

United States Courts  
Southern District of Texas  
FILED

JUL 05 2017

David J. Bradley, Clerk of Court

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

UNITED STATES OF AMERICA,

v.

HUAN DOAN NGO, D.O.,

Defendant.

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Criminal No.

UNDER SEAL

H 17 413

INDICTMENT

The Grand Jury charges:

General Allegations

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

1. The Medicare Program (Medicare) was a federal healthcare program providing benefits to individuals who were the age of 65 or older, 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. Medicare was subdivided into different parts. “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 healthcare 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. “Part B” of the

Medicare program covered the cost of physicians' services, outpatient care, and other ancillary services not covered by Part A.

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 healthcare 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 (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. Medicaid was implemented in 1967 under the provisions of Title 19 of the Social Security Act of 1965. The State of Texas and the federal government shared the cost of funding the Texas Medicaid Program. The Medicaid program helped pay for reasonable and necessary medical procedures and services provided to individuals who were deemed eligible under state low-income programs. Medicaid was “a health care benefit program” as defined by Title 18, United States Code, Section 24(b).

7. Medicare Part B providers, such as physicians, were reimbursed 80% of the allowed amount covered by Medicare. The Medicare beneficiary was responsible for the coinsurance amount equal to the remaining 20% of the allowed amount. For patients dually eligible for Medicare and Medicaid, Medicaid generally paid the 20% of the allowed amount not covered by Medicare.

**DEFENDANT**

8. **HUAN NGO**, a physician licensed by the State of Texas, resided in Harris County, Texas. NGO maintained a Medicare provider number.

9. **HUAN NGO** was the owner and operator of Hillcroft Family Medical Clinic, PA (Hillcroft), a medical clinic located at 11861 South Sam Houston Parkway West, Houston, Texas 77031.

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

10. Paragraphs 1 through 9 are re-alleged and incorporated by reference as if fully set forth herein.

11. From in or around May 2013 through in or around January 2017, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, defendant

**HUAN DOAN NGO, D.O.**

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**

12. It was a purpose of the conspiracy for **HUAN NGO**, and others known and unknown to the Grand Jury, to unlawfully enrich himself by (a) signing and providing false and fraudulent plans of care to home health agencies; (b) causing the submission and concealment of false and fraudulent claims to Medicare, and the receipt and transfer of proceeds from the fraud; and (c) causing the diversion of proceeds of the fraud for the personal use and benefit of the Defendant and his co-conspirators.

**Manner and Means of the Conspiracy**

The manner and means by which Defendant sought to accomplish the purpose of the conspiracy included, among other things:

13. Home healthcare agencies maintained a Medicare provider number, which they used to submit claims to Medicare for home healthcare services that were medically unnecessary, not provided, or both.

14. The Medicare claims submitted by the home healthcare agencies listed the Defendant, **HUAN NGO**, as the attending physician for patients the Defendant certified for home healthcare. **HUAN NGO** signed medical records for these patients, falsely representing that these Medicare beneficiaries were under his care and qualified for home healthcare services, when they had not previously been under his care and did not qualify for home healthcare services.

15. Home healthcare agencies paid patient recruiters, also known as “marketers” or “community liaisons,” to refer patients to home healthcare agencies to purportedly receive home healthcare services. Patient recruiters often moved patients from one home healthcare agency to another to purportedly receive home healthcare.

16. Home healthcare agencies and patient recruiters, **HUAN NGO**’s coconspirators, paid kickbacks to most home healthcare patients in exchange for allowing the home healthcare agencies to use the patients’ Medicare numbers to bill Medicare for home healthcare services that were medically unnecessary, not provided, or both.

17. Home healthcare agency employees and patient recruiters instructed Medicare beneficiaries to visit Hillcroft to be certified and recertified for home health services by the Defendant, **HUAN NGO**.

18. The Defendant **HUAN NGO** fraudulently certified and recertified that patients were confined to the home and required skilled care, when the Defendant knew that such patients were not confined to the home and did not require skilled care. The Defendant also certified and recertified patients for home healthcare for more than one home healthcare agency.

19. Home healthcare agencies billed Medicare for home healthcare services purportedly provided to patients that the Defendant, **HUAN NGO**, certified and recertified for home healthcare.

20. The Defendant **HUAN NGO** maintained a Medicare provider number and a Medicaid number that he used to submit or cause the submission of claims to Medicare and Medicaid for fraudulently certifying and recertifying patients for home healthcare services. The Defendant **HUAN NGO** also submitted or caused the submission of claims to Medicare and Medicaid for office visits and other medical services he purportedly provided to Medicare beneficiaries who visited his office seeking home healthcare certifications, including office visits and allergy testing and treatment.

21. In addition to submitting or causing the submission of claims to Medicare and Medicaid for fraudulently certifying and recertifying patients for home healthcare services, **HUAN NGO** and his coconspirators also charged a “copay” or fee for home healthcare patient visits.

22. From in or around May 2013 through in or around January 2017, **HUAN NGO** and his coconspirators at home healthcare agencies, known and unknown, submitted and caused the submission of approximately \$5.8 million in claims to Medicare for home healthcare services in which **HUAN NGO** was listed as the attending physician. Medicare paid approximately \$6.1 million on those claims.

23. From in or around May 2013 through in or around January 2017, **HUAN NGO** submitted, or caused the submission of approximately \$135,000 in claims to Medicare Part B for certifying and recertifying patients for home healthcare services. Medicare paid **HUAN NGO** approximately \$43,000 on those claims.

24. From in or around May 2013 through in or around January 2017, **HUAN NGO** submitted, or caused the submission of approximately \$74,000 in claims to Medicaid for certifying and recertifying patients for home healthcare services. Medicaid paid **HUAN NGO** approximately \$2,600 on those claims.

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

**COUNTS 2-6**  
**False Statements Relating to Health Care Matters**  
**(Violation of 18 U.S.C. §§ 1035 and 2)**

25. Paragraphs 1 through 9 and 13 through 24 of this Indictment are realleged and incorporated by reference as if fully set forth herein.

26. On or about the dates set forth below, in Harris County, in the Southern District of Texas, and elsewhere, the Defendant

**HUAN DOAN NGO, D.O.**

did knowingly and willfully make materially false, fictitious, and fraudulent statements and representations, and make and use materially false writings and documents, as set forth below, knowing the same to contain materially false, fictitious, and fraudulent statements and entries, in connection with the delivery of and payment for health care benefits, items, and services, and in a matter involving a health care benefit program, specifically Medicare and Medicaid:

Count	Medicare Beneficiary	HHA	Approximate Certification Period	Description	Approximate Medicare Payment to HHA
2	W.L.	D-Best	6/8/13-8/6/13	Certification	\$1,769.16
3	B.A.	Texas Tender Care	8/6/14-8/21/14	Certification	\$366.65
4	J.I.	Rhythmic	1/21/15-3/21/15	Certification	\$1,824.13
5	K.M.	Rhythmic	4/13/15-6/11/15	Certification	\$1,467.79
6	P.S.	Rhythmic	11/29/15-1/27/16	Certification	\$1,646.53

All in violation of Title 18, United States Code, Sections 1035 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 **HUAN NGO** 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

Defendant **HUAN NGO** is notified that upon conviction, a money judgment may be imposed equal to the total value of the property subject to forfeiture, which is *at least* \$6 million.

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Substitute Assets

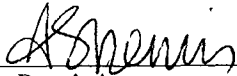
Defendant **HUAN NGO** is notified that in the event that one or more conditions listed in Title 21, United States Code, Section 853(p) exists, the United States will seek to forfeit any other property of the Defendant up to the total value of the property subject to forfeiture.

A TRUE BILL.

ORIGINAL SIGNATURE ON FILE

FOR PERSON

ABE MARTINEZ  
ACTING UNITED STATES ATTORNEY

  
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Aleza Remis,  
Trial Attorney  
Fraud Section, Criminal Division