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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

v.

D-1 TASADAQ ALI AHMAD,

Defendant.

Case:2:17-cr-20479  
Judge: Edmunds, Nancy G.  
MJ: Grand, David R.  
Filed: 07-12-2017 At 04:26 PM  
INFO USA V TASADAQ ALI AHMAD (LG)

VIO: 18 U.S.C. § 1349  
18 U.S.C. § 371

**INFORMATION**

THE UNITED STATES OF AMERICA CHARGES:

**General Allegations**

At all times relevant to this Information:

**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. Medicare has four parts: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D). Part B of the Medicare program covered the cost of physicians' services, medical equipment and supplies, and diagnostic laboratory services.

4. National Government Services ("NGS") was the CMS intermediary for Medicare Part A in the state of Michigan. Wisconsin Physicians Service ("WPS") administered the Medicare Part B program for claims arising in the state of Michigan. CMS contracted with NGS and WPS to receive, adjudicate, process, and pay claims.

5. 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 a contractor that investigates fraud, waste, and abuse. Cahaba was replaced by AdvancedMed in May 2015.

6. Payments under the Medicare program were often made directly to a provider of the goods or services, rather than to a Medicare beneficiary. This payment occurred when the provider submitted the claim to Medicare for payment, either directly or through a billing company.

7. Upon certification, the medical provider, whether a clinic, physician, or other health care provider that provided services to Medicare beneficiaries, was able

to apply for a Medicare Provider Identification Number (“PIN”) for billing purposes. In its enrollment application, a provider was required to disclose to Medicare any person or company who held an ownership interest of 5% or more or who had managing control of the provider. A health care provider who was assigned a Medicare PIN and provided services to beneficiaries was able to submit claims for reimbursement to the Medicare contractor/carrier that included the PIN assigned to that medical provider.

8. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all 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. Health care providers were given and provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations.

9. Medicare would not pay claims procured through kickbacks and bribes.

10. Health care providers could only submit claims to Medicare for reasonable and medically necessary services that they rendered. Medicare regulations required health care providers enrolled with Medicare to maintain

complete and accurate patient medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting actual treatment of the patients to whom services were provided and for whom claims for payment were submitted by the physician. Medicare requires complete and accurate patient medical records so that Medicare may verify that the services were provided as described on the claim form. These records were required to be sufficient to permit Medicare, through WPS and other contractors, to review the appropriateness of Medicare payments made to the health care provider.

11. Under Medicare Part A and Part B, home health care services were required to be reasonable and medically necessary to the treatment of the patient's illness or injury. Reimbursement for home health care services required that a physician certified the need for services and established a Plan of Care. Home health care services that were not certified by a physician or were not provided as represented were not reasonable and necessary. Medicare Part B covered the costs of physicians' services, including physician home visits, physician certification and recertification of home health care services, and physician supervision of home health care services. Generally, Medicare Part B covered these costs only if, among other requirements, they were medically necessary, ordered by a physician, and not induced by the payment of remuneration.

12. Medicare coverage for home health care services required that the following qualifying conditions, among others, be met: (a) the Medicare beneficiary is confined to the home; (b) the beneficiary needs skilled nursing services, physical therapy, or occupational therapy; (c) the beneficiary is under the care of a qualified physician who established a written Plan of Care for the beneficiary, signed by the physician and by a Registered Nurse (“RN”), or by a qualified physical therapist if only therapy services are required from the home health agency; (d) skilled nursing services or physical therapy services are provided by, or under the supervision of, a licensed RN or physical therapist in accordance with the Plan of Care; and (e) the services provided are medically necessary.

13. To receive reimbursement for a covered service from Medicare, a provider must 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, among other things.

### **The Home Health Agency**

14. US Home Health Care, Inc. (“US Home”) was a Michigan Corporation doing business at 901 West Grand Boulevard Detroit MI 48208. US Home was enrolled as a participating provider with Medicare and submitted claims to Medicare.

**Defendant**

15. Defendant **TASADAQ ALI AHMAD**, a resident of Wayne County, owned and controlled US Home.

16. **TASADAQ ALI AHMAD**, on behalf of US Home, certified to Medicare that he would comply with all of Medicare's rules and regulations, including that he would not knowingly present or cause to be presented a false and fraudulent claim to Medicare or violate the Anti-Kickback Statute.

**COUNT 1**  
**18 U.S.C. § 1349**  
**(Health Care Fraud Conspiracy)**  
**D-1 TASADAQ ALI AHMAD**

17. Paragraphs 1 through 16 of the General Allegations section of this Information are re-alleged and incorporated by reference as though fully set forth herein.

18. Beginning in or around 2006 and continuing through in or around the present, in the Eastern District of Michigan, and elsewhere, **TASADAQ ALI AHMAD**, did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with others known and unknown to the Grand Jury, to commit certain offenses against the United States, that is: to knowingly and willfully execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, 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, said health care benefit programs, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, 1347.

### **Purpose of the Conspiracy**

19. It was a purpose of the conspiracy for **TASADAQ ALI AHMAD** and his co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false and fraudulent claims to Medicare for claims based on kickbacks and bribes; (b) submitting or causing the submission of false and fraudulent claims to Medicare for services that were (i) medically unnecessary; (ii) not eligible for Medicare reimbursement; and/or (iii) not provided as represented; (c) concealing the submission of false and fraudulent claims to Medicare; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendant and his co-conspirators in the form of compensation and other remuneration.

### **Manner and Means**

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

20. From in or around 2006 to in or around the Present, **TASADAQ ALI AHMAD** paid illegal kickbacks and bribes to co-conspirator patient recruiters,

physicians, and others in exchange for patient referral information that was used to submit false and fraudulent claims to Medicare on behalf of US Home. **TASADAQ ALI AHMAD** disguised the nature and source of these kickbacks and bribes by designating payments as “community liaison” fees or “loans,” or entering into sham contracts or employment relationships. **TASADAQ ALI AHMAD** knew that it was illegal to pay kickbacks and bribes for the referral of Medicare beneficiaries to US Home.

21. In many instances, these recruited beneficiaries were not “homebound.” Indeed, **TASADAQ ALI AHMAD** and his co-conspirators made admission decisions on behalf of US Home based solely on whether or not the recruited beneficiary was Medicare eligible.

22. In addition, **TASADAQ ALI AHMAD** paid kickbacks and received patient referral information from other co-conspirators for the use of US Home’s Medicare billing number to bill for home health services that US Home did not provide. US Home billed Medicare for home health services that it purportedly provided, but in fact were provided by other companies or not provided at all. **TASADAQ ALI AHMAD** would pay a portion of the funds received from Medicare to the other co-conspirators, and retain a portion of the funds paid by Medicare.

23. Medicare paid US Home approximately \$20,636,778.74, as a result of



false and fraudulent claims for beneficiaries who were procured through illegal kickbacks, did not receive home health services from US Home, and/or did not need home health services.

In violation of Title 18, United States Code, Section 1349.

**COUNT 2**  
**18 U.S.C. § 371**  
**(Conspiracy to Defraud the United States and Pay and Receive Health Care Kickbacks)**  
**D-1 TASADAQ ALI AHMAD**

24. Paragraphs 1 through 16 of the General Allegations section of this Information are re-alleged and incorporated by reference as though fully set forth herein.

25. Beginning in or around 2006 and continuing through in or around the present, in the Eastern District of Michigan, and elsewhere, **TASADAQ ALI AHMAD**, did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate and agree with others known and unknown to the Grand Jury:

a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the United States Department of Health and Human Services in its administration and oversight of the Medicare programs, in violation of Title 18, United States Code, Section 371, and to commit certain offenses against

the United States, that is:

b. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(A), by knowingly and willfully offering and paying remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to any person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a federal health care program, that is, Medicare;

c. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A)-(B), by knowingly and willfully soliciting and receiving remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in return for referring an individual to a person for the furnishing and arranging for the furnishing of an item and service for which payment may be made in whole and in part under a federal health care program, that is, Medicare; and

### **Purpose of the Conspiracy**

26. It was a purpose of the conspiracy for **TASADAQ ALI AHMAD**, and his co-conspirators, to unlawfully enrich themselves by: (1) offering, paying, soliciting, and receiving kickbacks and bribes to ensure that Medicare beneficiaries would serve as patients at US Home and co-conspirator providers; and (2) submitting or causing the submission of claims to Medicare for medical items and services

purportedly provided to these recruited beneficiaries.

### **Manner and Means**

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

27. Paragraphs 20 through 22 of the Manner and Means section of Count 1 of this Information are re-alleged and incorporated by reference as though fully set forth herein.

### **Overt Acts**

28. 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 the Eastern District of Michigan, and elsewhere, at least one of the following overt acts, among others:

29. On or about February 5, 2016, **TASADAQ ALI AHMAD** caused check number 17786 from US Home's bank account, in the approximate amount of \$9,379.36, to be deposited into Company 1's bank account ending in x4737.

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))**

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

31. Pursuant to Title 18, United States Code, Section 981(a)(1)(C) 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, **TASADAQ ALI AHMAD**, shall forfeit to the United States any property, real or personal, which constitutes or is derived from proceeds traceable to the commission of the offense.

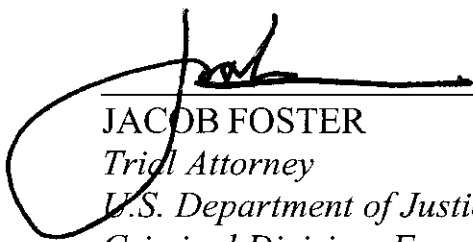
32. Pursuant to Title 18, United States Code, Section 982(a)(7), as a result of the foregoing violations, as charged in Counts 1-2 of this Information, the defendant, **TASADAQ ALI AHMAD**, shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.


33. 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 Defendant's violations as charged in Counts 1-2 of this Information.

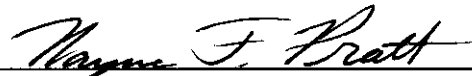
34. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), the defendant, **TASADAQ ALI AHMAD**, shall forfeit substitute property, up to the value of the properties described above or identified in any subsequent forfeiture bills of 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.

Respectfully submitted,

DANIEL L. LEMISCH  
*Acting United States Attorney*

  
\_\_\_\_\_  
JACOB FOSTER  
*Trial Attorney*  
*U.S. Department of Justice*  
*Criminal Division, Fraud Section*

  
\_\_\_\_\_  
ALLAN J. MEDINA 127 J-15  
*Assistant Chief*  
*U.S. Department of Justice*  
*Criminal Division, Fraud Section*



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WAYNE F. PRATT  
*Chief, Health Care Fraud Unit  
United States Attorney's Office  
Eastern District of Michigan*

Date: July 12, 2017

Case: 2:17-cr-20479  
 Judge: Edmunds, Nancy G.  
 MJ: Grand, David R.  
 Filed: 07-12-2017 At 04:26 PM  
 INFO USA V TASADAQ ALI AHMAD (LG)

United States District Court Eastern District of Michigan	<b>Criminal Case Cover</b>
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to complete i

<b>Companion Case Information</b>	Companion Case Number: 17-CR-20465
This may be a companion case based upon LCrR 57.10 (b)(4) <sup>1</sup> :	Judge Assigned: Hon. Denise Page Hood
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AUSA's Initials: <b>JNF</b>

Case Title: USA v. Tasadaq Ali Ahmad

County where offense occurred : Wayne County

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**

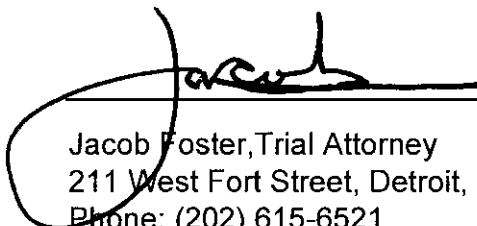
Superseding to Case No: \_\_\_\_\_ Judge: \_\_\_\_\_

- 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>Defendant name</u>	<u>Charges</u>	<u>Prior Complaint (if applicable)</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.

July 12, 2017  
Date

  
 \_\_\_\_\_  
 Jacob Foster, Trial Attorney  
 211 West Fort Street, Detroit, MI 48226  
 Phone: (202) 615-6521  
 Fax: (313) 226-0816  
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 Attorney Bar #: CA 250785

<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.