NAMFCU MISSION

The mission of the Association is to serve and promote the success of its member Units in meeting their statutory obligations both in combatting Medicaid provider fraud and protecting our nation’s health care facility residents, through training, communication, and information sharing.

NAMFCU has many Committees and Working Groups to address different areas such as; multistate cases, involving the Medicare and Medicaid Programs and training with a focus on both Medicaid fraud and resident abuse. The MFCU staff who volunteer to address the needs of these Committees spend countless hours serving the needs of the Association. The results of their outstanding achievements are described in this report.

HISTORY OF THE ASSOCIATION

One year after the signing of P.L. 95-142, the Medicare-Medicaid Anti-Fraud and Abuse Amendments, by President Jimmy Carter on October 25, 1977, 19 MFCU Directors met formally for the first time in Mt. Laurel, New Jersey at the inaugural National Training Conference for Medicaid Fraud Control. These Directors met with key staff of the then-U.S. Department of Health, Education and Welfare (HEW) to discuss regulations, criteria for Unit certification and recertification and other matters of mutual concern. It was at this first meeting, due to a difference in opinion with HEW staff regarding the reporting requirements of the Units and the need for investigative confidentiality, that the Unit Directors recognized the need to form a national association.

Formal organization of the National Association of Medicaid Fraud Control Units (NAMFCU) took place two months later, on December 12, 1978 at the National Conference on Fraud, Abuse and Error in Washington, D.C. The Unit Directors from the 20 then-certified states met to elect a President and to form an Executive Committee that would ensure that all states had equal representation. Charles (Joe) Hynes, New York State Deputy Attorney General and Special Prosecutor for Nursing Homes, Health and Social Services was elected the first NAMFCU President. Currently, NAMFCU is made up of 49 states and the District of Columbia with a total of approximately 2,000 state MFCU members.
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President’s Message from Keesha R. Mitchell 2016-2017

NAMFCU accomplished much as an organization in 2017. It was a transformative year. I’m particularly proud of the groundbreaking work of all of the Association’s Committees in putting its first Strategic Plan, adopted in 2016, into action. Vigorous financial oversight and cost saving measures were implemented. A Working Group of several Directors, with the assistance of the Association’s Global Consultant, spent many hours reviewing NAMFCU’s BY-LAWS, as required by the Strategic Plan, and submitted its revisions to the membership for its consideration. I am pleased to report that the revised BY-LAWS were adopted at the Association’s Annual Training Program in October, 2017 and now provide a model governing document reflecting the Strategic Plan’s priorities.

In addition, NAMFCU implemented another important goal of the Strategic Plan, creating transparency through communication. For the first time, all of the Association’s Committee Co-Chairs presented their annual Work Plans to the Executive Committee for approval.

NAMFCU is justly proud of its uniquely qualified role to provide professional, high quality MFCU-specific training. The Training Committee continued to offer multiple training programs for MFCU staff ranging from an introductory course for new employees to a highly complex training program for more experienced employees. For the first time, NAMFCU adopted a two year training schedule which will assist Directors with long range planning.

NAMFCU has taken the lead nationally in successfully resolving managed care cases. The Global Case Committee (GCC) guided the team that successfully resolved a purely managed care global settlement for the first time. NAMFCU also took the lead in another important global case policy issue when it drafted and coordinated a NAAG Sign-On letter, endorsed by fifty state Attorneys General urging Congress to consider appropriate
legislation authorizing the federal government to return an equitable share of Medicare Part D recoveries to the states.

A second NAAG Sign-On letter signed by thirty-eight Attorneys General, is seeking expanded jurisdiction for the MFCUs to allow them to investigate resident abuse and neglect in a non-institutional or other setting.

Finally, NAMFCU held its 2017 Annual Training Program in Ft. Lauderdale, Florida. We were welcomed by our hosts, Statewide Prosecutor Nicholas Cox, and Florida MFCU Director James Varnado. The keynote address by Inspector General Daniel Levinson of the U.S. Department of Health and Human Services was a highlight of the program, as were the remarks of NAAG Deputy Executive Director Chris Toth at the Directors luncheon.

I would like to personally thank the NAMFCU staff and membership for their important contributions, leadership, and support throughout my term as President of the Association.

Sincerely,

Keesha R. Mitchell
2016-2017 NAMFCU President
Director, Ohio MFCU
Office of Attorney General Mike DeWine
As the newly elected President for 2017 and immediate past Vice-President, I would like to express my appreciation to Keesha Mitchell for her commitment and leadership of NAMFCU for the past 18 months. Generally, the NAMFCU President’s term is for one year. As with any organization, accepting the leadership role of President is accompanied by an expectation of additional responsibilities to one’s full time job. When Keesh’s predecessor resigned prior to the end of his term, Keesh stepped up and graciously agreed to serve the remaining six months. Following the end of her predecessor’s term, she agreed to seek a year term as NAMFCU President.

Keesh’s accomplishments as President have made NAMFCU a stronger organization. I look forward to continuing with the progress that she has started.

During my term as President, I plan to continue to implement the Strategic Plan, support the outstanding work of the Association’s Committees and Working Groups and ensure the fiscal integrity of NAMFCU’s funds.

I am pleased to report that the Training Committee will maintain its commitment to offer high quality training for MFCU employees and to develop new innovative training programs. It will also offer for the first time, a training brochure which will include all training available to the Association as well as the prerequisites for each class. The Global Case Committee will continue to resolve important global cases, train MFCU attorneys and data analysts about the fundamentals of handling global cases and address legal updates regarding the global case process. The newly reconstituted Resident Abuse Committee is eagerly planning its first training program in several years. The Governing Documents Working Group, which revised NAMFCU’s BY-LAWS, is now redrafting additional Association governing documents.
NAMFCU is looking forward to strengthening our partnership with NAAG, particularly with implementing the policies outlined in the two previously mentioned NAAG Sign-on letters. I am looking forward to working with all of the Directors and to another very productive year for NAMFCU.

Sincerely,

Mykel Fry
2017-2018 NAMFCU President
Director, Ohio MFCU
Office of Attorney General Mike Hunter
Message from the NAMFCU Executive Director

I am very pleased to share with you the first Annual Report of the National Association of Medicaid Fraud Control Units (NAMFCU) which covers NAMFCU’s activities between January 2017 to December 2017. This report is intended to highlight the many accomplishments of NAMFCU and its Committees including the Training, Global, and Resident Abuse Committees.

The Association celebrated the 40th anniversary of the enactment of P.L. 95-142, the Medicare and Medicaid Anti-Fraud and Abuse Amendments of 1977 and is looking forward to celebrating the 40th anniversary of the founding of NAMFCU in 2018.

This report could not have been completed without the assistance of many people. On behalf of the National Association of Medicaid Fraud Control Units, I would like to express my sincere appreciation to Randall Clouse, Vice-President, NAMFCU and Director, Virginia MFCU and to Esther Welch Anderson, Administrative Manager, Virginia MFCU, to Keesha Mitchell, Immediate Past President, NAMFCU, Director, Ohio MFCU and Mykel Fry, current NAMFCU President and Director, Oklahoma MFCU who made sure that this report saw the light of day.

And to the dedicated public servants of the state Medicaid Fraud Control Units who contribute daily to protecting the integrity of our nation’s health care system and to protecting the most vulnerable of our population. It is an honor and a privilege to work for the dedicated staff of the MFCUs nationwide.

Sincerely,

Barbara L. Zelner
Executive Director
NAMFCU Staff

Ashley Swift
Projects Manager

Linda Vang
Association Assistant
NAMFCU Strategic Plan 2016

Based on the recommendation from the Executive Committee, the Association adopted its first Strategic Plan in 2017. This Plan is intended to serve as a roadmap by which to navigate the challenges facing the Association, prioritized goals, and ensure the Association’s sustainability for the good of all members.

The Plan included the following priorities:

- Financial Stability
- Roles, Responsibilities and Authority
- Training
- Communication and Collaboration

Executive Committee

According to the NAMFCU By-Laws, the Executive Committee is charged with the management of the Association. The Committee is comprised of the President, Vice-President, six Regional Representatives, one honorary member from New York, and the Association’s Past Presidents. The Executive Committee, except for Past Presidents and the New York member, is elected at the Annual Training Program each year by the Association’s Directors. The Committee adopts an annual budget for the Association and submits an annual report about the Association’s financial affairs at the annual Directors’ Business Meeting.

The President is the principal officer of the Association, and presides at all Association meetings, appoints Chairs and members of all NAMFCU’s Committees and Working Groups and is the spokesperson for the Association.
Executive Committee Members

Keesha Mitchell
President, 2016-2017
Ohio MFCU

Mykel Fry
Newly Elect President, 2017
Vice-President, 2016-2017
Oklahoma MFCU

Randall Clouse
Vice-President, 2017
Virginia MFCU
Executive Committee Members

Toby Unger
Northeastern Regional Representative
Massachusetts MFCU

Laurie Malone
Eastern Regional Representative
Pennsylvania MFCU

David Tanay
Midwestern Regional Representative
Michigan MFCU

Treasure Tyson
Southern Regional Representative
Mississippi MFCU
Executive Committee Members

Patricia Padrino  
Central Regional Representative  
New Mexico MFCU

Saralyn M. Ang-Olson  
Western Regional Representative  
California MFCU

Amy Held  
Honorary Member  
New York MFCU
Executive Committee Members

Bruce Lieberman
Past President, 2014-2015
Alabama MFCU

Rodney Hopkinson
Past President, 2013-2014
Oregon MFCU

Charlie Hobgood
Past President, 2011-2012
North Carolina MFCU

Mark Collins
Past President, 2009-2011
Nebraska MFCU
Finance Committee

The Finance Committee prepares and recommends to the Executive Committee a budget for the following two fiscal years for the Association as well as a third-year budget estimate. Membership is comprised of the President, Vice-President, (who shall chair the Committee), and two to four other Directors from member Units.

### Income and Expenses 2017
#### NAMFCU Admin Fund

- **Revenue:** $1,368,917
- **Expenses:** $605,317
- **Net Revenue:** $763,601

#### NAMFCU Global Fund

- **Revenue:** $1,073,647
- **Expenses:** $922,593
- **Net Revenue:** $151,054
Global Case Committee

The Global Case Committee (GCC) manages the cases currently being investigated, litigated, settled, or otherwise handled by NAMFCU. In addition to global case management, the GCC also prepares, facilitates and staffs global case trainings. The GCC is comprised of two Subcommittees, the Data Analyst and Qui Tam Subcommittees.

The GCC has several Working Groups. These are the Antitrust Working Group, the Bankruptcy Working Group, the Model Documents Working Group and the Training Working Group. In August 2017, the GCC held a Team Leader Symposium in Providence, Rhode Island with 47 participants from 16 states which was coordinated by the Training Working Group.

The success of the NAMFCU global case process is dependent on the cooperation and collaboration of all the MFCUs, and NAMFCU encourages its members to look beyond their individual state perspectives when participating in the process. The goal is to protect not only the individual state programs, but also the integrity of the Medicaid program nationwide.

Global Case Process

The federal government and defense attorneys recognize that addressing issues with one state Medicaid program does not resolve Medicaid claims in other states. Most states, like the federal government, have the authority to exclude a convicted provider from their Medicaid programs, and health care entities subject to investigation for suspected Medicaid fraud have a significant incentive to resolve all potential Medicaid liability simultaneously. Resolution of these cases would be significantly more difficult if defense attorneys had to litigate cases in different forums, obtain separate settlement agreements from individual states and negotiate separate terms with each state.
The federal False Claims Act (FCA) includes *qui tam* provisions that provide the authority and financial incentive for private individuals (known as "relators") to enforce the FCA on behalf of the federal government. In many cases, *qui tam* relators (often called whistleblowers) are either current or former employees of the companies or entities under investigation, and the FCA protects them from retaliatory actions by their employers. A *qui tam* complaint is filed under seal, usually in federal district court, and remains under seal for at least 60 days to allow the government time to conduct an adequate investigation. As of 2017, thirty–one states and the District of Columbia have enacted false claims statutes with *qui tam* provisions.

**States with *Qui Tam* Statutes**

*States highlighted blue have a FCA statute*
### 2017 Resolved Global Cases

<table>
<thead>
<tr>
<th>Defendant</th>
<th>Total Medicaid Settlement (Federal and State)</th>
<th>Total State Medicaid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergan</td>
<td>$774,664</td>
<td>$441,362</td>
</tr>
<tr>
<td>Biocompatibles</td>
<td>$2,972,829</td>
<td>$1,363,043</td>
</tr>
<tr>
<td>CareCore</td>
<td>$18,000,000</td>
<td>$9,000,000</td>
</tr>
<tr>
<td>Celgene</td>
<td>$41,460,720</td>
<td>$20,730,360</td>
</tr>
<tr>
<td>DaVita</td>
<td>$6,534,420</td>
<td>$3,208,856</td>
</tr>
<tr>
<td>Forest Pharmaceuticals</td>
<td>$5,092,570</td>
<td>$2,546,285</td>
</tr>
<tr>
<td>IPC (TeamHealth Holdings)</td>
<td>$6,749,986</td>
<td>$3,374,992</td>
</tr>
<tr>
<td>Kool Smiles</td>
<td>$23,889,816</td>
<td>$8,326,712</td>
</tr>
<tr>
<td>Mylan</td>
<td>$445,700,000</td>
<td>$213,936,000</td>
</tr>
<tr>
<td>Novo Nordisk (Victoza)</td>
<td>$7,486,500</td>
<td>$3,320,963</td>
</tr>
<tr>
<td>Omnicare</td>
<td>$23,000,000</td>
<td>$10,150,238</td>
</tr>
<tr>
<td>Omnicare</td>
<td>$1,169,286</td>
<td>$584,643</td>
</tr>
<tr>
<td>Shire</td>
<td>$45,399,335</td>
<td>$6,104,000</td>
</tr>
<tr>
<td>Skilled Healthcare</td>
<td>$972,168</td>
<td>$504,260</td>
</tr>
<tr>
<td>U.S. Bioservices</td>
<td>$6,347,508</td>
<td>$2,757,987</td>
</tr>
<tr>
<td>Walgreen Corporation</td>
<td>$8,416,880</td>
<td>$3,794,891</td>
</tr>
<tr>
<td><strong>Grand Totals</strong></td>
<td><strong>$643,966,682</strong></td>
<td><strong>$290,144,592</strong></td>
</tr>
</tbody>
</table>
Selected Resolved Global Cases

- CareCore— This case settled allegations that CareCore improperly approved prior authorization requests resulting in false or fraudulent claims being submitted to and paid by the affected State’s Medicaid Program. There were significant managed care damages in this case with $9 million recovered for the State Medicaid programs.

- Celgene— This case settled allegations of off-label usage and provider kickbacks for the prescription of two cancer drugs with a recovery of $20.7 million to the State Medicaid programs.

- Kool Smiles— The NAMFCU team resolved allegations that Kool Smiles knowingly submitted false claims to the Medicaid program related to the provision of stainless steel crowns, tooth extractions and baby pulpotomies to pediatric patients that were either not medically necessary or where less costly treatment options were available. The settlement recovered $8.3 million for the State Medicaid programs.

- Mylan— The settlement for this case resolved allegations that Mylan knowingly underpaid rebates owed to the Medicaid program for the drugs EpiPen® and EpiPen Jr.® (“EpiPen”) dispensed to Medicaid beneficiaries and recovered $231.94 million for the State Medicaid programs.

- Walgreen Corporation—This case settled allegations that Walgreen Corporation unlawfully solicited and allowed Medicare and Medicaid beneficiaries to enroll in its Prescription Savings Club program in order to induced such individuals to self-refer prescriptions to Walgreen Co. in violation of federal and state Anti-Kickback Statutes. The NAMFCU Team negotiated a settlement of $3.79 million for State Medicaid programs.
Resident Abuse Committee

The Resident Abuse Committee develops training and serves as a NAMFCU resource, assists with outreach function to outside organizations. The composition of the Resident Abuse Committee reflects a variety of professional disciplines employed by the member Units that investigate and prosecute resident abuse cases.

Training Committee

The Training Committee proposes and conducts specialized Medicaid Fraud training programs that cannot be found anywhere else. The training programs are open to all MFCU disciplines (prosecutors, investigators, auditors, data analysts and nurses), focused on investigating and prosecuting fraud in a wide range of provider settings including hospitals, nursing homes, laboratories, and physician practices. These training programs include such topics as recognizing fraudulent “kickbacks”, conducting undercover operations, and effective interview techniques.

The Training Committee is Co-Chaired by an attorney and an investigator and includes MFCU members that represent all disciplines from around the country.

Specifically, the Training Committee is responsible for the following programs: (1) 101 Medicaid Fraud Training Program; (2) 102A Medicaid Fraud Training Program; (3) 103 Medicaid Fraud Training Program; and (4) the NAMFCU Annual Training Program. The Training Committee will hold a pilot 102B Medicaid Fraud Training Program in 2018.
Instructors for the 103 Training Program
Pittsburgh, PA

Back left to right:
Marie Spencer, Richard Ferro, Nancy Allstrom, Richard May, David Bundy, David Delgado, San Martin, Kaye Lynn Wootton, and Joseph Shea

Front left to right:
Doug Thoren, Stephanie Keyser, Joseph Fendrick, Jeffrey Baxter, and Karen Peregoy
The **Annual Training Program** provides an opportunity for MFCU employees in all disciplines to receive in-service training about the latest national trends relating to Medicaid provider fraud and resident abuse investigations and prosecutions. This year, the Annual Training Program, attracted over 265 attendees and was held in Fort Lauderdale, Florida. James Varnado, Director, Florida MFCU, Colonel James Mann, Deputy Director, Florida MFCU, and Nicholas Cox, Statewide Prosecutor, Florida Attorney General’s Office welcomed the attendees on behalf of Attorney General Pam Bondi.

President Keesha Mitchell presented the State of the Association Address. The Keynote Address was given by the Honorable Daniel R. Levinson, Inspector General for the Department of Health and Human Services. During his speech, Inspector General Levinson praised the Units for their diligent efforts and hard work for their collective contributions to the success of the National Healthcare Fraud Takedown, which focused on the opioid epidemic.

31 Medicaid Fraud Control Units participated in the largest health care fraud enforcement action involving 412 charged defendants across 41 federal districts, including 115 doctors, nurses, and other licensed medical professionals, for their alleged participation in health care fraud schemes involving approximately $1.3 billion in false claims. In addition, HHS initiated suspension actions against 295 providers, including doctors, nurses, and pharmacists.

The event provided in-depth training about nursing home investigations, use of technical surveillance equipment, hospice investigations, pill mill investigations, use of medical experts, home health care fraud investigations and obtaining evidence in the “cloud.”
During the Directors Luncheon, the Directors unanimously elected Mykel Fry, Director of the Oklahoma MFCU, to be NAMFCU’s 2018 President. The Directors also unanimously elected Randy Clouse, Director of the Virginia MFCU, to be NAMFCU’s 2018 Vice President.
2017 Annual Training Program

Keesha Mitchell  Nancy Allstrom

Cheryl Bryson  Keesha Mitchell

David Bundy  Thomas Cronin

Jeffrey Sartoph  Mark Cumba

Stephany Collarmore  Kaleigh Ross

Christen Nedwick  Nick Paul
2017 Annual Training Program

Kyle Douglass, Maritsa Flaherty, Angela King

Tucker Beecher, Amanda Flowers, Jeff Baxter

Cheryl Bryson, Nancy Cote, Chris Radcliff

Maritsa Flaherty, Steven McCallister, Hagerenesh Simmons
Other Trainings and Meetings

NAMFCU also holds other trainings and meetings during the year. These include the Directors Symposium, Managing a MFCU and Regional meetings.

The Directors Symposium is held annually in the spring in Washington, DC. It is a two day meeting that provides Unit Directors an opportunity to hear from representatives from the U.S. Department of Health and Human Services, Office of Inspector General, U.S. Department of Justice, National Association of Attorneys General, National Association of Medicaid Program Integrity and Congressional staff.

The Symposium also provides an opportunity for Directors to share experiences on such topics as Unit management issues and national trends regarding Medicaid provider fraud cases.

Managing a MFCU is offered annually and is intended to provide an overview of the MFCU program for new Directors, managers, and supervisors.

NAMFCU also holds meetings for each of its six regions every other year. These day and a half meetings provide an opportunity for Directors and Chief Investigators to discuss cases/trends in their region.

NAMFCU Regions
Collaborations with other Organizations— Training and Meetings

In addition to organizing its own training programs, NAMFCU has, for many years, co-sponsored two educational programs with the American Bar Association (ABA): 1) The annual National Institute on Health Care Fraud; and (2) the National Institute on the Civil False Claims Act and Qui Tam Enforcement program. These programs bring state and federal prosecutors, health care attorneys, criminal defense attorneys, and relators counsel together to share experiences and concerns in a non-adversarial setting.

More recently, for the past two years, NAMFCU has been a cooperating sponsor of the American Health Lawyers Association (AHLA) Fraud and Compliance Program. This program brings together legal counsel, compliance officers, and government representatives who address regulatory trends, recent case law and legislative developments in health care.

Training Locations

NAMFCU holds its trainings in various cities around the country.

- Columbus, Ohio
- Fort Lauderdale, Florida
- Montgomery, Alabama
- Pittsburgh, Pennsylvania
- Providence, Rhode Island
- San Diego, California
- Santa Fe, New Mexico
- Scottsdale, Arizona
Number of Students Trained in 2017

- 278 in 101 Training Program
- 103 in 102 Training Program
- 128 in 103 Training Program
- 72 in Annual Training Program
May 17, 2017

Senator Orrin Hatch
Chaur, Senate Finance Committee
104 Hart Office Building
Washington, D.C. 20510

Senator Ron Wyden
Ranking Member, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, D.C. 20510

Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Letter to Senate Finance Committee re: Recovering State Contributions in Medicare Part D Settlements:

Dear Senators Hatch and Wyden:

We write to you as state Attorneys General to address an important issue impacting the state Medicaid programs. Over the past decade the states have contributed approximately $80 billion dollars in monthly “clawback” payments to the Medicare Part D prescription drug benefit program. In 2017 alone, those clawback payments are expected to rise to over $11 billion. And over the past decade the Federal government has received, and continues to receive, millions of dollars in recoveries for fraud and overpayment cases involving Part D drugs. However, despite the states’ considerable—and growing—financial contributions to the Part D program, the states have not received a single dollar of those recoveries. We request your assistance in addressing this inequity and recommend federal legislation that would allow the Federal government to return a proportionate share of all Part D recoveries to the states.

Before January 1, 2006, state Medicaid programs paid directly for outpatient prescription drug benefits for dual eligible beneficiaries (individuals covered by both Medicare and Medicaid). Because Medicaid is jointly funded, those payments included both federal and state dollars via the Federal and State Medical Assistance Percentages (“FMAP/SMAP”). If a state received a Medicaid recovery, it would share that recovery by remitting the FMAP portion of that recovery to the Federal government.

As of January 1, 2006, under Part D in the Medicare Prescription Drug, Improvement, and Modernization Act (Part D), Medicare now pays directly for these Part D drugs. However, the states still share in those costs through substantial monthly “clawback” payments. In other words, even though the cost-sharing structure changed with the advent of Part D, the Federal government and states have continued to jointly fund dual eligible beneficiaries’ outpatient prescription drugs.

Over the past decade, the Federal government has settled numerous national healthcare cases and has recovered hundreds of millions of dollars in Part D funding, but has never returned any of these funds to the states. The
Federal government has taken the position (as indicated in discussion with U.S. DOJ) that it is prevented from returning any of these recoveries to the states because of the Miscellaneous Receipts Act, 31 U.S.C. § 3302(b) (“MRA”), which requires that any money received “for the Government” from any source be deposited into the United States Treasury unless Congress has specifically authorized the agency to retain such money. However, the purpose of the MRA is to prevent executive agencies from augmenting their own appropriations — which would not be the case when returning Part D recoveries to the very same state Medicaid program that, along with the Federal government, fund the prescription drug expenditures at issue. A specific statute authorizing the Federal government to share recoveries with the states is appropriate here as a matter of equity and fundamental fairness, returning the states and Federal government to the reciprocal sharing of dual eligible beneficiary recoveries that existed prior to 2006.

We therefore strongly urge you to consider appropriate legislation authorizing the Federal government to return an equitable share of Part D recoveries to the states.

Respectfully submitted,

Josh Stein
North Carolina Attorney General

Steve Marshall
Alabama Attorney General

Mark Brnovich
Arizona Attorney General

Xavier Becerra
California Attorney General

George Jepsen
Connecticut Attorney General

Karl A. Racine
District of Columbia Attorney General

Mike DeWine
Ohio Attorney General

Asha Landemith
Alaska Attorney General

Leslie Rutledge
Arkansas Attorney General

Cynthia H. Coffman
Colorado Attorney General

Matthew P. Denn
Delaware Attorney General

Pamela Jo Bondi
Florida Attorney General
Christopher M. Carr  
Georgia Attorney General

Lawrence Wasden  
Idaho Attorney General

Curtis T. Hill, Jr.  
Indiana Attorney General

Derek Schmidt  
Kansas Attorney General

Jeff Landry  
Louisiana Attorney General

Brian Frosh  
Maryland Attorney General

Bill Schuette  
Michigan Attorney General

Jim Hood  
Mississippi Attorney General

Tim Fox  
Montana Attorney General

Doug Chin  
Hawaii Attorney General

Lisa Madigan  
Illinois Attorney General

Tom Miller  
Iowa Attorney General

Andy Beshear  
Kentucky Attorney General

Janet Mills  
Maine Attorney General

Maura Healey  
Massachusetts Attorney General

Len Swanson  
Minnesota Attorney General

Josh Hawley  
Missouri Attorney General

Douglas Peterson  
Nebraska Attorney General
Adam Laxalt
Nevada Attorney General

Christopher Pomponio
New Jersey Attorney General

Eric T. Schneiderman
New York Attorney General

Mike Hunter
Oklahoma Attorney General

Josh Shapiro
Pennsylvania Attorney General

Peter F. Kaminski
Rhode Island Attorney General

Mark J. Johnson
South Dakota Attorney General

Ken Paxton
Texas Attorney General

T. J. Donovan
Vermont Attorney General

Gordon MacDonald
New Hampshire Attorney General

Hector Balderas
New Mexico Attorney General

Wayne Stenehjem
North Dakota Attorney General

Eileen F. Rosenblum
Oregon Attorney General

/S/
Wanda Vazquez Garcia
Puerto Rico Attorney General

Alan Wilson
South Carolina Attorney General

Herbert H. Slattery, III
Tennessee Attorney General

Sonny Perdue
Utah Attorney General

Mark R. Herring
Virginia Attorney General
Sign-On Letter Part D

Robert W. Ferguson
Washington Attorney General

Brad Schimel
Wisconsin Attorney General

Patrick Morrisey
West Virginia Attorney General
Dedication

Tracye Payne Wilson
1953-2017

Tracye joined NAAG as a Secretary for the Supreme Court Project and NAMFCU in 1993. She was subsequently promoted to Legal Secretary and after obtaining her Paralegal Certificate was promoted to NAMFCU’s Paralegal in 2000.

During her early years at NAMFCU, she demonstrated a real talent for handling meeting planning. As a result, she was promoted to Association Administrator in recognition of her organizational skills and to Meeting Planner in recognition of her strong knowledge of the meeting industry.

Tracye loved arranging and organizing meetings and researching various locations for the Association’s meetings and trainings. Because of her interest in continuing her career in this field, she took evening and weekend classes in meeting planning, obtained her certificate and became a member of the Professional Convention Management Association (PCMA). After receiving her certificate, she was again promoted, this time to NAMFCU’s Director of Meetings and Events/Association Administrator.

She valued the many professional relationships that she developed with NAMFCU’s members during her lengthy years of service to the Association.

Tracye was dedicated to the mission of the Units and worked tirelessly to assist members with any and all of their requests with grace and good cheer. Her enthusiasm, thoughtfulness, and positive attitude is sorely missed.
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
- Maya Angelou