OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA

2011-2012 ANNUAL REPORT

MEDICAID FRAUD CONTROL UNIT

PROTECTING VIRGINIA'S MOST VULNERABLE CITIZENS

VIRGINIA STATE CAPITOL

The men and women working in the Medicaid Fraud Unit continue to surpass milestones in their fight to protect the health and welfare of the residents of the Commonwealth. We are pleased to present the Medicaid Fraud Control Unit's 2012 Annual Report.

Attorney General Kenneth T. Cuccinelli, II

MEDICAID FRAUD CONTROL UNIT
OFFICE OF THE ATTORNEY GENERAL

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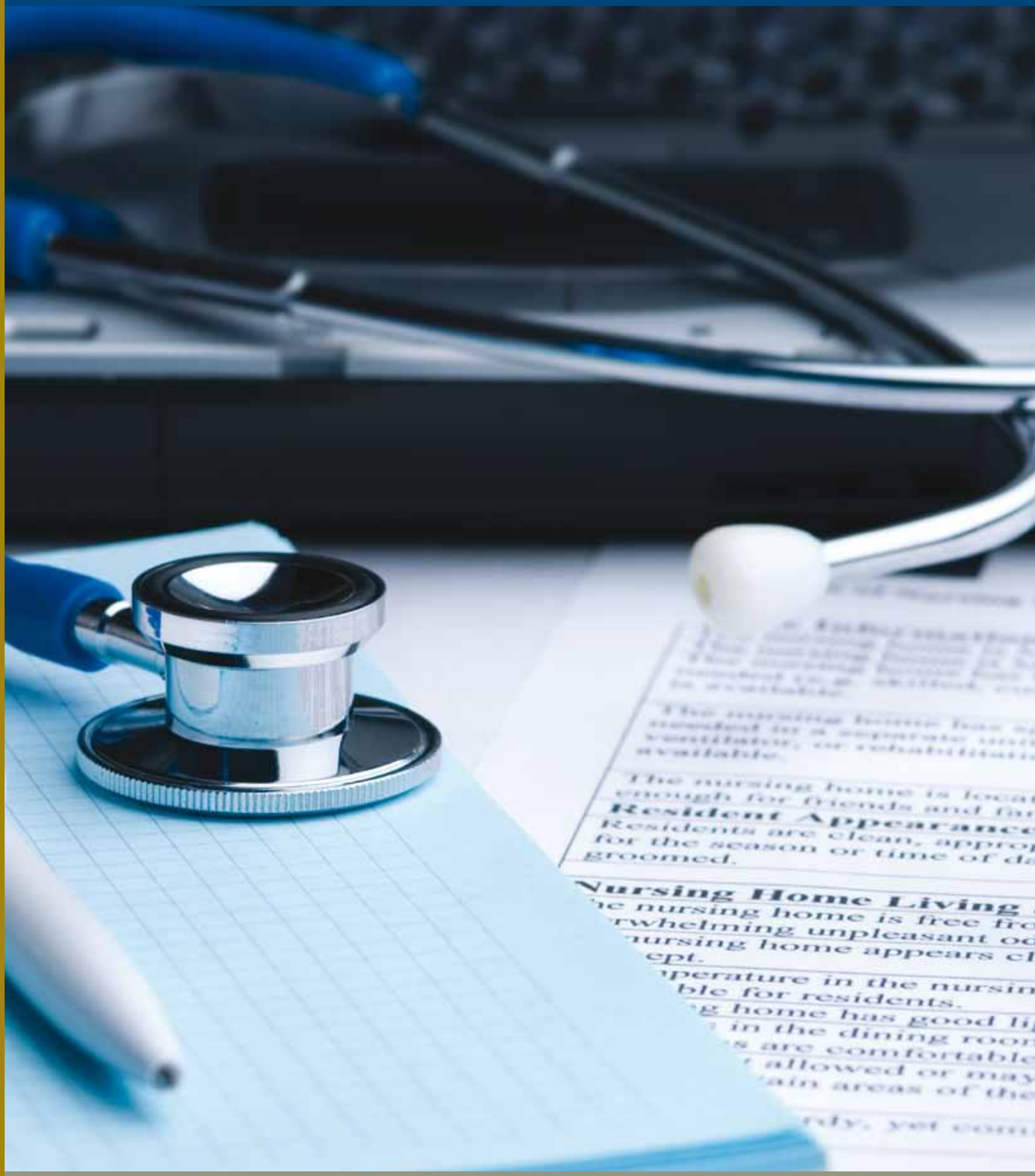
Richmond, VA 23219
(804) 786-2071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Nursing Home Living

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COMMONWEALTH of VIRGINIA

Office of the Attorney General

Kenneth T. Cuccinelli, II
Attorney General

900 East Main Street
Richmond, Virginia 23219
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June 30, 2012

To the citizens of the Commonwealth:

The purpose of my office's Medicaid Fraud Control Unit (MFCU) is to investigate and prosecute unscrupulous health care providers who commit fraud against Virginia's Medicaid program and Virginia taxpayers by billing for services not rendered, not using properly trained and certified employees, or abusing or neglecting the patients in their care.

This year, as a result of our criminal and civil investigations, the Virginia MFCU has successfully recovered a significant amount of dollars from providers who defrauded or attempted to defraud the Medicaid program. I am pleased to report the unit has obtained convictions of 21 health care providers in state and federal courts, with $40,260,842.92 in restitution ordered to be returned to Medicaid.

The MFCU's outstanding performance is attributable to a focused team effort, exceptional working relationships with other state and federal agencies, and the selfless dedication of the men and women of the unit. These employees spend many days away from home and family to conduct surveillance, execute search warrants, analyze records, conduct interviews, and prosecute cases in court. As a result, in 2008, the unit was named the number one MFCU in the country by the U.S. Department of Health and Human Services and the U.S. Office of Inspector General.

In response to the continued increase in referrals of suspected fraud, this year I authorized the MFCU to request additional funding from the U.S. Department of Health and Human Services for an additional 10 investigators, attorneys, and support staff. We anticipate that as a result of this staffing increase, the Unit will recover millions of additional dollars in fraudulently obtained Medicaid funds.

In addition to preventing fraud, one of my key priorities is to protect the elderly and the incapacitated from abuse and neglect. As part of our recent MFCU expansion, I hired additional investigative staff, including registered nurses, to increase our ability to investigate and prosecute abuse and neglect cases in health care facilities and homes. As a result of community outreach efforts, MFCU Outreach Coordinators, working with local law enforcement, provided information on ways to prevent, recognize, and report elder abuse and neglect at over 150 community events.

The following report reviews the first half of the 2012-2014 biennium, from July 1, 2011, to June 30, 2012, and sets forth the organization, operations, and accomplishments of the unit.

With kindest regards, I remain,

Ken C II

Attorney General of Virginia

Preface

The Virginia Medicaid Fraud Control Unit (MFCU or the Unit) of the Office of the Attorney General was certified October 1, 1982, by the United States Department of Health and Human Services. The Unit is one of fifty similarly structured Units throughout the United States. In deciding to establish a MFCU in Virginia, the General Assembly stated:

> The General Assembly finds and declares it to be in the public interest and for the protection of the health and welfare of the residents of the Commonwealth that a proper regulatory and inspection program be instituted in connection with the providing of medical, dental and other health services to recipients of medical assistance. In order to effectively accomplish such purpose and to assure that the recipient receives such services as are paid for by the Commonwealth, the acceptance by the recipient of such services and the acceptance by practitioners of reimbursement for performing such services shall authorize the Attorney General or his authorized representative to inspect and audit all records in connection with the providing of such services. Section 32.1-310, Code of Virginia, 1950, as amended.

Statutory Authority

In 1981, the Virginia General Assembly enacted Chapter 9, §§ 32.1-310 through 32.1-321 of the Code of Virginia to regulate medical assistance in the Commonwealth. This chapter authorizes criminal sanctions for specific acts of Medicaid fraud and abuse. The duties and responsibilities of the Unit are set forth in § 32.1-320.

In 1982, the Unit was established within the Office of the Attorney General in accordance with federal requirements. This Unit is separate and distinct from the Department of Medical Assistance Services (DMAS), which is the single state agency in the executive branch responsible for the administration of the Medicaid program.

In 1995, the General Assembly significantly amended the Medicaid fraud statutes by converting Virginia Code § 32.1-314, the most frequently charged crime under the Medicaid fraud statutes, from a larceny-type offense to a false-claims offense. The change eliminated the requirement that the Commonwealth prove $200 or more was wrongfully taken from the program in order to secure a felony conviction. Under the amended statute, the Commonwealth need only prove that a materially false statement was made in an application for reimbursement under the program.

In 2007, the MFCU/OAG submitted a proposal to establish a penalty for abuse or neglect of an incapacitated adult that results in death to a Class 3 felony, which is a term of imprisonment of not less than five years nor more than 20 years and a fine of not more than $100,000. 2007 Va. Acts cc. 562,653. Before the 2007 amendment, abuse of an incapacitated adult resulting in serious bodily injury or disease was a Class 4 felony punishable by a term of imprisonment of not less than two years nor more than 10 years and a fine of not more than $100,000.

In 2007, the General Assembly enacted a number of changes to health care fraud statutes in Virginia to ensure Virginia would be deemed compliant with the federal Deficit Reduction Act of 2005. If deemed compliant, Virginia would be allowed to keep an additional 10 percent of the recoveries.

- Amended Virginia Code § 8.01-216.3 to increase the minimum penalty from $5,000 to $5,500 and increase the maximum penalty from $10,000 to $11,000;
- Amended Virginia Code § 8.01-216.3 to allow the Virginia Attorney General's Office to recover attorney fees and costs incurred in its investigation and prosecution of *qui tam* actions;
- Amended Virginia Code §§ 8.01-216.5 and 8.01-216.6 to replace "motion for judgment" and "motion" with "complaint" (lines 55, 56-57, 59, 62, 64,77, 78);
- Amended Virginia Code § 8.01-216.9 to (1) extend the statute of limitations period; (2) extend the burden of proof requirement; and (3) prevent defendants from denying civil liability if they are convicted in a criminal proceeding based on the same transaction or occurrence; and
- Amended Virginia Code §§ 32.1-312 and 32.1-313 to extend the statute of limitations and allow Virginia to bring a civil action for fraud against health care subcontractors that provide services or goods to Medicaid recipients, but do not contract directly with Virginia's state provider (DMAS) pursuant to a provider agreement.

In addition, the United States Department of Health and Human Services, Office of the Inspector General issued a ruling on March 13, 2007, that found Virginia's statutory regime was in compliance.

In 2011-2012, the General Assembly made several additional amendments to the health care fraud statutes to facilitate investigations and recoveries. One such change amended Virginia Code § 32.1-314 to mandate that restitution be ordered to the victim, DMAS, upon conviction under the statute. Another amendment expanded the jurisdiction of the MFCU to investigate "complaints alleging abuse or neglect of persons in the care or custody of others who receive payments for providing health care services under the state plan for medical assistance, regardless of whether the patient who is the subject of the complaint is a recipient of medical assistance."

The General Assembly also enacted changes to the Virginia Fraud Against Taxpayers Act (VFATA) that track changes to the Federal False Claims Act. The amendments to VFATA are designed to encourage the filing of *qui tams* (commonly known as "whistleblower complaints"), facilitate the investigation of fraud allegations, and seek to keep Virginia compliant with the Federal Deficit Reduction Act of 2005 (DRA). Among those changes:

- Amended Virginia Code § 8.01-216.5 to expand the protection of whistleblower employees, contractors or agents from adverse employment actions caused by the lawful acts of the whistleblower;
- Amended Virginia Code § 8.01-216.10 to allow the Attorney General's designee to issue a civil investigative demand, and to share information thus obtained with *qui tam* relators where necessary to pursue false claims investigations; and
- Amended Virginia Code § 8.01-216.2 and § 8.01-216.3 to broaden the scope of conduct covered by the VFATA.
- Amended Virginia Code § 32.1-320 to allow the Attorney General or his designee to propound interrogatories in furtherance of its audits and investigations of providers of services furnished under the State Medical Assistance Plan.

Director and Chief Randall L. Clouse and Chief Section Counsel Steven T. Buck

Unit Mission

The Unit is charged with the investigation and prosecution of Medicaid providers who conduct their businesses in a fraudulent or highly abusive manner. The intended result of this effort is to deter all providers of medical services from engaging in fraudulent or abusive behavior.

In order to achieve this goal, the Unit will:

- Conduct professional and timely criminal investigations that lead to just results;
- Collaborate with other state and federal agencies involved in the battle against healthcare fraud and patient abuse and neglect throughout the Commonwealth. In fact, the MFCU is uniquely positioned to take the lead in investigating and prosecuting healthcare fraud and patient abuse and neglect in the Commonwealth;
- Seek alternatives to criminal prosecution, when appropriate, to reinforce and instill in the provider community a desire to comply with all regulations promulgated by DMAS;
- Provide educational resources to the community, law enforcement, and other agencies through presentations on the work of the MFCU, and the publishing of newsletters and brochures which provide information on Medicaid fraud as well as elder and patient abuse and neglect;
- Refine internal operating procedures designed to produce timely investigative results and maximize Unit resources in order to promote efficient and thorough strategies for each case;

Deputy Director of Investigations and Audit Paul N. Anderson

- Promote effective communication between the Unit and DMAS, thereby increasing the number and quality of referrals;
- Maintain the highest standards of excellence through aggressive training on current fraud trends and law enforcement tools in an attempt to better combat fraud in the Medicaid program; and
- Provide assistance related to nationwide civil and criminal healthcare fraud matters.

Office of the Attorney General Personnel

JUNE 30, 2012

The Honorable Kenneth T. Cuccinelli, II
Attorney General

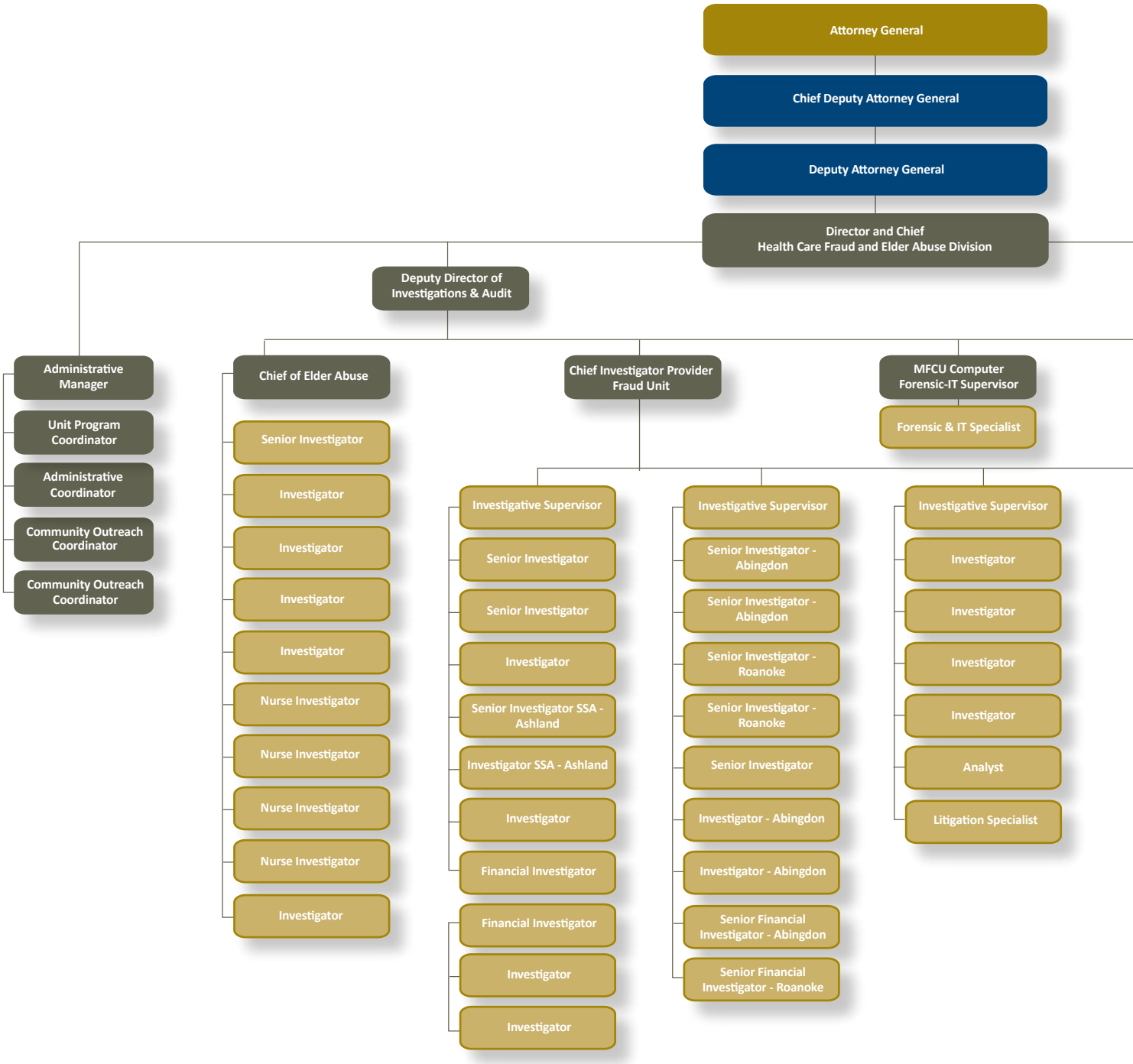
Charles E. James, Jr.
Chief Deputy Attorney General

Patricia Lee West
Counsel

G. Michael Favale
Deputy Attorney General
Public Safety and Enforcement Division

Randall L. Clouse
Director and Chief
Health Care Fraud and Elder Abuse Section

Organizational Chart



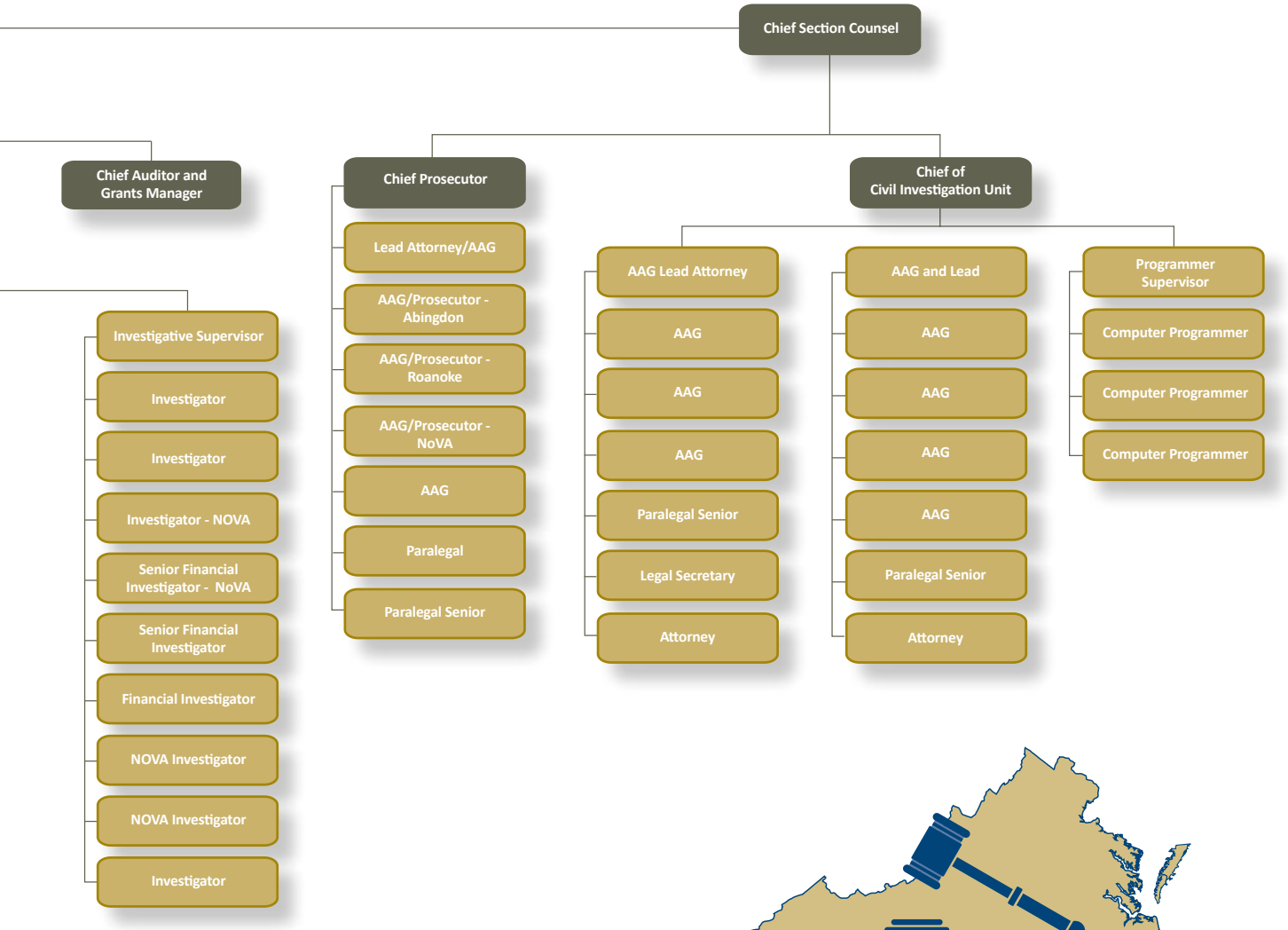
OFFICE OF THE ATTORNEY GENERAL

PUBLIC SAFETY AND ENFORCEMENT DIVISION

HEALTH CARE FRAUD AND ELDER ABUSE SECTION

MEDICAID FRAUD CONTROL UNIT

JUNE 30, 2012



MEDICAID FRAUD CONTROL UNIT

VIRGINIA OFFICE OF THE ATTORNEY GENERAL

Virginia Medicaid Fraud Control Unit Gets National Attention on the Abbott Laboratories Case

"I'm committed to ensuring that money intended for medical services for the poor isn't stolen from them through fraud. Medicaid dollars are limited, and fraud deprives people in true need of necessary medical care." Attorney General Ken Cuccinelli

Attorney General Ken Cuccinelli, discussing the joint investigation led by Virginia's MFCU into Abbott Laboratories illegal off-label marketing of Depakote at a May 7, 2012 joint news conference at the Department of Justice.

COMMONWEALTH of VIRGINIA

Office of the Attorney General

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Virginia Medicaid Fraud Control Unit Gets National Attention on the Abbott Laboratories Case

WASHINGTON, D.C. (May 7, 2012) -Attorney General Ken Cuccinelli and Deputy U.S. Attorney General James Cole announced today that global health care company Abbott Laboratories Inc., has pleaded guilty and agreed to pay $1.5 billion to resolve its criminal and civil liability arising from the company's unlawful promotion of the prescription drug Depakote for uses not approved as safe and effective by the Food and Drug Administration (FDA). The resolution - the second largest payment by a drug company - includes a criminal fine and forfeiture totaling $700 million and civil settlements with the federal government and the states totaling $800 million. Abbott also will be subject to court-supervised probation and reporting obligations for Abbott's CEO and Board of Directors.

The FDA is responsible for approving drugs as safe and effective for specified uses. Under the Food, Drug and Cosmetic Act (FDCA), a company in its application to the FDA must specify each intended use of a drug. A company's promotional activities must be limited to only the intended uses that FDA approved. In fact, promotion by the manufacturer for other uses - known as "off-label" uses - renders the product misbranded.

Abbott has pleaded guilty to misbranding Depakote by promoting the drug to control agitation and aggression in elderly dementia patients and to treat schizophrenia when neither of these uses was FDA approved. In an agreed statement of facts filed in the criminal action, Abbott admits that from 1998 through 2006, the company maintained a specialized sales force trained to market Depakote in nursing homes for the control of agitation and aggression in elderly dementia patients, despite the absence of credible scientific evidence that Depakote was safe and effective for that use. In addition, from 2001 through 2006, the company marketed Depakote in combination with atypical antipsychotic drugs to treat schizophrenia, even after its clinical trials failed to demonstrate that adding Depakote was any more effective than an atypical antipsychotic alone for that use.

Virginia's Role in the Abbott Case

This is the largest Medicaid fraud case investigated by a state in U.S. history: $1.5 billion.

In September 2007, Virginia's Medicaid Fraud Control Unit (MFCU) of the Virginia attorney general's office was contacted with allegations of off-label drug marketing by Abbott Pharmaceuticals.

Although neither the whistleblowers nor the defendant in this case were located in Virginia, the whistleblowers came to Virginia because the MFCU has a national reputation for successfully investigating major national cases, such as the Purdue Parma OxyContin case, the Octagon case, and others.

Following Virginia MFCU's initial investigation, the unit contacted the U.S. Attorney's Office for the Western District of Virginia because of their history of working together on such cases. They then began a joint investigation.

On October 31, 2007, relator's (whistleblower's) counsel filed a qui tam suit in the United States District Court in Abingdon, Va., against Abbott Laboratories for marketing the drug Depakote for off-label uses. Three other qui tam complaints from other relators were subsequently filed.

MFCU investigators operating out of the attorney general's offices in Roanoke and Abingdon were assigned to the investigation full-time and spent more than four years and 40,000 man-hours on the investigation, traveling to 26 states to conduct interviews and sifting through more than one million records looking for evidence.

The investigation uncovered that Abbott illegally marketed Depakote for non-approved uses, including as an alternative to antipsychotics to treat dementia patients in nursing homes, and for schizophrenia. The investigation also revealed that Abbott paid rebates to health care professionals and long-term care pharmacies for increasing their off-label use of Depakote.

"I'm committed to stopping fraud against taxpayers and I've made fighting Medicaid fraud a priority in Virginia by increasing the size of our fraud team by 50 percent over the last two years," said Virginia Attorney General Ken Cuccinelli. "I'm committed to ensuring that money intended for medical services for the poor isn't stolen from them through fraud. Medicaid dollars are limited, and fraud deprives people in true need of necessary medical care."

He continued, "Because of the investigative and prosecutorial teamwork of the Department of Justice, Tim Heaphy and the U.S. Attorney's Office, and Director Randy Clouse and Virginia's Medicaid Fraud Control Unit, people will get more of the medical help they need, and this settlement will allow all 50 states and the federal government to recover money fraudulently taken from Medicaid, Medicare, and other health care programs."

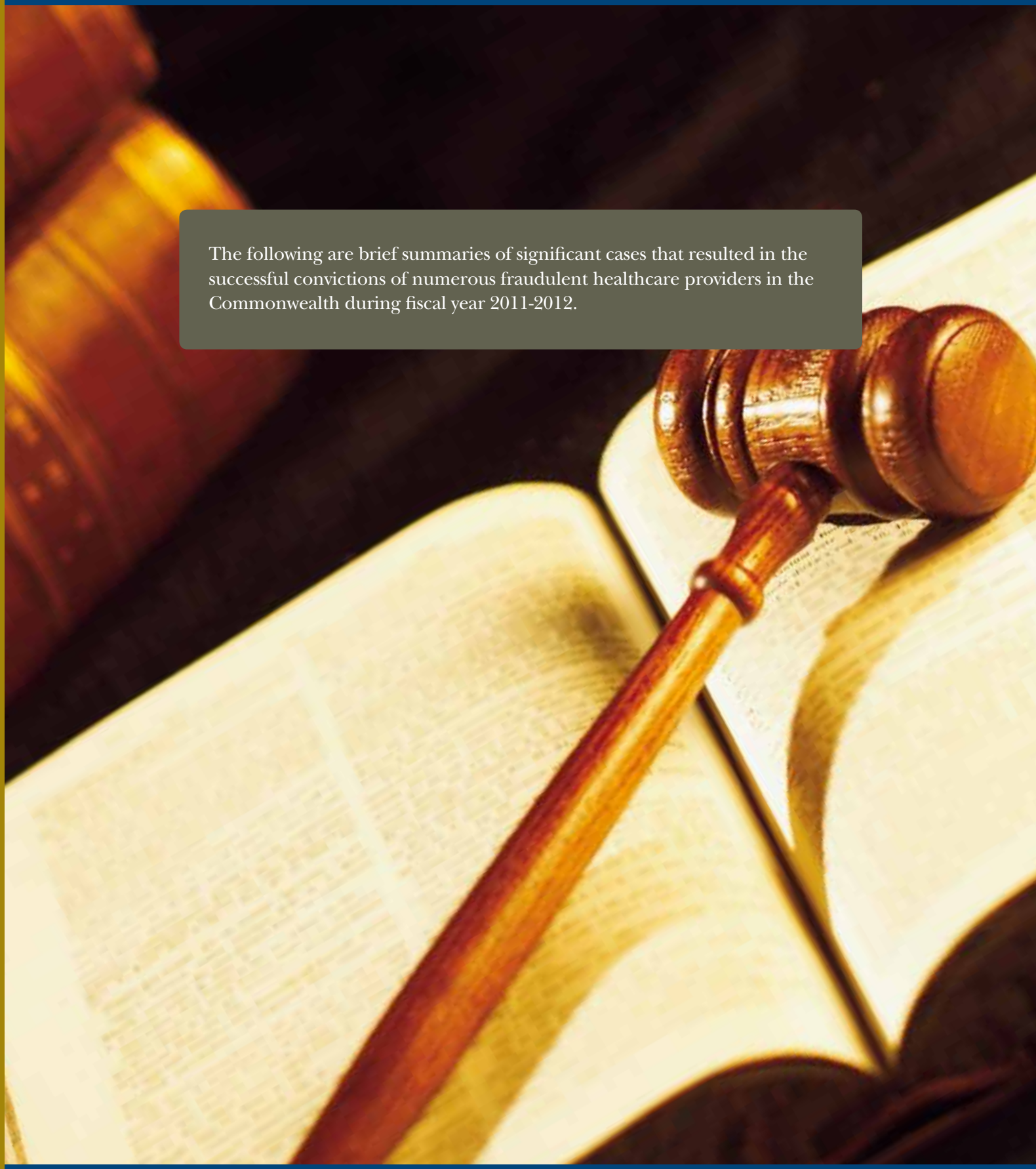
Under the terms of the settlement, Abbott will pay a total of $1.5 billion to the federal government and the states. The settlement includes $270 million for the federal government's share of the Medicaid program; $239 million for the states' share of the Medicaid program; and $291 million for Medicare and other federal programs' share. Abbott will also pay a $500 million fine to the federal government, $198.5 million in criminal asset forfeiture penalties, and $1.5 million to Virginia MFCU to cover investigative costs. Virginia's share of the Medicaid settlement is $4.2 million.

Attorney General Cuccinelli would like to thank Randy Clouse, Director and Chief of Health Care Fraud and Elder Abuse section, and the following MFCU investigators for their work in this case: Erica Bailey, Mary Blackburn, Steve Buck, Beverly Darby, Harold Erwin, Elizabeth Fitzgerald, Clay Garrett, Doug Johnson, John Johnston, Kristy Knighton, Adele Neiburg, John Peirce, and Joey Rusek.

Sentencing

Sentencing is scheduled in the United States District Court in Abingdon, Virginia on September 21, 2012.

Significant Cases



The following are brief summaries of significant cases that resulted in the successful convictions of numerous fraudulent healthcare providers in the Commonwealth during fiscal year 2011-2012.

The defendant was sentenced in the United States District Court for the Eastern District of Virginia to 51 months in prison for fraudulently billing Medicaid nearly $1 million from August 2008 to May 2010. The defendant operated a Medicaid personal care business that provided home health aides and private duty nursing care to individuals so they may remain at home rather than in a hospital or nursing facility. Beginning in 2008, the defendant began submitting false claims to Medicaid when she knew the services had not been provided to Medicaid recipients. To cover up the fraud, the defendant enlisted company employees and family members of Medicaid recipients to fabricate nursing time sheets to corroborate the fraudulent billing. In total, the attempted loss attributed to the fraudulent billing by the defendant was approximately $979,000. Of that amount, the company received $698,434.47.

The defendant, a business that provided personal care services to Medicaid recipients, and an employee of that business, were sentenced in the United States District Court for the Western District of Virginia to 16 months in prison for fraudulently billing Medicaid and ordered to pay $323,420 in restitution. Medicaid requires that all personal care aides receive a minimum of 40 hours of training prior to employment, which must be taught and supervised by a registered nurse. Under the direction and control of the defendant, the business did not provide the required training of personal care aides. Instead, the defendant issued false training certificates and assigned those personal care aides to care for Medicaid patients in their homes.

The defendant was convicted upon her plea of guilty in the Circuit Court of Wise County to one count of Medicaid fraud and one count of embezzlement. She was sentenced to 20 years in jail, with 19 years and 4 months suspended, and ordered to pay restitution in the amount of $137,133. The defendant was the owner and administrator of a group home for mentally challenged men and women. The defendant began embezzling from the resident accounts in 2003 and continued in her criminal activity through the first couple of months of 2008. During the investigation of the embezzlement, it was discovered that one of the residents was not a resident of the group home and the defendant billed and received payment from Medicaid for services that were never rendered.

The defendant was convicted upon his plea of guilty in the Circuit Court of Newport News Circuit Court to one count of Medicaid fraud. He was sentenced to 10 years in jail with said sentence suspended, and ordered to pay restitution in the amount of $11,815. The defendant was a counselor for a community mental health services provider that employs mental health workers that go into Medicaid recipient homes and provide counseling services. Counselors track their work hours on a timesheet that tracks the date service was provided, the number of hours of service provided, and the level of service provided. The timesheet is signed by the Medicaid recipient or that recipient's legal guardian. The defendant submitted forged and false timesheets which were submitted to Medicaid for reimbursement. The defendant admitted to investigators that he willfully and knowingly submitted timesheets that did not reflect the actual hours he spent with his clients.

The defendant was sentenced in United States District Court for the Eastern District of Virginia to 24 months in prison for defrauding Medicaid out of more than $325,000. The defendant served as the program director for a Medicaid intensive in-home (IIH) therapy company that billed for medically unnecessary IIH therapy services designed to assist youth who are at risk of being removed from their homes, or who are being returned to their homes after removal because of significant mental health, behavioral, or emotional issues. Specifically, the defendant submitted false prior-authorization documentation to initiate IIH services for Medicaid recipients. As a result of the investigation, the defendant was ordered to pay $325,980 in restitution to Virginia Medicaid.

A marketing company owner was sentenced in United States District Court for the Eastern District of Virginia to 37 months in prison for conspiring to receive Medicaid kickbacks amounting to more than $545,000. The defendant was part of a conspiracy to receive health care kickbacks for recruiting youth Medicaid beneficiaries to an intensive in-home (IIH) therapy service provider which claimed to assist youth who are at risk of being removed from their homes, or who are being returned to their homes after removal because of significant mental health, behavioural, or emotional issues. The Defendant began a business relationship with Individual A, who verbally agreed that the defendant would receive approximately half of the Medicaid payments for each child referred to Company A for IIH services. The defendant hired two employees to canvas low income areas, specifically Section 8 housing and subsidized housing projects in the greater Richmond and Petersburg areas, to find children who were Medicaid beneficiaries to refer to Company A. Company A then contacted the individuals recruited by the defendant's company and enrolled many of these Medicaid-eligible children in its IIH program and billed Medicaid for IIH services rendered. Between December 2008 and January 2010, Company A paid the defendant kickbacks for recruiting beneficiaries for IIH services. As a result of the investigation, the defendant was ordered to pay $545,410 in restitution to Virginia Medicaid.

The defendant was sentenced to five years of incarceration with five years suspended, a $1,000 fine and indefinite supervised probation. She submitted an Alford plea to the charge of abuse and neglect of an incapacitated person resulting in serious injury/disease, a Class 4 felony under Virginia Code §18.2-369. The defendant also agreed to revocation of her nursing license. The defendant was responsible for providing home health care to an incapacitated Medicaid recipient. Her failure to contact Adult Protective Services or the recipient's physician until he was critically ill and near death from sepsis caused by decubitus ulcers led to the indictment for felony neglect.

NATSANET BESHAH V. COMMONWEALTH

60 VA. APP. 161

COURT OF APPEALS OF VIRGINIA (2012)

Natsanet Beshah (Beshah) was convicted in Alexandria Circuit Court for four counts of forgery, in violation of Va. Code Ann. § 18.2-172. Beshah was employed as a licensed practical nurse at Potomac Center, a Medicaid-certified skilled nursing facility in Arlington, Virginia. As part of her duties, Beshah was required to make entries on medical records indicating when she administered medications according to physician's orders and when she performed certain procedures, such as turning and repositioning patients. Beshah was required to document the patient's medical chart when medications were not administered, or when a patient refused to take medications. Beshah was also required to record in her nurse's notes when she provided incontinence care or repositioned bed-ridden patients to prevent bedsores. One of Beshah's patients, J.E., was considered "high-risk" due to his extensive medical problems. J.E. was prescribed a long list of medications, all of which needed to be administered at specific times throughout the day. J.E.'s wife expressed concerns that J.E. was not receiving adequate care. Based on those concerns, the MFCU teamed with the FBI to install covert video surveillance equipment in J.E.'s room. Video evidence showed that Beshah failed to administer some medications as prescribed, even though she documented that they had been administered correctly. On appeal, Beshah contended that she could not be convicted of forgery because the evidence presented at trial was insufficient to prove that she intended to defraud anyone or caused prejudice by her false entries. The Virginia Court of Appeals affirmed Beshah's convictions, holding both that Beshah possessed the requisite intent required by the forgery statute and that multiple persons or agencies were potentially prejudiced by Beshah's false entries. The court found that Beshah's failure to accurately record information in J.E.'s medical record was not an isolated event, but instead was a pattern of behavior. The court rejected Beshah's contention that she lacked any intent to defraud finding that it was reasonable for the trial court to conclude that she received the benefit of being paid for work she never performed. Additionally, the court held that actual prejudice is not required for a forgery conviction to be upheld - the evidence need only show the possibility that the forged instrument operated to the prejudice of another. The court found that: J.E. was potentially prejudiced because he was deprived of necessary medication; Potomac Center was potentially prejudiced because it is mandated by state and federal regulations to maintain accurate records; and Medicaid was potentially prejudiced because it pays facilities based upon treatment performed and medications that are administered.

CRIMINAL

JULY 1, 2011 – JUNE 30, 2012

Private Category	Provider Carried Over	Fraud Opened	Closed	Pending
Institutions				
Nursing Homes	1	0	0	1
Hospitals	0	0	0	0
Other Institutions	1	0	1	0
Practitioners				
MD/OD	2	0	0	2
Dentists	0	0	0	0
Podiatrists	1	0	1	0
Psychiatrist/Psychologist	6	3	0	9
Others (License Social Worker, Mental Home Health Social Worker; Managed Care Provider)	1	0	1	0
Medical Support				
Pharmacy	1	0	0	1
Durable Medical Equipment	3	0	3	0
Laboratories	0	0	0	0
Medical Transportation	5	0	3	2
Home Health Agencies	13	3	9	7
Home Health Aide (HHA)	0	11	0	11
Rehabilitation Therapists	2	0	2	0
Others	3	2	0	5
Patient Abuse and Neglect				
Patient Abuse	6	6	5	7
Corporate Neglect	8	2	7	3
Patient Funds				
Patient Funds	2	0	0	2
Total	55	27	32	50

FRAUDULENT CLAIMS SUBMITTED BY RESIDENTIAL YOUTH TREATMENT FACILITY

Following a multi-year investigation with the United States Attorney's Office for the Western District of Virginia, the Department of Justice, and the Department of Health and Human Services, Office of the Inspector General, the MFCU settled civil fraud allegations against a juvenile psychiatric residential treatment facility based in Marion, Virginia. The investigation was initiated based on a *Qui Tam* lawsuit filed in the United States District Court for the Western District of Virginia. After years of investigation, the case was unsealed in 2009. State and federal prosecutors subsequently filed a civil action under the federal False Claims Act, 31 U.S.C. §§ 3729-3733, and the Virginia Fraud Against Taxpayers Act, Va. Code Ann. § 8.01-216, alleging that the provider submitted fraudulent claims to Medicaid due to its failure to provide minimal and adequate care to patients and for falsifying medical records.

The provider agreed to a settlement with the federal government and the Commonwealth of Virginia in the amount of $6,850,000, plus interest accrued on this amount. The entire amount of the settlement is restitution to the Medicaid program. The provider also agreed to abide by the terms of a Corporate Integrity Agreement negotiated with the Department of Health and Human Services, Office of the Inspector General.

Rear (left to right) Assistant Attorney General Clay Garrett, Assistant Attorney General Patrick McDade, Assistant Attorney General Vincent Vaccarella, Assistant Attorney General Pierce Acuff, Computer Programmer Gordon Franke, Computer Programmer Jerome Jackson
Middle row (left to right) Assistant Attorney General Megan Holt, Paralegal Senior Natalie Mihalek, Assistant Attorney General Lelia Winget-Hernandez, Programmer Supervisor Chrystal Knighton, Assistant Attorney General Tracey Sanders, Paralegal Senior Heather Blanchard
Front (left to right) Assistant Attorney General Adele Neiburg, Chief of Civil Investigation Unit Erica Bailey

OFF-LABEL MARKETING

The MFCU also participated in a settlement negotiated by the National Association of Medicaid Fraud Control Units involving a major pharmaceutical manufacturer. The civil settlement pertains to the following covered conduct; illegal marketing practices including misleading and improper statements made in promotional materials and false representations concerning the safety of its product State Medicaid agencies relied on in making formulary and prior authorization determinations to their detriment.

The total recovery for the federal government and the Medicaid participating states was $950 million, consisting of civil damages as well as criminal fines and penalties. The total Medicaid recovery for the states and the federal government was $429,734,000. Virginia's federal and state share of the settlement was $8,650,306.20, of which the state share of the settlement was $4,583,738.57. As part of the criminal resolution, the company agreed to plead guilty to Misbranding, in violation of 21 U.S.C. 331(k), 333(a)(1), 352(f)(1). Finally, the company agreed to abide by the terms of a Corporate Integrity Agreement negotiated with the Department of Health and Human Services, Office of the Inspector General.

Staff from the MFCU Roanoke Office: Paralegal Senior Rhonda Suggs and Assistant Attorney General Vaso Doubles

CIVIL

JULY 1, 2011 – JUNE 30, 2012

Private Category	Provider Carried Over (6/30/11)	Fraud Opened	Closed	Pending
Institutions				
Nursing Homes	1	1	0	2
Hospitals	3	4	0	7
Other Institutions	2	0	0	2
Practitioners				
MD/OD	1	1	1	1
Dentists	2	3	0	5
Podiatrists	0	0	0	0
Psychiatrist/Psychologist	0	0	0	0
Other (Mental Home Health Social Worker (MHO)	1	3	0	4
Medical Support				
Pharmacy	0	7	0	7
Durable Medical Equipment	32	10	7	35
Laboratories	11	1	2	10
Pharmaceutical Companies	182	45	34	193
Medical Transportation	0	1	0	1
Home Health Agencies/Home Health Aide	2	1	0	3
Rehabilitation Therapists	1	1	0	2
Others	8	0	0	8
Patient Abuse and Neglect				
Corporate Neglect	0	0	0	0
Total	246	78	44	280

Case Activity Summary

THE FOLLOWING IS A BRIEF STATISTICAL SUMMARY OF CASES INVESTIGATED FROM JULY 1, 2011 THRU JUNE 30, 2012

Caseload

Cases carried over	(7/1/2011)	301
Cases opened	Criminal	27
	Civil	78
Total		105
Cases Closed	With criminal resolution	12
	With civil resolution	0
	Insufficient evidence/no further action	64
Total		76
	Indicted cases pending court action	8
Total cases pending (7/1/2011)		330
Criminal Prosecution/Recovery		
	Indictments	28 individuals
	Convictions	21 individuals
	Dismissed	3 individuals
	Acquittals	0 individuals
	Total length of probation	852 months
	Total incarceration time	960 months
	Total suspended incarceration time	796 months
	Total hours of community service	0 hours
	Providers terminated from program upon conviction	21
Criminal Recovery		
	Ordered restitutions, reimbursements, criminal fines and interest, asset forfeiture, monetary penalties	$2,211,404.59
Civil Recovery - including Affirmative Civil Enforcement (ACE)		
	Settlement/Reimbursements received	$38,049,438.33
	Investigative costs received	$0.00
Total		$40,260,842.92

Elder Abuse and Neglect Squad

The Elder Abuse and Neglect Squad of the MFCU investigates allegations of abuse or neglect of elderly and incapacitated adults receiving Medicaid benefits in the Commonwealth. As a result of a widespread networking effort including Adult Protective Services, local ombudsmen, law enforcement, and Commonwealth's Attorneys, collegial relationships have developed and referrals are arriving at a fast pace. The Elder Abuse and Neglect Squad strives to provide rapid response to referrals, effective investigations, and successful outcomes so that Virginia's vulnerable adults receive the highest quality of care possible in both home and institutional settings.

Unit Projections

The MFCU has an outstanding working relationship with state, local and federal agencies. Some of the key partner agencies are the Virginia Department of Medical Assistance Services, the Offices of the United States Attorney for the Eastern and Western Districts of Virginia, the Federal Bureau of Investigation, the United States Department of Health and Human Services' Office of Inspector General, the Internal Revenue Service's Criminal Investigation Division, the Virginia Department of Health, the Virginia Department of Social Services, and local law enforcement. Attorney General Cuccinelli's approach to the investigation of major fraud cases, in conjunction with other state, local and federal agencies, contributed to the positive results obtained by the Unit last year.

At the end of the 2011-2012 reporting year, the Unit had 330 active criminal investigations of healthcare providers located throughout the Commonwealth. In addition, 28 people have been indicted and 8 individuals are awaiting trial or sentencing in federal court. The Civil Investigations Squad has opened 78 new civil cases.

The Unit will continue to participate in joint federal and state task forces to investigate and develop complex cases dealing with provider fraud in the fee-for-service community and the institutional neglect cases of patients in nursing homes. The Unit will also continue to work closely with the Offices of the United States Attorney for the Eastern and Western Districts of Virginia to pursue Medicaid providers through the Federal False Claims Act and the Virginia Fraud Against Taxpayers Act. During state fiscal year 2012-2013, the Unit projects that the investigative, prosecutive, and civil recovery efforts of the Unit will result in 17 convictions, with combined criminal and civil recoveries of more than $1 Billion Dollars.

Assistant Attorney General Kevin C. Nunnally, Chief Prosecutor of the Criminal Prosecutions Unit David W. Tooker and Lead Attorney and Assistant Attorney General Eric Atkinson

Projections for 2012-2013 Fiscal Year

Category	Closed	Pending
Institutions		
Elder Abuse	5	8
Nursing Homes/Corporate Neglect	1	5
Hospitals	0	0
Home Health Agencies	4	8
Practitioners		
Dentists	1	2
Doctors	2	3
Psychiatrist/Psychologist	4	7
Other	7	14
Medical Support		
Durable Medical Equipment	0	44
Laboratories	1	11
Pharmacies/Pharmaceuticals	33	217
Medicaid Transportation	1	1
Rehabilitation Therapists	0	0
Total	59	320
Projected Criminal and Civil Recoveries		17
Projected Criminal Convictions and Civil Recoveries		$1 Billion

Unit Performance

In 1982, the United States Department of Health and Human Services certified the Virginia MFCU as the nation's thirty-first Medicaid Fraud Control Unit. Over the past 30 years, the Virginia MFCU has been responsible for the successful prosecution of over 295 providers in cases that involved patient abuse and neglect or the commission of fraudulent acts against the Virginia Medicaid program. In addition to prosecuting those responsible for healthcare fraud and/or abuse, the Unit has court-ordered recoveries of $835,812,370.24 in criminal court-ordered restitution, fines and penalties, asset forfeiture, civil judgments, and settlements.

The Medicaid Fraud Control Unit was extremely successful in fiscal year 2011-2012, particularly through its participation in multi-agency investigations. The Unit ended the fiscal year with 21 convictions and total court ordered recoveries from criminal and civil investigations of $40,260,842.92.

Director and Chief Randall L. Clouse, Deputy Director of Investigations and Audit Paul Anderson
Construction underway to make room for expanding MFCU.

Social Security Task Force. The MFCU continues to participate in a pilot project with the Social Security Administration that investigates allegations of disability fraud involving the Social Security and Medicaid programs. This program began in 2003 and has been successful in its ongoing mission. The Social Security Administration pays all costs incurred by the MFCU, including salaries, benefits, and investigative costs. By preventing unqualified persons from receiving Social Security disability benefits, the Task Force prevents the expenditure of unwarranted Medicaid funds. The Task Force finished the year with a five-year projected savings to the Virginia Medicaid program of over $12,258,975 and a savings to the Social Security program of $15,972,794 for a total savings of $28,231,769.

Community Outreach Initiative.

"As attorney general, it's my job to protect Virginians from the criminals who're ripping off both the taxpayers and the patients. It's also my job to protect some of our most vulnerable citizens from the abuse and neglect they sometimes suffer at the hands of caregivers." – Attorney General Ken Cuccinelli, addressing the Front Royal Triad partnership to prevent crime on April 20, 2012.

By expanding outreach efforts to seniors, law enforcement and senior citizen service providers, Virginia's Medicaid Fraud Control Unit is helping to inform the community about the latest methods to effectively prevent and/or report elder abuse and provide an additional resource for investigative referrals. MFCU's Community Outreach Coordinators are establishing and strengthening programmatic partnerships between MFCU and community organizations, government agencies, academic institutions and law enforcement personnel working with Virginia's senior population. MFCU is developing a working group comprised of MFCU staff, prosecutors, ombudsmen, social service workers, police, adult protective services, and other organizations that will work together on issues of elder abuse and neglect. The goal is to share information and work cooperatively among different types of agencies. This group will then be used as a best practices model that can be replicated throughout the Commonwealth.

The Medicaid Fraud Control Unit has two full-time community outreach workers that visit community groups and educate them on how to report and recognize signs of elder abuse. One outreach worker is assigned to the eastern half of Virginia and one is assigned to the western half. During the last fiscal year, MFCU's outreach workers traveled more than 6,000 miles, speaking to more than 4,000 citizens, informing them about the problem of elder abuse and neglect and the need for them to report cases of abuse to our Unit for investigation and possible prosecution.

Memberships

The MFCU Director and Chief has continued to serve on the Department of Health Professions Prescription Drug Monitoring Board and this year was re-elected Vice-Chairman. The MFCU Director and Chief is a member of the National Association of Medicaid Fraud Control Unit's (NAMFCU's) Global Case, Finance and Performance Standards Committees. The MFCU Director and Chief is also Co-Chairman of NAMFCU's Personnel Committee. The MFCU Director and Chief is also Co-Chairman of NAMFCU's Personnel Committee and a member of NAMFCU's Performance Standard and Finance Committees. A Deputy Director of the MFCU continues to serve as a member of the NAMFCU Training Committee. He is an instructor at both the Introductory and Practical Skills NAMFCU Medicaid Fraud Training programs. Our Chief of the Elder Abuse and Neglect Squad serves on the advisory board of the Virginia Senior Fraud Patrol Project, for which the Virginia Association of Area Agencies on Aging received a three-year grant from the Administration on Aging. The intent of the project is to provide a Senior Fraud Patrol of volunteer professional retirees trained to identify Medicare and Medicaid fraud. Members of the squad are available to provide presentations regarding Medicaid fraud as well as Elder Abuse and Neglect to community groups. The Chief also sits on the Education Committee for the National Adult Protective Services Association.

Virginia Attorney General's Office Medicaid Fraud Control Unit Quarterly Newsletters

The MFCU publishes quarterly newsletters which provide information on important cases, meetings across the Commonwealth, feedback from different jurisdictions, tips and contact numbers. Sign up to be placed on our distribution list by e-mailing your request to MFCU_mail@oag.state.va.us. You may also view this and other editions of the MFCU Newsletter on www.ag.virginia.gov.

VOLUME 3, ISSUE 3

June 2012

Virginia Attorney General's Office

Medicaid Fraud Control Unit

LARGEST MEDICAID FRAUD CASE INVESTIGATED BY A STATE IN U.S. HISTORY: $1.5 BILLION CASE

If you suspect that Medicaid fraud or abuse and neglect has occurred in a Medicaid facility or has been committed by someone working for a Medicaid provider, immediately contact Adult Protective Services and your local police department. Then, report the incident to the Medicaid Fraud Control Unit (MFCU) of the Office of the Virginia Attorney General at **1-800-371-0824 or 804-371-0779.**

THE INVESTIGATION

The Virginia Medicaid Fraud Control Unit (MFCU) of the Virginia Attorney General's Office was contacted by whistleblowers with allegations of off-label drug marketing by Abbott Pharmaceuticals in 2007. The whistleblowers contacted Virginia even though they were not from here because of the nationally-known reputation of the Virginia's MFCU's ability to investigate and prosecute Medicaid fraud cases.

Investigators from the MFCU spent more four years and 40,000 man-hours on this investigation which included more than one million records and interviews in 26 states.

The investigation uncovered that Abbott had illegally marketed the drug Depakote for non-approved uses and paid rebates to health care professionals and long-term care pharmacies for increasing their off-label use of Depakote.

INSIDE THIS ISSUE:

INSIDE A MEDICAID FRAUD INVESTIGATION	1
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ACROSS THE CORNERS OF THE COMMONWEALTH	2
REQUEST A PRESENTATION	2
COMMUNITY APPRECIATION	2
WHAT IF YOU SUSPECT FRAUD BY A MEDICAID RECIPIENT?	3
"LIKE" OUR FACEBOOK PAGE!	3

THE OUTCOME

On May 7, 2012, Attorney General Ken Cuccinelli and Deputy U.S. Attorney General James Cole announced that Abbott pled guilty and agreed to pay **$1.5 billion** to the federal government and the states.

The settlement is broken down as follows:

$270 million: federal government's share of the Medicaid Program.

$239 million: the states' share of the Medicaid program.

$291 million: Medicare and other federal programs' share.

$500 million: fine to the federal government.

$198.5 million: criminal asset forfeiture penalties.

$1.5 million Virginia MFCU's recovery of its investigative costs.

$4.2 million: Virginia's share of settlement.

AG Cuccinelli discusses the cooperative investigation, led by Virginia's Medicaid Fraud Control Unit, into Abbott Labs' illegal off-label marketing of Depakote (photo courtesy Department of Justice)

The Virginia Attorney General's Office has tools to promote the accomplishments of the men and women working in the Medicaid Fraud Unit and to keep its Citizens informed.

VIRGINIA MFCU FACEBOOK PAGE

Virginia Attorney General's Medicaid Fraud Control Unit (MFCU)

www.facebook.com/VAMFCU

Facebook is a social networking service and website with more than 900 million active users, primarily through Facebook profiles. Facebook pages are used by organizations and businesses to broadcast information in an official, public manner to people who choose to connect with them.

The Virginia Medicaid Fraud Control Unit's Facebook page can be accessed at: http://www.facebook.com/VAMFCU. Please visit the site often, and remember to click on the "Like" button to receive updates.

In addition to up-to-the-minute news on MFCU activities on the "wall," the page features links to basic information about MFCU, a calendar of upcoming MFCU outreach presentations, photos from MFCU events, MFCU-related videos, and links to brochures, news releases, quarterly newsletters, annual reports, etc.

Twitter is a real-time information network that connects users to the latest stories, ideas, opinions and news about what they find interesting. Virginia MFCU now has its own Twitter account, which sends brief updates on our fight against Medicaid fraud to all who choose to follow by logging in at www.twitter.com/VaMFCU.

FISCAL YEARS 1982 THROUGH 2012

TOTAL CRIMINAL AND CIVIL RECOVERIES, INCLUDING AFFIRMATIVE CIVIL ENFORCEMENT CASES (ORDERED AND COLLECTED REIMBURSEMENTS, FINES, RESTITUTIONS)

FISCAL YEAR	TOTAL RECOVERIES
July 82 - June 83	$5,600.00
July 83 - June 84	$19,600.00
July 84 - June 85	$15,300.00
July 85 - June 86	$13,522.00
July 86 - June 87	$82,136.00
July 87 - June 88	$114,443.00
July 88 - June 89	$237,583.00
July 89 - June 90	$322,547.00
July 90 - June 91	$312,207.00
July 91 - June 92	$205,370.00
July 92 - June 93	$387,064.00
July 93 - June 94	$416,966.00
July 94 - June 95	$400,280.00
July 95 - June 96	$1,281,129.00
July 96 - June 97	$2,275,542.00
July 97 - June 98	$1,053,099.00
July 98 - June 99	$2,577,045.00
July 99 - June 00	$1,480,345.00
July 00 - June 01	$37,612.00
July 01 - June 02	$12,081,532.00
July 02 - June 03	$11,848,871.00
July 03 - June 04	$14,358,790.00
July 04 - June 05	$10,578,111.00
July 05 - June 06	$9,071,043.00
July 06 - June 07	$117,704,247.00
July 07 - June 08	$541,099,617.00
July 08 - June 09	$27,607,670.00
July 09 – June 10	$25,390,467.21
July 10 - June 11	$14,573,789.01
July 11 - June 12	$40,260,842.92
TOTAL	$835,812,370.24

Five-Year Recovery Statistics Per Filled MFCU Position

MFCU recovered an average of $129,786,447.23 per year over the past five years. The MFCU has averaged 60 staff members per year over the past five years. The recovery average per filled MFCU position for the past five years is $2,163,107.95 per person.

FIVE-YEAR* AVERAGE RECOVERED

PER NUMBER OF STAFF (PER YEAR)

Reporting Periods	Total Number of Employees (Each Year)	Number of Employees – Five-Year Average
July 1, 2007-June 30, 2008	43	
July 1, 2008-June 30, 2009	49	
July 1, 2009-June 30, 2010	52	
July 1, 2010-June 30, 2011	80	
July 1, 2011-June 30, 2012	76	
		60

Five-Year Recovery Average (per year)	Number of MFCU Staff-Five-Year Average	Five-Year Average Recovered Per Position (per year)
$129,786,447.23	60	$2,163,107.95

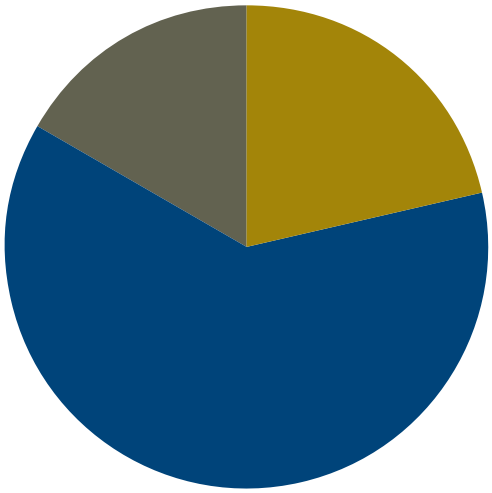
The five-year (2007-2012) recovery average for the Virginia MFCU is $129,786,447.23 per year.

* Since a typical health care fraud case takes two to three years to complete, a fair and accurate performance measure of recoveries for a state MFCU would be to conduct a three-year statistical analysis of recoveries. Since a typical *qui tam* multi-state case takes five years to complete, a fair and accurate performance measure of those few state MFCU's that investigate and prosecute/litigate those cases would be to conduct a five-year statistical analysis of recoveries. Since the Virginia MFCU consistently conducts those large cases, a five-year statistical analysis is provided.

2011-2012 Expenditures

JULY 1, 2011 - JUNE 30, 2012

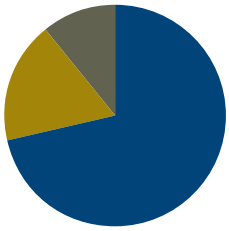
Non-General Fund*	$1,946,884.55
Federal Grant	$5,550,806.83
Indirect Costs	$1,417,165.04
TOTAL	$8,914,856.42



Non-General Fund* $1,946,884.55
Federal Grant.....$5,550,806.83
Indirect Costs.....$1,417,165.04
Total.....$8,914,856.42

* Funds provided as a result of criminal convictions.

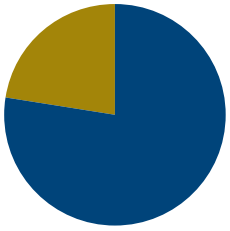
Proposed 2012-2013 Budget



Total Budget

$12,006,147.31

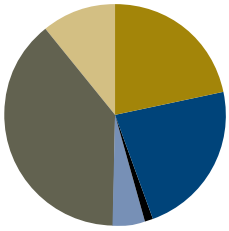
- Personnel Expense **$8,043,788.95**
- Non-Personnel Expense **$1,997,657.03**
- Indirect Cost **$1,964,701.33**



Personnel Expense Total

$8,043,788.95

- Salaries **$5,970,115.86**
- Benefits **$2,073,673.09**



Non-Personnel Expense Total

$1,997,657.03

- Travel ..... **$ 483,967.91**
- Equipment/ Improvements ..... **$ 18,575.00**
- Special Payments ..... **$ 0.00**
- Supplies and Materials ..... **$ 222,013.52**
- Contractual Expenses ..... **$ 936,570.60**
- Other Expenses..... **$ 336,530.00**

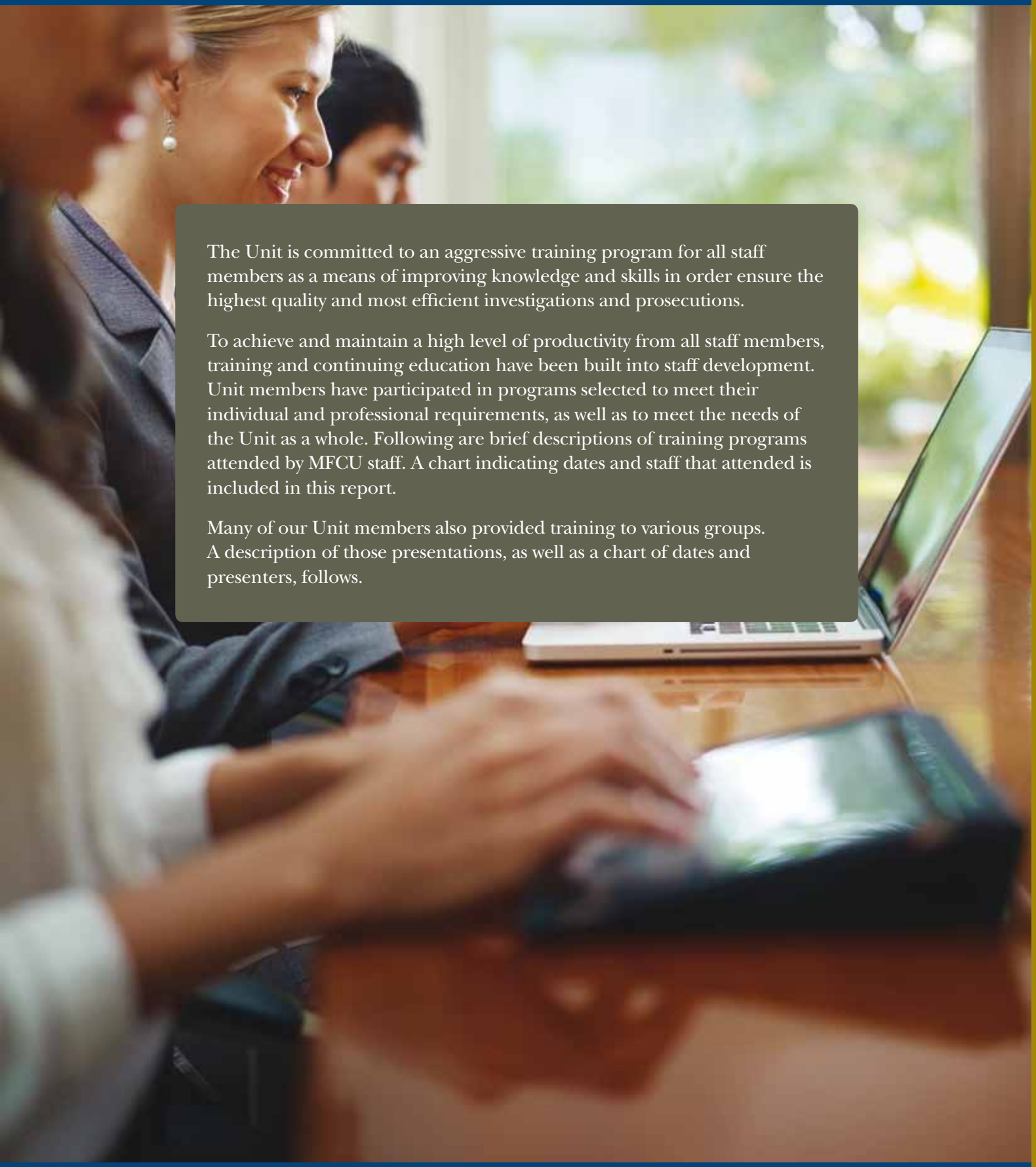
Category	Budgeted Amount
Personnel Expenses	
A. Salaries	$5,970,115.86
B. Benefits	$2,073,673.09
Personnel Expense Total	$8,043,788.95

Non-Personnel Expenses	
A. Travel	$483,967.91
B. Equipment	$18,575.00
C. Special Payments	$0.00
D. Supplies	$222,013.52
E. Contractual Expenses	$936,570.60
F. Other Expenses	$336,530.00
Non-Personnel Expense Total	$1,997,567.03

Indirect Costs	
A. Percentage (19.90%)	$1,964,701.33
Indirect Cost Total	$1,964,701.33

Grand Total	$12,006,147.31

Training



The Unit is committed to an aggressive training program for all staff members as a means of improving knowledge and skills in order ensure the highest quality and most efficient investigations and prosecutions.

To achieve and maintain a high level of productivity from all staff members, training and continuing education have been built into staff development. Unit members have participated in programs selected to meet their individual and professional requirements, as well as to meet the needs of the Unit as a whole. Following are brief descriptions of training programs attended by MFCU staff. A chart indicating dates and staff that attended is included in this report.

Many of our Unit members also provided training to various groups. A description of those presentations, as well as a chart of dates and presenters, follows.

Community Outreach Coordinator Randy Davis

A Day of Information. Introduced the group to the MFCU Elder Abuse and Neglect Squad and explained how to report abuse to them.

Adult Protective Services Regional Coordinators' Meeting. Provided information to Adult Protective Services supervisors of what the Elder Abuse Squad does and how the MFCU can aid and supplement work done by APS workers and answered questions.

Appalachian AAA Meeting. Provided information on the work of the MFCU and how to report Medicaid fraud and elder abuse and neglect.

Greater Augusta Coalition Against Adult Abuse. Provided information on Elder Abuse and Neglect to providers, social workers, law enforcement, adult protective service employees and prosecutors.

Administrative, Outreach and Training Manager Esther Welch Anderson, Deputy Director of Investigations and Audit Paul Anderson, and Unit Program Coordinator Patricia C. Lewis

Health Care Fraud and Elder Abuse/Neglect Presentation. MFCU outreach workers provided information to over 150 groups across the Commonwealth on Medicaid fraud as well as elder abuse and neglect.

Investigation and Prosecutions of Elder Abuse and Neglect. Provided information to create awareness of the MFCU's role and ability to complement the efforts of local law enforcement and Commonwealth's Attorneys, particularly with respect to subpoena powers and medical expertise.

National Association of Medicaid Fraud Control Unit's Medicaid Fraud 101 Training. Training covered topics such as medical records, health care terminology, working with claims data, fraud in institutional settings, financial abuse of patients, managed care, provider fraud schemes, preparing cases for prosecution and overview of resident abuse investigative techniques.

National Association of Medicaid Fraud Control Unit's Medicaid Fraud 102 Training. Provided workshops on mental health, nursing home cost report fraud, resident neglect, durable medical equipment and dental cases.

Office of Licensure and Certification Training. Provided information on the work of the MFCU and the Elder Abuse and Neglect Squad.

Overview of Elder Abuse and Neglect Squad. Investigators provided information on the Squad, what they investigate and examples of referrals.

Overview of the Medicaid Fraud Control Unit. Provided information to the American Academy of Professional Coders on the history of MFCU and ways to recognize and report Medicaid fraud.

Quarterly Adult Protective Services Meeting. The Chief of Elder Abuse Squad provided an overview on the work that the Squad is doing.

The Bad Apples of Behavioral Health. Provided information to attendees of the National Health Care Anti-Fraud Association's Annual Training Conference and Anti-Fraud Expo on issues with investigating and prosecuting fraud in the behavioral health arena.

Virginia Bar Association's Annual Meeting. Provided information on Medicaid fraud cases and investigations to members of the Virginia State Bar.

MFCU Western Virginia Community Outreach Coordinator Mickey Mixon and Susan Johnson of the Virginia Association of Area Agencies on Aging distribute informational materials to senior citizens at the Salem Senior Fair in Salem, Va.

MFCU Eastern Virginia Community Outreach Coordinator Randy Davis (r) and Corporal Tim Lamb of the Chesterfield County Police Department discuss ways the MFCU's Elder Abuse & Neglect Squad can assist law enforcement. The Squad provides investigative expertise in cases involving abuse and neglect in healthcare facilities and private homes.

Dates and Personnel Providing Training

Date	Program	Personnel
7/7/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Introduction for OAG Interns	Director and Chief
7/13/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Appalachian AAA Meeting	Outreach Coordinator
7/14/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia State S.A.L.T. Council Meeting	Outreach Coordinator
7/14/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Scott County TRIAD	Outreach Coordinator
7/19/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Mathews County TRIAD	Outreach Coordinator
7/21/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Petersburg TRIAD/S.A.L.T. Council	Outreach Coordinator
7/21/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Colonial TRIAD/S.A.L.T Council	Outreach Coordinator
7/26/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Nelson County TRIAD	Outreach Coordinator
8/5/11	Medicaid Fraud Overview – Lee County TRIAD	Investigative Supervisor
8/8/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Multi-Jurisdictional Multi-Disciplinary Meeting	Outreach Coordinator
8/18/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Chesterfield County TRIAD S.A.L.T.	Outreach Coordinator
8/23/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Senior Adult Group	Outreach Coordinator
8/25/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Portsmouth TRIAD	Outreach Coordinator
9/8/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Campbell County TRIAD	Outreach Coordinator
9/13/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Isle of Wight TRIAD	Outreach Coordinator
9/15/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Chesterfield TRIAD/S.A.L.T. Council	Outreach Coordinator
9/15/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Campbell County TRIAD	Outreach Coordinator
9/15/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Petersburg TRIAD/S.A.L.T. Council	Outreach Coordinator
9/16/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Grayson County TRIAD	Outreach Coordinator
9/20/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Orange County TRIAD	Outreach Coordinator
9/20/11	Health Care Fraud and Elder Abuse/Neglect Presentation – National Association of Retired Federal Employees	Outreach Coordinator
9/25/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia Association of Chief of Police Annual Conference	Outreach Coordinator
9/28/11	Healthcare Fraud, Elder Abuse and Neglect – Rockingham County TRIAD	Outreach Coordinator
10/3/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Northern Virginia Crime Prevention 2011 Conference	Outreach Coordinator
10/4/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Henrico County S.A.L.T./Triad	Outreach Coordinator
10/6/11	Elder Abuse and Neglect Training	2 Nurse Investigators
10/11/11	Elder Abuse and Neglect Training	2 Nurse Investigators
10/12/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Richmond County S.A.L.T./Triad	Outreach Coordinator
10/13/11	Adult Protective Services Regional Coordinators Meeting	Chief of Elder Abuse Investigations
10/18/11	Elder Abuse and Neglect Training – Martinsville/Henry County TRIAD/S.A.L.T. Council	Outreach Coordinator
10/20/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Prince Edward County TRIAD/ S.A.L.T. Council	Outreach Coordinator
10/21/11	Health Care Fraud, Health Care Fraud and Elder Abuse/Neglect Presentation – Nelson County TRIAD	Attorney General Outreach Coordinator
10/21/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Richmond Fraud Forum	Outreach Coordinator
10/25/11	NAMFCU Medicaid Fraud 102 Training	Deputy Director of Investigations and Audit
10/27/11	Investigation and Prosecution of Elder Abuse and Neglect at the Virginia Law Poverty Center	Chief of Elder Abuse
10/29/11	A Day of Information – Antioch Baptist Church	Outreach Coordinator

Dates and Personnel Providing Training

Date	Program	Personnel
11/2/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Powhatan County TRIAD	Outreach Coordinator
11/9/11	Health Care Fraud and Elder Abuse/Neglect Presentation – James River Rotary Club	Outreach Coordinator
11/9/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Amerisist of Orange, VA	Outreach Coordinator
11/14/11	NAMFCU Medicaid Fraud 101 Training	Deputy Director of Investigations and Audit
11/15/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Northern Virginia Aging Network	Outreach Coordinator
11/17/01	The Bad Apples of Behavioral Health	Investigative Supervisor
11/17/11	Health Care Fraud and Elder Abuse/Neglect Presentation - Petersburg TRIAD	Outreach Coordinator
11/21/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Lake of the Woods AARP Meeting	Outreach Coordinator
11/22/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Norfolk TRIAD	Outreach Coordinator
11/22/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Richmond County TRIAD	Outreach Coordinator
12/9/11	Elder Abuse and Neglect Presentation – Prince Edward County TRIAD	Outreach Coordinator
12/14/11	Health Care Fraud and Elder Abuse/Neglect Presentation – Lee County TRIAD	Outreach Coordinator
1/3/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Henrico County TRIAD/SALT meeting	Outreach Coordinator
1/4/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Powhatan TRIAD	Outreach Coordinator
1/9/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia Department for the Aging	Outreach Coordinator
1/12/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia State S.A.L.T. Bi-Monthly Meeting	Outreach Coordinator
1/18/12	Overview of Elder Abuse and Neglect Squad	2 Nurse Investigators 1 Investigator
1/19/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Petersburg TRIAD	Outreach Coordinator
1/19/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Chesterfield County TRIAD	Outreach Coordinator
1/20/12	Medicaid Fraud Cases - Virginia Bar Association's Annual Meeting	Director and Chief, Chief Section Counsel
1/21/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia Beach TRIAD	Outreach Coordinator
1/25/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Augusta County Sheriff's Office	Outreach Coordinator
1/26/12	Overview of Elder Abuse and Neglect Unit – Arlington and Fairfax, VA	2 Nurse Investigators 2 Investigators
2/7/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Montgomery County Sheriff's Office	Outreach Coordinator
2/7/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Henrico County TRIAD/SALT Council Meeting	Deputy Director of Investigations and Audit
2/8/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Suffolk Police Department	Outreach Coordinator
2/15/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Petersburg National and Retired Federal Employees Chapter Meeting	Outreach Coordinator
2/16/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Newport News TRIAD	Outreach Coordinator
2/21/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Christiansburg TRIAD	Outreach Coordinator
2/25/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Tough Choices Seminar and Expo	Outreach Coordinator
2/28/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Richmond County TRIAD	Outreach Coordinator
2/28-3/1/11	NAMFCU Medicaid Fraud 101 Training	Deputy Director of Investigations and Audit
3/6/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Senior Citizens Group at Winfree Memorial Baptist Church	Outreach Coordinator
3/13/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Mecklenburg County TRIAD	Outreach Coordinator

Dates and Personnel Providing Training

Date	Program	Personnel
3/22/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Augusta County Elder Meeting Session Three	2 Elder Abuse Investigators Outreach Coordinator
3/22/12	Greater Augusta Coalition Against Adult Abuse	Nurse Investigator Investigator
3/26/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Prince George County TRIAD Meeting	Outreach Coordinator
3/28/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Hampton Roads Crime Prevention Association Meeting	Outreach Coordinator
4/4/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Albemarle County/Charlottesville TRIAD Meeting	Outreach Coordinator
4/10/12	Office Of Licensure and Certification Training on Elder Abuse and Neglect	Nurse Investigator
4/20/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Front Royal/Warren County TRIAD	Outreach Coordinator
4/22-25/12	Health Care Fraud and Elder Abuse/Neglect Presentation – 2012 National Active and Retired Federal Employees Association, Virginia Federation of Chapters Conference	Outreach Coordinator
4/23/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Virginia Association of Retired Teachers	Outreach Coordinator
4/23-25/12	Health Care Fraud and Elder Abuse/Neglect Presentation – National, Active and Retired Federal Employees	Outreach Coordinator
4/24-26/12	NAMFCU Medicaid Fraud 102 Training	Deputy Director of Investigations and Audit Chief Auditor
4/25/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Caregivers Training	Outreach Coordinator
4/26/12	MFCU Overview Presentation – Roanoke Valley TRIAD/S.A.L.T. Meeting	Outreach Coordinator
5/1/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Vinton Police Department	Outreach Coordinator
5/3/12	Quarterly Adult Protective Services Supervisors Meeting	Chief of Elder Abuse
5/10/12	Overview of Medicaid Fraud Control Unit before Tidewater Chapter of The Academy of Professional Coders	Deputy Director of Investigations and Audit, Chief of Elder Abuse
5/10/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Page County TRIAD Senior Day	Outreach Coordinator
5/11/12	Health Care Fraud and Elder Abuse/Neglect Presentation– Foster Grandparents Program	Outreach Coordinator
5/16/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Southside Senior Law Days	Outreach Coordinator
5/18/12	Health Care Fraud and Elder Abuse/Neglect Presentation – South Boston Senior Law Day	Outreach Coordinator
5/18/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Spring Senior Expo - Farmville	Outreach Coordinator
6/1/12	Investigating Neglect in Community-Based Care	Chief of Elder Abuse
6/5/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Art of Aging Conference Presented by Orange County TRIAD	Outreach Coordinator
6/8/12	Overview of Medicaid Fraud Control Unit – Shenandoah Co. TRIAD	Attorney General
6/12/12	MFCU Update – Martinsville/Henry County TRIAD/S.A.L.T. Council Annual Sr. Picnic	Outreach Coordinator
6/13/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Powhatan TRIAD Meeting	Outreach Coordinator
6/13/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Galax City TRIAD and Department of Social Services	Outreach Coordinator
6/14/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Hampton TRIAD Meeting	Outreach Coordinator
6/14/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Hanover County Department of Social Services Intake Unit Staff Meeting	Outreach Coordinator
6/14/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Peninsula TRIAD Meeting	Outreach Coordinator
6/19/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Russell County TRIAD	Outreach Coordinator
6/20/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Radford Police Department	Outreach Coordinator
6/21/12	Health Care Fraud and Elder Abuse/Neglect Presentation – Petersburg TRIAD Meeting	Outreach Coordinator
6/25/12	Health Care Fraud and Elder Abuse/Neglect Presentation - Prince George County TRIAD Meeting	Outreach Coordinator
6/26/12	Warsaw/Richmond County TRIAD Signing Agreement	Attorney General
6/28/12	Health Care Fraud and Health Care Fraud and Elder Abuse/Neglect Presentation - Roanoke Valley TRIAD/S.A.L.T. Meeting	Outreach Coordinator

2012 Annual Ethics Program Part 1. Annual overview of cases involving ethics as relates to Virginia lawyers.

2012 Gatlinburg Law Enforcement Conference. Provided information on prescription drug abuse, financial fraud investigations, interviewing techniques, emerging trends in electronic and financial crimes, search and seizure update, federal discovery, and protective intelligence.

2012 Richmond Journal of Law and Technology Symposium: Overcoming Obstacles to Electronic Discovery. Provided information on ethics in e-discovery, e-discovery clauses in commercial contracts, technology-assisted document review, and admissibility of non-U.S. electronic evidence.

31st Annual National Trial Advocacy College. Provided advanced training on trial advocacy and honed advocacy skills through individual exercises. Training culminated with participants conducting, as lead counsel, a mock jury trial presided over by an experienced federal or state judge.

Legal Secretary Latarsha Tyler, Unit Program Coordinator Patricia C. Lewis and Administrative Coordinator Hamilton J. Roye

Computer Forensic-IT Supervisor Lee Cheeseman, Director and Chief Randall L. Clouse, Deputy Director of Investigations and Audit Paul Anderson

Assistant Attorney General Megan Holt

AccessData Forensics Software BootCamp. Provided students with the knowledge and skills necessary to install, configure, and effectively use Forensic Toolkit, FTK Imager Password Recovery Toolkit, and Registry Viewer. Participants also used AccessData products to conduct forensic investigations on Microsoft Windows systems.

Advanced eDiscovery Institute. Training focused on central issue of defensibility as it relates to e-discovery. Students explored the latest trends in technology process and the law that will shape the future of eDiscovery for years to come.

Affirmative Civil Enforcement for Auditor, Investigators, and Paralegals Seminar. Provided information on mortgage fraud, Americans with Disability Act cases, trial case preparation, conducting interviews, writing interview reports and EXCEL.

Chief Auditor and Grants Manager Kristine E. Asgian

American Health Lawyers Association Training: Compliance and Transactions. Provided information on demonstrating the effectiveness of a company's compliance programs, structuring healthcare transactions, and structuring compliant joint ventures and strategic alliances.

Apple-Verizon Executive Training. Provided information on the integration of the iPad and iPhone in business.

Attacking the Expert's Opinion. Provided information on depositions, experts, cross examinations, and provided tools to attack the adversary expert's opinion.

Baron Henley on Document Management, Document Automation, and the Ethics of It All. Training showed attendees how to reduce paper while organizing and managing documents, files and e-mails, how to use automation to increase speed and accuracy in drafting legal documents, and how to use technology to build malpractice-avoidance safeguards.

Case Organization and Presentation Training Program. Provided information on case management, Excel spreadsheets, database inventories, emerging software, electronic courtroom, integrating audio and video in case presentation, digital evidence, PowerPoint, creating timelines, scanning, electronic bates stamp and bar coding and investigative file inventory.

Clearwell SLED Training. Training was provided to staff on this new document management system.

Commonwealth's Attorneys' Services Council 2012 Spring Institute. Provided information on legislative and appellate updates, technology and social media, 4th Amendment, electronic evidence, informants, discovery, briefs in opposition, asset forfeiture and prosecuting white collar crime.

Computer Forensics Training Conference. Provided information on internal investigation analysis, forensic and digital investigations, defeating and advanced hiding techniques, information gathering and data correlation, email lab, network forensics techniques, the use of forensics in eDiscovery, advanced RAID analysis, and essential Macintosh forensics.

Concordance, Case Map and iConnect Training. The emphasis of this course was on using Concordance, CaseMap and iConnect during the litigation process. Concordance segment focused on creating databases to manage large document cases and how to conduct searches after the databases are created. CaseMap focused on creating a case to assist in the management and analysis of the case fact pattern and issues associated with the case. iConnect focused on using discovery hosted by the Litigation Technology Service Center.

Department of Health Professionals Minimal Data Set Training. Provided information on monitoring patients, medical charts, patient assessments and recording medical information from patient admission to discharge.

Discovery Training for Federal, State and Local Law Enforcement Officers. Reviewed case study, prosecution team, Brady/Giglio, law enforcement witnesses, investigative reports and electronic communications.

eDiscovery Practice and Support: Learning the Skills to Move Ahead. Provided information on applying standard techniques and documentation to the world of e-Discovery, management principles, prioritizing issues, design, training and guidance of team members, understanding electronically stored information and defensible practice, budget, risk management and production.

Electronic Evidence: Challenges and Opportunities in e-Discovery. Provided information on trends and sources, understanding the Federal Rules, a primer on spoliation, metadata and related ethical issues, inadvertent disclosures, authentication and chain of custody.

Ethical Considerations in E-Discovery: Disclosure of Metadata. Program involving the ethical considerations in protecting clients from inadvertent metadata disclosure. Also involved the ethical considerations with using metadata provided by opposing parties.

Eleventh Annual Taxpayers Against Fraud Education Fund Conference. Discussed the Federal False Claims Act, significant cases tried under the False Claim Act, and emerging issues in health care fraud.

Essential Skills for the First-Time Manager or Supervisor. Provided information on how to effectively communicate, delegate and manage priorities to achieve management success.

Extreme Deposition: Making the Leap to the Next Level. Provided strategies for the deposition phase of the case, provided information on key techniques in preparing to depose a witness, uncommon lines of questioning a witness, guidance on how to maximize the value in deposing an expert or corporate designee, methods for preparing and defending a witness, including making objections and ways of dealing with unprofessional opposing counsel.

Federal Cases from Pleading to Judgment for Paralegals. This training provided a detailed overview of the litigation process from start to final judgment.

Federal/Mid-Atlantic Insurance Fraud Summit. Provided information on property/casualty, health and government programs, the future of the National Motor Vehicle Title Information System, organized fraud rings and law enforcement, and prosecutorial response.

Financial Investigative Techniques. This was an interactive class designed to introduce law enforcement officers to techniques they can apply to investigations involving financial documents or financial motive. Subjects included financial interviewing, sources of financial information, developing a financial profile, financial crimes, money laundering and asset forfeiture and financial search warrants.

Supervising Attorney and Assistant Attorney General Lelia Winget-Hernandez

Fourth Annual Advanced Business Litigation Institute. Provided information for civil litigators handling business disputes as well as business lawyers and in-house counsel who confront litigation risks on a daily basis.

Fourth Annual Mason Attorneys General Education Program Public Policy Conference. Provided information on the pharmaceutical industry including economics, regulation and legal issues.

Georgetown Law's e-Discovery Training. Provided an in depth and thorough look at computer forensics and language. Covered current e-discovery issues and trends.

Healthcare Fraud and Abuse Bootcamp Series. Provided information on the Federal Civil False Claims Act.

Healthcare Fraud Training/Strike Force Model. Provided information on the strike force model and tactics, strike force investigations, charging decisions and instruments, trial issues, data and summary exhibits, pre-trial issues, motions and sentencings.

Institute of Internal Auditors - Southwest Virginia Chapter American Institute of Certified Public Accountants (CPAs) Training. Provided information on fraud risk management, role of the forensic accountant, fraud deterrence and prevention programs, fraud detection strategy, fraud schemes, fraud incident response, and issues for the CPA in industry or practice.

Computer Programmer Jerome Jackson

International Association of Special Investigation Units, Virginia Chapter Seminar. Provided information on interviewing techniques, fraud schemes and investigative data mining.

John E. Reid and Associates, Inc. Discussed interview and interrogation preparation, behavior symptoms, behavioral analysis, and reviewed the Reid Nine Steps of Interrogation.

Leadership: Influencing the Culture. Provided information on culture, sharing perspectives, process of influence, leadership, and insight inventory.

Lexis Training. Training consisted of how to navigate the Lexis site and how to do legal research on their site.

MFCU Civil *Qui Tam* Litigation Training. Provided information on building an off-label case, levels of proof, DMAS and long term care, the logistics of presenting a complex Medicaid fraud case to a jury and dental investigations.

Mid-Atlantic Region DC Major Medical Fraud Task Force Training. Provided information on National Insurance Crime Bureau and case updates.

National Adult Protective Services Association Conference. Training included information on investigator safety, psychology of aging, what is normal and what is not and elder courts.

National Advocacy Center's Seminar on Federal Sentencing Guidelines. Provided information on sentencing guidelines, ethics and application issues.

National Association of Drug Diversion Investigators (NADDI) 11th Annual Basic Diversion School. Provided information on basic Rx abuse and diversion training for investigators and patrol officers.

National Association of Medicaid Fraud Control Units 101 Global Case Training. Provided information on global process overview, federal and state False Claims Act practice, fraud schemes, data analysis, damage models and negotiations.

National Association of Medicaid Fraud Control Unit's 102 Training. Provided workshops related to mental health, durable medical equipment, cost report fraud and resident neglect and other topics related to Medicaid fraud and related investigation.

Supervising Attorney and Assistant Attorney General Clay Garrett

National Association of Medicaid Fraud Control Units 2011 Annual Training Program. Provided information on data mining waiver, behavioral health, skill-based hiring promotional process, fraud in targeted case management, litigation in the electronic world, pharmacy fraud, working with the Department of Justice and Office of the Inspector General on quality of care, resident mistreatment, managed care and pain management cases, resident neglect indicators, granny cams, pole cams, electronic data repository and cross-over claim project.

National Association of Medicaid Fraud Control Unit's Directors Symposium. Provided information on grant management training, managed care, resident abuse cases and global case process.

National Association of Medicaid Fraud Control Unit's Introduction to Medicaid Fraud 101. Training covered topics such as medical records, health care terminology, working with claims data, fraud in institutional settings, financial abuse of patients, managed care, provider fraud schemes, preparing cases for prosecution and overview of resident abuse investigative techniques.

National Association of Medicaid Fraud Control Unit's Team Data Analyst Training. The Global Case Committee for the National Association of Medicaid Fraud Control Units presented training for MFCU attorneys and analysts from across the country handling global settlement cases. The training consisted of workshops addressing damages modeling, settlement allocation, and interest calculation for global settlements.

National Attorneys General Training and Research Institute's Search and Seizure of Computers and Electronic Evidence Conference. Provided information on warrants for digital evidence, Fourth Amendment concerns and warrantless searches.

National Health Care Anti-Fraud Association's April National Education and Training Series Conference. Provided workshops on chiropractic, podiatry and physical therapy fraud, waste and abuse in pharmacy and global fraud schemes.

National Health Care Anti-Fraud Association's June National Education and Training Series Conference. Provided information on diagnostic testing fraud and abuse, investigating facility fraud, and understanding diagnosis related group coding.

National Health Care Anti-Fraud Association's National Education and Training Series. Provided overview of health care fraud and schemes.

National Health Care Anti-Fraud Association's Institute for Health Care Fraud Prevention 2011 Annual Training Conference. Provided information for fighting fraud, and information on emerging trends for successful fraud prevention.

National White Collar Crime Center's Financial Investigations Practical Skills Course. Provided hands-on training designed specifically to address the particular interests and needs of white collar crime investigators.

Ninth National Institute on the Civil False Claims Act and *Qui Tam* Enforcement. Provided information on the Civil False Claims Act and information on enforcement and ethics in *qui tam* litigation.

Nursing Documentation: Legally-Proven Strategies to Keep you Out of the Court Room. Provided essential elements of proper nursing documentation to protect from legal liability and reflect quality of care provided.

Principles of Fraud Examination. Provided information on the four basic areas of fraud examination including fraud prevention and deterrence, legal elements of fraud, fraudulent financial transactions and fraud investigation.

Prosecuting Money Laundering. Presentation was provided by a United States Attorney prosecutor on money laundering. He provided an in-depth look into a case study.

So Little Time, So Much Paper: Organization and Time Management Techniques for Lawyers. Provided ideas, techniques, and strategies for managing time, projects, paper and people. Provided productivity-enhancing techniques that are practical and workable in the real world.

Spring 2012 Commonwealth Management Institute. This one day training, which is offered by Virginia Commonwealth University's Management Group, is for managers and those who aspire to be managers within an organization.

Spotts Fain E-Discovery: A Practical Clinic. Provided skills and perspective for those involved in case compliance with the federal and/or state rules governing the duties and responsibilities of electronically stored information.

Computer Forensic and IT Specialist Jason Martin

The Cybersleuth's Guide to the Internet: Super Search Engine Strategies and Investigative Research Strategies for the Legal Professional. Provided best research strategies to master Google and other free public record sites, including social networking sites for discovery, trial preparation, background checks, and locating missing persons.

Threat Assessment of Interviewees. Provided information on how to improve the investigative analysis skills for investigators who conduct field investigations, in-person interviews and witness canvasses.

Virginia Association of Commonwealth's Attorneys 72nd Annual Summer Conference. Provided information on ethics, multi-jurisdictional drug and gang prosecutors meeting, domestic violence cases, gangs, asset forfeiture, Supreme Court and ethics updates.

Virginia Medicaid Management Information System and Electronic Claims Management Training. Department of Medical Assistance Services provided training on these databases including accessing claims data, providers, members and financial searches.

Washington DC Metro Major Medical Fraud Task Force Training. Provided information on National Insurance Crime Bureau and case updates, and economic crimes.

Dates and Personnel Attending Training

Date	Program	Personnel
7/12-14/11	National Health Care Anti-Fraud Association's National Education and Training Series	Senior Investigator Investigator
7/13/11	Prosecuting Money Laundering	Investigator
7/19-20/11	Financial Investigative Techniques Seminar	Chief Auditor of Financial Investigations Senior Financial Investigator 4 Financial Investigators Senior Criminal Investigator
8/1-5/11	Affirmative Civil Enforcement for Auditor, Investigators, and Paralegals Seminar	Senior Paralegal
8/2/11	Federal cases from Pleading to Judgment for Paralegals	Two Paralegals
8/4-7/11	Virginia Association of Commonwealth's Attorneys 72nd Annual Summer Conference	Chief Section Counsel
8/11/11	Barron Henley on Document Management, Document Automation, and the Ethics of It all	Assistant Attorney General Paralegal Senior
8/19/11	Discovery Training	Assistant Attorney General Senior Financial Investigator Senior Investigator
8/19/11	Discovery Training for Federal, State and Local Leos	Senior Investigator Financial Investigator
8/22-26/11	Case Organization and Presentation Training Program	Assistant Attorney General Investigator
9/8/11	Extreme Deposition: Making the Leap to the Next Level	Assistant Attorney General
9/12-14/11	Eleventh Annual Taxpayers Against Fraud Education Fund Conference	2 Assistant Attorneys General
9/14-15/11	Financial Investigative Techniques	2 Investigators Investigative Analyst
9/15-16/11	Fourth Annual Advanced Business Litigation Institute	2 Assistant Attorneys General
9/18-22/11	National Association of Medicaid Fraud Control Units 2011 Annual Training Program	Director and Chief Chief Section Counsel Chief Investigator Assistant Attorney General
9/20-21/11	Lexis Training	Assistant Attorney General
9/20-22/11	National Adult Protective Services Association Conference	2 Investigators
9/20-22/11	National Adult Protective Services Association Conference	2 Investigators
9/22/11	So Little Time, So Much Paper: Organization and Time Management Techniques for Lawyers	Assistant Attorney General
9/27/11	Barron Henley on Document Management, Document Automation, and the Ethics of It All	Assistant Attorney General
10/3-7/11	AccessData Forensics Software BootCamp	Computer Forensic Analyst
10/3-5/11	National Association of Drug Diversion Investigators (NADDI) 11th Annual Basic Diversion School	Investigator Senior Criminal Investigator
10/11/11	Federal/Mid-Atlantic Insurance Fraud Summit	Chief Investigator Investigative Supervisor Investigator
10/11-13/11	John E. Reid and Associates, Inc.: Interview and Interrogation Technique	Financial Investigator
10/12/11	Attacking the Expert's Opinion	Assistant Attorney General
10/14/11	Threat Assessment of Interviewees	Senior Financial Investigator Investigator

Dates and Personnel Attending Training

Date	Program	Personnel
10/25-27/11	National Association of Medicaid Fraud Control Units 102 Training.	Chief Prosecutor Assistant Attorney General 3 Senior Investigators Senior Financial Investigator 2 Financial Investigators 3 Investigators Analyst
10/25-27/11	John E. Reid and Associates, Inc.: Interview and Interrogation Technique	2 Investigators
11/4/11	eDiscovery Practice and Support: Learning the Skills to Move Ahead	Paralegal Senior
11/13-16/11	National Association of Medicaid Fraud Control Unit's Introduction to Medicaid Fraud 101	2 Investigators Analyst Financial Investigator
11/14/11	Nursing Documentation: Legally-Proven Strategies to Keep you out of the courtroom	2 Nurse Investigators
11/14-18/11	Concordance, Case Map and iConnect Training	Paralegal Senior
11/15-16/11	National Attorneys General Training and Research Institute's Search and Seizure of Computers and Electronic Evidence Conference	Assistant Attorney General
11/15-17/11	John E. Reid and Associates, Inc.: Interview and Interrogation Technique	Nurse Investigator
11/15-18/11	National Health Care Anti-Fraud Association's Institute for Health Care Fraud Prevention 2011 Annual Training Conference	2 Investigators
11/17-18/11	Advanced eDiscovery Institute	Chief of Civil Investigations 3 Assistant Attorney Generals
1/7-12/12	31st Annual National Trial Advocacy College	Lead Attorney Assistant Attorney General
1/12/12	Ethical Considerations in E-Discovery: Disclosure of Metadata	2 Assistant Attorneys General
1/19/12	Department of Health Professions Minimal Data Set Training	Chief of Elder Abuse Investigations 4 Nurse Investigators 4 Investigators Financial Investigator
2/14/12	Essential Skills for the First-Time Manager or Supervisor	2 Investigative Supervisors
2/21-23/12	Clearwell SLED East Training	Assistant Attorney General Litigation Specialist Analyst Senior Investigator 2 Investigators 3 Paralegal Seniors Paralegal MFCU Computer Forensic - IT Supervisor Forensic and IT Specialist
2/24/12	Overcoming Obstacles to E-Discovery 2012 Symposium	Assistant Attorney General
2/27-3/2/12	NAMFCU 101 Training	Financial Investigator Investigator
3/9/12	Spotts Fain E-Discovery: A Practical Clinic - Session One	Assistant Attorney General
3/12/12	Spotts Fain E-Discovery: A Practical Clinic - Session Two	Assistant Attorney General
3/16/12	Spotts Fain E-Discovery: A Practical Clinic - Session Three	Assistant Attorney General
3/28/12	Washington DC Metro Major Medical Fraud Task Force Training	Senior Investigator
3/28-29/12	NAMFCU Directors Symposium	Director and Chief

Dates and Personnel Attending Training

Date	Program	Personnel
4/5/12	Healthcare Fraud and Abuse Bootcamp Series	Chief of Civil Investigative Unit Chief of Elder Abuse 4 Assistant Attorney Generals 4 Investigators 3 Nurse Investigators 2 Computer Programmers
4/10/12	2012 Annual Ethics Program Part 1	2 Assistant Attorneys General
04/13/12	Electronic Evidence: Challenges and Opportunities in e-Discovery	Paralegal Senior
4/15-18/12	Commonwealth's Attorneys' Services Council 2012 Spring Institute	2 Assistant Attorneys General
4/19-20/12	Institute of Internal Auditors - Southwest Virginia Chapter American Institute of CPA's Training	Financial Investigator
4/24-26/12	National Health Care Anti-Fraud Association April National Education and Training Series Conference	Investigator Supervisor Senior Criminal Investigator Investigator
4/24-26/12	National Association Of Medicaid Fraud Control Unit's 2012 Medicaid Fraud 102 Training Program	2 Investigators
4/29-5/4/12	Principles of Fraud Examination	Financial Investigator
5/2-4/12	Fourth Annual Mason Attorneys General Education Program Public Policy Conference	Assistant Attorney General
5/3/12	American Health Lawyers Association Training: Compliance and Transactions	2 Assistant Attorney Generals Computer Programmer
5/8-10/12	2012 Gatlinburg Law Enforcement Conference	Senior Criminal Investigator
5/9-10/12	International Association of Special Investigation Units, Virginia Chapter Seminar	Senior Criminal Investigator
5/21-24/12	Computer and Enterprise Investigation Conference	Computer Forensic IT Supervisor
5/21-24/12	NAMFCU 101 Global Case Training	Assistant Attorney General
5/30-31/12	John E. Reid and Associates, Inc.: Interview and Interrogation Technique	Investigator
5/30/12	Leadership: Influencing the Culture	Investigative Supervisor Senior Investigator Chief Investigator
5/30-6/1/12	Virginia Coalition for the Prevention of Elder Abuse 18th Annual Conference	Chief of Elder Abuse 4 Investigators 3 Nurse Investigators 2 Outreach Coordinators Administrative, Outreach and Training Manager
5/31/12	Healthcare Fraud Training/Strike Force Model	Senior Criminal Investigator Senior Financial Investigator
6/3-8/12	Georgetown Law's e-Discovery Training	Chief of Civil Investigations Unit 2 Assistant Attorneys General
6/4/12	Mid-Atlantic Region DC Major Medical Fraud Task Force Training	Senior Investigator Investigator
6/6-8/12	Ninth National Institute on the Civil False Claims Act and *Qui Tam* Enforcement	3 Assistant Attorneys General
6/10-14/12	National Association of Medicaid Fraud Control Unit's Team Data Analyst Training	Chief of Civil Investigations Unit
6/14/12	Major Medical Fraud Task Force Meeting	Investigator

Dates and Personnel Attending Training

Date	Program	Personnel
6/26-28/12	National Health Care Anti-Fraud Association June National Education and Training Series Conference	Senior Investigator
6/21/12	Apple-Verizon Executive Training Computer Forensic Analyst	MFCU Computer Forensic-IT Supervisor
6/27/12	Virginia Medicaid Management Information System and Electronic Claims Management Training	3 Investigative Supervisors Senior Financial Investigator 2 Senior Investigator 6 Investigators 3 Financial Investigators Analyst
8/21-24/12	National Medicaid Fraud Control Unit's Medicaid Fraud 102 Training	Financial Investigator
9/25-27/12	John E. Reid and Associates, Inc.: Interview and Interrogation Technique	2 Investigators

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Southwest Regional Office
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Abingdon, Virginia 24211
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Fax (276) 628-4375

Western Regional Office
3033 Peters Creek Road
Roanoke, VA. 24019
Phone (540) 562-3570
Fax (540) 562-3576

To Report Medicaid Fraud:

If you would like to report a suspected case of Medicaid fraud or have questions, please contact us at
Phone 1-800-371-0824
(804) 786-2071 or
(804) 786-2072

The Unit can be contacted by mail at:
900 East Main Street
Richmond, Virginia 23219
or by email: MFCU_mail@oag.state.va.us

OAG Web Sites:
www.ag.virginia.gov
www.facebook.com/VAMFCU

You may report report recipient fraud to the Department of Medical Assistance Services at:
RecipientFraud@DMAS.virginia.gov

Additional Information
Copies of the Office of the Attorney General of Virginia's Medicaid Fraud Unit's Annual Report are available without charge. This report can be viewed by visiting www.ag.virginia.gov, or requests for this item can be made by contacting:

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