



# Department of Justice



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## **11 INDIVIDUALS OPERATING 14 COMPANIES CHARGED IN NEW ORLEANS FRAUD SCHEMES AMOUNTING TO ALMOST \$110 MILLION IN FRAUD**

### **Charges Part of Largest National Medicare Fraud Takedown in History**

NEW ORLEANS – Attorney General Loretta E. Lynch, U.S. Attorney Kenneth A. Polite of the Eastern District of Louisiana, Special Agent in Charge Michael Anderson of the FBI’s New Orleans Field Office, and Special Agent in Charge Mike Fields of the U.S. Department of Health and Human Services Office of Inspector General’s (HHS-OIG) Dallas Regional Office announced today that 11 individuals – including two doctors and a clinical psychologist – were charged for their roles in five separate fraud schemes based in New Orleans that, combined, submitted close to \$110 million in fraudulent claims to Medicare.

The charges were part of a nationwide sweep led by the Medicare Fraud Strike Force in 17 districts, resulting in charges against 243 individuals, including 46 doctors, nurses and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately \$712 million in false billings. In addition, the Centers for Medicare & Medicaid Services (CMS) also suspended a number of providers using its suspension authority as provided in the Affordable Care Act. This coordinated takedown is the largest in Strike Force history, both in terms of the number of defendants charged and loss amount.

“This action represents the largest criminal health care fraud takedown in the history of the Department of Justice, and it adds to an already remarkable record of enforcement,” said Attorney General Lynch. “The defendants charged include doctors, patient recruiters, home health care providers, pharmacy owners, and others. They billed for equipment that wasn’t provided, for care that wasn’t needed, and for services that weren’t rendered. In the days ahead, the Department of Justice will continue our focus on preventing wrongdoing and prosecuting those whose criminal activity drives up medical costs and jeopardizes a system that our citizens trust with their lives. We are prepared – and I am personally determined – to continue working with our federal, state, and local partners to bring about the vital progress that all Americans deserve.”

Grand juries sitting in the Eastern District of Louisiana returned four indictments charging defendants with crimes carried out through 13 companies operating in Louisiana, California, Mississippi, Alabama and Florida. A criminal complaint was filed against another

defendant for a scheme carried out at another companies. These schemes centered on billing Medicare for home health care services, psychological testing services, durable medical equipment, and psychotherapy services – services and equipment that were not medically needed and in many instances were not provided.

According to court documents, Elaine Davis, Pramela Ganji, M.D., and Godwin Ogboukiri, M.D. were indicted for their involvement in a home health care fraud scheme carried out through Christian Home Health Care, Inc. (Christian). The indictment alleges that the defendants falsely claimed that thousands of Medicare recipients in and around New Orleans were in need of home health care services. The indictment alleges that from 2007 through 2015, Christian submitted more than \$33.2 million in claims for home health care services to Medicare, the vast majority of which were fraudulent.

Also indicted were Rodney Hesson, Psy.D., and Gertrude Parker for their roles in a \$25 million psychological testing scheme carried out through eight companies in four states. Hesson and Parker owned and operated Nursing Home Psychological Service (NHPS) and Psychological Care Services (PCS), each with separate companies in Louisiana, Mississippi, Florida and Alabama. The indictment alleges that these companies contracted with nursing homes in these states to allow NHPS and PCS clinical psychologists to administer psychological tests to nursing home residents. Dr. Hesson and Parker caused these companies to bill Medicare for psychological testing services that these nursing home residents did not need or in some instances did not receive. Between 2009 and 2015, NHPS and PCS submitted over \$25.2 million in claims to Medicare, a significant amount of these claims being fraudulent.

Separately, Geoffrey Ricketts, Marla Ricketts, Sunyup Kim and Samuel Kim were indicted for their direction of a \$38 million fraud scheme centering around the distribution of "talking glucose meters" that were not medically needed and were often not even requested. The indictment alleges that the defendants operated Care Concepts, LLC, which was based in Metairie, Louisiana, and Choice Home Medical Equipment and Supplies (Choice), which was based in Chatsworth, California. Court documents reveal that the defendants paid kickbacks to workers at call centers in California and South Carolina, from which operators would cold-call Medicare recipients to convince them to accept talking glucose meters and related supplies. Court records show that in response to Medicare audits, Choice employees were instructed to alter and fabricate documents to conceal the fraud scheme. From 2007 through 2015, the defendants caused more than \$38.2 million in claims to be submitted to Medicare through Care Concepts and Choice, virtually all of which were fraudulent.

Separately, a grand jury sitting in New Orleans charged Sheila White with defrauding Medicare in connection with the alleged provision of psychotherapy services to Medicare beneficiaries. The indictment alleges that White fraudulently billed Medicare for psychotherapy services claimed to be provided at Brandye's House of New Orleans, LLC (Brandye's House), a company White operated. The indictment further alleges that White used the Medicare provider number of a licensed clinical social worker who did not work for Brandye's House, without lawful authority, to submit bills to Medicare. Between 2011 and 2015, Brandye's House allegedly submitted over \$1.8 million in claims to Medicare, virtually all of which were fraudulent.

Finally, Louella Givens was charged by criminal complaint for a fraud scheme carried out through two companies -- Maxima Home Health Services (Maxima), and House Call Home Health Care (House Call). The complaint alleges that Givens caused Maxima and House Call to submit claims for home health services to Medicare beneficiaries in and around New Orleans. The complaint alleges that a vast majority of these services were not medically necessary and/or not provided. From 2008 through 2014, Maxima and House Call submitted claims to Medicare amounting to more than \$12.2 million, the vast majority of which were fraudulent.

These cases are being investigated by the FBI and HHS-OIG, and were brought as part of the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Eastern District of Louisiana. These cases are being prosecuted by Trial Attorneys William Kanellis and Antonio Pozos of the Criminal Division's Fraud Section, and Assistant United States Attorneys Patrice Harris Sullivan and Jordan Ginsberg of the Eastern District of Louisiana.

The Medicare Fraud Strike Force operations are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since their inception in March 2007, Strike Force operations in nine locations have charged over 2,300 defendants who collectively have falsely billed the Medicare program for over \$7 billion.

Including today's enforcement actions, nearly 900 individuals have been charged in national takedown operations, which have involved more than \$2.5 billion in fraudulent billings. Today's announcement marks the first time that districts outside of Strike Force locations have participated in a national takedown and accounted for 82 defendants charged in the takedown.

A complaint or indictment is merely a charge, and defendants are presumed innocent until proven guilty.

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