



IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division

UNITED STATES OF AMERICA)	Criminal No. 3:17CR <u>077</u>
)	
v.)	Counts 1-8: 18 U.S.C. § 1347 (Health Care Fraud)
)	
CHERMECA R. HARRIS,)	Counts 9-10: 18 U.S.C. §1028A
)	(Aggravated Identity Theft)
a/k/a "M.M.,")	
a/k/a "R.J.,")	Count 11: 18 U.S.C. § 1001 (False Statement)
)	
Defendant.)	Forfeiture Notice

June 2017 Term – at Richmond, Virginia

INDICTMENT

June 2017 – AT RICHMOND

The Grand Jury charges that:

COUNTS ONE – EIGHT

(Health Care Fraud)

SEALED

Unless otherwise specified, at all times relevant to this Indictment:

A. Introduction

The Medicaid Program

1. The Medicaid Program was established by Title 19, Social Security Act of 1965, to provide health insurance to indigent persons. The United States Department of Health and Human Services ("HHS") and the Commonwealth of Virginia, Department of Medical Assistance Services ("DMAS"), administer and supervise the administration of the Medicaid program in Virginia, which is called the Virginia Medical Assistance Program ("VMAP" or "Medicaid"). The United States contributes approximately fifty percent of the cost of the Medicaid program. VMAP is a health care benefit program affecting interstate commerce, as defined in Title 18, United States Code, Section 24(b).

2. One method with which DMAS provides Medicaid health insurance coverage to members is the managed care system, whereby DMAS enters into contracts with managed care organizations (“MCO”), which are the functional equivalent of a health insurance company. Examples of such MCOs were VA Premier Health Plan, Inc. (VA Premier), Aetna Better Health of Virginia (“Aetna”), and CoventryCares. Thus when a Medicaid recipient obtained health care services from a health care provider, such as a hospital, doctor, ambulance service, etc., such provider would bill and receive payment from the MCO, which was funded by Medicaid.

The Defendant and Her Aliases

3. The defendant, CHERMECA R. HARRIS, a/k/a “M.M.” and “R.J.,” a resident of Chester, Virginia, was a Medicaid recipient, assigned by Medicaid to the VA Premier MCO.

4. M.M., a resident of Hopewell, Virginia, was a Medicaid recipient, assigned by Medicaid to the CoventryCares MCO. M.M. was a friend of HARRIS from high school.

5. R.J., a resident of Richmond, Virginia, was a Medicaid recipient, assigned by Medicaid to the VA Premier MCO.

B. The Scheme

6. From in or about January 2016 through in or about February 2017, in the Eastern District of Virginia and within the jurisdiction of this Court, CHERMECA R. HARRIS, did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud the Virginia Medical Assistance Program (“Medicaid”), a health care benefit program as defined in Title 18, United States Code, Section 24(b), and to obtain by means of materially false and fraudulent pretenses, representations, and promises, money under the custody and control of Medicaid, in connection with the delivery of and payment for health care benefits, items, and services, as more particularly set forth herein.

C. Manner and Means

7. It was part of the scheme that HARRIS, a Medicaid beneficiary would misrepresent her health condition to health care providers, such as hospitals and ambulance services, in order to obtain health care benefits. Specifically, she would falsely represent that she was suffering from sickle cell anemia and was having a sickle cell crisis in order to obtain pain killing drugs, such as dilaudid, which she wanted to receive intravenously through the neck. In fact, doctors at VCU MCV tested the defendant on January 28, 2016 and determined she did not have sickle cell anemia.

8. It was a further part of the scheme that she also falsely represented her identity. On some occasions she used the name of M.M., and on other occasions she used the name of R.J.

D. Executions

9. On or about the dates listed below, CHERMECA R. HARRIS, in the Eastern District of Virginia, knowingly and willfully executed and attempted to execute the scheme and artifice described above by misrepresenting to a provider that she was suffering from sickle cell anemia and was having a sickle cell crisis in order to obtain health care services. Such provider would provide services and then submit a bill to a Medicaid-funded MCO.

Count	Date	Health Care Provider	Name and Identifiers Used
One	January 28, 2016	VCU MCV	M.M.
Two	March 31, 2016	Chippenham Hospital	M.M.
Three	April 1, 2016	Chippenham Hospital	CHERMECA HARRIS
Four	May 8, 2016	Bon Secours St. Mary's Hospital	R.J.
Five	May 9, 2016	Memorial Regional Hospital	R.J.

Six	May 10, 2016	John Randolph Medical Center	R.J.
Seven	May 11, 2016	Chippenham Hospital	R.J.
Eight	February 1, 2017	Henrico Doctor's Hospital	M.M.

(In violation of Title 18, United States Code, Section 1347).

COUNT NINE

(Aggravated Identity Theft)

1. The allegation of Paragraphs 1 - 8 of Counts One through Eight are incorporated herein.

2. On or about May 11, 2016, in the Eastern District of Virginia and within the jurisdiction of this Court, the defendant, CHERMECA R. HARRIS, did knowingly transfer, possess, and use, without lawful authority, a means of identification and health insurance card of another person, namely R.J. during and in relation to a felony violation enumerated in Title 18, United States Code, Section 1028(c), to wit: Health Care Fraud, in violation of Title 18, United States Code, Section 1347, as charged in Count Seven of this Indictment.

(In violation of Title 18, United States Code, Section 1028A(a)(1)).

COUNT TEN

(Aggravated Identity Theft)

1. The allegations of Paragraphs 1 - 8 of Counts One through Eight are incorporated herein.

2. On or about March 31, 2016, in the Eastern District of Virginia and within the jurisdiction of this Court, the defendant, CHERMECA R. HARRIS, did knowingly transfer, possess, and use, without lawful authority, a means of identification of another person, namely M.M., during and in relation to a felony violation enumerated in Title 18, United States Code,

Section 1028(c), to wit: Health Care Fraud, in violation of Title 18, United States Code, Section 1347, as charged in Count Two of this Indictment.

(In violation of Title 18, United States Code, Section 1028A(a)(1)).

COUNT ELEVEN

(False Statement)

1. The allegation of Paragraphs 1 - 8 of Counts One through Eight are incorporated herein.

2. On or about February 1, 2017, at Henrico Doctor's Hospital, in the Eastern District of Virginia and within the jurisdiction of this Court, in a matter within the jurisdiction of the executive branch of the government of the United States, the defendant, CHERMECA R. HARRIS, did knowingly and willfully make a materially false, fictitious and fraudulent statement and representation, in that HARRIS falsely stated to Special Agents of the Federal Bureau of Investigation and Office of Inspector General of the Department of U.S. Health and Human Services that her name was M.M. and that she had sickle cell anemia.

(In violation of Title 18, United States Code, Section 1001(a)(2).)

FORFEITURE ALLEGATION

Pursuant to Federal Rules of Criminal Procedure 32.2(a), the defendant, Chermeca R. Harris, is hereby notified that if convicted of any of the offenses set forth in Counts One through Eight of this Indictment, the defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the

commission of the offense.

(In accordance with Title 18, United States Code, Section 982(a)(7)).

A TRUE BILL

Pursuant to the E-Government Act,
the original of this page has been filed
under seal in the Clerk's Office

FOREPERSON

DANA J. BOENTE
UNITED STATES ATTORNEY

By: David J. Maguire
David T. Maguire
Assistant United States Attorney