



ĐƠN KINH DOANH

Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.

6. Medicare was subdivided into multiple parts. Part A covered home health services, including but not limited to skilled nursing, physical therapy, occupational therapy, medical social services, and speech pathology services provided by a certified home health agency in connection with the treatment of homebound patients. Part B of the Medicare Program covered the cost of physicians' services and other ancillary services not covered by Part A.

7. Medicare covered home health care services only if: (a) the patient was confined to the home, also referred to as homebound; (b) the patient was under the care of a physician who specifically determined that there was a need for home health care and established the Plan of Care ("POC"); and (c) the determining physician signed a certification statement specifying: (i) the beneficiary needed intermittent skilled nursing services, physical therapy, or speech therapy, (ii) the beneficiary was homebound, (iii) a POC for furnishing services was established and periodically reviewed, and (iv) the services were furnished while the beneficiary was under the care of the physician who established the POC.

8. Medicare paid home health agencies and other health care providers for services rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.

9. CMS contracted with Medicare Administrative Contractors ("MACs") to process claims for payment. The MAC that processed and paid Medicare Part A claims for home health care services in Texas was Palmetto GBA ("Palmetto").

10. To receive reimbursement for a covered service from Medicare, a provider submitted a claim containing the required information appropriately identifying the provider, patient, and services rendered. When a claim was submitted, usually in electronic form, the provider certified that: (1) the contents of the form were true, correct, and complete; (2) the form was prepared in compliance with the laws and regulations governing Medicare; and (3) the contents of the claim were medically necessary. Providers were required to maintain patient records to verify that the services were provided as described on the claim form

11. A Medicare claim for home health care services reimbursement was required to set forth, among other things, the beneficiary's name and unique Medicare identification number, the service provided to the beneficiary, the date that the service was provided, the name and unique physician identification number of the physician who determined that there was a need for home health care services.

12. Allied Covenant Home Health, Inc. ("Allied") was a home health agency doing business at 8323 Southwest Freeway, Houston, Texas. From in or around April 2007 through the present, Allied submitted claims to Medicare totaling approximately \$8.1 million.

13. Harris Health Care Group, PLLC ("Harris Healthcare"), was a medical clinic doing business at 8323 Southwest Freeway, Houston, Texas. From in or around April 2007 through the present, Harris Healthcare submitted claims to Medicare totaling approximately \$7.8 million.

14. Defendant **ANTONIA HARRIS**, a resident of Fort Bend County, Texas, was the manager, administrator, and operator of Allied.

15. Defendant **CHARLES HARRIS**, a resident of Fort Bend County, Texas, was an owner and operator of medical clinics, including Harris Healthcare, and was a Medicare beneficiary recruiter for Allied.

COUNT 1
Conspiracy to Commit Health Care Fraud
(Violation of 18 U.S.C. § 1349)

16. Paragraphs 1 through 15 of this Indictment are realleged and incorporated by reference as if fully set forth herein.

17. From in or around April 2007 through the present, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, defendants,

ANTONIA HARRIS
and
CHARLES HARRIS,

did knowingly and willfully combine, conspire, confederate, and agree with each other and with others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Conspiracy

18. It was a purpose of the conspiracy for the defendants and others to unlawfully enrich themselves by (a) submitting and causing the submission of false and fraudulent claims to

Medicare; (b) offering, paying, and causing the payment of kickbacks and bribes to recruiters and Medicare beneficiaries; (c) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of proceeds from the fraud, and the payment and receiving of kickbacks; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators.

Manner and Means of the Conspiracy

The manner and means by which the defendants sought to accomplish the purpose and object of the conspiracy included, among other things:

19. Defendant **ANTONIA HARRIS** would control the day-to-day operations of Allied.

20. Defendant **ANTONIA HARRIS** would pay and cause the payment of kickbacks to recruiters, including **CHARLES HARRIS**, in exchange for referring Medicare beneficiaries to Allied.

21. Defendants **ANTONIA HARRIS** and **CHARLES HARRIS** and other co-conspirators known and unknown to the Grand Jury would pay and cause the payment of kickbacks in cash, prepaid cards, and gift cards, among other items of value, to beneficiaries in exchange for them agreeing to receive home health care services from Allied.

22. Defendant **CHARLES HARRIS** and other co-conspirators known and unknown to the Grand Jury would refer beneficiaries to Allied so **ANTONIA HARRIS** could submit claims to Medicare for home health care services that were not medically necessary and, in some cases, not provided.

23. Defendants **ANTONIA HARRIS** and **CHARLES HARRIS** and other co-conspirators known and unknown to the Grand Jury would falsify, and cause to be falsified,

patient files to make it appear that Medicare beneficiaries qualified for and received services that were not medically necessary and not provided.

24. Defendants **ANTONIA HARRIS** and **CHARLES HARRIS** and others known and unknown to the Grand Jury would submit and cause the submission of claims to Medicare and the payment of claims from Medicare totaling approximately \$8.1 million for home health care services that were not medically necessary and, in some cases, not provided.

25. After payments from Medicare were deposited into an Allied bank account, defendant **ANTONIA HARRIS** would transfer proceeds of the fraud to herself, defendant **CHARLES HARRIS**, and others.

All in violation of Title 18, United States Code, Section 1349.

COUNT 2
Conspiracy to Pay and Receive Health Care Kickbacks
(18 U.S.C. § 371)

26. Paragraphs 1 through 15 and 19 through 25 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

27. From in or around June 2010, through in or around June 2012, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, the defendants,

ANTONIA HARRIS
and
CHARLES HARRIS,

did knowingly and willfully combine, conspire, confederate and agree with each other and with others known and unknown to the Grand Jury, to commit certain offenses against the United States, that is,

- a. to violate Title 42, United States Code, Section 1320a-7b(b)(1) by knowingly and willfully soliciting and receiving remuneration, specifically, kickbacks and bribes, directly and indirectly, overtly and covertly, in return for referring individuals for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by Medicare; and for the purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing and ordering of any good, item, and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare; and
- b. to violate Title 42, United States Code, Section 1320a-7b(b)(2), by knowingly and willfully offering and paying remuneration, specifically, kickback and bribes, directly and indirectly, overtly and covertly, in return for referring individuals for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by Medicare, and for the purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing and ordering of any good, item, and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare.

Purpose of The Conspiracy

28. It was a purpose of the conspiracy for defendants and their co-conspirators to unlawfully enrich themselves by paying and receiving kickbacks and bribes in exchange for the referral of Medicare beneficiaries for whom Allied submitted claims to Medicare.

Manner and Means of the Conspiracy

The manner and means by which the defendants and their co-conspirators sought to accomplish the object and purpose of the conspiracy included, among others, the following:

29. Paragraphs 19 through 25 contained in Count One of this Indictment are realleged and incorporated by reference as if fully set forth herein.

Overt Acts

30. In furtherance of the conspiracy, and to accomplish its object and purpose, the conspirators committed and caused to be committed, in the Houston Division of the Southern District of Texas, the following overt acts:

a. Defendant **ANTONIA HARRIS** made payable check number 2866, dated September 16, 2011, from an Allied bank account to defendant **CHARLES HARRIS** in the amount of \$1,000 in payment for referring beneficiaries to Allied for home health care services.

b. Defendant **ANTONIA HARRIS** made payable check number 3121, dated June 1, 2012, from an Allied bank account to defendant **CHARLES HARRIS** in the amount of \$2,000 in payment for referring beneficiaries to Allied for home health care services.

c. Defendants **ANTONIA HARRIS** and **CHARLES HARRIS** would pay and cause the payment of kickbacks in cash, prepaid cards, and gift cards, among other items of value, to beneficiaries in exchange for them agreeing to receive home health care services from Allied.

All in violation of Title 18, United States Code, Section 371.

COUNTS 3-4

**Payment and Receipt of Health Care Kickbacks
(42 U.S.C. § 1320a-7b(b)(1) and (b)(2), 18 U.S.C. § 2)**

31. Paragraphs 1 through 15 and 19 through 25 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

32. On or about the dates enumerated below, in the Houston Division of the Southern District of Texas, and elsewhere, the defendants,

ANTONIA HARRIS
and
CHARLES HARRIS,

did knowingly and willfully offer, pay, solicit, and receive remuneration, specifically, kickbacks and bribes, directly and indirectly, overtly and covertly, in return for referring individuals for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole or in part by Medicare; and for purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing, and ordering of any good, item, and service for which payment may be made in whole or in part by a Federal health care program, that is, Medicare as set forth below:

<u>Count</u>	<u>Defendants</u>	<u>Approximate Date</u>	<u>Approximate Amount of Kickback</u>
3	ANTONIA HARRIS and CHARLES HARRIS	September 16, 2011	\$1,000
4	ANTONIA HARRIS and CHARLES HARRIS	June 1, 2012	\$2,000

All in violation of Title 42, United States Code, Section 1320a-7b(b)(1) and (b)(2) and Title 18, United States Code, Section 2.

NOTICE OF CRIMINAL FORFEITURE
(18 U.S.C. § 982(a)(7))

33. Pursuant to Title 18, United States Code, Section 982(a)(7), the United States of America gives notice to the defendants **ANTONIA HARRIS** and **CHARLES HARRIS**, that, in the event of conviction for any of the violations charged in Counts One through Four of this Indictment, the United States intends to forfeit all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of any such

offense, including but not limited to, a money judgment in the amount of at least \$8.1 million in United States currency, for which the defendants may be jointly and severally liable.

34. In the event that the property subject to forfeiture as a result of any act or omission of a defendant:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty,

it is the intent of the United States to seek forfeiture of any other property of the defendants up to the total value of the property subject to forfeiture, pursuant to Title 21, United States Code, Section 853(p), incorporated by reference in Title 18, United States Code, Section 982(b)(1).

A TRUE COPY

ORIGINAL SIGNATURE ON FILE

FOREPERSON 

KENNETH MAGIDSON
UNITED STATES ATTORNEY



CHRISTOPHER CESTARO
TRIAL ATTORNEY
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE