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# MEDICAID FRAUD REPORT

November 2006

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### **Hidden Camera at New York Nursing Home Reveals Neglect**

Attorney General Eliot Spitzer announced on November 22 the arrest of nine employees of the Hollis Park Manor Nursing Home in Queens, where a hidden camera revealed evidence of widespread patient neglect and falsification of patient records. Among those arrested was a physician who served as the medical director of the nursing home, two licensed practical nurses and six nurses aides.

According to the complaints, a secret camera was installed in the room of a patient and it recorded care given to the patient over a five week period.

The camera revealed that the staff failed to provide required care for this patient as follows:

- To prevent contractures, this patient's physician ordered that the patient receive 30 minutes of range of motion therapy twice a day. The camera revealed that the patient consistently did not receive this therapy.
- To prevent the development of dangerous pressure sores or promote their healing, the patient was required to be turned and positioned every two hours and to receive incontinence care every two hours as well, but the camera revealed that the patient often went without this care.
- To ensure proper nutrition and hydration, the patient was supposed to receive total assistance while eating. The camera further revealed that the patient often failed to receive assistance in eating and often went without eating or drinking at all.
- To avoid seizures, combat pressure sores, prevent depression, reduce pain, and to maintain proper nutrition, the patient was required to receive a series of medications, including Tegretol, an anti-seizure medication, Celexa and Remeron, anti-depressants, Baclofen, a muscle relaxant and pain reducer, and a liquid protein nutrition supplement. The

camera revealed that the nurses charged often failed to administer these medications as prescribed.

The complaints further allege that in order to cover up their neglect, each of the defendants falsified the patient's care records to record that they had provided the required care that they had, in fact, not provided.

Dr. Howard Cohn, the former medical director of Hollis Park, is charged with two counts each of Endangering the Welfare of an Incompetent or Physically Disabled Person, Wilful Violation of Health Laws (Patient Neglect), both misdemeanors, and Falsification of Business Records in the First Degree, an E Felony carrying a maximum prison term of four years. According to the complaint, Cohn claimed to have examined the patient on two occasions, once to conduct a monthly physical exam and once to treat lung and abdomen problems. In fact, the videotapes demonstrated that he had entered the room of the patient on only one of the days and on that day all he did was peer at the patient without conducting an examination.

The remaining defendants, listed below, are each charged with one count each of Endangering the Welfare of an Incompetent or Physically Disabled Person and Wilful Violation of Health Laws (Patient Neglect) and multiple counts of Falsifying Business Records in the First Degree.

- Dollene Singh, CNA
- Earline Manning, CNA
- Marlene Polynice, LPN
- Shaunette Fainfare, LPM
- Marquise Altidor, CNA
- Jennifer Lyte, CNA
- Pauline Coles, CNA
- Terri L. Galloway, CNA

To date across the state, nine nursing home employees have been convicted based on evidence produced by hidden cameras and 19 others, including the nine arrested in this case are facing charges. In addition, one nursing home has been criminally charged and another has been sued. The investigation at Hollis Park Manor is continuing.

For further information contact Cassandra Bethel, Chief of the Patient Protection Section (212) 417-5391.

## **CASES**

### **Adult Day Care Centers: South Carolina**

Attorney General Henry McMaster announced that Roxie Z. Amburn, Assistant Director of Piedmont Adult Day Care Center, Spartanburg, South Carolina, was convicted on November 1 of

one count of Filing False Claims. On or about February 11, 2005, Amburn caused a false claim to be filed with the South Carolina Medicaid Program for services that had not been provided.

Amburn was sentenced by the Honorable Ernest J. Kinard, Jr. to three years, suspended upon 90 days or payment of a \$200 fine (\$540, including costs) and was ordered to pay restitution to the South Carolina Department of Health and Human Services in the amount of \$2,500 plus investigative costs.

For further information contact Assistant deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General T. Scott Beck, Chief Investigator Harry Bracy, or Special Investigator Kyle Mitchum (803) 734-3660.

**Dentists: Florida**

Attorney General Charlie Crist announced on November 2 that Lorenzo Puentes, a dentist and Francisco Torres, the owner of the dental clinic where both men worked, were arrested for their involvement in a scheme that defrauded the Medicaid program out of more than \$20,000.

The Medicaid Fraud Control Unit launched an investigation last October into allegations that an unlicensed dentist was performing dental work on patients. Orlando Sotolongo was arrested in March for posing as dentist Lorenzo Puentes. Sotolongo worked with Puentes at Puentes Dental Services, a Miami clinic managed by Torres. The investigation, which continued after Sotolongo's arrest, determined that both Puentes and Torres were aware that Sotolongo was not a licensed dentist but allowed him to continue treating patients, providing invasive dental services such as extractions and issuing prescriptions for antibiotics and painkillers. After Sotolongo treated the patients, Puentes would sign the patient chart as if he had provided the services himself.

Patient charts were used to submit claims to the Medicaid program, using Puentes' Medicaid provider number indicating he had actually treated the patients. Torres and Puentes received more than \$20,000 in fraudulent reimbursements from the Medicaid program.

For further information contact Rick Lober, Director (850) 414-3600.

**Dentists: Texas**

Attorney General Greg Abbott announced on November 29 that Dr. John Antle and his wife Gloria Antle were indicted by a grand jury on one count each of Medicaid Fraud. Dr. and Mrs. Antle operated Saratoga Dental in Corpus Christi, Texas. A record review by the MFCU's contract dentist found discrepancies in 95 of 98 medical records from Saratoga Dental. Three of the records were verified using a Saratoga Dental claims data report. For the time period between 2000 to present, Saratoga was paid \$634,010 by the Medicaid program.

For further information contact Rick Copeland, Director MFCU or Chief Investigator Jim Fossom (512) 371-4700.

**Drug Diversion: Texas**

Attorney General Abbott announced on November 1 that Rayne Torres pleaded guilty to forging controlled substance prescriptions. He was sentenced to deferred adjudication and fined. He was also ordered to pay restitution to Medicaid for \$4,848.19 for controlled substances that he and his wife Vanessa Torres diverted by forged prescriptions. Vanessa has already pled guilty. Additionally, he was ordered to pay \$497.24 in court costs. Rayne and Vanessa were investigated by MFCU, the Texas Department of Public Safety - Narcotics Division and the Vendor Drug Program Regional Pharmacist. The investigation involved prescription pads stolen from The Neurological Clinic and used to obtain controlled substances that were billed to Medicaid.

\* \* \* \*

Attorney General Abbott announced that on November 7 a grand jury indicted Licensed Vocational Nurse (LVN) Christopher Ferguson, on a 2nd degree felony count of Fraudulent Possession of a Controlled Substance/Prescription. Ferguson was alleged to have diverted pain medications from residents of Southwood Nursing Home.

\* \* \* \*

Attorney General Abbott announced on November 14 that Licensed Vocational Nurse (LVN) Suzanna Kate Smith was indicted by a grand jury. The indictment is based on an event where LVN Smith was found by facility staff to be in possession of two blister packs of Vicoden belonging to a deceased resident. When interviewed about the narcotics, LVN Smith admitted to taking the narcotics for her own personal use.

\* \* \* \*

Attorney General Abbott announced that on November 22 a grand jury indicted Registered Nurse (RN) Judith Ann Boyd on charges of Obtaining a Controlled Substance by Fraud, a second degree felony, as well as Tampering with a Governmental Record with the Intent to Defraud and Harm, a third degree felony. The charges are based on the results of an investigation by the MFCU which revealed that on October 8, 2005, RN Boyd falsified government required narcotics records while employed as a nursing supervisor at Red Oak Health and Rehabilitation Center. She did so for the purpose of diverting, for her own personal use, a blister pack containing thirty tablets of "Hydrocodone," a controlled substance, narcotic medication.

For further information on these cases contact Rick Copeland, Director or Chief Investigator Jim Fossom (512) 371-4700.

**Durable Medical Equipment: Ohio**

Attorney General Jim Petro announced on May 16 that Richard Carroll was indicted on one count of Medicaid Fraud, a felony of the third degree. On October 4 Carroll entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree. On November 21 Carroll was sentenced to five years of probation, ordered to pay restitution in the amount of \$369,555.44, and ordered to pay \$10,708.55 in investigative costs. Carroll, owner of Safe Transit, Inc, was responsible for transporting ambulatory clients, in violation of Medicaid regulations.

For further information contact Associate Assistant Attorney General Claude Nicholson (614) 466-0722.

**Home Health Care Aides: Arizona**

Attorney General Terry Goddard announced the sentencing of Mary Ann Dubla on November 28. Dubla was sentenced to three years probation and ordered to pay restitution to New Haven Support Services of \$4,626, \$5,967.61 to UCP of Central Arizona and \$4,805.12 to AHCCCS for a total of \$15,398.73. Dubla entered a plea agreement with the State of Arizona on October 25 pleading guilty to amended Count 13 of Criminal Possession of a Forgery Devise.

From January 21, 2001, through March 5, 2004, Mary Ann Dubla, aka Mary Hagey obtained payment for services that she never provided as a caregiver of habilitation respite services. Dubla worked through multiple agencies that would provide caregivers to Medicaid clients. Those clients might be autistic, or severely to moderately mentally retarded. She also provided respite services, as a relief measure to parents. It is alleged that the defendant submitted false claims with forged signatures for services that she never gave for a loss to the government of \$15,398.73.

For further information Steven Duplissis, Director (602) 542-3881.

**Home Health Care Aides: Ohio**

Attorney General Petro announced on August 15 that Schelena Braxton was indicted on one count of Medicaid Fraud, a felony of the fifth degree. On November 2 Braxton entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to ninety days in prison; suspended, three years of probation, and ordered to pay restitution in the amount of \$3,000, to be paid in monthly installments of \$100 during the probation period.

Braxton is the mother of a home health recipient. She had a kickback arrangement with the provider, who was also indicted and is awaiting trial.

For further information contact Senior Assistant Attorney General Constance Nearhood (614) 466-0722.

\* \* \* \*

Attorney General Petro announced on June 20 that Katie Herman was indicted on one count of Medicaid Fraud, a felony of the fifth degree. On November 13, Herman entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to ten days in prison; suspended, ordered to pay a fine of \$100, and to pay restitution in the amount of \$2,536.50. An independent provider, Herman submitted claims for multiple consumers for the exact same time period.

For further information contact Deputy Attorney General Jordan Finegold (614) 466-0722.

\* \* \* \*

Attorney General Petro announced on May 16 that Shawnette Jiminez was indicted on one count of Medicaid Fraud, a felony of the fourth degree. On November 14, Jiminez entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to 180 days in prison; suspended, two years probation, and ordered to pay restitution in the amount of \$5,052.

During a trip from September 25, 2005 to November 14, 2005, Jiminez, an independent provider, billed for services that were never provided. Jiminez did not accompany the recipient on the trip in question but billed as if she had.

\* \* \* \*

Attorney General Petro announced on August 15 that Karl Mertz was indicted on one count of Medicaid Fraud, a felony of the fifth degree. On November 30, Mertz entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree and was sentenced to five years probation, and ordered to pay restitution in the amount of \$7,800. Mertz, an independent provider, billed for services during a time period in which the recipient was admitted to a hospital.

For further information on both cases contact Senior Assistant Attorney General Constance Nearhood (614) 466-0722.

\* \* \* \*

Attorney General Petro announced on January 17 that Tenia White was indicted on one count of Medicaid Fraud, a felony of the fourth degree. On July 31 White entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree. On November 15 White was sentenced to ten months in prison; suspended, five years probation, ordered to pay court costs, and restitution in the amount of \$23,484.

White, an independent provider, billed for services not authorized. The complaint was made by a current provider who had billings returned as "exceeding maximum benefits for the consumer." White was not as an authorized provider, yet billed Medicaid for services.

For further information contact Associate Assistant Attorney General Claude Nicholson (614) 466-0722.

**Home Health Care Aides: South Carolina**

Attorney General McMaster announced that Meketa Hall, a PCA with All Caregivers, Inc., was convicted on November 1 of one count of Filing False Claims. On or about August 1, Hall caused a false claim to be filed with the South Carolina Medicaid Program for services that had not been provided.

Hall was sentenced by the Honorable Ernest J. Kinard, Jr. to three years suspended to two years probation. The defendant is required to pay the balance of her restitution (\$2,286.25) to All Caregivers, Inc. during the two years of probation plus court costs of \$128.75.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Teresa Shealy, or Special Investigator Kyle Mitchum (803) 734-3660.

**Home Health Care Aides: Vermont**

Attorney General William Sorrell announced on September 25 that Heather Bright pleaded guilty in Franklin District Court to two misdemeanor counts of financial exploitation of vulnerable adults. Bright admitted to submitting false time sheets for personal care services to two vulnerable adults even after she had discontinued being the provider of service for the vulnerable adults. Bright must make \$1,776 in restitution to Medicaid and received a one to two years suspended sentence with probation. Her probation conditions include successful completion of reparative probation and that she not work for vulnerable adults for four years. She may also face a sanction by the federal Office of the Inspector General regarding her employment in any Medicaid or Medicare program.

For further information contact Linda Purdy, Director (802) 241-4440.

**Medical Clinics: South Carolina**

Attorney General McMaster announced that James Kelvin Johnson, owner of We Care Enrichment Center, was convicted on November 1 of one count of Filing False Claims. On or about December 10, 2005, Johnson caused a false claim to be filed with the South Carolina Medicaid Program for services not provided.

Johnson was sentenced by the Honorable Ernest J. Kinard, Jr. to three years, suspended upon five years probation, ordered to pay restitution and investigative costs, court costs of \$128.75 and six months home detention. Restitution in the amount of \$30,212.61 is to be paid to the South Carolina Department of Health and Human Services.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General T. Scott Beck, Chief Investigator Harry Bracy, or Special Investigator Kyle Mitchum (803) 734-3660.

**Medical Transportation: Vermont**

Attorney General Sorrell announced on September 25 that Donna Morgan pleaded guilty to one felony count of Medicaid Fraud on September 21 in Vermont District Court. The conviction stemmed from Morgan submitting false claims under a Medicaid funded transportation service program, stating that she provided her family member, a Medicaid recipient, with transportation, when she in fact did not. The papers filed with the court stated the total amount stolen by Morgan through the filings of false claims is over \$10,000. Since the crimes occurred, Morgan has suffered severe health problems.

Morgan was sentenced to one to two years, all suspended on probation. Her probationary conditions include restitution of \$10,800 to Medicaid.

For further information contact Linda Purdy, Director (802) 241-4440.

**Nurses: New Jersey**

Attorney General Stuart Rabner announced that Frances M. Colon-Torres has been sentenced for using phony nursing licenses to obtain employment at a nursing home.

She was ordered by Superior Court Judge Stephen Bernstein in Essex County to serve two years probation, during which she is barred from working in the health care field, and to pay \$18,000 in fines and restitution. In addition, Colon Torres was ordered to attend mandatory psychological counseling. Colon Torres was sentenced following her November 13 guilty plea to two counts each of false government documents, theft by deception and uttering a forged document, all third degree crimes.

Colon Torres admitted that in August 2004, she submitted a false license to Premier Nursing Home to be hired as a licensed practical nurse. As an LPN, Colon Torres dispensed medication to patients. In May 2005, Colon Torres presented a false registered nurse license to Premier Nursing and was subsequently promoted. As an RN, Colon Torres did assessments of patients and took phone orders from doctors for medications, which only registered nurses are authorized to do. As a result of the fraud, she was paid more than \$37,500 for a job for which she was not qualified.

For further information contact Deputy Attorney General Yvette Gibbon (973) 599-5871.

**Nurses: South Carolina**

Attorney General McMaster announced that Elizabeth A. Cramer, a registered nurse with Palmetto Health Homecare, was convicted on November 28, 2006 of one count of Filing False Claims. On or about September 2, 2005, she filed a false claim with the South Carolina Medicaid Program for services that had not been provided.

Cramer was sentenced by the Honorable L. Casey Manning to three years and \$1,000, suspended upon three years probation and restitution of \$1,482 to Palmetto Health Homecare. Probation may be terminated upon full payment of restitution.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Scott Beck, Special Investigator Kyle Mitchum or Chief Investigator Harry Bracy (803) 734-3660.

**Nurses: Texas**

Attorney General Abbott announced on November 16 that a grand jury indicted Certified Nurse Aide (CNA) Judy Irene Houze on one count of Fraud/Use/Possession of Identifying Information (Identity Theft). The indictment was based on an allegation that Houze had exploited a nursing home resident by taking and using the resident's drivers license and Social Security information to obtain cell phones for her personal use.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossom (512) 371-4700.

**Patient Abuse: New York**

Attorney General Spitzer announced on September 7 that a certified nurse aide formerly employed at the Auburn Nursing Home has been charged with physically abusing an elderly and incompetent patient suffering from dementia.

Shanika N. Williams appeared before Judge Michael McKeon in the Auburn City Court and was charged with one count of Willful Violation of Health Laws and one count of Endangering the Welfare of an Incompetent or Physically Disabled Person arising from her care of a patient of the Auburn Nursing Home. The charges allege that she struck the patient on her face, producing a bruise near her mouth.

Williams had been working at the Auburn Nursing Home for about one month until she was terminated from employment on May 16, due to her alleged conduct.

For further information contact Special Assistant Attorneys General Norman S. Hatt (315) 423-1113.

**Patient Abuse: Ohio**

Attorney General Petro announced on September 9, 2005 that Jean St. Hilaire was indicted on one count of Patient Abuse, a felony of the fourth degree. On November 21, He entered a plea of guilty to one count of Patient Neglect, a misdemeanor of the second degree and was sentenced to three months in prison; suspended, ordered to pay a fine in the amount of \$300 and ordered to pay court costs.

St. Hilaire, an employee of Broadview Health Center became frustrated with a combative resident, and shoved him into a bed rail, causing a 1x2 cm laceration. St. Hilaire was terminated after an internal investigation.

For further information contact Senior Deputy Assistant General Keesha Mitchell (614) 466-0722.

**Patient Abuse: Texas**

Attorney General Abbott announced on November 14 that a grand jury indicted Christopher Lee Thompson on one charge of Aggravated Sexual Assault. The charge stems from an August 16 incident where he was discovered, by a staff member, laying on top of a resident in the resident's room at Mission Oaks Care Center, Sherman, Texas. Thompson was detained and subsequently gave an oral, video taped confession to detectives at the Sherman Police Department.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossom (512) 371-4700.

**Patient Neglect: New York**

Attorney General Spitzer announced on October 26 that the indictment and arraignment of the corporation that operates a nursing home on charges alleging patient neglect and falsifying medical records. The indictment was brought by the same grand jury that previously indicted employees of the home who were captured on surveillance cameras neglecting their patients.

The corporation, Highgate LTC Management LLC, the company that owns and operates the Northwoods Nursing Home, also has interests in five other facilities in upstate New York. It has now been charged with six counts of Wilful Violation of Health Laws and three counts of Falsifying Business Records in the Second Degree.

The charges against Highgate LTC Management LLC arise from an undercover investigation by the Medicaid Fraud Control Unit during which Unit investigators installed a hidden video camera in the room of a comatose patient.

According to the charges filed in this case and in the cases against Highgate's employees, this video surveillance showed numerous instances in which Highgate employees failed to deliver

services required by the patient's care plan and numerous instances where those employees nonetheless falsely recorded in the patient's medical records that the services had been given.

For further information contact Ralph Tortora III, Syracuse Regional Director (315) 423-1121.

**Patient Trust Funds: Ohio**

Attorney General Petro announced on August 18 that Greg Hall was indicted in Hamilton County on one count of Theft, a misdemeanor of the first degree. On November 16, Hall entered a plea of guilty to one count of Unauthorized Use of Property, a misdemeanor of the fourth degree and was sentenced to pay a fine of \$250, and ordered to pay restitution to the victim in the amount of \$1,000.

While employed in a nursing home, Hall became responsible for patient funds and subsequently was suspected of misappropriation. Hall admitted to agents that he deposited \$1,000 into his personal account from a resident's account.

For further information contact Associate Assistant Attorney General Claude Nicholson (614) 466 -0722.

**Patient Trust Funds: South Carolina**

Attorney General McMaster announced that Careamerica, Inc. d/b/a Meadows of Conway, an assisted living facility was convicted of 16 counts of Exploitation of a Vulnerable Adult on November 17. Between on or about May 2005 and continuing until on or about March 2006, Careamerica made unauthorized, improper or illegal use of the funds or assets of residents of Meadows of Conway. The value of the funds for the residents totaled \$13,686.81.

The corporation was sentenced by the Honorable Ferrel Cothran to pay a total fine of \$5,320 by December 5. The corporation has made restitution of \$13,686.81 in these cases.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Senior Assistant Attorney General William K. Moore, Chief Investigator James Bagnall or Investigator Tom Quin (803) 734-3660.

**Patient Trust Funds: Texas**

Attorney General Abbott announced on November 7 that a grand jury indicted business manager Lola Stewart for Felony Three Theft. Stewart was the business manager of Overton Healthcare Center Nursing Home from 1999 to August 2005. Stewart is accused of diverting applied income checks thru her grandmother's trust fund balance. Stewart's grandmother was a resident of the nursing home and a trust fund participant. Additionally, Stewart made substantial cash deposits into her personal account after cashing trust fund checks under the guise of replenishing the trust fund. The amount of theft identified totaled \$72,735.49.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 371-4700.

**Pharmacies: Arizona**

Attorney General Goddard announced on November 13 that an 11 count indictment was filed against four defendants on charges of fraud, theft and possession of narcotic for sale and other charges.

Richard James Solano, Ryan Eugene Lodge, Amoreena Sneed Becher, and Nicolas Mark DeGroot were indicted on charges of conspiring to obtain and later sell prescription narcotic drugs. A fifth defendant has been indicted but has not been served with the charges.

According to the indictment, between June and December 2005, Solano and Lodge used their positions as pharmacy technicians at CVS Pharmacy to obtain patient and doctor information to forge prescriptions. At the time of their arrest, Solano and Lodge were in possession of various types of narcotic drugs like morphine, codeine, carisoprodol and diazepam valued at more than \$25,000.

Solano and Lodge were indicted on one count each of fraud, theft, possession of narcotic for sale, possession of a dangerous drug for sale, illegally conducting an enterprise, obtaining a narcotic by fraud, and forgery. Becher and DeGroot were indicted on one count each of possession of a narcotic drug, possession of a dangerous drug and tampering with evidence.

For further information contact Steven Duplissis, Director (602) 542-3881.

**Physicians: Kentucky**

Attorney General Greg Stumbo announced on November 16 that a grand jury returned a twenty two count indictment against Michael Vories, M.D., and his pain management clinic, Simon & True Medical Consultants (now known as Kentucky Palliative Care). The indictment alleges that Vories committed fraud by submitting false and/or fraudulent claims to the Kentucky Medicaid program.

In the twenty two counts of the indictment, Dr. Vories and his clinic are faced with Class D felony charges which carry a punishment of up to five years in prison for each count. Dr. Vories is currently residing in South Carolina and will be arraigned on these charges as soon as he is returned to the state.

For further information contact Pam Murphy, Director (502) 696-5405.

**Psychologists: Texas**

Attorney General Abbott announced on November 30 that a Harris County grand jury returned an indictment charging Christine Lee Jones with Aggregate Theft over \$200,000 in the Center for Developing Healthy Minds case. This investigation was opened in October 2003 based on information discovered during another Medicaid fraud investigation. Information was developed that alleged the provider was billing Medicaid for individual psychotherapy sessions with children who attended after school/day care programs. Interviews with recipients and their parents confirmed that the services were not provided. The overpayment identified is \$6,282,747.44, with a criminal case for prosecution in the amount of \$385,207.33.

For further information contact Rick Copeland, Director MFCU or Chief Investigator Jim Fossom (512) 371-4700.

**CASE UPDATES****Pharmacies: Arizona**

Attorney General Goddard announced on November 13 the sentencing of a former Pharmacy Technician, Tyrone L. Armstrong. Armstrong was sentenced October 12 to an amended count of Theft, a class 6 undesignated felony. Armstrong must serve two years probation and pay restitution in the amount of \$1,943.61 to his employer, Cigna, and \$2,000 in investigative costs to the Medicaid Fraud Control Unit. The defendant pleaded guilty to the amended count of Theft on September 11.

Armstrong was indicted on one count of Fraudulent Schemes and one count of Theft on June 21. On May 26 Armstrong had attempted to sell a Cigna pharmacy customer medicines that he had allegedly taken from his employer.

For further information contact Steven Duplissis, Director (602) 542 3881.

Medicaid Fraud Report is published 10 times per year by the National Association of Attorneys General. Subscriptions are available at an annual rate of \$150. Inquiries on editorial content or subscriptions should be addressed to:

Barbara L. Zelner  
Counsel  
National Association of Medicaid Fraud Control Units  
750 First Street, N.E. Suite 1100  
Washington, D.C. 20002  
Phone: (202) 326-6020

Thurbert Baker  
President, NAAG  
Attorney General  
Georgia

Linda A. Purdy  
President  
National Association  
of  
Medicaid Fraud Control Units

Lynne M. Ross  
Executive Director  
National Association  
of  
Attorneys General

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