2022 NHCAA

Awards Program

November 2022

NHCAA

2022 NHCAA AWARDS COMMITTEE

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SPECIALTY BENEFITS INVESTIGATION OF THE YEAR

National Health Care Anti-Fraud Association

Eargo Hearing, Inc.

The National Health Care Anti-Fraud Association is proud to recognize the investigation teams in the case of **Eargo Hearing, Inc.** with this year's **Specialty Benefits Investigation of the Year Award**.

This is the inaugural year for the Specialty Benefits Investigation of the Year Award. The purpose of this new Award is to recognize the substantial health care anti-fraud contributions made by an insurance plan's investigation unit in the area of specialty benefits. Often, these types of investigations do not result in a criminal prosecution. However, they can result in significant policy or procedural changes. These changes then have a positive impact on the effectiveness and efficiency of a specialty benefit plan's operations which, in turn, improve the delivery of benefits to patients.

Blue Shield of California's Special Investigations Unit began their investigation in February 2020 upon receiving information that Eargo Hearing, Inc., a hearing aid company, was using unlicensed individuals to provide medical consultation services and was giving medically unnecessary hearing aids to members and their beneficiaries who were enrolled in the Federal Employee Health Benefit Program/Federal Employee Program (FEBHBP/FEP). Related schemes were uncovered by the United States Office of Personnel Management, Office of the Inspector General, Office of Investigations.

Approximately $48 million was billed by Eargo between January 2017 and February 2022 for which they received reimbursement of $33.5 million. FEBHBP/FEP beneficiaries accounted for $33 million of the paid dollars. A civil action was filed by the Department of Justice under the False Claims Act, and in April 2022, Eargo agreed to pay $34.7 million to settle the case. Blue Shield of California recovered more than $29 million.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE
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UNITED STATES DEPARTMENT OF JUSTICE
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NHCAA

SIRIS

INVESTIGATION OF THE YEAR

National Health Care Anti-Fraud Association

United States of America v. Javaid Perwaiz

The National Health Care Anti-Fraud Association is proud to recognize investigation and prosecution teams in the **United States of America v. Javaid Perwaiz** with this year's **SIRIS® Investigation of the Year Award**.

Javaid Perwaiz, an obstetrician-gynecologist who operated out of two clinics and performed deliveries and surgeries at two different hospitals in Virginia, was brought to justice through the collaborative work of law enforcement agencies and private health insurance companies. The investigation team discovered that, between 2010 and 2019, Perwaiz took part in a fraud scheme that resulted in nearly $21 million being paid by private insurance and government health care programs for pre-term deliveries and surgeries that were not medically necessary and sometimes irreversible. Perwaiz's extensive scheme, which spanned nearly a decade, endangered women's pregnancies, and, in some cases, robbed them of their ability to conceive. Perwaiz pressured these women into unnecessary procedures based on unfounded cancer diagnoses and exams using broken equipment.

Evidence gathered also revealed that Perwaiz falsified records and violated the 30-day waiting period Medicaid requires for elective sterilizations by submitting forms that were backdated to make it appear that the requirement was being met. Interviews with former patients revealed that Perwaiz also billed insurance companies for fictitious diagnostic testing that he claimed to do in his office.

The United States Department of Health and Human Services, Office of Inspector General, Office of Investigation (HHS-OIG) submitted a Request for Investigation Assistance through NHCAA's SIRIS Database which identified an NHCAA Member Organization (Anthem) that also had an open case against Perwaiz. Law enforcement then partnered with Special Investigations Units from Anthem, Inc. and Optima Health to build a broader, more inclusive case.

In November 2020, following a 5-week trial, Javaid Perwaiz was convicted on 52 counts of health care fraud and false statements pertaining to health care matters. Thanks to the partnership among the private insurers and the federal government, on May 18, 2021, he was sentenced to 59 years in prison, and ordered to pay $18.5 million in restitution and $2.2 million in forfeiture. HHS-OIG excluded Perwaiz from participating in Federal Health Care Programs for a minimum of 80 years on June 20, 2022.

NHCAA

SIRIS

INVESTIGATION OF THE YEAR

National Health Care Anti-Fraud Association

United States of America v. Javaid Perwaiz

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF DEFENSE
Office of Inspector General
Defense Criminal Investigative Service

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Inspector General
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UNITED STATES DEPARTMENT OF JUSTICE
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VIRGINIA OFFICE OF THE ATTORNEY GENERAL
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OPTIMA HEALTH

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NHCAA

INVESTIGATION OF THE YEAR

HONORABLE MENTION

National Health Care Anti-Fraud Association

United States of America v. Good Decisions Sober Living

The National Health Care Anti-Fraud Association is proud to recognize the investigation and prosecution teams in the case of **United States of America v. Good Decisions Sober Living** with this year's **Investigation of the Year Award – Honorable Mention**.

This investigation was the first federal case in the United States to combat fraudulent activity in the sober home industry. Good Decisions Sober Living located in West Palm Beach, Florida was advertised as a place to live that was safe and drug free while individuals recover from drug and alcohol disorders. Kenneth Bailynson, Dr. Mark Agresti, Matt Noel, Stephanie Curran, and their co-conspirators put in motion a scheme to submit false and medically unnecessary tests for reimbursement to health insurance companies.

Kenneth Bailynson and his co-conspirators exploited addicts at a time when they were most vulnerable by secretly taking advantage of a law that required insurance companies to substantially increase reimbursements paid to addiction treatment facilities. They learned that for each cup of urine from patients whose insurance companies had high reimbursement rates, Good Decision Sober Living would be paid as much as $6,000 to $10,000. Not only were they fraudulently billing for these tests, but they were also quietly, yet aggressively recruiting new patients from all over the country by bribing them to come to the treatment center. This shrewd fraud scheme lasted from September 2011 to December 2015 and defrauded multiple insurance companies out of more than $110 million. As a result of this novel fraud scheme, the Eliminating Kickbacks in Recovery Act (EKRA) was enacted in October 2018 to help combat this type of fraud in the future.

The investigation and prosecution resulted in Curran and Noel pleading guilty on February 20, 2020, to conspiracy to commit health care fraud. On April 19, 2022, Stephanie Curran was sentenced to 12 months and one day in prison, with 36 months of supervised release, and was ordered to pay over $11 million in restitution. Also on April 19, 2022, Matt Noel was sentenced to 14 months in prison, with 36 months of supervised release, and was ordered to pay $8.7 million in restitution. Kenneth Bailynson pleaded guilty on November 8, 2021, to conspiracy to commit health care fraud and was sentenced on April 20, 2022, to 72 months in prison, 36 months of supervised release, and was ordered to pay $31 million in restitution. Lastly, in February 2022, Dr. Mark Agresti was found guilty on all counts. On July 27, 2022, he was sentenced to 8 years in federal prison and ordered to pay $31 million in restitution. The success of this investigation and prosecution would not have been possible without the stellar teamwork of the government and the impacted private health insurers.

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INVESTIGATION OF THE YEAR

HONORABLE MENTION

National Health Care Anti-Fraud Association

United States of America v. Good Decisions Sober Living

CONGRATULATIONS TO

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UNITED STATES DEPARTMENT OF JUSTICE
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FLORIDA BLUE
Maria Guerrero, CFE, AHFI, *Manager*

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National Health Care Anti-Fraud Association

Operation HealthWrong

The National Health Care Anti-Fraud Association is proud to present the investigation and prosecution teams in the case of **Operation HealthWrong** with this year's **Investigation of the Year Award**.

What started out with a tip received from a BlueCross BlueShield of Tennessee member ultimately uncovered a scheme involving multiple companies: a telemarketing/telemedicine company, HealthRight, LLC.; dispensing pharmacies, Synergy Pharmacy and Alpha-Omega Pharmacy; and drug manufacturer, Sterling Knight Pharmaceuticals. This investigation was so complex and far-reaching that it resulted in the successful prosecution of six individual cases.

BlueCross BlueShield of Tennessee contacted the Eastern District of Tennessee's United States Attorney's Office in May of 2016 to report unusual prescription billing practices by an out-of-state pharmacy, Synergy Pharmacy Services, Inc. The initial investigation indicated that Synergy was sending topical creams, vitamins, and headache medications to BlueCross BlueShield of Tennessee members in East Tennessee. Through member interviews, the investigators determined that members had no knowledge that they would receive prescriptions in the mail. The only common denominator between the members was that they all had used a telemedicine company called HealthRight, LLC.

This fraud scheme had many different moving parts. It began with the drug-manufacturers labeling their products with a National Drug Code, pricing them in the thousands of dollars, and then selling these products, which were often just generic vitamins, to a pharmacy yielding a profit that far exceeded their value. Participating in this practice alone was a violation of the Federal Food, Drug, and Cosmetics Act. The second part of the scheme involved the pharmacy owners instructing HealthRight to get prescriptions signed electronically for the insured patients. The third part of the scheme involved HealthRight placing fraudulent ads on websites that were sure to be seen by insured patients and that instructed the patients to enter their health insurance information on the website form.

With the patients' health insurance information, HealthRight was able to submit a pre-completed prescription for the products from the drug manufacturer and send them to their "doctors' network" for an e-signature. Doctors would then sign thousands of the e-prescriptions without ever seeing or talking to any of the patients. Lastly, HealthRight sold the signed prescriptions to the pharmacy owners for $500 each who then billed the insurance companies. These fraudulently obtained prescriptions were mailed by the conspiring parties to patients in every state.

Operation HealthWrong was a five-year long investigation which involved multiple government agencies along with private insurance companies. This nationwide fraud scheme uncovered more than $900 million in fraudulent prescription claims in just under three years and a loss of more than $174 million. Seven people from various companies pleaded guilty. In December 2021, Peter Bolos, one of the owners of Synergy Pharmacy and Alpha-Omega Pharmacy, was convicted. In May 2022, Bolos was sentenced to 14 years in prison while the other defendants received lesser sentences. In total, the defendants were ordered to pay more than $100 million in restitution to victims.

NHCAA

National Health Care Anti-Fraud Association

Operation HealthWrong

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Inspector General
Office of Investigations

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UNITED STATES DEPARTMENT OF HOMELAND SECURITY
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Wayne VanVarick, *Special Agent*

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Jennifer McCuiston, *Analytic Consultant II, Provider Audit*
Ian Morris, *Biostatistical Research Scientist, Information Delivery*
Don G. Provonsha, *Manager of Professional Standards, Compliance Department*
Norman Tidwell, *Director, SIU*

CVS HEALTH
Robert H. Page, Jr., M.S., CPhT, AHFI, *Investigator*

EXPRESS SCRIPTS
Michael L. Klein, CFE, *Fraud Director*

HIGHMARK
Susan Collare, AHFI, CFE, CPhT , *Investigations Consultant*

NHCAA

Excellence in Public Awareness Award

Honorable Mention

National Health Care Anti-Fraud Association

Highmark Inc.

Each year, the National Health Care Anti-Fraud Association honors one nominee with its **Excellence in Public Awareness Award**. This year, we believe it is important to acknowledge a second nominee in this category by conferring an **Honorable Mention**.

NHCAA is proud to recognize the exceptional, interdisciplinary community outreach team led by **Highmark Inc.**, which created a comprehensive opioid education program that has reached middle and high school students in all 55 counties across the state of West Virginia. The collaborative team responsible for creating this innovative, far-reaching initiative includes Highmark's Financial Investigations and Provider Review Team, Highmark Blue Cross Blue Shield West Virginia, Highmark Health, the Federal Bureau of Investigation, and the West Virginia Department of Education. Together, these partners are the recipient of the 2022 Excellence in Public Awareness, Honorable Mention Award for their meaningful work in raising awareness of the opioid epidemic and the role of health care fraud, waste, and abuse.

The centerpiece of this program is an opioid education video that strives to address many topics and questions, including: what opioids are; why they can be dangerous; differentiating between appropriate and inappropriate use; the dangers of fentanyl contamination; a testimony of strength in overcoming addiction and using that experience to help others; recognizing signs of an overdose; removing the stigma for those who may ask for help or know someone who could use help in their lives regarding opioids; overcoming peer pressure; how opioids and other drugs can affect your life; and resources for students.

The educational video is paired with in-person presentations and includes assessment materials for educators to help gauge student understanding before and after watching the video. In addition, a helpful list of student resources was developed to support students who may be struggling with opioids in their own lives. Since the video launch in 2022, the accessible and relatable program materials have been shared with more than 1,100 West Virginia educators.

NHCAA commends Highmark Inc., and its community outreach partners for prioritizing this important project that serves the public interest.

NHCAA

Excellence in Public Awareness Award

Honorable Mention

National Health Care Anti-Fraud Association

Highmark Inc.

CONGRATULATIONS TO

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Financial Investigations & Provider Review

Kurt Spear, CFE, CISSP, *Vice President*
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Christina Goldaine, Pharm.D., *Manager*

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Linda B. Wigal, *Vice President of Sales & Client Management*
Sherri Davis, *Director of Sales & Client Management*
Cathy Golden, *Director of Provider Relations*
Michael DeWitt, D.O., *Medical Director*
Catherine McAlister, *Manager, Corporate Communications*

HIGHMARK HEALTH
Richard "Zoot" Dwyer, *Manager, Multimedia Communications*
Tanner Rose, *Team Lead, Video Production*

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Anthony Rausa, Jr., *Supervisory Special Agent*
Brooklynn A. Riordan, *Supervisory Special Agent*
Jennifer L. King, *Special Agent*
Whitney N. Barnhart, *Community Outreach Specialist*
Catherine Coennen, *Public Affairs Specialist*

WEST VIRGINIA DEPARTMENT OF EDUCATION
Christy Day, *Director of Communications*
Joshua Grant, *Coordinator*

NHCAA

Excellence in Public Awareness Award

National Health Care Anti-Fraud Association

Blue Cross Blue Shield of Louisiana

The National Health Care Anti-Fraud Association's Excellence in Public Awareness Award recognizes some of the most consequential efforts to foster understanding and insight about health care fraud. Past winners have included individuals as well as organizations, each of them acknowledged for their work in bringing attention to the complex challenges health care fraud presents. Counted among past awardees are journalists and media outlets; researchers and think tanks; civil servants and government agencies.

This year, NHCAA is pleased to have the opportunity to honor a long-time Member Organization. NHCAA proudly names health insurer **Blue Cross Blue Shield of Louisiana (BCBSLA)** as recipient of the **2022 NHCAA Excellence in Public Awareness Award** for its exceptional, multidimensional communications strategy aimed at educating Louisianians about the many forms that fraud, waste, and abuse can take and how to avoid becoming a victim.

BCBSLA's comprehensive public awareness strategy uses a variety of methods, including print and video news releases aimed at garnering media coverage, recorded videos, media appearances, member and group leader newsletters, community events, social media content, infographics, and more, all thoughtfully targeted to key audiences that include BCBSLA members, the media, health care providers, government officials, and the general public.

This important and varied body of work is mainly the result of persistent collaboration between two key BCBS of Louisiana teams: the Financial Investigations Department and Strategic Communications Team. Just a few examples of this ongoing cooperative work include:

- Anti-Fraud messaging and tools specific to Medicare beneficiaries, especially during Medicare Fraud Prevention Week, focused largely on avoiding scams. Particularly noteworthy are BCBSLA's regularly scheduled "Medicare Made Easy" Facebook Live virtual educational events, featuring subject matter experts.
- Through a partnership with credit bureau Experian, a program that offers free identity protection services to most BCBSLA members. These ID protection services are not limited just to medical information, but also include financial and personal record information protection as well.
- Impactful drug safety efforts, such as hosting annual Drug Take Back Day events. The recent spring 2022 event resulted in the collection of nearly 1,000 pounds of drugs, effectively removing millions of individual opioid units from homes and getting them off the streets. And since 2016, BCBSLA has worked with the Louisiana Attorney General's office, health care partners, and local law enforcement agencies to place secure Drug Drop Boxes in nearly all of Louisiana's 64 parishes. It maintains a reliable online map for Louisianians of all Drug Drop Box locations throughout the state.
- Generalized health care fraud awareness messages, videos, media appearances, and tools to help raise awareness and encourage fraud prevention. An example is BCBSLA's YouTube "Fraud Prevention Tips" playlist library comprised of nearly 90 minutes of fraud awareness messaging.

NHCAA

Excellence in Public Awareness Award

National Health Care Anti-Fraud Association

Blue Cross Blue Shield of Louisiana

By addressing health care fraud in different ways on several fronts, Blue Cross Blue Shield of Louisiana is making real strides in fulfilling its mission "to improve the health and lives of Louisianians." This statewide effort that uses smart, relatable messaging about fraud and misinformation is truly worthy of recognition. NHCAA commends Blue Cross Blue Shield of Louisiana for devoting valuable resources to this vital work that serves the public interest.

CONGRATULATIONS TO

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Manager, Special Investigations

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John Morris Volunteer Service Award

National Health Care Anti-Fraud Association

Jennifer A. Trussell

Each year, the NHCAA John Morris Volunteer Service Award recognizes an individual who has made an exceptional contribution in support of the mission of the National Health Care Anti-Fraud Association.

NHCAA is delighted to name **Jennifer Trussell** as recipient of the **2022 NHCAA John Morris Volunteer Service Award**.

Through words and action, Jenny Trussell has consistently demonstrated that she steadfastly believes in the NHCAA mission, and she has been tireless in her support of both NHCAA and her fellow health care anti-fraud professionals. She is always quick to volunteer her time, her knowledge, and her skills with the goal of improving the fight against health care fraud and abuse.

Louis Saccoccio, NHCAA CEO, stated, "We are honored to acknowledge Jennifer Trussell's long-standing commitment to the Association. I marvel at her seemingly boundless energy and willingness to do whatever is needed, always keeping in mind what is best for NHCAA."

Jenny served on the NHCAA Board of Directors for six years as the representative of the United States Department of Health and Human Services, Office of Inspector General (HHS-OIG). Then, in retirement, following 22 years of service with the HHS-OIG, Jenny continued to demonstrate her support of NHCAA by volunteering in several roles. In recent years she has remained active with NHCAA while assisting the Administration for Community Living and the Senior Medicare Patrol, both of which share the common goal with NHCAA of eradicating health care fraud and abuse.

Jenny is a believer in the powerful role that education and training can play in fighting fraud and abuse, and has taken every opportunity to enhance NHCAA's programs. She has always been willing to brainstorm and share timely topics and ideas with NHCAA staff. Additionally, she consistently has recommended top level HHS-OIG team members to serve on NHCAA's Education and Training and Annual Training Conference committees to ensure that government insights and perspectives are included in NHCAA programs.

Beyond her work in helping behind the scenes in the planning of NHCAA education and training programs, she has long been a favorite presenter at NHCAA events, including the Annual Training Conference. She first spoke for NHCAA in 2009 at what is now the Boot Camp program. Since then, she has presented at NHCAA education events dozens of times on a variety of topics. Jenny originated the essential ATC session "Emerging Trends," which the HHS-OIG has presented since 2011. It began as a multi-speaker pre-conference program and evolved into to a stand-alone session that has frequently been standing room only. Not surprisingly, Jenny is consistently evaluated as one of NHCAA's best speakers. She is a master storyteller, always with a Star Wars reference at the ready.

NHCAA

JOHN MORRIS VOLUNTEER SERVICE AWARD

National Health Care Anti-Fraud Association

Jennifer A. Trussell

While serving on the NHCAA Board of Directors, Jenny championed the concept of fraud briefs that could help distill complex fraud issues for new and seasoned investigators alike. Today, NHCAA boasts a growing library of more than 30 Fraud Briefs, some of which Jenny helped author and edit. She had a particularly pivotal role in both the COVID-19 and Remote Physiologic Monitoring fraud briefs.

Jenny continues to actively participate in NHCAA monthly Information-Sharing Conference Calls, shedding light on emerging fraud schemes and imparting her investigative experience. In addition, she has also presented at Joint InfoShare events co-hosted by NHCAA and the Healthcare Fraud Prevention Partnership.

As a leader and innovator, Jenny always makes time for industry colleagues and NHCAA staff, offering her honest assessments and pushing us all to think creatively. And when it comes to NHCAA, she is a promoter, a cheerleader, a force. Even now, after 35 years of government service and in her latest role as a fraud prevention consultant, she continues to find ways to partner with the Association and graciously share her expertise.

NHCAA is grateful to Jennifer Trussell for her dedication to the Association and the health care anti-fraud profession at-large, and we congratulate her for being named only the fifth recipient of NHCAA's prestigious John Morris Volunteer Service Award.

HISTORY OF THE JOHN MORRIS VOLUNTEER SERVICE AWARD: *This award was established in 2018 to honor the memory of one of NHCAA's most ardent and loyal supporters, John George Morris, Jr. John was a founding member of NHCAA in 1985, who served for many years on the NHCAA Board of Directors, including as Board Chair in 2003. Following his service to the Board, John continued to actively participate in NHCAA committees and activities and unselfishly volunteered his time and expertise to assist with countless NHCAA projects. Even in retirement he served, volunteering as an honorary NHCAA staff member at several Annual Training Conferences. John Morris was a true friend to the Association and his philosophy of service inspired NHCAA to inaugurate a volunteer service award in his honor.*

Other Notable Cases

COVID-19 TESTING AND PRICE GOUGING

In June 2021, Anthem, Inc. discovered that a national lab that set up pop-up testing sites in the midwestern portion of the U.S. billed insurance companies for COVID-19 tests and collected cash payments from patients for the same tests. Investigators discovered that the lab billed for a specimen collection, an antigen test, and an antibody test on the same day for approximately 80% of the claims submitted to Anthem. Law enforcement stepped in and assisted in the investigation and found that these labs were billing before they had their CLIA certification. The lab was placed on prepayment review by Anthem in August 2021 and a potential $15.4 million loss was prevented.

NEW YORK FACILITY PASS-THROUGH BILLING SCHEME

A New York facility was suspected of being involved in a pass-through billing scheme after an increase in the volume of outpatient diagnostic claims between 2018 and 2019. An investigation by insurer Anthem, Inc. revealed that the New York facility, a participating (PAR) provider, partnered up with another PAR health care provider to provide enhanced outpatient laboratory services. Records from the investigation showed that patients were receiving care from the partner and not the facility. Anthem reached a settlement of $14,500 in May of 2021.

UNITED STATES OF AMERICA V. ANDREW BERKOWITZ

Dr. Andrew Berkowitz operated his Philadelphia medical practice, A+ Pain Management, as a pill mill for approximately 5 years. Berkowitz was supplying oxycodone and Percocet along with other unnecessary drugs to patients not in need of them. In addition to overbilling Medicare, Berkowitz went to great length to research those individuals who had higher paying insurances and targeted them to overbill private insurers. In 2014, he obtained a license to operate a non-pharmacy medication dispensing site from his practice so that he could get even more money. Berkowitz's patients always left with a "goodie bag" that contained a combination of drugs including topical analgesics, muscle relaxers, anti-inflammatories, and Schedule IV controlled substances for insomnia and anxiety. This scheme led to the development of an evidence collection tool/technique that is now used by the FBI. In May 2022, Berkowitz was sentenced to 20 years in prison and ordered to pay $2.8 million in civil damages and $3.5 million in criminal restitution.

UNITED STATES OF AMERICA V. GEORGE DEMETRIUS KARALIS

Dr. George Karalis, a San Francisco psychologist, was upcoding his psychotherapy sessions to achieve greater reimbursements. According to his plea agreement, Karalis admitted that between August 2015 and June 30, 2020, he treated U.S. Postal Service employees who were receiving Federal Employees' Compensation Act workers' compensation benefits for alleged stress and psychological disorders. Karalis billed over $5.7 million. On February 9, 2022, Karalis was sentenced to 120 days in prison, three years of supervised release, and ordered to pay $1.4 million in restitution.

Other Notable Cases

UNITED STATES OF AMERICA V. HARRIS ET AL

Bradley Harris, the former CEO of Novus Health Services, and his former employees took part in a scheme that involved defrauding Medicare and Medicaid by submitting false claims for hospice services, providing kickbacks for referrals, violating HIPPA to recruit beneficiaries, and destroying documents to cover up the fraud. Medicare and Medicaid paid $40 million to Novus for hospice services. Bradley Harris was sentenced to 13 years and 3 months in federal prison and ordered to pay over $27 million in restitution. Three of his accomplices were also sentenced to a combined total of 28 years in prison and ordered to pay a total of $54.3 million in restitution.

UNITED STATES OF AMERICA V. RODEFSHALOM ET AL (INSURE NUTRITION)

From 2013 to 2018, Insure Nutrition and its related pharmacies submitted claims totaling more than $1 billon. Over $200 million was paid by TRICARE and private insurers. Despite numerous audits, constant updates to formulary exclusion lists, and implementation of new claims processing edits, Insure Nutrition owners Nima Rodefshalom, Mehran David Kohanbash, Joseph Kohan, and their co-conspirators were adept at staying ahead of these efforts. Highmark identified several pharmacies and a call center that were providing kickbacks to patients in exchange for accepting expensive and medically unnecessary drugs. This information was then turned over to law enforcement who discovered that Solutech Pharmaceuticals, the owner of Insure Nutrition, was creating new products that had not been tested for safety and efficacy. These products were being sent to patients that had reached out to Insure through their advertisements. The owners were ordered to pay $54.5 million in restitution to the health insurance companies in addition to the $60 million they paid the government. On April 8, 2021, Rodefshalom and Kohanbash were each sentenced to 54 months imprisonment and Kohan was sentenced to 42 months of imprisonment.

UNITED STATES OF AMERICA V. VASSO GODIALI, M.D.

In February 2022, Dr. Vasso Godiali, a vascular surgeon, pleaded guilty to defrauding Medicare, Medicaid, and Blue Cross Blue Shield of Michigan. Godiali admitted to falsifying medical records to justify billing insurers for procedures that were not performed. Additionally, he was charged with money laundering for financial transactions involving approximately $49 million in proceeds he derived from the scheme. Under the terms of the plea agreement, Godiali will be required to pay $19.5 in restitution to Medicare, Medicaid, and Blue Cross Blue Shield of Michigan. The United States Attorney's Office also filed a related civil lawsuit seeking the forfeiture of approximately $39.9 million.

Other Notable Cases

UNITED STATES OF AMERICA V. WADE A. WALTERS ET AL.

Wade Walters, a co-owner of multiple compounding pharmacies and pharmaceutical distributors, pleaded guilty to one count of conspiracy to commit health care fraud and one count of conspiracy to commit money laundering. Between 2012 and 2016, Walters billed the TRICARE program and other health care companies for compounding medications that were not medically necessary. On January 15, 2021, Walters was sentenced to serve 18 years in prison. He was also ordered to pay $2.9 million in restitution and to forfeit nearly $57 million in cash and other assets.

UNITED STATES OF AMERICA V. WALTER F. WRENN, III

Walter F. Wrenn, III pleaded no contest to Medicaid Fraud, Tampering with Public Records, Involuntary Manslaughter, and Recklessly Endangering Another Person. An investigation revealed that Dr. Wrenn was misrepresenting diagnosis codes for patients indicating they had cancer when they did not to obtain a prior authorization for pharmacies to approve opioid prescriptions. One of Dr. Wrenn's patients died from an overdose of medication that was prescribed to him when it was not medically necessary. He was sentenced to 5 years of probation, ordered to permanently surrender his medical license and DEA registration, and ordered to pay restitution to the Medicaid program for the cost of the illegal prescriptions.

UNITED STATES OF AMERICA AND COMMONWEALTH OF MASSACHUSETTS EX REL. MARTINO-FLEMING V. SOUTH BAY MENTAL HEALTH CENTER, INC. ET AL.

What started out as a lawsuit filed by a whistleblower and former employee of South Bay Mental Health Center, Inc. (SBMHC) turned into a lengthy investigation lasting more than six years. SBMHC was billing fraudulent claims to Massachusetts' Medicaid program known as MassHealth. The investigation by the Attorney General's Office of Massachusetts revealed that SBMHC had a history of employing unlicensed, unqualified, and unsupervised staff at its mental health facilities. This case resulted in the largest settlement involving a private equity company under the False Claims Act. The former executives agreed to pay $25 million while SBMHC paid $4 million for its involvement in the scheme.

Our Mission *is to protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.*

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