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CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

BY: _____

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

June 2012 Grand Jury

CR 12 00905

1 UNITED STATES OF AMERICA,

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3
4 Plaintiff,

5 v.

6 VICTORIA N. ONYEABOR,
7 GODWIN ONYEABOR,
8 DR. SRI J. WIJEGUNARATNE,
9 aka "Dr. J," and
10 HEIDI MORISHITA,

11 Defendants.

) CR NO.

) I N D I C T M E N T

) [18 U.S.C. § 1349: Conspiracy
) to Commit Health Care Fraud;
) 18 U.S.C. § 1347: Health Care
) Fraud; 18 U.S.C. § 2: Causing
) an Act to be Done; 18 U.S.C.
) § 371: Conspiracy to Pay and
) Receive Health Care Kickbacks
) in Violation of 42 U.S.C.
) §§ 1320a-7b(b)(1)(A) and
) (2)(A)]

12 The Grand Jury charges:

13 COUNT ONE

14 [18 U.S.C. § 1349]

15 A. INTRODUCTORY ALLEGATIONS

16 At all times relevant to this Indictment:

17 The Conspirators

18 1. Defendant VICTORIA N. ONYEABOR ("V. ONYEABOR") was the
19 President, Chief Executive Officer, and Registered Agent for
20 Fendih Medical Supply Inc. ("Fendih"), a supplier of durable
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1 medical equipment ("DME"), primarily power wheelchairs ("PWCs"),
2 located in San Bernadino, California.

3 2. Defendant GODWIN ONYEABOR ("G. ONYEABOR") was the
4 Secretary of Fendih. Among his duties, defendant G. ONYEABOR
5 delivered PWCs for Fendih.

6 3. Defendant DR. SRI J. WIJEGUNARATNE, also known as
7 ("aka") "Dr. J", was a physician licensed to practice medicine in
8 the State of California. Defendant WIJEGUNARATNE wrote medically
9 unnecessary PWC prescriptions and sold them to Fendih.

10 4. Defendant HEIDI MORISHITA ("MORISHITA") obtained
11 medically unnecessary PWC prescriptions and sold them to Fendih.

12 5. On or about September 20, 2005, defendant V. ONYEABOR
13 registered as the sole Incorporator and Registered Agent of
14 Fendih in State of California records.

15 6. In or around October 2005, defendant V. ONYEABOR opened
16 a corporate bank account for Fendih at Wells Fargo Bank, account
17 number xxxxxx8370. Defendant V. ONYEABOR maintained sole
18 signature authority on this account.

19 7. On or about May 22, 2006, defendant V. ONYEABOR
20 executed and submitted an application to Medicare to obtain and
21 maintain a Medicare provider number for Fendih.

22 8. On or about March 15, 2007, defendant V. ONYEABOR
23 executed and submitted an electronic funds transfer agreement
24 ("EFT") to Medicare, requesting that all future reimbursements
25 from Medicare be directly deposited into Fendih's Wells Fargo
26 corporate account.

27 9. On or about January 23, 2009, defendant V. ONYEABOR
28 opened a second corporate bank account for Fendih at Citibank,

1 account number xxxxx4256. Defendant V. ONYEABOR maintained sole
2 signature authority on this account.

3 10. On or about February 3, 2009, defendant V. ONYEABOR
4 executed and submitted an amended EFT agreement to Medicare,
5 requesting that all future reimbursements from Medicare be
6 directly deposited into Fendih's Citibank corporate account.

7 11. Between on or about January 9, 2007, and on or about
8 February 18, 2012, Fendih submitted to Medicare claims totaling
9 approximately \$1,498,155 for purported PWCs and related services,
10 and Medicare paid Fendih approximately \$978,818 on those claims.

11 The Medicare Program

12 12. Medicare was a federal health care benefit program,
13 affecting commerce, that provided benefits to individuals who
14 were over the age of 65 or disabled. Medicare was administered
15 by the Centers for Medicare and Medicaid Services ("CMS"), a
16 federal agency under the United States Department of Health and
17 Human Services ("HHS").

18 13. CMS contracted with private insurance companies to (a)
19 certify DME providers for participation in the Medicare program
20 and monitor their compliance with Medicare standards; (b) process
21 and pay claims; and (c) perform program safeguard functions, such
22 as identifying and reviewing suspect claims.

23 14. Individuals who qualified for Medicare benefits were
24 referred to as Medicare "beneficiaries." Each Medicare
25 beneficiary was given a Health Identification Card containing a
26 unique identification number ("HICN").

1 15. DME companies, physicians, and other health care
2 providers that provided medical services that were reimbursed by
3 Medicare were referred to as Medicare "providers."

4 16. To obtain payment from Medicare, a DME company first
5 had to apply for and obtain a provider number. By signing the
6 provider application, the DME company agreed to abide by Medicare
7 rules and regulations.

8 17. If Medicare approved a provider's application, Medicare
9 would assign the provider a Medicare provider number, enabling
10 the provider (such as a DME company) to submit claims to Medicare
11 for services and supplies provided to Medicare beneficiaries.

12 18. To obtain and maintain their Medicare provider number
13 billing privileges, DME suppliers had to meet Medicare standards
14 for participation. The Medicare contractor responsible for
15 evaluating and certifying DME providers' compliance with these
16 standards was Palmetto GBA ("Palmetto").

17 19. From in or about October 2006 through the date of this
18 Indictment, Noridian Administrative Services ("Noridian")
19 processed and paid Medicare DME claims in Southern California.

20 20. Most DME providers, including Fendih, submitted their
21 claims electronically pursuant to an agreement with Medicare that
22 they would submit claims that were accurate, complete, and
23 truthful.

24 21. Medicare paid DME providers only for DME that was
25 medically necessary to the treatment of a beneficiary's illness
26 or injury, was prescribed by a beneficiary's physician, and was
27 provided in accordance with Medicare regulations and guidelines
28

1 that governed whether a particular item or service would be paid
2 by Medicare.

3 22. To bill Medicare for DME it provided to a beneficiary,
4 a DME provider was required to submit a claim (Form 1500).
5 Medicare required claims to be truthful, complete, and not
6 misleading. In addition, when a claim was submitted, the
7 provider was required to certify that the services or supplies
8 covered by the claim were medically necessary.

9 23. Medicare required a claim for payment to set forth,
10 among other things, the beneficiary's name and HICN, the type of
11 DME provided to the beneficiary, the date the DME was provided,
12 and the name and unique physician identification number ("UPIN")
13 or national provider identifier ("NPI") of the physician who
14 prescribed or ordered the DME.

15 24. Medicare had a co-payment requirement for DME.
16 Medicare reimbursed providers 80% of the allowed amount of a DME
17 claim and the beneficiary was ordinarily obligated to pay the
18 remaining 20%.

19 B. THE OBJECT OF THE CONSPIRACY

20 25. Beginning on or about January 9, 2007, and continuing
21 through on or about February 18, 2012, in San Bernardino County,
22 within the Central District of California, and elsewhere,
23 defendants V. ONYEABOR, G. ONYEABOR, and WIJEGUNARATNE, together
24 with others known and unknown to the Grand Jury, knowingly
25 combined, conspired, and agreed to commit health care fraud, in
26 violation of Title 18, United States Code, Section 1347.

1 C. THE MANNER AND MEANS OF THE CONSPIRACY

2 26. The object of the conspiracy was carried out, and to be
3 carried out, in substance, as follows:

4 a. Defendants V. ONYEABOR and G. ONYEABOR paid
5 individuals, including defendants WIJEGUNARATNE and MORISHITA,
6 for medically unnecessary PWC prescriptions for the purpose of
7 using those prescriptions to submit, and cause the submission of,
8 false and fraudulent claims to Medicare on behalf of Fendih.

9 b. After acquiring the false and fraudulent PWC
10 prescriptions, defendant V. ONYEABOR and her co-conspirators
11 would submit, and cause the submission of, false and fraudulent
12 claims to Medicare for PWCs and related accessories that were
13 purportedly provided by Fendih to Medicare beneficiaries.

14 c. As a result of the submission of false and
15 fraudulent claims, Medicare made payments to Fendih's corporate
16 bank accounts at Wells Fargo and Citibank.

17 d. Defendant V. ONYEABOR then transferred and
18 disbursed, and caused the transfer and disbursement of, monies
19 from Fendih'S corporate bank accounts to herself and to
20 defendants G. ONYEABOR and MORISHITA. Defendant V. ONYEABOR also
21 transferred and disbursed, and caused the transfer and
22 disbursement of, cash payments to defendants WIJEGUNARATNE and
23 MORISHITA from Medicare proceeds.

1 referenced below, together with others known and unknown to the
 2 Grand Jury, for the purpose of executing and attempting to
 3 execute the fraudulent scheme described above, knowingly and
 4 willfully caused to be submitted to Medicare for payment the
 5 following false and fraudulent claims purportedly for power
 6 wheelchairs and related accessories:

<u>COUNT</u>	<u>DEF</u>	<u>BENE- FICIARY</u>	<u>CLAIM NUMBER</u>	<u>DATED BILLED TO MEDICARE</u>	<u>AMOUNT BILLED TO MEDICARE</u>
TWO	V. ONYEABOR and G. ONYEABOR	M.S.	108031816780 000	01/30/08	\$4,500
THREE	V. ONYEABOR and G. ONYEABOR	J.V.T.	108032848386 000	01/30/08	\$4,500
FOUR	V. ONYEABOR and G. ONYEABOR	V.B.	109127804663 000	05/05/09	\$4,500
FIVE	V. ONYEABOR and G. ONYEABOR	C.U.	109177805972 000	06/25/09	\$4,500
SIX	V. ONYEABOR and G. ONYEABOR	C.T.	109229812863 000	08/15/09	\$4,500
SEVEN	V. ONYEABOR G. ONYEABOR and WIJEGUN- ARATNE	M.P.	111088476380 00	04/20/11	\$2,800
EIGHT	V. ONYEABOR G. ONYEABOR and WIJEGUN- ARATNE	W.W.	111158413470 00	04/23/11	\$2,800
NINE	V. ONYEABOR G. ONYEABOR and WIJEGUN- ARATNE	R.L.V.	111368330650 00	05/14/11	\$2,800

COUNT TEN

[18 U.S.C. §§ 371 and 2(b)]

A. INTRODUCTORY ALLEGATIONS

31. The Grand Jury incorporates by reference and re-alleges paragraphs 1 through 24 above of this Indictment as though set forth in their entirety here.

B. OBJECT OF THE CONSPIRACY

32. Beginning at least as earlier as on or about March 12, 2009, and continuing through at least on or about February 18, 2012, in San Bernardino County, within the Central District of California, and elsewhere, defendants V. ONYEABOR, G. ONYEABOR, WIJEGUNARATNE, and MORISHITA, together with others known and unknown to the Grand Jury, knowingly combined, conspired, and agreed to pay and receive kickbacks for patient referrals, in violation of Title 42, United States Code, Sections 1320a-7b(b) (1) (A) and (2) (A).

C. THE MANNER AND MEANS OF THE CONSPIRACY

33. The object of the conspiracy was carried out, and to be carried out, in substance, as follows:

a. Defendant V. ONYEABOR would maintain a valid Medicare provider number for Fendih in order to submit claims to Medicare for DME.

b. Defendant WIJEGUNARATNE would provide DME prescriptions to Fendih.

c. Defendant MORISHITA would provide DME prescriptions to Fendih.

1 d. Defendants V. ONYEABOR and G. ONYEABOR would pay,
2 and cause to be paid, kickbacks to defendants WIJEGUNARATNE and
3 MORISHITA in return for DME prescriptions that Fendih would use
4 to submit claims to Medicare.

5 C. OVERT ACTS

6 34. In furtherance of the conspiracy and to accomplish its
7 object, defendants V. ONYEABOR, G. ONYEABOR, WIJEGUNARATNE, and
8 MORISHITA, together with others known and unknown to the Grand
9 Jury, committed and wilfully caused other to commit the following
10 overt acts, among others, within the Central District of
11 California and elsewhere:

12 Overt Act No. 1: On or about May 16, 2009, defendants V.
13 ONYEABOR and G. ONYEABOR paid and caused to be paid \$3,000 to
14 defendant MORISHITA. This check, which was drawn upon Fendih's
15 Citibank account number xxxxx4256 (check number #576),
16 represented kickbacks for DME prescriptions provided by defendant
17 MORISHITA to Fendih.

18 Overt Act No. 2: On or about June 19, 2009, defendants V.
19 ONYEABOR and G. ONYEABOR paid and caused to be paid \$2,000 to
20 defendant MORISHITA. This check, which was drawn upon Fendih's
21 Citibank account number xxxxx4256 (check number #604),
22 represented kickbacks for DME prescriptions provided by defendant
23 MORISHITA to Fendih.

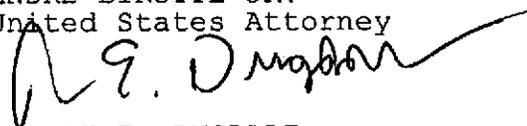
24 Overt Act No. 3: On or about July 24, 2009, defendants V.
25 ONYEABOR and G. ONYEABOR paid and caused to be paid \$3,000 to
26 defendant MORISHITA. This check, which was drawn upon Fendih's
27 Citibank account number xxxxx4256 (check number #508),
28

1 represented kickbacks for DME prescriptions provided by defendant
2 MORISHITA to Fendih.

3 Overt Act No. 4: In or around March 2011, defendants V.
4 ONYEABOR and G. ONYEABOR paid and caused to be paid cash
5 kickbacks to defendant WIJEGUNARATNE for DME prescriptions
6 provided by defendant WIJEGUNARATNE to Fendih.

7
8 A TRUE BILL
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14 United States Attorney

15 
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