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Dallas-Based Physician And Home Health Agency Director Of Nursing Convicted In \$3 Million Medicare Fraud Conspiracy

FOR IMMEDIATE RELEASE

May 13, 2014

Physician Was Also Convicted of Lying to Medicare about House Calls

DALLAS – Late yesterday, a federal jury in the Northern District of Texas convicted a physician and a home health agency manager for their participation in a \$3 million Medicare fraud conspiracy.

Acting Assistant Attorney General David A. O’Neil of the Justice Department’s Criminal Division, U.S. Attorney Sarah R. Saldaña of the Northern District of Texas, Special Agent in Charge Diego Rodriguez of the FBI Dallas Division and Special Agent in Charge Mike Fields of the Dallas office of the Health and Human Services Office of Inspector General (HHS-OIG) made the announcement today.

Joseph Megwa, M.D., 60, of Arlington, Texas, and Ebolose Eghobor, R.N., 49, of Grand Prairie, Texas, were convicted of one count of conspiracy to commit health care fraud, and Megwa was convicted of three counts of health care fraud. Eghobor was acquitted of the health care fraud counts brought against him. The home health care charges related to a scheme involving PTM Healthcare Services Inc. (PTM), which was owned and operated by Ferguson Ikhile, R.N. Ikhile, 56, of Irving, Texas, pleaded guilty in 2013 to conspiracy to commit health care fraud.

According to evidence presented at trial, from approximately 2006 to 2011, PTM recruited Medicare beneficiaries so that PTM could bill Medicare for unnecessary home health services. Ikhile, Eghobor and others then prepared fraudulent medical records that made it appear that the beneficiaries needed home health services. In exchange for cash payments, Megwa, who owned and operated Raphem Medical Practice P.A., falsely certified that the beneficiaries needed home health services and that the services otherwise qualified for payment under Medicare.

Megwa was also convicted of four counts of making false statements related to a health care benefit program based on his submission of false claims to Medicare for home visits or house calls to patients that he never actually made.

The conspiracy to commit health care fraud count and each of the substantive health care fraud counts carry a maximum statutory penalty of 10 years in federal prison and a \$250,000 fine. Each count of making false statements relating to health care matters carries a maximum statutory penalty of five years in federal prison and a \$250,000 fine. In addition, restitution could be ordered. U.S. District Judge Ed Kinkeade is scheduled to sentence Megwa and Eghobor on September 10, 2014 and Ikhile on May 28, 2014.

The investigation was led by the FBI and HHS-OIG, and was brought by the Medicare Fraud Strike Force, a joint effort of the U.S. Attorney’s Office for the Northern District of Texas and the Criminal Division’s Fraud Section. The case was prosecuted by Deputy Chief Jeffrey A. Goldberg and Trial Attorney Allan J. Medina of the Criminal Division’s Fraud Section and Assistant U.S. Attorneys Mindy Sauter and Michael Elliott of the Northern District of Texas.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 1,700 defendants who have collectively billed the Medicare program for more than \$5.5 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.

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