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SEP 24 2020

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES OF AMERICA

v.

SYED AZHAR HUSSAIN,  
a/k/a "Pavan Patel,"  
a/k/a "DJ A-Xee"

No. **20CR 671**

Violation: Title 18, United States  
Code, Section 1347

**JUDGE DURKIN**

**Magistrate Judge McShain**

**COUNTS ONE THROUGH FOUR**

The SPECIAL JANUARY 2020 GRAND JURY charges:

1. At times material to this Indictment:

**Defendant and Relevant Entities and Individuals**

a. Home Health Care Consulting ("HHCC") was a network of companies located in North Carolina and Pakistan, owned and controlled by Altamash Mir, that purported to provide a range of services to home health agencies, including billing, accounting, and compliance. The following companies were part of HHCC: Home Health Care Consulting USA, Inc., a North Carolina corporation ("HHCC-USA"); and, Home Healthcare Consulting (Pvt.) Limited, a Pakistani corporation.

b. Healthcare Investment Group, Inc. was an Illinois corporation that served as a holding company for the acquisition of the home health agencies Vitality Health Care Inc., National Home Health Services LLC, and First Choice Home Care Inc.

c. Vitality Health Care Inc., National Home Health Services LLC, and First Choice Home Care Inc. were Illinois corporations that offered home health care services to Medicare beneficiaries.

d. Defendant SYED AZHAR HUSSAIN (a/k/a “Pavan Patel,” a/k/a “DJ A-Xee”) resided in Pakistan, and, as “Pavan Patel,” was: the registered agent of Healthcare Investment Group; a manager and registered agent of National; and a director of First Choice. HUSSAIN used the alias “DJ A-Xee” as the host of a Pakistani radio show.

e. Altamash Mir resided in Oak Brook, Illinois, and Palos Hills, Illinois, and was the owner and manager of HHCC.

f. Muhammad Ateeq (a/k/a “Nilesh Patel,” a/k/a “Sanjay Kapoor,” a/k/a “Mary Joseph,” a/k/a “Rajesh Desai”) resided in Pakistan and was associated with HHCC. Ateeq used his various aliases in connection with his roles at several companies.

g. Hamdeh Chatat (a/k/a “Zara Shah”) resided in Highland, Indiana, and was an employee of HHCC.

h. Individual A, a resident of Zion, Illinois, was the president and secretary of First Choice, a manager of National, and the registered agent, president, secretary, and director of Vitality.

i. Individual B was an associate of HUSSAIN who assisted HUSSAIN with the management of Healthcare Investment Group, National, Vitality, and First Choice.

### **The Medicare Program**

j. The Medicare program was a federal health care program that provided benefits to individuals who were over the age of 65 or disabled. The Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services, administered the Medicare program. Individuals who received Medicare benefits were referred to as "beneficiaries."

k. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

l. Medicare had different "parts" that covered specific services. Medicare Part A covered certain eligible home health care costs for medical services provided by a home health agency ("HHA") to individuals who already qualified for Medicare and who required home health services because of an illness or disability that caused them to be homebound. Payments for home health care medical services under Medicare Part A were made directly to an HHA based on claims submitted to Medicare for qualifying services that had been provided to eligible beneficiaries.

m. Medicare typically approved home health care services for homebound beneficiaries in 60-day increments, referred to as "episodes of care." A

physician was required to approve a beneficiary's plan of care, and to certify that the beneficiary was confined to his or her home on a Home Health Certification and Plan of Treatment form, sometimes referred to as a Form 485. Subsequent episodes of care were referred to as "recertifications" because a beneficiary was required to be recertified by a physician to receive additional 60-day episodes of care.

n. Medicare allowed HHAs to submit a Request for Anticipated Payment claims (referred to as "RAP" claims) at the beginning of an episode of care that, if paid by Medicare, allowed the HHA to receive approximately half of what it estimated would be the total reimbursement prior to the services being rendered. At the conclusion of the episode of care, the HHAs could submit a final claim for the remainder of the reimbursement. Medicare also allowed HHAs to submit adjustments to final claims, which, if approved, may have resulted in Medicare paying for additional services that were not included in the initial claims.

o. Health care service providers, including HHAs, could not submit claims to Medicare if they were not enrolled providers. HHAs which were enrolled providers with Medicare were required to update CMS within specified time periods of the occurrence of various events, including changes in ownership, control, authorized officials, or delegated officials, using CMS Form 855A. Upon acquiring a HHA that was already an enrolled provider with Medicare, a buyer/new owner was required to submit a CMS Form 855A to transfer the old owner's Medicare Identification Number and provider agreement to the new owner. On the Form 855A,



among other information, a new owner was required to truthfully and accurately identify individuals or entities who were owners, managing employees, directors or officers of the agency, as well as any outside billing agencies used by the home health agency. The signatory on CMS Form 855A certified that the information contained therein was true, correct, and complete. Information regarding HHA ownership and control, including information provided on the Form 855A, was material to Medicare's decisions regarding HHAs' enrollment and submitted claims.

p. A Medicare claim was required to set forth, among other things, the beneficiary's name and Medicare information number, the services that had been performed for the beneficiary, the date the services were provided, the cost of the services, and the name and identification number of the physician or other health care provider who ordered the services.

q. In order for a provider to receive payment on a claim, CMS required, among other things, that the services billed actually had been rendered by an enrolled provider.

r. CMS did not directly pay Medicare Part A claims submitted by Medicare-certified HHAs. CMS contracted with different companies to administer the Medicare Part A program throughout different regions of the United States.

2. Beginning in or around June 2018 and continuing through in or around May 2019, in the Northern District of Illinois, Eastern Division, and elsewhere,

SYED AZHAR HUSSAIN, a/k/a "Pavan Patel," a/k/a "DJ A-Xee,"

defendant herein, together with Altamash Mir, Muhammad Ateeq, Hamdeh Chatat, Individual B, and others known and unknown to the Grand Jury, participated in a scheme to defraud a health care benefit program, namely Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of, a health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, which scheme is further described below.

3. It was part of the scheme that defendant HUSSAIN, along with Mir, Ateeq, Individual B, and others, purchased, and caused to be purchased, HHAs in Illinois, using nominee owners and aliases, and after obtaining beneficiary information from the acquired HHAs, submitted, and caused to be submitted, false and fraudulent claims to Medicare in the names of the purchased home health agencies, knowing that they had concealed from Medicare the true ownership and control of the HHAs, and submitted, and caused to be submitted, final claims and claim adjustments for services that had not actually been provided, as well as RAP claims for services that never would be provided. HUSSAIN, Mir, Ateeq, AND Individual B then converted, and caused to be converted, the fraud proceeds for their and their co-schemers' personal use.

4. It was further part of the scheme that, in order to conceal his true identity, defendant HUSSAIN used the fake alias "Pavan Patel" to acquire National, Vitality, and First Choice through Healthcare Investment Group.

5. It was further part of the scheme that defendant HUSSAIN used the fake alias "Pavan Patel" to hire Individual A to work at Healthcare Investment Group and to fraudulently hold out Individual A to federal and state regulators, banks, employees, vendors, and owners of other HHAs as the manager of National, Vitality, and First Choice.

6. It was further part of the scheme that, upon the acquisition of National, Vitality, and First Choice, defendant HUSSAIN and Individual B instructed Individual A to become an authorized signer on the bank accounts of National, Vitality, and First Choice in order to conceal HUSSAIN and Individual B's control of the accounts.

7. It was further part of the scheme that defendant HUSSAIN, Altamash Mir, Individual B, and others submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of National, Vitality, and First Choice, including RAP claims and final claims, knowing that the services billed were not rendered and, with respect to the RAP claims, would not be rendered at a future date.

8. It was further part of the scheme that defendant HUSSAIN, Altamash Mir, Individual B, and others, submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of National, Vitality, and First Choice, knowing that the claims falsely represented that the home health services billed had been ordered by a physician.

9. It was further part of the scheme that defendant HUSSAIN, Altamash Mir, Individual B, and others, submitted, and caused to be submitted, false and fraudulent claims to Medicare on behalf of National and Vitality, knowing that the true ownership and control of National and Vitality was concealed.

10. It was further part of the scheme that, after Medicare detected the fraudulent claims submitted by Vitality and National, defendant HUSSAIN and Individual B made, and caused to be made, false statements to state agencies, representing that Vitality and National had been sold to new owners, when in fact defendant HUSSAIN, Individual B, and their co-schemers continued to control Vitality and National.

11. It was further part of the scheme that defendant HUSSAIN, Altamash Mir, Muhammad Ateeq, Hamdeh Chatat, Individual B, and others concealed, misrepresented, and hid, and caused to be concealed, misrepresented, and hidden, the existence, purpose, and acts done in furtherance of the scheme.

12. Over the course of the scheme, defendant HUSSAIN, Individual B, Altamash Mir and others, obtained, and caused National, Vitality, and First Choice to obtain and to be converted by defendant HUSSAIN, Individual B, Altamash Mir, and others, at least approximately \$4.5 million in payments from Medicare.

13. On or about the dates enumerated below under "date billed," in the Northern District of Illinois, and elsewhere,

SYED AZHAR HUSSAIN, a/k/a "Pavan Patel," a/k/a "DJ A-Xee,"



defendant herein, did knowingly and willfully execute, and attempt to execute, the above-described scheme by submitting and causing to be submitted claims to a health care benefit program, namely Medicare, for health care services that were not actually provided, and that were submitted by a provider whose true ownership and control was concealed from Medicare, as follows:

Count	Approx. Date Billed	Medicare Beneficiary	Purported Dates of Service	Items Billed	Total Approx. Amount Paid by Medicare
1	10/29/2018	S.S.	Episode of Care beginning 1/2/2018	Request for Anticipated Payment for Home Health Episode of Care (National)	\$2,713.31
2	10/29/2018	M.G.	Episode of Care beginning 1/3/2018	Request for Anticipated Payment for Home Health Episode of Care (National)	\$2,905.48
3	11/19/2018	S.S.	Episode of Care beginning 8/10/2018	Request for Anticipated Payment for Home Health Episode of Care (Vitality)	\$2,863.84
4	11/19/2018	N.S.	Episode of Care beginning 8/15/2018	Request for Anticipated Payment for Home Health Episode of Care (Vitality)	\$2,713.31

All in violation of Title 18, United States Code, Section 1347.

**FORFEITURE ALLEGATION**

The SPECIAL JANUARY 2020 GRAND JURY further alleges:

1. Upon conviction of a violation of Title 18, United States Code, Section 1347, as alleged in Counts One through Four of this Indictment, the defendant shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

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

- a. Cannot be located upon the exercise of due diligence;
- b. Has been transferred or 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;

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL:

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FOREPERSON

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UNITED STATES ATTORNEY

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UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION  
ACTING CHIEF

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UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION