



MEDICAID FRAUD REPORT

**National Association
of Medicaid Fraud Control Units**

July/August 2009

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Missouri Pharmacy Agrees to \$3.9 Million Settlement

Attorney General Chris Koster announced on August 13 that the United States, the State of Missouri and the State of Illinois have reached a civil settlement agreement with Pharmacy IV Associates of Dexter, Inc. d/b/a Special Design Healthcare and its owner Noel R. Botsch, R.Ph. Under the terms of the settlement, Special Design Healthcare and Botsch will pay \$3,996,130 to resolve claims that they violated the False Claims Act by submitting false and fraudulent claims to the Missouri and Illinois Medicaid Programs for Synagis® (palivizumab), a drug that is used to prevent Respiratory Syncytial Virus (RSV) in high risk children.

In the settlement agreement, the United States, Missouri, and Illinois contend that from October 2002, through June of 2006, while operating under the name O.P.T.I.O.N. Care, Special Design Healthcare and Botsch engaged in false and fraudulent billing of Synagis®. During the time in question, Synagis® was available in 50 or 100 mg vials. The amount of Synagis® required per injection was based on the weight of a child. In the settlement, the United States, Missouri and Illinois contend that rather than following Medicaid guidance indicating that a Synagis® vial is properly used for a single use on a single child, Special Design Healthcare would engage in “vial splitting” by using a portion of a vial on one child and then use the remainder of the vial on a second child. An audit conducted by the Medicaid Fraud Control Unit of the Missouri Attorney General’s Office uncovered that Special Design Healthcare billed the Missouri and Illinois Medicaid programs for substantially more vials of Synagis® than it had actually purchased. The audit also revealed that in the vast majority of claims Special Design Healthcare billed Medicaid for a more expensive 100 mg vial, rather than the less expensive 50 mg vial, even when the dosage of Synagis® needed for a child was under 50 mg..

The settlement agreement also resolves some equitable claims related to Botsch and Special Design Healthcare’s Medicaid billings related to several other drugs. Specifically, the settlement resolves allegations that Botsch and Special Design Healthcare were improperly

billing Missouri and Illinois Medicaid for brand name Epi-Pens® when actually dispensing single-dose generic prefilled epinephrine syringes that Special Design Healthcare had prepared. The settlement also resolves allegations that Botsch and Special Design Healthcare were improperly billing Missouri Medicaid for anti-viral drugs for hepatitis and certain drugs used to treat anemia, such as Procrit®, Epogen® and Neupogen®, when they did not have the proper medical authorization for the drug or the quantity of the drug given to the patient.

As part of the civil settlement, Botsch and Special Design Healthcare will enter into a Corporate Integrity Agreement with the United States Department of Health and Human Services (HHS) for a period of five years. Through the Corporate Integrity Agreement HHS seeks to ensure the integrity of future health care program claims submitted by Special Design Healthcare and Botsch. This settlement is the result of joint effort between the U.S. Attorney's Office for the Eastern District of Missouri; the Missouri Attorney General's Office, Medicaid Fraud Control Unit; the Illinois Attorney General's Office; and the HHS Inspector General's Office of Investigations.

For further information contact Rick Williams, Director (573) 751-7192.

CASES

Denturists: Washington State

Attorney General Rob McKenna announced on April 8 that Nelda Hyatt pleaded guilty to one count of Medicaid False Statement and was sentenced to five days in custody, 25 days electronic home monitoring and, to make restitution in the amount of \$4,011 to the Medicaid program and pay fines of \$1,300.

Investigator William Lemp conducted the investigation for the Washington State MFCU. During the course of his investigation he determined that Hyatt had contracted with Department of Social and Health Services (DSHS) to provide dentures and related-services to Medicaid patients. This conviction is based upon her conduct involving five Washington State Medicaid clients across three counties for whom she was supposed to have provided dentures and related services to and then billed the program for services she did not render.

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

For further information contact Assistant Attorney General Aileen Miller (360) 586-8888.

Drug Diversion: Texas

Attorney General Greg Abbott announced on August 11 that licensed vocational nurse (LVN) Mary Herrera was indicted for obtaining a controlled substance by fraud. In April 2009, Herrera, former employee of Windcrest Nursing and Rehabilitation, is suspected of diverting a resident's hydrocodone after a missing narcotic count sheet was discovered during a facility audit.

The following week, on August 19 Herrera was indicted on the same offense in another town. As a former employee of Edgewater Care Center, she allegedly diverted several residents' hydrocodone.

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Attorney General Abbott announced on August 11 that licensed vocational nurse (LVN) Kristin Marie Soto was indicted for obtaining a controlled substance by fraud. This case alleges that Soto, while employed with Heritage Oaks Nursing and Rehabilitation, diverted Lortab pills from a patient for her own use.

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Attorney General Abbott announced on August 13 that licensed vocational nurse (LVN) Laura D. Longhenry was indicted on two counts of injury to an elderly person by exploitation. Longhenry allegedly diverted hydrocodone in April 2008 from four elderly residents of the Good Samaritan Society, Denton Village, for her personal use.

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Attorney General Abbott announced on August 26 that licensed vocational nurse (LVN) Denise D. Cleaver was sentenced to four years deferred adjudication, 160 hours of community service and fined \$1500 after pleading guilty in state court to obtaining a controlled substance by fraud. Cleaver, former employee of Ranger Care Center, allegedly diverted 30 hydrocodone tablets from a resident at the center.

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

Durable Medical Equipment: Alabama

Attorney General Troy King announced on August 26 that Louis G. Tucker has been convicted of Medicaid fraud for billing the Medicaid agency for a specialized wheelchair that he never delivered to a resident of Father Walter Memorial Child Care Center.

Tucker, the former owner of Mobility Experts, a medical equipment company, pleaded guilty to the felony. After accepting his guilty plea, Judge Shashy sentenced Tucker to two years, which was suspended, and placed him on three years supervised probation. Tucker also was ordered to pay more than \$8,200 in restitution.

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

Durable Medical Equipment: Colorado

Attorney General John Suthers announced on July 24 that Michelle Riley pleaded guilty in district court to Theft-Series (Class Four Felony) and Forgery, (Class Five felony). Riley received five years probation, with conditions to include the payment of approximately \$63,000 in restitution.

From late 2006 through at least early 2008, Riley owned a durable medical equipment company known as Innovative Seating. During 2007 and part of 2008, acting through her company,

she billed Medicaid for the delivery of six wheelchairs and other durable medical equipment which was never supplied to the Medicaid recipients and all of which was overbilled . As a result, Medicaid made approximately \$61,500 in overpayments to Riley's company. Additionally, Riley billed Medicaid for approximately another \$1,500 for repairs to this equipment which were never performed, resulting in the \$63,000 total loss figure.

For further information contact First Assistant Attorney General George Coddling, Director or Investigator Bruce Norton (303) 866- 5431.

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Attorney General Suthers announced on August 14 that Cortney Ileane Miller pleaded guilty to Forgery, a class 5 felony. Miller received five years probation, with conditions to include 100 hours of useful public service, and the payment of approximately \$24,000 in restitution.

During 2002, 2003 and 2004, Miller worked at a medical equipment and supply company, Physicians Choice Medical, which was co-owned by her husband and another person. Her duties included supervising the billing of Medicaid for medical equipment that the company supplied to Medicaid recipients. She billed Medicaid for electric wheelchairs and accessories for these wheelchairs. She used the invoice for an electric wheelchair for one Medicaid recipient as documentation for billing Medicaid for a wheelchair seating system supplied to seven other recipients. As a result, she made inflated claims for the seating systems for six of these recipients, causing Medicaid to make approximately \$24,000 in overpayments to this company.

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

Durable Medical Equipment: Texas

Attorney General Abbott announced on August 11 that Michael Wayne Spradlin and Debra Spradlin were indicted by a federal grand jury for healthcare fraud and aggravated identity theft. Michael Spradlin is a hearing aid fitter and distributor doing business as Central Texas Hearing. His spouse, Debra Spradlin, is the company co-owner/biller. The two were allegedly paid for hearing aids and services that were not delivered.

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Attorney General Abbott announced on August 19 that John Nasky Okonkwo was indicted by a federal grand jury on 98 counts of healthcare fraud, one count of conspiracy to commit healthcare fraud, and a one count anti-kickback violation. Okonkwo is owner of Nasky and Goldfinger Medical Inc., a durable medical equipment company. He is suspected of over-billing Medicaid and Medicare for power wheelchairs, orthotics, and related equipment.

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

Home Health Care Aides: California

Attorney General Edmund G. Brown Jr. announced on July 21 that Raymond Lee Allen pleaded nolo contendere to presenting false Medi-Cal claims, as a misdemeanor, and was sentenced to three years summary probation on the condition he repay the Medi-Cal program \$2,261.

The investigation confirmed that the defendant billed the county's In-Home Supportive Services program for services he did not render.

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

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Attorney General Brown Jr. announced on July 21 that Brenda Rochelle pleaded nolo contendere to presenting false Medi-Cal claims, as a misdemeanor, and was sentenced to three years summary probation on the condition she repay the Medi-Cal program \$3,386.

The investigation confirmed that the defendant billed the county's In-Home Supportive Services program for services she did not render.

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Attorney General Brown Jr. announced on July 24 that Nadia Hoppes showed proof that she had completed payment of full restitution to the program. The complaint was amended to add the infraction of trespassing, and she pleaded guilty to that charge and was sentenced to a \$50 fine.

The investigation confirmed that the defendant billed the In-Home Supportive Services program for services she did not render.

For further information contact Deputy Attorney General David Haxton (818) 556-2922.

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Attorney General Brown Jr. announced on July 24 that Diane Trujillo pleaded nolo contendere to presenting false Medi-Cal claims, as a misdemeanor, and was sentenced to three years summary probation on the condition she repay the program \$1,645.29 and pay \$270 in fines and penalty assessments. At sentencing, Trujillo showed proof that the restitution has been paid in full.

The investigation confirmed that the defendant billed the county's In-Home Supportive Services program for services she did not render.

For further information contact Deputy Attorney General Steven Smith (818) 556-2929.

Home Health Care Aides: Florida

Attorney General Bill McCollum announced on July 16 the arrest Latasha Marie Brothers for fraudulently billing the Florida Medicaid program. She is accused of submitting false Medicaid service logs for services not provided to a disabled recipient.

The Medicaid Fraud Control Unit was alerted to the fraudulent activities by Hidden Potentials, Inc., a Medicaid provider offering home and community based services under the Medicaid waiver program. Hidden Potentials, Inc. reported that an independent contractor was allegedly submitting false service logs. An investigation revealed that Brothers submitted false service logs to Hidden Potentials documenting Medicaid services she never performed. As a result, the Florida Medicaid program made payment to Hidden Potentials, Inc. for \$8,430 for services which were not rendered. Brothers received payment for the services she billed for, but failed to render.

Brothers is charged with one count of Medicaid fraud, a third-degree felony punishable by up to five years in prison and a \$5,000 fine; and one count of Grand Theft, a third-degree felony punishable by up to five years in prison and a \$5,000 fine.

For further information contact Scott Farr, Central Regional Chief (813) 287-7940.

Home Health Care Aides: Ohio

Attorney General Richard Cordray announced on August 5 that Brenda Myers was sentenced to five years of Community Control, 100 hours of Community Service, and ordered to pay restitution in the amount of \$87,984. If she violates Community Control, she will receive a prison term of 18 months. Myers, a home health aide, billed for services not rendered.

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

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Attorney General Cordray announced on August 5 that Felicia Wallace pleaded guilty to Theft, a misdemeanor of the first degree and was sentenced to 90 days in jail which were suspended on condition that defendant pay restitution in the amount of \$400 to the victim in full by November 5, 2009. Wallace, a home health aide, billed for services not rendered.

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

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Attorney General Cordray announced on August 10 that Lois Fisher was sentenced to pay restitution in the amount of \$4,248 and sentenced to serve 90 days in jail. If restitution is paid in full by November 30, 2010, jail time will be suspended. Fisher, a home health aide billed for services not rendered.

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

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Attorney General Cordray announced on August 12 that Linda Hull pleaded guilty to one count of Theft, a misdemeanor of the first degree and was sentenced to 180 days in jail, if restitution in the amount of \$2,268 is paid in full by November 30, 2010, jail time will be suspended. Hull, a home health aide billed for services not rendered.

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Attorney General Cordray announced on August 19 that Jacqueline Childers was sentenced to five years of Community Control, 40 hours of Community Service, and ordered to pay restitution in the amount of \$14,000. If she violates Community Control, she will receive a prison term of 12 months. Childers, a home health aide billed for services not rendered.

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Attorney General Cordray announced on August 24 that Vickie Johnson pleaded guilty to one count of Theft, a misdemeanor of the first degree and was sentenced to 60 day suspended sentence in jail, one year probation, and ordered to pay restitution in the amount of \$2,964. Johnson, a home health aide billed for services not rendered.

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

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Attorney General Cordray announced on August 31 that Shirley Harmon pleaded guilty to one count of Theft, a misdemeanor of the first degree and was ordered to pay court costs in the amount of \$132 and restitution in the amount of \$2,237.16. Sentence of six months in jail are suspended if she pays restitution on or before September 30, 2010. Harmon, a home health aide billed for services not rendered.

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

Home Health Care Aides: Oregon

Attorney General John Kroger announced on June 30 the conviction and sentencing of Kimberly Dian Roberts on felony charges of Aggravated Theft, Theft I and Criminal Mistreatment I.

Roberts was a Medicaid paid caregiver for an elderly couple. The state Medicaid Program pays for caregivers to provide in-home services to qualified recipients so that the recipient can be cared for in their own home rather than a nursing facility. While providing care for the couple, Roberts began intercepting their bank and credit card statements. Once she got access to account

information, She was able to create artificial balances in these accounts and ultimately steal \$22,000 over a three month period. After the fraud was discovered, the couple obtained a new Medicaid paid caregiver and it was discovered that Roberts was still submitting vouchers to the state Medicaid Program, falsely claiming that she was still providing care for the couple.

As a result of the convictions, Roberts was sentenced in court and placed on 60 months probation and ordered not to work with elderly or vulnerable adults and to pay \$3,885.75 in restitution to Medicaid. Prior to sentencing, Roberts reimbursed the victims' \$22,000 related to the thefts from credit cards and bank accounts.

For further information contact Rodney K. Hopkinson, Director (971) 673-1880.

Home Health Care Aides: South Carolina

Attorney General Henry McMaster announced on August 11 that Sharon Scott was convicted of one count of Filing False Claims. On or about October 2006 through February 2009, Scott participated in a scheme to defraud the Medicaid Program. Her severely retarded daughter is eligible for respite care. Scott submitted another person's credentials, took certification classes as that person and submitted time sheets for reimbursement as if that person provided respite care. It is against Medicaid policy for a relative, living in the same household as the recipient to provide services to that recipient.

The Honorable Casey L. Manning sentenced her to three years and \$1,000 suspended. Additionally, the state recovered \$9,038.81 in restitution.

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

Home Health Care Aides: Vermont

Attorney General William H. Sorrell announced on July 15 that a former caregiving service provider has been charged with Medicaid Fraud. James Rushford was arraigned on July 14 in district court on one count of Medicaid Fraud, a felony. Rushford was released on several standard conditions.

According to papers filed in court, Rushford allegedly knowingly invoiced ARIS Solutions, the agency that processes timesheets for Vermont Medicaid waiver services, for services he failed to provide to a disabled child, resulting in his receipt of \$9,169.55 from the Vermont Medicaid Program.

Rushford pleaded not guilty to the charge. If convicted, he faces potential penalties of up to ten years imprisonment, or a fine of up to \$18,339.10, or both.

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

Home Health Care Aides: Washington State

Attorney General McKenna announced on April 27 that Ella Mae Mertens pleaded guilty to one count of Theft in the Second Degree, one count of Medicaid False Statement and four counts of Forgery. She was sentenced to serve 30 days of confinement, ordered to provide no services or have any contact with vulnerable adults, particularly Medicaid clients; have no contact for five years with the surviving vulnerable adult victims and was ordered to pay restitution in the amount of \$1,044 to the Medicaid program, and fees and costs of \$800.

MFCU Investigator Larry Carlier found that Mertens had contracted with the Medicaid program to provide in-home personal care services for several Medicaid clients. In order to receive payment under this program, Mertens was to submit the number of hours of care that she provided on a monthly basis. The investigation revealed that, Mertens claimed and was paid for hours above and beyond the care services she provided to a number of vulnerable adults. In order to facilitate the thefts, Mertens was convicted of forging client names on some of the timesheets she submitted.

Lynn Mounsey, an Assistant Attorney General in the Washington State MFCU, handled the case for the prosecution.

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Attorney General McKenna announced on May 15 that Marline May Fautanu pleaded guilty to Theft in the First Degree and three counts of Medicaid False Statement. She was sentenced to serve six months of confinement and was ordered to pay restitution in the amount of \$5,030 to the Medicaid program, and fees and costs of \$600.

Investigator Michael Bagley found that Fautanu had contracted with the Medicaid program to provide in-home personal care services for a Medicaid client. In order to receive payment under this program, Fautanu was to submit the number of hours of care that she provided on a monthly basis. The investigation revealed that, Fautanu continued to bill for services for four months after the client passed away.

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

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Attorney General McKenna announced on July 9 that Thao T. Tran Ropp pleaded guilty to two counts of Theft in the Third Degree. She was sentenced to serve 14 days on electronic home monitoring, 24 months probation and was ordered to pay restitution in the amount of \$25,000 to the Medicaid program, and fees and costs of \$1,371.30.

Investigator Larry Carlier found that Ropp had contracted with the Medicaid program to provide in-home personal care services for her mother, a Medicaid client. In order to receive payment under this program, Ropp was to submit the number of hours of care that she provided on a monthly basis. The investigation revealed that while she billed and was paid by Medicaid for

hundreds of daily care hours in Spokane, her mother was not living in Spokane.

Lynn Mounsey Longmeier, an Assistant Attorney General in the Washington State MFCU, handled the case for the prosecution.

For further information on these cases contact Assistant Attorney General Aileen Miller (360) 586-8888.

Medical Clinics: Oregon

Attorney General Kroger announced that on August 13 that Jacquie Von Marote was convicted of two counts of Theft in the First Degree and one count of Aggravated Theft in the First Degree. Marote paid back the full restitution of \$56,856.23 prior to being sentenced. Judge Kenneth Walker sentenced Marote to three months of jail and probation. Marote worked at an office clinic as an office manager. She embezzled money from the clinic by drawing from payroll, vacation and bonus money that she did not earn.

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

Medical Transportation: Ohio

Attorney General Cordray announced on August 14 that Amir Osman was sentenced to five years of Community Control and ordered to pay restitution, jointly and severally with Chanel Osman, in the amount of \$292,372.42. If Osman violates Community Control he will receive a prison term of 17 months.

On November 18, 2008, an indictment was returned charging Osman with one count of Theft by Deception, a felony of the third degree. On June 9, Osman pleaded guilty to Theft by Deception, a felony of the fourth degree.

Osman, billed for ambulette services provided to ambulatory persons who were not transported in wheelchairs and often transported in a car rather than a certified ambulette.

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Attorney General Cordray announced on August 14 that Chanel Osman was sentenced to five years of Community Control and ordered to pay restitution, jointly and severally with Amir Osman, in the amount of \$292,372.42. If Osman violates Community Control, she will receive a prison term of 17 months.

On November 18, 2008, an indictment was returned charging Osman with one count of Theft by Deception, a felony of the third degree. On June 9, Osman pleaded guilty to Theft by Deception, a felony of the fourth degree.

Osman, billed for ambulette services provided to ambulatory persons who were not transported in wheelchairs and often transported in a car rather than a certified ambulette.

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

Medical Transportation: Texas

Attorney General Abbott announced on August 3 that Anthony Wilkerson, former president/director of operations for Arctic Enterprises was indicted for second-degree theft. Arctic, d/b/a Citizens Care, allegedly transported patients to and from their regularly scheduled dialysis treatments by ambulance when the patients did not meet the criteria for this type of transport.

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

Nurses: Alaska

Attorney General Daniel S. Sullivan announced on August 17 that Sherry T. Trotter, president of On Call Nursing, pleaded guilty to a consolidated felony theft charge and was sentenced to 36 months in prison, with 28 months suspended, and was ordered to pay more than \$800,000 in restitution. The sentence also includes ten years of probation.

In 2002, the Department of Health and Social Services (DHSS) received complaints about the services provided by On Call Nursing. The Department investigated and forwarded those complaints to the Medicaid Fraud Control Unit, which discovered a theft of more than \$1.3 million based on various schemes to circumvent DHSS billing procedures. A grand jury indicted Trotter and her company in 2005.

DHSS withheld more than \$500,000 in payments from On Call Nursing in 2003, and those funds served to reduce Trotter's restitution to the \$809,028 ordered by Superior Court Judge Larry D. Card. The total amount stolen by the company makes this the largest known Medicaid fraud case in the 17-year history of the Alaska MFCU.

For further information contact Don Kitchen, Director (907) 269-6279.

Nurses: Ohio

Attorney General Cordray announced on August 27 that Cassandra Mills was sentenced to five years Community Control, 35 hours of Community Service, and ordered to pay restitution in the amount of \$27,676.60. If Mills violates Community Control, she will receive a prison term of 12 months.

On March 17, an indictment was returned charging Mills with one count of Theft by Deception, a felony of the fourth degree. On July 20 Mills pleaded guilty to one count of Theft by Deception, a felony of the fifth degree.

Mills, an LPN billed for skilled nursing services she did not provide.

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

Nursing Assistants: California

Attorney General Brown Jr. announced on July 9 that Lorena Medrano pleaded nolo contendere to using personal identifying information without authorization. Imposition of sentence was suspended and the defendant was placed on three years probation with the condition that she serve 45 days in county jail and ordered to pay fines totaling \$320.

On July 1, 2008, a criminal complaint was filed charging Medrano with violation of using false documents to conceal citizenship or resident alien status of another, and using personal identifying information without authorization. An investigation by the Bureau of Medi-Cal Fraud and Elder Abuse confirmed the allegations that the defendant used false documents and identity theft to obtain employment in a skilled nursing facility.

For further information contact Deputy Attorney General James Farrington (415) 703-5784.

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Attorney General Brown Jr. announced on July 16 that Martha E. Campos pleaded guilty and was ordered to pay \$250 in fines and penalties to the county and not use her Certified Nurse's Assistant (CNA) certificate unless valid.

The Bureau of Medi-Cal Fraud and Elder Abuse received a complaint from Community Extended Care alleging that (CNA) Campos used a female resident's card to withdraw a large amount of money. It's also believed that she has stolen jewelry from other residents at the facility. The theft investigation was handled by the local police department, but further investigation by the Bureau revealed that Campos had been working with a revoked CNA certificate.

For further information contact Deputy Attorney General Natasha Fagen (818) 556-2901.

Patient Trust Funds: Delaware

Attorney General Joseph R. "Beau" Biden III announced on August 7 that Vanessa Turpin-Brown was sentenced in Superior Court on two felony charges of Exploitation of an Infirm Adult. Superior Court Judge M. Jane Brady sentenced Turpin-Brown to eighteen months in prison, followed by one year of intensive probation. The court also ordered the defendant to make restitution to the victim's estate and a family member in the amount of \$22,200.89.

From April through December 2007, Turpin-Brown illegally or improperly used the financial resources of an 84-year-old infirm woman who had been residing in Brooklyn NY until the defendant brought her to Delaware in March 2007. These resources included the victim's Social Security checks, an annuity account, a prepaid burial policy, and bank accounts. During the time that the victim was under the care of Turpin-Brown, all of her financial resources were depleted with no evidence that any of these resources were used to pay for the care of the victim. The victim died on November 25, 2007.

This conviction was Turpin-Brown's second offense for financial exploitation of an infirm adult. Her previous conviction, in July 2006, involved the exploitation of an 89-year-old infirm woman who was a resident of Forwood Manor at the time of the offense.

For further information contact Deputy Attorney General James V. Apostolico and Dale Hall, Special Investigator (302) 577-8830.

Patient Trust Funds: Florida

Attorney General McCollum announced on July 22 that the former director of admissions of a South Florida health care facility was arrested on charges of elder exploitation.

Frances Minaya, formerly worked at Aldersgate Healthcare, which operated under the name of the Susannah Wesley Health Center. Investigators with the Medicaid Fraud Control Unit's Patient Abuse, Neglect and Exploitation (PANE) team began investigating Minaya after receiving a complaint from the Florida Department of Children and Families, Adult Protective Services.

The investigation revealed that Minaya convinced new residents to make cash payments directly to her. She lied to residents, telling them a portion of their care was not covered by Medicare or Medicaid, and only cash would be accepted or the patients would lose their beds at the facility. While the investigation remains ongoing, to date investigators with the PANE Unit have identified 14 elderly victims who made cash payments to Minaya totaling over \$36,000.

Minaya will be charged with one count of second-degree organized fraud and 14 counts of exploitation of an elderly or disabled person, a third-degree felony. She faces up to 15 years in prison and a \$10,000 fine for the count of organized fraud and five years in prison and a \$10,000 fine on each of the 14 counts of exploitation.

For further information contact Andrea Anido, Southern Regional Chief (305) 377-5441

Patient Trust Funds: South Carolina

Attorney General McMaster announced that Robert F. Dunmoyer was convicted on July 8 of Exploitation of a Vulnerable Adult. Between July 19, 2007 and April 21, 2008, Dunmoyer, while employed at Magnolias of Anderson Assisted Living Community as an administrator, committed the offense of Exploitation of a Vulnerable Adult. Dunmoyer made unlawful, unauthorized, or improper use of the funds, assets, property or power of attorney of a vulnerable adult for the benefit of Dunmoyer or another person.

Dunmoyer was sentenced by the Honorable Thomas L. Hughston, Jr. to five years, suspended to one year confinement, five years probation and restitution in the amount of \$62,225.00.

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

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Attorney General McMaster announced that Thomas Bryan Johnson was convicted on July 27 of Forgery. On or about January 23, Johnson committed the offense of Forgery by falsely making or forging an instrument of writing, namely a \$975 check from the account of a vulnerable adult and presented as true with the intention of defrauding the vulnerable adult.

Johnson was sentenced by the Honorable Casey L. Manning to three years confinement suspended to time served, three years probation and restitution in the amount \$1500.

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Attorney General McMaster announced on July 27 that Charmaine Michelle Reed was convicted of Exploitation of a Vulnerable Adult. On or about December 2, 2008, Reed, while working as a Certified Nursing Assistant, made unlawful, unauthorized or illegal use of funds which were the property of a vulnerable adult, by using the vulnerable adult's bank account routing number to make an electronic payment to Time Warner Cable for the profit or advantage of Reed.

Reed was sentenced by the Honorable Casey L. Manning to three years, suspended to one year's probation and restitution in the amount of \$1,807.60.

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

Pharmacies: South Carolina

Attorney General McMaster announced on August 11 that Lonnie Sims was convicted of one count of Filing False Claims. On or about November 17, 2008, Sims obtained prescriptions for high-priced drugs from various physicians and exchanged them for cash from the owner of a pharmacy. Owner/co-defendant billed Medicaid as if the drugs were dispensed..

The Honorable Casey L. Manning sentenced Sims to three years and \$1,000 for each counts, suspended. Additionally, the state recovered \$165,000 in restitution.

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

Physicians: New Hampshire

Attorney General Michael A. Delaney announced on August 26 that Dr. Anton A. Heins, III pleaded guilty in Superior Court to one count of unsworn falsification, a class A misdemeanor, for submitting a false claim to the state's Medicaid program. Dr. Heins specialized in treating drug addiction patients with Subutex and Suboxone. The charge was based on evidence that he double billed for initial consultations, by collecting the full fee from the patient and also billing Medicaid. Dr. Heins was sentenced to pay a \$2,000 fine, \$1,600 in restitution to Medicaid, and serve 30 days in the county jail, with another five months of suspended jail time.

As part of a separate civil settlement, Dr. Heins agreed to refund \$300 each to approximately 50 Medicaid beneficiaries for charging them privately instead of the Medicaid program for initial consultations. He further agreed to repay \$25,000 to the Medicaid program for using an incorrect procedure code when billing for hundreds of time-based office visits. Dr. Heins also agreed to withdraw as a Medicaid provider.

For further information contact Assistant Attorney General Philip Bradley (603) 271-1246.

Psychiatrists: District of Columbia

The District of Columbia Medicaid Fraud Control Unit announced on August 14 that Mansour Salahmand, has pleaded guilty to forging doctors' names and using their government-issued identification numbers to write prescriptions to patients, primary children, for controlled substances.

Salahmand entered his guilty plea before U.S. District Judge Colleen Kollar-Kotelly to the charge of Identity Theft. Salahmand faces a possible sentence under the guidelines of 24 - 33 months of incarceration. According to the statement of offense signed by the defendant, a psychiatrist is a medical doctor who specializes in the diagnosis, treatment, and prevention of mental illnesses. Certain drugs, which may be prescribed by psychiatrists, are deemed to be Schedule II controlled substances; the "Schedule II" distinction is given to the most regulated and controlled of the legal drugs. The Drug Enforcement Administration (DEA) is an agency of the United States which, among its other duties, regulates the dispensing of controlled substances. DEA registers medical doctors, giving them a "DEA registration number." If a medical doctor holds a current "DEA registration number," then the medical doctor may prescribe controlled substances. In order to write prescriptions for controlled substances in the District of Columbia, a medical doctor working in a clinic must also have permission from the District of Columbia's Controlled Substances Board.

Salahmand, was not a licensed medical doctor. He did not hold a "DEA registration number," nor did he have a District of Columbia controlled substance license. Despite his lack of licensing and credentials, Salahmand sought and obtained employment as a psychiatrist at eight different clinics in the District of Columbia and the State of Maryland. Salahmand worked at these clinics where other licensed psychiatrists were currently working or had worked in the past, including four doctors, identified in court as: Doctors M.P., D.H., T.M., and H.K. From July 2004 to around October 2006, Salahmand worked at these eight clinics in the District of Columbia and Maryland, purporting to treat patients (primarily children) as a psychiatrist. As a result, the defendant caused these eight clinics to fraudulently charge health care benefit programs for services which purportedly were done by a licensed medical doctor, but were, in fact, performed by him.

During the course of his scheme, Salahmand wrote prescriptions for controlled substances for patients in the District of Columbia or Maryland; at least 164 of these prescriptions were filled at area pharmacies for controlled substances. On these 164 prescriptions, Salahmand forged the signatures for one of four doctors, Dr. D.H., Dr. M.P, Dr. T.M. or Dr. H.K. In addition, Salahmand used the DEA registration numbers of Doctors D.H., M.P., T.M., and H.K.

For further information contact Criminal Investigator Sandra Adams (202) 727-8008.

Resident Abuse: Texas

Attorney General Abbott announced on August 3 that certified nurse's aide Irma Gonzalez was indicted for injury to an elderly individual. In August 2007, Gonzalez allegedly placed a blanket over the mouth of a resident at the Sara Roberts French Home and then struck the resident's legs with a shoe.

* * * *

Attorney General Abbott announced on August 6 that home living staff member Brandon Eugene Crow was indicted by a state grand jury for injury to a disabled individual. This case alleges that Crow, while employed with D & S Residential, gave a resident a cold shower, shaved him with a loose razor causing multiple scratches on his face and threw him against a bathroom door causing a bruise on his back.

* * * *

Attorney General Abbott announced on August 6 that mental retardation assistant William H. Lyons was indicted by a state grand jury for injury to a disabled individual. This case alleges that Lyons, while employed with the Abilene State School, caused injury to a resident by pushing him down a hall and shoving him over a Dutch door.

* * * *

Attorney General Abbott announced on August 6 that mental retardation assistant Gail Marcina Spearman was indicted for injury to a disabled individual. This case alleges that Spearman, while employed with the Abilene State School, grabbed a resident and pushed him out a door where he fell. Spearman allegedly then kicked the resident while he was on the ground.

* * * *

Attorney General Abbott announced on August 20 that a state jury sentenced service assistant Crystal Monique Wagner to two years of incarceration for assault with a deadly weapon. In July 2007, Wagner was observed by another staff member allegedly holding a pillow over the face of a state school resident in the resident's bedroom.

* * * *

Attorney General Abbott announced on August 28 that Sondra Smith was sentenced to one year probation, fined \$250 and ordered to complete 40 hours of community service after pleading guilty in state court to misdemeanor unlawful restraint. Charlotte Buster and Smith, employees of the Lufkin State School, were indicted in April 2008. The case involves allegations of the unlawful restraint of a 39 year old resident of Lufkin State School. The resident was locked in a closet and remained there for over 40 minutes without any type of ventilation. Buster and Smith allegedly tied the closet door shut from the outside. Buster pleaded guilty in October 2008 and was sentenced to one year deferred adjudication, fined \$250 and ordered to serve 80 hours of community service.

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

Resident Neglect: District of Columbia

The District of Columbia Medicaid Fraud Control Unit announced on August 25 that a former counselor at National Children's Center, Inc. (NCC), a residential provider for individuals with developmental disabilities, was found guilty and sentenced for neglect of two vulnerable adults.

On August 19, Jeneyne Harris was convicted of two counts of Criminal Negligence in Superior Court before the Honorable Anthony C. Epstein. Judge Epstein sentenced Harris to 21 days in prison for each count, all suspended, and one year of supervised probation for each count, to run concurrently. She was ordered to pay \$250 to the Victims of Violent Crime Compensation Fund.

According to the government's evidence, on January 19, 2008, the defendant was employed as a residential counselor with responsibility for caring for vulnerable adults and children diagnosed with mental retardation. The defendant allowed two of the individuals under her care to drive an NCC-owned car, an accident resulted and a passenger in the car was injured. The defendant then filed both a false incident report with her employer and a false police report regarding the accident.

For further information contact Criminal Investigators Shante McGee and Arkieva Smith or Attorney Jennifer Krochmal (202) 727-8008.

* * * *

The District of Columbia Medicaid Fraud Control Unit announced on August 26 that Archie Smith, a former employee of a care facility for persons with developmental disabilities operated by Individual Development Inc., has been sentenced for criminal negligence.

Smith pleaded guilty to criminal negligence and was sentenced on August 11 in the Superior Court before the Honorable Jennifer Anderson. Judge Anderson sentenced defendant Smith to 180 days in prison, with all days suspended, and 18 months of supervised probation. Smith was also ordered to stay away from the victim, the care facility, to refrain from working with any vulnerable population, and to pay \$50 towards the Victims of Violent Crime Compensation Fund.

According to facts presented at the plea hearing, on March 25, the victim lived in a residential facility operated by Individual Development Inc. On the day of the offense, Smith was caring for the victim, who uses a wheelchair, on an outing at a mall in Maryland. The defendant took the victim in her wheelchair down a short flight of steps, instead of using the nearby elevator. Smith lost his footing and fell, releasing the wheelchair, and dropping the victim. He failed to discharge his duty of care by not reporting the incident to the residence operator, and by delaying proper assessment and administering care to the victim. This is Smith's first conviction for criminal negligence.

For further information contact Health Investigator Meghan Strickland or Special Assistant U.S. Attorney Jacqueline N. Schesnol (202) 727-8008.

Social Workers: Missouri

Attorney General Koster announced on July 17 that a county court has awarded a \$1.8 million judgment to the state of Missouri and Missouri Health Net as a result of a Medicaid fraud case against Stephanie Spilton, a licensed clinical social worker. The court found that Spilton “knowingly submitted 325 claims to Medicaid which were partially or wholly untrue.” Furthermore, the court found that Spilton fabricated patient records and acted knowingly and with the intention to defraud the state and MO HealthNet.

Koster said the state earlier settled with Spilton’s husband, Gerard Moskowitz, and her corporation, On-Site Counseling, Inc., for \$55,000.

The case against Spilton originally began in 2005 when the mother of two Medicaid recipients noticed that on the Explanation of Benefits (EOB) forms she received in the mail that Spilton billed Medicaid for services that were never provided to her children. The subsequent investigation of Spilton revealed hundreds of false billings to Medicaid across multiple recipients and multiple families. Eventually, Spilton confessed to being “responsible for illegal activities” and for billing Medicaid when she “did not see” the client.

For further information contact Assistant Attorneys Generals James E. Ludlam and Gary W. Fleming (573) 751-7192.

CASE UPDATES

Physicians: Texas

Attorney General Abbott announced on August 20 that Fabian Aurignac, MD, was sentenced in federal court to four years and nine months in prison and fined \$20,000. Aurignac pleaded guilty on May 8 to health care fraud and agreed to reimburse the government \$1,157,000. Martha Alaniz pleaded guilty on June 26 to one count of the anti kickback statute. (*See: Medicaid Fraud Report: November/December 2008, p.19*)

Aurignac billed for services that allegedly were not rendered, not medically necessary and that subjected patients to unnecessary invasive procedures. Although he had closed his office, Aurignac allegedly continued to practice medicine at another location, at adult day care centers and flea markets. His medical license was suspended indefinitely in October 2007 by the Texas Medical Board. Martha Alaniz is the former owner of La Familia Adult Day Care Center. Raul Torres was a marketer for Aurignac. Torres allegedly paid Alaniz on behalf of Aurignac for access to adult day care clients to obtain personal information to fraudulently bill Medicaid for cardiac services.

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

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