



## INSURANCE FRAUD BUREAU OF MASSACHUSETTS

February 1, 2026

The Clerk of the House of Representatives  
State House  
Boston, MA 02130

To the Clerk of the House of Representatives:

Pursuant to Massachusetts St. 1990, c.338; St. 1991, c.398, §99; St. 1996, c.427, §13; and St. 2002, c.279, §5, on behalf of the Insurance Fraud Bureau of Massachusetts (IFB), I hereby submit the IFB Semi-Annual Report to the Clerk of the House of Representatives. Enclosed is a copy of the September 2025 e-focusFraud publication. The IFB e-focusFrauds are published periodically and include court activity resulting from IFB investigation and case referrals to prosecution to fulfill semi-annual statutory reporting requirements.

This report should be forwarded to the Joint Committee on Insurance and the Joint Committee on Labor and Workforce Development. In summary, as of December 31, 2025, the IFB has received 104,290 referrals involving auto fraud, workers' compensation fraud and other insurance fraud since its inception. As a result of these referrals (many of which involve the same suspects), 24,929 case investigations were created and 4,910 cases have been referred to the Attorney General, District Attorney or United States Attorney for prosecution.

In all, 727 individuals have been indicted and complaints have been filed against 4,086 other individuals. Court action has therefore been initiated against 4,790 separate individuals. To date, as a result of IFB investigation, 1,089 people have been convicted of insurance fraud crimes with an additional 1,347 individual's prosecutions continued without a finding. IFB staff have aggressively pursued publicity through both print and electronic media to educate the public regarding Bureau progress.

Cordially,

A handwritten signature in blue ink, appearing to read "Anthony M. DiPaolo", is written over the typed name.

Anthony M. DiPaolo  
Executive Director

c: Attorney General Andrea Campbell  
Senate Chair, Joint Committee on Labor & Workforce Development  
House Chair, Joint Committee on Labor & Workforce Development  
Senate Chair, Committee on Financial Services  
House Chair, Committee on Financial Services  
Michael Caljouw, Commissioner of Insurance



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## INSURANCE FRAUD BUREAU OF MASSACHUSETTS

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Details contained in charging documents are allegations. Defendants are presumed innocent unless and until proven guilty beyond a reasonable doubt in a court of law.

*e-focusFraud* is published periodically throughout the year. News flashes on current press releases and news articles and updates on prosecution court activity are posted frequently on the IFB website.

<https://www.ifb.org>



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## **Provider Fraud**

### **Case Update-Behavioral Healthcare Company Executive Sentenced for Healthcare Fraud**

Quincy - Miguel Saravia, the Chief Executive Officer of Dana Group Associates, who is also the former Chief Operating Officer of Prime Behavioral Health, was sentenced on March 26, 2025 in connection with a scheme to defraud health care benefit programs by directing false billing for patient visits.

Saravia was sentenced to three and a half months in prison, to be followed by one year of supervised release after pleading guilty to six counts of health care fraud. Saravia was also ordered to pay \$561,141 in restitution.

### **Investigation**

According to charging documents, from approximately 2017 to 2023, Saravia directed a group of individuals with no billing or medical training to enter Current Procedural Terminology (CPT) codes for therapy services that were not provided and to upcode CPT codes used for psychotherapy visits. Saravia submitted, or directed the submission of, false claims for treatment that was not provided or for more complex and expensive treatment than was provided.

### **Outcome**

United States Attorney Leah B. Foley; Roberto Coviello, Special Agent in Charge of the Federal Bureau of Investigation, Boston Division; Insurance Fraud Bureau Executive Director Tony DiPaolo; and Thomas Demeo, Acting Special Agent in Charge of the Internal Revenue Service's Criminal Investigations in Boston made the announcement on March 26, 2025. Assistant U.S. Attorneys Kelly B. Lawrence and Mackenzie A. Queenin of the Health Care Fraud Unit and Lindsey Ross and Steven Sharobem of the Affirmative Civil Enforcement Unit prosecuted the case.

### **Home Health Agencies, Laboratory, And Physician Indicted For MassHealth Fraud and Kickback Schemes Involving Over \$7.8 Million In False Claims**

Boston - The Massachusetts Attorney General's Office (AGO) announced on March 12, 2025 that the Suffolk County Statewide Grand Jury had returned indictments against several MassHealth providers and their respective owners in connection with alleged fraud and kickback arrangements. The alleged fraud and kickback arrangements collectively resulted in the submission of over \$7.8 million in false claims to MassHealth which included urine drug tests and home health services that were not provided, not medically necessary, and/or were not properly authorized.



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On March 10, 2025, as a result of charges brought by the AGO, the Suffolk County Statewide Grand Jury returned indictments against:

Central Lab Partners, LLC (CLP), a Worcester-based clinical laboratory;  
Cynthia Norton of West Boylston, owner of CLP;  
Patient Care Solutions, LLC (PCS), a Danvers-based home health agency;  
Colette Massamba and Maxwell Dede of Lynn, owners of PCS;  
Optimum Labs, Inc. (Optimum), a New-Bedford-based clinical laboratory;  
William Owens of New Bedford, owner of Optimum, and  
Dr. Maria Batilo, a Falmouth-based physician.

The AGO alleged that CLP, PCS, and Batilo engaged in a mutual kickback scheme that resulted in CLP and PCS submitting millions of dollars in false claims to MassHealth for urine drug tests and home health services that never occurred, were medically unnecessary, and/or were not appropriately ordered by a doctor. CLP and PCS allegedly identified sober homes that wanted patients to receive frequent urine drug tests for sobriety monitoring purposes and then enrolled those patients in urine drug tests and home health services with their respective companies, despite the tests and services being for purposes of sober home compliance, rather than medically necessary under MassHealth requirements.

To make the services appear physician-authorized and medically necessary and payable by MassHealth, the AGO alleged that PCS made payments to Batilo, who, in exchange, allegedly authorized PCS's home health services and CLP's related drug test orders, despite Batilo not seeing or providing care to the patients. The AGO further alleged that many of the home health services PCS billed to MassHealth were not rendered and allegedly included services for hospitalized or deceased patients. As a result of the indictments, and in connection with the aforementioned allegations, CLP, Norton, PCS, Massamba, Dede, and Batilo were each charged with various counts of Medicaid False Claims; Larceny over \$1,200; and Medicaid kickbacks. Dede and Massamba were additionally charged with one count each of money laundering.

Separately, the AGO alleged that CLP engaged in a kickback scheme with Optimum, in which Optimum referred drug tests to CLP in exchange for a portion of related insurance reimbursements. CLP, Norton, Optimum, and Owens were each charged with Medicaid kickbacks in connection with the allegations.

Finally, the AGO alleged that Batilo illegally charged MassHealth patients cash, out-of-pocket, for Suboxone, an opioid addiction treatment, despite the treatment being payable by MassHealth. Under state law, providers are prohibited from charging MassHealth members for services covered by MassHealth. Batilo was charged with Medicaid excess charges for the alleged conduct. All of the preceding charges are allegations, and the defendants are presumed innocent until proven guilty.



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## Health Care Fraud

### Case Update- Five Individuals Sentenced in \$1 Million Health Care Fraud Scheme

Boston - Five Massachusetts residents and one New York resident have been sentenced in connection with a scheme to defraud various health insurance companies by submitting fabricated claims seeking reimbursement for over \$1 million worth of bogus medical expenses, purportedly incurred during international travel.

#### Sentencing:

- Brendon Ashe - Pleaded guilty to one count of conspiracy to commit health care fraud and was sentenced to two years' probation and restitution in the amount of \$145,683.
- Aquiyala Atherton - Pleaded guilty to one count of conspiracy to commit healthcare fraud and was sentenced to five years' probation, joint and several restitution of \$376,000 with individual restitution in the amount of \$96,000.
- Darline Cobbler - Pleaded guilty to one count of conspiracy to commit health care fraud and was sentenced to two years' probation and restitution in the amount of \$73,817.
- Henry Ezeonyido - Pleaded guilty to six charges of health care fraud and one count of conspiracy to commit health care fraud. He was sentenced to 27 months in prison, to be followed by three months of supervised release and ordered to pay \$655,313 in restitution and to forfeit \$396,998 in criminal proceeds.
- Ariel Lambert - Pleaded guilty to one count of conspiracy to commit healthcare fraud, and was sentenced to two years' probation, \$85,550 restitution, and to forfeit \$36,567.

#### Investigation

Defendants submitted health insurance claims involving:

- Expensive medical treatment that they purportedly received and paid for out-of-pocket while traveling overseas.
- The claims submitted to four different insurance companies related to alleged traumatic injuries such as stabbings, hit-and-run car accidents, as well as gunshot wounds that the defendants purportedly suffered.



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- The complaint alleges that the defendants were in the United States when they claimed to be hospitalized in foreign countries. It is further alleged that some of the defendants received unrelated medical services in the United States at the same time they were purportedly hospitalized overseas.
- In support of these claims submitted to the insurance companies, the defendants allegedly provided fabricated records – including fake bank records purporting to show payment to the treating facilities, bogus medical records purporting to show the medical care provided, and falsified police reports describing the circumstances of shootings or stabbings.
- In some instances, the details of the claims submitted by or on behalf of the defendants and supporting documentation – including the dates of service, country where the alleged traumatic injuries occurred, and nature and circumstances of the alleged injuries, are nearly identical to one another.

## Outcome

As a result of these fraudulent claims, the victim health insurance companies were billed over \$1 million for services that were never provided, resulting in payments totaling approximately \$655,313. Upon receiving these payments from their health insurance companies, Ashe, Cobbler, Lambert and others, paid a portion of the proceeds to Ezeonyido and other co-conspirators, including Atherton, who acted as an intermediary, bringing others into the scheme in exchange for a cut of their paid claims. In total, Ezeonyido retained approximately \$396,998 in fraudulent proceeds.

United States Attorney Leah B. Foley; Kimberly Milka, Acting Special Agent in Charge of the Federal Bureau of Investigation, Boston Division; Ketty Larco-Ward, Inspector in Charge of the U.S. Postal Inspection Service's Boston Division; and Anthony DiPaolo, Insurance Fraud Bureau Executive Director made the announcement on May 21, 2025. Assistant U.S. Attorney Leslie A. Wright of the Health Care Fraud Unit prosecuted the case.

## ***Workers' Compensation Fraud***

### **Lowell Man Arrested for Allegedly Hiding More Than \$6 Million in Payroll**

Boston - A Lowell man was arrested on July 28, 2025 in connection with his alleged involvement in payroll tax avoidance and workers' compensation insurance fraud.

Henry Lam was indicted by a federal grand jury on June 25, 2025 on fifteen counts of failure to collect and pay over taxes and one count of mail fraud. Lam appeared at Boston Federal Court on July 28, 2025.



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## Investigation

According to court records, between 2016 and 2023, Lam owned and operated HL Temporary Services, a temporary employment agency in Lowell that served client companies in Massachusetts. The client companies paid HL Temporary Services for the temporary employees' work on an hourly basis. Lam allegedly cashed these client's checks at check cashing businesses in Massachusetts and paid the temporary employees, primarily in cash. By using cash payments, Lam allegedly hid over \$6.1 million in payroll and avoided paying more than \$2.4 million in required payroll taxes. It is further alleged that Lam also used HL Temporary Services' false payroll numbers to obtain worker's compensation insurance at lower premium rates.

## Outcome

The charge of failure to collect or pay over taxes provides for a sentence of up to five years in prison, three years of supervised release, a fine of \$250,000 or twice the gross gain or loss, whichever is greater, and restitution. The charge of mail fraud provides for a sentence of up to 20 years in prison, three years of supervised release, a fine of \$250,000 or twice the gross gain or loss, whichever is greater, restitution, and forfeiture. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and statutes which govern the determination of a sentence in a criminal case.

## Case Update- Hopkinton Couple Sentenced for Fraud Schemes

Framingham - A Hopkinton couple was sentenced in federal court for separate schemes to defraud their workers' compensation insurers and charged in connection with separate schemes to defraud the Small Business Administration (SBA) and their mortgage lender.

## Sentencing

Ronaldo Solano was sentenced by U.S. District Court Judge Indira Talwani to one year and one day in prison, to be followed by two years of supervised release, with the first six months on home detention. Adriana Solano, was sentenced on June 23, 2025 to time served (one day), to be followed by 27 months of supervised release, with the first three months on home detention. Ronaldo and Adriana Solano were also ordered to pay \$1,625,872 jointly in restitution. Ronaldo Solano was ordered to pay an additional \$627,675 in restitution. In January 2025, Ronaldo Solano pleaded guilty to one count of conspiracy to commit mail and wire fraud, one count of conspiracy to commit wire and bank fraud, one count of mail fraud, and one count of wire fraud. Adriana Solano pleaded guilty to one count of conspiracy to commit wire and bank fraud. In March 2024, Ronaldo and Adriana Solano were indicted by a federal grand jury.

## Investigation

According to the indictment, between 2015 and 2018, Ronaldo and Adriana, who operated a roofing and construction company based in Framingham under the names H&R Roofing & Construction Inc. and H&R



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Roofing & Siding Corporation, avoided more than \$627,000 in workers' compensation insurance premiums by underreporting their payroll and paying workers through a shell company.

Separately, between 2021 and 2022, Ronaldo and Adriana submitted a loan application on behalf of H&R Roofing & Siding Corp. to the Small Business Administration, SBA, under the Economic Injury Disaster Loan (EIDL) Program, which provided for pandemic relief under the Coronavirus Aid, Relief and Economic Security (CARES) Act. In the application, Ronaldo and Adriana requested \$2 million in relief funds for working capital and other eligible business expenses. After receiving the relief funds, Ronaldo and Adriana transferred \$1 million of the funds to a personal bank account they shared, from which they used more than \$825,000 for a down payment toward a home in Hopkinton. Ronaldo and Adriana borrowed another \$770,500 from a mortgage lender to fund the purchase of the Hopkinton home but did not disclose that they were using EIDL funds for the down payment to their lender.

The charge of conspiracy to commit mail fraud and wire fraud provides for a sentence of no more than twenty years in prison, three years of supervised release and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. The charge of conspiracy to commit wire fraud and bank fraud provides for a sentence of no more than thirty years in prison, five years of supervised release and a fine of \$1 million or twice the gross gain or loss, whichever is greater. The charges of mail fraud and wire fraud provide for a sentence of no more than twenty years in prison, three years of supervised release and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and statutes which govern the determination of a sentence in a criminal case.

The CARES Act is a federal law enacted on March 29, 2020, designed to provide emergency financial assistance to the millions of Americans who were suffering economic effects caused by the COVID-19 pandemic. One source of relief provided by the CARES Act was the EIDL Program, through which the SBA offers loans that can only be used on certain permissible business expenses, which can include payment of fixed business debts, payroll, accounts payable, and other business-related expenses that could have been paid had the COVID-19 disaster not occurred.

On May 17, 2021, the Attorney General established the COVID-19 Fraud Enforcement Task Force to marshal the resources of the Department of Justice in partnership with agencies across the government to enhance efforts to combat and prevent pandemic-related fraud. The Task Force bolsters efforts to investigate and prosecute the most culpable domestic and international criminal actors and assists agencies tasked with administering relief programs to prevent fraud by, among other methods, augmenting and incorporating existing coordination mechanisms, identifying resources and techniques to uncover



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fraudulent actors and their schemes, and sharing and harnessing information and insights gained from prior enforcement efforts.

## ***Automobile Insurance Fraud***

### **Dorchester Woman Sentenced to House of Corrections for Motor Vehicle Insurance Fraud**

Brockton - A Dorchester woman pleaded guilty to motor vehicle insurance fraud and was sentenced to six months suspended in the House of Corrections. She was ordered to pay a \$90 victim witness fee. The Dorchester woman's boyfriend reported to Bristol West Insurance Group that on February 19, 2021 he lost control of his 2020 Infinity Q50 and slid on black ice before striking trees and bushes. The boyfriend reported that his girlfriend, the Dorchester woman, was a passenger in the vehicle during the loss. The Dorchester woman confirmed that she was the passenger in the Infinity at the time of the loss. She stated that she injured her chest, back, and neck and sought treatment for her injuries. The boyfriend reported damage to the front passenger side and stated the Infinity would not start after he drove the vehicle back to his residence. The boyfriend confirmed that he purchased the repaired salvage vehicle just a few weeks before this loss. Investigation revealed a previous loss on April 30, 2020 in which the Infinity was deemed a total loss. There was no evidence that the Infinity contacted a tree on February 19, 2021. A reconstruction occurred and the vehicle's Event Data Recorder (EDR) revealed a single crash record on April 30, 2020, matching the previous claim reported in the vehicle history. The condition of the Infinity indicated that it had not been functioning properly since the April 30, 2020 loss. The Infinity's mileage remained the same as recorded in the April 30, 2020 incident.

## ***Other Types of Insurance Fraud***

### **Connecticut Man Ordered to No Longer Work In the Insurance Industry Amidst Charges of Identity Fraud**

Boston - The case against a Connecticut man was continued without a finding for three years on charges of larceny and identity fraud. He was ordered to pay \$5,850 in restitution. He was also ordered to no longer work in the insurance industry, stay away from the alleged victims, and file a financial disclosure form every six months. If he is not compliant with those conditions, he will be sentenced to two years at South Bay House of Corrections. Between April 14, 2018, and November 22, 2019, the Connecticut man, a former insurance agent, violated his agreement with Aflac by fraudulently creating at least 33 group accounts with 68 policyholders under 272 policies.

Investigation revealed discrepancies related to the group accounts. The business address for most group accounts was modified soon after the account was created and many of the policyholders had the same address. The Connecticut man's bank account was used for most of the group accounts. Some



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policyholders held policies under multiple groups simultaneously. Further investigation revealed that IP addresses associated with the Connecticut man were used to create the accounts. Many of the policyholders associated with the group accounts logged in from the same IP addresses, using the same devices, with identical hashed passwords. In addition, the group accounts were accredited via telephone. The Connecticut man was believed to be impersonating company representatives.

The Connecticut man also electronically signed policy applications without the policyholder's authorization. As a result of this fraudulent scheme, Aflac granted the Connecticut man over \$45,000 in advanced commissions and \$8,700 in cash awards.

## **North Attleboro Man Sentenced to 18 Months in Prison For Wire Fraud**

North Attleboro - A North Attleboro man pleaded guilty and was sentenced to 18 months in prison followed by two years of supervised release on a charge of wire fraud. He was ordered to pay a \$100 assessment fee and \$70,379 in restitution. The North Attleboro man was the owner of a life insurance agency in North Attleboro and also worked as an insurance agent for various insurance companies. Many policyholders from his life insurance agency reported that life insurance policies they purchased from the North Attleboro man had been cancelled without their knowledge or consent. Investigation revealed concerns with some of the North Attleboro man's business practices when securing life insurance policies for clients. The North Attleboro man had cancelled policies for clients without their consent. One policyholder reported that after nine months of selling the first insurance policy to customers, the North Attleboro man obtained his commission. After receiving his commission, the North Attleboro man called clients and explained that they could obtain additional benefits under their current insurance policy. Instead of obtaining additional benefits under the insurance policy, the North Attleboro man signed and sent policy cancellation requests without customers' knowledge. He then applied for new insurance policies at different insurance companies in his respective customers' names without their knowledge or permission, in order to obtain an additional commission.

## **New Bedford Couple Charged with Defrauding Clients of Over \$700,000 in Connection with Their Insurance Business**

New Bedford - On August 27, 2025 Brendan Lawler and Lisa Lawler, of New Bedford, Massachusetts, were arrested for their alleged involvement in a scheme to defraud individuals seeking insurance coverage through their business, BL Insurance Brokerage, LLC.

The couple were charged with one count each of wire fraud and conspiracy to commit wire fraud in Federal District Court in Boston.



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## Investigation

According to the charging document, it is alleged that from March 2023 through March 2024, the Lawlers solicited and collected insurance payments from their clients, which should have been paid to the clients' insurance providers. Instead of paying the insurance companies, the Lawlers allegedly pocketed their clients' payments and used the money for their own purposes. To conceal the theft of client funds and to keep their company afloat, the Lawlers allegedly used incoming client funds to pay outstanding balances due to other clients' insurers. It is alleged that the Lawlers also created and distributed certain insurance documents to the clients that indicated that the clients were insured. Through this scheme, it is alleged that the Lawlers defrauded at least fifty individuals or insurance providers, stealing more than \$700,000.

## Outcome

The charges of wire fraud and conspiracy to commit wire fraud each provide for a sentence of up to 20 years in prison, three years of supervised release and a fine of up to \$250,000, or twice the loss to the victim. Sentences are imposed by a federal district court judge based upon the U.S. Sentencing Guidelines and statutes which govern the determination of a sentence in a criminal case.