

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

WILLIE BELL, and  
VERDELL BELL,

Defendants.

Case: 2:24-cr-20323

Assigned To : Michelson, Laurie J.

Referral Judge: Stafford, Elizabeth A.

Assign. Date : 6/20/2024

Description: INFO USA V. SEALED MATTER (NA)

VIO: 18 U.S.C. § 371

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**INFORMATION**

THE UNITED STATES ATTORNEY CHARGES:

**General Allegations**

At all times relevant to this Information:

**The Medicare Program**

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

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320a-7b(f).

3. Medicare covered different types of benefits and was separated into different program “parts.” Medicare “Part A” covered certain eligible home health care costs for medical services provided by a home health agency (“HHA”), also referred to as a “provider,” to persons who already qualified for Medicare and who additionally required home health services because of an illness or disability that caused them to be homebound.

4. National Government Services was the CMS intermediary for Medicare Part A in the state of Michigan starting in or around May 2015. AdvanceMed (now known as “CoventBridge”) was the Zone Program Integrity Contractor (“ZPIC”), meaning the Medicare contractor charged with investigating fraud, waste, and abuse.

5. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement, and furthermore, certified that they would not knowingly present, or cause to be presented, false and fraudulent claims. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all of the provisions of the Social Security

Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors.

6. Upon certification, the provider, whether a clinic, a HHA, or an individual, was assigned a provider identification number for Medicare billing purposes (referred to as a “National Provider Identifier” or “NPI”). When the provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor or carrier that included the NPI assigned to that provider.

7. In order to receive reimbursement for a covered service from Medicare, a provider was required to submit a claim, either electronically or using a form (e.g., a CMS-1500 form or UB-92) containing the required information appropriately identifying the provider, beneficiary, and services rendered.

8. Providers were given, and provided with online access to, Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations. Providers could only submit claims to Medicare for services they rendered, and providers were required to maintain patient records to verify that the services were provided as described on the claim form. These records were required to be sufficient to permit Medicare, through its contractors, to review the appropriateness of Medicare payments made to the provider.

9. Medicare only covered services that were not procured through the payment of kickbacks and bribes, medically reasonable and necessary, eligible for reimbursement, and provided as represented.

10. Medicare only covered home health services, if, on the claimed dates of service:

a. the Medicare beneficiary was under the care of a doctor and receiving services under a plan of care established and reviewed regularly by a doctor;

b. the Medicare beneficiary needed, and a doctor certified that the beneficiary needed, one or more of the following: (i) Intermittent skilled nursing care; (ii) Physical therapy; (iii) Speech-language pathology services; or (iv) Continued occupational therapy;

c. the HHA must have been approved by Medicare (Medicare-certified); and

d. the Medicare beneficiary was homebound, and a doctor certified that the Medicare beneficiary was homebound.

### **Federal Anti-Kickback Statute Compliance**

11. As a requirement to enroll as a Medicare provider, Medicare required providers to agree to abide by Medicare laws, regulations, and program instructions. Medicare further required providers to certify that they understood that a payment

of a claim by Medicare was conditioned upon the claim and the underlying transaction complying with these laws, regulations, and program instructions, including the Federal Anti-Kickback Statute. Accordingly, Medicare would not pay claims procured through kickbacks and bribes.

### **The Relevant Home Health Agency**

12. Individualized Home Health Care, P.C. (“Individualized”) was a Michigan business entity doing business within the Eastern District of Michigan. Individualized was enrolled as a participating provider with Medicare and submitted claims to Medicare. Individualized was a HHA that purportedly provided in-home physical therapy and skilled nursing services to patients, including Medicare beneficiaries.

### **The Defendants and Other Entities**

13. Defendant WILLIE BELL, a resident of Wayne County, Michigan, was a co-owner of Willie Bell’s Room and Board, including between in or around September 2020, and continuing through at least in or around October 2022.

14. Defendant VERDELL BELL, a resident of Wayne County, Michigan, was a co-owner of Willie Bell’s Room and Board, including between in or around September 2020, and continuing through at least in or around October 2022.

15. Willie Bell's Room and Board, a business located in Wayne County, Michigan, was an adult men's only group home owned and operated by WILLIE BELL and VERDELL BELL.

16. IBRAHIM SAMMOUR, a resident of Wayne County, Michigan, was a Registered Nurse in the State of Michigan and controlled, owned, and operated, in whole or in part, Individualized from at least September 2020 through October 2022.

17. Defendant BASHIER SAMMOUR, a resident of Wayne County, Michigan, was the documented Resident Agent and President of Individualized beginning in or around September 2020.

**COUNT 1**

**(18 U.S.C. § 371—Conspiracy to Defraud the United States and Pay and Receive Health Care Kickbacks)**

18. Paragraphs 1 through 17 of this Information are re-alleged and incorporated by reference as though fully set forth herein.

19. Beginning in or around September 2020, and continuing through in or around October 2022, in Wayne and Oakland Counties, in the Eastern District of Michigan, and elsewhere, the defendants, WILLIE BELL and VERDELL BELL, did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with Ibrahim Sammour, and others, to commit certain offenses against the United States, that is:

a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the HHS and CMS, in their administration and oversight of Medicare, in violation of Title 18, United States Code, Section 371; and

b. to knowingly and willfully solicit or receive any remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind to any person to induce such person: (i) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program; and (ii) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A) and (B).

### **Purpose of the Conspiracy**

20. It was a purpose of the conspiracy for WILLIE BELL, VERDELL BELL, Ibrahim Sammour, Bashier Sammour, and their co-conspirators to unlawfully enrich themselves by: (a) offering, paying, receiving, and soliciting, kickbacks and bribes to recruiters and marketers in exchange for the referral of Medicare beneficiaries to Individualized for home health care; (b) submitting or

causing the submission of claims to Medicare for home health care referred to Individualized as a result of the payment of kickbacks and bribes; and (c) diverting proceeds of the fraud for the personal use and benefit of the defendant and their co-conspirators, and to further the fraud.

### **Manner and Means**

The manner and means by which the defendant and their co-conspirators sought to accomplish the purpose of the conspiracy included, among others, the following:

21. Ibrahim Sammour, Bashier Sammour, WILLIE BELL, VERDELL BELL, and others knew and understood that it was illegal to pay and receive kickbacks and bribes in exchange for the referral of Medicare beneficiaries and the arranging of orders for home health care, subsequently billed to Medicare.

22. Ibrahim Sammour, Bashier Sammour, WILLIE BELL, VERDELL BELL, and others conspired to pay and receive illegal kickbacks and bribes in exchange for referrals of Medicare beneficiaries to Individualized for the purpose of billing Medicare.

23. In or around September 2022 WILLIE BELL and VERDELL referred patients, including themselves, to Ibrahim Sammour and Bashier Sammour, who subsequently submitted or caused the submission of false and fraudulent claims to Medicare, by and through Individualized, for claims that were procured through the



payment of illegal kickbacks and bribes, and therefore were ineligible for reimbursement for which Medicare paid Individualized in the approximate amount of \$30,009.16.

### **OVERT ACTS**

24. In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one of the co-conspirators committed and caused to be committed in Wayne and Oakland Counties, in the Eastern District of Michigan, and elsewhere, at least one of the following overt acts, among others:

25. On or about September 29, 2022, WILLIE BELL and VERDELL agreed with Ibrahim Sammour and Bashier Sammour, to accept a cash payment of \$3,500 in exchange for the referral of Medicare beneficiaries to Individualized, for the purpose of billing Medicare.

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

### **FORFEITURE ALLEGATIONS** **(18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461;** **18 U.S.C. § 982(a)(7))**

26. The above allegations contained in this Information are hereby incorporated by reference as if fully set forth herein for the purpose of alleging forfeiture against the defendants, WILLIE BELL and VERDELL BELL, pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982(a)(7); and Title 28, United States Code, Section 2461.

27. Pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982(a)(7), together with Title 28, United States Code, Section 2461, as a result of the foregoing violation as charged in Count 1 of this Information, the defendant, WILLIE BELL and VERDELL BELL, shall forfeit to the United States: any property, real or personal (a) which constitutes or is derived from proceeds traceable to the commission of the offense, and (b) that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

28. Such property includes, but is not limited to, a forfeiture money judgment, in an amount to be proved in this matter, representing the total amount of proceeds and/or gross proceeds obtained as a result of the defendant's violation as charged in Count 1 of this Information.

29. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), the defendant, WILLIE BELL and VERDELL BELL, shall forfeit substitute property, up to the value of the properties described above or identified in any subsequent forfeiture bills of particular, if, by any act or omission of the defendant, the property cannot be located upon the exercise of due diligence; has been transferred or sold to, or deposited with, a third party; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or has been commingled with other property that cannot be subdivided without difficulty.

DAWN N. ISON  
UNITED STATES ATTORNEY

GLENN S. LEON  
Chief  
Criminal Division, Fraud Section  
U.S. Department of Justice

REGINA R. MCCULLOUGH  
Chief, Health Care Fraud Unit  
United States Attorney's Office  
Eastern District of Michigan

s/ Shankar Ramamurthy

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SHANKAR RAMAMURTHY  
Trial Attorney  
Criminal Division, Fraud Section  
U.S. Department of Justice  
211 W. Fort Street, Suite 2001  
Detroit, MI 48226  
Phone: (202) 924-5368  
Email:shankar.ramamurthy@usdoj.gov

Dated: June 20, 2024

United States District Court Eastern District of Michigan	<b>Criminal Case Cover Sheet</b>	<b>Case Number</b> 2:24-cr-20323
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to complete it accurately in all respects.

<b>Companion Case Information</b>	Companion Case Number: 24-cr-20306
This may be a companion case based upon LCrR 57.10 (b)(4) <sup>1</sup> :	<b>Judge Assigned:</b> Hon. Brandy R. McMillion
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>AUSA's Initials:</b> SR

**Case Title:** USA v. Willie Bell & Verdell Bell

**County where offense occurred :** Oakland and Wayne

**Check One:**       **Felony**                       **Misdemeanor**                       **Petty**

Indictment/  Information --- **no** prior complaint.  
 Indictment/  Information --- based upon prior complaint [Case number: \_\_\_\_\_ ]  
 Indictment/  Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

**Superseding Case Information**

**Superseding to Case No:** \_\_\_\_\_ **Judge:** \_\_\_\_\_

- Corrects errors; no additional charges or defendants.
- Involves, for plea purposes, different charges or adds counts.
- Embraces same subject matter but adds the additional defendants or charges below:

<u><b>Defendant name</b></u>	<u><b>Charges</b></u>	<u><b>Prior Complaint (if applicable)</b></u>
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**Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.**

June 20, 2024  
Date

Shankar Ramamurthy  
 Trial Attorney  
 Assistant United States Attorney  
 211 W. Fort Street, Suite 2001  
 Detroit, MI 48226-3277  
 Phone: 202-924-5368  
 Fax:  
 E-Mail address: shankar.ramamurthy@usdoj.gov  
 Attorney Bar #: IL 6306790

<sup>1</sup> Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.