

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF LOUISIANA

UNITED STATES OF AMERICA * CRIMINAL ACTION

VERSUS * NUMBER: 11-105

DR. JACK VOIGHT * SECTION: "I" (3)

* * *

FACTUAL BASIS

If this matter were to proceed to trial, the government would establish the following facts through the introduction of competent evidence:

Opening of the Clinics

Self-authenticating corporate records would be introduced to establish that Health Plus Consulting, Inc. (Health Plus) was a health care clinic incorporated by Aram Khlgatian (Khlgatian) and Metairie Health Center, Inc. (Metairie Health) was a health care clinic incorporated by Daria Litvinova (Litvinova).¹ Medicare and Medicaid representatives would testify that Health Plus operated from November 2006 through December 2009 and Metairie Health operated between December 2009 through December 2010.

Documentation from A Clearview Storage would establish that on December 1, 2010,

¹Health Plus, Saturn, New Millennium, Metairie Health and Health Guard will, also, be referred to, collectively, as the "Clinics."

Vadim Mysak (Mysak) leased a storage unit. Once Health Plus and Metairie Health, and related clinics, Saturn, New Millennium, Health Guard, closed, the patient files of those Clinics were put in storage. Before the Health Plus patient files went to the storage unit rented by Mysak, they were stored in the garage at the residence at which **DR. JACK VOIGHT** resided with Aram Khlgatian.

Dr. Cecilia Mouton would testify that as the Director of Investigations of the Louisiana State Board of Medical Examiners (LSBME), she was involved with credentialing **DR. VOIGHT** when he arrived in the New Orleans area. At that time, Dr. Mouton questioned **DR. VOIGHT** about his intentions specifically questioning whether he intended to open or operate a pain clinic. **DR. VOIGHT** told Dr. Mouton that he had no intention of operating as a pain physician and was in the area to help Hurricane Katrina victims.

Medicare and Medicaid Enrollments

Kimberly Sullivan, Section Chief of Program Integrity at the Louisiana Department of Health and Hospitals, would testify that UNISYS Corporation was a fiscal intermediary that processed Medicaid claims and reimbursed providers for rendering services to qualified Medicaid recipients. Sullivan would testify that effective May 1, 2010, Molina Healthcare purchased the Health Information Management division of UNISYS Corporation and, with that acquisition, the Louisiana Medicaid fiscal intermediary transitioned from UNISYS to Molina Medicaid Solutions (Molina). David Couvillon would testify that Pinnacle Business Solutions, Inc. (“Pinnacle”) was a company that contracted with Medicare to process claims and provider enrollment. Ms. Sullivan and Mr. Couvillon would both testify that Medicare was a health care benefit program as that term is defined in Title 18, United States Code, Section 24(b).

Kimberly Sullivan, on behalf of UNISYS, and David Couvillon, on behalf of Pinnacle, would each testify and establish the following facts: In about November 2006, Khlgatian applied for and received Medicaid and Medicare provider numbers so that he, on behalf of Health Plus, could bill Medicaid and Medicare for services Health Plus provided to eligible beneficiaries. In about December 2009, Litvinova applied for and received Medicaid and Medicare provider numbers on behalf of Metairie Health, so that she, on behalf of Metairie Health, could bill Medicaid and Medicare for services Metairie Health provided to eligible beneficiaries. Khlgatian and Litvinova each entered into provider agreements with Medicaid and Medicare on behalf of their respective clinics. As part of the claim submission process, the Clinic owners agreed to comply with Medicare and Medicaid criteria, rules, regulations, and internal procedures and to abide by all the policies and regulations of Louisiana's Medicaid Program. Documentation from Medicare and Medicaid would establish that **DR. VOIGHT** assigned his rights to bill to Health Plus and Metairie Health.

Patient Visits

Federal Bureau of Investigation (FBI) Special Agent (SA) Andre Jeanfreau would testify about his participation at the search of a storage facility rented by Vadim Mysak on Clearview Parkway. SA Jeanfreau would testify about retrieving hundreds of boxes from Health Plus and Metairie Health, as well as boxes from several other closed medical clinics associated with the conspiracy herein. Primarily the boxes contained patient charts. FBI SA Krista Bradford would testify that each patient chart from Health Plus, when **DR. VOIGHT** was the treating physician, and all patient charts from Metairie Health, contained procedure order forms signed by **DR. VOIGHT**. The procedure order form had blanks for **DR. VOIGHT** to check whether he was

ordering nerve conduction studies, pulmonary function tests, echocardiograms and other cardiac diagnostic testing. The procedure forms would demonstrate that **DR. VOIGHT** almost always checked a space for “PFT,” and that almost never, if ever, did **DR. VOIGHT** check basic “spirometry,” an available option on the form. Leslie Bennett (Bennett), a receptionist at Health Plus, and Litvinova and Mysak would testify that **DR. VOIGHT** completed and signed the procedure order forms ordering the diagnostic testing for the Medicare and Medicaid patients at Health Plus. They would also testify that **DR. VOIGHT** completed and signed the “superbills” that identified what codes he ordered and that were transmitted to a third party billing company for the purpose of billing Medicare and Medicaid.

Patient ChSh: ChSh would testify about the following facts: On about January 27, 2009, he/she completed a “General Medical Information Sheet” at Health Plus that listed back and leg pain and coughing as the purpose for the visit. A procedure order form dated January 27, 2009, and signed by **VOIGHT** would be introduced into evidence to establish that an echocardiogram, nerve conduction studies of the lower extremities and an ECG were ordered by **DR. VOIGHT**. **DR. VOIGHT** performed parts of a routine physical exam, raised ChSh’s legs and pressed on her back, and ordered an apparent EKG. ChSh would testify that although she did not recall receiving any electric shock to any part of her body, documentation from ChSh’s patient chart at Health Plus would show that extensive nerve conduction studies were allegedly performed on ChSh on January 27, 2009. After a visit that lasted, in its entirety, approximately 10-15 minutes, **DR. VOIGHT** provided ChSh prescriptions for Tramadol, Valium, Soma and Phenergan DM.

Kimberly Sullivan on behalf of Medicaid and Shea Chappell on behalf of Medicare

would testify that in connection with this visit, Health Plus billed Medicaid approximately \$1,145, and was paid \$769, 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
95904 (6)	Nerve conduction sensory
95934	“H” Reflex test, amplitude and latency study
99204	New patient office visit; physician usually spends 45 minutes with patient

Patient ChBe: Medicare patient ChBe would testify as follows: On about June 8, 2009, ChBe went to Health Plus and saw **DR. VOIGHT** and complained of knee pain from a fall and chest congestion from a cold. ChBe had an apparent EKG performed and then had some kind of nerve test that produced small shocks performed on her legs. ChBe also received some kind of breathing test that required her to blow into a machine. At the end of the visit ChBe was given prescriptions at the front desk for Soma, Valium, Vicodin. ChBe received no test results from Health Plus or **DR. VOIGHT**. The remittance advice and payments history would indicate that Health Plus billed Medicare and Medicaid about \$1,545 for performing the following CPT codes on June 8, 2009:

CPT Code (units)	Description of Service
99204	45 minute new patient office visit
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete

CPT Code (units)	Description of Service
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study

David Couvillon, on behalf of Pinnacle, and Kimberly Sullivan, on behalf of Medicaid, would each testify, respectively, that Health Plus was paid about \$941 by Medicare, and \$49 by Medicaid, for the services Health Plus claimed to have performed on ChBe on June 8, 2009.

ChBe’s patient chart from Health Plus retrieved in the execution of a search warrant from the storage facility would be introduced into evidence. A remittance advice from UNISYS would prove that the prescriptions provided to ChBe on June 8, 2009, by **DR. VOIGHT** were filled by ChBe on June 8, 2009, at John Bull Pharmacy. The patient file and ChBe’s testimony would also demonstrate that **DR. VOIGHT** never gave ChBe the results of the extensive diagnostic tests he ordered and that Health Plus claimed to Medicare and Medicaid were performed.

Patient MeDu: MeDu would testify, and admissible documentation would support, that on July 30, 2009, he/she visited **DR. VOIGHT** at Health Plus and complained of lower back pain, headaches and problems sleeping. **DR. VOIGHT** performed about a 10-minute exam during which he listened to MeDu’s chest with a stethoscope, checked MeDu’s reflexes, directed MeDu to stand up and bend from side to side, and felt MeDu’s back. MeDu would testify that **DR. VOIGHT** told him/her that he wanted to run some tests and that a nurse would direct him/her where to go. MeDu would testify that some type of breathing, nerve, and heart tests were performed by Mysak and Litvinova. MeDu would testify that Mysak said the breathing

tests were to check MeDu's lungs, even though MeDu expressed no complaints about coughing, shortness of breath, or chest pains. MeDu received prescriptions for Vicodin, Soma and Xanbar. MeDu would testify that he/she received no test results from Health Plus or **DR. VOIGHT**.

LiDu, MeDu's sibling, would testify that he/she accompanied his/her sibling to the visit to Health Plus on July 30, 2009. LiDu was also seen by **DR. VOIGHT** for about a ten-minute visit. **DR. VOIGHT** told LiDu he/she would have to undergo three tests, including a heart test. Litvinova administered an EKG test. When LiDu asked Litvinova why he/she was getting a heart test, Litvinova told LiDu that everyone who came to Health Plus had to undergo the tests.

MeDu would testify, and admissible documentation would support, that on January 22, 2010, he/she saw **DR. VOIGHT** at Metairie Health on Houma Boulevard with the same complaints of back pain and anxiety, and MeDu did not complaint about breathing difficulty or chest pain. MeDu would testify that the visit with **DR. VOIGHT** was short and that **DR. VOIGHT** told MeDu that a nurse would perform tests. MeDu stated that Mysak and Litvinova performed the same three tests MeDu received at Health Plus and that he/she received no results of these tests. Dr. Glade would testify that there were identical test results found in the patient chart for Metairie Health and other pulmonary tests performed on MeDu other clinics, including Health Plus. Dr. Glade would testify that for the type of data found in the patient charts, it would be virtually impossible for tests run on MeDu weeks and months apart at different clinics to yield exactly the same results.

The superbill from Metairie Health signed by **DR. VOIGHT** would be introduced into evidence.

Team Leader Joseph Martinez of Molina would testify about a Medicaid Management

Information System printout detailing the following facts associated with MeDu's visits with Health Plus and Metairie Health and the amounts Medicaid was billed for the visits:

Clinic	Date of Service	CPT Codes (Units)	Amount Paid
Health Plus	7/30/09	95903 (6)	\$571.44
		95904 (6)	
		94750	54.36
		94725	82.75
		94370	28.86
		94350	30.74
		94240	31.76
		94200	18.32
Metairie Health	1/22/10	95903 (6)	\$571.44
		95904 (6)	
		94720	42.15
		94370	28.86
		94350	30.74
		94240	31.76
		94200	18.32
		94070	50.76
		93307	168.41
		93320	90.62
		93325	81.86

Lester St. Amant, an Investigator with the LSBME would testify that on March 20, 2008, he personally served a subpoena dated March 12, 2008, on **DR. VOIGHT**, directing him to provide 13 Health Plus patient files to the LSBME. Mr. St. Amant would testify that he personally counseled **DR. VOIGHT** about prescribing pain medications to patients. Mr. St. Amant would testify that **DR. VOIGHT** said he was told he was only going to see a few patients and that in order to keep his job he felt like he needed to prescribe pain medications. Mr. St. Amant would testify that he stressed to **DR. VOIGHT** that it was his job to assess a patient and only prescribe for legitimate purposes. When **DR. VOIGHT** told Mr. St. Amant that he needed the job, Mr. St. Amant responded that he would have to quit if he could not prescribe drugs legitimately for medical purposes.

Dr. Mouton, LSBME Director, would testify that in July 2009, she opened an

investigation of **DR. VOIGHT** after she received a complaint that patients were able to obtain narcotic prescriptions from **DR. VOIGHT** at Health Plus simply by requesting them. The government would introduce into evidence a second subpoena duces tecum from the LSBME dated July 6, 2009, requiring **DR. VOIGHT** to provide 20 patient files from Health Plus to the LSBME. A letter signed by **DR. VOIGHT** transmitting the 20 patient records to the LSBME would be introduced into evidence. Dr. Mouton would testify about her review of the 20 patient charts she received from Health Plus as follows:

- **DR. VOIGHT** prescribed narcotics to patients at their initial visit without either obtaining records from a prior treating physician or conducting his own evaluation to determine the etiology of the pain.
- **DR. VOIGHT** did not document an attempt at treatment with non-narcotic medicine or other modalities prior to initiating chronic narcotic therapy.
- **DR. VOIGHT'S** evaluation and treatment of back pain were not consistent with published recommendations from peer review journals.
- **DR. VOIGHT** ordered echocardiograms, nerve conduction studies and pulmonary function tests without a clear indication.
- The diagnostic testing appeared to be of questionable validity and caused concern with respect to **DR. VOIGHT'S** quality of care.

The government would introduce into evidence a letter dated September 29, 2009, from Dr. Mouton to **DR. VOIGHT**. The letter restated the bulleted points listed above. Dr. Mouton indicated to **DR. VOIGHT** that her investigation implicated certain violations of the Medical Practice Act, including prescribing, dispensing, or administering legally controlled substances or any dependency-inducing medication without legitimate medical justification therefor or in other than a legal or legitimate manner and professional or medical incompetency and informed **DR. VOIGHT** that, before she acted on her investigation, she wanted to meet with **DR. VOIGHT**

personally to further discuss the matter.

On October 27, 2009, Dr. Mouton met with **DR. VOIGHT** and his attorney to discuss his case. Dr. Mouton would testify that:

- She pointed out incidents when he prescribed narcotics without documented justification.
- **DR. VOIGHT** told her he was not writing narcotics and was sending patients to pain clinics.
- She explained that the records from Health Plus reflect that he was, in fact, writing narcotic prescriptions.
- She counseled **DR. VOIGHT** to stop writing prescriptions for narcotics and the problem would resolve itself.
- She told **DR. VOIGHT** to stop ordering the nerve conduction tests because the owners could be taking advantage of him.

Dr. Mouton would testify that her impression of the meeting with **DR. VOIGHT** was that “**DR. VOIGHT** struck her as putting on his blinders.”

SA Bradford would present for introduction into evidence the letter from Dr. Mouton dated September 29, 2009, and explain that she retrieved it during the execution of the search warrant in April 2011. The letter was found in a forest green medium-sized piece of luggage among other documents of **DR. VOIGHT**, including health care and other medical magazines, personal bills, correspondence and photographs and newsletters about pain management.

Attached to the letter from Dr. Mouton were handwritten notes believed to be in **DR.**

VOIGHT’S own handwriting that recount the above bulleted points, including “ordered certain (ECG, NCV, PFT’s) without clear indication - tests appeared to be of ? Validity - Raises quality of care.”

Nerve Conduction Tests

Dr. Beneditt Idowu would testify as follows:

- He is a trained physician specializing in neurology.
- He was contacted by Khlgtatian about reading nerve conduction studies for medical facilities in the New Orleans area. Dr. Idowu said he would be interested as long as the studies were ordered by a physician and that he would not read for people who were not physicians.
- He agreed to create contracts but explained that the contract had to be between himself and the physicians.
- He would authenticate a contract he entered into with **DR. VOIGHT** of Metairie Health dated January 18, 2010.
- He routinely received batches of data from Metairie Health via facsimile for interpretation. Dr. Idowu handwrote his findings on the pages provided by the Clinics in red ink and faxed or mailed copies back to the Clinics. Dr. Idowu maintained in his possession a copy of every test he read.
- He noticed that when his association with the Clinics began, the volume of studies he was receiving for interpretation appeared normal. Soon Dr. Idowu noticed that they were sending too many studies from Clinics that he was told were general practices. Because Dr. Idowu began to suspect he was being asked to interpret studies that were performed unnecessarily, he sent an email **DR. VOIGHT** on May 5, 2010. Dr. Idowu wrote:

I'm concerned about the sheer volume of nerve conduction studies we have been receiving from you all quite recently. I was under the understanding that you are primary care physicians. The volume of studies we have received in the past three weeks is more reflective of work from a diagnostic facility which I know you are not. This also raises concern about whether or not there is a clear understanding of the indications for nerve conduction studies. From the volume we have received it appears most of your patients get nerve conduction studies. I am therefore suspending reading your studies until the above is clarified. Please do not fax anymore studies till we have clarification. Thanks. Dr. Idowu.

Expert Testimony

Pulmonology: Susan Williams, a Claims Manager from Novitas, and Joe Martinez of

Molina, would testify about how many unique beneficiaries visited Health Plus and Metairie Health and, of those beneficiaries, how many each clinic billed Medicare and Medicaid, respectively, for having received pulmonary diagnostic procedures. Their testimony would establish the following:

Health Plus			
CPT Code	Description	Medicare Benes (out of 817)	Medicaid Benes (out of 1833)
94200	Maximum breathing capacity	657 (80%)	1454 (79%)
94240	Residual Lung Capacity	657 (80%)	1454 (79%)
94350	Lung Nitrogen Washout Curve	657 (80%)	1454 (79%)
94370	Single breath airway closing volume	657 (80%)	1453 (79%)
94725	Membrane diffusion capacity	656 (80%)	1452 (79%)
94750	Pulmonary compliance study	656 (80%)	1454 (79%)
Metairie Health			
CPT Code	Description	Medicare Benes (out of 260)	Medicaid Benes (out of 1192)
94070	Evaluation of Wheezing	243 (93%)	1096 (92%)
94200	Lung Function Test	243 (93%)	1096 (92%)
94240	Residual Lung Capacity	243 (93%)	1096 (92%)
94350	Lung nitrogen washout curve	243 (93%)	1096 (92%)
94370	Single breath airway closing volume	243 (93%)	1096 (92%)
94720	Monoxide Diffusing Capacity	243 (93%)	1096 (92%)

After being established as an expert in internal medicine management and pulmonary medicine, Dr. Leonard Glade would testify about his review of a compilation of over thirty patient files, each containing documentation of multiple visits by patients at Health Plus and

Metairie Health involving services ordered by **DR. VOIGHT**.

Dr. Glade would testify about the following:

- General practice clinics usually treat patients with, preventative medicine and, among other things, respiratory infections, urinary tract infections, abdominal pain, hypertension, diabetes and preventative medicine.
- His review of patient charts, however, revealed that the Health Plus and Metairie Health operated as triage-type centers for pain management in that **DR. VOIGHT** rarely documented preventative medical care, general medicine workups, and follow-ups. The workups Dr. Glade reviewed in the sample files were of a subspecialty nature.
- His review of pulmonary tests allegedly performed by Health Plus and Metairie Health illustrated that no representative of the clinics - medical professionals, owners or technicians - exhibited any significant knowledge of how to interpret the pulmonary function tests for which the clinics billed Medicare and Medicaid. **DR. VOIGHT** failed to act on grossly abnormal studies, sometimes ignoring interpretations that represented potentially life-threatening problems. In many instances, no further tests, such as chest x-rays, or referrals to specialty clinics, were made to evaluate what appeared to be abnormal results.

Neurology: Williams and Martinez would testify about how many unique beneficiaries visited Health Plus and Metairie Health and, of those beneficiaries, how many each clinic billed Medicare and Medicaid, respectively, for having received nerve conduction studies. Their testimony would establish the following:

Health Plus			
CPT Code	Description	Medicare Benes (out of 817)	Medicaid Benes (out of 1833)
95903	Motor nerve conduction test, with F-wave study	687 (84%)	1702 (93%)
95904	Nerve conduction sensory	687 (84%)	1702 (93%)
95934	“H” Reflex test, amplitude and latency study	626 (77%)	1472 (80%)
Metairie Health			
CPT	Description	Medicare Benes	Medicaid Benes

Code		(out of 260)	(out of 1192)
95900	Motor Nerve Conduction Test	244 (94%)	1015 (87%)
95903	Motor nerve conduction test, with F-wave study	244 (94%)	1108 (93%)
95904	Nerve conduction sensory	244 (94%)	1108 (93%)
95934	H-Reflex Test	193 (74%)	938 (79%)

Dr. Michael Puente would testify that he is a physician who practices with a speciality in neurology. He would testify that he examined the same 30 patient files that Dr. Glade examined, along with the patient files of all of those patients mentioned in the superseding indictment. Dr. Puente would testify as follows:

- As a general practitioner, **DR. VOIGHT** would not have the proper expertise to conduct appropriate nerve conduction studies or to properly interpret those studies. It usually takes a neurophysiology fellowship of about a year to properly understand the technicalities and nuances of these type studies.
- Multiple studies claim to have been conducted on the same patients, often times within days or weeks of each other. Generally, one does not repeat these type studies on the same extremities more often than every few years.
- In almost all cases, almost exactly the same diagnosis of peripheral neuropathy was reported.
- In many cases, charges were placed for 6 motor and 6 sensory nerves despite the fact that only four motor and perhaps eight sensory nerves are reported. Dr. Puente found this to be a clear indication of fraud.
- There are many cases where there is no documented justification for performing studies on patients.
- In a study dated January 15, 2012, for patient KiCa, even though the study is reported as abnormal, the study is clearly normal.
- Dr. Puente would conclude that it was quite obvious to him that most of the information provided to him documented fraudulent evaluation and testing of numerous patients yielding multiple unnecessary tests with inconsistent symptoms and diagnoses.

The testimony of Mr. Martinez and Ms. Williams would establish that, despite being placed on notice that he was ordering medically unnecessary nerve conduction studies, **DR. VOIGHT** failed to heed the warning of Dr. Mouton of the LSBME and continued ordering the nerve conduction studies. **DR. VOIGHT'S** pattern of ordering unnecessary pulmonary function studies, in addition to the nerve conduction studies and cardiac procedures, would also establish that **DR. VOIGHT** had to have known that such an overwhelming percentage of his patient population could not possibly have had a medical need for such extensive diagnostic testing, particularly when almost every patient received these tests at the first and only visit with **DR. VOIGHT** at each clinic.

Family and/or General Medicine: After being qualified as an expert in family and/or general practice medicine, Dr. Brobson Lutz would testify that he reviewed a sampling of patient charts that had been amassed by Medicaid in its audits of Health Plus and Metairie Health and of all of the patient charts of the individuals listed in the pending indictment. Dr. Lutz would testify as follows:

- All of **VOIGHT'S** notes demonstrate repetitive abnormalities among patients. The notes appear to be padded and the work-ups on the patients are not age appropriate.
- **VOIGHT** did not review old studies and when new studies were ordered, the defendant should have compared them with previous studies.
- There existed a pattern of ordering unnecessary tests. There was little to suggest that **VOIGHT** actually evaluated the tests he ordered in the context of patient care. Nor did **VOIGHT** systematically record the results of the diagnostic testing that he ordered in a manner that would have been meaningful for follow-up care and treatment of his patients.
- Performing the extensive diagnostic testing that **VOIGHT** ordered can cause

adverse psychological harm to patients. Patients were put at risk by giving them inappropriate diagnoses, prescribing unnecessary medications, and ordering unnecessary procedures.

- None of the testing administered resulted in changes in patient care or treatment or any type of intervention. **VOIGHT** ordered batteries of tests not indicated for the presenting symptoms and ordered excessive tests often medically unrelated to the patient's complaints. The interpretations of the diagnostic tests were rarely supported by data and history in the patients' records.
- All diagnostic and therapeutic interventions appeared structured around whatever machines could be found in Health Plus or Metairie Health
- Of the charts examined, none indicated that patients had blood drawn to check CBC, lipids, thyroid disease or glucose levels.
- For pulmonary function testing, only spirometry was administered but the billing caused by **VOIGHT** were for much more complicated pulmonary testing.
- Patients rarely, if ever, benefitted from tests ordered, and repetitive tests were performed even when initial results did not reveal the presence of medical problems.
- There is no evidence that any of the extensive and expensive diagnostic testing was used for medical treatment decisions. The extensive tests were not ordered for any medical or clinical purpose but to drive up billing on behalf of the clinic.

Statistical Analysis: Dr. Tumulesh Solanky is a University of New Orleans professor with a Ph.D in Statistics. He will testify that he identified a scientifically valid random sample of patients from Health Plus and Metairie Health. The sample from each clinic consisted of 100 Medicaid and/or Medicare patients. Dr. Solanky collected data from the patient charts about presenting symptoms and medications prescribed. Dr. Solanky also obtained data from Medicare and Medicaid identifying the trends in the Medicaid and Medicare populations that can be quantified by their billing practices. With that data, Dr. Solanky conducted a peer comparison with all family, general and internal medicine practices in the Eastern District of Louisiana that

accepted Medicare and Medicaid and compared that to the practices of the clinics herein.

- CPT Codes 95903 and 95904: Health Plus and **DR. VOIGHT** billed Nerve conductions on 72% of the Medicare patients. At Metairie Health **DR. VOIGHT** billed for performing motor and sensory nerve conduction studies on 90% of his patients. In his peer community, physicians billed for less than 0.2% for the same two procedures.
- CPT Code 93000 (ECG): Health Plus and **DR. VOIGHT** billed 71% of his patients and **DR. VOIGHT** and Metairie Health billed 95% of his patients for performing ECGs. In his peer community, physicians billed for an ECG for approximately 5% of Medicare patients.
- CPT Code 93306 (Echocardiography transthoracic): Health Plus and **DR. VOIGHT** billed about 65% of his patients and **DR. VOIGHT** and Metairie billed about 96% of patients for performing echocardiography transthoracic. In his peer community, physicians billed for echocardiography transthoracic for approximately 2.5% of Medicare patients.
- For many of the pulmonary function diagnostic testing procedures, including CPT Codes 94200, 94240, 94350, 94720, Metairie Health and **DR. VOIGHT** billed about 90 % of their patients. In his peer community, physicians billed for between 0.06% and 0.24%.

Medicare and Medicaid representatives would each testify, respectively, about the following billing and payment information:

- Health Plus billed Medicare \$1,936,247 and Pinnacle paid Health Plus approximately \$1,025,283.
- Health Plus billed Medicaid \$3,804,481 and UNISYS/Molina paid Health Plus approximately \$1,619,527.
- Metairie Health billed Medicare \$621,374 and Pinnacle paid Metairie Health approximately \$335,348.

- Metairie Health billed Medicaid \$2,626,845 and UNISYS/Molina paid Metairie Health approximately \$1,077,178.

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