

## JUSTICE NEWS

### Department of Justice

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#### **Owners and Employees of Houston Mental Health Company and Patient Recruiters Charged for Alleged Roles in \$97 Million Medicare Fraud Scheme**

A superseding indictment was unsealed today charging two owners of a Houston mental health care company, Spectrum Care P.A., some of its employees and the owners of Houston group care homes for their alleged participation in a \$97 million Medicare fraud scheme, announced the Department of Justice, the Department of Health and Human Services (HHS) and the FBI.

Mansour Sanjar, 79, Cyrus Sajadi, 64, and Chandra Nunn, 34, were originally charged in December 2011, and are expected to make their initial appearances on the superseding indictment in the coming days. The indictment was originally returned on July 24, 2012, and was unsealed today.

Adam Main, 31, Shokoufeh Hakimi, 65, Sharonda Holmes, 38, and Shawn Manney, 50, all from the Houston area, were arrested today and are expected to make their initial appearances in U.S. District Court for the Southern District of Texas in Houston either today or tomorrow.

The superseding indictment charges Sanjar, Sajadi, Main, Terry Wade Moore, 51, Hakimi and Nunn each with one count of conspiracy to commit health care fraud; Sanjar, Sajadi, Main and Moore are charged with various counts of health care fraud; Sanjar, Sajadi, Hakimi, Nunn, Holmes and Manney each are charged with one count of conspiracy to defraud the United States and to pay health care kickbacks; and Sanjar, Sajadi, Hakimi, Nunn, Holmes and Manney are charged with various counts of payment and receipt of healthcare kickbacks. The superseding indictment also seeks forfeiture.

According to the indictment, Sanjar and Sajadi orchestrated and executed a scheme to defraud Medicare beginning in 2006 and continuing until their arrest in December 2011. Sanjar and Sajadi owned Spectrum, which purportedly provided partial hospitalization program (PHP) services. A PHP is a form of intensive outpatient treatment for severe mental illness. The Medicare beneficiaries for whom Spectrum billed Medicare for PHP services did not qualify for or need PHP services. Sanjar, Sajadi, Main and Moore signed admission documents and progress notes certifying that patients qualified for PHP services, when in fact, the patients did not qualify for or need PHP services. Sanjar and Sajadi also billed Medicare for PHP services when the beneficiaries were actually watching movies, coloring and playing games – activities that are not covered by Medicare.

Sanjar, Sajadi and Hakimi paid kickbacks to Nunn, Holmes, Manney and other group care home operators and patient recruiters in exchange for delivering ineligible Medicare beneficiaries to Spectrum, according to the indictment. In some cases, the patients received a portion of those kickbacks. The indictment alleges that Spectrum billed Medicare for approximately \$97 million in services that were not medically necessary and, in some cases, not provided.

Today's charges were announced by Assistant Attorney General Lanny A. Breuer of the Justice Department's Criminal Division; U.S. Attorney Kenneth Magidson of the Southern District of Texas; Special Agent in Charge Stephen L. Morris of the FBI's Houston Field Office; Special Agent in Charge Mike Fields of the Dallas Regional Office of HHS's Office of the Inspector General (HHS-OIG), the Texas Attorney General's Medicaid Fraud Control Unit (MFCU); Joseph J. Del Favero, Special Agent in Charge of the Chicago Field Office of the Railroad Retirement Board, Office of Inspector General (RRB-OIG); and Scott Rezendes, Special Agent in Charge of Field Operations of the Office of Personnel Management, Office of Inspector General (OPM-OIG).

An indictment is merely a formal accusation. Defendants are presumed innocent unless and until proven guilty beyond a reasonable doubt in a court of law.

The case is being prosecuted by Trial Attorneys Laura M.K. Cordova and Allan J. Medina and Deputy Chief Sam S. Sheldon of the Criminal Division's Fraud Section with assistance from Trial Attorneys Jennifer Ambuehl and Aixa Maldonado-Quinones of the Criminal Division's Asset Forfeiture and Money Laundering Section. The case was investigated by the FBI, HHS-OIG, MFCU, RRB-OIG and OPM-OIG and was brought as part of the Medicare Fraud Strike Force, supervised by the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Southern District of Texas.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 1,330 defendants who have collectively billed the Medicare program for more than \$4 billion. In addition, HHS's Centers for Medicare and Medicaid Services, working in conjunction with HHS-OIG, is taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov).

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