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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA and NEW YORK  
STATE *ex rel.* MARK A. FAVORS,

Plaintiff,

v.

QIN MEDICAL P.C. and DR. FENG QIN, M.D.,

Defendants.

16 Civ. 4647 (LTS)

UNITED STATES OF AMERICA,

Plaintiff-Intervenor,

v.

QIN MEDICAL P.C. and DR. FENG QIN, M.D.,

Defendants.

**COMPLAINT-IN-  
INTERVENTION OF THE  
UNITED STATES OF  
AMERICA**

1. The United States of America (the “United States” or “Government”), by its attorney, Geoffrey S. Berman, United States Attorney for the Southern District of New York, having filed a notice of intervention against defendants Qin Medical P.C. (“Qin Medical”) and Dr. Feng Qin M.D. (“Dr. Qin,” and together, the “Qin Defendants”) pursuant to 31 U.S.C. § 3730(b)(4), alleges for its complaint-in-intervention as follows:

## PRELIMINARY STATEMENT

2. This is a civil fraud suit brought by the United States against the Qin Defendants under the False Claims Act, 31 U.S.C. § 3729 *et seq.* (“FCA”), to recover damages sustained by, and penalties owed to the United States as the result of the Qin Defendants’ having submitted false claims to the Government.

3. Dr. Qin owns and operates Qin Medical, a solo medical practice in Lower Manhattan. The practice provides vascular surgery services primarily to patients with end-stage renal disease (“ESRD”) who receive hemodialysis. Two of the most common procedures performed at Qin Medical were fistulagrams (a radiological procedure in which dye is injected into the patient’s vein or artery to visualize it) and percutaneous transluminal angioplasties (in which wires and balloons are inserted into veins or arteries that have narrowed in order to restore the blood flow). These patients were all enrolled in Medicare.

4. Pursuant to applicable guidelines at the relevant times, Medicare will reimburse a provider for vascular access evaluation and maintenance procedures on ESRD patients, including fistulagrams and angioplasties, only when the patients have had certain “diagnostically specific and appropriate indications” demonstrating the medical necessity for such procedures. Moreover, angioplasties are reimbursed only when “there is documentation supporting the presence of residual, hemodynamically significant stenosis [blood vessel blockage], generally >/50 percent of the vessel diameter.”

5. The United States previously filed a complaint against Dr. Qin in 2015 alleging that from December 2010 through April 2012, while with a previous employer, he provided vascular surgery services (fistulagrams and angioplasties) to ESRD patients in manner that violated applicable Medicare rules. The United States and Dr. Qin entered into a Stipulation and

Order of Settlement and Dismissal resolving that case in which Dr. Qin admitted that, during the relevant time period, he had provided the vascular surgery services at issue to ESRD patients where the patients did not present with clinical reasons for the interventions. He paid \$150,000 as part of the settlement of that case.

6. As explained below, soon after the timeframe at issue in this settlement, Dr. Qin opened his own medical practice, Qin Medical, and continued to bill Medicare for procedures that were not reasonable and necessary. Specifically, in 2015 and 2016, Dr. Qin routinely performed fistulagrams and angioplasties on ESRD patients who did not have the requisite “diagnostically specific and appropriate indications” and whose blood vessels did not have “hemodynamically significant stenosis.” Qin Medical then submitted claims to Medicare for those unjustified and non-reimbursable fistulagrams and angioplasties in violation of the FCA. Through this action, the Government seeks to recover damages and civil penalties under the FCA arising from those false claims.

### **JURISDICTION AND VENUE**

7. This Court has jurisdiction over the claim in this action pursuant to 31 U.S.C. § 3730(a) and 28 U.S.C §§ 1331 and 1345.

8. Venue lies in this District pursuant to 28 U.S.C. § 1391(b)(2) because the principal location of Qin Medical is located in this District and most of the medical procedures at issue took place at this location.

### **PARTIES**

9. Plaintiff is the United States of America on behalf of its agency the United States Department of Health and Human Services (“HHS”). The United States filed its notice of partial intervention in this action on July 9, 2018.

10. Qin Medical is a professional corporation with a principal location at 123 Lafayette Street, 6th Floor, New York, NY 10013, and an additional location at 327 Beach 19th Street, Suite 9, Far Rockaway, NY 11691. It is owned and operated by Dr. Qin, who is the only vascular surgeon who practices there. It was approved to bill to Medicare on June 22, 2011.

11. Dr. Qin is a vascular surgeon who owns and operates Qin Medical, and sees patients at its locations.

## FACTS

### I. Applicable Statutory and Regulatory Scheme

#### A. The Medicare Program and Coverage for ESRD Patients

12. Pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 *et seq.*, the federal Medicare Program was established in 1965 to provide health insurance for elderly and disabled persons. In 1972, Congress expanded Medicare to provide insurance coverage for patients with ESRD, regardless of their age. *See* Pub. L. No. 92-603, § 2991, 86 Stat. 1329, 1463 (1972) (codified at 42 U.S.C. § 1395c).

13. As a general matter, Medicare does not offer coverage for “[e]xaminations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury,” with limited specified exceptions not applicable here. 42 C.F.R. § 411.15(a)(1).

14. For an ESRD beneficiary, renal hemodialysis services furnished in or under the supervision of an ESRD facility are paid under the Medicare Part B benefit through a bundled rate that comprises routine maintenance dialysis treatment, including drugs, laboratory tests, equipment, and staff time, as well as monitoring of the patient’s vascular access. *See* 42 U.S.C. § 1395rr(b)(14); 42 C.F.R. part 413, subpart H; Medicare Claims Processing Manual 100-04, ch.

8, § 10. Dialysis-related physician's services for ESRD beneficiaries are separately paid under Part B through a monthly capitation payment to a designated physician (generally a nephrologist) who is responsible for supervising patients with renal failure, by, among other things, assessing the adequacy of dialysis and managing other conditions secondary to ESRD. *See* 42 U.S.C. § 1395rr(b)(3); 42 C.F.R. § 414.314(a); Medicare Claims Processing Manual 100-04, ch. 8, § 140(A). Outpatient procedures necessary to maintain a patient's vascular access but not directly related to dialysis, including surgical procedures such as fistulagrams and angioplasties performed at clinics such as Qin Medical, are paid separately under Part B on a fee-for-service basis. *See generally* 42 U.S.C. § 1395rr(a); 42 C.F.R. § 414.314(b); Medicare Claims Processing Manual 100-04, ch. 8, § 140(B).

15. Under the Medicare statute, “[n]otwithstanding any other provision of this subchapter, no payment may be made under [Medicare] part A or part B for any expenses incurred for items or services . . . which are *not reasonable and necessary for the prevention of illness.*” 42 U.S.C. § 1395y(a)(1)(B) (emphasis added).

16. In submitting a Medicare reimbursement form, a healthcare provider implicitly certifies compliance with § 1395y(a)(1)(B).

17. Deciding what is “reasonable and necessary” under § 1395y(a)(1)(B) is delegated in the first instance to HHS, and the agency may decide whether or not to reimburse for certain types of treatments by promulgating national coverage determinations. HHS contracts with Medicare Part B carriers to provide coverage for out-of-hospital medical services, and such carriers may create guidelines or policies, such as Local Coverage Determinations and Medical Policy Articles, in the absence of or as an adjunct to a national policy.

18. Providers billing Medicare must first complete and sign a Medicare Enrollment Application. These agreements provide as follows:

I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to [my medical practice]. The Medicare laws, regulations, and program instructions are available through the fee-for-service contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the supplier's compliance with all applicable conditions of participation in Medicare.

19. The "program instructions" referenced in the Medicare Enrollment Application include Local Coverage Determinations and Medical Policy Articles issued by Medicare contractors.

20. National Government Services Inc. ("NGS"), the Medicare Part B carrier that covers New York, published a Medical Policy Article relating to vascular surgery procedures for ESRD patients on March 1, 2012, which was in effect, with minor revisions, through December 31, 2016. *See* National Government Services Inc., Medical Policy Article A51630, *Dialysis Access Maintenance* (the "MPA").<sup>1</sup>

21. For a provider to seek reimbursement for performing a fistulagram, angioplasty or related services on an ESRD patient, the MPA stated that the patient should have previously undergone a clinical examination that produced diagnostically specific and appropriate clinical findings demonstrating a need for therapies to re-establish physiologically appropriate flow in the dialysis fistula, and that such findings be documented in patients' medical records.

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<sup>1</sup> From June 1, 2010, until March 1, 2012, NGS had in place a Local Coverage Determination, effective in New York, regarding vascular surgery procedures for ESRD patients. *See* National Government Services, Inc., Local Coverage Determination L30737, *Dialysis Access Maintenance* (the "LCD"). The LCD contained nearly identical coverage rules and principles as the later MPA regarding the use of fistulagrams and angioplasties for dialysis access in ESRD patients.

22. The MPA further provided that “[t]ypically, the clinical examination provides adequate information to determine whether there is hemodynamically significant dialysis shunt dysfunction.” It then listed clinical findings that “are considered diagnostically specific and appropriate indications to initiate therapies to re-establish physiologically appropriate flow in the dialysis fistula.” These included “elevated venous pressure in the AV dialysis access,” “prolonged bleeding following needle removal,” or “abnormal physical findings, specifically pulsatile graft/fistula or loss of thrill,” meaning blood vessels that upon manual or aural (using a stethoscope) examination suggest abnormal blood flow

23. The “Limitations” section of the MPA reiterated that “Medicare does not pay for services that are screening in nature or that are not providing clinically relevant information.”

24. With respect to angioplasties, the “Limitations” section noted that, even in the presence of qualifying symptoms, such procedures are “not necessary for all poorly functioning AV dialysis accesses.” Even in the presence of clinical findings demonstrating a need for therapy generally, the MPA explained that angioplasties are considered “reasonable and necessary” only “if there is documentation supporting the presence of residual, hemodynamically significant stenosis, generally >/50 percent of the vessel diameter.” It further provided that “[t]here must be clear documentation of the site and extent of any hemodynamically significant stenosis.” It reiterated that “[a]ngioplasty of vessels not documented to be stenosed significantly by angiography or ultrasound will be considered not medically necessary.”

#### **B. The False Claims Act**

25. The False Claims Act reflects Congress’s objective to “enhance the Government’s ability to recover losses as a result of fraud against the Government.” S. Rep. No. 99-345, at 1

(1986), *reprinted in* 1986 U.S.C.C.A.N. 5266. As relevant here, the FCA establishes civil penalties and treble damages liability to the United States for an individual or entity that:

(A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; [or]

(B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.

31 U.S.C. § 3729(a)(1)(A)-(B).

26. “Knowing,” within the meaning of the FCA, is defined to include reckless disregard and deliberate indifference to the truth or falsity of the information. *Id.* § 3729(b)(1).

27. Submitting a reimbursement request to Medicare for medical procedures that do not comply with applicable coverage standards constitutes a false claim actionable under section 3729(a)(1)(A) of the False Claims Act. Creating medical records for medical procedures that make it appear that they comply with coverage standards and form the basis of a reimbursement request to Medicare constitutes the creation of false record or statement material to a false claim actionable under section 3729(a)(1)(B) of the False Claims Act.

28. Under the Act, the Government is entitled to recover three times the amount of each claim and, for each claim or overpayment, a civil penalty of not less than \$5,500 and not more than \$11,000 for each violation that occurred prior to November 2, 2015, and a civil penalty of not less than \$10,781 and not more than \$21,563 for each violation that occurred from November 3, 2015, until December 31, 2016.

## **II. The Government’s Prior FCA Lawsuit Against Dr. Qin’s and Settlement**

29. On March 23, 2012, relator Integrity Advocates LLC, filed a sealed *qui tam* lawsuit in this Court against, *inter alia*, Dr. Qin and his former employer, Mattoo & Bhat Medical Associates, P.C. (“MBPC”), which operated surgical practices in New York City known as AV Care. *See United States et al. ex rel. Integrity Advocates LLC v. Comprehensive*



*Anesthesia Specialists, P.C., et al.*, No. 12 Civ. 2327 (LTS). The relator alleged that Dr. Qin and MBPC violated the False Claims Act by performing surgical procedures on ESRD patients for screening purposes and on patients who did not have the required clinical findings for the procedures.

30. On April 30, 2015, the United States intervened in this action, and on the same day filed a complaint-in-intervention. The United States' complaint-in-intervention alleged that from April 2010 to April 2012, MBPC and Dr. Qin violated the False Claims Act by performing and billing Medicare for fistulagrams and angioplasties without having the required clinical findings to support such billing and performed routine fistulagrams for screening purposes.

31. This Court unsealed this action by order dated May 1, 2015.

32. Also on May 1, 2015, this Court so-ordered a Stipulation and Order of Settlement and Dismissal between the United States and Dr. Qin, which was docketed on May 4, 2015. In this stipulation, Dr. Qin agreed to pay the United States \$150,000 to resolve his individual liability under the False Claims Act.

33. Furthermore, as part of this stipulation, Dr. Qin admitted that the LCD, which was in effect during the relevant time period, contained limitations and rules requiring specific clinical findings to justify billing for fistulagrams and angioplasties for ESRD patients, and that:

As a regular practice, AV Care routinely scheduled patients for fistulagrams and angioplasties as many as three months in advance, and [Dr. Qin] performed these fistulagrams as a matter of routine even if the patient presented without a clinical reason for the fistulagram, such as indications of difficulty with dialysis. From time to time, Dr. Qin performed angioplasties on MBPC patients where the patient information and records did not support "the presence of residual, hemodynamically significant stenosis, generally >/50 percent of the vessel diameter."

### **III. Dr. Qin Performed Medical Procedures on ESRD Patients that Were Not Reasonable and Necessary and Billed Medicare for Those Procedures**

34. On May 25, 2011 (and as updated on several subsequent occasions), Dr. Qin completed a Medicare Enrollment Application for himself and Qin Medical.

35. From at least January 1, 2015, to at least December 31, 2016, most Qin Medical patients were individuals with ESRD, enrolled in Medicare, who regularly required and received dialysis. These patients required well-functioning vascular access in order to receive dialysis.

36. Dr. Qin performed fistulagrams, angioplasties, and other procedures on ESRD patients at Qin Medical.

37. The Qin Defendants regularly scheduled ESRD patients for follow-up office visits approximately every three months before it was known whether, at the time of those future visits, the patients would exhibit clinical symptoms that would suggest any problems with the blood flow in and through the blood vessels through which dialysis treatment was provided.

38. During these follow up visits and otherwise, the Qin Defendants regularly performed, and billed Medicare for, fistulagrams, angioplasties, and related procedures on ESRD patients as a prophylactic or screening measure, even though the patients presented without any documented evidence that they exhibited a need for therapies to re-establish physiologically appropriate blood flow in the relevant blood vessels, such as indications of difficulty with dialysis.

39. In many cases, the medical records from Qin Medical falsely suggested that its patients had symptoms of the type that would justify a referral from the dialysis center for treatment or that the patient's dialysis center had referred the patient to Qin Medical. Indeed, medical records from the dialysis centers showed that the patients had no relevant symptoms and that there were no referrals to Dr. Qin or any other physician. The Qin Medical records

describing the justification for the procedures regularly included language that was similar or identical to that used in those patients' previous visits.

40. Furthermore, during patient visits (including the improperly scheduled follow-up visits), the Qin Defendants regularly performed, and billed Medicare for, angioplasties where the patient information and records did not support "the presence of residual, hemodynamically significant stenosis."

41. Qin Medical billed Medicare for each of these procedures and was paid for them, though they were not for covered procedures.

42. For example, patient CH<sup>2</sup> who has ESRD and was seen by Dr. Qin at Qin Medical several times in 2015 and 2016, received fistulagrams and angioplasties during these visits without having displayed the clinical symptoms to justify such interventions; he was nevertheless scheduled for a return visits three months after each visit. In each of these visits, Dr. Qin performed angioplasties on CH's blood vessels despite the fact that imaging did not support the presence of residual, hemodynamically significant stenosis.

43. On March 31, 2015, CH was seen by Dr. Qin, who stated that his office had supposedly been "called from HD [hemodialysis] center for very high venous pressure and prolonged bleeding," and stated that the patient allegedly had "moderate arm edema" or swelling. Dr. Qin performed a fistulagram that allegedly showed "over 50% stenosis at LT [left] subclavian [vein] and multiple over 50% stenosis over [the] cephalic [vein] [in the] upper[ ]arm." CH then underwent angioplasties in those two veins. Dr. Qin's "follow-up" instructions for CH

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<sup>2</sup> For reasons of medical privacy, only the initials of patients seen at Qin Medical are used in this complaint.

stated that he should receive an “appointment reminder (3 months)” for an “office visit and possible fistulagram.”

44. However, at previous visits to the dialysis center on March 25, 27, and 30, 2015, CH’s venous pressure was measured within the normal range, and the center noted that his fistula was accessed without difficulty, and that the treatment was successfully completed. There was no indication of any issue or symptom that would have warranted a referral to a vascular surgeon, nor was there any note of such a referral. There was no change to CH’s condition as described in the dialysis center’s notes on April 1, 2015, the day after he saw Dr. Qin.

45. Moreover, a review of the images of CH’s treatment at Qin Medical on March 31, 2015, showed no significant narrowing in the veins Dr. Qin treated.

46. CH was seen again at Qin Medical on June 30, 2015. This time Dr. Qin’s notes stated that his office had supposedly been “called from HD center for recurrent arm swelling and pain during HD for few weeks,” and again noted “moderate arm edema.” Dr. Qin performed a fistulagram that allegedly showed “over 50% stenosis at LT innominate [vein] and multiple over 50% stenosis and kink over cephalic upper[]arm,” and then performed angioplasties on those veins. Dr. Qin again prescribed a “follow-up” “appointment reminder (3 months)” for an “office visit and possible fistulagram.”

47. Just as with the previous visit, CH’s prior and subsequent visits to the dialysis center showed no evidence of any problems administering dialysis or any calls or referrals to Qin Medical. And again a review of the images of CH’s treatment at Qin Medical on that date showed no significant narrowing in the veins Dr. Qin treated.

48. CH was seen again at Qin Medical on September 29, 2015. Dr. Qin’s notes stated, just as they had three months prior, that his office had supposedly been “called from HD

center for recurrent arm swelling and pain during HD for few weeks,” and again noted “moderate arm edema.” Dr. Qin allegedly identified “[m]ultiple over 50% stenoses” in unspecified veins and a “kink over [the] cephalic upper[arm]” by fistulagram, and proceeded to perform angioplasty there. He again scheduled a three-month appointment reminder.

49. Like for CH’s previous visits to Qin Medical, the dialysis center notes from both before and after this visit show no issues or symptoms that would warrant a referral to a vascular surgeon and no indication that a referral or call was made. Similarly, the images from this treatment show no significant narrowing of the vein treated.

50. This process repeated itself, with little variation, for CH’s subsequent appointments with Dr. Qin on December 8, 2015, and March 8, 2016.

51. As another example, on January 7, 2015, patient SL was seen by Dr. Qin with a reported chief complaint of “recurrent arm swelling and prolonged bleeding,” who noted on physical examination to that the patient supposedly had “moderate arm edema” or swelling. Dr. Qin performed a fistulagram that allegedly showed “over 50% focal stenosis at [the] cephalic arch,” and then performed an angioplasty on that vein. Dr. Qin’s operation notes indicate that the patient’s “high venous pressure was resolved,” even though high venous pressure was not among the symptoms described for this patient. For a “follow-up,” Dr. Qin gave SL an “appointment reminder (3 months)” for an “office visit and possible fistulagram.”

52. However, at previous visits to the dialysis center on December 31, 2014, January 3, 2015, and January 6, 2015, as well as at a post-treatment visit on January 8, 2015, patient SL is described as “edema free,” and having a “normal” “access assessment.” While SL’s venous pressure during these visits was somewhat higher than what is generally considered normal, this condition persisted for months before and after treatment and did not appear to be affected by the

treatment by Dr. Qin. A review of the images of Dr. Qin's treatment did not show any significant narrowing of the treated vein.

53. SL returned to Qin Medical on April 8, 2015, and Dr. Qin's medical notes indicate that his office was allegedly "called from HD center for recurrent arm swelling and prolonged bleeding during HD recently," and again noted a pulsatile fistula and moderate arm edema. Dr. Qin again performed a fistulagram, which allegedly showed "multiple over 50% in-stent stenosis at cephalic upper[]arm," followed by an angioplasty, and recommended a three-month follow-up appointment.

54. Records from SL's visits to a dialysis center both before and after this visit to Qin Medical again show no edema or problems with access, no change to the patient's venous pressure, and no indication of any call or referral to an outside provider. And review of the images associated with Dr. Qin's treatment did not show any significant narrowing of the treated vein.

55. SL next saw Dr. Qin on July 16, 2015, whose notes included an indication for treatment, including the alleged "call[]" from the dialysis center, in identical language as the previous visit. Dr. Qin performed a fistulagram and angioplasty on the same areas as before, describing them in the same language, and recommended a three-month return visit.

56. Again, the contemporaneous records from SL's visits to the dialysis center do not show any difficulty or referral to an outside provider, and the images from Dr. Qin's treatment do not show significant narrowing of the treated vein.

57. Similar visits of SL to Qin Medical, with minor differences, took place on October 15, 2015, January 14, 2016, April 14, 2016, and July 14, 2016. Significantly, after a dialysis treatment on March 17, 2016, the dialysis center did note it had made a "referral for

consultation or admission” after the patient’s blood pressure dropped during dialysis, but there is no indication to which provider SL was referred; SL was not seen at Qin Medical until several weeks later, the notes from which made no mention of this incident.

58. In total, Qin Medical had more than 1,100 patient encounters in 2015 and 2016 in which he performed fistulagrams and/or angioplasties on ESRD patients. Dr. Qin’s practice billed Medicare, and Medicare paid, millions of dollars for fistulagrams and angioplasties in 2015 and 2016.

59. Medicare would not have paid Dr. Qin for any such procedures, such as those described above, which were not reasonable and necessary.

**CLAIMS FOR RELIEF**

**COUNT ONE**

**(Violation of 31 U.S.C. § 3729(a)(1)(A))**

60. The Government incorporates by reference all paragraphs of this complaint set out above as if fully set forth herein.

61. The Qin Defendants submitted claims to Medicare for reimbursement of services that were not “reasonable and necessary” and did not comply with program instructions because they were screening in nature and were given to patients who did not demonstrate symptoms showing clinical need for such services.

62. By submitting such claims for reimbursement, the Qin Defendants presented, or caused to be presented, false or fraudulent claims for payment or approval to the United States.

63. Such acts were made or done knowingly, as defined in 31 U.S.C. § 3729(a)(1).

64. By reason of the Qin Defendants’ above conduct, they are liable to the United States for treble damages and penalties, in an amount to be determined at trial.

**COUNT TWO**  
**(Violation of 31 U.S.C. § 3729(a)(1)(B))**

65. The Government incorporates by reference all paragraphs of this complaint set out above as if fully set forth herein.

66. The Qin Defendants submitted claims to Medicare for reimbursement of services that were not “reasonable and necessary” and did not comply with program instructions because they were screening in nature and were given to patients who did not demonstrate symptoms showing clinical need for such services.

67. By submitting such claims for reimbursement, the Qin Defendants made, used, or caused to be made or used, false records or statements material to false or fraudulent claims submitted to the United States.

68. Such acts were made or done knowingly, as defined in 31 U.S.C. § 3729(a)(1).

69. By reason of the Qin Defendants’ above conduct, they are liable to the United States for treble damages and penalties, in an amount to be determined at trial.

**WHEREFORE**, the United States requests that judgment be entered in its favor and against the Qin Defendants as follows:

- (a) treble the United States’ damages, in an amount to be determined at trial, plus an \$11,000 penalty for each claim submitted in violation of 31 U.S.C. § 3729(a)(1)(A) for each violation that occurred prior to November 2, 2015, and a \$21,563 penalty for each violation that occurred between November 3, 2015, and December 31, 2016;
- (b) treble the United States’ damages, in an amount to be determined at trial, plus an \$11,000 penalty for each claim submitted in violation of 31 U.S.C. § 3729(a)(1)(B) for each violation that occurred prior to November 2, 2015, and a \$21,563 penalty for each violation that occurred between November 3, 2015, and December 31, 2016;
- (d) an award of costs pursuant to 31 U.S.C. § 3729(a)(3); and

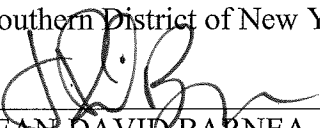


(e) such further relief as is proper.

Dated: November 30, 2018  
New York, New York

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United States Attorney for the  
Southern District of New York

By:

  
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