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Former Medicaid Provider Sentenced to Federal Prison for Health Care Fraud and Aggravated Identity Theft

(Montgomery, Ala) – Alabama Attorney General Steve Marshall, alongside the U.S. Attorney's Office for the Middle District of Alabama and the Department of Health and Human Services Office of Inspector General (HHS-OIG), announced the sentencing of an Anniston man on charges of health care fraud and identity theft.

On April 2, 2026, a federal judge sentenced 54-year-old Hasan Jermel Pulliam to 54 months in prison. The court also ordered Pulliam to serve three years of supervised release following his term of imprisonment and to pay \$718,967.20 in restitution to the Alabama Medicaid Agency. There is no parole in the federal system.

"This sentence reflects our commitment to protecting taxpayer resources and upholding the rule of law in Alabama," said Alabama Attorney General Steve Marshall. "I commend our Medicaid Fraud Control Unit for their excellent work on this case, and I thank our federal partners at the U.S. Attorney's Office and HHS-OIG for their collaboration in holding Mr. Pulliam accountable for defrauding Alabama taxpayers of over \$700,000. We will continue this collaborative effort to root out fraud and ensure justice is served."

"Health care fraud diverts limited resources away from the patients and families who depend on programs like Medicaid," said Acting United States Attorney Kevin Davidson. "This sentence holds the defendant accountable for abusing his position of trust and sending false claims to obtain money he was not entitled to receive. Our office will continue to work closely with our federal and state partners to protect taxpayer-funded health care programs from fraud and abuse."

"Health care providers who fraudulently bill Medicaid for services not rendered and exploit personal information for their own gain will be held accountable," said Kelly Blackmon, Special Agent in Charge at the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG). "HHS-OIG remains committed to working with our law enforcement partners to safeguard the integrity of Medicaid and other federally funded health care programs."

According to his plea agreement and other court records, Pulliam was a child and family therapist who enrolled as a provider with Alabama Medicaid in October 2018. After enrolling, Pulliam received referrals from other medical providers that included Medicaid beneficiaries' names, dates of birth, Medicaid Recipient Identification Numbers, and other personally identifying information.

The Alabama Medicaid Agency's Program Integrity Unit identified questionable billing activity associated with Pulliam and referred the matter to the Alabama Attorney General's Office



Medicaid Fraud Control Unit (MFCU) in Montgomery and HHS-OIG in Birmingham for investigation.

The subsequent investigation revealed that Pulliam submitted numerous fraudulent claims to the Alabama Medicaid Agency for counseling services that were never provided. In submitting those claims, Pulliam used Medicaid beneficiaries' identifying information without their consent, or, in cases involving minor beneficiaries, without the consent of their families. This fraudulent conduct continued through November 2023.

As a result of Pulliam's fraudulent claims, the Alabama Medicaid Agency issued payments totaling \$718,967.20, to which he was not entitled.

On October 25, 2025, Pulliam pleaded guilty to health care fraud and aggravated identity theft.

This case was investigated by the Alabama Attorney General's Office Medicaid Fraud Control Unit, in coordination with the Department of Health and Human Services Office of Inspector General. Assistant United States Attorney Joel Feil prosecuted the case.

The Medicaid Fraud Control Unit is a division of the Alabama Attorney General's Office and 75 percent of its funding is provided by a grant from the U.S. Department of Health and Human Services Office of Inspector General. That amount was \$1.14 million for fiscal year 2025.