

ISP Medical Fraud Control Bureau nets two more felony convictions

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SPRINGFIELD – Officials with the Illinois State Police (ISP) announce two successful convictions resulting from investigations conducted by the ISP Medicaid Fraud Control Bureau (MFCB). Phyllis Wilson, age 51 of Maywood, Illinois, and Lucinda Germann, age 59 of Rockford, Illinois, both plead guilty to felony counts of Vendor Fraud.

The ISP MFCB received a tip through the Illinois Department of Human Services (IDHS) Fraud Hotline that Wilson was being paid for services to an individual that was already in the care of a nursing home in Hinsdale, Illinois. The ISP MFCB began an investigation and it was determined that Wilson was being paid for services she was not

actually providing. Wilson was arrested, charged, and pled guilty to one count of Vendor Fraud. She was sentenced to three years in prison. The total amount of the Medicaid fraud was \$6,105.

During October of 2013, the ISP MFCB received information from the IDHS that Germann submitted fraudulent time sheets for personal assistant services which were not provided to a Medicaid recipient. The investigation revealed that Germann was submitting time sheets claiming she provided services to a subject who was actually incarcerated during the same time. On March 11, 2016, Germann pled guilty to one count of vendor fraud. She was sentenced to three years in prison and was ordered to pay restitution for the full amount of fraud she committed. The total amount of the Medicaid fraud was \$7,241.

“It’s a shame people continue to commit fraud against a system set up to assist those with limited resources,” stated ISP Captain Brian Ley. “The ISP will continue to thoroughly investigate claims of fraud by Medicaid providers. Our hope is that our investigations, coupled with aggressive prosecution from the Illinois Attorney General's Office, will reduce the amount of Medicaid fraud occurring in Illinois,” he continued.

The ISP MFCB was established in 1978. The Bureau is currently comprised of sworn officers, non-sworn investigators, attorneys, analysts, and an accountant supervisor. In addition, attorneys from the Office of the Illinois Attorney General are assigned to the MFCB to prosecute cases.

The MFCB works a myriad of cases targeting fraud and abuse of the Medicaid Provider Program. The MFCB receives direction from the U.S. Department of Health and Human Services Office of Inspector General (HHS/OIG) and works with other state agencies including the Illinois Department of Healthcare and Family Services, Illinois Department of Financial and Professional Regulation, and Illinois Department of Public Health. The MFCB is a member of the National Association of Medicaid Fraud Units (NAMFCU), a professional organization made up of 50 different MFCUs.

Some of the more common cases MFCB investigators work are fraudulent billing by doctors, dentists, and counselors for services not medically needed or services which were never performed; financial exploitation of the elderly; drug diversion cases including theft of controlled substances by registered nurses in nursing homes; medical transportation companies who bill for services not rendered or for more services than those which were actually performed, pharmaceutical supply companies or pharmacies which are receiving kickbacks to prescribe a certain medication; cases involving physical abuse and neglect at long-term care facilities and other institutions caring for our most vulnerable; and fraud of the Home Services Program which is a Medicaid Waiver Program.

The MFCB also investigates violations of the Illinois False Claims Act and the Federal False Claims Act in conjunction with federal investigators.