UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA	)	Case No. **22CR433**
	)	
v.	)	Violations: Title 18, United States Code, Section 1347
	)	
KRISHNASWAMI SRIRAM	)	

The SPECIAL APRIL 2021 GRAND JURY charges:

1. At times material to this Indictment:

Defendant and Relevant Entities

a. Defendant KRISHNASWAMI SRIRAM was a physician licensed in the State of Illinois.

b. In or around October 2010, SRIRAM enrolled with Medicare as an individual provider. SRIRAM revalidated his enrollment in or around July 2013.

c. Lake Forest Cardiology ("LFC") was a home visiting physician company owned by SRIRAM and based in Lake Forest, Illinois.

d. In or around December 2012, SRIRAM enrolled LFC with Medicare. SRIRAM revalidated LFC's enrollment in or around January 2018.

e. On or about February 8, 2022, law enforcement agents served LFC with a subpoena for records associated with SRIRAM's medical practice, including patient files.

The Medicare Program

f. Medicare was a federal health care program providing benefits to disabled persons and persons who were 65 years of age or older. 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."

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

h. Physicians and other health care providers could apply to enroll with Medicare and obtain a Medicare provider number. A health care provider who was issued a Medicare provider number was able to file claims with Medicare and receive reimbursement for services provided to Medicare beneficiaries.

i. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement for services. Health care providers were given access to Medicare manuals and service bulletins describing proper billing procedures and billing rules and regulations.

j. To receive reimbursement for a covered service from Medicare, a provider submitted a claim, either electronically or using a form (e.g., a CMS-1500 form or UB-92). Medicare claims were required to set forth, among other things, the

beneficiary's name, the date of service, the type of service provided (using a Current Procedure Terminology or "CPT" code), the billed amount of the service provided, and the name and identification number of the provider who rendered the service.

k. Medicare regulations required enrolled health care providers 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 provider. Medicare required complete and accurate patient medical records so that Medicare could verify that the services were provided as described on the claim form.

2. From in or around February 2012, and continuing through in or around March 2022, in the Northern District of Illinois, Eastern Division, and elsewhere,

KRISHNASWAMI SRIRAM,

defendant herein, 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 and property owned by and under the custody and control of Medicare, in connection with the delivery of and payment for health care benefits, items, and services, as further described below.

3. It was part of the scheme that SRIRAM submitted and caused to be

submitted false and fraudulent claims to Medicare for in-home physician services that were not provided, including services purportedly provided to Beneficiaries N.S., V.C., D.H., J.C., A.B., L.C., and F.S. SRIRAM received reimbursements from Medicare as a result of submitting those false and fraudulent claims, and SRIRAM used the proceeds of the scheme for his personal use and benefit.

4. It was further part of the scheme that SRIRAM submitted and caused to be submitted fraudulent claims to Medicare for services purportedly provided to beneficiaries in their homes on dates when the beneficiaries were not at their homes because they resided at hospitals and other inpatient facilities.

5. It was further part of the scheme that SRIRAM submitted and caused to be submitted fraudulent claims to Medicare for services purportedly provided to beneficiaries in their homes on dates after the beneficiaries were deceased.

6. It was further part of the scheme that SRIRAM fabricated patient visit notes to support fraudulent claims that he submitted and caused to be submitted to Medicare, knowing that the services associated with those visit notes were not provided.

7. It was further part of the scheme that SRIRAM concealed, misrepresented, and hid, and caused to be concealed, misrepresented, and hidden, the existence, purpose, and acts done in furtherance of the scheme.

8. It was further part of the scheme that, for the purpose of concealing, misrepresenting, and hiding the scheme and acts done in furtherance of the scheme,

SRIRAM fraudulently altered and caused to be altered patient visit notes, including after law enforcement agents served LFC with a subpoena for records associated with SRIRAM's medical practice.

9. On or about the dates set forth below, in the Northern District of Illinois, Eastern Division, and elsewhere,

KRISHNASWAMI SRIRAM,

defendant herein, did knowingly and willfully execute and attempt to execute the above-described scheme by submitting and causing to be submitted claims to Medicare for purported home visits with beneficiaries that did not occur, as follows:

Count	Claim Date	Purported Services Provided	Appx. Amt. Paid by Medicare
1	9/14/2018	Home visit with Beneficiary D.H. on October 10, 2017	$108.45
2	3/13/2018	Home visit with Beneficiary F.S. on November 28, 2017	$108.45
3	2/19/2019	Home visit with Beneficiary L.C. on February 22, 2018	$105.30
4	2/26/2019	Home visit with Beneficiary A.B. on March 27, 2018	$105.30
5	3/25/2019	Home visit with Beneficiary A.B. on May 18, 2018	$105.30
6	6/25/2018	Home visit with Beneficiary J.C. on June 11, 2018	$181.98
7	3/25/2019	Home visit with Beneficiary D.H. on June 21, 2018	$105.30
8	3/2/2020	Home visit with Beneficiary V.C. on March 12, 2019	$104.31
9	8/2/2021	Home visit with Beneficiary N.S. on March 3, 2021	$188.86

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

FORFEITURE ALLEGATION

The SPECIAL APRIL 2021 GRAND JURY further alleges:

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

2. If any of the property described above, as a result of any act or omission by the defendant: 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 which cannot be divided without difficulty, the United States of America shall be entitled to forfeiture of substitute property, as provided in Title 21, United States Code, Section 853(p).

A TRUE BILL:

_____

FOREPERSON

_____

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

_____

UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL DIVISION, FRAUD SECTION
ACTING CHIEF – HEALTH CARE UNIT