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2015 JUN 12 PM 5:22

CLERK U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

BY \_\_\_\_\_ DEPUTY

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

March 2015 Grand Jury

15 CR 1572 CAB

UNITED STATES OF AMERICA,

Plaintiff,

v.

PAUL ROBINSON (1),  
LEVON TOVMASSIAN (2),  
HASMİK SENEKERIMYAN (3),  
NAZAR MURADYAN (4),

Defendants.

Case No. \_\_\_\_\_

I N D I C T M E N T

Title 18, U.S.C., Sec. 371 -  
Conspiracy; Title 18, U.S.C.,  
Sec. 1347 - Health Care Fraud;  
Title 18, U.S.C., Sec. 2 - Aiding  
and Abetting; Title 18, U.S.C.,  
Sec. 1516 - Obstruction of Federal  
Audit; Title 18, U.S.C.,  
Sec. 1001 - False Statement;  
Title 18, U.S.C., Sec. 1518 -  
Obstructing a Health Care Crime  
Investigation; Title 18, U.S.C.,  
Sec. 982(a)(7) - Criminal  
Forfeiture

The Grand Jury charges:

INTRODUCTORY ALLEGATIONS

At all times pertinent to this Indictment:

THE DEFENDANTS AND OTHER PARTICIPANTS

1. Defendant PAUL ROBINSON ("ROBINSON") was a physician  
licensed by the State of California Medical Board. ROBINSON acted as  
the nominee owner of the El Centro Medical Clinic, located at  
485 Broadway Street, Suites C and D, in El Centro, California

CPT:nlv:Imperial  
6/12/15

1 ("El Centro Clinic" or "Clinic"), which is located within the  
2 Southern District of California. Defendant ROBINSON first became a  
3 Medicare provider for the El Centro Clinic on about June 1, 2012, and  
4 was issued a Medicare Physician Transaction Access Number ("PTAN") to  
5 bill Medicare. From September 2012 to February 2014, claims for the  
6 treatment of more than 1,100 Medicare beneficiaries were submitted  
7 under Defendant ROBINSON's PTAN for services he purportedly delivered  
8 at the El Centro Clinic.

9 2. Defendant LEVON TOVMASSIAN ("TOVMASSIAN") was hired to  
10 pose - falsely - as a Physician's Assistant ("PA") at the El Centro  
11 Clinic. Defendant TOVMASSIAN saw and treated patients at the Clinic,  
12 holding himself out as a PA -- despite not having a license from the  
13 State of California to practice as a PA - and ordered tests that were  
14 eventually billed to Medicare under Defendant ROBINSON's billing  
15 number.

16 3. Defendant HASMIK SENEKERIMYAN ("SENEKERIMYAN"), a resident  
17 of North Hollywood, California, was hired as the Clinic's  
18 "administrator of allergy tests." SENEKERIMYAN completed allergy test  
19 order forms for tests she allegedly conducted at the El Centro Clinic  
20 that were billed to Medicare under Defendant ROBINSON's billing  
21 number.

22 4. Defendant NAZAR MURADYAN ("MURADYAN") is the husband of  
23 SENEKERIMYAN. MURADYAN claimed he drove SENEKERIMYAN from their home  
24 in North Hollywood, California, to the El Centro Clinic several times  
25 a week for SENEKERIMYAN to administer allergy tests.

26 5. Co-conspirator "A.T." assisted in operating the El Centro  
27 Clinic and coordinating the Clinic's illegal marketing activities.  
28

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2 Southern District of California. Defendant ROBINSON first became a  
3 Medicare provider for the El Centro Clinic on about June 1, 2012, and  
4 was issued a Medicare Physician Transaction Access Number ("PTAN") to  
5 bill Medicare. From September 2012 to February 2014, claims for the  
6 treatment of more than 1,100 Medicare beneficiaries were submitted  
7 under Defendant ROBINSON's PTAN for services he purportedly delivered  
8 at the El Centro Clinic.

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12 holding himself out as a PA -- despite not having a license from the  
13 State of California to practice as a PA - and ordered tests that were  
14 eventually billed to Medicare under Defendant ROBINSON's billing  
15 number.

16 3. Defendant HASMIK SENEKERIMYAN ("SENEKERIMYAN"), a resident  
17 of North Hollywood, California, was hired as the Clinic's  
18 "administrator of allergy tests." SENEKERIMYAN completed allergy test  
19 order forms for tests she allegedly conducted at the El Centro Clinic  
20 that were billed to Medicare under Defendant ROBINSON's billing  
21 number.

22 4. Defendant NAZAR MURADYAN ("MURADYAN") is the husband of  
23 SENEKERIMYAN. MURADYAN claimed he drove SENEKERIMYAN from their home  
24 in North Hollywood, California, to the El Centro Clinic several times  
25 a week for SENEKERIMYAN to administer allergy tests.

26 5. Co-conspirator "A.T." assisted in operating the El Centro  
27 Clinic and coordinating the Clinic's illegal marketing activities.  
28

1       6. Co-conspirator Gevorg "George" Kupelian (charged elsewhere)  
2 opened the El Centro Clinic and was its organizer and leader. He  
3 leased the premises, and recruited "cappers" to bring Medicare  
4 beneficiaries to the Clinic. Defendant ROBINSON paid Kupelian a large  
5 portion of the Medicare reimbursements ROBINSON received via checks  
6 to Kupelian's company, "J.J. Reliable Management," out of which  
7 Kupelian, in turn, paid TOVMASSIAN, SENEKERIMYAN, MURADYAN, A.T., and  
8 others.

9       7. Reina Aviles (charged elsewhere), "R.I.R." and "M.M." were  
10 medical marketers hired by KUPELIAN and A.T. to illegally recruit and  
11 compensate Medicare beneficiaries for visiting the El Centro Clinic.

#### 12                   THE MEDICARE PROGRAM

13       8. The Medicare Program ("Medicare") is a federal health care  
14 benefit program, affecting commerce that provides benefits to  
15 individuals who are over the age of 65 or disabled. Medicare is a  
16 "health care benefit program" as defined by Title 18, United States  
17 Code, Section 24(b) and a "Federal health care program," as defined  
18 by Title 42, United States Code, Section 1320a-7b(f).

19       9. Individuals who qualify for Medicare benefits are referred  
20 to as Medicare "beneficiaries." Medicare provides each beneficiary  
21 with a unique health identification card number.

22       10. Entities, health care service professionals, and physicians  
23 who provide medical services to Medicare beneficiaries are known as  
24 Medicare "providers." To become eligible to participate in Medicare,  
25 providers are required to submit an application, including a  
26 "certification" page, in which the provider agrees to comply with all  
27 Medicare-related rules. Once Medicare approves a provider's  
28 application, Medicare assigns the provider a PTAN. A PTAN is

1 required for Medicare to reimburse payments of Medicare claims.  
2 Payments under Medicare are termed "reimbursements." Medicare  
3 generally pays reimbursements directly to providers, rather than to  
4 the beneficiaries. Medicare typically reimburses the provider for 80%  
5 of the claim, while the remaining 20%, known as the "co-payment," can  
6 be covered by secondary insurance or paid directly by the patient.

7 11. Providers submit beneficiary claims to Medicare  
8 electronically. Typically, the provider prepares a "superbill"  
9 summarizing the various services provided to a beneficiary, along  
10 with the appropriate diagnoses. The superbill is submitted to a  
11 billing service, which in turn enters the data on the superbill and  
12 transmits it to Medicare. When submitting a claim, the provider is  
13 required to certify, among other things, that the contents of the  
14 claim are true, correct, and complete, and that the claim is prepared  
15 in compliance with the laws and regulations governing Medicare.

16 12. Medicare reimburses a provider only for services that are  
17 actually performed and that are deemed "medically necessary."  
18 Medicare defines medically necessary as proper and needed for  
19 diagnosis or treatment of a medical condition, and the treatment must  
20 meet the requirements of good medical practice in the local medical  
21 community.

22 13. Medicare publishes rules regarding medical services and  
23 tests called Local Coverage Determinations ("LCDs"). LCDs provide  
24 guidance on when a particular test is appropriate and reimbursable.  
25 Medicare dictates that certain tests, including allergy tests,  
26 require a physician to be present during the testing.

27 14. Medicare contracts with private companies to process and  
28 analyze Medicare data, refer suspected fraud to law enforcement,

1 conduct audits of billing records on its behalf, and ensure program  
2 integrity. Medicare sections California into different zones and  
3 contracts third-party companies to audit Medicare claims. Southern  
4 California is located in Zone 1. Medicare contracts with SafeGuard  
5 Services as the Zone Program Integrity Contractor ("ZPIC") for Zone 1.

6 Count 1

7 **CONSPIRACY (18 U.S.C. § 371)**

8 [ROBINSON, TOVMASSIAN, SENEKERIMYAN, & MURADYAN]

9 15. Paragraphs 1 through 14 of the Introductory Allegations of  
10 this Indictment are realleged and incorporated by reference.

11 16. Beginning on a date unknown and continuing up to and  
12 including at least March 10, 2015, within the Southern District of  
13 California and elsewhere, defendants PAUL ROBINSON, LEVON TOVMASSIAN,  
14 HASMIK SENEKERIMYAN, and NAZAR MURADYAN, together with co-  
15 conspirators Gevorg Kupelian, Reina Aviles, A.T., R.I.R., M.M., and  
16 others, with the intent to violate the laws of the United States, did  
17 knowingly and intentionally conspire to commit the following offenses  
18 against the United States:

19 a. To knowingly and willfully execute a material scheme to  
20 defraud a health care benefit program (i.e. Medicare), and to obtain,  
21 by means of materially false and fraudulent pretenses,  
22 representations, promises, and omissions and concealments of material  
23 facts, money and property owned by, and under the custody and control  
24 of, Medicare, in connection with the delivery of and payment for  
25 health care benefits, items, and services, in violation of 18 U.S.C.  
26 § 1347; and,

27 b. To knowingly and willfully offer and pay remuneration  
28 to a person to induce such person to refer an individual to a person

1 for the furnishing and arranging for the furnishing of an item and  
2 service for which payment may be made in whole and in part under a  
3 Federal health care program, in violation of 42 U.S.C. § 1320a-  
4 7b(b) (2) (A) .

5 PURPOSE OF THE CONSPIRACY

6 17. It was the purpose of the conspiracy for the defendants and  
7 their co-conspirators to unlawfully enrich themselves by, among other  
8 things, submitting and causing the submission of false and fraudulent  
9 claims to Medicare.

10 MANNER AND MEANS OF THE CONSPIRACY

11 18. The co-conspirators sought to accomplish the objects of the  
12 conspiracy using the following manner and means:

13 a. Kupelian and A.T. enlisted co-conspirators Aviles,  
14 R.I.R., M.M., and others to recruit Medicare beneficiaries in  
15 Imperial County, California, to visit the El Centro Clinic. Kupelian  
16 and A.T. instructed AVILES to recruit Medicare patients, provided her  
17 with funding for her recruitment operations, and paid her for her  
18 efforts. She, in turn, paid the other recruiters.

19 b. Defendants ROBINSON and TOVMASSIAN, together with co-  
20 conspirators Kupelian, A.T., and others, operated the El Centro  
21 Clinic in a manner designed to maximize Medicare reimbursements  
22 without regard to the medical needs of its patients, including  
23 falsifying progress reports to justify tests billed to Medicare.

24 c. Defendants ROBINSON and TOVMASSIAN, together with co-  
25 conspirators Kupelian and A.T., staffed the Clinic, either by being  
26 personally present or arranging for others to be, in order to give  
27 the impression to the recruited Medicare beneficiaries and outside  
28 observers that the beneficiaries were being seen by qualified medical

1 professionals. In fact, the majority of recruited beneficiaries  
2 would never actually see a doctor or other qualified medical  
3 professional during any visit to the El Centro Clinic, but instead  
4 were examined by TOVMASSIAN, who, as TOVMASSIAN and ROBINSON knew,  
5 was seeing patients without any supervision or oversight by ROBINSON.

6 d. Defendant SENEKERIMYAN and co-conspirator Kupelian  
7 provided, or caused to be provided, to the El Centro Clinic items  
8 that gave the appearance that allergy tests were performed at the  
9 Clinic. In fact, no allergy tests were administered at the Clinic.

10 e. Defendants SENEKERIMYAN and co-conspirator Kupelian  
11 produced, or caused to be produced, false and fabricated allergy test  
12 order forms, results, and progress notes which would be inserted into  
13 patient files at the El Centro Clinic, for the primary purpose of  
14 generating bills to Medicare.

15 f. Defendants ROBINSON and TOVMASSIAN, together with co-  
16 conspirators Kupelian and A.T., caused tests to be performed on  
17 recruited Medicare beneficiaries without regard to their medical  
18 necessity, including breathing tests, urine tests, electro-  
19 cardiograms ("EKGs"), and ultrasounds. The co-conspirators caused  
20 these tests to be administered for the primary purpose of generating  
21 bills to Medicare.

22 g. Defendants ROBINSON, TOVMASSIAN, and SENEKERIMYAN  
23 together with co-conspirators Kupelian and A.T., caused Medicare to  
24 be billed for allergy tests that were never performed on patients,  
25 for the primary purpose of generating bills to Medicare.

26 h. Defendants ROBINSON, TOVMASSIAN, and SENEKERIMYAN,  
27 together with co-conspirators Kupelian and A.T., inserted, or caused  
28 to be inserted, false test results into patient files to make it

1 appear that tests had been done and results were contemporaneously  
2 generated, when in fact they had not.

3 i. Defendants ROBINSON, TOVMASSIAN, and SENEKERIMYAN,  
4 together with co-conspirators Kupelian and A.T., knowingly and  
5 intentionally caused fraudulent bills to be submitted to Medicare for  
6 tests performed or supposedly performed on the recruited Medicare  
7 beneficiaries. The bills were fraudulent for one or more of the  
8 following reasons:

9 i. Office visits or "evaluation and management"  
10 services were billed even though no physician ever saw the  
11 beneficiary, in contravention of Medicare rules;

12 ii. Tests were billed when no physician recommended the  
13 test as medically necessary, in violation of Medicare rules;

14 iii. Tests were billed when no test was ever performed;  
15 and,

16 iv. Tests were billed when the co-conspirators knew  
17 that there was no medical justification for the tests, and under  
18 circumstances in which they knew Medicare would prohibit  
19 reimbursement for the tests.

20 j. When ZPIC selected El Centro Clinic for an audit, to  
21 make the records appear as if a physician had delivered services as  
22 represented in the bills to Medicare, defendant ROBINSON signed each  
23 of the patient records before they were submitted to ZPIC, although  
24 he had not done so when the records were generated, had not examined  
25 the patients, had not supervised patient exams or tests, and had not  
26 determined that the tests were medically necessary.

27 k. In response to the ZPIC audit, to make the records  
28 appear as if ultrasound tests had been reviewed by a radiologist as

1 required by Medicare regulations, co-conspirator Kupelian sent  
2 ultrasound test printouts to be reviewed by a radiologist and  
3 submitted the results to ZPIC, although those tests had never  
4 previously been reviewed, in some cases had been performed up to a  
5 year earlier, and the results were not provided to patients. To  
6 appear to further validate these test results, Defendant ROBINSON  
7 signed the ultrasound results that were submitted to ZPIC.

8           1. Defendants SENEKERIMYAN and MURADYAN, together with co-  
9 conspirator Kupelian and others, gave the impression that MURADYAN  
10 drove SENEKERIMYAN from their home in North Hollywood to the  
11 El Centro Clinic, two to three times per week, for SENEKERIMYAN to  
12 administer allergy tests, all in exchange for funds from Kupelian.

13           m. Defendants SENEKERIMYAN and MURADYAN made false  
14 statements to HHS-OIG Agent A. Bubb, knowing that their statements  
15 would obstruct, mislead, and delay the communication of information  
16 relating to the investigation of Federal health care offenses  
17 occurring at the El Centro clinic and by the co-conspirators.

18           n. Kupelian paid co-conspirators with funds from his  
19 "J.J.'s Reliable Management" bank account that were transferred from  
20 Defendant ROBINSON's bank account and originated from Medicare  
21 reimbursements.

22           19. To further this conspiracy and scheme to defraud, from  
23 September 2012 through January 2014, the co-conspirators submitted or  
24 caused to be submitted reimbursement claims to Medicare totaling  
25 approximately \$2.7 million under ROBINSON's PTAN, for which Medicare  
26 reimbursed Defendant ROBINSON approximately \$1.3 million, out of which  
27 he paid Kupelian, who in turn paid TOVMASSIAN, SENEKERIMYAN, MURADYAN,  
28 A.T., Aviles, and others for their involvement.

1 OVERT ACTS

2 20. In furtherance of the conspiracy and to effect and  
3 accomplish the objects thereof, the following overt acts, among  
4 others, were committed within the Southern District of California,  
5 and elsewhere:

6 a. On about June 1, 2012, ROBINSON signed an application  
7 for a Medicare provider number for the El Centro Clinic, certifying  
8 that, among other things: he would abide by the Medicare laws,  
9 regulations and program instructions; he would not knowingly present  
10 or cause to be presented a false or fraudulent claim for payment; he  
11 would not submit claims with deliberate ignorance or reckless  
12 disregard of their truth or falsity; and he was the individual  
13 practitioner who was applying for Medicare billing privileges.

14 b. On about September 7, 2012, TOVMASSIAN falsified the  
15 progress report for Medicare beneficiary HG, to reflect that HG was  
16 experiencing the symptoms "cough, wheezy", so that TOVMASSIAN could  
17 order an allergy test for the beneficiary.

18 c. On about September 14, 2012, TOVMASSIAN falsified the  
19 progress report for Medicare beneficiary GV, to reflect that GV was  
20 experiencing the symptoms "cough, sneezy", so that TOVMASSIAN could  
21 order an allergy test for the beneficiary.

22 d. On about September 19, 2012, the co-conspirators caused  
23 a claim for \$910 to be submitted for reimbursement from Medicare, for  
24 services purportedly rendered to Medicare beneficiary EV, including  
25 office visit, EKG, ultrasounds, breathing test, and blood draw,  
26 although those services were not rendered in a fashion that met  
27 Medicare's requirements or were not rendered at all.

1 e. On about September 19, 2012, the co-conspirators caused  
2 a claim for \$1,260 to be submitted for reimbursement from Medicare,  
3 for services purportedly rendered to Medicare beneficiary HG,  
4 including office visit, EKG, ultrasounds, and breathing test, although  
5 those services were not rendered in a fashion that met Medicare's  
6 requirements or were not rendered at all.

7 f. On about September 21, 2012, the co-conspirators caused  
8 a claim for \$1,160 to be submitted for reimbursement from Medicare,  
9 for services purportedly rendered to Medicare beneficiary GV,  
10 including office visit, EKG, and ultrasounds, although those services  
11 were not rendered in a fashion that met Medicare's requirements or  
12 were not rendered at all.

13 g. On about October 3, 2012, ROBINSON wrote a check for  
14 \$5,542 out of Medicare proceeds generated by the conspiracy to J.J.  
15 Reliable Management to compensate his co-conspirators for their roles  
16 in the conspiracy to defraud Medicare.

17 h. On about October 8, 2012, ROBINSON signed a superbill  
18 directing that Medicare be billed for an allergy test for Medicare  
19 beneficiary MC that was never administered to MC.

20 i. On about October 8, 2012, the co-conspirators caused a  
21 claim for \$480 to be submitted for reimbursement from Medicare, for an  
22 allergy test for Medicare beneficiary MC that was never administered  
23 to MC.

24 j. On about October 12, 2012, the co-conspirators caused a  
25 claim for \$760 to be submitted for reimbursement from Medicare, for an  
26 allergy test for Medicare beneficiary HG that was never administered  
27 to HG.

1 k. On about October 19, 2012, the co-conspirators caused a  
2 claim for \$760 to be submitted for reimbursement from Medicare, for an  
3 allergy test for Medicare beneficiary GV that was never administered  
4 to GV.

5 l. On about October 19, 2012, ROBINSON signed a superbill  
6 directing that Medicare be billed for an allergy test for Medicare  
7 beneficiary RG that was never administered to RG.

8 m. On about October 19, 2012, the co-conspirators caused a  
9 claim for \$760 to be submitted for reimbursement from Medicare, for an  
10 allergy test for Medicare beneficiary RG that was never administered  
11 to RG.

12 n. On about October 26, 2012, the co-conspirators caused a  
13 claim for \$1,260 to be submitted for reimbursement from Medicare, for  
14 services purportedly rendered to Medicare beneficiary SW, including  
15 office visit, EKG, ultrasounds, and breathing test, although those  
16 services were not rendered in a fashion that met Medicare's  
17 requirements or were not rendered at all.

18 o. On about October 26, 2012, the co-conspirators caused a  
19 claim for \$1,260 to be submitted for reimbursement from Medicare, for  
20 services purportedly rendered to Medicare beneficiary JA, including  
21 office visit, EKG, ultrasounds, and urination test, although those  
22 services were not rendered in a fashion that met Medicare's  
23 requirements or were not rendered at all.

24 p. On about November 2, 2012, ROBINSON wrote a check for  
25 \$5,140.00 out of Medicare proceeds generated by the conspiracy to J.J.  
26 Reliable Management to compensate his co-conspirators for their roles  
27 in the conspiracy to defraud Medicare.

1           q.    On about November 30, 2012, ROBINSON signed a superbill  
2 directing that Medicare be billed for an allergy test for Medicare  
3 beneficiary CC that was never administered to CC.

4           r.    On about November 30, 2012, the co-conspirators caused  
5 a claim for \$760 to be submitted for reimbursement from Medicare, for  
6 an allergy test for Medicare beneficiary CC that was never  
7 administered to CC.

8           s.    On about December 4, 2012, ROBINSON wrote a check for  
9 \$13,523 out of Medicare proceeds generated by the conspiracy to J.J.  
10 Reliable Management to compensate his co-conspirators for their roles  
11 in the conspiracy to defraud Medicare.

12           t.    On about December 18, 2012, J.J. Reliable Management  
13 provided MURADYAN with a \$1,000.00 check as payment for giving the  
14 impression that he drove SENEKERIMYAN from North Hollywood to the El  
15 Centro Clinic in order to administer allergy tests to Medicare  
16 beneficiaries.

17           u.    On about December 26, 2012, J.J. Reliable Management  
18 provided TOVMASSIAN with a \$500.00 check as payment for TOVMASSIAN's  
19 work as an unlicensed PA illegally examining Medicare beneficiaries  
20 and prescribing medically unnecessary tests for those beneficiaries.

21           v.    On about December 26, 2012, J.J. Reliable Management  
22 provided SENEKERIMYAN with a \$900.00 check as payment for providing  
23 allergy testing materials, giving the impression that she traveled  
24 from North Hollywood to the El Centro Clinic to administer allergy  
25 tests to Medicare beneficiaries, and producing false and fraudulent  
26 documents giving the impression that allergy tests were performed on  
27 those beneficiaries.

1 w. On about December 28, 2012, the co-conspirators caused  
2 a claim for \$1,210 to be submitted for reimbursement from Medicare,  
3 for services purportedly rendered to Medicare beneficiary RM,  
4 including office visit, EKG, ultrasounds, and breathing test, although  
5 those services were not rendered in a fashion that met Medicare's  
6 requirements or were not rendered at all.

7 x. On about December 28, 2012, ROBINSON wrote a check for  
8 \$5,555 out of Medicare proceeds generated by the conspiracy to J.J.  
9 Reliable Management to compensate his co-conspirators for their roles  
10 in the conspiracy to defraud Medicare.

11 y. On about December 29, 2012, J.J. Reliable Management  
12 provided MURADYAN with a \$1,000.00 check as payment for giving the  
13 impression that he drove SENEKERIMYAN from North Hollywood to the El  
14 Centro Clinic in order to administer allergy tests to Medicare  
15 beneficiaries.

16 z. On about January 4, 2013, the co-conspirators caused a  
17 claim for \$910 to be submitted for reimbursement from Medicare, for  
18 services purportedly rendered to Medicare beneficiary GV, including  
19 office visit, EKG, and ultrasounds, although those services were not  
20 rendered in a fashion that met Medicare's requirements or were not  
21 rendered at all.

22 aa. On about January 10, 2013, TOVMASSIAN falsified the  
23 progress report for Medicare beneficiary EC, to reflect that EC was  
24 experiencing the symptoms "cough, sneezy," and recommended an allergy  
25 test for the beneficiary.

26 bb. On about January 10, 2013, the co-conspirators caused a  
27 claim for \$1,210 to be submitted for reimbursement from Medicare, for  
28 services purportedly rendered to Medicare beneficiary AI, including

1 office visit, EKG, ultrasounds, and breathing test, although those  
2 services were not rendered in a fashion that met Medicare's  
3 requirements or were not rendered at all.

4 cc. On about January 15, 2013, ROBINSON signed a superbill  
5 directing that Medicare be billed for an allergy test for Medicare  
6 beneficiary JA that was never administered to JA.

7 dd. On about January 15, 2013, the co-conspirators caused a  
8 claim for \$480 to be submitted for reimbursement from Medicare, for an  
9 allergy test for Medicare beneficiary JA that was never administered  
10 to JA.

11 ee. On about January 23, 2013, TOVMASSIAN falsified the  
12 progress report for Medicare beneficiary GC, to reflect that GC was  
13 experiencing the symptoms "cough, sneezy," and recommended an allergy  
14 test for the beneficiary.

15 ff. On about February 5, 2013, ROBINSON wrote a check for  
16 \$7,247 out of Medicare proceeds generated by the conspiracy to J.J.  
17 Reliable Management to compensate his co-conspirators for their roles  
18 in the conspiracy to defraud Medicare.

19 gg. On about February 5, 2013, J.J. Reliable Management  
20 provided TOVMASSIAN with a \$500 check as payment for TOVMASSIAN's work  
21 as an unlicensed PA illegally examining Medicare beneficiaries and  
22 prescribing medically unnecessary tests for those beneficiaries.

23 hh. On about February 11, 2013, the co-conspirators caused  
24 a claim for \$760 to be submitted for reimbursement from Medicare, for  
25 an allergy test for Medicare beneficiary AI that was never  
26 administered to AI.

27 ii. On about February 11, 2013, ROBINSON signed a superbill  
28 directing that Medicare be billed for an allergy test for Medicare

1 beneficiary EC, recommended by TOVMASSIAN, which was never  
2 administered to EC.

3 jj. On about February 11, 2013, the co-conspirators caused  
4 a claim for \$720 to be submitted for reimbursement from Medicare, for  
5 an allergy test for Medicare beneficiary EC that was never  
6 administered to EC.

7 kk. On about February 11, 2013, ROBINSON signed a superbill  
8 directing that Medicare be billed for an allergy test for Medicare  
9 beneficiary GC, recommended by TOVMASSIAN, which was never  
10 administered to GC.

11 ll. On about February 11, 2013, the co-conspirators caused  
12 a claim for \$480 to be submitted for reimbursement from Medicare, for  
13 an allergy test for Medicare beneficiary GC that was never  
14 administered to GC.

15 mm. On about February 12, 2013, J.J. Reliable Management  
16 provided Aviles with a \$1,000 check as payment for Aviles's work  
17 illegally recruiting Medicare beneficiaries to the El Centro Clinic.

18 nn. On about March 4, 2013, the co-conspirators caused a  
19 claim for \$1,030 to be submitted for reimbursement from Medicare, for  
20 services purportedly rendered to Medicare beneficiary HG, including  
21 office visit, EKG, ultrasounds, and a urination test, although those  
22 services were not rendered in a fashion that met Medicare's  
23 requirements or were not rendered at all.

24 oo. On about March 4, 2013, ROBINSON wrote a check for  
25 \$5,409.00 out of Medicare proceeds generated by the conspiracy to J.J.  
26 Reliable Management to compensate his co-conspirators for their roles  
27 in the conspiracy to defraud Medicare.

1 pp. On about March 6, 2013, TOVMASSIAN falsified the  
2 progress report for Medicare beneficiary OG, to reflect that OG was  
3 experiencing the symptom "cough," and recommended an allergy test for  
4 the beneficiary.

5 qq. On about March 8, 2013, TOVMASSIAN falsified the  
6 progress report for Medicare beneficiary RM, to reflect that RM was  
7 experiencing the symptoms "itchy eyes, sneezy", and recommended an  
8 allergy test for the beneficiary.

9 rr. On about March 11, 2013, J.J. Reliable Management  
10 provided MURADYAN with a \$1,000.00 check as payment for giving the  
11 impression that he drove SENEKERIMYAN from North Hollywood to the El  
12 Centro Clinic in order to administer allergy tests to Medicare  
13 beneficiaries.

14 ss. On about March 12, 2013, the co-conspirators caused a  
15 claim for \$1,440 to be submitted for reimbursement from Medicare, for  
16 services purportedly rendered to Medicare beneficiary AI, including  
17 office visit, ultrasounds, and breathing test, although those services  
18 were not rendered in a fashion that met Medicare's requirements or  
19 were not rendered at all.

20 tt. On about March 26, 2013, J.J. Reliable Management  
21 provided SENEKERIMYAN with a \$1,000.00 check as payment for providing  
22 allergy testing materials, giving the impression that she traveled  
23 from North Hollywood to the El Centro Clinic to administer allergy  
24 tests to Medicare beneficiaries, and producing false and fraudulent  
25 documents giving the impression that allergy tests were performed on  
26 those beneficiaries.

27 uu. On about April 5, 2013, TOVMASSIAN falsified the  
28 progress report for Medicare beneficiary LG, to reflect that LG was

1 experiencing the symptoms "cough, stuffy nose, sneezy," and  
2 recommended an allergy test for the beneficiary.

3 vv. On about April 10, 2013, ROBINSON signed a superbill  
4 directing that Medicare be billed for an allergy test for Medicare  
5 beneficiary OG, recommended by TOVMASSIAN, which was never  
6 administered to OG.

7 ww. On about April 10, 2013, the co-conspirators caused a  
8 claim for \$720 to be submitted for reimbursement from Medicare, for an  
9 allergy test for Medicare beneficiary OG that was never administered  
10 to OG.

11 xx. On about April 24, 2013, J.J. Reliable Management  
12 provided Aviles with a \$950 check as payment for Aviles's work  
13 illegally recruiting Medicare beneficiaries to the El Centro Clinic.

14 yy. On about April 26, 2013, the co-conspirators caused a  
15 claim for \$1,210 to be submitted for reimbursement from Medicare, for  
16 services purportedly rendered to Medicare beneficiary EA, including  
17 office visit, EKG, ultrasounds, and breathing test, although those  
18 services were not rendered in a fashion that met Medicare's  
19 requirements or were not rendered at all.

20 zz. On about April 26, 2013, J.J. Reliable Management  
21 provided Aviles with a \$950 check as payment for Aviles's work  
22 illegally recruiting Medicare beneficiaries to the El Centro Clinic.

23 aaa. On about April 30, 2013, ROBINSON signed a superbill  
24 directing that Medicare be billed for an allergy test for Medicare  
25 beneficiary LG, recommended by TOVMASSIAN, which was never  
26 administered to LG.

27 bbb. On about April 30, 2013, the co-conspirators caused a  
28 claim for \$620 to be submitted for reimbursement from Medicare, for an

1 allergy test for Medicare beneficiary LG that was never administered  
2 to LG.

3           ccc. On about May 21, 2013, the co-conspirators caused a  
4 claim for \$480 to be submitted for reimbursement from Medicare, for an  
5 allergy test for Medicare beneficiary RM that was never administered  
6 to RM.

7           ddd. On about May 23, 2013, the co-conspirators caused a  
8 claim for \$1,220 to be submitted for reimbursement from Medicare, for  
9 other services purportedly rendered to Medicare beneficiary RM,  
10 including office visit, EKG, ultrasounds, and breathing test, although  
11 those services were not rendered in a fashion that met Medicare's  
12 requirements or were not rendered at all.

13           eee. On about June 6, 2013, ROBINSON signed a superbill  
14 directing that Medicare be billed for an allergy test for Medicare  
15 beneficiary SG that was never administered to SG.

16           fff. On about June 6, 2013, the co-conspirators caused a  
17 claim for \$680 to be submitted for reimbursement from Medicare, for an  
18 allergy test for Medicare beneficiary SG that was never administered  
19 to SG.

20           ggg. On about July 10, 2013, J.J. Reliable Management  
21 provided TOVMASSIAN with a \$430 check as payment for TOVMASSIAN's work  
22 as an unlicensed PA illegally examining Medicare beneficiaries and  
23 prescribing medically unnecessary tests for those beneficiaries.

24           hhh. On about July 17, 2013, the co-conspirators caused a  
25 claim for \$1,330 to be submitted for reimbursement from Medicare, for  
26 services purportedly rendered to Medicare beneficiary JV, including  
27 office visit, EKG, ultrasounds, breathing test, and urination test,  
28

1 although those services failed to meet Medicare's requirements or were  
2 not rendered at all.

3           iii. On about September 5, 2013, the co-conspirators caused  
4 a claim for \$1,550 to be submitted for reimbursement from Medicare,  
5 for services purportedly rendered to Medicare beneficiary JS,  
6 including office visit, ultrasounds, and breathing test, although  
7 those services were not rendered in a fashion that met Medicare's  
8 requirements or were not rendered at all.

9           jjj. On about October 4, 2013, J.J. Reliable Management  
10 provided Aviles with a \$250 check as payment for Aviles's work  
11 illegally recruiting Medicare beneficiaries to the El Centro Clinic.

12           kkk. On October 4, 2013, the co-conspirators caused a claim  
13 for \$620 to be submitted for reimbursement from Medicare, for an  
14 allergy test for Medicare beneficiary TT that was never administered  
15 to TT.

16           lll. On October 4, 2013, the co-conspirators caused a claim  
17 for \$720 to be submitted for reimbursement from Medicare, for an  
18 allergy test for Medicare beneficiary NB that was never administered  
19 to NB.

20           mmm. On November 4, 2013, the co-conspirators caused a claim  
21 for \$480 to be submitted for reimbursement from Medicare, for an  
22 allergy test for Medicare beneficiary JC that was never administered  
23 to JC.

24           nnn. On about November 6, 2012, J.J. Reliable Management  
25 provided SENEKERIMYAN with a \$5,000.00 check as payment for providing  
26 allergy testing materials, giving the impression that she traveled  
27 from North Hollywood to the El Centro Clinic to administer allergy  
28 tests to Medicare beneficiaries, and producing false and fraudulent

1 documents giving the impression that allergy tests were performed on  
2 those beneficiaries.

3           ooo. On about November 7, 2013, J.J. Reliable Management  
4 provided TOVMASSIAN with a \$300 check as payment for TOVMASSIAN's work  
5 as an unlicensed PA illegally examining Medicare beneficiaries and  
6 prescribing medically unnecessary tests for those beneficiaries.

7           ppp. On November 14, 2013, the co-conspirators caused a  
8 claim for \$720 to be submitted for reimbursement from Medicare, for an  
9 allergy test for Medicare beneficiary EP that was never administered  
10 to EP.

11           qqq. On about December 6, 2013, ROBINSON signed a superbill  
12 that had already been submitted in support of a claim for  
13 reimbursement from Medicare for an allergy test for Medicare  
14 beneficiary GV that was never administered to GV, knowing that the  
15 superbill would be submitted to the ZPIC auditor, to obstruct and  
16 impede the federal audit of El Centro Clinic.

17           rrr. On about December 6, 2013, ROBINSON signed a superbill  
18 that had already been submitted in support of a claim for  
19 reimbursement from Medicare for an allergy test for Medicare  
20 beneficiary AI that was never administered to AI, knowing that the  
21 superbill would be submitted to the ZPIC auditor, to obstruct and  
22 impede the federal audit of El Centro Clinic.

23           sss. On about December 6, 2013, ROBINSON signed a superbill  
24 that had already been submitted in support of a claim for  
25 reimbursement from Medicare for an allergy test for Medicare  
26 beneficiary RM that was never administered to RM, knowing that the  
27 superbill would be submitted to the ZPIC auditor, to obstruct and  
28 impede the federal audit of El Centro Clinic.

1            ttt. On about December 6, 2013, ROBINSON signed a superbill  
2 that had already been submitted in support of a claim for  
3 reimbursement from Medicare for an allergy test for Medicare  
4 beneficiary HG that was never administered to HG, knowing that the  
5 superbill would be submitted to the ZPIC auditor, to obstruct and  
6 impede the federal audit of El Centro Clinic.

7            uuu. On about January 24, 2014, ROBINSON signed a superbill  
8 directing that Medicare be billed for an allergy test for Medicare  
9 beneficiary ZV that was never administered to ZV.

10           vvv. On about January 24, 2014, the co-conspirators caused a  
11 claim for \$680 to be submitted for reimbursement from Medicare, for an  
12 allergy test for Medicare beneficiary ZV that was never administered  
13 to ZV.

14           www. On about January 31, 2014, the co-conspirators caused a  
15 claim for \$1,245 to be submitted for reimbursement from Medicare, for  
16 services purportedly rendered to Medicare beneficiary MM, including  
17 office visit, EKG, ultrasounds, breathing test, and urination test,  
18 although those services were not rendered in a fashion that met  
19 Medicare's requirements or were not rendered at all.

20           xxx. On about March 10, 2015, SENEKERIMYAN falsely told a  
21 health care criminal investigator that she administered allergy tests  
22 at the El Centro Clinic three days per week, knowing that the  
23 statement would obstruct and mislead the communication of information  
24 relating to a violation of a Federal health care offense.

25           yyy. On about March 10, 2015, SENEKERIMYAN falsely told a  
26 health care criminal investigator that she that she personally ordered  
27 and purchased all allergens used for allergy testing at the El Centro  
28 Clinic, knowing that the statement would obstruct and mislead the

1 communication of information and records relating to a violation of a  
2 Federal health care offense.

3           zzz. On about March 10, 2015, MURADYAN falsely told a health  
4 care criminal investigator that that he drove SENEKERIMYAN to the El  
5 Centro Clinic to perform allergy testing, two to three times per week,  
6 knowing that the statement would obstruct and mislead the  
7 communication of information relating to a violation of a Federal  
8 health care offense.

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

10                           Counts 2-19

11                   **HEALTH CARE FRAUD (18 U.S.C. §§ 1347 AND 2)**

12                           [ROBINSON, TOVMASSIAN, & SENEKERIMYAN]

13           21. Paragraphs 1 through 14 of the Introductory Allegations of  
14 this Indictment are realleged and incorporated by reference.

15           22. Beginning on a date unknown and continuing up to and  
16 including at least February 20, 2014, within the Southern District of  
17 California and elsewhere, defendants PAUL ROBINSON, LEVON TOVMASSIAN,  
18 and HASMIK SENEKERIMYAN, together with co-conspirators Gevorg  
19 Kupelian, A.T., Reina Aviles, R.I.R., M.M., and others, in connection  
20 with the delivery of and payment for health care benefits, items, and  
21 services, knowingly and willfully executed and attempted to execute a  
22 material scheme and artifice to defraud a healthcare benefit program,  
23 namely Medicare, and to obtain money from Medicare by means of  
24 materially false and fraudulent pretenses, representations, promises,  
25 and omission and concealment of material facts.

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Count	Date	Patient	Defendant	Test	Claim Amount
15	10/4/13	TT	ROBINSON & SENEKERIMYAN	Allergy	\$620
16	10/4/13	NB	ROBINSON & SENEKERIMYAN	Allergy	\$720
17	11/4/13	JC	ROBINSON & SENEKERIMYAN	Allergy	\$480
18	11/14/13	EP	ROBINSON & SENEKERIMYAN	Allergy	\$720
19	1/24/14	ZV	ROBINSON	Allergy	\$680

All in violation of Title 18, United States Code, Sections 1347 and 2.

Count 20

**OBSTRUCTION OF FEDERAL AUDIT (18 U.S.C. § 1516)**

[ROBINSON]

25. Paragraphs 1 through 14 of the Introductory Allegations of this Indictment are realleged and incorporated by reference.

26. On about December 6, 2013, within the Southern District of California and elsewhere, defendant PAUL ROBINSON, with the intent to deceive and defraud the United States, endeavored to influence, obstruct, and impede federal auditor S. Price from SafeGuard Services, a designated contractor for Medicare, in the performance of his official duties relating to a federal audit on behalf of Medicare of the El Centro Clinic, an entity receiving in excess of \$100,000, directly and indirectly, from the United States in the one year period from January 1, 2013 to January 1, 2014, under a cooperative agreement with Medicare, by submitting falsified and misleading medical records; in violation of Title 18, United States Code, Section 1516.

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1 offenses, namely, by misrepresenting that she administered allergy  
2 tests at the El Centro Clinic three days per week.

3 All in violation of Title 18, United States Code, Section 1518.

4 Count 23

5 **OBSTRUCTING A HEALTH CARE CRIME INVESTIGATION**

6 (18 U.S.C. § 1518)

7 [SENEKERIMYAN]

8 31. Paragraphs 1 through 14 of the Introductory Allegations of  
9 this Indictment are realleged and incorporated by reference.

10 32. On about March 10, 2015, within the Southern District of  
11 California and elsewhere, defendant HASMIK SENEKERIMYAN willfully  
12 prevented, obstructed, misled, and delayed the communication of  
13 information and records relating to Health Care Fraud (18 U.S.C.  
14 § 1347), a violation of a Federal health care offense, to Special  
15 Agent A. Bubba, a criminal investigator duly authorized by the HHS-  
16 OIG, an agency of the United States to conduct and engage in  
17 investigations for prosecutions for violations of health care  
18 offenses, namely, by misrepresenting that she personally ordered and  
19 purchased all allergens used for allergy testing at the El Centro  
20 Clinic.

21 All in violation of Title 18, United States Code, Section 1518.

22 Count 24

23 **OBSTRUCTING A HEALTH CARE CRIME INVESTIGATION**

24 (18 U.S.C. § 1518)

25 [MURADYAN]

26 33. Paragraphs 1 through 14 of the Introductory Allegations of  
27 this Indictment are realleged and incorporated by reference.

1        34. On or about March 10, 2015, within the Southern District of  
2 California and elsewhere, defendant NAZAR MURADYAN willfully  
3 prevented, obstructed, misled, and delayed the communication of  
4 information and records relating to Health Care Fraud (18 U.S.C.  
5 § 1347), a violation of a Federal health care offense, to Special  
6 Agent A. Bubba, a criminal investigator duly authorized by the HHS-  
7 OIG, an agency of the United States to conduct and engage in  
8 investigations for prosecutions for violations of health care  
9 offenses, namely, by misrepresenting that he drove his wife,  
10 defendant HASMIK SENEKERIMYAN, to the El Centro Clinic, to perform  
11 allergy testing, two to three times per week.  
12 All in violation of Title 18, United States Code, Section 1518.

13                                    CRIMINAL FORFEITURE

14        35. Paragraphs 1 through 24 of this Indictment are realleged and  
15 incorporated as if fully set forth herein for the purpose of alleging  
16 forfeiture pursuant to Title 18, United States Code,  
17 Section 982(a)(7).

18        36. Upon conviction of the offenses of Conspiracy and Health  
19 Care Fraud as alleged in Counts 1 through 19 for defendants PAUL  
20 ROBINSON, LEVON TOVMASSIAN, HASMIK SENEKERIMYAN and NAZAR MURADYAN,  
21 pursuant to Title 18, United States Code, Section 982(a)(7), forfeit  
22 to the United States: (a) all right, title, and interest in any  
23 property, real or personal, that constitutes or is derived, directly  
24 or indirectly, from gross proceeds traceable to the commission of  
25 such offenses and (b) a sum of money equal to the total amount of  
26 gross proceeds derived, directly or indirectly, from such offenses.

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37. If any of the above described forfeitable property, as a result of any act or omission of defendants PAUL ROBINSON, LEVON TOVMASSIAN, HASMIK SENEKERIMYAN, and NAZAR MURADYAN: (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, pursuant to Title 21, United States Code, Section 853(p) and Title 18, United States Code, Section 982(b), to seek forfeiture of any other property of defendants PAUL ROBINSON, LEVON TOVMASSIAN, HASMIK SENEKERIMYAN, and NAZAR MURADYAN up to the value of the forfeitable property described above;

All pursuant to Title 18, United States Code, Section 982(a)(7).

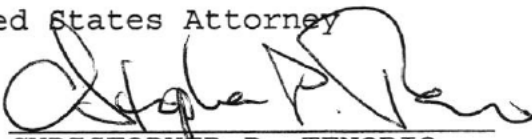
DATED: June 12, 2015.

A TRUE BILL:


Foreperson

LAURA E. DUFFY  
United States Attorney

By:

  
CHRISTOPHER P. TENORIO  
Assistant U.S. Attorney

By:

  
for MICHELLE L. MAISTO  
Special Assistant U.S. Attorney