

Written by

Wednesday, 05 October 2011 20:03 - Last Updated Saturday, 21 April 2012 17:06

By JOSEPH G. LARIOS

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CHICAGO (*jGLi*) – A Filipino-American registered nurse, who owned several healthcare businesses in Los Angeles, California, was sentenced to serve 54 months in United States federal prisons after fraudulently billing Medi-Cal, a California state-administered program that pays for medical care and services, in the amount of more than \$17-million, by employing “unlicensed nurses as providing licensed nursing services.”

U.S. District Court Judge Renee Fisher in the Central District of California in Los Angeles sentenced Priscilla Baguisi Villabroza, 65, to prison terms after pleading guilty to five counts of “knowingly, willfully, and with intent to defraud healthcare benefit programs by means of false-and-fraudulent pretenses and representations and concealment of material facts in the

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delivery of and payment for healthcare benefits, items and services” in a conspiracy that benefited her in the amount of more than \$5-million.

Villabroza was ordered to pay restitution in the amount of \$5,110,849.00 to the victims and to pay the U.S. special assessment of \$500.

She was committed to prison last Sept. 16 and is expected to be released from the Federal Correctional Institution, a minimum-security facility for female offenders, in Victorville in Adelant
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July 6, 2015
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OWNER OF SEVERAL HEALTHCARE BUSINESSES

V illabroza owned several healthcare businesses in Los Angeles County, namely Medicare Plus Home Health Providers (Medicare Plus) in Santa Fe Springs
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California
, a Medi-Cal provider. Medicare Plus received payments from qualifying disabled patients; Excel

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Plus Home Health Services (Excel Plus), a nursing registry that allegedly provided nursing staff to home health companies, including Medicare Plus; and Unicare Health Professional (Unicare), "doing business as" for Villabroza that paid healthcare services for skilled and licensed nursing services.

Her restitution payment shall be due during the period of imprisonment at not less than \$25 per quarter. Any amount of the restitution that remains unpaid after release from custody will be paid at least in the amount of \$200 during her three years of supervised release.

If the defendant receives more than \$500 income tax refunds, lottery winnings, inheritance, judgments and any anticipated or unexpected financial gains, these monies will apply to outstanding court-ordered financial obligation.

Villabroza was ordered to pay "nominal restitution as defendant's economic circumstances do not allow for either immediate or future payment of the amount ordered."

A DNA sample was also collected from the defendant, who will be barred from employing in home healthcare industry that requires the submission of claims to an insurance company without prior approval of the Probation Officer and notification to such insurance companies or government agencies of her conviction.

MEDI-CAL A STATE-ADMINISTERED PROGRAM

Medi-Cal is a state-administered program that pays for essential medical cares and services for California's qualifying indigent, elderly, disabled and refugees. It receives funds from both state and federal governments. Medi-Cal patients were referred to as "beneficiaries." Doctors, home health agencies, and other persons or entities that rendered services and billed Medi-Cal were referred to as "providers."

Medi-Cal reimburses certain procedures and services by health providers like doctors, registered nurse, licensed vocational nurse (LVN) or other health care provider for the performed services.

As a supplemental benefit for certain qualifying beneficiaries, Medi-Cal would pay for medically necessary in-home services that included private duty nursing services from RN or LVN and Pediatric Day Healthcare.

According to the indictment submitted by U.S. Attorney Thomas P. O'Brien, it was beginning July 1, 2003 and up to Aug. 31, 2007, in Los Angeles, when Villabroza, together with and aided

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and abetted by others in the US, knowingly, willfully, and with intent to defraud health care benefit programs by means of false and fraudulent pretenses and representations and the concealment of material facts in the delivery of and payment for health care benefits, items and services.

She employed individuals who were not licensed LVNs, unlicensed nurses to treat Medi-Cal beneficiaries at home and at their schools knowing fully well that Medi-Cal required that the work be performed by licensed nurses. She paid the unlicensed nurses thru Unicare.

Villabroza conspired with others in billing Medi-Cal \$17,141,530.68 and were paid \$10,069,403.04.

From these payments, they were able to collect \$5,110,849.14 for medical services that were provided by unlicensed nurses for licensed nursing visits. # # #

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