



National Association
of Attorneys General

MEDICAID FRAUD REPORT

September/October 2007

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Owner of Texas Physical Therapy Clinic Re-Sentenced

Attorney General Greg Abbott announced on October 9 that Wesley Alford Boyd, Jr., was re-sentenced in federal court in Houston to 78 months incarceration in federal prison (reduced from 84 months), three years supervised release, ordered to pay a special assessment of \$400 and to make restitution of \$165,899 (reduced from \$167,789) to Medicare and \$361,140 to Medicaid for one count of conspiracy to commit health care fraud and two counts of violating the anti-kickback statute. Boyd was initially sentenced on May 31, 2005.

The case was remanded for re-sentencing after the Fifth Circuit Court of Appeals overturned one count of Health Care Fraud on appeal. Boyd owned and operated Phycare Healthcare Systems, a Houston physical therapy clinic, and its successor, Houston Rehab. He was one of nine defendants involved in a large Medicaid/Medicare physical therapy conspiracy case who were alleged to be responsible for approximately \$11 million in fraudulent billings and payments of kickbacks to employees and other individuals for Medicaid/Medicare patient referrals to their clinics between 1996 and 2000.

As part of the scheme, they allegedly paid kickbacks for referral of patients, billed for services not rendered, billed for services not provided by or under the supervision of a licensed physician, and services not medically necessary. Boyd billed Medicaid over \$1.2 million and was paid over \$361,000 for the Phycare clinic. Medicare was billed over \$445,000 and paid over \$167,000. Under the name of Houston Rehab, Boyd billed Medicaid over \$427,000 and was paid approximately \$15,400. Medicare was billed over \$345,000 and paid over \$106,000. This case was a joint investigation with the FBI and HHS-OIG.

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

CASES**Adult Day Care Centers: Florida**

Attorney General Bill McCollum announced on October 15 that the owner of an adult care home was arrested for operating her facility without a license. Peggy Jones was taken into custody based on allegations that she had been operating her facility for over a year without acquiring the necessary licensing for the services she was rendering.

During interviews with MFCU investigators, Jones showed the authorities the on-premises cabinet in which she kept the drugs she administers to her residents. She acknowledged providing three residents with meals and disbursing their monthly stipend for spending. These activities are in character with an assisted living facility.

Jones admitted that she did not have a license to operate her business as an assisted living facility, a boarding house or an adult family care home. A check by MFCU investigators confirmed Jones' statements about the failure to hold proper licensing. Jones told investigators that she had attempted to obtain licenses a year prior, but failed a health inspection.

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

Counselors: Texas

Attorney General Abbott announced on October 29 that Lawrence Uyi Edopayi, doing business as New Haven General Counseling, was indicted by a Harris County grand jury for Aggregate Theft by a Governmental Contractor. From May 2004 to August 2004, Medicaid paid Edopayi over \$47,000 for services allegedly not rendered. On August 25, 2004, Edopayi signed an affidavit of surrender to relinquish New Haven General Counseling's chemical dependency facility license and therefore, resulting in exclusion from billing Medicaid. One additional subject is under investigation but has not yet been indicted.

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Attorney General Abbott announced on October 10 that licensed professional counselor (LPC) Pamela Guthrie entered a formal guilty plea in federal court, regarding a 148-count federal indictment filed against her in February. Guthrie pleaded guilty to two counts of Health Care Fraud and was sentenced to five months in prison followed by three years supervised release, to be served concurrently, and was ordered to pay restitution of \$97,762.80. The charges alleged Guthrie billed for services not rendered, billed for patients as young as three weeks of age and for patients whom she never saw. Between January 1, 2000, and June 30, 2005, Guthrie billed

Medicaid over \$570,000 and was paid over \$267,000. Based on witness interviews and review of patient files, it was alleged that Guthrie was paid over \$97,000 for fraudulently billed services and approximately \$163,000 in overpayments identified due to inadequate documentation.

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

Dentists: Texas

Attorney General Abbott announced on October 15 that Dr. Vu Tuan Tran, a licensed dentist and Medicaid provider, was indicted by a grand jury for Aggregated Theft by a Government Contractor, a 2nd Degree Felony. Dr. Tran is the owner and operator of Dental Concerns, a dental practice.

Allegations include that Dr. Tran saw a number of Medicaid patients between the ages of 12 and 24 months old whose office visits usually occurred in the lobby area of the dental office. He would allegedly look in the children's mouths and instruct the parents on tooth brushing, bottle and thumb sucking. It is alleged that Dr. Tran would then bill Medicaid for Sedation, Fluoride, Sealants, and other dental services which were not provided during the visits. Between November 2002 and December 2005, Dr. Tran was paid approximately \$1.1 million by Medicaid. The suspected overpayment identified through recipient parent/guardian interviews is over \$23,000.

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

Drug Diversion: Florida

Attorney General McCollum announced on October 31 that a registered nurse formerly employed by Sacred Heart Hospital was arrested on charges that he stole narcotics intended for severe pain patients. William Morgan III allegedly took the prescription medication to support a personal drug addiction, depriving patients under his care who were suffering from severe hip and joint pain.

The case was referred to the Medicaid Fraud Control Unit by officials with the Department of Health after Morgan's nursing license was suspended for failing a drug test. Morgan had admitted after the failed test that he was diverting prescription medication for his own personal use. The results of the drug test revealed traces of narcotics consistent with medications taken from his patients. The drugs taken by Morgan were classified as having high potential for abuse and physical dependence.

Morgan was charged with seven counts of elder neglect, five counts of obtaining possession or attempting to obtain possession of controlled substances by deception, and one count of grand theft.

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Attorney General McCollum announced on October 9 that Donna Cain Gatch was arrested on charges that she misused her job at Big Bend Hospice of Gadsden County to fraudulently obtain controlled substances including Ambien and hydrocodone.

Investigators with the Medicaid Fraud Control Unit believe that Gatch obtained more than 50 unauthorized prescriptions for controlled substances by using her patients' names, three of whom were Medicaid recipients. After phoning in the prescriptions, Gatch would then pick up the prescriptions herself and let the pharmacies charge Big Bend Hospice for the cost of the prescriptions. Investigators were able to confirm that no patients of Big Bend Hospice failed to receive medications that were prescribed for them.

Gatch was charged with 53 counts of obtaining controlled substances by fraud and one count of Medicaid fraud.

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

Drug Diversion: Oregon

Attorney General Hardy Myers announced on September 11 the conviction of registered nurse Jennifer Ann Green of the felony charge of Criminal Mistreatment in the First Degree.

The Medicaid Fraud Control Unit received an anonymous tip in December 2006 that Green, a R.N. who worked at a dialysis center in Portland, Oregon, stole pain medication from a client. A subsequent investigation by the MFCU revealed that as part of her official duties at the dialysis center, Green performed medication reviews for dialysis clients. On December 26, 2005, she called one of the clients, asking him to bring in his medication to the dialysis center, which he did. Instead of doing a medication review, Green took the patient's Vicodin for her own personal use, replacing the pills with over-the-counter Tylenol.

As a result of the plea and sentencing in Multnomah County Circuit Court, Green is prohibited from holding a state license as a nurse. She was sentenced to serve ten days in jail; placed on three years formal probation; required to serve 160 hours of community service; required to undergo a drug evaluation and treatment; required to undergo a mental health evaluation and treatment; prohibited from being employed in any capacity paid with Medicaid and/or Medicare dollars and prohibited from employment where she has access to elderly or dependant persons.

For further information contact Senior Assistant Attorney General Sheen Y. Wu (971) 673-1880.

Drug Diversion: Tennessee

The Tennessee Bureau of Investigation announced that on September 4 Angela Ray, a direct care giver employed by Preferred Alternatives, Inc., a contractor with the Tennessee Division of Mental Retardation Services, pleaded guilty to one count of obtaining a controlled substance by fraud in the Washington County Criminal Court. The court sentenced Ray to two years diversion, probation, twelve days of community service and was assessed a \$50 fine.

This case was opened on February 15 based on a referral from an investigator for the Tennessee Division of Mental Retardation Services. It was alleged that Angela Ray, working as a caregiver in the home of a mentally retarded client had taken the client's pain medication. The client had undergone cancer surgery and was prescribed Lortab to be taken as needed for pain. Ray accompanied the client to the doctor's office, received the order and took the client to fill the prescription and kept the prescription for herself. Ray did the same thing with a refill order. Other direct care staff became concerned when the patient needed pain medication and there was only one pill when there should have been a new prescription.

The investigation showed the prescriptions were not recorded with her employer as policy called for. During an interview with the MFCU, Ray admitted to a drug problem and taking the patients pain medication for her personal use.

For further information contact Special Agent David Slagle (423) 434-6424.

Drug Diversion: Texas

Attorney General Abbott announced on October 17 Licensed Vocational Nurse (LVN) Lawana Sue Guy was indicted by a grand jury for Obtaining Controlled Substance by Fraud. This case involves her diversion of two Hydrocodone pills and one Soma pill at the Country Trails Care Center in Grand Saline.

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Attorney General Abbott announced on October 4 that a grand jury indicted Licensed Vocational Nurse (LVN) Kimberlee Jo Rose on one count of Possession of a Controlled Substance, a state jail felony. The indictment was based on allegations that Rose documented giving patients Darvocet at the Concho Nursing Center when in fact she was giving them Tylenol or Advil and using the Darvocet herself.

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

Drug Diversion: Vermont

Attorney General William H. Sorrell announced on October 25 that Laurie Glynn pleaded guilty on October 22 to two misdemeanor charges of possessing narcotics. Glynn admitted that

she used her position as a licensed registered nurse at the Southwest Vermont Medical Center to remove narcotics from a computerized drug-dispensing machine without a doctor's order nine times in three days by falsely recording that the drugs were for nine patients, when she actually took the drugs for her own use.

Glynn received a sentence of 12 to 24 months, all suspended, except 50 hours of community service to be worked within six months. The court ordered the standard conditions of probation along with several special conditions including that she not work in a setting where she would have direct access to regulated drugs; that she not buy, have, or use regulated drugs without a prescription; and that she submit to random urinalysis, or other appropriate drug testing. She has also been ordered to pay restitution to the Southwest Vermont Medical Center for the drugs she diverted. The State of Vermont Nursing Board has summarily suspended Glynn's nursing license and the Southwest Vermont Medical Center has terminated her employment.

For further information contact Assistant Attorney General Francine Hyman (802) 241-4440.

Durable Medical Equipment: Colorado

Attorney General John Suthers announced on September 20 that Karen Bittner pleaded guilty to one count of Criminal Attempt to Commit Theft over \$15,000, a class 4 felony. Bittner was sentenced to five years felony probation, with conditions to include 80 hours of community service and restitution of over \$30,000.

Bittner was an employee at a company called D&D Medical which engaged in an extensive scheme to bill for wheelchair repairs that either did not occur or were greatly exaggerated in the number of hours used to make the repairs. Employees generated internal corporate documents that purported to show repairs (sometimes recording as much time as eight hours for tasks such as filling tires or replacing an armrest), often forging the signature of disabled recipients on the corporate forms. The false repairs were then submitted electronically to Medicaid for payment. The Attorney General alleges that over \$1 million was stolen by the company through these false repairs and through a second scheme in which wheelchair parts prices were inflated or billed without being provided. Three other defendants were also charged. Two of them have pleaded guilty, and one is set for trial.

For further information contact George A. Coddington, Director or Investigator Kerry Sanchez (303) 866-5431.

Durable Medical Equipment: Texas

Attorney General Abbott announced on October 30 Wasiu Tadese, a durable equipment provider and one of the owners of Dekats Inc., pleaded guilty and was sentenced to four years probation, deferred adjudication, a \$500 fine, 200 hours of community service. Tadese has

already paid \$61,235 in restitution. On November 27, 2006, Tadese was indicted by a grand jury for Aggregate Felony Theft by a Governmental Contractor, along with 31 other Houston area DME providers who were billing Medicaid primarily for incontinence supplies that were never delivered. Between June 14, 2004 and April 26, 2006, Tadese billed Medicaid and was paid over \$308,000. The investigation revealed that Tadese allegedly billed Medicaid for incontinent supplies that were not provided to recipients.

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Attorney General Abbott announced on October 29 Offonmbuk Eshett was sentenced to five years probation, 240 hours community service and a fine of \$5,000. In a pre-sentencing agreement, Eshett paid \$31,371 restitution to the Harris County District Attorney's Office which will be forwarded to HHSC. Eshett is a durable medical equipment (DME) provider and owner of Goldnett Medical Supplies.

On April 30, Homeland Security arrested Eshett at the JFK Airport in New York as he re-entered the United States aboard a KLM flight from the Netherlands. On May 24, Eshett was extradited back to Harris County where he remained in the Harris County Jail until May 30, when he posted a \$30,000 bond. On November 27, 2006, a Harris County grand jury indicted Eshett on charges of Aggregated Theft by a Government Contractor, along with 31 other Houston area DME providers who were billing Medicaid primarily for incontinence supplies that were never delivered. Between July 22, 2002, and May 1, 2006, Goldnett Medical Supplies billed Medicaid and was paid over \$106,000. The investigation revealed that Eshett allegedly billed Medicaid after license revocation and for incontinent supplies not provided to recipients.

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Attorney General Abbott announced on October 22 that recruiter Sharon Thomas entered a plea of guilty to one count of Health Care Fraud and to one count of Conspiracy in federal court. DME owners Terri Orozco, Carmelita Thurman, Michelle Ray, and recruiter Sharon Thomas were indicted on charges of Health Care Fraud, Anti-Kickback, Money Laundering and Conspiracy. Twice as Nice, Top of the Line and Heart to Heart are DME companies that were heavily involved in the Houston wheelchair fraud scheme.

Allegedly, the three owners and Thomas purchased fraudulent CMNs from various doctors with Dr. Lewis Gottlieb being the main supplier. The owners billed Medicare and Medicaid for wheelchairs but instead delivered scooters to the patients. From August 2002 through December 2004, the total amount billed to Medicaid and Medicare by these companies was \$7.18 million and they were paid \$3.47 million. It is alleged that all the billing was fraudulent. This is a joint investigation with the FBI and HHS-OIG.

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Attorney General Abbott announced on October 17 that a federal grand jury, indicted Florence Ubak-Offiong for five counts of Healthcare Fraud and two counts of anti-kickback law violations. Ubak-Offiong, owner of Champion Medical Supply, a DME company, is alleged to have over-billed Medicare/Medicaid for unauthorized power wheelchairs and related accessories.

Champion's Medicare provider number was suspended after Medicare sent Champion a series of letters concerning patient complaints which included delivery of scooters instead of wheelchairs and lack of certificates of medical necessity. Ubak-Offiong voluntarily agreed to close Champion Medical Supply. In 2003, Champion was paid over \$1 million by Medicare. From March 5, 2003, thru November 25, 2003, Medicaid paid approximately \$6,000 to Champion on six crossover claims. This case is being worked jointly with HHS-OIG.

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Attorney General Abbott announced on October 15 that Nene Ubak Akpaffiong, owner of Starlight Healthcare, a DME company, was indicted by the grand jury on charges of Felony Aggregate Theft by a Governmental Contractor. Akpaffiong allegedly billed Medicaid for incontinent supplies that were not provided to recipients. From January 1, 2003, to April 30, 2006, Starlight billed Medicaid over \$660,000 and was paid over \$398,000. Of that amount, it has been alleged that approximately \$126,000 was for services not provided.

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Attorney General Abbott announced on October 15 that DME provider Edem James Etuk, owner of PMS Medical Equipment Distributors, pleaded guilty to two counts of conspiracy and health care fraud in a Houston federal court. The plea was based on a September 24 federal information alleging healthcare fraud and conspiracy by Etuk. According to Etuk, he billed Medicare and Medicaid for power wheelchairs when, in fact, he provided motorized scooters to recipients.

The information alleges that as a result of the fraudulent scheme, Medicare and Medicaid were billed in excess of \$3.8 million and paid out in excess of \$1.6 million for false and fraudulent claims. The plea agreement calls for forfeiture of property constituting the proceeds traceable to the activity, including approximately \$1,627,000 in U.S. currency. The case is being worked cooperatively with HHS-OIG, the FBI, and MFCU.

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Attorney General Abbott announced on October 15 that a grand jury indicted Bibian Chikere Uluocha, Achor Hawkins Uluocha and nurse practitioner Frances Unoka Nwosuocha for Aggregate Theft . Bibian Uluocha and Achor Uluocha were the owners of a DME company, Silver Hawk Healthcare Systems Inc. Bibian Uluocha and Achor Uluocha allegedly billed Medicaid and Medicare for power wheelchairs and accessories but provided less expensive scooters. Bibian Uluocha and Achor Uluocha are also suspected of forging doctors signatures on

Certificate of Medical Necessity forms and paying recruiters and doctors for prescriptions for motorized wheelchairs. Uluocha used several doctors who have either pled guilty or been found guilty in federal court for Healthcare Fraud.

Nurse practitioner Frances Unoka Nwosuocha signed 34 CMNs for Silver Hawk Healthcare and as a result, Silver Hawk was paid over \$143,000 from Medicaid and Medicare. Two additional subjects are under investigation but have not yet been indicted. Another subject, Sharon Johnson Thomas, allegedly recruited patients and sold prescriptions to Silver Hawk Healthcare. Thomas was paid \$51,000 by Silver Hawk between April and June 2003. Thomas is currently under indictment by a federal grand jury in the Southern District of Texas. Between August 2002 and June 2003, Silver Hawk was paid over \$72,000 by Medicaid and over \$345,000 by Medicare on crossover claims. The total amount paid by Medicare is over \$1.8 million.

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

Hearing Aids: Texas

Attorney General Abbott announced on October 18 that George Harkey Dickson, owner of Dickson Hearing Aids Center (DHAC), was indicted by a grand jury on one count of Medicaid Fraud over \$200,000, and 19 counts of Theft over \$1,500 and less than \$20,000 by a Government Contractor. Dickson is a fitter and dispenser of hearing aid instruments. Allegedly, Dickson billed Medicaid for services not rendered and used unlicensed individuals in the fitting and dispensing of hearing aids and to perform hearing tests. Dickson was operating out of a local flea market on weekends. From October 2005 through April, Dickson was paid over \$928,000 by Medicaid. It is suspected that all payments are fraudulent. This is a joint investigation with the FBI.

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

Home Health Care Aides: Ohio

Attorney General Mark Dann announced on September 27 that Kathryn Brandt was sentenced to six months in prison; suspended, two years probation, and ordered to pay court costs and on that same day Brandt entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree. On February 20, an indictment was returned that charged Brandt with one count of Medicaid Fraud, a felony of the fourth degree, and one count of Complicity to Commit Medicaid Fraud, a felony of the fourth degree.

Brandt was a home health aide who, along with help from her mother Karen Brandt, who worked for a third-party billing company, billed for services not rendered.

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Attorney General Dann announced on September 20 that Maria Hill entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Frederick was sentenced to three months in prison; suspended, one year probation, and ordered to pay restitution in the amount of \$960. On February 20, an indictment was returned which charged Hill with one count of Medicaid Fraud, a felony of the fifth degree. Hill was a home health worker who billed for services she did not provide.

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Attorney General Dann announced on September 11 that Romaine Willoughby entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree and on that same day Willoughby was sentenced to 12 months in prison; suspended, five years probation, ordered to pay court costs, and ordered to pay restitution in the amount of \$7,989. On April 17, an indictment was returned that charged Willoughby with one count of Medicaid Fraud, a felony of the fourth degree.

Willoughby was a home health aide who billed for services not rendered. Willoughby stopped working for a recipient in June 2006, but continued to bill for services until October 2006.

For further information on these cases contact Principal Assistant Attorney General Jordan Finegold (614) 466-0722.

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Attorney General Dann announced on September 21 that Amanda Frederick was sentenced to one month of probation. On February 20, an indictment was returned that charged Frederick with one count of Medicaid Fraud, a felony of the fourth degree, and one count of theft, a felony of the fourth degree. On July 18 Frederick entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree. Frederick was married to her recipient.

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

Home Health Care Aides: Oregon

Attorney General Myers announced on October 5 that Megan Faye White pleaded guilty to one count of Making a False Claim for Health Care Payment and one count of Theft in the Second Degree for billing the Medicaid program for in-home care services that she did not provide.

White was paid by the Medicaid program to provide in-home care to a disabled Medicaid client. White billed for care she did not provide totaling \$372.40. She was sentenced to three years supervised probation with conditions that included five days on the work crew, paying full restitution and paying fines and assessments.

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Attorney General Myers announced the conviction and sentencing on October 5 of Bernadene Murphey on Making a False Claim for Healthcare Payment.

Murphey was a Medicaid-paid home healthcare worker for numerous Medicaid recipients. The case arose when a case manager learned from a recipient that Murphey was not working all the hours authorized; in fact, it was about half the hours authorized. A check of the records revealed, however, that Murphey was claiming to have worked the full hours (24 hours total every two weeks). An investigation by the HHS Office of Inspector General revealed that over a six month period, Murphey had fraudulently over billed Medicaid a total of \$2,200.11 in her care of two separate recipients. This case was one of a series of cases that the Medicaid Fraud Control Unit initiated in smaller Oregon counties who seldom see their provider fraud cases prosecuted.

As a result of the conviction, Murphey received credit for time served and was placed on 36 months formal probation, ordered to pay full restitution, not work as a Medicaid or Medicare provider, and not work with elders and dependent persons.

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Attorney General Myers announced the sentencing on September 10 of Katherine Walton her convictions for the felony charges of Making a False Claim for Healthcare Payment, Unlawfully Obtaining Public Assistance, and Theft I.

Walton was a Medicaid-paid home healthcare worker who was paid to provide care for a disabled relative. In September 2006, the relative moved about 400 miles away. However, Walton continued to submit vouchers to the Department of Human Services (DHS) through December 2006, claiming that Walton was providing Medicaid-funded care for the relative. Additionally, Walton failed to inform the Housing Authority that the relative had moved and Walton continued to live in the relative's publicly subsidized apartment. A suspicious DHS employee referred the case to the MFCU and a MFCU investigator substantiated the fraud.

As a result of the convictions, Walton was sentenced by the Coos County Circuit Court to serve a total of 50 days jail, placed on three years probation with conditions including the payment of \$5,877.27 restitution to DHS, \$2,508 restitution to the Housing Authority, and not be employed in any capacity paid with Medicaid or Medicare funds.

For further information on both cases contact Senior Assistant Attorney General Rodney Hopkinson (971) 673-1926.

Medical Transportation: Texas

Attorney General Abbott announced on October 9 that Jorge Flores, owner of St. Mary's Ambulance, was indicted by a federal grand jury. Flores was charged with 23 counts of Health Care Fraud, one count of Conspiracy to Commit Health Care Fraud and one Health Care Anti-Kickback count. The indictment alleges that St. Mary's Ambulance Company transported non-emergency patients via ambulance. The indictment also alleges that the company was providing incentives to patients for using the ambulance services. During the time period of 2004 to 2006, the provider billed approximately \$1.2 million for seven patients and was paid over \$86,000 by Medicaid and over \$487,000 by Medicare.

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

Mental Health Centers: Texas

Attorney General Abbott announced on October 8 that Victor Ehisumwen Igiebor was indicted twice by a grand jury. Igiebor is the co-owner of Wingate Drugs & Alcohol Rehabilitation Center (Wingate), a chemical dependency treatment center, and Atlantic Mental Health Services (Atlantic), a physician group. He was indicted for Aggregate Theft by a Governmental Contractor in both cases. It has been alleged that from December 16, 2003, to

November 4, 2004, Igiebor and his Wingate partners billed Medicaid for chemical dependency counseling services not rendered. Wingate was paid over \$400,000 by Medicaid.

On November 5, 2004, Wingate voluntarily surrendered its TCADA facility license and as of November 26, 2004, has been excluded from billing Medicaid. Between May 24, 2005, and December 21, 2005, Igiebor and his Atlantic partners also allegedly billed Medicaid for services not provided. Atlantic was paid over \$108,000 by Medicaid. The investigation revealed that Atlantic was billing Medicaid under counselors' provider numbers who deny ever conducting counseling services for them. Igiebor's partners remain under investigation.

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

Mental Health Therapists: Nebraska

Attorney General Jon Bruning announced on October 31 that Christine Palermo was sentenced to 90 days in jail and three years of probation for one count of theft by unlawful taking. She was also ordered to pay \$3,237.22 in criminal restitution to the Nebraska Medicaid program.

According to an investigation by the Medicaid Fraud Control Unit, Palermo stole a total of \$4,337.22 between February 2004 and August 2006 by charging Nebraska Medicaid for services that were never rendered. Palermo has already made one payment of \$1,100 to the state.

For further information contact Assistant Attorney General Mark Collins (402) 471-3549.

Nurses: Tennessee

The Tennessee Bureau of Investigation announced that on August 21 Mary Hopper, an LPN employed by Henry County Healthcare Center pleaded guilty to one count of Solicitation to Acquire Controlled Substances by Fraud and one count of Theft Under \$500. The court sentenced Hopper to 11 months and 29 days for each count, suspended, to serve 37 days for each count and supervised probation for the remaining time (all consecutive). In addition, she is to participate in the Tennessee Peer Assistance Program, is not to work in the health care field during probation and, to pay \$1,875 in restitution to Henry County Healthcare Center.

It was alleged that Hopper had taken drugs from the nursing home where she was employed. A search of Hopper's home produced Lortab pills and patient information. When confronted with the evidence, Hopper provided a written statement concerning her drug addiction. She stated she never took medication from a patient but instead from the "discontinued box". She would change the patient narcotic logs and medical supply logs to cover the missing drugs. An audit by the nursing home showed at least \$1,875.10 worth of drugs had been taken. Hopper was arrested on August 6 based upon two arrest warrants charging her with Acquiring Controlled Substances by Fraud and Theft Over \$1,000.

For further information contact Special Agent Doug Pate (731) 984-6644.

Nurses: Texas

Attorney General Abbott announced that on October 5 Registered Nurse (RN) Karen Sweatt pleaded guilty to the charge of Tampering with a Governmental Record, a third-degree felony. Sweatt was sentenced to five years deferred adjudication and ordered to pay a \$500 fine. The plea was based on a previous indictment based on the allegation that while employed as the charge nurse at the Ashley Court at Turtle Creek, Sweatt faxed prescription orders for patients using the medical director's name without his authorization. The narcotics were filled by the pharmacy and delivered to Sweatt who signed the delivery receipt for the narcotics.

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

Nurses: Vermont

Attorney General Sorrell announced that Amy J. Goodell pleaded guilty on October 2 in Rutland County District Court to two misdemeanor charges of possessing narcotics. Goodell admitted that she used her position as a licensed registered nurse at the Rutland Regional Medical Center to divert narcotics for personal use. On numerous occasions, Goodell used another nurse's password to obtain narcotics from the computerized drug-dispensing machine and kept them for her own use.

Goodell received a sentence of 12 to 24 months, all suspended, except 15 days to serve on work crew. The court ordered the standard conditions of probation along with several special conditions including that she not work in a setting where she would have direct access to regulated drugs; that she not buy, have, or use regulated drugs without a prescription; and that she submit to random urinalysis, or other appropriate drug testing. She has also been ordered to pay restitution to the Medicaid Program for the drugs she diverted and write a letter of apology to two other nurses on the unit. The State of Vermont Nursing Board has indefinitely suspended Goodell's nursing license and the Rutland Regional Medical Center has terminated her employment.

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Attorney General Sorrell announced on October 1 that Karin Johnson pleaded guilty on September 28 in Washington County District Court to two misdemeanor charges of possessing narcotics. Johnson received a sentence of 12 to 24 months, all suspended, except 15 days to serve on work crew. The court ordered the standard conditions of probation along with several special conditions including that she not work in a setting where she would have direct access to regulated drugs; that she not buy, have, or use regulated drugs without a prescription; and that she submit to random urinalysis, or other appropriate drug testing; and that she successfully complete substance abuse treatment and counseling. She has also been ordered to pay restitution to the Medicaid Program for the drugs she diverted.

Johnson admitted that she used her position as a licensed registered nurse at the Woodbridge Nursing Home in Berlin, Vermont to divert narcotics for personal use. On numerous occasions, Johnson falsely recorded that she disposed of morphine when, in fact, she had substituted saline solution and kept the narcotic for her own use. The State of Vermont Nursing Board has suspended Johnson's nursing license and she has relinquished her Florida license.

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Attorney General Sorrell announced on October 25 that Jennifer Muchler pleaded guilty on October 23 in Bennington County District Court to two misdemeanor charges of possessing narcotics. Muchler admitted that she used her position as a licensed registered nurse at the Southwest Vermont Medical Center to divert narcotics for personal use. While obtaining a physician-ordered drug for a patient, Muchler pried open the cubicle within the Pyxis computerized narcotic security system containing Dilaudid, a Schedule II regulated drug, and removed 10 vials for her own use.

Muchler received a sentence of 12 to 24 months, all suspended, except 120 hours of community service to be worked within six months. The court ordered the standard conditions of probation along with several special conditions including that she not work in a setting where she would have direct access to regulated drugs; that she not buy, have, or use regulated drugs without a prescription; and that she submit to random urinalysis, or other appropriate drug testing. She has also been ordered to pay restitution to the Southwest Vermont Medical Center for the drugs she diverted. The State of Vermont Nursing Board has summarily suspended Muchler's nursing license and the Southwest Vermont Medical Center has terminated her employment.

For further information on these cases contact Assistant Attorney General Francine Hyman (802) 241-4440.

Nursing Assistants: Texas

Attorney General Abbott announced on September 27 that Certified Nursing Assistant (CNA) Latasha Brooks pleaded guilty before Judge Michael Thomas for the offense of Fraudulent Use or Possession of Identifying Information, a state jail felony. Brooks was sentenced to four years deferred adjudication and a \$400 fine. Brooks allegedly used a resident of Park View Care Center's identifying information to obtain phone and gas services at her residence.

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

Nursing Homes: Ohio

Attorney General Dann announced on September 27 that Robin Townsend-Williams entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Townsend-Williams was sentenced to 120 days in prison; suspended, two years probation, ordered to pay court costs, ordered to pay investigative costs in the amount of \$500, and ordered to pay restitution in the amount of \$5,284.40. On July 17, an indictment was returned that charged Townsend-Williams with one count of Medicaid Fraud, a felony of the fourth degree.

Williams-Townsend was employed by a nursing facility. The MFCU received a complaint about her in regard to possible patient abuse and/or neglect. The abuse/neglect investigation was eventually closed. The combined efforts and keen observations of several employees of the MFCU brought the fraudulent billing to light. While Williams-Townsend worked full-time at the nursing facility, she was also an independent provider (LPN) who billed for services not rendered.

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

Nursing Homes: Tennessee

The Tennessee Bureau of Investigation announced that on August 20 Viki Butler, the former Administrator of Forest Cove Nursing Home, pleaded guilty to one count of Conspiracy to Commit Offense to Defraud the United States. The court sentenced Butler to eighteen months in federal prison and, after serving the time, two years supervised release. She was assessed a \$100 fine and ordered to pay restitution to the nursing home in the amount of \$163,000.

This case was opened in February 2004, based on information received from a newly hired employee, a bookkeeper, of the nursing home. It was alleged that Butler had instructed the

bookkeeper to leave six to eight blank checks, with the bookkeepers signature only, on her desk just before weekends. The bookkeeper would not know what the checks were used for until the bank statement came in. At that time, Butler would provide her with invoices. A meeting was held with the parent company of the nursing home, Tennessee Health Management. THM conducted an audit and discovered an \$18,000 shortage during 2004 and \$350,000 missing from 2001 to 2004. The investigation, which included the FBI, a US Attorney Investigator and the US Postal Service, showed that Butler was writing checks for work not performed and services not provided. At least five individuals were cashing the checks for her. Direct evidence showed that \$326,000 was missing. The federal grand jury indicted Butler on May 19, 2006 on 59 counts. Butler pleaded guilty to count one and the US Attorney agreed to drop the remaining counts. The court identified Butler as responsible for one-half of the missing funds, i.e., \$163,000. The remaining half will be divided among the five individuals who cashed the checks for her.

THM negotiated with the US Attorney and agreed that the funds to be paid back to Medicaid/Medicare would not include fines or interest and, they agreed that THM could pay the money without waiting for the defendant's trials.

For further information contact Special Agent Terrill McLean (901) 731-984 x6667.

Nursing Homes: Texas

Attorney General Abbott announced on October 24 that Larry Gordan May appeared in the United States District Court for the Northern District of Texas, and pleaded guilty to one count of Conspiracy to Defraud the Government by Obstructing and Impeding the Internal Revenue Service and Department of Health and Human Services, and one count of Subscribing to a False Federal Tax Return. The court accepted the plea on both charges.

May is one of three individuals indicted in the Spring Season of Cuero case. Gary Raywood Trebert, Stephen Michael Ewing and May were indicted by a federal grand jury in March on a 29-count indictment for conspiring to defraud the IRS and HHS, tax evasion, mail fraud, false statements to a governmental agency and false statements in a healthcare matter. Between January 1999 through May 2004, it is alleged that the subjects conspired to defraud the IRS of millions, largely generated from income received from the Medicare/Medicaid programs through approximately 70 nursing facilities located in five states. This case is being worked jointly with HHS/OIG, FBI, IRS, and the U.S. Postal Inspection Service.

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

Patient Abuse: Ohio

Attorney General Dann announced on September 7 that Holly Balazas was sentenced to 11 months in prison; suspended, two years probation, and ordered to perform 200 hours of community service. On December 22, 2006, an indictment was returned that charged Balazas with one count of Patient Abuse, a felony of the fourth degree. On July 31 Balazas entered a plea of guilty to one count of Attempted Patient Abuse, a felony of the fifth degree.

After becoming frustrated with a developmentally disabled resident, Activities Director Balazas kicked the resident in the leg, causing a bruise approximately two to three inches in diameter.

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

Patient Abuse: Tennessee

The Tennessee Bureau of Investigation announced that on August 23 Dynasty Peete, a direct caregiver for Shelby Residential and Vocational Services, pleaded guilty to one count of Assault and Adult Abuse. At the time of the plea, she entered an Application for Diversion. The court reviewed the Application on September 20 and approved the request for Diversion. The court sentenced Peete to Judicial Diversion for a period of 11 months and 29 days. In addition, she was sentenced to three days of community service, to attend anger management classes, remain employed full time and pay \$35 per month for the supervised probation.

It was alleged that Peete, a direct caregiver at the Shelby Residential and Vocational Services program, had a physical altercation with one of the residents she was responsible for. Another staff member witnessed the altercation. During interviews and prior to administration of a polygraph, Peete admitted to the altercation. An arrest warrant was issued on March 13 and Peete voluntarily surrendered the following day.

For further information contact Special Agent Roger Turner (901) 379-3432.

Patient Neglect: Florida

Attorney General McCollum announced on October 9 that Mileidy Reyne, the owner of an assisted living facility, was arrested on charges that she neglected an elderly resident of the facility.

The investigation revealed that Reyna was the primary caretaker of the 93-year old resident whose primary physician had prescribed a nurse evaluation and wound care treatment. Reyna

neglected to provide treatment for the victim and the wounds continued to worsen, ultimately causing the resident to be taken to the hospital.

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

Patient Neglect: Texas

Attorney General Abbott announced on October 1 that Certified Nurse Aide (CNA) Charles Darnell Ross, aka Christopher Ronnell Ross pleaded guilty plea to the charge of Injury to an Elderly Individual by Criminal Negligence, a state jail felony and was sentenced to three years deferred adjudication, ordered to pay \$500 fine plus court costs, and serve 240 hours of community service. Ross was previously indicted based on an allegation that while he was employed at Brookhaven Nursing Center, he attempted to transfer a resident by himself, contrary to instructions, and dropped the resident on the floor. The resident sustained fractures to both legs, which required surgery to repair. The resident subsequently died as a result of her injuries.

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

Patient Trust Funds: South Carolina

Attorney General Henry McMaster announced that Bennie Wages was convicted on October 2 of Exploitation of a Vulnerable Adult. Beginning on July 1, 2006, and continuing until on or about March 1, 2007, Wages made improper, illegal or unauthorized use of the funds of a resident of Addison's Residential Community Home. She received Social Security income, and teachers retirement income belonging to the resident.

Wages was sentenced by the Honorable Benjamin H. Culbertson to two years, suspended to three years probation upon restitution paid to her aunt in the amount of \$7,500.

* * * *

Attorney General McMaster announced that Tracy M. Gary was convicted on September 12 of Financial Transaction Card Fraud. On or about April 13, 2006, while employed as a caregiver at Agape Assisted Living in West Columbia, South Carolina, Gary unlawfully used two credit cards that belonged to a resident. Gary admitted that she used the resident's credit cards to pay her own telephone bills in the amount of \$548.20.

Gary was sentenced by the Honorable Alexander S. Macauley to one year confinement, suspended to \$548.20 in restitution, 48 hours of community service, two years probation and \$125 in court costs.

* * * *

Attorney General McMaster announced that Cereta S. Platts was convicted on September 25 of Breach of Trust with Fraudulent Intent. On or about March 1 through March 31 while employed as a Resident Specialist at the Disabilities Board of Charleston County, a Medicaid provider, Platts did intentionally convert to her own use \$460 of funds owned by a client of the Board.

Platts was sentenced by Judge Coker to 30 days, suspended and a fine of \$487 and a requirement to pay restitution to the Disabilities Board of Charleston County of \$460, which has previously paid back the client the funds misappropriated by Platts.

* * * *

Attorney General McMaster announced that Jacqueline M. Clerk-Kerns was convicted on September 17 of Breach of Trust with Fraudulent Intent. On or about March 1 while employed as a Support Team Leader at the Charles Lea Center, a Medicaid provider, Clerk-Kerns intentionally converted to her own use \$450 of funds owned by a client of the Center.

Clerk-Kerns was sentenced by Judge David Turner to 30 days, suspended, and a fine of \$465 and a requirement to pay restitution to the Charles Lea Center in the amount of \$450.

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

Patient Trust Funds: Texas

Attorney General Abbott announced on October 18 that Stephenia Dawn Adams was indicted by a grand jury, for forgery of a financial instrument. Adams was the business office manager at Meadowbrook Healthcare when a relative of a deceased resident notified the administrator that a burial policy had lapsed due to nonpayment of premiums. The resident's policy premium was to be paid from the residential trust fund. The investigation revealed that Adams had allegedly misappropriated over \$22,000 from the residential trust fund account.

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

Physicians: Tennessee

The Tennessee Bureau of Investigation announced that on September 10 Dennis Charles Arellano, an unlicensed medical doctor practicing medicine, pleaded guilty to one count of reckless endangerment, fraudulent insurance claims and impersonation of a licensed professional.

The court sentenced Arellano to six years in prison and he must serve nine months before release on probation. In addition, he is ordered to pay restitution of \$30,000 to TennCare (Medicaid).

It was alleged that Charles "Chuck" Arellano was practicing medicine without a medical license. Arellano received his medical degree from St. George's University in Granada in 1996 or 1997. An investigator for Blue Cross/Blue Shield had information regarding patients who had been harmed because Arellano made a wrong diagnosis. The investigation showed that Dr. Arellano, Mr. Arellano's father, had retired six years earlier and left his practice open and allowed his unlicensed son to see patients.

During the time Chuck Arellano saw patients, he performed exams on females, misdiagnosed several conditions, was paid approximately \$439,951.73 by BC/BS and John Deere Health (Medicaid) and functioned like a medical doctor. He was indicted on May 1, 2007 and charged with theft of property, fraudulent insurance claims and impersonating a licensed professional. After more evidence was gathered, he was re-indicted on July 5, 2007 and charged with 15 counts of rape and one count of impersonating a licensed professional.

For further information contact Special Agent Kimberly Harmon (423) 634-3044x119.

Physicians: Texas

Attorney General Abbott announced on October 9 that Dr. Jayshree Patel was sentenced to a 78 month prison term for conspiring to violate the laws of the United States and 78 months imprisonment for her conviction of health care fraud with all prison terms to run concurrently. Patel was also sentenced to three years supervised release upon the completion of her prison term and was found to be liable for restitution to Medicare in the amount of \$9,477,349.

Two of the other defendants, Charles Skripka, M.D., and Pius James Ekiko are still to be sentenced. A federal jury convicted Skripka, Patel, and Ekiko, the owner of Horizon Medical Supply; Dennis Brown, a patient recruiter; and Harold Horatio Iyalla, owner of DME - 1st Choice Medical Supply.

On March 26, Iyalla pleaded guilty and was sentenced in federal court to 51 months and ordered to pay Medicare \$5,632,000. The total fraud scheme involved over \$21 million in Medicare/Medicaid dollars. Skripka was found guilty of conspiracy, health care fraud, wire fraud and money laundering; Patel of health care fraud; Ekiko of conspiracy, health care fraud, wire fraud and money laundering; and Brown of conspiracy, health care fraud, and wire fraud. Brown was a recruiter of Louisiana patients to Skripka and Patel. Iyalla billed Medicare only while Ekiko billed Medicare and Medicaid; however, both billed for wheelchairs but delivered scooters to patients. This case was investigated jointly with the FBI and HHS-OIG.

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

Program Fraud: Alabama

Attorney General Troy King announced the conviction on October 9 of Kwantrice M. Thornton for identity theft. She was arrested August 6 on a warrant brought by Attorney General King's Medicaid Fraud Control Unit, and she pleaded guilty as charged, in an information document filed with the Montgomery County Circuit Court.

Thornton was formerly employed at Electronic Data Systems, the company responsible for processing Medicaid claims for the State of Alabama. She admitted that she obtained the names and identifying information of 498 Alabama Medicaid recipients and subsequently sold 50 of those identities to other individuals to be used in filing fraudulent federal tax returns.

Specifically, Thornton pleaded guilty to trafficking in stolen identities, a class B felony punishable by two to 20 years imprisonment and up to a \$30,000 fine; and violation of the Alabama Computer Crimes Act, a class C felony punishable by one to 10 years imprisonment and up to a \$15,000 fine.

All Medicaid recipients whose information was stolen were notified in February by the Alabama Medicaid Agency and provided with information and assistance to protect themselves from identity theft. At that time, the agency offered a toll-free number that was in effect through the end of March. The affected recipients were advised they could have fraud alerts placed on their credit files at no charge, and were offered free credit monitoring for the next year, free identity theft assistance, and up to \$20,000 of identity fraud expense coverage with no deductible.

For further information contact Assistant Attorney General Bruce Lieberman (334) 353-8793.

Psychiatrists: Massachusetts

Attorney General Martha Coakley announced on October 25 that Dr. Michael L. Mavroidis was sentenced in connection with illegally prescribing drugs to four of his patients. Dr. Mavroidis was sentenced to one year in the House of Correction, to be served immediately. Mavroidis must also pay a \$10,000 fine. After serving his one-year sentence, Mavroidis must serve ten years of probation, during which he cannot practice medicine anywhere.

Drug detectives began investigating Mavroidis's Lowell psychiatric office practice in 1998 and 1999 following drug overdose deaths and sales of prescription medications by Mavroidis's patients. Mavroidis specialized in the treatment of patients with histories of drug addiction and psychiatric disorders. He commonly prescribed large doses of narcotic pain killers and benzodiazepine-type tranquilizers. The Attorney General's office and the Massachusetts Board of Medicine were contacted by Lowell area health care professionals concerned about

Mavroidis's prescribing practices. Investigators from the Medicaid Fraud Control Unit joined the Lowell Police Department and Board of Medicine in 1999 to pursue these allegations.

The counts on which Mavroidis was sentenced were brought in connection with his treatment of four former patients. Mavroidis illegally prescribed Oxycontin, an opiate pain killer, as well as the drugs Klonopin, Ativan and Xanax, benzodiazepine-type tranquilizers, to active substance abusers. His medical license was suspended the day after his arrest by the Lowell Police on September 26, 2001, and he has not practiced since that time.

On November 18, 2002, Mavroidis was indicted by a Middlesex County Grand Jury. He was charged with Medicaid fraud (12 counts) and illegally prescribing drugs (10 counts). He was arraigned on December 2, 2002. He pleaded not guilty and was released on personal recognizance.

The jury-trial waived trial was conducted during 20 days over six months. Mavroidis was found not guilty on the related Medicaid Fraud charges. Additional charges, which had been severed by the court, are still pending.

For further information contact Assistant Attorney Generals Peter Clark or David Marks (617) 727-2200.

Rehabilitation Centers: Texas

Attorney General Abbott announced on September 27 that Thomas Sheriff Udebu aka Prince Rollins aka Stu Rollins was indicted by a grand jury for Theft by a Government Contractor. Udebu is the co-owner of the St. Jones Alcohol Drug Rehab Center, a chemical dependency treatment center. Between January 5, 2004, and August 21, 2004, Medicaid was billed for chemical dependency treatment services through the accounts of 71 Medicaid recipients. It has been alleged that Udebu was paid \$130,400 by Medicaid for services not rendered.

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

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