

MEDICAID FRAUD AND ABUSE DIVISION ANNUAL REPORT



2006-2007

**OFFICE OF THE KANSAS
ATTORNEY GENERAL
PAUL J. MORRISON**

KANSAS ATTORNEY GENERAL MEDICAID FRAUD CONTROL UNIT

2006-2007 ANNUAL REPORT

The Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office is the Medicaid Fraud Control Unit for the State of Kansas. (Kansas Statutes Annotated 21-3852). This annual report covers the reporting period of July 1, 2006, through June 30, 2007, and provides the information required by 42 C.F.R. § 1007.17. It is submitted in conjunction with the re-certification questionnaire requested by the Office of Inspector General.

- (a) **The number of investigations initiated and the number completed or closed, categorized by type of provider are:**

Provider	Initiated Cases	Closed Cases
1. Nursing Facilities	0	2
2. Hospitals	0	0
3. Other Institutions	0	0
4. Substance Abuse/Rehab Ctr.	1	1
5. Free Standing Clinic	0	0
6. Other Facilities	0	3
7. MD/DO	1	2
8. Dentists	1	4
9. Chiropractor	0	0
10. Podiatrist	0	0
11. OD/Optomologist	0	0
12. Psychiatrists	0	0
13. Other Practioners	1	0
14. Pharmacy	4	5
15. DME	0	2
16. Lab	0	0
17. Transportation	8	8
18. Home Health Care	19	54
19. X-Ray/Imaging	1	1
20. Psychologist	0	0
21. Other Medical Support	0	1
22. Pre-Paid Health	0	0
23. Patient Abuse/Neglect	5	16
24. Theft/Misuse of Patient Funds	2	11
25. Other/Activity	3	4
TOTAL	46	114

Open Cases as of 07/01/2006	193
Add: Cases Initiated During Period	46
Less: Cases Closed/Completed	(114)
Open Cases as of 06/30/2007	<u>125</u>

(b) **Number of cases prosecuted or referred for prosecution:**

12

Number of cases finally resolved and their outcomes:

- 9 Convicted by pleas of guilty or no contest.
- 1 Incarcerated
- 7 Probation
- 1 Acquitted.

Number of cases investigated but not prosecuted or referred for prosecution because of insufficient evidence:

58

(c) **Number of complaints received regarding abuse and neglect of patients in health care facilities:**

6,676

Every complaint received by the Kansas Department of Aging (formerly the Kansas Department of Health and Environment) regarding abuse and neglect in healthcare facilities and from consumers or the public is reviewed.

Number of such complaints investigated by the Unit:

7

Number of complaints referred to other state agencies:

13

(d) Number of recovery actions initiated by the Unit:

0

Number of recovery actions referred to another agency:

29

Total amount of overpayments identified by the Unit:

For this reporting period the unit identified, and referred to the Single State Medicaid Agency, matters of apparent overpayments but left the determination of the amount up to the Single State Medicaid agency.

Total amount of overpayments actually collected by the Unit:

\$ 2,852,459.41 (This number includes both the federal and state shares of global settlements pursued in conjunction with the National Association of Medicaid Fraud Control Units, but does not include any penalties, attorneys fees or costs recovered in those settlements.

(e) Number of recovery actions initiated by the Single State Medicaid Agency under its agreement with the unit:

The Single State Medicaid Agency during this reporting period was the Kansas Health Policy Authority.

The unit has no way of independently tracking the number of actions initiated by the Kansas Health Policy Authority, and must rely on the information provided to us by that agency.

For this reporting period, no recovery actions were reported as having been initiated by the Single State Medicaid Agency under its agreement with the unit.

Total amount of overpayments actually collected by the Single State Medicaid Agency under this agreement:

The Single State Medicaid Agency during this reporting period was the Kansas Health Policy Authority.

The unit has no way of independently tracking the overpayments actually collected by the Kansas Health Policy Authority, and must rely on the information provided to us by that agency.

For this reporting period, \$101,147.51 in overpayments was reported as having actually been collected by the Single State Medicaid Agency under its agreement with the Unit.

(f) Projections:

A new Attorney General, Paul J. Morrison, was elected and took office in January of 2007. In February, the Director of the Medicaid Fraud Control Unit, Rex Beasley, resigned, and Loren F. Snell, Jr., was appointed as Director.

The new Attorney General brings prosecutorial experience and a new vision to the Attorney General's Office, which has filtered over to the Unit. He has expressed a desire to aggressively prosecute fraud and abuse, while at the same time maximizing the capabilities of the current staff. In the short period of time since he was sworn in, the morale and effectiveness of the Unit has improved noticeably.

A new attorney was hired to fill the vacancy created by the resignation and appointment of a new director. The Unit continues to operate with two attorneys, but has received authorization from the Attorney General to hire an additional attorney to replace the third attorney who remains on active military duty. In addition, the Auditor of the Unit is stepping down, effective August 10, 2007. A member of the current staff was promoted as the replacement. During the past fiscal year, a legal assistant was hired to provide trial assistance to the attorneys. The new legal assistant has experience as a trial assistant and will be a tremendous asset to the attorneys in the Unit. Furthermore, the vacant Special Agent that was approved for the FY 2007 budget was filled. For Fiscal Year 2008, an additional Special Agent position is being requested due to the increased workload, resulting from successful collaborations with the United States Department of Health and Human Services, Office of Inspector General and the United States Department of Justice.

(g) Costs incurred by the Unit:

\$ 846,329	Total federal and state direct costs during this reporting period.
\$ 97,468	Total federal and state indirect costs during this reporting period
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\$ 943,797	Total Costs

(h) Evaluation narrative of the Unit's performance during the period of time covered by this report:

As was discussed above, the Unit underwent significant changes during this reporting period, which included the election of a new Attorney General, appointment of a new Director, and the hiring of a new attorney. In addition, a number of members of the staff spent the better portion of the reporting period preparing for and participating in the trial of a \$1.24 million Medicaid fraud case. The trial took 4 weeks of actual court time, as well as months of preparation prior to trial, and required the allocation of one attorney, one special agent, and one legal assistant full time for the duration. The trial also involved work and testimony by a data analyst, an auditor and another agent. In addition, two agents spent a considerable amount of time during this reporting period preparing and executing a search warrant in a multimillion dollar Medicaid fraud case. Nonetheless, the members of the Unit were committed to the mission and goal of investigating and prosecuting Medicaid fraud and abuse.

Due to the changes that occurred, it would be an understatement to say that the Unit has undergone a period of some confusion and disarray. However, the morale of the Unit has been significantly improved since the change in Directors has taken place, and the members continue to make strides towards making the Unit more effective in combating fraud and abuse.

It is expected that through the addition of a special agent during this reporting period that the overall performance of the Unit will continue to improve. We are also requesting to add another special agent in our FY 2008 budget which will allow us to better address our ever expanding caseload. Moreover, the new Attorney General has expressed a desire to push forward on legislative initiatives that will provide the Unit with more tools with which to accomplish our mission.

During the recent legislative session at least one initiative was passed by the Kansas Legislature and signed into law by the Governor that will impact the Unit. The law reassigned the Inspector General position that was created during the 2006 legislative session. Specifically, the law placed the new IG position under the Kansas Health Policy Authority (KHPA), which is also the Single State Medicaid Agency. While this creates some concerns regarding the integrity of any work completed by the IG regarding the Medicaid program, it is understood that the IG will report to the Board that oversees the KHPA and not to the Executive

Director of the KHPA. This should allow the position to fully review and investigate the Single State Medicaid Agency for potential fraud, waste and abuse.

As has been stated in previous Annual Reports, the relationship of the Unit and the fiscal intermediary (which makes up most of SURS) is good. This remains true despite the changes that have taken place in the Attorney General's Office and the Unit. In fact, that relationship has improved, as have the lines of communication. Furthermore, the Unit and the fiscal intermediary are working more closely on certain matters, and have even entered into a joint review of a provider. Through careful planning and consideration, there are currently three nurse reviewers from the fiscal intermediary's SURS unit that are using vacant space in the Unit to complete a medical records review on behalf of the Unit in an ongoing Medicaid fraud investigation. Without this cooperation, it would have been impossible for the Unit to achieve such a thorough and effective review of the relevant documents.

While the relationship with the Single State Medicaid Agency has been strained in the past, over the most recent 7-8 months, there has been marked improvement. This is due in part to the new Attorney General and the new director, but also because of changes made at the Single State Medicaid Agency as well. The Single State Medicaid Agency named a new Executive Director and hired new General Counsel during this reporting period. This has contributed greatly towards improved relations. Moreover, the Unit has also reached out to the various organizations that have contracted with the Single State Medicaid Agency, including the various Managed Care Organizations and the Department of Social and Rehabilitation Services, which has contributed to the overall improvement of the relationship of the Single State Medicaid Agency and the Unit. It is anticipated that these improved relations, and the communication, will result in a better utilization of the referral system, as well as more cooperation as the Unit and the Single State Medicaid Agency work to improve the integrity of the Medicaid program.

There still appears to be numerous problems with the Single State Medicaid program, specifically as relates to the previously reported practices of waiving program requirements; discounting, settling, or otherwise forgiving provider overpayments which have been identified by the fiscal intermediary hired by the Single State Medicaid Agency; and otherwise failing to comply with federal and state rules and regulations. However, the new Executive Director, with the assistance of the new Inspector General, seems driven to make the corrections necessary to remove these practices.

During this reporting period, HHS/OIG conducted an on sight audit of the Unit. This was the first on sight inspection of the Unit since its inception. The results of the audit were encouraging and have resulted in some changes to better improve the Unit. First and foremost, and most obvious in this Annual Report, is the changes associated with the Unit's case management system. It was suggested

that the Unit was maintaining open cases for too long. This included cases which had not been fully investigated due to lack of resources, as well as those cases that were being held open due to the probationary or collection status of the defendant. As a result of the recommendations made by the reviewers, the case management system was adjusted. All cases having a status of probation, collections, probation/collections, or incarcerated have been moved to the closed case list. We can still maintain these cases as needed, but they are no longer reflected on our open case list. The result of this change is that there was a large number of cases that were closed during this reporting period. Initially, this will reduce the number of cases that are being shown as active, and reduce the number of cases being "maintained" by each of the agents. Over the long term it will be a more accurate reflection of the activity of the Unit. Another issue raised during the review related to the case files being maintained. While the reviewers found the files to be complete, for the most part, there were concerns raised over the organization of those files reviewed. Fortunately, this was already an area of concern that was being addressed. There is now a comprehensive organizational system that is being used on all case files.

Finally, due to the change in administration, and the close proximity of the elections to the opening of the legislative session, we were unable to develop a comprehensive set of proposals to be introduced to the 2007 Legislature. However, after the session closed a concentrated effort was made to educate and inform so that the administration is aware of the enforcement tools that could be enacted that would strengthen our detection, investigation and prosecution efforts. This includes the possibility of sponsoring a bill to enact a Medicaid specific civil false claims act with a qui tam provision.

The following are brief synopses of some of the criminal cases prosecuted by the Unit during this reporting period:

United State of America v. Peggy Franklin-El and Johnnie Franklin-El

This matter was first reported in the Unit's 2005-06 Annual Report. Interim Director and Deputy Attorney General Loren F. Snell, Jr., acting under his designation of Special Assistant United States Attorney, and working with Tanya J. Treadway, Assistant United States Attorney for the District of Kansas, successfully prosecuted Peggy Franklin-El and Johnny Franklin-El for Medicaid fraud. At the conclusion of the 4 week trial, a federal jury found defendant Peggy Franklin-El guilty of all 69 counts alleged in the Indictment , which included one count of conspiracy, 52 counts of health care fraud, 15 counts of money laundering, and one count of obstruction of a criminal health care investigation. Defendant Johnny Franklin-El was found guilty of one count of conspiracy, 17 counts of health care fraud, 4 counts of money laundering, and one count of obstruction of a criminal health care investigation. On motion of the defendants, the Court dismissed the conspiracy counts and money laundering counts, however the healthcare fraud and

obstruction counts were upheld. Sentencing for the defendants is set for August 10, 2007, in the United States District Court for the District of Kansas in Wichita, Kansas.

According to the Indictment, Peggy Franklin-El and Johnnie Franklin-El owned, operated, and were officers of The Great Meeting Is On For Your Success, Inc., a not for profit corporation, that was in the business of allegedly providing counseling services, including drug and alcohol services provided to Medicaid beneficiaries under the community based drug and alcohol abuse services program.

The defendants conspired and schemed to defraud the Medicaid program by billing and causing others to bill Medicaid for services that were not provided or were not necessary. This included billing for 17 children under the age of 12 years old, whom the defendants acknowledged were not dependent on or addicted to drugs or alcohol, nor were they receiving any drug or alcohol abuse treatment. Two of these children were less than two months old when the defendants began billing for their drug and alcohol abuse treatment. Over 34 percent of all Medicaid funds paid to the defendants were paid for services reportedly provided to these children. In addition, 32% of the total funds billed to and paid by Medicaid were actually for services reportedly provided to individuals related to the defendants. Of the 67 total beneficiaries that the defendants billed Medicaid for drug and alcohol abuse treatment, 56 had not actually been approved for drug and alcohol abuse treatment pursuant to the Medicaid provider manual requirements. A review of all 1,331 claims submitted by the defendants over a period of 14 months revealed that none of the claims should have been paid, either due to failure to document services billed to Medicaid, failure to provide the services billed, no medical necessity for the services billed, no prior authorization to provide the services billed, or the beneficiary was not age appropriate to receive the treatment being billed.

State v. Tamika Jackson

Tamika Jackson was employed to provide personal care attendant services for a Medicaid recipient under the Home Community Based Services program. Despite having her employment terminated the Ms. Jackson continued to prepare and submit time sheets indicating that she was providing services. As a result of the false claims that were caused to be submitted as a result of Ms. Jackson's actions, the Kansas Medicaid program paid \$4,693.31 for services not provided. In order to facilitate her crime, Ms. Jackson forged the signature of the Medicaid recipient on the time sheets to certify that she had provided the services. Ms. Jackson plead guilty to one count of felony Medicaid fraud and six counts of felony forgery. Ms. Jackson was sentenced to 10 months in the state prison for one count of forgery, 8 months for the remaining five counts of forgery, and 6 months for the Medicaid fraud. All charges were ordered to run concurrently and the sentence was suspended placing Ms. Jackson on probation for a term of thirty-six months.

State v. Jay Parker

Jay Parker was the owner and operator of Parker's Pharmacy, a Community Pharmacy in Oskaloosa, Kansas. Parker's Pharmacy was a provider of Medicaid services for the Kansas Medical Assistance Program since March 1, 1997 and submitted claims or billings to the Kansas Medical Assistance Programs for pharmaceutical services. Between January 1, 2003, and May 23, 2006, Mr. Parker submitted claims to Medicaid billing Medicaid for \$75,000.00 for reimbursement for prescriptions involving drugs that Parker Pharmacy did not even have in its inventory. These false and fraudulent claims involved billing for filling phony prescriptions that were prepared by Mr. Parker, who was not authorized to write prescriptions in the State of Kansas. None of the phony prescriptions were ever actually filled, and none of the drugs prescribed and billed to Medicaid were ever provided to Medicaid beneficiaries. Mr. Parker was charged with one count of felony Medicaid fraud. Mr. Parker plead guilty to Medicaid fraud, and was sentenced to 12 months in prison. The prison sentence was suspended and Mr. Parker was placed on 24 months probation. As a condition of the plea Mr. Parker paid the full amount of restitution owed to the state (\$75,000.00).

State v. Joan Marie Paredes

Joan Marie Paredes was the mother of a Medicaid beneficiary who was eligible to receive personal care attendant services under the Home Community Based Services program. Ms. Paredes created time sheets claiming that her step-sons, and daughter-in-law had provided personal care attendant services to her son when in fact those services were not provided. In furtherance of her crime, Ms. Paredes also forged the signatures of her step-sons and daughter-in-law on the time sheets to make them appear legitimate. As a result of the false claims that were caused to be submitted as a result of Ms. Paredes' actions, the Kansas Medicaid program paid \$34,666.56 for services not provided. Ms. Paredes plead guilty to one count of felony Medicaid fraud and four counts of felony forgery. Ms. Paredes is scheduled to be sentenced on September 5, 2007, and is facing a possible prison sentence of 7 to 23 months on each of the forgery counts and 5 to 17 months on the Medicaid fraud count.

**OFFICE OF THE KANSAS ATTORNEY GENERAL
MEDICAID FRAUD AND ABUSE DIVISION**

FY 08 SPEECHES

PRESENTER	DATE	EVENT	TITLE	PEOPLE	
Phil McManigal	8/23/07	Kansas Intelligence Association meeting	Medicaid Fraud & Abuse Unit	14	

* Completed after Annual Report for FY 08 was submitted.

**OFFICE OF THE KANSAS ATTORNEY GENERAL
MEDICAID FRAUD AND ABUSE DIVISION**

FY 07 TRAINING

October 1, 2006 - September 30, 2007

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	REG. HOURS	ETHICS
LOREN SNELL	10/23/06- 10/24/06	Fall Conference 2006; Kansas County & District Attorney's Association	Overland Park, KS	12.5	2.0
	04/04/07	KC Metro Health Care Fraud Working Group	Kansas City, KS	1	
	04/27/07	Lunch & Learn: HHS/OIG/OI, Who We Are and How We Can Work Together; IntegriGuard	Topeka, KS	1	
	05/22/07	HHS/OIG: Medicaid Integrity Program	Topeka, KS	1	
	06/11/07- 06/12/07	Spring Conference 2007; Kansas County & District Attorney's Association	Wichita, KS	10	2
	07/30/07- 08/02/07	Medicaid Fraud Control Unit Training Conference; US Department of Health & Human Services/Office of Inspector General	Chicago, IL	14	
JABARI WAMBLE	04/04/07	KC Metro Health Care Fraud Working Group	Kansas City, KS	1	
	05/22/07	HHS/OIG: Medicaid Integrity Program	Topeka, KS	1	
	06/04/07- 06/06/07	Introduction to Medicaid Fraud Training; National Association of Medicaid Fraud Control Units	Austin, TX	20	

	06/11/07-06/12/07	Spring Conference 2007; Kansas County & District Attorney's Association	Wichita, KS	10	2
REX BEASLEY*	10/23/06	Fall Conference 2006; Kansas County & District Attorney's Association	Overland Park, KS	6	2.0
PHIL MCMANIGAL	08/09/06	Spring Firearms Training Session One: KBI Malfunctions Standard Drill; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: KSC Post Qualification, Sig 229; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	4	
	08/09/06	Spring Firearm Training Session One: O.C. Recertification; Kansas Bureau of Investigation	Lawrence, KS	1	
	10/23/06	Suspicious Activity Reports & Practical Investigative Techniques; United States Attorney's Office	Wichita, KS	4.5	
	10/25/06	Kansas Intelligence Association Conference & Training; Kansas Intelligence Association	Salina, KS	6	
	10/27/06	Lunch & Learn: White Collar Crime; United States Attorney's Office	Topeka, KS	1	
	11/16/06	Adverse Light Hours: Room Entry/Tactical Decision Making; Kansas Bureau of Investigation	Lawrence, KS	2.5	

	11/16/06	Daylight Hours: Multi-Station Pistol Shooting/Static Turning Drills/Room Entry; Kansas Bureau of Investigation	Lawrence, KS	3.5	
	12/13/06	KBI Inservice-Use of Force and Blood Borne Pathogens; Kansas Bureau of Investigation	Topeka, KS	2	
	03/27/07	Firearms Session #3: Simunition Training; Kansas Bureau of Investigation	Topeka, KS	7.5	
	04/27/07	Lunch & Learn: HHS/OIG/OI, Who We Are and How We Can Work Together; IntegriGuard	Topeka, KS	1	
	05/07/07-05/11/07	Elder Abuse: From Detection to Prosecution; California Attorney General's Office	San Francisco	33.5	
	05/22/07	HHS/OIG: Medicaid Integrity Program	Topeka, KS	1	
	06/07/07	Firearms Training Session 4: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	8/28/07 (To Be Attended)	Firearms Qualifications; Kansas Bureau of Investigation	Lawrence, KS	8	
MARLA MYERS	08/09/06	Spring Firearm Training Session One: KBI Malfunctions Standard Drill; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: KSC Post Qualification, Sig 229; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	4	

	08/09/06	Spring Firearm Training Session One: O.C. Recertification; Kansas Bureau of Investigation	Lawrence, KS	1	
	10/25/06	Kansas Intelligence Association Conference & Training; Kansas Intelligence Association	Salina, KS	6	
	11/01/06	Telenet Investment/Financial Exploitation of the Elderly: Part One; KLETC	Topeka, KS	2	
	11/16/06	Adverse Light Hours: Room Entry/Tactical Decision Making; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	11/16/06	Daylight Hours: Multi-Station Pistol Shooting/Static Turning Drills/Room Entry; Kansas Bureau of Investigation	Lawrence, KS	3.5	
	12/13/06	KBI Inservice-Use of Force and Blood Borne Pathogens; Kansas Bureau of Investigation	Topeka, KS	2	
	01/26/07	Computer Investigations: Overview of Computer Forensics; IntegriGuard	Topeka, KS	1	
	05/22/07	Bag & Tag Computers: Computer Seizure Procedure; M-Squad	Lawrence, KS	5	
	05/22/07	Manner of Death: Determining Cause of Death; M-Squad	Lawrence, KS	2	
	05/23/07	Blood Spatter: Identifying Blood Stains; M-Squad	Lawrence, KS	7.5	
	06/07/07	Firearms Training Session 4: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	8/28/07 (To Be Attended)	Firearms Qualifications; Kansas Bureau of Investigation	Lawrence, KS	8	

	9/6/07 - 9/7/07 (To Be Attended)	Show Me the Fraud Conference; MO/KAN Chapter of International Assoc. of Financial Crimes Investigators	Riverside, MO	12.5	
KORBY HARSHAW	08/09/06	Spring Firearms Training Session One: KBI Malfunctions Standard Drill; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: KSC Post Qualification, Sig 229; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	4	
	08/09/06	Spring Firearm Training Session One: O.C. Recertification; Kansas Bureau of Investigation	Lawrence, KS	1	
	10/23/06	Suspicious Activity Reports & Practical Investigative Techniques; United States Attorney's Office	Wichita, KS	4.5	
	11/16/06	Adverse Light Hours: Room Entry/Tactical Decision Making; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	11/16/06	Daylight Hours: Multi-Station Pistol Shooting/Static Turning Drills/Room Entry; Kansas Bureau of Investigation	Lawrence, KS	3.5	
	12/13/06	KBI Inservice-Use of Force and Blood Borne Pathogens; Kansas Bureau of Investigation	Topeka, KS	2	
	04/27/07	Lunch & Learn: HHS/OIG/OI, Who We Are and How We Can Work Together; IntegriGuard	Topeka, KS	1	

	05/31/07-06/01/07	RICO Seminar; National Association of Attorneys General	Indianapolis, IN	10	
	8/28/07 (To Be Attended)	Firearms Qualifications; Kansas Bureau of Investigation	Lawrence, KS	8	
EARL BAXTER	08/09/06	Spring Firearms Training Session One: KBI Malfunctions Standard Drill; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: KSC Post Qualification, Sig 229; Kansas Bureau of Investigation	Lawrence, KS	1	
	08/09/06	Spring Firearm Training Session One: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	4	
	08/09/06	Spring Firearm Training Session One: O.C. Recertification; Kansas Bureau of Investigation	Lawrence, KS	1	
	10/23/06	Suspicious Activity Reports & Practical Investigative Techniques; United States Attorney's Office	Wichita, KS	4.5	
	11/16/06	Adverse Light Hours: Room Entry/Tactical Decision Making; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	11/16/06	Daylight Hours: Multi-Station Pistol Shooting/Static Turning Drills/Room Entry; Kansas Bureau of Investigation	Lawrence, KS	3.5	
	12/13/06	KBI Inservice-Use of Force and Blood Borne Pathogens; Kansas Bureau of Investigation	Topeka, KS	2	
	03/27/07	Firearms Session #3: Simunition Training; Kansas Bureau of Investigation	Topeka, KS	7.5	

	06/07/07	Firearms Training Session 4: Firearms Training; Kansas Bureau of Investigation	Lawrence, KS	2.5	
	8/28/07 (To Be Attended)	Firearms Qualifications; Kansas Bureau of Investigation	Lawrence, KS	8	
	9/6/07 - 9/7/07 (To Be Attended)	Show Me the Fraud Conference; MO/KAN Chapter of International Assoc. of Financial Crimes Investigators	Riverside, MO	12.5	
CAM MCKINNEY	01/23/07- 01/24/07	Data Collection and Analysis for Global Cases Training; National Association for Medicaid Fraud Control Units	Austin, TX	11	
	05/22/07	HHS/OIG: Medicaid Integrity Program	Topeka, KS	1	
MEGAN BRENNAN	04/27/07	Lunch & Learn: HHS/OIG/OI, Who We Are and How We Can Work Together; IntegriGuard	Topeka, KS	1	
	06/04/07- 06/06/07	Introduction to Medicaid Fraud Training; National Association of Medicaid Fraud Control Units	Austin, TX	20	

*resigned effective February 2007.

**KANSAS MEDICAID FRAUD AND
ABUSE DIVISION ROSTER
As of July 31, 2007**

Loren F. Snell, Jr., Deputy Attorney General/Director

Jabari Wamble, Assistant Attorney General

Cheryl Whelan, Assistant Attorney General (currently on military leave)

Phil McManigal, Special Agent in Charge

Earl Baxter, Special Agent

Korby Harshaw, Special Agent

Marla Myers, Special Agent

Darren Brown, Special Agent (Effective

Jerry Martens, Auditor (Leaving Unit effective August 10, 2007)

Megan Brennan, Auditor (Effective August 13, 2007)

Denise Desch, Data Analyst

Camilla McKinney, Data Analyst

Brenda Albright, Legal Assistant

Kerra Childs, Secretary/Receptionist (Effective August 6, 2007)