



Ohio Medicaid Fraud Control Unit

FY 2009 Annual Report

**John A. Guthrie, Director
Health Care Fraud Section
150 E. Gay Street, 17th Fl.
Columbus, OH 43215**



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

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Unit Performance

The Ohio Medicaid Fraud Control Unit (“MFCU”) continues to aggressively pursue its investigative responsibilities with respect to criminal and civil offenses against the Medicaid program and persons residing in the institutions served by it. Its well-trained and experienced staff continues to have much success in this regard. As a unit, the MFCU stands as a significant deterrent to those who would defraud the Ohio Medicaid Program or abuse its recipients.

During the period July 1, 2008 to June 30, 2009, the MFCU received five hundred eighty-nine (589) complaints of Medicaid fraud and patient abuse or neglect. Of these, three hundred seventy-seven (377) related to allegations of Medicaid fraud and two hundred twelve (212) related to allegations of abuse or neglect in Ohio care facilities. The MFCU opened four hundred ninety-four (494) of these complaints for active investigation, three hundred sixteen (316) relating to Medicaid fraud and one hundred seventy-eight (178) relating to patient abuse or neglect. During this period, the MFCU completed four hundred forty-one (441) investigations. Of those, two hundred sixty-seven (267) related to fraud allegations and one hundred seventy-four (174) related to allegations of patient abuse or patient neglect.

During the period July 1, 2008 to June 30, 2009, the MFCU obtained ninety-seven (97) indictments, bills of information, or complaints. Of these, seventy-six (76) pertained to fraud against the Ohio Medicaid program and twenty-one (21) involved charges of patient abuse or neglect in Ohio care facilities. During this same period, the MFCU obtained convictions against eighty-seven (87) persons and business entities. Of these convictions, sixty-eight (68) were in cases involving fraud against the Ohio Medicaid Program and nineteen (19) were in cases involving patient abuse or neglect. The MFCU also completed twenty-one (21) civil settlements during its recertification period. The total value of these criminal restitution orders and civil settlements was \$68,593,864.73. These numbers are particularly significant in light of the fact that it cost \$4,025,340.55 to fund the operation of the Unit, 25% of which was provided by the Ohio Attorney General and 75% of which was provided by a grant from the United States Department of Health and Human Services, Office of the Inspector General.

The MFCU has continued to provide information to various groups of health care providers, law enforcement agencies, Medicaid advocates, and others around the state in the form of presentations and workshops. These efforts have proven valuable to the MFCU, both in terms of the quality of complaints concerning Medicaid fraud and patient abuse/neglect, and in terms of the timeliness of such complaints. They have also served the important function of informing Medicaid providers and caregivers of the serious criminal consequences that can result from the mistreatment of those persons entrusted to their care, or the submission of fraudulent claims to the Ohio Medicaid program.

Investigations

The following is a summary of cases investigated by the Ohio Medicaid Fraud Control Unit during the recertification year of July 1, 2008 to June 30, 2009:

Unit Totals

Cases open as of July 1, 2008:	371
(Plus) Complaints received:	589
(Less) Complaints referred prior to investigation:	(16)
(Less) Cases closed	<u>(520)</u>
Cases open as of June 30, 2009:	<u>424</u>

Summary by Case Type

	Actual	Projected
	<u>07/01/08 – 06/30/09</u>	<u>07/01/09 – 06/30/10</u>
a. Provider Fraud Cases:		
<i>Non-Institutional</i>		
Complaints:	371	380
Investigations Initiated:	311	315
Referrals:	13	15
Investigations Completed:	249	300
<i>Institutional</i>		
Complaints:	6	8
Investigations Initiated:	5	6
Referrals:	0	0
Investigations Completed:	5	6
b. Patient Abuse/Neglect Cases:		
Complaints:	212	225
Investigations Initiated:	178	185
Referrals:	3	5
Investigations Completed:	171	180

Summary by Provider Type

<u>Provider Type</u>	<u>Opened</u>	<u>Completed</u>
Ambulance/Ambulette Companies	22	26
Assist Other Agencies	0	0
Chiropractors	0	1
Clinics	5	9
Dentists	7	14
Durable Medicaid Equipment	4	2
Osteopathic Doctors	4	4
Podiatrists	0	2
Hearing Aid/Audio	0	0
Home Health Care	203	147
Health Maintenance Organizations	0	0
Hospitals	2	1
Laboratories	0	0
Medical Doctors	11	10
Nursing Homes	3	4
Optometrists	0	0
Patient Funds	33	26
Pharmacies	12	10
Miscellaneous	9	10
Patient Abuse/Neglect	178	174
Psychologists	1	1
X-Ray/Imaging	<u>0</u>	<u>0</u>
Totals	<u>494</u>	<u>441</u>

Prosecutions

During its recertification period, the Ohio MFCU obtained criminal convictions against the defendants listed below:

1. Addison, Joseph
Case No. M2070697

Addison, an independent home health aide, billed Medicaid for services he did not provide. Addison pled guilty to one (1) count of Theft (F5) and was, on July 24, 2008, sentenced to serve one (1) year in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$1,571.00.

2. Amberwood Manor / Kathryn Long
Case No. M2070653

Long, an employee at Amberwood Manor, stole \$1,830.31 from the facility's resident trust fund accounts. Long was charged in Tuscarawas County Common Pleas Court with felony counts of Theft and Forgery, but ultimately repaid the stolen funds and was accepted in a pre-trial diversion program, in lieu of conviction.

3. Arbors of Gallipolis / Alicia Werry
M2080028

Werry, a nurse aide at Arbors of Gallipolis, forcefully restrained a resident, causing severe bruising to the resident's hands. Werry pled guilty to one (1) count of Patient Abuse (M2) and was, on January 15, 2009, fined \$1,000.00.

4. Broadnax, Walter G., Jr., M.D.
Case No. M2070056

Broadnax, a medical doctor, sold medically unnecessary prescriptions for cash. Broadnax pled guilty in federal court to one (1) count of Possession With Intent to Distribute a Controlled Substance, in violation of 21 U.S.C. 84.1, and one (1) count of Willful Failure to Pay Employment Taxes, in violation of 26 U.S.C. 7202. On June 8, 2009, Broadnax was sentenced to serve five (5) years probation, and was ordered to make restitution in the amount of \$145,691.00.

5. Browning, Phyllis
Case No. M2060554

Browning, an independent home health provider, billed Medicaid for services she did not provide. Browning pled guilty to one (1) count of Theft (M1) and was, on July 8, 2008, sentenced to serve 127 days in jail, suspended, and was ordered to make restitution in the amount of \$2,130.00.

6. Burdine, Cara / Hvizdzak, Margaret
Case No. M2070008

Burdine, an independent home health provider, billed Medicaid for services she did not provide. Burdine pled guilty to one (1) count of Theft (M1) and was, on November 25, 2008, sentenced to serve one (1) year probation, and was ordered to make restitution in the amount of \$10,000.00.

7. Burdine, Cara / Hvizdzak, Margaret
Case No. M2070008

Hvizdzak, a Medicaid recipient to whom independent provider Cara Burdine provided home health services, accepted kickbacks from Burdine in exchange for not reporting the fact that Burdine was billing for services she did not provide. Hvizdzak pled guilty to one (1) count of attempted complicity to commit Theft (M1) and was, on November 25, 2008, sentenced to serve one (1) year of non-reporting probation, and was ordered to make restitution in the amount of \$1,050.00.

8. Cardinal Home Health Care / Eva Lucas-Cooper
Case No. M2030045

Lucas-Cooper, the owner and operator of Cardinal Home Health Care, placed drug dispensing machines in group homes and dispatched nurses to maintain these machines, requiring approximately one (1) hour of time, per week, for each machine. But instead of billing for one (1) hour of home health services each week, Lucas-Cooper billed Medicaid for fourteen (14) hours of service for each consumer, each week. A jury found Lucas-Cooper guilty of one (1) count of Theft (F3) and she was, on April 23, 2009, sentenced to serve five (5) years of community control, and was ordered to make restitution in the amount of \$370,107.69.

9. Care Bear Transportation / Robert Shumay
Case No. M2060473

Shumay, the owner of Care Bear Transportation, billed for ambulette transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Shumay pled guilty in federal court to nine (9) counts of Health Care Fraud, in violation of violation of 18 U.S.C. 1347, and was, on December 4, 2008, sentenced to serve five (5) months in prison, and was ordered to make restitution in the amount of \$202,393.32.

10. Carroll, Brenda, RN
Case No. M2070152

Carroll, an independent home health provider, billed for services she did not provide. Carroll pled guilty to one (1) count of Theft (M1) and was, on June 16, 2009, sentenced to serve one hundred eighty (180) days in jail, suspended, and three (3) years of probation. In addition, Carroll was fined \$100.00, and was ordered to make restitution in the amount of \$3,444.40.

11. Child and Adolescent Service Center / Patricia Gray
Case No. M2070667

Gray, a therapist, caused her employer, Child and Adolescent Service Center, to bill for services she did not provide. Gray pled guilty to one (1) count of Theft by Deception (M1) and was, on December 4, 2008, sentenced to fifteen (15) days in jail, suspended, and ordered to make restitution in the amount of \$2, 534.46.

12. Clark, Tonya
Case No. M2070539

Clark, an independent home health nurse, billed Medicaid for services she did not provide. Clark pled guilty to one (1) count of Theft (F4) and was, on January 9, 2009, sentenced to serve one (1) year in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$79,266.00.

13. Colby, Nicole
Case No. M2080246

Colby, an independent home health aide, billed Medicaid for services she did not provide. Colby pled guilty to one (1) count of Theft (M1) and was, on June 30, 2009, sentenced to serve three (3) months in jail, suspended, and was ordered to make restitution in the amount of \$4,839.44.

14. Compnotta, Joseph
Case No. M2070131

Compnotta, a home health aide, billed Medicaid for services he did not provide. Compnotta pled guilty to one (1) count of Theft (F4) and was, on April 6, 2009, sentenced to serve five (5) years of community control, and was ordered to make restitution in the amount of \$44,940.00.

15. Compnotta, Penny
Case No. M2070132

Compnotta, a home health aide, billed Medicaid for services she did not provide. Compnotta pled guilty to one (1) count of Theft (F4) and was, on September 23, 2008, sentenced to serve five (5) years of community control, and was ordered to make restitution in the amount of \$94,695.00.

16. Concord Care Center / John Riems
Case No. M2080049

Riems, a nurse in the employ of the Concord Care Center, sexually assaulted a facility resident. During the investigation of this assault, investigators learned that Riems had worked at thirteen (13) Ohio long term care facilities during his twenty-three (23) year career, and Riems admitted to sexually assaulting nearly one hundred (100) of his former patients. Riems pled guilty to four (4) counts of Sexual Battery (F3) and one (1) count of Gross Sexual Imposition (F4) and was, on January 16, 2009, sentenced to serve twelve and one-half (12 ½) years in prison and was classified by the Court as a tier III sexual offender.

17. Davis, Denise
Case No. M2070503

Davis, an independent home health aide, billed Medicaid for services she did not provide. Davis pled guilty to one (1) count of Falsification (M1) and was, on July 1, 2008, sentenced to serve 30 days in jail, suspended, and was ordered to make restitution in the amount of \$3,342.00.

18. Dental Express of Ohio / Gabriel Harden
Case No. M2020072

Harden, the owner of Dental Express of Ohio, billed for services his company did not provide. Harden pled guilty in federal court to two (2) counts of Health Care Fraud, in violation of 18 U.S.C. 1347, and one (1) count of Money Laundering, in violation of 18 U.S.C. 1957. On November 10, 2008, Harden was sentenced to serve forty-one (41) months in prison and two (2) years of supervised released, and was ordered to make restitution in the amount of \$1,683,412.32.

19. Dixon, Kimberly
Case No. M2080386

Dixon, an independent home health aide, billed Medicaid for services she did not provide. Dixon pled guilty to one (1) count of Theft (F5) and was, on June 29, 2009, sentenced to serve five (5) years of community control, and was ordered to make restitution in the amount of \$8,731.88.

20. Elite Express Transportation / Osama Abdalla
Case No. M2060502

Abdalla, the owner and operator of Elite Express Transportation, billed Medicaid for ambulette services rendered to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Abdalla was charged with counts of Mail Fraud, in violation of 18 U.S.C. 1341, Wire Fraud, in violation of 18 U.S.C. 1343, Health Care Fraud, in violation of 18 U.S.C. 1347, and Aiding and Abetting, in violation of 18 U.S.C. 2. In lieu of conviction, Abdalla entered a pre-trial diversion program for a period of twelve (12) months, and was ordered to make restitution in the amount of \$3,578.73.

21. Elite Express Transportation / Rabie Ali
Case No. M2060502

Ali, the owner and operator of EZ Transportation, billed Medicaid for ambulette services rendered to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Ali pled guilty to one (1) count of Health Care Fraud, in violation of 18 U.S.C. 1347, and one (1) count of Aiding and Abetting, in violation of 18 U.S.C. 2, and was, on March 6, 2009, sentenced to serve eleven (11) months in prison, and was ordered to make restitution in the amount of \$96,031.00.

22. Flint Ridge Nursing and Rehab / Mary Martin
Case No. M2070122

Martin, a Licensed Practical Nurse in the employ of Flint Ridge Nursing and Rehabilitation Center, submitted a false report to the Ohio Department of Health following an accident involving a facility resident. Martin pled guilty to one (1) count of Tampering with Evidence (F3), and was On August 22, 2008, sentenced to serve three (3) years of community control, and fined \$250.

23. Foundation Park Care Center / Pat Patterson
Case No. M2080191

Patterson, an aide in the employ of the Foundation Park Care Center, struck a resident with a closed fist, causing injury to the resident. Patterson pled guilty to one (1) count of Assault (M1) and was, on January 28, 2009, sentenced to serve six (6) months in jail, suspended, two (2) years of probation, and was ordered to perform one hundred (100) hours of community service.

24. Friendly Ride Inc. / Babatunde Moshood
Case No. M2070514

Moshood, the owner and operator of Friendly Ride, Inc., billed Medicaid for ambulette services rendered to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. In addition, Moshood failed to maintain insurance on the company's vehicles, also in violation of Medicaid regulations. Moshood pled guilty to one (1) count of Theft (F4) and was, on April 29, 2009, sentenced to serve five (5) years of community control, ordered to perform one hundred (100) hours of community service, and was ordered to make restitution in the amount of \$135,552.15.

25. FW Transport, LLC / Fatima Ware
Case No. M2070652

Ware, the owner of FW Transport, LLC and a co-owner of Ware Care Transportation, LLC, billed Medicaid for ambulette services rendered to ambulatory recipients, in violation of Medicaid rules and the companies' provider agreements. Ware pled guilty to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 1347. On April 16, 2009, Ware was sentenced to serve eighteen (18) months in prison and three (3) years of supervised release, and was ordered to make restitution in the amount of \$228,271.35, jointly and severally with Kenyatta Ware and Zsamara Booker (M2060427).

26. Good Samaritan Nursing Home, LLC / Lawrence Walker
Case No. M2070017

Walker, a nurse aide in the employ of Good Samaritan Nursing Home, assaulted a facility resident, causing a laceration on the resident's face. Walker pled guilty to one (1) count of Gross Patient Neglect (M1) and was, on November 6, 2008, sentenced to serve 180 days in jail, suspended, one (1) year of community control, and was fined \$750.00.

27. Glaeser, Janet
Case No. M2080021

Glaeser, an independent home health provider, billed Medicaid for services she did not provide. Glaeser pled guilty to one (1) count of Theft (F4) and was, on April 30, 2009, sentenced to serve six (6) months of community control, and was ordered to make restitution in the amount of \$85,776.42.

28. Graber, Melissa D.
Case No. M2070433

Graber, an independent home health aide, billed Medicaid for services she did not provide. Graber pled guilty to one (1) count of Theft by Deception (F5) and was, on October 31, 2008, sentenced to serve five (5) years of community control, ordered to obtain/maintain employment, and was ordered to make restitution in the amount of \$22,416.00.

29. Graves, Eunice
Case No. M2070206

Graves, an independent home health provider, billed Medicaid for services she did not provide. Graves pled guilty to one (1) count of Theft (F5) and was, on April 1, 2009, sentenced to serve eight (8) months in jail, suspended, three (3) years of community control, and was ordered to make restitution in the amount of \$4,056.00.

30. Greenbriar Healthcare Center / Damarie Rodriguez
Case No. M2080373

Rodriguez, a nursing assistant in the employ of Greenbriar Healthcare Center, improperly transferred a facility resident. As a result of her failure to follow the attending physician's orders while affecting the transfer, the resident suffered a severe laceration. Rodriguez pled guilty to one (1) count of Gross Patient Neglect (M3) and was, on March 24, 2009, sentenced to serve six (6) months in jail, suspended, one (1) year of community control, and was ordered to pay a fine of \$100.00.

31. Hartland Homes, Inc. / Craig Rohr
Case No. M2080223

Rohr, a management employee at Hartland Homes, Inc., embezzled funds from the nursing home, and the manner in which he concealed his thefts ultimately impacted the provider's Medicaid cost reports and reimbursement. Rohr pled guilty to two (2) counts of Aggravated Theft (F1), one (1) count of Aggravated Theft (F3), one (1) count of Misuse of a Credit Card (F1), and one (1) count of Money Laundering (F3). On September 24, 2008, sRohr was sentenced to serve nine (9) years in prison, and was ordered to make restitution in the amount of \$1,800,000.00.

32. Health Care Depo of Ohio / Vera Fontem
Case No. M2070541

Fontem, a home health aide, caused her employer, Health Care Depo of Ohio, to bill for services she did not provide. Fontem pled guilty to one (1) count of Theft by Deception (M1), and was on July 15, 2008, sentenced to serve three (3) years of probation, and was ordered to make restitution in the amount of \$2,712.00.

33. Henderson, Andrea D.
Case No. M2070367

Henderson, an independent home health aide, billed for services she did not provide. Henderson pled guilty to one (1) count of Theft by Deception (F4) and was, on February 3, 2009, sentenced to serve five (5) years of probation, two hundred (200) hours of community service, ordered to obtain/maintain employment, and was ordered to make restitution in the amount of \$82,763.58.

34. Home is Where the Heart Is / Sharon Brown
Case No. M2070048

Brown, the owner of Home is Where the Heart Is, a home health agency, billed for services that were not provided. Brown was found guilty of one (1) count of Theft (M1) and was, on July 24, 2008, sentenced to serve six (6) months in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$34,838.80.

35. Homes for Kids, Inc. / Danielle Feezle (Rodkey)
Case No. M2070229

Feezle, a social worker in the employ of Homes for Kids, caused her employer to bill for services she did not provide. Feezle pled guilty to one (1) count of Theft by Deception (F5) and was, on April 2, 2009, sentenced to serve twelve (12) months in prison, suspended, five (5) years community control, fifty (50) hours community service, and was ordered to make restitution in the amount of \$21,500.00. Feezle also voluntarily surrendered her social worker license.

36. Hope Home Health Care, Inc. / Melee Kermue
Case No. M2030232

Kermue, the owner of Hope Home Health Care, Inc., caused the agency to bill for services that it did not provide. Kermue pled guilty to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On February 19, 2009, Kermue was sentenced to serve twenty-two (22) months in prison and three (3) years of supervised release, and was ordered to make restitution in the amount of \$272,525.50, jointly and severally with Wilma Bailey (M2030232).

37. Hope Home Health Care, Inc. / Wilma Bailey
Case No. M2030232

Bailey, the office manager for Hope Home Health Care, billed Medicaid for services that were not rendered. Bailey pled guilty to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On February 19, 2009, Bailey was sentenced to serve twelve (12) months in prison and two (2) years of supervised release, and was ordered to pay restitution in the amount of \$272,525.50, jointly and severally with Melee Kermue.

38. Interim Healthcare / Lisa Dawn Rash
Case No. M2070536

Rash, a home health aide in the employ of Interim Healthcare, caused her employer to bill for services she did not provide. Rash pled guilty to one (1) count of Theft by Deception (F5) and was, on October 16, 2008, sentenced to serve ten (10) months of probation, ordered to perform twenty-five (25) hours of community service, and was ordered to make restitution in the amount of \$2,988.00.

39. Interim Healthcare / Krystle Robinson
Case No. M2070585

Robinson, a home health aide in the employ of Interim Health Care, caused her employer to bill for services she did not provide. Robinson pled guilty to one (1) count of Theft (M1) and was, on September 10, 2009, sentenced to serve twenty (20) days in jail, suspended, and was ordered to make restitution in the amount of \$1,268.63.

40. Johnston, Karen L.
Case No. M2080567

Johnston, an independent home health aide, billed for services she did not provide. Johnston pled guilty to one (1) count of Theft by Deception (F4) and was, on May 15, 2009, sentenced to serve five (5) years of probation, and was ordered to make restitution in the amount of \$94,692.00.

41. Jones, Harold M., DPM
Case No. M2060149

Jones, a Podiatrist, billed Medicaid for surgical services, but only provided routine foot care. Jones was found guilty at trial of two (2) counts of Mail Fraud, in violation of 18 U.S.C. 1341. On May 18, 2009, Jones was sentenced to serve eighteen (18) months in prison and three (3) years of supervised release, and was ordered to make restitution in the amount of \$57,380.00 to Medicaid and \$166,753.00 to Medicare.

42. Jubilee Medical Transportation / Waid Fashina-Jinadu
Case No. M2070058

Fashina-Jinadu, the owner and operator of an ambulette company, billed Medicaid for ambulette services rendered to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Fashina-Jinadu pled guilty to one (1) count of Theft (F4) and was, on May 27, 2009, sentenced to serve three (3) years of community control, and was ordered to make restitution in the amount of \$170,260.13.

43. K&L Transportation / Christopher King
Case No. M2070096

King, a co-owner of K&L Transportation, billed for ambulette transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. King pled guilty in federal court to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371, and was, on May 23, 2009, sentenced to serve six (6) months of house arrest and five (5) years of community control, and was ordered to make restitution in the amount of \$241,506.61.

44. K&L Transportation / Lamont Lloyd
Case No. M2070096

Lloyd, a co-owner of K&L Transportation, billed for ambulance transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Lloyd pled guilty in federal court to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371, and was, on May 23, 2009, sentenced to serve six (6) months of house arrest and five (5) years of community control, and was ordered to make restitution in the amount of \$224,004.

45. Keaton, Toby Lee
Case No. M2080498

Keaton, an independent home health aide, billed for services he did not provide. Keaton pled guilty to one (1) count of Theft by Deception (M1) and was, On June 8, 2009, sentenced to serve sixty (60) days in jail, suspended, fined \$200, and was ordered to make restitution in the amount of \$2,244.00.

46. Knox, Angela
Case No. M2070556

Knox, an independent home health aide, billed Medicaid for services she did not provide. Knox pled guilty to one (1) count of Theft (F5), and was, on September 17, 2008, sentenced to serve two (2) years of community control, ordered to perform sixty (60) hours of community service, and was ordered to make restitution in the amount of \$18,246.00.

47. Knox, Angela / Kecia Knox
Case No. M2070556

Knox, an independent home health aide, billed Medicaid for services she did not provide. Knox pled guilty to one (1) count of Theft (F5), and was, on September 17, 2008, sentenced to serve two (2) years of community control, ordered to perform sixty (60) hours of community service, and was ordered to make restitution in the amount of \$13,218.00.

48. Kunkel, Christine
Case No. M2080329

Kunkel, an independent home health aide, billed for services she did not provide. Kunkel pled guilty to one (1) count of Theft (F5) and was, on March 9, 2009, sentenced to serve six (6) months in prison, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$12,252.00.

49. Lifeline Health Care Center / Luisa Chang
Case No. M2070534

Chang, a home health aide in the employ of Lifeline Healthcare, caused her employer to bill Medicaid for services she did not provide. Chang pled guilty to one (1) count of Theft (M1) and was, on October 28, 2008, sentenced to serve sixty (60) days jail, vacated if she made restitution in the amount of \$3,262.50 by July 1, 2009.

50. Lifeline Health Care Center / Lissette Gonzalez
Case No. M2070534

Gonzalez, a home health aide in the employ of Lifeline Healthcare, caused her employer to bill Medicaid for services she did not provide. Gonzalez pled guilty to one (1) count of Theft (M1) and was, on October 28, 2008, sentenced to serve sixty (60) days jail, suspended, and was ordered to make restitution in the amount of \$2,915.00.

51. Lifeline Health Care Center / Davonna Johnson
Case No. M2080333

Johnson, a home health aide in the employ of Lifeline Healthcare, caused her employer to bill Medicaid for services she did not provide. Johnson pled guilty to one (1) count of Theft (M1) and was, on March 10, 2009, sentenced to serve three (3) months in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$1,429.32.

52. Lindsey, Tracey
Case No. M2080274

Lindsey, an independent home health aide, billed Medicaid for services she did not provide. Lindsey pled guilty to one (1) count of Theft (M1) and was, on February 24, 2009, sentenced to serve three (3) months in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$4,812.00.

53. Love's Transporting Service, Inc. / Anthony Love
Case No. M2050271

Love, the co-owner of Love's Transporting Service, Inc., billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Love pled guilty to one (1) count of Health Care Fraud, in violation of 18 U.S.C. 1347. On February 9, 2009, Love was sentenced to serve twelve (12) months and one (1) day in prison and two (2) years of supervised release, and was ordered to make restitution in the amount of \$292,000.00, jointly and severally with Sophia Love.

54. Love's Transporting Service, Inc. / Sophia Love
Case No. M2050271

Love, the co-owner of Loves Transporting Service, Inc., billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Love pled guilty to one (1) count of Health Care Fraud in violation of 18 U.S.C. 1347. On February 9, 2009, Love was sentenced to serve twelve (12) months and one (1) day in prison and two (2) years of supervised release, and was ordered to make restitution in the amount of \$292,000.00, jointly and severally with Anthony Love.

55. Main Street Pharmacy / Brian Martin
Case No. M2050384

Brian Martin, the owner and operator of Main Street Pharmacy, submitted claims to Medicaid for Zyprexa prescriptions that were not prescribed by a physician and that were never filled by the pharmacy. A jury found Martin guilty of twenty-one (21) counts of Making False Health Care Statements, in violation of 18 U.S.C. 1035, and sixteen (16) counts of Health Care Fraud, in violation of 18 U.S.C. 1347. On February 12, 2009, Martin was sentenced to serve three (3) years in prison and ordered to make restitution in the amount of \$1,032,000.00.

56. Maxim Healthcare Services / Cohen, Lavonda
Case No. M2080327

Cohen, an independent home health provider, billed Medicaid for services she did not provide. Cohen pled guilty to one (1) count of Theft (F4) and was, on May 6, 2009, sentenced to serve eighteen (18) months in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$47,727.72.

57. Maxim Healthcare Services / Kevin Walker
Case No. M2080327

Walker, a Medicaid recipient to whom independent provider Lavonda Cohen provided home health services, accepted kickbacks from Cohen in exchange for not reporting the fact that Cohen was billing for services she did not provide. Walker pled guilty to one (1) count of Theft (F5) and was, on May 6, 2009, sentenced to serve twelve (12) months in prison, suspended, three (3) years of community control, and was ordered to perform sixty (60) hours of community service. In addition, a civil judgment was granted in favor of the Ohio Department of Job and Family Services for \$12,000.00.

58. McCoy, Tanja L.
Case No. M2050652

McCoy, a Licensed Practical Nurse and independent home health provider, billed for services she did not provide. On August 11, 2008, pursuant to a plea agreement, McCoy pled guilty to Medicaid Fraud (M1) and made full restitution in the amount of \$11,624.60. The judge terminated the case without further sentence.

59. Miller, Holly
Case No. M2070307

Miller, a home health aide, billed Medicaid for services she did not provide. Miller pled guilty to one (1) count of Theft (F4) and was, on July 10, 2008, sentenced to serve five (5) years of community control, and was ordered to make restitution in the amount of \$49,941.00.

60. Peters, Agatha
Case No. M2070657

Peters, an independent home health aide, billed Medicaid for services she did not provide. Peters pled guilty to one (1) count of Theft by Deception (M1), and was, on October 20, 2008, ordered to make restitution in the amount of \$3,780.00.

61. Pitts, Danielle J.
Case No. M2080015

Pitts, an independent home health aide, billed Medicaid for services he did not provide. Pitts pled guilty to one (1) count of Theft by Deception (M1), and was, on March 2, 2009, sentenced to serve sixty (60) days in jail, suspended, and was ordered to make restitution in the amount of \$1,494.00.

62. Rae Ann Suburban / Mary Carlson
Case No. M2060120

Carlson, the Director of Nursing for Rae Ann Suburban, ordered facility staff to falsify entries in a resident's medical chart to conceal the fact that the resident had sustained injuries as the result of a fall, thereby preventing an abuse report from being filed with the Ohio Department of Health. Carlson pled guilty to one (1) count of Falsification (M1), and was, on July 21, 2008, sentenced to serve six (6) months in jail, suspended, and was fined \$200.00.

63. Rocksprings Care Center / Bobbi Erwin
Case No. M2070498

Erwin, a Licensed Practical Nurse in the employ of the Rocksprings Care Center, diverted prescription drugs from a facility resident and falsified records to make it appear as though the drugs had been dispensed to the resident. In addition, Erwin stole non-prescription drugs from the facility's medication room. Erwin pled guilty to two (2) counts of Theft (M1) and one (1) count of Illegal Processing of Drug Documents (M1) and was, on September 4, 2008, sentenced to serve 180 days in jail, suspended, two (2) years of probation, and was ordered to pay a fine of \$600.00.

64. Rocksprings Care Center / Jodi McBride
Case No. M2070498

McBride, a Licensed Practical Nurse in the employ of the Rocksprings Care Center, stole prescription drugs, non-prescription drugs, and other items from the facility's medication room. McBride pled no contest to one (1) count of Theft (M1) and was, on September 4, 2008, sentenced to serve 180 days in jail, suspended, and was ordered to pay a fine of \$200.00.

65. Rocksprings Care Center / Susan Munn
Case No. M2070498

Munn, a Licensed Practical Nurse in the employ of the Rocksprings Care Center, stole non-prescription drugs from the facility's medication room. Munn pled no contest to one (1) count of Theft (M1) and was, on September 22, 2008, sentenced to serve 180 days in jail, suspended, two (2) years of probation, and was ordered to pay a fine of \$1,000.00, suspended.

66. Rose Garden Nursing Home / Christine Perrotti
Case No. M2080125

Perrotti, a nurse aide in the employ of Rose Garden Nursing Home, struck a resident in face twice, causing a bloody nose. Perrotti pled guilty to one (1) count of Patient Abuse (F4) and was, on September 19, 2008, sentenced to serve thirty (30) days in jail and three (3) years of community control.

67. Ruffin, Angel
Case No. M2070407

Ruffin, an independent home health provider, billed Medicaid for services she did not provide. Ruffin pled guilty to one (1) count of Theft (F4) and was, on July 24, 2008, sentenced to serve twelve (12) months in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$6,000.00.

68. Scott, Lesa
Case No. M2070408

Scott, a home health aide, billed Medicaid for services she did not provide. Scott pled guilty to one (1) count of Theft (F4) and was, on September 2, 2008, sentenced to serve two (2) years of community control, and was ordered to make restitution in the amount of \$1,476.00.

69. Sims, Beverly
Case No. M2070401

Sims, an independent home health provider, billed Medicaid for services she did not provide. Sims pled guilty to one (1) count of Theft (F4) and was, on August 7, 2008, sentenced to serve fifteen (15) months in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$52,460.60.

70. Star Safety Corp. / Ivan Bobas
Case No. M2060477

Bobas, the owner of Star Safety Corp., billed for ambulette transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Bobas pled guilty in federal court to eight (8) counts of Health Care Fraud, in violation of 18 U.S.C. 1347, and was, on January 16, 2009, sentenced to serve five (5) months of house arrest and five (5) years of probation. In addition, Bobas was fined \$88.00 and was ordered to make restitution in the amount of \$108,316.00.

71. Streber, Jennifer
Case No. M2070435

Streber, an independent home health aide, billed Medicaid for services she did not provide. Streber pled guilty to one (1) count of Theft (M1) and was, on January 12, 2009, sentenced to serve 180 days in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$1,104.00.

72. Sumner on Ridgewood, Inc. / Vicki Portis
Case No. M2080110

Portis, a nursing assistant in the employ of the Sumner on Ridgewood nursing facility, improperly transferred a facility resident. As a result of her failure to follow the attending physician's orders while affecting the transfer, the resident suffered a broken leg. Portis pled guilty to one (1) count of Unlawful Restraint (M3) and was, on April 30, 2009, sentenced to serve sixty (60) days in jail, suspended, and was ordered to pay a fine of \$250.00.

73. The Residence at Parkview / Camille Dean
Case No. M2070562

Dean, a nurse aide in the employ of The Residence at Parkview nursing facility, improperly transferred a resident. As a result of her failure to follow the attending physician's orders while affecting the transfer, the resident suffered a broken leg. Dean pled guilty to one (1) count of attempted Patient Neglect (M3) and was, on November 19, 2008, sentenced to serve two (2) years of probation and was ordered to pay a fine of \$250.00.

74. Thomas Special Transportation / Adrienne Thomas
Case No. M2050561

Thomas, the owner of Thomas Special Transportation, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Thomas pled guilty to one (1) count of Theft (F4) and was, on July 18, 2008, sentenced to serve seventeen (17) months in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$70,000.00.

75. Traditions at Stygler Road / Shawnafee Sullivan
Case No. M2070425

Sullivan, an aide in the employ of the Traditions at Stygler Road nursing facility, improperly transferred a resident. During the improper transfer, the resident fell and was injured. Sullivan put the resident to bed, where the resident fell again, hitting her head. Finally, although the resident was bleeding, Sullivan left the facility without reporting the injuries. Sullivan pled guilty to one (1) count of Gross Patient Neglect (M1) and was, on July 9, 2008, sentenced to serve sixty (60) days in jail and was fined \$200.00.

76. Transit 7 / Aleksander Rotenbakh
Case No. M2070651

Rotenbakh, a co-owner of Transit 7, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Rotenbakh pled guilty in federal court to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On January 15, 2009, Rotenbakh was sentenced to serve eight (8) months of house arrest and three (3) years of probation, and was ordered to make restitution in the amount of \$58,500.00.

77. Transit 7 / Yevgeniy Rotenbakh
Case No. M2070651

Rotenbakh, a co-owner of Transit 7, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Rotenbakh pled guilty in federal court to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On January 15, 2009, Rotenbakh was sentenced to serve eight (8) months of house arrest and three (3) years of probation, and was ordered to make restitution in the amount of \$58,500.00.

78. University Manor / Ramona Flenory
Case No. M2040330

Flenory, a nurse aide in the employ of the University Manor nursing facility, struck an elderly resident about the face and head, and. Flenory also threatened the other aide in the room at the time of the abuse, stating that “something would happen to her” if she reported the incident. After the second aide reported the incident, Flenory threatened her with a cane and told her she was “going to whip her ass.” Flenory plead guilty to one (1) count of Patient Abuse (F4) and one (1) count of Aggravated Menacing (M1) and was, on December 29, 2008, sentenced to serve six (6) months in jail.

79. Vandalia Park / Jennifer Brakvill
Case No. M2080393

Brakvill, an aide in the employ of the Vandalia Park nursing facility, fed a peanut butter sandwich to a resident for whom the attending physician had prescribed a restricted diet; a diet which expressly excluded peanut butter. The resident choked on the sandwich and subsequently died. Brakvill pled guilty to one (1) count of Patient Neglect (M2) and was, on January 15, 2009, sentenced to serve ninety (90) days in jail, suspended, and eighty (80) hours of community service.

80. Ware Care Transportation, LLC / Zsamara Booker
Case No. M2060427

Booker, the co-owner of Ware Care Transportation, LLC, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company’s provider agreement. Booker pled guilty to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On April 16, 2009, Booker was sentenced to serve twelve (12) months in prison, two (2) years of supervised release, and was ordered to make restitution in the amount of \$348,333.00, jointly and severally with Kenyatta Ware.

81. Ware Care Transportation, LLC / Kenyatta Ware
Case No. M2060427

Ware, the co-owner of Ware Care Transportation, LLC, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company’s provider agreement. Ware pled guilty to one (1) count of Conspiracy to Commit Health Care Fraud, in violation of 18 U.S.C. 371. On April 16, 2009, Ware was sentenced to serve twenty-one (21) months in prison and three (3) years of supervised release, and was ordered to make restitution in the amount of \$348,333.00, jointly and severally with Zsamara Booker.

82. We Care Transportation Service, LLC / Kim Henderson
Case No. M2070093

Henderson, the owner of We Care Transportation Service, LLC, billed Medicaid for ambulette services provided to ambulatory recipients, in violation of Medicaid rules and the company's provider agreement. Henderson pled guilty to one (1) count of Theft (F4) and was, October 15, 2008, sentenced to serve twelve (12) months in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$61,370.40.

83. Wesleyan Village / Raymonda King
Case No. M2070501

King, a nursing assistant in the employ of Wesleyan Village, improperly transferred a resident who was recovering from a broken leg, causing the resident to suffer pain. King pled guilty to one (1) count of Negligent Assault (M3) and was, on November 18, 2008, sentenced to serve thirty (30) days in jail, suspended, and was ordered to pay a fine of \$100.00.

84. Wexner Heritage Village / Latosha Hall
Case No. M2080103

Hall, a nursing facility aide, failed to follow physician's orders when transferring a facility resident, resulting in injury to the resident. Hall then staged the scene of the accident to make it appear as though she had followed the physician's orders. Hall pled guilty to one (1) count of Attempted Patient Neglect (M3) and was, on April 22, 2009, sentenced to serve sixty (60) days in jail, suspended, and one hundred (100) hours of community service.

85. Willcare / Terry Smith
Case No. M2070696

Smith, a home health aide, caused his employer to bill for services he did not provide. Smith pled guilty to one (1) count of Theft by Deception (F5) and was, on February 5, 2009, sentenced to ten (10) months in prison, suspended and two (2) years of community control. Smith was also fined \$100.00, and was ordered to make restitution in the amount of \$7,740.00.

86. Wright, Sharice
Case No. M2070488

Wright, an independent home health aide, provided services to her mother without the supervision of a home health agency, in violation of Medicaid rules. Wright lied to her mother's case manager, reporting that she was providing such services under the supervision of an agency, and forged her mother's care plan to make it appear as though the case manager had approved the arrangement. Wright pled guilty to one (1) Count of attempted Forgery (F5) and was, on September 12, 2008, sentenced to serve four (4) years of community control, ordered to perform twenty (20) hours of community service, and was ordered to make restitution in the amount of \$12,096.00.

87. Zahler, Stephanie
Case No. M2070409

Zahler, a Licensed Practical Nurse and independent home health provider, billed Medicaid for skilled nursing services she did not provide. Zahler pled guilty to one (1) count of Theft by Deception (M1), and was, on February 9, 2009, sentenced to serve one hundred eighty (180) days in jail, suspended. She was also fined \$750.00, and was ordered to make restitution in the amount of \$7,500.00.

Civil Settlements

During its recertification period, the Ohio MFCU completed civil settlements with the defendants listed below:

1. Abbott Drug Pricing Litigation
Case No. M2090162

Defendants Abbott Laboratories Inc. and Abbott Laboratories were alleged to have defrauded elderly and disabled Ohio Medicare beneficiaries, the Ohio Medicaid program, and other prescription drug programs by knowingly issuing false and misleading wholesale price and acquisition data in order to induce the State, Ohio agencies and instrumentalities, and Ohio citizens to pay excessive, inflated prices for various prescription drugs. Claims included common law fraud, violations of the Consumer Sales Practices Act, violations of the Deceptive Trade Practices Act, and unjust enrichment. Pursuant to a May 6, 2009 settlement agreement, the defendants agreed to pay restitution and penalties to the Medicaid program in the amount of \$1,340,000. One of the Unit's Principal Attorneys served as a member of this team.

2. Abrokwa, Alex
Case No. M2080518

Abrokwa, an independent home health aide, billed Medicaid for services allegedly rendered to a consumer during a time period that the consumer was on vacation. The dollar volume of these false claims was small, relative to the total dollar volume of claims for reimbursement submitted by Abrokwa. Pursuant to a January 12, 2009 settlement agreement, Abrokwa agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$432.00.

3. Adams, Theresa
Case No. M20800499

Adams, an independent home health nurse, billed Medicaid for services allegedly rendered to consumers during time periods that the consumers were hospitalized. The Unit's investigation uncovered insufficient evidence to suggest that these false claims were anything but a mistake. Pursuant to a May 11, 2009 settlement agreement, Adams agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$2,083.00.

4. BMS/Apothecon, Inc.
Case No. M2010452

This is a \$403 million NAMFCU global settlement entered into with 44 states, the federal government, and BMS/Apothecon, Inc. The case involved four separate allegations: average wholesale pricing manipulation, kickback violations, off-label marketing of BMS's drug Abilify, and Medicaid rebate fraud involving BMS's drug Serzone. The Unit's Director served as the team leader for the NAMFCU team. The Ohio portion of the recovery is \$15.5 million.

5. Cephalon, Inc.
Case No. M2070108

This is a \$375 million NAMFCU global settlement entered into with a number of states, the federal government, and Cephalon, Inc. This settlement involved the improper off-label marketing by Cephalon of its drugs Provigil, Gabitril, and Actiq. The Unit's assistant Director was a member of the NAMFCU team that negotiated the settlement with Cephalon. The Ohio portion of the settlement was approximately \$5 million.

6. Eli Lilly / Zyprexa
Case No. M2090187

This is an \$800 million NAMFCU global settlement entered into with a number of states, the federal government, and Eli Lilly. The settlement involved the improper off-label marketing by Lilly of its drug Zyprexa, an atypical anti-psychotic medication. The Unit's Director was a member of the NAMFCU team that negotiated the settlement with Lilly. The Ohio portion of the settlement was approximately \$33 million.

7. Houghton, Laurie
Case No. M2080039

Houghton, an independent home health nurse, billed Medicaid for services that were not provided. The dollar volume of these false claims was small, relative to the total dollar volume of claims for reimbursement submitted by Houghton. Pursuant to an April 16, 2009 settlement agreement, Houghton agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$680.92.

8. Lifesaver Health Care
Case No. M2080683

Lifesaver Health Care, a home health agency, billed Medicaid for services that were not provided. The Unit's investigation uncovered insufficient evidence to suggest that these false claims were anything but a mistake. Pursuant to a June 1, 2009 settlement agreement, Lifesaver Health Care agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$318.12.

9. Lifesaver Health Care / Leslie Melick-Harrison
Case No. M2080507

Melick-Harrison, an aide in the employ of Lifesaver Health Care, caused her employer to bill Medicaid for services allegedly rendered to consumers during time periods that the consumers were hospitalized. The Unit's investigation uncovered insufficient evidence to suggest that these false claims were anything but a mistake. Pursuant to a March 19, 2009 settlement agreement, Melick-Harrison agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$369.96.

10. New Millennium Home Health Care / Dalia Badau
Case No. M2090097

New Millennium Home Health Care, a home health agency, billed Medicaid for services allegedly rendered to consumers during time periods that the consumers were hospitalized. The Unit's investigation uncovered insufficient evidence to suggest that these false claims were anything but a mistake. Pursuant to a June 19, 2009 settlement agreement, New Millennium Home Health Care agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$705.65.

11. Omnicare Corp. Self-Audit
Case No. M2080515

In 2006, the states entered into a global settlement with Omnicare to resolve allegations that Omnicare, a major institutional pharmacy operator, improperly switched forms of certain medications, including ranitidine, fluoxetine, busipone, that resulted in the states' Medicaid programs paying more for those drugs than they should have paid. The total value of the global settlement was \$49.5 million. The Unit's director was the team leader of that global settlement team. In 2008, Omnicare approached the Unit's director indicating that it had conducted a further self-audit of Medicaid billings for these drugs and found that they had been overpaid a total of \$241,451.00 by the states' Medicaid programs for improper switches that occurred outside the settlement period of the prior agreement. Omnicare requested that the Unit Director act as the intermediary to return this sum of money to the states' Medicaid programs. The Director complied with this request and distributed the \$241,451.00 to the affected states. The Ohio portion of the recovery is \$13,589.00.

12. Pediatric Dentistry, Inc.
Case No. M2070251

Pediatric Dentistry billed and was paid for certain non-covered services. The Unit's investigation uncovered insufficient evidence to suggest that these claims were submitted with any intent to defraud. Pursuant to a September 25, 2008 agreement with the provider, the Ohio Department of Job and Family Services recovered \$799.22 as an off-set to future claims for reimbursement.

13. Pharmacia Drug Pricing Litigation
Case No. M2090160

Defendants Pharmacia Corporation and Pfizer, Inc. were alleged to have defrauded elderly and disabled Ohio Medicare beneficiaries, the Ohio Medicaid program, and other prescription drug programs by knowingly issuing false and misleading wholesale price and acquisition data in order to induce the State, Ohio agencies and instrumentalities, and Ohio citizens to pay excessive, inflated prices for various prescription drugs. Claims included common law fraud, violations of the Consumer Sales Practices Act, violations of the Deceptive Trade Practices Act, and unjust enrichment. Pursuant to a May 27, 2009 settlement agreement, the defendants agreed to pay restitution and penalties to the Medicaid program in the amount of \$400,000. One of the Unit's Principal Attorneys served as a member of this team.

14. Roxane Drug Pricing Litigation
Case No. M2090161

Defendants Roxane Laboratories, Inc.; Boehringer Ingelheim Corp.; Boehringer Ingelheim Pharmaceuticals, Inc.; Boehringer Ingelheim Roxane, Inc.; and Ben Venue Laboratories, Inc. were alleged to have defrauded elderly and disabled Ohio Medicare beneficiaries, the Ohio Medicaid program, and other prescription drug programs by knowingly issuing false and misleading wholesale price and acquisition data in order to induce the State, Ohio agencies and instrumentalities, and Ohio citizens to pay excessive, inflated prices for various prescription drugs. Claims included common law fraud, violations of the Consumer Sales Practices Act, violations of the Deceptive Trade Practices Act, and unjust enrichment. Pursuant to a May 13, 2009 settlement agreement, the defendants agreed to pay restitution and penalties to the Medicaid program in the amount of \$2.4 million. One of the Unit's Principal Attorneys served as a member of this team.

15. Selson Clinics, Inc.
Case No. M2060379

Selson Clinics, Inc. used an incorrect code when submitting claims to Medicaid for reimbursement of a particular drug used during epidurals. Pursuant to a November 10, 2008 settlement agreement, Selson Clinics, Inc. agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$79,485.08.

16. Serenity Home Health Care / Carolyn Phares
Case No. M2080219

Phares, the owner of Serenity Home Health Care, billed Medicaid for home health services the company did not provide. The dollar volume of these false claims was small, relative to the total dollar volume of claims for reimbursement submitted by Serenity Home Health Care. Pursuant to a November 13, 2008 settlement agreement, Serenity Home Health Care agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$600.00.

17. Smith, Tina L.
Case No. M2080074

Smith, an independent home health aide, improperly submitted claims for services rendered. Pursuant to a September 22, 2008 civil settlement agreement, Smith agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$650.00.

18. Trans Healthcare, Inc.
Case No. M2060122

Trans Healthcare, Inc., a nursing home group, made political contributions and improperly expensed those contributions in its Medicaid cost report. Following a change of ownership, the new owners discovered this occurrence and self reported. Pursuant to a settlement agreement, Trans Healthcare agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$74,296.36.

19. Venzel, John M, DMD
Case No. M2070243

Venzel billed and was paid for certain non-covered services. The Unit's investigation uncovered insufficient evidence to suggest that these claims were submitted with any intent to defraud. Pursuant to a settlement agreement, Venzel agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$1,331.32.

20. Warrick Drug Pricing Litigation
Case No. M2090159

Defendants Warrick Pharmaceuticals Corporation, Schering-Plough Corporation, and Schering Corporation were alleged to have defrauded elderly and disabled Ohio Medicare beneficiaries, the Ohio Medicaid program, and other prescription drug programs by knowingly issuing false and misleading wholesale price and acquisition data in order to induce the State, Ohio agencies and instrumentalities, and Ohio citizens to pay excessive, inflated prices for various prescription drugs. Claims included common law fraud, violations of the Consumer Sales Practices Act, violations of the Deceptive Trade Practices Act and unjust enrichment. Pursuant to an April 28, 2009 settlement agreement, the defendants agreed to pay restitution and penalties to the Medicaid program in the amount of \$4.3 million. One of the Unit's Principal Attorneys served as a member of this team.

21. Wellcare Home Health, Inc.
Case No. M2080389

Wellcare Home Health, Inc., a home health agency, billed Medicaid for services that were not provided. The Unit's investigation uncovered insufficient evidence to suggest that these false claims were anything but a mistake. Pursuant to a February 27, 2009 settlement agreement, Wellcare Home Health, Inc. agreed to make restitution to the Ohio Department of Job and Family Services in the amount of \$3,108.00.

Case Management System

The Special Agents and Assistant Attorneys General in the Unit are organized into five (5) teams: One (1) team has the responsibility to investigate patient abuse/neglect cases, three (3) teams are responsible for investigating Medicaid provider fraud cases, and the fifth team is our special projects team. The special projects team is responsible for case management functions, data utilization functions, downloading and analyzing Medicaid claim data, and providing technical assistance to the other teams. Each team has a Team Supervisor who is supervised by the Special Agent-In-Charge. Together, they are responsible for efficiently and effectively facilitating the investigations assigned to their respective teams.

Case assignments to these investigative teams are made by the Special Agent-In-Charge and the Assistant Section Chief. They and the Special Agent Supervisors are responsible for assigning active cases to individual Agents and providing all necessary supervisory guidance of team activities. The investigative teams carry a caseload comprised of approximately three hundred eighty-three (383) active cases.

The cases designated as active cases in the MFCU are given that designation by the Intake Committee. This committee is comprised of the Director, Assistant Director, Special Agent-In-Charge, Patient Abuse Supervisor, and Intake Officer. The Committee's function is to review all allegations of fraud or patient abuse/neglect received by the Unit since its last meeting, and to determine which of these merit investigation and which are to be referred to other agencies or closed. The Intake Committee meets twice each month.

Once a case is assigned to a particular investigator on an investigative team, the Team Supervisor of that team is responsible for meeting with the assigned agent and attorneys for the purpose of planning and setting expectations for the necessary investigative activities. Teams generally hold monthly reviews to discuss the status of investigative efforts on each case and to determine action items for the next 30 to 60 day time span.

This system is monitored regularly. All investigative activities in Medicaid Fraud cases are documented through investigative reports that are put into an electronic case master file. Team members meet regularly to discuss case status and to strategize about case development. Once criminal or civil charges are filed, all court activity is documented in the case management database. This database is available for review as needed by all MFCU personnel.

The Unit's case management database, the Storage, Tracking, and Reporting System ("STARS"), was created by the Unit's Special Projects Team and is used for case development tracking, time reporting, monthly reporting, and other statistical measurements. In conjunction with the Ohio Attorney General's office-wide docketing system and the Unit's electronic master files, STARS completes the development of a Unit-wide case management system.

Training

Professional Development

The MFCU annual budget continues to adequately accommodate the continuing education requirements of our staff. Our objective is to provide a minimum of forty (40) hours of training to each Unit member and to give course selection consideration to staff needing to retain professional certifications. The budget gives us the flexibility necessary to expose the staff to a variety of training venues including national, out-of-state training conferences and seminars put on by the National Association of Medicaid Fraud Control Units, the Association of Certified Fraud Examiners, and others.

We continue using the process created several years ago to assure that each agent receives adequate training annually. First, we established a core Professional Development Continuum for our special agents based on their years of experience with the Unit; included as **Attachment A**. We then compare each staff member's prior training to the core continuum in order to determine their training needs. Finally, each supervisor meets with their agents and discusses the core continuum and other training that might be available or beneficial. The Special Agent-In-Charge and the supervisors finalize the training plan for each special agent.

Included as **Attachment B** is a listing of the courses taken by one or more agents during the reporting period. The courses are listed by title, provider, and number of course training hours.

New Employee Training

Each new staff member attends our in-house Basic Training Course. During this reporting period, we hired an insufficient number of new staff members to justify a course. However, we have recently hired additional new staff and have scheduled a Basic Training Course for the week of October 19, 2009. Included as **Attachment C** is an outline of the training topics/hours covered in our Basic Training Course.

Training Projections

The MFCU will continue its effort to provide at least forty (40) hours of training to each staff member during each fiscal year. The training will continue to familiarize new personnel with the Medicaid program and investigative techniques, and aid the entire staff in sharpening their investigative, auditing, and legal skills. The in-house training program for new staff includes well-crafted presentations related to conducting good investigations within the MFCU. This program includes Medicaid claim download and analysis, home health and nursing home issues, and various other aspects of provider-related investigative techniques.

The legal staff continues to participate in training programs sponsored by the Office of the Attorney General, as well as outside seminars, in an effort to: (1) develop a better understanding of investigative techniques, and (2) more fully develop their legal skills, especially in the area of trial practice and procedure. The legal staff is required by the Supreme Court of Ohio to obtain twenty-four (24) Continuing Legal Education Credits ("CLEs") every two (2) years. Staff members

attending CLE training complete cards that are submitted by the trainer to the Ohio Supreme Court for documentation and tracking. The MFCU does not track CLEs.

The National Association of Medicaid Fraud Control Units

The MFCU maintains an active role within the National Association of Medicaid Fraud Control Units (“NAMFCU”). During the recertification period, the Director of the MFCU served as a member of the NAMFCU Executive Committee and co-chaired the Global Case Committee. The Assistant Director and one of the Unit’s Senior Special Agents serve on the NAMFCU Training Committee, and the Director, Assistant Director, Special Agent-In-Charge, Special Projects Team Supervisor, and one of the Unit’s Senior Special Agents served as instructors for NAMFCU’s Basic Training course and Practical Skills Training course.

The Director attended the Directors’ Symposium in Washington, D.C. the week of March 17, 2008. A total of Three (3) Special Agents and one (1) Assistant Attorney General attended the Introduction to Medicaid Fraud Training Conferences in Albuquerque, New Mexico (July, 2008), Baton Rouge, Louisiana (January, 2009), and San Antonio, Texas (March, 2009). One (1) Special Agent attended the Practical Skills Training Course in Denver, Colorado (July, 2008). The Director, one (1) Assistant Attorney General, and two (2) Special Agents attended the annual conference in Lake Tahoe (September 2008).

The Director, Assistant Director, Principal Attorney, Special Agent-In-Charge, and one of the Unit’s Special Agent Supervisors are currently working on, and in some instances serving as the team leader of, a number of global settlement teams. During the recertification period, the Unit’s Director and Assistant Director served on the following global case teams that resulted in successful national settlements: BMS/Apothecon, Cephalon, Eli Lilly / Zyprexa, and Omnicare. These cases resulted in over \$60 million in recoveries to Ohio.

Ohio MFCU Staff

Included as **Attachment D** is a roster of the Unit’s staff members, as of September 1, 2009.

Certification of Drug-Free Workplace

The Attorney General of the State of Ohio, hereinafter referred to as the grantee, certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness plan to inform employees about -

- (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
- (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such convictions;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -
- (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Place of Performance: The Attorney General of Ohio, Division of Medicaid Fraud Control, 150 East Gay Street, 17th Floor, Columbus, Ohio 43215.

MFCU Special Agent Professional Development Continuum

		Hours	0 - 2 Yrs.	3 - 5 Yrs.	5+ Yrs.
MFCU	MFCU Basic Training	24			
	ASP Baton / OC Aerosol Training ¹	6			
AG's Office	New Employee Orientation	4			
	Intro to MS Word ²	8			
	Intro to MS Excel ²	8			
	Intro to MS Access ²	8			
	Advanced MS Excel ²	8			
	Advanced MS Access ²	8			
	LexisNexis	2			
	Career-related Electives	N/A			
OPOTA	Firearms Training ¹	80			
	Core Criminal Investigation	40			
	Financial Investigative Techniques ³	40			
	Photography for Investigators	8			
	Basic Videography	24			
	Testifying in Court	8			
	Reid Techniques for Interview & Interrogation (Basic)	24			
	Reid Techniques for Interview & Interrogation (Advanced)	8			
	Homicide ⁴	24			
	Advanced Death Investigations ⁴	24			
	Sex Crimes Investigation ⁴	24			
	Advanced Sex Crimes Investigation ⁴	16			
	Undercover Tactics & Techniques ³	40			
	Career-related Electives	N/A			
NAMFCU	Basic Medicaid Fraud Course	40			
	Practical Skills	40			

Key:

- 1 Voluntary
- 2 As required to achieve proficiency
- 3 Fraud Agents only
- 4 Abuse/Neglect Agents only

Ohio Medicaid Fraud Control Unit Professional Development Training

	Course Title	Course Provider	Hours
1	2008 AG Conference on Law Enforcement	Ohio Attorney General	16
2	Advanced Interviewing & Interrogation	John E. Reid & Associates	8
3	Arrest, Search & Seizure, Search Warrants	Ohio Peace officer Training Academy	16
4	Bridging the Gap	Ohio Peace officer Training Academy	1
5	Bulletproof Mind	Ohio Peace officer Training Academy	8
6	Core Criminal Investigation Training	Ohio Peace officer Training Academy	40
7	Criminal Gang Awareness	Ohio Peace officer Training Academy	1
8	CRIS-E Training	Ohio Department of Job and Family Services	8
9	Death Investigation	Ohio Peace officer Training Academy	40
10	Death Notification	Ohio Peace officer Training Academy	1
11	Developing a Winning Attitude	Ohio Peace officer Training Academy	16
12	Document Authentication	Ohio Peace officer Training Academy	1
13	Effective Financial Crimes I	Ohio Peace officer Training Academy	24
14	Emerging Trends in Fraud Investigation	Ohio Auditor of State	16
15	Forensic Aspects of Death Scenes	Ohio Peace officer Training Academy	40
16	Fraud Against Seniors	Ohio Peace officer Training Academy	1
17	Habits of Highly Effective People for Law Enforcem	Ohio Peace officer Training Academy	16
18	Health Care Fraud In-Service/Requalification 1st Qtr	Ohio Peace officer Training Academy	8
19	Health Care Fraud In-Service/Requalification 2nd Qtr	Ohio Peace officer Training Academy	8
20	Health Care Fraud In-Service/Requalification 3rd Qtr	Ohio Peace officer Training Academy	8
21	Health Care Fraud In-Service/Requalification 4th Qtr	Ohio Peace officer Training Academy	8
22	Interview Strategies Through Statement Analysis	Ohio Association of Polygraph Examiners	16
23	Interviews & Body Language Techniques	Multijurisdictional Counterdrug Task Force Training	8
24	Intro to Medicaid Fraud	National Association of Medicaid Fraud Control Units	24
25	Introduction to Arab/Islamic Culture	Ohio Peace officer Training Academy	16
26	Introduction to Court Interpreting	The Sumpreme Court of Ohio	8
27	Investment Fraud	Ohio Peace officer Training Academy	1
28	Key Fundamentals of Management	The Ohio State University	16
29	Linguistic Statement Analysis Technique-Advanced	Ohio Peace officer Training Academy	16
30	Linguistic Statement Analysis Techniques-Basic	Ohio Peace officer Training Academy	24
31	Medical Fraud	Ohio Peace officer Training Academy	1
32	Miranda Rights Part 1	Ohio Peace officer Training Academy	1
33	Miranda Rights Part 2	Ohio Peace officer Training Academy	1
34	Modern Report Writing	Ohio Peace officer Training Academy	8
35	Pharmaceutical Drug Investigations	Multijurisdictional Counterdrug Task Force Training	8
36	Photography for Investigators	Ohio Peace officer Training Academy	8
37	Reid Techniques for Interview & Interrogation Adv.	Ohio Peace officer Training Academy	8
38	Sex Crimes Investigation	Ohio Peace officer Training Academy	24
39	Terrorism Awareness	Ohio Peace officer Training Academy	2
40	Testifying In Court	Ohio Peace officer Training Academy	8
41	Undercover Tactics & Techniques	Ohio Peace officer Training Academy	40



**Ohio Attorney General
Health Care Fraud Section
Medicaid Fraud Control Unit**

**Basic Training Schedule
October 19 – 23, 2009**



Monday, October 19, 2009

9:00 a.m. - 9:25 a.m.	Welcome Aboard	Guthrie
9:25 a.m. - 9:50 a.m.	Medicaid / Medicare Overview	Mitchell
9:50 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 10:25 a.m.	MFCU Jurisdiction / Venue	Mitchell
10:25 a.m. - 10:50 a.m.	MFCU Goals / Statistics	Mitchell
10:50 a.m. - 11:00 a.m.	Break	
11:00 a.m. - 11:50 a.m.	MFCU Handbook	Early
11:50 a.m. - 1:00 p.m.	Lunch	
1:00 p.m. - 1:50 p.m.	STARS and Case Master File	Helmandollar
1:50 p.m. - 2:00 p.m.	Break	
2:00 p.m. - 2:50 p.m.	Miranda and Rules of Evidence	Finegold
2:50 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 3:50 p.m.	Search and Seizure	Finegold

Tuesday, October 20, 2009

8:00 a.m. - 8:50 a.m.	Ohio Revised Code & OAC	Finegold
8:50 a.m. - 9:00 a.m.	Break	
9:00 a.m. - 9:50 a.m.	Evidence Control	Rubin
9:50 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 10:50 a.m.	Grand Jury and GJ Subpoenas	Nearhood
10:50 a.m. - 11:00 a.m.	Break	
11:00 a.m. - 11:50 a.m.	Testifying in Court	Nearhood
11:50 a.m. - 1:00 p.m.	Lunch	
1:00 p.m. - 1:50 p.m.	Inv: Fee-For-Service Provider Inv.	Rubin
1:50 p.m. - 2:00 p.m.	Break	
2:00 p.m. - 2:50 p.m.	Inc: Fee-For-Service Provider Inv.	Rubin
2:50 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 3:50 p.m.	Inv: Fee-For-Service Case Studies	SA's TBD

Wednesday, October 21, 2009

8:00 a.m. - 8:50 a.m.	Home Health Investigations	Haines
8:50 a.m. - 9:00 a.m.	Break	
9:00 a.m. - 9:50 a.m.	Home Health Investigations	Haines
9:50 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 10:50 a.m.	Home Health Case Studies	SA's TBD
10:50 a.m. - 11:00 a.m.	Break	
11:00 a.m. - 11:50 a.m.	Patient Abuse/Neglect Inv.	Haenszel
11:50 a.m. - 1:00 p.m.	Lunch	

Wednesday, October 21, 2009 (Continued)

1:00 p.m. - 1:50 p.m.	Long Term Care Facility Inv.	Joseph
1:50 p.m. - 2:00 p.m.	Break	
2:00 p.m. - 2:50 p.m.	PNA and Misappropriation Invest.	Joseph
2:50 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 3:50 p.m.	Medicaid HMO's	Wozniak

Thursday, October 22, 2009

8:00 a.m. - 8:50 a.m.	Computer Investigative Tools	Helmandollar
8:50 a.m. - 9:00 a.m.	Break	
9:00 a.m. - 9:50 a.m.	Video Surveillance & Photography	Helmandollar
9:50 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 10:50 a.m.	Physical Surveillance and U/C Ops.	Wozniak
10:50 a.m. - 11:00 a.m.	Break	
11:00 a.m. - 11:50 a.m.	LEADS Practitioner Training, CCH, and OHLEG SE	Haenszel
11:50 a.m. - 1:00 p.m.	Lunch	
1:00 p.m. - 1:50 p.m.	Misc. Sources of Information	Loshark
1:50 p.m. - 2:00 p.m.	Break	
2:00 p.m. - 2:50 p.m.	Finding Spreadsheets	Loshark
2:50 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 3:50 p.m.	Report Writing	Wozniak

Friday, October 23, 2009

8:00 a.m. - 8:50 a.m.	Report Writing	Wozniak
8:50 a.m. - 9:00 a.m.	Break	
9:00 a.m. - 11:50 a.m.	Report Writing Practical Exercise	Wozniak

(Total Hours of Training = 31)

Ohio MFCU Personnel Roster

	Last Name	First Name	Position
1	Burri	Greg	Special Agent
2	Chambers	Todd	Special Agent
3	Colliver	Kristi	Special Agent
4	Cooper	Kevin	Special Agent
5	Crawford	David	Special Agent
6	Dickerson	Tona	Special Agent
7	Dixit	Abhijit	Special Agent
8	Duffy	Drew	Principal Assistant Attorney General
9	Durst	Josh	Special Agent
10	Dyer	Kassie	Fraud Analyst
11	Early	Lloyd	Special Agent-In-Charge
12	Fairbanks	Michael	Special Agent
13	Finegold	Jordan	Principal Assistant Attorney General
14	Fluhart	Tom	Special Agent
15	Ford	Phyllis	Receptionist
16	Gomez	Anastasia	P/T College Intern
17	Grosjean	Jeffrey	Special Agent
18	Gurian	Marilyn	Special Agent
19	Guthrie	John	Director
20	Haddox	Thalia	Special Agent
21	Haenszel	Christine	Special Agent Supervisor
22	Haines	Greg	Special Agent Supervisor
23	Helmandollar	Jason	Special Agent Supervisor
24	Houston	Ryan	Special Agent
25	Jenkins	Joe	P/T Legal Intern
26	Joseph	Joe	Special Agent
27	Kalas	Andrew	Special Agent
28	Kopus	Frank	Special Agent
29	Long	Sabrina	Special Agent
30	Loshark	Jennifer	Special Agent
31	Mitchell	Keesha	Assistant Director
32	Monk	Jill	Special Agent
33	Moore	Shari	Special Agent
34	Morse	Kelly	Special Agent
35	Mounts	Greg	Special Agent

	Last Name	First Name	Position
36	Napier	Shawn	Associate Assistant Attorney General
37	Nearhood	Constance	Senior Assistant Attorney General
38	Nicholson	Claude	Associate Assistant Attorney General
39	Okwu	Nedra	Intake Officer
40	Opperman	Christina	Special Agent
41	Patsolic	Shawn	Special Agent
42	Peters	Brian	Assistant Attorney General
43	Pinsker	Justin	P/T Graduate College Intern
44	Points	Deborah	Special Agent
45	Renstrom	Leigh Ann	Paralegal/Bailiff
46	Rubin	Linda	Special Agent Supervisor
47	Russell	Dianne	Administrative Secretary
48	Scale	Jon	Special Agent
49	Smolek	Chris	Special Agent
50	Swartz	Brian	Special Agent
51	Totin	Janelle	Assistant Attorney General
52	Vacant	Expansion	Assistant Attorney General
53	Vacant	Expansion	Assistant Attorney General
54	Vacant	Expansion	Fraud Analyst
55	Vacant	Expansion	Fraud Analyst
56	Warren	Steve	Special Agent
57	Woods	Jennifer	Legal Secretary
58	Wozniak	Steve	Special Agent Supervisor
59	Zak	Elizabeth	P/T College Intern