

Greensboro Woman Pleads Guilty To Medicaid Fraud

By Administrator

Friday, 18 October 2019 10:20 -

Pamela Grace Faulkner, 58, of Greensboro, North Carolina, pled guilty in federal court to Conspiracy to Commit Health Fraud. According to the Criminal Information to which Faulkner pled guilty, she conspired with Renee Christine Borunda to commit Medicaid fraud. Faulkner was the sole officer of Skeen Services, Inc. which was a company that offered behavioral health services to Medicaid recipients. Borunda submitted claims to Medicaid on behalf of Skeen. In 2013 and 2014, Borunda submitted fraudulent electronic claims that falsely represented that Skeen had provided services to approximately 200 different Medicaid recipients who lived in Beaufort, Greene, Guilford, Lenoir, Mecklenburg, Pitt, and Wilson Counties, when in fact these services were never rendered. FAULKNER was aware that Borunda was submitting fraudulent claims. In fact, on numerous occasions, FAULKNER provided Borunda with the names of Skeen clients for whom FAULKNER wanted Borunda to submit false claims. FAULKNER and Borunda had agreed to split the monies received for these claims. Medicaid paid Skeen approximately \$213,927 for the fraudulent claims. FAULKNER paid Borunda approximately \$144,000 from Skeen's account.

Borunda previously pled guilty to Conspiracy to Commit Health Fraud and Aggravated Identity Theft for her involvement with the health care fraud involving Skeen, as well as fraud involving another company, and the theft of a therapist's provider number. On November 7, 2018, Borunda was sentenced to 37 months in federal prison followed by 3 years of supervised release.

United States Attorney Higdon commented: "Medicaid fraud jeopardizes the program that is designed to help serve the most vulnerable members in our society, diverts taxpayers dollars, and increases the cost of healthcare. The USAO-EDNC is committed to aggressively seeking out, charging, and bringing to justice those who compromise the integrity of this program for their own financial gain."

"This individual wasted taxpayer money that should have gone to people who need health care," said Attorney General Josh Stein. "My office will protect taxpayers and hold health care providers and practices accountable when they commit fraud."

Agents of the North Carolina State Bureau of Investigation ("SBI") assigned to the Medicaid Investigations Division of the North Carolina Attorney General's Office ("MID"), Financial Investigators with the MID, and agents with the Internal Revenue Service - Criminal Investigation Division conducted the investigation in this matter. Assistance was provided by the Office of Compliance and Program Integrity of the North Carolina Division of Health Benefits, EastPointe, Sandhills Center, and Trillium Health Resources. The investigation and prosecution of this matter was handled in a partnership between the United States Attorney's

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Office for the Eastern District of North Carolina and the Medicaid Investigations Division of the North Carolina Attorney General's Office. Assistant United States Attorney John Parris and Special Assistant United States Attorney Mike Heavner represented the United States.