



UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff,

v.

SHIVANGI AMIN,

Defendant.

CR No. 2:25-cr-00269-AB

I N F O R M A T I O N

[18 U.S.C. § 1349: Conspiracy to Commit Health Care Fraud; 18 U.S.C. § 982(a)(7) and 28 U.S.C. § 2461(c): Criminal Forfeiture]

**[UNDER SEAL]**

The United States Attorney Charges:

[18 U.S.C. § 1349]

A. INTRODUCTORY ALLEGATIONS

At times relevant to this Information:

1. Defendant SHIVANGI AMIN was a resident of Los Angeles County, within the Central District of California. Defendant AMIN was a physician licensed in California.

2. Co-Conspirator 1 was located in Los Angeles County and was a recruiter of patients who were also located in Los Angeles County, California.

3. Prominent Hospice Care Group, Inc. ("Prominent Hospice"), was a hospice located at 4605 Lankershim Boulevard, Unit 311A, North Hollywood, California 91602.

1           4.     Blue Cross Hospice ("Blue Cross Hospice") was a hospice  
2 located at 4605 Lankershim Boulevard, Suite 305, North Hollywood,  
3 California 91602.

4           5.     MGA Home Care Services, Inc. ("MGA Home Care"), was a  
5 hospice company located at 16921 Parthenia Street, Suite 203,  
6 Northridge, California 91343.

7           6.     Silver Age Hospice Service, Inc. ("Silver Age Hospice"),  
8 was a hospice located at 2500 E. Foothill Boulevard, Unit 510,  
9 Pasadena, California 91107.

10          7.     Burbank Hospice Care Services, Inc. ("Burbank Hospice"),  
11 was a hospice located at 16909 Parthenia Street, Suite 103,  
12 Northridge, California 91343.

13          8.     Trustbridge Hospice Care, LLC ("Trustbridge Hospice"), was  
14 a hospice located at 4605 Lankershim Boulevard, Unit 311B, North  
15 Hollywood, California 91602.

16          9.     Community Hospice Care, LLC ("Community Hospice"), was a  
17 hospice located at 17141 Ventura Boulevard, Suite 204, Encino,  
18 California 91316.

19          10.    AVME Hospice Care ("AVME Hospice") was a hospice located at  
20 3718 Clifton Place, Montrose, California 91020.

21          11.    Between approximately November 2019 and November 2021,  
22 defendant AMIN worked for Co-Conspirator 1, referring Medicare  
23 beneficiaries for hospice care.

24               The Medicare Program

25          12.    Medicare was a federal health care benefit program,  
26 affecting commerce, that provided benefits to individuals who were  
27 65 years and older or disabled. Medicare was administered by the  
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1 Centers for Medicare and Medicaid Services ("CMS"), a federal agency  
2 under the United States Department of Health and Human Services.

3 13. Medicare was a "health care benefit program" as defined by  
4 Title 18, United States Code, Section 24(b), and a "Federal health  
5 care program" as defined by Title 42, United States Code, Section  
6 1320a-7b(f).

7 14. Individuals who qualified for Medicare benefits were  
8 referred to as Medicare "beneficiaries."

9 15. Hospices, physicians, and other health care providers who  
10 provided services to beneficiaries that were reimbursed by Medicare  
11 were referred to as "providers."

12 16. To be eligible to participate in Medicare, Medicare  
13 required prospective providers to be licensed by a state or local  
14 agency. After obtaining the applicable license, Medicare required  
15 prospective hospice providers to submit an application in which the  
16 prospective provider agreed to: (a) comply with all Medicare-related  
17 laws and regulations, including the Anti-Kickback Statute, 42 U.S.C.  
18 § 1320a-7b(b), which prohibits the offering, paying, soliciting, or  
19 receiving of any remuneration for the referral of Medicare  
20 beneficiaries; and (b) not submit claims for payment to Medicare  
21 knowing they were false or fraudulent or with deliberate ignorance or  
22 reckless disregard of their truth or falsity. If Medicare approved  
23 the application, Medicare assigned the provider an identifying  
24 number, which enabled the provider to submit claims to Medicare for  
25 reimbursement for services provided to Medicare beneficiaries.

26 17. To qualify for reimbursement for hospice services, Medicare  
27 required: (a) a physician to certify that the beneficiary was  
28 terminally ill; and (b) the beneficiary to sign an election form

1 statement choosing hospice care instead of other Medicare benefits.  
2 Medicare considered a beneficiary to be "terminally ill" if the  
3 beneficiary's life expectancy was six months or less if the  
4 beneficiary's illness ran its normal course.

5 18. Hospice services reimbursed by Medicare were palliative in  
6 nature and included, but were not limited to, medications to manage  
7 pain symptoms, necessary medical equipment, and bereavement services  
8 to surviving family members.

9 19. Once a beneficiary chose hospice care, Medicare would not  
10 cover treatment intended to cure the beneficiary's terminal illness.  
11 The election form was required to include an acknowledgement that the  
12 beneficiary has been given a full understanding of hospice care,  
13 including the palliative rather than curative nature of treatment,  
14 and an acknowledgement that the beneficiary understood that certain  
15 Medicare services were waived by the election.

16 20. Medicare covered hospice services for beneficiaries for  
17 more than six months if the hospice medical director or other hospice  
18 doctor recertified that the beneficiary was terminally ill. If a  
19 beneficiary qualified, Medicare covered hospice services for two 90-  
20 day periods and, thereafter, additional 60-day periods. At the start  
21 of the first 90-day period, the beneficiary's attending physician (if  
22 the beneficiary had one) and a physician at the hospice were required  
23 to certify in writing that the patient was terminally ill with a life  
24 expectancy of six months or less if the terminal illness ran its  
25 normal course. After the second 90-day period, for the beneficiary  
26 to continue to receive hospice benefits, Medicare required that a  
27 physician re-certify that the beneficiary is terminally ill and  
28 include clinic findings or other documentation supporting the

1 diagnosis of terminal illness. For re-certifications, Medicare also  
2 required a hospice physician or hospice nurse practitioner to meet  
3 with the beneficiary in person and conduct a face-to-face evaluation  
4 before signing a certification of terminal illness.

5 21. Medicare was divided into different program "parts": Part  
6 A, Part B, Part C, and Part D. Medicare covered hospice services for  
7 those beneficiaries who were eligible for Medicare Part A (hospital-  
8 related services). When a Medicare beneficiary elected hospice  
9 coverage, the beneficiary waived all rights to Medicare Part B  
10 (covering outpatient physician services and procedures) coverage of  
11 services to treat or reverse the beneficiary's terminal illness while  
12 the beneficiary was on hospice.

13 22. Most providers submitted their claims electronically  
14 pursuant to an agreement with Medicare that they would submit claims  
15 that were accurate, complete, and truthful.

16 B. OBJECT OF THE CONSPIRACY

17 23. Beginning no later than in or around November 2019, and  
18 continuing to at least in or around November 2021, in Los Angeles  
19 County, within the Central District of California, and elsewhere,  
20 defendant AMIN knowingly combined, conspired, and agreed with Co-  
21 Conspirator 1, and others known and unknown to the Acting United  
22 States Attorney, to commit health care fraud, in violation of Title  
23 18, United States Code, Section 1347.

24 C. MANNER AND MEANS OF THE CONSPIRACY

25 24. The object of the conspiracy was carried out, and to be  
26 carried out, in substance, as follows:

27 a. Co-Conspirator 1 would provide defendant AMIN a list  
28 of beneficiaries that did not qualify for hospice care. Defendant

1 AMIN would then falsely diagnose the beneficiaries provided by Co-  
2 Conspirator 1 with terminal illnesses without ever personally  
3 evaluating or communicating with the beneficiaries or reviewing any  
4 medical records associated with the beneficiaries. Defendant AMIN  
5 would write the false diagnoses of terminal illness on prescription  
6 forms that defendant AMIN also signed, referring the beneficiaries  
7 for hospice.

8           b. Defendant AMIN would write these false diagnoses of  
9 terminal illness and hospice referrals in exchange for payment from  
10 Co-Conspirator 1. Defendant AMIN knew that it was illegal to solicit  
11 or receive remuneration in exchange for the referral of Medicare  
12 beneficiaries for hospice care. In total, between in and around  
13 November 2019 through in and around November 2021, Co-Conspirator 1  
14 paid defendant AMIN approximately \$59,463.73 for the fraudulent  
15 hospice referrals.

16           c. As defendant AMIN knew and intended, Co-Conspirator 1  
17 and others would use her false diagnoses of terminal illness and  
18 hospice referrals to submit and cause to be submitted false claims to  
19 a health care benefit program for hospice services that were not  
20 medically necessary, where the services were procured through the  
21 payment of illegal remuneration, and where the claims otherwise did  
22 not qualify for reimbursement.

23           d. As a result of defendant AMIN's fraudulent hospice  
24 referrals, defendant AMIN would cause the submission of the following  
25 false and fraudulent claims to Medicare between approximately  
26 December 2020 and April 2023 for purported hospice care that was not  
27 medically necessary, where the referrals for the services were  
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procured through the payment of illegal remuneration, and where the claims otherwise did not qualify for reimbursement:

Hospice	Approximate Amount Billed	Approximate Amount Paid
Prominent Hospice	\$759,202.44	\$757,299.93
Blue Cross Hospice	\$338,886.02	\$347,538.50
MGA Home Care	\$187,306.27	\$149,161.49
Silver Age Hospice	\$197,323.57	\$158,608.05
Burbank Hospice	\$262,906.87	\$207,799.18
Trustbridge Hospice	\$171,432.01	\$173,300.72
Community Hospice	\$94,103.35	\$76,311.96
AVME Hospice	\$48,178.06	\$39,411.47
<b>Total</b>	<b>\$2,059,338.59</b>	<b>\$1,909,431.32</b>

FORFEITURE ALLEGATION

[18 U.S.C. § 982(a)(7) and 28 U.S.C. § 2461(c)]

1. Pursuant to Rule 32.2(a) of the Federal Rules of Criminal Procedure, notice is hereby given that the United States will seek forfeiture as part of any sentence in accordance with Title 18, United States Code, Section 982(a)(7) and Title 28, United States Code, Section 2461(c), in the event of the conviction of defendant of the offense set forth in the sole count of this Information.

2. Defendant, if so convicted, shall forfeit to the United States the following property:

a. All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense of conviction; and

b. To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).

3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), defendant, if so convicted, shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of said defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, sold to, or deposited with a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been

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1 substantially diminished in value; or (e) has been commingled with  
2 other property that cannot be divided without difficulty.

3 BILAL A. ESSAYLI  
4 United States Attorney

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6 LINDSEY GREER DOTSON  
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