

WMG

UNITED STATES DISTRICT COURT  
 FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
 NORTHERN DIVISION

No. 2:20-CR-5-1M  
 No. 2:20-CR-5-2M

UNITED STATES OF AMERICA	)	
	)	
v.	)	SUPERSEDING INDICTMENT
	)	
LATISHA HARRON	)	
a/k/a Latisha Reese Holt	)	
TIMOTHY MARK HARRON	)	

The Grand Jury charges the following:

**I. INTRODUCTION**

**A. The Medicaid Program**

1. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396, et seq., (the “Act”) establishes the Medicaid Program. The North Carolina Medicaid Program (“Medicaid”) is a state-administered health care benefit program aided by federal funds and designed to provide medical assistance for low-income families and children.

2. Under the Act, each state has a single state agency to administer the Medicaid program for the benefit of recipients within its borders. In North Carolina, the Division of Health Benefits (“DHB”), which is within North Carolina’s Department of Health and Human Services, administers the Medicaid program.

The program was previously administered by the Division of Medical Assistance (“DMA”). The North Carolina Medicaid program, administered through DHB and DMA, is referred to collectively herein as “NC-Medicaid”.

3. An individual qualified to receive Medicaid’s publicly funded assistance is referred to as a “recipient.” For recipients, Medicaid functions like a medical insurance plan, which defrays the cost of receiving covered and medically necessary services. Each Medicaid recipient is assigned a unique identification number by Medicaid, and can be identified by reference to their unique identification number.

4. Under Medicaid, a “provider” is an individual or entity that furnishes Medicaid services to recipients under a provider agreement with the Medicaid Agency. In North Carolina, every provider who participates in NC-Medicaid must apply for and be assigned a unique provider number by DHB.

5. For a provider to obtain reimbursement from the Medicaid Program for providing services to a Medicaid recipient, the provider fills out a claim form by including on the form the provider’s name, address and provider number, the patient’s name and Medicaid identification number, the date of service, a brief description of the charges, the provider’s signature, and date of billing. The provider then mails or electronically submits the claim form to NC-Medicaid.

6. NC-Medicaid utilizes contractors, known as “fiscal agents,” to receive, process, and pay Medicaid claims. Since April of 2018, NC-Medicaid has utilized General Dynamics Information Technology (GDIT) as its fiscal agent. Prior to that

time, between November 30, 2015 and April 2, 2018, NC-Medicaid utilized CSRA as its fiscal agent. Between July 1, 2013 and November 30, 2015, NC-Medicaid utilized Computer Science Corporation (CSC) as its fiscal agent. Between February 23, 2012 to July 1, 2013, NC Medicaid used Hewlett Packard (HP) as its fiscal agent. GDIT, CSRA, CSC, and HP are referred to collectively herein as the “Fiscal Agents.”

7. Each claim that a provider submitted to a Fiscal Agent was considered a separate claim under the provider’s agreement with NC-Medicaid. NC-Medicaid providers were entrusted to only submit claims to the Fiscal Agents for services that were actually rendered by the provider. As fiduciaries, providers were not required to submit underlying medical records and documentation to the Fiscal Agents in support of claims for payment. As such, in receiving and processing claims, the Fiscal Agents relied upon representations made by providers concerning the duration and nature of services allegedly rendered to recipients.

8. Although underlying medical records were not submitted or reviewed by NC-Medicaid prior to payment, each provider was obligated, under Medicaid rules and agreements, to keep and maintain detailed medical records concerning the billed services. Providers were also obligated to make these records available for inspection by NC-Medicaid for the purposes of conducting audits. To the extent billed services were not supported by underlying medical record documentation, NC-Medicaid could recoup from the provider amounts paid for undocumented or inadequately documented services.

9. At no time were providers authorized to bill NC-Medicaid for services that were not in fact rendered, or to fabricate records concerning billed services.

**B. Community Alternatives Program for Disabled Adults**

10. The Community Alternatives Program (CAP) is a NC-Medicaid Home and Community-Based Services (HCBS) Waiver authorized under Section 1915(c) of the Social Security Act. CAP allows certain categories of recipients to receive covered Medicaid services in the home, or in a community-based setting. CAP services are often colloquially referred to as “home health” services.

11. One of the two options available to NC-Medicaid Recipients under CAP, is the “Community Alternatives Program for Disabled Adults,” or “CAP/DA”. CAP/DA offers up to 16 services to qualified recipients. These services include the following, which pertain to the charges in this Indictment:

(1) In-home aide personal care – identified to Fiscal Agents by billing code S5125; and

(2) Non-institutional respite service – identified to Fiscal Agents by billing code S5150.

12. In-Home Aide Services (IHAS) (Code S5125) provides assistance with personal care and basic home management tasks to beneficiaries who are unable to perform these tasks independently due to physical or mental disabilities. In-Home Aide Services may be provided in the community, home, workplace, or educational settings at the discretion of the Home Care Provider.

13. Non-Institutional Respite Services (NIRS) (Code S5150) are temporary services provided in the recipient's primary private residence by an in-home aide working through a homecare agency licensed by the State of North Carolina and authorized by a case manager to provide the care. Non-Institutional Respite Services may be used to meet a wide range of needs, including family emergencies; planned special circumstances (such as vacations, hospitalizations, or business trips); relief from the daily responsibility and stress of caring for a beneficiary with a disability; or the provision of time for the caregiver(s) to complete essential personal tasks.

14. Before providing and billing NC-Medicaid for IHAS or NIRS (referred to collectively herein as "CAP/DA Services"), NC-Medicaid providers were required to obtain a written service authorization. The purpose of the service authorization is to ensure that the CAP/DA services are medically necessary. The service authorization is typically executed by a case manager for the county where the beneficiary resides. The beneficiary can then select an approved CAP/DA provider from a list of available providers. While the written service authorization permits the chosen provider to render CAP/DA services to the qualifying recipient, it does not authorize that provider (or any other provider) to bill NC-Medicaid for services that have not been rendered. CAP/DA providers were only authorized to bill NC-Medicaid for services actually rendered at the time of the billing transmission.

15. Providers of CAP/DA services must create and maintain complete and



accurate documentation which details the purpose of the services, along with the date and duration of time taken to complete the approved service or task. The documentation must be completed within 72 hours of the intervention, and must also be signed and dated by the personnel performing the service or task. In particular, NC-Medicaid policy requires that the CAP/DA Service notes include the following:

- (1) Recipient name
- (2) Date of contact
- (3) The purpose of the contact
- (4) Duration of the contact
- (5) The goals reflected in the current service plan
- (6) Progress towards person-centered goals
- (7) Recommendation for continuation, revision or termination of CAP service(s)
- (8) The signature of the person providing the service, and
- (9) Date that the service note was written.

16. As with other covered Medicaid services, upon request, providers of CAP/DA services are required to make service documentation available to DHB and case management entities. In the case of CAP/DA services in particular, the recipient's service record must contain service authorizations submitted by the lead agency, in addition to the service documentation required for services billed, including (1) the referral for services, (2) all assessments of the recipient, (3) all service plans, (4) all case management notes, and (5) all service authorizations.

17. Providers of CAP/DA Services are required by NC-Medicaid to maintain service notes and other medical records for a period of six years in order to document and substantiate any reimbursement requested from Medicaid. Not only are the service notes a requirement under Medicaid policy, they are necessary to ensure that

these recipients receive the care that they need and that Medicaid funds are designated to provide, by giving an account of the efficacy of the individualized plan of care and insight into the recipient's progress and need for continued care.

**C. Background Concerning Latisha Harron; Agape Healthcare Systems, LLC; and Agape Enrollment Fraud**

18. At all times material to this Count, LATISHA HARRON, also known as "Latisha Reese Holt" (hereinafter "LHARRON") defendant herein, was an individual who created and operated NC-Medicaid providers, including providers of CAP/DA Services.

19. On or about July 1, 2006, LHARRON created Agape Healthcare Systems, Inc. ("Agape") as a North Carolina corporation operating in Roanoke Rapids. By no later than September of 2010, LHARRON had enrolled Agape as a provider with NC-Medicaid.

20. On various occasions following the creation of Agape, LHARRON caused Agape to file applications and recertifications with NC-Medicaid for Agape to be a provider of home health services within North Carolina. These applications and recertifications contains various false statements and representations as described herein.

21. By way of example, on May 26, 2010, Agape's provider enrollment form, under the section entitled "Exclusion Sanction Information," included the question, "Has the applicant, owners, or agents, ever been convicted of a felony...?" LHARRON falsely responded "No" to this question. In fact, at the time of the

application, LHARRON had previously been convicted of felony Identity Theft in North Carolina State Court.

22. Following the enrollment of Agape as a Medicaid provider of home health services, LHARRON was obligated to only transmit claims to NC Medicaid for services that were actually rendered by Agape.

23. In or about March of 2012, LHARRON moved to Maryland, where she worked as a public employee for the State of Maryland. Despite her move, LHARRON continued to own and operate Agape, and to bill NC-Medicaid for alleged CAP/DA services.

24. On or about June 24, 2013, LHARRON caused Agape to file an “NC Tracks Provider Enrollment” form with NC-Medicaid. Among other questions on the form, LHARRON was required to provide her Social Security Number. LHARRON falsely represented that her Social Security Number was XXX-XX-6302. In fact, this number belonged to another individual.

25. LHARRON repeated the false statements referenced in this section on numerous enrollment and recertification forms for Agape between 2013 and March of 2020.

**D. Background Concerning Timothy Harron; Assured Healthcare Systems, LLC; and Assured Enrollment Fraud**

26. In or about 2017, LHARRON met TIMOTHY MARK HARRON (hereinafter “THARRON”), defendant herein, over the internet. At that time, HARRON was residing in and around Las Vegas, Nevada.



27. In or about May of 2017, LHARRON moved to Las Vegas, Nevada to reside with THARRON. LHARRON and THARRON were married in 2018.

28. Despite her move to Las Vegas, LHARRON continued to own and operate Agape, and to bill NC-Medicaid for alleged CAP/DA services.

29. Between June and September of 2018, LHARRON and THARRON created Assured Healthcare Systems, LLC (hereinafter "Assured"). Assured purported to be a provider of various healthcare services, including home health services and behavioral health services.

30. THARRON represented to the public that he was the "President of Assured Healthcare Systems, proudly representing the community for over 18 years coast to coast, in both behavioral and home health services." In fact, Assured was created no earlier than June of 2018. THARRON further represented on the internet that, since August of 2018, he served as President of Assured, and that he was a "co-owner" of the company."

31. Between October and December of 2019, LHARRON and THARRON caused Assured to file applications with NC-Medicaid to be a provider of home health, behavioral health, and other services within North Carolina.

32. Assured's NC-Medicaid enrollment applications included the question, "Has the applicant, managing employees, owners, or agents, ever been convicted of a felony...?" Assured's NC-Medicaid application contained the false response "No" to this question. In fact, at the time of the application, LHARRON, Chief

Administrative Officer of Assured, had previously been convicted of felony Identity Theft in North Carolina State Court. Likewise, THARRON, the President of Assured Healthcare Systems, had previously been convicted of Conspiracy to Commit Wire Fraud, Wire Fraud, and Conspiracy to Commit Money Laundering, in federal court in the Southern District of New York.

33. In or about February of 2020, LHARRON and THARRON also caused Assured to file applications with the Medicaid program in Nevada (hereinafter “NV-Medicaid”) to be a provider of home health, behavioral health, and other services within Nevada.

34. Assured’s NV-Medicaid application included the question, “Have you ... or any owner, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor, or felony?” Assured’s application contained the false response “No” to this question. In fact, at the time of the application, LHARRON, Chief Administrative Officer of Assured, had previously been convicted of felony Identity Theft in North Carolina State Court. Likewise, THARRON, the President of Assured Healthcare Systems, had previously been convicted of Conspiracy to Commit Wire Fraud, Wire Fraud, and Conspiracy to Commit Money Laundering, in federal court in the Southern District of New York.

### **E. The Scheme and Artifice to Defraud**

35. THARRON and LHARRON publicly projected that Assured was a successful, national healthcare company. They flaunted a corporate jet purchased in the name of Assured, and represented that Assured had locations in Connecticut, Maryland, Virginia, and multiple locations in North Carolina and Nevada. LHARRON and THARRON traveled extensively to exotic locations, routinely broadcasting their expensive meals, wine, and other purchases, over social media.

36. In reality, Assured had no true patient revenue. Instead, Assured was funded entirely by millions of dollars in fraudulent billings from Agape to NC-Medicaid for fictitious CAP/DA services. Likewise, THARRON and LHARRON's extensive travels and expenses were funded by the same fraud.

### **F. Execution of the Scheme and Artifice**

37. Beginning at a time unknown, but no later than July 1, 2013, LHARRON began to use Agape to bill NC-Medicaid for fictitious CAP/DA services. After moving to Nevada and forming Assured, LHARRON and THARRON worked together to continue the same fraud using Agape. In fact, the majority of the fraudulent billings from Agape to NC Medicaid occurred after THARRON joined in the scheme, and the HARRONS jointly formed Assured.

38. THARRON and LHARRON carried out the fraud via interstate and international wires from locations around the world, including: (1) Assured's corporate office building, located at 2870 S. Maryland Parkway, in Las Vegas,

Nevada; (2) THARRON and LHARRON's penthouse condominium, located at 222 Karen Avenue in Las Vegas, (3) Assured's office, located at 107 1st Street East, Ahsokie, North Carolina, (4) and at various hotels and luxury resorts in the Eastern District of North Carolina and around the globe.

39. LHARRON and THARRON carried out the fraud by exploiting software systems entrusted to Agape as a NC-Medicaid provider. All NC-Medicaid providers, including Agape, have access to NC-Medicaid's online billing portal, known as "NC Tracks." The NC Tracks system was housed on servers located in Albany, New York, but maintained by representatives of NC-Medicaid in North Carolina. Likewise, NC-Medicaid's Fiscal Agents in the Eastern District of North Carolina utilized interstate wires to review and process Agape's claims for payment for CAP/DA services, submitted to the NC Tracks system. Providers, including Agape, were only authorized to use NC Tracks to bill for services that were actually rendered.

40. The NC Tracks system contained a tool known as "Verify Recipient" which, when used for genuine purposes, allowed NC-Medicaid providers to look up a patient's Medicaid Identification Number and to verify that individual's Medicaid coverage prior to rendering services.

41. LHARRON and THARRON abused the Verify Recipient tool to carry out the fraud as follows:

- (a) LHARRON and THARRON searched publicly available sources, such as obituary postings on the internet by North Carolina funeral homes, to locate recently deceased North Carolinians.

- (b) LHARRON and THARRON would extract from the obituary postings certain personal information for the deceased, including their name, date of birth, and date of death.
- (c) Utilizing the extracted information, THARRON and LHARRON would then query NC Tracks to determine whether the deceased individual had a Medicaid Identification Number.
- (d) If the deceased North Carolinian had a valid Medicaid Identification Number and was otherwise eligible for Medicaid coverage during their life, THARRON and LHARRON would use that individual's identity to "back-bill" NC-Medicaid, through Agape, for up to one year of fictitious CAP/DA services that were allegedly rendered prior to the death of the individual. The North Carolinians whose identities were fraudulently used to defraud NC-Medicaid, as described herein, are referred to as the "Recipient Victims."
- (e) Periodically, NC-Medicaid would disburse hundreds of thousands of dollars to Agape for the fictitious CAP/DA services allegedly rendered to the Recipient Victims. These payments were issued as checks or wire transfers, and deposited into accounts controlled by LHARRON and THARRON.

42. Just during the time period between February 1, 2017, and December 28, 2019, LHARRON and THARRON caused Agape to fraudulently bill NC-Medicaid for approximately \$10,783,985.60. For these fictitious services, LHARRON and THARRON received approximately, \$9,597,423.80. Likewise, no genuine service authorization was granted to Agape to render the alleged services to the deceased recipients.

43. LHARRON and THARRON utilized to proceeds of the Agape Fraud to fund their lavish lifestyle, as well as to fund the operation and expansion of Assured.

#### **G. Obstruction of 2019 Audit of Agape**

44. Periodically, NC-Medicaid utilized contractors to conduct provider file



and payment audits, including audits of CAP/DA providers. Providers were obligated to provide truthful responses and documents to auditors. Public Consulting Group (“PCG”) was one such audit contractor for NC-Medicaid.

45. In or about January of 2019, PCG initiated a Medicaid Post Payment Review of Agape (the “2019 Audit”). In furtherance of the 2019 Audit, PCG issued a record request to Agape and LHARRON. The 2019 Audit demanded production of records relating to CAP/DA services allegedly provided to 5 patients between December 1, 2017 and July 1, 2018.

46. LHARRON fabricated various records in response to the 2019 Audit. The fabricated records included, among other things, care plans and service plans, monitoring notes, health care applications for employment, competency checklists, nurse aid verifications, and activity logs. The records also contained numerous forgeries for service providers and client representatives.

47. On or about February 26, 2019 and March 4, 2019, LHARRON transmitted to PCG by email and fax the fabricated records described in this section.

#### **G. Fraudulent Billing to NC-Medicaid through Assured**

48. In late 2019, LHARRON and THARRON successfully enrolled Assured as a North Carolina Medicaid provider. Thereafter, LHARRON and THARRON attempted to use Assured to bill NC-Medicaid for fictitious CAP/DA services in the same manner that Agape had been used to conduct fraudulent billing, as described in this Superseding Indictment.

## COUNT ONE

### THE CONSPIRACY

49. Beginning at a time unknown, but no later than July 1, 2013 and continuing to March of 2020, within the Eastern District of North Carolina and elsewhere, the defendants, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, did knowingly combine, conspire, confederate, and agree with each other, to commit offenses against the United States, to wit:

- A. To knowingly and willfully execute and attempt to execute a scheme and artifice to: (1) defraud a health care benefit program, to wit, Medicaid, and (2) obtain by means of materially false and fraudulent pretenses, representations, and promises, any of the money or property owned by, and under the custody or control of Medicaid; in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347 (Health Care Fraud); and
- B. Having devised and attempted to devise a scheme to defraud and to obtain money and property by means of materially false and fraudulent pretenses, representations and promises, to transmit and cause to be transmitted by means of wire in interstate and foreign commerce, any writings, signs, signals, pictures, or sounds for the purpose of executing such scheme or artifice, in violation of Title 18, United States Code,

Section 1343 (Wire Fraud).

PURPOSE OF THE CONSPIRACY

50. It was the purpose of the conspiracy for LHARRON and THARRON to enrich themselves by billing NC-Medicaid for fictitious services allegedly rendered to recently-deceased North Carolinians, prior to their deaths.

MANNER AND MEANS OF THE CONSPIRACY

51. Introductory paragraphs 1 through 48 are realleged and incorporated as though fully set forth in this count.

OVERT ACTS

52. In furtherance of the conspiracy, and to effect the objects thereof, there were committed in the Eastern District of North Carolina and elsewhere various overt acts, including, but not limited to the following:

a.) A member of the conspiracy caused Agape to transmit at least one fraudulent provider enrollment document to NC-Medicaid, concealing the criminal background of LHARRON.

b.) A member of the conspiracy queried at least one NC funeral home website for an obituary of a NC-Medicaid Recipient Victim.

c.) A member of the conspiracy extracted personal information for at least one Recipient Victim from an online obituary.

d.) A member of the conspiracy electronically queried NC Tracks to determine the eligibility of at least one Recipient Victim.

e.) A member of the conspiracy used NC Tracks to cause Agape to electronically bill NC-Medicaid for fictitious CAP/DA services using the name of at least one Recipient Victim.

f.) A member of the conspiracy caused Assured to transmit a fraudulent provider enrollment document to NC-Medicaid, concealing the criminal backgrounds of LHARRON and THARRON.

g.) A member of the conspiracy used NC Tracks to cause Assured to electronically bill NC-Medicaid for fictitious CAP/DA services using the name of at least one Recipient Victim.

All in violation of Title 18, United States Code, Section 1349.

#### COUNT TWO

53. Introductory paragraphs 1 through 48 are realleged and incorporated as though fully set forth in this count.

54. Beginning at a time unknown, but no later than July 1, 2013 and continuing to March of 2020, in the Eastern District of North Carolina and elsewhere, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, defendants herein, aiding and abetting each other, knowingly and willfully executed and attempted to execute the above-described scheme and artifice to defraud, 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 NC-Medicaid, a health care benefit program as defined in Title 18, United States Code,

Section 24(b), in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Sections 1347 and 2.

**COUNTS THREE THROUGH FIFTY-SIX**

**THE SCHEME**

55. Beginning at a time unknown, but no later than July 1, 2013 and continuing to March of 2020, in the Eastern District of North Carolina and elsewhere, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, defendants herein, aiding and abetting each other, devised and intended to devise a scheme to defraud, and to obtain money and property by means of materially false and fraudulent pretenses, representations and promises.

**MANNER AND MEANS**

56. Introductory paragraphs 1 through 48 are realleged and incorporated as though fully set forth in this count.

**USE OF THE WIRES**

57. On or about each of the dates set forth below, in the Eastern District of North Carolina and elsewhere, the defendants, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, for the purpose of executing the scheme described above, and attempting to do so, caused to be transmitted by means of wire communication in interstate commerce certain signals and sounds, to wit, CAP/DA electronic claim submissions for Agape by computers located outside of North Carolina, transmitted to NC-Medicaid's Fiscal Agent, located within the Eastern



District of North Carolina, via the NC Tracks online billing portal, said electronic claim transmissions being more specifically described in each row of the table below:

COUNT	WIRE DATE	RECIPIENT VICTIM	BILLED DATES OF SERVICE
3	9/8/2018	W.F.	9/11/2017 to 2/30/2018
4	9/19/2018	G.W.	9/20/2017 to 8/31/2018
5	9/20/2018	D.D.	10/2/2017 to 7/31/2018
6	1/18/2019	R.H.	1/19/2018 to 12/28/2018
7	5/2/2019	M.H.	5/3/2018 to 4/9/2019
8	6/12/2019	M.J.	6/13/2018 to 10/31/2018
9	9/13/2019	V.H.	9/17/2018 to 2/28/2019
10	10/4/2019	L.M.	10/5/2018 to 2/28/2019
11	10/11/2019	H.B.	10/12/2018 to 2/28/2019
12	10/11/2019	S.G.	10/12/2018 to 2/28/2019
13	10/18/2019	M.G.	10/19/2018 to 2/28/2019
14	10/24/2019	J.F.	10/25/2018 to 2/28/2019
15	10/30/2019	K.J.	10/31/2018 to 02/28/2019
16	10/31/2019	C.L.	11/1/2018 to 2/28/2019
17	11/1/2019	A.S.	11/2/2018 to 2/28/2019
18	11/3/2019	D.O.	11/04/2018 to 02/28/2019
19	11/3/2019	M.G	11/04/2018 to 2/28/2019
20	11/3/2019	M.H.	11/04/2018 to 02/28/2019
21	11/5/2019	B.M.	11/6/2018 to 2/28/2019
22	11/6/2019	A.B.	11/7/2018 to 2/28/2019

23	11/8/2019	C.A.	11/09/2018 to 2/28/2019
24	11/8/2019	C.R.	11/09/2018 to 02/28/2019
25	11/8/2019	J.P.	11/9/2018 to 2/28/2019
26	11/8/2019	K.S.	11/09/2018-02/28/2019
27	11/14/2019	E.S.	11/15/2018 to 02/28/2019
28	11/15/2019	M.S.	11/16/2018 to 2/28/2019
29	11/17/2019	J.H.	11/18/2018 to 2/28/2019
30	11/20/2019	I.B.	11/21/2018 to 2/28/2019
31	12/2/2019	M.B.	12/3/2018 to 2/28/2019
32	12/4/2019	F.S.	12/5/2018 to 2/28/2019
33	12/10/2019	D.S.	12/11/2018 to 2/28/2019
34	12/11/2019	J.H.	12/12/2018 to 2/28/2019
35	12/13/2019	C.M.	12/14/2018 to 2/28/2019
36	12/13/2019	J.W.	12/21/2018 to 2/28/2019
37	12/16/2019	S.W.	12/17/2018 to 2/28/2019
38	12/19/2019	M.W.	12/20/2018 to 2/28/2019
39	12/23/2019	J.H.	12/24/2018 to 02/28/2019
40	12/26/2019	Y.W.	12/27/2018 to 02/28/2019
41	12/27/2019	F.M.	12/28/2018 to 2/28/2019
42	1/1/2020	S.W.	1/2/2019 to 2/28/2019
43	1/3/2020	J.H.	1/4/2019 to 2/28/2019
44	1/6/2020	G.B.	1/7/2019 to 2/28/2019
45	1/6/2020	K.B.	1/7/2019 to 1/8/2019
46	1/7/2020	E.B.	1/8/2019 to 2/28/2019

47	1/7/2020	R.R.	1/8/2019 to 2/28/2019
48	1/9/2020	A.M.	1/10/2019 to 2/28/2019
49	1/14/2020	D.M.	1/15/2019 to 2/28/2019
50	1/17/2020	J.J.	1/18/2019 to 2/28/2019
51	1/17/2020	L.L.	1/18/2019 to 2/28/2019
52	1/24/2020	M.R.	1/26/2019 to 2/28/2019
53	1/29/2020	G.G.	1/30/2019 to 2/28/2019
54	2/10/2020	L.D.	2/11/2019 to 2/28/2019
55	2/12/2020	B.S.	2/15/2019 to 2/28/2019
56	2/25/2020	G.B.	2/26/2019 to 2/28/2019

Each entry in the foregoing table constituting a separate violation of Title 18, United States Code, Sections 1343 and 2.

**COUNT FIFTY-SEVEN**

58. Introductory paragraphs 1 through 48 are realleged and incorporated as though fully set forth in this count.

59. Beginning at an exact time unknown, but no later than January of 2019, and continuing to exact time unknown, but no earlier than March 4, 2019, in the Eastern District of North Carolina and elsewhere, LATISHA HARRON a/k/a Latisha Reese Holt, aiding and abetting others, knowingly and willfully made and used materially false writings and documents, specifically, documents submitted to PCG in response to the 2019 Audit, knowing the same to contain materially false, fictitious, and fraudulent statements and entries, to wit, fabricated records concerning fictitious

CAP/DA services for 5 patients, in connection with the delivery of and payment for health care benefits, items, and services involving NC-Medicaid, a health care benefit program as defined in 18 U.S.C. § 24(b), all in violation of Title 18, United States Code, Sections 1035(a)(2) and 2.

**COUNTS FIFTY-EIGHT THROUGH SIXTY-THREE**

60. Introductory paragraphs 1 through 57 are realleged and incorporated as though fully set forth in this count.

61. Between the dates listed in each row of the table below, in the Eastern District of North Carolina and elsewhere, the defendants, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, aiding and abetting each other, did knowingly transfer, possess, and use, without lawful authority, a means of identification of another person, to wit, the name, date of birth, and Medicaid Identification Number, of the Victim Recipients identified in each row of the table below, during and in relation to a felony violation enumerated in 18 U.S.C. § 1028A(c), to wit, Conspiracy to Commit Health Care Fraud and Wire Fraud, in violation of Title 18, United States Code, Section 1349 as Charged in Count One, knowing that said means of identification belonged to another actual person:

COUNT	DATES	VICTIM RECIPIENT
58	11/2/2019 – 11/8/2019	J.P.
59	11/14/2019	E.S.
60	11/29/2019 – 12/2/2019	M.B.
61	12/9/2019 – 12/10/2019	D.S.
62	12/13/2019 – 12/23/2019	J.H.
63	12/25/2019 – 12/26/2019	Y.W.

Each row of the foregoing table constituting a separate violation of Title 18, United States Code, Sections 1028A(a)(1) and 2.

**COUNT SIXTY-FOUR**

**THE CONSPIRACY**

62. Beginning at a time unknown, but no later than July 1, 2013 and continuing to March of 2020, within the Eastern District of North Carolina and elsewhere, the defendants, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, did knowingly combine, conspire, confederate, and agree with each other, to commit an offense against the United States, to wit, to knowingly engage and attempt to engage, in monetary transactions by, through or to a financial institution, affecting interstate and foreign commerce, in criminally derived property of a value greater than \$10,000, that is specified in this Count, such property having been derived from a specified unlawful activity, that is, Conspiracy to Commit Health Care Fraud (18 U.S.C. § 1349), in violation of Title 18, United States Code, Section 1957.

**MANNER AND MEANS**

63. The manner and means used to accomplish the objectives of the conspiracy included, among others, the following:

- a. Paragraphs 1 through 57 are realleged and incorporated by reference into this Count.
- b. LHARRON and THARRON established companies in North Carolina



and Nevada, including Assured.

c. LHARRON and THARRON opened bank and spending accounts in the name of Assured, in states outside of North Carolina.

d. LHARRON and THARRON transferred proceeds derived from fraudulent billings to NC-Medicaid using Agape, into bank accounts in the name of Assured.

e. LHARRON and THARRON purchased assets in the name of Assured, using funds derived from the fraudulent billings to NC-Medicaid using Agape.

f. LHARRON and THARRON publicly projected that Assured was a successful, national healthcare company when, in fact, it was funded by fraudulent billings to NC-Medicaid using Agape.

g. LHARRON and THARRON carried out numerous transactions derived from the fraud upon NC-Medicaid including, but not limited to, the following:

<b>DATE</b>	<b>MONETARY TRANSACTION</b>	<b>CRIMINALLY DERIVED PROPERTY</b>
11/16/2017	\$26,050.36 POS Debit Card purchase at Brioni in Beverly Hills, CA	\$24,745 ACH Deposit on 11/15/2017 from NC-Medicaid derived from claims in the name of patient AH
12/12/2017	\$98,000 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$67,367 ACH Deposit on 12/6/2017 from NC-Medicaid derived from claims in the names of patients KP, KS, FZ, MM, MB, BR, & EB
2/15/2018	\$34,738.88 POS Debit Card purchase at Brioni in Beverly Hills, CA	\$56,560 ACH Deposit on 1/31/2018 from NC-Medicaid derived from claims in the names of patients NK, MH, & HS

4/2/2018	\$58,455 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Ring	\$101,626 ACH Deposit on 3/21/2018 from NC-Medicaid derived from claims in the names of patients WD, MW, AE, IA, & GB
4/26/2018	\$25,609.60 wire for the purchase of 225 Main Street, Rich Square, NC	\$51,765 ACH Deposit on 4/25/2018 from NC-Medicaid derived from claims in the names of patients HB, MF, ML, KM, RD, & LB
5/23/2018	\$89,523.90 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$74,130 ACH Deposit on 5/23/2018 from NC-Medicaid derived from claims in the names of patients SB, TS, BA, & JW
6/6/2018	\$19,485 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$71,609.10 ACH Deposit on 6/6/2018 from NC-Medicaid derived from claims in the names of patients MT, SB, CM, & HB
9/27/2018	\$18,782.45 AMEX payment including \$16,302.17 for purchase of Wine at Del Dotto Vineyards in Napa, CA	\$77,883 ACH Deposit on 9/19/2018 from NC-Medicaid derived from claims in the names of patients VS, CW, WF, VL, & RT
10/4/2018	\$19,990.03 wire for the purchase of 107 E. First Street, Ahoskie, NC	\$93,668 ACH Deposit on 10/3/2018 from NC-Medicaid derived from claims in the names of patients SD, ET, MW, DD, BW, NG, AI, & MG
12/26/2018	\$900,000 wire to AIC Title Service, LLC for the purchase of Jet	\$169,030.10 ACH Deposit on 12/20/2018 from NC-Medicaid derived from claims in the names of patients ET ET, TW, IB, LM, EL, DD, BS, & FJ
3/19/2019	\$23,916.28 check to Advanced Exercise Equipment Inc for the purchase of Gym Equipment	\$132,334.78 ACH Deposit on 3/13/2019 from NC-Medicaid derived from claims in the names of patients FH, MH, WH, RB, DS, EC, FW, & VP

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

**COUNTS SIXTY-FIVE THROUGH SEVENTY-FIVE**

62. Introductory paragraphs 1 through 57 are realleged and incorporated as

though fully set forth in this count.

63. Between the dates listed in each row of the table below, in the Eastern District of North Carolina and elsewhere, the defendants, LATISHA HARRON a/k/a Latisha Reese Holt and TIMOTHY MARK HARRON, aiding and abetting each other, knowingly engaged in each of the following monetary transactions involving criminally derived property described below, where the value of the property exceeded \$10,000, and said property was derived from the Specified Unlawful Activity (SUA) identified below:

<b>COUNT</b>	<b>DATE</b>	<b>MONETARY TRANSACTION</b>	<b>CRIMINALLY DERIVED PROPERTY</b>	<b>SUA</b>
65	11/16/2017	\$26,050.36 POS Debit Card purchase at Brioni in Beverly Hills, CA	\$24,745 ACH Deposit on 11/15/2017 from NC-Medicaid derived from claims in the name of patient AH	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
66	12/12/2017	\$98,000 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$67,367 ACH Deposit on 12/6/2017 from NC-Medicaid derived from claims in the names of patients KP, KS, FZ, MM, MB, BR, & EB	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
67	2/15/2018	\$34,738.88 POS Debit Card purchase at Brioni in Beverly Hills, CA	\$56,560 ACH Deposit on 1/31/2018 from NC-Medicaid derived from claims in the names of patients NK, MH, & HS	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349

68	4/2/2018	\$58,455 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Ring	\$101,626 ACH Deposit on 3/21/2018 from NC-Medicaid derived from claims in the names of patients WD, MW, AE, IA, & GB	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
69	4/26/2018	\$25,609.60 wire for the purchase of 225 Main Street, Rich Square, NC	\$51,765 ACH Deposit on 4/25/2018 from NC-Medicaid derived from claims in the names of patients HB, MF, ML, KM, RD, & LB	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
70	5/23/2018	\$89,523.90 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$74,130 ACH Deposit on 5/23/2018 from NC-Medicaid derived from claims in the names of patients SB, TS, BA, & JW	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
71	6/6/2018	\$19,485 POS Debit Card purchase at Tiffany & Co. in Las Vegas, NV for Jewelry	\$71,609.10 ACH Deposit on 6/6/2018 from NC-Medicaid derived from claims in the names of patients MT, SB, CM, & HB	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
72	9/27/2018	\$18,782.45 AMEX payment including \$16,302.17 for purchase of Wine at Del Dotto Vineyards in Napa, CA	\$77,883 ACH Deposit on 9/19/2018 from NC-Medicaid derived from claims in the names of patients VS, CW, WF, VL, & RT	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349

73	10/4/2018	\$19,990.03 wire for the purchase of 107 E. First Street, Ahoskie, NC	\$93,668 ACH Deposit on 10/3/2018 from NC-Medicaid derived from claims in the names of patients SD, ET, MW, DD, BW, NG, AI, & MG	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
74	12/26/2018	\$900,000 wire to AIC Title Service, LLC for the purchase of Jet	\$169,030.10 ACH Deposit on 12/20/2018 from NC-Medicaid derived from claims in the names of patients ET ET, TW, IB, LM, EL, DD, BS, & FJ	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349
75	3/19/2019	\$23,916.28 check to Advanced Exercise Equipment Inc for the purchase of Gym Equipment	\$132,334.78 ACH Deposit on 3/13/2019 from NC-Medicaid derived from claims in the names of patients FH, MH, WH, RB, DS, EC, FW, & VP	Conspiracy to Commit Health Care Fraud and Wire Fraud, 18 U.S.C. § 1349

Each row of the foregoing table constituting a separate violation of Title 18, United States Code, Sections 1957 and 2.

FORFEITURE NOTICE

The defendant is given notice that all of the defendant's interest in all property specified herein is subject to forfeiture.

Upon conviction of the offense set forth in Counts 1 through 74 of the Indictment, the defendant shall forfeit to the United States, pursuant to Title 18,



United States Code, Section 982(a)(7) and Title 18, United States Code, Section 981 (a)(1)(C), the latter as made applicable by 28 U.S.C. § 2641(c), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

The forfeitable property includes, but is not limited to the following:

- A. The total gross proceeds of the foregoing offense personally obtained by the defendant in the amount of at least \$13,396,921.64;
- B. All funds held in Navy Federal Credit Union account ending \*2988 (Checking) held in the names of Latisha Holt and/or Timothy Harron;
- C. All funds held in Navy Federal Credit Union account ending \*4010 (Checking) held in the name of Agape Healthcare Systems Inc.;
- D. All funds held in Navy Federal Credit Union account ending \*5091 (Checking) held in the name of Assured Health Systems, LLC;
- E. All funds held in Navy Federal Credit Union account ending \*0289 (Checking) held in the name of Timothy Harron;
- F. All funds held in Navy Federal Credit Union account ending \*7009 (Checking) held in the name of Latisha Holt;
- G. All funds held in Navy Federal Credit Union Account ending \*7557 (Savings) held in the name of Latisha Holt;
- H. All funds held in Navy Federal Credit Union account ending \*4393 (Money Market) held in the name of Latisha Holt;



- I. All funds held in Navy Federal Credit Union account ending \*0001  
(Certificate of Deposit) held in the name of Latisha Holt;
- J. All funds held in Navy Federal Credit Union account ending \*1401  
(IRA) held in the name of Latisha Holt;
- K. All funds held in Navy Federal Credit Union account ending \*3657  
(Savings) held in the name of Assured Healthcare Systems, LLC;
- L. All funds held in Navy Federal Credit Union account ending \*2875  
(Savings) held in the name of Timothy Harron;
- M. All funds held in Navy Federal Credit Union account ending \*7658  
(Savings) held in the name of Agape Healthcare Systems Inc.;
- N. All funds held in Navy Federal Credit Union account ending \*7745  
(Savings) held in the name of Deandre Holt and Latisha Holt;
- O. British Aerospace Bae 125-800A Aircraft, U.S. Registration No.  
N728HH;
- P. 2017 Aston Martin DB 11 sports vehicle, VIN No.  
SCFRMFAV1HGL02135;
- Q. One approximately .35 acre tract of real property, with all improvements  
thereto, located in Northampton County, North Carolina, and more fully  
described in a deed recorded in Book 1036, Page 722 of the Northampton  
County Registry, being last titled in names of Latisha Holt and Timothy  
Harron, and having the street address of 225 N. Main Street, Rich

Square, North Carolina 27869.

- R. One tract of real property, with all improvements thereto, located in Hertford County, North Carolina, and more fully described in a deed recorded in Book 803, Page 515 of the Hertford County Registry, being last titled in name of Assured Healthcare Systems, LLC, and having the street address of 107 East First Street, Ahoskie, North Carolina 27910.
- S. One approximately .27 acre tract of real property, with all improvements thereto, located in Northampton County, North Carolina, and more fully described in a deed recorded in Book 1046, Page 500 of the Northampton County Registry, being last titled in name of Latisha Harron and Timothy Harron, and having the street address of 175 Doolittle Mill Road, Conway, North Carolina 27820.
- T. One approximately .20 acre tract of real property, with all improvements thereto, located in Charles County, Maryland, and more fully described in a deed recorded at Book 9734, Page 483, in the Charles County Circuit Court records, being last titled in name of Latisha Holt, and having the street address of 5115 Brideshead Court, White Plains, MD 20695.
- U. 2016 Ford F-150 Supercrew truck, Vin No. 1FTEW1EP9GFC98667;
- V. Miscellaneous gym equipment, including, but not limited to, two treadmills, elliptical machine, weight machines, dumbbell set, and associated racks;

W. Miscellaneous items of jewelry;

X. Miscellaneous items of designer clothes and/or bags; and

Y. Miscellaneous collections of wine and/or liquor.

If any of the above-described forfeitable property, as a result of any act or omission of the defendant --

- (1) cannot be located upon the exercise of due diligence;
- (2) has been transferred or sold to, or deposited with, a third party;
- (3) has been placed beyond the jurisdiction of the court;
- (4) has been substantially diminished in value; or
- (5) has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of said defendant up to the value of the forfeitable property described above.

A TRUE BILL

REDACTED VERSION

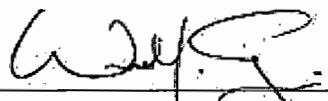
Pursuant to the E-Government Act and the federal rules, the unredacted version of this document has been filed under seal.

Foreperson

Date:

5/19/2020

ROBERT J. HIGDON, JR.  
United States Attorney



BY: WILLIAM M. GILMORE

Assistant United States Attorney