

## JUSTICE NEWS

### Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Tuesday, August 21, 2012

### **Medical Equipment Company Owner Sentenced in Louisiana to 180 Months in Prison for Medicare Fraud Scheme**

WASHINGTON – The owner of multiple durable medical equipment (DME) companies that operated in Louisiana was sentenced today to serve 180 months in prison for his role in multiple Medicare fraud schemes involving fraudulent claims and illegal kickback payments for unnecessary DME, announced the Department of Justice, the Department of Health and Human Services (HHS), the FBI and the Louisiana State Attorney General's Office.

Henry Lamont Jones, 37, of Prairieville, La., was sentenced by U.S. District Judge James J. Brady of the Middle District of Louisiana. In addition to his prison term, Jones was sentenced to serve three years of supervised release and ordered to pay \$13,397,759 in restitution, jointly and severally with convicted co-defendants.

Jones, along with his ex-wife, Chikenna D. Jones, at various times operated McKenzie Healthcare Solutions Inc., and owned and operated Healthcare 1 LLC, Lifeline Healthcare Services Inc., Medical 1 Patient Services Inc. and Rose Medical Equipment Inc., Louisiana-based companies that fraudulently billed medical equipment to the Medicare program from 2004 to 2010. Jones had also worked as a patient recruiter for Unique Health Solution Inc. For his involvement with Unique, Jones, along with co-defendants Nnanta "Felix" Ngari, Sofjan M. Lamid and Ernest Payne, was convicted of conspiracy to commit health care fraud and conspiracy to defraud the United States and to pay or receive health care kickbacks after a jury trial in August 2011. Henry Jones and Chikenna Jones were convicted of conspiracy to commit health care fraud and conspiracy to defraud the United States and to pay or receive health care kickbacks after a jury trial in November 2011 for their role in the operation of McKenzie Healthcare Solutions Inc., and Jones pleaded guilty to Medicare fraud charges against him relating to the remaining companies in advance of a trial scheduled for February 2012.

In operating the various DME companies, Jones fraudulently billed the Medicare program for medical equipment that either was not medically necessary or not provided. Jones hired patient recruiters to obtain Medicare beneficiary information and prescriptions for medical equipment such as leg braces, arm braces, power wheel chairs and wheel chair accessories. These prescriptions were then used to submit fraudulent claims to the Medicare program.

According to court documents, during the period when Jones was operating Healthcare 1, Lifeline Healthcare Services, Medical 1 Patient Services, Rose Medical Equipment and McKenzie Healthcare Solutions, these companies submitted more than \$22.5 million in fraudulent claims to the Medicare program. During the period of time when Jones was a patient recruiter for Unique Medical Solution, the company submitted more than \$4.5 million in fraudulent claims to the Medicare program.

Today's sentences were announced by Assistant Attorney General Lanny A. Breuer of the Justice

Department's Criminal Division; U.S. Attorney Donald J. Cazayoux Jr. of the Middle District of Louisiana; Mike Fields, Special Agent-in-Charge of the Dallas Region for the HHS Office of the Inspector General (HHS-OIG); Michael Anderson, Special Agent-in-Charge of the FBI's New Orleans Division; and James Buddy Caldwell, Louisiana State Attorney General.

The Unique/Ngari matter was prosecuted by Assistant Chief Ben Curtis and Trial Attorney David Maria of the Justice Department Criminal Division's Fraud Section. The McKenzie matter was prosecuted by Assistant Chief Ben Curtis and Trial Attorneys David Maria and Alex Berlin. And the Jones matter was prosecuted by Assistant Chief Ben Curtis and Trial Attorneys David Maria and Abigail Taylor. The cases were investigated by the FBI, HHS-OIG and the Medicaid Fraud Control Unit of the Louisiana State Attorney General's Office (MFCU), and were brought as part of the Medicare Fraud Strike Force, supervised by the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Middle District of Louisiana.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 1,330 defendants who have collectively billed the Medicare program for more than \$4 billion. In addition, HHS's Centers for Medicare and Medicaid Services, working in conjunction with HHS-OIG, is taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov).

---

12-1032

Criminal Division