

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

United States of America,

Plaintiff,

v.

Mervat Siryani, aka Mervet Siryani
Defendant.

Case:2:17-cr-20463
Judge: Cohn, Avern
MJ: Grand, David R.
Filed: 07-06-2017 At 04:14 PM
SEALED MATTER (LH)

VIO: 18 U.S.C. §§ 1347 and 2
18 U.S.C. § 982

INDICTMENT

THE GRAND JURY CHARGES:

General Allegations

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare program was a federal health care program providing benefits to persons who were over the age of 65 or disabled. 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.”

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

3. The Medicare program included coverage under two primary components, hospital insurance (“Part A”), and medical insurance (“Part B”). Part A covered physical therapy, occupational therapy, and skilled nursing services if a facility was certified by CMS as meeting certain requirements. Part B of the Medicare Program covered the cost of physicians’ services and other ancillary services not covered by Part A.

4. National Government Services was the CMS intermediary for Medicare Part A in the state of Michigan. Wisconsin Physicians Service was the CMS contracted carrier for Medicare Part B, which included home visits, in the state of Michigan. TrustSolutions LLC was the Program Safeguard Contractor for Medicare Part A and Part B in the state of Michigan until April 24, 2012, when it was replaced by Cahaba Safeguard Administrators LLC as the Zone Program Integrity Contractor (ZPIC). The ZPIC is the contractor charged with investigating fraud, waste and abuse. Cahaba was replaced by AdvanceMed in May 2015.

5. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by

all the provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors.

6. Upon certification, the medical provider, whether a clinic or an individual, was assigned a provider identification number for billing purposes (referred to as a PIN). When the medical provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor/carrier that included the PIN assigned to that medical provider. When an individual medical provider was associated with a clinic, Medicare Part B required that the individual provider number associated with the clinic be placed on the claim submitted to the Medicare contractor.

7. The American Medical Association assigns and publishes numeric codes, known as the Current Procedural Terminology (CPT) and Health Care Procedure Common Coding System (HCPCS) codes. The codes are a systematic listing, or universal language, used to describe the procedures and services performed by health care providers.

8. The procedures and services represented by the CPT and HCPCS codes are health care benefits, items, and services within the meaning of 18 U.S.C. § 24(b). They include codes for office visits, diagnostic testing and evaluation, and other services. Health care providers use CPT and HCPCS codes to describe the

services rendered in their claims for reimbursement to health care benefit programs.

9. Health care benefit programs, including Medicare, use these codes to understand and evaluate claims submitted by providers and to decide whether to issue or deny payment. Each health care benefit program establishes a fee or reimbursement level for each service described by a CPT or HCPCS code.

10. Health care providers often seek reimbursement from insurance carriers on CMS Form 1500. On the form, the provider identifies itself by its Provider Identification Number (PIN) or Tax Identification Number (TIN), identifies the beneficiary who received the services, describes the illness or injury that makes the services medically necessary, and identifies the services provided by CPT and HCPCS codes. The insurance carrier will issue a payment or denial in response to the information contained in each CMS Form 1500.

11. The Medicare Claims Processing Manual issued by CMS, is publicly available, and offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives for Medicare Part B.

12. Medicare only covered home physician services, if the patient had a medical reason why s/he could not see a doctor outside his/her home.

13. Medicare only reimburses services that were medically necessary and/or actually rendered.

14. “Upcoding” refers to the illegal practice of billing at a higher CPT code than was actually performed.

The Company

15. One on One Care LLC (“OOOC”) was a Michigan corporation doing business at 3322 Winterfield Drive, Warren, Michigan.

The Defendant

16. MERVAT SIRYANI, a resident of Macomb County, Michigan, was the owner, operator and registered agent of OOOC.

COUNT 1

Health Care Fraud

(18 U.S.C. §§ 1347 and 2)

12. Beginning in or around October 2014 and continuing through in or about November 2015, the exact dates being unknown to the Grand Jury, in Wayne County, in the Eastern District of Michigan, and elsewhere, the defendant, MERVAT SIRYANI 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 federal health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, 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, item and services.

Purpose of the Scheme and Artifice

17. It was the purpose of the scheme for MERVAT SIRYANI to unlawfully enrich herself by, among other things: (a) submitting or causing to be submitted false and fraudulent claims to Medicare through OOC for claims that were upcoded; (b) submitting or causing to be submitted false and fraudulent claims to Medicare through OOC for claims that were never provided; (c) falsifying records that were used to support false and fraudulent claims to Medicare; (d) concealing the submission of false and fraudulent claims to Medicare, and the receipt and transfer of the proceeds from the fraud; and (e) diverting proceeds of the fraud for the personal use and benefit of the defendant.

The Scheme and Artifice

18. On or about October 15, 2014, MERVAT SIRYANI, falsely certified to Medicare that OOC would abide by all Medicare laws, regulations and program instructions that applied to OOC, including that OOC would only submit claims for services that were actually provided and/or rendered.

19. Thereafter, MERVAT SIRYANI, devised and participated in a scheme to (a) upcode patient visits; (b) falsify patient records; and (c) bill for

services not rendered. These claims were then submitted to the Medicare program and paid to MERVAT SIRYANI.

20. MERVAT SIRYANI hired physician's assistants (PAs) and nurse practitioners (NPs) to visit patients in their homes. The PAs and NPs would then select the appropriate code for the visit that was conducted. This included billing for code 99343, and not billing for visits that were not conducted.

21. Subsequently, MERVAT SIRYANI would then either change the code to a higher-level CPT Code, or bill for the visit that was not conducted, and would falsify the patient record to support these claims.

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

Forfeiture Allegations

(18 U.S.C. § 982)

22. The above allegations contained in this Indictment are incorporated by reference as if set forth fully herein for the purpose of alleging forfeiture against the defendant pursuant to the provisions of Title 18, United States Code, Section 982.

23. Upon being convicted of violating Title 18, United States Code, Section 1347, as set forth in this Indictment, the convicted defendant(s) shall forfeit to the United States all property, real and personal, which constitutes or is

derived, directly or indirectly, from gross proceeds traceable to such violation(s), pursuant to Title 18, United States Code, Section 982(a)(7).

24. **Forfeiture Money Judgment:** The United States shall also seek the imposition of a personal forfeiture money judgment against defendant MERVAT SIRYANI in an amount up to the value of the gross proceeds obtained as a result of defendant's violations of Title 18, United States Code, Section 1347.

25. Substitute Assets: Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), defendant shall forfeit substitute property, if by any act or omission of the defendant, property subject to forfeiture: (a) cannot be located upon the exercise of due diligence; (b) has been transferred, 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 which cannot be divided without difficulty.

THIS IS A TRUE BILL

s/GRAND JURY FOREPERSON
GRAND JURY FOREPERSON

DANIEL L. LEMISCH
Acting United States Attorney

s/WAYNE F. PRATT
WAYNE F. PRATT
Chief, Health Care Fraud Unit
Assistant United States Attorney
211 W. Fort St., Suite 2001

Detroit, MI 48226
(313) 226-2548
wayne.pratt@usdoj.gov

s/ALLAN J. MEDINA
Allan J. Medina
Assistant Chief
Criminal Division, Fraud Section
U.S. Department of Justice
1400 New York Avenue, N.W., Third Floor
Washington, D.C. 20005
(202) 257-6537
Allan.medina@usdoj.gov

s/AMY M. MARKOPOULOS
AMY M.MARKOPOULOS
Trial Attorney
Criminal Division, Fraud Section
U.S. Department of Justice
1400 New York Avenue, N.W., Third Floor
Washington, D.C. 20005
(202) 230-0595
Amy.markopoulos@usdoj.gov
Date: July 6, 2017

ORIGINAL

United States District Court Eastern District of Michigan	Criminal Case C
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to c

Companion Case Information	Companion Case Number:
This may be a companion case based upon LCrR 57.10 (b)(4) ¹ :	Judge Assigned:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSA's Initials: <u>Am</u>

Case Title: USA v. Mervat Siryani

County where offense occurred : Macomb County

Check One: Felony Misdemeanor Petty

- Indictment/___ Information --- no prior complaint.
- Indictment/___ Information --- based upon prior complaint [Case number: _____]
- Indictment/___ Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

Superseding Case Information

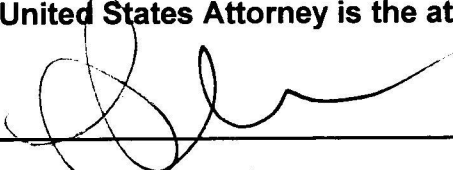
Superseding to Case No: _____ Judge: _____

- Corrects errors; no additional charges or defendants.
- Involves, for plea purposes, different charges or adds counts.
- Embraces same subject matter but adds the additional defendants or charges below:

<u>Defendant name</u>	<u>Charges</u>	<u>Prior Complaint (if applicable)</u>
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Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.

July 6, 2017
Date


 Amy Markopoulos, Trial Attorney
 211 West Fort Street, Detroit, MI 48226
 Phone: (202) 230-0595
 Fax: (313) 226-0816
 E-Mail address: Amy.Markopoulos@usdoj.gov
 Attorney Bar #: NY 4707493

¹ Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.