

IN THE SUPERIOR COURT OF  
RICHMOND COUNTY

In the matter of:

THE STATE

VS.

CHRISTOPHER NORRIS

COUNT 1: MEDICAID FRAUD (O.C.G.A. §  
49-4-146.1(b)(1)(C))

COUNT 2: MEDICAID FRAUD (O.C.G.A. §  
49-4-146.1(b)(1)(C))


The Grand Jury for the March Term, 2025

has found and does hereby return this

True

Bill of Indictment.

This 13 day of May, 2025.

  
Grand Jury Foreperson

MARCH TERM, 2025

JUDGE:

ASHLEY WRIGHT

OTN: GJAW

INDICTMENT No. 2025 RCCR 562

CHRISTOPHER M. CARR,  
ATTORNEY GENERAL

JARED T. WILLIAMS,  
DISTRICT ATTORNEY

WITNESSES FOR THE STATE:

Nurse Inv. Georgana Cannon  
Office of the Attorney General  
Medicaid Fraud Division  
Georgia Department of Law  
200 Piedmont Avenue, SE  
19th Floor, West Tower  
Atlanta, Georgia, 30334

Henry A. Hibbert  
Senior Assistant Attorney General  
PROSECUTOR

HATTIE HOLMES SULLIVAN  
CLERK, RICHMOND CO., GA.

2025 MAY 13 PM 3:22

CLERK OF SUPERIOR COURT  
AND JUVENILE COURT  
FILED FOR RECORD

**INDICTMENT**  
**IN THE SUPERIOR COURT OF RICHMOND COUNTY**  
**STATE OF GEORGIA**

At all times material to the counts of the indictment, the crimes do not fall outside the period in which a prosecution against this defendant must be commenced because on March 14, 2020, the Georgia Supreme Court pursuant to O.C.G.A. § 38-3-61, declared a Statewide Judicial Emergency. Pursuant to O.C.G.A. § 38-3-62, during the period of the Statewide Judicial Emergency, Chief Justice Harold D. Melton suspended, tolled, extended, and otherwise granted relief from any deadlines or other time schedules or filing requirements imposed by otherwise applicable statutes, rules, regulations, or court orders, whether in civil or criminal cases, or administrative matters, including any statute of limitation. The Statewide Judicial Emergency was extended fifteen times with the Fifteenth Order expiring on June 30, 2021, at 11:59 p.m.

**THE GRAND JURORS**, selected chosen and sworn for the County of Richmond, to wit:



in the name and on behalf of the citizens of Georgia, charge and accuse

**CHRISTOPHER NORRIS**

with the offense of **MEDICAID FRAUD, a felony, in violation of O.C.G.A. § 49-4-146.1 (b) (1) (C)**, in that the said accused in the State and County aforesaid, on and about **January 1, 2019**, through on and about **April 23, 2023**, as specifically shown on **Exhibit A**, attached hereto and incorporated herein by reference, did unlawfully obtain, attempt to obtain, and retain for himself payments from Amerigroup, a managed care program reimbursed by the Georgia Medicaid program, to which the accused was not entitled and in amounts greater than that to which he was entitled, by engaging in a fraudulent scheme and device, to wit:

## **BACKGROUND**

1.

Georgia Medicaid, administered by the Georgia Department of Community Health, Division of Medical Assistance (DCH), was established to provide an array of health care services and benefits to those who, due to economic circumstances, could not otherwise afford such health care services and benefits.

2.

The Georgia Medicaid program contracts the administration of some of its medical assistance plan to private managed care organizations (CMOs). These organizations in turn facilitate the coverage, delivery of medical assistance, and payments for covered services rendered to beneficiaries. The CMOs are funded, in part, by Georgia Medicaid. All payments made by CMOs to providers includes Georgia Medicaid money. All references to Georgia Medicaid herein shall include its contracted CMOs.

3.

Individuals and entities reimbursed by Georgia Medicaid for covered services are known as "Providers."

4.

Individuals eligible for medical assistance benefits covered by Medicaid are commonly referred to as "Recipients" or "Beneficiaries."

5.

Prior to billing services reimbursable under the Medicaid program, providers must enroll with Georgia Medicaid, and as a part of the enrollment process providers agree to abide by the policies and procedures of Georgia Medicaid as promulgated by both DCH and the CMOs.

6.

Prior to enrolling with Georgia Medicaid, a provider must obtain a unique number which is used to identify the provider with all insurance plans, including Georgia Medicaid and its CMOs. This number is known as a National Provider Identifier (NPI) and is included on all claims requesting payment. Additionally, Georgia Medicaid assigns a unique member identification number to every recipient served by Georgia Medicaid.

7.

Providers bill for services by submitting electronic requests for payment, called "claims," to Georgia Medicaid. A claim must identify the beneficiary to whom services were rendered, the date(s) on which services were rendered, the specific services rendered, identified by a current procedural terminology code (CPT), and the identity of the provider rendering said services. Failure to submit accurate claims can result in the denial of payment.

8.

CHRISTOPHER NORRIS owned and operated G.R.A.Y.S GROUP, LLC and was a licensed professional counselor enrolled as a health care provider in the Georgia Medicaid program to

provide behavioral health services to Medicaid members under the age of twenty-one diagnosed with behavioral health conditions.

9.

Georgia Medicaid behavioral health providers may only submit claims for reimbursement for those beneficiaries who have been assessed and diagnosed with a mental health condition indicating a need for therapy and treatment by a licensed therapist. Such assessment and diagnosis must be in writing and maintained as part of the patient record.

10.

Georgia Medicaid providers must maintain written records which adequately document the services provided and justification for such services. Maintenance of written patient records is a requirement both for participation and payment, and failure to maintain appropriate records is a basis for denial of payment.

11.

Amerigroup was a CMO acting under the authority of the Georgia Department of Community Health. Pursuant to its agreement with the Georgia Department of Community Health, Amerigroup receives, processes, and pays claims submitted by health care providers for services provided to Medicaid beneficiaries.

12.

CareSource was a CMO acting under the authority of the Georgia Department of Community Health. Pursuant to its agreement with the Georgia Department of Community Health, CareSource receives, processes, and pays claims submitted by health care providers for services provided to Medicaid beneficiaries.

### **THE FRAUDULENT SCHEME**

13.

As part of his fraudulent scheme, CHRISTOPHER NORRIS submitted claims to Amerigroup for Behavioral Health Services purportedly provided to the Medicaid beneficiaries identified on **Exhibit A**. However, CHRISTOPHER NORRIS failed to maintain documentation of an assessment by a qualified individual to authorize any such services, and many of these beneficiaries had never received an assessment or behavioral health diagnosis.

14.

As part of his fraudulent scheme, CHRISTOPHER NORRIS kept no documentation of services rendered to the Medicaid beneficiaries identified on **Exhibit A** to justify the payment of claims as required of all providers by Georgia Medicaid, and many of the services billed were not provided.

15.

As part of his fraudulent scheme, CHRISTOPHER NORRIS used the identifying information of the Medicaid beneficiaries identified in the table below, including their unique recipient number,

despite providing no services to said individuals.

<i>Recipient Number</i>	<i>Beneficiary</i>
xxxx1954	B.B.
xxxx2946	J.C.

16.

As part of his fraudulent scheme, CHRISTOPHER NORRIS used an unlicensed person to meet with Medicaid beneficiaries and then billed those meetings ineligible for payment to Amerigroup as if they had been rendered by a licensed, enrolled counselor providing legitimate psychotherapy counseling services.

17.

As a result of defendant CHRISTOPHER NORRIS's fraudulent scheme and device, Amerigroup made payments as listed in **Exhibit A**, amounting to \$80,207.72 dollars, to CHRISTOPHER NORRIS for which he was not entitled and in amounts greater than that to which he was entitled,

contrary to the laws of said State, the peace, good order, and dignity thereof.

## COUNT 2

And the GRAND JURORS, aforesaid, in the name and on behalf of the citizens of Georgia, further charge and accuse

### CHRISTOPHER NORRIS

with the offense of **MEDICAID FRAUD, a felony, in violation of O.C.G.A. § 49-4-146.1 (b) (1) (C)**, in that the said accused in the State and County aforesaid, on and about **January 1, 2019**, through on and about **April 23, 2023**, as specifically shown on **Exhibit B**, attached hereto and incorporated herein by reference, did unlawfully obtain, attempt to obtain, and retain for themselves payments from CareSource, a managed care program reimbursed by the Georgia Medicaid program, to which the accused was not entitled and in amounts greater than that to which he was entitled, by engaging in a fraudulent scheme and device, to wit:

18.

Paragraphs 1 through 10, and paragraph 12, above, are incorporated by reference as if stated fully herein.

### THE FRAUDULENT SCHEME

19.

As part of his fraudulent scheme, CHRISTOPHER NORRIS submitted claims to CareSource for Behavioral Health Services purportedly provided to the Medicaid beneficiaries identified on **Exhibit B**. However, CHRISTOPHER NORRIS failed to maintain documentation of an assessment by a qualified individual to authorize any such services, and many of these beneficiaries had never received an assessment or behavioral health diagnosis.

20.

As part of his fraudulent scheme, CHRISTOPHER NORRIS kept no documentation of services rendered to the Medicaid beneficiaries identified on **Exhibit B** to justify the payment of claims as required of all providers by Georgia Medicaid, and many of the services billed were not provided.

21.

As part of his fraudulent scheme, CHRISTOPHER NORRIS used the identifying information of the Medicaid beneficiaries identified in the table below, including their unique recipient number, despite providing no services to said individuals.

<i>Recipient Number</i>	<i>Recipient</i>
xxxx4601	T.H.
xxxx1407	B.H.

22.

As part of his fraudulent scheme, CHRISTOPHER NORRIS used an unlicensed person to meet with Medicaid beneficiaries and then billed those meetings ineligible for payment to CareSource as if they had been rendered by a licensed, enrolled counselor providing legitimate psychotherapy counseling services.

23.

As a result of defendant CHRISTOPHER NORRIS's fraudulent scheme and device, CareSource made payments as listed in **Exhibit B**, amounting to \$175,269.71 dollars, to CHRISTOPHER NORRIS for which he was not entitled and in amounts greater than that to which he was entitled,

contrary to the laws of said State, the peace, good order, and dignity thereof.

**SPECIAL PRESENTMENT  
MARCH TERM, 2025**

**CHRISTOPHER M. CARR, ATTORNEY GENERAL  
JARED T. WILLIAMS, DISTRICT ATTORNEY**