

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

UNITED STATES OF AMERICA * CRIMINAL ACTION

VERSUS * NUMBER: 13 - 017

SIRANUSH TULUMDZHYAN * SECTION: "L" (4)
LA MEDICAL GROUP, INC. *

* * *

FACTUAL BASIS

If this matter were to proceed to trial, the government would establish the following facts through the introduction of competent evidence:

Opening of the Clinics

Self-authenticating records from the Louisiana Secretary of State would be introduced to establish that **LA MEDICAL GROUP, INC. (LA MEDICAL)** was incorporated by **SIRANUSH TULUMDZHYAN (TULUMDZHYAN)**. Other evidence, such as documentation from the State of Louisiana licensing and taxation divisions, and leasing and banking documentation, would be introduced to show that **TULUMDZHYAN** took other steps to initiate the opening of **LA MEDICAL**. Similar documentation would be introduced to establish that associates of **TULUMDZHYAN** opened and operated Health Plus Consulting, Inc. (Health Plus)

and Metairie Health Center, Inc. (Metairie Health), which health care clinics operated in the same manner and, at times, in the same location as **LA MEDICAL**.

Medicaid Enrollment

Kimberly Sullivan, Section Chief of Program Integrity at the Louisiana Department of Health and Hospitals, would testify that Molina Healthcare (Molina) was a fiscal intermediary that processed Medicaid claims and reimbursed providers for rendering services to qualified Medicaid recipients. Ms. Sullivan would testify that each Medicaid claim submitted by a provider disclosed the recipient's identification number, the name of the recipient receiving the service, a description of the procedure using a billing code that accurately described the service allegedly rendered, the date of service, the amount billed, and the provider's unique Medicaid number. Ms. Sullivan would testify that Medicaid was a health care benefit plan as that term is defined in Title 18, United States Code, Section 24(b).

Ms. Sullivan, on behalf of Molina, would also testify and establish the following facts: In about December 2010, **TULUMDZHYAN** applied for and received a Medicaid provider number on behalf of **LA MEDICAL** so that she could bill Medicaid for medically necessary services **LA MEDICAL** provided to eligible recipients. **TULUMDZHYAN** entered into a provider agreement with Medicaid on behalf of **LA MEDICAL**. As part of the claim submission process, **LA MEDICAL** and **TULUMDZHYAN** agreed to comply with Medicaid criteria, rules, regulations, and internal procedures. **LA MEDICAL** and **TULUMDZHYAN** also agreed to abide by all of the policies and regulations of Louisiana's Medicaid Program and affirmed that they understood that concealment of a material fact or the submission of a false or fraudulent claim could result in prosecution under applicable federal and state laws.

Ms. Dexa Morgan from the Electronic Data Interchange (EDI) section of Molina would testify about an EDI Annual Certification of Electronically Submitted Medicaid Claims Anna Aivazova and her medical billing service, Solo Lucky, completed on behalf of **LA MEDICAL**. In the certifications, Aivazova agreed that the claim information she submitted to Louisiana Medicaid was an exact duplicate of detailed claim line information received from **LA MEDICAL** and that the electronic claim information she submitted was true, accurate and complete and not materially changed.

Mr. Joseph Martinez, IV from Molina would testify that approximately 417 Medicaid recipients sought services at **LA MEDICAL** during its existence. Most of those recipients were billed for receiving the same or a combination of the same series of diagnostic tests and procedures. Specifically, out of about the 417 Medicaid recipients, **TULUMDZHYAN** and **LA MEDICAL** caused Medicaid to be billed for the following approximate number of cardiac, pulmonary and neurologic procedures even though most of the patients had received the same procedures at Health Plus and/or Metairie Health:

CPT Code	Description	Medicaid Recipients (out of 417)
93000	Electrocardiogram, Complete	408
93306	Echocardiography, transthoracic with Doppler, Complete	404
94070	Evaluation of Wheezing	399
94200	Lung Function Test	399
94240	Residual Lung Capacity	399
94350	Lung nitrogen washout curve	399
94370	Single breath airway closing volume	399
94720	Monoxide Diffusing Capacity	399

CPT Code	Description	Medicaid Recipients (out of 417)
95900	Motor Nerve Conduction Test	360
95903	Motor nerve conduction test, with F-wave study	360
95904	Nerve conduction sensory	360

Expert Testimony

Pulmonology: Dr. Leonard Glade would testify about his academic history and establish that he completed an Internal Medicine Residency and Pulmonary Fellowship at Ochsner Hospital and is certified by the American Board of Internal Medicine with a subspecialty certification in pulmonary disease. After being established as an expert in internal medicine management and pulmonary medicine, Dr. Glade would testify about his review of patient files from Health Plus, Metairie Health and **LA MEDICAL**, each containing documentation of multiple visits by patients at **LA MEDICAL**, Health Plus and Metairie Health involving services allegedly rendered by “Doctor.” Dr. Glade would testify about the following:

- General practice clinics usually treat patients with preventative medicine and, among other things, respiratory infections, urinary tract infections, abdominal pain, hypertension, and diabetes. Dr. Glade’s review of patient charts, however, revealed that **LA MEDICAL**, Health Plus, and Metairie Health operated as triage-type centers for pain management in that Doctor rarely documented preventative medical care, general medicine workups, and follow-ups. The workups Dr. Glade reviewed in the sample files were of a subspecialty nature.
- Dr. Glade’s reviews of pulmonary tests allegedly performed by **LA MEDICAL** illustrated that no representative of **LA MEDICAL**, neither medical professionals, owners, nor technicians, exhibited any significant knowledge of how to interpret the pulmonary function tests for which **LA MEDICAL** billed Medicaid.
- Doctor failed to act on grossly abnormal studies, sometimes ignoring interpretations that represented potentially life-threatening problems. In many instances, no further tests, such as chest x-rays, or referrals to specialty clinics, were made to evaluate what appeared to be abnormal results.

- Dr. Glade would demonstrate how the technicians falsely documented studies by manipulating and copying computerized readings that did not match data. CPT Codes 94070, 94350, 94725 and 94750 were not documented as being performed, even though **LA MEDICAL** submitted bills to Medicaid.

Statistical Analysis: Dr. Tumulesh Solanky is a University of New Orleans professor with a Ph.D in Statistics. Dr. Solanky would testify that it was statistically improbable, if not impossible, that of 417 Medicaid recipients that sought services at **LA MEDICAL**, between 360 and 408 patients had the requisite symptoms to necessitate the diagnostic services that were billed by **TULUMDZHYAN** on behalf of **LA MEDICAL**.

“Doctor” would testify that he was the attending physician at Health Plus, Metairie Health and **LA MEDICAL** (“Clinics,” collectively). Billing information provided by Molina would establish that patient JoBa was seen by Doctor at Health Plus, Metairie Health and **LA MEDICAL** on January 5, 2009, January 7, 2010, and March 24, 2011, respectively. At each of those visits Doctor ordered, and the Clinics billed for, CPT codes 95904, 93000, 94200, 94240, 94350 and 94370. CPT codes 94070 and 94720 were billed by Metairie Health and **LA MEDICAL** on January 7, 2010 and March 24, 2011, respectively.

KiCa would testify, and billing information provided by Molina would establish, that KiCa saw Doctor at Health Plus on November 10, 2009, at Metairie Health on April 14, 2010 and August 5, 2010, and at **LA MEDICAL** on March 7, 2011. Doctor ordered, and the clinics billed for performing, CPT codes 93000, 95903, 95904 at Health Plus, the first Metairie Health visit and **LA MEDICAL**. Doctor and the clinics also billed for CPT Codes 95903 and 95904 at the second Metairie Health Visit. CPT coded 95900 was billed for both Metairie Health visits

and the **LA MEDICAL** visit. Four pulmonary codes were billed at the Health Plus and **LA MEDICAL** visits.

AmMc would testify that she saw Doctor at Metairie Health on June 3, 2010, and at **LA MEDICAL** on February 15, 2011. CPT codes 93000 and 93306 were billed at both visits.

ErRe would testify, and Molina billing records would establish, that ErRe saw Doctor at Health Plus on January 21, 2009, at Metairie Health on May 7, 2010, and at **LA MEDICAL** on February 16, 2011. ErRe and Molina records would establish that Health Plus, Metairie Health and **LA MEDICAL** billed for the following CPT codes on all three visits: 93000, 94200, 94240, 94350, 94370, 95903, 95904, and 94934. CPT codes 95900, 94070 and 94720 were billed for the Metairie Health and **LA MEDICAL** visits.

JuWh would testify and Molina billing records would establish, that JuWh saw Doctor at Health Plus on March 25, 2009, at Metairie Health on January 21, 2010, and at **LA MEDICAL** on January 10, 2011. JuWh and Molina records would establish that Health Plus, Metairie Health and **LA MEDICAL** billed for the following CPT codes on all three visits: 93000, 95903, 95904, 95934, 94200, 94240, 94350, 94370, and for CPT codes 94070 and 94720 at the Metairie Health and **LA MEDICAL** visits.

Shawney Bennett would testify that she was employed at both Metairie Health and **LA MEDICAL** as a receptionist who greeted patients, answered the phones, and completed different types of medical paperwork. Bennett would testify about the following facts:

TULUMDZHYAN began at Metairie Health training as a technician. Bennett would testify that when patients complained about having procedures done at Metairie Health that had previously been performed at Health Plus, Bennett often referred them to **TULUMDZHYAN** for

explanation. When Metairie Health closed and reopened in the same location as **LA MEDICAL**, **TULUMDZHYAN** was the new owner of **LA MEDICAL**. **TULUMDZHYAN** told Bennett to create new patient charts when the clinic changed from Metairie Health to **LA MEDICAL** and had all of the Metairie Health charts moved to storage so that Metairie Health patients charts were unavailable. Again, the patients at **LA MEDICAL** complained because they were being forced to undergo the same diagnostic tests as had been administered at Health Plus and Metairie Health. While at **LA MEDICAL**, Bennett observed **TULUMDZHYAN** fill out blank test order forms and create patient notes for Doctor. **TULUMDZHYAN** also sent superbills to Solo Lucky so that Medicaid could be billed for the diagnostic tests.

Records from the Capital One bank accounts of Metairie Health and **LA MEDICAL** would be introduced to establish that **TULUMDZHYAN** was paid a total of approximately \$31,589 which amount represents the only gain to **TULUMDZHYAN** for her participation in the offense. Mr. Martinez, on behalf of Molina, would testify Molina paid **LA MEDICAL** approximately \$494,268 as a result of the fraudulent claims submitted to Medicaid.

DANA BOENTE
UNITED STATES ATTORNEY

PATRICE HARRIS SULLIVAN
Assistant United States Attorney

STEPHEN HAEDICKE
Attorney for the Defendant Tulumdzhyan
Date:

SIRANUSH TULUMDZHYAN
Defendant
Date: