



Department of Justice

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**ARMENIAN NATIONALS PLEAD GUILTY IN MULTI-MILLION DOLLAR
MEDICARE FRAUD AND MONEY LAUNDERING SCHEME**

BRUNSWICK, GA: SAHAK TUMANYAN, 44, an Armenian national from Los Angeles, pled guilty Monday before Chief United States District Judge Lisa Godbey Wood to his role in the laundering of \$1.5 million defrauded from Medicare through a phony medical business in Brunswick, Georgia. Earlier this month, ARTHUR MANASARIAN, 48, also an Armenian national from Los Angeles, pled guilty before Chief Judge Wood to his role in the Medicare fraud scheme.

United States Attorney Edward J. Tarver said, "Medicare fraud affects every American taxpayer. These pleas highlight the efforts of the United States Attorney's Office to protect the financial integrity of one of the nation's most valuable programs. This Office has aggressively pursued the prosecutions of healthcare fraudsters around the country. This case serves as an example of the excellent results that federal law enforcement and prosecutors are making in the war against healthcare fraud."

Derrick L. Jackson, Special Agent in Charge of the Atlanta Region for the Office of Inspector General of the Department of Health and Human Services, said, "These Defendants thought that using complex healthcare fraud and money laundering schemes to steal from federal taxpayers was a sure path to riches. Criminals like these, though, repeatedly find themselves tripped up by law enforcement agents with expertise at untangling even the most complicated frauds."

Brian D. Lamkin, Special Agent in Charge, FBI Atlanta Field Office, stated: "The FBI dedicates significant resources to Medicare fraud investigations so that those who truly need its services are more likely to receive them. The FBI will continue to work closely with its law enforcement partners in identifying and bringing forward for prosecution those individuals who display limitless greed in profiting from such fraudulent activities on the backs of our citizens in need."

According to the evidence presented during the guilty plea hearings of TUMANYAN and MANASARIAN:

In 2007 and 2008, MANASARIAN opened Brunswick Medical Supply, a durable medical equipment company in Brunswick, Georgia. MANASARIAN then stole the identities of hundreds of Medicare patients and doctors, which he used to submit millions of dollars in phony claims for health care services that were never provided. MANASARIAN used the stolen identities of doctors and patients from many different states, including Alaska, California, New York, and Ohio, and even submitted claims for people that were dead at the time he claimed to have provided them with medical equipment. The evidence further showed that MANASARIAN was involved with other phony health care businesses located in Georgia, California and New Mexico, and that he was responsible for between \$7 and \$20 million worth of fraudulent claims submitted to Medicare.

The evidence also showed that Medicare paid MANASARIAN and his coconspirators approximately \$1.5 million for the fraudulent claims submitted through Brunswick Medical Supply. Once that money was paid, TUMANYAN took numerous steps to launder a significant amount of the money stolen from Medicare. TUMANYAN assisted in opening at least four sham businesses in Los Angeles, opened multiple bank accounts in the names of these businesses, and used these bank accounts to launder the proceeds of the fraud at Brunswick Medical Supply. TUMANYAN engaged in multiple financial transactions within these accounts, including wire transfers and counter withdrawals of tens of thousands of dollars in cash, as part of his effort to help hide the money stolen from Medicare.

MANASARIAN pled guilty to Conspiracy to Commit Health Care Fraud and Aggravated Identity Theft. He now faces a maximum sentence of 10 years in prison for the Conspiracy to Commit Health Care Fraud conviction and 2 years in prison for his conviction of Aggravated Identity Theft, consecutive to his sentence on the conspiracy charge. TUMANYAN pled guilty to Money Laundering Conspiracy, which carries a maximum sentence of 20 years in prison.

The prosecution of MANASARIAN and TUMANYAN was part of a multi-jurisdictional investigation and prosecution, led by the United States Attorney's Office for the Southern District of New York, involving more than \$100 million worth of phony claims submitted to Medicare. Over 35 defendants were charged as part of this investigation in New York, Los Angeles, Cleveland, Albuquerque and Brunswick. The investigation in the Southern District of Georgia was the result of a multi-agency team of agents led by the FBI and Department of Health and Human Services, Office of the Inspector General. Assistant United States Attorney Brian T. Rafferty prosecuted the case for the United States.

For additional information, please contact First Assistant United States Attorney James D. Durham at (912) 201-2547.