

## Greensboro Woman Sentenced To 3 Years In Federal Prison For Medicaid Fraud

By Administrator  
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A Greensboro woman was sentenced to 37 months in prison and also ordered to make restitution in the amount of \$ 213,927.55 to the North Carolina Medicaid program for Conspiracy to Commit Health Care Fraud. According to court documents, Pamela Grace Faulkner, 60, was the sole officer of Skeen Services, Inc., which was a company with offices in Greensboro, Greenville, Lumberton, and Wilson, North Carolina. In 2013 and 2014, Faulkner's co-conspirator, Renee Christine Borunda, submitted over 4,500 fraudulent claims to Medicaid which falsely represented that behavioral health services had been provided to over 190 North Carolinians when in fact the services had not been provided. Faulkner was aware that Borunda was submitting the false claims. They had agreed to split the monies from the fraudulent claims. Medicaid paid Skeen Services, Inc. approximately \$213,927.55 for these false claims by electronically depositing the funds into an account over which Faulkner had control. Faulkner then paid Borunda approximately \$144,000.

Borunda was previously sentenced on November 7, 2018, to 37 months in federal prison followed by 3 years of supervised release for Conspiracy to Commit Health Care Fraud in violation of 18 U.S.C. § 1349 and Aggravated Identity Theft in violation of 18 U.S.C. § 1028A.

G. Norman Acker, III, Acting U.S. Attorney for the Eastern District of North Carolina made the announcement after sentencing by U.S. District Judge Louise W. Flanagan.

The North Carolina Department of Justice's Medicaid Investigations Division ("MID") and the Internal Revenue Service - Criminal Investigation investigated this case. 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. Assistant United States Attorney John Parris and Special Assistant United States Attorney Mike Heavner prosecuted the case.

The MID investigates and prosecutes health care providers that defraud the Medicaid program, patient abuse of Medicaid recipients, patient abuse of any patient in facilities that receive Medicaid funding, and misappropriation of any patients' private funds in nursing homes that receive Medicaid funding. To report Medicaid fraud or patient abuse in North Carolina, call the MID at 919-881-2320.

The MID receives 75 percent of its funding from the U.S. Department of Health and Human Services under a grant award totaling \$6,160,252 for Federal fiscal year (FY) 2020. The remaining 25 percent, totaling \$2,053,414 for FY 2020, is funded by the State of North Carolina.