

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

UNITED STATES OF AMERICA	:	Hon.
	:	
v.	:	Crim. No. 23-
	:	
CHINTAN ANJARIA	:	18 U.S.C. § 1349
	:	18 U.S.C. § 371

I N F O R M A T I O N

The defendant having waived in open court prosecution by Indictment, the Attorney for the United States for the District of New Jersey, acting under authority conferred by 28 U.S.C. § 515, charges:

COUNT ONE
(Conspiracy to Commit Health Care Fraud)

1. Unless otherwise indicated, at all times relevant to this Information:

Relevant Individuals and Entities

a. The defendant, CHINTAN ANJARIA (“ANJARIA”), was a resident of India. Defendant ANJARIA owned and operated an entity located in India (the “ANJARIA Marketing Company”), which ANJARIA and others used to engage in health care fraud and kickback schemes.

b. Co-Conspirator 1 and Co-Conspirator 2, who are not charged in this Information, were New Jersey residents. They owned, operated, and had financial or controlling interests in numerous durable medical equipment (“DME”) supply companies located in New Jersey and elsewhere (the “Co-Conspirator 1 and 2 DME Companies”). The Co-Conspirator 1 and 2 DME

Companies were enrolled in Medicare such that they could submit legitimate claims for reimbursement.

c. Co-Conspirator 3, who is not charged in this Information, was a resident of Colombia who owned, operated, and had a financial or controlling interest in purported telemedicine companies (together, the “Telemedicine Companies”).

d. Co-Conspirator 4, who is not charged in this Information, was a Florida resident and chief operating officer of a marketing company (“Marketing Company-1”). Marketing Company-1 was located in Boca Raton, Florida.

e. Co-Conspirator 5 and Co-Conspirator 6, who are not charged in this Information, were Utah residents who owned, operated, and had a financial interest in a marketing call center, a clinical laboratory (“Laboratory-1”), and a telemedicine company that conducted or arranged for a variety of medical tests, including cancer genetic tests (“CGX Tests”) for Medicare beneficiaries (collectively, the “Co-Conspirator 5 and 6 Testing Companies”). Laboratory-1 was enrolled in Medicare such that it could submit legitimate claims for reimbursement.

The Medicare Program

f. Medicare was a federally funded program established to provide medical insurance benefits for individuals aged 65 and older and certain

disabled individuals who qualified under the Social Security Act. Individuals who received benefits under Medicare were referred to as “Medicare beneficiaries.”

g. Medicare was administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency within the United States Department of Health and Human Services.

h. Medicare was a “health care benefit program,” as defined by 18 U.S.C. § 24(b), and a “Federal health care program,” as defined by 42 U.S.C. § 1320a-7b(f), that affected commerce.

i. Medicare was divided into four parts, which helped cover specific items and services: Part A (hospital insurance), Part B (medical insurance), Part C (Medicare Advantage), and Part D (prescription drug coverage).

Durable Medical Equipment

j. Medicare Part B covered a beneficiary’s access to DME, such as off-the-shelf ankle braces, knee braces, back braces, elbow braces, wrist braces, and hand braces. Off-the-shelf braces required minimal self-adjustment for appropriate use and did not require expertise in trimming, bending, molding, assembling, or customizing to fit the individual.

k. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the

beneficiary's illness or injury and ordered by a licensed physician or other qualified health care provider.

Genetic Tests

l. Genetic tests were laboratory tests designed to identify specific inherited mutations in a patient's genes. CGX Tests were genetic tests related to a patient's hereditary predisposition for certain types of cancer.

m. To conduct a genetic test, a laboratory would obtain a DNA sample from the patient. Such samples were typically obtained from the patient's saliva by using a cheek (buccal) swab to collect sufficient cells to provide a genetic profile. The DNA sample was then submitted to the laboratory for analysis.

n. Medicare excluded from coverage tests that were not "reasonable and necessary . . . [f]or the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." 42 C.F.R. § 411.15(k)(1). To be considered "reasonable and necessary," Medicare rules required that genetic testing "be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by

the physician who is treating the beneficiary are not reasonable and necessary.”
42 C.F.R. § 410.32(a).

Medicare Provider Enrollment

o. To bill Medicare for DME and CGX Tests, DME suppliers and laboratories, respectively, were required to complete and submit a Medicare enrollment application in which they had to, among other things, certify that they agreed to: (i) provide complete and accurate information on enrollment applications, with any changes to the information on the form reported within 30 days; (ii) disclose persons and organizations with ownership interests or managing control; (iii) abide by applicable Medicare laws, regulations, and program instructions, such as the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)); (iv) acknowledge that the payment of a claim by Medicare was conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions; and (v) refrain from knowingly presenting or causing to be presented a false or fraudulent claim for payment by Medicare and submitting claims with deliberate ignorance or reckless disregard of their truth or falsity.

The Conspiracy

2. From in or around February 2017 through in or around May 2022, in the District of New Jersey and elsewhere, defendant

CHINTAN ANJARIA

did knowingly and intentionally conspire and agree with others to knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a

health care benefit program and to obtain, by means of false and fraudulent pretenses, representations, and promises, any of the money owned by, and under the custody and control of, a health care benefit program, as defined by 18 U.S.C. § 24(b), in connection with the delivery of or payment for health care benefits, items, and services, contrary to Title 18, United States Code, Section 1347.

Goal of the Conspiracy

3. The goal of the conspiracy was for defendant ANJARIA and his co-conspirators to profit by obtaining and submitting to Medicare medically unnecessary DME orders and CGX Tests, which were the result of kickbacks and bribes.

Manner and Means of the Conspiracy

4. The manner and means by which defendant ANJARIA and others sought to accomplish the goal of the conspiracy included, among other things, the following:

a. Defendant ANJARIA and others, through marketing call centers, including Marketing Company-1 and others located in India, used deceptive telemarketing to obtain Medicare beneficiaries' personally identifiable information ("PII") and to trick them into agreeing to accept DME and CGX Tests.

b. Defendant ANJARIA entered into illegal kickback and bribe agreements with telemedicine companies to secure doctors' orders for DME and CGX Tests, regardless of medical necessity. Defendant ANJARIA, through the

Anjaria Marketing Company, paid illegal kickbacks and bribes to the owners and executives of telemedicine companies in exchange for doctors' orders.

c. The telemedicine companies, in turn, paid health care providers approximately \$30 per purported consultation with a Medicare beneficiary for a DME order or CGX Test order. In fact, however, those health care providers were not treating the beneficiaries for any symptoms or conditions, but instead approved orders for DME or CGX Tests without ever having established a doctor-patient relationship with the Medicare beneficiaries. As a result, the DME and CGX Test orders were medically unnecessary and ineligible for Medicare reimbursement.

d. After obtaining the orders, defendant ANJARIA and his coconspirators steered them to the DME and CGX companies with which they had illegal kickback relationships, including the Co-Conspirator 1 and 2 DME Companies and the Co-Conspirator 5 and 6 Testing Companies. Defendant ANJARIA received a kickback for each completed doctor's order that he steered to these companies, which were used to fraudulently bill Medicare and receive illegal reimbursements.

e. ANJARIA and his co-conspirators took several steps to conceal and disguise the DME and CGX Test kickback schemes. First, ANJARIA, Co-Conspirator 3, and others caused the Anjaria Marketing Company, Marketing Company-1, the Telemedicine Companies and Laboratory-1 to enter into sham contracts and agreements with one another, falsely labeling kickback and bribe payments for the purchase of doctors' orders as "marketing" and "business

process outsourcing” expenditures. Second, they created false and fraudulent invoices to disguise the true reasons for the kickback and bribe payments. Third, they created shell companies and used multiple bank accounts to obscure the source of the kickback payments to the Anjaria Marketing Company, Marketing Company-1, and the Telemedicine Companies.

f. Defendant ANJARIA and his co-conspirators submitted and caused the submission of approximately \$22.8 million in false and fraudulent claims to Medicare for DME and CGX Tests that were medically unnecessary and the result of illegal kickbacks and bribes. They were thus ineligible for Medicare reimbursement and not provided as represented to Medicare. Medicare paid ANJARIA and his co-conspirators approximately \$11.5 million based on these claims.

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

COUNT TWO
(Conspiracy to Violate the Anti-Kickback Statute)

5. The allegations in Paragraphs 1 and 3-4 of this Information are realleged here.

6. From in or around February 2017 through in or around May 2022, in the District of New Jersey, and elsewhere, defendant

CHINTAN ANJARIA

did knowingly and intentionally conspire and agree with others to commit an offense against the United States, that is, to knowingly and willfully solicit and receive remuneration, directly and indirectly, overtly and covertly, in cash and in kind, that is, kickbacks and bribes, in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item or service, namely DME and CGX Tests, for which payment may be made in whole or in part under a Federal health care program, as defined in Title 18, United States Code, Section 24(b), namely, Medicare, contrary to Title 42, United States Code, Section 1320a-7b(b)(1)(A).

Goal of the Conspiracy

7. The goal of the conspiracy was for defendant ANJARIA and his co-conspirators to profit by obtaining and submitting to Medicare medically unnecessary DME orders and CGX Tests, which were the result of kickbacks and bribes.

Manner and Means of the Conspiracy

8. The allegations in Paragraph 4 of this Information are re-alleged here

as a description of the manner and means of the conspiracy.

Overt Acts

9. In furtherance of the conspiracy, and in order to effect its unlawful object, defendant ANJARIA and others committed or caused the commission of the following overt acts in the District of New Jersey and elsewhere:

10. On or about September 21, 2018, Co-Conspirator 1 and Co-Conspirator 2 sent a kickback payment of approximately \$32,500 from New Jersey to defendant ANJARIA in India in exchange for doctors' orders.

11. On or about November 28, 2021, defendant ANJARIA sent two separate sham invoices to Co-Conspirator 5 for \$7,500 each, totaling \$15,000. The invoices made it appear that the payments were for a mix of other marketing services when, in reality, these were kickback payments of approximately \$1,500 per CGX Test for ten tests.

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

FORFEITURE ALLEGATIONS

12. The allegations contained in this Information are realleged here for the purpose of alleging forfeiture against defendant ANJARIA.

13. Upon conviction of the offenses alleged in Counts One and Two of this Information, defendant ANJARIA shall forfeit to the United States, pursuant to 18 U.S.C. § 982(a)(7), all property, real or personal, that constitutes or is derived, directly and indirectly, from gross proceeds traceable to the commission of the offenses (as defined in 18 U.S.C. § 24) alleged in this Information, which was at least approximately \$11,593,784.

SUBSTITUTE ASSETS PROVISION **(Applicable to All Forfeiture Allegations)**

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

- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third person;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be subdivided without difficulty;

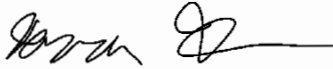
the United States shall be entitled to forfeiture of substitute property, pursuant

to 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b).



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Acting Under Authority Conferred
By 28 U.S.C. § 515

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