



**AT ALL TIMES MATERIAL AS TO ALL COUNTS HEREIN:**

1. **Medicare and Medicaid:** Medicare was a federally funded health insurance program which paid for certain inpatient medical and home health services (Part A) and outpatient medical services (Part B) provided to the elderly and to certain disabled persons. Medicare was funded with Social Security taxes and was administered by the United States Department of Health and Human Services (HHS) through the Centers for Medicare and Medicaid Services (CMS), an agency of HHS.

2. Pinnacle Business Solutions, Inc. (Pinnacle) received, adjudicated and paid Medicare Part B claims submitted to it by Medicare beneficiaries (patients) or Louisiana health care providers pursuant to a contract with CMS.

3. In order to bill the Medicare program, a health care provider completed an enrollment application to be approved for participation in the program. Once approved, the provider was able to submit claims for payment for eligible services rendered to beneficiaries. As part of the claims submissions process, providers agreed to comply with Medicare criteria, rules, regulations, and internal policies.

4. The Medicare program was designed to pay health care providers promptly for billed services without, in most instances, requiring any verification that billed services were actually performed prior to issuing payments. Suspicious billing, such as bills for services not ordinarily performed by a physician of a particular speciality - were typically investigated only after payments for services were made.

5. The Medicaid Program was a jointly funded cooperative venture between the federal and state governments, administered by the states, that provided health care benefits for certain groups, primarily the poor and disabled.

6. When a provider signed Medicaid enrollment forms, the provider agreed that it would abide by all the policies and regulations of Louisiana's Medicaid Program and certified that the information contained on the claim forms were true, accurate and complete, to the best of their knowledge. The provider also agreed that concealment of a material fact or the submission of a false or fraudulent claim could result in prosecution under applicable federal and state laws.

7. Medicare and Medicaid bills were determined by what was contained on a "superbill," a form ordinarily completed by a physician after medical services were provided during a given physician visit. Information from a superbill was used by providers, or billers hired by the providers, to complete a CMS Form 1500, the recognized standard claim form within the health industry. The completed form contained the dates of service, the types of services provided (CPT codes), the diagnosis code, the name of the facility where the services were rendered, and the physician and suppliers of the service.

8. When a Medicare beneficiary was also a Medicaid recipient, after Medicare processed the health care claim, the claim was automatically transmitted to Medicaid for payment of any remaining balance.

9. Medicare and Medicaid were health care benefit programs as defined in Title 18, United States Code, Section 24(b).

10. **Current Procedural Terminology**: Actual services provided were billed to Medicare and Medicaid by using procedure codes defined by the Current Procedural Terminology (CPT) Manual. The CPT Manual is a uniform, universally recognized system of medical services coding, promulgated by the American Medical Association, which assigns five-digit numeric designations to individual medical procedures. The CPT Manual defines the

procedural and medical requirements that must be met in order for a provider to bill for a particular medical service.

11. CPT Codes 95900, 95903 and 95904 were Nerve Conduction Velocity (NCV) tests, minimally invasive test where leads were attached to the skin and small electric shocks were administered along a particular nerve. These tests were usually ordered by Orthopaedists and Neurologists to assess nerve damage and were not usually performed by general or family practitioners. It was the standard of appropriate care that NCV tests were performed in conjunction with electromyography (EMG) tests. An EMG test was a painful and invasive procedure that required the insertion of needles into the muscles to determine how muscles contracted and reacted to the stimulus provided to the nerves. The reason for doing the NCV and EMG tests in conjunction was to look for damage to the spinal cord, brain or nerves that was causing weakness, numbness or pain in muscles.

12. Reimbursement for CPT Codes 95903 and 95904 was based on the number of leads or units measured, with six being the maximum reimbursed by Medicare for a single visit. An NCV test was focused on a particular nerve, and physicians usually do not run the test on the maximum number of units and on multiple extremities. Also, an interpretation of NCV results created by someone not properly trained in neurology or physiology has no clinical value and would, therefore, not be reimbursable under either Medicare or Medicaid regulations. Although the clinics herein routinely billed for NCV tests with the maximum number of leads and on multiple extremities, no physician or clinic personnel ever performed an EMG test on any Medicare or Medicaid patient.

13. CPT codes 94010 – 94750 were non-screening pulmonary tests performed in response to a patient complaint. CPT Code 94200 was a pulmonary function test performed by a

pulmonologist that was more sophisticated than a basic spirometry test (CPT Code 94010). CPT Code 94240 was a pulmonary function test that required the patient to inhale helium, nitrogen and/or other gases. This test was performed by a pulmonologist who measured the amount of nitrogen or helium that remained in the patient's lungs. The test associated with CPT Code 94750 would normally be performed by a pulmonologist and requires an extremely sophisticated piece of equipment. The patient is placed in an airtight container or enclosure, and the equipment measures the gases inside the box with every breath by the patient. This type of equipment is usually located within specialty hospitals or teaching institutions.

14. CPT Codes 93000, 93306, 93307, 93320, and 93325 were diagnostic procedures ordinarily performed by cardiologists by obtaining ultrasonic signals from the heart and arteries, with two-dimensional image and/or Doppler ultrasonic signal documentation.

15. CPT Codes 93880 - 93886 were non-invasive vascular diagnostic studies. Code 93880 was for a "duplex scan," which implied ultrasonic scanning procedure of extracranial arteries. Code 93886 was a Transcranial Doppler (TCD) scan of the intracranial arteries, which was used to identify and locate arterial blockages or vascular spasm within the skull. With respect to Code 93886, providers of such studies must be capable of demonstrating documented training and experience and maintain documentation for post-payment audit. An example of acceptable training and experience would be a physician and/or registered vascular technologist with documentation of attendance at a formal TCD training program that includes hands on experience and results in a certificate of proficiency, as well as a minimum experience of 100 patient TCD examinations.

**COUNTS 1 THROUGH 8 - HEALTH PLUS**

**A. AT ALL TIMES MATERIAL HEREIN:**

16. **ARAM KHLGATIAN (KHLGATIAN)** was an owner, director and/or officer of **HEALTH PLUS CONSULTING, INC. (HEALTH PLUS)** located at 2424 Williams Blvd., Suite K, Kenner, LA.

17. **HEALTH PLUS** was a California corporation authorized by the Louisiana Secretary of State to operate in Louisiana that treated Medicare and Medicaid recipients.

18. **JACK VOIGHT (VOIGHT)** was a licensed Medical Doctor operating as a general practitioner with **HEALTH PLUS**. **VOIGHT** also operated as a physician in other health care clinics owned and operated by associates of **KHLGATIAN**.

19. Daria Litvinova and Vadim Mysak were technicians at **HEALTH PLUS**.

20. In about November 2006, **HEALTH PLUS** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN). **HEALTH PLUS** used the PIN to submit claims to Pinnacle for services it claimed to have provided to qualified beneficiaries. **HEALTH PLUS** was also assigned a PIN with Louisiana's Medicaid program.

21. **VOIGHT** assigned his **HEALTH PLUS** right to bill Medicare and Medicaid for services he claimed to have rendered. In return, **VOIGHT** received payment from **HEALTH PLUS**.

**B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:**

22. **HEALTH PLUS** and **KHLGATIAN** used "marketers" to recruit eligible Medicare and Medicaid patients. **ERNESTINE "TWEET" GIROD (GIROD)** was a marketer. The marketers were paid for their services by cash and with prescriptions for narcotics. Using a billing company, **HEALTH PLUS** and **KHLGATIAN** falsely and

fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary or not performed. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **HEALTH PLUS** often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

**C. HEALTH CARE FRAUD:**

23. Beginning in or about July 2006, and continuing until in or about November 2009, in the Eastern District of Louisiana and elsewhere, the defendants, **ARAM KHLGATIAN, a/k/a Alex, JACK VOIGHT, ERNESTINE "TWEET" GIROD,** and **HEALTH PLUS CONSULTING, INC.** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

24. It was part of the scheme and artifice to defraud that approximately 817 individual Medicare and 1833 individual Medicaid beneficiaries sought services at **HEALTH PLUS** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same series of diagnostic tests and procedures. Specifically, out of about 817 Medicare and 1833 Medicaid beneficiaries, **HEALTH PLUS** billed Medicare and Medicaid for the following approximate number of procedures:

CPT Code	Description	Medicare Beneficiaries (out of 817)	Medicaid Beneficiaries (out of 1833)
93000	Routine ECG w/at least 12 leads with interpretation/report	717	1717
93307	Echocardiography; real time with image documentation	449	1352
93320	Doppler echocardiography pulsed and/or continuous wave	449	1333
93325	Doppler echocardiography color flow velocity mapping	449	1334
94200	Maximum breathing capacity	657	1454
94240	Residual Lung Capacity	657	1454
94350	Lung Nitrogen Washout Curve	657	1454
94370	Single breath airway closing volume	657	1453
94725	Membrane diffusion capacity	656	1452
94750	Pulmonary compliance study	656	1454
95903	Motor nerve conduction test, with F-wave study (NCV)	687	1702
95904	Nerve conduction sensory (NCV)	687	1702
95934	"H" Reflex test, amplitude and latency study	626	1472
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family	690	1711

25. Despite billing for performing the NCV tests on 687 Medicare patients and 1702 Medicaid patients, neither **VOIGHT** nor any personnel at **HEALTH PLUS** performed any EMG tests on any patients.

26. After billing for multiple diagnostic and screening tests, the test results were often disregarded by **VOIGHT** and the staff at **HEALTH PLUS**. In most instances where test results and adverse diagnoses indicated a problem with the patient, corrective medical measures were not taken and were not communicated to the patient.

27. **PATIENT ChSh**: It was further part of the scheme to defraud that on about January 27, 2009, **GIROD** solicited Medicaid recipient ChSh to see a doctor for the purpose of

getting prescription medications. Before **ERNESTINE “TWEET” GIROD** took ChSh to the doctor, she determined ChSh was a Medicaid recipient, as ChSh could not go to the doctor unless he/she was on Medicaid. Before ChSh saw the doctor, **GIROD** instructed ChSh exactly what to tell the doctor, i.e., that ChSh's legs, back and head were hurting, so that ChSh would get specific prescription medications. **GIROD** drove ChSh and others to **HEALTH PLUS** where **VOIGHT** performed parts of a routine physical exam and an apparent EKG on ChSh. **VOIGHT** gave ChSh prescriptions for Tramadol, Valium, and Soma. The entire office visit lasted approximately 10-15 minutes. ChSh later sold some of the prescription drugs to **GIROD**. In connection with this visit, **HEALTH PLUS** billed Medicaid approximately \$1,145 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93307	Echocardiography; real time with image documentation
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

Medicaid paid **HEALTH PLUS** \$769.

28. **PATIENT JoLe:** It was further part of the scheme to defraud that on about April 6, 2009, “Runner,” an individual known to the grand jury, solicited Medicare and Medicaid recipients, including Medicare recipient JoLe, to have medical services provided at **HEALTH PLUS**. Runner transported JoLe and others to **HEALTH PLUS**. **KHLGATIAN** paid the

runner cash in return for providing the Medicare and Medicaid patients to **HEALTH PLUS**. Runner instructed JoLe to complain that he/she was suffering from pain in specific areas of JoLe's body so that **VOIGHT** would prescribe certain narcotic medications. After the patients left **HEALTH PLUS**, Runner split the money she received from **KHLGATIAN** with the patients. In connection with this visit, **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93307	Echocardiography; real time with image documentation
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**HEALTH PLUS** was paid about \$1,053 by Medicare and \$177 by Medicaid.

29. It was further part of the scheme to defraud that on about April 7, 2009, TaLe who had ridden with Runner to **HEALTH PLUS** the previous day, April 6, approached **KHLGATIAN** to discuss transporting patients to **HEALTH PLUS** for payment.

**KHLGATIAN** explained to TaLe how to fill out patient information forms to qualify for narcotics and so that **VOIGHT** would give the patients what prescriptions they wanted. When the patients presented at **HEALTH PLUS**, **KHLGATIAN** paid Runner cash in return for providing the Medicare and Medicaid patients to **HEALTH PLUS**. After Runner returned TaLe and others to their home following the visit at **HEALTH PLUS**, Runner split the money received from **KHLGATIAN** with the patients. Thereafter, TaLe began bringing patients to **HEALTH PLUS** for which she was paid by **KHLGATIAN**.

30. **PATIENT ChBe**: It was further part of the scheme to defraud that on about June 8, 2009, Medicare and Medicaid recipient ChBe was driven to **HEALTH PLUS** by Runner. ChBe saw **VOIGHT** with complaints of knee pain and chest congestion from a cold. **VOIGHT** had the staff perform some kind of cardiac test and a nerve test on ChBe’s legs, which produced small shocks. ChBe also received some sort of breathing test that required that the patient to blow into a piece of equipment. ChBe was never informed of the results of any of these tests and was given prescriptions at the front desk for Soma, Valium, Vicodin, and cough syrup.

31. **HEALTH PLUS** billed Medicare for a visit by ChBe to **VOIGHT** on June 2, 2009. However, ChBe did not go to **HEALTH PLUS** or see **VOIGHT** on June 2, 2009. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes on June 2 and June 8, 2009:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94200	Maximum breathing capacity
94240	Residual Lung Capacity

CPT Code (units)	Description of Service
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with

**HEALTH PLUS** was paid about \$1,161 by Medicare and \$62 by Medicaid.

32. **PATIENT LiDu:** It was further part of the scheme to defraud that on about July 30, 2009, Medicaid recipient LiDu went to **HEALTH PLUS** to see **VOIGHT** with a complaint of neck and back pain from a car accident two years earlier. **VOIGHT** spent approximately 10 minutes with the patient and performed a brief exam. **VOIGHT** explained that he wanted LiDu to undergo an EKG, a breathing and a nerve test. **HEALTH PLUS** billed Medicaid approximately \$2,100 for performing the following CPT Codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93307	Echocardiography; real time with image documentation
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume

CPT Code (units)	Description of Service
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**HEALTH PLUS** was paid about \$1,337 by Medicaid.

33. **PATIENT MeDu:** It was further part of the scheme to defraud that on about July 30, 2009, Medicaid recipient MeDu went to **HEALTH PLUS** with complaints of lower back pain, headaches and problems sleeping. **VOIGHT** performed about a 10-minute exam that consisted of listening to the chest with a stethoscope, checking reflexes, standing up, bending over from side to side, and touching the patient's back. **VOIGHT** explained to MeDu that he wanted to run some tests. Some type of breathing, nerve, and heart tests were performed on the patient. The patient was given prescriptions for Vicodin, Soma and Xanbar. **HEALTH PLUS** billed Medicaid approximately \$1,579 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study

CPT Code (units)	Description of Service
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**HEALTH PLUS** was paid about \$996 by Medicaid.

34. **PATIENT AIBI**: It was further part of the scheme to defraud that on about October 23, 2009, Medicare and Medicaid recipient AIBI went to **HEALTH PLUS** for sinus congestion and to get sleep medication. AIBI detailed to **VOIGHT** his/her extensive medical history and ongoing treatment at another health care institution. **VOIGHT** performed about a 5-minute exam during which he sounded AIBI's chest with a stethoscope, looked in AIBI's mouth and throat, and explained that AIBI's congestion had cleared up. **VOIGHT** next had his staff run some sort of EKG, ultrasound, and nerve test on AIBI. AIBI picked up prescriptions for Soma, Xanax and Nasonex at the front counter. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study

CPT Code (units)	Description of Service
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**HEALTH PLUS** was paid about \$1,161 by Medicare and \$66 by Medicaid.

35. **PATIENT YvRa:** It was further part of the scheme to defraud that on or about September 24, 2009, Medicare and Medicaid recipient YvRa went to **HEALTH PLUS** and saw **VOIGHT**. YvRa explained to **VOIGHT** that he/she had back pain but was seeing another physician for that problem. **VOIGHT** ordered breathing and heart tests and something was done on YvRa’s hand. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**HEALTH PLUS** was paid about \$1,161 by Medicare and \$66 by Medicaid.

36. It was further part of the scheme to defraud that between about July 2006, and December 2009, **KHLGATIAN** falsely completed documentation that he provided to a billing company in order to bill for services he claimed were provided by **VOIGHT** at **HEALTH PLUS**.

37. **HEALTH PLUS** submitted fraudulent bills to Medicare totaling approximately \$1,936,247; **HEALTH PLUS** was paid approximately \$1,025,283.

38. **HEALTH PLUS** submitted fraudulent bills to Medicaid totaling approximately \$3,804,481; **HEALTH PLUS** was paid approximately \$1,619,527.

**D. EXECUTIONS OF THE SCHEME TO DEFRAUD:**

39. **KHLGATIAN, VOIGHT, GIROD, and HEALTH PLUS CONSULTING, INC.** **HEALTH PLUS, KHLGATIAN, VOIGHT, and GIROD**, fraudulently created and caused to be created, and caused to be transmitted to Medicare and Medicaid, fraudulent billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
1	<b>KHLGATIAN, VOIGHT, GIROD, HEALTH PLUS</b>	January 27, 2009	ChSh
2	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	April 6, 2009	JoLe
3	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	June 2, 2009	ChBe
4	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	June 8, 2009	ChBe
5	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	July 30, 2009	LiDu
6	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	July 30, 2009	MeDu
7	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	October 23, 2009	AlBl
8	<b>KHLGATIAN, VOIGHT, HEALTH PLUS</b>	September 24, 2009	YvRa

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

**COUNTS 9 THROUGH 17 - SATURN**

**A. AT ALL TIMES MATERIAL HEREIN:**

41. **ARTEM GASPARYAN (GASPARYAN)** was an owner, President, director and/or officer of **SATURN MEDICAL GROUP, INC. (SATURN)** located at 3901 Houma Blvd., Suite 108, Metairie, LA.

42. **SATURN** was a Louisiana corporation authorized to operate a health care clinic. **SATURN** treated Medicare and Medicaid recipients.

43. **JERRY HASKIN (HASKIN)** was a licensed Medical Doctor operating as a general practitioner with **SATURN**. **HASKIN** also operated as a physician in other health care clinics owned and operated by associates of **GASPARYAN**.

44. **VADIM MYSAK (MYSAK)** and **DARIA LITVINOVA (LITVINOVA)** were technicians at **SATURN**.

45. **ANNA AIVAZOVA (AIVAZOVA)** was President and Chief Executive Officer of **SOLO LUCKY CLAIMS PROCESSING, INC. (SOLO)**, a California corporation in the business of providing medical claim billing services. **AIVAZOVA**, on behalf of **SOLO**, was identified to Medicare and Medicaid as the designated contact person for **SATURN** in matters concerning the **SATURN** enrollment application. **AIVAZOVA** on behalf of **SOLO**, was a third party biller who prepared and submitted claims for payment to Medicare and Medicaid on **SATURN'S** behalf in return for a fee. As a third party biller, **SOLO** completed an extensive certification which stated, in part, that claim information submitted to Louisiana Medicaid was an exact duplicate of detailed claim line information received from **SATURN** and that the electronic claim information submitted was true, accurate and complete and not materially changed.

46. On about April 7, 2009, **SATURN** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN). **ANNA AIVAZOVA** and **SOLO LUCKY**, on behalf of **SATURN**, used the PIN to submit claims to Pinnacle for services it claimed to have provided to qualified beneficiaries. **SATURN** was also assigned a PIN with Louisiana's Medicaid program.

47. **HASKIN** assigned **SATURN** his rights to bill Medicare and Medicaid for services he claimed to have rendered. In return, **HASKIN** received payment from **SATURN**.

**B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:**

48. **SATURN** and **GASPARYAN** used "marketers" to recruit eligible Medicare and Medicaid patients. The marketers were paid for their services by cash and with prescriptions for narcotics. Using **AIVAZOVA** and **SOLO** as their billing company, **SATURN** and **GASPARYAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **SATURN** often did not have the equipment that was capable of performing the procedures billed to Medicare and Medicaid.

**C. HEALTH CARE FRAUD:**

49. Beginning on or about April 2, 2009, and continuing until on or about October 21, 2009, in the Eastern District of Louisiana and elsewhere, the defendants, **GASPARYAN**, **HASKIN**, **MYSAK**, **LITVINOVA**, **AIVAZOVA**, **SATURN**, and **SOLO** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

50. It was part of the scheme and artifice to defraud that approximately 283 Medicare and 713 Medicaid beneficiaries sought services at **SATURN** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same series of diagnostic tests and procedures. Specifically, out of about 283 Medicare and 713 Medicaid beneficiaries, **SATURN** and **SOLO** billed Medicare and Medicaid for the following approximate number of procedures:

CPT Code	Description	Medicare Beneficiaries (out of 283)	Medicaid Beneficiaries (out of 713)
93000	Routine ECG w/at least 12 leads with interpretation/report	282	708
94200	Maximum breathing capacity	278	701
94240	Residual Lung Capacity	278	701
94350	Lung nitrogen washout curve	278	701
94370	Single breath airway closing volume	278	701
94725	Membrane diffusion capacity	93	231
94750	Pulmonary compliance study	93	231
95903	Motor nerve conduction test, with F-wave study (NCV)	280	705
95904	Nerve conduction sensory (NCV)	280	705
95934	“H” Reflex test, amplitude and latency study	270	670
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family	281	703

51. Despite billing for performing the NCV tests on about 280 Medicare patients and 705 Medicaid patients, neither **HASKIN** nor any **SATURN** personnel performed EMG tests on any patient.

52. After billing for multiple diagnostic and screening tests, the test results were often disregarded by **HASKIN** and the staff at **SATURN**. In most instances, where test results indicated

a problem with the patient, corrective medical measures were not taken or communicated to the patient.

53. **PATIENT JoLe:** It was further part of the scheme to defraud that on about April 9, 2009, a marketer brought JoLe to **SATURN** to receive medical services. **GASPARYAN** paid the marketer cash in return for bringing JoLe to **SATURN**. After JoLe was seen by **HASKIN**, **SATURN** and **SOLO** billed Medicare and Medicaid about \$2,416 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (e.g., single breath, steady state)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**SATURN** was paid about \$1,441 by Medicare and \$73 by Medicaid.

54. **PATIENT ChBe:** It was further part of the scheme to defraud that on about September 28, 2009, when ChBe returned to Health Plus for a visit, he/she was told by staff that his/her paperwork was faxed to **HASKIN'S** office on Houma Blvd. and that the ChBe needed to go to **SATURN** at that location. When ChBe arrived at **SATURN**, he/she saw **HASKIN** and

complained of knee pain from a fall. **HASKIN** checked ChBe's breathing and other vitals and had heart and nerve tests performed by **MYSAK**. ChBe was not provided with the results of any of these tests.

55. **SATURN** billed Medicare and Medicaid for a visit by ChBe to **HASKIN** on October 8, 2009. Specifically, **SATURN** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on ChBe on that date. However, ChBe did not go to **SATURN** or see **HASKIN** on October 8, 2009.

56. **SATURN** and **SOLO** billed Medicare and Medicaid approximately \$2,746 for performing the following CPT codes on September 28, 2009, and October 8, 2009:

CPT Code (units)	Description of Service
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95904 (6)	Nerve conduction sensory (NCV)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient
93306	Echocardiography, transthoracic with Doppler, Complete
93000	Routine ECG w/at least 12 leads with interpretation/report

**SATURN** was paid about \$1,669 by Medicare.

57. **PATIENT MeDu:** It was further part of the scheme to defraud that on about August 20, 2009, Medicaid recipient MeDu went to Health Plus for a follow-up appointment with Voight. MeDu was redirected to **SATURN** where **MYSAK** checked the patient's vital signs. **HASKIN** then conducted a limited physical examination. Although the patient made no complaints about breathing problems or chest pains, **HASKIN** and **MYSAK** indicated that the patient needed to undergo tests, which **MYSAK** administered. The patient was given prescriptions for Vicodin, Xanax and Soma. **SATURN** and **SOLO LUCKY** billed Medicaid approximately \$1,863 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93307	Echocardiography, real-time
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**SATURN** was paid about \$1,029 by Medicaid.

58. **PATIENT AIBI:** It was further part of the scheme to defraud that Medicare and Medicaid recipient AIBI received an unsolicited phone call from someone in SATURN's office indicating that AIBI had an appointment. Upon arriving at SATURN on about November 23, 2009, AIBI saw HASKIN. HASKIN asked AIBI about his/her medical history and conducted a breast exam. No other tests or procedures were performed on AIBI during the visit. AIBI left with prescriptions for Loracet, Xanax and Soma.

59. SATURN billed Medicare and Medicaid for a visit by AIBI to HASKIN on November 30, 2009. Specifically, SATURN billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on AIBI on that date. However, AIBI did not go to SATURN or see HASKIN on November 30, 2009.

60. SATURN and SOLO billed Medicare and Medicaid approximately \$2,746 for performing the following CPT codes on November 23, and November 30, 2009:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)

CPT Code (units)	Description of Service
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**SATURN** was paid about \$1,669 by Medicare and \$96 by Medicaid.

61. **PATIENT BaCh**: It was further part of the scheme to defraud that on about May 8, 2009, Medicare and Medicaid recipient BaCh was referred from Health Plus to **SATURN** to see **HASKIN**. BaCh spent about fifteen minutes with **HASKIN** and received no tests. A foreign man provided BaCh with prescriptions. **SATURN** and **SOLO LUCKY** billed Medicare and Medicaid \$1,995 for performing the following CPT codes:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**SATURN** was paid about \$1,103 by Medicare and \$66 by Medicaid.

62. **PATIENT YvRa**: It was further part of the scheme to defraud that on about November 9, 2009, YvRa was driven to **SATURN** by unindicted Co-conspirator 1 for a physician

visit. YvRa saw **HASKIN** who told YvRa that he/she needed nerve and heart tests. **LITVINOVA** performed diagnostic tests on YvRa and explained that all patients at **SATURN** had the tests performed. **GASPARYAN** administered tests to YvRa involving electrical current. Before leaving **SATURN**, YvRa again saw **HASKIN**. **HASKIN** gave YvRa no results of his/her tests and provided prescriptions for Xanax, Vicodin and Soma. Co-conspirator 1 drove YvRa to a pharmacy where YvRa filled the prescriptions provided by **HASKIN**. Thereafter, Co-conspirator 1 forced YvRa to give him/her a portion of the narcotic medication.

63. **SATURN** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on November 13, 2009. Specifically, **SATURN** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on YvRa on that date. However, YvRa did not go to **SATURN** or see **HASKIN** on November 13, 2009.

64. **SATURN** and **SOLO** billed Medicare and Medicaid approximately \$3,446 for performing the following CPT codes on November 9, and November 13, 2009:

CPT Code (units)	Description of Service
93000	Routine ECG w/at least 12 leads with interpretation/report
93306	Echocardiography, transthoracic with Doppler, Complete
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)

<b>CPT Code (units)</b>	<b>Description of Service</b>
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**SATURN** was paid about \$1,987 by Medicare and \$96 by Medicaid.

65. It was further part of the scheme to defraud that between April and October 2009, **GASPARYAN** and **LITVINOVA** falsely completed documentation that they transmitted to **AIVAZOVA** and **SOLO** in order to bill for services they claimed were provided by **HASKIN** and **MYSAK** at **SATURN**. The superbills were given to **AIVAZOVA** and **SOLO** for processing. **AIVAZOVA** falsely completed CMS 1500s which included CPT codes that were not specified in the original superbills provided to **SOLO**.

66. **SATURN** and **SOLO** submitted fraudulent bills to Medicare totaling approximately \$667,739; **SATURN** was paid approximately \$448,097.

67. **SATURN** and **SOLO** submitted fraudulent bills to Medicaid totaling approximately \$1,917,287; **SATURN** was paid approximately \$781,402.

**D. EXECUTIONS OF THE SCHEME TO DEFRAUD:**

68. **GASPARYAN, HASKIN, MYSAK, LITVINOVA, AIVAZOVA, SATURN,** and **SOLO** fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billing for medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
9	GASPARYAN, HASKIN, AIVAZOVA, SATURN, SOLO	April 9, 2009	JoLe
10	GASPARYAN, HASKIN, MYSAK, AIVAZOVA, SATURN, SOLO	September 28, 2009	ChBe
11	GASPARYAN, HASKIN, MYSAK, AIVAZOVA, SATURN, SOLO	October 8, 2009	ChBe
12	GASPARYAN, HASKIN, MYSAK, AIVAZOVA, SATURN, SOLO	August 20, 2009	MeDu
13	GASPARYAN, HASKIN, AIVAZOVA, SATURN, SOLO	November 23, 2009	AlBl
14	GASPARYAN, HASKIN, AIVAZOVA, SATURN, SOLO	November 30, 2009	AIBl
15	GASPARYAN, HASKIN, AIVAZOVA, SATURN, SOLO	May 8, 2009	BaCh
16	GASPARYAN, HASKIN, LITVINOVA, AIVAZOVA, SATURN, SOLO	November 9, 2009	YvRa
17	GASPARYAN, HASKIN, SATURN, AIVAZOVA, SOLO	November 13, 2009	YvRa

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

**COUNTS 18 THROUGH 31 - NEW MILLENNIUM**

**A. AT ALL TIMES MATERIAL HEREIN:**

69. **VADIM MYSAK (MYSAK)** was an owner, director and/or officer of **NEW MILLENNIUM MEDICAL GROUP, INC. (NEW MILLENNIUM)**. **MYSAK** also operated as a technician.

70. **NEW MILLENNIUM** was a Louisiana corporation authorized to operate a health care clinic. **NEW MILLENNIUM** treated Medicare and Medicaid patients.

71. **ANAHIT PETROSYAN** was a manager and technician and **Siranush Tulumdzhyan** was a technician at **NEW MILLENNIUM**.

72. **JERRY HASKIN (HASKIN)** was a licensed Medical Doctor operating as a general practitioner with **NEW MILLENNIUM**. **HASKIN** also operated as a physician in other health care clinics owned and operated by associates of **MYSAK**.

73. **ANNA AIVAZOVA (AIVAZOVA)** was President and Chief Executive Officer of **SOLO LUCKY CLAIMS PROCESSING, INC. (SOLO)**, a California corporation in the business of providing medical claim billing services. **AIVAZOVA**, on behalf of **SOLO**, was identified to Medicare and Medicaid as the designated contact person for **NEW MILLENNIUM** in matters concerning the **CLINICS'** enrollment applications. **AIVAZOVA** on behalf of **SOLO**, was a third party biller who prepared and submitted claims for payment to Medicare and Medicaid on **NEW MILLENNIUM'S** behalf in return for a fee. As a third party biller, **SOLO** completed an extensive certification which stated, in part, that claim information submitted to Louisiana Medicaid was an exact duplicate of detailed claim line information received from **NEW MILLENNIUM** and that the electronic claim information submitted was true, accurate and complete and not materially changed.

74. In or about September 2009, **NEW MILLENNIUM** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN). **AIVAZOVA** and **SOLO**, on behalf of **NEW MILLENNIUM** used the PIN to submit claims to Pinnacle for services it claimed to have provided to qualified beneficiaries. **NEW MILLENNIUM** was also assigned a PIN with Louisiana's Medicaid program.

75. **HASKIN** assigned **NEW MILLENNIUM** his right to bill Medicare and Medicaid for services he claimed to have rendered. In return, **HASKIN** received payment from **NEW MILLENNIUM**.

**B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:**

76. **NEW MILLENNIUM, MYSAK** and **PETROSYAN** used “marketers” to recruit eligible Medicare and Medicaid patients. The marketers were paid for their services by cash and with prescriptions for narcotics. **NEW MILLENNIUM, MYSAK** and **PETROSYAN** also got clients through referrals from clinics owned by their associates. Using **AIVAZOVA** and **SOLO** as their billing company, **NEW MILLENNIUM, MYSAK,** and **PETROSYAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary or not performed. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **NEW MILLENNIUM** often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

**C. HEALTH CARE FRAUD:**

77. Beginning in or about November 2009, and continuing through in or about December 2010, in the Eastern District of Louisiana and elsewhere, the defendants, **HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM,** and **SOLO** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

78. It was part of the scheme and artifice to defraud that about 234 Medicare and 940 Medicaid beneficiaries sought services at **NEW MILLENNIUM** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same series of diagnostic tests and procedures, and many had the same diagnoses. Specifically, out of about the

234 Medicare and 940 Medicaid beneficiaries, **NEW MILLENNIUM** and **SOLO** billed Medicare and Medicaid for the following approximate number of procedures:

<b>CPT Code</b>	<b>Description</b>	<b>Medicare Beneficiaries (out of 234)</b>	<b>Medicaid Beneficiaries (out of 940)</b>
93000	Electrocardiogram, Complete	210	935
93306	Echocardiography, transthoracic with Doppler, Complete	204	574
93880	Duplex scan of extracranial	184	495
93886	Transcranial Doppler Study	184	495
94070	Evaluation of Wheezing	205	931
94200	Lung Function Test	205	931
94240	Residual Lung Capacity	205	931
94350	Lung nitrogen washout curve	205	931
94370	Single breath airway closing volume	205	931
94720	Monoxide Diffusing Capacity	205	931
95900	Motor Nerve Conduction Test	198	905
95903	Motor nerve conduction test, with F-wave study (NCV)	210	936
95904	Nerve conduction sensory (NCV)	210	936
95934	H-Reflex Test	205	932
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient	211	933

79. Despite billing for performing the NCV tests on 210 Medicare patients and 936 Medicaid patients, neither **HASKIN** nor any **NEW MILLENNIUM** personnel performed any EMG tests on any patient.

80. **PATIENT ChBe:** It was further part of the scheme to defraud that on about January 18, 2010, Medicare and Medicaid recipient ChBe went to **NEW MILLENNIUM**. **HASKIN** and his staff performed some of the same diagnostic tests, including the nerve, pulmonary and heart

tests, that had been performed at Health Plus and Saturn. **HASKIN** gave ChBe a prescription for Xanax.

81. **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by ChBe to **HASKIN** on January 25, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on ChBe on that date. However, ChBe did not go to **NEW MILLENNIUM** or see **HASKIN** on January 25, 2010.

82. **NEW MILLENNIUM** and **SOLO LUCKY** billed Medicare and Medicaid approximately \$3,816 for performing the following CPT codes on January 18, 2010, and January 25, 2010:

CPT Code (units)	Description of Service
76700	Echo exam of abdomen
76770	Echo exam abdomen back wall
93000	Electrocardiogram, Complete
93306	Echocardiography, transthoracic with Doppler, Complete
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900	Motor nerve conduction test
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)

CPT Code (units)	Description of Service
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**NEW MILLENNIUM** was paid about \$2,080 by Medicare and \$108 by Medicaid.

83. **PATIENT LiDu**: It was further part of the scheme to defraud that on about March 15, 2010, Medicaid recipient LiDu went to see Voight and was told by **MYSAK** that LiDu would have to go to another clinic, **NEW MILLENNIUM**, to see **HASKIN**. During LiDu’s visit with **HASKIN**, LiDu had most of the same diagnostic tests performed as when she visited Voight at Health Plus. **HASKIN** gave LiDu prescriptions for Xanax and Soma.

84. **NEW MILLENNIUM** billed Medicaid for a visit by LiDu to **HASKIN** on March 22, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95900 (2 units) , 95903 (4 units), and 95904 (6 units), and on LiDu on that date. However, LiDu did not go to **NEW MILLENNIUM** or see **HASKIN** on March 22, 2010.

85. **NEW MILLENNIUM** and **SOLO LUCKY** billed Medicare and Medicaid approximately \$2,968 for performing the following CPT codes on March 15, 2010, and March 22, 2010:

CPT Code (units)	Description of Service
93000	Electrocardiogram, Complete
93307	Echocardiography, real time
93320	Doppler echocardiography
93325	Doppler color flow velocity

CPT Code (units)	Description of Service
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test (NCV)
95900 (2)	Motor nerve conduction test (NCV)
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

86. When LiDu called **NEW MILLENNIUM** on three occasions, LiDu was told that there were no test results available relating to the diagnostic tests **HASKIN** performed. **NEW MILLENNIUM** was paid about \$1,844 by Medicaid.

87. **PATIENT KyDa**: It was further part of the scheme to defraud that on about January 28, 2010, Medicaid recipient KyDa went to see **HASKIN** at **NEW MILLENNIUM**. During the visit, KyDa was administered a test that involved breathing into a tube. KyDa never breathed in any gases, or used a mask or other apparatus, in connection with the testing.

88. **NEW MILLENNIUM** billed Medicaid for a visit by KyDa to **HASKIN** on February 4, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes

95903 (6 units) and 95904(6 units) on KyDa on that date. However, KyDa did not go to **NEW MILLENNIUM** or see **HASKIN** on February 4, 2010.

89. **NEW MILLENNIUM** and **SOLO** billed Medicaid approximately \$2,928 for performing the following CPT codes on January 28, 2010, and February 4, 2010:

<b>CPT Code (units)</b>	<b>Description of Service</b>
93000	Electrocardiogram, Complete
93307	Echocardiography, real time
93320	Doppler echocardiography
93325	Doppler color flow velocity
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**NEW MILLENNIUM** was paid about \$1,395 by Medicaid.

90. **PATIENT MyLe:** It was further part of the scheme to defraud that on about January 15, 2010, Medicaid recipient MyLe saw **HASKIN** at **NEW MILLENNIUM** with

complaints of leg and back pain. During the visit, MyLe was administered some form of breathing, nerve and cardiac tests. **HASKIN** gave MyLe prescriptions for Xanax, Soma and Vicodin.

91. **NEW MILLENNIUM** billed Medicaid for a visit by MyLe to **HASKIN** on January 22, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on MyLe on that date. However, MyLe did not go to **NEW MILLENNIUM** or see **HASKIN** on January 22, 2010.

92. **NEW MILLENNIUM** and **SOLO** billed Medicaid approximately \$3,988 for performing the following CPT codes on January 15, 2010, and January 22, 2010:

CPT Code (units)	Description of Service
76700	Echo exam of abdomen
76770	Echo exam abdomen back wall
93000	Electrocardiogram, Complete
93307	Echocardiography, real time
93320	Doppler echocardiography
93325	Doppler color flow velocity
93880	Duplex scan of extracranial
93886	Transcranial Doppler study
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)

CPT Code (units)	Description of Service
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**NEW MILLENNIUM** was paid about \$1,954 by Medicaid.

93. **PATIENT KiCa:** It was further part of the scheme to defraud that on about February 3, 2010, Medicaid recipient KiCa saw **HASKIN** at **NEW MILLENNIUM**. During the visit, KiCa was administered some form of diagnostic tests.

94. **NEW MILLENNIUM** billed Medicaid for a visit by KiCa to **HASKIN** on February 10, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (6 units) and 95904 (6 units) on KiCa on that date. However, KiCa did not go to **NEW MILLENNIUM** or see **HASKIN** on February 10, 2010.

95. **NEW MILLENNIUM** and **SOLO** billed Medicaid approximately \$2,228 for performing the following CPT codes on February 3, 2010, and February 10, 2010:

CPT Code (units)	Description of Service
93000	Electrocardiogram, Complete
93307	Echocardiography, real time
93320	Doppler echocardiography
93325	Doppler color flow velocity
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve

CPT Code (units)	Description of Service
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95903 (4)	Moor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**NEW MILLENNIUM** was paid about \$1,095 by Medicaid.

96. **PATIENT YvRa:** It was further part of the scheme to defraud that on about January 8, 2010, Medicare and Medicaid recipient YvRa went to **NEW MILLENNIUM** and saw **HASKIN**. **NEW MILLENNIUM** and **HASKIN** billed for essentially the same series of tests that Saturn and **HASKIN** performed during YvRa's visit in November of 2009.

97. **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on January 15, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on YvRa on that date. However, YvRa did not go to **NEW MILLENNIUM** or see **HASKIN** on January 15, 2010.

98. **NEW MILLENNIUM** and **SOLO** billed Medicare and Medicaid approximately \$3,446 for performing the following CPT codes on January 3, and January 15, 2010:

CPT Code (units)	Description of Service
93000	Electrocardiogram, Complete
93306	Echocardiography, transthoracic with Doppler, Complete

CPT Code (units)	Description of Service
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test
95903 (6)	Motor nerve conduction test, with F-wave study
95903 (6)	Motor nerve conduction test, with F-wave study
95904 (6)	Nerve conduction sensory
95904 (6)	Nerve conduction sensory
95934	"H" Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient

**NEW MILLENNIUM** was paid about \$1,881 by Medicare and \$202 by Medicaid.

99. **PATIENT YvRa**: It was further part of the scheme to defraud that on about September 8, 2010, Medicare and Medicaid recipient YvRa returned to **NEW MILLENNIUM** and saw **HASKIN**. **NEW MILLENNIUM** and **MYSAK** billed Medicare and Medicaid for essentially the same series of diagnostic tests that were billed in connection with YvRa's visit to **NEW MILLENNIUM** in January of 2010.

100. **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on September 15, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95900 (2 units), 95903 (4 units), and 95904 (6 units) on YvRa

on that date. However, YvRa did not go to **NEW MILLENNIUM** or see **HASKIN** on September 15, 2010.

101. **NEW MILLENNIUM** and **SOLO** billed Medicare and Medicaid approximately \$3,271 for performing the following CPT codes on September 8, and September 15, 2010:

CPT Code (units)	Description of Service
93000	Electrocardiogram, complete
93875	Extracranial study
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
94070	Evaluation of wheezing
94200	Maximum breathing capacity
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	Motor nerve conduction test
95900 (2)	Motor nerve conduction test
95903 (4)	Motor nerve conduction test, with F-wave study
95903 (4)	Motor nerve conduction test, with F-wave study
95904 (6)	Nerve conduction sensory
95904 (6)	Nerve conduction sensory
95934	"H" Reflex test, amplitude and latency study
95934	"H" Reflex test, amplitude and latency study
99214	Office visit comprehensive

**NEW MILLENNIUM** was paid about \$1,851 by Medicare and \$42 by Medicaid.

102. It was further part of the scheme to defraud that between about November 2009, and December 2010, **MYSAK** and **PETROSYAN** falsely completed superbills for services they claimed were provided by **HASKIN** at **NEW MILLENNIUM**. The superbills were given to **AIVAZOVA** and **SOLO** for processing. **AIVAZOVA** falsely completed CMS 1500s which included CPT codes that were not specified in the original superbills provided to **SOLO**.

103. **NEW MILLENNIUM** and **SOLO** submitted bills to Medicare totaling approximately \$810,592; **NEW MILLENNIUM** was paid approximately \$455,543.

104. **NEW MILLENNIUM** and **SOLO** submitted bills to Medicaid totaling approximately \$3,268,854; **NEW MILLENNIUM** was paid \$1,315,588.30.

**D. EXECUTIONS OF THE SCHEME TO DEFRAUD:**

105. **HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO** fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

<b>Count</b>	<b>Defendants</b>	<b>Date of Service</b>	<b>Patient</b>
18	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	January 18, 2010	ChBe
19	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	January 25, 2010	ChBe
20	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	March 15, 2010	LiDu
21	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	March 22, 2010	LiDu
22	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	January 28, 2010	KyDa
23	<b>HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO</b>	February 4, 2010	KyDa

Count	Defendants	Date of Service	Patient
24	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	January 15, 2010	MyLe
25	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	January 22, 2010	MyLe
26	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	February 3, 2010	KiCa
27	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	February 10, 2010	KiCa
28	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	January 8, 2010	YvRa
29	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	January 15, 2010	YvRa
30	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	September 8, 2010	YvRa
31	HASKIN, MYSAK, PETROSYAN, AIVAZOVA, NEW MILLENNIUM, and SOLO	September 15, 2010	YvRa

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

**COUNTS 32 THROUGH 34 - METAIRIE HEALTH**

**A. AT ALL TIMES MATERIAL HEREIN:**

106. **DARIA LITVINOVA** was an owner, director and/or officer of **METAIRIE HEALTH CENTER, INC. (METAIRIE HEALTH)** located at 4428 Conlin St, Suite A, and at 3901 Houma Blvd., Suite 108, in Metairie, Louisiana. **LITVINOVA** also operated as a technician.

107. **METAIRIE HEALTH** was a Louisiana business corporation, incorporated in approximately November 2009, and authorized to operate in Louisiana. **METAIRIE HEALTH** patients were either Medicare or Medicaid recipients.

108. **VADIM MYSAK** was a manager and technician at **METAIRIE HEALTH**.

109. **JACK VOIGHT** was a licensed Medical Doctor operating as a general practitioner with **METAIRIE HEALTH**. **VOIGHT** also operated as a physician in other health care clinics owned and operated by associates of **LITVINOVA** and **MYSAK**.

110. **ANNA AIVAZOVA (AIVAZOVA)** was President and Chief Executive Officer of **SOLO LUCKY CLAIMS PROCESSING, INC. (SOLO)**, a California corporation in the business of providing medical claim billing services. **AIVAZOVA**, on behalf of **SOLO**, was identified to Medicare and Medicaid as the designated contact person for **METAIRIE HEALTH** in matters concerning **METAIRIE HEALTH'S** enrollment applications. **AIVAZOVA** on behalf of **SOLO**, was a third party biller who prepared and submitted claims for payment to Medicare and Medicaid on **METAIRIE HEALTH'S** behalf in return for a fee. As a third party biller, **SOLO** completed an extensive certification which stated, in part, that claim information submitted to Louisiana Medicaid was an exact duplicate of detailed claim line information received from **METAIRIE HEALTH** and that the electronic claim information submitted was true, accurate and complete and not materially changed.

110. In or about December 2009, **METAIRIE HEALTH** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN). **AIVAZOVA** and **SOLO**, on behalf of **METAIRIE HEALTH**, used the PIN to submit claims to Pinnacle for services it claimed to have provided to qualified beneficiaries. **METAIRIE HEALTH** was also assigned a PIN with Louisiana's Medicaid program.

111. **VOIGHT** assigned **METAIRIE HEALTH** his rights to bill Medicare and Medicaid for services he claimed to have rendered. In return, **VOIGHT** received payment from **METAIRIE HEALTH**.

**B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:**

112. **METAIRIE HEALTH, LITVINOVA, MYSAK, and VOIGHT** obtained Medicare and Medicaid patients through the use of referrals from other medical clinics owned and operated by their associates. Using **AIVAZOVA** and **SOLO** as their billing company, **METAIRIE HEALTH, LITVINOVA** and **MYSAK** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary or not performed. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **METAIRIE HEALTH** often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

**C. HEALTH CARE FRAUD:**

113. Beginning in or about November 2009 and continuing until in or about November 2010, in the Eastern District of Louisiana and elsewhere, the defendants, **VOIGHT, LITVINOVA, MYSAK, AIVAZOVA, METAIRIE HEALTH,** and **SOLO** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

114. It was part of the scheme and artifice to defraud that about 260 Medicare and 1192 Medicaid beneficiaries sought services at **METAIRIE HEALTH** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same series of diagnostic tests and procedures. Specifically, out of about the 260 Medicare and 1192 Medicaid beneficiaries, **METAIRIE HEALTH** and **SOLO** billed Medicare and Medicaid for the following approximate number of procedures:

CPT Code	Description	Medicare Beneficiaries (out of 260)	Medicaid Beneficiaries (out of 1192)
93000	Electrocardiogram, Complete	256	1166
93306	Echocardiography, transthoracic with Doppler, Complete	258	796
94070	Evaluation of Wheezing	243	1096
94200	Lung Function Test	243	1096
94240	Residual Lung Capacity	243	1096
94350	Lung nitrogen washout curve	243	1096
94370	Single breath airway closing volume	243	1096
94720	Monoxide Diffusing Capacity	243	1096
95900	Motor Nerve Conduction Test	244	1015
95903	Motor nerve conduction test, with F-wave study	244	1108
95904	Nerve conduction sensory	244	1108
95934	H-Reflex Test	193	938
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient	257	1158

115. Despite billing for performing the NCV tests on 244 Medicare and 1108 Medicaid patients, neither **VOIGHT** nor any **METAIRIE HEALTH** personnel performed an EMG on a patient.

116. **Patient ChBe**: It was further part of the scheme to defraud that on about March 2, 2010, Medicare and Medicaid recipient ChBe received a telephone call from a clinic located at 3901 Houma Blvd., **METAIRIE HEALTH**, telling him/her that it was time for him/her to schedule an appointment at that clinic. The visit was scheduled for March 2, 2010. When ChBe arrived at that address on about March 2, 2010, he/she realized that the office building where he/she was supposed to have the appointment shared a driveway with the building in which he/she had previously had an exam from Dr. Haskin. The patient visited with, and was treated by, **VOIGHT**. During the visit,

ChBe complained only of knee pain. Even though ChBe did not complain of any pain in his/her arms, **VOIGHT** sent ChBe to an office next door to his office, where ChBe received some kind of test on both of arms that took approximately two hours. ChBe was not administered any other tests on March 2, 2010.

117. **METAIRIE HEALTH CENTER** and **SOLO** billed Medicaid approximately \$1,916 for performing the following CPT codes on March 2, 2010:

CPT Code	Description
94200	Maximum breathing capacity
95934	H-Reflex Test
99204	Comprehensive 45 minute examination

**METAIRIE HEALTH CENTER, INC.** was paid about \$1,121 by Medicare and nothing was paid by Medicaid.

118. **Patient KiCa**: It was further part of the scheme to defraud that sometime on or before April 14, 2010, Medicaid recipient KiCa made an appointment to see **VOIGHT** at a clinic located at 3901 Houma Blvd. KiCa had seen **VOIGHT** several times before, and had seen him at a clinic located at 3901 Houma Blvd. On about April 14, 2010, unlike the previous visits to the clinic located at 3901 Houma Blvd., the clinic was named **METAIRIE HEALTH CENTER, INC.**

119. **METAIRIE HEALTH** and **SOLO** billed Medicaid approximately \$1,742 for performing the following CPT codes on April 14, 2010:

CPT Code (Units)	Description
93000	Electrocardiogram, Complete
93307	Echocardiography; real time with image documentation

CPT Code (Units)	Description
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping
95900 (2)	Electrocardiogram, Complete
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	H-Reflex Test

**METAIRIE HEALTH** was paid about \$787 by Medicaid.

120. On or about August 5, 2010, KiCa again saw **VOIGHT** at **METAIRIE HEALTH**, located at 3901 Houma Blvd. KiCa complained that her hands were shaking. After learning that KiCa had previously been the victim of a stab wound, **VOIGHT** questioned KiCa, before ordering that he/she receive a nerve conduction study.

121. **METAIRIE HEALTH** and **SOLO** billed Medicaid approximately \$985 for performing the following CPT codes on August 5, 2010:

CPT Code (Units)	Description
95900 (2)	Electrocardiogram, Complete
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
99213	Intermediate 15 minute office visit

**METAIRIE HEALTH** was paid about \$474 by Medicaid.

122. It was further part of the scheme to defraud that between December 1, 2009, and January 24, 2011, **LITVINOVA** and **MYSAK** falsely completed documentation that they transmitted to **AIVAZOVA** and **SOLO** in order to bill for services they claimed were provided by **VOIGHT** at **METAIRIE HEALTH**.

123. **METAIRIE HEALTH** and **SOLO** submitted fraudulent bills to Medicare totaling approximately \$621,374; **METAIRIE HEALTH** was paid approximately \$335,348.

124. **METAIRIE HEALTH** and **SOLO** submitted fraudulent bills to Medicaid totaling approximately \$2,626,845; **METAIRIE HEALTH** was paid approximately \$1,077,178.

**D. EXECUTIONS OF THE SCHEME TO DEFRAUD:**

125. **VOIGHT, LITVINOVA, MYSAK, AIVAZOVA, METAIRIE HEALTH,** and **SOLO** fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

<b>Count</b>	<b>Defendants</b>	<b>Date of Service</b>	<b>Patient</b>
32	<b>VOIGHT, LITVINOVA, MYSAK, AIVAZOVA, METAIRIE HEALTH, and SOLO</b>	March 2, 2010	ChBe
33	<b>VOIGHT, LITVINOVA, MYSAK, AIVAZOVA, METAIRIE HEALTH, and SOLO</b>	April 14, 2010	KiCa
34	<b>VOIGHT, LITVINOVA, MYSAK, AIVAZOVA, METAIRIE HEALTH, and SOLO</b>	August 5, 2010	KiCa

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

**COUNTS 35 THROUGH 42 - HEALTH GUARD**

**A. AT ALL TIMES MATERIAL HEREIN:**

126. **ANAHIT HOVHANNISYAN** was an owner, director and/or officer of **HEALTH GUARD, INC. (HEALTH GUARD)** located at 2424 Williams Blvd., Suite K in Kenner, Louisiana. **HOVHANNISYAN** also operated as a technician.

127. **HEALTH GUARD, INC.** was a Louisiana business corporation, incorporated in approximately August 2009, and authorized to operate in Louisiana. **HEALTH GUARD** patients were either Medicare or Medicaid recipients.

128. **YELENA IVANOVA** was a licensed Medical Doctor operating as a general practitioner with **HEALTH GUARD**. **IVANOVA** also operated as a physician in another health care clinic owned and operated by associates of **HOVHANNISYAN**.

129. **ANNA AIVAZOVA (AIVAZOVA)** was President and Chief Executive Officer of **SOLO LUCKY CLAIMS PROCESSING, INC. (SOLO)**, a California corporation in the business of providing medical claim billing services. **AIVAZOVA**, on behalf of **SOLO**, was identified to Medicare and Medicaid as the designated contact person for **HEALTH GUARD** in matters concerning **HEALTH GUARD'S** enrollment applications. **AIVAZOVA** on behalf of **SOLO**, was a third party biller who prepared and submitted claims for payment to Medicare and Medicaid on **HEALTH GUARD'S** behalf in return for a fee. As a third party biller, **SOLO** completed an extensive certification which stated, in part, that claim information submitted to Louisiana Medicaid was an exact duplicate of detailed claim line information received from **HEALTH GUARD** and that the electronic claim information submitted was true, accurate and complete and not materially changed.

130. In or about November 2009, **HEALTH GUARD** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN). **AIVAZOVA** and **SOLO**, on behalf of **HEALTH GUARD**, used the PIN to submit claims to Pinnacle for services it claimed to have provided to qualified beneficiaries. **HEALTH GUARD** was also assigned a PIN with Louisiana's Medicaid program.

131. **IVANOVA** assigned **HEALTH GUARD** her rights to bill Medicare and Medicaid for services she claimed to have rendered. In return, **IVANOVA** received payment from **HEALTH GUARD**.

**B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:**

132. **HEALTH GUARD, HOVHANNISYAN, and IVANOVA** obtained most of their Medicaid and Medicare patients through the use of referrals from other medical clinics owned and operated by their associates. Using **AIVAZOVA** and **SOLO** as their billing company, **HEALTH GUARD** and **HOVHANNISYAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary or not performed. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **HEALTH GUARD** often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

**C. HEALTH CARE FRAUD:**

133. Beginning in or about November 2009 and continuing until in or about March 2010, in the Eastern District of Louisiana and elsewhere, the defendants, **IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

134. It was part of the scheme and artifice to defraud that about 326 Medicare and 1231 Medicaid beneficiaries sought services at **HEALTH GUARD** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same series of diagnostic tests and procedures. Specifically, out of about 326 Medicare and 1231 Medicaid beneficiaries, **HEALTH GUARD, HOVHANNISYAN, and SOLO** billed Medicare and Medicaid for the following approximate number of procedures:

<b>CPT Code (Units)</b>	<b>Description</b>	<b>Medicare Beneficiaries (out of 326)</b>	<b>Medicaid Beneficiaries (out of 1231)</b>
76770	Retroperitoneal ultrasound	107	296
93000	Electrocardiogram, Complete	316	1134
93306	Echocardiography, transthoracic with Doppler, Complete	259	611
93880	Duplex scan of extracranial	322	1176
93886	Transcranial Doppler Study	320	1149
93923	Upper and lower extremity study	300	1060
93924	Lower extremity study at rest & following treadmill stress test	289	1033
93965	Extremity vein study	293	1051
94070	Evaluation of Wheezing	243	930
94200	Lung Function Test	326	1064
94240	Residual Lung Capacity	326	1064
94350	Lung nitrogen washout curve	326	1064
94370	Single breath airway closing volume	326	1064
94720	Monoxide Diffusing Capacity	243	930
94725	Membrane diffusion capacity	91	191
94750	Pulmonary compliance study	91	192
95900	Motor Nerve Conduction Test	265	1038
95903	Motor nerve conduction test, with F-wave study (NCV)	350	1172
95904	Nerve conduction sensory (NCV)	350	1172
95934	H-Reflex Test	314	1114
99203	New patient office/out patient visit	251	1190

135. Despite billing for performing the NCV tests on 326 Medicare patients and 1231 Medicaid patients, neither **IVANOVA** nor any **HEALTH GUARD** personnel ever performed an EMG on a patient.

136. **Patient ChBe:** It was further part of the scheme and artifice to defraud that on around November 27, 2009, Medicaid recipient ChBe received a telephone call from a clinic located at 2424 Williams Blvd. instructing him/her to come in for a physician's visit scheduled for November 27, 2009. When ChBe arrived at that address on November 27, 2009, although the clinic, formerly Health Plus, was now named **HEALTH GUARD**, he/she noticed that the clinic's staff appeared to be the same as in his/her previous visits to Health Plus. ChBe visited with, and was treated by, **IVANOVA**, instead of Dr. Voight. During the visit, ChBe complained only of knee pain. Nevertheless, pursuant to **IVANOVA'S** instructions, ChBe was administered some form of heart and nerve tests, for which he/she never received results. At the end of the visit, **IVANOVA'S** prescriptions for ChBe included Tromidol, Xanax, and Soma.

137. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$2,076 for performing the following CPT codes on November 27, 2009:

CPT Code (Units)	Description
76770	Retroperitoneal ultrasound
93000	Electrocardiogram, complete
93306	Echocardiography, transthoracic with Doppler, complete
94200	Maximum breathing capacity
94240	Residual lung capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)

CPT Code (Units)	Description
99203	New patient office/out patient visit

**HEALTH GUARD** was paid about \$1,170 by Medicare.

138. It was further part of the scheme to defraud that on about February 24, 2010, ChBe returned to **HEALTH GUARD** to see **IVANOVA**. Once again, **IVANOVA** ordered, and ChBe received, some form of nerve and heart tests. Although he/she did not complain of it, **IVANOVA** diagnosed ChBe with a nerve problem in his/her hand, and **IVANOVA** told ChBe to purchase a non-prescription hand brace.

139. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$3,056 for performing the following CPT codes on February 24, 2010:

CPT Code (Units)	Description
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
93923 (2)	Upper and lower extremity study
93924	Lower extremity study at rest & following treadmill stress test
93965	Extremity vein study
94070	Evaluation of Wheezing
94200	Lung Function Test
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Monoxide Diffusing Capacity
95900 (2)	Motor Nerve Conduction Test
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)

CPT Code (Units)	Description
95904 (6)	Nerve conduction sensory (NCV)
95934	H-Reflex Test
99214	Office/outpatient visit - established patient

**HEALTH GUARD** and **SOLO** billed all of the above codes for this visit, even though the superbill **HEALTH GUARD** submitted to it reflected only the following CPT codes: 93880, 93923, 93924, 93965, 95903, 95904, and 99214.

140. **HEALTH GUARD** was paid about \$1,616 by Medicare and nothing by Medicaid.

141. **Patient BaCh**: It was further part of the scheme to defraud that Medicare and Medicaid recipient BaCh made an appointment to see Dr. Voight at Health Plus located at 2424 Williams Blvd. on about January 22, 2010. When BaCh arrived on that date, the clinic was named **HEALTH GUARD**, and BaCh was told that Dr. Voight had left the clinic to join another, related clinic on Houma Blvd., even though Dr. Voight's name was still listed on the appointment cards and the clinic sign. Instead, BaCh saw **IVANOVA**.

142. During the visit with **IVANOVA**, BaCh complained of shortness of breath and **IVANOVA** instructed that BaCh undergo some form of breathing test. Although **HEALTH GUARD** and **SOLO** billed for nerve tests, EKGs, and ultrasounds, as indicated below, BaCh did not receive these tests. At the end of the visit, **IVANOVA** gave prescriptions to BaCh including Lobuterol, Xanax, and cough medicine.

143. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$3,325 for performing the following CPT codes on January 22, 2010:

CPT Code (Units)	Description
93000	Electrocardiogram, Complete
93306	Echocardiography, transthoracic with Doppler, Complete
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
93923	Upper and lower extremity study
93924	Lower extremity study at rest & following treadmill stress test
93965	Extremity vein study
94200	Lung Function Test
94240	Residual Lung Capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	H-Reflex Test
99203	New patient office/out patient visit

**HEALTH GUARD** was paid about \$1,740 by Medicare and \$91 by Medicaid.

144. It was further part of the scheme to defraud that on about April 14, 2010, BaCh returned to **HEALTH GUARD** to see **IVANOVA**. BaCh complained of stomach pain. **IVANOVA** ordered, and BaCh received, another breathing test. Although **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid for nerve tests, EKGs, and ultrasounds, as indicated below, these tests were not performed on BaCh. At the end of the visit, **IVANOVA** gave BaCh a prescription for antibiotics.

145. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$1,060 for performing the following CPT codes on April 14, 2010:

CPT Code (Units)	Description
95900 (2)	Motor nerve conduction test
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
99214	Office/outpatient visit, established patient

**HEALTH GUARD** was paid about \$613 by Medicare.

146. **Patient TrDa**: It was further part of the scheme to defraud that on about January 13, 2010, Medicare and Medicaid recipient TrDa went to 2424 Williams Blvd. to see Dr. Voight. When TrDa arrived at that address, the clinic was renamed **HEALTH GUARD** and the receptionist told TrDa that **IVANOVA** had taken over for Dr. Voight and instructed TrDa to complete new paperwork. During the visit with **IVANOVA**, TrDa complained of tooth pain, anxiety and nervousness. On **IVANOVA'S** instructions, TrDa was administered some form of breathing, heart, shock and nerve tests and an ultrasound. At the end of the visit **IVANOVA** gave TrDa prescriptions for Soma, Xanax and cough syrup.

147. **HEALTH GUARD** and **SOLO** billed Medicare approximately \$2,525 for performing the following CPT codes on January 13, 2010:

CPT Code (Units)	Description
93000	Electrocardiogram, complete
93306	Echocardiography, transthoracic with Doppler, complete
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study

CPT Code (Units)	Description
94200	Maximum breathing capacity
94240	Residual lung capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94725	Membrane diffusion capacity
94750	Pulmonary compliance study
95903 (6)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
99203	New patient office/out patient visit

**HEALTH GUARD** was paid about \$1,507 by Medicare.

148. It was further part of the scheme to defraud that on about March 12, 2010, TrDa returned to **HEALTH GUARD** to see **IVANOVA**. TrDa complained to **IVANOVA** of tooth pain, anxiety and nerves and a toenail problem. TrDa was directed to an exam room where some form of breathing, heart and shocking nerve tests were administered. Although TrDa made no complaints about his/her legs, a test that squeezed TrDa's legs and took about five minutes was performed.

149. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$1,815 for performing the following CPT codes on March 12, 2010:

CPT Code (units)	Description of Service
93923	Upper and lower extremity study
93924	Lower extremity study at rest and following treadmill stress test
93965	Extremity vein study
95900 (2)	Motor nerve conduction test
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)

CPT Code (units)	Description of Service
95934	H-Reflect test
99214	Office/outpatient visit, established patient

**HEALTH GUARD** was paid about \$1,105 by Medicare.

150. **Patient JoGi**: It was further part of the scheme to defraud that on about September 13, 2010, JoGi went to **HEALTH GUARD** and saw **IVANOVA**. JoGi complained of high blood pressure, back and leg pain, a cold and a cough, headache and anxiety. Although JoGi never reported a history of smoking, **IVANOVA** ordered a series of pulmonary tests. JoGi had with him/her MRIs performed by other health care providers, but **IVANOVA** indicated that no prior examinations were available and ordered voluminous diagnostic testing. The face-to-face portion JoGi had with **IVANOVA** lasted about five to ten minutes. The tests JoGi was given were administered by people JoGi recognized from Health Plus and Saturn.

151. JoGi explained to **IVANOVA** that his/her psychiatrist prescribed him/her Xanax for anxiety. When **IVANOVA** disputed that JoGi's psychiatrist could prescribe Xanax, **IVANOVA** insisted on writing JoGi a prescription for Xanax. At the end of the visit, **IVANOVA** also gave JoGi prescriptions for Soma and Tramadol.

152. **HEALTH GUARD** and **SOLO** billed Medicaid for a visit by JoGi to **IVANOVA** on September 20, 2010. Specifically, **HEALTH GUARD** billed Medicaid for performing CPT Codes 95900 (2 units), 95903 (4 units), and 95904 (6 units) on JoGi on that date. However, JoGi did not go to **HEALTH GUARD** or see **IVANOVA** on September 20, 2010.

153. **HEALTH GUARD** and **SOLO** billed Medicare and Medicaid approximately \$4,876 for performing the following CPT codes on September 13, 2010, and September 20, 2010:

CPT Code (Units)	Description
76770	US Exam Abdominal Back Well, Comp.
93000	Electrocardiogram, complete
93306	Echocardiography, transthoracic with Doppler, complete
93875	Cerebral vascular studies arterial
93880	Duplex scan of extracranial
93886	Transcranial Doppler Study
93923	Extremity Study
93924	Extremity Study
93965	Extremity Study
93978	Vascular Study
94070	Evaluation of wheezing
94200	Lung Function Test (Mbc/Mvv)
94240	Residual lung capacity
94350	Lung nitrogen washout curve
94370	Single breath airway closing volume
94720	Monoxide diffusion capacity
95900 (2)	Motor Nerve Conduction Test
95900 (2)	Motor Nerve Conduction Test
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95903 (4)	Motor nerve conduction test, with F-wave study (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95904 (6)	Nerve conduction sensory (NCV)
95934	H-Reflex Test
99203	New patient office/out patient visit

**HEALTH GUARD** was paid about \$2,754 by Medicare and \$42 by Medicaid.

154. It was further part of the scheme to defraud that between November 1, 2009, and January 7, 2011, **HOVHANNISYAN** falsely completed documentation that she transmitted to **AIVAZOVA** and **SOLO** in order to bill for services she claimed were provided by **IVANOVA** at **HEALTH GUARD**.

155. **HEALTH GUARD** and **SOLO** submitted fraudulent bills to Medicare totaling approximately \$1,416,411; **HEALTH GUARD** was paid approximately \$778,856.

156. **HEALTH GUARD** and **SOLO** submitted fraudulent bills to Medicaid totaling approximately \$4,815,101; **HEALTH GUARD** was paid approximately \$1,934,152.

**D. EXECUTIONS OF THE SCHEME TO DEFRAUD:**

157. **IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO** fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
35	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	November 27, 2009	ChBe
36	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	February 24, 2010	ChBe
37	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	January 22, 2010	BaCh
38	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	April 14, 2010	BaCh
39	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	January 13, 2010	TrDa
40	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	March 12, 2010	TrDa
41	<b>IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO</b>	September 13, 2010	JoGi

Count	Defendants	Date of Service	Patient
42	IVANOVA, HOVHANNISYAN, AIVAZOVA, HEALTH GUARD, and SOLO	September 20, 2010	JoGi

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

**COUNT 43 - CONSPIRACY**

**A. AT ALL TIMES MATERIAL HEREIN:**

158. The allegations of Sections A and B of Counts 1 through 42 are incorporated as though fully set forth herein:

159. **MED-TECH TECHNOLOGIES, INC. (MED-TECH)** was a California corporation operated by and through **JERAYR ROSTAMIAN (ROSTAMIAN)** who was the President and a Director. **MED-TECH** was a medical equipment distributor.

**B. THE CONSPIRACY:**

160. Beginning in or about July 2006, and continuing until on or about April 2011, in the Eastern District of Louisiana and elsewhere, the defendants, **JACK VOIGHT, M.D, ERNESTINE GIROD a/k/a "Tweet," ARTEM GASPARYAN, JERRY HASKIN, M.D., VADIM MYSAK, ANAHIT PETROSYAN, DARIA LITVINOVA, ANAHIT HOVHANNISYAN, YELENA IVANOVA, M.D., ANNA AIVAZOVA, SOLO LUCKY CLAIMS PROCESSING, INC., and JERAYR ROSTAMIAN, MED-TECH TECHNOLOGIES, INC.** and the "Clinic" defendants, **SATURN MEDICAL GROUP, INC., NEW MILLENNIUM MEDICAL GROUP, INC., METAIRIE HEALTH CENTER, INC., and HEALTH GUARD, INC.,** (hereinafter the "**CLINICS**") (collectively "**CONSPIRATORS**"), and others known and unknown to the Grand Jury, willfully and knowingly did combine, conspire, confederate and agree together and with each other to knowingly and willfully execute and attempt to execute a scheme and artifice to defraud

Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by and under the custody and control of Medicare and Medicaid in connection with the delivery of and payment for health care benefits and services, to-wit: the **CONSPIRATORS** caused false claims for physician and diagnostic services that were neither rendered nor medically necessary to be submitted to Medicare and Medicaid, in violation of Title 18, United States Code, Section 1347.

**C. OBJECT OF THE CONSPIRACY:**

161. To effectuate the fraud scheme, the **CONSPIRATORS** purchased and created health care clinics which existed for only short times, usually about a year. The only patients of the **CLINICS** were Medicare and Medicaid beneficiaries. The services most often billed by the **CLINICS** were diagnostic services involving the patients' nervous, pulmonary and cardiac systems.

162. Defendants transported and referred patients from one clinic to another clinic (shared patients) owned and operated by their associates. After a patient was "shared" the patient received the same series of unnecessary tests and diagnostic procedures. By sharing patients, the **CONSPIRATORS** caused repetitive billings to Medicare and Medicaid for identical, unnecessary services performed at multiple clinics.

163. The first clinic opened, **SATURN**, and other clinics known and unknown to the Grand Jury, used marketers and recruiters to entice and transport patients to **SATURN** in return for cash payments. The clinic owners instructed the runners, including **GIROD**, what complaints to make to the clinic physicians to ensure that the doctor would prescribe narcotics to the patient. Those same complaints fraudulently supported diagnoses which the clinic owner, doctor, and technicians relied upon when ordering and billing Medicare and Medicaid for unnecessary and repetitive diagnostic services.

164. Once the clinic owner exhausted the clinic patient population by fraudulently ordering, performing and billing for the medically unnecessary diagnostic services, the owner closed and dissolved the medical clinic and used a technician from the newly closed clinic as the new owner of the next clinic. Often the location, equipment and staff of the new clinic did not change. Only the ownership and the Medicare and Medicaid PIN numbers were different. Patients who returned for either legitimate medical services or in an attempt to obtain narcotic prescriptions would again be fraudulently ordered to submit to unnecessary diagnostic testing. Often the diagnostic services had been performed on that same patient at the previous clinic, even though neither the physician nor the location had changed.

165. Once a medical clinic closed, the patients' medical charts were relocated to a storage facility so that the new clinic owner could falsely justify repeating the voluminous diagnostic tests which were then rebilled to Medicare and Medicaid under a newly assigned provider number.

166. The technicians in the **CLINICS**, including **MYSAK, LITVINOVA, GASPARYAN, PETROSYAN, HOVHANNISYAN**, and other unindicted co-conspirators were not properly trained to perform the diagnostic testing on the patients. **ROSTAMIAN** and **MED-TECH** provided false certificates to make it appear that the technicians at the **CLINICS** were properly trained to operate the complex diagnostic testing equipment. Some of the CPT codes billed by the **CLINICS** required that sophisticated equipment usually found in specialty or training hospitals be used to complete the tests. None of the **CLINICS** had these particular types of equipment necessary to properly perform the tests.

167. In about January of 2010, **NEW MILLENNIUM** and **HASKIN, METAIRIE HEALTH** and **VOIGHT**, and **HEALTH GUARD** and **IVANOVA** entered into separate contracts with a Neurologist to read and interpret the neurodiagnostic results of NCV tests performed at **NEW**

**MILLENNIUM, METAIRIE HEALTH and HEALTH GUARD**, respectively. On about May 5, 2010, the Neurologist sent an email to **MYSAK, PETROSYAN, VOIGHT, IVANOVA and HASKIN**. The Neurologist stated his concern about the NCV studies he was receiving from **NEW MILLENNIUM, METAIRIE HEALTH, and HEALTH GUARD** and noted that the volume of studies he was receiving from **HASKIN, VOIGHT, and IVANOVA** as primary care physicians was more reflective of work from a diagnostic facility. The Neurologist observed that it appeared as though every patient at **NEW MILLENNIUM, METAIRIE HEALTH, and HEALTH GUARD** was receiving nerve conduction studies. The Neurologist also suspended reading studies from the **CLINICS** until the issues raised were clarified. When no response was received, the Neurologist wrote **VOIGHT** and offered to discuss the quality of the studies **VOIGHT** was sending to him for interpretation. The Neurologist also provided **VOIGHT** with literature and a DVD, and offered to meet with **VOIGHT** to explain the indications of doing NCV studies. Notwithstanding the complaints of the Neurologist, because of the volume of NCV studies that the **CLINICS** were producing, **MYSAK and GASPARYAN** began falsifying patient charts by copying old NCV readings of the Neurologist to cut and paste them into the patient files instead of having them read by a competent Neurologist.

168. The false and fraudulent billings for services that were medically unnecessary, performed in such a manner as they had no clinical value, and unperformed services caused by **VOIGHT, GIROD, GASPARYAN, HASKIN, MYSAK, PETROSYAN, LITVINOVA, HOVHANNISYAN, IVANOVA, AIVAZOVA, SOLO, the CLINICS, JERAYR ROSTAMIAN and MED-TECH TECHNOLOGIES, INC.** caused losses to Medicare and Medicaid totaling approximately \$9,770,974.

**D. WAYS AND MEANS TO ACCOMPLISH THE CONSPIRACY:**

169. The **CONSPIRATORS**, specifically the **DEFENDANTS** and the **CLINICS**, carried out the conspiracy in the following manner and through the following means, among others:

- a. conducting tests, and causing tests to be conducted, that were not medically necessary;
- b. billing Medicare and Medicaid for diagnostic tests that were not performed during patient visits;
- c. billing Medicare and Medicaid for performing diagnostic tests on patients when the patients were not present at the Clinics on the date of service;
- d. requiring patients to undergo unnecessary tests in order for the patients to have narcotics prescribed;
- e. transferring, and causing to be transferred, patients between the multiple health care clinics for the purpose of submitting duplicative fraudulent claims to Medicare and Medicaid; and
- f. falsifying patient records.

**E. OVERT ACTS:**

170. In furtherance of the conspiracy and to accomplish the purposes thereof, **JACK VOIGHT, M.D, JERRY HASKIN, M.D., YELENA IVANOVA, M.D., ERNESTINE GIROD a/k/a "Tweet," ARTEM GASPARYAN, VADIM MYSAK, ANAHIT PETROSYAN, DARIA LITVINOVA, ANAHIT HOVHANNISYAN, ANNA AIVAZOVA, JERAYR ROSTAMIAN, SATURN MEDICAL GROUP, INC., NEW MILLENNIUM MEDICAL GROUP, INC., METAIRIE HEALTH CENTER, INC., HEALTH GUARD, SOLO LUCKY CLAIMS PROCESSING, INC., MED-TECH TECHNOLOGIES, INC.,** and others, committed and caused to be committed the following overt acts, including those alleged in Counts 1 through 42, among others, in the Eastern District of Louisiana and elsewhere:

- a. On or about the following dates, **ROSTAMIAN** and **MED-TECH** falsified Certificates of Completion for training, for the named Defendant (in **BOLD**) on equipment the **CLINICS** reported to Medicaid was used to conduct diagnostic testing on patients:

<b>Date</b>	<b>Equipment</b>	<b>Name on Certificate</b>
06/25/2008	Cadwell NCV system	<b>MYSAK</b>
05/01/09	Hokason PVL system	<b>MYSAK</b>
01/08/08	Hokason PVL system	JuPa
09/08	Medgraphics PTF system	<b>HOVHANNISYAN</b>
07/01/09	TCD-EZ DOP system model DWL	JuPa
07/01/09	NCV Sierra II system by Cadwell	JuPa
12/10/06	Sierra II NCV	<b>HOVHANNISYAN</b>
11/09	Rimed EZ DOP TCD System	SiTu

- b. On about December 1, 2010, **MYSAK** opened a storage unit at a local facility. Once Health Plus, **SATURN**, **NEW MILLENNIUM**, **HEALTH GUARD**, and **METAIRIE HEALTH** closed, the patient files of those Clinics were put in storage. When a patient arrived for a visit at the closed clinic, the patient was routinely told by the owner of the new clinic, including **GASPARYAN**, **HOVHANNISYAN**, **MYSAK**, and **LITVINOVA**, that they had to undergo the same series of diagnostic tests the patient had received at the old clinic again because the patient files were unavailable for the physician at the new clinic to review.
- c. Superbills were falsified by the named **CLINICS** and the owners of the **CLINCS** and transmitted to **AIVAZOVA** and **SOLO LUCKY** on or about the below listed dates, each causing a fraudulent bill to be submitted to Medicare and/or Medicaid:

<b>Date</b>	<b>Patient</b>	<b>Clinic</b>	<b>Defendants</b>
04/27/09	ChSh	Health Plus	<b>VOIGHT, GIROD</b>
01/28/09	ChBe	<b>SATURN</b>	<b>HASKIN, GASPARYAN</b>
04/06/09	JoLe	Health Plus	<b>VOIGHT</b>
04/09/09	JoLe	<b>SATURN</b>	<b>HASKIN, GASPARYAN</b>
05/08/09	BaCh	<b>SATURN</b>	<b>HASKIN, GASPARYAN</b>

<b>Date</b>	<b>Patient</b>	<b>Clinic</b>	<b>Defendants</b>
06/02/09	ChBe	Health Plus	VOIGHT
06/08/09	ChBe`	Health Plus	VOIGHT
07/30/09	LiDu	Health Plus	VOIGHT
07/30/09	MeDu	Health Plus	VOIGHT
08/20/09	MeDu	SATURN	HASKIN, GASPARYAN
09/24/09	YvRa	Health Plus	VOIGHT
09/28/09	ChBe	SATURN	HASKIN, GASPARYAN
10/08/09	ChBe	SATURN	HASKIN, GASPARYAN
10/23/09	AIBl	Health Plus	VOIGHT
11/09/09	YvRa	SATURN	HASKIN, GASPARYAN
11/13/09	YvRa	SATURN	HASKIN, GASPARYAN
11/23/09	AIBl	SATURN	HASKIN, GASPARYAN
11/27/09	ChBe	HEALTH GUARD	IVANOVA, HOVIANNISYAN
11/30/09	AIBl	SATURN	HASKIN, GASPARYAN
01/08/10	YvRa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/13/10	TrDa	HEALTH GUARD	IVANOVA, HOVIANNISYAN
01/15/10	MyLe	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/15/10	YvRa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/18/10	ChBe	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/22/10	MyLe	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/22/10	BaCh	HEALTH GUARD	IVANOVA, HOVIANNISYAN
01/25/10	ChBe	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
01/28/10	KyDa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
02/03/10	KiCa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
02/04/10	KyDa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
02/10/10	KiCa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
02/24/10	ChBe	HEALTH GUARD	IVANOVA, HOVIANNISYAN

Date	Patient	Clinic	Defendants
03/12/10	TrDa	HEALTH GUARD	IVANOVA, HOVIANNISYAN
03/15/10	LiDu	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
03/22/10	LiDu	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
04/14/10	KiCa	METAIRIE HEALTH	LITVINOVA, MYSAK, VOIGHT
04/14/10	BaCh	HEALTH GUARD	IVANOVA, HOVIANNISYAN
05/02/10	ChBe	METAIRIE HEALTH	LITVINOVA, MYSAK, VOIGHT
08/05/10	KiCa	METAIRIE HEALTH	LITVINOVA, MYSAK, VOIGHT
09/08/10	YvRa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN,
09/13/10	JoGi	HEALTH GUARD	IVANOVA, HOVIANNISYAN
09/15/10	YvRa	NEW MILLENNIUM	MYSAK, PETROSYAN, HASKIN
09/20/10	JoGi	HEALTH GUARD	IVANOVA, HOVIANNISYAN

- d. On about January 13, 2010, **IVANOVA** fraudulently adopted a falsified NCV reading of a Neurologist which had been cut and pasted into the patient file of TrDa.
- e. On about March 12, 2010, **GASPARYAN** falsified a patient record of TrDa in connection with an NCV study **HEALTH GUARD** claimed was performed by cutting and pasting a false reading of a neurologist into the patient chart.
- f. On about April 20, 2011, **GASPARYAN** and **PETROSYAN** had in their possession a brown grocery bag containing cut out pieces of paper taken from genuine NCV interpretations provided by the Neurologist under contract with **NEW MILLENNIUM, HEALTH GUARD, and METAIRIE HEALTH**. Included in those documents was a NCV report with a cut out of a result of a previous NCV study taped to the paper. The patient file of RaFl at **METAIRIE HEALTH** contained the exact duplicate copy of the NCV report dated April 30, 2010, complete with the handwritten result of the cut and pasted copy found in the home of **GASPARYAN** and **PETROSYAN** on April 20, 2011. In the patient file of RaFl at **METAIRIE HEALTH**, the referring physician is **VOIGHT** and the letters “JV” are written beside the handwritten, cut and pasted, interpretation.
- g. On about April 14, 2010, **GASPARYAN** falsified an NCV interpretation in the patient record of KiCa for a visit at **METAIRIE HEALTH** on that same date. The falsified results were initialed by **VOIGHT**. On about August 5, 2010, **GASPARYAN** falsified an NCV interpretation in the patient record of KiCa for a visit at **METAIRIE HEALTH** on that same date. The falsified results were initialed by **VOIGHT**.

- h. Between about April 2009 and January 2010, **AIVAZOVA** fraudulently processed claim forms for **SATURN** seeking payment from Medicare and Medicaid for which **SOLO LUCKY** was paid approximately \$53,131.75.
- i. Between about November 2009 and December 2010, **AIVAZOVA** fraudulently processed claim forms for **NEW MILLENNIUM** seeking payment from Medicare and Medicaid for which **SOLO LUCKY** was paid approximately \$86,876.79.
- j. Between about November 2009 and November 2010, **AIVAZOVA** fraudulently processed claim forms for **METAIRIE HEALTH CENTER** seeking payment from Medicare and Medicaid for which **SOLO LUCKY** was paid approximately \$59,817.
- k. Between about November 2009 and March 2010, **AIVAZOVA** fraudulently processed claim forms for **HEALTH GUARD** seeking payment from Medicare and Medicaid for which **SOLO LUCKY** was paid approximately \$74,015.

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

**COUNT 44**

**CONSPIRACY TO COMMIT MONEY LAUNDERING**

**A.** The allegations of Sections A and B of Counts 1 through 42, and paragraphs 158-159 and 170(a-k) of Count 43 are incorporated as though fully set forth herein:

**B. THE CONSPIRACY:**

171. From in or about January 2009 until April 2011, in the Eastern District of Louisiana and elsewhere, **VADIM MYSAK**, **JERAYR ROSTAMIAN**, and **MED-TECH** and others known and unknown to the Grand jury, unlawfully, willfully, and knowingly did combine, conspire, confederate, and agree together and with each other to commit offenses against the United States, to-wit, to violate Title 18, United States Code, Sections 1956(a)(i)(B)(I) and 1957.

**C. OBJECT OF THE CONSPIRACY:**

172. It was a part and object of the conspiracy that **MYSAK**, **ROSTAMIAN**, **MED-TECH**, and others known and unknown to the Grand Jury, unlawfully, willfully, and knowingly would and did conduct and attempt to conduct financial transactions involving the proceeds of

specified unlawful activities, to-wit, health care fraud, knowing that the property involved in such financial transactions represented the proceeds of some form of unlawful activity, and knowing that such financial transactions were designed in whole and in part to conceal and disguise the nature, location, source, ownership and control of the proceeds of health care fraud, a specified unlawful activity as defined in Title 18, United States Code, Section (c)(7)(F), in violation of Title 18, United States Code, Section 1956(a)(1)(B)(I).

173. It was further a part and object of the conspiracy that **MYSAK, ROSTAMIAN, MED-TECH** and others known and unknown, in an offense involving and affecting interstate and foreign commerce, would and did engage in and attempt to engage in monetary transactions, as that term is defined in Title 18, United States Code, Section 1957(f)(1), in criminal derived property that was of a value greater than \$10,000, to wit, the payment by check of funds in excess of \$10,000 from bank accounts that received Medicare and Medicaid funds to other bank accounts controlled by the defendants, such property having been derived from health care fraud, a specified unlawful activity as defined in Title 18, United States Code, Section (c)(7)(F), in violation of Title 18, United States Code, Section 1957.

**C. WAYS AND MEANS TO ACCOMPLISH THE CONSPIRACY:**

174. **MYSAK** and others known and unknown to the grand jury, routinely purchased used medical equipment on behalf of the medical clinics from **ROSTAMIAN** and **MED-TECH**. The prices **MYSAK** and others paid **ROSTAMIAN** and **MED-TECH** for the used medical equipment were almost always significantly more than the value of the medical equipment. Often brand new medical equipment could have been purchased for much less than **MYSAK** and the medical clinics paid **ROSTAMIAN** and **MED-TECH** for the used equipment.

175. Within weeks of purchasing the used medical equipment, **MYSAK** and the clinics regularly paid **ROSTAMIAN** and **MED-TECH** exorbitant fees for repairing the medical equipment. The amounts **MYSAK**, the clinics, and others known and unknown to the grand jury paid **ROSTAMIAN** and **MED-TECH** for the repairs was exponentially more than if the equipment had been replaced with brand new equipment.

**D. OVERT ACTS:**

176. NCV Units - Cadwell: Documentation signed by Voight was presented to Medicaid that indicated that Health Plus possessed NCV equipment manufactured by Cadwell, Serial Number (S/N): 0209SW001763. However **MED-TECH** sold Health Plus NCV equipment manufactured by Cadwell, S/N: 9807LT761149 on December 30, 2008 for \$16,500. Although Health Plus did not sell a Cadwell NCV S/N: 0209SW001763 back to **ROSTAMIAN** or **MED-TECH**, on February 9, 2010, **MED-TECH** invoices reflect a sale of that equipment to Health Guard, with training and an extended warranty, for \$35,000. On January 12, 2010, Health Guard paid **MED-TECH** \$35,000. On January 15, 2010, Health Guard paid **MED-TECH** \$55,000 for extensive repairs on the Cadwell NCV, S/N: 9807LT761149. The invoice was initialed by **ROSTAMIAN**. In 2009 and 2010, the cost of a Cadwell NCV S/N: 0209SW001763 machine on the open market would be between approximately \$7,000 and \$9,000. Repairs to this machine in 2009 and 2010 would range between \$450 and \$4,000.
177. Although Health Guard did not sell the Cadwell NCV S/N: 9807LT761149 back to **ROSTAMIAN** or **MED-TECH**, on March 3, 2010, **MED-TECH** invoices reflect a sale of that equipment to Metairie Health for \$40,050. Two checks drawn on the account of Metairie Health dated February 15, 2010 in the amount of \$18,700, and February 19, 2010 in the amount of \$21,350 were paid to **MED-TECH**. On April 28, 2010, Metairie Health paid **MED-TECH** \$21,973 for repairs to the Cadwell NCV S/N: 9807LT761149, equipment purchased approximately two months earlier.
178. The Cadwell NCV S/N: 9807LT761149 was manufactured in 1998 and was a base model unit. The cost of the machine on the open market in 2009 and 2010 was between \$2,000 and \$5,000.
179. EKG Machine - Fukuda Denshi: In 2004, a Fukuda Denshi EKG machine, S/N: 10070087 was sold to an individual in California. On June 17, 2009, Health Plus paid **MED-TECH** \$1,000 for the same machine. On August 27, 2009, Health Plus paid \$3,000 more to **MED-TECH** for the machine. On March 30, 2010, Metairie Health paid **MED-TECH** \$14,525 for the same machine though no sale from Health Plus to **MED-TECH** was made prior to that date. On April 28, 2010, Metairie

Health paid **MED-TECH** \$11,475 for the machine purchased just about a month earlier. On January 21, 2011, Metairie Health paid **MED-TECH** \$27,200 more for repairs for the machine.

180. The retail value for the Fukuda Denshi EKG machine, S/N: 10070087 through the above time period was between \$2,000 and \$4,000.
181. VNG Machine - MedTrak: On about July 23, 2009, Health Plus purchased a Video Nyscagography (VNG) machine, S/N: 038-3480, from **MED-TECH** for \$30,400. On February 9, 2010, **MYSAK** paid **MED-TECH** \$38,600 to repair the same machine.
182. On about March 3, 2010, **ROSTAMIAN**, on behalf of **MED-TECH**, sold Metairie Health a VNG unit, S/N: 3524220010, for \$34,300. On April 28, 2010, Metairie Health paid **MED-TECH** \$19,280 for repairs on the same machine.
183. At the time of the above transactions, new units of the same equipment could have been purchased for about \$35,000.
184. Medicare and Medicaid paid **SATURN** approximately \$1,345,156. **ROSTAMIAN** and **MED-TECH** were paid approximately \$690,640 by **SATURN**.
185. Medicare and Medicaid paid **NEW MILLENNIUM** approximately \$1,103,756. **ROSTAMIAN** and **MED-TECH** were paid approximately \$763,746 by **NEW MILLENNIUM**.
186. Medicare and Medicaid paid **HEALTH GUARD** approximately \$2,898,604. **ROSTAMIAN** and **MED-TECH** were paid approximately \$1,215,770 by **HEALTH GUARD**.
187. Medicare and Medicaid paid **METAIRIE HEALTH** approximately \$914,880. **ROSTAMIAN** and **MED-TECH** were paid approximately \$333,060.

All in violation of Title 18, United States Code, Section 1956(h).

#### **NOTICE OF HEALTH CARE FRAUD FORFEITURE**

1. The allegations contained in Counts 1 through 43 are hereby incorporated as though fully set forth herein for the purpose of charging criminal forfeiture to the United States of America pursuant to Title 18, United States Code, Section 982(a)(7).

2. As a result of the offenses alleged in Counts 1 through 43, the defendants, **ARAM KHLGATIAN a/k/a Alex, JACK VOIGHT, M.D, JERRY HASKIN, M.D., YELENA IVANOVA, M.D., ERNESTINE GIROD a/k/a "Tweet," ARTEM GASPARYAN, VADIM MYSAK, ANAHIT PETROSYAN, DARIA LITVINOVA, ANAHIT HOVHANNISYAN, ANNA AIVAZOVA, JERAYR ROSTAMIAN, HEALTH PLUS CONSULTING, INC., SATURN MEDICAL GROUP, INC., NEW MILLENNIUM MEDICAL GROUP, INC., METAIRIE HEALTH CENTER, INC., HEALTH GUARD, INC., SOLO LUCKY CLAIMS PROCESSING, INC., and MED-TECH TECHNOLOGIES, INC.,** shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense and all property traceable to such property as a result of the violations of Title 18, United States Code, Section 1347, which is a Federal Health Care offense within the meaning of Title 18, United States Code, Section 24, including but not limited to:

- a. Property currently recorded in the names of Karen Jerry Kasabyan and Rafael Khlgatian and described as follows: A certain piece or portion of ground, together with all the buildings and improvements thereon, and all of the rights, ways, privileges, servitudes appurtenances and advantages thereunto belonging or in anywise appertaining situated in the Parish of Jefferson, State of Louisiana, in that part thereof know as Pontchartrain Shores Subdivision, designated as Lot 5 of Square 5, which square is bounded by Clearview Parkway, Folsie Drive, the Lake Pontchartrain Protection Levee Right-Of-Way, and Lake Drive Subdivision (side), and which lot commence 300 feet from the corner of Clearview Parkway and Folsie Drive, and measures thence 70 feet front on Folsie Drive, same in the rear, by a depth of 116.40 feet on the sideline closest to Clearview parkway, and a depth on the opposite sideline of 116.20 feet, per survey of Mandle Surveying, Inc.,

dated May 13, 1998. The improvements thereon bear Municipal Number: 4525 Folsie Drive, Metairie, Louisiana.

- b. Property currently recorded in the names of Anahit Petrosyan and Jerry K. Kasabyan and described as follows: That portion of ground, together with all the buildings and improvements thereon, and all of the rights, ways, privileges, servitudes, appurtenances and advantages thereunto belonging or in anywise appertaining, situated in the Parish of Jefferson, State of Louisiana, in that part thereof known as Pontchartrain Shores Subdivision according to a plat of subdivision thereof made by J.L. Fontcuberta, Surveyor, dated October 30, 1956, a copy of which is registered in the office of conveyances, Clerk of Court for the Parish of Jefferson, and is more fully described as follows: Lot No. 1 of Square No. 18 bounded by Folsie Drive, Guidry Street, Alphonse Drive and Clearlake Vista Drive. Said lot forms the corner of Folsie Drive and Clearlake Drive and measures thence 59.36 feet front on Folsie Drive, same width in the rear, by a depth between equal and parallel lines of 110 feet. According to a print of survey made by Surveys, Inc., Surveyors, dated 3/28/66, recertified correct on 1/15/70. All in accordance with survey by Gilbert, Kelly and Couturie, dated April, 2006. The improvements thereon bear Municipal Number: 4726 Folsie Drive, Metairie, Louisiana.
- c. Any and all funds on deposit in Regions Bank Account Number: 0140197212, in the name of Vadim Mysak;
- d. Any and all funds on deposit in Capital One Bank Account Number: 2077176066, in the name of Vadim Mysak;
- e. Any and all funds on deposit in Capital One Bank Account Number: 2045532588, in the name of Aram Khlgatian;

- f. Any and all funds on deposit in Capital One Bank  
Account Number: 2079517901, in the name of  
Anahit Petrosyan;
- g. Any and all funds on deposit in Capital One Bank  
Account Number: 2045529641, in the name of Dr.  
Jack Voight;
- h. Any and all funds on deposit in Capital One Bank  
Account Number: 2077943032, in the name of Artem  
Gasparyan;
- i. Any and all funds on deposit in Capital One Bank  
Account Number: 2081811523, in the name of  
Metairie Med-Tech, Inc.;
- j. Any and all funds on deposit in Capital One Bank  
Account Number: 2081697194, in the name of  
Metairie Health Center, Inc.;
- k. Any and all funds on deposit in Capital One Bank  
Account Number: 2081777104, in the name of New  
Millennium Medical Group, Inc.
- l. \$9,770,974 in United States Currency and all interest  
and proceeds traceable thereto.
- m. The government specifically provides notice of its  
intent to seek a personal money judgment against the  
defendant in the amount of the fraudulently-obtained  
proceeds.

3. If any of the above-described forfeited property, as a result of any act or omission of the defendants:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred, sold to, or deposited with, a third person;
- 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 subdivided without difficulty;

it is the intent of the United States, pursuant to Title 18, United States Code, Section 982(b) to seek forfeiture of any other property of said defendants up to the value of the above forfeitable property.

All in violation of Title 18, United States Code, Section 982(a)(7).

**NOTICE OF MONEY LAUNDERING FORFEITURE**

1. The allegations of Count 44, are hereby incorporated as though fully set forth herein for the purpose of charging criminal forfeiture to the United States of America pursuant to Title 18, United States Code, Section 982(a)(1).

2. As a result of the offenses alleged in Counts 44, the defendants, **VADIM MYSAK**, **JERAYR ROSTAMIAN**, and **MED-TECH**, shall forfeit to the United States all property real or personal, involved directly or indirectly in the aforesaid violations of Title 18, United States Code, Sections 1956(a)(i)(B)(I) and 1957, regarding Money Laundering.

3. If any of the above-described forfeited property, as a result of any act or omission of the defendants:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred, sold to, or deposited with, a third person;
- 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 subdivided without difficulty;

it is the intent of the United States, pursuant to Title 18, United States Code, Section 982(b) to seek forfeiture of any other property of said defendants up to the value of the above forfeitable property.

All in violation of Title 18, United States Code, Section 982(a)(1).

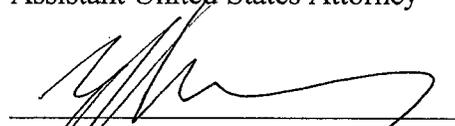
A TRUE BILL:

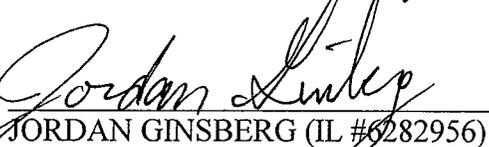
\_\_\_\_\_  
FOREPERSON

  
\_\_\_\_\_  
JIM LETTEN (LA #8514)  
UNITED STATES ATTORNEY

  
\_\_\_\_\_  
JAN MASELLI MANN (LA #9020)  
Chief, Criminal Division  
First Assistant United States Attorney

  
\_\_\_\_\_  
PATRICE HARRIS SULLIVAN (LA #14987)  
Assistant United States Attorney

  
\_\_\_\_\_  
G. DALL KAMMER (LA #26948)  
Assistant United States Attorney

  
\_\_\_\_\_  
JORDAN GINSBERG (IL #6282956)  
Assistant United States Attorney

New Orleans, Louisiana  
December 16, 2011