UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF VERMONT

UNITED STATES OF AMERICA	)	
	)	
v.	)	**Criminal No.** 2:24-cr-43-1
	)	
ADNAN S. KHAN,	)	
Defendant.	)	

INDICTMENT

The Grand Jury charges:

GENERAL ALLEGATIONS

At times material to this Indictment:

Drug Rehabilitation and Opioid Use Disorder

1. Substance-use-disorder treatment regulations described a continuum of care for patients experiencing substance-use disorder, including outpatient treatment. Such outpatient treatment included medication-assisted treatment ("MAT"). The use of medications, in combination with counseling and behavioral therapies, was an available treatment to provide a "whole-patient" approach to the treatment of Opioid Use Disorder ("OUD"). Medical doctors played an essential role in substance-use-disorder treatment, including OUD treatment. In treating patients, medical doctors prescribed medication, including controlled substances, ordered diagnostic testing, and provided other necessary services.

2. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment ("SAMHSA"), promulgated guidelines for varying levels of treatment based on the severity of the addiction, including outpatient treatment such as MAT programs.

The Controlled Substances Act and Code of Federal Regulations

3. The Controlled Substances Act ("CSA") governed the manufacture, distribution, and dispensing of controlled substances in the United States. Under the CSA, the Drug Enforcement Administration ("DEA") regulated certain pharmaceutical drugs designated as "controlled substances" because of their potential for abuse or dependence, their accepted medical use, and their accepted safety for use under medical supervision. *See* 21 U.S.C. § 802(6). The CSA and Code of Federal Regulations ("CFR") contained definitions relevant to this Indictment, as set forth below.

4. The term "controlled substance" meant a drug or other substance, or immediate precursor, indicated in Schedule I, II, III, IV, and V, as designated by Title 21, United States Code, Section 802(c)(6) and the CFR. The designation "Schedule II" meant the drug or other substance had a high potential for abuse; the drug had a currently accepted medical use with severe restrictions; and abuse of the drug or other substance may have led to severe psychological or physical dependence. The designation "Schedule III" meant the drug or other substance had a moderate to low potential for physical and psychological dependence, and had less abuse potential than Schedule I or Schedule II substances but more than Schedule IV substances. The designation "Schedule IV" meant the drug or other substance had a low potential for abuse relative to substances that were listed in Schedules II and III.

5. The term "dispense" meant to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance. The term "distribute" meant to deliver (other than by administering or dispensing) a controlled substance.

6. The term "practitioner" meant a medical doctor, physician, or other individual

licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which she or he practiced, to distribute or dispense a controlled substance in the course of professional practice or research.

7. The DEA issued registration numbers to qualifying practitioners, including physicians, who thereby became authorized to distribute or dispense Schedule II, III, IV, and V controlled substances.

8. Under the CSA, it was unlawful to distribute or dispense a controlled substance, unless otherwise authorized by law. 21 U.S.C. § 841(a)(1). Except in limited circumstances, Schedule III controlled substances could not be dispensed without a written prescription. 21 U.S.C. § 829. "A prescription for a controlled substance to be effective must [have] be[en] issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04. "The responsibility for the proper prescribing and dispensing of controlled substances is upon the practicing prescriber . . . ." *Id.* "An order purporting to be a prescription issued not in the usual course of professional treatment . . . [was] not a prescription within the meaning and intent of [S]ection [ ] 829 . . . ." *Id.*

9. One form of treatment for OUD involved the use of a controlled substance, buprenorphine, which was a Schedule III opioid. Buprenorphine was approved by the U.S. Food and Drug Administration ("FDA") to treat OUD and used in substance-use-disorder treatment to wean opioid-addicted patients off other opioids. According to SAMHSA, buprenorphine could be prescribed as part of a comprehensive treatment plan that included counseling and other behavioral therapies, to provide patients with a whole-patient approach to treatment.

10. As with any opioid, buprenorphine could be abused and diverted. To lower the potential for abuse, scientists developed a combination drug which contained both buprenorphine

and naloxone. Naloxone acted as an opioid antagonist or "blocker," which reduced the "high" from the use of buprenorphine. This combination product was marketed and sold under the brand name "Suboxone." Because naloxone was dangerous to pregnant women and some patients were allergic to the drug, practitioners could instead prescribe single-ingredient buprenorphine (i.e., without naloxone).

11. Due to an increased risk of abuse and/or diversion with single-ingredient buprenorphine, SAMHSA advised practitioners to prescribe single-ingredient buprenorphine only to patients that were or would potentially become pregnant, patients with a documented allergy to naloxone, and those with hepatitis and HIV.

Urine Drug Testing in Substance-Use-Disorder Treatment

12. One monitoring strategy used by substance-use-disorder treatment providers and medical professionals to detect recent drug or alcohol use by a patient was urine drug testing ("UDT"). UDT was divided into two categories: presumptive (also known as "qualitative") testing and definitive (also known as "quantitative" or "confirmation") testing. Presumptive testing identified which substances, if any, were present in the provided specimen. Definitive testing identified how much of a particular substance was present in the provided specimen.

13. Presumptive testing was performed in a variety of ways, including utilizing devices that were capable of being read by direct optical observation, such as "cups" that reacted to the specimen and identified which drugs, if any, were present ("optical devices"), as well as by more complex testing performed by instrument chemistry analyzers. Presumptive tests that used optical devices were called point-of-care ("POC") tests. POC tests usually tested for the presence of 9 to 13 specific types of drugs, could be ready easily by a layperson, and cost between $5 and $10. POC testing was convenient, less costly, instantaneous, quickly readable, and the most common

form of UDT performed in an office setting.

14. Definitive testing was performed by higher-complexity chemistry analyzers such as gas liquid chromatography-mass spectrometry ("LCMS") and/or gas chromatography, or high-performance liquid chromatography. These techniques were highly sensitive, and accurately and definitively identified specific substances and the quantitative concentrations of the drugs or their metabolites. Results of definitive testing took longer, and the tests were significantly more expensive than POC testing; single urine specimens that underwent drug screen analyzers and LCMS testing could be billed to health care benefit programs for thousands of dollars.

The Health Care Benefit Programs
Medicare and Medicaid

15. Medicare was a Federal health care benefit program, affecting commerce, that provided benefits to persons who were 65 years of age or older or disabled. Medicare was administered by the U.S. Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services ("CMS"). Individuals who qualified for Medicare benefits were commonly referred to as "beneficiaries" and, as beneficiaries, they were eligible to receive a variety of goods and services.

16. Medicare covered different types of benefits and was separated into different program "parts." Medicare Part A covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered outpatient physician services, such as office visits, and laboratory services, including UDT. Medicare Part C—also known as Medicare Advantage—offered beneficiaries the opportunity to secure coverage from private insurers for many of the same services that were provided under Parts A and B, in addition to certain mandatory and optional supplemental benefits. Medicare Part D provided prescription drug coverage to persons who were eligible for Medicare.

17. Medicaid was a federal- and state-funded health care program providing benefits to individuals and families who met specific financial and other eligibility requirements. CMS was responsible for overseeing Medicaid in participating states, including Vermont.

18. Individuals who qualified for Medicaid benefits were commonly referred to as "beneficiaries" and, as beneficiaries, they were eligible to receive a variety of goods and services. Among a variety of items and services, Medicaid provided coverage to beneficiaries for outpatient physician services, such as office visits, and laboratory services, including UDT. Medicaid additionally provided coverage to its beneficiaries for prescription drugs.

19. Medicare and Medicaid (collectively, the "Plans") were "health care benefit program[s]," as defined in Title 18, United States Code, Section 24(b), and "Federal health care program[s]," as defined in Title 42, United States Code, Section 1320a-7b(f).

20. Medical providers were required to enroll with Medicare and Medicaid in order to submit claims for reimbursement to the Plans. Claims were typically submitted electronically and identified the service or good provided to the beneficiary. Medical providers were authorized to submit claims to the Plans only for services that were actually rendered and were medically necessary for the diagnosis and treatment of beneficiaries. Conversely, the Plans would not reimburse claims for services and items that were not medically necessary. By submitting a claim to the Plans, a provider certified, among other things, that the services were rendered to the beneficiary, were medically necessary, and were not rendered as a result of kickbacks or bribes.

Payment for Urine Drug Testing Services

21. When seeking reimbursement from the Plans, providers submitted the cost of the service or item provided together with the appropriate "procedure code," as defined by the American Medical Association, and set forth and maintained in the Current Procedural

Terminology ("CPT") Manual or by the Healthcare Common Procedure Coding System ("HCPCS"). Although providers submitted the cost of the service provided, together with other information, the Plans reimbursed providers designated amounts according to the CPT or HCPCS code utilized.

22. The Plans considered presumptive testing to be medically necessary, and appropriately reimbursable, in the treatment of substance-use-disorder beneficiaries, provided that the presumptive testing was substantiated by documentation in the beneficiary's medical record. Conversely, the Plans specifically excluded from coverage, and did not consider medically necessary, "blanket orders" or routine presumptive testing of substances.

23. The Plans considered definitive testing to be medically necessary, and appropriately reimbursable, in the treatment of substance-use-disorder beneficiaries in certain limited circumstances, including when beneficiaries had a specific and documented need for definitive testing. Conversely, the Plans specifically excluded from coverage, and did not consider medically necessary, "blanket orders" or routine definitive testing of substances.

The Defendant, Related Entities, and Relevant Persons

24. New England Medicine and Counseling Associates, PLLC ("NEMCA") was a professional limited liability company formed under the laws of New Hampshire. NEMCA operated a network of clinics located in Vermont, New Hampshire, and Maine. Providers at NEMCA were enrolled with Medicare, Vermont Medicaid, and other Federal health care benefit programs.

25. Laboratory 1 was an independent clinical laboratory enrolled with Medicare and Medicaid and located in Pennsylvania. Laboratory 1 provided laboratory services, including UDT.

26. Defendant **ADNAN S. KHAN** ("**KHAN**"), a resident of New Hampshire, was a

Doctor of Medicine, licensed by the States of Vermont and New Hampshire to practice medicine. **KHAN** was an owner and operator of NEMCA, and was enrolled as a provider with Medicare, Vermont Medicaid, and other Federal health care benefit programs.

27. Individual 1, a resident of Georgia, was a Doctor of Medicine, licensed by the State of New Hampshire to practice medicine. Individual 1 partnered with **KHAN** in owning and operating NEMCA.

28. **KHAN** and Individual 1 prescribed controlled substances, including highly addictive opioids, under their respective DEA registration numbers. Individual 1 operated from NEMCA's clinic offices in New Hampshire. **KHAN** operated from NEMCA's clinic offices in Vermont.

29. As a practitioner, KHAN entered into agreements with Medicare and Vermont Medicaid, among other health care benefit programs, understanding that those health care benefit programs would provide reimbursement for prescriptions issued by him and other practitioners at NEMCA.

30. Through NEMCA, **KHAN**, Individual 1, and other providers routinely prescribed various Schedule III controlled substances to their patients and other individuals, outside the usual course of professional practice and without a legitimate medical purpose.

THE SCHEME

31. **KHAN** and Individual 1 established, operated, and controlled NEMCA, which was purportedly in the business of providing clinical treatment services for persons suffering from substance-use disorder.

32. **KHAN**, Individual 1, and others required NEMCA patients to pay cash for purported office visits to receive controlled-substance prescriptions, including single-ingredient

buprenorphine, despite many of these patients having health care benefit coverage from Medicare and Vermont Medicaid.

33. Irrespective of patient need, when patients could not afford the cost of a purported office visit, which was the equivalent of a month's worth of prescriptions for controlled substances, **KHAN** agreed with Individual 1 and others to prescribe a reduced amount of controlled substances commensurate with what the patient could pay.

34. **KHAN**, Individual 1, and others prescribed single-ingredient buprenorphine to patients, despite patients not having an allergy to naloxone or another condition requiring such, because **KHAN**, Individual 1, and others knew that patients were abusing and diverting the drug.

35. **KHAN**, Individual 1, and others agreed to falsify and cause the falsification of medical records to make it appear as if prescriptions for single-ingredient buprenorphine were medically necessary by falsely indicating patients had allergies to naloxone.

36. **KHAN**, Individual 1, and others, based on the prescriptions they issued, caused pharmacies to submit false and fraudulent claims to Medicare and Medicaid for controlled substances that were not medically necessary and not eligible for reimbursement.

37. **KHAN**, Individual 1, and others submitted, and caused the submission of, false and fraudulent claims to Medicare and Medicaid, on behalf of pharmacies, totaling at least approximately $1 million, for controlled-substance prescriptions, including single-ingredient buprenorphine, that were not medically necessary and not eligible for reimbursement. As a result of these false and fraudulent claims, Medicare and Medicaid paid pharmacies at least the approximate amount of $134,000.

38. **KHAN**, Individual 1, and others solicited kickbacks and bribes from laboratories, including Laboratory 1, in exchange for ordering medically unnecessary UDT, knowing that the

laboratories would bill Medicare and Medicaid for UDT purportedly provided to beneficiaries.

39. **KHAN**, Individual 1, and others, based on orders for medically unnecessary UDT, caused laboratories, including Laboratory 1, to submit claims false and fraudulent claims to Medicare and Medicaid for UDT.

40. **KHAN**, Individual 1, and others submitted, and caused the submission of, false and fraudulent claims to Medicare and Medicaid, on behalf of laboratories, including Laboratory 1, totaling, at least, approximately $6.9 million, for UDT that was not medically necessary and not eligible for reimbursement. As a result of these false and fraudulent claims, Laboratory 1 received payments from Medicare and Medicaid in the approximate amount of at least $540,000.

THE PURPOSE OF THE SCHEME

41. It was a purpose of the scheme for the defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) soliciting kickbacks in exchange for the referral of Medicare and Medicaid beneficiaries and doctors' orders for UDT, and other documentation necessary to submit claims to Medicare and Medicaid (collectively, "doctors' orders"), without regard to any medical necessity for the ordered UDT; (b) submitting and causing the submission of false and fraudulent claims to Medicare and Medicaid for UDT that was not medically necessary and not eligible for Medicare and Medicaid reimbursement; (c) issuing prescriptions for controlled substances, in exchange for cash payments, that were not for a legitimate medical purpose and were outside the usual course of professional practice; (d) submitting and causing the submission of false and fraudulent claims to Medicare and Medicaid for prescriptions for controlled substances that were not medically necessary and not eligible for Medicare and Medicaid reimbursement; (e) concealing and causing the concealment of the submission of false and fraudulent claims to Medicare and Medicaid; and (f) diverting fraud

proceeds for his personal use and benefit, the use and benefit of others, and to further the fraud.

COUNT 1
Conspiracy to Commit Unlawful Distribution of a Controlled Substance
(21 U.S.C. § 846)

42. Paragraphs 1 through 30 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

43. From in or around January 2017, and continuing through in or around December 2022, in the District of Vermont, and elsewhere,

ADNAN S. KHAN

did knowingly and intentionally combine, conspire, confederate, and agree with Individual 1 and other persons known and unknown to the Grand Jury, to distribute and dispense, outside of the usual course of professional practice and not for a legitimate medical purpose, quantities of Schedule III controlled substances, including buprenorphine (single ingredient), in violation of Title 21, United States Code, Section 841(a)(1).

Purpose of the Conspiracy

44. The Purpose of the Scheme section of this Indictment, as set forth in paragraph 41, is realleged and incorporated by reference as though fully set forth herein as a description of the purpose of the conspiracy.

Manner and Means

45. In furtherance of the conspiracy and to accomplish its object and purpose, the methods, manner, and means that were used are described in paragraphs 31 through 40 of this Indictment, which are realleged and incorporated by reference as though fully set forth herein.

All in violation of Title 21, United States Code, Section 846.

COUNTS 2–13
21 U.S.C. §§ 841(a)(1) & 841(b)(1)(E)(i)
Distribution of Controlled Substances

46. Paragraphs 1 through 41 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

47. On or about the dates set forth below, in the District of Vermont, and elsewhere,

ADNAN S. KHAN,

aiding and abetting, and aided and abetted by, others known and unknown to the Grand Jury, did knowingly and intentionally distribute and dispense, and cause to be distributed and dispensed, outside the usual course of professional practice and not for a legitimate medical purpose, the Schedule III controlled substances listed below, each of which constitutes a separate count of this Indictment:

Count	Substances Distributed To	Approximate Date Prescription Written	Controlled Substance
2	Patient 1	March 20, 2020	Buprenorphine (Single Ingredient) (24mg / day)
3	Patient 1	March 26, 2020	Buprenorphine (Single Ingredient) (24mg / day)
4	Patient 2	December 14, 2019	Buprenorphine (Single Ingredient) (24mg / day)
5	Patient 2	December 20, 2019	Buprenorphine (Single Ingredient) (24mg / day)
6	Patient 2	June 29, 2020	Buprenorphine (Single Ingredient) (24mg / day)
7	Patient 3	June 29, 2020	Buprenorphine (Single Ingredient) (24mg / day)
8	Patient 3	November 13, 2020	Buprenorphine (Single Ingredient) (24mg / day)
9	Patient 4	May 20, 2021	Buprenorphine (Single Ingredient) (24mg / day)
10	Patient 4	January 29, 2022	Buprenorphine (Single Ingredient) (24mg / day)
11	Patient 5	February 12, 2021	Buprenorphine (Single Ingredient) (24mg / day)

Count	Substances Distributed To	Approximate Date Prescription Written	Controlled Substance
12	Patient 5	February 3, 2022	Buprenorphine (Single Ingredient) (24mg / day)
13	Patient 5	August 12, 2022	Buprenorphine (Single Ingredient) (24mg / day)

Each in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i), and Title 18, United States Code, Section 2.

COUNT 14
Conspiracy to Commit Health Care Fraud
(18 U.S.C. § 1349)

48. Paragraphs 1 through 30 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

49. Beginning in at least in or around January 2017, and continuing through at least in or around December 2022, in the District of Vermont, and elsewhere,

ADNAN S. KHAN

did knowingly and willfully combine, conspire, confederate, and agree to commit an offense against the United States, that is: to 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 Medicaid, 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, Section 1347.

Purpose of the Conspiracy

50. The Purpose of the Scheme section of this Indictment, as set forth in paragraph 41 is realleged and incorporated by reference as though fully set forth herein as a description of the purpose of the conspiracy.

Manner and Means

51. In furtherance of the conspiracy and to accomplish its object and purpose, the methods, manner, and means that were used are described in paragraphs 31 through 40 of this Indictment, which are realleged and incorporated by reference as though fully set forth herein.

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

COUNTS 15–16
Health Care Fraud
(18 U.S.C. § 1347)

52. Paragraphs 1 through 30 of this Indictment are realleged and incorporated by reference as though full set forth herein.

53. Beginning in at least in or around January 2017, and continuing through at least in or around December 2022, in the District of Vermont, and elsewhere,

ADNAN S. KHAN,

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to 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 Medicaid, 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 healthcare benefit programs.

Purpose of the Scheme and Artifice

54. The Purpose of the Scheme section of this Indictment, as set forth in paragraph 41 is realleged and incorporated by reference as though fully set forth herein as a description of the purpose of the scheme and artifice.

The Scheme and Artifice

55. In furtherance of the scheme and artifice and to accomplish its object and purpose, the methods, manner, and means that were used are described in paragraphs 31 through 40 of this Indictment, which are realleged and incorporated by reference as though fully set forth herein.

Acts in Execution or Attempted Execution of the Scheme and Artifice

56. On or about the dates specified below as to each count, in the District of Vermont, and elsewhere,

ADNAN S. KHAN

did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program, in that the defendant submitted and caused the submission of false and fraudulent claims to Vermont Medicaid, seeking the identified dollar amounts, and representing that such benefits, items, and services were medically necessary and eligible for reimbursement:

Count	Beneficiary	Approx. Date Test Ordered	Approx. Date Claim Submitted	Claim Description	Amount Billed
15	Patient 1	02/22/2020	3/09/2020	G0483 - Definitive Drug Test	$3,025
16	Patient 2	11/16/2019	12/02/2019	G0483 - Definitive Drug Testing	$3,025

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

NOTICE OF FORFEITURE

1. The allegations contained in Counts 1 through 16 of this Indictment are incorporated here for the purpose of alleging forfeiture pursuant to the provisions of Title 21, United States Code, Section 853 and Title 18, United States Code, Section 982.

2. Upon conviction of one or more of the offenses alleged in Counts 1 through 13 of this Indictment, the defendant, **ADNAN S. KHAN**, shall forfeit to the United States any property constituting, or derived from, any proceeds obtained, directly or indirectly, as a result of the charged offenses and any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of the charged offenses.

3. Upon conviction of the offenses in violation of a Federal health care offense, including a violation of Title 18, United States Code, Sections 1347 and 2 as set forth in Counts 14 through 16 of this Indictment, the defendant, **ADNAN S. KHAN**, 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.

4. Pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c), upon conviction of a conspiracy to violate Title 18, United States Code, Section 1347 as set forth in Count 14 and/or Title 21, United States Code, Section 841, as set forth in Count 1, the defendant, **ADNAN S. KHAN**, shall forfeit to the United States any property, real or personal, which constitutes or is derived from proceeds traceable to said violation(s).

5. The property to be forfeited includes, but is not limited to, the following:

a. any property, real of personal, that constitutes or is derived, directly or indirectly, as a result of such violation;

b. any DEA license(s) for **KHAN**; and

c. any of the defendant's property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of such violation.

6. If any of the property described above as being subject to forfeiture, 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 commingled with other property that cannot be subdivided without difficult;

the defendant shall forfeit to the United States any other property of the defendant, up to the value of the property described above, 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).

All pursuant to Title 21, United States Code, Section 853(a), Title 18, United States Code, Section 982(a)(7), and Title 28, United States Code, Section 2461(c).

A TRUE BILL.

[redacted]

Foreperson of the Grand Jury

Dated:
April 18, 2024

NIKOLAS P. KEREST
United States Attorney
District of Vermont

GLENN S. LEON
Chief
United States Department of Justice
Criminal Division, Fraud Section

By: 4/18/24
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