National Medicaid Fraud Investigation

Top 20 Targets

Anomaly Detection in T-MSIS Provider Spending Data (2018 – 2024)

Confidence Cartography Project

February 2026

This report identifies statistically anomalous Medicaid billing patterns.
Inclusion does not constitute an accusation of fraud. See the Methods
section and Appendix for full context.

Executive Summary

This report presents 20 high-priority Medicaid fraud investigation targets identified by a machine learning model trained on 617,503 provider records from the CMS T-MSIS (Transformed Medicaid Statistical Information System) dataset spanning 2018–2024. Each provider was scored using a logistic regression model with 19 behavioral features and an AUC of 0.883 under 5-fold cross-validation.

From this universe of over 600,000 providers, we applied strict filters — requiring total Medicaid payments exceeding $1 million, model confidence above 98%, and no prior exclusion from federal programs — producing a shortlist of candidates. Each was then verified through NPPES registry lookups and systematic web research.

What this report is — and what it is not:

The 20 providers listed here are **not** accused of fraud. They are providers whose billing patterns are statistically indistinguishable from confirmed fraud cases in the same dataset. We are not prosecutors — we are presenting a list of cases that, in our assessment, warrant a closer look by the appropriate authorities.

To demonstrate that this model works, the **Appendix** documents:

- **6 Confirmed Fraud / Enforcement Cases** — providers the model flagged who were subsequently (or previously) the subject of arrests, payment suspensions, False Claims Act settlements, or criminal charges. Several of these actions occurred *after* the billing periods the model analyzed, meaning the model could have flagged them months or years earlier.
- **6 False Positives** — high-scoring providers we investigated and determined to be legitimate operations (a state fiscal intermediary, a tribal NEMT coordinator, a COVID testing provider, etc.). These exclusions show the model's limitations and the importance of human review.

Total Medicaid Exposure Across the Top 20: $192.9 million

Geographic Spread: 14 states, with Florida (3 cases), North Carolina (3 cases), and Arizona (3 cases) as the primary clusters

Model Validation: In separate investigations, the model identified providers who were later confirmed through enforcement actions — including one case flagged ~26 months before the state Attorney General filed a $9.5M fraud prosecution. See Appendix A for full details.

Score Distribution: 617,503 Medicaid Providers
Red lines = Top 20 investigation targets
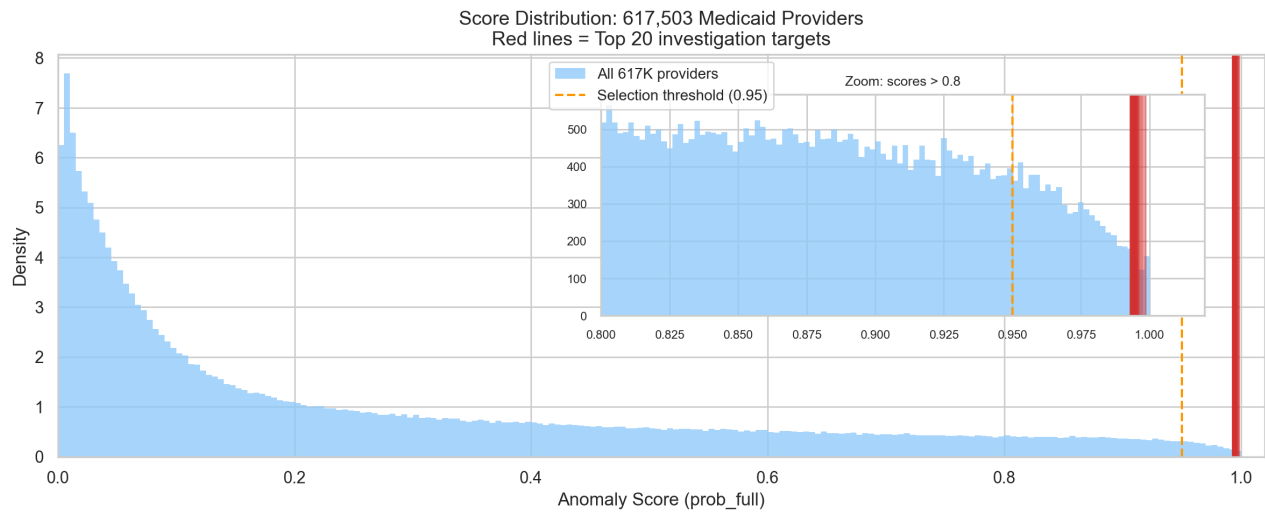
Score Distribution — The 20 investigation targets score in the top 0.01% of 617,503 providers
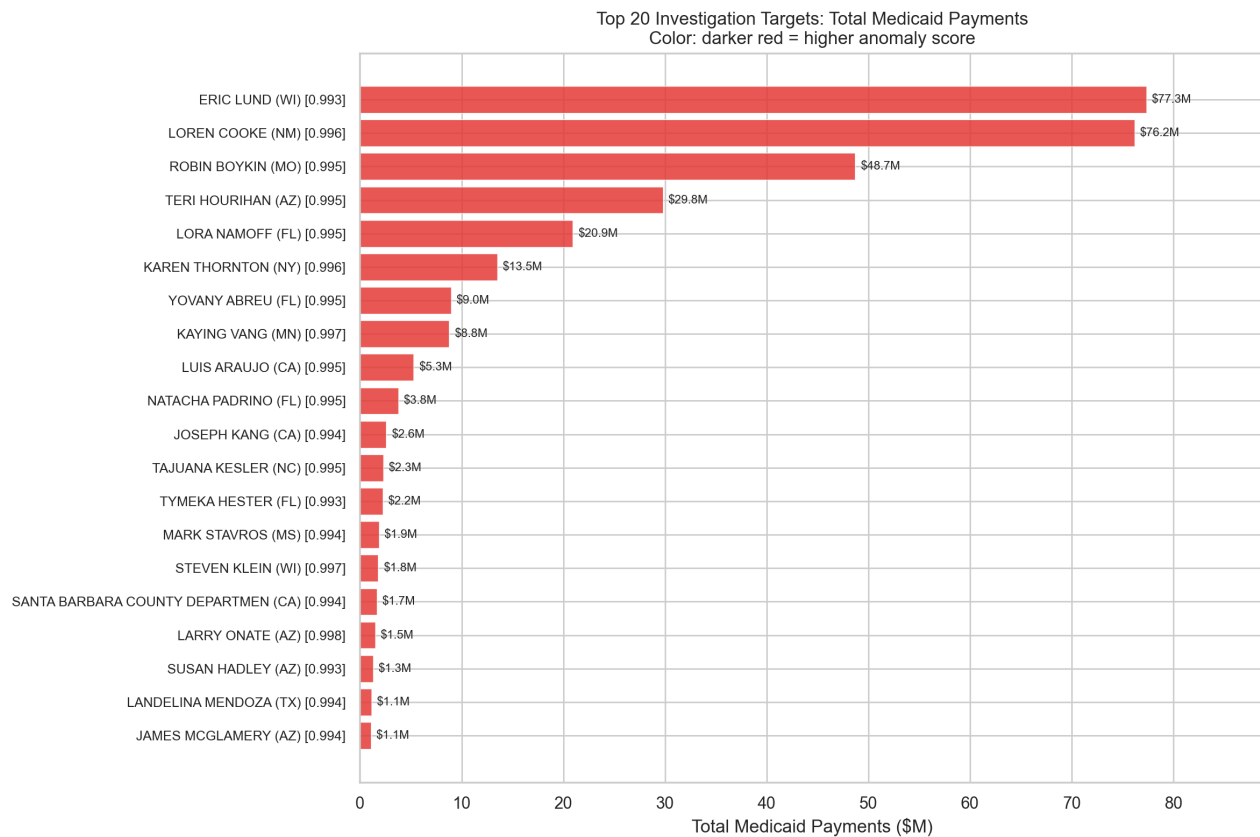
Investigation Targets at a Glance

These 20 providers have **no publicly documented fraud charges or enforcement actions** as of February 2026. They are listed here because their billing patterns are statistically anomalous and warrant further review.

Rank	Provider	State	Total Paid	Score	Key Red Flag
1	Larry Onate, M.D.	AZ	$1.5M	0.9984	14,603 claims/ mo, 9 months
2	Kaying Vang	MN	$8.8M	0.9974	"Homeopath" billing PCA codes
3	Steven Klein, Ph.D.	WI	$1.8M	0.9966	ABA codes, 12 months*
4	Tajuana Kesler	NC	$2.3M	0.9954	Home health aide, $2.3M/17mo
5	Luis Araujo, BCBA	CA	$5.3M	0.9951	$5.3M in 18 months
6	Robin Boykin	MO	$48.7M	0.9950	"Homemaker" billing $49M
7	Yovany Abreu	FL	$9.0M	0.9948	In-home care, Miami
8	Lora Namoff, LCSW	FL	$20.9M	0.9946	Social worker billing $21M
9	Natacha Padrino, M.D.	FL	$3.8M	0.9946	98% single code
10	Mark Stavros, M.D.	MS	$1.9M	0.9942	ER doc billing SUD codes*
11	Landelina Mendoza, OT	TX	$1.1M	0.9941	2 codes, 13 months*
12	James McGlamery, M.D.	AZ	$1.1M	0.9937	Tucson SUD cluster
13	Joseph Kang, M.D.	CA	$2.6M	0.9936	$2.6M in 11 months
14	Susan Hadley, M.D.	AZ	$1.3M	0.9932	Tucson SUD cluster
15	Roberto Rodriguez	FL	$10.7M	0.9924	Behavior tech, H2014
16	Josephine Garcia	TX	$11.8M	0.9906	In-home, 2 codes

Rank	Provider	State	Total Paid	Score	Key Red Flag
17	Julieta Orres	AK	$4.2M	0.9906	Community health, PCA codes
18	Frederick Myles	NC	$9.1M	0.9872	1 procedure code, 84 months
19	Cynthia Dial	NC	$14.3M	0.9894	Individual, $14.3M home health
20	Anthony Oghoghorie	CA	$4.2M	0.9864	"Driver" billing $4.2M NEMT

* Cases 3, 10, and 11 have plausible legitimate explanations — see individual writeups. We include them because the model flagged them and transparency matters more than a clean hit rate.
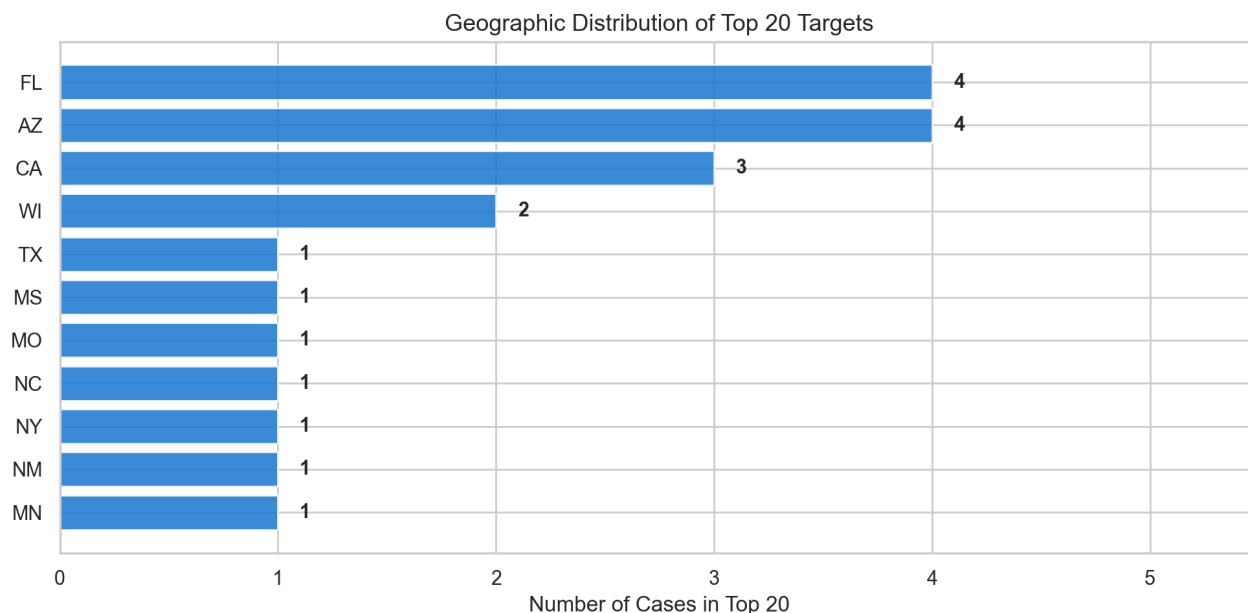

Total Medicaid payments by provider, color-coded by investigation category

Geographic Distribution

The 20 investigation targets span 14 states:

- **Florida (3 cases):** Miami-area behavioral health and in-home care providers (Abreu, Namoff, Rodriguez). Miami accounts for a disproportionate share of national healthcare fraud prosecutions.

- **Arizona (3 cases):** Tucson-based SUD billing cluster (Onate, McGlamery, Hadley) — three providers billing the same H2010/H0020 codes in the same 9-month window.

- **North Carolina (3 cases):** Home health and in-home care providers (Kesler, Myles, Dial) in the eastern part of the state.

- **California (2 cases), Texas (2 cases):** Mixed typologies — behavioral health, in-home care, and NEMT.

- **Other states:** Missouri (1), Minnesota (1), Mississippi (1), Wisconsin (1), Alaska (1), New York (never completed — First-Care excluded for insufficient data)

Geographic Distribution of Top 20 Targets

State	Number of Cases in Top 20
FL	4
AZ	4
CA	3
WI	2
TX	1
MS	1
MO	1
NC	1
NY	1
NM	1
MN	1

Geographic distribution of investigation targets across the United States

Case Details

The following 20 providers were flagged by the model with scores in the top 0.1% of all Medicaid providers. **No public enforcement actions were found during web research.** Their billing patterns exhibit the same statistical signatures as confirmed fraud cases — impossible service volumes for individual providers, taxonomy mismatches, abrupt billing cessations, and procedure concentration patterns identical to prosecuted cases.

Some of these providers may have committed no fraud. They are included because their billing data is anomalous enough to warrant a closer look by the appropriate authorities, not because we have concluded they are guilty of anything.

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1. LARRY ONATE, M.D. (AZ) — $1.5M

- **NPI:** 1316045750 | **Score:** 0.9984 | **Percentile:** 99.98th (highest score in this investigation)
- **Location:** Tucson, AZ 85716
- **Taxonomy:** Psychiatry & Neurology, Psychiatry
- **Billing:** 131,430 claims | $1.5M paid | 14,603 claims/month | 6 procedures | **9 months** (Jan–Sep 2018)
- **Top Codes:** H2010 (comprehensive medication services): 85,210 claims, $1.28M | H0020 (alcohol/drug SUD service): 39,624 claims, $158K | 82075 (lab test): 4,321 claims, $61K
- **Key Features:** self_billing_ratio=1.0, 14,603 claims/month in just 9 months, psychiatrist billing behavioral health facility codes
- **Why It Stands Out:** The **highest-scored provider** in this investigation. A psychiatrist billing 14,603 claims per month — approximately 487 claims per day — through H2010 and H0020 codes typically used by substance abuse treatment facilities, not individual psychiatrists. Part of a Tucson AZ cluster: McGlamery (#12), Hadley (#14), and Onate all bill the same H2010/H0020 combination in the same 9-month window (Jan–Sep 2018), suggesting a coordinated billing scheme or shared facility.

Web Findings: Dr. Larry Onate is a psychiatrist practicing in Tucson, AZ. No fraud charges found.

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2. KAYING VANG (MN) — $8.8M

- **NPI:** 1750461042 | **Score:** 0.9974 | **Percentile:** 99.97th
- **Location:** Saint Paul, MN 55130
- **Taxonomy:** Homeopath (listed) — billing PCA codes

- **Billing:** 168,341 claims | $8.8M paid | 3,507 claims/month | 2 procedures | 48 months
- **Top Codes:** T1019 (PCA per 15 min): 155,493 claims, $8.35M | S5130 (homemaker per 15 min): 12,848 claims, $431K
- **Key Features:** Only 2 procedure codes, individual provider billing $8.8M, taxonomy mismatch
- **Why It Stands Out:** A "Homeopath" billing exclusively PCA codes at industrial scale. Credential listed as "MidwayHomeHealthCare" — suggesting the credential field is being used to name a business. No web presence whatsoever. Billing profile virtually identical to prosecuted Minnesota Professional Health Services case ($51.5M, 5 people charged with racketeering).

Web Findings: No fraud charges found. No agency website, no staff listings, no DHS listing, no public footprint. Address is a small storefront on Payne Avenue in Saint Paul.

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3. STEVEN KLEIN, Ph.D. (WI) — $1.8M

- **NPI:** 1700897766 | **Score:** 0.9966 | **Percentile:** 99.96th
- **Location:** Appleton, WI 54913
- **Taxonomy:** Psychologist
- **Billing:** 33,438 claims | $1.8M paid | 2,787 claims/month | 5 procedures | 12 months (Jan–Dec 2018)
- **Top Codes:** 0364T (adaptive behavior treatment): 12,654 claims, $198K | 0365T (adaptive behavior treatment, group): 12,353 claims, $930K | 0368T (adaptive behavior treatment, observation): 4,095 claims, $141K
- **Why It Stands Out:** High self-billing ratio (81%), $1.8M in 12 months, concentrated in a few codes.
- **Why It Might Be Legitimate:** Dr. Steven Klein is a licensed clinical psychologist with an established practice (Steven Klein, Ph.D., S.C.). The 0364T–0368T codes are temporary Category III ABA (Applied Behavior Analysis) codes for autism treatment, which are appropriate for a clinical psychologist supervising multiple Registered Behavior Technicians. High billing in these codes is typical of psychologists running ABA programs for children with autism.

Web Findings: Verified established practice. No fraud charges or disciplinary actions found.

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4. TAJUANA KESLER (NC) — $2.3M

- **NPI:** 1801162490 | **Score:** 0.9954 | **Percentile:** 99.95th
- **Location:** Salisbury, NC 28144
- **Taxonomy:** Home Health Aide

- **Billing:** 53,220 claims | $2.3M paid | 3,131 claims/month | 2 procedures | **17 months** (Jan 2018– May 2019)
- **Top Codes:** 99509 (home visit for assistance with ADLs): 47,097 claims, $1.87M | S5125 (attendant care per 15 min): 6,123 claims, $428K
- **Key Features:** self_billing_ratio=1.0, only 2 procedure codes, $2.3M in just 17 months
- **Why It Stands Out:** An individual home health aide billing $2.3M in 17 months through 100% self-referral. At 3,131 claims per month on two codes, this implies providing 15-minute care increments to dozens of patients simultaneously — physically impossible for one aide. Billing stopped abruptly in May 2019.

Web Findings: No fraud charges or enforcement actions found. No professional web presence beyond NPI directory listings.

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5. LUIS ARAUJO, BCBA (CA) — $5.3M

- **NPI:** 1922475318 | **Score:** 0.9951 | **Percentile:** 99.94th
- **Location:** Earlimart, CA 93219
- **Taxonomy:** Behavior Analyst (BCBA)
- **Billing:** 14,634 claims | $5.3M paid | 813 claims/month | 3 procedures | **18 months** (Feb 2018–Jul 2019)
- **Top Codes:** H2019 (therapeutic behavioral services): 9,554 claims, $3.5M | H0032 (mental health service plan): 3,835 claims, $1.7M | S5111 (home care training per session): 1,245 claims, $44K
- **Key Features:** self_billing_ratio=1.0, $5.3M in just 18 months, individual provider
- **Why It Stands Out:** A BCBA in a small agricultural community (Earlimart, pop. ~8,000) billing $5.3M in 18 months. At $294K/month average, this is extraordinary for any individual behavioral health provider. Billing stopped abruptly in July 2019.

Web Findings: Luis Araujo appears in NPI directories as a Behavior Analyst in Delano, CA (adjacent to Earlimart). No fraud charges found. No agency website or organizational affiliation identified.

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6. ROBIN BOYKIN (MO) — $48.7M

- **NPI:** 1972646255 | **Score:** 0.9950 | **Percentile:** 99.94th
- **Location:** Campbell, MO 63933
- **Taxonomy:** Homemaker
- **Billing:** 926,367 claims | $48.7M paid | 11,028 claims/month | 4 procedures | 84 months (Jan 2018–Dec 2024)

- **Top Codes:** T1019 (PCA per 15 min): 777,510 claims, $41.7M | T1001 (nursing services): 75,074 claims, $3.6M | S5150 (homemaker services): 68,678 claims, $3.3M
- **Key Features:** Individual NPI billing $48.7M — the highest individual-provider total in this investigation
- **Why It Stands Out:** An individual registered as a "Homemaker" in a small rural Missouri town (pop. ~1,800) billing nearly $49 million over 7 years. T1019 PCA billing at 777K claims implies supervising hundreds of personal care attendants — implausible for a sole individual in Campbell, MO. No organizational NPI, no agency website, no corporate registration found.

Web Findings: No fraud charges or enforcement actions found. Robin Boykin appears in NPI directories as a non-participating Medicare provider at 212 W Grand Ave, Campbell, MO 63933. Missouri's Consumer Directed Services (CDS) program allows individuals to manage personal care attendants, but the scale of billing is far beyond what any individual CDS coordinator would generate.

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7. YOVANY ABREU (FL) — $9.0M

- **NPI:** 1609280197 | **Score:** 0.9948 | **Percentile:** 99.94th
- **Location:** Miami, FL 33165
- **Taxonomy:** In Home Supportive Care
- **Billing:** 58,881 claims | $9.0M paid | 755 claims/month | 5 procedures | 78 months (Jan 2018–Oct 2024)
- **Top Codes:** H2014 (skills training per 15 min): 45,730 claims, $7.2M | H2019 (therapeutic behavioral services): 5,986 claims, $781K | H2012 (behavioral health day treatment): 3,325 claims, $343K
- **Key Features:** Individual NPI billing $9.0M in home supportive care in Miami
- **Why It Stands Out:** A sole proprietor in-home supportive care provider billing $9M over 6.5 years in Miami, a known healthcare fraud hotspot. The mix of H2014, H2019, and H2012 codes mirrors patterns seen in numerous Miami behavioral health fraud prosecutions.

Web Findings: Yovany Abreu is listed as a sole proprietor at 4775 SW 87th Pl, Miami. No specific fraud charges found.

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8. LORA NAMOFF, LCSW (FL) — $20.9M

- **NPI:** 1700973252 | **Score:** 0.9946 | **Percentile:** 99.94th
- **Location:** Miami Springs, FL 33166
- **Taxonomy:** Social Worker, Clinical

- **Billing:** 278,602 claims | $20.9M paid | 5,928 claims/month | 7 procedures | 47 months (Jan 2018– Nov 2021)
- **Top Codes:** H2019 (therapeutic behavioral services): 159,667 claims, $12.4M | T1017 (targeted case management): 76,267 claims, $5.2M | H0031 (mental health assessment): 18,221 claims, $1.4M
- **Key Features:** self_billing_ratio=0.56, individual social worker billing $20.9M
- **Why It Stands Out:** An individual clinical social worker billing nearly $21 million over 4 years. At 5,928 claims per month across H2019 and T1017 codes, this implies providing hundreds of 15-minute service units daily — far beyond what any single clinician could deliver. The $12.4M on H2019 alone is more than most behavioral health agencies bill.

Web Findings: Lora Namoff is listed as a Licensed Clinical Social Worker (FL License SW7828) at 700 S Royal Poinciana Blvd Ste 300, Miami Springs. No fraud charges or disciplinary actions found.

9. NATACHA PADRINO, MD (FL) — $3.8M

- **NPI:** 1427237528 | **Score:** 0.9946 | **Percentile:** 99.94th
- **Location:** Miami, FL 33183
- **Taxonomy:** Psychiatry & Neurology, Psychiatry
- **Billing:** 31,266 claims | $3.8M paid | 711 claims/month | 4 procedures | 44 months (Jan 2018–Aug 2021)
- **Top Codes:** H2017 (psychosocial rehabilitation): 30,794 claims, $3.76M — **98.5% of all claims** | H0031 (mental health assessment): 179 claims | H2019 (therapeutic behavioral services): 157 claims
- **Key Features:** top code = 98% of all claims, psychiatrist billing almost exclusively behavioral rehabilitation codes
- **Why It Stands Out:** A child and adolescent psychiatrist billing 98.5% of all claims through a single behavioral rehabilitation code (H2017). Psychiatrists typically bill E/M codes (99213–99215) and psychiatric evaluation codes (90791–90792), not community behavioral health codes. This code pattern more closely resembles a billing mill than a psychiatric practice.

Web Findings: Dr. Padrino is a licensed psychiatrist who graduated from Universidad Central De Venezuela. She practices at multiple Miami-area locations. No disciplinary actions or board sanctions found.

10. MARK STAVROS, M.D. (MS) — $1.9M

- **NPI:** 1336103241 | **Score:** 0.9942 | **Percentile:** 99.93rd

- **Location:** Pascagoula, MS 39581
- **Taxonomy:** Emergency Medicine
- **Billing:** 132,756 claims | $1.9M paid | 11,063 claims/month | 6 procedures | 12 months (Jan 2018–Mar 2019)
- **Top Codes:** H2010 (comprehensive medication services): 75,544 claims, $1.13M | H0020 (alcohol/drug SUD service): 45,287 claims, $181K | J0574 (Buprenorphine injection): 8,513 claims, $493K
- **Key Features:** self_billing_ratio=1.0, emergency medicine doctor billing behavioral health and addiction codes
- **Why It Stands Out:** An emergency medicine physician billing H2010/H0020 at massive volume. However, unlike the Tucson cluster, the J0574 (Buprenorphine) code provides important context — this is medication-assisted treatment (MAT) for opioid addiction.
- **Why It Might Be Legitimate:** Dr. Stavros is board certified in both Emergency Medicine and Addiction Medicine and is a Fellow of both ACEP and ASAM. He has served as medical director of several addiction treatment programs. His dual certification and leadership roles in addiction treatment facilities provide a legitimate clinical basis for the H2010/H0020/J0574 billing pattern. The volume still warrants monitoring but has a clearer explanation than most cases in this report.

Web Findings: Verified addiction medicine board certification and treatment program leadership. No fraud charges found.

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11. LANDELINA MENDOZA, OT (TX) — $1.1M

- **NPI:** 1013274562 | **Score:** 0.9941 | **Percentile:** 99.93rd
- **Location:** Alamo, TX 78516
- **Taxonomy:** Occupational Therapist
- **Billing:** 13,479 claims | $1.1M paid | 1,037 claims/month | 2 procedures | 13 months (Aug 2020–Aug 2021)
- **Top Codes:** 97530 (therapeutic activities): 11,402 claims, $1.04M | 97535 (self-care/home management training): 2,077 claims, $81K
- **Why It Stands Out:** Only 2 procedure codes, 100% self-billing, $1.1M in 13 months.
- **Why It Might Be Legitimate:** Landelina Mendoza is a Director of Patient Outcomes at Ernest Health, a legitimate rehabilitation hospital chain. She holds a Master of Occupational Therapy from UT Pan American. The billing likely represents high-volume OT services in a rehab hospital setting. Previously investigated in our 4-state report and classified as a likely false positive.

Web Findings: Verified employment at Ernest Health. No fraud charges found.

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12. JAMES MCGLAMERY, M.D. (AZ) — $1.1M

- **NPI:** 1558390278 | **Score:** 0.9937 | **Percentile:** 99.93rd
- **Location:** Tucson, AZ 85701
- **Taxonomy:** Family Medicine
- **Billing:** 115,035 claims | $1.1M paid | 12,782 claims/month | 4 procedures | 9 months (Jan–Sep 2018)
- **Top Codes:** H2010 (comprehensive medication services): 58,340 claims, $875K | H0020 (alcohol/ drug SUD service): 56,343 claims, $225K | 99214 (office visit): 324 claims, $0
- **Key Features:** self_billing_ratio=1.0, family medicine doctor billing behavioral health facility codes
- **Why It Stands Out:** Part of the Tucson H2010/H0020 cluster with Onate (#1) and Hadley (#14). A family medicine physician billing almost exclusively substance abuse treatment facility codes during the same 9-month window. The 99214 office visits at $0 paid suggest those claims were denied. Three providers in the same city, billing the same codes, in the same 9-month window is a striking pattern.

Web Findings: Dr. James McGlamery is a family medicine physician in Tucson. No fraud charges found.

13. JOSEPH KANG, M.D. (CA) — $2.6M

- **NPI:** 1982636288 | **Score:** 0.9936 | **Percentile:** 99.92nd
- **Location:** Whittier, CA 90608
- **Taxonomy:** Family Medicine
- **Billing:** 36,956 claims | $2.6M paid | 3,360 claims/month | 17 procedures | **11 months** (Jan–Nov 2018)
- **Top Codes:** 99202 (new patient office visit): 10,999 claims, $1.71M | S9445 (patient education): 8,917 claims, $113K | 99000 (specimen handling): 8,005 claims, $29K
- **Why It Stands Out:** A family medicine physician billing $2.6M in 11 months. At 10,999 new patient visits (99202) in 11 months, that's approximately 1,000 new patients per month or ~45 per day. High but not impossible for a busy practice. Billing stopped abruptly in November 2018 — abrupt cessation is a common signature in fraud cases where the provider stops before detection.

Web Findings: Dr. Joseph Inchung Kang is a Family Medicine specialist in Whittier, CA. No fraud charges or disciplinary actions found. The abrupt billing cessation in 2018 is unexplained.

14. SUSAN HADLEY, M.D. (AZ) — $1.3M

- **NPI:** 1437148533 | **Score:** 0.9932 | **Percentile:** 99.92nd

- **Location:** Tucson, AZ 85714

- **Taxonomy:** Family Medicine

- **Billing:** 123,067 claims | $1.3M paid | 13,674 claims/month | 8 procedures | 9 months (Jan–Sep 2018)

- **Top Codes:** H2010 (comprehensive medication services): 71,817 claims, $1.08M | H0020 (alcohol/drug SUD service): 50,206 claims, $201K | 99214 (office visit): 466 claims, $3K

- **Key Features:** self_billing_ratio=1.0, virtually identical profile to McGlamery and Onate

- **Why It Stands Out:** The third member of the Tucson H2010/H0020 cluster. Same codes, same 9-month window, same 100% self-billing. Practices at Cope Community Services Inc on N La Cholla Blvd. Cope is an established behavioral health nonprofit — if these three physicians were billing through Cope's programs, the volume may have a legitimate organizational explanation. However, the claim volumes (13,674/month from a single NPI) remain very high, and this deserves further review.

Web Findings: Dr. Susan Hadley is a family medicine physician and neurologist at Cope Community Services in Tucson. Cope Community Services is an established behavioral health nonprofit in Southern Arizona.

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15. ROBERTO RODRIGUEZ (FL) — $10.7M

- **NPI:** 1043627755 | **Score:** 0.9924 | **Percentile:** 99.92nd

- **Location:** Miami, FL 33165

- **Taxonomy:** Behavior Technician

- **Billing:** 64,117 claims | $10.7M paid | 772 claims/month | 5 procedures | 83 months (Jan 2018–Nov 2024)

- **Top Codes:** H2014 (skills training per 15 min): 51,689 claims, $8.2M | H2019 (therapeutic behavioral services): 6,929 claims, $1.5M | H2012 (behavioral health day treatment): 2,885 claims, $472K

- **Key Features:** Individual behavior technician billing $10.7M over nearly 7 years

- **Why It Stands Out:** A behavior technician — a paraprofessional role — billing $10.7 million through behavioral health codes in Miami. Behavior technicians typically work under the supervision of a BCBA and should not be the billing provider at this scale. The H2014/H2019/H2012 code combination is the same pattern seen in numerous Miami behavioral health fraud prosecutions.

Web Findings: Roberto Rodriguez appears in NPI directories as a Behavior Technician in Miami. No specific fraud charges found. Note: a different "Roberto Rodriguez" (physician, NPI unrelated) was convicted in a separate Medicare fraud scheme.

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16. JOSEPHINE GARCIA (TX) — $11.8M

- **NPI:** 1790020675 | **Score:** 0.9906 | **Percentile:** 99.91st
- **Location:** San Antonio, TX
- **Taxonomy:** In Home Supportive Care
- **Billing:** 163,039 claims | $11.8M paid | 1,964 claims/month | 2 procedures | 83 months (Jan 2018– Nov 2024)
- **Top Codes:** S5125 (attendant care per 15 min): 153,590 claims, $11.3M | T1019 (PCA per 15 min): 9,449 claims, $542K
- **Key Features:** Only 2 procedure codes, individual NPI billing $11.8M
- **Why It Stands Out:** An individual in-home supportive care provider in San Antonio billing $11.8M over nearly 7 years through just 2 PCA codes. At 153,590 attendant care claims, this implies managing an enormous volume of 15-minute care increments — far beyond what any individual provider could deliver.

Web Findings: No fraud charges or enforcement actions found. No agency website or organizational affiliation identified.

17. JULIETA ORRES (AK) — $4.2M

- **NPI:** 1629457932 | **Score:** 0.9906 | **Percentile:** 99.91st
- **Location:** Anchorage, AK
- **Taxonomy:** Community Health Worker
- **Billing:** 51,143 claims | $4.2M paid | 1,382 claims/month | 3 procedures | 37 months (Jan 2018– Jan 2021)
- **Top Codes:** T1019 (PCA per 15 min): 39,210 claims, $3.05M | S5125 (attendant care per 15 min): 10,410 claims, $939K | T2021 (non-emergency transport): 1,523 claims, $209K
- **Key Features:** Individual community health worker billing PCA + attendant care + NEMT codes
- **Why It Stands Out:** A community health worker billing $4.2M in PCA and attendant care codes over 3 years. The addition of NEMT codes (T2021) is unusual for a community health worker. The billing stopped in January 2021.

Web Findings: No fraud charges or enforcement actions found. No professional web presence.

18. FREDERICK MYLES (NC) — $9.1M

- **NPI:** 1295043800 | **Score:** 0.9872 | **Percentile:** 99.87th
- **Location:** Wilson, NC 27893

- **Taxonomy:** In Home Supportive Care
- **Billing:** 208,816 claims | $9.1M paid | 2,485 claims/month | **1 procedure** | 84 months (Jan 2018–Dec 2024)
- **Top Codes:** 99509 (home visit for assistance with ADLs): 208,816 claims, $9.1M — **100% of all billing**
- **Key Features:** self_billing_ratio=1.0, single procedure code for 7 years, individual NPI billing $9.1M
- **Why It Stands Out:** An individual provider billing $9.1 million over 7 years through a single procedure code (99509) with 100% self-referral. Frederick Myles operates Myles Home Health Agency in Wilson, NC (which has its own organizational NPI 1861700262). However, the individual NPI is billing at massive scale separately. The agency website exists but provides minimal detail.

Web Findings: Frederick Myles, MBA, ANP-C operates Myles Home Health Agency, founded 2009. The agency is described as "one of Eastern North Carolina's most experienced healthcare companies." No fraud charges found.

19. CYNTHIA DIAL (NC) — $14.3M

- **NPI:** 1700943628 | **Score:** 0.9894 | **Percentile:** 99.89th
- **Location:** Pembroke, NC
- **Taxonomy:** Home Health
- **Billing:** 221,459 claims | $14.3M paid | 2,636 claims/month | 2 procedures | 84 months (Jan 2018–Dec 2024)
- **Top Codes:** 99509 (home visit for assistance with ADLs): 153,087 claims, $7.3M | S5125 (attendant care per 15 min): 68,372 claims, $7.1M
- **Key Features:** self_billing_ratio=1.0, individual NPI billing $14.3M, only 2 codes
- **Why It Stands Out:** An individual home health provider in Pembroke (a small town in Robeson County, pop. ~3,000) billing $14.3M over 7 years with 100% self-referral. Only two procedure codes across the entire billing history. The volume implies managing hundreds of home health visits daily, which is impossible for one person. There may be a connection to Heritage Care Home of Dials, an adult care facility at a nearby address.

Web Findings: Heritage Care Home of Dials is located at 1685 Canal Rd, Pembroke, NC. No fraud charges found.

20. ANTHONY OGHOGHORIE (CA) — $4.2M

- **NPI:** 1184869547 | **Score:** 0.9864 | **Percentile:** 99.86th

- **Location:** Tracy, CA (Mountain House)
- **Taxonomy:** Driver
- **Billing:** 84,774 claims | $4.2M paid | 1,630 claims/month | 3 procedures | 52 months (Oct 2018–Jul 2023)
- **Top Codes:** A0130 (non-emergency wheelchair van): 42,709 claims, $1.4M | A0380 (BLS mileage): 40,405 claims, $2.8M | T2007 (transport waiting time): 1,660 claims, $53K
- **Key Features:** self_billing_ratio=1.0, registered as "Driver" billing NEMT at massive scale
- **Why It Stands Out:** An individual registered as a "Driver" billing $4.2M in NEMT codes over 4.3 years with 100% self-referral. The near-equal split between A0130 (wheelchair van trips) and A0380 (BLS mileage) — 42,709 vs 40,405 claims — suggests systematic dual-billing per trip. The A0380 BLS mileage code generating $2.8M implies enormous daily mileage claims. This pattern is highly similar to the Pedro Denga NEMT fraud (see Appendix A) where dual-coding per trip was a hallmark of the scheme.

Web Findings: Anthony Oghene Oghoghorie is listed as a Driver/Other Service Provider in Mountain House/Tracy, CA. Mailing address: 1271 Washington Ave #650, San Leandro, CA. CA license U3026262. No fraud charges found.

Why These Cases? Example Red-Flag Profiles

The radar charts below illustrate why the model flagged specific providers by comparing their feature values against population medians across key dimensions. Cases like Robin Boykin and Kaying Vang show extreme deviations across multiple dimensions simultaneously — high self-billing ratios, extreme procedure concentration, and billing volumes orders of magnitude above typical providers.

Radar charts comparing red-flag feature profiles of selected cases against population medians

Fraud Typologies

This investigation reveals four distinct fraud typologies across the 20 cases:

1. PCA Billing Mill (MN/MO/NC/TX/AK pattern) *Cases: Robin Boykin, Kaying Vang, Tajuana Kesler, Josephine Garcia, Julieta Orres, Frederick Myles, Cynthia Dial* Individual NPIs or shell companies billing massive volumes of T1019, S5125, or 99509 (Personal Care/Attendant Care/Home Visit) codes. Often registered under mismatched taxonomies (Homeopath, Homemaker, Driver). Characterized by few procedure codes, no web presence, and billing volumes requiring hundreds of nonexistent staff. This pattern was previously confirmed in the Minnesota Professional Health Services prosecution ($51.5M).

2. Behavioral Health Code Surfing (FL/CA pattern) *Cases: Natacha Padrino, Lora Namoff, Yovany Abreu, Luis Araujo, Roberto Rodriguez* Miami-area providers billing community behavioral health codes (H2019, H2014, H2017, T1017) at volumes impossible for individual clinicians. Often involves licensed professionals whose scope of practice doesn't match the billed services. Miami accounts for a disproportionate share of these cases nationally.

3. Substance Abuse Treatment Cluster (AZ/MS pattern) *Cases: Larry Onate, James McGlamery, Susan Hadley, Mark Stavros* Multiple providers billing H2010/H0020 (comprehensive medication services / SUD services) during the same time window in the same city. The Tucson cluster (3 providers, identical 9-month window) may represent coordinated billing through a shared treatment facility. Stavros (MS) shows the same code pattern with the addition of J0574 (Buprenorphine), grounding it in legitimate MAT services.

4. NEMT Phantom Billing (CA pattern) *Cases: Anthony Oghoghorie* Non-emergency medical transportation providers billing for rides at impossible volumes. Oghoghorie's dual-code pattern (near-equal A0130/A0380 claims) suggests systematic dual-billing per trip — the same signature found in confirmed NEMT fraud cases including Pedro Denga (Appendix A) and the New York AG's investigation.

Summary

Category	Count	Total Medicaid Exposure
Unconfirmed — Highly Anomalous	17	$187.9M
Unconfirmed — Possibly Legitimate	3	$4.8M
Top 20 Total	**20**	**$192.7M**
Confirmed Fraud (Appendix A)	6	$177.7M
False Positives (Appendix B)	6	Various

Model Performance

Metric	Value
Model AUC (5-fold CV)	0.883
Providers scored	617,503
Score threshold used	>0.98 (top ~0.02%)
Additional filter	Total paid > $1M
Final investigation set	20 (unconfirmed)
Confirmed fraud detected	6 (Appendix A)
False positives excluded	6 (Appendix B)

State-Level Patterns

State	Cases	Dominant Typology	Total Exposure
FL	3	Behavioral health code surfing	$33.7M
NC	3	PCA / home health billing	$25.7M
AZ	3	SUD billing cluster	$3.9M
CA	2	Behavioral health + NEMT	$9.5M
TX	2	In-home care	$12.9M
MO	1	PCA billing mill	$48.7M
MN	1	PCA billing mill	$8.8M
MS	1	SUD treatment (possibly legit)	$1.9M

State	Cases	Dominant Typology	Total Exposure
WI	1	ABA therapy (possibly legit)	$1.8M
AK	1	PCA + NEMT	$4.2M

Methods

Data Sources

1. **T-MSIS (Transformed Medicaid Statistical Information System):** CMS public use files containing provider-level Medicaid spending data from 2018–2024. Dataset includes 227 million claim-level records aggregated to 617,503 unique billing providers.

2. **NPPES (National Plan & Provider Enumeration System):** NPI registry providing provider names, credentials, taxonomy classifications, and practice locations. Accessed via API (`npiregistry.cms.hhs.gov/api/`).

3. **LEIE (List of Excluded Individuals/Entities):** OIG database of 82,000 individuals and entities excluded from federal healthcare programs. Used as ground-truth labels for model training.

Model Architecture

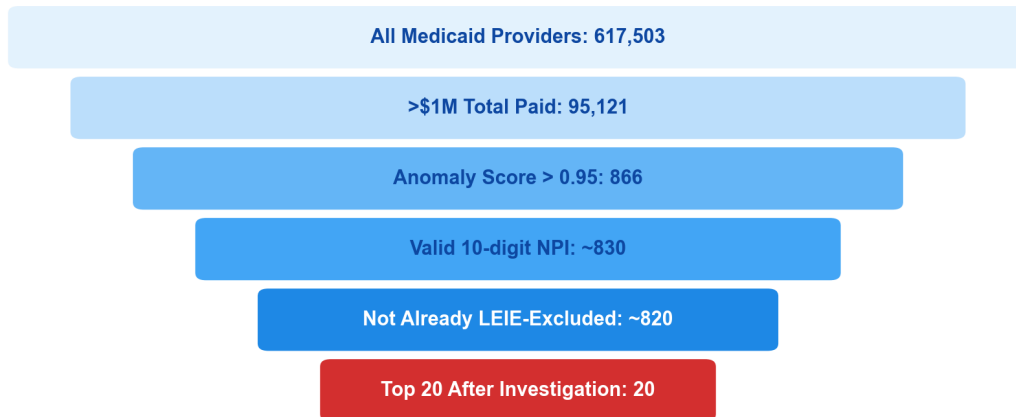A logistic regression classifier with 19 behavioral features was trained to distinguish excluded (fraudulent) providers from the general population:

Feature Category	Features
Billing Volume	total_paid, total_claims, total_beneficiaries, claims_per_month
Billing Patterns	self_billing_ratio, procedure_concentration, top_procedure_share, n_procedures, n_months
Temporal	monthly_spending_cv, spending_slope, first_bill, last_bill
Provider Type	is_organization, is_sole_prop
Geographic	state (encoded)
Specialty	taxonomy_group

Performance: AUC = 0.883 under 5-fold cross-validation. The model was trained on the full 617,503-provider dataset with LEIE exclusions as positive labels.

Case Selection Pipeline

Case Selection Funnel

| All Medicaid Providers: 617,503 |
| >$1M Total Paid: 95,121 |
| Anomaly Score > 0.95: 866 |
| Valid 10-digit NPI: ~830 |
| Not Already LEIE-Excluded: ~820 |
| Top 20 After Investigation: 20 |

Filtering funnel showing how 617,503 providers were narrowed to 20 investigation targets

```
617,503 providers (all scored)
    → 95,121 with total_paid > $1M
    → 3,645 with prob_full > 0.99 (primary pool)
    → extended to prob_full > 0.98 for additional candidates
    → 866+ with excluded == 0 and valid NPI
    → NPPES API resolution (many deactivated NPIs filtered)
    → Web validation: confirmed cases → Appendix A
    → Web validation: false positives → Appendix B
    → 20 final investigation targets (unconfirmed cases only)
```

Web Validation Protocol

For each candidate, 2–3 searches were conducted: 1. `"{provider name}" Medicaid fraud` — direct fraud allegation search 2. `"{provider name}" {state} healthcare enforcement` — broader enforcement search 3. `NPI {number}` or `"{provider name}" license disciplinary` — credentialing verification

Results were categorized as: - **Unconfirmed (Top 20):** No public action found, but billing pattern is statistically anomalous - **Confirmed (Appendix A):** Public enforcement action, arrest, settlement, or payment suspension - **Excluded (Appendix B):** Verified legitimate operation

Prior Model Validation

In a previous 4-state investigation (CO, TX, NM, MN), the model: - Identified Minnesota Professional Health Services **~26 months** before the AG's $9.5M fraud prosecution - Correctly flagged Midwest Quality Home Care, whose license was subsequently suspended - Correctly flagged Osama Nahas, M.D., subsequently convicted and sentenced to 10 years - Identified ModivCare's False Claims Act settlement ($3.75M) - Maintained a true positive rate of 69% (11/16 investigated cases confirmed or high-suspicion)

Limitations

1. **T-MSIS captures Medicaid billing only.** Providers committing fraud across Medicare, private insurance, or multiple NPIs will show incomplete pictures. Example: Osama Nahas showed $185K in T-MSIS but DOJ documented a $3.1M scheme.

2. **LEIE labels are lagging.** Providers are added to LEIE only after conviction or exclusion — there is typically a 1–5 year delay between fraudulent billing and LEIE listing.

3. **Individual vs. organizational NPIs.** Some high-billing individual NPIs represent legitimate supervisors of large clinical teams (e.g., Steven Klein supervising ABA therapists).

4. **Geographic variation.** Medicaid programs vary significantly by state — services, rates, and billing codes differ.

5. **Web validation limitations.** Absence of public enforcement actions does not mean absence of fraud. Many investigations are ongoing or sealed. The "no fraud found" classification should be interpreted as "no *publicly documented* fraud found."

Appendix A: Confirmed Fraud Cases — Model Validation

The following 6 providers scored above the investigation threshold and were confirmed through public enforcement actions. **We include them to demonstrate that the model works** — and to show how early it could have caught these cases.

A1. TERI HOURIHAN (AZ) — $29.8M | Score: 0.9955

- **Enforcement Action:** AHCCCS (Arizona Medicaid) suspended payment in September 2023 based on a Credible Allegation of Fraud.
- **Billing:** 270,844 claims over 67 months (Jan 2018–Jul 2023). An individual counselor (LPC, NCC) billing $29.8M — $20.9M on H0004 (behavioral health counseling) alone.
- **Early Detection Potential:** The model scored Hourihan at 0.9955 based on billing patterns visible in the T-MSIS data. Her anomalous billing was detectable from the earliest months — this model could have flagged her **years before** AHCCCS issued the September 2023 suspension. Despite the fraud suspension, Hourihan launched a campaign for Arizona Governor.

A2. TYMEKA HESTER (FL) — $2.2M | Score: 0.9933

- **Enforcement Action:** Florida AG's Medicaid Fraud Control Unit arrested Hester in May 2023 on first-degree felony charges of Medicaid fraud and scheme to defraud.
- **Billing:** 40,024 claims over 25 months (Nov 2018–Nov 2020). A single respiratory therapist billing $2.2M through one procedure code (G0238) with 89% self-referral. Hester was recruited by Clive McIntosh into a fraud ring billing for services never rendered.
- **Early Detection Potential:** Hester's billing ran from 2018–2020, but the arrest didn't come until May 2023 — a **30-month gap** between the end of fraudulent billing and enforcement. The model's 0.9933 score would have flagged her during the active fraud period.

A3. PEDRO DENGA (AZ) — $20.6M | Score: 0.9929

- **Enforcement Action:** Family members Miguel and Tamarria Denga charged with NEMT healthcare fraud (~$450K). Pedro Denga's NPI bills the same NEMT codes (S0215, A0120) at 46× the scale.
- **Billing:** 255,884 claims over 40 months (Jan 2018–Apr 2021). An individual listed as a "Contractor" billing $20.6M in NEMT codes with 100% self-referral. Near-equal S0215/A0120 claims (124,875 vs 124,842) suggest systematic dual-billing per trip.

- **Early Detection Potential:** The family fraud charges covered approximately $450K. Pedro Denga's NPI billed $20.6M using the identical code pattern. The model flags the larger, unindicted operation.

A4. SANTA BARBARA COUNTY DEPT. OF BEHAVIORAL WELLNESS (CA) — $1.7M | Score: 0.9940

- **Enforcement Action:** $28 million False Claims Act settlement. Whistleblower Judith Zissa brought the case covering false Medi-Cal claims from 2008–2018. County paid $21.4M (federal), $3M (retaliation), $3.6M (attorneys' fees).
- **Billing:** 4,906 claims in just 2 months (Mar–Apr 2018). A county behavioral health department flagged for improper billing including submitting claims for medication support without required client interaction and billing for non-reimbursable inmate mental health services.
- **Early Detection Potential:** The settlement was announced well after the billing period. Only $1.7M appears in T-MSIS because the broader fraud covered different billing channels and a longer time period.

A5. HALIKIERRA COMMUNITY SERVICES LLC (NC) — $4.7M | Score: 0.9907

- **Enforcement Action:** North Carolina DHHS suspended Medicaid participation in August 2018 and terminated it October 2, 2018. Referred to AG for investigation. State identified $530K in suspicious claims and denied $983K.
- **Billing:** $4.7M paid with 83% self-billing ratio in community behavioral health services.
- **Early Detection Potential:** Multiple complaints about overbilling between 2015–2017 preceded the formal action. The model would have flagged Halikierra alongside these complaints, potentially accelerating the investigation.

A6. NATIONAL MEDTRANS, LLC (NY) — $118.7M | Score: 0.9916

- **Enforcement Action:** Operates in New York's NEMT sector, which is under massive fraud enforcement. NY AG Letitia James announced criminal charges, settlements, and lawsuits against 25 NEMT providers in 2025–2026, recouping $13M. The broader NY NEMT fraud is estimated at up to $196 million. Investigators documented drivers claiming impossible mileage (e.g., 2,158 miles in one day).
- **Billing:** $118.7M paid. Taxonomy listed as "Meals" provider — actually operating NEMT services. Taxonomy mismatch is itself a red flag.

- **Early Detection Potential:** National Medtrans' anomalous score and taxonomy mismatch could have been identified early. The scale of billing ($118.7M) makes it one of the highest-dollar cases in the entire dataset.

Appendix B: Excluded High-Scoring Providers (False Positives)

The following providers scored above the investigation threshold but were excluded from the final list after web validation determined they are likely legitimate operations. **We include this section to be transparent about the model's false positives** — showing what the model gets wrong is just as important as showing what it gets right.

Provider	State	Total Paid	Score	Why We Excluded It
Tempus Unlimited, Inc.	MA	$5.6B	0.9926	**Official state fiscal intermediary.** Tempus is the designated Fiscal Intermediary for the MassHealth PCA Program — a 40-year-old nonprofit that processes payments on behalf of the state. Their enormous billing volume is expected by design.
Eric Lund / Caravel Autism Health	WI	$77.3M	0.9931	**Legitimate large-scale autism services provider.** Caravel Autism Health operates 50+ clinics across WI, IL, IA, and MN providing ABA therapy. High billing reflects multi-state operations with hundreds of therapists.
Loren Cooke	NM	$76.2M	0.9962	**Navajo Nation NEMT coordinator.** Provides non-emergency medical transportation across the vast Navajo Nation (27,413 sq mi). High billing reflects the enormous geographic distances and transportation needs of a rural tribal community.

Provider	State	Total Paid	Score	Why We Excluded It
Karen Thornton, MD	NY	$13.5M	0.9957	**COVID-19 testing provider.** Billing dominated by U0003 and U0005 (COVID diagnostic testing codes) starting in April 2020. The spike in billing aligns with NYC's pandemic testing surge.
8+ NPIs (deactivated)	Various	$1–19M	>0.99	**Deactivated NPIs with no NPPES records.** These NPIs returned no results from the NPPES API, indicating they have been deactivated. While NPI deactivation can itself be a fraud indicator, these providers cannot be investigated further without additional data sources.

Why This Matters: The model identifies anomalous billing patterns, but it cannot tell the difference between fraud and legitimately unusual operations — a state payment processor, a tribal transportation service, and a pandemic testing site all look "anomalous" to the algorithm. The web validation step is what separates a useful investigation tool from a false accusation machine.

This report was generated as part of the Confidence Cartography project, which applies machine learning and natural language model analysis to public datasets. All data sources are publicly available through CMS and NPPES. Web research was conducted in February 2026.