



MEDICAID FRAUD REPORT

**National Association
of Medicaid Fraud Control Units**

November/December 2008

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CONNECTICUT PHARMACIST ARRESTED

The Connecticut Medicaid Fraud Control Unit announced on November 7 that Roy D. Katz, the former owner of a pharmacy, was arrested on November 7 and charged with cheating the government by charging bogus fees to fill prescriptions for Medicaid patients. Katz is accused of taking 30-, 60- and 90-day prescriptions and filling them in seven-day lots in order to charge the government additional fees for handling multiple prescriptions instead of the one actual order for which he should have been paid a single dispensing fee.

Katz is a registered pharmacist and was president and principal owner of R.G. Pharmacy, Inc., which did business as the Medicine Shoppe. No longer the owner of the pharmacy, he is currently involved in a federal bankruptcy proceeding and a separate proceeding to exclude him as a Medicaid provider. Katz was arrested by Inspectors from the Medicaid Fraud Control Unit in the Office of the Chief State's Attorney and charged with one count of Larceny in the First Degree By Defrauding A Public Community, six counts of Illegal Alteration of a Prescription and six counts of violating the Pharmacy Practices Act. The charges are all felonies. The larceny charge carries a maximum penalty of up to 20 years in prison.

According to the arrest warrant affidavit, the investigation found that pharmacists and others employed by and acting at Katz's directions altered prescriptions for 30-, 60- or 90-day supplies of various medications for Medicaid recipients, by dividing those prescriptions into seven-day units of medication. Medicaid pays pharmacies a dispensing fee for each prescription filled. By unlawfully dividing one prescription into multiple units, the pharmacy was able to bill for multiple fees and not just the one to which it was entitled, the warrant alleges. An examination of the prescription records for six Medicaid recipients for various periods between October 2002 and December 2006 found overcharges for dispensing fees totaling more than \$4,200 for those patients alone, the warrant states. The warrant further alleges that Katz instructed his employees to destroy prescription documents and, when questioned about the propriety of what

was being done, lied to employees by telling them he had approval to handle Medicaid prescriptions differently.

For further information contact Christopher Godialis, Director (860) 258-5882.

CASES

Adult Day Care Centers: California

Attorney General Edmund Brown Jr. announced on November 28 that Koom Soun Son and Angel A.D.H.C., Inc. pleaded guilty to grand theft and were placed on three years probation. Son was ordered to serve 60 days jail time and ordered to pay \$300,000 in restitution to the Medi-Cal program in addition to court fines and fees.

The California Department of Health Services (CDHS) made an unannounced visit to Angel Adult Day Health Care (ADHC) and determined that staff and Angel ADHC were submitting false claims for Medi-Cal reimbursement, including billings for services not rendered, forgery and using unlicensed caregivers. In addition, the facility did not have a medical director since 2002.

On October 30, 2007, a criminal complaint was filed in Superior Court charging Koom Soun Son, Emma Castillo and Angel A.D.H.C., Inc. with grand theft, presenting false Medi-Cal claims, and falsifying records in support of fraudulent claims. Emma Castillo pleaded to failure to document a treatment plan and was placed on three years probation and ordered to perform 100 hours of community service and to repay the Medi-Cal program \$15,000.

For further information contact Deputy Attorney General Vincent Bonotto (818) 556-2905.

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Attorney General Brown Jr. announced on November 7 that Yuriy Berezovskiy and Ilya Uchitel were granted a three-year probationary term and ordered to pay fines and penalties along with \$14,055.16 in restitution to the Medi-Cal program and \$47,944.84 as costs of investigation to the Bureau of Medi-Cal Fraud and Elder Abuse.

The Chateau D' Bakersfield, a clinic, was suspected of submitting falsified documents in support of Medi-Cal claims, including postdated or photocopied documents with new signatures, improperly issued CPR/First Aid cards, backdated and pre-signed signature sheets, assessments claimed for dates beneficiaries were not seen, and claims of beneficiaries being paid for attending the clinic. The investigation confirmed that Berezovskiy and Uchitel, owners of Chateau d' Bakersfield and the Loma Linda Management Company, and employees Jhanaye Mechell Mansker and Jennifer Mae Butler, conspired to participate in the scheme to defraud.

The criminal complaint, filed in Superior Court, charged the four defendants with grand theft and Medi-Cal fraud. Pursuant to a plea agreement, the defendants pleaded nolo conten-

dere to compounding a felony.

For further information contact Deputy Attorney General Gary Mogil (818) 556-2928.

Billing Clerks: Texas

Attorney General Greg Abbott announced on December 30 that Katherine Ferguson pleaded guilty in federal court to one count of health care fraud. Ferguson was indicted in August 2008 on 28 counts of healthcare fraud. The counts were based on allegations that as a contracted billing clerk for two licensed professional counselors (LPC), she intentionally double billed Medicaid for sessions provided by these counselors. A review of records provided by the first LPC showed that of the \$116,380.85 Medicaid paid for the LPC's counseling services, \$57,168.23 allegedly were payments for services not provided. A review of records provided by the second LPC showed that Medicaid paid \$34,579.74 for that LPC's counseling services and that \$16,751.63 was for services not provided. Each counselor paid Ferguson a percentage of all monies collected from Medicaid, and neither was aware that the double billing was taking place.

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

Billing Companies: Texas

Attorney General Abbott announced on November 25 that Davia Ann Clark, owner of LND Medical Consultants, was sentenced to 18 years confinement in the Texas Department of Criminal Justice after pleading guilty in state court to one count of misapplication of fiduciary property of financial institution of more than \$200,000. Clark also pleaded guilty to one count of false statement to obtain credit for which she was sentenced to ten years confinement. She also pleaded guilty to one count of fraudulent use of identifying information for which she received two years confinement and one count of fraudulent filing of financial statement for which she received two years confinement. All sentences will run concurrently.

Clark was also ordered to pay \$59,738.74 to Medicaid plus \$560,000 in restitution to Medicare and other insurance companies for billing for services that were never provided. Clark was under contract to bill and collect claims made on behalf of Bluebonnet Anesthesia Services. Clark set up false bank accounts and diverted more than \$600,000 from Medicaid, Medicare and numerous insurance companies. False billing codes were added to claims to make up for some of the revenue that Clark diverted.

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

Chemical Dependency Treatment Facilities: Texas

Attorney General Abbott announced on November 6 that Judith H. Price, Executive Director and owner of Sandstone Health Care, pleaded guilty in state court to first degree felony

theft. She was sentenced to ten years probation, ordered to pay \$160,000 in restitution and serve 300 hours of community service. As a condition of probation, she is not to participate in any Medicaid program for ten years.

It is alleged that between January 1, 2002, through December 31, 2004, Sandstone billed Medicaid for outpatient services while the clients were in a residential setting. The investigation revealed that when the provider depleted its Department of State Health Services (DSHS) funding, Price allegedly instructed staff to document residential clients as being treated in an outpatient setting in order to bill Medicaid. Sandstone received funding from DSHS to provide residential and outpatient chemical dependency services. It is one of the top ten DSHS-funded providers in Texas, with approximately \$3 million in contracts per year. In addition, Sandstone is one of the top five licensed adolescent chemical dependency treatment facilities in the state. Sandstone has received \$1,031,274 from the Medicaid program since April 17, 2000. The estimated amount of alleged overpayment is \$274,116.37.

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

Counselors: Texas

Attorney General Abbott announced on December 15 that licensed professional counselor Michael J. Bartos, III was sentenced in state court to 60 days in jail, 10 years deferred adjudication, \$29,721.38 in restitution, fined \$5,000, and ordered to complete 1,000 hours of community service. He was also permanently excluded from Medicaid, Medicare, and any other government health care system. Bartos pleaded guilty to one count of second degree theft. His plea included an agreement to pay \$10,496 in restitution to the Texas Workforce Commission (TWC) in return for dismissal of a TWC indictment (secure execution of document by deception) for unemployment insurance benefit fraud. Bartos allegedly billed Medicaid for services not rendered with a loss to the Medicaid program of \$29,721.38.

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Attorney General Abbott announced on December 16 that Darron Broadus was sentenced to 12 years confinement in the Texas Department of Corrections and ordered to pay \$375,722.67 in restitution after he pleaded guilty in state court to aggregate theft by a government contractor. Darron Broadus and Jeanne Jackson, co-owners of Choice Program, a counseling service provider, were indicted in February 2008 on charges of theft by a government contractor. From January 4, 2001, to June 17, 2004, Choice Program billed Medicaid for chemical dependency treatment and was paid \$987,195.29. The investigation revealed that Medicaid paid Choice Program \$375,722.67 for chemical dependency treatment counseling services allegedly not provided. Alleged falsifications on the Medicaid enrollment application by Broadus indicate that the entire \$987,195.29 is suspected overpayments.

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Attorney General Abbott announced on December 16 that licensed professional counselor Mary Kay Shepherd was sentenced in state court to five years probation and fined \$500 as a result of her no contest plea to one count of tampering a government document with intent to fraud or harm, a state jail felony. Shepherd had previously paid \$72,361.38 in restitution. Shepherd allegedly billed Medicaid for services not rendered between January 1, 2003, and September 11, 2006. Investigation revealed that Shepherd was paid \$72,361.38 for services allegedly not rendered and identified an additional \$125,502.10 in overpayments based on improper documentation.

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

Dentists: California

Attorney General Brown Jr. announced on November 13 that Shlaimon T. Sawa was sentenced to three years probation and ordered to serve 180 days in jail and pay \$28,000 in restitution to the Medi-Cal program, \$5,000 cost of investigation to the Department of Justice, and \$2,360 in fines and penalties to San Diego County.

Sawa allegedly engaged in fraudulent Medi-Cal billing based upon a review of patient files and interviews. The investigation confirmed that Dr. Sawa fraudulently billed for amalgams that were never performed.

On December 11, 2007, a criminal complaint was filed in San Diego County Superior Court charging Sawa with filing false Medi-Cal claims, unlawfully charging Medi-Cal beneficiaries, health benefits fraud, identity theft, and grand theft.

For further information contact Deputy Attorney General Carlos Chavarria (619) 688-6410.

Drug Diversion: Texas

Attorney General Abbott announced on November 13 that licensed vocational nurse Barron Dwain Wardwell pleaded guilty in state court to one count of possession of a controlled substance. Wardwell was sentenced to five years deferred adjudication, fined \$3,500 and ordered to complete 160 hours of community service. Wardwell was terminated in October 2006 from the Kristi Lee Manor nursing home after he was suspected of diverting drugs from residents for his own use. The investigation revealed that Wardwell had diverted 90 tablets of hydrocodone from a locked medication cabinet. The offense was captured on video surveillance.

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Attorney General Abbott announced on November 21 that Ellen Herrick was sentenced to two years deferred adjudication and fined \$4000 after pleading guilty in state court to one

count of delivery of a controlled substance of less than 28 grams, a Class A Misdemeanor. Hala Wassef was sentenced to two years deferred adjudication and fined \$3000 after she pleaded guilty to one count of practicing medicine without a license, a 2nd degree felony.

This case involves Pain, Stress, and Weight Clinic, a pain management clinic. Herrick owned the clinic and Wassef was an employee. It was alleged that Herrick employed doctors to oversee the operation and then used the doctors' DEA numbers to issue prescriptions for hydrocodone, soma, and xanax in their maximum quantities. The facility does not accept Medicaid cards. It is a cash only business. Patients would go to the pharmacy designated by the clinic and fill their prescriptions, sometimes using their Medicaid cards.

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Attorney General Abbott announced on December 18 that registered nurse Mitzi Ann McCain Kirby received three-years deferred adjudication in state court for possession of a controlled substance. This case involves an alleged drug diversion that occurred at Southern Specialty Rehabilitation and Nursing in Lubbock in September 2007. Kirby allegedly misappropriated 30 tablets of Lortab belonging to a resident there. Kirby was also suspected of another drug diversion at this facility that occurred earlier in the month. Records show that Kirby's RN license was revoked in August 2007.

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

Drug Diversion: Vermont

Attorney General William H. Sorrell announced on December 18 that Holly J. Williams and Anne-Marie Noel were arraigned, respectively, on December 16, 2008, in Vermont District Court, each on eight counts of Obtaining a Regulated Drug by Deceit and eight counts of Making a False Statement in Records, all felonies. Williams and Noel were released on standard conditions plus the conditions that they must not buy, have, or use regulated drugs without a prescription; and must not administer any direct patient care or work in any setting where they would have direct access to narcotics.

The charges against Williams and Noel stem from their employment as Licensed Registered Nurses at Fletcher Allen Health Center (FAHC). According to papers filed in court, Williams allegedly diverted to her own use regulated drugs, including, Hydromorphone, Oxycodone, Morphine and Clonazepam, which were prescribed to various patients. Noel allegedly diverted to her own use regulated drugs, including, Oxycodone, Hydromorphone and Hydrocodone, also prescribed to various patients. They both allegedly failed to make an accurate record accounting for regulated drugs that they obtained but did not administer to various patients.

Williams and Noel pleaded not guilty to the charges. If convicted, they respectively face potential penalties of up to two years and one day imprisonment and a \$5,000 fine for each of the sixteen charges filed against them.

For further information contact Assistant Attorney General Earl F. Fechter, (802) 241-4440.

Durable Medical Equipment: California

Attorney General Brown Jr. announced on December 5 that Justice Emmanuel Edem was sentenced to a 13-year state prison sentence following his conviction by jury trial on eight counts of Submitting False Health Care claims, one count of Grand Theft and two counts of Income Tax Evasion. The jury also found true the sentence enhancement for taking over \$500,000. The court ordered restitution to Medicare for \$4.3 million.

The Bureau of Medi-Cal Fraud and Elder Abuse investigated complaints that New World Medical Group paid Medicare and Medi-Cal patients to come to the New World clinic and receive unnecessary heart and ultrasound exam, as well as prescribing unnecessary medical supplies provided by Nations Care Medical Distributors. The investigation found that Emmanuel Udeobong, Daniel Joseph and Howard Bass owned and operated a clinic, New World Medical Group Inc. Bass was the medical director and physician at the clinic and worked directly with Nations Care Medical Distributors, a durable medical equipment (DME) company owned by Edem, in a scheme to defraud the Medicare and Medi-Cal programs. Edem paid his driver \$100 for every patient that was brought to New World and gave the patients free cases of "Ensure" nutritional supplement drinks as an incentive for going to New World. Once at the clinic, Bass wrote bogus DME prescriptions for these patients, which were billed by Nations Care.

On June 30, 2004, a criminal complaint was filed in Los Angeles County Superior Court charging Emmanuel Udeobong, Daniel Joseph, Howard R. Bass, Justice Edem and New World Medical Group, Inc. with grand theft, submitting false health care claims, and income tax evasion. Early in the proceedings, defendants Udeobong and Bass were found guilty and sentenced to four and five years in state prison, respectively.

For further information contact Deputy Attorney General Malcolm Venolia (818) 556-2919.

Durable Medical Equipment: South Carolina

Attorney General Henry McMaster announced on October 15 that Marc H. Suddarth, owner of Pediatric Innovations, a durable medical equipment provider that primarily supplied children's electronic wheelchairs, was convicted of one count of Filing False Claims in Richland County, South Carolina. On or about November 8, 2007, Suddarth caused a false claim to be filed with the South Carolina Medicaid Program.

Suddarth was sentenced by the Honorable Michelle Childs to three years, suspended and five years probation to end upon payment of \$33,227.21. Restitution to the South Carolina Department of Health and Human Services in the amount of \$33,227.21 was paid plus court fines of \$133.90.

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

Durable Medical Equipment: Texas

Attorney General Abbott announced on November 6 that nurse practitioner Frances Unoka Nwosuocha was sentenced in state court to ten years probation, 30 days in jail to be served on weekends, a \$10,000 fine, 320 hours of community service, and was ordered to pay \$151,033.58 in restitution. Nwosuocha was convicted in state court on November 4 of aggravated theft greater than \$100,000 and less than \$200,000. In addition, on November 11, DME owner Bibian Chikere Uluocha was sentenced in state court to five years probation, 240 hours of community service and \$70,000 in restitution, payable at sentencing. Uluocha pleaded guilty in March to aggregate theft.

Nwosuocha was indicted in October 2007, along with Bibian Chikere Uluocha and Achor Hawkins Uluocha, owners of DME company SilverHawk Healthcare Systems, Inc. (Silver Hawk), for engaging in organized criminal activity. Bibian Uluocha and Achor Uluocha allegedly billed Medicaid and Medicare for power wheelchairs and accessories but provided less expensive scooters. They are also suspected of forging doctors' signatures on certificates of medical necessity and paying recruiters and doctors for prescriptions for motorized wheelchairs. Both Bibian and Achor used several doctors who have either pleaded guilty or been found guilty in federal court for healthcare fraud. Nwosuocha signed 34 CMNs and, as a result, Silver Hawk was paid \$143,286.53 by Medicaid and Medicare. Between August 2002 and June 2003, Silver Hawk was paid \$72,330.69 by Medicaid and \$1,800,901.90 by Medicare with the total amount of suspected overpayments identified as \$27,478.63 by Medicaid and \$203,501.72 by Medicare. Achor Uluocha fled the country and is still wanted.

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Attorney General Abbott announced on November 13 that Demetria Boston pleaded guilty in state court to charges of engaging in organized criminal activity. In May, Boston, Dyain and Tajuana Frazier, Marcus Jefferson and seven others were indicted by a state grand jury for engaging in organized criminal activity. From January 2003 through April 2006, Boston, owner and operator of Anointed Medical Supply was paid \$1,910,183.87 for supplies allegedly not provided to recipients. The Fraziers are the owners of Frazier Medical Marketing, a medical billing business. Jefferson allegedly supplied illegally obtained Medicaid recipient numbers to the Fraziers, who used them to bill Medicaid on behalf of the other indicted providers for equipment and services allegedly not provided to recipients. The Fraziers and Jefferson were initially associated with Anointed Medical Supply.

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Attorney General Abbott announced on November 13 that Christopher Williams pleaded guilty in state court to charges of engaging in organized criminal activity. Williams and ten others were indicted by a state grand jury in May 2008. From May 2006 to December 2006, Williams, owner and operator of Resource Solutions Medical Supply, was paid \$408,806 by

Medicaid, but allegedly delivered nothing to recipients.

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Attorney General Abbott announced on December 3 that Enitan Isiwela was indicted on 39 counts of healthcare fraud and one count of conspiracy to pay illegal remunerations and Yvonne Heard was indicted on one count of conspiracy to pay illegal remuneration. Isiwela is the owner of Galaxy Medical Supply, a DME company. Isiwela allegedly billed Medicaid and Medicare under the CMS 'CR Modifier' code which allowed replacement wheelchairs to be provided to recipients who lost their wheelchairs due to the Hurricane Rita disaster. Heard and Linda Patterson allegedly recruited several Medicaid/Medicare recipients and provided their names and patient information to Isiwela. Patterson was indicted in June 2008 on one count of conspiracy to received illegal remuneration and is awaiting trial.

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

Durable Medical Equipment: Virginia

Attorney General Robert McDonnell announced on November 7 that Annette Fleming-McClatchey was sentenced to 40 months in prison, followed by a term of three years supervised release. Fleming-McClatchey was also ordered to pay \$3,745,649 in restitution to the Virginia Department of Medical Assistance Services (“DMAS”). Fleming-McClatchey pleaded guilty on August 7 to a federal health care fraud charge in connection with a scheme to defraud the Virginia Medicaid program.

This case was referred to the Virginia Medicaid Fraud Control Unit by the Virginia Department of Medical Assistance Services (DMAS) indicating that a routine audit of Medco’s records was done in November 2006. Medco was a durable medical equipment company (DME) owned and operated by Fleming-McClatchey. DMAS auditors discovered that Medco did not have supporting records to support its Medicaid billings for various types of medical equipment and supplies. The investigation included interviews of several recipients that revealed that those recipients had never requested or received DME equipment or supplies, which were billed to Medicaid by Medco. The fraudulent DME billings included expensive specialty dressings normally reserved for burn or wound patients.

For further information contact Forensic Accountant Eda Montgomery (703) 359-1118, Chief Auditor Kristine Asgian (804) 786-3352, or Assistant Attorney General Steven W. Grist (703) 359-1226

Funeral Homes: Wisconsin

Attorney General J.B. Van Hollen announced on August 22 that Darrell Dickinson has been sentenced for a conviction of public assistance fraud. Dickinson appeared before Judge Todd Bjerke and was sentenced to six months incarceration with the first 72 hours spent in the

jail and then release on electronic monitoring. In July, Dickenson pleaded guilty to two counts of felony public assistance fraud. Dickinson has paid \$55,000 in restitution.

According to the Department of Justice's criminal complaints, Dickinson is the owner of Dickinson Family Funeral Home. As the owner, Dickinson would bill the family of a deceased person for the funeral expenses and also bill the Wisconsin Funeral and Cemetery Aids Program (WFCAP) for the same expenses.

The Wisconsin Funeral and Cemetery Aids Program (WFCAP) is meant to provide financial assistance for funerals and burials of deceased Medicaid recipients and is to be used when the family cannot cover the expenses themselves. Dickinson was also forging the signature of the family member whose signature was required on the WFCAP paperwork.

For further information contact Assistant Attorney General Eric Defort (608) 266-8514.

Home Health Care Aides: Oregon

Attorney General Hardy Myers announced on October 24 the conviction and sentencing of Judy Walker Green and Ronald Glenn Fontenot on five felony counts of Theft in the First Degree. Both had been involved over the past five years in a Medicaid fraud scheme that cost taxpayers \$42,470.

Green was a Medicaid paid caregiver for an at home Medicaid recipient, who it was alleged needed care around the home. Green was paid by Medicaid to provide approximately 87 hours a month of services, assisting in the resident's "activities of daily living." The Oregon MFCU received information earlier this year that the recipient did not need that much care, and that regardless, Green was not providing any care. An investigation by the MFCU revealed that indeed, Green was not providing any care. Instead, Green conspired with Fontenot to submit monthly vouchers claiming to provide 87 hours of care, with Fontenot often signing the recipient's name on the vouchers certifying that the hours had been worked that month. Green and Fontenot would later split the money received as a result of the fraudulent vouchers.

Both were sentenced to 120 days jail and placed on extended five years probation, where during that time neither can work in any type of position paid for with Medicaid or Medicare dollars; and both were ordered to pay a total of \$42,470 in restitution. If either Green or Fontenot violate any of the conditions of probation, including failing to pay restitution, that failure would result in the imposition of an additional 13 months prison.

For further information contact Senior Assistant Attorney General Rodney Hopkinson (971) 673-1880.

Home Health Care Aides: Washington State

Attorney General Rob McKenna announced on July 15 that Carolyn M. Suttie pleaded guilty to one count of Theft in the First Degree and eight counts of Medicaid False Statement. She was sentenced to serve 90 days of electronic home monitoring, 12 months probation and to

make restitution in the amount of \$8,984 to the Medicaid program.

Investigator Beverly Maddox completed the investigation for the Washington State MFCU. She found that Suttie had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, she was to submit the number of hours she provided care on a monthly basis.

Instead, Suttie billed and received payment from the Medicaid program over a nine month period for services she did not provide. This lack of care resulted in the physical neglect of a vulnerable adult.

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Attorney General McKenna announced on November 24 that Barbara Jean Haycook pleaded guilty to one count of Theft in the First Degree and twelve counts of Medicaid False Statement. She was sentenced to serve 30 days incarceration; of which 27 were converted to 216 hours of Community Service, 24 months probation and to make restitution in the amount of \$6,408 to the Medicaid program.

Investigator William Lemp completed the investigation for the Washington State MFCU. It was found that Barbara Haycook had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, she was to submit the number of hours she provided care on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Barbara Haycook billed Medicaid claiming she was providing services to the Medicaid client for approximately eleven months following the client being checked into the hospital, a nursing home, and after the client had died.

Aileen Miller, an Assistant Attorney General in the Washington State MFCU, handled the case for the prosecution.

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Attorney General McKenna announced on September 4 that Dominique S. Lowe pleaded guilty to one count of Theft in the First Degree and eight counts of Medicaid False Statement. She was sentenced to serve 90 days of electronic home monitoring, 24 months probation and to make restitution in the amount of \$4,588 to the Medicaid program.

Investigator Terry Tate completed the investigation for the Washington State MFCU. It was found that Lowe had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, she was to submit the number of hours she provided care on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Lowe billed

Medicaid claiming she was providing services to the Medicaid client for approximately ten months following the client's death.

Andrea Jarmon, an Assistant Attorney General in the Washington State MFCU, handled the case for the prosecution.

For further information on these cases contact Ms. Cortez (360) 586-8888.

Medical Transportation: South Carolina

Attorney General McMaster announced that Nathaniel Wilson, the previous owner and operator of Wilson Transport Service, LLC, a privately owned ambulance company was convicted on March 10 and sentenced on August 4 of one count of Health Care Fraud in the United States District Court, Charleston Division. From January 2004 through March 2007, in the District of South Carolina, Wilson, on behalf of Wilson Transport Service, LLC, executed a scheme to defraud health care benefit programs, that is, Medicare and Medicaid, and to obtain money and property owned by and under the custody and control of these health care benefit programs, by means of materially false and fraudulent pretenses, representations, and promises.

Wilson was sentenced by the Honorable Patrick Michael Duffy to the U. S. Bureau of Prisons for a total term of 30 months. He was also ordered to pay a \$100 special assessment fee and restitution in the amount of \$637,699.77, both due beginning immediately.

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

Medical Transportation: Texas

Attorney General Abbott announced on December 1 that restitution orders were signed in federal court for Ayad Fallah and Murad Almasri, who were each sentenced on November 21 to time served, which equated to a 19-month sentence. Restitution was set at \$310,441.01 to Medicaid and \$1,349,672 to Medicare. Both Almasri and Fallah had pleaded guilty to one count of conspiracy to commit health care fraud. Fallah will be deported as soon as ICE completes the appropriate documentation. Almasri will remain in the country under supervision pending his testimony in an upcoming criminal case.

Americare, a Houston ambulance company, was originally operated by brothers Raed Elmasri and Murad Almasri with Ayad Fallah. During the course of the investigation, the three original owners sold the company to Mazen Abdallah and Wesam Abdallah. The new owners continued to engage in the same activities which brought the company under investigation.

The defendants were charged with healthcare fraud, money laundering, and violation of anti-kickback regulations. The defendants were accused of billing for non-emergency transportation for dialysis patients who do not meet the Medicaid/Medicare guidelines for such transport. Between October 2002 and present, Americare billed \$22.8 million and was paid more than \$6.4 million by Medicare and over \$1 million by Medicaid. In May, Mazen Abdallah was found guilty of one count of conspiracy to commit health care fraud and his brother, Wesam

Abdallah, was found guilty of one count of conspiracy to commit health care fraud, four counts of health care fraud, and one count of violation of the anti-kickback statute. Raed Elmasri is out of the country and remains a fugitive at this time.

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

Nurses: Wisconsin

Attorney General Van Hollen announced on November 20 that Dixie Jeffery has been sentenced for her conviction of one misdemeanor count of theft related to her duties as a licensed practical nurse. The sentence was withheld and Jeffery was placed on one year probation. As a condition of probation, Jeffery must undergo a psychiatric evaluation within 60 days and fully comply with any recommended counseling, therapy or medication treatments. The court also ordered community service and a fine of \$110. The court further found the community service had been completed.

According to the Department of Justice's criminal complaint, in 2007 Jeffery worked as a private nurse caring for a young man who is on a ventilator. Jeffery was paid for her services through the state's Medicaid program. The young man's mother noticed in a review of her son's records that Jeffery had made claims and received reimbursement for dates she had not worked. In fact, Jeffery continued to bill the Medicaid program after her employment for the family had ended. Records show Jeffery received over \$4,809.28 for services she had not provided.

For further information contact Assistant Attorney General Frank Remington (608) 266-3542.

Nursing Homes: Texas

Attorney General Abbott announced on December 10 that Terry Dean West and Elizandro Arana were indicted by a federal grand jury. The employees were indicted on seven counts of mail fraud and one count of false statements related to healthcare matters. The suspects allegedly altered the nursing home corporation's accounts receivable records to reflect credit balances, and altered the responsible party information, in order to request refunds to be mailed to fictitious names and prearranged addresses. Five checks were received and cashed. Two other checks were stopped after an alert business office manager noted that the names for those refunds did not match the family names known to her.

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

Pain Management Clinics: Texas

Attorney General Greg Abbott announced on December 3 that a federal grand jury indicted Ashley C. Walkes, Dr. Isam Anabtawi, and Kristi M. Rose on 149 counts of health care fraud, and one count of conspiracy to commit health care fraud. In addition to these counts, Walkes was also indicted on one count of false statements related to health care matters and

five counts of money laundering. Walkes is the owner/director of Medic Management PA a pain management clinic which employs Dr. Anabtawi as the sole performing provider. Rose is the office manager. Medic Management is suspected of billing for services not rendered and up coding visits. Medic Management is also suspected of up coding physician visits by billing for more complex services than those performed.

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

Patient Trust Funds: California

Attorney General Brown Jr. announced on November 3 that Niegel Galang Laxamana was sentenced to two years in state prison and ordered to pay \$28,205 in restitution.

On April 15, the Bureau of Medi-Cal Fraud and Elder Abuse received a complaint alleging an eighty-six year old female patient of a skilled nursing facility was the victim of financial abuse. The investigation confirmed that certified nurses' assistant Laxamana cashed checks belonging to elderly residents of the skilled nursing facility.

On July 22, a 14-count criminal complaint was filed charging Laxamana with financial elder abuse, burglary, and forgery. He pleaded guilty to three counts of financial elder abuse.

For further information contact Special Agent Supervisor Kris Lyle (619) 688-6154.

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Attorney General Brown Jr. announced on November 3 that Tannessa Latanya Turner was sentenced and, as a condition to a three-year grant of probation, was ordered to serve 270 days jail time and ordered to make restitution in the amount of \$20,053.25.

On July 5, allegations of a possible fiduciary abuse directed toward a resident of a retirement community that offered Alzheimer & dementia care were received. The son of the victim discovered multiple credit card charges and transactions worth thousands of dollars against his mother's accounts. The investigation determined that Turner, an unlicensed caretaker for the elderly victim, stole the victim's checkbook, wrote unauthorized checks for goods and services and misused the victim's credit card.

On September 23, a three-count felony complaint was filed charging Turner with financial elder abuse and identity theft. The defendant pleaded guilty to committing a felony violation of Financial Elder Abuse.

For further information contact Deputy Attorney General David Songco (619) 688-6633.

Patient Trust Funds: Oregon

Attorney General Myers announced on October 29 the conviction and sentencing of Michael Henry Ciaffoni, on numerous felony counts of Theft in the First Degree and Criminal Mistreatment in the First Degree.

Since 2002, Ciaffoni was paid by Medicaid to provide room and board for a relative. The relative, however, was not to be left alone for more than a few hours. Ciaffoni was also the trustee of a special needs trust that was established when the relative sold her home. In 2007, it was discovered that for many years Ciaffoni was leaving the relative alone while he worked a full time job. It was also suspected that he misused the relative's special needs trust. An investigation by the Oregon Medicaid Fraud Control Unit revealed that Ciaffoni indeed worked a full time job and left the relative alone for extended periods of time. An accounting of the special needs trust revealed that approximately \$20,000 was withdrawn by Ciaffoni for his personal use. The relative was immediately removed from his home. In a letter by the relative, read to the judge at sentencing, the relative wrote "you treated me like a dog or a cat" and "you stole all my money."

Ciaffoni was sentenced by the county circuit court to four months jail and placed on an extended five year probation. Conditions of probation include that he not provide care for elders or the disabled and that he pay the relative \$20,099 in restitution and pay the Department of Human Services \$9,370 in restitution. Failure to pay the restitution or violation of any of the other conditions of probation will result in the probation being revoked and Ciaffoni being sentenced to sixteen months prison.

For further information contact Senior Assistant Attorney General Rodney Hopkinson (971) 673-1880.

Patient Trust Funds: South Carolina

Attorney General McMaster announced that Mavis Brown was convicted on September 9 of four counts of Breach of Trust with Fraudulent Intent. That on or about June 24, 2006 and continuing until on or about July 4, 2007, Brown did commit the offense of Breach of Trust with Fraudulent Intent. While Brown was employed at South Carolina Mentor, a provider for the Richland County Board of Disabilities and Special Needs, she intentionally converted \$1,060.38 of funds belonging to clients of the Board for her own use.

Brown was sentenced by Judge Willie H. Womble, Jr. to a sentence of 30 days, suspended and a fine of \$1,125.28 on each count and required to pay restitution to South Carolina Mentor.

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

Patient Trust Funds: South Dakota

Attorney General Larry Long announced on December 1 that Larry Lee Brinkman was sentenced to serve five years in prison for stealing money from his parents. Brinkman pleaded guilty in October to one count of Grand Theft. Circuit Court Judge Ronald K. Roehr also ordered Brinkman to pay more than \$140,000 in restitution to the victims' estate. Brinkman received checks from his father to pay his father's bills. Brinkman diverted these checks to other purposes, including video lottery. Brinkman also used his status as Power of Attorney for his father's financial affairs to withdraw money from his father's accounts.

For further information contact Paul Cremer, Director or Senior Investigator Schelle Wenner (605) 773-4102.

Patient Trust Funds: Texas

Attorney General Abbott announced on November 12 that Mary Alice Brown was sentenced in state court to two years of deferred probation. She was ordered to pay a \$1,000 fine, \$520 in restitution, and serve 50 hours of community service. The sentence is for cashing a misappropriated trust fund check issued to her by co-defendant Glenda Green Wright and was based on a plea agreement related to one count of forgery. It is alleged that former business manager Glenda G. Wright of Lindan Park Care Center misappropriated \$9,835.22 in resident trust fund monies by writing checks to various individuals including her associate Mary Alice Brown. Brown is the second subject to plea.

* * * *

Attorney General Abbott announced on November 25 that Murelene Jenkins pleaded guilty in federal court to one count of mail fraud. She was sentenced to probation and ordered to pay \$4,900 restitution. Jenkins is the former office manager of Beaumont Nursing and Rehabilitation, a nursing home. A review of an internal audit alleges that from February 26, 2007, through March 28, 2007, Jenkins wrote checks totaling \$6,063.26 from various residents' trust fund accounts for her own use.

* * * *

Attorney General Abbott announced on December 11 that Christopher Shan Hall was sentenced in state court to five years deferred probation, fined \$1,500, ordered to pay \$1,100 in restitution, and serve 150 hours of community service. The sentence is for cashing a misappropriated trust fund check issued to him by co-defendant Glenda Green Wright and was based on a plea agreement related to one count of forgery. It is alleged that former business manager Wright of Lindan Park Care Center misappropriated \$9,835.22 in resident trust fund monies by writing checks to various individuals including her associate Mary Alice Brown, her relative Christopher Shan Hall, and his friend Calvina Josephine Walls. Hall is the fourth and final subject to plea guilty in these cases.

* * * *

Attorney General Abbott announced on December 5 that Glenda Green Wright was sentenced in state court to one year in jail, fined \$1,500 and ordered to pay \$9,210 in restitution. The sentence was based on a plea agreement related to the charge of misapplication of fiduciary property. Wright pleaded guilty under her real name of Glenda Joyce Hall to four unrelated charges. Wright was sentenced to jail time for each of the charges to run concurrently. Wright was the former business manager at Lindan Park Care Center. She allegedly misappropriated \$9,835.22 in resident trust fund monies by writing checks to various individuals including her associate Mary Alice Brown, her relative Christopher Hall, and his friend Calvina Josephine Walls. Glenda Wright is the third subject to plea after Calvina Walls and Mary Brown.

* * * *

Attorney General Abbott announced on December 17 that Brittanie Ryan Patterson was indicted by a state grand jury on misapplication of fiduciary property charges. Patterson is the former business officer manager for Castle Manor Nursing Home. Patterson allegedly misappropriated money between March 5, 2006, and April 9, 2007, from the residential trust fund of nine residents, many of whom were severely mentally challenged. Included in this amount is money which Patterson deposited directly into her personal bank account.

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

Personal Care Assistants: Minnesota

Attorney General Lori Swanson announced on October 24 that Tamunoski Rhoda Koleosho pleaded guilty to one felony level count of theft by false representation over \$35,000. Koleosho owned Perfect Home Care, Inc., (Perfect Home) and was enrolled in the Medicaid program as a private duty nursing (PDN) provider. Perfect Home also provided personal care assistant (PCA) services.

A complaint was made by the mother of a patient, after reviewing the explanation of medical benefits that showed Perfect Home billed the Department of Human Services (DHS) for nursing services which were never provided to RPS during the time period from July 1, 2006 to November 30, 2006. The mother said no nurse had ever been to her home and that she was asked to sign blank nursing notes which were later filled in by Perfect Home staff. The DHS Surveillance Integrity Review Section initially investigated and then referred the case to the Medicaid Fraud Control Unit (MFCU) for further investigation and prosecution.

The MFCU executed a search warrant at the business location of Perfect Home. In addition, all documentation included in the DHS SIRS referral was reviewed and claims history for dates of service from January 1, 2005 to April 30, 2008, was requested and reviewed. PCA time sheet information was compared to claims submitted to the Medicaid program in order to determine if documentation existed to support the claims billed.

The investigation determined that Perfect Home billed and received payment from DHS for 1) registered nurse (RN) supervision of PCAs when there was no documentation to support the claims; 2) more units of RN supervision of services than are documented in the nursing notes; 3) RN supervision of PCA services during hours when the RN was employed elsewhere; 4) RN supervision of PCA services when the client was not at home and services were not provided.

Imposition of sentence was stayed and Koleosho was placed on probation for five years with the conditions that she pay restitution to the Department of Human Services in the amount of \$94,610.14, to pay a fine in the amount of \$3,000, and serve 60 days in the sentence to service program.

* * * *

Attorney General Swanson announced on November 2 that Mustapha Kamara pleaded guilty to one felony level count of Medicaid fraud. Kamara owned and operated National Home Health Care Service, Inc. (National).

National was enrolled in the Medicaid program as a personal care provider organization. National provided personal care assistant (PCA) services, physician services, case management, chores, companion services, homemaker services, extended personal care and respite care services. A National employee reported that she was not paid for hours she worked as a PCA. Her client changed provider agencies, but then learned all of her allotted units for the entire service agreement had been billed by National. In other words, National submitted claims to the Department of Human Services based on the client's service agreement, not based on the PCA's time cards and the services that were actually provided.

The Medicaid Fraud Control Unit investigation showed that from January 11, 2005 through June 14, 2005, Kamara billed for PCA and unskilled respite care services for clients which were provided by unqualified or disqualified employees for whom Kamara did not request background studies. The investigation also revealed that Kamara double billed the Department of Human Services by billing for more units of services than were actually documented on the PCA time cards.

Imposition of Kamara's sentence was stayed and he was placed on probation for five years with the conditions that he pay Medicaid restitution to the Department of Human Services in the amount of \$40,000, serve ten days in the sentence to serve program, and have no employment involving reimbursement from Medicaid.

* * * *

Attorney General Swanson announced on November 9 that Tommy Kintae Wesley pleaded guilty to one felony level count of theft by false representation over \$2,500. Wesley was a personal care assistant (PCA) who submitted timesheets to his employing agency for services he did not provide. Wesley was employed by Best Care, Inc. as a PCA. Best Care is a personal care provider organization authorized to bill PCA services to DHS, UCare and HealthPartners. Wesley was also employed full time by YouthLink. After the Department of Human

Services Surveillance Integrity Review Section received a complaint from a recipient's father that Wesley was not working all of the hours reported, it referred the case to the MFCU.

Wesley's timesheets and work schedules from YouthLink were reviewed and compared to Wesley's timesheets from Best Care. The timesheets showed that there were overlapping work hours. DHS, HealthPartners and UCare overpaid Wesley \$6,081.98 for services he could not have provided because he was working at YouthLink.

Imposition of sentence was stayed and Wesley was placed on probation for five years with the conditions that he pay total restitution in the amount of \$6,081.98, perform 80 hours of community service, and pay \$50 to the defendants' training and employment fund. In addition, Wesley must provide a DNA sample and is not to be employed by any facility that receives Medicare or Medicaid funds.

For further information on these cases contact Deborah Peterson, Director (651) 296-0320.

Pharmacists: Texas

Attorney General Abbott announced on November 25 that Marcellius Jhekwuoba Anunobi was indicted by a federal grand jury on one felony count of Medicaid fraud, one felony count of theft, one felony count of money laundering and two felony counts under the Human Resources Code. Anunobi is president and pharmacist in charge of Advanced Doctor's Prescribed Pharmacy (ADPP). It is alleged that Anunobi billed the Texas Vendor Drug Program for prescriptions that were never filled. ADPP began submitting claims in June 2007.

* * * *

Attorney General Abbott announced on December 3 that pharmacist Eugenia Agugua-Okoye was sentenced in state court to 180 days in jail, 10 years probation, \$155,000 in restitution, and fined \$10,000 on first and second degree felonies for theft. Agugua-Okoye, owner of Triumph Infusion Pharmacy, was paid over \$390,000 by Medicaid, identified as overpayments for prescriptions that allegedly were neither ordered by a physician nor provided to a patient. It was also alleged that Agugua-Okoye billed for higher amounts of refills and/or pills in a number of prescriptions. The fraudulent claims were paid by Medicaid between January 1, 2002, and April 24, 2005.

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

Physicians: Texas

Attorney General Abbott announced on October 21 that Fabian Aurignac, MD, was indicted by a federal grand jury on 12 counts of health care fraud. Aurignac's medical license was indefinitely suspended by the Texas Medical Board in October 2007. The suspension arises from Aurignac allegedly not adhering to the terms of a probationary period imposed in August 2006. Although Aurignac has closed his office, it is suspected that he continues to practice

medicine at another location and at adult day care centers and flea markets. Aurignac is allegedly billing for services not rendered. It is further alleged that he is billing for services that are not medically necessary and has subjected patients to unnecessary, invasive procedures.

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

Resident Abuse: Oregon

Attorney General Myers announced on November 3 that John Taylor was sentenced to serve 400 months in prison. Taylor was an employee in an Oregon long term care facility, who was alleged to have sexually assaulted an elderly resident in September 2005. The victim was a 70 year old woman who had lived in various facilities ever since sustaining brain damage in a car accident almost 50 years ago. The incident was not referred to the MFCU but instead reported to local law enforcement, investigated by a detective who presented the case to the District Attorney who rejected it for prosecution based on insufficient evidence, and the matter was closed. In October 2006, a local social worker for the first time approached the Oregon MFCU and asked if the MFCU would take a look at the case. One reason for her concern was that Taylor was back working in another long term care facility.

MFCU Investigator Vickie Shaffer looked at the case, and conducted multiple interviews that provided the basis for moving forward. HHS-OIG Special Agent John Masters and MFCU Chief Investigator Greg Jones conducted a detailed interview with Taylor and got him to consent to DNA testing. The MFCU arranged DNA analysis of certain evidence, which in the end proved Taylor was not truthful and did have sex with the victim. The MFCU also arranged, and paid for, an expert evaluation of the victim regarding her capacity to consent.

In 2008, the MFCU re-presented the case to the local District Attorney, which now not only agreed the case warranted prosecution, but insisted on prosecuting it. MFCU attorneys provided research assistance, and helped with a multitude of pretrial motions, and a local Assistant District Attorney tried the case.

Taylor was convicted at trial of three counts of first degree rape and three counts of first degree sodomy, and sentenced to serve 100 months on the rape charges and 300 on the sodomy charges. During sentencing, the defense tried to argue mitigating factors, including that the victim didn't really suffer harm. The judge cited the statement the MFCU and OIG obtained from Taylor, in which he wrote that he knew the victim was incapacitated and "anyone who would do such a thing to another person is sick", to rebut the defense argument.

For further information contact Senior Assistant Attorney General Rodney Hopkinson or Investigator Vickie Shaffer (971) 673-1880.

Resident Neglect: District of Columbia

The District of Columbia Medicaid Fraud Control Unit announced on August 15 that Marlo Chaney, a former direct care giver who worked for RCM of Washington, Inc. (RCM), which operated a residential group home for individuals with developmental disabilities, has

been found guilty and sentenced for criminal neglect of a 54-year-old vulnerable adult.

On August 12, Chaney pleaded guilty to one count of Criminal Negligence in the Superior Court of the District of Columbia before the Honorable Craig Iscoe. Judge Iscoe sentenced Chaney to 180 days in prison, all suspended, and two years of supervised probation. Chaney was also ordered to undergo drug testing and treatment. Judge Iscoe imposed an order prohibiting Chaney from working with vulnerable populations, such as the disabled, elderly, and children. In addition, Chaney was ordered to perform 16 hours of community service and was specifically advised that such service could not be with vulnerable populations. She also was ordered to pay \$50 to the Victims of Violent Crime Compensation Fund.

According to the government's evidence, on March 1, 2008, the defendant was employed as a support associate with the responsibility of caring for vulnerable adults diagnosed with severe mental retardation. Another caregiver present at the group home saw the defendant dragging the victim on a carpeted floor in the group home causing a carpet burn injury to his right thigh.

For further information contact Investigator Jonathan Rich (202) 727-5864.

Therapists: Kentucky

Attorney General Jack Conway announced on December 5 that a plea agreement was reached in the case of two therapists arrested earlier this year on charges that they bribed a witness. Vanessa Rouse, a speech pathologist and Janice Fields, a developmental interventionist, both pleaded guilty to Medicaid fraud, a class D felony, and were sentenced on December 11.

Under the terms of the plea agreement, the court sentenced each defendant to one year in the Kentucky Department of Corrections, which will be probated for a period of five years. As a condition of their probation, each defendant was ordered to pay restitution to the Kentucky Medicaid Program for a total amount of \$14,640.25 and to reimburse the Attorney General's Office for investigative costs.

In a related case, Rouse and Fields also pleaded guilty to a charge of bribing a witness. Following receipt of a tip, investigators from the Office of the Attorney conducted surveillance of Rouse and Fields. On April 16, the pair was arrested after investigators monitored a transaction in which Rouse and Fields gave \$200 to a prosecution witness in Perry County and instructed the witness as to how to testify. Under the terms of the plea agreement for this case, they will be required to serve 30 days of a one year sentence, the remainder of which will be probated.

For further information contact Mitchel Denham, Director (502) 696-5412.

CASE UPDATES

Counselors: Texas

Attorney General Abbott announced on December 15 that Rebecca Aliene Ransom was sentenced in federal court to 63 months incarceration and \$373,810 in restitution for health care fraud. Ransom and her husband, Tommy Ransom, were owners and operators of Life Share Therapy Foundation (LSTF), an LPC provider set up for the delivery of school health and related services (SHARS) counseling. Between 2001 and 2003, Rebecca Ransom is alleged to have been paid \$373,882 for counseling services that were not rendered. Recipients were allegedly tricked into providing Medicaid information pertaining to their dependent children. Thereafter LSTF billed for counseling services which were not provided to these children. In May 2007, Tommy Ransom was convicted on healthcare fraud charges stemming from overpayments by Medicaid of approximately \$2 million in a separate MFCU case. This conviction involved a separate company, Crossroads Community Outreach Center, which was also a SHARS provider. Tommy Ransom was sentenced to 10 years imprisonment in the Crossroads case. (See: *Medicaid Fraud Report*, September/October 2008, p. 4)

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

Physicians: Texas

Attorney General Greg Abbott announced on December 1 that Edem James Etuk was sentenced in federal court to 60 months in prison and ordered to pay \$1,590,756 in restitution. The prison term is to be followed by a three-year term of supervised release. Etuk, the former owner of PMS Medical Equipment Distributors, pleaded guilty in October 2007 to conspiracy to defraud Medicare and to health care fraud (See: *Medicaid Fraud Report*, September/October 2007, p. 8). He admitted he engaged in a 14-month conspiracy with several individuals, including Houston doctor Michael D. Kim, to commit health care fraud, wire fraud and to illegally pay kick-backs in relation to the Medicare program that resulted in fraudulent billings of \$3.8 million to Medicare. Kim was convicted in September 2008 on 17 counts of health care fraud and one count of conspiracy to commit health care fraud.

Etuk's scheme included billing Medicare for motorized wheelchairs which were either not required by the Medicare beneficiary, not delivered, or both. Etuk purchased Certificates of Medical Necessity (CMN), which are required to bill Medicare, from several doctors including Kim. Etuk admitted paying Kim \$200 for every fraudulent CMN. The Medicare beneficiaries in this case were recruited illegally by marketers. Etuk admitted that he paid the local marketers for beneficiaries and also that he purchased CMNs directly from the marketers for \$600 to \$1000 each. According to Etuk, Kim routinely falsified the CMNs and certified non-qualified Medicare beneficiaries for motorized wheelchairs. Etuk used the fraudulent CMNs to falsely bill Medicare for approximately \$3,880,000 in power wheelchairs and accessories and received approximately \$1,590,756 in Medicare/Medicaid payment over the course of the conspiracy.

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

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