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clay@mostlymedicaid.com | 919-727-9231

Medicaid Fraud Curator

November 16, 2018

Total this week: \$96M

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SourceURL: <https://www.wistv.com/2018/11/09/sc-medicaid-provider-sentenced-five-years-prison-fraud/>

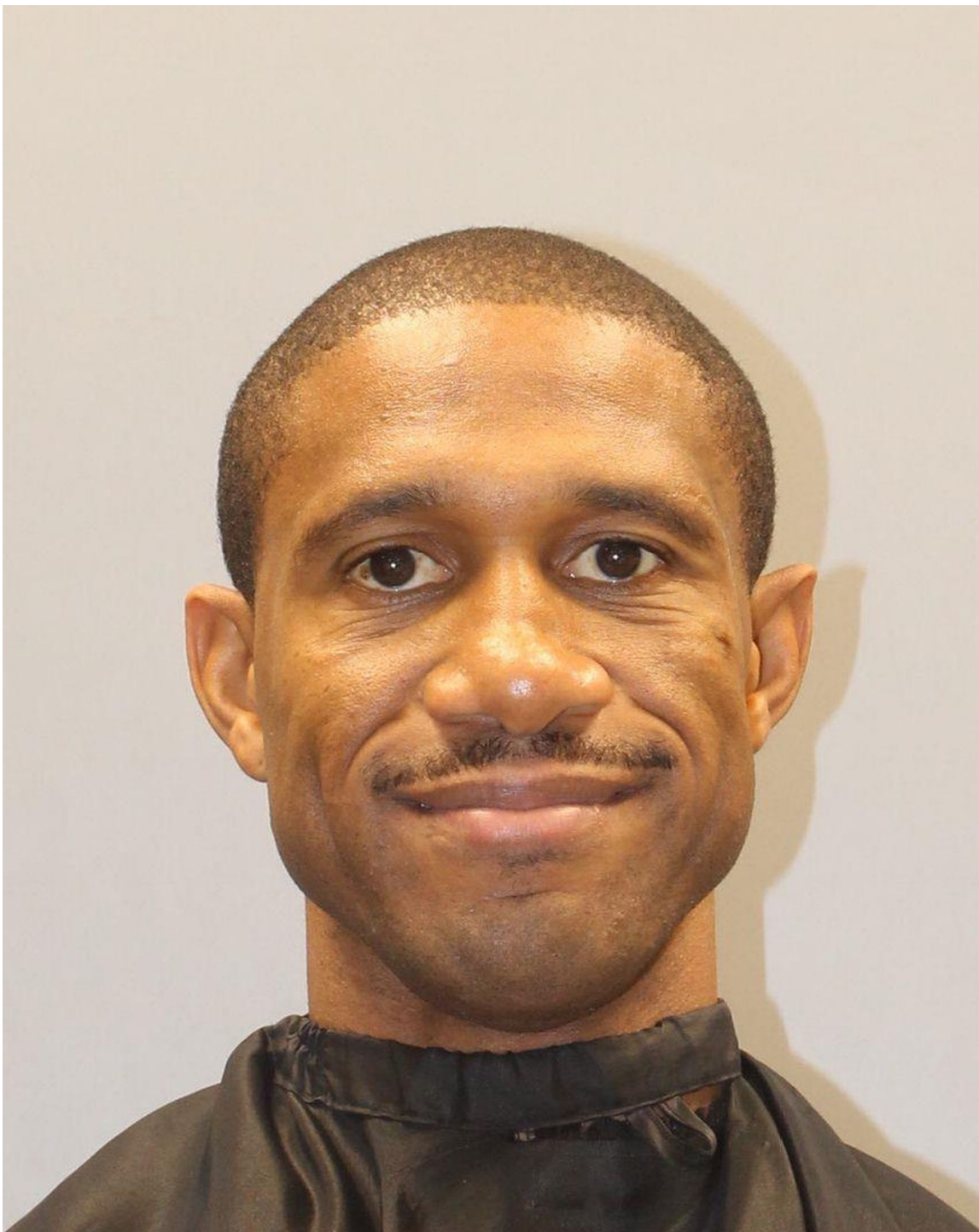
SC Medicaid provider sentenced to five years in prison for fraud

SC Medicaid provider sentenced to five years in prison for fraud

By [Emily Smith](#) | November 9, 2018 at 10:46 AM EST - Updated November 9 at 8:04 PM

COLUMBIA, SC (WIS) - The owner of a counseling service in South Carolina has been sentenced to five years in prison for Medicaid fraud.

Idris L. Talib, 38, owner of New Dominion Community Services, had offices in Anderson, Greenville, and Richland counties and was a provider under the South Carolina Medicaid Program. From Sept. 2015 through Dec, 2017, he submitted false claims to the Medicaid Program for counseling services that were not provided as claimed. Based on those false claims, Talib was paid \$400,000 in Medicaid reimbursements.



[Idris Talib was arrested for Medicaid fraud.](#)

Talib pleaded guilty on April 26, 2018 to Obtaining Property Under False Pretenses. That crime is a felony punishable by up to 10 years in prison. Sentencing was deferred until Nov. 7, 2018.

At the end of the hearing, Judge Casey L. Manning sentenced Talib to five years in prison.

"Cheating the taxpayers means paying the price for it," Attorney General Wilson said. "That's \$400,000 of taxpayers' money that he stole via fraud, money that should have gone to legitimate health care. We hope this five-year sentence will be a deterrent to anyone who thinks they can commit Medicaid fraud and just give the money back if they're caught."

This case was investigated and prosecuted by the Attorney General's Medicaid Provider Fraud Division.

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SourceURL: https://www.greensboro.com/news/crime/greensboro-woman-gets-prison-sentence-for-medicaid-fraud/article_ed86ae4d-f180-5cce-bc30-bb136c70d08f.html

Greensboro woman gets prison sentence for Medicaid fraud



Journal file photo

NEW BERN — A Greensboro woman was sentenced Thursday to more than three years in prison for making fraudulent Medicaid claims in 2013 and 2014.

In addition, Renee Christine Borunda, 36, will also have to pay back more than \$225,000 to the N.C. Medicaid program. She pleaded guilty to conspiracy to commit health fraud conspiracy and aggravated identity theft, according to a news release from the U.S. Attorney's Office of the Eastern District of N.C.

Borunda managed a company that offered behavioral health services to Medicaid recipients in Wilson, the release states. In 2013 and 2014, she used one of the company's therapist's personal information to submit fraudulent electronic claims which were submitted from two different companies.

The claims falsely represented that the therapist had provided \$225,339.08 worth of behavioral services to more than 200 different Medicaid recipients who lived in seven eastern N.C. counties and Guilford County. In fact, no services were rendered and the therapist was unaware that her information was being used to commit the fraud.

Once the sentence is complete, Borunda will be under three years supervised probation.

SourceURL: https://www.niagara-gazette.com/news/local_news/falls-cab-company-snared-in-medicaid-fraud-probe/article_149e095a-e38a-11e8-815d-a7468757a505.html

Falls cab company snared in Medicaid fraud probe



Attorney General Barbara Underwood

AP

Five representatives of a Niagara Falls cab company have been arrested in a Medicaid fraud investigation dubbed "Operation Ghost Ride" by the New York State Attorney General's Office.

Attorney General Barbara D. Underwood announced the arrests of Sadat Khan, 29, Kashif Pervez, 36, Marcus Mathis, 41, Chester Haugabook, 48, and William Medina, 35, all of Niagara Falls, for their roles in an alleged scheme to steal over \$50,000 from Medicaid by paying off Medicaid recipients in order to fraudulently bill for transport rides.

Underwood's office said revealed the suspects, through Wego Taxi Tours, Inc. on Walnut Avenue submitted claims and received payment from Medicaid for rides that were not provided as claimed.

"When taxi companies falsely report medical transports, New York taxpayers end up footing the bill," Underwood said. "My office will not tolerate fraudulent practices that steal Medicaid resources from vulnerable New Yorkers – and we will continue to bring scammers to justice."

According to the felony complaint, owner of Wego Taxi Tours, Inc. Sadat Khan allegedly obtained approval for Wego to bill Medicaid by falsely representing to Medical Answering Services, the transportation manager for Western New York, that he was the driver for various Medicaid recipients' transportation to and from their medical appointments.

Some of the recipients for which Wego billed were allegedly not picked up or dropped off; additionally, the false pick up addresses were located substantially farther away from the drop off location than the Medicaid recipients' actual pick up addresses would have been, according to the attorney general's office.

By using false address information, Wego Taxi Tours, Inc. and Khan allegedly stole over \$50,000 from Medicaid by billing for and receiving higher monetary reimbursement for increased mileage than they would have been entitled to had they provided accurate address information.

Wego's corporate secretary, Kashif Pervez, was charged as a co-defendant for allegedly engaging in the same fraudulent criminal scheme of attesting to MAS that he drove recipients from fraudulent addresses.

Khan and Pervez were each charged in Niagara Falls City Court with one count of Grand Larceny in the Second Degree, a class C felony, and one count of Offering

a False Instrument for Filing in the First Degree, a class E felony.

If convicted of the most serious charge, Khan and Pervez face between five and 15 years in prison.

In separate felony complaints, Wego Taxi Tours, Inc.'s drivers Marcus Mathis, Chester Haugabook, and William Medina were charged with allegedly paying Medicaid recipients to call MAS at their behest to change their pick up location to a different fraudulent address.

The three drivers each allegedly then caused Wego to fraudulently bill Medicaid in excess of \$7,500 for transportation from the new pick up locations for medical appointments when, in fact, these transport rides were never provided.

All three defendants were charged with one count of Grand Larceny in the Third Degree, a class D felony, and one count of Medicaid Assistance Provider Prohibited Practices, a class E felony,

If convicted of the most serious charge, Mathis, Haugabook, and Medina face between two and one-third and seven years in prison.

SourceURL: <http://www.salina.com/news/20181108/dickinson-county-woman-ordered-to-repay-medicaid-fraud-money>

Dickinson County woman ordered to repay Medicaid fraud money

ABILENE — A Dickinson County woman was ordered Wednesday to repay more than \$2,500 to the Kansas Medicaid Program after pleading guilty to Medicaid fraud-related charges, according to a news release by Kansas attorney general Derek Schmidt.

Dawn Penrod, 47, pleaded no contest in September in Dickinson County District Court to one felony count of making a false claim to the Medicaid program, one felony count of unlawful acts concerning computers and one felony count of conspiracy to commit making a false claim to the Medicaid program.

Judge Benjamin J. Sexton ordered Penrod to repay \$2,531.85 to the program and sentenced her to 16 months of probation with an underlying prison sentence of one year.

An investigation revealed Penrod billed Medicaid for about 352 hours on behalf of her daughter, Ashley Loomis, for services provided as a special care attendant to Penrod, who is disabled, while Loomis was incarcerated between August 2014 and October 2015.

SourceURL: <https://www.crainsdetroit.com/health-care/detroit-clinic-owner-gets-13-years-role-89-million-health-care-fraud>

Detroit clinic owner gets 13 years for role in \$8.9 million health care fraud

Clinic operated out of Samaritan Center on city's east side

Jacklyn Price sentenced to 160 months, \$6.35 million in restitution

She was the fourth and final to be sentenced in case

The owner of a medical clinic in Detroit was sentenced to more than 13 years in prison and ordered to pay millions of dollars in restitution after running an \$8.9 million health care fraud scheme.

Jacklyn Price, 34, of Shelby, was the last of four co-conspirators to be sentenced in the case, according to a news release from the United States Department of Justice.

Price, who owned Medicare providers operating out of the Samaritan Center on the city's east side, was ordered along with the other defendants to pay a total of \$6.35 million in restitution, and to forfeit the same amount, for their roles in Medicare fraud from 2011 to 2016.

Price was sentenced to 160 months in prison by U.S. District Judge Robert Cleland of the Eastern District of Michigan. According to prosecutors, Price and the co-conspirators produced fraudulent Medicare claims for home health care and other services that were "procured through the payment of kickbacks, were not medically necessary, were not actually provided, or were provided by an unlicensed physician," the release said.

Millicent Traylor, M.D., 47, of Detroit was sentenced Sept. 27 to 135 months in prison; Muhammad Qazi, 48, of Oakland Township, was sentenced Aug. 27 to 42 months; and Christina Kimbrough, M.D., 39, of Canton Township, was sentenced Sept. 26 to 27 months.

All four were convicted of committing health care fraud under Metro Mobile Physicians in Detroit, as well as the entities Patient Choice Internal Medicine PC in Detroit and United Home Health Care Inc. in Ferndale, according to court documents.

Price incorporated Metro Mobile Physicians and Patient Choice Internal Medicine, both operating at the Samaritan Center at 5555 Conner St., while Qazi incorporated United Home Health Care, at 751 E. Nine Mile Road.

They were found guilty of "unlawfully enriching themselves," by submitting false claims to Medicare, bribing Medicare beneficiaries with cash and narcotics for the use of their Medicare numbers for fraudulent claims and diverting proceeds for personal use, the documents say.

The FBI investigated the case as part of the Medicaid Fraud Strike Force, which began in 2007 and has charged nearly 4,000 defendants across the county who have billed Medicare for more than \$14 billion collectively.

SourceURL: <https://patch.com/new-york/eastmeadow/nassau-woman-stole-72-200-medicaid-district-attorney>

Nassau Woman Stole \$72,200 From Medicaid: District Attorney

The DA says the woman and her husband, who co-owned a day care, also failed to file their income taxes and pay the thousands they owed.



A Nassau County woman, who was the former owner of a day care center in Brooklyn, was arrested on Monday and charged with stealing tens of thousands of dollars in Medicaid benefits and failing to pay tens of thousands more in taxes, the district attorney said.

Yvette Diaz-Juarez, 49, of East Meadow, was charged with second-degree welfare fraud, second-degree grand larceny and repeated failure to file personal income and earnings taxes. She was released on probation and is due back in court on Nov. 28. If convicted, she could face up to 15 years in prison.

In addition, her husband, Carlos Juarez, 49, was charged with repeated failure to file personal income and earnings taxes. He is also due back in court on Nov. 28, and could face up to four years in prison.

"As these defendants earned a comfortable income from their Brooklyn daycare business, they allegedly defrauded the taxpayers by claiming public assistance to which they were not entitled," District Attorney Madeline Singas said. "Medicaid funds lifesaving medical care for those in need, and we have no tolerance for anyone who steals undeserved benefits from government programs that provide a safety net."

Diaz-Juarez was the former co-owner of Raindrops Daycare in Park Slope. Singas said that she stole \$72,046.29 in Medicaid payments from the Nassau County Department of Social Services between June 2009 and December 2015 by falsely filling out recertification forms and documents where she purposefully under-reported her household income.

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Singas said that, during the time period, Diaz-Juarez's gross income ranged between \$47,463 and \$234,671 -- amounts that made her ineligible for benefits. Because of her false filings, she was paid money she was not entitled to.

In addition to the fraud, Singas said that Diaz-Juarez and her husband, who was the co-owner of the daycare, also didn't file personal income taxes from 2011 through 2013, and failed to pay the \$36,000 in taxes owed on their combined income.

Singas said that the couple spent the money they stole from Medicaid on mortgage and car payments, as well as trips to Las Vegas and Florida.

The Nassau County Department of Social Services began the investigation, and then turned it over to the DA's office in December of 2017. The couple surrendered to DA investigators on Nov. 12.

Photos courtesy Nassau County District Attorney's Office

[Next on Patch](#)

SourceURL: <https://www.delawareonline.com/story/news/crime/2018/11/09/delaware-therapist-sachin-karnik-prison-sentence-fraud/1947840002/>

Delaware therapist gets prison time on fraud charges

[Josephine Peterson](#), Delaware News Journal Published 7:22 p.m. ET Nov. 9, 2018

Here are some of the top stories we're following for today. 11/14/18 Damian Giletto/The News Journal



Sachin Karnik, owner of Psychotherapeutic Meditation Center, has been charged with health care fraud; falsifying business records; and theft by false pretenses over \$1,500. He's also accused of violating professional and ethical standards in a relationship with a mentally ill patient in 2016. (Photo: Department of Justice)

A former Newark therapist pleaded guilty to health care fraud and got an immediate two-year sentence, the Delaware Department of Justice announced Friday.

Sachin Karnik, 47, had his medical licenses permanently revoked by the state after he submitted fraudulent claims to Medicaid for counseling sessions, a spokeswoman for Delaware's DOJ said.

He owned the Psychotherapeutic Meditation Center in Newark but lost the practice in March.

The Delaware Department of Justice claims he lied about his background to obtain a license – that his doctorate came from a diploma mill.

Karnik disregarded instructions to stop referring to himself as a doctor and that he billed insurers after his license had been suspended, state prosecutors said.

Karnick also was a psychotherapist and chemical dependency professional specializing in addiction treatment for Brandywine Counseling Community Services and the Delaware Council on Gambling Problems.

The Delaware Department of Justice charged him with health care fraud, falsifying business records and theft by false pretenses over \$1,500 in 2017.

The clinical social worker [was also accused of a sexual assault of a patient in a lawsuit.](#)

In addition to two years in prison, Karnik will serve one year of probation and 40 hours of community service.

MORE ON SACHIN KARNIK:

[Newark therapist suspended after reports of fraud, inappropriate patient relationship](#)

[Lawsuit claims Newark psychotherapist sexually abused patient](#)

Contact Josephine Peterson at (302) 324-2856 or jhpeterson@delawareonline.com. Follow her @jopeterson93.

SourceURL: <https://www.stl.news/wisconsin-news-milwaukee-resident-kameka-simpson-convicted-of-prescription-fraud-and-aggravated-id-theft-in-scheme-to-obtain-oxycodone/210160/>

Wisconsin News: Milwaukee Resident, Kameka Simpson Convicted of Prescription Fraud and Aggravated ID Theft in Scheme to Obtain Oxycodone

Milwaukee, [Wn.](#) – United States Attorney [Matthew D. Krueger](#) announced today that Kameka Simpson, 43, of Milwaukee, pleaded guilty in federal district court to one count of obtaining controlled substances (oxycodone) by fraud, in violation of Title 21, United States Code, Section 843(a)(3), and one count of aggravated identity theft, in violation of Title 18, United States Code, Section 1028A(a)(1). The indictment against Simpson and others, returned by the grand jury earlier this year, was part of a larger National Healthcare Fraud and Opioid Takedown coordinated by the Department of Justice and the Department of Health and Human Services.

The indictment against Simpson and others charged multiple counts stemming from the defendants' passing of fraudulent oxycodone prescriptions purportedly written by an authorized healthcare provider at a pain clinic in Milwaukee. Simpson, who entered her plea in district court on November 13, 2018, admitted

that she used her position as an office assistant at the pain clinic to facilitate the fraud.

Simpson is scheduled to be sentenced in February. The prescription fraud count carries a maximum penalty of four years' imprisonment, a fine of up to \$250,000, as much as one year of supervised release, and a special assessment of \$100. The aggravated identity theft charge carries a mandatory minimum prison sentence of two years, a fine of up to \$250,000, as much as one year of supervised release, and a special assessment of \$100.

United States Attorney Krueger stated, "We must act with urgency to reduce opioid-related overdose deaths. For many, the road to addiction begins with prescription drugs. That's why we are committed to prosecuting individuals who obtain prescription drugs outside of a professional medical practice."

The Simpson case was investigated by the DEA, the Department of Health and Human Services, Office of the Inspector General, and the Medicaid Fraud Control and Elder Abuse Unit of the Wisconsin Department of Justice. The case is being prosecuted by Assistant United States Attorney Jonathan Koenig.

SOURCE: news provided by JUSTICE.GOV on Wednesday, November 14, 2018.

DEADepartment of HealthDepartment of JusticeDOJID Theft in SchemeJonathan KoenigKameka SimpsonMatthew D. KruegerMedicaid Fraud ControlMilwaukeeoxycodoneTodayNewsWisconsin news

SourceURL: <https://www.homecaredaily.com/2018/11/09/4-pittsburgh-area-home-care-workers-charged-with-fraud/>

4 Pittsburgh Area Home Care Workers Charged with Fraud

By Valerie VanBooven, RN BSN, Editor in Chief of HomeCareDaily.com |
November 9, 2018



Recently, federal prosecutors charged four home health care workers at Moriarty Consultants, a home health care company located in Pittsburgh on Perryville Avenue of fraud. In April 2017, Moriarty Consultants was raided by federal investigators who were looking to gather evidence that Travis Moriarty, Tiffhany Covington, Autumn Brown, and Brenda Lowry Horton had conspired to commit fraud by submitting false claims, costing the state millions of dollars.

According to affidavits, the four suspects who have been charged were involved in a conspiracy to submit false claims for services within the home care sector that were never provided and were not needed. They are alleged to have falsified timesheets, set up fake employees, and even relied on consumers to help falsify these claims, paying kickbacks to these individuals.

Travis Moriarty is 37, Tiffhany Covington is 41, Autumn Brown is 31, and Brenda Lowry Horton is 48.

As reported by 11 News, WPXI in Pittsburgh, in the news blog, *4 home health care workers charged in multimillion dollar Medicaid scheme*:

'According to federal prosecutors, they worked together to submit fake claims, costing the state millions of dollars.

Moriarty consultants and three related entities provided cleaning, meal preparation, bathing, and transportation services for senior citizens.

According to the court documents, the employees allegedly fabricated time sheets, used ghost employees and paid kickbacks to consumers."

According to federal prosecutors, Moriarty Consultants received over \$87 million in Medicaid payments. It is unclear if all of these payments were fraudulent or if that was the total amount received by the company over the course of many years for providing services as well as committing fraud.

The owner of the company, Arlinda Moriarty has denied any wrongdoing and has not been charged.

It was also noted in the news blog:

"Each suspect faces a maximum total sentence of not more than 10 years in prison, a fine of \$250,000, or both.

Arlinda Moriarty denies any wrongdoing and she said there are a handful of people who are trying to bring her down, but she's still open for business and working to fix any problems."

The federal government has been cracking down on home care fraud for many years, resulting in hundreds of arrests and convictions and helping to save the government potentially billions of dollars in fraudulent claims. As the Center for Medicare and Medicaid Services has instituted new reimbursement requirements, the intent is to make it more difficult for fraud of this nature to be committed.

There was no immediate word on a court date for when these four will return to face a judge

Summary



Article Name

4 Pittsburgh Area Home Care Workers Charged with Fraud

Description

Recently, federal prosecutors charged four home health care workers at Moriarty Consultants, a home health care company located in Pittsburgh on Perryville Avenue of fraud. In April 2017, Moriarty Consultants was raided by federal investigators who were looking to gather evidence that Travis Moriarty, Tiffhany Covington, Autumn Brown, and Brenda Lowry Horton had conspired to commit fraud by submitting false claims, costing the state millions of dollars.

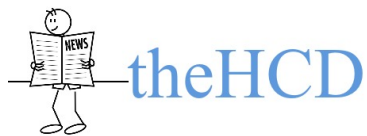
Author

Valerie VanBooven, RN BSN

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Valerie VanBooven, RN BSN, Editor in Chief of HomeCareDaily.com

Editor in Chief of HomeCareDaily.com at [LTC Expert Publications](#)

Valerie is a Registered Nurse, Author, and Co-Owner of LTC Expert Publications.
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SourceURL: <https://www.idahostatesman.com/news/business/article221591305.html>

Health firm's ex-CEO pleads guilty in Arkansas bribery case

The Associated Press

November 13, 2018 01:55 PM

Updated November 13, 2018 01:56 PM

LITTLE ROCK, Ark.

A top executive at a Missouri mental health company has pleaded guilty to helping bribe Arkansas lawmakers to influence state legislation and boost company profits.

Marilyn Nolan, former CEO of Preferred Family Healthcare Inc., pleaded guilty last week to conspiracy in federal court in Springfield, Missouri, according to court records.

She admitted to stealing millions with other executives at Preferred Family, which she said violated federal laws that prohibit nonprofits from making campaign contributions or lobbying, the Arkansas Democrat-Gazette reported.

Nolan, who alone received more than \$4.1 million, is the highest-ranking executive to plead guilty in the political corruption investigation so far. Nolan's

guilty plea names former Arkansas lobbyist Milton Russell Cranford, who has pleaded guilty to bribing convicted former state Sen. Jon Woods, former Rep. Henry Wilkins IV and an unidentified legislator. Woods and Wilkins were also named in Nolan's plea.

She admitted to conspiring from 2008 until June 2017 with Cranford, former chief clinical officer Keith Noble, and two other company executives to embezzle, steal, obtain by fraud and knowingly misapply property belonging to the nonprofit.

The nonprofit used for-profit companies owned by the same top executives to buy, sell and rent the company's assets and generate millions in illegal profits, according to Noble's guilty plea in September.

Nolan faces up to five years in prison and fines. She agreed to pay \$4.1 million in restitution.

Preferred Family was the largest Medicaid-funded outpatient mental health provider in Arkansas until it was suspended from receiving Medicaid payments earlier this year. Hot Springs-based Quapaw House Inc. has since purchased Preferred Family's network of Arkansas clinics.

Comments