

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN

United States of America,

Plaintiff,

Case:2:18-cr-20404

Judge: Roberts, Victoria A.

MJ: Patti, Anthony P.

Filed: 06-12-2018 At 04:16 PM

SEALED MATTER (LG)

VIO: 18 U.S.C. § 371

42 U.S.C. § 1320a-7b

v.

D-1 JERRY OMAR

Defendant.

INDICTMENT

THE GRAND JURY CHARGES:

General Allegations

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare program was a federal health care program providing benefits to persons who were over the age of 65 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. 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).
- 3. The Medicare program included coverage under two primary components, hospital insurance ("Part A"), and medical insurance ("Part B"). Part A covered physical therapy, occupational therapy, and skilled nursing services if a facility was certified by CMS as meeting certain requirements. Part B of the Medicare Program covered the cost of physicians' services and other ancillary services not covered by Part A.
- 4. National Government Services was the CMS intermediary for Medicare Part A in the state of Michigan. Wisconsin Physicians Service was the CMS contracted carrier for Medicare Part B, which included home visits, in the state of Michigan. TrustSolutions LLC was the Program Safeguard Contractor for Medicare Part A and Part B in the state of Michigan until April 24, 2012, when it was replaced by Cahaba Safeguard Administrators LLC as the Zone Program Integrity Contractor (ZPIC). The ZPIC is the contractor charged with investigating fraud, waste and abuse. Cahaba was replaced by AdvanceMed in May 2015.
- 5. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by

all 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 medical provider, whether a clinic or an individual, was assigned a provider identification number for billing purposes (referred to as a PIN). When the medical provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor/carrier that included the PIN assigned to that medical provider.
- 7. Health care providers and others were given and/or 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.
- 8. 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, patient, and services rendered.
- 9. Medicare does not cover home health services that are procured by kickbacks or bribes.

The Defendant

- 10. JERRY OMAR, 68, is a resident of Wayne County, Michigan.

 OMAR received illegal kickbacks and bribes in exchange for referring Medicare beneficiaries to home health agencies and physicians located in Detroit, Michigan and elsewhere.
- 11. U.S. Home Health Care, Inc. ("USHH") was a Michigan corporation doing business at 901 W. Grand Blvd., Detroit, Michigan 48208.
- 12. USHH is a home health agency that purportedly provided in-home physical therapy, occupational therapy, speech pathology, and/or skilled nursing services to patients. USHH was an enrolled as a participating Medicare provider and submitted claims to Medicare.
- 13. Tasadaq Ali Ahmad ("Ahmad"), a resident of Wayne County,
 Michigan, owned and controlled USHH. Ahmad paid illegal kickbacks and bribes
 in return for referrals by OMAR of Medicare beneficiaries for USHH.

COUNT 1

Conspiracy To Pay and Receive Healthcare Kickbacks (18 U.S.C. § 371)

D-1 JERRY OMAR

- 14. Paragraphs 1 through 13 of this Indictment are realleged and incorporated by reference as though fully set forth herein.
- 15. From in or around November 2014, and continuing through in or about February 2017, the exact dates being unknown to the Grand Jury, in the

Eastern District of Michigan, and elsewhere, defendant JERRY OMAR, did willfully and knowingly combine, conspire, confederate, and agree with Ahmad, and others known and unknown to the Grand Jury, 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 Department of Health and Human Services in its administration and oversight of the Medicare program;
- b. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A) by knowingly and willfully soliciting or receiving any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind 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 by Medicare, a Federal health care program as defined in Title 18, United States Code, Section 24(b); and
- c. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(A) by knowingly and willfully offering or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash, in check, or in kind 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 by Medicare, a Federal health care program as defined in Title 18, United States Code, Section 24(b).

Purpose of the Conspiracy

16. It was a purpose of the conspiracy for defendant JERRY OMAR and his co-conspirator(s) to unlawfully enrich themselves by: (a) submitting or causing the submission of false and fraudulent claims to Medicare; (b) soliciting and receiving kickbacks and bribes for the purpose of recruiting Medicare beneficiaries and arranging for the use of their Medicare beneficiary numbers by the conspirators as the bases of claims filed for services; (c) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of the proceeds from the fraud, and the payment of kickbacks; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators.

Manner and Means

- 17. The manner and means by which the defendant sought to accomplish the purpose of the conspiracy included, among other things:
- 18. JERRY OMAR and others recruited Medicare beneficiaries and obtained information that could later be used by home health agencies to submit claims to Medicare for home health services.
- 19. JERRY OMAR would solicit kickbacks and bribes in the form of cash or checks from Ahmad and others, in exchange for Medicare beneficiary

information, which was used to support claims to Medicare on behalf of USHH and other home health agencies.

Overt Acts

- 20. In furtherance of the conspiracy, and to accomplish its purposes and objects, at least one of the conspirators committed, or caused to be committed, in the Eastern District of Michigan, the following overt acts, among others:
- 21. On or about December 15 and 22, 2016, and other dates known and unknown to the grand jury, JERRY OMAR and Ahmad discussed the payment and receipt of illegal kickbacks and bribes in person and by telephone.
- 22. On or about December 23, 2016, JERRY OMAR endorsed USHH check #18858 in the amount of \$2,000.00 for cash or deposit.
- 23. On or about January 6, 2017, JERRY OMAR endorsed USHH check #18887 in the amount of \$1000.00 for cash or deposit.
- 24. On or about February 3, 2017, JERRY OMAR endorsed USHH check #18978 in the amount of \$500.00 for cash or deposit.
- 25. On or about February 22, 2017, JERRY OMAR endorsed USHH check #19514 in the amount of \$750.00 for cash or deposit.

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

COUNTS 2-5

Receipt of Kickbacks in Connection with a Federal Health Care Program (42 U.S.C. § 1320a-7b(b)(1)(A) and 18 U.S.C. § 2)

D-1 JERRY OMAR

- 26. Paragraphs 1 through 13, and 16 through 25 of this Indictment are
- realleged and incorporated by reference as though fully set forth herein.
- 27. On or about the dates enumerated below, in the Eastern District of Michigan and elsewhere, defendant JERRY OMAR did knowingly and willfully solicit and receive remuneration, that is kickbacks and bribes, directly and indirectly, overtly and covertly, in the forms of checks and cash, to or from a person to refer an individual to a person for the furnishing and 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 as defined in Title 18 United States Code, Section 24(b), that is, Medicare, as set forth below:

Count	Defendant	Approximate Date of Payment	Amount	Description
2	D-1 JERRY OMAR	December 23, 2016	\$2000	Check # 18858 from USHH to JERRY OMAR
3	D-1 JERRY OMAR	January 6, 2017	\$1000	Check # 18887 from USHH to JERRY OMAR
4	D-1 JERRY OMAR	February 3, 2017	\$500	Check # 18978 from USHH to JERRY OMAR

Count	Defendant	Approximate Date of Payment	Amount	Description
5	D-1 JERRY OMAR	February 22, 2017	\$750	Check # 19514 from USHH to JERRY OMAR

All in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A) and Title 18, United States Code, Section 2.

Forfeiture Allegations (18 U.S.C. § 982)

- 28. The above allegations contained in this Indictment are incorporated by reference as if set forth fully herein for the purpose of alleging forfeiture against all defendants pursuant to the provisions of Title 18, United States Code, Section 982.
- 29. Upon being convicted of violating Title 18, United States Code, Section 371, and/or Title 42, United States Code, Sections 1320a-7b, as set forth in this Indictment, the convicted defendant shall forfeit to the United States all property, real and personal, which constitutes or is derived, directly or indirectly, from gross proceeds traceable to such violation(s), pursuant to Title 18, United States Code, Section 982(a)(7).
- 30. **Forfeiture Money Judgment**: The United States shall also seek the imposition of a personal forfeiture money judgment against defendant JERRY OMAR in an amount up to the value of the gross proceeds obtained as a result of

defendant's violations of Title 18, United States Code, Section 371 and Title 42, United States Code, Sections 1320a-7b.

31. <u>Substitute Assets</u>: Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), defendant JERRY OMAR shall forfeit substitute property, if by any act or omission of the defendant, property subject to forfeiture: (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 substantially diminished in value; or (e) has been commingled with other property which cannot be divided without difficulty.

THIS IS A TRUE BILL

GRAND JURY FOREPERSON

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