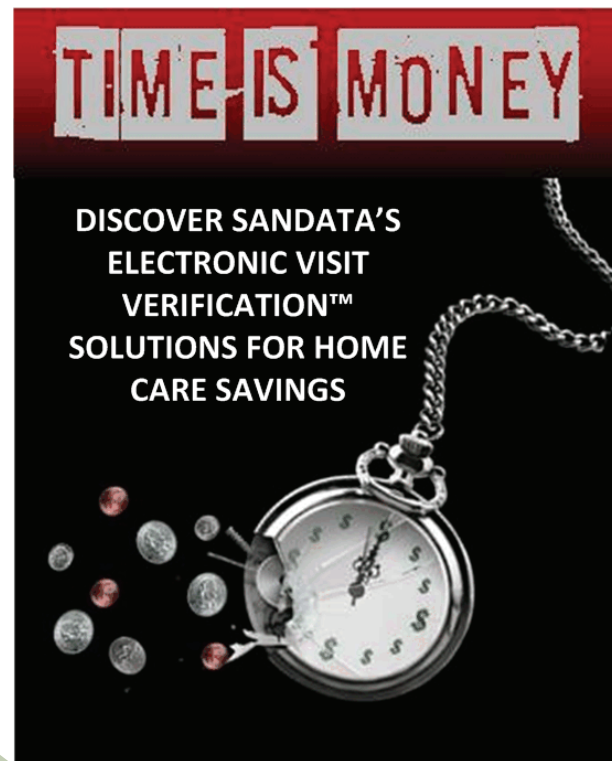


Santrax® Payer Management (SPM) reduces inaccuracies and potential abuse through our automated Electronic Visit Verification™ and claims validation processes. SPM reduces fraud in home care delivery by removing the elements most closely associated with improper recordkeeping including paper time sheets and manual billing.

By providing greater visibility into the delivery of home and community based services across a jurisdiction, SPM:

- ♦ *Reduces costs and the incidence of inappropriately billed services*
- ♦ *Has decreased claims costs by 10% to 50% in other programs*
- ♦ *Ensures tight control over services authorized and services paid*



VISIT VERIFICATION

OVERSIGHT

SAVINGS

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Examples of Fraud and Abuse within Home Care

“Home health care aides accounted for more criminal convictions in FY 2014 than any other provider type investigated and prosecuted throughout the US.”

— Suzanne Murrin, Deputy Inspector General for Evaluations and Inspection, *Medicaid Fraud Control Units FY 2014 Annual Report*

ELECTRONIC VISIT VERIFICATION

IMPROVED OVERSIGHT

SIGNIFICANT SAVINGS

District of Columbia

Owner of Three Home Health Care Agencies Indicted

The District of Columbia Medicaid Fraud Control Unit announced on December 19 that Florence Bikundi, also known as Florence Ngwe and Florence Igwacho, the owner of three home care agencies, was charged in a superseding indictment with six additional offenses related to a scheme to secure more than \$75 million in District of Columbia Medicaid payments, even though she was barred from participating in any federal health care programs. The new charges include allegations that Bikundi and others conspired to bill the Medicaid program for services that were not provided.

"In 2011, Medicaid paid more than \$12 billion for personal care services. In 2010, state Medicaid fraud units investigated more than 1,000 cases involving personal care services, more than any other type of Medicaid service."

- Office of Inspector General

AG Koster announces judgment against New Madrid County Medicaid provider

Apr 24, 2015, 13:02 PM

Jefferson City, Mo. – Attorney General Chris Koster announced today his office has obtained a civil judgment against Tina Hartlein, owner and operator of Caring Hands In Home Care, in Mathews, MO, for her company's submission of false claims to Missouri's Medicaid program. As part of the judgment, Hartlein has agreed to pay \$115,298, which will be returned to Medicaid, along with \$5,000 to cover investigative costs.

Koster's office conducted an investigation into Caring Hands after receiving complaints about several of the company's attendants. The investigation found that Caring Hands hired an attendant to provide in-home personal care services to her parents, which is prohibited by Missouri Medicaid regulations. The investigation also discovered that Caring Hands later replaced the attendant with her husband and that former Caring Hands employees instructed him to complete timesheets with inaccurate information.

2 women charged with Medicaid fraud after investigations by Attorney General's Medicaid Fraud Control Section

4/20/2015

HARRISBURG – Attorney General Kathleen G. Kane today announced criminal charges have been filed against two women accused of committing Medicaid fraud.

The charges were the result of separate investigations by the Office of Attorney General's Medicaid Fraud Control Section. Those charged are:

- Kelly Ann Howley, 32, 45 Locust Lane, Levittown, Bucks County
- Nadia Shree Demota, 33, 4509 N. 12th St., Philadelphia

Howley charges

Howley, a therapeutic support staff worker for Horizons Behavioral Health, among other agencies, is accused of being paid \$19,520 for services she never rendered. It is alleged that Howley billed two different agencies for services provided on the same dates and times to two different medical assistance recipients.

Demota charges

According to a criminal complaint, Demota was tasked with providing home health services for her grandmother. She submitted fraudulent time sheets indicating she provided services, when in fact her grandmother was hospitalized or in a rehabilitation center, the complaint alleges.

4/30/2015 – Louisiana

Four Arrested on Medicaid Fraud Charges

Medicaid billed for services while beneficiaries were on Caribbean cruise

Attorney General Buddy Caldwell announced that four individuals were arrested after an investigation conducted by agents with his Medicaid Fraud Control Unit revealed the state's Medicaid Program was billed for in-home personal care services while the Medicaid recipients purported to be receiving care were actually on a Caribbean cruise.

April 16, 2015 - Florida

Owner of Miami Home Health Company Sentenced to 113 Months in Prison for \$32 Million Medicare Fraud Scheme

An owner of a Miami home health care company was sentenced today to 113 months in prison in connection with a \$32 million Medicare fraud scheme.

Felix Gonzalez, 45, of Miami, pleaded guilty on Jan. 9, 2015, to one count of conspiracy to commit health care fraud, and was sentenced today by U.S. District Judge Kathleen M. Williams of the Southern District of Florida. In addition to the prison sentence, Gonzalez was ordered to pay \$21,423,160 in restitution.

Gonzalez was an owner of AA Advanced Care Inc. (AA Advanced), a Miami home health care agency that purported to provide home health and therapy services to Medicare beneficiaries. As part of his guilty plea, Gonzalez admitted that he and his co-conspirators operated AA Advanced for the purpose of billing the Medicare program for, among other things, expensive physical therapy and home health care services that were not medically necessary or not provided at all.

"In 2012, the Government Accountability Office reported that 40% of all fraud convictions initiated by a group of Medicaid fraud-control units were for home health."

- Government Accountability Office

Friday, March 13, 2015 - Michigan

Owner of Detroit Home Health Care Companies Pleads Guilty to \$12.6 Million Fraud Scheme

The owner of two home health care companies pleaded guilty to Medicare fraud and tax fraud charges in connection with his role in a scheme to fraudulently bill Medicare for \$12.6 million in home health services that were not provided or were obtained through illegal kickbacks. Ten other individuals have been convicted at trial or pleaded guilty in this case.

March 29, 2015 – New Jersey

Former Passaic County Home Health Aide Sentenced to Three-Year State Prison Term for Falsely Billing Medicaid for Medical Services in No-Show Scam

TRENTON – Acting Attorney General John J. Hoffman and the Office of the Insurance Fraud Prosecutor (OIFP) announced that a former employee of a home health agency was sentenced to a three-year state prison term today for causing bills to be submitted to the Medicaid program for services that were never provided.

Thursday, March 12, 2015 - Illinois

Woman Admits Billing Home Services Program While In Jail

Stephen R. Wigginton, United States Attorney for the Southern District of Illinois, announced today that on March 12, 2015, Angela Jones, 51, of Madison, IL, pled guilty to a one-count indictment charging that she engaged in a scheme to commit health care fraud. At her sentencing Jones will face up to 10 years of imprisonment, a fine of up to \$250,000 and up to 3 years of supervised release. Sentencing has been set for July 10, 2015, at 2:30 pm in United States District Court in East St. Louis, Illinois.

During her plea hearing, Jones admitted that she had submitted false and fraudulent bills in regard to the providing of personal assistant services in the Home Services Program, a Medicaid Waiver Program designed to allow individuals to stay in their homes instead entering a nursing home. Jones admitted that she was actually incarcerated while she was billing the Home Services Program.

Electronic Visit Verification. Improved Program Management. Significant Program Savings.

Sandata's Electronic Visit Verification solutions have proven their effectiveness for payers in the following areas:

- ♦ Reduced claims costs
- ♦ Decreased HCBS utilization
- ♦ Increased on-time visits
- ♦ Decreased PMPM costs
- ♦ Decreased lag time between service delivery and payment

Tuesday, 03 10, 2015 – Kentucky

Attorney General Conway Announces Guilty Plea in Medicaid Fraud Case

Attorney General Jack Conway and his Medicaid Fraud and Abuse Control Unit announce the guilty plea and sentencing of Hailey Smith in Hopkins District Court on a charge of defrauding the Kentucky Medicaid Program.

Smith, a resident of Madisonville, Kentucky, received a 12-month sentence, which will be diverted for a period of two years as long as she meets the terms of the plea agreement. Smith was also ordered to pay \$8,290 in restitution to the Kentucky Department of Medicaid Services. As part of the guilty plea, Smith is prohibited from working in any Kentucky Consumer Directed Option (CDO) program.

Smith provided community living support, respite care, and attendant care services to several Medicaid recipients through the CDO program. By pleading guilty, Smith admits to submitting false time sheets between May of 2011 and April of 2012 for services she did not perform, resulting in a loss of \$8,290 to the Medicaid program.

"The Florida Medicaid Telephonic Home Health Services Delivery Monitoring and Verification ("DMV") Program Annual Review Report (December, 2011) documents that "in first year of the DMV program, the largest home care agency in Dade County, Coral Homecare shut down due to the increased focus on fraud detection in the program area and the second largest agency, Sunshine Good Care, had its contract with AHCA terminated with two of their corporate officers arrested for suspicion of Medicaid fraud on similar but unrelated charges."

- Florida DMV 2011 Program Annual Report

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