UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT KNOXVILLE

UNITED STATES OF AMERICA	)	
	)	
v.	)	Case No. 3:24CR48
	)	
BARBARA MEGAN MULLINS	)	
CHRISTOPHER CALEB MULLINS	)	Judge: Varlan / Poplin
CAMM CARE, LLC,	)	
doing business as "Patriot Homecare"	)	

INDICTMENT

The Grand Jury charges:

GENERAL ALLEGATIONS

Background and Introduction

1. From in or around April 2014 through in or around October 2023, the defendants BARBARA MEGAN MULLINS ("MEGAN MULLINS"), CHRISTOPHER CALEB MULLINS ("CALEB MULLINS"), and CAMM CARE, LLC, also known as "Patriot Homecare," together, and with other persons known to the grand jury but not named herein, knowingly and willfully combined, conspired, and agreed to create and submit for payment to the U.S. Department of Labor, Office of Workers' Compensation Program, Division of Energy Employees Occupational Illness Compensation (collectively, "DOL"), fraudulent claims for home health services not rendered for the purpose of executing a scheme and artifice to defraud DOL, and to obtain by means of false and fraudulent pretenses, representations, and promises, money owned by or under the control of DOL, a health care benefit program, in connection with the delivery of or payment for home health services.

Defendants and Related Parties

At all times relevant to this indictment:

2. Defendant MEGAN MULLINS resided in the Eastern District of Tennessee and was the Executive Vice President of Operations of CAMM CARE.

3. Defendant CALEB MULLINS resided in the Eastern District of Tennessee and was the owner, President, and registered agent of CAMM CARE.

4. Defendants MEGAN MULLINS and CALEB MULLINS were spouses.

5. Defendant CAMM CARE, LLC, doing business as Patriot Homecare, was incorporated in the State of Tennessee by defendant CALEB MULLINS in or around April 2014. CAMM CARE's principal place of business was in the Eastern District of Tennessee.

6. C.S. resided in the Eastern District of Tennessee and was employed by CAMM CARE as a billing specialist and was responsible for submitting payment claims to DOL.

7. S.H. resided in the Eastern District of Tennessee and was employed by CAMM CARE as a personal care attendant ("PCA").

Energy Employees Occupational Illness Compensation Program Act

8. Congress passed the Energy Employees Occupational Illness Compensation Program Act ("EEOICPA") in October 2000. 42 U.S.C. § 7384 *et seq*.

9. Part B of the EEOICPA, effective July 31, 2001, compensated current or former Department of Energy ("DOE") employees, or their survivors, and certain employees of DOE vendors, contractors, and subcontractors who were diagnosed with a radiogenic cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis, as a result of exposure to radiation, beryllium, or silica while employed at a covered facility. 20 C.F.R. § 30.0(a).

10. Part E of the EEOICPA, effective October 28, 2004, compensated DOE contractor and subcontractor employees, their eligible survivors, and uranium miners, millers,

and ore transporters for any occupational illnesses causally linked to toxic exposures in the DOE or mining work environment. 20 C.F.R. § 30.0(b).

11. DOL administered the EEOICPA and used federal funds to pay doctors, nurses, physical therapists, and other enrolled providers for treating EEOICPA beneficiaries. *See* 20 C.F.R. §§ 30.1, 30.400(c). Benefits were often paid directly to health care providers that provided treatment to EEOICPA beneficiaries.

12. EEOICPA beneficiaries approved to receive Parts B or E benefits received a Medical Benefits Identification Card imprinted with the beneficiary's name, case identification number, benefits identification number, DOL group number, and DOL logo. These cards were often referred to by beneficiaries, physicians, health care providers, and home health agencies as "white cards." White cards were similar to traditional insurance cards.

13. To become eligible to bill the DOL for treating federal workers, a healthcare provider, including a home health agency or an individual nurse, was required to enroll with DOL. That required the provider to complete and submit a form to DOL's claim processing contractor. *See* 20 C.F.R. § 30.700(a). Once DOL verified the form and accepted it, the applicant received a provider number and could begin billing DOL for the services it rendered.

14. If DOL determined that a beneficiary was entitled to EEOICPA benefits, DOL covered all medical costs that a qualified physician prescribed or recommended as relating to the accepted condition, including home health services performed by a PCA, home health aide ("HHA"), skilled nurse, certified nursing assistant, among others.

15. Billing statements were submitted to DOL electronically or by mail. An electronic bill was submitted through an online billing system maintained by a federal contractor. 20 C.F.R. § 30.700(c).

16. Claims were required to be submitted on a form OWCP-1500, which required providers to state the patient's diagnosis and the services and supplies provided to the patient. 20 C.F.R. § 30.701. Form OWCP-1500 required the provider, in Box 24B, to indicate the place where the service was provided.

17. DOL required that all providers billing for services rendered include evidence supporting the services. DOL required that the supporting documentation be dated and signed by the medical professional who performed the services. DOL required that the dates of service on the supporting documentation matched the dates of service and the charges listed on the OWCP-1500.

18. The services and supplies billed on the OWCP-1500 were required to be (i) prescribed by a qualified physician, (ii) medically indicated, (iii) properly documented, (iv) necessary for the health of the patient, and (v) actually provided.

19. DOL relied on the accuracy of the OWCP-1500 to determine whether the services were reimbursable and the reimbursable amount. 20 C.F.R. §§ 30.700, 30.701.

20. Compliance with DOL's rules was a condition of payment. 20 C.F.R. § 30.701(d).

21. The OWCP-1500 required the health care provider to sign the billing form. By signing the OWCP-1500, the provider "indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate supervision, except as otherwise expressly permitted by . . . EEOICPA regulations." Furthermore, the OWCP-1500 included a paragraph warning providers that their "signature indicates that you understand that any false claims, statement or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."

22. When submitting an OWCP-1500 to DOL requesting payment, enrolled home health agencies and other enrolled DOL providers, including individual nurses, used "DEEOIC Home and Residential Health Care Authorized Billing Codes" ("HRHC codes") to indicate the services provided and the amounts of reimbursement requested.

23. Each HRHC code corresponded to a specific service and listed the types of tasks that were allowed to be performed as part of the service; each HRHC code specified the necessary qualifications of the person performing the service.

24. The HRHC billing codes included the following, among others:

a) T1001 (Nursing Assessment/Initial Evaluation);

b) T1017 (Targeted Case Management, 15 minutes = 1 unit);

c) T1019 (Personal Care Attendant (PCA), 15 minutes = 1 unit);

d) T1020 (Personal Care Attendant (PCA) Per Diem, 8 hours);

e) T1030 (Nursing Care, in-home, by Registered Nurse (RN), Per Diem, 8 hours);

f) T1031 (Nursing Care, in-home, by Licensed Practical Nurse (LPN), Per Diem, 8 hours);

g) S5126 (Attendant: Home Health Aide (HHA), Certified Nursing Assistant (CNA), Per Diem, 8 hours);

h) S9122 (Home Health Aide (HHA) or Certified Nursing Assistant (CNA), Hourly Code, less than 8-hour care);

i) S9123 (Nursing Care, in-home, by Registered Nurse (RN), Hourly Code, less than 8-hour care); and

j) S9124 (Nursing Care, in-home, by Licensed Practical Nurse (LPN), Hourly Rate, less than 8-hour care).

25. To obtain home health services through DOL for an illness covered by EEOICPA, a qualifying employee or former employee was first required to obtain a Letter of Medical Necessity ("LMN") from his or her treating physician that outlined the need for home health and the type and amount of home health needed.

26. A LMN was required to be in the form of a narrative letter, describing in detail the specific medical or ancillary services, or both, required by the patient, and an explanation as to how the services would be causally related to the DOL accepted conditions. LMNs were required to explain why the specific service was required in the home versus outside the home or at a facility that provides a higher level of care, such as a nursing home or assisted living facility.

27. LMNs were also required to specify the frequency and duration of service. For example, a LMN may specify that a beneficiary could receive two hours of nursing services per day, three days a week, to clean, dress, and evaluate wounds.

28. LMNs were required to include certain medical evidence, including evidence that a physician conducted a face-to-face evaluation of the beneficiary within 60 days of the LMN being signed by the physician.

29. DOL's approval for an EEOICPA beneficiary to receive home health services was not permanent. DOL authorized beneficiaries to receive home health services for up to six months. Upon expiration of the six-month period, DOL permitted beneficiaries to request to DOL that it renew its authorization for home health services. To request a renewal, beneficiaries were required to have another face-to-face evaluation with a physician within 60 days of the existing authorization ending. The beneficiary's physician was required to submit to DOL an additional LMN that included updated medical information and the results of the face-to-face evaluation.

30. To receive home health services under the EEOICPA, a beneficiary must have a white card. Home health agencies were prohibited from any participation in the process of obtaining a white card.

31. EEOICPA beneficiaries could elect to receive authorized home health services from any DOL-enrolled and licensed home health agency or provider. DOL rules and regulations allowed beneficiaries to change home health agency providers at any time.

32. DOL permitted a family member to serve as an enrolled beneficiary's PCA or HHA caregiver.

33. DOL paid enrolled home health agencies directly for services their employees provided to covered beneficiaries.

COUNT ONE

Conspiracy to Commit Health Care Fraud

(18 U.S.C. § 1349)

34. The previous paragraphs of this indictment are realleged and incorporated by reference as though fully set forth herein.

35. Beginning in or around April 2014 and continuing uninterrupted until at least October 2023, in the Eastern District of Tennessee and elsewhere, defendants MEGAN MULLINS, CALEB MULLINS, and CAMM CARE, together, and with other persons known to the grand jury but not named herein, knowingly and willfully combined, conspired, and agreed to commit healthcare fraud, in violation of 18 U.S.C. § 1347—that is, to 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 and property owned by, or under the custody or control of, a health care benefit program—that is, DOL—in connection with the delivery of or payment for health care benefits, items, or services.

Purpose of the Conspiracy

36. It was the purpose and object of the conspiracy for the defendants to unlawfully enrich themselves by, among other things, (i) submitting or causing the submission of false and fraudulent payment claims to DOL; (ii) concealing the submission of false and fraudulent claims to DOL and the receipt and transfer of fraud proceeds; and (iii) diverting fraud proceeds for the personal use and benefit of themselves and others.

Manner and Means of the Conspiracy

The manner and means by which the defendants sought to accomplish the object and purpose of the conspiracy included, among other things, the following:

Megan Mullins and Caleb Mullins controlled all aspects of CAMM Care

37. Throughout the conspiracy period, CAMM CARE was enrolled in the DOL program as a home health agency. Its DOL provider number was 618089000.

38. MEGAN MULLINS and CALEB MULLINS controlled all aspects of CAMM CARE, including making all hiring and firing decisions, recruiting patients and caregivers, determining employee compensation, controlling the payment claims submitted to DOL, and limiting employee access to certain information.

39. Throughout the conspiracy period, CAMM CARE purported to provide nonskilled home health services to its patients who were covered by the DOL program. Those services were purportedly provided by employed PCAs and HHAs (collectively, "caregivers").

40. Beginning in or around December 2018 and continuing to at least in or around October 2023, CAMM CARE provided skilled home health services—nursing—to its patients. Those services were provided by employed registered nurses and licensed practical nurses.

Recruiting patients and hiring caregivers

41. MEGAN MULLINS and CALEB MULLINS recruited patients to CAMM CARE by telling them that (i) CAMM CARE would employ a family member as their PCA; (ii) their family member could continue taking care of them as they already were taking care of them; (iii) PCAs did not have to be in the patient's home during their charted hours as long as the PCA was available—on call—if the patient needed them; and (iv) CAMM CARE would pay the family member PCA an hourly wage for each hour claimed on their caregiver notes.

42. MEGAN MULLINS and CALEB MULLINS told some caregivers that their hours could be flexible, that they were not required to work the shifts as stated in their caregiver notes, and that they could make up their hours at a different time or on another day, provided the caregivers charted the maximum number of DOL-approved hours.

43. MEGAN MULLINS knowingly hired caregivers with other full-time jobs, and she coordinated their schedules to make sure their charted hours did not conflict with the hours they worked at those jobs, including scheduling caregivers in the early mornings, late evenings, or even overnight, knowing it would be impossible for them to work those hours.

44. MEGAN MULLINS and CALEB MULLINS hired patients' family members as caregivers who had no medical training or experience.

45. CAMM CARE provided no legitimate training to its caregivers.

46. MEGAN MULLINS, or a subordinate employee, gave caregivers an example of a completed caregiver note and told them to prepare their caregiver notes in a similar fashion.

Use or lose

47. MEGAN MULLINS and CALEB MULLINS falsely told patients and caregivers that if the patient did not use all their DOL-approved hours each month, then the patient would lose their DOL-approved hours or have them reduced on their next recertification.

48. As a result, caregivers prepared and signed caregiver notes claiming they provided the maximum number of DOL-approved hours.

49. In certain instances, patients prepared false caregiver notes claiming that their family-member caregiver was in their home providing the stated services.

Maximizing hours

50. MEGAN MULLINS assisted patients in obtaining authorization from DOL to receive home health services, including drafting LMNs and arranging for a physician to sign them.

51. MEGAN MULLINS prepared recertification paperwork for patients and attempted to increase their DOL-approved hours without regard to medical necessity.

False caregiver notes

52. Employed caregivers with other full-time jobs knowingly submitted false caregiver notes to CAMM CARE for months and years at a time claiming they provided the maximum number of DOL-approved hours to their family-member patients.

53. Certain patients knowingly signed false caregiver notes certifying that their family members provided the maximum number of DOL-approved hours.

The Dashboard

54. CAMM CARE maintained a spreadsheet that tracked each patient's DOL-approved hours. MEGAN MULLINS, CALEB MULLINS, and CAMM CARE's employees referred to the spreadsheet as "the dashboard."

55. MEGAN MULLINS and CALEB MULLINS monitored caregiver notes for each patient, tracking the total number of hours claimed on caregiver notes and comparing that number to the total number of DOL-approved hours on the dashboard.

Patient J.E.

56. In furtherance of the conspiracy, and to ensure CAMM CARE submitted payment claims for the maximum number of DOL-approved hours for patient J.E., MEGAN MULLINS prepared false caregiver notes claiming that she provided PCA services to J.E. every Saturday and Sunday—ten hours each day—for more than a year.

57. MEGAN MULLINS prepared false caregiver notes claiming she was at J.E.'s home on Saturdays and Sundays when, in fact, she was on vacations in Las Vegas, Nevada; Lake Buena Vista, Florida; and New York, New York; among other places.

58. When a former CAMM CARE employee approached CALEB MULLINS and MEGAN MULLINS and questioned whether MEGAN MULLINS was actually at J.E.'s home every Saturday and Sunday for ten hours each day, MEGAN MULLINS stopped preparing the caregiver notes and arranged for S.H. to falsely prepare and sign caregiver notes for J.E.

59. CAMM CARE knowingly used those false caregiver notes to submit fraudulent payments claims to DOL.

Case Management

60. CAMM CARE hired case managers whose job it was to visit CAMM CARE's patients at least once a month and review the patient's DOL-approved plan of care.

61. Case managers were required to document, in a case management report, each visit with a patient, including whether the patient's caregiver was present.

62. Case managers falsified case management reports, representing that caregivers were in the patients' homes when they were not.

63. Case managers claimed to visit up to ten patients in one day, falsely charting up to four hours for each visit, and claiming to work more than twenty hours in one day.

64. CAMM CARE knowingly submitted payment claims to DOL based on false case management reports.

Skilled nursing

65. DOL paid significantly more for nursing services than for PCA or HHA services.

66. From in or around July 2014 to in or around December 2018, CAMM CARE was not licensed to provide nursing services to its patients.

67. In or around December 2018, CAMM CARE acquired a home health agency with a license to provide nursing services, which CAMM CARE assumed under the acquisition.

68. In or around January 2019, CAMM CARE hired nurses to provide nursing services to its patients and began to submit payment claims to DOL for nursing services.

69. MEGAN MULLINS and subordinate employees told nurses that patients would lose their DOL-approved nursing hours if the nurses did not chart all the hours.

70. MEGAN MULLINS and CALEB MULLINS attempted to get certain patients approved for nursing services irrespective of whether nursing services were medically necessary.

71. MEGAN MULLINS helped select nurses obtain their own DOL provider number.

72. MEGAN MULLINS and C.S. taught these nurses how to submit payment claims to DOL using their own provider number, which allowed them to make additional money outside of their employment with CAMM CARE.

73. In exchange, these select nurses prepared false nursing assessments claiming to provide the maximum number of DOL-approved nursing hours to CAMM CARE's patients.

74. MEGAN MULLINS instructed these select nurses to stay quiet about their arrangement so that other nurses at CAMM CARE would not find out.

75. For months and years at a time, these nurses falsely charted the maximum number of DOL-approved hours for CAMM CARE patients, using the same daily start times and end times without deviation.

76. Certain nurses submitted false nursing assessments claiming to provide in-home nursing services when, in fact, they were on vacation or otherwise not at their patient's home.

77. CAMM CARE knew that the nursing assessments were false and knowingly submitted false and fraudulent payment claims to DOL based on those assessments.

Submission of false and fraudulent claims

78. MEGAN MULLINS and CALEB MULLINS hired employees with no previous experience to "audit" caregiver notes. The audit process was a sham and was designed only to ensure that DOL would pay the claims based on the notes. The audit process was limited to (i) determining whether the hours on the caregiver notes matched the patient's DOL-approved hours; (ii) making sure the notes were signed by the caregiver and the patient; and (iii) making sure the notes did not include any narrative information that would raise red flags at DOL.

79. The caregiver notes were then provided to C.S., who was CAMM CARE's primary biller. C.S. reported to MEGAN MULLINS.

80. MEGAN MULLINS and CALEB MULLINS instructed C.S. to prepare and submit payment claims for all caregiver notes and nursing assessments that made it to her desk.

81. MEGAN MULLINS and CALEB MULLINS paid C.S. an above-market salary, took her on paid vacations, and bought her gifts so she would continue to submit false and fraudulent payment claims.

Concealment of the Scheme

82. MEGAN MULLINS and CALEB MULLINS gave gifts and bribes to CAMM CARE patients who (i) allowed the scheme to continue or (ii) actively participated in the scheme.

83. MEGAN MULLINS and CALEB MULLINS limited employees, including their own case managers, from reviewing patient files or providing oversight of caregivers and nurses.

84. MEGAN MULLINS and CALEB MULLINS fired employees who questioned whether certain caregivers and nurses were providing the hours they claimed.

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

COUNTS TWO THROUGH FIFTEEN

Health Care Fraud

(18 U.S.C. § 1347)

85. Paragraphs 1 through 33, and 37 through 84, are realleged and incorporated by reference as if fully set forth herein.

86. On or about the dates set forth in the table below, in the Eastern District of Tennessee, defendants MEGAN MULLINS and CALEB MULLINS, aided and abetted by each other and others known to the grand jury but not named herein, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute and attempt to execute the scheme and artifice described above in paragraphs 37 through 84 to defraud a health care benefit program affecting commerce, as defined in 18 U.S.C. § 24(b), that is, DOL, 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 DOL, by submitting or causing to be submitted false and fraudulent claims for payment from DOL, each row being a separate count of this indictment:

Count	Approximate date of submission	Patient	Service Falsely Claimed	Approximate amount of claim
2	June 3, 2019	J.E.	PCA services	$388.16
3	June 10, 2019	J.E.	PCA services	$358.05
4	June 24, 2019	E.H.	RN services	$661.32
5	July 1, 2019	D.K.	LPN services	$446.39
6	February 10, 2020	J.E.	PCA services	$358.05
7	March 9, 2020	H.M.	RN services	$666.66
8	September 30, 2020	S.B.	Case Management services	$71.81
9	November 23, 2021	M.U.	PCA services	$228.77
10	November 30, 2021	D.B.	PCA services	$228.77
11	January 21, 2022	D.B.	PCA services	$910.24

12	April 27, 2022	R.M.	RN services	$2,566.86
13	April 27, 2022	M.U.	PCA services	$228.77
14	September 30, 2022	M.U.	PCA services	$242.49
15	January 18, 2023	H.M.	RN services	$742.08

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNTS SIXTEEN THROUGH NINETEEN

False Statements Relating to Health Care Matters

(18 U.S.C. § 1035)

87. Paragraphs 1 through 33, and 37 through 84, are realleged and incorporated by reference as if fully set forth herein.

88. On or about the dates set forth in the table below, in the Eastern District of Tennessee and elsewhere, defendant MEGAN MULLINS, made a materially false, fictitious, or fraudulent statement or representation, or made or used a materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services—that is, MEGAN MULLINS falsely stated in a caregiver note that she provided ten hours of PCA services to J.E. on the dates listed in the table below, and the caregiver notes were used in the submission of a false claim for payment for home health services, each row being a separate count of this indictment:

Count	Approximate Date of Caregiver Note	Patient	False Representation in Caregiver Note	Health Care Benefit Program
16	May 18, 2019	J.E.	10 hours of PCA services	DOL
17	May 19, 2019	J.E.	10 hours of PCA services	DOL
18	June 8, 2019	J.E.	10 hours of PCA services	DOL
19	June 9, 2019	J.E.	10 hours of PCA services	DOL

All in violation of Title 18, United States Code, Section 1035.

COUNTS TWENTY THROUGH TWENTY-TWO

Wire Fraud

(18 U.S.C. § 1343)

89. Paragraphs 1 through 33, and 37 through 84, are realleged and incorporated by reference as if fully set forth herein.

90. On or about the dates listed below, in the Eastern District of Tennessee and elsewhere, defendants MEGAN MULLINS and CALEB MULLINS, aided and abetted by each other and others known to the grand jury but not named herein, for the purpose of executing the scheme to defraud described above in paragraphs 37 through 84 above, caused to be transmitted by means of a wire communication in interstate commerce a writing, sign, or signal—that is, the electronic submission of an OWCP Form 1500 requesting payment from DOL, each electronic submission as indicated in the table below being a separate count in the indictment:

Count	Approximate Date of Transmission	Patient	Home Health Service claimed	Amount of Claim
20	June 3, 2019	J.E.	PCA services	$388.16
21	June 10, 2019	J.E.	PCA services	$358.05
22	February 10, 2020	J.E.	PCA services	$358.05

All in violation of Title 18, United States Code, Sections 1343 and 2.

FORFEITURE ALLEGATIONS

(18 U.S.C. §§ 982(a)(7); 981(a)(1)(C); and 28 U.S.C. § 2461)

91. The allegations contained in this Indictment are re-alleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States under the provisions of Title 18, United States Code, Sections 982(a)(7) and 981(a)(1)(C), as incorporated by Title 28, United States Code, Section 2461(c).

92. Upon conviction of the offense in violation of Title 18, United States Code, Section 1349, conspiracy to commit health care fraud, as charged in Count One of this Indictment, the defendants, MEGAN MULLINS, CALEB MULLINS, and CAMM CARE, shall forfeit to the United States, under Title 18, United States Code, Section 981(a)(1)(C), and Title 28, United States Code, Section 2461(c), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, including but not limited to:

a. 2023 BMW 760i Sedan, VIN: WBA33EJ07PCM37323, seized from Defendant on or about October 3, 2023; and

b. 2023 GMC Sierra 1500 Crew Cab Pickup, VIN: 3GTUUGEL0PG235246, seized from Defendant or about October 3, 2023.

93. Upon conviction of the offense in violation of 18 United States Code, Section 1347, as charged in Counts Two through Fifteen of this indictment, the defendants, MEGAN MULLINS and CALEB MULLINS shall forfeit to the United States, under 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, including but not limited to:

a. 2023 BMW 760i Sedan, VIN: WBA33EJ07PCM37323, seized from Defendant on or about October 3, 2023; and

b. 2023 GMC Sierra 1500 Crew Cab Pickup, VIN: 3GTUUGEL0PG235246, seized from Defendant or about October 3, 2023.

94. Upon conviction of an offense in violation of Title 18, United States Code, Section 1343, wire fraud, as charged in Counts Twenty through Twenty-Two of this indictment, the defendants, MEGAN MULLINS and CALEB MULLINS, shall forfeit to the United States, under 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, including but not limited to:

a. 2023 BMW 760i Sedan, VIN: WBA33EJ07PCM37323, seized from Defendant on or about October 3, 2023; and

b. 2023 GMC Sierra 1500 Crew Cab Pickup, VIN: 3GTUUGEL0PG235246, seized from Defendant or about October 3, 2023.

95. If any of the property described above, 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 party;

c. has been placed beyond the jurisdiction of the court;

d. has been substantially diminished in value; or

e. has been co-mingled with other property which cannot be divided without difficulty,

the United States shall be entitled to forfeiture of substitute property, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1) and Title 28 United States Code, Section 2461(c).

A TRUE BILL:

SIGNATURE REDACTED

GRAND JURY FOREPERSON

Francis M. Hamilton III
United States Attorney

By: _____
William A. Roach, Jr.
Assistant United States Attorney
Eastern District of Tennessee

_____
Jeremy S. Dykes
Assistant United States Attorney
Eastern District of Tennessee

Revised 3/30/21

CRIMINAL CASE COVER SHEET

By: ☑ INDICTMENT ☐ SUPERSEDING Case Number: _____
☐ INFORMATION *(Requires AO 455 Waiver of Indictment for Felony Cases)*
☐ RULE 20

USA V. Barbara Megan Mullins

☑ Felony ☐ Class A Misdemeanor *(AO86A Consent form required at Initial Appearance)*
☐ Misdemeanor *(Not class A)* ☐ Petty Offense

Immigration Cases
☐ Defendant is being added to existing criminal case ☐ Zone A ☐ Zone B
☐ Charges/Counts Added

Name of Assigned AUSA: William A. Roach and Jeremy S. Dykes

Matter Sealed: ☑ YES ☐ NO Place of Offense: Anderson County

☐ Interpreter Required Language: _____

Issue: ☐ WARRANT ☑ SUMMONS ☐ WRIT (Motion to be filed)

Arresting Agency: ☐ DEA ☐ ATF ☐ USMS ☐ FBI ☐ Other: _____

Current Trial Date (if any): _____ before Judge _____

☐ Criminal Complaint Filed Case Number: _____

☐ Defendant on Supervised Release Case Number: _____

Related Cases/Attorneys:

Case Numbers: 3:24-CR-8
3:24-CR-30

Attorneys: Gregory Isaacs and Ashlee Mathis (3:24-CR-8)
Jeffrey Daniel (3:24-CR-30)

Reason for Related Case Determination: same factual nexus

Defense Counsel (if any): Robert R. Kurtz

☐ Federal Defender ☑ CJA ☐ Retained

Appointed by Target Letter Case Number: _____
Appointed in Pending Indictment Case Number: _____

CHARGES: Total # of Counts for this Defendant 22

	Title & Section	Description of Offense Charged	New Count? Y or N	New Count #	Old Count #
1	18 USC § 1349	Conspiracy to Commit Health Care Fraud	Y	1	
2-15	18 USC § 1347	Health Care Fraud	Y	2-15	
16-19	18 USC § 1035	False Statements Relating to Healthcare Matters	Y	16-19	

(Attach additional page, if needed)

Attorney Signature William A. Roach Jr.

CRIMINAL CASE COVER SHEET

Case Number ____________________

USA v. Barbara Megan Mullins

(Continued from Page 1)

	Title & Section	Description of Offense Charged	New Count? Y or N	New Count #	Old Count #
20-22	18 USC § 1343	Wire fraud	Y	20-22	

Revised 3/30/21

CRIMINAL CASE COVER SHEET

By: ☑ INDICTMENT ☐ SUPERSEDING Case Number: _____
☐ INFORMATION *(Requires AO 455 Waiver of Indictment for Felony Cases)*
☐ RULE 20

USA V. Christopher Caleb Mullins

☑ Felony ☐ Class A Misdemeanor *(AO86A Consent form required at Initial Appearance)*
☐ Misdemeanor *(Not class A)* ☐ Petty Offense

Immigration Cases
☐ Defendant is being added to existing criminal case ☐ Zone A ☐ Zone B
☐ Charges/Counts Added

Name of Assigned AUSA: William A. Roach and Jeremy S. Dykes

Matter Sealed: ☑ YES ☐ NO Place of Offense: Anderson County

☐ Interpreter Required Language: _____

Issue: ☐ WARRANT ☑ SUMMONS ☐ WRIT (Motion to be filed)

Arresting Agency: ☐ DEA ☐ ATF ☐ USMS ☐ FBI ☐ Other: _____

Current Trial Date (if any): _____ before Judge _____

☐ Criminal Complaint Filed Case Number: _____

☐ Defendant on Supervised Release Case Number: _____

Related Cases/Attorneys:
Case Numbers: 3:24-CR-8 Attorneys: Gregory Isaacs and Ashlee Mathis (3:24-CR-8)
3:24-CR-30 Jeffrey Daniel (3:24-CR-30)

Reason for Related Case Determination: Same factual nexus

Defense Counsel (if any): Jonathan D. Cooper

☐ Federal Defender ☑ CJA ☐ Retained

Appointed by Target Letter Case Number: _____
Appointed in Pending Indictment Case Number: _____

CHARGES: Total # of Counts for this Defendant 18

	Title & Section	Description of Offense Charged	New Count? Y or N	New Count #	Old Count #
1	18 USC § 1349	Conspiracy to commit health care fraud	Y	1	
2-15	18 USC § 1347	Health care fraud	Y	2-15	
20-22	18 USC § 1343	Wire fraud	Y	20-22	

(Attach additional page, if needed)

Attorney Signature William A. Roach

Revised 3/30/21

CRIMINAL CASE COVER SHEET

By: ☑ INDICTMENT ☐ SUPERSEDING Case Number: _____
☐ INFORMATION *(Requires AO 455 Waiver of Indictment for Felony Cases)*
☐ RULE 20

USA V. CAMM CARE LLC d/b/a Patriot Homecare

☑ Felony ☐ Class A Misdemeanor *(AO86A Consent form required at Initial Appearance)*
☐ Misdemeanor *(Not class A)* ☐ Petty Offense

Immigration Cases
☐ Defendant is being added to existing criminal case ☐ Zone A ☐ Zone B
☐ Charges/Counts Added

Name of Assigned AUSA: William A. Roach and Jeremy S. Dykes

Matter Sealed: ☑ YES ☐ NO Place of Offense: Anderson County

☐ Interpreter Required Language: _____

Issue: ☐ WARRANT ☑ SUMMONS ☐ WRIT (Motion to be filed)

Arresting Agency: ☐ DEA ☐ ATF ☐ USMS ☐ FBI ☐ Other: _____

Current Trial Date (if any): _____ before Judge _____

☐ Criminal Complaint Filed Case Number: _____

☐ Defendant on Supervised Release Case Number: _____

Related Cases/Attorneys:
Case Numbers: 3:24-CR-8
3:24-CR-30
Attorneys: Gregory Isaacs and Ashlee Mathis (3:24-CR-8)
Jeffrey Daniel (3:24-CR-30)

Reason for Related Case Determination: Same factual nexus

Defense Counsel (if any): _____

☐ Federal Defender ☐ CJA ☐ Retained

Appointed by Target Letter Case Number: _____
Appointed in Pending Indictment Case Number: _____

CHARGES: Total # of Counts for this Defendant 1

	Title & Section	Description of Offense Charged	New Count? Y or N	New Count #	Old Count #
1	18 USC § 1349	Conspiracy to commit health care fraud	Y	1	

(Attach additional page, if needed)

Attorney Signature William A. Roach Jr.