



April 2009

ACFE

Association of

Certified Fraud Examiners

Greater Chicago Chapter

Message from the President

Board of Directors

Ring Around the White Collar

DATA Analysis Series:
Developing Recovery Models

Face-to-Face
News about the ACFE-Greater
Chicago Chapter Programs,
Events and People

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The mission of the Association of Certified Fraud Examiners is to reduce the incidence of fraud and white-collar crime and to assist the Membership in its detection and deterrence.



A Message from the President

Greetings Greater Chicago Chapter Members,

In the noteworthy words of Dorothy Wright Wilson, Former Dean of the University of Southern California Law Center: **"If criminals wanted to grind justice to a halt, they could do it by banding together and all pleading not guilty."**

As I think back on my graduate school days as a Criminal Justice Administration major, I'm reminded of the textbook definition of a common criminal — one who burglarized, committed theft, or robbed an individual. Today, the common criminal is not a thug but rather a sophisticated schemer, outwardly friendly and, for all appearances, honest and trustworthy.



Delena D. Spann

Times have changed drastically on how we view criminals and their defining characteristics. The criminologist Edwin H. Sutherland stated some years ago, "that you can count the number of friends a criminal has as a proxy for the learning process." Sadly, this statement seems to hold true in the State of Illinois.

I believe this is what occurred on the day of April 2nd, 2009, when it was announced that our dear ex-governor "BLAGO" had been indicted on 16 counts of felony charges. Here's my analysis of the charges defined in the "Superseding Indictment" which is defined as the indictment that includes additional charges and/or defendants:

Title 18 , Section 1001 (a) "(2)-charges of a false statement, holding a penalty of 5 years, \$250,000 fine or both, Section 1343- charges of wire fraud, holding a penalty of 20 years, \$250,000 fine, Section 1346- charges of theft of honest services, (financial institution/investment firm) holding a penalty of 30 years, \$1 million dollar fine, Section 1349- charges of attempt and conspiracy, Section 1951 (a)-charges of racketeering, holding a penalty of 20 years, \$250,000 fine." The racketeering charge could possibly fall under the umbrella of obstructing commodities or extortion (under color of official right) What does this mean? (e.g. using authority and/or a political position) (e.g. Police Officers shaking down drug dealers)

There are no underlining offenses in the racketeering charges. **Lastly, Section 1962 "(d)-charges of RICO (Racketeering of Influenced Corrupted Organizations), holding a penalty of 20 years and a \$250,000 fine."** The RICO charge is a simple understanding of a corrupt organization with a violation of a state felony and any indictable federal charge. Under RICO an underlining offense has to be met. (bribery, counterfeiting, drug offenses, access device fraud, extortion, etc.)

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These are reprehensible charges, embarrassing to all residents of the State, so audacious that they try the imagination. So rampant is this corruption that the investigations are far from being over. I can only imagine what the next headline will read. "Another One Bites The Dust" or "The Shakedown Tales". Take your pick.

Our next chapter event for the year will be held on Friday, April 17th at Deloitte, with Neil B. Posner, Principal at Much Selist as the speaker. The topic covered will be-"Who Stole My Cheese?"-Insurance Coverage for Fraud. Please see our website at www.acfechicago.org for additional information on local chapter events.

The Greater Chicago Chapter Women's Fraud Group and Sponsorship Committee need your help. For those who are interested please contact me directly at delena.Spann@ussd.dhs.gov or Glatz Management Services. (Chris & Karen)

Our vision remains: "Let's Go Shopping For Fraudsters"

Best Regards,

Delena D. Spann, M.S., CFE, CCA

President, ACFE Greater Chicago Chapter
*ACFE Board of Regents

Editor's Note:

What do Barack Obama and Delena Spann have in common? Both are presidents of prestigious organizations, and both are avid readers. These are some of the books that Delena recommends for good Spring reading:

Computer Fraud Casebook: The Bytes that Bite, Wells, Joe, CPA, CFE, Wiley Publishing, 2009

Electronic Health Records: An Audit and Internal Control Guide, Busch, Rebecca, CFE, Wiley Publishing, 2008

White-Collar and Corporate Crime, Geis, Gilbert, PhD, Pearson Publishing 2007

**As I continue on the journey of recuperation I send a heartfelt thanks to all of you for your thoughts and prayers during my illness.*

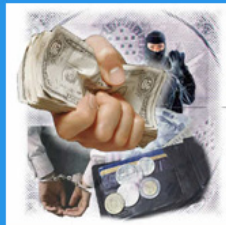
Delena D. Spann, MS, CFE, CCA
President, ACFE Greater Chicago

Our vision remains: "Let's Go Shopping For Fraudsters"

Together, Reducing Fraud Worldwide



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Ring Around the White Collar

By Robert Quillinan, MBA, CFE

Why did Madoff plead guilty?

Can we believe little Bernie plead guilty to save his victims from any more pain? I don't think so. Let's play a little game of what if.

What if Bernie "takes one for the team"?

Will Bernie's boys get to continue in the financial adviser business, avoid prosecution and live off of daddy's money that he has squirreled away around the world?

Will Mrs. Bernie get to keep the penthouse or the house in France? (or pick any one of the numerous estates the family has)

Will Bernie avoid additional charges as the Feds unpeel the onion?

Will Bernie avoid having to answer questions about whom new what and when?

Will Mrs. Bernie get to keep the good ship "Bull"? No, that's right, the Feds already have the yacht.

Madoff is way too shrewd a person to just throw himself on the sword as a noble gesture. My sense of smell just tells me there is more to this than meets the eye.

The Brothers Blagojevich, an Illinois Tale

OK, you've become the first sitting Governor in Illinois history to be impeached and summarily shown the

door. The Feds are feeding the canaries that are singing up a storm at the Dirksen Building. Your ex-chief of staff has just sent you a letter stating that he is one of those canaries. The little woman has lost her \$100K job. What should you do? Go to Disneyworld!!

You have to love this guy. As I write this, our ex-governor has just been indicted. I have just finished reading the press release, and I can tell you it must be true because you couldn't make this stuff up. I know we're all busy trying to keep our jobs, but you have to take the time to read the press release. It can be found at www.usdoj.gov/usao/iln.

I won't take up your time with everything, just one section that I actually physically had to shake my head and read again, to make sure the loss of grey matter hadn't affected my reading ability. I quote, "beginning in 2002 and continuing after Blagojevich was first elected governor, Blagojevich and Monk, along with Kelly and previously convicted co-schemer Antoin 'Tony' Rezko, agreed that they would use the offices of governor and chief of staff for financial gain, which would be divided among them with the understanding that the money would be distributed after Blagojevich left public office;"

Think about that for a minute. This was like an old movie, with the pirates sitting around the table

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deciding how to divide up the bounty. Knowing this group, could any of them think the others were trust worthy? Come on, your making a pact with a bunch of other thieves. I'm sure their word was their bond, but isn't there a saying about honor among thieves? These guys were going to sit around a table in Blago's basement and divide up the cash after he got dumped from office? Please.

Blago said he was going to defend himself until his last breath. He may not know how true that was.

Bullet Points:

- Apparently there is no enterprise that is too small to defraud. The Lexington, KY, Blue Grass Airport is a tax payer supported airport. As such, it has to submit to an audit by the Kentucky Auditor. After an article by the Lexington Herald-Leader, questioning some of the charges made by the executive director of the airport, the State Auditor performed an audit of the last three years.

This is what they found:

- \$720 for one night of champagne in a Las Vegas bar
- \$7,400 for a team building event in which they all partook in the "NASCAR Driving Experience"
- \$2,300 for four shotguns (no indication what these were used for)
- And my favorite, \$4,400 for three directors entertainment at a "gentleman's club" that was listed as 'marketing' in the expense report.

The whole audit report has gone to the Kentucky AG, and the US Attorney's office for their reading pleasure.

- The Hasidic Jew community in Crown Heights New York may finally get some justice. It seems that one of their own, a condo developer and Hasidic Jewish businessman, Eliyahu Ezagui, has been indicted. His scheme?

Ezagui developed two condo buildings in the Crown Heights area. He marketed these to Hasidic Jews looking to move from rentals to homes. He sold the

units for prices ranging from 90,000 to 160,000 dollars. Naturally, he assured the young families that the elders had blessed the buildings and the deals.

When the condos closed, he provided what appeared to be copies of the deeds to the condos. He never filed the deeds with the county. He kept all the deeds in his name or business partners names. When he completed the sale of the units, he then approached several banks and used the deeds as collateral for a total of \$18 million in new loans. He actually paid on the loans for a short time, then fled to Israel when a New York newspaper ran a story about the missing deeds.

Ezagui returned in July of 2008 and was arrested at the airport when his plane landed. Ezagui said that he is now bankrupt, however, he did manage to post a \$3 million bond. He is confined to his home awaiting trial.

The purchasers of his condos? They are facing eviction based on the defaulted loans that Ezagui took out using their deeds. Nice.

Mr. Ezagui is innocent until proven guilty. Tell that to the condo buyers.

Until next time, follow the money.

Robert J. Quillinan, Investigation, Takeda Pharmaceutical, may be reached at robert.quillinan@tpna.com.



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DATA Analysis Series: Developing Recovery Models

By Rebecca S. Busch, RN, MBA, CCM, CFE, FHFMA



Rebecca S. Busch

"I am a great believer in luck, and I find the harder I work, the more I have of it" Thomas Jefferson. The harder you work on the front end, the luckier you will be in materializing information that will generate productive results. In healthcare, it is a blend of luck generated from well-organized and structured audit and investigations. This part series

of articles applies a sample series of data analysis models. These models are the results of output activity from data mining. In the data output world, we have a new continuum to monitor, understand, and use as a guide in audit and investigation of fraud. This is referred to as the anomaly continuum. View these as potential frameworks for building data warehouses of information for analysis.

The prior articles on data analysis introduced the series of detection, investigation, mitigation, prevention, and response data models and its various components. This article will continue with recovery model for data analysis. The sample case flow is an actual case with hypothetical names.

Healthcare application: Case Example: Dr. Healer Case History

- **Who:** Dr. Healer, M.D.
- **What:** Radio host for a program *Medicine Man*; skilled healer with nontraditional practices
- **When:** growing practice over last five years
- **Why:** ?
- **Where:** five walk-in clinic services

Data Set

- **Billing data:** high percentage of complicated visits; Dr. Healer generated bills while traveling in Europe
- **Recent claim data:** visits to chiropractors, acupuncturists, massage therapists,

nutritionists, and personal trainers at a gym billed under Dr. Healer's tax ID number and under M.D. CPT visit codes

Staff issues: Dr. Foreign, staff physician, an unlicensed doctor was on staff for \$5 per hour; Dr. Gone continued to bill out of this clinic, although he no longer was associated with the clinic

Dr. Healer Statement

"I am just a caring doctor getting reluctant insurance companies to pay for alternative health treatments."

The prior articles on data models presented included detection, investigation, mitigation, prevention, and response data models. This article will focus on recovery data analysis models.

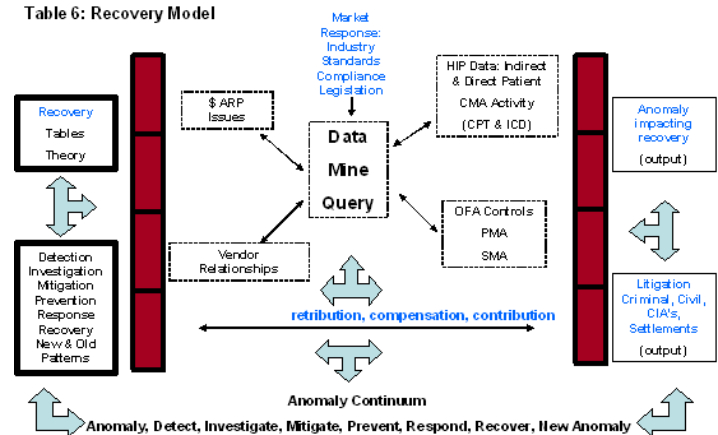
Recovery Model

Recovery is all about the act of regaining. It may include just the possibility of regaining something that was lost or taken. Recovery may also be seen in the form of restoration to a former or better state. Unfortunately this is usually defined in terms of money, property, or some other type of physical asset. Attributes such as dignity, mobility, and life itself can never be replaced. In the arena of waste, fraud, and abuse, irreversible recovery in absolute terms may never materialize.

Table 6 demonstrates the integration of the recovery process into the anomaly continuum.

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Table 6: Recovery Model





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Note the addition of one more data element entitled "Litigation, Criminal, Civil, CIA's, and Settlements." The determinations that are made from any of these activities should be included in the relational database activity. Known outcomes by a perpetrator can help at any component in this continuum. For example, under detection, the algorithms can be defined to look for other parties utilizing the same scheme.

Under investigation the evidence that leads toward a successful prosecution can be used as a standard in future cases. With respect to mitigation, issues such as proof of loss or damage control can help create internal controls and other avenues to help avoid the same issue into the future. Prevention incorporates new compliance initiatives. Response leads to updates and new policy initiatives. Finally, recovery, if any, sets forth opportunities for retribution, compensation, or contributions back to the injured parties.

The following is a series of cases that have been prosecuted. They represent players throughout the HCC.

Sample Case with Recovery of Claims Submitted by an Excluded Party

June 24, 2004: Wadley Ambulance Service (WAS), Oklahoma, agreed to pay \$28,322 to resolve its liability under the CMP [civil monetary penalties] provisions applicable to false or fraudulent claims. The OIG alleged that WAS employed an individual that WAS knew or should have known had been excluded from participation in Federal health care programs. (U.S. Department of Health and Human Services, Office of Inspector General, "False and Fraudulent Claims, 2004," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitems.html>) This is an example of liability by firms that hire individuals who already have a prior record for false claim activity. If a party has been excluded from participation in a federal healthcare program, it is most likely because it has committed an offense that in essence resulted in expulsion.

Sample Case with Recovery from Kickbacks and Physician Self-Referral

June 29, 2004: A New Jersey physician agreed to pay \$500,000 and enter into a five-year integrity agreement to resolve his liability under the CMP provisions for violating the Stark Law and the Anti-Kickback Statute. The physician entered into two lease agreements with a home health agency/durable medical equipment supplier to which the physician referred federal health care program beneficiaries. The OIG alleged that neither lease was commercially reasonable and that both leases were shams to disguise kickbacks paid to the physician in exchange for referrals. (U.S. Department of Health and Human Services, Office of Inspector General, "Kickback and Physician Self-Referral, 2004," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitems.html>)

The Stark laws do not want any physician to be influenced by financial incentives with third parties. The basis for this is that the physician may be influenced by compensation issues versus what is truly needed by the patient.

Sample Case with Recovery Involving Managed Care

December 31, 2001: Molina Medical Centers, a California Medicaid managed care plan, agreed to pay \$600,000 to resolve its liability under the OIG's CMP provision applicable to any Medicaid managed care organization that misrepresents or falsifies information to an individual. The OIG alleged that the managed care plan sent misleading letters to its Medicaid enrollees in an effort to persuade the enrollees to continue to choose it as their Medicaid managed care plan. The OIG alleged that the letters appeared to be written and signed by the enrollees' primary care physicians even though they were actually written and signed by employees of the managed care plan. (U.S. Department of Health and Human Services, Office of Inspector General, "Managed Care, 2001," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitems.html>)

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Sample Case with Recovery Involving Overcharging Beneficiaries

July 28, 2003: A physician from Minneapolis, Minnesota, agreed to pay \$53,400 to resolve his liability under the CMP provision applicable to violations of a provider's assignment agreement. By accepting assignment for all covered services, a participating provider agrees that he or she will not collect from a Medicare beneficiary more than the applicable deductible and coinsurance for covered services. The OIG alleged that the physician created a program whereby the physician's patients were asked to sign a yearly contract and pay a yearly fee for services that the physician characterized as "not covered" by Medicare. The OIG further alleged that because at least some of the services described in the contract were actually covered and reimbursable by Medicare, each contract presented to the Medicare patients constituted a request for payment other than the co-insurance and applicable deductible for covered services in violation of the terms of the physician's assignment agreement. In addition to payment of the settlement amount, the physician agreed not to request similar payments from beneficiaries in the future. (U.S. Department of Health and Human Services, Office of Inspector General, "Overcharging Beneficiaries, 2003," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitems.html>)

This case represents misrepresentation that is made by a physician to a patient. When a physician contracts with a government-sponsored program, he or she adopts the policies of that program. Very few self-insured employers have the opportunity to audit for this type of activity within their programs. This also includes premium-based employers. The issue typically is between the payers who have a contract with the particular provider. The private consumer has very little support in advocacy for this type of issue.

The following case is also a beneficiary issue. In the case above, the physician misrepresented his contract with Medicare for cash. In the case below, the physician intimidated his patients for cash.

"An Indiana doctor was sentenced to 7 years incarceration, with 3 years suspended, for his scheme involving intimidating Medicaid beneficiaries. The doctor, who was previously found guilty during a 4-day jury trial, intimidated Medicaid recipients by telling them they would lose their benefits if they did not make cash payments." (<http://medicalcodingandbilling.blogspot.com/2005/03/oig-saves-american-taxpayers-money-by.html>)

Sample Case with Recovery Involving Select Agents and Toxins

July 26, 2004: Meridian Bioscience, Inc., Ohio, agreed to pay \$50,000 to resolve its liability for an alleged violation of the Select Agent Program. The OIG alleged that Meridian possessed the select agent *C. immitis* from at least March 12, 2003 until March 4, 2004. The OIG alleged that during this time, Meridian failed to submit application materials, and failed to properly register, with the Centers for Disease Control and Prevention. (U.S. Department of Health and Human Services, Office of Inspector General, "Select Agents and Toxins, 2004," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitems.html>)

This group belongs to the HCC category of "other" or "vendor." The perpetrators in this case violated the regulations regarding the possession, use, and transfer of biological agents and toxins in Part 73 of Title 42 of the Code of Federal Regulations (the Select Agent Program).

Sample Case with Recovery Involving Patient Dumping

July 26, 2004: Redbud Community Hospital (Redbud), a small California hospital, agreed to pay \$7,500 to resolve its liability for CMPs under the patient dumping statute. The OIG alleged that Redbud failed to provide an appropriate medical screening examination to a 47-year-old male who presented to its emergency department via ambulance after a bicycle accident. The patient was diagnosed and treated for a right clavicle fracture and was discharged. After being discharged, the patient allegedly experienced shortness of breath and was transported to another medical facility. At

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this medical facility, it was discovered that the patient had also suffered from a closed head injury, vertebral fracture, and an intra-abdominal blood clot. The patient was successfully treated at the second facility. (<http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitemspd>.)

This case represents a possible clinical breakdown by providers when treating patients with no insurance.

Sample Case with Recovery Involving Employee Misconduct

In New Mexico, an Indian Health Service (IHS) contract employee was sentenced to 3 years supervised release and ordered to pay \$26,000 in restitution for embezzlement. The employee involved was supervising a construction project for IHS. He embezzled money in order to add an addition to his home. (<http://oig.hhs.gov/fraud/enforcement/criminal/04/0604.html>)

IHS did not have the appropriate controls to prevent the employee theft. Employee misconduct is a vulnerability shared by all HCC players. In addition to internal controls, appropriate background checks should be conducted on employees hired. Particular screening should include employees who will have indirect and direct patient care involvement. Employees who will be handling PHI and any respective financial transactions should be screened as well.

Sample Case with Recovery Involving Misuse of Grant Funds

In South Carolina, a woman was ordered to pay \$30,000 in restitution for embezzlement and theft. Working as the executive director of a rural health clinic which receives grant funds, the woman used a corporate credit card to make purchases for her own personal use. The fraudulent activity was discovered during an audit. (U.S. Department of Health and Human Services, Office of Inspector General, "Misuse of Grant Funds, May 2004," <http://oig.hhs.gov/fraud/enforcement/administrative/cmp/cmpitem.html>)

Grant activity can fall under the "other" HCC category or that of a provider. This is similar in context to the

employee misconduct. However, it involved research funds. Grant funds have their own specific regulatory requirements. The internal controls failed within the management of the grant.

Sample Case with Recovery Involving Transportation Fraud

In Georgia, two individuals and an ambulance company were sentenced related to charges of providing medically unnecessary ambulance runs and for using non-licensed personnel. One of the individuals was sentenced to 30 months in prison, and the other was sentenced to 21 months in prison. The company was ordered to pay a \$650,000 fine. In addition, they were ordered to pay \$959,000 in joint restitution. (U.S. Department of Health and Human Services, Office of Inspector General, "Transportation Fraud, March 2004," <http://oig.hhs.gov/fraud/enforcement/criminal/04/0304.html>)

This is another example of an HCC player falling into the vendor role. The investigation with transportation cases should include any parties such as providers who were in receipt of these patients. In some of these transportation cases, a provider did not exist at all. Some involved taxi rides to the mall and back. Note the case below.

In Virginia, two operators of a cab service were sentenced to 27 months and 21 months in prison, respectively, for submitting claims to Medicaid for taxi services they did not provide. They were also ordered to pay \$395,000 in joint restitution. (U.S. Department of Health and Human Services, Office of Inspector General, "Medicaid Fraud, February 2004," <http://oig.hhs.gov/fraud/enforcement/criminal/04/0204.html>)

Sample Case with Recovery Involving Prescription Drug Fraud

In Rhode Island, a pharmacist was sentenced to 37 months in prison for charges related to selling prescription drug samples to customers at his pharmacy. In addition, the pharmacist was ordered to forfeit \$431,000 to the government and pay a \$45,000 fine. Pharmaceutical representatives

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provided the drug samples to a physician who in turn diverted them to the pharmacy. In September 2004, the physician was sentenced to 10 years in prison for his involvement in this scheme and for administering diluted vaccines to immigrant patients. (U.S. Department of Health and Human Services, Office of Inspector General, "Prescription Drug Fraud, November 2004," <http://oig.hhs.gov/fraud/enforcement/criminal/04/1104.html>)

Drug-related fraud schemes will be a target area for ongoing investigations. With the introduction of Medicare Part D prescription programs, expect a proliferation of activity. This activity will range from contractual manipulations of medication pricing, drug diversion, drug adulteration, and outright counterfeit activity.

Sample Case with Recovery Involving Durable Medical Equipment

An owner of a DME supply company was sentenced to 2 years imprisonment and ordered to pay \$273,000 in restitution and pay a \$2,500 fine for mail fraud in connection with a Medicaid fraud scheme. The man submitted claims to Wisconsin's medical assistance program for DME that was never provided. (U.S. Department of Health and Human Services, Office of Inspector General, "Durable Medical Equipment, January 2004," <http://oig.hhs.gov/fraud/enforcement/criminal/04/0104.html>)

This is an example of outright false claim activity—billing for products never received. A previous discussion noted the vulnerability with prescription medications and the lack of diagnosis information for claim submissions. The same could be said for durable medical equipment ordered by physicians for patients. The requirement or standard for including a diagnosis with any claims submission would provide a greater opportunity for detection just by the ability to data mine equipment in comparison to diagnosis. The following involved durable medical equipment in which products were provided but misrepresented.

Many inappropriate transactions involve marketing of incontinence supplies. In one case, a supplier

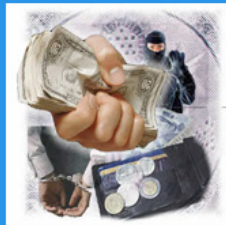
was found to have delivered adult diapers, which are not covered by Medicare Part D, and improperly billed these items as expensive prosthetic devices called "female external urinary collection devices." (*Federal Register*, Vol. 60, No. 154, August 10, 1995, retrieved from <http://oig.hhs.gov/fraud/docs/alertsandbulletins/081095.html>)

Sample Case with Recovery Involving Collusive Activity

In Missouri, six co-defendants were sentenced for conspiring to defraud the United States through a system of kickbacks for patient referrals and the filing of false claims that resulted in overpayments from Medicare and Medicaid. The individuals sentenced included a licensed medical doctor, a registered nurse, a billing service owner, an employee who provided medical billing services, and two owners of several residential care facilities and HHA's. The six were ordered to pay respective restitution amounts totaling \$526,000; and four were sentenced to prison. One central aspect of the scheme involved the owners' referral of patients from their residential facilities to doctors in exchange for them to certify the patients as homebound and eligible for their home health services. This arrangement allowed the doctors to bill Medicare and Medicaid for patient visits and the HHA's to bill Medicare and Medicaid for providing home health services. (U.S. Department of Health and Human Services, Office of Inspector General, "Home Health Agencies, February 2003," <http://oig.hhs.gov/fraud/enforcement/criminal/03/0203.html>)

This scheme involved a series of HCC players. The application of evidence collection by the previously discussed pipelines by player will demonstrate anomalies in the claims data and patient record data, as well as operational records from payroll to inventory to scheduling of staff and patients. This is a complex structure in which intent and collusion were structured and planned.

Rebecca S. Busch, RN, MBA, CCM, CFE, FHFMA is President and CEO of Medical Business Associates, Inc and author of Healthcare Fraud Audit and Detection Guidebook. She may be reached at 630.789.9000 or bbusch@mbanews.com.



Face-to-Face News about the ACFE-Greater Chicago Chapter Programs, Events and People

By Dave Marshall, MBA, CISA, CFE, CFS



Dave Marshall

March Meeting

We had a large turnout at our program on March 13th with attendance by over 90 of our members, colleagues and friends. Our guest speaker was Deanna Wilner, Senior Supervision Analyst in the Anti-Money Laundering and Fraud Risk

Specialty Group of the Federal Reserve Bank of Chicago.

Ms. Wilner is responsible for monitoring and investigating fraudulent activities perpetrated by financial institution affiliated parties. She is a founding member of the Federal Reserve System's Fraud Information Network and is a lead instructor of the System's Fundamentals of Fraud class. In 2008, Ms. Wilner was the recipient of the Superior Contributor Award by the Federal Financial Institutions Examination Council. We were very pleased to obtain Ms. Wilner for our March event.

Deanna Wilner discussed the current fraud issues at financial institutions including mortgage fraud, identity theft, credit issues, money laundering and check fraud. We were also surprised to learn that Illinois ranks as the third highest state in the nation for mortgage fraud cases, behind Florida and California. Ms. Wilner cited a huge increase in recent bank failures and FBI cases, and informed us that almost 1/3 of bank failures were attributed to fraud and insider abuse.

April Meeting

The Greater Chicago Chapter of the ACFE is pleased to present Neil Posner, JD, Principal at Much Selist, on Friday April 17th. Mr. Posner will present the topic of "Insurance Coverage for Fraud and Dishonesty

Losses". Please inform your colleagues and join us at 11:30 AM for registration, lunch and the presentation at the downtown offices of Deloitte at 111 S. Wacker Drive.

May Meeting

The Greater Chicago Chapter of the ACFE is pleased to present Lee Neubecker, President, Forensicon, on Friday May 15th. Mr. Neubecker will present the topic of "Embezzlers, Extortionists and Thieves: Using Computer Forensics to Protect Company Digital Assets". Please inform your colleagues and join us at 11:30 AM for registration, lunch and the presentation at the downtown offices of Deloitte at 111 S. Wacker Drive.



Lee Neubecker

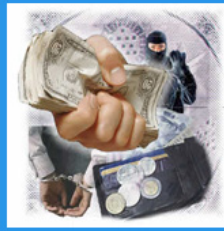
Hosting a Meeting

Would your company, agency or organization would like to host or sponsor an ACFE-Chicago event? An ideal space would be a facility that can seat up to 100 people classroom style. Please contact me. Also let me know your suggestions for topics and speakers.

2009 Meetings Program

We have assembled the 2009 Program and guest speakers, and are bringing to you the relevant topics faced by fraud examiners. Topics include "Financial Institution Fraud", "Computer Forensics", "Identity Theft", "Insurance Recovery for Fraud", "Monitoring Financial Transactions for Fraud", "Payment Card Fraud" and others. The ACFE National Office also held several training classes in Chicago on "The Legal Elements of Fraud Examinations", "Professional Interviewing Skills", and will hold the "The CFE Exam Review Course" later in the year. The schedule is listed below and is on the Chapter web site at www.acfechicago.org. The schedule and speakers are subject to change. We will send out e-mails with the latest Program information.

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And don't miss the "20th Annual ACFE Fraud Conference & Exhibition" at the Bellagio in Las Vegas on July 12-19th.

Need a Speaker?

Do you need a guest speaker for your company, organization or association? There are a number of us on the ACFE-Chicago Board of Directors as well as members who will present a variety of topics on fraud and the ACFE for no charge. Contact me for details.

Do you want to be a guest speaker? Do you have an interesting story or case that you would like to share with your colleagues? Help us spread the word about preventing and detecting fraud. Contact me for details.

Membership Drive

Help us to remain an active and viable chapter. Help us continue to bring you informative, high quality Continuing Professional Education programs. Help us support our mission of fighting fraud!

We encourage you to join or renew your membership in the both the ACFE National and the ACFE-Chicago Chapter. This can be done through the web sites of www.acfe.com, www.acfechicago.org or by contacting the Chicago Board of Directors.

Member News

This section is used to communicate news and events about our Chapter members—awards, special recognition, speaking engagements, articles published, etc. Contact me or our Chapter Newsletter Director Rebecca Busch to get this information in our newsletter.

Board of Directors

Here are your Chicago Chapter Board of Directors. We are here to serve you. Feel free to contact us with any questions, concerns or advice.

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2009 Program Schedule

Programs are subject to change.

3/4/09 – 3/6/09 **Completed.**

ACFE National Training in Chicago: "The Legal Elements of Fraud Examinations" and "Professional Interviewing Skills"

3/13/09 Friday **Completed**

ACFE Chicago Chapter Meeting: "Financial Institution Fraud"

4/17/09 Friday

ACFE Chicago Chapter Meeting: "Insurance Recovery for Corporate Fraud"

5/15/09 Friday

ACFE Chicago Chapter Meeting: "Embezzlers, Extortionists and Thieves: Using Computer Forensics to Protect Company Digital Assets"

7/12/09 – 7/19/09

20th Annual ACFE Fraud Conference & Exhibition; Bellagio Hotel, Las Vegas

7/24/09 Friday

ACFE Chicago Chapter Meeting: Social Event: "Monitoring Financial Transactions for Fraud"

8/24/09 – 8/27/09

ACFE National Training in Chicago: "CFE Exam Review Course"

9/4/09 Friday

ACFE Chicago Chapter Meeting: "Payment Card Industry Compliance, Fraud and Security"

10/15/09 Friday

ACFE Chicago Chapter Meeting: "Identity Theft"

12/8/09 Tuesday

Holiday Lunch at Maggiano's Banquets Restaurant, 111 West Grand Ave, Chicago: Topic TBD

Dave Marshall, MBA, CFE, CISA, Principal, Infotech Global; 708-205-2366; dmarshall@infotech-global.com