

FILED

SEP 24 2020

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES OF AMERICA

v.

NAUMAN TASLEEM KHAN,
a/k/a "Summit Patel," a/k/a "Anil
Sharma," a/k/a "Nauman Lahore"

No. **20CR 670**

Violation: Title 18, United States
Code, Section 1347

JUDGE FEINERMAN

MAGISTRATE JUDGE COLE

COUNTS ONE THROUGH EIGHT

The SPECIAL JANUARY 2020 GRAND JURY charges:

1. At times material to this Indictment:

Defendant and Relevant Entities and Individuals

a. Home Health Care Consulting ("HHCC") was a network of companies located in North Carolina and Pakistan, owned and controlled by Altamash Mir, that purported to provide a range of services to home health agencies, including billing, accounting, and compliance. The following companies were part of HHCC: Home Health Care Consulting USA, Inc., a North Carolina corporation ("HHCC-USA"); and, Home Healthcare Consulting (Pvt.) Limited, a Pakistani corporation.

b. Premier Business Services of Chicago, Inc. was an Illinois corporation that served as a holding company for the acquisition of the home health agencies Home Health Choice, Inc., Abridge Home Care Services, Inc., Geriacare Home Healthcare, Inc., Jessifer Home Health Services, Inc., and Wound & Rehab Home Health Care, Inc. (collectively, the "Premier Entities").

c. Sharma Consulting, LLC was an Illinois corporation that served as a holding company for the acquisition of the home health agencies Core Home Health Professionals, LLC, Jayron Home Health Services, Inc., Prestige Healthcare Services of Illinois, Inc., Universal Home Healthcare, LLC, and Prestige Plus Home Care, Inc. (collectively, the "Sharma Entities").

d. Home Health Choice, Inc., Abridge Home Care Services, Inc., Geriacare Home Healthcare, Inc., Jessifer Home Health Services, Inc., Wound & Rehab Home Health Care, Inc., Core Home Health Professionals, LLC, Jayron Home Health Services, Inc., Prestige Healthcare Services of Illinois, Inc., Universal Home Healthcare, LLC, Prestige Plus Home Care, Inc., State Home Health Agency Ltd., National Home Health Services LLC, and First Choice Home Care Inc. were Illinois corporations that offered home health care services to Medicare beneficiaries.

e. Defendant NAUMAN TASLEEM KHAN (a/k/a "Summit Patel," a/k/a "Anil Sharma," a/k/a "Nauman Lahore") resided in Pakistan and Palos Hills, Illinois, was an employee of State Home Health Agency Ltd., and, as "Anil Sharma," was a manager of Core and president of Prestige.

f. Altamash Mir resided in Oak Brook, Illinois, and Palos Hills, Illinois, and was the owner and manager of HHCC, as well as an owner of State Home Health Agency Ltd.

g. Muhammad Ateeq (a/k/a "Nilesh Patel") resided in Pakistan and was associated with HHCC. Ateeq used the alias "Nilesh Patel" in connection with

his roles at Home Health Choice, Abridge, Geriacare, Jessifer, Wound & Rehab, and First Home Health.

h. Hamdeh Chatat (a/k/a “Zara Shah”) resided in Highland, Indiana, and was an employee of HHCC.

i. Kendria Cochran resided in Chicago, Illinois, and was secretary of Abridge, secretary of Geriacare, secretary and vice president of Home Health Choice, treasurer, vice president, and director of Jessifer, and secretary and vice president of Wound & Rehab.

j. Individual A resided in Bolingbrook, Illinois, and was a member of Sharma Consulting, a manager of Core, a registered agent of Jayron, the president, secretary and treasurer of Prestige Plus, and a manager of Universal.

k. Individual B resided in Chicago, Illinois, and was a member of Sharma Consulting, a manager of Core, and secretary of Prestige.

The Medicare Program

l. The Medicare program was a federal health care program that provided benefits to individuals who were over the age of 65 or disabled. The Centers for Medicare and Medicaid Services (“CMS”), a federal agency under the United States Department of Health and Human Services, administered the Medicare program. Individuals who received Medicare benefits were referred to as “beneficiaries.”

m. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

n. Medicare had different “parts” that covered specific services. Medicare Part A covered certain eligible home health care costs for medical services provided by a home health agency (“HHA”) to individuals who already qualified for Medicare and who required home health services because of an illness or disability that caused them to be homebound. Payments for home health care medical services under Medicare Part A were made directly to an HHA based on claims submitted to Medicare for qualifying services that had been provided to eligible beneficiaries.

o. Medicare typically approved home health care services for homebound beneficiaries in 60-day increments, referred to as “episodes of care.” A physician was required to approve a beneficiary’s plan of care, and to certify that the beneficiary was confined to his or her home on a Home Health Certification and Plan of Treatment form, sometimes referred to as a Form 485. Subsequent episodes of care were referred to as “recertifications” because a beneficiary was required to be recertified by a physician to receive additional 60-day episodes of care.

p. Medicare allowed HHAs to submit a Request for Anticipated Payment claims (referred to as “RAP” claims) at the beginning of an episode of care that, if paid by Medicare, allowed the HHA to receive approximately half of what it estimated would be the total reimbursement prior to the services being rendered. At the conclusion of the episode of care, the HHAs could submit a final claim for the

remainder of the reimbursement. Medicare also allowed HHAs to submit adjustments to final claims, which, if approved, may have resulted in Medicare paying for additional services that were not included in the initial claims.

q. Health care service providers, including HHAs, could not submit claims to Medicare if they were not enrolled providers. HHAs which were enrolled providers with Medicare were required to update CMS within specified time periods of the occurrence of various events, including changes in ownership, control, authorized officials, or delegated officials, using CMS Form 855A. Upon acquiring a HHA that was already an enrolled provider with Medicare, a buyer/new owner was required to submit a CMS Form 855A to transfer the old owner's Medicare Identification Number and provider agreement to the new owner. On the Form 855A, among other information, a new owner was required to truthfully and accurately identify individuals or entities who were owners, managing employees, directors or officers of the agency, as well as any outside billing agencies used by the home health agency. The signatory on CMS Form 855A certified that the information contained therein was true, correct, and complete. Information regarding HHA ownership and control, including the information provided on the Form 855A, was material to Medicare's decisions regarding HHAs' enrollment and submitted claims.

r. In order to submit claims to Medicare electronically using a third party billing service, HHAs were required to submit to CMS an Electronic Data Interchange Agreement ("EDI Agreement") between the agency and Medicare, signed

by an individual authorized by the agency to make changes to the agency's status in the Medicare program.

s. In order to receive payment from Medicare through direct deposit to a provider's bank account, a provider was required to submit a CMS Form 588 Electronic Funds Transfer Authorization Agreement ("EFT Agreement"). The EFT Agreement had to specify the financial institution and account into which Medicare reimbursements were to be deposited and had to be signed by an individual who was designated as either an "authorized official" or "delegated official" on the CMS Form 855A.

t. A Medicare claim was required to set forth, among other things, the beneficiary's name and Medicare information number, the services that had been performed for the beneficiary, the date the services were provided, the cost of the services, and the name and identification number of the physician or other health care provider who ordered the services.

u. In order for a provider to receive payment on a claim, CMS required, among other things, that the services billed actually had been rendered by an enrolled provider.

v. CMS did not directly pay Medicare Part A claims submitted by Medicare-certified HHAs. CMS contracted with different companies to administer the Medicare Part A program throughout different regions of the United States.

2. Beginning in or around December 2016 and continuing through in or around January 2019, in the Northern District of Illinois, Eastern Division, and elsewhere,

NAUMAN TASLEEM KHAN,
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defendant herein, together with Altamash Mir, Muhammad Ateeq, Kendria Cochran, Hamdeh Chatat, and others known and unknown to the Grand Jury, participated in a scheme to defraud a health care benefit program, namely Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of a health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, which scheme is further described below.

3. It was part of the scheme that defendant KHAN, along with Mir, Ateeq, and others, purchased, and caused to be purchased, home health agencies in Illinois, and after obtaining beneficiary information from the acquired HHAs, submitted, and caused to be submitted, false and fraudulent claims to Medicare in the names of the purchased home health agencies, knowing that they had used nominee owners and fake names to conceal from Medicare the true ownership and control of the HHAs and submitted, and caused to be submitted, final claims and claim adjustments for services that had not actually been provided, as well as RAP claims for services that never would be provided. Defendant KHAN, Mir, Ateeq, and Cochran then converted,

and caused to be converted, the fraud proceeds for their and their co-schemers' personal use.

4. It was further part of the scheme that defendant KHAN, at the instruction of Mir, travelled to the United States and obtained employment at State Home Health Agency Ltd., one of several home health agencies in the Chicago area covertly owned by Mir through various nominee owners.

5. It was further part of the scheme that defendant KHAN, on the instructions of Ateeq, used the fake alias "Summit Patel" to hire Kendria Cochran to work at Premier and to hold herself out to federal and state regulators, banks, employees, vendors, and owners of other home health agencies as the manager of the Premier Entities, knowing that Cochran did not have true control and ownership over the Premier Entities.

6. It was further part of the scheme that defendant KHAN used the fake alias "Anil Sharma" to hire Individual A and Individual B to work at Sharma Consulting and to hold themselves out to federal and state regulators, banks, employees, vendors, and owners of other home health agencies as the managers of the Sharma Entities, knowing that Individual A and Individual B did not have true control and ownership over the Sharma Entities.

7. It was further part of the scheme that, with defendant KHAN's knowledge and at the direction of Mir, Chatat assumed the fake alias "Zara Shah" to provide basic training on the administration of home health agencies to Individual A,

Individual B, and other Chicago area residents hired by defendant KHAN, Ateeq, and others to hold out themselves as the managers of home health agencies acquired by defendant KHAN, Ateeq, and others using their various fake aliases.

8. It was further part of the scheme that, upon the acquisition of the Premier Entities, Ateeq (as "Nilesh Patel") and defendant KHAN (as "Summit Patel") instructed Cochran and others to become authorized signers on the bank accounts of the Premier Entities in order to conceal Ateeq and defendant KHAN's control of the accounts.

9. It was further part of the scheme that, upon the acquisition of the Sharma Entities, defendant KHAN (as "Anil Sharma") instructed Individual A and Individual B to become authorized signers on the bank accounts of the Sharma Entities in order to conceal defendant KHAN's control of the accounts.

10. It was further part of the scheme that defendant KHAN, Ateeq, Cochran, and others knowingly made, and caused to be made, false statements on documents submitted to federal and state agencies, including false Form 855As, EFT Agreements, and EDI Agreements, in order to conceal the true identities of the owners and managers of the Premier Entities and the Sharma Entities.

11. It was further part of the scheme that defendant KHAN, Ateeq, Cochran, and others knowingly made, and caused to be made, false statements on documents submitted to federal and state agencies, including false Form 855As that represented that the Premier Entities and the Sharma Entities did not use a billing

agency, in order to conceal the fact that those agencies were using HHCC, a billing agency located in Pakistan and controlled by Mir.

12. It was further part of the scheme that, as part of the acquisition of the Premier Entities and the Sharma Entities, Cochran, Individual A, Individual B, and others obtained access to those agencies' preexisting electronic medical records, including beneficiary names, Medicare Identification Numbers, and claims histories, and provided access to that information to defendant KHAN, Ateeq, and other HHCC employees located in Pakistan, in order to allow those individuals to submit, or cause to be submitted, false and fraudulent claims to Medicare for home health services on behalf of the Premier Entities and the Sharma Entities.

13. It was further part of the scheme that defendant KHAN, Ateeq, Mir, Cochran and others submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of the Premier Entities and the Sharma Entities, including RAP claims and final claims, knowing that the services billed were not rendered and, with respect to the RAP claims, would not be rendered at a future date.

14. It was further part of the scheme that defendant KHAN, Mir, Ateeq, and others submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of the Premier Entities and the Sharma Entities, including RAP claims and final claims, that falsely represented that the home health services billed had been ordered by a physician.

15. It was further part of the scheme that defendant KHAN, Mir, Ateeq, and others submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of the Premier Entities and the Sharma Entities, including RAP claims and final claims, knowing that the true ownership and control of the Premier Entities and the Sharma Entities was concealed as a result of false Form 855As, EFT Agreements, and EDI Agreements.

16. It was further part of the scheme that defendant KHAN, Mir, Ateeq, Chatat, Cochran, and others concealed, misrepresented, and hid, and caused to be concealed, misrepresented, and hidden, the existence, purpose, and acts done in furtherance of the scheme.

17. Over the course of the scheme, defendant KHAN, Mir, Ateeq, Chatat, Cochran, and others, obtained, and caused the Premier Entities and the Sharma Entities to obtain, approximately \$22.1 million in payments from Medicare.

18. On or about the dates enumerated below under “date billed,” in the Northern District of Illinois, and elsewhere,

NAUMAN TASLEEM KHAN,
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defendant herein, did knowingly and willfully execute, and attempt to execute, the above-described scheme by submitting and causing to be submitted claims to a health care benefit program, namely Medicare, for health care services that were not actually provided and that were submitted by a provider whose true ownership and control was concealed from Medicare, as follows:

Count	Approx. Date Billed	Medicare Ben'y	Purported Dates of Service	Items Billed	Total Approx. Amount Paid by Medicare
1	8/13/2018	L.Y.	7/1/2017- 8/29/2017	Home Health Episode of Care (Jessifer)	\$4,747.98
2	11/9/2018	L.Y.	8/27/2018- 10/25/2018	Home Health Episode of Care (Wound & Rehab)	\$4,855.04
3	7/26/2018	D.T.	12/28/2017 – 2/25/2018	Home Health Episode of Care (Jessifer)	\$4,842.46
4	8/30/2018	D.T.	6/26/2018 – 8/24/2018	Home Health Episode of Care (Jessifer)	\$5,397.66
5	8/8/2018	A.G.	7/1/2017 – 8/29/2017	Home Health Episode of Care (Jessifer)	\$4,906.68
6	8/8/2018	A.G.	12/28/2017 – 2/25/2018	Home Health Episode of Care (Jessifer)	\$5,020.88
7	6/19/2018	D.B.	Episode of Care beginning 6/24/2017	Request for Anticipated Payment for Home Health Episode of Care (Core)	\$2,785.72
8	6/19/2018	D.B.	Episode of Care beginning 1/16/2018	Request for Anticipated Payment for Home Health Episode of Care (Core)	\$2,488.95

All in violation of Title 18, United States Code, Section 1347.

FORFEITURE ALLEGATION

The SPECIAL JANUARY 2020 GRAND JURY further alleges:

1. Upon conviction of a violation of Title 18, United States Code, Section 1347, as alleged in Counts One through Eight of this Indictment, the defendant shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

2. If any of the forfeitable property described above, as a result of any act or omission by the defendant:

- a. Cannot be located upon the exercise of due diligence;
- b. Has been transferred or sold to, or deposited with, a third party;
- c. Has been placed beyond the jurisdiction of the Court;
- d. Has been substantially diminished in value; or
- e. Has been commingled with other property which cannot be divided without difficulty;

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL:

FOREPERSON

UNITED STATES ATTORNEY

UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL DIVISION, FRAUD SECTION
ACTING CHIEF

UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL DIVISION, FRAUD SECTION