



# MEDICAID FRAUD REPORT

**National Association  
of Medicaid Fraud Control Units**

**January/February 2009**

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### **Florida Physical Therapist Arrested**

Attorney General Bill McCollum announced on February 25 the arrest of a man for defrauding the Florida Medicaid program out of over \$100,000. Arne Rabiner was arrested by the Medicaid Fraud Control Unit. He is being charged with criminal grand theft, organized fraud and Medicaid fraud. He will also face a civil forfeiture lawsuit under Florida's False Claims Act.

Rabiner worked as a physical therapist. Acting on information received from the Agency for Health Care Administration, MFCU investigators determined that Rabiner submitted numerous claims to the Medicaid program for physical therapy that he never provided. Rabiner claimed to have treated each patient for one hour and billed for therapy conducted on the weekends, but interviews with Medicaid recipients revealed he spent no more than 30 minutes with each patient and did not provide weekend services. Some recipients even asked for longer sessions, but Rabiner claimed Medicaid would only permit 30 minutes of therapy per session, even though he was billing the Medicaid program for an hour.

Rabiner will be criminally charged with one count of grand theft and one count of organized fraud, both first-degree felonies, and one count of Medicaid fraud, a third-degree felony. If convicted, he faces up to 65 years in prison and a \$25,000 fine.

The Medicaid Fraud Control Unit also seized Rabiner's bank accounts with more than \$700,000, which the MFCU believes may have been unlawfully obtained through Rabiner's scheme. The civil forfeiture lawsuit will attempt to recover those funds on behalf of the State of Florida.

For further information contact David Lewis, Interim Director (850) 414-3600.

## **CASES**

### **Adult Day Care Centers: Oregon**

Attorney General John Kroger announced on January 5 that a civil settlement with Pavel Golosinskiy, the former owner/operator of Silver Years Adult Day Care Center has been finalized. The settlement, which was adopted by Washington County Circuit Judge Thomas Kohl, is enforceable as a court order.

A MFCU investigation established that despite state requirements to keep track of attendees and only bill Medicaid for day care services for clients in actual attendance, Silver Years' recordkeeping practices were sloppy, resulting in billing Medicaid for services for clients who did not attend Silver Years on all days billed.

In addition to paying full restitution, Golosinskiy was assessed a \$10,000 civil penalty, which was stayed as long as he remains in compliance with affirmative conditions of the settlement. One of those conditions was that Golosinskiy not act in any capacity paid with Medicaid or Medicare funds, and agree to refrain from seeking or using a Medicaid or Medicare provider number from any government entity.

For further information contact Ellyn Sternfield, Director (971) 673-1880, x1971.

### **Adult Living Facilities: Oregon**

Attorney General Kroger announced on January 5<sup>th</sup> the conviction and sentencing of Raquel Fritz, the former house manager of a Rainbow Adult Living facility, which provides care and housing to developmentally disabled individuals. Fritz was convicted of two counts of Criminal Mistreatment in the First Degree and four counts of Theft in the First Degree, and sentenced to 18 months in prison and ordered to make full restitution. Over a two year period, Fritz stole over \$38,000 from five of her clients.

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

### **Bookkeepers: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on December 12, 2008 that Robert Prince III, a bookkeeper, pleaded guilty in the United States District Court for the Western District of Tennessee to one count of Conspiracy to Launder Money and forty counts of Money Laundering and Aiding and Abetting. The court sentenced Prince to the United States Bureau of Prisons for a term of five years and three months. Additionally, Prince will serve two years probation following his release from prison. Prince was assessed a fee of \$4,100 and ordered to pay total restitution in the sum of \$420,000 to the Department of Health and Human Services Centers for Medicare and Medicaid Services.

This case was opened on June 15, 2001, based upon information received during an interview of a defendant in another case. In the interview, it was alleged that Dr. Marilyn Prince Watts,

president and co-owner of Brittsen Rehabilitation Inc. paid money for every patient referred to them. Additionally, it was discovered during the course of the investigation that Watts co-owned another company, Tender Loving Rehabilitation, which was incorporated using money from Brittsen's bank account. Robert Prince III, employed with Prince Consulting, was the bookkeeper for Brittsen and Tender Loving Rehabilitation. As such, Prince knowingly wrote checks on behalf of Brittsen and TLR with the intent to facilitate the practice of billing for rehabilitation services that were fraudulently delivered. Prince was indicted on fifty-two counts, which included Conspiracy, Health Care Fraud, Money Laundering Conspiracy, Money Laundering, and Criminal Forfeiture.

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

### **Case Managers: Texas**

Attorney General Greg Abbott announced on January 27 that a state grand jury indicted Paul Harvey Smith for aggregate theft by a government contractor. Smith, d/b/a, Harmony Case Management Service, billed Medicaid between January 2002 and December 2005 for counseling and evaluation services that were allegedly never provided.

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

### **Chemical Dependency Treatment Centers: Texas**

Attorney General Abbott announced on January 12 that Lawrence Uyi Edokpayi was sentenced in state court to deferred adjudication, placed on ten years supervision and ordered to pay \$47,783.88 in restitution after pleading guilty to aggregate theft by a government contractor. Edokpayi was the owner of New Haven General Counseling (NHGC), a chemical dependency facility. NHGC was paid \$47,783.88 by Medicaid between May 2004 to August 2004. Of this amount, all of it is alleged to be fraud related to billing for services not rendered. In August 2004, Edokpayi relinquished NHGC's chemical dependency facility license, excluding the facility from Medicaid.

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Attorney General Abbott announced on January 28 that Frank Eze Chekwas was indicted by a state grand jury on aggregate theft by a government contractor, a second-degree felony. Chekwas owned and operated Health 1st Clinic and Rehabilitation, a chemical dependency treatment center. Chekwas allegedly billed Medicaid for chemical dependency treatment services that were not provided.

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Attorney General Abbott announced on January 28 that Philo Nwanna Chekwas was indicted by a state grand jury on aggregate theft by a government contractor, a second-degree felony. Chekwas owned and operated Progressive Healthcare Services, a chemical dependency treatment center. Chekwas allegedly billed Medicaid for chemical dependency treatment and counseling services that were not provided.

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

**Drug Diversion: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on November 20, 2008 that Phillip Summitt, a registered nurse, pleaded guilty in criminal court to one count of forgery. Summitt was sentenced to two years probation and ordered to perform 96 hours of community service. Additionally, the Tennessee Board of Nursing revoked Summitt's nursing license.

This case was opened on November 5, 2007, based on a referral from Covenant Health. It was alleged that Summitt, a critical care nurse at Fort Sanders Regional Medical Center had removed large amounts of morphine, dilaudid, and demerol from the Accudose system. Summitt was confronted with the allegations and provided a written statement acknowledging his theft of narcotics and his patient care duties while under the influence of pain medicine. On January 14, 2008 Summitt was arrested and charged with two counts of acquisition of a controlled substance by theft or forgery and one count of reckless endangerment without a deadly weapon.

For further information contact Special Agent T.J. Battle (865) 549-7852.

**Drug Diversion: Texas**

Attorney General Abbott announced on January 8 that a state grand jury indicted licensed vocational nurse Linda Kaye Henson on one count of tampering with a governmental record. Henson worked at a nursing home where she allegedly took a patient's hydrocodone from a mobile patient medication cart.

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

**Durable Medical Equipment: Texas**

Attorney General Abbott announced on November 20, 2008 that Godfrey Obioma Ukoh was indicted by a state grand jury on a charge of aggregate theft by a government contractor. Ukoh is owner and operator of Presido Medical Supply Services (Presido), a durable medical equipment company. It is alleged that Presido received payments from Medicaid for durable medical equipment that was either not delivered in the quantities billed or not delivered at all.

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Attorney General Abbott announced on January 23 that Wilma Perkins Gibson pleaded guilty in state court to engaging in organized criminal activity. Gibson owned and operated Perkins Mobility, a DME company. Gibson was paid \$397,442.17 by Medicaid between June 21, 2006, and November 17, 2006, for incontinence supplies but allegedly made no deliveries Medicaid recipients.

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Attorney General Abbott announced on January 27 that Frank Rotimi Ojo was indicted by a state grand jury for aggregate theft by a government contractor. Ojo is the owner and operator of both Mission Bend Medical Supply, a DME company and St. Francis Drug & Alcohol Recovery Center, a chemical dependency treatment facility. Mission Bend Medical Supply was allegedly paid by Medicaid for power wheelchairs and accessories that were not provided or for less expensive scooters provided in lieu of the power wheelchairs billed. It is also alleged that St. Francis Drug & Alcohol Recovery Center billed Medicaid for chemical dependency treatment counseling services that were not provided.

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Attorney General Abbott announced on January 23 that Emmanuel Chike Osadebey was sentenced in state court to seven years deferred adjudication, fined \$1500, and ordered to pay \$129,354 in restitution after pleading guilty to one count of Medicaid fraud. Osadebey, doing business as Moon Medical Supplies, billed Medicaid and received \$129,359.04 for incontinence products that were never delivered to Medicaid recipients. The alleged fraud occurred between January 2003 and October 2006.

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Attorney General Abbott announced on January 30 that Winifred Hudson was indicted by a state grand jury for aggregate theft by a governmental contractor over \$20,000 but less than \$100,000. Hudson was the owner and operator of Javic Medical Supply, a DME provider who was paid by Medicaid for incontinent supplies that were allegedly not provided to Medicaid recipients.

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Attorney General Abbott announced on January 30 that Felicia Williams was indicted by a state grand jury on aggregate theft by a government contractor. Williams is the owner of Modern Medicine Healthcare (MMH), a durable medical equipment company. Williams allegedly billed Medicaid between July 15, 2003, and January 19, 2007, for incontinent supplies after her Medicaid provider number had been revoked. It is also alleged that some recipients never received the supplies as billed by the provider.

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Attorney General Abbott announced on February 11 that Ene Hogan, owner of Shanet Medical Source Inc., a DME company, was indicted by a federal grand jury on ten counts of health care fraud. Hogan billed Medicaid for DME supplies that allegedly were never delivered or only partially delivered. The FBI is a federal partner in this investigation.

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Attorney General Abbott announced on February 12 that Jeffrey Scales was sentenced in state court to five years confinement in the Texas Department of Criminal Justice, Correctional Institution Division after pleading guilty to one count of engaging in organized criminal activity. He was also ordered to pay \$155,700 in restitution. Robert Turner and Scales were co-owners and operators of First American Medical Supplies, a DME provider, and were paid \$422,732.48 by Medicaid between July 2006 to October 2006, but allegedly delivered nothing to recipients. Turner pleaded guilty February 26 in state court to engaging in organized criminal activity. Turner admitted that the company delivered nothing to recipients, and subsequently repaid the entire overpayment amount to the Texas Medicaid Program.

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Attorney General Abbott announced on February 12 that Jude Akpan was sentenced in federal court to five years probation and ordered to pay \$19,221 in restitution. Akpan pleaded guilty in December 2006 to receiving illegal kickbacks. Akpan, a radiologist at a local Houston hospital, sold fraudulent prescriptions, certificates of medical necessity, and patient information to Aneikan Ekwere, owner of Coastal Medical Supplies, a DME company. Ekwere pleaded guilty to one count of conspiracy to commit health care fraud and one count of healthcare fraud in June 2008. This case was investigated jointly by the FBI and HHS-OIG.

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Attorney General Abbott announced on February 17 that Uzoma Mark Ohuonu was sentenced in state court to six years deferred adjudication, 200 hours community service and was ordered to pay \$83,201 in restitution after he pleaded guilty to aggregate theft by governmental contractor, a second-degree felony. Ohuonu allegedly represented himself as a licensed chemical dependency counselor. In fact, Ohuonu was a counselor intern and lacked the credentials to perform chemical dependency counseling/treatment as warranted by the Texas Medicaid program.

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Attorney General Abbott announced on February 23 that Linda Patterson pleaded guilty in federal court to one count of making or causing to be made a false statement or representation. Patterson allegedly recruited several Medicaid/Medicare recipients and provided their names and patient information to the owner of a DME company.

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Attorney General Abbott announced on February 25 that Agustus Edet was indicted by a state grand jury for aggregate theft. Edet is the owner of COZ-DMEQ, a DME company. Edet billed Medicare/Medicaid for motorized wheelchairs and allegedly delivered nothing, delivered scooters instead of wheelchairs, or delivered wheelchairs to recipients who did not meet the requirements. Edet also billed Medicaid for incontinence supplies in the maximum allowable amounts and allegedly delivered partial quantities to recipients.

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

### **Home Health Care Aides: District of Columbia**

The District of Columbia Medicaid Fraud Control Unit announced on January 7 that Angela Peaks, a home health aide, has been sentenced to three years of probation and ordered to pay \$17,980.64 in restitution for her role in selling fake home health aide certificates.

Peaks pleaded guilty on July 23, 2008 and was sentenced on January 6 in district court before the Honorable Henry H. Kennedy, Jr. on one count of health care fraud. According to the statement of offense, signed by the defendant, the District of Columbia's Medicaid Program pays for home health services to the elderly and affirm. Home health aides typically perform such duties as recording vital signs, preparing meals, helping with basic care, and house cleaning. Home health aides work for staffing agencies, which in turn, bill Medicaid. Medicaid regulations require the home health aides to provide a certificate proving that they successfully completed a 75-hour training program of classroom work and supervised practical training.

Peaks, sold fraudulent home health aide certificates to at least five individuals who had not completed the classroom work and the training necessary to earn a legitimate certificate. The buyers contacted Peaks requesting a certificate. Peaks would ask for the buyer's name, Social Security number, and date of birth. In exchange for some amount of money, Peaks would deliver to the buyers the false home health aid certificate, laminated with the buyer's name and Social Security number, as well as certain other documents necessary to obtain a job as a home health aide. Peaks sold the false and forged certificates in the District of Columbia knowing that they would be used by the buyers to apply for a job as a home health aide.

For further information contact Special United States Attorney Dangkhua Nguyen or Auditor LaShawn Brooks (202) 727-5871.

### **Nurses: Arizona**

Attorney General Terry Goddard announced on January 15 the sentencing of Marcia Alisha Myers after pleading guilty to Criminal Possession of a Forgery Device. Myers was sentenced to two years probation under the supervision of the Adult Probation Department. She was ordered to pay the Medicaid Fraud Control Unit \$3,000 in investigative costs at the rate of \$100 per month commencing May 1.

The suspect attempted to obtain a registered nurse position with Abrazo Health Care by falsely completing an employment application and falsely stating her educational background.

For further information contact Assistant Attorney General Steven Duplissis (602) 542-3881.

### **Nurses: Texas**

Attorney General Abbott announced on February 2 that Hala Farouk Alameddine agreed to a pre-trial diversion in which she must perform 60 hours of community service. She was facing charges as a nurse impostor. The case alleges that Alameddine, an employee of Applied Healthcare Hospice Division, had been providing nursing treatments in the form of initiating and monitoring intravenous medication administrations to patients of the agency. Alameddine, who is a foreign national, has attempted to obtain a nursing license in the United States; however, she has failed the nursing exam on three separate occasions.

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

### **Nutritionists: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on October 23, 2008 that Stephanie Wilson, a nutritionist, pleaded guilty in criminal court to one count of TennCare fraud. Wilson was given a three year suspended sentence with three years probation and ordered to perform 150 hours of community service. Additionally, Wilson was fined \$100 and ordered to pay \$1,200 restitution to the State of Tennessee's Medicaid program.

This case was opened on March 31, 2005, based on a referral from the Division of Mental Retardation Services. It was alleged that Wilson, a licensed nutritionist contracted to provide nutrition services to DMRS facilities in the upper east Tennessee region, submitted claims to TennCare through DMRS for services not rendered. Auditors found records that indicated Wilson billed for services at particular facilities despite her absence from those facilities on the days for which the services were reportedly provided. Additionally, it was found that Wilson billed for services rendered which would have required time to perform in excess of the actual time she was present at the facility.

For further information contact Special Agent David Slagle (423) 434-6424 x114.

### **Patient Trust Funds: Arizona**

Attorney General Goddard announced on February 27 that between the dates of November 2002 through March 2004, Rosella Ann Perron allegedly obtained \$198,165,63 from Sunbridge Estrella Care and Rehabilitation Center (Nursing Home), by manipulating the facility's accounts to create overages in those accounts which she stole by checks written to cash. In addition to her signature, the second required check signature was often forged. The checks were cashed by Priscilla Olivia Perez, who knowingly received part of the money that was stolen between the dates of March 4, 2003 to March 24, 2004. The books and records of the facility were altered both manually and electronically to hide the thefts.

On February 13, 2008, Perron and Rivera were both indicted for one count of Fraudulent Schemes and Artifices, a class 2 felony, and one count of Theft, a class 2 felony. The Superior Court granted the defendants' Motion for a Complex Case Designation because of the need for expert witnesses and voluminous discovery.

On September 19, 2008, Perron entered in a plea agreement with the State of Arizona by pleading guilty to Theft, a class 3 felony. On November 21, 2008, Perron was sentenced to five years probation and 12 months incarceration in the county jail. The judge ordered Perron to pay restitution in the amount of \$198,163.63 to Sun Healthcare to be paid in increments of \$500 a month.

On August 27, 2008, Rivera entered into a plea agreement with the State of Arizona by pleading guilty to theft, a class 3 felony. On February 6, 2009, codefendant Rivera was sentenced to three months in the county jail, five years probation, and ordered to pay restitution in the amount of \$38,858.47 to Sun Healthcare payable in increments of \$300 a month.

For further information contact Assistant Attorney General Steven J. Duplissis (602) 542-3881.

### **Patient Trust Funds: Oregon**

Attorney General Kroger announced on January 22 the conviction and sentencing of Peg Marino, the owner and operator of St. Rita's Senior Care Community, a residential care facility and Alzheimer's unit. Marino commingled her funds with her residents and misappropriated over \$58,000. Marino pleaded guilty to two counts of Criminal Mistreatment in the First Degree and was sentenced to 12 months in jail, five years of probation and an additional 19 months of prison if she violates her probation, including failing to pay full restitution.

For further information contact Senior Assistant Attorney General Sheen Wu (971) 673-1992.

### **Patient Trust Funds: South Carolina**

Attorney General Henry McMaster announced on October 2, 2008 that Lesley Denise Smalls was convicted of one count of Breach of Trust with Fraudulent Intent, value \$1,000 or less. On May 1, 2008, while employed as a living support professional at Charles Lea Center, Smalls obtained funds that belonged to a client and unlawfully converted these funds for her own personal use. She was sentenced by Judge Mel Mauer to 30 days suspended on payment of \$1,188.49 in restitution and a fine of \$470.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., or Special Investigator David Addison (803) 734-3660.

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Attorney General McMaster announced that Daisy Gilliam was convicted on November 10, 2008, of one count of Breach of Trust with Fraudulent Intent, value \$1,000 or less. On or about September 2, 2008 through September 19, 2008 while employed as a mental retardation specialist by the Union County Board of Special Needs, Gilliam obtained funds owned by a resident of the Hart Street Home, and did unlawfully convert funds in the amount of \$192.84 to her own use and purposes. She did knowingly show intent to permanently deprive the resident of the use and benefit of the said funds.

Gilliam was sentenced by Judge Wade Hampton to 30 days imprisonment, suspended to a fine of \$500, reduced to \$155 and required to pay restitution in the amount of \$192.84 to the Union County Board of Disabilities and Special Needs.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., or Special Investigator David Addison (803) 734-3660.

#### **Patient Trust Funds: Texas**

Attorney General Abbott announced on January 20 that Patricia Ann Dean Ibrahim was sentenced in state court to five years probation and ordered to pay \$19,415 in restitution after pleading guilty to two third-degree felonies. Ibrahim, a former social worker and trustee at the Wellington Oaks Nursing and Rehabilitation Center, was charged with one count of theft and one count of misapplication of fiduciary property. Between February 2005 through October 2006, Ibrahim allegedly misappropriated \$4,833.41 of resident funds. The district attorney's office combined this case with another alleged trust fund theft investigated by the Veterans Administration, and increased the amount of misappropriated funds to \$14,548.41.

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

#### **Patient Trust Funds: Vermont**

Attorney General William H. Sorrell announced on January 16 that Heather M. Whitehouse, a former caregiver of seniors with Alzheimer's disease, was charged with crimes involving theft, fraud and financial exploitation of vulnerable adults. The charges stem from her employment as a caregiver at The Arbors, which is a residential care community dedicated to serving the needs of seniors with Alzheimer's disease and related memory impairments.

Whitehouse was arraigned on January 15 in district court on three felony counts of Financial Exploitation of a Vulnerable Adult; three felony counts of Identity Theft, one felony count of Larceny from the Person, one felony count of Selling Stolen Property, one misdemeanor count of Financial Exploitation of a Vulnerable Adult, two misdemeanor counts of Unlawful Taking of Tangible Personal Property, three misdemeanor counts of False Pretenses \$900 or less, and four misdemeanor counts of Fraudulent Use of a Credit Card. Whitehouse pleaded not guilty to the charges.

Whitehouse was released on standard conditions plus the conditions that she must not administer any direct care or work in any setting where she would have contact with vulnerable adults; and must not enter upon the property of The Arbors, Martin's Coin & Jewelry, and select Price Chopper, Kinney Drugs and Rite Aid stores.

According to papers filed in Court, Whitehouse allegedly stole an item of jewelry and multiple credit cards from vulnerable adults residing at The Arbors, ultimately selling the stolen jewelry, and fraudulently using the stolen credit cards to make unauthorized purchases.

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

### **Pharmacies: Florida**

Attorney General McCollum announced on February 19 that the former owners of a pharmacy were arrested for defrauding the Florida Medicaid program out of more than \$1.6 million. Rolando Fraga and his wife, Mercedes Fraga, were arrested by law enforcement officers with the Medicaid Fraud Control Unit (MFCU). The two formerly owned and operated Excellent Care Pharmacy, Inc.

The Medicaid Fraud Control Unit began investigating Rolando Fraga and Mercedes Fraga after the two were arrested in 2005 by federal authorities for selling diverted pharmaceuticals which were paid for by the New York Medicaid program. That federal investigation led to a detailed examination of their billing activity through Excellent Care to the Florida Medicaid program. The MFCU's investigation revealed the Fragas allegedly used Excellent Care to fraudulently bill the Medicaid program for prescription medications that were never dispensed from August 2003 to January 2006.

The Fragas will be charged with one count of organized fraud and one count of grand theft, both first-degree felonies.

For further information contact David Lewis, Interim Director (850) 414-3600.

### **Physicians: Arizona**

Attorney General Goddard announced on January 29 that Olena Kulakova and Dr. Paul Balikian have been indicted on charges relating to a scheme that allegedly defrauded the Arizona Health Care Cost Containment System (AHCCCS) of at least \$70,000.

According to investigators, in May 2006, Balikian, a licensed doctor of Osteopathy, sold the "We Care Clinic," a medical clinic to Kulakova, who is not a licensed physician. Between May 2006 and September 2007, Kulakova allegedly owned and operated the clinic and represented herself as a physician, including examining and treating patients, writing prescriptions using Balikian's name, signing off on medical bills and patient charts and generally practicing medicine.

During this same time period, Balikian allegedly continued to work as a doctor at the clinic. Court documents state that he signed-off on the charts of patients seen by Kulakova, despite knowing that Kulakova was not licensed to practice medicine.

The following is a summary of the charges in the indictment:

- Olena Kulakova: Kulakova was indicted on 92 counts including conspiracy, fraud, theft, illegally conducting an enterprise, participating in a criminal syndicate, money laundering, forgery and illegal administration of narcotic and dangerous drugs.
- Dr. Paul Balikian: Balikian was indicted on six counts, including conspiracy, fraud, theft, illegally conducting an enterprise, assisting a criminal syndicate and money laundering.

For further information contact Assistant Attorney General Phil Garrow (602) 542-3881.

**Physicians: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on November 26, 2008 that Sanford Myers, a medical doctor, pleaded guilty in district court to one count of conspiracy to possess with the intent to distribute, and to distribute a schedule II controlled substance. Myers was sentenced to thirteen years with the United States Bureau of Prisons and will be placed on supervised probation for three years after release. Myers must also complete 500 hours of substance abuse treatment. Additionally, Myers was assessed a \$100 fine.

This case was opened on March 30, 2004, based on a referral from the Knox County Sheriff's Office. The referral stated that Dr. Myers had made statements that he had written narcotic prescriptions to non-patients. Through further questioning of Myers, it was discovered that he had received money and cocaine in exchange for the diverted narcotic prescriptions. On December 7, 2007 Myers was arrested and charged with one count of conspiracy to possess with the intent to distribute, and to distribute a schedule II controlled substance and three counts of illegal distribution of a schedule II controlled substance.

For further information contact Special Agent T.J. Battle (865) 549-7852.

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The Tennessee Medicaid Fraud Control Unit announced on December 19, 2008 that Kelvin Lynn Douglas, a physician, pleaded guilty in district court to one count of having knowingly and intentionally omitted reporting to the Drug Enforcement Administration the distribution of Hydrocodone. Douglas was sentenced to time served, which amounted to one year and three months. Additionally, Douglas was placed on probation for six months following his release, fined \$1,000, and assessed a fee of \$100. Douglas also had his medical license suspended as a condition for continuance.

This case was opened on August 25, 2006, based on information from an informant. It was alleged that Dr. Douglas, a medical doctor, had prescribed controlled substances with the knowledge that the medication would be sold on the street and that Douglas would only prescribe the drugs in exchange for a portion of the proceeds from the sale. It was also alleged that Douglas had billed Medicare for tests that he had not performed. During the investigation, it was discovered that Douglas was receiving large shipments of Hydrocodone and Xanax at his residence but that his patient load was not sufficient enough to justify the drug quantities. A search of Douglas' home and offices revealed large amounts of cash, scheduled drugs, evidence of money laundering, and no controlled substance dispensing records.

For further information contact Special Agent Glyn Whitworth (731) 984-6657.

**Physicians: Texas**

Attorney General Abbott announced on January 30 that a state grand jury returned a two-count indictment against Oscar Michael Reichert, D.O., for one count of theft (over \$200,000)

and one count of Medicaid fraud. Dr. Reichert is suspected of billing for injections that were not given.

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

### **Resident Abuse: District of Columbia**

The District of Columbia Medicaid Fraud Control Unit announced on January 13 that Sola Olasoji-Malumi, a former employee of a care facility for persons with developmental disabilities, has been sentenced for criminal abuse of a resident of that facility.

Malumi was found guilty of criminal abuse of a vulnerable adult and sentenced on January 12 in Superior Court before the Honorable Anthony Epstein. Judge Epstein sentenced Malumi to two years of supervised years of probation. The terms of probation include 60 days in prison, with all days suspended and anger management counseling. Malumi was also ordered to stay away from the victim, the care facility, to refrain from working with any vulnerable population, and to pay \$250 towards the Victims of Violent Crime Compensation Fund. This is defendant's first conviction for criminal abuse of a vulnerable adult.

According to testimony at trial, on July 7, 2008 the victim was a resident of a group home operated by Individual Development Inc. On that day, Malumi was seen by one witness hitting the victim. The non-verbal victim communicated through motions, gestures, and vocalizations that Malumi twisted both her arm and mouth. Another witness observed injuries consistent with the allegation.

For further information contact Investigator Meghan Strickland (202) 727-5871.

### **Resident Abuse: Massachusetts**

Attorney General Martha Coakley announced on February 2 that a former certified nurse assistant (CNA) pleaded guilty in Plymouth Superior Court in connection with the sexual assault of a 93 year-old patient. Steven Laroche pleaded guilty to Indecent Assault and Battery on an Elderly Person. Superior Court Judge Carol Ball sentenced LaRoche to two years in the House of Correction, with the sentence suspended for a probationary period of two years. During the probationary period, Judge Ball ordered that LaRoche wear a GPS monitoring bracelet and that he also register as a sex offender. LaRoche is also barred from working as a caregiver during the two year probationary period.

An investigation by the MFCU began after the matter was referred by the Massachusetts Department of Public Health. Laroche, a former CNA at St. Joseph's Manor Nursing Home was responsible for the care of a 93-year-old resident diagnosed with Parkinson's disease and dementia.

On the date of the alleged assault, another CNA walked into the resident's room and observed what appeared to be Laroche sexually assaulting the patient. The CNA who witnessed the alleged assault informed the charge nurse of her observations. A physical examination of the victim revealed evidence of a sexual assault.

For further information contact Assistant Attorney General George Zachos or Investigators Steven Devlin and Linda Landry (617) 727-2200.

### **Resident Abuse: South Carolina**

Attorney General McMaster announced on December 3 that Bessie B. Hollingsworth pleaded guilty to and was convicted of one count of simple assault and battery. The Honorable Harold Wayne Copeland sentenced Hollingsworth to ten days confinement or a fine of \$470, suspended upon payment of court fees of \$55.

Hollingsworth willfully and knowingly pushed a resident against a window causing physical injury.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell Jr. (803) 734-3660.

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Attorney General McMaster announced on January 16 that Ocasio Gary was convicted of one count of Assault and Battery. On June 3, 2007, while employed at the Whitten Center, a DDSN facility, Gary physically assaulted a resident of the Whitten Center by squeezing the resident until he turned red in the face. Gary was sentenced by Judge Paul D. Lyles to 30 days suspended to a fine of \$233.00.

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

### **Resident Abuse: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on December 8, 2008 that Anthe Bogard, a care home staff member, pleaded guilty in criminal court to one count of willful abuse of an adult. Bogard was sentenced to 90 days incarceration at a workhouse. Additionally, Bogard is in the process of being referred to the abuse registry maintained by the Tennessee Department of Health.

This case was opened on May 15, 2008, based on a referral from the Tennessee Department of Health Adult Protective Services Division. It was alleged that Bogard, a staff member employed with the Robinson Care Home, got into an altercation with a service recipient. Witnesses stated that Bogard slammed the recipient's head to the floor and choked her. On June 11, 2008 Bogard was arrested and charged with one count of willful abuse of an adult.

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The Tennessee Medicaid Fraud Control Unit announced on December 17, 2008 that Robin McNeal, a home health aide, pleaded guilty in the Shelby County General Sessions Court to one count of assault. Diversion was granted and McNeal was placed on 11 months, 29 days probation.

McNeal was ordered to complete 24 hours of community service and complete three days of anger management. Additionally, McNeal is in the process of being referred to the abuse registry maintained by the Tennessee Department of Health.

This case was opened on April 16, 2008, based on a referral from the Tennessee Department of Human Services' Adult Protective Services. It was alleged that McNeal, a nurse's aid employed with Behavioral Services of Tennessee, had physically assaulted a patient by slapping him in the face. Statements from other employees who witnessed the event supported these allegations. On June 6, 2008 McNeal was arrested and charged with one count of assault and one count of willful abuse of an adult.

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

Inquires on editorial content should be addressed to:

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