

INTAKE**JUN 20 2018**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA)

v.)

KIRK HOPKINS)

FILED**JUN 19 2018**THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

No.

Violation: Title 18, United States
Code, Section 1343**18CR 373****COUNT ONE**

JUDGE LEFKOW

MAGISTRATE JUDGE SCHENKIER

The SPECIAL JUNE 2018 GRAND JURY charges:

1. At times material to this Indictment:

Medicare and Medicaid

a. Medicare was a federal health care benefit program. Medicare provided free or below-cost health care benefits to certain eligible beneficiaries, primarily persons who were 65 years of age and older. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency within the United States Department of Health and Human Services.

b. Medicare included coverage under two primary components. Medicare "Part A" paid for hospital care and skilled nursing facility care that were medically necessary and actually provided. Medicare "Part B" paid for outpatient services that were likewise medically necessary and actually rendered, including services provided by, among others, licensed psychiatrists.

c. Medicaid was a federally assisted health care program that enabled the states to provide medical assistance and related services to individuals based on need, primarily persons who were under 65 years of age. The state directly

RECEIVED**JUN 19 2018**MICHAEL T. MASON
UNITED STATES MAGISTRATE JUDGE
UNITED STATES DISTRICT COURT

paid providers of Medicaid services, with the state obtaining a portion of the funds from the federal government (United States Treasury). Enrolled providers of medical services to Medicaid patients were eligible for reimbursement for covered services under the Social Security Act.

d. Medicare required each health care provider who sought reimbursement for services provided to Medicare-enrolled beneficiaries to enroll with Medicare and obtain a distinct provider identification number by submitting an application with the provider's professional credentials and qualifications. Likewise, Medicaid required each health care provider who sought reimbursement for services provided to Medicaid-enrolled beneficiaries to enroll with Medicaid and obtain a distinct provider identification number by submitting an application with the provider's professional credentials and qualifications.

e. The application to become a Medicare Provider, required to be signed and dated by the applying physician, stated specifically that the provider agrees to abide by the Medicare laws, regulations and program instructions, including to bill only for those service that were actually provided.

f. The application to become a Medicaid Provider, required to be signed and dated by the applying physician, stated specifically that the provider agrees to abide by the Medicaid laws, rules, regulations, policies, and procedures governing reimbursement, including to bill only for those services that were actually provided.

g. Medicare and Medicaid each required a beneficiary to pay for a portion of the medical bills each year up to a certain total amount for the year, known as the beneficiary's deductible, which a provider was required to collect from the patient. Medicare and Medicaid reduced reimbursement to the provider by the portion that the beneficiary was responsible to pay as the deductible. After the beneficiary paid the deductible for the year, Medicare and Medicaid reimbursed the provider for the full allowable coverage for services.

The Defendant

h. Defendant KIRK HOPKINS was a medical doctor with a specialty in psychiatry licensed to practice medicine in Illinois, who signed Medicare and Medicaid provider agreements and billed Medicare and Medicaid for psychotherapy services that defendant HOPKINS purported to provide to Medicare and Medicaid beneficiaries at Hopkins Medical Group, located in the Northern District of Illinois, which purported to provide psychotherapy services.

i. Defendant HOPKINS maintained and was the sole authorized signatory on a personal bank account at Bank One NA and its successor JP Morgan Chase Bank ("Chase Bank Account").

Healthcare Facility A

j. Healthcare Facility A was a residential treatment center providing psychiatric services to its patients in the Northern District of Illinois and elsewhere. At least some of the residents of Healthcare Facility A were insured by Medicaid and/or Medicare.

k. Individual A was an individual employed by Healthcare Facility A from approximately August 9, 2010 through June 19, 2012. At various times during his employment, Individual A had the authority to refer residents of Healthcare Facility A who were insured by Medicaid and/or Medicare for mental health treatment by physicians.

l. Individual B was an individual employed by Healthcare Facility A from approximately September 21, 2009 through August 27, 2013. At various times during his employment, Individual B had the authority to refer residents of Healthcare Facility A who were insured by Medicaid and/or Medicare for mental health treatment by physicians.

The Scheme to Defraud

2. Beginning in or around February 2011, and continuing through in or around July 2014, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, knowingly devised, intended to devise, and participated in a scheme to defraud and to obtain money from Medicare and Medicaid by means of materially false and fraudulent pretenses, representations and promises, which scheme is further described below.

3. It was part of the scheme that defendant HOPKINS caused to be submitted false claims to Medicare and Medicaid for individual psychotherapy sessions purportedly provided by HOPKINS to patients at Hopkins Medical Group when, in fact, HOPKINS did not provide those individual psychotherapy services.

4. It was further part of the scheme that defendant HOPKINS caused to be submitted false claims to Medicaid for group psychotherapy sessions at Hopkins Medical Group purportedly provided by HOPKINS or under his supervision, when, in fact, HOPKINS neither personally provided those services nor supervised therapists who provided those services.

5. It was further part of the scheme that defendant HOPKINS caused to be submitted false claims to Medicare and Medicaid for psychotherapy services purportedly provided at Hopkins Medical Group by HOPKINS, or under his supervision, when, in fact, such services were not rendered because HOPKINS was not located in the state of Illinois at the time the services were purportedly rendered.

6. It was further part of the scheme that defendant HOPKINS caused to be submitted false claims to Medicare and Medicaid for psychotherapy services purportedly provided by HOPKINS at Hopkins Medical Group during one-day periods that amounted to more than 24 hours of service during these periods.

7. It was further part of the scheme that defendant HOPKINS caused to be submitted false claims to Medicare and Medicaid for psychotherapy services purportedly rendered to patients at Hopkins Medical Group when, in fact, such services were never rendered to such patients, because, among other reasons, such patients were deceased or were hospitalized in another medical facility at the time the services were purportedly rendered.

8. It was further part of the scheme that defendant HOPKINS caused employees to delay submitting claims to Medicare and Medicaid prior to patients'

deductibles being exhausted, in order to ensure that Hopkins Medical Group received payment from Medicare and Medicaid.

9. It was further part of the scheme that defendant HOPKINS offered and paid remuneration, including kickbacks and bribes, to induce individuals, including Individual A and Individual B, to refer residents at Healthcare Facility A who were insured by Medicare or Medicaid to HOPKINS for psychotherapy treatment and that HOPKINS subsequently submitted, and caused to be submitted, claims to Medicaid or Medicare for payment for services purportedly rendered to such residents.

10. It was further part of the scheme that defendant HOPKINS paid, and caused his employees to pay, cash to some patients to incentivize them to come to Hopkins Medical Group.

11. It was further part of the scheme that as a result of the false claims, defendant HOPKINS caused Medicare and Medicaid to electronically transfer payments associated with the false claims to HOPKINS's Chase Bank Account.

12. It was further part of the scheme that defendant HOPKINS converted the proceeds of the fraudulently obtained Medicare and Medicaid payments to his own use and benefit.

13. It was further part of the scheme that defendant HOPKINS misrepresented, concealed and hid, and caused to be misrepresented, concealed, and hidden, the existence of the scheme, and acts done in furtherance of the scheme.

14. On or about November 21, 2013, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, for the purpose of executing the scheme to defraud, did knowingly cause to be transmitted in interstate commerce by means of wire communications, certain writings, signs, and signals, namely data relating to an electronic transfer from Hopkins Medical Group in Illinois to Illinicare Health Plan, a subsidiary of the Centene Corporation, in Missouri, containing a claim bearing identification no. 201410722076446 to Medicaid for psychotherapy services purportedly rendered to Beneficiary NT in Illinois on or about November 19, 2013, despite the fact that HOPKINS was not in Illinois on that date;

In violation of Title 18, United States Code, Section 1343.

COUNT TWO

The SPECIAL JUNE 2018 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about November 26, 2013, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, for the purpose of executing the scheme to defraud, did knowingly cause to be transmitted in interstate commerce by means of wire communications, certain writings, signs, and signals, namely data relating to an electronic transfer from Hopkins Medical Group in Illinois to National Government Services in Kentucky containing a claim bearing identification no. 621013330382840 to Medicare seeking payment for psychotherapy services purportedly rendered to Beneficiary DS in Illinois on or about November 20, 2013, despite the fact that HOPKINS was not in Illinois on that date;

In violation of Title 18, United States Code, Section 1343.

COUNT THREE

The SPECIAL JUNE 2018 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about January 2, 2014, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, for the purpose of executing the scheme to defraud, did knowingly cause to be transmitted in interstate commerce by means of wire communications, certain writings, signs, and signals, namely data relating to an electronic transfer from Hopkins Medical Group in Illinois to National Government Services in Kentucky containing a claim bearing identification no. 620914002035600 to Medicare seeking payment for psychotherapy services purportedly rendered to Beneficiary OW in Illinois on or about December 27, 2013, despite the fact that HOPKINS was not in Illinois on that date;

In violation of Title 18, United States Code, Section 1343.

COUNT FOUR

The SPECIAL JUNE 2018 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about January 8, 2014 at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, for the purpose of executing the scheme to defraud, did knowingly cause to be transmitted in interstate commerce by means of wire communications, certain writings, signs, and signals, namely data relating to an electronic transfer from Hopkins Medical Group in Illinois to Illinicare Health Plan, a subsidiary of the Centene Corporation, in Missouri, containing a claim bearing identification no. 201411822050055 to Medicaid seeking payment for psychotherapy services purportedly rendered to Beneficiary FD in Illinois on or about December 31, 2013, despite the fact that HOPKINS was not in Illinois on that date;

In violation of Title 18, United States Code, Section 1343.

COUNT FIVE

The SPECIAL JUNE 2018 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about January 24, 2014, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

KIRK HOPKINS,

defendant herein, for the purpose of executing the scheme to defraud, did knowingly cause to be transmitted in interstate commerce by means of wire communications, certain writings, signs, and signals, namely data relating to an electronic transfer from Hopkins Medical Group in Illinois to National Government Services in Kentucky containing a claim bearing identification no. 620914002036300 to Medicare seeking payment for psychotherapy services purportedly rendered to Beneficiary MC in Illinois on or about December 27, 2013, despite the fact that HOPKINS was not in Illinois on that date;

In violation of Title 18, United States Code, Section 1343.

FORFEITURE ALLEGATION

The SPECIAL JUNE 2018 GRAND JURY alleges:

1. Upon conviction of an offense in violation of Title 18, United States Code, Section 1343, as set forth in this Indictment, defendant shall forfeit to the United States any property which constitutes and is derived from the proceeds traceable to the offense, as provided in Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c).
2. The property to be forfeited includes, but is not limited to:
 - a. A personal money judgment in the amount of approximately \$5,532,543; and
 - b. The following specific property:
 - i. funds in the amount of approximately \$1,600,000 seized from defendant HOPKINS's Chase Bank Account.

3. If any of the property described above, as a result of any act or omission by 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 under the provisions of Title 21, United States Code, Section 853(p).

A TRUE BILL:

FOREPERSON

UNITED STATES ATTORNEY