2021 NHCAA

Awards Program

November 17-18, 2021

NHCAA

2021 NHCAA AWARDS COMMITTEE

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MVP Health Care

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NHCAA

Excellence in Public Awareness Award

Honorable Mention

National Health Care Anti-Fraud Association

Office of Integrity and Compliance Veterans Health Administration

United States Department of Veterans Affairs

Each year, NHCAA honors one nominee with its Excellence in Public Awareness Award. This year, we feel it's important to acknowledge a second nominee in this category by conferring an Honorable Mention.

NHCAA is very pleased to honor the Veterans Health Administration, Office of Integrity and Compliance within the United States Department of Veterans Affairs (VA) with the 2021 Excellence in Public Awareness, Honorable Mention Award for its meaningful work in raising awareness of health care fraud, waste, and abuse (FWA).

In 2020, the Veterans Health Administration (VHA), Office of Integrity and Compliance (OIC) launched its "Integrity in a Pandemic" campaign in response to new instances of fraud, waste, and abuse emerging as a result of the COVID-19 pandemic. That campaign effectively reached more than 350,000 employees across VHA, increasing awareness of pandemic related FWA, often appearing in the form of various scams involving supplies, vaccines, charities, telehealth, and treatments.

Ongoing FWA concerns, together with inconsistent compliance practices, led the OIC to launch a new awareness campaign in April 2021 targeting employees, VHA leadership and Veterans. The OIC conducted 12 virtual focus groups to help inform the design and messaging of the campaign. The goals established for the campaign are to: 1) foster a culture of integrity and FWA awareness; 2) improve understanding of who is involved in preventing, detecting, and addressing FWA; and 3) clarify how employees should report potential FWA.

The campaign emphasizes partnerships between the OIC and key stakeholders; mobilizing VHA Compliance Officers to communicate and educate staff and Veterans; and empowering VHA leadership and staff to recognize and report FWA. Tactically, the OIC employed a three-pronged communications campaign that includes identifying and using Campaign Ambassadors; harnessing the many communications channels of the VA for use in the campaign; and enlisting the help of leaders and influencers across VHA to educate their teams about FWA.

Office of Integrity and Compliance leaders and staff appeared in 17 virtual meetings with more than 2,500 leaders across VHA. Local Integrity and Compliance Officers were asked to report campaign impact metrics via SharePoint and upon submission of the award nomination, the multi-channeled campaign had achieved more than 750,000 "engagements" with VHA staff, Veterans, volunteers, and the public.

NHCAA commends the Office of Integrity and Compliance, Veterans Health Administration for prioritizing this important project that serves the public interest.

NHCAA

Excellence in Public Awareness Award

Honorable Mention

National Health Care Anti-Fraud Association

Office of Integrity and Compliance
Veterans Health Administration

United States Department of Veterans Affairs

CONGRATULATIONS TO

TRACY DAVIS BRADLEY, PH.D.
Executive Director

PAMELA BENNETT, MHA, CCEP, FAC-P/PM
Director of Outreach

TERAH WEIDENHAMER
Training and Education Team Supervisor

IMRAN AHMED, CFE
Fraud, Waste, and Abuse Senior Advisor

GREGORY CRENSHAW
Auditor

NHCAA

Excellence in Public Awareness Award

National Health Care Anti-Fraud Association

Blue Cross Blue Shield of Massachusetts

The NHCAA's Excellence in Public Awareness Award recognizes some of the most meaningful and effective efforts to broadly promote understanding and insight about health care fraud. Past winners have included individuals as well as organizations—each of them acknowledged for their work in bringing attention to the problem of health care fraud. Past awardees have included reporters and media outlets; researchers and think tanks; civil servants and government agencies.

This year, NHCAA is pleased to honor an NHCAA Member Organization. NHCAA is proud to name health insurer **Blue Cross Blue Shield of Massachusetts** (BCBSMA) as recipient of the 2021 NHCAA Excellence in Public Awareness Award for its exceptional, company-wide effort to address dangerous threats posed by fraud and misinformation amid the COVID-19 pandemic.

BCBSMA's Fraud Investigation and Prevention team worked in collaboration with the Sales, Marketing, Member and Provider Services, Clinical Programs, and Corporate Communications teams to harness the organization's collective expertise to quickly mobilize in response to a national health emergency to help protect, inform, and empower members, employers, clinical partners, and community partners.

The coordinated effort featured expert guidance from the fraud investigation and prevention team shared through television, radio, and online news outlets. More than 130 webinars were hosted on fraud and other pandemic-related issues for thousands of employer customers and their employees.

Within hours of the public health emergency declaration in 2020, BCBSMA launched an online Coronavirus Resource Center, which continues to be updated and serves as a COVID-19 clearinghouse of vital consumer information. Visits to the site are approaching 300,000. In addition, a COVID-19 information webpage was produced expressly for BCBSMA's 40,000 health providers to help ensure that clinicians are not vulnerable to misinformation.

BCBSMA's health news service, *Coverage*, has published hundreds of clear, fact-based, original reports and videos on the coronavirus that are fully accessible by the public. The *Coverage* website also hosts a page dedicated to combating COVID misinformation full of clear, concise resources available to BCBSMA members as well as the public.

The campaign has delivered more than 7 million texts and emails to members, helping them locate reliable resources during a critical, confusing time. Additionally, BCBSMA used its Twitter, LinkedIn, and Facebook platforms to share hundreds of posts sharing valuable public health information and guidance.

NHCAA commends Blue Cross Blue Shield of Massachusetts for prioritizing this important project that serves the public interest.

NHCAA

Excellence in Public Awareness Award

National Health Care Anti-Fraud Association

Blue Cross Blue Shield of Massachusetts

CONGRATULATIONS TO

IO CYRUS
Associate General Counsel

KATHERINE DALLOW, MD, MPH
Vice President and Medical Director
Clinical Programs and Strategy

PATTY GAUDINO
Communications Manager
Member and Provider Communications

SUMMER D. LATIF
Vice President
Brand Management and Integrated Marketing

DESTINE LEVINE
Director
Market Insights

JAY MCQUAIDE
Senior Vice President
Corporate Communications and Citizenship

JENNIFER STEWART
Senior Director
Fraud Investigation and Prevention

DEBRA J. WILLIAMS, MBA
Chief Sales Officer

GREGORY WINTER
Vice President
Corporate Communications

NHCAA

John Morris Volunteer Service Award

National Health Care Anti-Fraud Association

Mark J. Horowitz, RPh

Senior Manager, Investigations
National Special Investigations Unit
Kaiser Permanente

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

NHCAA is delighted to name **Mark J. Horowitz**, Senior Manager of Investigations for the National Special Investigations Unit at Kaiser Permanente as the 2021 NHCAA **John Morris Volunteer Service Award** recipient. Mark is a colleague and friend to many who consistently demonstrates a remarkable capacity for generosity in sharing his time, knowledge, and skill.

Mark joined Kaiser Permanente in 1989 and spent more than 25 years with pharmacy operations. In his current role with Kaiser's National SIU, Mark is responsible for identifying fraud, waste, and abuse relating specifically to the Medicare Part D program. With his extensive experience in pharmacy operations and as a registered pharmacist in the state of California, Mark is adept at understanding a wide range of pharmacy fraud issues involving false claims, including the devastating impact of opioid overprescribing.

For the last many years, Mark has been an ardent supporter of NHCAA and its mission. He gives freely of his time and experience, whether it's for case information sharing or teaching his fellow industry peers. Currently, Mark chairs NHCAA's Pharmacy and Prescription Drug Fraud Interest Group. He has also contributed to NHCAA as an author and subject matter expert for several Fraud Briefs. In addition, Mark has been a dependable and effective faculty member for various NHCAA education and training programs including serving as a speaker at many Annual Training Conferences over the last decade. His invaluable insights and expertise regarding the unique aspects of pharmacy fraud have elevated every NHCAA training program he has participated in.

Marita Janiga, Vice President of Investigations at Kaiser Permanente and 2022 NHCAA Board Chair, offers the following, "We are thrilled that Mark Horowitz has been chosen as the recipient of NHCAA's 2021 John Morris Volunteer Service Award. This award exemplifies who Mark is. In addition to the work he does on behalf of NHCAA, Mark volunteers for other associations and organizations, and within his own community – he truly makes a difference and epitomizes the spirit of volunteerism. Mark is a highly valued member of our team and is resolutely committed to the fight against health care fraud."

NHCAA

John Morris Volunteer Service Award

National Health Care Anti-Fraud Association

Mark J. Horowitz, RPh

Senior Manager, Investigations
National Special Investigations Unit
Kaiser Permanente

Beyond NHCAA, Mark serves as co-chair of the newly reconfigured Executive Board for the Healthcare Fraud Prevention Partnership (HFPP). He is also president of the California Chapter of the National Association of Drug Diversion Investigators (NADDI) and a member of the California Society of Health System Pharmacists (CSHP).

When asked to share his philosophy on successfully fighting health care fraud, Mark says, "I have always taken pride in sharing investigative referrals, medication guidelines and documents, and will always take the extra step to cooperate with and introduce law enforcement agents with other health plan partners to enhance their investigations. The motto I try to live by at work is 'Partnership and the sharing of investigative information are vital in the battle against health care fraud. The ultimate goal is to mitigate patient risk.'"

NHCAA is grateful to Mark Horowitz for his inexhaustible energy and giving nature and we congratulate him for being named only the fourth recipient of NHCAA's prestigious John Morris Volunteer Service Award.

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

NHCAA

SIRIS® Investigation of the Year

Honorable Mention

National Health Care Anti-Fraud Association

United States of America v. Carlos Reyes-Pescador, MD and AllCare Physicians Group

The National Health Care Anti-Fraud Association is proud to recognize the **United States of America v. Carlos Reyes-Pescador, MD and AllCare Physicians Group** investigation teams with this year's **SIRIS® Investigation of the Year Award - Honorable Mention**.

The investigation into a Texas non-contracted provider AllCare Physicians Group (AllCare) and Carlos Reyes-Pescador, MD began in January 2018 upon Humana's Fraud, Research, Analytics, & Concepts Team identifying a sudden, large spike in billing for G0299 (direct skilled nursing services of RN in home health or hospice service) when AllCare was previously billing CPT 99350 (E&M home visit, established patient). The claims listed Dr. Reyes-Pescador as the rendering provider for all claims which led to a determination of impossible days.

Interviews confirmed that Humana members had no knowledge of AllCare or Dr. Pescador. Instead, the members had received services from other licensed home health agencies. Members also identified services billed by AllCare which were never rendered. Humana's SIU learned AllCare had created side arrangements with several home health agencies to pay them directly while AllCare controlled the claims.

Humana entered a SIRIS Provider Case and then collaborated with counterparts at Blue Cross and Blue Shield of Texas, Optum, and UnitedHealthcare to compare notes about the several businesses, in addition to AllCare, that were created by Pescador and behaving in the same manner.

HHS-OIG agent Darius Hamberlin notified Humana of the conclusion of the government investigation. Humana reached a settlement agreement with AllCare in August 2020, which stipulated a restitution payment schedule of $5,750,000.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General
Office of Investigations

Darius L. Hamberlin, *Special Agent, Criminal Investigator*

BLUE CROSS AND BLUE SHIELD OF TEXAS

John H. Bacot, II, *Senior Manager*

HUMANA, INC.

Debra Anderson, AHFI, HCAFA
Senior Investigator

UNITEDHEALTHCARE

April M. Henderson, *Principal Investigator*
James Guy, AHFI, CFE, *Director, SIU Consulting, Optum Payment Integrity*

United States of America v. Trivikram Reddy

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

Trivikram Reddy, a citizen of India and legal permanent resident of the United States, owned and operated three pain management clinics in Waxahachie, Texas, all with the same physical address. In order for Reddy to operate these clinics and practice as a nurse practitioner in Texas, he was required to enter into at least one collaborative agreement with a licensed physician, along with satisfying requirements imposed by the Texas Medical Board and government-sponsored programs. Reddy entered into six of these agreements with licensed physicians, but he never worked for or with these physicians even though he prominently posted their names on the external windows and doors and on the interior walls of his clinics. Through these three pain management clinics and this business model, Reddy committed a $120 million health care fraud scheme.

Between July 2019 and May 2021, collaboration across multiple insurers and law enforcement agencies uncovered the true scope of Reddy's scheme. NHCAA SIRIS entries resulted in insurers contacting each other to mitigate the risk, conduct on-site inspections and interviews, and provide critical information and testimony in direct support of law enforcement's successful investigation and prosecution of Reddy.

Reddy fraudulently billed more than $120 million in claims to Medicare and private insurers by creating false medical records for services that were not rendered and by using the physicians' NPI numbers to obtain higher reimbursements. After learning he was under investigation, Reddy wired more than $58 million generated from his scheme to a bank account in India.

In October 2020, Reddy pleaded guilty to committing wire fraud. In May 2021, Reddy was sentenced to 20 years imprisonment and ordered to pay more than $58 million in restitution. Collaboration continues between the United States and India to recover the stolen funds currently frozen in Indian bank accounts.

NHCAA

SIRIS

INVESTIGATION OF THE YEAR

National Health Care Anti-Fraud Association

United States of America v. Trivikram Reddy

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General
Office of Investigations

Matthew R.S. Kirk, *Special Agent*
Tiffany C. Smith, *Special Agent*

UNITED STATES DEPARTMENT OF JUSTICE

United States Attorney's Office
Northern District of Texas

Donna Strittmatter Max, *Assistant United States Attorney*
Matt Smid, *Special Assistant United States Attorney*

UNITED STATES DEPARTMENT OF JUSTICE

Federal Bureau of Investigation

Mark L. Barfield, *Special Agent*
Lois Montana, *Intelligence Analyst*
Adriana Maria Rivas, *Special Agent*

TEXAS DEPARTMENT OF INSURANCE

Fraud Unit

Gabriel Torres, *Sergeant*

TEXAS OFFICE OF THE ATTORNEY GENERAL

Medicaid Fraud Control Unit

Michelle Killinger, *Sergeant*

CIGNA

Gregory Erceg, *Fraud Lead Analyst*
Brittany Fritz, AHFI, CFI, *Senior Fraud Manager*
Michael D. Goldfarb, Esq., AHFI, *Director*
Barbara McQuade-Lantzy, BSN, RN, CPC
Senior Manager Nurse Coders

CVS HEALTH

Sandra P. Miller, AHFI, *Senior Investigator*
Theresa Rayl, *Senior Reporting Project Lead*
Patricia Serio, *Executive Director, Data Science*

HEALTH CARE SERVICE CORPORATION

Andrea Jenkins, *Fraud Investigator*
Kimberly Mitchell, *Assistant Manager, Fraud Investigator*

HUMANA, INC.

Debra Anderson, AHFI, HCAFA, *Senior Investigator*
Ryan G. Zarfoss, *Investigator*

OPTUM

Sue Gibbs, AHFI, *Compliance Analyst*

UNITEDHEALTHCARE

Nicole Garman, *Business Analyst Consultant*

NHCAA

INVESTIGATION OF THE YEAR

HONORABLE MENTION

National Health Care Anti-Fraud Association

United States of America v. Rashid et al.

The National Health Care Anti-Fraud Association is proud to recognize the **United States of America v. Rashid et al.** investigation and prosecution teams with this year's **Investigation of the Year Award - Honorable Mention**.

The Mashiyat Rashid (Tri-County Physicians Group) case was a $150 million health care fraud investigation predicated on information from a confidential source together with data analysis that identified multiple physicians working at a Detroit medical practice in addition to their private practices or employment at local hospitals. The practice was owned and operated by Rashid, who masked his ownership of a physician clinic and laboratory under the guise of being a "venture capitalist". The scheme involved multiple defendants participating in a web of fraud that included money laundering, kickbacks, health care fraud, and significant community impact. The scheme involved the prescribing of high-dose opioids to patients in exchange for facet joint injections, medically unnecessary services/procedures, a kickback scheme for unnecessary medical laboratory services, and home health care services for individuals that were not homebound.

In total, Tri-County Physicians Group billed Medicare $138 million, of which $43 million were paid. While a majority of the billing was submitted through Medicare, this total does not include the millions of dollars that were billed and paid through home health care companies, Medicaid, and through private insurance.

On March 3, 2021, Rashid was sentenced to 15 years in prison for developing and approving a corporate policy to administer unnecessary back injections to patients in exchange for prescriptions of over 6.6 million doses of medically unnecessary opioids. In addition to the prison sentence, Rashid was also ordered to pay over $51 million in restitution to Medicare, as well as forfeiture of property traceable to proceeds of the health care fraud scheme to the United States, including over $11.5 million, commercial real estate, residential real estate, and a Detroit Pistons season ticket membership.

NHCAA

INVESTIGATION OF THE YEAR

HONORABLE MENTION

National Health Care Anti-Fraud Association

United States of America v. Rashid et al.

CONGRATULATIONS TO

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

Marc L. Heggemeyer, *Assistant Special Agent in Charge*
Brian Tolan, *Special Agent*

UNITED STATES DEPARTMENT OF JUSTICE
Criminal Division, Fraud Section

Jacob Foster, *Assistant Chief*
Thomas J. Tynan, *Trial Attorney*

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Darcele Jones, *Supervisory Special Agent*
Stephen T. Osterling, *Special Agent*
LaFell Peoples, CPA, *Forensic Accountant*

UNITED STATES DEPARTMENT OF THE TREASURY
Internal Revenue Service
Criminal Investigation

Jeffrey K. Riedel, *Special Agent*

BLUE CROSS BLUE SHIELD OF MICHIGAN
Roger Ramirez, *Investigator*
Ted S. Wink, AHFI, *Field Investigator*

COVENTBRIDGE GROUP
Rebecca Virgin, *Program Integrity Supervisor*

The People of the State of California v. Christopher Bathum and Kirsten Wallace

Community Recovery

The National Health Care Anti-Fraud Association is proud to present **The People of the State of California v. Christopher Bathum and Kirsten Wallace (*Community Recovery*)** investigation and prosecution teams with this year's **Investigation of the Year Award**.

Between June 2012 and December 2015, Christopher Bathum and Kirsten Wallace, co-owners of numerous substance abuse treatment centers in Los Angeles and Orange counties in California and several in the state of Colorado, fraudulently billed an estimated $175 million to private insurers. These rehab facilities were collectively referred to as Community Recovery.

Extensive investigations beginning with Anthem Blue Cross revealed that Bathum and Wallace obtained multiple health care insurance policies for their clients/patients without their knowledge by using their personal identifying information and falsifying the clients' circumstances. Bathum and Wallace then fraudulently billed claims for services that were never provided to unsuspecting individuals seeking help with their addictions. In addition to the health care fraud scheme, Bathum gave his patients drugs, used drugs himself, and offered special privileges (internships, company cars, and access to iPhones) in return for sex.

The collaboration between multiple insurers and government agencies ensured the success of this case. This team of experienced investigators and government agencies were in constant communication and were able to uncover many fraud schemes perpetrated by the owners of Community Recovery. In November 2016, Community Recovery closed when Bathum and Wallace were arrested on fraud, sexual assault, and drug charges.

As the result of this excellent investigation and prosecution, Kirsten Wallace pleaded guilty on March 14, 2017 to 46 felony counts related to the health care fraud billing scheme. Wallace was immediately sentenced to 11 years in state prison. On November 14, 2019, Wallace was ordered to pay a total of almost $52 million to Anthem Blue Cross and to the victims.

Christopher Bathum pleaded no contest to running this high-dollar billing scheme. Bathum entered the plea to 14 felony counts: seven counts of grand theft, five counts of insurance fraud and one count each of identity theft and money laundering. He was ultimately found guilty of 31 criminal counts. In July 2020, Bathum was sentenced to 52 years in prison and at his restitution hearing on October 7, 2020, he was ordered to pay a total of $45 million to the victims of his crimes.

NHCAA

National Health Care Anti-Fraud Association

The People of the State of California v. Christopher Bathum and Kirsten Wallace

Community Recovery

CONGRATULATIONS TO

CALIFORNIA DEPARTMENT OF INSURANCE
Fraud Division

Pollie J. Pent, *Detective*

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

Shaun Gipson, *Deputy District Attorney*
Reinhold Mueller, *Deputy District Attorney*
Henry Valdez, *Senior Investigator*

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Jeffrey S. Jackson, *Detective*

ANTHEM BLUE CROSS
Debra Herzog, *Senior Investigator*
Richard Mossler, *Manager*

BLUE SHIELD OF CALIFORNIA
Mark S. Trueblood, *Senior Investigator*

CENTENE CORPORATION
Lisa-Noelle LeGare, AHFI, CFE, *Senior Investigator*

CIGNA
The Special Investigations Unit
Lisa Henningson, *Fraud Specialist*

HUMANA, INC.
Brian D. Davis, *Senior Special Investigator*

Other Notable Cases

STATE OF ALASKA V. SETH LOOKHART ET AL.

Seth Lookhart, a dentist from Alaska, was convicted of 46 counts of felony medical assistance fraud, felony scheme to defraud, and misdemeanor counts of illegal practice of dentistry and reckless endangerment. The investigation found that Medicaid patients were sedated through I.V. for 3 hours at a time during routine dental procedures that did not require sedation. Additionally, dental services were being mischaracterized and added to records for higher reimbursements.

UNITED STATES OF AMERICA V. BRADDICK ET AL. (Bioflex Medical Technologies)

Michael Braddick of Dallas, Texas, was sentenced to 87 months in prison and ordered to pay more than $6 million in joint restitution for his participation in a scheme to defraud the United States Department of Labor's Office of Workers' Compensation Programs (OWCP). The investigation revealed that Braddick engaged in a scheme to fraudulently bill OWCP through his durable medical equipment company, Bioflex Medical. Bioflex provided durable medical equipment to patients who did not need the equipment. When Braddick billed OWCP, he incorrectly billed transactions as rentals and incorrectly coded the durable medical equipment to increase the reimbursement paid by OWCP. Braddick also paid illegal kickbacks to other co-conspirators, in exchange for OWCP beneficiary information, which he then used to submit additional fraudulent billings.

UNITED STATES OF AMERICA V. DEGRAFT-JOHNSON ET AL.

Moses deGraft-Johnson, a Florida cardiovascular surgeon, pleaded guilty to 56 counts of health care fraud, conspiracy to commit health care fraud, and aggravated identity theft. Over the course of almost four years, beginning in late 2015 or early 2016 until his arrest in February 2020, deGraft-Johnson did significant harm to hundreds of patients living in the Tallahassee area. Many of these innocent victims underwent unnecessary and invasive surgical procedures, while others were victimized through medical records reflecting procedures he did not perform – erroneous and misleading records that could cause doctors in the future to determine a mistaken course of medical treatment for many patients. Sentencing is scheduled for the fall of 2021.

UNITED STATES OF AMERICA V. JOHN KOSLOSKI

John Kosloski, a suburban Chicago chiropractor, pleaded guilty to one count of health care fraud and was sentenced to more than a year and a half in federal prison for fraudulently submitting reimbursement claims to private insurers and Medicare for nonexistent treatment. Kosloski billed the private insurers for services that he purportedly provided to Amtrak employees and their family members, knowing that he was not actively treating them or had never seen them as patients.

UNITED STATES OF AMERICA V. DR. N VAHEDI PHARMACY INC. ET AL.

A Los Angeles pharmacy and its owner pleaded guilty to federal criminal charges stemming from a scheme in which millions of dollars in reimbursements for compounded drugs were generated through the payment of illegal kickbacks for patient referrals and by fraudulently paying patients' copayments. In their plea agreements, Vahedi and Fusion Rx admitted routing millions of dollars in kickback payments through the businesses of two marketers to steer prescriptions for compounded drugs to Fusion Rx.

Awards Related Sessions

Join us and the recipients of the following NHCAA awards to learn more about these noteworthy cases. Our awardees will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of these cases and their coveted NHCAA honor.

NHCAA'S 2021 INVESTIGATION OF THE YEAR AWARD
The People of the State of California v. Christopher Bathum and Kirsten Wallace
Community Recovery
Wednesday, November 17, 2021
2:00 pm – 3:00 pm ET

NHCAA'S 2021 SIRIS INVESTIGATION OF THE YEAR AWARD
United States of America v. Trivikram Reddy
Wednesday, November 17, 2021
3:15 pm – 4:15 pm ET

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