



U.S. Department of Justice

United States Attorney
Northern District of Illinois

Gary S. Shapiro
Acting United States Attorney

Dirksen Federal Courthouse
219 South Dearborn Street, Fifth Floor
Chicago, Illinois 60604
(312) 353-5300

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www.justice.gov/usao/iln

PRESS CONTACT:
AUSA Halley Guren 312-886-4156
AUSA/PIO Randall Samborn 312-353-5318

NINE DEFENDANTS, INCLUDING TWO OWNERS OF A HOME HEALTH CARE AGENCY AND TWO PHYSICIANS, INDICTED FOR ALLEGEDLY PAYING AND RECEIVING KICKBACKS FOR MEDICARE PATIENT REFERRALS

CHICAGO — Two owners of a home health care agency in suburban Skokie and two physicians were among nine defendants indicted on federal charges for paying and receiving kickbacks in exchange for the referral of Medicare patients for home health care services, federal law enforcement officials announced today. Defendants **Ana Nerissa Tolentino**, a registered nurse, and **Frederick Magsino**, both part owners of Rosner Home Healthcare, Inc., and **Edgardo Hernal**, a former Rosner employee, allegedly conspired to pay kickbacks to six co-defendants for the referral and retention of Medicare patients that enabled Rosner to bill Medicare.

Also indicted were **Emmanuel Nwaokocha** and **Masood Syed**, both physicians; **Jenette George**, who operated Ttenej Senior Referral Agency which provided senior citizens with referrals to home health agencies; and **Jennifer Holman**, who was an office manager at a doctor's office. Co-defendants **Titis Jackson** and **Carla Phillips-Williams** were marketers of Rosner's services.

The 27-count indictment was returned by a federal grand jury last Thursday. Tolentino, 43, of Morton Grove; Magsino, 59, of Morton Grove; Nwaokocha, 59, of Skokie; Syed, 53, of Mt. Prospect; Jackson, 36, of Chicago; George, 59, of Chicago; and Phillips-Williams, 42, of Chicago, were initially arrested and charged in criminal complaints in late July of this year. All seven were released on bond. Hernal, 55, of Westchester, and Holman, 53, of Chicago, were charged for the first time in the indictment.

All nine defendants will be arraigned in U.S. District Court on dates to be determined.

Three defendants — Tolentino, Magsino, and Hernal — were charged with one count of conspiracy to pay illegal kickbacks for Medicare patient referrals. Eight of the nine defendants were charged with two or more counts of violating the anti-kickback statute.

The indictment was announced by Gary S. Shapiro, Acting United States Attorney for the Northern District of Illinois; Lamont Pugh III, Special Agent-in-Charge of the Chicago Region of the U.S. Department of Health and Human Services, Office of Inspector General; and William C. Monroe, Acting Special Agent-in-Charge of the Chicago Office of the Federal Bureau of Investigation.

According to the indictment between January 2008 and July 2012, Tolentino, Magsino, and Hernal conspired with others to pay kickbacks and bribes to doctors, such as Nwaokocha and Syed; marketers, such as Jackson, George, and Phillips-Williams; medical office employees, such as Holman; nurses, and others to refer Medicare patients to Rosner. The three defendants charged with conspiracy allegedly paid kickbacks to increase Rosner's patient census and to enrich Rosner and themselves.

The amount of kickbacks varied but generally ranged from \$300 to \$600 for each new patient's completion of five home health visits in one cycle, and ranged between the same amounts for the repeat admission of a previous patient in a new cycle of home health care.

According to the previously filed complaints, Medicare paid Rosner approximately \$13 million for claims submitted for home health services between January 2008 and January 2012. Neither the complaints nor indictment allege how much of Rosner's total Medicare billings were fraudulent.

The complaints charged that between March and July 2012 alone, the following co-defendants received the amount of kickbacks listed: Nwaokocha, \$4,800; Syed, \$1,500; Jackson, \$24,000; George, \$13,500; and Phillips-Williams, \$3,000.

Conspiracy and each count of violating the anti-kickback statute carry a maximum penalty of five years in prison and a \$250,000 fine. If convicted, the Court must impose a reasonable sentence under federal statutes and the advisory United States Sentencing Guidelines.

The government is being represented by Assistant U.S. Attorney Halley Guren.

The public is reminded that an indictment is not evidence of guilt. The defendants are presumed innocent and are entitled to a fair trial at which the government has the burden of proving guilt beyond a reasonable doubt.

The case falls under the umbrella of the Medicare Fraud Strike Force, which expanded operations to Chicago in February 2011, and is part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 between the Justice Department and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Nearly five dozen defendants have been charged in health care fraud cases

since the strike force began operating in Chicago last year. Since June 2012, 16 defendants, including owners of other Chicago area home health care agencies and several other physicians, have been indicted in unrelated cases alleging Medicare referral kickback schemes.

Since their inception in March 2007, Strike Force operations in nine locations have charged more than 1,330 defendants who collectively have falsely billed the Medicare program for more than \$4 billion. In addition, the HHS Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention & Enforcement Action Team (HEAT), go to: www.stopmedicarefraud.gov .

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