

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



In this issue...

## Contents

Georgia Resident Indicted for Medicaid Fraud.....	2
UPDATE: Indiana Dental Practice & DSO Shell Out \$5.1 Million Over Medicaid False Claims Allegations .....	3
Wichita woman pleads guilty to Medicaid fraud, drug charges .....	5
2 arrested for fraud.....	6
4 Charged in \$87M Home Health Care Scheme.....	7
Medicaid fraud charges filed in Centria autism investigation .....	9
Bennington couple guilty of financially exploiting elderly relative.....	12
Medicaid fraud: Lakewood Orthodox community raises money to help amnesty seekers .....	13
Central Ohio Doctor Charged In Multi-Million Dollar Fraud Scheme .....	18
Coppell woman pleads guilty to providing fraudulent hospice services .....	19
Garland Home Health Operators Convicted of \$3.7 Million Fraud Scheme .....	21
4 Convicted In \$3.7M Garland Health Care Fraud Scheme .....	22
Summit woman pleads guilty in \$100,000 personal care fraud .....	23

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



## Georgia Resident Indicted for Medicaid Fraud

SourceURL: <https://www.allongeorgia.com/georgia-state-news/georgia-resident-indicted-for-medicaid-fraud/>

By

[AllOnGeorgia](#)

-

November 4, 2018

Picture credit - WTHR

The Office of the Attorney General has announced that Adrian Mance entered a guilty plea to one count of Medicaid Fraud on October 30. A Hall County Judge sentenced Ms. Mance to serve 10 years of probation and pay restitution in the amount of **\$11,255.15**.

“The public relies upon the honesty and integrity of individuals who participate in the Georgia Medicaid program,” said Attorney General Chris Carr. “Those who violate that trust must be held accountable, and I applaud the efforts of our Medicaid Fraud Division for investigating and prosecuting this case.”

Beginning in 2012, Ms. Mance utilized the “New Options Waiver Program” (NOW), a Medicaid waiver program, to employ a caretaker to provide personal support services to her sister. Ms. Mance, acting as her sister’s representative, enrolled in the Participant-Directed Services option of the program, which allowed her to pay the caretaker with funds obtained from Georgia Medicaid. In order to obtain these funds, Ms. Mance would fill out and sign timesheets that would then be submitted to Acumen Fiscal Agent (Acumen), a payroll services company utilized by the Georgia Medicaid program. Acumen would then deposit these funds directly onto a pay card intended to be payment for the caretaker’s services.

Ms. Mance submitted an address change form to Acumen requesting all of the caretaker’s mail be sent to the address at which Ms. Mance resided. From September 2011 until December 2014, Ms. Mance exercised control over the caretaker’s pay card.

Further investigation by the Georgia Medicaid Fraud Division determined that between February 1, 2013 and December 31, 2014, Ms. Mance submitted timesheets to Acumen claiming the caretaker was providing personal support services to her sister, yet no such services were

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



provided. This resulted in Ms. Mance obtaining \$11,255.15 in payments from the Georgia Medicaid program to which she was not entitled.

The preliminary investigation was conducted by Department of Community Health Program Integrity Investigator Cameron Daniels. The case underwent further investigation and was prepared for prosecution by the Georgia Medicaid Fraud Division: Chief Intelligence Analyst Tish Murray, Investigator Lee Thompson, Forensic Auditor Cecilia Isaac Vazquez, Nurse Investigator Nancy Dickerson and Intelligence Analyst Vanda Russell. The prosecution was conducted by Assistant Attorney General Jessica R. Hall.

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## **UPDATE: Indiana Dental Practice & DSO Shell Out \$5.1 Million Over Medicaid False Claims Allegations**

SourceURL: <https://www.tdmr.org/indiana-dental-practice-dso-shell-out-5-1-million-over-medicaid-false-claims-allegations/>

November 6, 2018 By [TDMR](#) [Leave a Comment](#)



# Medicaid Fraud, Waste and Abuse Curator: Volume 2



*UPDATE: TDMR has received a copy of the ImmediaDent and Samson Partners press statement from Samson Partners vice-president of marketing Stephen Valenti. It is at the bottom of our story in full.*

Indiana-based [ImmediaDent](#) and DSO [Samson Dental Partners](#) of Kansas have agreed to pay the federal government and Indiana some \$5.139 million to [resolve false claims allegations](#) of Medicaid fraud.

## **Largest dental Medicaid provider in three states**

ImmediaDent has nine offices in the state and a total of 33 locations in Indiana, Kentucky and Ohio. According to a statement to [Louisville Business First](#) from Stephen Valenti, vice president of marketing for Samson Dental, ImmediaDent is the largest dental provider to Medicaid patients in those three states.

## **Allegedly submitted false billings**

The accused companies allegedly improperly billed Indiana's Medicaid program for dental services. Specifically, according to the DOJ press release:

The companies are accused of submitting false claims for payment to Indiana's Medicaid program between January 1, 2009, and September 30, 2013. Both companies are alleged to have submitted false claims to Indiana's Medicaid program by (1) improperly billing simple tooth extractions as though they were surgical extractions and (2) improperly billing Scale and Root Planings (otherwise known as "deep cleanings") that were either not performed or not medically necessary. Additionally, SDP is accused of violating Indiana's law prohibiting the corporate practice of dentistry by improperly influencing ImmediaDent's medical professionals and staff by rewarding production, disciplining employees for not meeting production objectives, and directing personnel in a manner which compromised clinical judgment.

## **Companies maintain they did nothing wrong**

However, Valenti, in his statement to the media, says:

"The settlement agreement that Samson and ImmediaDent have entered into is not a concession of any wrongdoing by Samson Dental Partners or ImmediaDent, their employees or dentists. To the contrary, the companies strongly disagree with the assertion that they knowingly did anything improper.

"However, after almost four years of litigation and significant expense already incurred, the companies have concluded that their collective energies are better focused on continuing their expansion efforts, and working to provide the best care possible to patients."

## **Whistleblower was fired back in 2012**

The original allegations of Medicaid fraud were made by Dr. Jihaad Abdul-Majid who filed a [qui tam](#) action back on February 20, 2013. The complaint states:

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



While working as a dentist at ImmediaDent Urgent Dental Care ("ImmediaDent") clinics, Dr. Jihaad Abdul-Majid, DDS ("Relator") [Licensed to practice dentistry in Indiana and Kentucky. Defendants employed Dr. Abdul-Majid as a dentist from July 2011 to March 2012] discovered that ImmediaDent was operating its dental practices in a manner that perpetrated dental Medicaid fraud against the federal TRICARE program and the Medicaid programs of Indiana, Kentucky, and Ohio ... Dr. Abdul-Majid observed and suspected various types of fraud, including fraudulent billing, excessive and unnecessary treatments of unsuspecting patients, and a sustained pressure by non-dentists in management positions to place corporate profits over patient care by exerting undue influence on dental care decisions. Dr. Abdul-Majid refused to participate in the fraud and tried to stop it or speak out against it internally on numerous occasions. In the end, Dr. Abdul-Majid's anti-fraud efforts caused ImmediaDent to fire him.

## **Refuse to enter Corporate Integrity Agreement**

The companies have refused to enter into a Corporate Integrity Agreement which requires compliance measures and monitoring by OIG. So OIG "has determined that in the absence of such oversight, the companies pose a continuing high risk to the Federal health care programs and their beneficiaries."

According to Valenti's statement to Louisville Business First, the company has "continued to improve its compliance programs, an effort he [Valenti] says predates the complaint." A copy of their compliance plan is [available online](#).

## **DOJ warning**

The DOJ press release includes a pretty stern warning to Medicaid providers.

"Let this be a warning to health care organizations that the United States government is watching, and will continue to watch for false claims no matter how large or small," said United States Attorney Russell M. Coleman.

"The United States Attorney's office is protecting the taxpayers' dollars every day with the help of our state and local partners."

## **Samson Dental Partners and ImmediaDent release**

## **Wichita woman pleads guilty to Medicaid fraud, drug charges**

SourceURL: <https://www.kwch.com/content/news/Wichita-nurse-pleads-guilty-to-Medicaid-fraud-drug-charges-499301941.html>

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



**(RELEASE)** A Wichita woman this week pleaded guilty to Medicaid fraud and related charges, Kansas Attorney General Derek Schmidt said.

Brittany Michelle Jackson, 28, pleaded guilty in Sedgwick County District Court to one count of Medicaid fraud, two counts of possession of a controlled substance and two counts of making a false information. The charges stemmed from an investigation by the attorney general's Medicaid Fraud and Abuse Division which revealed that Jackson stole prescription medications while working as a Certified Medication Aide and Certified Nurse Aide in a Sedgwick County nursing facility. The medications, Oxycodone and Hydrocodone, are opioids classified by Kansas law as a Schedule II Controlled Substance. The crimes occurred in November 2017.

As a condition of the plea, Jackson has agreed to voluntarily surrender her certification with the Kansas Department of Aging and Disability Services. District Judge Christopher M. Magana accepted the plea and scheduled sentencing for December 12 at 1:30 p.m.

The case is being prosecuted by Assistant Attorney General Meghan Markey of Schmidt's office.

Kansas filed the case as part of a national sweep of Medicaid fraud enforcement actions led by the U.S. Department of Justice, which was announced in July. As part of that national effort, the Kansas attorney general filed criminal charges against six individuals. Four of those individuals have now been found guilty. Two additional cases remain pending.

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## 2 arrested for fraud

SourceURL: <https://www.dailyleader.com/2018/11/02/2-arrested-for-fraud/>

By [Daily Leader Staff](#)

[Email the author](#)

Published 11:48 pm Friday, November 2, 2018

The Lincoln County Jail Docket for Wednesday-Thursday was as follows:

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



- Antoine M. Smith, 08/05/1990, 3138 James Drive — arrested for felony receiving of stolen property, improperly operating equipment, possession of paraphernalia by Brookhaven Police Department.
- Chase Wallis, 10/18/1992, 217 Karmer, Houma, Louisiana — arrested on bench warrant by Lincoln County Sheriff's Office.
- Jimmy Green, 07/10/1968, 1352 Enterprise Road — arrested on indictment for sexual battery, enticement of a child to produce visual depiction by LCSO.
- Joshua Ricks, 12/12/1984, 1238 Hwy. 550 — arrested on indictment for welfare/Medicaid/food stamp/public assistance fraud by LCSO.
- Ronnie Byrd, 06/15/1956, 1879 Nola Road — arrested for probation violation by LCSO.
- Frances Ricks, 09/15/1992, 1238 Hwy. 550 — arrested on indictment for welfare/Medicaid/food stamp/public assistance fraud by LCSO.
- Ieshia Beasley, 05/18/1993, homeless — arrested for simple assault, causing bodily injury by BPD.
- Roy Edmund Dickerson, 06/08/1994, 400 Stoney Brook Road, Bogue Chitto — arrested on indictment by LCSO.
- John Oliver Mayberry, 04/17/1980, 162 West Enterprise St. — arrested for grand larceny by LCSO.
- Catherine Rae McNeese, 07/10/1977, 14 SE Stoneybrook Trail, Bogue Chitto — arrested on indictment by LCSO.
- Josh Lee Holifield, 08/01/1997, 402 West Congress St.— arrested on city warrant by BPD.
- Frank Nations, 02/09/1966, 450 Mozaun Lane — arrested on indictment for possession of paraphernalia, selling or possession of alcoholic beverage in dry county by LCSO.

*Note: An arrest does not constitute guilt for the accused. All individuals are considered innocent until proven guilty in a court of law.*

## 4 Charged in \$87M Home Health Care Scheme

SourceURL: <https://homehealthcarenews.com/2018/11/4-charged-in-87m-home-health-care-scheme/>



# Medicaid Fraud, Waste and Abuse Curator: Volume 2



By Robert Holly | November 7, 2018

Federal investigators had a busy month of October shining a light on major fraud schemes throughout the home health industry — and November appears to be more of the same.

A federal jury on Friday found a patient recruiter guilty for her role in a scheme involving roughly \$1.1 million in fraudulent Medicare claims for home health care services procured through kickbacks.

Sophia Eggleston, 56, of Detroit, was convicted of one count of conspiracy to receive health care kickbacks and two counts of receipt of health care kickbacks following a three-day trial. Sentencing has been scheduled for Feb. 6, 2019 before U.S. District Judge Bernard Friedman of the Eastern District of Michigan.

From 2009 to 2012, Eggleston and others engaged in a kickback scheme to defraud Medicare of approximately \$1.1 million through fraudulent home health claims, according to the U.S. Department of Justice (DOJ). Specifically, Eggleston solicited and received kickbacks in exchange for referring Medicare beneficiaries to serve as patients at a home health agency owned by co-conspirators. In turn, the co-conspirators submitted Medicare claims for home health services that were purportedly provided to those beneficiaries.

The FBI, U.S. Health and Human Services Office of Inspector General and a division of the IRS investigated the case.

DOJ also announced recently that four Pennsylvania residents were charged in federal court with conspiracy to defraud the Pennsylvania Medicaid program of tens of millions of dollars.

Pittsburg residents Travis Moriarty, 37, Tiffhany Covington, 41, Autumn Brown, 31, and Brenda Lowry Horton, 48, were charged in separate but related criminal informations with one count of conspiracy to commit health care fraud.

An information is a formal criminal charge which begins a criminal proceeding.

According to the informations filed in their respective cases, the defendants were employees of one or more of four related entities operating in the home health care industry: Moriarty Consultants, Inc.; Activity Daily Living Services, Inc.; Coordination Care, Inc.; and Everyday People Staffing, Inc.

All four entities were approved under the Pennsylvania Medicaid program to offer certain services to qualifying Medicaid recipients, including personal assistance services, service coordination and non-medical transportation. Similar to many home care agency offerings, personal assistance services included meal preparation, bathing, dressing and light cleaning.

From January 2011 to April 2017, collectively, Moriarty Consultants, Activity Daily Living Services, Coordination Care and Everyday People Staffing received more than \$87 million in Medicaid payments based on claims submitted for services.



# Medicaid Fraud, Waste and Abuse Curator: Volume 2



During that time, services documented on claims were never actually provided, according to DOJ. Instead, office employees would fraudulently fabricate time sheets to suggest care was given. Additionally, certain in-house employees stopped using their own names as the attendant on time sheets and instead used the names of “ghost employees.”

As alleged, some of the “ghost employees” allowed their names to be used in exchange for a portion of the resulting salary payments derived from Medicaid disbursements.

In some cases, according to DOJ, Medicaid claims were submitted for personal assistance services that purportedly occurred while consumers were hospitalized, incarcerated or deceased. The informations filed against the four Pittsburg residents further allege that co-conspirators — including Moriarty, Covington, Brown and Horton — paid kickbacks to consumers in exchange for their participation in the submission of fraudulent time sheets in support of Medicaid claims.

Several other alleged wrongdoings also took place, according to DOJ.

Defendants each face a maximum total sentence of not more than 10 years in prison, a fine of \$250,000 — or both.

These two recent fraud schemes in Michigan and Pennsylvania just a few weeks after DOJ highlighted [another multimillion-dollar conspiracy in October](#).

**Written by** [Robert Holly](#)

[Robert Holly](#)

When Robert's not covering the latest in home health care news, you can likely find him rooting for the White Sox or roaming his neighborhood streets playing Pokemon Go. Before joining HHCN, Robert covered everything from big agribusiness to the hottest tech startups.

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## Medicaid fraud charges filed in Centria autism investigation

**SourceURL:** <https://www.freep.com/story/news/investigations/2018/11/02/medicaid-fraud-charges-centria/1858594002/>

# Medicaid Fraud, Waste and Abuse Curator: Volume 2

[John Wisely](#), Detroit Free Press Published 3:15 p.m. ET Nov. 2, 2018 | Updated 4:46 p.m. ET Nov. 2, 2018



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Centria Healthcare, which provides autism therapy, is currently under investigation by the Michigan Attorney General's Office. (Photo: Kathleen Galligan, Detroit Free Press) Buy Photo

A former employee of Centria Healthcare, believed to be the nation's largest provider of autism therapy, has been charged with two felony counts of Medicaid Fraud False Claims, after investigators say she forged billing records for care she didn't provide.

The charges are punishable by up to four years in prison. The criminal charges brought by the Michigan Attorney General's Office are the first sanctions to result from the ongoing probe of the Novi-based company, although the accused is being prosecuted as an individual, not as an employee of the company where she used to work.

## [Centria Healthcare in legal brawl over fraud](#)

Christine Leonard, 52, of Swartz Creek is free on personal bond after being arraigned Friday in East Lansing District Court. Attorney General spokeswoman Lauren Houck wouldn't comment on why the company wasn't charged, other than to say: "The case was charged based on the evidence."

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



"Billing for services not rendered is fraud, pure and simple," Attorney General Bill Schuette said in a statement. "Billing for therapy not provided to an autistic child is particularly intolerable."

The Free Press reported in February that former company executives had accused the company of fraud and other wrongdoing. Their claims included many instances of improper Medicaid billing, including allegations that there is frequent billing for services not provided. Company officials deny any wrongdoing and they've sued the former executives for defamation. That case is pending.

## **Related:**

Leonard did not immediately return a message left at her home.

"Centria commends the Michigan Attorney General's Office for their role in prosecuting the fraudulent behavior of this individual," company spokesman Sean Smith said in an email.

"Centria is proud to have assisted the proper authorities and we are glad to see the matter resolved."

The charges are against Leonard as an individual and not the company, though the Attorney General's Office Health Care Fraud Division continues its investigation into Centria, Schuette said.

The alleged fraud happened in Lapeer County, but the charges were filed in Ingham because of special venue provision in the False Claims Act, Houck said. The conduct related to two bills in June and July of 2016 for \$150 and \$200, she said.

The charges are the latest bad news for the fast-growing company.

Earlier this month, the Free Press reported that Doris Owens, a former Centria therapist, had pleaded no contest to a child abuse charge in Macomb County after video captured her taunting, dragging, pushing and swatting a 5-year-old girl during an autism therapy session in March.

The company said it fired Owens after the incident, which it said was isolated.

Owens' plea came as Macomb County was in the process of dumping Centria as a therapy provider for Medicaid patients with autism. Other counties, including Lapeer, also have ended service agreements with Centria.

Centria remains a market leader in the most common form of autism therapy, applied behavioral analysis, which helps children with autism learn life skills. The company was growing so fast that last year, it was awarded an \$8-million state grant to build a new headquarters in Farmington Hills, contingent on the creation of 1,200 new jobs.

But the Michigan Economic Development Corporation later rescinded the grant after the Free Press reported the Attorney General's investigation.

*John Wisely is a member of the Free Press Investigations team.*

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



Contact John Wisely: 313-222-6825 or [jwisely@freepress.com](mailto:jwisely@freepress.com). On Twitter @jwisely

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## Bennington couple guilty of financially exploiting elderly relative

SourceURL: <https://www.ledgertranscript.com/Bennington-couple-convicted-of-stealing-money-from-elderly-relative-21389677>



court/crime Jason Morrison

By NICHOLAS HANDY

Monadnock Ledger-Transcript

Page 12 of 24

[clay@mostlymedicaid.com](mailto:clay@mostlymedicaid.com) | 919-727-9231

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



Wednesday, November 07, 2018 10:59PM

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A Bennington couple has been found guilty of financially exploiting a relative for more than \$90,000.

James Folley, 69, and his wife Karen, 62, were convicted of six felony charges on Thursday after a four-day jury trial at the Hillsborough Superior Court North in Manchester, according to a news release from New Hampshire Attorney General Gordon J. MacDonald.

The Foleys took more than \$22,480 from the victim through ATM withdrawals and spent around \$20,000 of the victim's money from debit card transactions.

Additionally, James withdrew \$1,237 from the victim's bank account and transferred an additional \$50,000 from the victim's account to his personal account without her authorization.

The Foleys were investigated by the Bureau of Elderly and Adult Services (BEAS) and the Attorney General's Medicaid Fraud Control Unit (MFCU) after BEAS received allegations that the Foleys had exploited his sister, leaving her unable to pay for medical and other long-term care expenses.

James was found guilty of three counts of class A felony theft by unauthorized taking and one class B felony count of financial exploitation of an elderly adult.

Karen was found guilty of two counts of class A felony theft by unauthorized taking.

The two will be sentenced on Nov. 21.

The maximum penalty for each class A felony is a 15 year prison sentence and a \$4,000 fine, while the maximum penalty for a class B felony is seven years in prison and a \$4,000 fine.

*Nicholas Handy can be reached at 924-7172 ext. 235 or [nhandy@ledgertranscript.com](mailto:nhandy@ledgertranscript.com). He is also on Twitter [@nhandyMLT](#).*

## Medicaid fraud: Lakewood Orthodox community raises money to help amnesty seekers



# Medicaid Fraud, Waste and Abuse Curator: Volume 2

SourceURL: <https://www.app.com/story/news/investigations/watchdog/2018/11/02/medicaid-fraud-lakewood-nj-amnesty-repayments-made-borrowed-money/1838875002/>

[Stacey Barchenger](#), Asbury Park Press Published 5:00 a.m. ET Nov. 2, 2018 | Updated 6:35 p.m. ET Nov. 3, 2018

The state offered a Medicaid fraud amnesty program in late 2017 after a string of arrests in Lakewood. Here's key numbers to know about the program. Stacey Barchenger, @sbarchenger



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The Lakewood town clock on Clifton Avenue near the municipal building.(Photo: FILE PHOTO)Buy Photo

LAKEWOOD - Many families in Lakewood who cut deals in last year's Medicaid fraud amnesty program paid little out of their own pockets, the Asbury Park Press has learned.

Instead, families that could not come up with enough money to repay their debt to the government borrowed from a pool of funds donated by a few dozen people, according to Moshe Tress, who also goes by the first name Mark and who helped organize the fundraising

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



effort. The money was distributed on an honor system that borrowers would repay it if and when they were able, and without interest or a fee, Tress said.

Tress said such charity is second nature for Orthodox Jews, who make up the majority of Lakewood's population. But a state senator says using donations to repay benefits allowed Medicaid cheats to escape without punishment.

"My fear there is the perception, and the reality will be that these people ended up profiting from their dishonesty and their illegal behavior," said Sen. Declan O'Scanlon, R-Monmouth. "And that the punishment is nowhere near as severe as the punishment ought to be for such action."

O'Scanlon said he will propose legislation because of the Press' reporting on the amnesty program. He wants more rules and restrictions for any future amnesty offers, including that restitution must be paid in full. The state recouped \$2.2 million through the amnesty program, and \$2.6 million was not repaid because of the deal making.

"This isn't a victimless crime," O'Scanlon said. "There's a finite amount of money available for truly needy people. When someone steals money, they are stealing it from truly needy people."

But Tress said some individuals applied for amnesty not knowing if they did something wrong. The Office of the State Comptroller, which offered amnesty, did not vet whether an applicant received Medicaid benefits they were not qualified for. Tress said many residents entered the program with a "better safe than sorry" mentality.

"We don't pay for fraud," Tress said. "The program was designed with so much unknown, people said better safe than sorry."

Tress is a noted philanthropist in Lakewood and his company, Cedar Holdings LLC, owns real estate and health care facilities across the tri-state area.

He said donated funds went to help families with a legitimate financial need.

"The community at large raises millions of dollars a year to help people," Tress said, speaking specifically of Lakewood's majority Orthodox Jewish population. "That's what we do. People care about other people. We step up to the plate in any situation that is a tragic situation, or a situation that needs camaraderie. This is one of those cases."

## **MEDICAID FRAUD:**

[Lakewood board member repays half owed in amnesty deal, builds \\$500K house](#)

[State: \\$2.6M never repaid because of amnesty deals](#)

Last year 159 Ocean County residents entered the comptroller's special amnesty program in the wake of sweeping raids that netted 26 arrests in Lakewood. Thirteen Orthodox Jewish couples were arrested in the raids and charged with fraud. Those charges are pending, and in most of the cases plea deals are being negotiated.



# Medicaid Fraud, Waste and Abuse Curator: Volume 2



Until the Press contacted the comptroller's office Wednesday, the office was not aware that a community fundraising effort allowed some amnesty participants to repay money owed, according to C. Andrew Cliver, attorney in charge of the comptroller's investigations division and a spokesman for the office.

"The deal was, you owe the state this amount of money, you need to make the state whole for the amount of money in the agreement," Cliver said. "How they came to collect the money was not something we were aware of, and (we) have no comment as to the appropriateness of that."

After it was announced, the amnesty program was criticized quickly in the national media and by local advocates as favoritism for Lakewood's Orthodox Jewish community. Comptroller Philip J. Degnan, who was nominated for a Superior Court judgeship in September, has stood by the program as a success, saying in a report that it recouped four times as much money in just a few months than criminal prosecutions had returned to the state in seven years.

But the problems circling around the program haven't waned even a year later.

The Press revealed last month that though Degnan said repayments must be made in full, his office offered discounts of up to 50 percent for participants. A total of \$2.6 million was not recovered because of the deal making.

And one person granted amnesty was Moshe S. Newhouse, an elected member of the Lakewood Board of Education who entered into a contract to buy a \$500,000 house just days before he applied for amnesty. It is unclear if Newhouse borrowed money to repay the \$24,000 in Medicaid benefits he owed the state, an amount reduced from the \$48,000 in benefits Newhouse received for three years between 2013 and 2015.

## Buy Photo

Lakewood Board of Education member Moshe S. Newhouse presents Superintendent Laura A. Winters with an honor on May 9, 2018. (Photo: Stacey Barchenger / Asbury Park Press)

Newhouse has declined to discuss the amnesty program with the Press and did not respond to a request for this story.

O'Scanlon, the senator, is considering legislation to prevent individuals who partake in amnesty programs from serving in public office for a period of time and to require full repayment of benefits received from all participants.

"I understand there are times when it's beneficial to the public for there to be some flexibility to these investigations and having people self-report their mistakes," he said. "But there have to be consequences as well ... Permitting people to keep some of the money they stole cannot happen again."

He said Newhouse should resign his post.

# Medicaid Fraud, Waste and Abuse Curator: Volume 2

Melinda Murray, a Lakewood public schools bus aide, calls for Moshe S. Newhouse to resign during a board meeting on Oct. 24, 2018. Stacey Barchenger, @sbarchenger

"That should happen right now," O'Scanlon said. State Sen. Robert Singer, a Republican whose district includes Lakewood, has not responded to calls from the Press seeking comment on the amnesty program.

## READ MORE:

[Who knew of amnesty deals? Memo says several](#)

[Hundreds of Lakewood Medicaid fraud cases can't be prosecuted, lawsuit says](#)

The comptroller's office is also now facing a lawsuit over the program, filed Tuesday by a former employee. Andrew Poulos Jr. said in his civil lawsuit that he was fired in retaliation for disputing claims made by one of his supervisors that Poulos went rogue and acted without approval when he negotiated lower repayment amounts.

Degnan has said an employee acted alone to offer discounts, but Poulos' lawsuit and a November 2017 memorandum obtained by the Press say supervisors in the comptroller's office were aware of the deal making.



Declan O'Scanlon (Photo: Official state portrait)

O'Scanlon said he has also had discussions with the comptroller, who is charged with rooting out fraud and waste in state government, encouraging further investigation to determine who inside the office knew reduced repayments were being offered.

"That's something that we all need to know," he said. "We pay all their salaries. There were deals cut here that I believe were inappropriate. Taxpayers have a right to know who cut them."

It's unclear how much restitution money was raised through community donations and how many of the 159 amnesty applicants relied on those dollars. The comptroller has said 159

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



people were granted amnesty through 81 settlement agreements, meaning each settlement agreement included an average repayment of about \$27,700.

“Most of the repayments that were made were actually collected from charities,” attorney Yosef Jacobovitch told the Press. Jacobovitch represented many people who sought amnesty, but said his role did not include any discussions of how the money was repaid. Jacobovitch said many people who sought amnesty had dire financial needs and were unable to repay vast sums on their own.

Jacobovitch and Tress both said Tress’ role in meetings and discussions with the comptroller’s office was merely to learn how much money needed to be raised to satisfy repayment terms of the amnesty program. Tress then began fundraising, Jacobovitch said.

People who applied for the amnesty program were not found guilty of fraud, so they deserved financial help and the community stepped up, Tress said.

Tress said the families’ privacy was paramount. He said only one person knew who was getting donated money, and because of that he did not know the total amount of money raised.

Charitable giving is ingrained in adherents to the Orthodox Jewish faith, said Tress. Last year, Jewish residents in Toms River and Lakewood raised thousands of dollars and arranged a special medical flight to get a Beachwood mother and her infant children back to New Jersey after a harrowing medical procedure.

**READ MORE:** [Beachwood premature babies home for the holidays after harrowing ordeal](#)

[One year after ordeal with premature triplets, Beachwood family to receive courage award](#)

“We do this all the time,” Tress said. “We have similar funds for widows and orphans. We have similar type funds for children who either themselves or their parents take ill, we just try and help the community.”

“It’s something that is taught to us from a young age in our school system, in our homes,” he said. “And we try and act on it.”

*Stacey Barchenger: @sbarchenger; 732-427-0114; sbarchenger@gannettnj.com*

## Central Ohio Doctor Charged In Multi-Million Dollar Fraud Scheme

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



SourceURL: <http://radio.wosu.org/post/central-ohio-doctor-charged-multi-million-dollar-fraud-scheme#stream/0>

By [Debbie Holmes](#) • Nov 2, 2018

A federal grand jury has indicted a Central Ohio doctor on charges related to a multi-million dollar health care fraud scheme that included prescription creams, a Suboxone clinic and Medicaid customers.

Bernard Oppong, 60, of Blacklick was charged in a seven-count indictment. Those charges include prescribing and distributing a prescription cream and mailing it to Medicaid customers.

Oppong was also charged with prescribing and distributing Suboxone, a drug addiction treatment, to patients not needing the medicine.

Oppong worked as a doctor at Health and Wellness Medical Center in Dublin.

Federal officials say through an affiliated pharmacy, Health and Wellness Pharmacy on Blazer Parkway in Dublin, Oppong and others marketed the cream to Sav-a-Lot stores and low-income neighborhoods. They also say he mailed the medical cream to Medicaid customers, without ever examining them.

Authorities say the Health And Wellness Center on some days would bill for as many as 477 prescriptions.

Several other defendants also faces charges in the case, including 43-year-old Darrell Bryant and 34-year-old Gifty Kusi, both of Hilliard. They owned and operated both Health and Wellness Pharmacy and Health and Wellness Medical Center. Their trial is set for December 3.

Authorities say a final defendant, 54-year old Jornel Rivera of Dublin, pleaded guilty in May 2018 to making false statements related to health care matters. Rivera served as the Medical Director of Health and Wellness Medical Center. No date has been set for his sentencing hearing.

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## Coppell woman pleads guilty to providing fraudulent hospice services

# Medicaid Fraud, Waste and Abuse Curator: Volume 2

SourceURL: [https://starlocalmedia.com/coppellgazette/coppell-woman-pleads-guilty-to-providing-fraudulent-hospice-services/article\\_e2badb4e-e216-11e8-bbc8-a72140fa43b0.html](https://starlocalmedia.com/coppellgazette/coppell-woman-pleads-guilty-to-providing-fraudulent-hospice-services/article_e2badb4e-e216-11e8-bbc8-a72140fa43b0.html)



Christian Delbert - Fotolia

A Coppell woman recently pleaded guilty to health care fraud and is accused of fraudulently recruiting and signing up beneficiaries for hospice care who were ineligible for the service.

According to a court document from the District Court for the Northern District of Texas, Patricia Armstrong was employed by Novus, the Frisco-based hospice service involved in the crime, from around April 2013 to October 2015 and worked as a registered nurse and the primary nurse for after-hours patient care.

Armstrong and 15 other defendants admitted to defrauding Medicare and Medicaid to obtain money and property owned by the two programs. The defendants charged the health service programs about \$60 million worth of fraudulent charges, according to the court document.

"It was the purpose of the conspiracy for the defendants and others to unlawfully enrich themselves by submitting false and fraudulent claims to Medicare and Medicaid for hospice

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



service and concealing from Medicare and Medicaid the nature and existence of the conspiracy,” the court document states.

The court documents reveal that Armstrong had access to the database of another medical service company and used that database to identify Medicare beneficiaries for hospice recruitment. When ineligible beneficiaries were identified, Armstrong and the other defendants would visit those beneficiaries and convince them to sign paperwork electing them to receive Novus hospice services.

Bradley Harris, CEO of Novice, would direct employees to place certain beneficiaries on continuous care, whether they needed the service or not, according to the document. Armstrong aided Harris by falsifying a continuous care physician’s order and uploading that order into Novus’s electronic medical records database.

“Armstrong collaborated with other defendants to prepare re-certifications of terminal illness for beneficiaries already on hospice, which falsely indicated that the beneficiaries continued to be hospice eligible,” the court document states.

In addition, Armstrong and other nurses were indicted for giving patients drugs like morphine and hydromorphone for no medical reason. Some patients were overdosed to quicken their deaths, according to the court document.

Armstrong faces up to 10 years in prison and a \$250,000 fine for the crime.

The Office of Inspector General for the United States Department of Health and Human Services (HHS-OIG), Federal Bureau of Investigation (FBI), and the Medicaid Fraud Control Units (MFCU) investigated the case.

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## Garland Home Health Operators Convicted of \$3.7 Million Fraud Scheme

SourceURL: <https://healthcare.dmagazine.com/2018/11/07/garland-home-health-operators-convicted-of-3-7-million-fraud-scheme/>

Federal prosecutors obtained a jury conviction of two North Texas home health owners who stole over \$3.7 million from Medicare and Medicaid.

Page 21 of 24

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# Medicaid Fraud, Waste and Abuse Curator: Volume 2



A joint investigation with the Medicaid Fraud Control Unit of the Texas attorney general's office brought Celestine "Tony" Okwilagwe, Tutu Kudiaratu Etti, Loveth Isidaehomen and Paul Emordi to a six-day trial where they were convicted of conspiracy to commit health care fraud.

The investigation showed that Okwilagwe and Emordi, who owned and operated Garland-based Elder Care, had been previously barred from participating in healthcare benefit program. Etti and Isidaehomen, Okwilagwe's wife, falsified ownership documents to hide the identity of the true owners. The four defendants were also accused of submitting fraudulent bills for unnecessary services.

"Health care fraud diverts critical resources away from citizens who truly need those services," said Medicaid Fraud Control Unit Division Chief Stormy Kelly via release. "The Texas attorney general's office will continue to aggressively investigate these cases and work with our state and federal partners to ensure those who commit Medicaid and Medicare fraud are prosecuted."

Sentencing has not yet begun.

The Medicaid Fraud Control Unit received U.S. Department of Health and Human Services Office of Inspector General award of excellence for their work exposing fraud, and obtained 108 indictments, 137 convictions and recovered more than \$534 million in lost funding, which led the nation in fiscal year 2017.

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## 4 Convicted In \$3.7M Garland Health Care Fraud Scheme

SourceURL: <https://www.law360.com/whitecollar/articles/1098515/4-convicted-in-3-7m-garland-health-care-fraud-scheme>

By [Michelle Casady](#)

Page 22 of 24

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# Medicaid Fraud, Waste and Abuse Curator: Volume 2



Law360 (November 2, 2018, 6:52 PM EDT) -- A federal jury in Dallas has convicted four individuals — two who operated a home health company and two employees — in a \$3.7 million health care scheme that the government...

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## Summit woman pleads guilty in \$100,000 personal care fraud

SourceURL: <http://www.goerie.com/news/20181102/summit-woman-pleads-guilty-in-100000-personal-care-fraud>

By [Madeleine O'Neill](#)

[@ETNONeill](#)

Posted Nov 2, 2018 at 11:34 AM Updated Nov 2, 2018 at 4:01 PM

Jennifer Gardner continued receiving payment for personal care services after her attendant had moved away and no longer worked for her, according to court records.

A Summit Township woman pleaded guilty Friday to using the identity of a former personal care attendant to collect funds through a state program for services the assistant was no longer performing.

The defendant, Jennifer M. Gardner, 39, pleaded guilty to four third-degree felonies: Medicaid-provider fraud, identity theft, forgery and criminal use of a communication facility.

She faces up to a maximum of 28 years in prison at her sentencing Dec. 17 before Erie County Judge William R. Cunningham. Judge John Garhart accepted her plea at Friday's hearing.

The Attorney General's Office agreed to drop second-degree felony counts of theft by deception and receiving stolen property as part of Gardner's plea agreement.

Through the plea, Gardner admitted that she continued to receive funds for personal care services through a state Department of Human Services program between December 2014 and April 2017, after her attendant had moved away and was no longer providing the services.

# Medicaid Fraud, Waste and Abuse Curator: Volume 2



She set up a bank account in the former attendant's name to facilitate the payment of the funds, Edward Song, the deputy attorney general prosecuting the case, said in court. The assistant, who told investigators he used to date Gardner and remained friends with her, said he had no knowledge of the bank account, according to the affidavit of probable cause filed with the criminal complaint.

He had not provided care services for Gardner, who claimed to have a back injury and trouble walking, since at least 2015, according to the affidavit.

Investigators charged that a review of Pennsylvania Department of Labor and Industry documents showed that Gardner's attendant was paid \$104,653.50 from the first quarter of 2015 through the second quarter of 2017, when he was not working for Gardner, according to the affidavit.

Song said in court that the investigation did not find the attendant was involved in the fraud.

Gardner remains free on \$60,000 unsecured bond while she awaits sentencing.

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