2017 NHCAA

Awards Program

November 15, 2017 | Orlando, Florida
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*Special Agent in Charge*  
U.S. Dept. of Health and Human Services, OIG-OI
The National Health Care Anti-Fraud Association is pleased to honor the Office of Communications, United States Department of Health and Human Services, Office of Inspector General, as recipient of the 2017 NHCAA Excellence in Public Awareness Award. This award is bestowed annually to an organization or individual who has demonstrated an unwavering dedication to raising public awareness about the problem of health care fraud in our nation’s health care system.

The Office of Communications is being recognized for its exceptional, innovative and prolific work in educating the public, the media, decision and policy makers, and anti-fraud professionals about health care fraud. The Communications team consistently provides in-depth, timely, and reliable health care compliance and anti-fraud information through a diverse range of mediums, including the Eye on Oversight series of videos, special fraud alerts, consumer alerts, podcasts, and other media materials.

Daniel R. Levinson, Inspector General, U.S. Department of Health and Human Services aptly summarizes the myriad reasons why the Office of Communications is worthy of recognition:

“The Office of Communications at the Department of Health and Human Services, Office of Inspector General (OIG) plays a vital role in making our organization’s work accessible to the public and OIG’s stakeholders. The team has developed and effectively executed many innovative outreach efforts including OIG’s podcasts, Eye on Oversight video series, as well as various other comprehensive multimedia campaigns. These activities support OIG’s three pillars of program integrity: prevention, detection, and enforcement. The Office of Communications helps OIG prevent health care fraud by raising awareness of scams so others avoid becoming victims. The Office also enhances fraud detection through media campaigns that educate the public on how to report fraud. Finally, the Office assists in effectively highlighting OIG’s enforcement work for the public.”

The Office of Communications is led by Director of Communications, Tesia D. Williams. Ms. Williams had this to say about the dedication of the Communications staff: “The team is committed to informing stakeholders about the important work the agency is doing to protect the integrity of health and human services programs as well as the health and welfare of program beneficiaries.”

The HHS-OIG Office of Communications plays a vital role in ensuring the integrity of our nation’s health care system by serving as a source of indispensable information for the American public and all system stakeholders on effective ways to meet the many challenges of health care fraud. NHCAA is very proud to recognize the HHS-OIG Office of Communications with the 2017 NHCAA Excellence in Public Awareness Award.
The National Health Care Anti-Fraud Association is proud to honor Dr. Ronald Koenig and Dr. Ayms Lang as this year's recipients of the NHCAA Medical Director Award.

The Anthem Special Investigations Unit (SIU) has relied heavily upon these two Medical Directors for assistance, guidance, direction, and results over the last eight years. Both have demonstrated a passion to prevent fraud and abuse and dedicated willingness to work hand-in-hand with the SIU.

Drs. Koenig and Lang have provided valuable insight into potential fraud and abuse in multiple cases, and have served as subject matter experts for the government in several multi-jurisdictional investigations leading to the prosecution and conviction of various defendants. They have assisted in investigations involving DME suppliers and intraoperative monitoring, and have served as subject matter experts in such areas as pain management, drug toxicology, and clinical coding. Their untiring efforts, which were above and beyond their normal assignments, included hundreds of medical record and coding reviews, along with extensive data-mining.

As a result of their efforts, Anthem stopped multi-million dollar losses and established edits preventing further losses. Additionally, the SIU was able to place a number of hospitals, independent laboratories, and providers on prepayment review leading to additional savings. Also, Drs. Koenig and Lang were responsible for training and educating a large number of providers, investigators (both inside and outside of Anthem), law enforcement agents, and prosecutors on the challenges of health care fraud, waste, and abuse.

Bob Mays, Staff Vice President of Anthem's SIU stated:

“Doctors Ronald Koenig and Ayms Lang have worked tirelessly with the Anthem Special Investigations Unit, other plan SIUs, and law enforcement agencies in the prevention, detection, and prosecution of health care fraud, waste and abuse. The Anthem SIU has been able to achieve significant success in large part due to the professionalism, passion and dedication of Drs. Koenig and Lang.”

NHCAA is proud to acknowledge and celebrate the important work of Dr. Ronald Koenig and Dr. Ayms Lang, and to recognize each of them with the NHCAA Medical Director Award.
The National Health Care Anti-Fraud Association is proud to honor Anthem’s investigation into a medical supplies provider as this year’s recipient of the SIRIS Investigation of the Year Award – Honorable Mention.

This investigation involved fraudulent billing of diabetic testing supplies. From an individual complaint, Anthem identified a pattern of billing from the supplier in which 100% of the supplier’s charges were for diabetic testing supplies. The majority of the claims were for a one-time, 90-day supply, with no future claims submitted for any patient. The top item charged, by paid amount, was for a talking blood glucose monitor.

The investigation was enhanced by utilizing information found in NHCAA’s SIRIS online database. The owner of the medical supplier was unknown until a review was conducted of a SIRIS record entered by another NHCAA member. Information obtained by Anthem prevented greater losses by identifying the additional suppliers impacting their members.

As a result, this investigation led to Anthem’s SIU terminating the provider from their network and saving over $2 million.

CONGRATULATIONS TO

ANTHEM, INC.
Special Investigations Unit
Lorraine Boothe, RN, Senior Investigator
The National Health Care Anti-Fraud Association is proud to honor the United States of America v. Shelinder Aggarwal investigation and prosecution teams as this year’s recipients of the SIRIS Investigation of the Year Award.

Dr. Shelinder “Shaun” Aggarwal was a pain management doctor operating in Huntsville, Alabama from 2009 until March 2013, when his license to practice was revoked. In revoking his license, the Board of Medical Examiners cited that Aggarwal was an “imminent danger to the public” due to his prescribing pattern.

Aggarwal routinely prescribed at the highest possible dose to every patient on every visit. In 2012, he was the highest prescriber of controlled substances in the State of Alabama and the highest prescriber in the nation of controlled substances for Medicare beneficiaries. At the height of his practice, Aggarwal saw over 120 patients a day, for less than 5 minutes each. He prescribed over 12.3 million pills in 2012 alone – equating to approximately 400 pills per patient per day.

Aggarwal’s prescribing was so egregious that his patients flooded the emergency rooms and caused serious car accidents. Many of his patients died. Several local coroners and homicide detectives started keeping files on overdose deaths where Aggarwal prescription bottles were found nearby. Between January 1, 2010 and March 31, 2013, over one hundred of Aggarwal’s patients died within 90 days of their last office visit.

Between January 2010 and March 2013, Aggarwal submitted over $25 million in claims to Anthem and Medicare and was paid over $12 million. Eighty percent of these claims were for urine drug testing. Aggarwal went so far as to build an in-house laboratory to perform these tests, and implemented standard orders to drug test every patient on each visit using both qualitative and quantitative tests. Aggarwal did not review or utilize the results of these tests in the treatment of his patients.

In order to pursue a “health care fraud resulting in death” case, a Request for Investigation Assistance (RIA) was submitted using NHCAA’s SIRIS online database to identify beneficiaries who died shortly after their last billed office visit with Aggarwal. NHCAA members responded directly to the Special Agent conducting the investigation with the names of the beneficiaries.

After Aggarwal’s attorneys were presented with the evidence against their client, which included recordings, a binding plea agreement was signed. As part of his plea, Aggarwal is required to pay more than $9 million to Blue Cross and Blue Shield of Alabama and Medicare. On February 7, 2017, Aggarwal was sentenced to 15 years in prison.
CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE
The United States Attorney’s Office
Northern District of Alabama
Thomas Horton, Assistant United States Attorney
Chinelo Dike-Minor, Assistant United States Attorney
Russell E. Penfield, Assistant United States Attorney

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation
Birmingham Field Office
DeeAnn L. Arnett, CFE, Forensic Accountant
Jim Kiel, Contract Forfeiture Specialist
Susan Shimpeno, Special Agent

BLUE CROSS AND BLUE SHIELD OF ALABAMA
Network Integrity Department
Shirley A. Mize, RN, AHFI, CPC, Senior Network Integrity Representative

ALABAMA BOARD OF MEDICAL EXAMINERS
Bureau of Investigations
Randy Dixon, Investigator
The National Health Care Anti-Fraud Association is proud to honor the United States of America v. John Patrick Couch, MD & Xiulu Ruan, MD et al. investigation and prosecution teams as this year’s recipients of the Investigation of the Year Award - Honorable Mention.

Prior to May 2015, John Patrick Couch, MD and Xiulu Ruan, MD jointly owned and operated two pain management clinics under the names Physicians Pain Specialists of Alabama (PPSA) and C&R Pharmacy. Through these clinics, they prescribed Schedule II and III controlled drugs, including Abstral and SUBSYS – two brand name instant-release fentanyl drugs. Abstral and SUBSYS are only FDA-indicated for breakthrough cancer pain in opioid-tolerant adult patients. However, evidence showed that Couch and Ruan almost exclusively prescribed these drugs off-label for neck, back, and joint pain. They were among the top prescribers of SUBSYS in the United States, and received kickbacks from Insys Therapeutics, the manufacturer of the drug. They also purchased approximately $1.6 million worth of stock in Galena Biopharma, the manufacturer of Abstral. Their intent was to manipulate the stock price by driving up sales. From late 2013 through 2014, Couch and Ruan were the top two prescribers of Abstral in the United States.

Blue Cross and Blue Shield of Alabama, the United States Department of Defense – Defense Health Agency, Health Integrity, LLC and UnitedHealthcare provided voluminous records related to PPSA including statistical information showing that Couch and Ruan were significant outliers in multiple areas; billing records showing what services were billed during the indictment periods; and payment information which supported possible mail/wire fraud charges. Staff from these plans made themselves available to the investigative team who utilized their expertise to further the investigation and provide witnesses for testimony during the trial.

At trial, the United States presented evidence that Couch and Ruan utilized PPSA and C&R Pharmacy as a criminal enterprise in violation of the RICO Act. Specifically, the government presented evidence that the defendants knowingly and willfully prescribed Schedule II and III Controlled Substances, including fentanyl, outside the usual course of professional practice and not for a legitimate medical purpose. The government also presented evidence that the defendants’ billing practices were systematically designed to unlawfully enrich the doctors.

After a seven-week trial, both Couch and Ruan were convicted of RICO conspiracy; conspiracy to prescribe controlled substances outside the usual course of professional practice; conspiracy to prescribe more than 40 grams of fentanyl outside the unusual course of professional practice; conspiracy to commit healthcare fraud; conspiracy to commit mail and wire fraud; conspiracy to receive illegal kickbacks; and conspiracy to receive illegal kickbacks from Insys Therapeutics in exchange for prescribing SUBSYS. In addition, Ruan was convicted of both conspiracy and substantive money laundering counts.
During the sentencing hearing on May 26, 2017, Senior Judge Callie Granade found the doctors responsible for illegally prescribing opioids, and found that both doctors perjured themselves. Couch was ordered to pay restitution in the amount of $17.8 million and was sentenced to 20 years of imprisonment. Ruan was ordered to pay restitution in the amount of $15.2 million and was sentenced to 21 years of imprisonment.
The National Health Care Anti-Fraud Association is proud to honor the United States of America v. Kenneth Chatman et al. investigation and prosecution teams as this year’s recipients of the Investigation of the Year Award.

Operation Thoroughbred was an investigation into a widespread kickback scheme involving sober home owners, medical clinic owners, doctors, and lab owners who referred patients for health services in exchange for money. At the center of the investigation was Kenneth (Kenny) Chatman.

Chatman operated two substance abuse treatment centers, Reflections Treatment Center ("Reflections") and Journey to Recovery ("Journey"). His wife, Laura Chatman, applied for and received licenses for the centers while concealing the fact that her husband owned both centers, had a prior federal felony conviction, and was their chief operating officer. Chatman also owned and operated a series of recovery residences, also known as sober homes or halfway houses.

Chatman conspired with owners and operators of other sober homes to obtain patients for Reflections and Journey. The patients seeking help then would receive ineffective or medically unnecessary substance abuse treatment and testing that could be billed to the patients’ insurance to enrich Chatman and the members of the conspiracy. Recognizing that the Federal Anti-Kickback Statute applied only to government-sponsored insurance plans, the conspirators targeted commercial insurance. Chatman's treatment centers billed over $1 billion dollars to insurers.

While the financial loss was large, the loss of lives while under the 'care' of Chatman's treatment centers was devastating to the families of the addicts. Chatman enticed addicts to his sober homes with free rent and gifts, and then referred them to the treatment centers he owned. While promising to help addicts recover, residents were permitted to continue to abuse drugs if they attended treatment and submitted to drug testing.

As if the health care fraud and money laundering schemes were not egregious enough, Chatman and other co-conspirators provided drugs to several female patients to induce them into performing sex acts.

The investigative and prosecutorial team had to take an innovative approach because of the sensitivity of the case and the federal laws which protect the rights and privacy of patients addicted to drugs or alcohol. In addition to the limitations of the Anti-Kickback Statute, the team had to account for the Americans with Disabilities Act and other federal laws which require that records of the identity, diagnosis, prognosis, or treatment of addicts be kept confidential and only be released when accompanied by court order. As a result, the team could not collect essential evidence through traditional methods, such as subpoenas, search warrants, or covert recordings inside the targeted facilities. Instead, they had to first obtain a court order by convincing a federal judge that the alleged criminal conduct was very serious in nature and that the greater public interest outweighed the existing confidentiality protections established under federal law.
The Chatman case is the first federal case that successfully targeted the serious fraud problem that continues to permeate the addiction treatment industry nationwide. It also is the first case in history charging a defendant with both Health Care Fraud and Commercial Sex Trafficking.

As a result of this highly successful investigation, Kenny Chatman was sentenced to 27.5 years in federal prison and must register as a sex offender. The government continues to conduct a robust public outreach program both locally and nationally to curb future abuses.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE
The United States Attorney’s Office
Southern District of Florida
A. Marie Villafaña, Assistant United States Attorney

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation
Palm Beach Resident Agency
Peter Angell, Special Agent
Luz Delgado, Administrative Specialist
Management Analysis
John Gerrity, Special Agent
Joshua Hawkins, Special Agent
Jennifer Howard, Staff Operations Specialist
Shaun O’Neill, Supervisory Special Agent
William Stewart, Special Agent

UNITED STATES DEPARTMENT OF LABOR
Employee Benefits Security Administration
Gary L. Burnett, Sr., MBA, Senior Investigator

UNITED STATES DEPARTMENT OF TREASURY
Internal Revenue Service
Criminal Investigation, Miami Field Office
Pamela Martin, Special Agent
Jo Ann Wright, Special Agent

AMTRAK
Office of Inspector General
Jill Maroney, Special Agent

OFFICE OF STATE ATTORNEY
Fifteenth Judicial Court
Palm Beach County, Florida
Justin Chapman, Assistant State Attorney
Alan S. Johnson, Chief Assistant State Attorney
Theodore Padich, FBINA, CFE, Investigator

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Division of Investigative & Forensic Services
Bureau of Insurance Fraud
Scott Utecht, Detective

DELRAY BEACH POLICE DEPARTMENT
Nicole Lucas, Detective

MARTIN COUNTY SHERIFF’S OFFICE
Leonard N. DeBellis, Detective

AETNA
Garrett Shohan, Supervisor

CIGNA
Brittany Fritz, AHFI, Investigative Manager

FLORIDA BLUE
Maria Guerrero, CFE, AHFI, Senior Investigator

MEDICAL MUTUAL OF OHIO
Financial Investigations
Michael Baxter, RN, Senior Financial Investigator

UNITEDHEALTHCARE/OPTUM
Government and Case Affairs
UNITED STATES OF AMERICA V. NIVRKA FERNANDEZ and ROBERTO ALVAREZ (CALAN PHARMACY AND DISCOUNT SERVICES)
An investigation by the FBI, HHS-OIG, and the Medicare Fraud Strike Force resulted in the closing of two Miami-Dade County, Florida pharmacies responsible for illegal distribution of opioids and $16 million in fraudulent Medicare Part D billings. The investigation led to the prosecution of a related home health agency responsible for $15 million in fraudulent Medicare Part A billings and the arrest of a top prescribing doctor who was distributing significant amounts of opioids. In total, this case netted over $35 million in Medicare Fraud, 12 total arrests, and the closure of two pharmacies and a home health agency.

UNITED STATES EX REL. FRANKENBERG V. WINDSOR ET AL.
Robert Windsor, MD an Atlanta-area physician, was found guilty and sentenced to federal prison for filing over $1.1 million in false claims of surgical monitoring services that he did not perform. Windsor claimed that he had monitored the neurological health of patients during surgery when the work was actually being performed by an unqualified medical assistant. He then billed health insurers over $1 million for the services he never performed. This joint investigation conducted by the FBI, HHS-OIG, DOD, DCIS, Georgia OAG-MFCU, USAO-NDGA, and Anthem, Inc. led to a criminal conviction, over $1.1 million in court ordered restitution, more than $2.5 million in savings, and Windsor agreed to reimburse the federal government $20 million to Medicare and TRICARE.

UNITED STATES EX REL. TAYLOR V. LIFE CARE CENTERS OF AMERICA, INC.
This case arose from allegations that Life Care Centers of America (one of the nation's largest skilled nursing facility chains) fraudulently billed Medicare and TRICARE for medically unreasonable and unnecessary rehabilitation therapy services. Data, witness statements, review of medical records, and results of investigative work revealed deliberate and sustained efforts to inflate reimbursement by shifting claims to the highest therapy payment category, irrespective of patients’ clinical needs and potential or actual harm to its patients. The collaborative efforts of the United States Attorney Offices in Tennessee, Florida, Colorado, Georgia, Massachusetts, and South Carolina, HHS-OIG, and NCI AdvanceMed (Medicare ZPIC) led to a $145 million reimbursement to the government.

UNITED STATES OF AMERICA V. D. ANDA NORBERGS
Dr. Diana Anda Norbergs, a former oncologist and owner of East Lake Oncology, bought foreign, unapproved oncology medicines at deeply discounted prices compared to the FDA-approved drugs, and then billed Medicare, with the intent of reaping hundreds of thousands of dollars of illicit profit. Despite multiple warnings about the illegality of her conduct, she continued to buy these drugs and administered them to patients. One warning told her that her unapproved foreign distributor sold a counterfeit oncology drug, lacking the active ingredient—in fact, the drug was the functional equivalent of water.
Norbergs was convicted on all 45 charged counts, including violations for receipt and delivery of misbranded drugs, smuggling goods into the United States, health care fraud, and mail fraud. At sentencing, more than 66 victims were identified and Dr. Norbergs was sentenced to almost 6 years incarceration and ordered to pay $848,371 in restitution to Medicare.

UNITED STATES OF AMERICA V. GARRY WAYNE CRAIGHEAD
This investigation was based upon a referral from the United States Army, Criminal Investigation Command, Major Procurement Fraud Unit. It was alleged that the Union Treatment Centers (UTC), through Dr. Garry Craighead, was overcharging the U.S. Government for services they did not perform with respect to treating patients covered by the Department of Labor’s (DOL) Office of Workers’ Compensation Programs (OWCP). Additional allegations involved patients being pressured to use UTC for their medical care. Initial review of medical records on some of the patients indicated UTC seemed to be giving the same expensive test to all patients. As a result of a thorough investigation and prosecution, Craighead was convicted and sentenced to 14 years in federal prison for receiving over $17 million in kickbacks in exchange for referring patients covered by the Federal Worker’s Compensation Act. He was ordered to pay $17 million in restitution to the Department of Labor.

UNITED STATES OF AMERICA V. JACQUES ROY, MD ET AL
This case was the largest criminal investigation and prosecution of a single physician, resulting in the submission of over $400 million in fraudulent claims to the Medicare and Medicaid programs. The scheme involved over 500 home health providers who referred Medicare beneficiaries to Medistat Group Associates (Medistat), owned and operated by Dr. Jacques Roy. Thousands of Medicare beneficiaries in the Dallas area were affected by this fraud scheme. As a result of the superseding indictment, the Centers for Medicare & Medicaid Services imposed the first ever moratorium on home health agencies in Texas, which is still in place today.

UNITED STATES OF AMERICA V. JEFFREY ROSE, PAMELA ROSE, FRANKIE SANDERS, AND HUGO JAIME
This investigation was one of the largest Federal Employees Compensation Act (“FECA”) health care fraud investigations to result in successful federal jury convictions of executive officers who were running a complex multi-state health care fraud scheme. The investigation involved the collaborative efforts of numerous federal agencies (USPS-OIG, DOL-OIG, DOL-OWCP, IRS-CI, DHS-OIG, and VA-OIG) which found 10 clinics in Texas, Louisiana, Georgia, Alabama, and Tennessee, known as Team Work Ready (“TWR”) that submitted approximately $18 million in fraudulent claims under FECA over 4 1/2 years.
UNITED STATES OF AMERICA V. LARRY WASHINGTON, ET AL
This investigation into Larry Washington, owner of Mind Spa, involved the USPS-OIG, VA-OIG, and DOL-OIG. The investigative team unraveled a large health care fraud conspiracy that bilked millions of dollars from the Office of Workers' Compensation Programs (OWCP). Agents in this investigation discovered a network of medical providers who referred patients to each other, a medical provider who paid crooked OWCP claimants to allow fraudulent billing under their respective OWCP injury claims, corrupt OWCP and USPS employees who were receiving bribes for information and referrals, and a crooked OWCP claimant representative who was receiving large monthly kickbacks from medical providers in return for referring OWCP claimants. For his involvement in this scheme, Larry Washington was sentenced to 78 months of incarceration and ordered to pay $7.8 million in restitution to OWCP.

UNITED STATES OF AMERICA V. RODNEY HESSON AND GERTRUDE PARKER
The case involved psychologists whom were going into nursing homes to conduct unnecessary and fraudulent psychological tests on the nursing home residents. For more than 8 years, the subject conducted multiple fraud schemes across four states that resulted in over $25.2 million in claims being submitted to Medicare. The investigation led to the indictments and convictions of three psychologists, Rodney Hesson, John Teal, and Beverly Stubblefield, and one occupational therapist, Gertrude Parker. Hesson was sentenced to 15 years in prison and ordered to pay $13.8 million in restitution. Parker was sentenced to 7 years in prison and ordered to pay $7.3 million in restitution. Because Teal and Stubblefield cooperated, both received reduced sentences. Stubblefield was sentenced to 2.5 years in prison and ordered to pay $2.1 million in restitution and Teal was sentenced to 2 years in prison and ordered to pay $3.5 million in restitution.

UNITED STATES OF AMERICA V. WILLIAM J. O’BRIEN III, ET AL
William O’Brien was found guilty on 135 counts of a 139-count indictment for conspiracy to distribute controlled substance and other crimes. Members of the Philadelphia chapter of the Pagan Motorcycle Club (an outlaw motorcycle club and an alleged organized crime syndicate) were transporting patients to the offices of Dr. William J. O’Brien to obtain prescriptions for large quantities of Schedule II controlled pain medications. The medications were prescribed without a legitimate medical purpose in exchange for cash and/or sexual favors. O’Brien received approximately $20,000 per week in illegal cash proceeds. The estimated street value of the controlled substances sold was approximately $5 million. For his involvement in the scheme, O’Brien was sentenced to 30 years in federal prison. FBI Philadelphia jointly investigated this matter with FDA-CI, HHS-OIG, and the Philadelphia Police Department.
UNITED STATES OF AMERICA V. KENNETH CHATMAN, ET AL.
Recipients of the United States of America v. Kenneth Chatman, et al. Investigation of the Year Award will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case and the coveted NHCAA honor.

WEDNESDAY, NOVEMBER 15, 2017
2:30 pm - 3:30 pm
Sober Home Fraud and Patient Harm (Panzacola F 3-4)

UNITED STATES OF AMERICA V. JOHN PATRICK COUCH, MD & XIULU RUAN, MD ET AL.
Recipients of the United States of America v. John Patrick Couch, MD & Xiulu Ruan, MD et al. Investigation of the Year - Honorable Mention will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case and the coveted NHCAA honor.

THURSDAY, NOVEMBER 16, 2017
10:30 am - 11:45 am
Multi-agency Case Study: Dismantling a Pill Mill (Panzacola F 3-4)

UNITED STATES OF AMERICA V. SHELINDER AGGARWAL AKA SHAUN AGGARWAL
Recipients of the United States of America v. Shelinder Aggarwal aka Shaun Aggarwal SIRIS Investigation of the Year Award will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case and the coveted NHCAA honor.

FRIDAY, NOVEMBER 17, 2017
9:30 am - 11:30 am
Part II of A Focus on Pill Mills: Examining the Aggarwal and O’Brien Cases (Panzacola H2)