


MFCU

MEDICAID FRAUD CONTROL UNIT

ANNUAL REPORT 2025-2026

• ESTABLISHED 1982 •








Office of the Attorney General of Virginia

JAY JONES
ATTORNEY GENERAL

The Virginia Medicaid Fraud Control Unit's 2025-2026 ANNUAL REPORT highlights achievements from the investigations and prosecutions conducted by the Unit.

The men and women working in the Medicaid Fraud Control Unit continue to surpass milestones in their fight to protect Virginia's seniors and ensure quality care.

OFFICE OF THE ATTORNEY GENERAL
MEDICAID FRAUD CONTROL UNIT

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June 30, 2026

To the Citizens of the Commonwealth:

It is an honor to serve as the 49th Attorney General of the Commonwealth of Virginia and to share with you some of the exceptional work being done by my office's Medicaid Fraud Control Unit (MFCU). Virginia's MFCU enjoys a well-earned reputation as a national leader in investigating and prosecuting unscrupulous health care providers who commit fraud against Virginia's Medicaid program and Virginia taxpayers. Whether it is billing for services not rendered, using improperly trained or uncertified employees, or abusing or neglecting patients, our talented team of investigators and prosecutors end these abuses wherever they are found.

For over 40 years, the Office of Attorney General's MFCU has strengthened our Medicaid program and served the people of Virginia, particularly its vulnerable citizens who rely on Medicaid for needed medical services. What started as a six-person team in 1982 now includes over 100 employees working in Richmond and four regional offices, a Civil Unit, the Elder Abuse Investigation Center, and a statewide outreach component.

This year, as a result of our criminal and civil investigations, the Virginia MFCU has successfully recovered $21,157,468.21 in state and federal court-ordered restitution, fines and penalties from providers who defrauded, or attempted to defraud the Medicaid program. These recoveries have brought the MFCU's total criminal and civil recoveries over the past 44 years to over $4.1 billion.

Virginia's MFCU team has received national recognition for exceptional work. In 2025, Virginia MFCU staff received recognition from the National Care Anti-Fraud Association in the "Investigation of the Year" category for their lead role investigating McKinsey & Co.'s consulting work involving the opioid crisis. This case resulted in a $650 million criminal and civil resolution. In 2020, Virginia's MFCU led the investigative team that was awarded "Award of Excellence in Promoting Quality, Safety, and Value" by the U.S. Department of Health and Human Services' Office of the Inspector General for their key role in the investigation into the marketing of the opioid drug Suboxone by Reckitt Benkiser Group, PLC. This case resulted in a $1.4 billion resolution of criminal and civil liability.

The MFCU's outstanding performance is attributable to a focused team effort, exceptional working relationships with Virginia's Department of Medical Assistance Services, other state and federal agencies, and the selfless dedication of the men and women of the Unit. These employees spend many days away from home and family to conduct surveillance, execute search warrants, analyze records, conduct interviews, and prosecute cases in court.

We are also stepping up our efforts to prevent elder abuse and neglect, utilizing registered nurses to further investigate and prosecute cases in health care facilities and homes, and conducting community outreach events on ways to prevent, recognize and report elder abuse and neglect.

The following report reviews the MFCU's organization, operations, and accomplishments covering the period of July 1, 2025 to June 30, 2026.

With kindest regards, I remain,

Jay Jones
Attorney General of Virginia

PREFACE

The Virginia Medicaid Fraud Control Unit (MFCU or the Unit) of the Office of the Attorney General was certified October 1, 1982, by the United States Department of Health and Human Services. The Unit is one of 52 similarly structured Units throughout the United States. In deciding to establish a MFCU in Virginia, the General Assembly stated:

> "The General Assembly finds and declares it to be in the public interest and for the protection of the health and welfare of the residents of the Commonwealth that a proper regulatory and inspection program be instituted in connection with the providing of medical, dental and other health services to recipients of medical assistance. In order to effectively accomplish such purpose and to assure that the recipient receives such services as are paid for by the Commonwealth, the acceptance by the recipient of such services and the acceptance by practitioners of reimbursement for performing such services shall authorize the Attorney General or his authorized representative to inspect and audit all records in connection with the providing of such services."
>
> *Section 32.1-310, Code of Virginia,1950, as amended.*

PERSONNEL

OFFICE OF THE ATTORNEY GENERAL

THE HONORABLE JAY JONES
ATTORNEY GENERAL

THE HONORABLE TRAVIS G. HILL
CHIEF DEPUTY ATTORNEY GENERAL

JAE K. DAVENPORT
DEPUTY ATTORNEY GENERAL
CRIMINAL JUSTICE AND PUBLIC SAFETY DIVISION

MEDICAID FRAUD CONTROL UNIT

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COTY D. PELLETIER
CHIEF INVESTIGATOR
HEALTH CARE FRAUD AND ELDER ABUSE SECTION

STATUTORY AUTHORITY

STATUTORY AUTHORITY

In 1981, the Virginia General Assembly enacted Chapter 9, §§ 32.1-310 through 32.1-321 of the Code of Virginia to regulate medical assistance in the Commonwealth. This Chapter authorizes criminal sanctions for specific acts of Medicaid fraud and abuse. The duties and responsibilities of the Unit are set forth in § 32.1-320.

In 1982, the Medicaid Fraud Control Unit (MFCU) was established within the Office of the Attorney General (OAG) in accordance with federal requirements. This Unit is separate and distinct from the Department of Medical Assistance Services (DMAS), which is the single state agency in the executive branch responsible for the administration of the Medicaid program.

In 1995, the General Assembly significantly amended the Medicaid fraud statutes by converting Virginia Code § 32.1-314 from a larceny offense to a false-claims offense. The change eliminated the requirement that the Commonwealth prove $200 or more was wrongfully taken from the program in order to secure a felony conviction. Under the amended statute, the Commonwealth need only prove that a materially false statement was made in an application for reimbursement under the program. Also § 19.2-215.1 was amended to allow Medicaid fraud to be investigated by a multi-jurisdiction grand jury.

In 2007, the MFCU/OAG submitted a proposal to increase the penalty for abuse or neglect of an incapacitated adult that resulted in death to a Class 3 felony. This increased the term of imprisonment to not less than five years nor more than 20 years and a fine of not more than $100,000. (2007 Va. Acts cc. 562,653.) Before this amendment, all abuse of an incapacitated adult resulting in serious bodily injury or disease was a Class 4 felony punishable by a term of imprisonment of not less than two years nor more than 10 years and a fine of not more than $100,000.

Also in 2007, the General Assembly enacted a number of changes to health care fraud statutes in Virginia to ensure Virginia would be deemed compliant with the federal Deficit Reduction Act of 2005 (DRA). If deemed compliant, Virginia would be allowed to keep an additional 10% of the money recovered from restitution. Among those changes the Assembly:

- Amended Virginia Code § 8.01-216.3 to increase the minimum civil penalty to $5,500 and increase the maximum penalty to $11,000;

STATUTORY AUTHORITY | CONTINUED

- Amended Virginia Code § 8.01-216.3 to allow the Virginia Attorney General's Office to recover attorney fees and costs incurred in its investigation and prosecution of qui tam actions;
- Amended Virginia Code § 8.01-216.9 to prevent defendants from denying civil liability if they are convicted in a criminal proceeding based on the same transaction or occurrence; and
- Amended Virginia Code §§ 32.1-312 and 32.1-313 to extend the statute of limitations and allow Virginia to bring a civil action for fraud against health care subcontractors that provide services or goods to Medicaid recipients, but do not contract directly with Virginia's state provider, Department of Medical Assistance Services (DMAS), pursuant to a provider agreement.

The United States Department of Health and Human Services, Office of the Inspector General, issued a ruling on March 13, 2007 that found Virginia's statutory regime was in compliance with the DRA.

In 2011, the General Assembly made several additional amendments to the health care fraud statutes to facilitate investigations and recoveries. One such change amended Virginia Code § 32.1-314 to mandate that restitution be ordered to the victim, DMAS, upon conviction under the statute. Another amendment expanded the jurisdiction of the MFCU to investigate "complaints alleging abuse or neglect of persons in the care or custody of others who receive payments for providing health care services under the state plan for medical assistance, regardless of whether the patient who is the subject of the complaint is a recipient of medical assistance."

The General Assembly also enacted changes to the Virginia Fraud Against Taxpayers Act (VFATA) that track changes to the Federal False Claims Act. The amendments to VFATA are designed to encourage the filing of *qui tams*, (commonly known as "whistleblower" complaints), facilitate the investigation of fraud allegations and seek to keep Virginia compliant with the DRA. Among those changes:

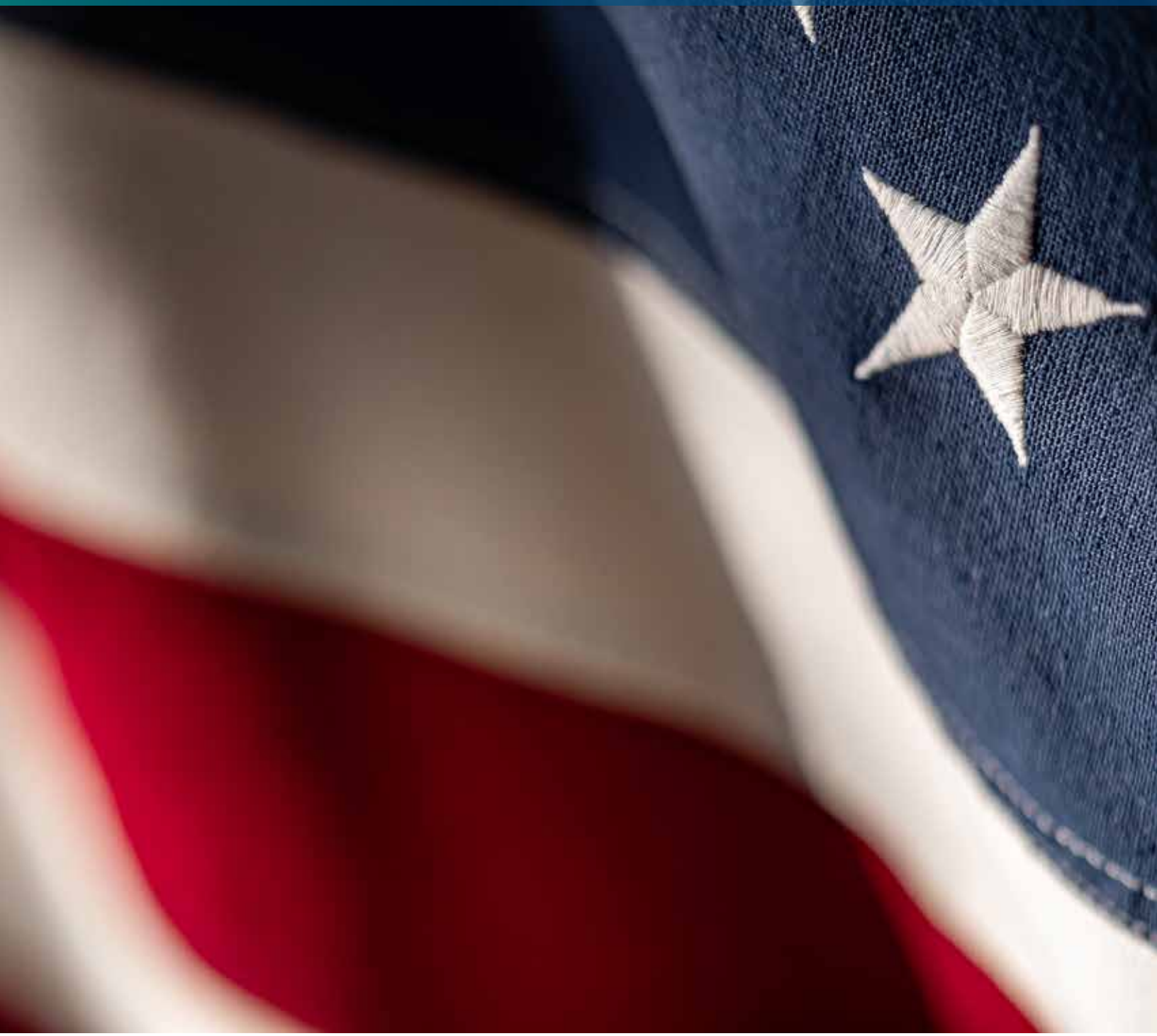
- Amended Virginia Code § 8.01-216.8 to expand the protection of whistleblower employees, contractors or agents from adverse employment actions taken as a result of the lawful acts of the whistleblower;
- Amended Virginia Code § 8.01-216.10 to allow the Attorney General's designee to issue a civil investigative demand, and to share information thus obtained with *qui tam* relators where necessary to pursue false claims investigations; and
- Amended Virginia Code § 8.01-216.2 and § 8.01-216.3 to broaden the scope of conduct covered by the VFATA.

In 2012-2013, the General Assembly amended § 32.1-320 of the Code of Virginia to expedite health care fraud investigations and litigation. The revisions clarify existing authority for the MFCU to subpoena health records under the Health Privacy Act. Further, the amendments codified protections for attorney work product and privileged investigative files developed in the course of MFCU investigations and litigation. The codification provides a statutory basis to assert protection for such materials during the course of litigation. As many *qui tams* are filed in jurisdictions outside of Virginia, this change provides additional protections of attorney work product and investigative materials in matters filed in jurisdictions with differing practices and case law as to the extent of such privileges.

In 2015, the General Assembly amended § 32.1-314 of the Code of Virginia to expand venue in Medicaid fraud cases to include "the county or city in which (i) any act was performed in furtherance of the offense or (ii) the person charged with the offense resided at the time of the offense."

In 2023, the General Assembly passed § 32.1-320.1 which authorizes the Attorney General to designate up to 30 MFCU investigators as sworn law enforcement officers. Virginia has joined 41 other MFCUs across the country that use sworn law enforcement personnel in their investigations.

SWORN OFFICERS



SWORN OFFICERS

On July 1, 2023, a new Virginia statute took effect which authorizes the use of sworn law-enforcement MFCU personnel to conduct Medicaid fraud investigations. Many law-enforcement agencies supported this legislation, which was signed into law by Governor Youngkin on March 26, 2023. With the authority granted by this statute, § 32.1-320.1, Virginia's MFCU joined 41 other MFCUs nationwide that use sworn law-enforcement officers in their investigations.

As of June 30, 2026, nine MFCU investigators have taken the oath of office to become law-enforcement officers in Virginia sworn-in pursuant to § 32.1-320.1.

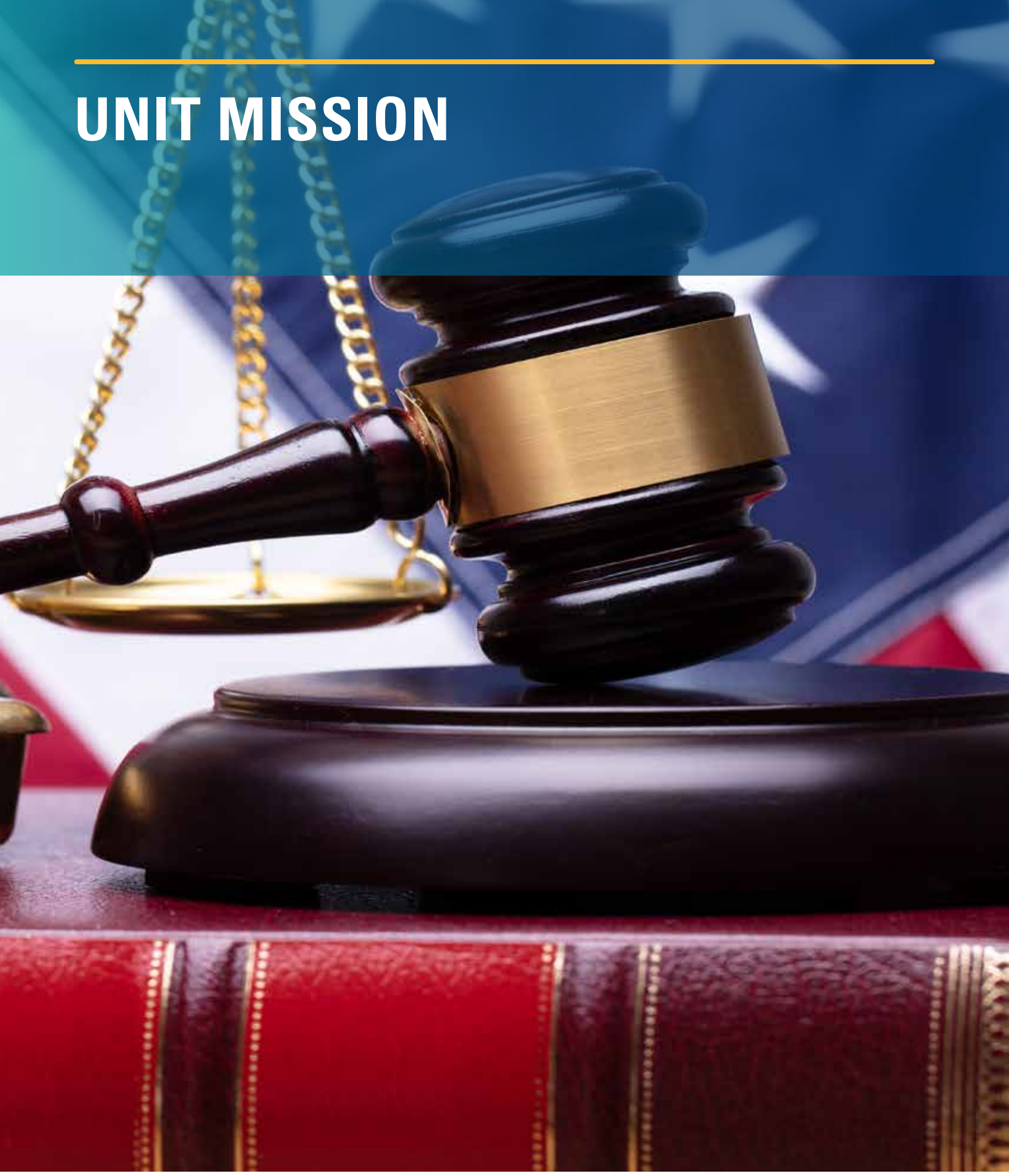
§ 32.1-320.1. Powers and duties of sworn unit investigators.

A. The Attorney General may designate up to 30 persons in the unit established under § 32.1-320 as sworn unit investigators. Any individual designated as a sworn unit investigator shall be sworn only to enforce the provisions of this article. Sworn unit investigators shall be designated as law-enforcement officers as defined in § 9.1-101.

B. All sworn unit investigators shall remain subject to the federal requirements authorizing State Medicaid Fraud Control Units pursuant to 42 C.F.R. Part 1007.

C. If a search warrant is issued for any place of abode, a sworn unit investigator shall notify and request assistance from the State Police or the local law-enforcement agency from the locality where such abode is located prior to executing such search warrant. A sworn unit investigator shall not execute any search warrant for the search of any place of abode unless such sworn unit investigator is accompanied by a State Police officer or a local law-enforcement officer from the locality where such abode is located. Any evidence obtained from a search warrant executed in violation of this subsection shall not be admitted into evidence for the Commonwealth in any prosecution.

UNIT MISSION



UNIT MISSION

The Unit is charged with the investigation and prosecution of Medicaid providers who conduct their businesses in a fraudulent or highly abusive manner. The intended result of this effort is to deter all providers of medical services from engaging in fraudulent or abusive behavior.

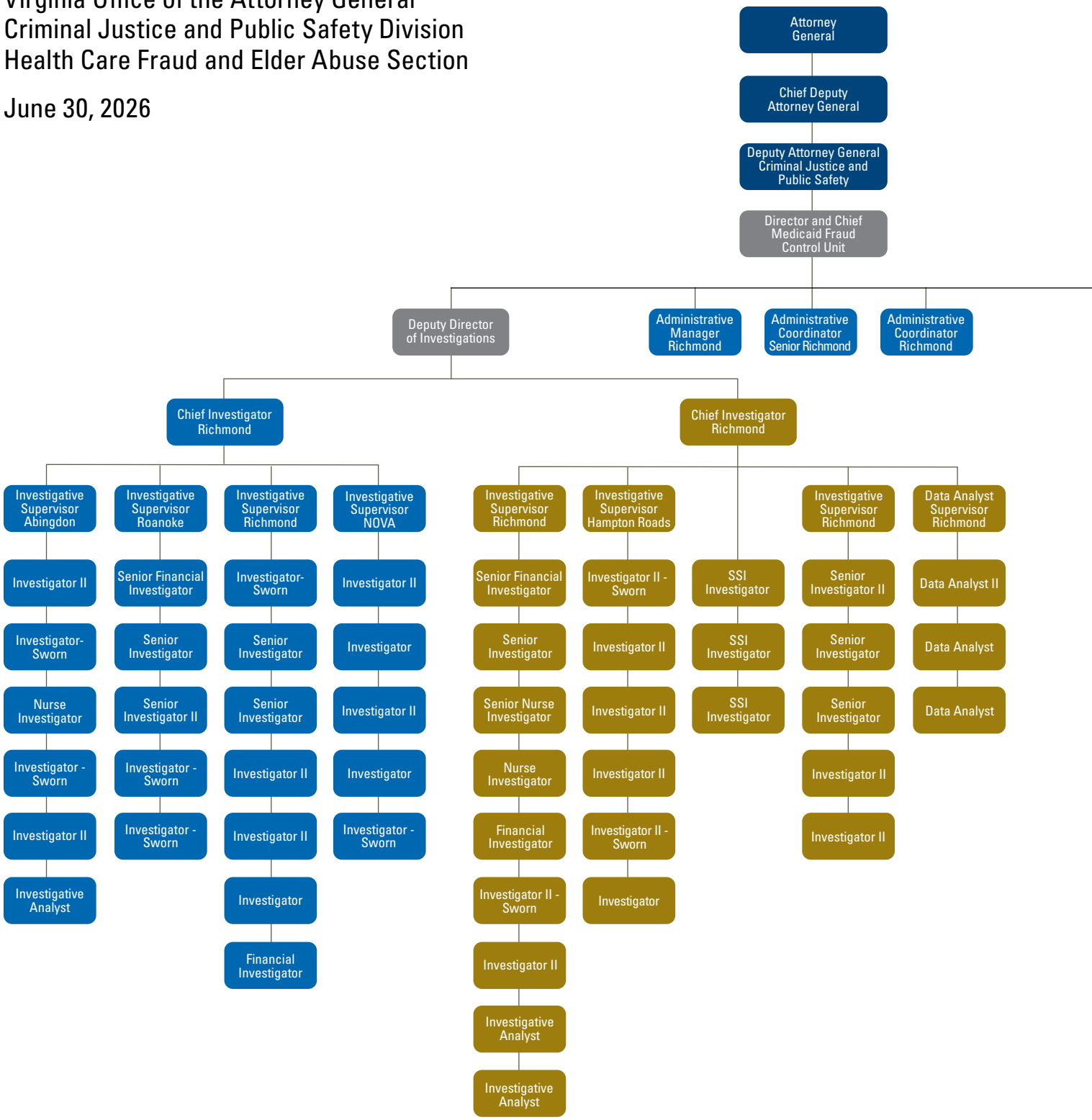
In order to achieve this goal, the Unit will:

- Conduct professional and timely criminal investigations that lead to just results;
- Collaborate with other state and federal agencies involved in the battle against health care fraud and patient abuse and neglect throughout the Commonwealth. In fact, the MFCU is uniquely positioned to take the lead in investigating and prosecuting health care fraud and patient abuse and neglect in the Commonwealth;
- Seek alternatives to criminal prosecution, such as provider education when appropriate, to reinforce and instill in the provider community a desire to comply with all regulations promulgated by DMAS;
- Provide educational resources to the community, law enforcement, and other agencies through presentations on the work of the MFCU, and the publishing of flyers and brochures which provide information on Medicaid fraud as well as elder and patient abuse and neglect;
- Refine internal operating procedures designed to produce timely investigative results and maximize Unit resources in order to promote efficient and thorough strategies for each case;
- Promote effective communication between the Unit and DMAS, thereby increasing the number and quality of referrals;
- Maintain the highest standards of excellence through aggressive training on current fraud trends and law enforcement tools in an attempt to better combat fraud in the Medicaid program; and
- Provide assistance related to nationwide civil and criminal health care fraud matters.

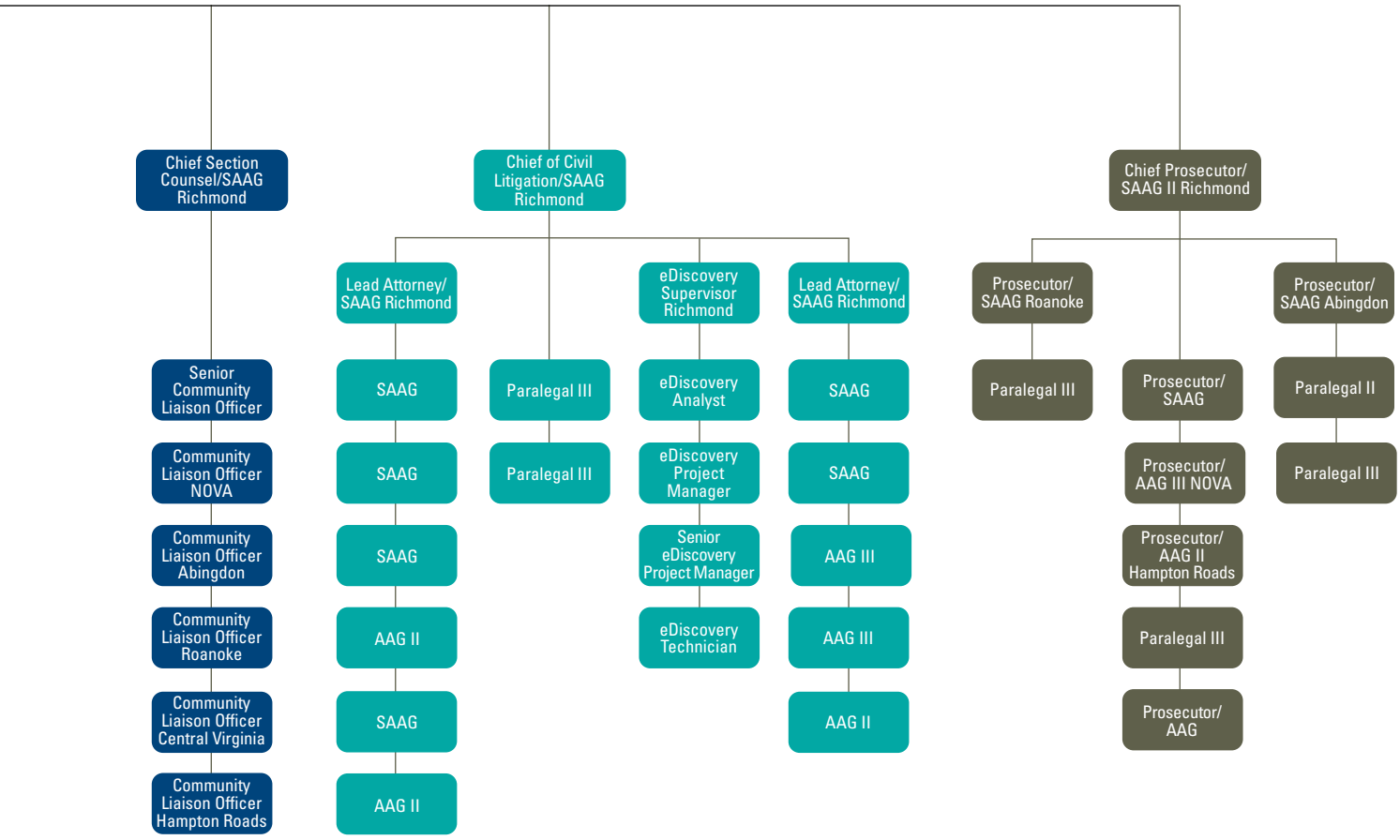
MFCU ORGANIZATIONAL CHART

Virginia Office of the Attorney General
Criminal Justice and Public Safety Division
Health Care Fraud and Elder Abuse Section

June 30, 2026



MFCU ORGANIZATIONAL CHART | CONTINUED



ELDER ABUSE INVESTIGATION CENTER

ELDER ABUSE INVESTIGATION CENTER

In June 2024, the Attorney General's office opened the Elder Abuse Investigation Center (EAIC) to combat the growing issue of elder abuse and neglect. The EAIC is coordinated with personnel from the Medicaid Fraud Control Unit.

Statistics show that one in ten Americans over 65 have been victims of elder abuse, yet only one in 24 cases are reported to the authorities. Operating as a specialized unit within the Office of the Attorney General, the EAIC aims to enhance and streamline collaboration among Central Virginia jurisdictions to improve investigations and prosecutions of elder abuse in nursing homes, assisted living facilities, and private residences. This includes physical assaults, neglect, sexual assaults, violent crimes, and suspicious deaths.

The EAIC includes twenty-four agency members in nine jurisdictions in Central Virginia:

- Attorney General's Office
- Ashland Police Department
- Chesterfield Commonwealth's Attorney
- Chesterfield Police Department
- Chesterfield/Colonial Heights Adult Protective Services
- Colonial Heights Commonwealth's Attorney
- Colonial Heights Police Department
- Goochland Sheriff's Office
- Goochland Commonwealth's Attorney
- Goochland Social Services
- Hanover Commonwealth's Attorney
- Hanover Sheriff's Office
- Hanover Department of Social Services
- Henrico Police Division
- Henrico Commonwealth's Attorney
- Henrico Adult Protective Services
- Hopewell Police Department
- Hopewell Commonwealth's Attorney
- Hopewell Department of Social Services
- Powhatan Sheriff's Office
- Powhatan Commonwealth's Attorney
- Powhatan Department of Social Services
- Richmond Police Department
- Richmond Commonwealth's Attorney

SIGNIFICANT CASES

CRIMINAL

The following are brief summaries of significant cases that resulted in the successful convictions of numerous fraudulent health care providers in the Commonwealth during fiscal year 2025-2026.

SIGNIFICANT CASES | CRIMINAL

United States v. Duane Dixon, Debra Shaffer, Wendell Lewis Randall, Jennifer Adams, John Gregory Barnes and L5 Medical Holdings, LLC

This investigation revealed that Duane Dixon (Dixon) worked as the medical director for L5 Medical (L5), doing business as Pain Care Centers. Investigation of L5, Dixon and other related entities was a joint operation between the Drug Enforcement Administration (DEA), Health and Human Services-Office of Inspector General (HHS-OIG), Virginia MFCU, the United States Attorneys' Office (USAO) in the Western District of Virginia and Middle District of North Carolina. The investigation, known as Operation Mountain Highlands, began as part of the USAO's Operation Millstone. During the investigation, MFCU and DEA investigators identified patients who died shortly after receiving prescriptions for controlled substances from L5 providers. Investigators conducted interviews, document review, and analysis of billing data. A search warrant was conducted, and numerous witnesses testified before a federal grand jury as part of the investigation.

At various times, L5 operated medical practices ("clinics") located in the Western District of Virginia, including in Woodlawn, Lynchburg, Madison Heights, Blacksburg, and Christiansburg. L5's clinics focused largely on pain management (which involved prescribing Schedule II opioids) and opioid addiction treatment (which involved prescribing Suboxone and buprenorphine products). The investigation revealed a conspiracy between Dixon, John Gregory Barnes (Barnes) (L5 Owner), L5, and others to distribute Schedule II and Schedule III controlled substances without a legitimate medical purpose. The investigation also revealed a conspiracy to use someone else's DEA registration number on prescriptions for controlled substances written at L5 locations. Lastly, the investigation revealed a conspiracy to commit healthcare fraud by billing Medicaid for unnecessary/unperformed urine drug screens (UDS) testing.

As a result of the investigation, the following individuals and entities were charged, prosecuted, and sentenced in the United States District Court for the Western the District of Virginia:

Charles Adams (C. Adams) was sentenced on one count of Conspiracy to Use the DEA Registration of Another Person in the Course of Distributing Controlled Substances, one count of Conspiracy to Distribute a Schedule III Controlled Substance (Suboxone) Without a Legitimate Medical Purpose, and one count of Conspiracy to Distribute Schedule II Controlled Substances (Oxycodone, Hydrocodone, Morphine, Methadone, and Fentanyl) Without a Legitimate Medical Purpose. C. Adams was sentenced to 24 months incarceration to be followed by two years of supervised release, a $5,000 fine, and a $25,000 forfeiture.

Debra Shaffer (Shaffer) was sentenced on one count of Conspiring to Use Another's DEA Registration Number. She was sentenced to five days incarceration and fined $5,000. As part of the plea agreement, Shaffer permanently surrendered her medical license and agreed to no longer practice medicine.

Wendell Randall (Randall) was sentenced on one count of Conspiracy to Use the Registration Number of Another in the Course of Distributing Controlled Substances. He was sentenced to 18 months incarceration, a $200,000 forfeiture, fined $5,000, and ordered to pay a $100 special assessment. As part of the plea agreement, Randall permanently surrendered his medical license and agreed to no longer practice medicine.

Randall was also sentenced in United States District Court in the Middle District of North Carolina on one count of Healthcare Fraud and one count of Money Laundering. Randall was sentenced to 30 months incarceration and two years of supervised release and was ordered to pay restitution totaling $2,049,747.47 ($753,446.70 to North Carolina Medicaid and $1,296,300.77 to Medicare). This sentence was ordered to run consecutively with the 18 months Randall was sentenced to in the United States District Court in the Western District of Virginia.

Dixon was sentenced on one count of Conspiracy by Conspiring to Use the Registration Number of Another to Dispense and Distribute Schedule II and Schedule III Controlled Substances and one count of Misprision of a Felony.

Dixon was sentenced to 40 months on the first count and 36 months on the second count. The sentences were ordered to run concurrently. He was also placed on three years of supervised release on the first count and one year of supervised release on the second count. As part of the plea agreement, Dixon permanently surrendered his medical license and agreed to no longer practice medicine. Dixon forfeited $200,000 and was ordered to pay a $35,000 fine. At a separate restitution hearing, Dixon was ordered to pay $546,500 to Virginia Medicaid and $546,500 to the Centers for Medicaid and Medicare Services for a total of $1,093,000.

Jennifer Adams (J. Adams) was sentenced on one count of Misprision of a Conspiracy to Use, in the Course of Distributing and Dispensing Controlled Substances, a Registration Number Issued to Another and Conspiracy to Distribute and Dispense Suboxone (buprenorphine), a Schedule III Controlled Substance, not for a Legitimate Medical Purpose in the Usual Course of Professional Practice. She was also sentenced on one count of Misprision of a Conspiracy to Distribute and Dispense Oxycodone, Hydrocodone, and Morphine (all Schedule II Controlled Substances) not for a Legitimate Medical Purpose in the Usual Course of Professional Practice and Conspiracy to Commit Healthcare Fraud. J. Adams was sentenced to 36 months on each count with all time to run concurrently and a $2,500 forfeiture. At a separate restitution hearing, J. Adams was ordered to pay $3,385,321.75 in restitution ($2,979,926.11 to Medicare and $405,395.64 to Virginia Medicaid). J. Adams' restitution was ordered joint and several with Barnes, Dixon, and L5.

Barnes was sentenced on one-count of Conspiring to Knowingly Using, in the Course of Dispensing and Distributing a Controlled Substance, Registration Numbers Issued to Others, Distributing and Dispensing Buprenorphine not for a Legitimate Medical Purpose and Knowingly Executing and Attempting to Execute a Scheme to Defraud Health Care Benefit Programs. In addition, L5, the business entity controlled by Barnes, was sentenced on the same charges encompassing the same conspiracies, as well as a Conspiracy to Distribute and Dispense Fentanyl, Oxycodone, Hydrocodone, and Morphine not for a Legitimate Medical Purpose. Barnes was sentenced to 45 months incarceration and a forfeiture of $250,000. The court ordered Barnes and L5 to jointly pay restitution in the amount of $4,888,426.11 ($1,908,500 to Virginia Medicaid and $2,979,926.11 to Medicare). Restitution previously ordered to be paid by Dixon and J. Adams was ordered to be joint and several with Barnes and L5, L5 was also sentenced to five years of probation and was ordered to permanently cease operations. Barnes also agreed to never operate a business in the Western District of Virginia as part of the plea agreement.

Prosecution of all of the co-conspirators in the Western District of Virginia resulted in a restitution total of $4,888,426.11 ($1,908,500 to Virginia Medicaid and $2,979,926.11 to Medicare). The total forfeiture amount is $677,500.00.

The investigation and subsequent prosecutions in the Western District of Virginia and Middle District of North Carolina resulted in a combined restitution total of $6,938,173.58 ($1,908,500 to Virginia Medicaid; $753,446.70 to North Carolina Medicaid; $4,276,226.88 to Medicare).

Commonwealth v. Jennifer Mauck, Commonwealth v. Courtney Wood, and Commonwealth v. Jose Huber - (Spotsylvania County Circuit Court) and Commonwealth v. Florence Serrona and Commonwealth v. Janelle Martin - (Culpeper County Circuit Court)

Jennifer Mauck (Mauck) was the employer of record for her Medicaid eligible son who received care under Medicaid. Investigation established that Florence Serrona (Serrona) told Mauck how she was sharing in the proceeds of a Medicaid billing scheme. Mauck was cooperative with investigators and told them that she learned of the scheme from Serrona. From July of 2020, through September of 2023, Mauck's son had three personal care aides – Courtney Wood (Wood), Jose Huber (Huber), and Janelle Martin (Martin). Mauck admitted to investigators that the three aides did not provide care for her son. Instead, Mauck logged and submitted fraudulent hours of care and split the earnings with the aides. All three aides sent Mauck approximately half of their Medicaid earnings.

Serrona, a Medicaid recipient, received personal care under a Medicaid waiver program. She served as her own employer of record and approved all the timesheets submitted to Medicaid. Serrona employed three individuals at various times as her personal care aides: Martin, Wood, and a third unindicted individual. Martin and Wood admitted to investigators that they did not work as an aide for Serrona, and they split the money they received from Medicaid with Serrona.

Wood was employed as an aide to Mauck's son from May 25, 2022, through September 5, 2023. Mauck told investigators that Wood did not provide care for her son and funds received from Public Partnership, LLC (PPL) were split between her and Wood. Mauck logged the hours and approved them. Wood was interviewed and admitted she reviewed the hours before Mauck submitted them to make sure they did not overlap with the hours she submitted for Serrona.

Martin was employed as an aide to Serrona and Mauck's son. Martin was paid for services allegedly provided to Serrona from April 27, 2020, through May 30, 2022. In addition, Medicaid paid Martin for services allegedly provided to Mauck's son from July 15, 2020, through September 14, 2023. Mauck, as the employer of record, approved Martin's timesheets. Martin admitted Serrona approached her about getting "free money" and signed Martin up as an aide. Martin and Serrona entered hours electronically for care that was not provided. Martin split the Medicaid paychecks with Serrona. Investigation revealed that Martin entered into a similar agreement with Mauck. Thereafter, Martin submitted timesheets to Mauck for services not provided to Mauck's son. Mauck, acting as the employer of record, then approved the timesheets and submitted them to Medicaid for payment. Martin split these paychecks with Mauck for care that was not provided to Mauck's son.

Huber was employed as an aide to Mauck's son from February 21, 2020, through July 2023. Mauck told investigators that she entered and approved hours claiming that Huber provided care to her son. Huber then transferred portions of his paycheck to Mauck. Huber did not provide care to Mauck's son. In addition to Mauck's admission, investigators identified over 500 hours of overlap with Huber's other jobs.

Mauck pled guilty and was sentenced on one count of Medicaid Fraud. She was sentenced to three years with three years suspended. Mauck was placed on supervised probation and ordered to pay $60,000.00 in restitution.

Wood pled guilty and was sentenced on one count of Medicaid Fraud. She was sentenced to two years with two years suspended and ordered to pay $20,000.00 in restitution. She was placed on supervised probation for two years to monitor restitution payments.

Serrona pled guilty to one count of Obtaining Money by False Pretenses. She was sentenced to three years with three years suspended, two years of active probation, and five years of general good behavior. She was also ordered to pay $24,000.00 in restitution.

Martin pled guilty to one count of Medicaid Fraud. Martin was sentenced to three years with three years suspended. She was placed on two years' supervised probation and ordered to pay $41,330.00 in restitution.

Huber pled guilty to one count of Conspiracy to Commit Medicaid Fraud. He was sentenced to three years with three years suspended. He was also placed on five years of active probation and ordered to pay $31,000.00 in restitution.

Commonwealth v. Felee Braden and Bennita Mosley

In April 2018, Felee Braden (Braden) signed a service agreement to provide care for her father, a Medicaid recipient, as a personal care attendant. Her father lived with his wife, Bennita Mosley (Mosley), who served as his Employer of Record (EOR). As the EOR, Mosley was responsible for approving timesheets documenting the care that Braden provided. An Anthem Healthkeepers' Investigator referred the case to the Medicaid Fraud Control Unit (MFCU) when they discovered Braden billed attendant and respite care for the recipient while attending school in another state. Further investigation confirmed that Braden submitted, and Mosley approved, timesheets for care that could not have been provided as Braden was out of state.

In June 2025, in the City of Norfolk Circuit Court, Braden pled guilty to one count of Medicaid Fraud. Braden was sentenced to five years with four years suspended. After release, she will be on supervised probation for one year followed by one year of unsupervised probation. Braden was ordered to pay $45,340.99 in restitution.

On February 3, 2026, Mosley pled guilty to one count of Medicaid Fraud and one count of Conspiracy to Commit Medicaid Fraud. She was sentenced on both counts to five years with four years ten months suspended, all time to run concurrently. She was also ordered to pay $20,000.00 in restitution joint and several with Braden.

Commonwealth v. Kristyn Dove

On February 20, 2026, in the Prince William County Circuit Court, Kristyn Dove (Dove) pled guilty to one count of Obtaining Money by False Pretenses. She was sentenced to five years with five years suspended, three years of supervised probation and ordered to pay $54,615.90 in restitution. From July 1, 2021 through July 10, 2024, Dove submitted hours for providing personal care and respite care to a Medicaid recipient, under the consumer-directed waiver program. According to the recipient's family, Dove had not provided care to the recipient for many years. Dove admitted to investigators that she was clocking in/out but not providing any care to the recipient. Dove logged into the Medicaid payment system to see the hours entered by the recipient's aides and then put in for and claimed the remaining personal care and respite hours. Dove had a job at INOVA that conflicted with the hours she billed for care. Additionally, Dove lived 85 miles away from the recipient. She billed for over 3,331 hours of care that was not provided.

United States v. George Boykins

On April 7, 2026, in the United States District Court for the Eastern District of Virginia, Richmond, George Boykins (Boykins) was sentenced on five counts of Health Care Fraud and three counts of Aggravated Identity Theft. He was sentenced to 46 months on the Health Care Fraud counts and 24 months on each Aggravated Identity Theft count. Total active time to serve is 70 months. He was also ordered to pay $164,633.00 in restitution and forfeited $54,662.25. From January 2014 to July 2019, Boykins worked as a mental health care provider for several different Medicaid agencies. A review of Boykins's progress notes from the different agencies shows an overlap of mental health skill-building services between Medicaid recipients. This overlap resulted in increased payments to the agencies and increased pay to Boykins. Additionally, Boykins traveled out of the country and submitted progress notes and timesheets for services he allegedly provided while he was out of the country. Boykins' scheme resulted in a $164,633.00 loss to Medicaid for services billed but not provided.

Commonwealth v. Antionette Blackwell, Rinia Bullock-Harris, and Tatyana Blackwell

Investigation established that Rinia Bullock-Harris (Bullock-Harris), a Medicaid recipient, hired Antoinette Blackwell (A. Blackwell) and Tatyana Blackwell (T. Blackwell) to provide personal and respite care services through a consumer-directed waiver program. Bullock-Harris served as her own Employer of Record and approved the timesheets submitted by A. Blackwell and T. Blackwell. A. Blackwell and T. Blackwell moved out of the local area but continued to submit timesheets to Bullock-Harris for approval. Bullock-Harris approved all timesheets and submitted them to Medicaid for payment. In addition, timesheets submitted in A. Blackwell's name conflicted with times she worked for other employers. When interviewed, Bullock-Harris stated she fired T. Blackwell after one year. Investigation established that Bullock-Harris continued to approve T. Blackwell's timesheets after the date of termination. Bullock-Harris was also charged but passed away prior to any court proceedings.

On May 22, 2026, in the Henrico County Circuit Court, T. Blackwell pled guilty to one count of Obtaining Money by False Pretenses. She was sentenced to five years of incarceration with five years suspended, and five years of supervised probation. She was also ordered to pay restitution in the amount of $71,066.20. On May 28, 2026, A. Blackwell pled nolo contendere to one count of Obtaining Money by False Pretenses. A. Blackwell was sentenced to five years of incarceration with five years suspended, and five years of supervised probation. She was ordered to pay restitution in the amount of $40,218.54.

United States v. Chaniece Winfield and Chenelle Wright

On June 4, 2026, in the United States District Court for the Eastern District of Virginia, Norfolk, Chaniece Winfield (Winfield) and Chenelle Wright (Wright) were sentenced on three counts of False Statements Relating to Health Care Fraud. A jury found Winfield and Wright guilty of the False Statement charges in October of 2025. The jury found Winfield and Wright not guilty on one count of Conspiracy to Commit Healthcare Fraud. Winfield was sentenced to 24 months and ordered to pay $146.12 in restitution. Wright was sentenced to 41 months and ordered to pay $146.12 in restitution. The Court also ordered Wright to pay a $40,000.00 fine. Winfield and Wright, sisters, co-owned Community Counseling Resources (CCR), a mental health care agency licensed to provide after-school Therapeutic Day Treatment (TDT). From approximately September 2018 to June 2019, CCR consistently billed Medicaid for TDT services provided between 2:00 p.m. and 7:00 p.m. during the school year. Investigation established that school dismissal times were later than 2:00 p.m. Emails show the defendants knew when school dismissal times were and instructed staff to bill three units of TDT between 2:00 p.m. and 7:00 p.m. Emails and witness statements also show the minimum requirement to bill TDT of two hours was not met.

SIGNIFICANT CASES
CIVIL AND PARALLEL

SIGNIFICANT CASES | CIVIL AND PARALLEL

United States v. Daniel Jacobsen

From about January 2017 through at least in or about December 2022, Daniel Jacobsen (Jacobsen) knowingly and willfully submitted psychotherapy claims to Medicaid and Medicare for services not rendered. This matter reflects a parallel proceeding with both criminal and civil outcomes. Jacobsen's scheme included primarily billing for more hours than he could possibly provide in one day and billing for more expensive services than what was provided. As a result of his schemes to defraud, Jacobsen was paid a total of $335,824.31 for services that were not provided. Jacobsen was sentenced on one count of Health Care Fraud. He was sentenced to three months imprisonment, 267 days home-confinement, three years supervised release, 300 hours of public service and fined $100,000.00. He was also ordered to pay $22,428.39 in restitution to Medicare, and $293,909.92 in restitution to Medicaid. Lastly, Jacobsen agreed to forfeit $335,824.31.

Based on the criminal conduct, a civil investigation and settlement agreement was negotiated through the U. S. Attorney's Office in Richmond and the MFCU (collectively, the "Government"). The negotiated resolution resolved Jacobsen's civil liability to the Government arising from a scheme he engaged in from as early as January 2017 until at least December 2022. The Government alleged Jacobsen obtained health care benefit payments for psychotherapy services that he was not entitled to by creating false and fraudulent psychotherapy progress notes to document services he did not provide and by submitting false and fraudulent claims to Medicare and Medicaid for psychotherapy services that he did not provide, including for family psychotherapy services that were provided to individual patients without family members present.

Jacobsen agreed to settle the civil allegations with the Government for $949,014.93. The civil agreement gives Jacobsen credit for monies he already paid in the criminal matter. The net civil recovery because of the civil resolution was $449,014.93. The Commonwealth's total state share of the civil Medicaid settlement was $235,871.22. The overall criminal and civil recoveries including restitution, forfeiture, fine, and settlement total $1,201,174.55.

In re: Sola, Inc. and Patrizia Nesbitt

The MFCU worked with the U.S. Attorney's Office in Richmond (collectively, the "Government") to resolve allegations against Sola, Inc. (Sola) and its president, Patrizia Nesbitt, to settle the Government's allegations that Sola violated the False Claims Act, the Virginia Fraud Against Taxpayers Act, and the Virginia Medicaid Fraud Statute by submitting false claims for skilled nursing services.

Sola, which formerly operated adult residential group homes in Gloucester, paid $2,000,000 to the United States and the Commonwealth of Virginia to settle civil fraud claims that it billed Virginia Medicaid for skilled and other nursing services for its residents that exceeded the total number of hours worked by its nurses.

The United States and the Commonwealth of Virginia alleged that Sola overbilled Medicaid $641,396.11 for nursing services that were impossible to perform, because the amount of time billed to the Virginia Department of Medical Assistance Services exceeded the corresponding number of hours worked by the nurses employed by Sola, as reported on the nurses' timesheets. The civil resolution returned $1.2 million in state funds to the Virginia Medicaid Program.

DETAILED CASE SUMMARY

CRIMINAL AND CIVIL

DETAILED CASE SUMMARY | CRIMINAL

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CRIMINAL

Provider Type	Open Investigations		Convictions		Indicted/ Charged		Amount Recovered	
	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect
Facility Based Medicaid Providers and Programs – Inpatient and/or Residential								
Assisted Living Facility	0	1	0	0	0	0	0	0
Developmental Disability Facility (Residential)	1	0	1	0	1	0	$3,443	0
Hospital	1	0	0	0	0	0	0	0
Inpatient Psychiatric Services for Individuals Under Age 21	0	0	0	0	0	0	0	0
Nursing Facility	1	1	0	1	0	0	0	$10,793
Other Inpatient Mental Health Facility	0	0	0	0	0	0	0	0
Other Long Term Care Facility	0	0	0	0	0	0	0	0
TOTAL	**3**	**2**	**1**	**1**	**1**	**0**	**$3,443**	**$10,793**
Facility Based Medicaid Providers and Programs – Outpatient and/or Day Services								
Adult Day Center	0	0	0	0	0	0	0	0
Ambulatory Surgical Center (ASC)	0	0	0	0	0	0	0	0
Developmental Disability Facility (Non-Residential)	0	0	0	0	0	0	0	0
Dialysis Center	0	0	0	0	0	0	0	0
Mental Health Facility (Non-Residential)	14	0	2	0	0	0	$40,546	0
Substance Abuse Treatment Center	1	0	0	0	0	0	0	0
Other Facility (Non-Residential)	0	0	0	0	0	0	0	0
TOTAL	**15**	**0**	**2**	**0**	**0**	**0**	**$40,546**	**0**

DETAILED CASE SUMMARY CRIMINAL | CONTINUED

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CRIMINAL

Provider Type	Open Investigations		Convictions		Indicted/ Charged		Amount Recovered	
	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect
Physicians (MD/DO) by Medical Specialty								
Allergist/Immunologist	1	0	0	0	0	0	0	0
Anesthesiologist	0	0	0	0	0	0	0	0
Cardiologist	0	0	0	0	0	0	0	0
Dermatologist	0	0	0	0	0	0	0	0
Emergency Medicine	1	0	2	0	7	0	$100,200	0
Family Practice	3	0	0	0	0	0	0	0
Gastroenterologist	0	0	0	0	0	0	0	0
Geriatrician	0	0	0	0	0	0	0	0
Internal Medicine	1	0	0	0	0	0	0	0
Neurologist	0	0	0	0	0	0	0	0
Obstetrician/Gynecologist	0	0	0	0	0	0	0	0
Oncologist	0	0	0	0	0	0	0	0
Ophthalmologist	0	0	0	0	0	0	0	0
Orthopedist	1	0	0	0	0	0	0	0
Pediatrician	0	0	0	0	0	0	0	0
Physical Medicine and Rehabilitation	0	0	0	0	0	0	0	0
Psychiatrist	0	0	0	0	0	0	0	0
Radiologist	0	0	0	0	0	0	0	0
Surgeon	0	0	0	0	0	0	0	0
Urologist	0	0	0	0	0	0	0	0
Other MD/DO	0	0	3	0	0	0	$5,141,626	0
TOTAL	**7**	**0**	**5**	**0**	**7**	**0**	**$5,241,826**	**0**

DETAILED CASE SUMMARY CRIMINAL | CONTINUED

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CRIMINAL

Provider Type	Open Investigations		Convictions		Indicted/ Charged		Amount Recovered	
	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect
Licensed Practitioners								
Audiologist	0	0	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0	0	0
Clinical Social Worker	0	0	0	0	0	0	0	0
Dental Hygienist	0	0	0	0	0	0	0	0
Dentist	0	0	0	0	0	0	0	0
Nurse (LPN, RN, or other licensed)	0	0	0	0	0	0	0	0
Nurse Practitioner	0	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0
Physician Assistant	0	0	0	0	0	0	0	0
Podiatrist	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0
Therapist (Non-Mental Health, such as PT, ST, OT, RT)	0	0	0	0	0	0	0	0
Other Therapist/Counselor (Mental Health) Licensed, such as LMHP	6	0	3	0	8	0	$214,053	0
Other Licensed Practitioners	0	0	0	0	0	0	0	0
TOTAL	**6**	**0**	**3**	**0**	**8**	**0**	**$214,053**	**0**
Other Individual Providers								
EMTs or Paramedics	0	0	0	0	0	0	0	0
Nurse's Aide (CNA or other)	0	0	0	0	0	0	0	0
Optician	0	0	0	0	0	0	0	0
Personal Care Services Attendant	36	2	30	0	19	0	$986,902	0
Pharmacy Technician	0	0	0	0	0	0	0	0
Unlicensed Counselor (Mental Health)	0	0	3	0	0	0	$327,725	0
Unlicensed Therapist (Non-Mental Health)	0	0	0	0	0	0	0	0
Other Individual Providers	0	0	0	0	0	0	0	0
TOTAL	**36**	**2**	**33**	**0**	**19**	**0**	**$1,314,627**	**0**

DETAILED CASE SUMMARY CRIMINAL | CONTINUED

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CRIMINAL

Provider Type	Open Investigations		Convictions		Indicted/ Charged		Amount Recovered	
	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect	Fraud	Abuse or Neglect
Medical and Other Support Services								
Ambulance	0	0	0	0	0	0	0	0
Billing services	0	0	0	0	0	0	0	0
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	1	0	0	0	1	0	0	0
Home Health Agency (Excluding PCS)	2	0	0	0	0	0	0	0
Hospice (All Settings)	0	0	0	0	0	0	0	0
Lab (Clinical)	0	0	0	0	0	0	0	0
Lab (Radiology and Physiology)	0	0	0	0	0	0	0	0
Lab (Other)	0	0	0	0	0	0	0	0
Medical Device Manufacturer	0	0	0	0	0	0	0	0
Pain Management Clinic	0	0	0	0	0	0	0	0
Personal Care Services Agency	10	0	6	0	2	0	$10,911,958	0
Pharmaceutical Manufacturer	0	0	0	0	0	0	0	0
Pharmacy (Hospital)	0	0	0	0	0	0	0	0
Pharmacy (Institutional Wholesale)	0	0	0	0	0	0	0	0
Pharmacy (Retail)	1	0	0	0	0	0	0	0
Targeted Case Management and Case Management	1	0	1	0	0	0	$79,694	0
Transportation (Non-Emergency)	6	0	0	0	0	0	0	0
Other Medical and Support Services	0	0	0	0	0	0	0	0
TOTAL	**21**	**0**	**7**	**0**	**3**	**0**	**$10,991,652**	**0**
Program Related								
Managed Care Organization (MCO)	0	0	0	0	0	0	0	0
Medicaid Program Administration	0	0	0	0	0	0	0	0
Other Program Related	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other Perpetrators								
Family Member or Guardian	1	0	0	0	0	0	0	0
Marketer or Telemarketer	0	0	0	0	0	0	0	0
Other Perpetrator not listed above	3	0	1	0	0	0	$29,037	0
TOTAL	**4**	**0**	**1**	**0**	**0**	**0**	**$29,037**	**0**
OVERALL TOTAL	**92**	**4**	**52**	**1**	**38**	**0**	**$17,835,184**	**$10,793**

DETAILED CASE SUMMARY | CIVIL

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CIVIL

Provider Type	Open Investigations	Number of Settlements	Amount of Recoveries
	Fraud	Fraud	Fraud
Facility Based Medicaid Providers and Programs – Inpatient and/or Residential			
Assisted Living Facility	0	0	0
Developmental Disability Facility (Residential)	0	1	$2,000,000
Hospital	3	0	0
Inpatient Psychiatric Services for Individuals Under Age 21	0	0	0
Nursing Facility	4	0	0
Other Inpatient Mental Health Facility	0	0	0
Other Long Term Care Facility	4	0	0
TOTAL	**11**	**1**	**$2,000,000**
Facility Based Medicaid Providers and Programs – Outpatient and/or Day Services			
Adult Day Center	0	0	0
Ambulatory Surgical Center (ASC)	0	0	0
Developmental Disability Facility (Non-Residential)	0	0	0
Dialysis Center	1	0	0
Mental Health Facility (Non-Residential)	6	0	$50,000
Substance Abuse Treatment Center	9	0	0
Other Facility (Non-Residential)	7	1	0
TOTAL	**23**	**1**	**$50,000**

DETAILED CASE SUMMARY CIVIL | CONTINUED

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

	CIVIL		
	Open Investigations	Number of Settlements	Amount of Recoveries
Provider Type	Fraud	Fraud	Fraud
Physicians (MD/DO) by Medical Specialty			
Allergist/Immunologist	0	0	0
Anesthesiologist	0	0	0
Cardiologist	0	0	0
Dermatologist	0	0	0
Emergency Medicine	0	0	0
Family Practice	1	0	0
Gastroenterologist	0	0	0
Geriatrician	0	0	0
Internal Medicine	0	0	0
Neurologist	0	0	0
Obstetrician/Gynecologist	0	0	0
Oncologist	1	0	0
Ophthalmologist	0	0	0
Orthopedist	0	0	0
Pediatrician	1	0	0
Physical Medicine and Rehabilitation	0	0	0
Psychiatrist	0	0	0
Radiologist	0	0	0
Surgeon	0	0	0
Urologist	0	0	0
Other MD/DO	3	1	$10,217
TOTAL	**6**	**1**	**$10,217**

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CIVIL

Provider Type	Open Investigations	Number of Settlements	Amount of Recoveries
	Fraud	Fraud	Fraud
Licensed Practitioners			
Audiologist	0	0	0
Chiropractor	0	0	0
Clinical Social Worker	0	0	0
Dental Hygienist	0	0	0
Dentist	2	0	0
Nurse (LPN, RN, or other licensed)	0	0	0
Nurse Practitioner	0	0	0
Optometrist	0	0	0
Pharmacist	0	0	0
Physician Assistant	0	0	0
Podiatrist	1	0	0
Psychologist	0	1	$449,015
Therapist (Non-Mental Health, such as PT, ST, OT, RT)	0	0	0
Other Therapist/Counselor (Mental Health)	0	0	0
Licensed, such as LMHP	0	0	0
Other Licensed Practitioner	0	0	0
TOTAL	**3**	**1**	**$449,015**
Other Individual Providers			
EMTs or Paramedics	0	0	0
Nurse's Aide (CNA or other)	0	0	0
Optician	0	0	0
Personal Care Services Attendant	0	0	0
Pharmacy Technician	0	0	0
Unlicensed Counselor (Mental Health)	0	0	0
Unlicensed Therapist (Non-Mental Health)	0	0	0
Other Individual Providers	0	0	0
TOTAL	**0**	**0**	**0**

DETAILED CASE SUMMARY CIVIL | CONTINUED

July 1, 2025 – June 30, 2026

OPEN INVESTIGATIONS, CASE RESULTS AND RECOVERIES BY PROVIDER TYPE

CIVIL

Provider Type	Open Investigations	Number of Settlements	Amount of Recoveries
	Fraud	Fraud	Fraud
Medical and Other Support Services			
Ambulance	0	0	0
Billing services	1	0	0
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	21	2	$119,577
Home Health Agency (Excluding PCS)	2	0	0
Hospice (All Settings)	0	0	0
Lab (Clinical)	16	0	0
Lab (Radiology and Physiology)	1	0	0
Lab (Other)	1	1	$12,464
Medical Device Manufacturer	19	0	0
Pain Management Clinic	1	0	0
Personal Care Services Agency	0	0	0
Pharmaceutical Manufacturer	47	3	$670,219
Pharmacy (Hospital)	0	0	0
Pharmacy (Institutional Wholesale)	6	0	0
Pharmacy (Retail)	13	0	0
Targeted Case Management and Case Management	0	0	0
Transportation (Non-Emergency)	0	0	0
Other Medical and Support Services	2	0	0
TOTAL	**130**	**6**	**$802,260**
Program Related			
Managed Care Organization (MCO)	9	0	0
Medicaid Program Administration	3	0	0
Other Program Related	3	0	0
TOTAL	**15**	**0**	**0**
Other Perpetrators			
Family Member or Guardian	0	0	0
Marketer or Telemarketer	0	0	0
Other Perpetrator not listed above	0	0	0
TOTAL	**0**	**0**	**0**
OVERALL TOTAL	**188**	**10**	**$3,311,492**

**Data has been rounded to the nearest integer for publication.*

DETAILED CASE SUMMARY CRIMINAL AND CIVIL

July 1, 2025 – June 30, 2026

CASE LOAD

Number of Investigations by Case Type

Case Type	Open Cases (End of Prior FY)	New Cases (Current FY)	Closed Cases (End of Prior FY)	Open Cases (Total Current)
Fraud	288	90	97	281
Abuse and Neglect	3	2	1	4
TOTAL	**291**	**92**	**98**	**285**

CRIMINAL RECOVERIES JULY 1, 2025 – JUNE 30, 2026

Criminal Sentencing Information and Outcomes by Case Type

Case Type	Sentenced	Other Non-Monetary Penalties	Medicaid Restitution Ordered	Fines Ordered	Investigative Costs Ordered	Other Monetary Payments Ordered	Total Ordered
Fraud	52	0	$13,456,287	$55,500	0	$4,323,398	$17,835,184
Abuse and Neglect	1	0	$7,519	0	0	$3,274	$10,793
TOTAL	**53**	**0**	**$13,463,806**	**$55,500**	**0**	**$4,326,672**	**$17,845,977**

CIVIL RECOVERIES JULY 1, 2025 – JUNE 30, 2026

Civil Case Monetary Recoveries

Recoveries to the Medicaid Program	Other Recoveries	Total Recoveries
$1,179,926	$2,131,565	$3,311,491

UNIT PROJECTIONS

The MFCU has an outstanding working relationship with state, local and federal agencies. Some of the key partner agencies are the Virginia Department of Medical Assistance Services; the Offices of the United States Attorney for the Eastern and Western Districts of Virginia; the Federal Bureau of Investigation; the United States Department of Health and Human Services, Office of Inspector General; the Internal Revenue Service, Criminal Investigation Division; the Virginia Department of Health; the Virginia Department of Social Services; and local law enforcement. Attorney General Jones' approach to the investigation of major fraud cases, in conjunction with other state, local and federal agencies, contributed to the positive results obtained by the Unit this year.

At the end of the 2025-2026 reporting year, the Unit had 285 active criminal and civil investigations of health care providers located throughout the Commonwealth. In addition, 38 people have been indicted and are awaiting trial or sentencing in federal or state court.

The Unit will continue to participate in joint federal and state task forces to investigate and develop complex cases dealing with provider fraud in the community and the abuse and neglect cases of patients. The Unit will also continue to work closely with the Offices of the United States Attorney for the Eastern and Western Districts of Virginia to pursue fraudulent Medicaid providers through the Federal False Claims Act and the Virginia Fraud Against Taxpayers Act. During state fiscal year 2026-2027, the Unit projects that the investigative, prosecutive, and civil recovery efforts of the Unit will result in 25 convictions, with combined criminal and civil recoveries of approximately $25 million.

UNIT PERFORMANCE

In 1982, the United States Department of Health and Human Services certified the Virginia MFCU as the nation's 31st Medicaid Fraud Control Unit. Over the past 44 years, the Virginia MFCU has been responsible for the successful prosecution of providers in cases that involved patient abuse and neglect or the commission of fraudulent acts against the Virginia Medicaid program. In addition to prosecuting those responsible for health care fraud and/or abuse, the Unit has recovered over $4.1 billion in criminal restitution, fines and penalties, asset forfeiture, civil judgments, and settlements.

The Medicaid Fraud Control Unit was very successful in fiscal year 2025-2026, particularly through its participation in multi-agency investigations. The Unit ended the fiscal year with 53 convictions, 10 settlements, and total court-ordered recoveries from criminal and civil investigations of $21,157,486.53.

MFCU recovered $694,342,441.51 over the past three years. The MFCU has averaged 93 staff per year over the past three years. The recovery average per filled MFCU position for the past three years is $7,466,047.75 per person.

UNIT ACTIVITIES

Social Security Joint Task Force

The MFCU continues to participate with the Social Security Administration jointly investigating allegations of disability fraud involving the Social Security and Medicaid programs. This program began in 2003 and has been successful in its ongoing mission. The Social Security Administration pays all costs incurred by the MFCU, including salaries, benefits, and investigative costs. By preventing unqualified persons from receiving Social Security disability benefits, the Task Force prevents the expenditure of unwarranted Medicaid funds. The project has been so successful that the Social Security Administration and the Office of Inspector General, U.S. Department of Health and Human Services, allowed other state MFCUs to create similar joint Task Forces in their states. This year, the Social Security Task Force again conducted many investigations involving individuals committing disability fraud. The Task Force finished this fiscal year with a savings to the Virginia Medicaid program of $1,677,819.00.

Community Outreach Initiative

By expanding outreach efforts to seniors, law enforcement and senior citizen service providers, Virginia's Medicaid Fraud Control Unit is helping to inform the community about the latest methods to effectively prevent and/or report elder abuse and provide an additional resource for investigative referrals as well as how to recognize and report Medicaid fraud. MFCU's Community Liaison Officers are establishing and strengthening programmatic partnerships between MFCU and community organizations, government agencies, academic institutions and law enforcement personnel, especially those working with Virginia's senior population.

The Medicaid Fraud Control Unit has six part-time Community Liaison Officers who visit community groups and educate them on how to recognize and report signs of elder abuse and neglect. Community Liaison Officers are assigned to Richmond (Central Virginia), Hampton Roads, Western, Southwestern and Northern Virginia.

The room was packed on January 22, 2026 as Virginia MFCU began the New Year with its annual In-Service Training event at the Barbara Johns Building in downtown Richmond. MFCU Director and Chief Jill Costen and Andrew Barone (standing, center), and David Tooker, Chief Prosecutor and Special Assistant Attorney General II (standing, right) conducted the meeting. They answered questions from MFCU employees present, as well as those across the Commonwealth attending via Microsoft Teams. Sessions such as these help ensure that Virginia MFCU stays on top of its mission to investigate and prosecute Medicaid providers who conduct their businesses in a fraudulent manner.

OUTREACH ACTIVITIES

MFCU Central Virginia Region Community Liaison Officer Ben Bickel (left) and MFCU Administrative Manager Esther Anderson (right) staffed our exhibit table on October 31st at the Essex County-Tappahannock Triad Senior Health & Safety Fair. The event was hosted by the Essex High School and was held from 10:00 a.m. until 2:00 p.m. Attendees took home MFCU brochures and information on "How to Identify Elder Abuse & Neglect", among other items from the Office of the Attorney General.

Sgt. Charles R. "Charlie" Walker (left) announced his retirement on July 1st following 39 years of service to the Dinwiddie County Sheriff's Office. His retirement, effective on August 1st, also ended seven years of shepherding the county's TRIAD partnership, helping seniors learn how to keep from being victimized by criminals. MFCU Central Virginia Senior Community Liaison Officer Randy Davis (right) was on hand to thank Sgt. Walker for his service and for making time in TRIAD's monthly agenda for an update on accomplishments made by the Attorney General in fighting health care fraud and elder abuse through MFCU.

OUTREACH ACTIVITIES | CONTINUED

On May 15th, MFCU's Community Liaison Officer for Central Western Virginia, Lara Bussert, shared informational materials about the Medicaid Fraud Control Unit during the Senior Social Event in Botetourt.

Northern Virginia MFCU Community Liaison Officer Ajashu Thomas exhibited on June 25th at the 4th Annual Health and Wellness Fair at The Fairfax at Belvoir Woods, representing the Attorney General's Office and educating participants about Medicaid Fraud and Elder Abuse.

Richmond TRIAD held their Aging Well & Safety Expo on June 30th at Second Baptist Church on Broad Rock Boulevard. Hundreds of interested citizens attended to enjoy food, music, prizes and visit the dozens of exhibitors, including Virginia MFCU. Staffing our table and handing out useful information was Central Virginia Community Liaison Officer Taylor Davis.

OUTREACH ACTIVITIES | CONTINUED

Citizens of Charles City County and New Kent County were among the 25 in attendance at the February 19th meeting of the Chickahominy Area TRIAD at the New Kent Sheriff's Office. MFCU Senior Community Liaison Officer Randy Davis informed the audience about the 45-month federal prison sentence of John Gregory Barnes for health care fraud and illegal prescription drug conspiracies. Before the meeting, Davis (left) posed with New Kent County Sheriff Lee Bailey (middle) and TRIAD President Danny Green (right).

MFCU Community Liaison Officers Ben Bickel (left) and Randy Davis were on hand at the 9th Annual Fluvanna TRIAD Senior Day on October 22nd in Palmyra. They staffed the Attorney General's Office exhibit table, handing out information to seniors on how to help prevent Medicaid fraud and elder abuse.

OUTREACH ACTIVITIES | CONTINUED

An updated cooperative agreement was signed on October 2nd for the 30th anniversary of the Hanover-Ashland TRIAD at the Hanover County Administration Building. Among those attending were TRIAD President Anthony Keitt (left), TRIAD Historian Nancy Boyer (center), and MFCU Senior Community Liaison Officer Randy Davis (right). Since 2003, Hanover-Ashland TRIAD has included time on its monthly agenda for an update on health care fraud and elder abuse from Virginia MFCU.

Virginia TRIAD wrapped up its Annual Statewide Conference on November 13th in Williamsburg with the Attorney General presenting awards to the people and partnerships who have performed outstanding work over the past year in helping to prevent senior citizens from being victimized by crime. Two days of presentations, held at the Doubletree by Hilton, informed about 125 participants, several of whom shared their experiences as a panel of "Best Practices" experts. MFCU Community Liaison Officers, including Randy Davis (pictured) staffed the event, along with exhibit tables, handing out materials.

MEMBERSHIPS

The MFCU Director and Chief continues to serve on the Department of Health Professions Prescription Drug Monitoring Board.

MFCU staff also belong to other organizations, including:

Advancing Financial Crime Professionals Worldwide

Anti-Terrorism Advisory Council

American Association of Legal Nurse Consultants

American Association of Police Polygraphs

American Bar Association

American Bar Association, Health Law Section

American Health Lawyers Association

American Polygraph Association

American Red Cross

American Society on Aging

Association of Certified Fraud Examiners

Association of Government Accountants

Botetourt County Bar Association

Central Virginia Task Force on Domestic Violence in Later Life

Chesterfield Council on Aging

Chesterfield County Age Wave Coalition

Colorado State Bar

Commonwealth Council on Aging

Crater Criminal Justice Training Academy - Board Member

Department of Professional and Occupational Regulation

District of Columbia Bar Association

Elder Justice Task Force, Southwest Virginia Chapter

Federal Bar Association

Federal Law Enforcement Officers Association (FLEOA)

Florida Division of Certified Public Accounting

Fraternal Order of Police

Georgia State Bar

Henrico County SALT/TRIAD

High Tech Crime Consortium

Hill Tucker Bar Association

International Association of Financial Crimes Investigators

International Association of Special Investigation Units

International Association of Computer Investigative Specialists

Jefferson Area Coalition to End Elder Abuse

Massachusetts State Bar

Mid Atlantic Police Polygraph Cooperative

NAGTRI e-Discovery Working Group

NAGTRI Faculty Member for Litigation Skills

NAMFCU By-Laws Working Group

NAMFCU Eastern Regional Chief Investigators Working Group

NAMFCU Finance Committee

NAMFCU Global Case Committee

NAMFCU Global Intake Team

NAMFCU Global Training Working Group

NAMFCU Managed Care Working Group

NAMFCU *qui tam* Subcommittee

National Adult Protective Services Association

National Alzheimer's and Dementia Resource Center

National Center for Victims of Crime

National Coalition on Mental Health and Aging

National Consumer League's LifeSmarts Program

National Crime Prevention Council

National Health Care Anti-Fraud Association (NHCAA)

North Carolina Polygraph Association

Northern Virginia Aging Network

New York State Bar Association

Order of Police High Tech Crime Consortium

Prescription Drug Monitoring Program's Advisory Committee

Relativity Certified Administrators

Rhode Island State Bar

Richmond Bar Association

Richmond Certified Fraud Examiner Chapter

Roanoke Valley Violence Prevention Council

RVA Better Aging Forum

Seniors and Law Enforcement Together (S.A.L.T.)

Society of Government Meeting Professionals

Tennessee State Bar

The Sedona Conference

United States Court of Appeals for the Fourth Circuit

United States District Court for the Eastern District of Virginia

United States District Court for the Western District of Virginia

United States Supreme Court

Virginia Board of Accountancy

Virginia Certified Crime Prevention Specialist

Virginia Coalition for the Prevention of Elder Abuse

Virginia Crime Prevention Association

Virginia Local Government Auditors

Virginia Polygraph Association

Virginia State Bar

Virginia Women's Attorneys Association

Women in eDiscovery – Richmond Chapter Member

SOCIAL MEDIA TOOLS

These sites are used by the Attorney General's Office to keep Virginia's citizens informed, and include activities of the Medicaid Fraud Control Unit:

Facebook:
facebook.com/AGJayJones

Instagram:
instagram.com/agjayjones

X:
x.com/agjayjones

What Virginians are seeing:
Attorney General Jay Jones shares a weekly roundup of actions taken, updated each Friday.
www.oag.state.va.us/media-center/news-releases

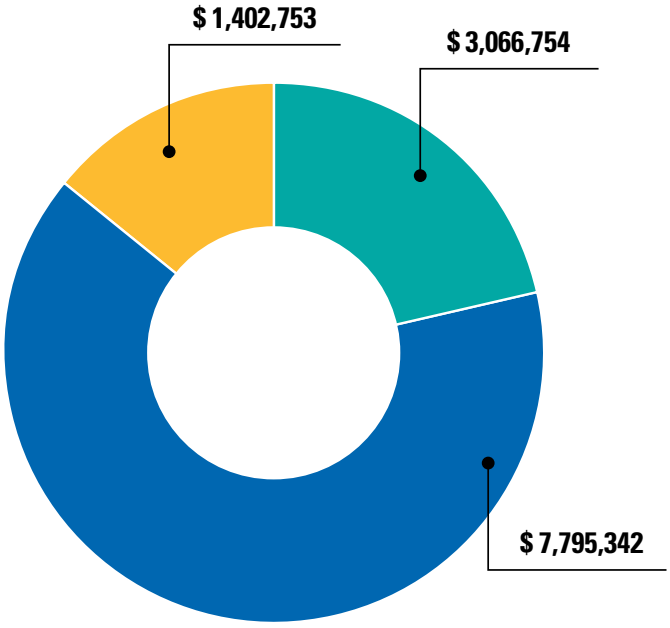
VIRGINIA OFFICE OF THE ATTORNEY GENERAL:

ANNUAL CASE ACTIVITY SUMMARY

FISCAL YEARS AND RECOVERIES 1982-2026

FISCAL YEAR	TOTAL RECOVERIES
July 82 - June 83	$ 5,600
July 84 - June 85	$ 15,300
July 85 - June 86	$ 13,522
July 86 - June 87	$ 82,136
July 87 - June 88	$ 114,443
July 88 - June 89	$ 237,583
July 89 - June 90	$ 322,547
July 90 - June 91	$ 312,207
July 91 - June 92	$ 205,370
July 92 - June 93	$ 387,064
July 93 - June 94	$ 416,966
July 94 - June 95	$ 400,280
July 95 - June 96	$ 1,281,129
July 96 - June 97	$ 2,275,542
July 97 - June 98	$ 1,053,099
July 98 - June 99	$ 2,577,045
July 99 - June 00	$ 1,480,345
July 00 - June 01	$ 37,612
July 01 - June 02	$ 12,081,532
July 02 - June 03	$ 11,848,871
July 03 - June 04	$ 14,358,790
July 04 - June 05	$ 10,578,111
July 05 - June 06	$ 9,071,043
July 06 - June 07	$ 117,704,247
July 07 - June 08	$ 541,099,617
July 08 - June 09	$ 27,607,670
July 09 – June 10	$ 25,390,467
July 10 - June 11	$ 14,573,789
July 11 - June 12	$ 40,260,944
July 12 - June 13	$ 1,010,364,675
July 13 - June 14	$ 61,670,091
July 14 - June 15	$ 8,252,031
July 15 - June 16	$ 37,842,229
July 16 - June 17	$ 20,317,153
July 17 - June 18	$ 25,114,543
July 18 - June 19	$ 8,329,582
July 19 - June 20	$ 965,525,639
July 20 - June 21	$ 442,551,106
July 21 - June 22	$ 25,327,532
July 22 - June 23	$ 10,091,952
July 23 - June 24	$ 7,830,301
July 24 - June 25	$ 665,142,432
July 25 - June 26	$ 21,157,468
TOTAL	**$ 4,145,309,605**

EXPENDITURES
2025-2026



Non-General Fund	$ 3,066,754
Federal Grant	$ 7,795,342
Indirect Costs	$ 1,402,753
TOTAL	**$ 12,264,849**

PROPOSED BUDGET
2026-2027

CATEGORY	BUDGET AMOUNT
Personnel Expenses	
A. Salaries	$ 9,819,929
B. Benefits	$ 4,534,132
Personnel Expense Total	**$ 14,354,061**
Non-Personnel Expenses	
A. Travel	$ 682,199
B. Equipment	$ 0
C. Special payments	$ 0
D. Supplies	$ 114,908
E. Contractual expenses	$ 2,366,574
F. Other expenses	$ 847,220
Non-Personnel Expense Total	**$ 4,010,902**
Indirect Costs	
Indirect Costs	$ 3,382,451
Grand Total	**$ 21,747,414**

CONTACTS

Agency Street Address:

Virginia Office of the Attorney General
202 North Ninth Street
Richmond, Virginia 23219
Phone (804) 786-2071
1-800-371-0824
Fax (804) 786-3509

Regional Offices:

Northern Virginia Regional Office
10555 Main Street, Suite 350
Fairfax, Virginia 22030
Phone (703) 359-1121
Fax (703) 277-3547

Southwest Regional Office
214 Abingdon Place
Abingdon, Virginia 24211
Phone (276) 628-1799
Fax (276) 628-5971

Hampton Roads Regional Office
4429 Bonney Road, Suite 400
Virginia Beach, Virginia 23462
Phone: (757) 910-3907
Fax: (804) 786-0034

Western Regional Office
3023-C Peters Creek Road
Roanoke, Virginia 24019
Phone (540) 562-3570
Fax (540) 562-3576

To Report Medicaid fraud:

If you would like to report a suspected case of Medicaid fraud or have questions, please contact us:
Phone 1-800-371-0824
Local: (804) 371-0779
or (804) 786-2071

The Unit can be contacted by mail:

202 N. 9th Street
Richmond, Virginia 23219
or by email: MFCU_mail@oag.state.va.us

Website:

ag.virginia.gov

You may report recipient fraud to the Department of Medical Assistance Services:

RecipientFraud@DMAS.virginia.gov

Additional Information:

Copies of the Office of the Attorney General of Virginia's Medicaid Fraud Unit's Annual Report are available without charge. This report may be viewed, downloaded or printed by visiting oag.state.va.us and clicking on "Programs and Initiatives", then "Medicaid Fraud."

Hard copies are available from Angela McCoy
Administrative Coordinator Senior
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Phone (804) 786-7584
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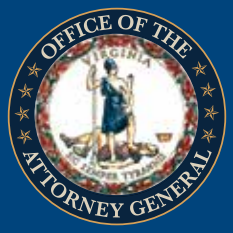
The Virginia MFCU receives 75 percent of its funding from the U.S. Department of Health and Human Services under a grant award totaling $16,310,560.28 for FFY 2026. The remaining 25 percent, totaling $5,436,853.43 for FFY 2026, is funded by the Commonwealth of Virginia.



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