



Ohio Medicaid Fraud Control Unit

FY 2010 Annual Report

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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, 2009 to June 30, 2010, the MFCU received seven hundred (700) complaints of Medicaid fraud and patient abuse or neglect. Of these, four hundred ninety-nine (499) related to allegations of Medicaid fraud and two hundred one (201) related to allegations of abuse or neglect in Ohio care facilities. The MFCU opened five hundred thirty-five (535) of these complaints for active investigation, three hundred eighty-six (386) relating to Medicaid fraud and one hundred forty-nine (149) relating to patient abuse or neglect. During this period, the MFCU completed four hundred forty-four (444) investigations. Of those, two hundred eighty-eight (288) related to fraud allegations and one hundred fifty-six (156) related to allegations of patient abuse or patient neglect.

During the period July 1, 2009 to June 30, 2010, the MFCU obtained one hundred twenty-seven (127) indictments, bills of information, or complaints. Of these, one hundred twelve (112) pertained to fraud against the Ohio Medicaid program and fifteen (15) involved charges of patient abuse or neglect in Ohio care facilities. During this same period, the MFCU obtained convictions against one hundred four (104) persons and business entities. Of these convictions, ninety (90) were in cases involving fraud against the Ohio Medicaid Program and fourteen (14) were in cases involving patient abuse or neglect. The MFCU also completed twenty-six (26) civil settlements during its recertification period. The total value of these criminal restitution orders and civil settlements was \$58,689,502.45. These numbers are particularly significant in light of the fact that it cost less than \$5 million 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, 2009 to June 30, 2010:

Unit Totals

Cases open as of July 1, 2009:	424
(Plus) Complaints received:	700
(Less) Complaints referred prior to investigation:	(0)
(Less) Cases closed	<u>(609)</u>
Cases open as of June 30, 2010:	<u>515</u>

Summary by Case Type

	Actual	Projected
	<u>07/01/09 – 06/30/10</u>	<u>07/01/10 – 06/30/11</u>
a. Provider Fraud Cases:		
<i>Non-Institutional</i>		
Complaints:	479	434
Investigations Initiated:	373	342
Referrals:	0	16
Investigations Completed:	282	279
<i>Institutional</i>		
Complaints:	18	19
Investigations Initiated:	7	8
Referrals:	0	2
Investigations Completed:	6	9
b. Patient Abuse/Neglect Cases:		
Complaints:	201	239
Investigations Initiated:	155	192
Referrals:	0	0
Investigations Completed:	156	193

Summary by Provider Type

<u>Provider Type</u>	<u>Opened</u>	<u>Completed</u>
Ambulance/Ambulette Companies	27	21
Assist Other Agencies	1	0
Chiropractors	1	1
Clinics	4	3
Dentists	7	12
Drug Diversion	19	14
Durable Medicaid Equipment	2	1
Osteopathic Doctors	4	2
Podiatrists	1	1
Hearing Aid/Audio	0	0
Home Health Care	231	173
Health Maintenance Organizations	0	0
Hospitals	4	3
Laboratories	3	1
Medical Doctors	15	9
Nursing Homes	3	3
Optometrists	1	0
Patient Funds	26	17
Pharmacies	21	20
Miscellaneous	9	5
Patient Abuse/Neglect	149	156
Psychologists	7	2
X-Ray/Imaging	<u>0</u>	<u>0</u>
Totals	<u>535</u>	<u>444</u>

Prosecutions

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

1. Abdalla, Izzeldin /State Veterans Medical Transportation
Case No. M2080354

Abdalla, the owner and operator of State Veterans Medical Transportation, billed for ambulette transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Abdalla pled guilty to one (1) count of Theft (F4) and was, on April 28, 2010, sentenced to serve twelve (12) months in prison and was ordered to make restitution in the amount of \$129,355.70.

2. Akhtar, Muhammad, MD
Case No. M2070482

Akhtar, a physician, billed for services he did not provide. Akhtar pled guilty to one (1) count of Theft by Deception (M1) and was, on February 19, 2010, ordered to pay a fine of \$250.00 and make restitution in the amount of \$7,829.65.

3. Aschliman, Sarah
Case No. M2090384

Aschliman, an independent home health provider, billed Medicaid for services she did not provide. Aschliman pled guilty to one (1) count of Theft (M1) and was, on March 23, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, one (1) year of community control, and was ordered to make restitution in the amount of \$1,119.25.

4. Austin, Tiana / Kensington Care Center
Case No. M2090032

Austin, a nurse aide in the employ of the Kensington care Center, improperly transferred a facility resident, causing physical harm to the resident. Austin pled guilty to one (1) count of Neglect (M-2) and was, on July 23, 2009, sentenced to serve ninety (90) days in jail, suspended, and was ordered to pay a fine of \$750.00.

5. Babiuch, Christine
Case No. M2070366

Babiuch, an independent home health provider, billed Medicaid for services she did not provide. Babiuch was convicted of Theft (F5) and was, on September 1, 2009, sentenced to serve five (5) years of community control, forty (40) hours of community service, and was ordered to make restitution in the amount of \$24,171.75.

6. Bailey, Ashley
Case No. M2080652

Bailey, an independent home health provider, billed for services she did not provide. Bailey pled guilty to one (1) count of Theft by Deception (M1) and was, on July 14, 2009, sentenced to serve one hundred twenty (120) days in jail, suspended, was fined \$250.00, suspended, and was ordered to make restitution in the amount of \$3,086.88.

7. Barnes, Penny
Case No. M2090114

Barnes, an independent home health provider, billed for services she did not provide. Barnes pled guilty to one (1) count of Theft (M1) and was, on December 7, 2009, ordered to make restitution in the amount of \$3,663.00.

8. Barnett, Angela
Case No. M2090238

Barnett, an independent home health provider, billed for services she did not provide. Barnett pled guilty to one (1) count of Theft (M1) and was, on June 8, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, and was ordered to make restitution in the amount of \$865.20.

9. Biars, Amanda
Case No. M2080014

Biars, an independent home health provider, billed for services she did not provide. Biars pled guilty to one (1) count of Theft by Deception (F5) and was, on October 14, 2009, sentenced to serve three (3) years of community control, and was ordered to make restitution in the amount of \$3,412.00.

10. Birkhimer, Joyce, RN
Case No. M2090019

Birkhimer, an independent home health provider, billed for services she did not provide. Birkhimer pled guilty to one (1) count of Theft (M1) and was, on November 3, 2009, sentenced to serve six (6) months of community control, suspended, was fined \$200.00, and was ordered to make restitution in the amount of \$827.39.

11. Boling-Moore, Tonya / Well Care Home Health, Inc.
Case No. M2080318

Boling-Moore, a home health aide, submitted false time sheets to her employer, Well Care Home Health, thereby causing her employer to submit false claims to Medicaid. Boling-Moore pled guilty to one (1) count of Theft (M1) and was, on September 15, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to make restitution in the amount of \$425.00.

12. Botts, Ashley / Glen Meadows
Case No. M2080410

Botts, the former receptionist at the Glen Meadows nursing facility, embezzled funds from the patient needs allowance accounts for her own use. Botts pled guilty to one (1) count of Theft (F4) and was, on December 9, 2009, sentenced to serve one (1) year in jail, suspended, four (4) years of community control, and was ordered to make restitution in the amount of \$15,000.00.

13. Brown, Taisha / First Community Village Healthcare Center
Case No. M2080493

Brown, a nurse aide in the employ of First Community Healthcare Center, struck a facility resident with her closed fist. Brown plead guilty to one (1) count of Criminal Mischief (M1) and was, on September 2, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to pay court costs.

14. Burke-Shriner, Jocelyn / Janet Glaeser
Case No. M2080021

Burke-Shriner, a home health aide and the mother of a Medicaid recipient, billed for services she did not provide and aided and abetted defendant Janet Glaeser in her scheme to bill for services that were not provided. Burke-Shriner pled guilty to one count of Theft (F4) and was, on October 22, 2009, sentenced to serve one (1) year in jail, suspended, one (1) year of community control, and was ordered to make restitution in the amount of \$4,896.00

15. Carr, Victor
Case No. M2080685

Carr, an independent home health provider, billed Medicaid for services he did not provide. Carr pled guilty to one (1) count of Theft (F5) and was, on January 21, 2010, sentenced to serve eleven (11) months in jail, suspended, five (5) years of community control, sixty (60) hours of community service, and was ordered to make restitution in the amount of \$10,816.10.

16. Childers, Jacqueline
Case No. M2070160

Childers, an independent home health provider, billed for services that were actually provided by others who were not Medicaid providers. Childers pled guilty to one (1) count of Theft (F5) and was, on August 19, 2009, sentenced to serve twelve (12) months in prison, suspended, five (5) years of community control, forty (40) hours of community service, and was ordered to make restitution in the amount of \$14,000.00.

17. Clark, Robert Tom / Arbors at Gallipolis
Case No. M2080600

Clark, a nurse in the employ of the Arbors at Gallipolis, stole narcotics from the facility drug cart. Clark pled guilty to one (1) count of Theft of Drugs (F4) and was, on November 30, 2009, placed on two (2) years of probation and granted treatment in lieu of conviction.

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

Cohen, both while a home health aide in the employ of Maxim Healthcare Services, and later as an independent provider, caused her employer to bill for, and billed for, services she did not provide. Cohen pled guilty to one (1) count of Theft (F5) and was, on May 6, 2009, sentenced to serve one (1) year in jail, suspended, three (3) years of community control, sixty (60) hours of community service, and was ordered to make restitution in the amount of \$12,000.00

19. Conley, Channell
Case No. M2080196

Conley, an independent home health provider, billed for services she did not provide. Conley pled guilty to one (1) count of Theft by Deception (F5) and was, on December 10, 2009, sentenced to serve one (1) year in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$21,068.02.

20. Conley, Kimberly / Shannon Ewing
Case No. M207604

Conley, the mother of a Medicaid recipient, solicited co-defendant Bianca Smith to apply for a job with a home health care agency. Conley then submitted false time sheets that caused the agency to bill for services that were not provided. Conley pled guilty to one (1) count of Theft (F4) and was, on January 13, 2010, sentenced to serve eighteen (18) months in prison, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$47,066.00.

21. Costello, Joy, LPN
Case No. M2080407

Costello, an independent home health provider, billed for services she did not provide. Costello pled guilty to one (1) count of Theft by Deception (M1) and was, on June 21, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, and was ordered to make restitution in the amount of \$2,173.00.

22. Crank, Kimberly / Heartland of Eaton
Case No. M2090424

Crank, a nurse aide in the employ of Heartland of Eaton, pushed a resident into a door, causing a bruise to the resident's head. Crank pled guilty to one (1) count of Patient Endangerment (M1) and was, on February 3, 2010, sentenced to serve one hundred eighty (180) days in jail, all but ten (10) of which were suspended, two (2) years of community control, one hundred (100) hours of community services, and was ordered to pay a fine of \$500.00.

23. Cross, Ronda
Case No. M2070402

Cross, an independent home health provider, billed Medicaid for services she did not provide. Cross pled guilty to one (1) count of Theft (F5) and was, on July 20, 2009, sentenced to serve three (3) years of community control and was ordered to make restitution in the amount of \$683.00.

24. Cummings, Melissa / Hamlet Manor
Case No. M2090174

Cummings, a nurse aide in the employ of the Hamlet Manor nursing facility, transferred a facility resident without the use of a Hoyer lift, as prescribed by the resident's attending physician, resulting in physical harm to the resident. Cummings pled guilty to one (1) count of Patient Neglect (M2) and was, on March 22, 2010, sentenced to serve sixty (60) days in jail, suspended.

25. Daniels, Edward / Orlando Chappell
Case No. M2080474

Daniels and his wife, Kimberly Jones-Daniels, accepted kickbacks from their children's independent home health provider in lieu of the daily living services that were billed to Medicaid. Daniels pled guilty to one (1) count of Complicity to Commit Theft by Deception (F4) and was, on May 28, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$114,193.50 (joint and several liability with Kimberly Jones-Daniels).

26. Davenport, Betty
Case No. M2080684

Davenport, an independent home health provider, billed for services she did not provide. Davenport pled guilty to one (1) count of Theft (M1) and was, on April 28, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$4,152.96.

27. Davis-Fyne, Gerald / Continental Home Health Care
Case No. M2070525

Davis-Fyne, an independent home health provider, billed for services he did not provide. Davis-Fyne pled guilty to one (1) count of Theft by Deception (M1) and was, on June 30, 2009, sentenced to serve six (6) month sin jail, suspended, fifteen (15) months of community control, and was ordered to make restitution in the amount of \$6,655.00.

28. Dean, Ruppert / Orlando Chappell
Case No. M2080474

Dean, a Medicaid recipient, accepted kickbacks from his independent home health provider in lieu of the daily living services that were billed to Medicaid. Dean pled guilty to one (1) count of Complicity to Commit Theft by Deception (M1) and was, on May 27, 2010, sentenced to serve six (6) months in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$2,000.00

29. Deyo, Donna
Case No. M2080631

Deyo, an independent home health provider, billed for services she did not provide. Deyo pled guilty to one (1) count of Theft (M1) and was, on January 6, 2010, sentenced to serve two (2) days in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$4,137.64.

30. Dodson, Jennifer / Heartland of Piqua
Case No. M2090452

Dodson, a nurse aide in the employ of Heartland of Piqua, unlawfully restrained a resident by holding the resident down for an extended period of time, causing a bruise on the resident's chest. Dodson pled guilty to one (1) count of Disorderly Conduct (MM) and was, on January 28, 2010, fined \$50.00.

31. Dyer, Tina / Cambridge Home Health
Case No. M2070324

Dyer, a home health nurse, provided care to her son through her employer, Cambridge Home Health. Dyer's son was authorized to receive an increased number of hours of in-home care, based upon his temporary need to be fed through a feeding tube. But for a period of approximately eight (8) months, Dyer falsely reported to her employer that her son was still being fed through the feeding tube even after it had been removed. Dyer was convicted of Falsification in a Theft Offense (F5) and was, on March 25, 2010, 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 \$12,485.00.

32. Edgell, Charles / Arbors of Marietta
Case No. M2090110

Edgell, a nurse aide in the employ of the Arbors of Marietta nursing facility, stole personal property (including cash and three rings) from facility residents. Edgell pled guilty to one (1) count of Theft (M1) and was, on December 14, 2009, sentenced to serve one hundred twenty (120) days in jail, ninety (90) of which were suspended, two (2) years of community control, was ordered to pay a fine of \$100, and was ordered to make restitution in the amount of \$391.50.

33. Emerman, Scott
Case No. M2080649

Emerman, an independent home health provider, billed for services he did not provide. Emerman pled guilty to one (1) count of Theft by Deception (M1) and was, on September 8, 2009, sentenced to serve ninety (90) days in jail, suspended, two (2) years of community control, was ordered to pay a fine of \$500.00, suspended, and was ordered to make restitution in the amount of \$5,260.06.

34. Evans, Deborah
Case No. M2080494

Evans, an independent home health provider, billed for services she did not provide. Evans pled guilty to one (1) count of Theft (F5) and was, on February 4, 2010, sentenced to serve one (1) year in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$6,582.00.

35. Fetty, Theresa
Case No. M2090077

Fetty, an independent home health provider, billed for services she did not provide. Fetty pled guilty to one (1) count of Theft (F-4) and was, on June 11, 2010 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 \$42,395.48.

36. Fisher, Lois
Case No. M2080639

Fisher, an independent home health provider, billed for services she did not provide. Fisher pled guilty to one (1) count of Theft by Deception (M1) and was, on August 10, 2009, sentenced to serve ninety (90) days in jail, suspended, and was ordered to make restitution in the amount of \$4,248.00.

37. Frazier, Kesha / Debra Moore
Case No. M2080030

Frazier, the daughter of Medicaid recipient Debra Moore, stole the identities of two (2) independent home health providers and used the stolen identities to bill for home health services that were never provided. Following a jury trial, Frazier was convicted of one (1) count of Theft by Deception (F4) and two (2) counts of Identity Fraud (F3). On December 9, 2009, Frazier was sentenced to serve seven (7) years in prison and was ordered to make restitution in the amount of \$74,742.00.

38. Gabbard, Tabitha / West Chester Nursing and Rehabilitation Center
Case No. M2080621

Gabbard, a nurse aide in the employ of the West Chester Nursing and Rehabilitation Center, embezzled funds belonging to the residents of the facility. Gabbard pled guilty to one (1) count of Theft (F4) and was, on June 29, 2010, sentenced to serve five (5) years of community control and was fined \$2,500.00. In addition, Gabbard was ordered to complete a theft offender class.

39. Goolie, George / Jasmine Graham
Case No. M2090216

Goolie, a Medicaid recipient, accepted kickbacks from his independent home health providers in lieu of the daily living services that were billed to Medicaid. Goolie pled guilty to one (1) count of Theft (F5) and was, on March 31, 2010, sentenced to serve six (6) months in prison, suspended, and one (1) year of community control.

40. Griffin, Juanita / Alta Home Health Care
Case No. M2090095

Griffin, a home health aide, submitted false time sheets to her employer, Alta Home Health Care, thereby causing her employer to submit false claims to Medicaid. Griffin pled guilty to one (1) count of Theft (F5) and was, on January 12, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$8,182.32.

41. Guitard, Kathie / Cambridge Home Health Care
Case No. M2080468

Guitard, a home health aide, submitted false time sheets to her employer, Cambridge Home Health Care, thereby causing her employer to submit false claims to Medicaid. Guitard pled guilty to one (1) count of Theft (F5) and was, on February 12, 2010, sentenced to serve ten (10) months in jail, suspended, three (3) years of community control, and was ordered to make restitution to her employer in the amount of \$5,676.00.

42. Guysinger, Bonnie
Case No. M2090078

Guysinger, an independent home health provider, billed Medicaid for services she did not provide. Guysinger pled guilty to one (1) count of Theft (M1) and was, on April 28, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, twelve (12) months of community control, and was ordered to make restitution in the amount of \$507.24.

43. Hall, Kimberly
Case No. M2070610

Hall, an independent home health provider, billed for services she did not provide. Hall pled guilty to one (1) count of Theft by Deception (M1) and was, on April 19, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$10,000.00.

44. Halm, Lenora
Case No. M2070658

Halm, an independent home health provider, collected spend-down payments from the consumer to whom she was providing care, but billed Medicaid for the same services. Halm pled guilty to one (1) count of Theft (M1) and was, on March 4, 2010, sentenced to serve thirty (30) days in jail, suspended, and was ordered to make restitution in the amount of \$3,316.20.

45. Hanna, Evat / Hany Iskander
Case No. M2060173

Hanna, the wife of pain management specialist Hany Iskander, aided her husband in the concealment and destruction of medical records. Hanna was found guilty, after a jury trial, of one (1) count of Falsification of Records, 18 U.S.C. 1519, one (1) count of Obstruction of Criminal Investigation in Health Care Offenses, 18 U.S.C. 1518, two (2) counts of Alteration and Concealment of Records, 18 U.S.C. 1512(c), and one (1) count of Conspiracy to Obstruct Justice, 18 U.S.C. 371. Hanna was, on February 4, 2010, sentenced to serve two (2) years of community control, to be followed by immediate deportation from the United States.

46. Harmon, Shirley
Case No. M2090012

Harmon, an independent home health provider, billed for services she did not provide. Harmon pled guilty to one (1) count of Theft (M1) and was, on August 31, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to make restitution in the amount of \$2,237.16.

47. Heeter, Rance
Case No. M2080254

Heeter, an independent home health provider, billed for services she did not provide. Heeter pled guilty to one (1) count of Theft (F5) and was, on May 17, 2010, sentenced to serve six (6) months in jail, suspended, five (5) years of community control, one hundred fifty (150) hours of community service, and was ordered to make restitution in the amount of \$9,531.00.

48. Hocker, Karen / Charles Henry
Case No. M2080630

Hocker, an independent home health provider, billed for services she did not provide. Hocker pled guilty to one (1) count of Theft by Deception (F5) and was, on February 22, 2010, 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 \$64,701.26.

49. Hull, Linda
Case No. M2080164

Hull, an independent home health provider, billed for services she did not provide. Hull pled guilty to one (1) count of Theft (M1) and was, on August 12, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to make restitution in the amount of \$2,268.00.

50. Humphrey, Annette
Case No. M2080657

Humphrey, an independent home health provider, billed Medicaid for services she did not provide. Humphrey pled guilty to one (1) count of Theft (M1) and was, on October 6, 2009, sentenced to serve ninety (90) days in jail, suspended, two (2) years of community control, and was ordered to make restitution in the amount of \$7,200.00.

51. Hunter-Watson, Mykel / Chestnut House Assisted Living Center
Case No. M2090043

Hunter-Watson, a Professional Service Assistant in the employ of the Chestnut House Assisted Living Center, stole prescription drugs from the facility. Hunter-Watson pled guilty to two (2) counts of Theft of Dangerous Drugs (F4) and was, on November 5, 2009, sentenced to serve eighteen (18) months in prison, suspended, and three (3) years of community control.

52. Iskander, Hany, M.D.
Case No. M2060173

Iskander, a pain management specialist, billed for medically unnecessary services and services he did not provide. Iskander also destroyed medical records knowing a federal investigation was ongoing. Iskander was found guilty, following a jury trial in federal court, of one (1) count of Falsification of Records, one (1) count of Obstruction of Criminal Investigation in Health Care Offenses, two (2) counts of Alteration and Concealment of Records, one (1) count of Conspiracy to Obstruct Justice, and one (1) count of Health Care Fraud. Iskander was, on February 4, 2010, sentenced to serve forty-two (42) months in prison, to be followed by immediate deportation from the United States, and was ordered to make restitution in the amount of \$2,870,000.00.

53. Ismail, Mudar / Elite Express Medical Transportation
Case No. M2060502

Ismail, the owner and operator of Elite Express Medical Transportation, billed for ambulance transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Ismail was found guilty, following a jury trial in federal court, of one (1) count of Mail Fraud and one (1) count of Health Care Fraud. On September 3, 2009, Ismail was sentenced to serve ten (10) months in prison, six (6) months of house arrest, three (3) years of supervised release, and was ordered to make restitution in the amount of \$204,768.00.

54. Jackson, Beverly / Scenic Hills Nursing & Rehabilitation Center
Case No. M2080677

Jackson, a nurse aide in the employ of Scenic Hills Nursing & Rehabilitation Center, held a resident's arms, causing skin tears and bruising. Jackson pled guilty to one (1) count of Patient Neglect (M1) and was, on September 28, 2009, ordered to pay a fine of \$1,000.00.

55. Jahns, Erin / Sylvania Care & Rehabilitation Center
Case No. M2090170

Jahns, a nurse aide in the employ of the Sylvania Care & Rehabilitation Center, pinched a facility resident causing physical harm. Jahns pled guilty to one (1) count of Gross Patient Neglect (M1) and was, on December 10, 2009, sentenced to serve forty (40) days in jail, suspended, two (2) years of community control, and was ordered to pay a fine of \$350.00.

56. James, Stanley / Orlando Chappell
Case No. M207474

James, an independent home health provider, conspired with provider Orlando Chappell and a Medicaid recipient's parents to bill for services that were not provided. James pled guilty to one (1) count of Complicity to Commit Theft by Deception (F4) and was, on July 22, 2009, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$9,944.00.

57. James, Stanley
Case No. M2070609

James, an independent home health provider, billed for services he did not provide. James pled guilty to one (1) count of Theft (F-5) and was, on July 22, 2009, sentenced to serve six (6) months in jail, suspended, three (3) years of community control, and was ordered to make restitution in the amount of \$35,916.00.

58. Jenkins, Runetta / Horizon Village Nursing & Rehab.
Case No. M2070443

Jenkins, a nurse aide in the employ of the Horizon Village Nursing & Rehabilitation Center, slapped a resident in the face causing physical harm. Jenkins pled guilty to one (1) count of Assault (M1) and was, on October 6, 2009, sentenced to serve one hundred eighty (180) days in jail, suspended, three (3) years of community control, and was fined \$250.00.

59. Jones-Daniels, Kimberly / Orlando Chappell
Case No. M2080474

Jones-Daniels and her husband, Edward Daniels, accepted kickbacks from their children's independent home health provider in lieu of the daily living services that were billed to Medicaid. Jones-Daniels pled guilty to one (1) count of Complicity to Commit Theft by Deception (F4) and was, on May 28, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$114,193.50 (joint and several liability with Edward Daniels).

60. Klingensmith, Michael / Home Care Network
Case No. M2090014

Klingensmith, a home health aide in the employ of Home Care Network, submitted false time sheets to his employer thereby causing his employer to bill for services he did not provide. Klingensmith pled guilty to one (1) count of Theft by Deception (F5) and was, on January 21, 2010, sentenced to serve one (1) year in prison, suspended, two (2) years of community control, eighty (80) hours of community service, and was ordered to make restitution in the amount of \$69,299.88.

61. Lawrence, Tina
Case No. M2090101

Lawrence, an independent home health provider, billed Medicaid for services she did not provide. Lawrence pled guilty to one (1) count of Theft (F5) and was, on December 22, 2009, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$16,101.70.

62. Leonard, Cynthia / Universal Nursing
Case No. M2050352

Leonard, a nurse aide in the employ of Universal Nursing, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. Leonard pled guilty to one (1) count of Forgery (F5) and was, on July 8, 2009, sentenced to serve two (2) years of community control and was ordered to make restitution in the amount of \$1,704.00.

63. Logston, Shawn / Self Support Services
Case No. M2090173

Logston, a home health aide in the employ of Self Support Services, submitted false time sheets to his employer thereby causing his employer to bill for services he did not provide. Logston pled guilty to one (1) count of Theft (M1) and was, on March 10, 2010, sentenced to serve sixteen (16) days in jail, suspended, and was ordered to make restitution in the amount of \$1,606.80.

64. Long, Vickie
Case No. M2080503

Long, an independent home health provider, billed for services she did not provide. Long pled guilty to one (1) count of Theft by Deception (F5) and was, on August 24, 2009, sentenced to serve sixty (60) days in jail, suspended, one (1) year of community control, and was ordered to make restitution in the amount of \$2,964.00.

65. Mabrey, Rose
Case No. M2080288

Mabrey, an independent home health provider, billed for services she did not provide. Mabrey pled guilty to one (1) count of Theft by Deception (F5) and was, on October 2, 2009, sentenced to serve one (1) year in prison, suspended, five (5) years of community control, eighty (80) hours of community service, and was ordered to make restitution in the amount of \$6,500.00.

66. McGee, Aisha
Case No. M2090013

McGee, an independent home health provider, billed for services she did not provide. McGee pled guilty to one (1) count of Theft (F5) and was, on February 2, 2010, 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 \$5,937.80.

67. McKinney, Clinton / Angel Hearts Plus Home Health
Case No. M2090193

McKinney, a home health aide in the employ of Angel Hearts Plus Home Health, caused his employer to bill Medicaid and the Ohio Bureau of Workers' Compensation ("BWC") for home health services he did not provide. McKinney pled guilty to one (1) count of Theft by Deception (M1) for the Medicaid fraud and was, on May 26, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$4,960.16. McKinney pled guilty to one (1) count of Forgery (F5) and one (1) count of Workers' Compensation Fraud (F5) for the BWC fraud and was, on May 21, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$6,691.67.

68. Mills, Cassandra, LPN / Maxim Healthcare Services
Case No. M2070460

Mills, a home health nurse in the employ of Maxim Healthcare Services, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. Mills pled guilty to one (1) count of Theft by Deception (F5) and was, on August 27, 2009, sentenced to serve five (5) years of community control, thirty-five (35) hours of community service, and was ordered to make restitution in the amount of \$27,767.60.

69. Mineo, Tamika
Case No. M2080267

Mineo, an independent home health provider, billed for services she did not provide. Mineo pled guilty to one (1) count of Theft (F5) and was, on November 6, 2009, sentenced to serve eight (8) months in jail, suspended, five (5) years of community control, seventy-five (75) hours of community service, and was ordered to make restitution in the amount of \$26,458.20.

70. Moore, Carl / Pleasantview Care Center
Case No. M2080670

Moore, a nurse aide in the employ of the Pleasantview Care Center, struck a facility resident in the back of the head with her open hand. Moore pled guilty to one (1) count of Patient Abuse (M1) and was, on September 30, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to pay a fine of \$100.00.

71. Moore, Debra
Case No. M2080030

Moore, a Medicaid recipient, aided and abetted her daughter, Kesha Frazier, in stealing the identities of two (2) home health aides and billing for services not rendered under the identities of those home health aides. Following a jury trial, Moore was convicted of one (1) count of Theft by Deception (F4) and two (2) counts of Identity Fraud (F3). On December 9, 2009, Moore was sentenced to serve three (3) years in prison, suspended, three (3) years of community control, and was ordered to make restitution in the amount of \$35,184.60.

72. Morris, Kara / Elms Retirement Village
Case No. M2080193

Morris, an aide in the employ of Elms Retirement Village, stole a credit card from one of the facility's residents and used the card for her own personal gain. Morris pled guilty to one (1) count of Forgery (F5), one (1) count of Misuse of a Credit Card (F5), and one (1) count of Theft (F5). On October 9, 2009, Morris was sentenced to serve three (3) years of community control and was ordered to make restitution in the amount of \$1,401.98.

73. Mulligan, Indira / Club For The Ages, LLC
Case No. M2080065

Mulligan, the owner and operator of Club For The Ages, an ambulette company, billed for ambulette transportation services rendered to ambulatory Medicaid recipients, in violation of Medicaid rules and the company's provider agreement. Mulligan pled guilty to one (1) count of Theft by Deception (F4) and was, on July 10, 2009, sentenced to serve eighteen (18) months in prison, suspended, four (4) years of community control, forty (40) hours of community service, and was ordered to make restitution in the amount of \$100,000.00.

74. Muntaser, Adel / Trans Mobal Express, Inc.
Case No. M2080168

Muntaser, the owner and operator of Trans Mobal Express, an ambulette company, billed for wheelchair transportation services that he did not provide. Muntaser pled guilty to one (1) count of Theft by Deception (F4) and was, on October 13, 2009, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$80,254.85.

75. Myers, Brenda
Case No. M2080434

Myers, an independent home health provider, billed for services she did not provide. Myers pled guilty to one (1) count of Theft by Deception (F4) and was, on August 5, 2009, sentenced to serve five (5) years of community control, one hundred (100) hours of community service, and was ordered to make restitution in the amount of \$87,948.00.

76. Osman, Amir / Diligent Mobility Assistance
Case No. M2080080

Osman, a co-owner and operator of Diligent Mobility Assistance, an ambulette company, billed Medicaid for wheelchair transportation services that the company did not provide. Osman pled guilty to one (1) count of Theft by Deception (F3) and was, on August 14, 2009, sentenced to serve seven (7) months in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$292,372.42 (joint and several liability with Chanel Osman).

77. Osman, Chanel / Diligent Mobility Assistance
Case No. M2080080

Osman, a co-owner and operator of Diligent Mobility Assistance, an ambulette company, billed for wheelchair transportation services that the company did not provide. Osman pled guilty to one (1) count of Theft by Deception (F3) and was, on August 14, 2009, sentenced to serve seven (7) months in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$292,372.42 (joint and several liability with Amir Osman).

78. Patton, Candi Jo
Case No. M2080019

Patton, an independent home health provider, billed for services she did not provide. Patton pled guilty to one (1) count of Theft by Deception (M1) and was, on November 30, 2009, sentenced to serve one (1) year of community control and was ordered to make restitution in the amount of \$1,836.00.

79. Pernell, Renee / Orlando Chappell
Case No. M2080474

Pernell, the parent of a Medicaid recipient, accepted kickbacks from her son's independent home health provider in lieu of the daily living services billed to Medicaid. Pernell pled guilty to one (1) count of Theft by Deception (F4) and was, on May 13, 2010, sentenced to serve three (3) years of community control and was ordered to make restitution in the amount of \$25,700.76

80. Plum, Frances / Summit Villa Care Center
Case No. M2090069

Plum, a nurse aide in the employ of the Summit Villa Care Center, improperly transferred a resident causing physical harm to the resident. Plum plead no contest to, and was found guilty of, one (1) count of Gross patient Neglect (M1). On July 22, 2009, Plum was sentenced to serve one hundred eighty (180) days in jail, suspended, and was ordered to pay a fine of \$1,000.00, \$800.00 of which was suspended.

81. Preston, Brenda
Case No. M2080460

Preston, an independent home health provider, billed for services allegedly rendered while she was incarcerated. Preston pled guilty to one (1) count Theft (F5) and was, on November 30, 2009, sentenced to serve six (6) months in jail, suspended, three (3) years of community control, and was ordered to make restitution in the amount of \$8,670.00.

82. Proffitt, Susan
Case No. M2080060

Proffitt, an independent home health provider, billed for services she did not provide. Proffitt pled guilty to one (1) count of Theft (M1) and was, on July 22, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to make restitution in the amount of \$891.55.

83. Rennicker, Vickie / All American Health Care
Case No. M2080213

Rennicker, a home health aide in the employ of All American Health Care, caused her employer to bill for services she did not provide, and charged a co-pay to the consumer for whom the services were allegedly rendered. Rennicker pled guilty to two (2) counts of Tampering with Records (M1) and was, on July 21, 2009, sentenced to serve thirty (30) days in jail, suspended, and was ordered to make restitution to the Ohio Department of Job and Family Services and the consumer in the amounts of \$1,334.20 and \$2,238.26, respectively.

84. Rich, Jason, M.D.
Case No. M2070522

Rich, a physician, billed for office visits that he did not provide. Rich pled guilty to one (1) count of Medicaid Fraud (M1) and was, on September 17, 2009, ordered to make restitution in the amount of \$40,000.00 and pay a fine in the amount of \$500.00. As a part of his plea agreement, Rich agreed to enter the United States military.

85. Robinson, Yolanda / Maxim Healthcare Services, Inc.
Case No. M2080533

Robinson, a home health aide in the employ of Maxim Healthcare Services, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. Robinson pled guilty to one (1) count of Theft (M1) and one (1) count of Attempted forgery (M1) and was, on October 19, 2009, sentenced to serve six (6) months in jail, suspended, thirty (30) months of community control, and was ordered to make restitution in the amount of \$1,064.00.

86. Schrader, Mark, D.C.
Case No. M2040481

Schrader, a Doctor of Chiropractic, billed for services he did not provide and billed for services that were determined to be medically unnecessary. Schrader pled guilty to one (1) count of Health Care Fraud and was, on April 30, 2010, sentenced to serve two (2) years of probation, was ordered to make restitution to Aultcare in the amount of \$28,469.31, and was ordered to pay a fine of \$5,000.00.

87. Sellers, Veronica / Accent Care
Case No. M2070583

Sellers, a home health aide in the employ of Accent Care, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. Sellers pled guilty to one (1) count of Theft (M1) and was, on October 27, 2009, sentenced to serve four (4) years of community control and was ordered to make restitution in the amount of \$6,355.91.

88. Shellabarger, Norma
Case No. M2080590

Shellabarger, an independent home health provider, billed for services she did not provide. Shellabarger pled guilty to one (1) count of Theft (M1) and was, on July 20, 2009, sentenced to serve thirty (30) days in jail, suspended, and was ordered to make restitution in the amount of \$864.00.

89. Smith, Bianca / Shannon Ewing
Case No. M207604

Smith, a home health aide in the employ of Damal Healthcare Services, conspired with Kimberly Conley, the mother of the recipient to whom she was allegedly providing care, to cause her employer to bill for services she did not provide. Smith pled guilty to one (1) count of Theft (F5), and was, on February 4, 2010, sentenced to serve two (2) years of community control, and was ordered to perform forty (40) hours of community service.

90. Smith, Darlene, RN
Case No. M2080505

Smith, an independent home health provider, billed for services she did not provide, and billed for services that were provided by other (unauthorized) providers. Smith pled guilty to one (1) count of Theft by Deception (F5) and was, on April 30, 2010, sentenced to serve one (1) year in prison, suspended, one hundred twenty (120) days in jail, with credit for forty-two (42) days served, five (5) years of community control, and was ordered to make restitution in the amount of \$28,448.55.

91. Smith, Orence
Case No. M2080681

Smith, an independent home health provider, billed for services he did not provide. Smith pled guilty to one (1) count of Theft (M1) and was, on March 31, 2010, ordered to make restitution in the amount of \$2,772.00.

92. Summerville, Tara, LPN
Case No. M2080486

Summerville, an independent home health provider, billed for services she did not provide. Summerville pled guilty to one (1) count of Theft (F5) and was, on May 28, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$5,391.80.

93. Taylor, Diana / Arbors West Nursing Home
Case No. M2080358

Taylor, a nurse aide in the employ of the Arbors West Nursing Home, stole narcotics from the facility. Taylor pled guilty to two (2) counts of Theft of Dangerous Drugs (F4) and was, on June 29, 2010, sentenced to serve two (2) years of community control, was ordered to complete a substance abuse program, and was ordered to pay court costs in the amount of \$1,174.11.

94. Tucker, Amanda
Case No. M2080535

Tucker, a Medicaid recipient, accepted kickbacks from her independent home health providers in lieu of the daily living services that were billed to Medicaid. Tucker pled guilty to one count of Theft (M1) and was, on October 19, 2009, sentenced to serve six (6) months in jail, suspended, and ordered to make restitution in the amount of \$720.00.

95. Vance, Melissa
Case No. M2090235

Vance, an independent home health provider, billed for services she did not provide. Vance pled guilty to one (1) count of Theft (F5) and was, on June 11, 2010, 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 \$35,408.31.

96. Wallace, Felicia / Cambridge Home Health Care
Case No. M2090074

Wallace, a home health aide in the employ of Cambridge Home Health Care, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. Wallace pled guilty to one (1) count of Theft (M1) and was, on August 5, 2009, sentenced to serve ninety (90) days in jail, suspended, and was ordered to make restitution in the amount of \$400.00.

97. Walette, Melody
Case No. M2080385

Walette, an independent home health provider, billed for services she did not provide. Walette pled guilty to one (1) count of Theft (F5) and was, on December 14, 2009, sentenced to serve six (6) months in jail, suspended, and was ordered to make restitution in the amount of \$8,421.00

98. Ware, Tonia / Amanda Tucker
Case No. M2080535

Ware, an independent home health provider, paid kickbacks to recipient Amanda Tucker in lieu of the daily living services that were billed to Medicaid. Ware pled guilty to one (1) count of Theft (M1) and was, on June 14, 2010, sentenced to serve one hundred eighty (180) days in jail, suspended, and was ordered to make restitution in the amount of \$790.12.

99. Warren, Eileen
Case No. M2080592

Warren, an independent home health provider, billed for services she did not provide. Warren pled guilty to one (1) count of Theft by Deception (F5) and was, on June 11, 2010, sentenced to serve five (5) years of community control and was ordered to make restitution in the amount of \$17,604.00.

100. White, Amanda / Accent Care
Case No. M2070583

White, a home health aide in the employ of Accent Care, submitted false time sheets to her employer thereby causing her employer to bill for services she did not provide. White pled guilty to one count of Theft (F4) and was, on November 6, 2009, 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 \$118,930.00.

101. Williams, Abudnji / Affordable Transportation Services
Case No. M2080680

Williams, the owner and operator of Affordable Transportation, an ambulette company, billed Medicaid for wheelchair transportation services that he did not provide. Williams pled guilty to Theft by Deception (F5) and was, on October 28, 2009, sentenced to serve ten (10) months in jail, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$140,000.00.

102. Williams, Anne
Case No. M2080661

Williams, an independent home health provider, billed for services she did not provide. Williams pled guilty to one (1) count of Theft by Deception (F5) and was, on February 26, 2010, sentenced to serve one (1) year in prison, suspended, five (5) years of community control, and was ordered to make restitution in the amount of \$5,712.51.

103. Woodard, Donald / Community Home Health Services Plus
Case No. M2040220

Woodard, the medical director for Community Home Health Services Plus, signed plans of care for Medicaid recipients who were not treated by him. Woodard pled guilty to one (1) count of Forgery (M-1) and was, on November 12, 2009, sentenced to serve six (6) months in jail, suspended.

104. Yeager, Tom / Briarfield at the Ridge
Case No. M2090023

Yeager, a Phlebotomist, forcibly immobilized a Briarfield at the Ridge resident to draw a blood sample. Yeager pled no contest, but was found guilty of one (1) count of Unlawful Restraint (M-3). On September 16, 2009, Yeager was sentenced to serve sixty (60) days in jail, suspended, and was ordered to pay a fine of \$150.00.

Civil Settlements

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

1. AstraZeneca

Case No. M2090499

AstraZeneca sold the drug Albuterol which was, at the time, classified by the United States Food and Drug Administration as an “innovator” drug. However, the defendant classified the drug as a “noninnovator” drug for the purpose of calculating its Medicaid drug rebates, thereby understating its rebate obligations to the states under the Medicaid rebate statute and its Medicaid rebate agreement. To resolve these claims, AstraZeneca agreed to pay a total of \$2.6 million to the federal and state governments. Pursuant to an October 27, 2009 settlement agreement, AstraZeneca agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$136,808.86.

2. Aventis Pharmaceuticals, Inc. – Azmacort / Nasacort

Case No. M2090527

Aventis Pharmaceuticals caused false claims to be submitted to the Medicare and Medicaid programs by inflating the average wholesale price (“AWP”) of their drug, Anzemet, which is used in oncology and radiation treatment to prevent nausea and vomiting. To resolve these claims, Aventis agreed to pay a total of \$22.7 million plus interest to the federal and state governments, and entered into a Corporate Integrity Agreement with the Office of Inspector General for the United States Department of Health and Human Services. Pursuant to a November 19, 2009 settlement agreement, Aventis agreed to pay restitution and interest to the Ohio Medicaid program (federal and state share) in the amount of \$5,040,994.19.

3. Brasons Willcare

Case No. M2080349

Brasons Willcare, a home health agency provider, mistakenly submitted claims for reimbursement of services that were never rendered. Pursuant to a January 30, 2010 settlement agreement, Brasons Willcare agreed to pay restitution and penalties to the Ohio Medicaid program in the amount of \$10,000.00.

4. Children’s Home Care Group

Case No. M2090332

Children’s Home Care Group, a home health agency provider, mistakenly submitted claims for reimbursement of services that were never rendered. Pursuant to a January 6, 2010 settlement agreement, Children’s Home Care Group agreed to make restitution to the Ohio Medicaid program in the amount of \$698.40.

5. Crosby Drugs, Inc.
Case No. M2070487

Crosby Drugs improperly submitted claims for reimbursement of medical supplies (i.e. non-impregnated gauze), resulting in an overpayment. Pursuant to a September 4, 2009 settlement agreement, Crosby Drugs agreed to make restitution to the Ohio Medicaid program in the amount of \$94,117.18.

6. Dey, Inc.
Case No. M1980381

Dey caused false claims to be submitted to the Medicare and Medicaid programs by inflating the average wholesale price (“AWP”) of certain named drugs. Pursuant to a February 2, 2010 settlement agreement, Dey agreed to pay restitution and penalties to the Ohio Medicaid program (federal and state share) in the amount of \$2,350,000.00.

7. Ewing, Shannon
Case No. M2070604

Ewing, an independent home health provider, mistakenly submitted claims for services that she did not provide. Pursuant to a September 9, 2009 settlement agreement, Ewing agreed to make restitution to the Ohio Medicaid program in the amount of \$414.06.

8. Feigelson, Genalyn
Case No. M2090156

Feigelson, an independent home health provider, mistakenly submitted claims for services that she did not provide. Pursuant to a November 24, 2009 settlement agreement, Feigelson agreed to make restitution to the Ohio Medicaid program in the amount of \$395.52.

9. FORBA Holdings, LLC / Small Smiles, LLC.
Case No. M20700586

FORBA Holdings, LLC, a dental management company that provided management services to Small Smiles dental clinics nationwide, caused individual dental clinics to submit claims for medically unnecessary dental services performed on children insured by Medicaid. To resolve these claims, FORBA agreed to pay a total of \$24 million to the federal and state governments and entered into a five-year Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services. Pursuant to a February 4, 2010 settlement agreement, FORBA agreed to pay restitution and interest to the Ohio Medicaid program (federal and state share) in the amount of \$2,392,926.50.

10. IVAX Pharmaceuticals
Case No. M2100194

IVAX Pharmaceuticals engaged in unlawful kickback schemes, thereby causing false claims to be submitted to the state Medicaid programs. To resolve these claims, IVAX agreed to pay a total of \$14 million plus interest to the federal and state governments and entered into a Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services. Pursuant to an April 21, 2010 settlement agreement, the defendants agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$520,772.74.

11. Jazz Pharmaceutical / Orphan Medical
Case No. M2100355

Jazz Pharmaceuticals and Orphan Medical, a wholly-owned subsidiary of Jazz, improperly marketed the drug Xyrem for purposes beyond those approved by the United States Food and Drug Administration, in violation of The Food, Drug and Cosmetic Act. To resolve these claims, the defendants agreed to pay a total of \$917,924.00 to the federal and state governments. Pursuant to a June 29, 2010 settlement agreement, defendants agreed to pay restitution and penalties to the Ohio Medicaid program (federal and state share) in the amount of \$19,219.63.

12. Kidd, Melissa
Case No. M2080655

Kidd, an independent home health provider, mistakenly submitted claims for reimbursement of home health services that were never rendered. Pursuant to an April 23, 2010 settlement agreement, Kid agreed to make restitution to the Ohio Medicaid program in the amount of \$732.00.

13. McClintock, Steven, LPN
Case No. M2080491

McClintock, an independent home health provider, mistakenly submitted claims for reimbursement of services that were never rendered. Pursuant to an October 28, 2009 settlement agreement, McClintock agreed to make restitution to the Ohio Medicaid program in the amount of \$1,843.80.

14. Medtronic, Inc.
Case No. M2090396

Medtronic and Medtronic Sofamor Danek, Inc., a wholly-owned subsidiary of Medtronic, made payments and other remuneration to physicians and entities in connection with the distribution of spinal implant devices which resulted in false claims being filed with the Medicare and Medicaid programs. To resolve these claims, defendants agreed to pay a total of \$40 million plus interest to the federal and state governments. Pursuant to a December 21, 2009 settlement agreement, defendants agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$272,696.12.

15. Meijer, Inc. Pharmacy
Case No. M2100159

Meijer unknowingly hired three (3) pharmacists that had been placed on the United States Department of Health and Human Services, Office of the Inspector General, exclusion list, and were therefore prohibited from filling Medicaid prescriptions. Pursuant to a January 19, 2010 settlement agreement, Meijer agreed to make restitution to the Ohio Medicaid program in the amount of \$432,621.74.

16. Morrow County Firefighters
Case No. M2090367

Morrow County Firefighters improperly submitted a claim for reimbursement of an emergency transportation service. Pursuant to an April 5, 2010 settlement agreement, Morrow County Firefighters agreed to make restitution to the Ohio Medicaid program in the amount of \$154.60.

17. Multicare Health & Education Services, Inc.
Case No. M2080327

Multicare Health & Education Services, a home health agency provider, mistakenly submitted claims for reimbursement of services that were never rendered. Pursuant to a September 28, 2009 settlement agreement, Multicare agreed to make restitution to the Ohio Medicaid program in the amount of \$4,752.36.

18. Mylan Pharmaceuticals, Inc.
Case No. M2090498

Mylan sold certain drugs which were, at the time, classified by the United States Food and Drug Administration as “innovator” drugs. However, the defendant classified the drugs as “noninnovator” drugs for the purpose of calculating its Medicaid drug rebates, thereby understating its rebate obligations to the states under the Medicaid rebate statute and its Medicaid rebate agreement. To resolve these claims, Mylan agreed to pay a total of \$118 million to the federal and state governments. Pursuant to a November 10, 2009 settlement agreement, Mylan agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$2,993,085.44.

19. Nationwide Home Healthcare
Case No. M2060429

Nationwide Home Healthcare improperly submitted claims for reimbursement of home health services. Pursuant to a July 7, 2009 settlement agreement, owner Vila Nanthavong agreed to make restitution to the Ohio Medicaid program in the amount of \$213,332.75.

20. Nichols Institute Diagnostics
Case No. M2090320

Nichols Institute Diagnostics and Quest Diagnostics, Inc. manufactured, marketed and sold to laboratories located throughout the United States, “in vitro” diagnostic products that falsely elevated results, thereby causing false claims to be submitted to the state Medicaid programs. To resolve these claims, Nichols pled guilty to certain federal crimes and the defendants agreed to pay a total of \$262 million to the federal and state governments. Pursuant to an August 24, 2009 settlement agreement, the defendants agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$909,250.84.

21. Omnicare, Inc.
Case No. M2090456

Omnicare engaged in unlawful kickback schemes, thereby causing false claims to be submitted to the state Medicaid programs. To resolve these claims, the defendant agreed to pay a total of \$112 million to the federal and state governments and entered into a Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services. Pursuant to an April 21, 2010 settlement agreement, Omnicare agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$5,728,608.04.

22. Ortho McNeil Pharmaceutical, Inc.
Case No. M2090500

Ortho McNeil sold certain drugs which were, at the time, classified by the United States Food and Drug Administration as “innovator” drugs. However, the defendant classified the drugs as “noninnovator” drugs for the purpose of calculating its Medicaid drug rebates, thereby understating its rebate obligations to the states under the Medicaid rebate statute and its Medicaid rebate agreement. To resolve these claims, Ortho McNeil agreed to pay a total of \$3.4 million to the federal and state governments. Pursuant to an October 23, 2009 settlement agreement, Ortho McNeil agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$116,632.78.

23. Otsuka Pharmaceuticals, Inc.
Case No. M2100071

Otsuka developed the atypical antipsychotic drug, Abilify, and entered into an agreement with Bristol-Myers Squibb (“BMS”) to co-promote the drug in the United States. Otsuka and BMS marketed the drug for indications not approved by the Food and Drug Administration (FDA), in violation of the Food, Drug, and Cosmetic Act. To resolve these claims, the defendant agreed to pay a total of \$3.9 million plus interest to the state governments. Pursuant to a February 8, 2010 settlement agreement, Otsuka agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$188,512.27.

24. Parish, Noelle / Shannon Ewing
Case No. M2070604

Parish, an independent home health provider, mistakenly submitted claims for services that she did not provide. Pursuant to a September 9, 2009 settlement agreement, Parish agreed to make restitution to the Ohio Medicaid program in the amount of \$361.53.

25. Pfizer, Inc. – Bextra / Geodon
Case No. M2090497

Pfizer and its subsidiaries paid kickbacks and engaged in off-labeling marketing campaigns that improperly promoted numerous drugs that Pfizer manufactures. To resolve these claims, Pfizer pled guilty to certain federal crimes and agreed to pay a total of \$1 billion plus interest to the federal and state governments. This is the largest settlement in history in a health care fraud matter. Pursuant to an October 28, 2009 settlement agreement, Pfizer agreed to pay restitution, penalties, and interest to the Ohio Medicaid program (federal and state share) in the amount of \$32,277,134.55.

26. Slayton, Shamirra, LPN
Case No. M2080435

Slayton, an independent home health provider, mistakenly submitted claims for services that she did not provide. Pursuant to a November 24, 2009 settlement agreement, Slayton agreed to make restitution to the Ohio Medicaid program in the amount of \$1,766.40.

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 five hundred fifteen (515) 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 and others.

We continue using the process created a number of 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 held one (1) basic training course during the week of October 19, 2009, training eight (8) new staff members. 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 Unit’s former Director served as a member of the NAMFCU Executive Committee and co-chaired the Global Case Committee. The Unit’s current Director and one of the Unit’s Senior Special Agents serve on the NAMFCU Training Committee. The Unit’s Special Projects Team Supervisor serves as a member of the Global Case Committee. The Unit’s Directors (both former and current), 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 Unit’s Directors (both former and current) attended the Directors’ Symposium in Washington, D.C. the week of March 22, 2010. A total of six (6) Special Agents, two (2) Fraud Analysts, and one (1) Assistant Attorney General attended the Introduction to Medicaid Fraud Training Conferences (Medicaid Fraud 101) in Santa Fe, New Mexico (10/27/09 – 10/29/09 and 02/23/10 – 02/25/10), and Springfield, Illinois (04/20/10 – 04/22/10). Two (2) Special Agents attended the Practical Skills Training Course (Medicaid Fraud 102) in Boise, Idaho (03/01/10 – 03/04/10). The Unit’s Directors (both former and current), one (1) Assistant Attorney General, the Special Agent-In-Charge, two (2) Special Agent Supervisors, and one (1) Special Agent attended the annual conference in Louisville, Kentucky (09/14/09 – 09/17/09). And the Unit’s Directors (both former and current), Principal Attorney, and one of the Unit’s Special Agent Supervisors attended the Global Case Training in Portsmouth, New Hampshire (05/04/10 – 05/06/10).

The Unit’s Directors (both former and current), Assistant Director, Principal Attorney, Special Agent-In-Charge, and one of the Unit’s Special Agent Supervisors served as members of, and in some instances served as the team leader of, a number of global settlement teams. During the recertification period, Unit members served on the following global case teams that resulted in successful national settlements: AstraZeneca, Dey, Inc., FORBA Holdings, LLC / Small Smiles, LLC., IVAX Pharmaceuticals, Mylan Pharmaceuticals, Inc., Omnicare, Inc., Ortho McNeil Pharmaceutical, Inc., Otsuka Pharmaceuticals, Inc., Pfizer, Inc. These cases resulted in over \$46.7 million in recoveries (state and federal share) to Ohio.

Ohio MFCU Staff

Included as **Attachment D** is a roster of the Unit’s staff members, as of September 1, 2010.

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, Medicaid Fraud Control Unit, 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 ²	8			
	Basic Videography ²	24			
	Testifying in Court ²	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	Medicaid Fraud 101	40			
	Medicaid Fraud 102	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	Behavior, Truth & Deception	Ohio Peace Officer Training Academy	24
2	Behavior, Truth & Deception	Ohio Peace Officer Training Academy	24
3	Bloodstain Evidence	Ohio Peace Officer Training Academy	40
4	Bulletproof Mind	Ohio Peace Officer Training Academy	8
5	Cell Phones as an Investigative Tool	High Intensity Drug Trafficking Area (HIDTA)	8
6	Command & Control Overview	Multijurisdictional Counterdrug Task Force	16
7	Computer Data Recovery-Basic	Ohio Peace Officer Training Academy	40
8	Conspiracy Investigations	Multijurisdictional Counterdrug Task Force	16
9	Core Criminal Investigation Training Program	Ohio Peace Officer Training Academy	40
10	Crime Scene Management & Evidence Classification	Ohio Peace Officer Training Academy	8
11	Criminal Street Gangs Overview	Multijurisdictional Counterdrug Task Force	16
12	Cultivating Confidential Informants	Ohio Peace Officer Training Academy	8
13	Death Investigation	Ohio Peace Officer Training Academy	40
14	Drug Identification	St. Petersburg College	16
15	Essentials of Communicating	National Association of State Boards of Accountancy	16
16	Ethical Issues and Decisions in Law Enforcement	St. Petersburg College	16
17	Evidence Room Management	Ohio Peace Officer Training Academy	16
18	Explosives, Booby Traps & Bomb Threat Mgmt.	Multijurisdictional Counterdrug Task Force	16
19	Financial Investigations Practical Skills	National White Collar Crime Center	30
20	Firearm Survival Training	ARMA Training	24
21	Forensic Aspects of Death Scenes	Ohio Peace Officer Training Academy	40
22	Forensic Entomology Evidence Recovery Techniques	Council of American Forensic Entomologists	16
23	Fraud Investigation & Prevention Conference	Ohio Auditor of State	16
24	Health Care Fraud Basic Firearms	Ohio Peace Officer Training Academy	80
25	Health Care Fraud In-Service/Requalification - 1st Qtr.	Ohio Peace Officer Training Academy	8
26	Health Care Fraud In-Service/Requalification - 2nd Qtr.	Ohio Peace Officer Training Academy	8
27	Health Care Fraud In-Service/Requalification - 3rd Qtr.	Ohio Peace Officer Training Academy	8
28	Health Care Fraud In-Service/Requalification - 4th Qtr.	Ohio Peace Officer Training Academy	8
29	Human Trafficking: Basic Overview	Ohio Peace Officer Training Academy	8
30	Intelligence Awareness for Law Enforcement Executives	Homeland Security	8
31	Interviewing the Sexual Deviant	National Criminal Justice	24
32	Introduction to Medicaid Fraud (Medicaid Fraud 101)	National Association of Medicaid Fraud Control Units	24
33	Introduction to Money Laundering	Multijurisdictional Counterdrug Task Force	16
34	Latent Print Development	Ohio Peace Officer Training Academy	16
35	LEADS - Understanding the Basics	ODPS / Law Enforcement Automated Data System	8
36	LEADS New Terminal Area Coordinator Training	ODPS / Law Enforcement Automated Data System	8
37	Linguistic Statement Analysis Techniques - Basic	Ohio Peace Officer Training Academy	24
38	Medicaid Fraud 102	National Association of Medicaid Fraud Control Units	40
39	Medicaid Fraud Control Unit Training Conference	HHS - Office of the Inspector General	24
40	Police Intelligence	Multijurisdictional Counterdrug Task Force	16
41	Reid Technique for Interview & Interrogation - Basic	Ohio Peace Officer Training Academy	24
42	Risk Mgmt. & Violence in Undercover Operations	Multijurisdictional Counterdrug Task Force	16
43	Surveillance Operations	Multijurisdictional Counterdrug Task Force	16
44	Testifying In Court	Ohio Peace Officer Training Academy	8



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

**Basic Training Schedule
October 19 - 28, 2009**



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

Monday, October 19, 2009 (Conference Room)

9:00 a.m. - 9:25 a.m.	Welcome Aboard	Guthrie
9:25 a.m. - 9:50 a.m.	Medicaid / Medicare Overview	Guthrie
9:50 a.m. - 10:00 a.m.	Break	
10:00 a.m. - 10:25 a.m.	MFCU Jurisdiction / Venue	Guthrie
10:25 a.m. - 10:50 a.m.	MFCU Goals / Statistics	Guthrie
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 (Large War Room)

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

Thursday, October 22, 2009 (Conference Room)

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

Thursday, October 22, 2009, Continued

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 (Conference Room)

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

Wednesday, October 28, 2009 (Conference Room)

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	
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

(Total Hours of Training = 31)

Ohio MFCU Staff Roster (As of 09/01/10)

	Last Name	First Name	Position
1	Banks	Jon	Fraud Analyst
2	Burri	Greg	Special Agent
3	Chambers	Todd	Special Agent
4	Colliver	Kristi	Special Agent
5	Cooper	Kevin	Special Agent
6	Dickerson	Tona	Special Agent
7	Duffy	Drew	Principal Assistant Attorney General
8	Dunson	Matthew	P/T College Intern
9	Dyer	Kathryn	Fraud Analyst
10	Early	Lloyd	Special Agent-In-Charge
11	Finegold	Jordan	Assistant Director
12	Fluhart	Tom	Special Agent
13	Ford	Phyllis	Receptionist
14	Greene	William	Associate Attorney General
15	Grosjean	Jeffrey	Special Agent
16	Gurian	Marilyn	Special Agent
17	Haddox	Thalia	Special Agent
18	Haenszel	Christine	Special Agent Supervisor
19	Haines	Greg	Special Agent Supervisor
20	Helmandollar	Jason	Special Agent Supervisor
21	Houston	Ryan	Special Agent
22	Joseph	Joe	Special Agent
23	Kalas	Andrew	Special Agent
24	Koester	Brad	Fraud Analyst
25	Kopus	Frank	Special Agent
26	Long	Sabrina	Special Agent
27	Loshark	Jennifer	Special Agent
28	Martin	Michelle	P/T Legal Intern
29	Metzler	Jon	Senior Assistant Attorney General
30	Mitchell	Keesha	Director
31	Monk	Jill	Special Agent
32	Moore	Shari	Special Agent
33	Morse	Kelly	Special Agent
34	Mounts	Greg	Special Agent

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