OF JUSTICE

Western District of Pennsylvania Task Force
Opioid Fraud and Abuse Detection Unit

UNCLASSIFIED

Age-adjusted drug overdose death rates

Figure 3. Age-adjusted drug overdose death rates, by state: United States, 2017

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, Y10-Y14. Access data table for Figure 3 at:
https://www.cdc.gov/nchs/data/hestats/overdose_140.pdf
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)

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-potentiating (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, Y10, and Y15–Y19. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.0, natural and semisynthetic opioids, T40.2, methadone, T40.3, and synthetic opioids other than methadone, T44.4. 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 70%–79% from 1999 through 2013 and 34%–43% from 2014 through 2017. ACCESS data used for Figure 4 at: https://www.cdc.gov/drugoverdose/data/overdose/2017/pdf/2017_overdose_changes.pdf.

### Overdose Deaths (2015-2018)

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

### Western District OD Data

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total OD's</td>
<td>1116</td>
<td>1693</td>
<td>1846</td>
<td>1196</td>
<td>147</td>
</tr>
<tr>
<td>With Fentanyl</td>
<td>310</td>
<td>972</td>
<td>1234</td>
<td>801</td>
<td>101</td>
</tr>
<tr>
<td>With Heroin</td>
<td>593</td>
<td>719</td>
<td>1069</td>
<td>454</td>
<td>55</td>
</tr>
<tr>
<td>With RX Opioids</td>
<td>360</td>
<td>432</td>
<td>377</td>
<td>236</td>
<td>25</td>
</tr>
</tbody>
</table>

### Percent Change in OD Deaths

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total OD's</td>
<td>51.7%</td>
<td>9.0%</td>
<td>-</td>
<td>35.2%</td>
<td>87.7%</td>
</tr>
<tr>
<td>With Fentanyl</td>
<td>213.5%</td>
<td>27.0%</td>
<td>-</td>
<td>35.1%</td>
<td>87.4%</td>
</tr>
<tr>
<td>With Heroin</td>
<td>21.2%</td>
<td>48.7%</td>
<td>-</td>
<td>57.5%</td>
<td>87.9%</td>
</tr>
<tr>
<td>With RX Opioids</td>
<td>20.0%</td>
<td>-</td>
<td>12.7%</td>
<td>37.4%</td>
<td>89.4%</td>
</tr>
</tbody>
</table>
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
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)

No Physical Examination

Prescriptions are written in exchange for:
Cash, Sexual Favors or Bill Medicaid
Legal Duty of Physicians

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

Title 21, Code of Federal Regulations

Section 1306.04 Purpose of issue of prescription
(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.

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.
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.
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

“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?
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.

Spoke and Wheel

More spokes... Stronger case
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

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
Red Flag indicators continued

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

1. Richard Bumner, Bridgeville, PA
2. Madhu Aggarwal, Bridgeville, PA
3. Mark Foster, Bridgeville, PA
4. Terri Brown, Bridgeville, PA
5. David Girard, Bridgeville, PA
6. Paul Hoover, Connellsville, PA
7. Marcus Arthurs, Connellsville, PA
8. Mild Shaker, Connellsville, PA
9. Andrew Zelke, Grove City, PA
10. Nabil Jobboun, Greensburg, PA & Connellsville, PA
11. Pete Ridelia, Johnstown, PA
12. Joseph Martella, Johnstown, PA
13. Carl Jones, Johnstown, PA
14. Stephen Slumer, Johnstown, PA
15. Michael Cash, Johnstown, PA
16. Parsh Bahill, Morgantown, West Virginia
17. Mandish El-Arabe, Mt. Pleasant, PA
18. Larry Guise, Pittsburgh, PA
19. Marios Papachristou, Pittsburgh, PA
20. Omar Almuin, Pittsburgh, PA
21. Christopher Hands, Washington, PA
22. Jennifer Hess, Washington, PA
23. Krishna Aggarwal, Weston, WV
24. Christian Johnson, Weston, WV
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.

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.
Madhu Aggarwal, M.D.

- Plead 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.