

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FILED

UNITED STATES OF AMERICA

v.

ABDUL AZIZ MOHAMMED

CASE NUMBER: 24-cr-00307 **6/14/2024**

UNDER SEAL

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

CRIMINAL COMPLAINT

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

Count One

On or about November 15, 2023, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere, ABDUL AZIZ MOHAMMED, the defendant violated:

Code Section

Title 18, United States Code, Section 1347

Offense Description

did knowingly and willfully execute and attempt to execute a 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 Medicare, 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, by submitting and causing to be submitted a claim for the provision of COVID-19 Test Kits to beneficiary B.D., when such services were not provided.

Count Two

On or about December 6, 2023, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere, ABDUL AZIZ MOHAMMED, the defendant violated:

Code Section

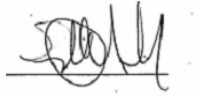
Title 18, United States Code, Section 1957

Offense Description

did knowingly engage and attempt to engage in a monetary transaction, in criminally derived property of a value greater than \$10,000, namely, negotiated a cashier's check in the amount of \$80,000 between Spectrum Lab Corp and entity F.T., such property having been derived from a specified unlawful activity, namely, health care fraud, in violation of Title 18, United States Code, Section 1347.

This criminal complaint is based upon these facts:

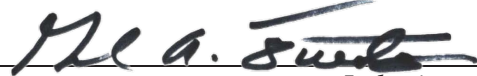
X Continued on the attached sheet.



Randell Harold
Special Agent, FBI

Pursuant to Fed. R. Crim. P. 4.1, this Complaint is presented by reliable electronic means. The above-named agent provided a sworn statement attesting to the truth of the Complaint and Affidavit by telephone.

Date: June 14, 2024



Judge's signature

City and state: Chicago, Illinois

Gabriel A. Fuentes, U.S. Magistrate Judge
Printed name and title

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

AFFIDAVIT

I, Randell Harold, being duly sworn, state as follows:

1. I am a Special Agent with the United States Department of Justice, Federal Bureau of Investigation (“FBI”). I have been so employed since June 2022.

2. My duties and responsibilities as an FBI Special Agent include conducting criminal investigations of individuals and organizations that have violated federal laws, including violations of Title 18, United States Code, Section 1343 (wire fraud) and Title 18, United States Code, Section 1347 (health care fraud). I also investigate allegations of fraud, waste, and abuse in connection with federal and state health care programs, including Medicare and Medicaid.¹ I have received specialized training and participated in numerous health care fraud investigations. I have participated in the execution of multiple federal search warrants and arrests. I am a graduate of the Federal Bureau of Investigation Special Agent Basic Training Program. I am a certified public accountant.

3. This affidavit is submitted in support of a criminal complaint alleging that ABDUL AZIZ MOHAMMED (“MOHAMMED”) has committed the offenses of health care fraud, in violation of Title 18, United States Code, Section 1347, and

¹ Medicare is a federal health benefit program administered by the Centers for Medicare and Medicaid Services (“CMS”), an agency of the U.S. Department of Health and Human Services. Medicare is a “health care benefit program” as defined by Title 18, United States Code, Section 24(b), that is, a “public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual....” 18 U.S.C. § 24(b).

engaging in monetary transactions in property derived from specified unlawful activity, in violation of Title 18, United States Code, Section 1957. As described in more detail below, there is probable cause to believe that MOHAMMED has knowingly and willfully defrauded the Medicare program (“Medicare”) by causing to be submitted false claims for reimbursement of over-the-counter (“OTC”) COVID-19 test kits (“COVID Test Kits”) allegedly provided to Medicare beneficiaries, which were never provided, and fraudulently obtained money from Medicare. Additionally, there is probable cause to believe that MOHAMMED knowingly engaged and attempted to engage in a monetary transaction in criminally derived property of a value greater than \$10,000 derived from health care fraud.

4. The investigation of MOHAMMED is being conducted jointly by the FBI and the United States Department of Health and Human Services, Office of the Inspector General (“HHS-OIG”). Because this affidavit is being submitted for the limited purpose of establishing probable cause in support of a criminal complaint charging MOHAMMED with health care fraud and money laundering, I have not included each and every fact known to me concerning this investigation. I have set forth only the facts that I believe are necessary to establish probable cause to believe that MOHAMMED committed the offenses alleged in the complaint.

5. This affidavit is based on my personal knowledge and observations, information provided to me by other law enforcement officers, law enforcement officers’ review of financial and banking records, information I have received from

various business records and searches of public and governmental databases, and other documents and records gathered in the investigation.

FACTS SUPPORTING PROBABLE CAUSE

A. BACKGROUND AND OVERVIEW OF INVESTIGATION

6. The investigation began in November 2023, when law enforcement agencies detected a massive spike in Medicare billing for COVID Test Kits, including for COVID Test Kits purportedly provided to Medicare beneficiaries who were deceased, followed by complaints from Medicare beneficiaries on whose behalf COVID Test Kits were billed to Medicare but who did not receive COVID Test Kits. The investigation concerns a laboratory located in the Chicago metropolitan area, Spectrum Lab Corp. (“SPECTRUM”), that fraudulently billed Medicare for COVID Test Kits that were never provided. According to Medicare enrollment paperwork and Illinois business registration records, MOHAMMED became the sole owner, president, and agent of SPECTRUM shortly before the fraudulent billing began. The investigation determined that SPECTRUM submitted fraudulent claims to Medicare over the course of approximately four days in November 2023, and that Medicare paid millions of dollars in reimbursements to SPECTRUM for the claims. MOHAMMED controlled the accounts receiving the Medicare funds, and following their receipt, MOHAMMED obtained cashier’s checks using the funds and transferred the funds into other accounts controlled by MOHAMMED and others.

7. As part of this investigation, the government submitted an affidavit in support of a seizure warrant for two bank accounts associated with funds

fraudulently obtained from Medicare by SPECTRUM. On March 21, 2024, Magistrate Judge Keri L. Holleb Hotaling signed seizure warrant 24 M 206 for an account at Bank of America associated with the fraudulent SPECTRUM funds (hereinafter “Spectrum Account 1”). On March 21, 2024, Magistrate Judge Keri L. Holleb Hotaling also signed seizure warrant 24 M 207, for a second account associated with the fraudulent SPECTRUM funds at JPMorgan Chase Bank (hereinafter “Spectrum Account 2”). Collectively, the two seizure warrants are referred to as the “Seizure Applications.”

8. In summary, the Seizure Applications provided probable cause to believe that Spectrum Account 1 and Spectrum Account 2 contained proceeds of fraudulent Medicare billings by SPECTRUM for COVID Test Kits that were either: (a) not delivered to the Medicare beneficiaries, or (b) delivered to Medicare beneficiaries who did not request or approve orders for COVID Test Kits to their homes.

9. Probable cause for the Seizure Applications were established as to Spectrum Account 1 and Spectrum Account 2 on the basis of: (a) beneficiary complaints and interviews, which indicated that SPECTRUM billed for COVID Test Kits that were neither requested nor delivered; (b) billing by SPECTRUM for COVID Test Kits that were purportedly delivered to beneficiaries known to be deceased; (c) observation of the SPECTRUM office site on November 28, 2023, and November 30, 2023, which displayed no indications of an operational lab or testing-kit business; (d) analysis of Medicare claims data which demonstrated an enormous spike in

Medicare billing over four days, following a change in ownership, that was inconsistent with SPECTRUM's prior Medicare billing history; and (e) review of financial records for accounts associated with SPECTRUM which did not reflect financial activity consistent with the operation of a large-scale COVID Test Kit delivery business.

10. Execution of the two seizure warrants on or about March 28, 2024, and March 29, 2024, resulted in the seizure of over \$6.1 million from Spectrum Account 1 and approximately \$200,000 from Spectrum Account 2. At the time of the execution of the seizure warrants, MOHAMMED was the only authorized signatory on Spectrum Account 1 and Spectrum Account 2.

11. In addition to summarizing information contained in the Seizure Applications demonstrating that SPECTRUM submitted fraudulent claims to Medicare for COVID Test Kits, this affidavit contains additional information further demonstrating MOHAMMED's knowledge and control of SPECTRUM at the time those entities submitted the fraudulent claims, MOHAMMED's role in diverting the proceeds of the fraudulent Medicare claims to other entities and accounts under the control of MOHAMMED and others, and MOHAMMED's role in conducting financial transactions intended to conceal and disguise the nature, source, location, ownership, and control of the proceeds of the fraudulent Medicare claims, all for the purpose of establishing probable cause to believe that MOHAMMED committed the offenses of health care fraud, in violation of Title 18, United States Code, Section 1347, and

engaged in monetary transactions in property derived from specified unlawful activity, in violation of Title 18, United States Code, Section 1957.

Medicare Program

12. Medicare is a federal health benefit program administered by the Centers for Medicare and Medicaid Services (“CMS”), an agency of the U.S. Department of Health and Human Services. Medicare helps pay for the reasonable and necessary medical services for people aged 65 and older and some persons under 65 with certain illness and/or disabilities. Individuals who receive benefits under Medicare are referred to as Medicare “beneficiaries.” Medicare providers and suppliers must obtain a National Provider Identifier (“NPI”) before enrolling in Medicare. Health care providers seeking to become a Medicare provider must submit enrollment documentation to Medicare, which includes, among other things, contact information for the provider.

13. Every claim submitted by, or on behalf of, a physician or health care provider, includes an agreement by the provider to abide by Medicare’s rules and regulations. As a condition of payment, Medicare requires providers to certify all information on the claim is true, correct, and complete. Additionally, the provider certifies the service was rendered personally by the provider or under his/her direct supervision and incident to the provider’s care and that the service was medically necessary for the health and/or well-being of the patient.

14. Health care providers, like SPECTRUM, are paid by Medicare through the submission of claims. All Medicare providers are required to submit claims

electronically. Medicare reimburses claims electronically, as well, and payments for Medicare Part B services in Illinois are issued from National Government Services, a Medicare Administrative Contractor (“MAC”) headquartered in Indianapolis, Indiana. Payments are made into a provider’s bank account through an electronic funds transfer. For a limited period of time after a MAC makes a payment into a provider’s designated bank account, the MAC has the ability to “recall” a payment if the MAC discovers a payment error, evidence of fraud, or that judicial proceedings have been initiated with respect to the provider. The MAC can only “recall” a payment from the account to which the payment was made. If, by the time of the recall, the provider has already withdrawn the funds or transferred funds to a different account, the MAC cannot retrieve the money.

Over the Counter COVID-19 Test Kits

15. In April 2022, the federal government announced that individuals with Medicare could receive up to eight COVID Test Kits per calendar month from participating pharmacies and health care providers for the duration of the COVID-19 public health emergency (“PHE”) at no cost to Medicare beneficiaries. The PHE ended on May 11, 2023, at which point Medicare would no longer pay for eight COVID Test Kits per month. However, on February 9, 2023, Medicare announced that it is allowing a one-year grace period for providers to bill COVID Test Kits that were provided to beneficiaries prior to May 11, 2023, but that the provider was unable to bill prior to the May 11, 2023 deadline.

16. To receive reimbursement from Medicare for the COVID Test Kits, providers must submit a claim form with certain information regarding the Medicare beneficiary. As relevant here, the claim form must identify the type of services provided (using a Healthcare Common Procedure Coding System, or “HCPCS” code), and the HCPCS code for a COVID Test Kit is “K1034”. Specifically, Medicare defines HCPCS Code K1034 as: “Provision of Covid-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared.” CMS’s guidance to providers billing for these COVID Test Kits is to “only give patients OTC COVID-19 tests when they request them.” Additionally, CMS instructed providers to “keep good documentation. We may ask to see documentation showing a patients’ request for tests. If you don’t provide the documentation, we could recoup payment and may take other administrative actions.”²

B. SPECTRUM SUBMITTED FRAUDULENT CLAIMS TO MEDICARE

Medicare Beneficiary Complaints

17. Beginning on approximately November 29, 2023, the Medicare Benefit Integrity Unit (“BIU”) began receiving calls from Medicare beneficiaries regarding SPECTRUM. Among others, the BIU has Medicare-contracted employees intake complaints from the public regarding any Medicare-related issue including Medicare fraud, waste, and abuse or quality of care issues. Between November 29, 2023, and January 2, 2024, the Medicare BIU received approximately 21 complaints against

² <https://www.cms.gov/COVIDOTCtestsProvider> accessed on 04/19/2023. The website was last modified on 01/18/2024.

SPECTRUM. Of the 21 complaints, 11 Medicare beneficiaries stated that they did not receive services listed on their explanation of benefits (“EOB”), six Medicare beneficiaries stated that they did not know SPECTRUM, and four Medicare beneficiaries had a complaint listed as “other.” A Medicare contractor has begun interviewing Medicare beneficiaries.

18. Medicare Beneficiary B.D. was interviewed by telephone on November 30, 2023 regarding billing by SPECTRUM for the provision of COVID Test Kits, which were allegedly provided to him/her on or about November 29, 2022. On or about November 15, 2023, SPECTRUM submitted a claim to Medicare for the purported delivery of COVID Test Kits to Medicare Beneficiary B.D. Medicare paid SPECTRUM \$94.08 for this claim on or about November 29, 2023. According to B.D., s/he never requested nor received any COVID Test Kits within the past 18 months from when s/he was interviewed.

19. Medicare Beneficiary B.G. was interviewed by telephone regarding Medicare billing by SPECTRUM for the provision of COVID Test Kits, which were allegedly provided to him/her on November 29, 2022, February 18, 2023, and March 3, 2023, by SPECTRUM. On or about November 16, 2023, SPECTRUM submitted three claims to Medicare for HCPCS code K1034, for delivery of 24 COVID Test Kits to B.G. Medicare paid SPECTRUM \$282.24 for the claims. According to B.G., s/he never received any COVID Test Kits in 2022 or in 2023.

20. Medicare Beneficiary C.G. was interviewed by telephone regarding Medicare billing by SPECTRUM for the provision of COVID Test Kits, which were

allegedly provided to him/her on December 20, 2022, February 28, 2023, and April 1, 2023, by SPECTRUM. On or about November 16, 2023, SPECTRUM submitted three claims to Medicare for HCPCS code K1034, for delivery of 24 COVID Test Kits to C.G. Medicare paid SPECTRUM \$282.24 for the claims. According to C.G., s/he never received any COVID Test Kits from SPECTRUM and has never heard of SPECTRUM. C.G. did receive some COVID Test Kits, but they were from Abbott Lab. These tests do not appear to be related to SPECTRUM, as a review of SPECTRUM's bank accounts show no payments made to any entity with "Abbott" in the title.

21. Medicare Beneficiary L.C. was interviewed by telephone regarding Medicare billing by SPECTRUM for the provision of COVID Test Kits, which were allegedly provided to him/her on December 28, 2022, February 3, 2023, and March 16, 2023, by SPECTRUM. On or about November 16, 2023, SPECTRUM submitted three claims to Medicare for HCPCS code K1034, for delivery of 24 COVID Test Kits to L.C. Medicare paid SPECTRUM \$282.24 for the claims. According to L.C., s/he has never requested any COVID Test Kits from SPECTRUM and has never heard of SPECTRUM. L.C. did request some COVID Test Kits from the post office.³

22. Medicare Beneficiary L.B. was interviewed in person regarding Medicare billing by SPECTRUM for the provision of COVID Test Kits, which were allegedly provided to him/her on December 20, 2022, February 3, 2023, and March 1,

³ The United States Postal Service offered free Covid-19 tests that could be ordered through the website www.covidtests.gov. Based on my training and experience, Covid-19 tests requested through the United States Postal Service would not be billed to Medicare as if the tests were provided by a private entity such as SPECTRUM.

2023, by SPECTRUM. On or about November 16, 2023, SPECTRUM submitted three claims to Medicare for HCPCS code K1034, for delivery of 24 COVID Test Kits to L.B. Medicare paid SPECTRUM \$188.16 for the claims. According to L.B., L.B.'s daughter did order test kits for L.B. online approximately a year ago, and L.B. did receive one package at his/her house. L.B. confirmed he/she only received one package of COVID Test Kits. According to L.B.'s beneficiary history, on or about December 16, 2022, L.B. received COVID Test Kits from Kroger CO of Michigan.

23. Medicare Beneficiary P.B. was interviewed by telephone regarding Medicare billing by SPECTRUM for the provision of COVID Test Kits, which were allegedly provided to him/her on November 29, 2022, February 2, 2023, and April 23, 2023, by SPECTRUM. On or about November 16, 2023, SPECTRUM submitted three claims to Medicare for HCPCS code K1034, for delivery of 24 COVID Test Kits to P.B. Medicare paid SPECTRUM \$282.24 for the claims. According to P.B., P.B. did not request or receive any COVID Test Kits from SPECTRUM. P.B. has never heard of SPECTRUM.

Deceased Beneficiaries

24. Additionally, an analysis of Medicare claims data shows that approximately 185 Medicare beneficiaries purportedly requested and received COVID Test Kits from SPECTRUM had died before the purported date of service. Of these 185 deceased beneficiaries, 10 had an address listed with Medicare as residing in the state of Illinois. Of these 10 Illinois deceased beneficiaries, for each beneficiary, Medicare was billed three separate claims for eight COVID Test Kits in each claim.

All 10 beneficiaries had at least one claim for COVID Test Kits that was purportedly provided after their date of death; five beneficiaries had two claims for COVID Test Kits which were purportedly provided after their date of death; and one beneficiary had all three claims for COVID Test Kits purportedly provided after their date of death.

Site Visit to SPECTRUM

25. On or about Tuesday, November 28, 2023, agents drove to the address SPECTRUM identified to Medicare as its practice location, 7958 N. Waukegan Road, Niles, Illinois, 60714-3220. Based on agent observations at approximately 3:10 PM, the business at this address appeared to be closed as all interior lights were turned off and no one appeared to be present inside the business. Located on the front door was a sign that read "SPECTRUM LAB CORP." Taped to the front door was a piece of paper which read "Out for a business meeting" and provided a telephone number to call. Business hours for SPECTRUM were taped to the front door and listed as Monday to Friday 9:00 AM – 5:00 PM and Saturday and Sunday "On call."

26. An agent returned to SPECTRUM on or about Thursday, November 30, 2023, at approximately 8:06 AM. Upon arrival, the business appeared to be closed as all interior lights were turned off and no one appeared to be present inside the business. The same "out for a business meeting" and business hours sign were taped to the front door. For substantially the entire duration of the surveillance, the agent maintained a direct line of sight with the front door of SPECTRUM. Surveillance was terminated at approximately 11:02 AM on November 30, 2023. No one was seen

entering or exiting SPECTRUM for the duration of the surveillance and all lights inside SPECTRUM still appeared to be turned off at the conclusion of the surveillance.

Claims Data Analysis

27. Medicare claims data indicates that, from November 13, 2023, through November 16, 2023, a period of just four days, SPECTRUM billed approximately \$15,746,250.01 to Medicare for COVID Test Kits and was paid approximately \$7,092,126.72 as a result. Those claims account for the delivery of approximately 646,000 COVID Test Kits to approximately 27,557 Medicare beneficiaries.

28. As shown in Table 1 below, SPECTRUM billed for HCPCS code K1034 at an exponential rate over just a four-day period in November of 2023, after not having submitted any such claims prior to November 2023. Moreover, as shown in Table 2 below, the claims submitted for HCPCS code K1034 by SPECTRUM were for services that were purportedly provided to beneficiaries six to twelve months prior to the submission of the claim. Based on my training and experience, the volume, pattern, and timing of the claims submitted is extremely uncommon for a legitimate provider and is indicative of fraud.

29. Table 1 below illustrates the vast majority of SPECTRUM's claims submitted to Medicare for HCPCS code K1034, which occurred during the four-day period between November 13, 2023, until November 16, 2023. Table 2 below illustrates when SPECTRUM purportedly delivered the COVID Test Kits shown in

Table 1 to Medicare beneficiaries. Both tables are based on Medicare claims data, which stated a total “paid amount” to SPECTRUM of \$7,092,126.72.⁴

CLAIM SUBMISSIONS TO MEDICARE FOR COVID-19 TEST KITS

Date of Claim Submission	No. of Unique Beneficiaries	No. of Unique Claims	Billed Amount	Paid Amount
01/01/2021 – 11/12/2023	0	0	\$0.00	\$0.00
11/13/2023	10	10	\$1,950.00	\$940.80
11/15/2023	4,819	4,822	\$940,290.00	\$432,485.76
11/16/2023	27,514	75,918	\$14,804,010.01	\$6,658,700.16
Total			\$15,746,250.01	\$7,092,126.72

Table 1

⁴ The paid amount stated by Medicare differed slightly from the total amount deposited by Medicare into Subject Account 1, which was \$7,091,185.92.

PURPORTED DELIVERY OF COVID-19 TEST KITS

Service Provided Month	No. of Unique Beneficiaries	No. of Unique Claims	Billed Amount	Paid Amount
Nov. 2022	13,167	13,167	\$2,567,565.00	\$1,184,090.88
Dec. 2022	13,995	13,995	\$2,729,025.00	\$1,242,420.48
Jan. 2023	14,390	14,390	\$2,806,050.00	\$1,263,400.32
Feb. 2023	12,882	12,883	\$2,512,185.01	\$1,128,395.52
Mar. 2023	13,510	13,510	\$2,634,450.00	\$1,174,682.88
Apr. 2023	12,805	12,805	\$2,496,975.00	\$1,099,136.64
May 2023 – Nov. 2023	0	0	\$0.00	\$0.00
Total			\$15,746,250.01	\$7,092,126.72

Table 2

30. Based on my training and experience, the volume of tests purportedly delivered six-to-12 months prior to the date of claim submission is highly unusual for a legitimate provider, who typically would need to be reimbursed for the provision of that volume closer in time to the date of service in order to cover the provider’s legitimate costs and to continue providing such services.

31. Analysis of Medicare claims data showed that SPECTRUM billed Medicare on November 13, 2023, November 15, 2023, and November 16, 2023, for COVID Test Kits purportedly provided to beneficiaries between November of 2022 and April of 2023, between six to twelve months after the date the COVID Test Kits were purportedly provided to beneficiaries. This type of billing is called “back billing”;

billing for services several months after the goods or services were provided. Every single claim from SPECTRUM for HCPS code K1034, for 646,056 COVID Test Kits provided to 27,557 Medicare beneficiaries, was a result of “back billing.” Based on my training and experience investigating health care fraud, billing this number of beneficiaries between six to twelve months after the purported service is uncommon and indicative of fraud.

32. Additionally, as set forth in more detail below, based on bank records, Medicare records, and Illinois Secretary of State records, MOHAMMED assumed ownership and control of SPECTRUM on or about September 15, 2023, approximately two months before the submission of the fraudulent COVID Test Kit claims between November 13, 2023, and November 16, 2023, and several months *after* the dates of service reflected in those claims. Bank records contain no indication that SPECTRUM, after coming under MOHAMMED’s control, purchased any COVID Test Kits. Even if MOHAMMED had purchased COVID Test Kits after assuming control of SPECTRUM, that would not provide a basis for back-billing for thousands of COVID Test Kits purportedly provided by SPECTRUM months before MOHAMMED assumed control of the company. Based on my training and

experience, this type of back-billing after a recent change of ownership is yet another indication of fraud.

C. MOHAMMED IS A PARTICIPANT IN THE SPECTRUM SCHEME

SPECTRUM Illinois Secretary of State Filings

33. According to information provided by the Illinois Secretary of State (“ILSOS”), SPECTRUM was incorporated on August 16, 2021, with Individual 1 listed as the Registered Agent and as the incorporator. On September 15, 2023, approximately two months before SPECTRUM began its fraudulent submissions, an “Interim Report of Changes” form was submitted to ILSOS on behalf of SPECTRUM, bearing MOHAMMED’s signature as president of SPECTRUM. On the form, MOHAMMED identified himself as SPECTRUM’s president and secretary. The form identified no other SPECTRUM officers or directors. Also on September 15, 2023, a “Statement of change of Registered Agent And/Or Registered Office” was submitted to ILSOS on behalf of SPECTRUM bearing MOHAMMED’s signature as president of SPECTRUM. On the form MOHAMMED identified himself as SPECTRUM’s new Registered Agent and removed the prior Registered Agent.

SPECTRUM Medicare Provider Enrollment Records

34. According to the Medicare Provider Enrollment, Chain, and Ownership System (“PECOS”), SPECTRUM became a registered provider with Medicare effective on or about January 1, 2022. On or about October 10, 2023, MOHAMMED signed a Medicare provider enrollment application on behalf of SPECTRUM which was submitted through PECOS. On the application, MOHAMMED identified himself

SPECTRUM's president and as SPECTRUM's sole owner, sole officer, sole director, sole "Authorized Official," and sole "Managing Employee," retroactively effective as of September 15, 2023.⁵ MOHAMMED listed SPECTRUM's physical location as 7958 N. Waukegan Rd, Niles, IL 60714, and identified SPECTRUM as an "Independent Diagnostic Testing Facility." In this application, MOHAMMED further requested payment by Medicare through an Electronic Funds Transfer Agreement ("EFT"), indicating payment to SPECTRUM should be directed to Spectrum Account 1. When submitting this application, MOHAMMED certified he would not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare. In signing this application, MOHAMMED further certified that the information contained within the application was true, correct, and complete and that MOHAMMED would neither "knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare," nor "submit claims with deliberate ignorance or reckless disregard of their falsity."

Control of SPECTRUM Bank Accounts

35. According to Bank of America records, on or about October 11, 2023, MOHAMMED signed a signature card at Bank of America making him the sole

⁵ According to the CMS instructions for the Form 855, "Managing Employee" is defined as "a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operations of the supplier, either under contract or through some other arrangement, regardless of whether the individual is a W-2 employee of the supplier." An "Authorized Official" is defined as "an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program."

signatory for Subject Account 1, the account that SPECTRUM had designated on its EFT agreement as the account into which Medicare payments should be deposited. According to Chase Bank records, on or about October 12, 2023, MOHAMMED opened Subject Account 2 for SPECTRUM at JPMorgan Chase Bank. MOHAMMED was also the sole signatory for Subject Account 2.

Activity in SPECTRUM Bank Accounts and MOHAMMED's Use of Proceeds

36. Bank records show that from the time that MOHAMMED took control of Spectrum Account 1 and Spectrum Account 2 in or around early October 2023, through December 1, 2023, there was minimal activity in both accounts. In Spectrum Account 2, for example, other than a single cash deposit of \$2,000 on or about October 19, 2023, there were no transactions until on or about December 5, 2023. From on or about October 11, 2023, through on or about November 30, 2023, Spectrum Account 1 was used to engage in a handful of small transactions (under \$4,000 each in total deposits and total withdrawals) related primarily to payment of utilities. The SPECTRUM bank records contain no evidence of payments for employees, contractors, equipment, COVID Test Kits, or other supplies consistent with the operation of either a functioning laboratory or any other business engaged in supplying COVID Test Kits.

37. Nevertheless, on or about December 1, 2023, Spectrum Account 1 received its first payment from Medicare based on claims submitted between November 13, 2023, and November 16, 2023. The payment was in the amount of

approximately \$432,391.68. According to bank records, however, Medicare successfully reversed the payment that same day.

38. According to bank records, the following business day, on or about December 4, 2023, Spectrum Account 1 received a second, even larger payment from Medicare, this time in the amount of approximately \$6,657,100.80. Bank records show that the following day, on or about December 5, 2023, before Medicare could reverse the payment, MOHAMMED visited a Bank of America branch located at 5983 North Lincoln Avenue in Chicago, presented his New York driver's license, and withdrew \$200,000 from Spectrum Account 1 in the form of a cashier's check made payable to SPECTRUM, which was then deposited into Spectrum Account 2 at JPMorgan Chase Bank on or about December 5, 2023 – the same day. Based on my training and experience, MOHAMMED's withdrawal of funds in the form of a cashier's check that was then deposited into a different account for the same entity at a different financial institution, soon after Medicare had successfully reversed a prior payment, indicates that the likely purpose of the withdrawal was to move the funds to an account where they would not be subject to a potential reversal by Medicare.

39. On or about December 5, 2023, the same day that MOHAMMED withdrew \$200,000 in the form of the cashier's check made payable to SPECTRUM, MOHAMED also withdrew another \$210,000 from Spectrum Account 1 in the form of three additional cashier's checks, made payable to Individual MH and two entities associated with Individual MH: entity F.T. and entity C.S.

40. On or about December 6, 2023, the following day, two cashier's checks were drawn on Spectrum Account 1 by MOHAMMED at the same Bank of America branch: a cashier's check in the amount of \$80,000 made payable to entity F.T. and a cashier's check in the amount of \$70,000 made payable to entity C.S. At the time these cashier's checks were drawn on Spectrum Account 1, MOHAMMED was the only individual authorized to perform that transaction on Spectrum Account 1.

41. Bank of America provided surveillance footage from December 6, 2023, inside the Bank of America branch located at 5983 North Lincoln Avenue in Chicago, Illinois, the same date as the transactions for the two cashier's checks mentioned in the preceding paragraph. In Image 1 below, I have juxtaposed a portion of one of the still images from Bank of America's surveillance footage with MOHAMMED's passport photograph. I believe the two photographs depict the same individual: MOHAMMED.



Image 1

42. Based on my training and experience, the rapid spike in Medicare billing for COVID Test Kits by SPECTRUM shortly after MOHAMMED took control of SPECTRUM, the Medicare claims data showing SPECTRUM claimed to have shipped COVID Test Kits to Medicare beneficiaries after those beneficiaries had died, the hotline complaints indicating that SPECTRUM was billing for services that were not provided, the interviews with Medicare beneficiaries who confirmed they did not

receive nor request COVID Test Kits from SPECTRUM, the site visit to SPECTRUM indicating a lack of any legitimate business activity related to COVID Test Kits, the lack of legitimate COVID Test Kit-related activity in the SPECTRUM accounts controlled by MOHAMMED prior to the spike in billing, and MOHAMMED's efforts to quickly transfer proceeds of the fraud after they were deposited into Spectrum Account 1 establish probable cause to believe that MOHAMMED knowingly caused SPECTRUM to submit fraudulent claims for COVID Test Kits to Medicare.

D. Count 1 – Beneficiary B.D.

43. MOHAMMED's purported laboratory, SPECTRUM, submitted false and fraudulent claims to Medicare for purportedly supplying COVID Test Kits to Medicare beneficiaries. This includes, for purposes of Count 1 of the Complaint, a claim submitted to Medicare on November 15, 2023, for the purported delivery of COVID Test Kits to Medicare Beneficiary B.D. on or about November 29, 2022. Medicare paid SPECTRUM \$94.08 for this claim on or about November 29, 2023.

E. Count 2 – Money Laundering

44. As noted above, transactions involving the fraudulently obtained proceeds of the health care fraud offense include a cashier's check in the amount of \$80,000 drawn on December 6, 2023, from Spectrum Account 1, payable to entity F.T. When this transaction was executed, MOHAMMED was the sole individual authorized to perform this transaction on behalf of Spectrum Account 1. Based on the records received from Bank of America, the cashier's check was endorsed by entity F.T. and stamped "For deposit only JARVIS GREENVIEW CURRENCY

EXCHANGE General Operating Account” on December 9, 2023.

CONCLUSION

45. In summary, according to witnesses and records obtained by law enforcement, MOHAMMED, through SPECTRUM, caused to be submitted false and fraudulent claims to Medicare for the purported supply of COVID Test Kits. SPECTRUM charged Medicare for supplying COVID Test Kits to beneficiaries who never requested nor received such kits. MOHAMMED controlled the bank accounts associated with SPECTRUM. The fraudulent claims include a November 15, 2023, SPECTRUM claim for the purported delivery of COVID Test Kits to beneficiary B.D. on/about November 29, 2022, which Medicare paid in the amount of \$94.08.

46. A transaction involving the fraudulently obtained proceeds of the health care fraud scheme includes a check in the amount of \$80,000 drawn on December 6, 2023, from Spectrum Account 1, payable to entity F.T.

47. Based upon the foregoing facts, I submit that there is probable cause to believe that ABDUL AZIZ MOHAMMED committed the offenses of health care fraud, in violation of Title 18, United States Code, Section 1347, and engaged in a monetary

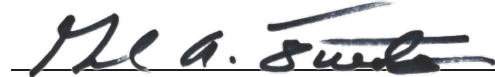
transaction in criminally derived property, in violation of Title 18, United States Code, Section 1957.

FURTHER AFFIANT SAYETH NOT.



RANDELL HAROLD
Special Agent, FBI

SWORN TO AND AFFIRMED by telephone June 14, 2024.



Honorable Gabriel A. Fuentes
United States Magistrate Judge