



The TASIU Observer

December 2018

Editor: Gabriella Marshall

The Official Newsletter of the Texas Association of Special Investigation Units (TASIU)



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Upcoming Meetings

HOUSTON Meeting

Wednesday, December 12
6006 Westview Dr
Houston, TX 77055

9:00 a.m. Board Meeting
10:00 am General TASIU meeting
10:30 Luncheon starts

SAN ANTONIO

No Meeting in December
Next Meeting January 2019
Fred Loya Auditorium
8603 Ingram Rd.
San Antonio, TX 78245

TASIU meets in both Houston and San Antonio to provide updates on chapter activity and 1-hour of antifraud training for our members. A link to upcoming TASIU training can be found at www.tasiu.org.

TASIU and NICB work together to schedule their respective meetings on the same day for convenience.

*TDI CE credit may be offered. Please have TDI adjuster license number.

Texas Antifraud Vendors Directory

Please be sure to check out our Texas Antifraud Vendors Directory in this issue.

We hope it becomes a valuable reference for you as a one-stop directory for claim investigative needs and suggest printing copies for your claim office bulletin boards.

To our vendors, thanks for your support.

The 2018 TASIU December newsletter December is upon us! It's a great time to reflect, spend time with family, catch up with old friends, give thanks, and give back.

Our TASIU group meeting in Houston is December 12, Wednesday. We're having elections for the TASIU board, our holiday luncheon, and raffle prizes. It's a great time to network and relax with SIU, NICB, and law enforcement colleagues. It's a different location than our usual – it's at the Harris County building at **6005 Westview Dr, Houston, TX 77055**. **We're starting the general meeting at 10:00 am, catered lunch to follow. Please bring a new toy for the Toys for Tots drive.**

NOTE: There will be **NO SAN ANTONIO** meeting in December. The next meeting in San Antonio is in January, the first Thursday of the month. If you know anyone who wants to be a speaker in San Antonio, please have them contact Ken Pearce or Gabriella Marshall, contact information below.

We have a great service project lined up for us to participate on December 8. See below for more information.

Attention members and vendors – it's time to renew your membership. Members, please renew your membership at the website. Remember to be a member of TASIU you also have to be a member of IASIU since we are an affiliate of the national organization. Vendors, please contact Jesse Lopez at jmlopez@travelers.com to renew your membership and discuss arrangements for 2019.

The website is www.iasiu.org

TASIU was officially formed as a 501(c)(3) nonprofit organization by a group of Houston SIU investigators in 1993. TASIU now meets in both Houston and San Antonio.

The TASIU Observer is published monthly and distributed throughout the Texas SIU community. If you would like to submit an article for consideration, please submit your inquiry to Gabriella Marshall, gabriella.marshall@nationwide.com

TASIU OFFICERS:

President (2018-2020): **Jesse Lopez**, *Travelers Insurance*, noahsmile@msn.com
Vice President (2018-2020): **Ken Pearce**, *ACCC Insurance*, hunterclus@yahoo.com
Secretary (2018-2020) **Gabriella Marshall**, *Nationwide Insurance*, gabriella.marshall@nationwide.com
Treasurer (2020-2022): **Les Sutton**, *Kemper*, LSutton@Kemper.com
Sergeant at Arms (H): **Stephen Schoonover**, *HCFMO*, stephen.schoonover@fmo.hctx.net
TASIU Counsel: **Tom J. Usery**, *Law Office of Tom J. Usery, PLLC*, tju@userypllc.com

TASIU BOARD OF DIRECTORS:

Director (2018-2020) **Joel Ramirez**, *National General*, joel.ramirez@ngic.com
Director (2016-2018) **Darren Ravey**, *Farmers Insurance*, darren.ravey@farmersinsurance.com
Director (2018-2020) **Keith Barbier**, *USAA*, keith.barbier@usaa.com
Director (2017-2019) **Daniel McGetrick**, *Farmers Insurance*, daniel.mcgetrick@farmersinsurance.com
Director (2017-2019) **David Godell**, *AAA Texas*, godell.david@aaa-texas.com
Director (2017-2019) **Richard Luna**, *The Hartford*, Richard.Luna@thehartford.com

TASIU PAST PRESIDENTS/ADVISORS:

Past President: Brent Walker, *Travelers*, bwalker4@travelers.com
Past President: Doug Endicott, *AAA Texas*, Endicott.doug@aaa-texas.com

TASIU COMMITTEES:

Membership Education & Training Constitution & Bylaws Laws & Legislation
- San Antonio - Outreach & Awareness - Nominations & Awards
- Newsletter - Seminar - Website

Anti-trust Statement: As Members of this organization or participants in our meetings, we need to be mindful of the constraints of the Anti-trust laws. There shall be no discussions of agreements or concerted actions that may restrain competition. The prohibition includes exchange of information concerning individual company rates, coverages, market practices, claims settlement practices, or any other competitive aspect of an individual company's operation. Each member or participant is obligated to speak up immediately to prevent any discussion falling outside the bounds indicated.

Advertise with TASIU and get noticed by the Texas SIU community.

http://www.tasiu.org/content.aspx?page_id=87&club_id=62802&item_id=72138

The Texas Association of Special Investigation Units is the Texas-South chapter of the International Association of Special Investigation Units.

The IASIU Mission:

- Promoting a coordinated effort within the industry to combat insurance fraud;
- Providing education and training for insurance investigator;
- Developing greater awareness of the insurance fraud problem;
- Encouraging high professional standards of conduct among insurance investigators; and
- Supporting legislation that acts as a deterrent to the crime of insurance fraud.

www.iasiu.org



TASIU Chapter Membership

Who can join?

As the Texas-South chapter of the International Association of Special Investigation Units (IASIU), we follow IASIU membership rules and our chapter members include:

IN ORDER TO BE A MEMBER OF TASIU, YOU MUST ALSO BE A MEMBER OF IASIU. We are a chapter of the national/international organization unless you are in law enforcement.

Regular Chapter Membership (must also be a member of IASIU):

- Full-time SIU employees of insurance companies or self-insured corporations whose primary responsibility is the investigation or supervision of insurance fraud,
- Agents of the National Insurance Crime Bureau.

Associate Chapter Membership (must also be a member of IASIU*):

- Employees of insurance companies, third party administrator, state fraud bureaus and government agencies involved in or providing special expertise in the investigation of insurance fraud.
- Local, state, federal, provincial, or similar governmental entities' law enforcement officers, or prosecutors,*

**International (IASIU) membership is optional for sworn law enforcement and fire officials who join the TASIU chapter.*



NEFCO
FIRE INVESTIGATIONS

Patrick Tullius
Regional Production Manager

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Tel: (800) 675-8500 • Fax: (603) 330-9669 • Cell: (575) 644-6462
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BILLY COX GROUP
FORENSIC CRASH ANALYSIS

Billy S. Cox, Jr.
President - CEO

979.595.1233 • 888.392.5309 fax
billy_cox@billycoxgroup.com • www.billycoxgroup.com
P.O. Box 1699 • Navasota, Texas 77868-1699



Our TASIU Volunteer service project is to cleanup and beautify the National Veterans Cemetery in anticipation of the Wreaths Across America. **On Saturday, December 8, 2018**, please join us at the Veterans Cemetery to start the clean up. Volunteers should arrive at 8:00 am. He also advised that volunteers should park in the Chapel parking lot that is located towards the back of the cemetery. Please call Jesse Lopez at 281-733-9659 or email him at jmlopez@travelers.com. The address is here:

Houston National Cemetery
10410 Veterans Memorial Dr.
Houston, TX 77038
Phone: 281-447-8686
Contact: Scott Weber

On December 15, the following weekend, there will be the national Wreaths Across America ceremony if you wish to attend. Their website is <https://www.wreathscrossamerica.org/pages/17177/Overview/?relatedId=18760>.

What are the benefits of joining IASIU/TASIU?

- Certification available – Certified Insurance Fraud Investigator
 - Free training for members, regular meetings
 - TASIU newsletter
 - Job opportunities
 - Latest fraud related news
- Networking and connections

IASIU has announced the CIFI exam is now available on-line. No longer must someone wait until the annual IASIU seminar or one of the Texas seminars to test or re-test. Please check out IASIU's website for more information: <http://www.iasiu.org/certifications/cifi/>



Dues Renewal Notice

Please remember to be eligible for membership you must be a member in good standing (dues paid) of IASIU. Payment can be made on-line, by cash, or by check. Please check the website for more information. Please go the TASIU website and renew your membership if you haven't already.

The link is here: http://tasiu.clubexpress.com/content.aspx?page_id=0&club_id=62802

Please note: We'll be sending out reminder emails in the coming months for renewals so check your membership status soon!

TASIU NEWS

- The planning for our April 9-10, 2019 TASIU Fraud Seminar is underway. We are reaching out to potential speakers, and conference vendors. There are different levels of sponsorship available. We are also seeking underwriting sponsors for a trailer to be donated to a law enforcement agency. All sponsorship opportunities will include a dedicated networking reception with face to face time with attendees, banners and signs on the website and at the conference, and newsletter advertising. Please contact Jesse Lopez, Keith Barbier, or Dave Godell if you wish to be a sponsor for the conference. Contact information is above on page 2
- We have a great speaker lined up for our Houston January 2019 meeting. Czolgus Evans from AMN Services will be demonstrating Digital Data Extractions and Spyware Scanning from cellular devices in partnership with Black Swan Digital Forensics. His linkedin profile is <https://www.linkedin.com/in/czolgus-evans-3846297/> for more information. The digital data extraction from the cell phone can identify pictures, texts, and all data that was on the phone, with its corresponding date/time and GPS location.
- **SAVE THE DATE!! PUT APRIL 9-10, 2019 ON YOUR CALENDARS FOR THE TASIU SEMINAR TO BE HELD IN PASADENA, TX (OUTSIDE HOUSTON)**



Seminar Sponsor, Thank you!!



Thank You!

Thank you for Chris Alch with Rimkus Engineering for the Shipley's donuts and kolaches every month at the Houston TASIU meetings!

cvI CLAIMS VERIFICATION INC.
Nationwide

Nationwide SIU Special Investigation and Surveillance
FLAT RATE INVESTIGATION SERVICES ACROSS TEXAS

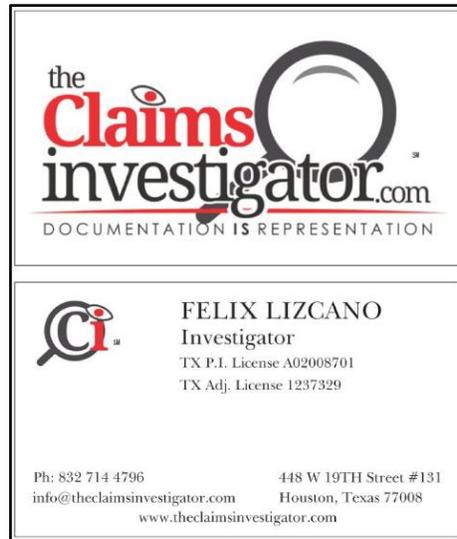
1-888-284-2000 • www.cvi.com • cases@cvi.com

Following license numbers in accordance with state regulations. All others on file. CA 23418 - CR 33741 - AZ 1539670 - NV 1219 - TX A13677
NC BP400162896 - FL A0002019 - IL 117001507 - NY 11000022200 - VA 11-3010

SEMINAR SPONSOR – THANK YOU!



**City of Pasadena
Fire Marshal's Office**



Employment Opportunities

Does your company have an SIU position to post / announce? E-mail the information to gabriella.marshall@nationwide.com

Associate Fraud Specialist, Houston, TX

<https://recruiting.adp.com/srccar/public/RTI.home?c=1040145&d=ExternalSSCS&rb=GLASSDOOR&r=5000434087906#/>

The Company Worldpay is a global payments leader powering international commerce with deep fintech expertise and a shared passion for our customers. Whether in-store, online, or on a mobile device, we process over 40 billion transactions annually and offer more than 300 payment methods supporting 126 currencies across 146 countries. It's the perfect place for exceptional people to take their careers to the next level. The Opportunity Worldpay is a rapidly growing company in a competitive market, which means we need to be proactive and assertive in our ability to identify, stop and prevent fraud. When we provide insightful and preventative fraud protection, we provide our partners and clients with a level of service they can't get from our competitors. The solutions don't always come easy, but they're worth the efforts when you can turn those customers into advocates of Worldpay. The Associate Fraud Specialist is the first line of defense in identifying and stopping fraudulent activity or transactions. By reviewing and responding to potential fraud threats, he/she will be equipped with the knowledge and expertise to stop fraud from becoming a larger issue for the customer and the business. He/she will be vigilant in their research to identify fraudulent activity and proactive in their decision-making to resolve it. A World of Opportunity We're turbo-charging our industry by nurturing the fintech experts needed to help our customers prosper. We don't try to ride the winds of change. We create them. We're proud to be shaping the future of payments by supporting the growth and development of our colleagues. We provide opportunities to learn and the flexibility needed to get the job done. We strive to hire the best and to create a climate where curiosity is king. So, wherever you join us around the world, we'll empower you to fulfill your potential. If this is the kind of career experience you're looking for, we invite you to apply today. The Day-to-Day Responsibilities:

- Reviews and responds to suspected fraudulent service requests, queues, and transaction records to identify potentially fraudulent transactions or accounts.
- Identifies problems and issues by performing relevant research using the appropriate tools and by following established procedures.
- Utilizes custom and standard software programs and applications as well as manual review to analyze transactional and customer record for fraud.
- Maintains control of an inbound call while following proper procedures in order to resolve open fraud cases.
- Takes inbound calls and provides a high-standard of customer service to ensure resolution.

Qualifications:

- Typically requires less than 1 year of related experience. All the above duties and responsibilities are essential job functions for which reasonable accommodation will be made. All job requirements listed indicate the minimum level of knowledge, skills and/or ability deemed necessary to perform the job proficiently. This position description is not to be construed as an exhaustive statement of duties, responsibilities or requirements. Colleagues may be required to perform any other job-related instructions as requested by their leader, subject to reasonable accommodation.

Job Title

Special Investigation Unit - Field Investigator – Sedgwick Claims

Position Type

Regular - Full Time

Requirements

Location

Dallas, TX

SIU Field Investigator

CLAIM YOUR FUTURE AS A GREAT PERFORMER!

Providing both satisfying and challenging work along with a highly professional and friendly work atmosphere, Sedgwick has a strong commitment to its colleagues and its clients. If you are seeking a place where you can do great things for those whose lives you touch while maximizing your own career possibilities, Sedgwick is the place for you. As the largest and most innovative Third Party Administrator in the claims industry and the first and only TPA to receive both recognition as the Best TPA in America and the coveted Employer of Choice designation, we invite you to come be a part of our team and, "Claim Your Future."

PRIMARY PURPOSE: To conduct surveillance investigation of worker's compensation, liability and personal injury claims in order to document the physical activities of a claimant.

ESSENTIAL FUNCTIONS and RESPONSIBILITIES

- Conducts vehicular and non-vehicular surveillance of assigned subjects using digital video cameras and other related surveillance equipment.
- Documents activities videotaped and/or observed in a detailed, professional investigative report using laptop computer.
- Transmits investigative reports, video snips and video clips of documented activity via laptop computer and related transmission devices according to deadline requirements.
- Reports hours worked, expenses, mileage and other case specific data to the SIU Team Lead through the established daily process requirement.
- Under the guidance of the team lead, occasionally conducts special investigations including recorded statements and interviews, alive and well checks and neighborhood canvasses.
- On a limited basis, communicates investigative results with claims examiners and clients.

ADDITIONAL FUNCTIONS and RESPONSIBILITIES

- Performs other duties as assigned.
- Supports the organization's quality program(s).
- Travels as required.

QUALIFICATIONS

Education & Licensing

Bachelor's degree from an accredited college or university preferred. Appropriate jurisdictional licensing required.

Experience

One (1) year of claims industry, law enforcement and/or fraudulent claims surveillance experience or equivalent combination of education and experience required.

Skills & Knowledge

- Thorough knowledge of claims management processes and procedures
- Excellent oral and written communication, including presentation skills
- PC literate, including Microsoft Office products
- Analytical and interpretive skills
- Strong organizational skills

- Excellent interpersonal skills
- Excellent negotiation skills
- Good judgment and discretion skills
- Ability to manage multiple projects and set priorities
- Ability to work in a team environment
- Ability to meet or exceed Performance Competencies

WORK ENVIRONMENT

When applicable and appropriate, consideration will be given to reasonable accommodations.

Mental: Clear and conceptual thinking ability; excellent judgment, troubleshooting, problem solving, analysis, and discretion; ability to handle work-related stress; ability to handle multiple priorities simultaneously; and ability to meet deadlines

Physical: Computer keyboarding, travel as required

Auditory/Visual: Hearing, vision and talking

NOTE: Credit security clearance, confirmed via a background credit check, is required for this position.

The statements contained in this document are intended to describe the general nature and level of work being performed by a colleague assigned to this description. They are not intended to constitute a comprehensive list of functions, duties, or local variances. Management retains the discretion to add or to change the duties of the position at any time.

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Global Integrity Investigator and Analyst

Apply Save job **Job ID 3039057** **Primary Location** Bracknell, , United Kingdom **Other Location** Houston, Texas, United States of America; Sant Cugat del Valle, Spain; Washington, District of Columbia, United States of America; **Date posted** 11/20/2018

At HP, talent is our criteria.

Join us in reinventing the standard for [diversity and inclusion](#). Bring your awesomeness, and just be you!

At HP, we work across borders, and without limits. Global virtual teams share resources and pool their big ideas to solve business issues and meet personal goals. Everyone is valued for the unique skills, experiences and perspective they bring. That's how we work at HP. And this is how ideas and people grow.

HP Global Integrity Investigators are responsible for leading Integrity Investigations throughout all areas of HP business. They conduct complex and sensitive internal investigations involving allegations of employee misconduct, including fraud and embezzlement, conflicts of interest, misuse of confidential information, bribery and corruption, kickbacks, sales schemes, and improper revenue recognition. Investigations are conducted throughout the world, and some involve complicated accounting and financial reporting issues.

This team member will also provide significant support to Ethics and Integrity initiatives for the HP Employment, Ethics and Compliance Office and will be a leader in configuring and integrating a new investigation management solution for the company.

Work location for this role is available in these locations: Bracknell, UK/ Barcelona (Sant Cugat) Spain/ Washington, D.C., USA/ Houston, USA.

Primary Activities

- Conduct Integrity investigations relating to employee misconduct in all areas of HP business, ensuring that investigations are conducted in strict compliance with HP's Investigative Guidelines and policies, and all applicable local laws and customs.
- Collaborate with colleagues in the Ethics and Investigations Team and across HP to develop and deliver Ethics Initiatives, including training, media outreach campaigns, local site visits, and other activities
- Lead the team in configuring, integrating, and optimizing an investigation management solution to replace a current system.
- Evaluate investigation findings to identify root causes and trends and assist in developing mitigation plans.
- Utilize investigations management and business intelligence tools to vet, visualize, and better understand data related to investigations and other ethics indicators.
- Collaborate regularly with members of HP's Ethics and Investigations Counsel, the Global Legal Affairs, Human Resources, Internal Audit, Cyber Security, and other business partners.
- Provide training, support, and guidance to local country investigation teams on non-escalated investigations.
- Meet with senior and executive-level managers to present investigative findings and recommendations.
- Partner with HP legal, outside counsel and various law enforcement agencies to pursue legal remedies to protect HP and seek restitution in cases of significant fraud or reputational damage.
- Worldwide Travel (25%)
-

Qualifications

- Bachelor's degree or equivalent in Accounting, Finance, Criminal Justice or a related field of study. MBA and/or CFE while not necessary, is preferred.
- Proven experience managing complex private sector and/or law enforcement investigations, including extensive interviewing experience, is required.
- Experience working with and optimizing investigations management tools (e.g., I Sight, Convercent, EthicsPoint or similar tools).
- Knowledge and experience of digital forensics, including the acquisition and analysis of data is preferred.
- Knowledge and experience with business analytics software such as Microsoft Power BI, Tableau, or other similar tools a plus.
- Ability to quickly and correctly identify key investigative issues and prioritize competing tasks.
- Excellent writing and interpersonal skills, with strong business acumen and a keen understanding of internal control principles, is required.

- Written and verbal English fluency is required. International investigative experience and foreign language proficiency are desirable.

Primary Location – Bracknell, UK/ Barcelona (Sant Cugat), Spain, Washington, DC, Houston, TX

We are looking for visionaries who are ready to make an impact on the way the world works. At HP, the future is yours to create.

Thanks for taking the time to review our job, if you think it is a match to your experience and interests please apply today— we are eager to learn more about you. If you know a friend who may be a fit for the job please refer them.

.....
Surveillance Investigator The primary responsibilities of this position include but are not limited to: conducting various types of investigations, covert surveillance, and background checks. Investigators will be required to record all findings into a clear and concise report, obtain video evidence, obtain recorded statements, testify as needed at hearings and trials, and work independently with minimal supervision. The successful candidate will have related experience as either: * A private investigator *Honorably discharged from any military branch *Law enforcement *Loss prevention *Security *Criminal Justice degree. Applicants must meet the following requirements: *Excellent verbal and written communication skills *Demonstrated ability to analyze information, develop logical questions and accurately report findings *Proficiency in Microsoft Office programs *Excellent time management skills *Possess a valid driver's license and provide MVR *Own a windows based laptop not older than 3 years *Own a suitable surveillance vehicle *Be willing to travel *Private Investigator license is mandatory in some states *Must pass a drug test and pre-employment testing Revised 1/2018 Surveillance Investigator Questions 1. This position requires you to travel at least 50% of the time, are you able to travel? Yes or No 2. Do you own a reliable, suitable surveillance vehicle? -yes or no, and space to provide a description 3. Do you own a windows based laptop computer less than 2 years old? 4. Are you currently licensed as a Private investigator in any state? --yes or no, space to provided states 5. Have you ever had a license revoked in any state?
.....

Director, Special Investigation in Houston, Texas

Req ID: 55743BR

POSITION SUMMARY

The SIU Director position will oversee multiple investigative teams responsible for all healthcare fraud investigation types (provider, pharmacy, member, etc.) across multiple lines of business. This position will report directly to Aetna's Sr. Director of Special Investigations.

Fundamental Components:

Leads and directs the operational activities, budgetary, and financial responsibilities of staff across multiple teams responsible for preventing, detecting, investigating, correcting and reporting healthcare fraud, waste, and abuse. Participates in the development and execution of strategic and operational goals and initiatives based on departmental and enterprise goals and objectives. Makes strategic and operational business decisions by identifying and analyzing trends and improvement opportunities through the effective use of resources, tools, and metrics. Maintains a thorough understanding of healthcare fraud, waste, and abuse and identifies instances where the company may be at risk. Provides direction to staff on the handling of complex cases and facilitates issue resolution. Ensures associates are performing in compliance with company policy, contract provisions, fiduciary responsibilities, and applicable state/federal laws and regulations. Responsible for the ongoing management of staff by attracting talent, setting direction, providing appropriate guidance, effectively managing performance, recognizing contributions, and developing talent/capabilities. Maintains transparent communication by appropriately communicating organization information through department meetings, one-on-one meetings, email and regular interpersonal communication. Ensures quality by establishing and overseeing best practices, and ensuring the development and delivery of training as needed. Maintains and shares industry knowledge by keeping current on laws, trends, and issues. Directs and evaluates investigation strategies that respond to changes in law, technology, and company policy. Serves as primary contact for outside law enforcement agencies

(local, state, federal). Coordinates joint investigations that require law enforcement intervention. Represents the company at fraud related industry meetings, associations, and events.

BACKGROUND/EXPERIENCE desired:

10+ years supervisory experience. Minimum of ten (10) years of combined experience conducting, managing, or directing investigations in the area of insurance fraud, law enforcement, civil or criminal litigation, or similar field. Healthcare insurance Fraud working across multiple product line experience needed. Demonstrated ability to effectively lead, coach and develop investigative staff. Technical and business management acumen; advanced claims investigations and resolution skills; advanced knowledge of insurance and claims handling principles, practices, and procedures. Excellent communication, negotiation, and presentation skills with the ability to effectively interact with internal and external business partners at all levels. Excellent analytical and problem solving skills, with the ability to simultaneously manage multiple projects and teams. Ability to deal effectively with ambiguous situations and issues. Creative thinker; embraces diverse and innovative ideas to solve problems. Proven ability to achieve results by taking a proactive long-term view of business goals and objectives. Helps others to excel through collaboration and building strong relationships. Raises expectations of self and others by continuously learning and broadening industry and technical skills. Professional certification, accreditation, or designation related to fraud investigations also desired (e.g. AHFI, CFE).

EDUCATION

The highest level of education desired for candidates in this position is a Bachelor's degree or equivalent experience.

Telework Specifications:

Considered for any US location; training period in the office may be required

ADDITIONAL JOB INFORMATION

Aetna is about more than just doing a job. This is our opportunity to re-shape healthcare for America and across the globe. We are developing solutions to improve the quality and affordability of healthcare. What we do will benefit generations to come.

We care about each other, our customers and our communities. We are inspired to make a difference, and we are committed to integrity and excellence.

Together we will empower people to live healthier lives.

Aetna is an equal opportunity & affirmative action employer. All qualified applicants will receive consideration for employment regardless of personal characteristics or status. We take affirmative action to recruit, select and develop women, people of color, veterans and individuals with disabilities.

We are a company built on excellence. We have a culture that values growth, achievement and diversity and a workplace where your voice can be heard.

Benefit eligibility may vary by position. [Click here to review the benefits associated with this position.](#)

Aetna takes our candidates's data privacy seriously. At no time will any Aetna recruiter or employee request any financial or personal information (Social Security Number, Credit card information for direct deposit, etc.) from you via e-mail. Any requests for information will be discussed prior and will be conducted through a secure website provided by the recruiter. Should you be asked for such information, please notify us immediately.

Job Function: Legal

Aetna is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected Veterans status.

Job Description

POSITION SUMMARY

The SIU Director position will oversee multiple investigative teams responsible for all healthcare fraud investigation types (provider, pharmacy, member, etc.) across multiple lines of business. This position will report directly to Aetna's Sr. Director of Special Investigations.

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- Maintains a thorough understanding of healthcare fraud, waste, and abuse and identifies instances where the company may be at risk.
- Provides direction to staff on the handling of complex cases and facilitates issue resolution. Ensures associates are performing in compliance with company policy, contract provisions, fiduciary responsibilities, and applicable state/federal laws and regulations. Responsible for the ongoing management of staff by attracting talent, setting direction, providing appropriate guidance, effectively managing performance, recognizing contributions, and developing talent/capabilities.
- Maintains transparent communication by appropriately communicating organization information through department meetings, one-on-one meetings, email and regular interpersonal communication.
- Ensures quality by establishing and overseeing best practices, and ensuring the development and delivery of training as needed. Maintains and shares industry knowledge by keeping current on laws, trends, and issues. Directs and evaluates investigation strategies that respond to changes in law, technology, and company policy.
- Serves as primary contact for outside law enforcement agencies (local, state, federal). Coordinates joint investigations that require law enforcement intervention. Represents the company at fraud related industry meetings, associations, and events.

BACKGROUND/EXPERIENCE desired:

- 10+ years supervisory experience. Minimum of ten (10) years of combined experience conducting, managing, or directing investigations in the area of insurance fraud, law enforcement, civil or criminal litigation, or similar field.
- Healthcare insurance Fraud working across multiple product line experience needed.
- Demonstrated ability to effectively lead, coach and develop investigative staff.
- Technical and business management acumen; advanced claims investigations and resolution skills; advanced knowledge of insurance and claims handling principles, practices, and procedures.
- Excellent communication, negotiation, and presentation skills with the ability to effectively interact with internal and external business partners at all levels.
- Excellent analytical and problem-solving skills, with the ability to simultaneously manage multiple projects and teams. Ability to deal effectively with ambiguous situations and issues.
- Creative thinker; embraces diverse and innovative ideas to solve problems.
- Proven ability to achieve results by taking a proactive long-term view of business goals and objectives. Helps others to excel through collaboration and building strong relationships. Raises expectations of self and others by continuously learning and broadening industry and technical skills.
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Together we will empower people to live healthier lives.

Aetna is an equal opportunity & affirmative action employer. All qualified applicants will receive consideration for employment regardless of personal characteristics or status. We take affirmative action to recruit, select and develop women, people of color, veterans and individuals with disabilities.

We are a company built on excellence. We have a culture that values growth, achievement and diversity and a workplace where your voice can be heard.

Aetna takes our candidates' data privacy seriously. At no time will any Aetna recruiter or employee request any financial or personal information (Social Security Number, Credit card information for direct deposit, etc.) from you via e-mail. Any requests for information will be discussed prior and will be conducted through a secure website provided by the recruiter. Should you be asked for such information, please notify us immediately.

Req#

55743BR

Job Group

Legal

EEO Statement

Aetna is an Equal Opportunity, Affirmative Action Employer

Primary Location

CT-Hartford

Additional Locations

AZ-Phoenix, CA-Fresno, CA-Los Angeles, CA-San Francisco, CT-Hartford, CT-Stamford, FL-Jacksonville, FL-Orlando, FL-Tampa, GA-Atlanta, IL-Chicago, MA-Boston, NJ-Parsippany, NY-Buffalo, NY-New York, PA-Philadelphia, PA-Pittsburgh, SC-Columbia, TX-Houston, TX-San Antonio

Percent of Travel Required

10 - 25%

Potential Telework Position

Yes

Full or Part Time

Full Time

Supervisory

Yes

Resource Group

2

INVESTIGATOR – SPECTRUM

APPLY NOW Date posted 11/28/2018 Requisition Number: 231108BR Location: United States - Texas - San Antonio Zip Code: 78247 Area of Interest: Facilities/Security Position Type: Full Time
JOB TITLE: Investigator

JOB SUMMARY

Reporting to the Manager, Corporate Security, this position will be responsible for investigating instances of theft, fraud, improprieties and workplace violations of a proprietary and contingent workforce. The Investigator will conduct research and personal interviews in accordance with all local, state and federal laws and regulations as well as company policies. The Investigator will analyze all necessary information and documentation related to the investigation. Investigators will write and document comprehensive investigative reports utilizing the Corporate Physical Security investigative reporting database. They will provide testimonials regarding the incident and the process and/or tools utilized to identify the subject(s) and/or loss. The Investigator will also represent the Corporate Physical Security department on various market and/or area level committees and working groups as needed. In addition the Investigator will be expected to assist with administering physical security programs including facility security risk assessments, access control, alarm monitoring and video systems. The Investigator must also assist in providing security related training in a manner consistent with Charter policies, procedures, quality standards, and customer needs.

MAJOR DUTIES AND RESPONSIBILITIES

- Applies basic knowledge to investigative instances of theft, fraud, improprieties and workplace violations of a proprietary and contingent workforce
- Supports Sr Investigators in complex investigations and in workplace related support for other Charter functions i.e. Human Resources, Audit, Legal
- Conducts Facility Security Risk Assessments; Assist with Security Access, Video, and Alarm Monitoring Systems
- Participates in training and as Corporate Physical Security representative on various market and/or area level committees and working groups as needed

REQUIRED QUALIFICATIONS

- Knowledge of Federal, state or local regulations relevant to the company, i.e., PCI, CPNI, SOX, HIPAA, and data privacy affecting theft of cable service preferred
- Working understanding of the criminal justice, court system and private security regulations
- Excellent interpersonal, organizational, and communications skills, as well as the ability to deal with all levels of people, both inside and outside the company
- Working knowledge and ability to perform diagnostics/repairs of access control, video surveillance, and alarm systems

Skills/Abilities and Knowledge

- Knowledge of Microsoft Outlook, Word, Excel, and PowerPoint applications (required)
- Basic understanding of the complexities of software and networking; how the systems work together (required)
- Must be able and willing to take initiative and handle various tasks simultaneously while working efficiently, effectively, and independently under minimal supervision and successfully complete required work
- Ability to read and write in English and use math skills accurately to complete daily paperwork (required)
- Accuracy and attention to detail (required)
- Preparation and documentation of investigations for hand off to Human Resources, legal counsel or law enforcement agencies with general supervision
- Timely and accurate completion of investigative reports
- Manage multiple types of investigations (Code of Conduct, Fraud, Compliance, Theft, and Workplace Issues)
- Working understanding of incident reporting and case management
- Working knowledge of evidence handling and case building for prosecution
- Training in interview techniques
- Must be knowledgeable and work within the laws/statutes as well as employment laws impacting methods used in successful investigations
- Testing of intrusion systems to ensure they work properly and all connections are established
- Ability to read blueprints and schematic wiring diagrams and follow installation guidelines
- Ability to differentiate between different sizes and colors of wire
- Physically able to work in adverse weather conditions and able to enter confined spaces such as attics and crawl spaces, if required
- Experience with adjudication process for cable theft, identity theft and fraud (Preferred)
- PCI, CFE, CPP or similar certification (Preferred)

EDUCATION

- High School Diploma or equivalent (Required)
- Bachelor's or higher (Preferred)

Related Work Experience Number of Years

- Investigations, Audit, or similar experience 2
- Investigations 5
- Physical Security 2

WORKING CONDITIONS

- Office environment
- Up to 50% travel (within the region) with the ability to work hours outside of normally scheduled shift with little or no advance notification required

The Spectrum brands (including Spectrum Networks, Spectrum Enterprise and Spectrum Reach) are powered and innovated by Charter Communications. Charter Communications reaffirms its commitment to providing equal opportunities for employment and advancement to qualified employees and applicants. Individuals will be considered for positions for which they meet the minimum qualifications and are able to perform without regard to race, color, gender, age, religion, disability, national origin, veteran status, sexual orientation, gender identity, or any other basis protected by federal, state or local laws.

Business Unit: Corporate [APPLY NOW](#) [APPLY LATER](#)

TRAINING AVAILABLE

Webinar: Medical Fraud Billing in Drug Tests

FREE FOR IASIU/TASIU MEMBERS



Please join us for this 1 hour webinar is being presented by Tami Rockholt, RN, BS, Nurse Consultant, INFORM Software and Michael Fossey, MS, Data Analyst, INFORM Software on Thursday, January 17th at 12:00 pm PT, 1:00 pm MT, 2:00 pm CT, 3:00 pm ET.



1/17/2019

When: 2:00 pm CT

Online Webinar

Where: N83 W13410 Leon Road
Menomonee Falls, Wisconsin 53051

United States

Greg Haag

Contact: ghaag@iasiu.org

414 375-2992 ext. 1118

www.iasiu.org

Online registration is available until: 1/17/2019

Webinar: Rich Man, Poor Man: When the Numbers Don't Add Up

Please join us for this 1 hour webinar is being presented by Shelly Lee Griffin, BS, JD, Attorney, Secrest Wardle on Wednesday, February 13th at 11:00 am PT, 12:00 pm MT, 1:00 pm CT, 2:00 pm ET.



2/13/2019

When: 1:00 pm CT

Online Webinar

Where: N83 W13410 Leon Road
Menomonee Falls, Wisconsin 53051

United States

Greg Haag

Contact: ghaag@iasiu.org

414 375-2992 ext. 1118

Online registration is available until: 2/13/2019

[« Go to Upcoming Event List](#)

Following the recession, bankruptcy filings were at record highs wherein many policyholders cried poverty to be relieved of their debts. To do so, the policyholder swore he or she had insufficient income and owned few or limited assets. However, after experiencing a property loss in the months or years that follow, the policyholder paints a completely different financial picture. In the presentation of his or her claim, the home and personal property are significantly more valuable than what was previously disclosed to the bankruptcy court. So, which is accurate? Is the policyholder rich or poor? When the numbers don't add up, courts have been applying the Doctrine of Judicial Estoppel to dismiss the policyholder's claim. Come learn how this effective and underutilized tool should be part of every special investigator's arsenal for combating fraud.

Registration is free to IASIU members and \$50 for non-members to attend this event. If you are not a member of IASIU who works in SIU and would like to register please contact our office.

ACFE TRAINING – HOUSTON CHAPTER

Houston ACFE December Members Appreciation Event - FCPA Compliance (morning) and Forensics/Security for Fraud Examiners (afternoon) - 8 hours CFE CPE

- When **December 11, 2018**
8:00 AM - 4:50 PM
- Location HESS Club 5430 Westheimer Rd, Houston TX 77056

Registration

- **Members Registration – \$30.00**

Members Seat - Only current active members of the Houston Chapter may register a members seat.

- **Non-Member Registration – \$170.00**

Registration for non-members.

- **Student Registration – \$25.00**

You must be a current student chapter member to register at this rate.

- **Walk-in – \$180.00**

Same Day Walk-In Pricing Open to All.



December 2018 Members Appreciation Event: Eight Hours of Training: FCPA Compliance and Forensics/Security for Fraud Examiners



Tuesday, December 11, 2018 - 8:00 am to 4:50 pm

Speakers: Thomas Fox, J.D.

Kent Gee MS, CFE, CRISC

Mark Grimes, Ph.D.

Raymond Beken and John Myers

Presentation Description: This event is an eight hour event that we are providing at a discounted price to our current Houston Chapter members. The discounted members' amount is for the usual one hour training luncheon amount. All other attendees will pay a higher price for the eight hour event.

In the morning we will have a four-hour presentation regarding FCPA Compliance.

How is your compliance operation started?

What is an effective Anti-Corruption Ethics and Compliance Program?

What is the story in your data?

Over lunch, we will be presenting the Houston ACFE Awards for 2018, including the Greater Houston Area **Fraud Fighter of the Year Award**, the Greater Houston Area **Educator of the Year Award**, and the Greater Houston Area **CFE of the Year Award**.

In the afternoon, you will learn about a variety of Forensic Security topics targeted specifically for use in fraud examination

Morning Speaker: Thomas Fox "Operationalizing Your Compliance: Moving from Detection to Prevention"

The success of any compliance program is based upon the successful implementation and integration of three components: A company must (1) establish a Compliance Program; (2) promote the Compliance Program, internally as well as externally; and (3) enforce the Compliance Program.

Thomas Fox has practiced law in Houston for 25 years. He is now assisting companies with FCPA compliance, Risk Management and international transactions. He was most recently the General Counsel at Drilling Controls, Inc., a worldwide oilfield manufacturing and service company. He was previously Division Counsel with Halliburton Energy Services, Inc. where he supported Halliburton's software division and its downhole division, which included the logging, directional drilling and drill bit business units.



Tom attended undergraduate school at the University of Texas, graduate school at Michigan State University and law school at the University of Michigan.

Tom writes and speaks nationally and internationally on a wide variety of topics, ranging from FCPA compliance, indemnities and other forms of risk management for a worldwide energy practice, tax issues faced by multi-national US companies, insurance coverage issues and protection of trade secrets.

Afternoon Speaker: Kent Gee: "Ongoing Threats at the Desktop: Explanation and Mitigation"

The focus will be at the desktop (point-to-point) level of control by explaining on-going threats (terminology). The discussion will also include mitigation strategies for data protection and fraud prevention.

Kent Gee has been a CFE for over 25 years and is a recipient of this Chapter's Lifetime Achievement Award. Throughout his career in Information Security (Cybersecurity) and IT Governance, Risk, and Compliance, Kent has focused on data protection and fraud prevention.

He is currently a Senior Manager in Cyber Security for the American Bureau of Shipping. In addition to his full time position, he also serves as a member of the US Coast Guard Auxiliary on the National IT Staff in the Cyber Division as a Branch Chief of Strategic Cyber Plans.



Afternoon Speaker: Mark Grimes, "Information Systems for Detection of Physiological and Behavioral Cues of Deception"

The talk will cover some basic concepts of deception and deception detection, and how information systems can be used to capture and analyze cues of deception. We will also discuss some emerging techniques involving analysis of mouse movement and typing behaviors.

Mark Grimes is an Assistant Professor in the Decision and Information Sciences Department in the Bauer College of Business at the University of Houston. Mark completed his Ph.D. in Management Information Systems at the University of Arizona in 2015. While at the University of Arizona, Mark worked as a research associate for the National Center for Border Security and Immigration (BORDERS), a Department of Homeland Security center of excellence, where he conducted research related to rapid screening, deception detection, information systems security, and other border security topics.



Mark's primary stream of research focuses on analysis of human computer interaction behaviors such as typing and mouse movements to detect changes in emotional and cognitive states. Mark has been a co-PI on over \$220,000 of funded research, and his work has been published in highly respected IS journals and conferences. He has presented his research before a variety of security-oriented groups including the Southwest Border Management Summit, the 111th Military Intelligence Brigade, the International Information Systems Security Certification Consortium, the Center for Identification Technology Research, and numerous government stakeholders.

Afternoon Speakers: Raymond Beken and John Myers, "Real Time Security and Forensic Collection"

Raymond Beken and John Myers will speak about what employers can see in real time on employees' computers with technology such as credit card information, and personally identifiable information. They will also discuss theft alerts, and other the forensic tools used to collect this information.

Raymond Beken from Nuix Ringtail has been helping the legal and compliance industries manage mass amounts of data due to litigation, information governance, computer forensics, and compliance issues in varying capacities since 1994. He has held positions from Customer Service, Account Management, Managing Partner, Project Management to arrive at his current position in Business Development for Nuix Ringtail. Ray's current role is to help organizations implement and utilize technology to leverage the power of software to take the guess work out of cyber security, incident response, internal investigations and myriad other functions.



John Myers is an eDiscovery and Digital Forensics professional with over 25 years of experience assisting clients with solutions in various industries including IT, electronic discovery, consumer goods and hospitality. He holds a B.A. in Business, has held leadership positions in several large consulting firms and worked with over 100 law firms and corporations. He holds several industry certificates of training and is a licensed Private Investigator/Qualified Manager in the State of Texas.



Lunch Speaker: David Kirtland of Houston ACFE will discuss ACFE Houston's activity during the 2018 year. The chapter's awards for 2018 will be presented.

CPE Credits: 8.0 CPE Hours

Agenda:

7:30 am to 8:00 am – Registration

8:00 am to 10:30 am - Tom Fox (First half of the session)

10:30 – 10:45 am (break)

10:45 – 12:00 pm - Tom Fox (2nd half of the session)

Lunch break: 12:15 – 1:15 – Awards Presentations - 2018 and overview of Houston ACFE summary of the year

1:20 pm – 2:20 pm – Kent Gee

2:30 pm to 3:30 pm – Mark Grimes

3:40 pm – 4:40 pm - Ray Beken and John Myers

4:45 pm - 4:50 pm - Closing remarks

Learning Objectives:

- Understand the basics of FCPA Compliance and how enforcement should look
- Understand establishing the FCPA compliance program
- Understand Forensic Desktop security and Cyberthreats
- Understand human computer interaction behaviors such as typing and mouse movements to detect changes in emotional and cognitive states
- Understand Real-Time Monitoring at the workplace
- Understand Forensic collection tools and how these are used

Event Policies:

- If you have registered and/or paid for an event and you need to cancel, you MUST email events@houstonacfe.org no later than 5 days prior to the event to request a refund and/or cancel your registration.
- For more information regarding refund, complaint and/or program cancellation policies, please visit the [Terms & Conditions](#) section of the website, or email us at events@houstonacfe.org.

Additional Information:

- **Delivery Method:** Group-Live
- **Prerequisites:** Working Knowledge of Fraud and Fraud Schemes
- **Field of Study:** Specialized Knowledge and Applications [Fraud]
- **Who Should Attend?:** Anti-fraud professionals, Auditors, Accountants, Attorneys, Investigators, Law Enforcement, Educators, Students
- **Advanced Preparation:** None
- **Program Level:** Intermediate

NASBA Sponsor No. 125230

The Houston Area Chapter of the Association of Certified Fraud Examiners is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have the final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.



Interesting news

Department of Justice
Office of Public Affairs

FOR IMMEDIATE RELEASE
Thursday, November 29, 2018

South Texas Doctor Sentenced to Five Years in Prison for Role in a Fraudulent Medical Clinic

A Houston, Texas doctor was sentenced to 60 months in prison followed by three years of supervised release today for his role in a fraudulent medical clinic that ran costly, unnecessary diagnostic tests.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney Ryan K. Patrick of the Southern District of Texas, Special Agent in Charge Perrye K. Turner of the FBI's

Houston Field Office, Special Agent in Charge C.J. Porter of the Department of Health and Human Services Office of the Inspector General’s (HHS-OIG) Dallas Regional Office and the Texas Attorney General’s Medicaid Fraud Control Unit (MFCU) made the announcement.

Faiz Ahmed, M.D., 66, of Houston, was sentenced by U.S. District Judge Gray H. Miller of the Southern District of Texas. Judge Miller also ordered the defendant to pay \$4,192,156 in restitution. Ahmed was found guilty following a six-day trial in 2017 of one count of conspiracy to commit healthcare fraud and seven counts of healthcare fraud.

Ahmed and eight co-defendants engaged in a conspiracy to falsely bill Medicare and Medicaid for medically unnecessary diagnostic tests. According to evidence admitted at trial, Ahmed agreed to approve the unnecessary testing and allowed his physician number to be used to fraudulently bill the Medicare program. As a result of the overall conspiracy, Medicare and Medicaid were billed approximately \$13 million and paid out approximately \$9 million in false claims.

Eight others have pleaded guilty for their respective roles including Mkrtych Yepremian, 61; Bompa Mbokoso Mompierre, 59; Michael Wayne Wilson, 49; Jermaine Doleman, 41; Harding Dudley Ross, 64; Eric Johnson, 64; Ann Marie Rocha, 51; and Eddie Wayne Taylor, 59, all of Houston. These defendants have all been sentenced.

This case was investigated by the FBI, HHS-OIG and the Texas Attorney General’s Medicaid Fraud Control Unit. Trial Attorney Jason Knutson of the Criminal Division’s Fraud Section and Special Assistant U.S. Attorney Suzanne Bradley formerly of the Southern District of Texas prosecuted the case.

The Criminal Division’s Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than 14 billion.

Topic(s):

Health Care Fraud

Component(s):

[Criminal Division](#)

[Criminal - Criminal Fraud Section](#)

Press Release Number:

18-1574

Department of Justice
Office of Public Affairs

FOR IMMEDIATE RELEASE
Wednesday, November 21, 2018

Two Dallas Area Clinic Workers Charged in \$5.9 Million Health Care Fraud Scheme

A federal grand jury indicted two clinic workers yesterday for their roles in a scheme involving approximately \$5.9 million in allegedly fraudulent Department of Labor claims for unprovided drug screening and improperly coded physical therapy and report writing services.

Assistant Attorney General Brian A. Benczkowski of the Justice Department’s Criminal Division, U.S. Attorney Erin Nealy Cox of the Northern District of Texas, Special Agent in Charge Monte A. Cason of the Department of Justice Office of the Inspector General (DOJ- OIG) Dallas Field Office, Special Agent in Charge Christopher Cave of the U.S. Postal Service Office of Inspector General (USPS-OIG) Southern Area Field Office, and Special Agent in Charge Steven Grell of the U.S. Department of Labor Office of Inspector General (DOL-OIG) Dallas Region, made the announcement.

Melissa Sumerour, 47, Waco, Texas and Latosha Morgan, 41, of Dallas, Texas were each indicted on one count of conspiracy to commit health care fraud.

According to the indictment, from January 2011 to March 2017, Sumerour, Morgan and their co-conspirators allegedly engaged in an “upcoding” scheme to bill DOL for more expensive services than those that were actually performed, if any. The defendants allegedly defrauded DOL of approximately \$5.9 million through fraudulent worker’s compensation claims. The indictment alleges that Sumerour and Morgan worked at clinics in Temple and Fort Worth, Texas, respectively, which treated almost exclusively DOL patients and that they routinely billed for higher reimbursable services in order to earn bonuses based on the percentage that their clinics billed.

The charges in the indictment are merely allegations and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

The DOJ-OIG, USPS-OIG and DOL-OIG investigated the case. Assistant Chief Adrienne Frazier of the Criminal Division’s Fraud Section is prosecuting the case.

The Fraud Section leads the Medicare Fraud Strike Force, which is part of a joint initiative between the Department of Justice and the U.S. Department of Health and Human Services (HHS) to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion.

Attachment(s):

[Download Sumerour and Morgan Indictment](#)

Topic(s):

Health Care Fraud

Component(s):

[Criminal Division](#)

[Criminal - Criminal Fraud Section](#)

Press Release Number:

18-1539

Texas doc allegedly gets kickbacks for compound referrals

September 16, 2018, Waxahachie, TX — A Waxahachie anesthesiologist refutes the allegations of health care fraud that led to his Aug. 8 indictment by a federal grand jury in a United States District Court.

However, Adam Gallardo Arrendondo, 56, now faces up to 10 years in prison and a \$100,000 fine after being charged with illegal remuneration for health care referrals.

“It is totally bogus and is a totally untrue accusation. This comes from a time when I served as medical director for seven months,” said Arrendondo during an interview Wednesday at his office, Texas Anesthesia and Pain Management Institute, in Waxahachie.

According to the website for the Texas Anesthesia and Pain Management Institute, Arrendondo received his medical degree from the University Autonomous of Nuevo Leon in Monterrey, Mexico.

He then interned at Methodist Medical Center in Dallas and finished his residency in anesthesiology at the University of Texas - Southwest Medical Center in Dallas.

Texas Anesthesia and Pain Management Institute is located at 128 N. Highway 77 in Waxahachie and 521 N. Beaton Street in Corsicana. The website notes the office offers “noninvasive, cost-effective treatment for all types of pains.”

Arrendondo stated he was hired by R&A Medical Marketing to evaluate medication and conduct research. He noted his role was limited to assessing information that was brought to his office.

“They did something on the side that I was not aware of and I terminated my relationship with them because I saw some odd stuff,” he said.

Arrendondo stated he filed his termination with the company through an email that was sent at 1:30 p.m. on Aug. 1, 2013.

According to the federal indictment, OK Compounding — by way of Pharmacy Providers of Oklahoma — allegedly submitted claims for prescription compounding drugs it dispensed to Medicare, Tricare, and Federal Employees’ Compensation Act beneficiaries.

Tricare provides health care coverage for Department of Defense beneficiaries worldwide, including active duty service members, National Guard, and reserve members, retirees, their families, and survivors. The FECA is a part of the Department of Labor.

The indictment states Arrendondo was hired as a consultant to provide services that included reviewing charts, participating in meeting with pharmacies, developing policies, and answering clinical questions for pharmacy staff. It notes he did not fulfill that obligation.

Instead, the indictment alleges that Arrendondo solicited and received checks in exchange for referring compounding prescriptions to OK Compounding, paid for by federal programs. The two checks were for \$10,000 each drawn off of OK Compounding’s ICB Bank and made payable to Arredondo. They were dated Aug. 14, 2013, and Sept. 13, 2013 — well after Arredondo claims he resigned from the role.

Compounding prescriptions are the result of combining or altering ingredients to create a medication tailored to the needs of an individual patient that are not FDA approved.

The indictment further alleges that Arredondo began recruiting other physicians to enter into contracts with OK Compounding through a company he controlled, Taffinder Marketing.

A third check, this time for \$30,000, is listed in the indictment as payable to Taffinder Marketing. It was also drawn on OK Compound’s IBC Bank account dated Sept. 13, 2013.

“There is no referral numeration, number one,” Arrendondo said. “Number two, Medicare fraud? I don’t take Medicare. Number three, Tricare and Department of Labor, I don’t see those. Back then, I saw one Tricare patient. Tricare is part of the government. It is a VA hospital. They go to the VA. How can I get paid (with) one patient? It’s impossible.”

Arrendondo stated his legal team will submit all documents and information in court and hopes the case will be thrown out as soon as possible.

At this time, all acts are still alleged against Arrendondo, as they must still be proven in a court of law beyond a reasonable doubt to overcome a defendant's presumption of innocence.

If convicted, he faces a maximum penalty of 10 years in prison and a \$100,000 fine.

In a press release, United States Attorney Shores stated, "Illegal payment for health care referrals undermines the integrity of our health care system. The U.S. Attorney's Office will bring to justice those who engage in health care fraud by exploiting programs that provide care for millions of Americans."

Assistant United States Attorney Melody N. Nelson represents the United States as lead prosecutor in the case. The Federal Bureau of Investigation, the United States Department of Health and Human Services-Office of Inspector General, the Defense Criminal Investigative Service, the Department of Labor-Office of Inspector General, the Internal Revenue Service, and the United States Postal Service-Office of Inspector General investigated the case.

Source: [Waxahachietx Daily Light](#)

Powerful pain creams allegedly killing patients in Texas

November 12, 2017, Houston, TX — Desiree Ford rubbed the pain cream on her skin and immediately wanted to wash it off.

"Whoa ... time for a shower, this lotion is making me feel weird," she texted a friend.

The 22-year-old Houston woman was later found dead in her bathtub by her mother.

The Harris County medical examiner ruled that Ford's November 2014 death was caused by toxic effects of two drugs in the pain cream she used, which came from a Houston compounding pharmacy called Diamond Pharmacy.

The doctor who prescribed it, Michael Kelly, never talked to or examined Ford. But he did take a kickback for writing the script, prosecutors said.

Kelly and four others connected to the pharmacy were convicted of fraud in federal court in Houston for the \$17 million scheme.

Kelly, 71, who surrendered his medical license, died earlier this year before he could be sentenced.

Federal prosecutors are bringing similar fraud cases against doctors, pharmacies and marketers from Dallas to Houston to the border. The feds say they bilked taxpayers out of millions of dollars and endangered patients with the dubious creams, some costing as much as \$28,000 per container.

The cases reveal a pattern: Pharmacy owners and marketers paid kickbacks and bribes to doctors for writing bogus prescriptions for unneeded pain and scar creams. They handed out gift cards, food and money to Medicare, Medicaid and Tricare beneficiaries to get them to sign up for the creams. Refills were automatic. Some of the creams contained addictive and hallucinogenic drugs like ketamine.

"We're constantly chasing it," said Michael Cohen, operations officer for the investigations branch of the Department of Health and Human Services' Office of Inspector General. "They form it almost like a pyramid scheme. And everyone's being paid a kickback."

A compounded pain cream container involved in a federal health care fraud case. (HHS OIG)

A compounded pain cream container involved in a federal health care fraud case. (HHS OIG)

Two active North Texas cases allege a combined fraud of over \$180 million. In one of the cases, Fort Worth's Ability Pharmacy spent about \$15 per container and then charged the government \$28,000 for it, according to federal agents and prosecutors.

Everyone got the same creams from the pharmacy regardless of whether they wanted or needed them, prosecutors say. Some didn't have wounds or scars to treat, according to court filings.

Ability Pharmacy's owner boasted of making \$1 million per day from the compound medications, federal authorities say.

"This is yet another shocking example of how unmitigated greed can spawn a fraud so brazen that it almost takes your breath away," John Parker, the U.S. attorney in Dallas, said of the case in March. "I would suggest that the costs of playing these games far outweigh whatever short-term gains are realized, no matter their size."

Statewide, as many as 28 people have been arrested in pain cream schemes, which have racked up at least \$200 million in fraudulent billings, authorities say. In most cases, Medicare, Tricare, Workers' Compensation and other government insurance programs paid the tab.

Compounding pharmacies tailor certain drugs to individual patients, usually in small batches, by altering dosages, mixing medications and converting pills into liquids, for example. It's supposed to be a specialty industry for the odd case here and there. But some pharmacy owners turned the pain creams into a big-time moneymaker, authorities say.

Richard Ford, Desiree's father, said no one could show how much ketamine was put into her pain cream. The powerful anesthetic was mixed with cyclobenzaprine, a muscle relaxant, court records show.

"Whatever it was, it happened fast with her," he said, noting that she stopped communicating within an hour.

Tamara Mitchell, co-owner of Diamond Pharmacy, argues in this video with federal agents who are searching another pharmacy she opened in the Houston area:

Ford said officials told him Kelly and Diamond Pharmacy's owners shredded some medical records and falsified others, some of which indicated he also had been to see Kelly, complaining of back and neck pain. It never happened, he said.

"They're just scrambling to make notes to try to make a paper trail," said Ford, noting they got his weight and birth date wrong.

Ford, who is suing Diamond Pharmacy and its owners, said they opened a new pharmacy after the Food and Drug Administration shut them down, even after they learned about a death linked to their product. "They're just terrible people," he said.

Dangerous ingredients

The Coalition Against Insurance Fraud says each container of pain cream can contain up to 10 different drugs, such as powerful anti-inflammatories and muscle relaxants. But studies show they aren't necessarily effective in topical creams. More troubling, the nonprofit said, is the lack of safety data on possible drug interactions.

Some of the creams contain drugs that can cause "central nervous system depression or cardiac effects,"

according to the nonprofit Institute for Safe Medication Practices in Pennsylvania.

Cohen, the Office of Inspector General official, said topical creams are easy to make and the reimbursements are high.

That's because pharmacies figured out they can charge for each medication in the cream.

The military's health-care system, Tricare, stopped paying for the creams in 2015 due to the cost. But Cohen said there is still some narrow legitimate medical use for the creams, which unethical pharmacists and doctors have exploited.

And they keep changing the drugs they put in compounds, he said.

Desiree Ford's death after using the cream is not an isolated case.

A large, framed photo of Desiree Ford is on display in the home of her father, Richard, in the Houston suburb of Cypress. Ford made the photos for her funeral in 2014 after she died from using a toxic pain cream from a Houston compounding pharmacy. (Annie Mulligan/Special Contributor)

A large, framed photo of Desiree Ford is on display in the home of her father, Richard, in the Houston suburb of Cypress. Ford made the photos for her funeral in 2014 after she died from using a toxic pain cream from a Houston compounding pharmacy. (Annie Mulligan/Special Contributor)

A California baby died in 2012 after accidentally ingesting a compound cream from his mother's skin. Prosecutors said the 5-month-old's death was linked to a kickback scheme involving the doctor who prescribed it. He was indicted in California in 2014 along with a pharmacist and other health-care workers. The case hasn't gone to trial.

Cohen said it can be dangerous for doctors to prescribe medications for people with whom they don't have a medical relationship. Doctors, he said, need to review a patient's existing medications to check for possible adverse drug interactions.

"The bottom line is greed," Cohen said. "They make so much money off this, it could be their full-time job."

'Through the roof'

Jamshid "James" Noryian, 59, of Austin is accused of being the mastermind behind Ability Pharmacy's alleged scheme, which resulted in the indictment of eight people in Dallas in March, including some of his relatives. He also owned Park Row Pharmacy in Arlington and Industrial & Family Pharmacy in Fort Worth, authorities say.

One of his pharmacists is accused of using ingredients in the creams that would yield the highest reimbursements from government health programs. As Noryian put it, the reimbursement rate for compound pain creams was "through the roof," according to a federal search warrant.

Noryian has pleaded not guilty. His attorney declined to comment.

Three North Texas doctors also were indicted, responsible for a combined \$143 million worth of billings from the Noryian pharmacies, prosecutors say.

About \$90 million of that came from Kevin Williams, 47, a Waxahachie orthopedic surgeon, the indictment said.

Williams earned \$1 million a month in kickbacks for writing prescriptions for compound creams and patches, prosecutors allege in court records.

The chief financial officer for the pharmacies, who also was indicted, handed Williams checks in parking lots and other locations, according to the indictment.

Williams' attorney, Michael Elliott, said that the allegations are false and that his client prescribes "medically necessary" compounded drugs.

"We're looking forward to our day in court," he said.

When Michael Taba, 52, an orthopedic surgeon from McKinney, didn't write enough prescriptions, Noryian called him to find out why, prosecutors say.

His attorney, Joe Kendall, said "that didn't happen." He said he has a good defense for his client that he will reveal during the trial, scheduled for next summer.

An office manager in Dr. Leslie Benson's Fort Worth office saw pain cream claims as high as \$30,000 and "thought it had to be a joke," according to a federal seizure warrant.

The manager told agents that once Benson's prescriptions were filled, Ability Pharmacy put the patients on auto-refill, the warrant said. And Benson, 63, of Waco, told another manager to write a pain cream prescription for every patient, some of whom were already taking strong pain medications for their conditions, according to the seizure warrant.

Benson's attorney declined to comment.

Bledsoe Martin, a postal service employee in Georgia, said his doctor prescribed him pain cream from Park Row Pharmacy. When it arrived in the mail, his wife rubbed it into his back for a work injury.

"It wasn't a miracle cream that they told me it was. It seemed to help some," he said. "I don't know if it was the cream or my wife massaging it into my back. It felt good but it didn't last long."

Money and freebies

San Antonio resident Holly Blakely was charged in July with health-care fraud and other counts for a similar conspiracy to pay kickbacks to doctors for referring patients to certain compounding pharmacies.

In that alleged scheme, patients were easier to find.

The conspirators submitted pain and scar cream prescriptions for themselves, their families as well as friends and neighbors, according to the federal indictment. They also sometimes forged doctors' signatures on the prescriptions, according to the indictment.

The kickback and bribe payments were disguised as "consulting agreements," the indictment said.

But Blakely is the only one charged.

Her attorney, Robbie L. Ward, said the government is going after a single mom because she is "the low hanging fruit" while the pharmacies that profited from the scheme avoid charges.

"She was just a pharmacy rep," Ward said. "It's a really, really sad situation for people who were doing what their employers were telling them to do."

Daryl Fields, spokesman for the U.S. attorney for the Western District of Texas, said the investigation continues. “We do not comment on our prosecutorial decision-making process,” he said.

The biggest pain cream fraud case in Texas so far involves Trilogy Pharmacy, formerly of Dallas, which is accused of scamming the government out of \$100 million. The owners, their marketers and two physicians are among 12 people who were charged last year. Some have already pleaded guilty and are likely to testify against their co-defendants.

They are accused of selling soldiers expensive compounded products like pain and scar creams that were not needed. The top marketing tool was a “sham medical study” in which hundreds of soldiers at or near Fort Hood were paid for getting compounded drugs, including migraine creams and vitamins, through their Tricare prescription benefits, the indictment said.

The study’s real purpose was to compile a list of Tricare beneficiaries with prescriptions so that the defendants could calculate how much to pay them, prosecutors say. The defendants created a phony charity called the “Freedom From Pain Foundation” to disguise the source of the kickbacks, authorities said.

According to a different indictment this year near the border, free food and drinks were enough to generate about \$1.5 million worth of bogus prescriptions.

Employees of Penitas Family Pharmacy near McAllen specifically targeted city and school district employees for an array of pain patches and scar creams, according to the indictment.

Omar Espericueta, the owner, and his marketer, Oscar Elizondo, organized the free dinners for the employees to get them to accept the free creams and patches from his pharmacy, according to prosecutors. They then allegedly paid a doctor to write the bogus prescriptions.

Both men were indicted in July on health-care fraud charges as well as other counts. Their lawyers could not be reached.

Prison time

Tamara Mitchell, 50, Diamond Pharmacy’s co-owner, was convicted of wire fraud and drug charges by a Houston jury in 2016 and is serving a 14-year federal prison sentence. The judge heard evidence of Desiree Ford’s death before issuing the sentence. Also convicted in the case was a pharmacist, Joyce Ann Gilmore-James, who received two years in federal prison.

Eric Endicott and his wife, Kim, were among the witnesses who testified against Mitchell at her trial. He said Mitchell used their personal information to rack up huge bills for pain cream they never wanted.

Tamara Mitchell argues with federal agents executing a search warrant at her pharmacy.

The pharmacy billed insurance companies more than \$43,000 for creams provided to The Woodlands couple, according to plea documents in the case.

Endicott said one of his wife’s clients at a hair salon introduced her to the cream, which came in small cylinders. “I had no idea they were charging my insurance,” he said. “I never signed for anything. ... My wife thought they were samples.”

He said his wife used the cream once. She was not impressed. Endicott said he never met or spoke to Kelly, who

prescribed it. "The pharmacy just took our names and ran with it," he said. "I was livid. I had no idea."

The judge who sentenced Mitchell said it was one of the worst cases of fraud she had seen in 22 years on the bench. Endicott agrees.

"It was very clear from the get-go that this pharmacy was taking advantage of people and using their information to charge the insurance company," Endicott said. "They're taking advantage of hard-working people. These people belong in jail."

Ford, a firefighter, gave a victim impact statement during Mitchell's sentencing.

"None of it brings Desiree back, but maybe word will get out and companies like this will do the right thing," he said.

"She had her whole life ahead of her. I will never get to do so many things — walk her down the aisle, be a grandfather."

Source: [The Dallas Morning News](#)

North TEXAS Roofing Scheme

In the midst of the crime spree that is today's Texas roofing industry, we now find one of the region's great roofing schemes of all time.

Almost a hundred homeowners in Arlington, Fort Worth and Dallas that we know of lost a combined total of \$400,000 they paid for new roofs in hail damage insurance claims. They won't see their money. They won't get their roofs. And most likely, there are many more victims.

Most of them are Hispanic and low-income, some elderly, often in modest homes. In other words, those least able to afford a loss.

The roofing company, now closed, was called House of Tomorrow. The key operator appears to be Jorge Garcia, 45. He has homes in Cedar Hill, Houston and Cypress.

I nominate him as this week's Watchdog example of why [we need a roofers/contractors license bill](#) passed in the 2017 Texas Legislature. So far, not one lawmaker has introduced such a bill.

His sorrow

Garcia, through his lawyer, declined an interview.

His wife, Zulma Pineda, is listed as company owner. Garcia described her in a deposition he gave this month as a figurehead.

Asked in his deposition what victims should be told, Garcia answered, "We feel very sorry about it. That wasn't the design. We had every attempt to help them, like we had thousands and thousands of customers prior to them. . . . I feel really bad about it, you know."

Lawyers involved in a lawsuit against House of Tomorrow say that the Tarrant County district attorney's office and the Texas Department of Insurance are investigating. The DA's office says the Insurance Department is leading the probe. TDI has declined to comment.

Victim a day

Almost one victim a day calls the Dallas law office of Steven J. Badger, who is suing the principals of House of Tomorrow and its predecessor, Lambcorp.

"These people cry when they call my office," he says of victims. "Their roofs are leaking, and their insurance money is gone. I don't know what to tell them. It's sad."

He sketched out the operation in his lawsuit. Garcia appears to be somewhat of a marketing genius. The operation he conceived and the employees he trained fanned out to find homeowners, some of whom didn't need a new roof. It began with roof inspections that led to marketing materials in both English and Spanish. Promises of a "no-cost roof" were made.

Reps convinced homeowners to sign contracts that forced homeowners to turn over all insurance checks to the roofing company. The company then negotiated with insurance companies and took care of deductibles, both acts illegal under Texas law.

Reps later told homeowners they needed more money from their insurance company, and that they needed to hire public adjusters and lawyers to help them. Often, this wasn't true, Badger charges. Enough insurance money to cover a roof was in place. Still, House of Tomorrow created an affiliated public adjuster company and referred everyone there.

Badger also charges in his lawsuit that the company participated in illegal lawyer referral fees.

In response, Garcia told Badger in his deposition, "You're very good at twisting things that aren't really there."

"I'll take that as a compliment," Badger replied, according to a video.

"You'll come up empty," Garcia vowed.

'Sued into poverty'

By the time the 2-year-old company closed last summer, Badger said in an interview, "Homeowners receive nothing. Their roofs are not repaired or replaced. Defendants don't answer their calls. These homeowners never hear from them again."



Jorge Garcia

Garcia's lawyer, Jason Richerson, gives his client's side: "At the end of the day, there wasn't enough money to put the roofs on, and he got sued into poverty. I don't think there was any intent of fraud on his part."

He adds, "Then the question comes, what happens to the little money that was paid out? I haven't figured that out as well."



Lawyer Jason Richerson, representing House of Tomorrow and Garcia.
(Courtesy photo)

Garcia admitted in his deposition that he hasn't filed a tax return for the past two years. He estimated his recent annual income at \$80,000.

That could be a problem.

Lawyer exposes

Badger, who exposed the scheme, tells *The Watchdog*: "This is exactly why licensing is needed. With licensing there is an administrative remedy to quickly stop the crooks. The licensing statute would prohibit unauthorized practices and any other illegal conduct.



Steven Badger is suing House of Tomorrow on behalf of homeowners who suffer losses.
(Courtesy photo)

"Licensed contractors could promptly have licenses yanked for violations of the licensing act," Badger says. "They would be out of business. Now there is no way to stop House of Tomorrow until my lawsuit gets through the courts and they eventually declare bankruptcy."

Garcia filed two previous bankruptcies. He's not working now, he testified. "Just laying low."



Join us

More than 600 readers have sent The Watchdog an email asking to be included in our "people power" campaign to keep informed about [a select few pro-consumer issues](#) at the 2017 Texas Legislature. Roofers/contractors licensing is a big one.

If you believe Texas should join our sister Gulf Coast states that already license their roofers and contractors, send an email to watchdog@dallasnews.com.

We'll look for that legislative bill (none yet!) and keep you informed about how to jump in the game and fight for it.

Staff writer Marina Trahan Martinez contributed to this report.

<https://www.dallasnews.com/news/watchdog/2017/02/17/watchdog-worst-roofing-scheme-dallas-fort-worth-arlington-house-of-tomorrow-lambcorp-jorge-garcia>



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Texas Board of Chiropractic Examiners

The most recent newsletter available, September 2018, can be viewed here:

<https://www.tbce.state.tx.us/NewsLetter/2018/NLSeptember2018.pdf>

Texas Medical Board

Read the latest TMB newsletter, published in July 2018, which includes complaints and discipline

<http://www.tmb.state.tx.us/dl/73F98DF6-38C8-5C3A-2B39-5318A3E41EE3>

Texas State Bar

Recent attorney disciplinary actions can be found at:

<http://txboda.org/>

The entire Journal can be read on-line at https://www.texasbar.com/AM/Template.cfm?Section=Table_of_Contents

Texas Dept of Insurance

The Texas Department of Insurance latest cases:

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