

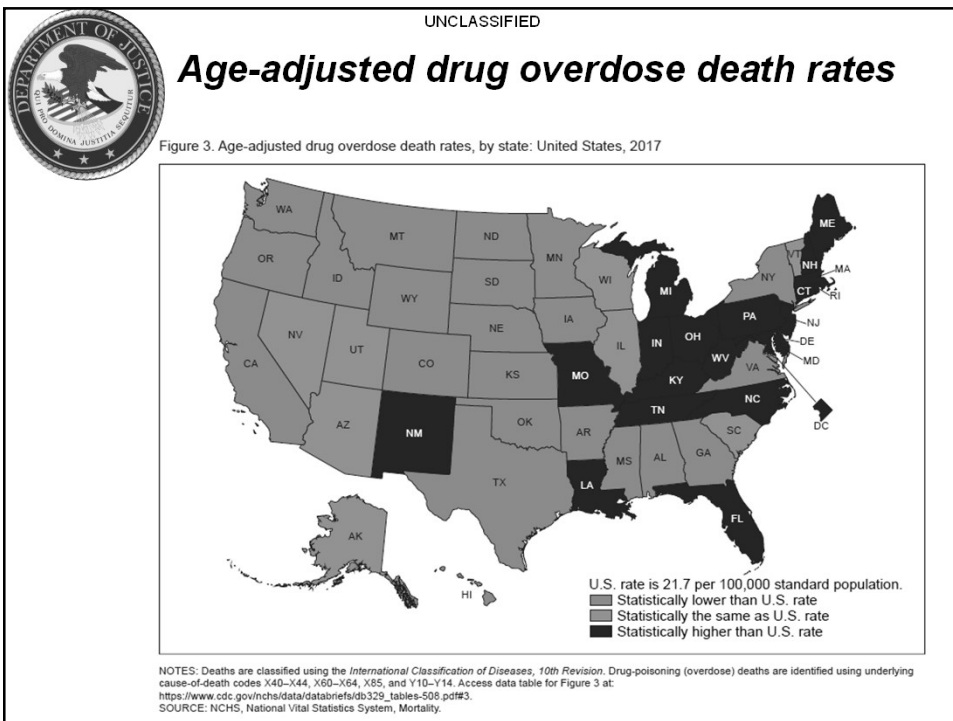


Western District of Pennsylvania Task Force

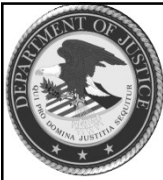
Opioid Fraud and Abuse Detection Unit



1

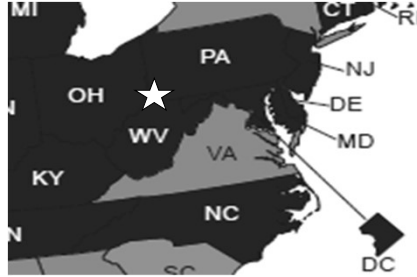


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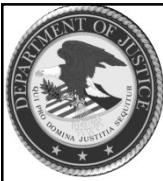
Age-adjusted drug overdose death rates



Highest observed age-adjusted drug overdose death rates:

- **West Virginia (57.8)**
- **Ohio (46.3)**
- **Pennsylvania (44.3)**
- **Washington, DC (44.0)**

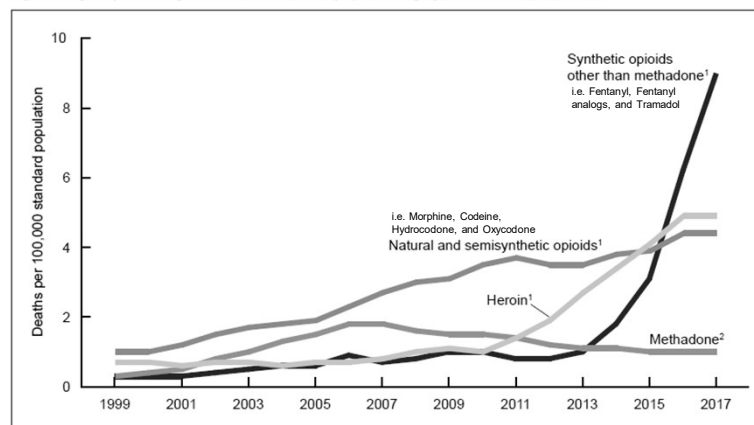
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Top Overdose Drugs

Figure 4. Age-adjusted drug overdose death rates, by opioid category: United States, 1999–2017



¹Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.

²Significant increasing trend from 1999 through 2006, then decreasing trend from 2006 through 2017, $p < 0.05$.

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural and semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–88% from 2014 through 2017. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#4.

SOURCE: NCHS, National Vital Statistics System, Mortality.

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Overdose Deaths (2015-2018)

	Population	2015	2016	% Change	2017	% Change	2018	% Change
WDPA	3,746,049	1087	1665	53.17%	1831	9.97%	929	-49.26%
Allegheny	1,227,553	424	650	53.30%	737	13.38%	275	-62.69%
Beaver	167,123	37	102	175.68%	82	-19.61%	41	-50.00%
Cambria	134,313	56	94	67.86%	87	-7.45%	61	-29.89%
Washington	207,298	73	106	45.21%	97	-8.49%	54	-44.33%
Westmoreland	352,627	126	173	37.30%	193	11.56%	122	-36.79%

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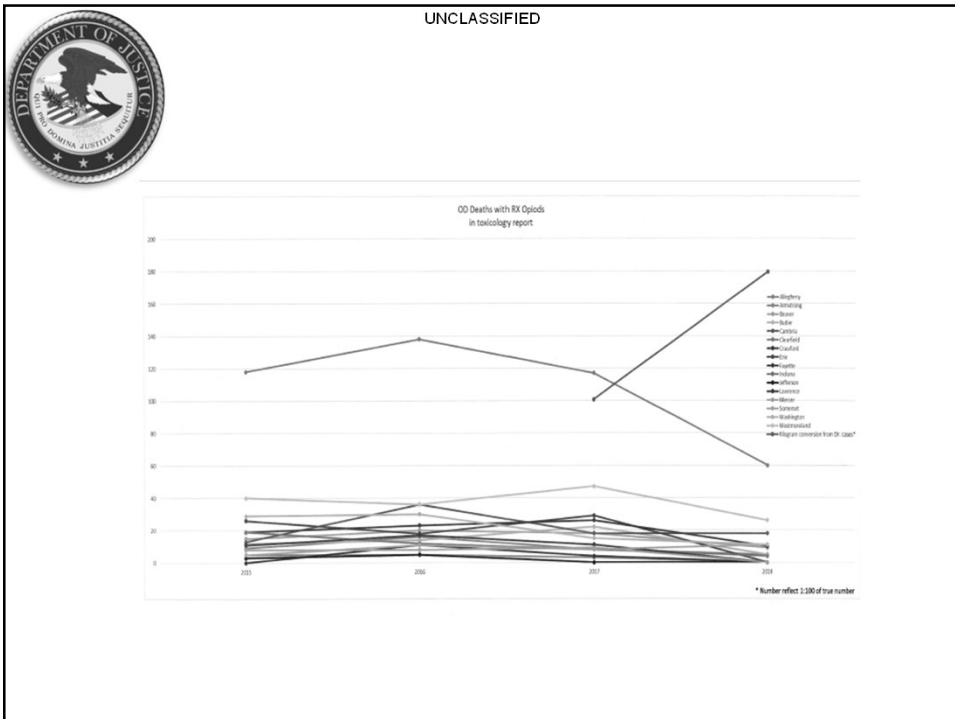
Western District OD Data

	2015	2016	2017	2018	2019
Total OD's	1116	1693	1846	1196	147
With Fentanyl	310	972	1234	801	101
With Heroin	593	719	1069	454	55
With RX Opioids	360	432	377	236	25

Percent Change in OD Deaths

	2015	2016	2017	2018	2019
Total OD's	-	51.7%	9.0%	35.2%	87.7%
With Fentanyl	-	213.5%	27.0%	35.1%	87.4%
With Heroin	-	21.2%	48.7%	57.5%	87.9%
With RX Opioids	-	20.0%	12.7%	37.4%	89.4%

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How we do it?

- **Opiate Overdose Task Force**
 - ▶ Combines personnel and resource to identify supply chain of heroin/fentanyl:
 - ▶ FBI
 - ▶ USAO
 - ▶ Munhall Police Department
 - ▶ West Mifflin Police Department
 - ▶ Port Authority Police Department
 - ▶ ACSO
 - ▶ ACPD
 - ▶ PAOAG
 - ▶ Pittsburgh Bureau of Police

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Investigations into HCF

Traditional HCF

- Overbilling
- Billing for services not rendered
- Unbundling

Drug Diversion

- Opioids (oxycodone, hydrocodone, Opana)
- Stimulants (Adderall)
- Drug Assisted treatment (suboxone, subutex)

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No Physical Examination



Prescriptions are written in exchange for:
Cash, Sexual Favors or Bill Medicaid

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Legal Duty of Physicians

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Title 21, United States
Code, Section 841(a)(1):
“Except as authorized by
this subchapter, it shall be
unlawful for any person
knowingly or intentionally ---
--

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to manufacture, distribute, or
dispense, or possess with
intent to manufacture,
distribute, or dispense, a
controlled substance.

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Title 21, Code of Federal Regulations

Section 1306.04 Purpose of issue of prescription

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(a) A prescription for a controlled substance to be effective must be issued by a **person legally authorized** to do so for a **legitimate medical purpose** by an individual practitioner **acting in the usual course of professional practice**.

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The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.

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An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription . . . and the person knowingly filling such a purported prescription, **as well as the person issuing it**, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

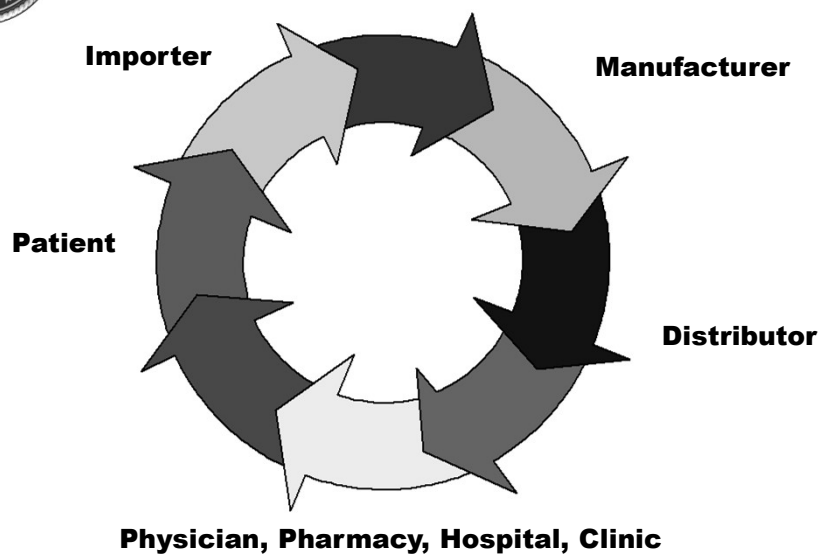
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Closed System of Distribution



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Be mindful of the following:

- A very small # of Doctors and Pharmacists go bad
- Doctors and Pharmacists make great witnesses
- Educate jurors on medical, pharmacy and drug related issues
- Some doctors might be taken advantage of
- Many prescriptions under a doctor's name could be fraudulent prescriptions – don't assume
- Verifying Doctor's Specialty is very important
- During arrest be firm but professional – might help get an admission

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“Usual Course of Professional Practice”

- Doctors Vary by Specialty and Profession

Very important to confirm:

1. What is the doctor's specialty?
2. Are the drugs administered, dispensed or prescribed for a legitimate medical purpose?
3. Has the doctor focused on a specific drug?
4. Has the doctor conducted any physical examinations?
5. Is the doctor maintaining records?

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Proper Prescribing/Dispensing

- The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding liability rests with the pharmacist who dispenses the prescription order.
- The person knowingly dispensing such prescription, as well as the person issuing it, will be subject to criminal and/or civil penalties.

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Spoke and Wheel



More spokes... Stronger case

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Red Flag indicators

- Method of Payment
- Intensive phone contact
- Location of patients, doctors and pharmacies
- Doctors specialty
- Hours of operation
- Number of patients on a daily basis
- Duration of Visit
- Large portion of patients in practice receiving same type of medication that has known street value
 - ▶ Oxycodone 30mg
 - ▶ Adderall

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Red Flag indicators continued

- Patients drove long distance
- Patients travel in groups
- 1 driver taking many patients, multiple days a month
- Family receiving same prescriptions
- Young, able bodied, no outgoing medical ailments
- Office accepts cash only
- Payments vary on type of prescription
- Little or no medical history

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Red Flag indicators continued

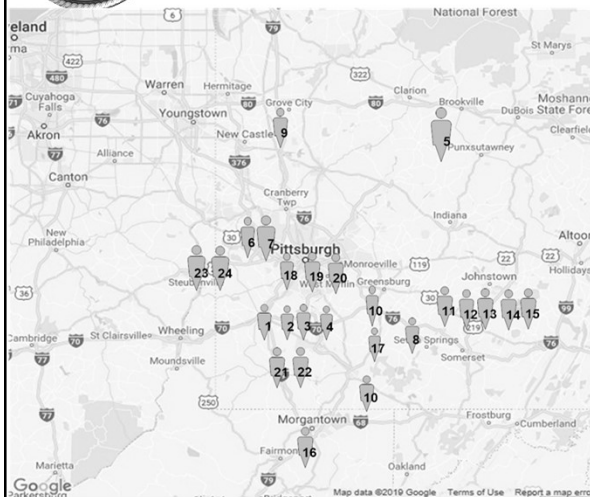
- Same physical examination for all patients
- Little or no physical medical examination
- No legitimate urine drug screen

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1. Michael Bummer, Bridgeville, PA
2. Madhu Aggarwal, Bridgeville, PA
3. Mark Foster, Bridgeville, PA
4. Terri Brown, Bridgeville, PA
5. David Girardi, Brookville, PA
6. Paul Hoover, Coraopolis, PA
7. Marcia Arthurs, Coraopolis, PA
8. Milad Shaker, Donegal, PA
9. Andrzej Zielke, Gibsonsia, PA
10. Nabil Jabbour, Greensburg, PA & Connellsville, PA
11. Peter Ridella, Johnstown, PA
12. Joseph Martella, Johnstown, PA
13. Ruth Jones, Johnstown, PA
14. Stephen Shaner, Johnstown, PA
15. Michael Cash, Johnstown, PA
16. Parth Bahrill, Morgantown, West Virginia
17. Mamdouh El-Attrache, Mt. Pleasant, PA
18. Larry Goisse, Pittsburgh, PA
19. Marios Papachristou, Pittsburgh, PA
20. Omar Almusa, Pittsburgh, PA
21. Christopher Handa, Washington, PA
22. Jennifer Hess, Washington, PA
23. Krishan Aggarwal, Weirton, WV
24. Cherian John, Weirton, WV

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Marios Papachristou

- Charged by information with unlawful dispensing and distributing Schedule II controlled substances in violation of 21 U.S.C. Sections 841(a)(1) and 841(b)(1)(c) and health care fraud in violation of 18 U.S.C. Section 1347.
- Pleaded guilty and sentenced to a 24-month term of imprisonment, to be followed by a 3-year term of supervised release. A \$15,000 fine imposed. Restitution was ordered in the amount of \$591.78.

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Omar Almusa, M.D.

- Charged with unlawful dispensing and distributing Schedule II controlled substances in violation of 21 U.S.C. Sections 841(a)(1) and 841(b)(1)(c) and health care fraud in violation of 18 U.S.C. Section 1347.
- Pleaded guilty and sentenced to a 24-month term of imprisonment followed by a 3-year term of supervised release, restitution in the amount of \$728.13, and a fine in the amount of \$15,000.00, plus interest.

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Madhu Aggarwal, M.D.

- Charged with unlawful dispensing and distributing Schedule III controlled substances in violation of 21 U.S.C. Sections 841(a)(1) and 841 (b)(1)(E)(i), conspiracy to dispense and distribute Schedule II controlled substances in violation of 21 U.S.C. Section 846 and health care fraud, in violation of 18 U.S.C. Section 1347.
- Pleaded guilty and sentenced to a 3-year term of Probation including 6 months Home Detention with 100 hours Community Service. A mandatory \$300.00 special assessment, a \$40,000 fine, restitution in the amount of \$82,973.75 are imposed, in addition, \$50,000 to be forfeited.

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