, with intent to defraud, knowingly and intentionally made false claims or caused false claims to be made for payment from Medicaid, in an aggregate amount greater than or equal to \$650:

From about January 1, 2017 through June 30, 2018, in Clark County, Nevada, Defendant submitted claims to Medicaid asserting that specific services or quantities of services were provided to the Medicaid recipients by Defendant's employees and requested reimbursement for provision of services. Defendant knew that such services were not actually provided by Defendant's employees as those employees had not provided these services. The Medicaid recipients did not receive the specific services or quantities of services that Defendant claimed were delivered to the Medicaid recipients.

Defendant did in fact make false claims to Medicaid, resulting in payment from Medicaid in an amount greater than or equal to \$650.

COUNT II

OBTAINING AND USING THE PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSES [NRS 205.463(1) and 205.463(3), Felony, Category B]

Defendant, through a scheme or continuous course of conduct, without lawful authority, knowingly obtained property of another person by a material misrepresentation with the intent to deprive the person of the property, to wit:

Defendant did knowingly obtain personal identifying information of another person, to wit: a name and/or Medicaid account number, and with the intent to commit an unlawful act, used the personal identifying information for an unlawful purpose, including, without limitation, to obtain credit, a good, a service or anything of value in the name of that other person. Furthermore, Defendant did so by causing another person to suffer a financial loss or injury of \$3,000 or more as a result of the violation, to wit:

Defendant submitted claims to Medicaid asserting that specific services or quantities of services were provided to the Medicaid recipients and requested reimbursement for provision of services. Defendant knew that such services were not actually provided.

Defendant used the personal identifying information in order to submit false Medicaid claims and obtain payment by these material misrepresentations. Defendant obtained payment through communication of these material misrepresentations in excess of \$3,000.

INTENTIONAL FAILURE TO MAINTAIN ADEQUATE RECORDS [NRS 422.570(1), Gross Misdemeanor]

Defendant, upon submitting a claim for or upon receiving payment for goods or services pursuant to Medicaid, intentionally failed to maintain such records, for at least 5 years after the date on which payment was received, as are necessary to disclose fully the nature of the goods or services for which the claims were submitted or payment received, to wit:

Defendant intentionally failed to maintain accurate documentation, including progress notes and service documentation, concerning the services or quantities of services actually provided by its healthcare professionals to the Medicaid recipients. Defendant knew these records were used as a basis for claims submitted for reimbursement from Medicaid. Defendant subsequently obtained payment for such claimed services.

All of which is contrary to form, force and effect of the statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Furthermore, complainant makes this declaration subject to the penalty of perjury.

DATED this 28th day of July, 2021.

AARON D. FORD Attorney General

By: /s/Steven Sidhu STEVEN SIDHU (Bar. No. 7516) Senior Deputy Attorney General