

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

United States Courts
Southern District of Texas
FILED

JUL 06 2017

David J. Bradley, Clerk of Court

UNITED STATES OF AMERICA,

v.

DOROTHY AKOBUNDU,

Defendant.

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Criminal No. _____

H 17 420
UNDER SEAL

INDICTMENT

The Grand Jury charges:

General Allegations

At all times material to this Indictment, unless otherwise specified:

The Medicare Program

1. The Medicare Program (“Medicare”) was a federal healthcare program providing benefits to individuals who were over the age of 65 or disabled. Medicare was administered by the United States Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services (“CMS”). Individuals receiving 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. “Part A” of the Medicare program covered certain eligible home-healthcare costs for medical services provided by a home healthcare agency (“HHA”) to beneficiaries requiring home-health services because of an illness or disability causing them to be homebound. Payments for home-healthcare services were typically made directly to a HHA based on claims submitted to

the Medicare program for qualifying services that had been provided to eligible beneficiaries, rather than to the beneficiaries.

4. Physicians, clinics, and other healthcare providers, including HHAs that provided services to Medicare beneficiaries, were able to apply for and obtain a Medicare “provider number.” A healthcare provider that was issued a Medicare provider number was able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries. A Medicare claim was required to set forth, among other things, the beneficiary’s name and Medicare identification number, the services that were performed for the beneficiary, the date the services were provided, the cost of the services, and the name and identification number of the physician or other healthcare provider that ordered the services.

5. The Medicare program paid for home-health services only if the patient qualified for home-healthcare benefits. A patient qualified for home-healthcare benefits only if:

- a. the patient was confined to the home, also referred to as homebound;
- b. the patient was under the care of a physician who specifically determined there was a need for home healthcare and established the Plan of Care (or “POC”); and
- c. the determining physician signed a certification statement specifying that:
 - i. the beneficiary needed intermittent skilled nursing services, physical therapy, or speech therapy;
 - ii. the beneficiary was confined to the home;
 - iii. a POC for furnishing services was established and periodically reviewed; and
 - iv. the services were furnished while the beneficiary was under the care of the physician who established the POC.

6. Medicare regulations required HHAs providing services to Medicare patients to maintain complete and accurate medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting actual treatment of the patients to whom services were provided and for whom claims for payment were submitted by the HHA.

7. These medical records were required to be sufficient to permit Medicare, through its contractors, to review the appropriateness of Medicare payments made to the HHA.

8. Trinity Healthcare Services Inc. ("Trinity") was a Texas corporation doing business at 12763 Capricorn Street, Suite 700, Stafford, Texas 77477. Trinity submitted claims to Medicare for home-health services.

9. JMM Home Health, Inc. ("JMM") was a Texas corporation doing business at 12763 Capricorn Street, Suite 600, Stafford, Texas 77477. JMM submitted claims to Medicare for home-health services.

10. **DOROTHY AKOBUNDU** served as the Director of Nursing and Administrator of Trinity and admitted patients for home-health services with Trinity.

11. **DOROTHY AKOBUNDO** managed the operations of JMM and admitted patients for home-health services with JMM.

COUNT 1
Conspiracy to Commit Healthcare Fraud
(Violation of 18 U.S.C. § 1349)

12. Paragraphs 1 through 11 are re-alleged and incorporated by reference as if fully set forth herein.

13. From in or around January 2010 through in or around June 2016, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, Defendant

DOROTHY AKOBUNDU

did knowingly and willfully combine, conspire, confederate, and agree with others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a healthcare 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, said healthcare benefit program, in connection with the delivery of and payment for healthcare benefits, items, and services.

Purpose of the Conspiracy

14. It was a purpose of the conspiracy for Defendant **DOROTHY AKOBUNDU**, and others known and unknown to the Grand Jury, to unlawfully enrich themselves by (a) submitting false and fraudulent claims to Medicare, (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of proceeds from the fraud, and (c) diverting proceeds of the fraud for the personal use and benefit of Defendant and her co-conspirators.

Manner and Means of the Conspiracy

15. **DOROTHY AKOBUNDU**, and her co-conspirators, maintained Medicare provider numbers, which **DOROTHY AKOBUNDU**, and her co-conspirators, used to submit claims to Medicare for home-health services that were not medically necessary, not provided or both.

16. **DOROTHY AKOBUNDU** paid Dr. Nirmal Mazumdar to be a purported Medicare Advisor of Trinity and JMM. Dr. Nirmal Mazumdar falsely certified in POCs that Medicare beneficiaries were under his care when they were not. Dr. Nirmal Mazumdar also falsely certified in POCs that Medicare beneficiaries were confined to the home when they were not.

17. **DOROTHY AKOBUNDU** and her co-conspirators, known and unknown, paid QC Medical Clinic, a purported medical clinic doing business at 9898 Bissonnet Street, Suites 400, 410 and 420, in Houston, Texas, in exchange for POCs signed by Dr. John Ramirez. In these POCs, Dr. John Ramirez falsely certified that Medicare beneficiaries were under his care when they were not. Dr. John Ramirez also falsely certified in these POCs that Medicare beneficiaries were confined to the home when they were not.

18. Defendant **DOROTHY AKOBUNDU** signed medical records that falsified the medical condition of Medicare beneficiaries and made the Medicare beneficiaries appear to be confined to the home and to qualify for home-health services, when those Medicare beneficiaries were not confined to the home and did not qualify for those services under Medicare.

19. Defendant **DOROTHY AKOBUNDU** submitted and caused the submission of claims to Medicare through Trinity and JMM for home-health services that were not medically necessary, not provided or both. Medicare paid Trinity and JMM on those claims.

20. From in or around January 2010 to in or around June 2016, Trinity billed Medicare approximately \$6.8 million for purported home-health services. Medicare paid approximately \$9.1 million on those claims.

21. From in or around March 2012 to in or around June 2016, JMM billed Medicare approximately \$2.9 million for purported home-health services. Medicare paid approximately \$3.8 million on those claims.

22. After Medicare deposited payments into the bank accounts of Trinity and JMM, Defendant **DOROTHY AKOBUNDU** transferred proceeds of the fraud to herself and her co-conspirators.

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

COUNT TWO
Healthcare Fraud
(Violation of 18 U.S.C. §§ 1347 and 2)

23. Paragraphs 1 through 11 and 15 through 22 are re-alleged and incorporated by reference as if fully set forth herein.

24. On or about the date specified below, in the Houston Division of the Southern District of Texas, and elsewhere, Defendant

DOROTHY AKOBUNDU

aided and abetted by, and aiding and abetting, others known and unknown to the Grand Jury, in connection with the delivery of and payment for healthcare benefits, items, and services, did knowingly and willfully execute and attempt to execute, a scheme and artifice to defraud a healthcare 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, as set forth below:

Count	Medicare Beneficiary	HHA	On or About Dates of Services	Approximate Medicare Payment
2	B.T.	Trinity	August 13, 2013 to September 10, 2013	\$3,657.36

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

CRIMINAL FORFEITURE
(18 U.S.C. § 982(a)(7))

Pursuant to Title 18, United States Code, Section 982(a)(7), the United States of America gives notice to Defendant **DOROTHY AKOBUNDU** that upon conviction, all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such offense is subject to forfeiture.

Money Judgment

25. Defendant **DOROTHY AKOBUNDU** is notified that upon conviction, a money judgment may be imposed equal to the total value of the property subject to forfeiture, which is approximately \$12.9 million.

Substitute Assets

26. Defendant **DOROTHY AKOBUNDU** is notified that if any of the forfeitable property, or any portion thereof, as a result of any act or omission of defendant or her co-conspirators:

- 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 which cannot be divided without difficulty;


it is the intent of the United States to seek forfeiture of any other property of Defendant up to the total value of the property subject to forfeiture, pursuant to Title 21, United States Code, Section 853(p), incorporated by reference in Title 18, United States Code, Section 982(b)(1).

A TRUE BILL *∩*

ORIGINAL SIGNATURE ON FILE

FOR PERSON

ABE MARTINEZ
ACTING UNITED STATES ATTORNEY



Scott P. Armstrong
TRIAL ATTORNEY
CRIMINAL DIVISION
FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE