

TINA ANSARI
Assistant United States Attorney- Program Fraud
Division
Southern District of Texas



The image contains two graphics: on the left, a map of Texas with the Southern District highlighted in green, and on the right, the official seal of the Department of Justice, featuring an eagle with wings spread, holding an olive branch and arrows, with a shield on its chest, surrounded by the words 'DEPARTMENT OF JUSTICE' and 'QUI PRO DOMINA JUSTITIA SEQUITUR'.

Mission – Southern District of Texas

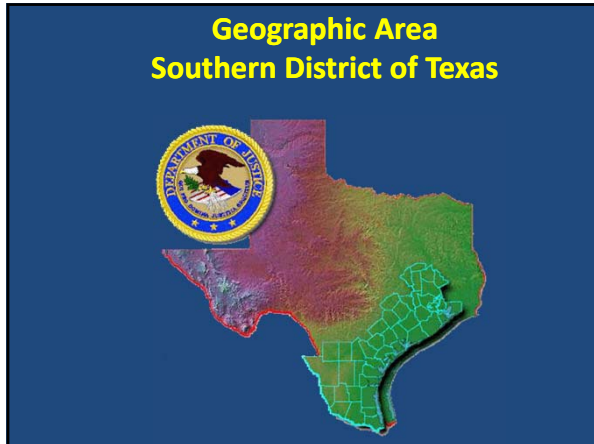


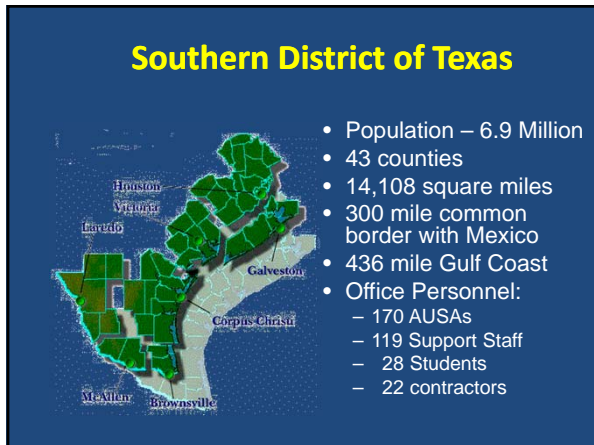
To investigate and prosecute those cases having a significant federal interest.

The image features a map of Texas with a grid overlay. The Department of Justice seal is positioned in the upper left corner of the map area.

Law Enforcement Priorities

- Anti-terrorism
- Organized Criminal Activity
 - Drug Trafficking
 - Human Trafficking
 - Narcotics
- White Collar Crime
 - Public Corruption
 - Complex Fraud (Healthcare, Public/Private Sector)
- Violent Crime (Operation Safe Neighborhood)

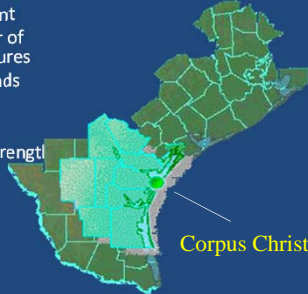






Corpus Christi

- Population – 532,460
- Falfurrias checkpoint
 - Highest number of illegal drug seizures
- Vast rural ranch lands
 - King Ranch
 - Kennedy Ranch
- Office personnel strength
 - 19 AUSAs
 - 12 support
 - 3 students
 - 1 contractor



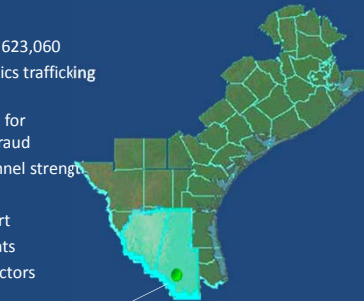
Brownsville

- Population – 355,309
- Major alien and drug smuggling gateway
- Office personnel strength
 - 16 AUSAs
 - 11 support
 - 2 students




McAllen

- Population – 623,060
- Major narcotics trafficking hub
- Massive area for Healthcare Fraud
- Office personnel strength
 - 21 AUSAs
 - 14 support
 - 3 students
 - 3 contractors



Laredo

- Population – 217,297
 - Nuevo Laredo population – 460,000
- Numerous international ports of entry
 - 6,000 commercial vehicles a day
 - More trade than west Texas, new Mexico, Arizona and southern California combined
- Office personnel strength
 - 19 AUSAs
 - 14 support
 - 3 students
 - 2 contractors



WHEN DO WE CHARGE?

- “SIGNIFICANT FEDERAL INTEREST”
 - WILL THE CHARGE RESULT IN SIGNIFICANT TIME?
 - DO WE HAVE THE RESOURCES?
- MAINLY LONG-TERM PROACTIVE CASES
 - LOSS AMOUNT OVER A MILLION DOLLARS
 - TYPICALLY MEDICARE AND MEDICAID FRAUD
 - RISE IN CASES WITH COMMERCIAL INSURANCE CASES

WHAT WE SEE

- KICKBACKS
- UNNECESSARY/NOT RENDERED SERVICES
- UPCODING
- UNBUNDLING
- DIVERSION
- MEDICAL IDENTITY THEFT
- COMPOUNDING PHARMACIES

CASE EXAMPLE #1—HOME HEALTH CARE FRAUD

• **INDICTMENT-2 DEFENDANTS**

- STATUTES INVOLVED:
- **18 U.S.C 1349:** CONSPIRACY TO COMMIT HEALTH CARE FRAUD.
 - Execute a Scheme to Defraud a healthcare Benefit Program.
- **18 U.S.C 1347:** HEALTH CARE FRAUD
 - Substantive Counts.
- **18 U.S.C 1035:** FALSE STATEMENTS TO HEALTHCARE MATTERS
 - Materially false and fraudulent representation in connection with the delivery of healthcare benefits, knowingly and willfully.

PRE-INDICTMENT

– HOME HEALTH OWNER PLED GUILTY BEFORE INDICTMENT TO A INFORMATION.

- OWNER PLED GUILTY TO ONE COUNT OF CONSPIRACY TO COMMIT HEALTH CARE FRAUD.
- BENEFITS OF COOPERTING??

NOTABLE TRIAL EVIDENCE

• **TESTIMONY OF MEDICARE WITNESS**

– REPRESENTATIVE WITH MEDICARE WHO EXPLAINED THE PROCESS OF HOW HOME HEALTH SHOULD RUN AND HOW IT RUNS IN A FRAUD SCHEME.

MEDICARE HOME HEALTH BENEFIT

- NEED Medicare Beneficiary has medical need.
- EVALUATE Medicare Beneficiary is evaluated by an appropriate medical professional
- AUTHORIZE Doctor authorizes Home Health Agency (HHA) evaluation, Beneficiary chooses provider
- PLAN HHA Nurse evaluates beneficiary's needs, Completes Form 485 for plan of care
- APPROVE Doctor certifies home health care services and approves plan of care.
- IMPLEMENT HHA implements plan of care. Medicare is billed by the HHA.

THE FRAUD SCHEME STEPS

- **Step 1:** Home Health Agency (HHA) meets with recruiter to find patients with Medicare benefits.
- **Step 2:** HHA finds a doctor who will sign Plan of Care forms. HHA owner and doctor agree on payment terms- (monthly or per form).
- **Step 3:** HHA send out PA to see patient. PA fills out necessary paperwork for HHA. HHA pays PA for visiting patient.
- **Step 4:** HHA sees patient and fills out Plan of Care forms and send to the doctor for his signature.
- **Step 5:** HHA pays doctor to sign forms when patient does not need home health and when patient is not under care of the doctor.
- **Step 6:** HHA meets with patient at home and bills Medicare using doctors NPI number.

PLAN OF CARE FORM

Section 26

Section 26 States: I certify/Re-certify that this patient is confined to his or her home and needs intermittent nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care and I have authorized the services of this plan of care and will periodically review the plan.

26. I Certify/Re-certify that this patient is confined to his or her home and needs intermittent nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care and I have authorized the services on this plan of care and will periodically review the plan.

26. Anyone who misrepresents, falsify or conceal essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws

CHECKS TO DOCTOR



TESTIMONY OF HOME HEALTH OWNER

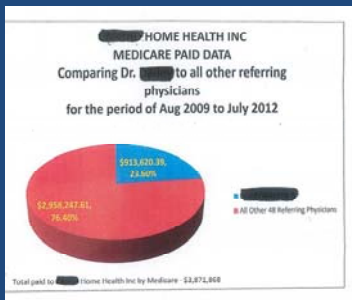
• KEY TESTIMONY

- MET DR. FOR FIVE MINUTES AND HE AGREED TO GET PAID \$400 A MONTH TO SIGN PLAN OF CARE FORMS .
 - DOCTOR WORKED FOR A TOTAL OF THREE YEARS WITH HOME HEALTH OWNER AND RECEIVED APPROX. \$10,000 IN CHECKS. HOME HEALTH OWNER GOT PAID APPROXIMATELY ONE MILLION FROM MEDICARE FROM DOCTOR'S SIGNATURE ON THE FORMS.
- PAPER TRAIL OF AGREEMENT
 - 485 FORMS AND CHECKS PER MONTH.

Beneficiary Count Chart

Medicare Billed and Paid Claim Figures from Candid Healthcare Services (where Dr. [REDACTED] is referring physician)			
Beneficiary	Approx Dates of Service	Amount Billed	Amount paid by Medicare
AW	6/24/2010 - 3/13/2011	\$ 13,425.00	\$ 16,339.44

SUMMARY CHARTS



SENTENCING RESULTS

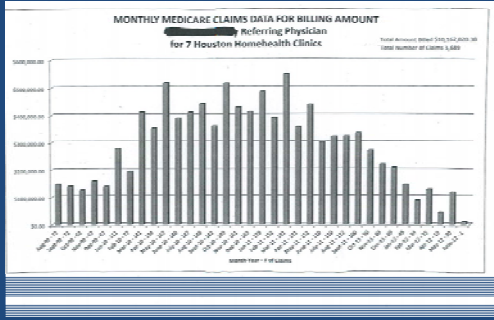
—HOME HEALTH OWNER

-Cooperated before indictment. Worked under surveillance. Received a 60% reduction and got 15 months in prison.

—DOCTOR

-Was found guilty by a jury and Judge sentenced him to prison for 6 years.

WHAT THE JURY DID NOT SEE....



CASE EXAMPLE #2

- **INDICTMENT INCLUDES THREE DEFENDANTS:**
 - #1 DOCTOR
 - #2 DOCTOR
 - BUSINESS OWNER (HOSPITAL OWNER)
- **STATUTES:**
 - **18 U.S.C. 1349:** CONSPIRACY TO COMMIT HEALTH CARE FRAUD.
 - **18 U.S.C. 1347:** HEALTH CARE FRAUD
 - **18 U.S.C. 1957:** MONEY LAUNDERING
 - KNOWINGLY ENGAGE AND ATTEMPT TO ENGAGE IN MONETARY TRANSACTIONS THROUGH A FINANCIAL INSTITUTION AFFECTING INTERSTATE OR FOREIGN COMMERCE OF A VALUE GREATER THAN \$10,000, FROM A SPECIFIC UNLAWFUL ACTIVITY.

WHAT IS THE SCHEME

- **GROUPON AD:**
Doctor created a weight loss clinic through his wife to lure patients into the clinic.

Weight loss shots consisted of getting vitamin b 12 shots.



EVIDENCE

- SAMPLE OF PATIENTS WHO BOUGHT GROUPON.
- PATIENTS PRIMARY CARE DOCTORS
- COMMERCIAL INSURANCE DATA AND REPS.
- PATIENT FILES FROM HOSPITAL AND DOCTORS.
- BILLER AND BILLING RECORDS AT HOSPITAL
- EXPERTS IN THE FIELD ON TESTS ORDERED BY DOCTORS.

SCHEME.....

- PATIENTS BUY GROUPON
- PATIENT COMES TO DOCTORS OFFICE.
- DOCTOR #1 SCREENS PATIENT AND ORDERS A SERIES OF TESTS BEFORE GIVING SHOTS.
- DOCTOR #2 SEES SOME PATIENTS WHEN HE IS IN THE OFFICE OR AS DIRECTED BY DOCTOR #1.
- DIAGNOSTIC TESTS ROUTINELY GIVEN TO PATIENTS:
 - ALLERGY TEST
 - ULTRASOUNDS (ABDOMEN, LEGS, AND VEINS,)
 - ELECTRONYSTAGMORAPHY (ENG TESTS)
 - NERVE CONDUCTION TESTS (NCV)
 - ECHOCARDIOGRAMS

SCHEME.....

FORM FOR TESTS

- THE OFFICE WOULD SEND THE FORMS TO HOSPITAL.
- BILLER AT HOSPITAL WOULD THEN BILL COMMERCIAL INSURANCE.
- HOSPITAL WOULD GET PAID BY INSURANCE COMPANIES.
- HOSPITAL WOULD THEN GIVE MONEY BACK TO DOCTOR #1 THROUGH CHECKS TO VARIOUS COMPANIES OWNED BY DOCTOR #1.

EXAMPLE OF PATIENT FORM

SAMPLE FORMS IN FILE

The image shows a sample medical form from a hospital. The form includes fields for patient name, date of birth, and medical history. It also contains several tables of test results, including one for 'Test #1' and another for 'Test #2'. The form is dated 11/15/13.

BILLING

- **PATIENT:**
 - ON 7/15/13: PATIENT BILLED FOR ENG, ALLERGY, ECHO, VEIN DOPPLER, ARTERY DOPPLER.
 - TOTAL OF 11 BILLED TEST CODES.
 - FILE SHOWS PATIENT WENT TO OFFICE NINE TIMES FOR WEIGHT LOSS SHOTS.
 - TOTAL BILLED TO CIGNA:
 - APPROX: 47,036 THROUGH THE HOSPITAL. CIGNA PAID A TOTAL OF \$36, 936 FOR THE TESTS.
 - IF BILLED AT OFFICE RATE—IT WOULD HAVE BEEN ABOUT \$4,000 INSTEAD.

MONEY LAUNDERING

- APPROXIMATELY **3.2 MILLION** DOLLARS TRANSFERRED FROM HOSPITAL TO DOCTOR #1 COMPANY OR TO HIS WIFE.
 - MATCHES AMOUNT PAID BY INSURANCE COMPANIES TO HOSPITAL
 - WHAT IS CUT OF HOSPITAL OWNER????
