

FILED

MAR 09 2023

Kh

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CAT 3
1:23-cr-00140
Judge Franklin U. Valderrama
Magistrate Jeffrey Cole

..... - 9 2023

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA)
)
 v.)
)
 MONA GHOSH)

Violation: Title 18, United
States Code, Section 1347

COUNT ONE

The SPECIAL JULY 2021 GRAND JURY charges:

1. At times material to this Indictment:

a. Defendant MONA GHOSH was a physician licensed to practice medicine in Illinois.

b. GHOSH owned and operated Progressive Women’s Healthcare, S.C., a medical office located in Hoffman Estates, Illinois (“Progressive”). GHOSH provided health care services to patients, including obstetrics and gynecology services, at Progressive. GHOSH and Progressive were enrolled as providers with Blue Cross and Blue Shield of Illinois, TRICARE, Medicaid, and other health care benefit programs.

c. Staff members at Progressive, including Employees A and B and Contractor C, assisted GHOSH with billing for health care services GHOSH provided to patients, including laboratory services ordered by GHOSH.

d. Blue Cross and Blue Shield of Illinois and other private insurance companies offered and administered health care benefit programs within the

meaning of Title 18, United States Code, Section 24(b), including employer-sponsored plans and Medicaid plans.

e. TRICARE was a health care benefit program within the meaning of Title 18, United States Code, Section 24(b), that provided health insurance to military families.

f. Medicaid was a health care benefit program within the meaning of Title 18, United States Code, Section 24(b) that provided free or below-cost health care benefits to certain eligible beneficiaries, primarily low-income individuals.

g. To submit claims for payment to health care benefit programs, providers used codes developed by the American Medical Association (“AMA”) to identify the medical procedures and services that had been performed. The codes were from the AMA’s Physicians Current Procedural Terminology (“CPT”) system, which was published in the AMA Current Procedural Terminology Manual (“CPT Manual”). The health care benefit programs used the CPT codes to determine what, if any, amount to pay to the provider as reimbursement for the purported service.

h. CPT Codes 99213, 99214, and 99215 were for office visits with established patients and required a medically appropriate history and/or examination of the patient. The particular code used depended on the level of medical decision making required for the encounter, and typically the higher codes were used when the encounter was more complex or required more time. Health care benefit programs typically reimbursed providers higher amounts for the higher codes.

i. CPT Codes 99213, 99214, and 99215, among others, could be modified with codes, including Code GT and Code 95, which indicated the service was provided by telemedicine instead of in-office. The codes further indicated the telemedicine visit was provided using an interactive audio and video telecommunication system.

j. In addition to CPT Codes, health care benefit programs also used diagnosis codes to determine whether the service was covered by the plan and reimbursable to the provider. Diagnosis codes typically were from the International Classification of Diseases, Tenth Revision (ICD-10), a system endorsed by the AMA and used by physicians to classify and code diagnoses, symptoms and procedures for claims processing.

k. Providers were required to submit certain claim information to health care benefit programs, including Blue Cross and Blue Shield of Illinois, TRICARE, and Medicaid, for reimbursement for covered services provided to patients. Required claim information included the beneficiary's name; his/her insurance number; his/her date of birth; the health care services provided; the diagnosis; the location where the health care services were provided; the name and National Provider Identifier of the individual providing the health care services; and the charge for each health care service provided.

1. The health care benefit programs paid for services that were covered by a patient's insurance policy and for which a representation had been made that the services were actually provided to the patient and were medically necessary.

2. Beginning in or around February 2018, and continuing through in or around April 2022, at Hoffman Estates, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, participated in a scheme to defraud a health care benefit program, namely Blue Cross and Blue Shield of Illinois, TRICARE, Medicaid, and others, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of a health care benefit program, in connection with the delivery of and payment for health care benefits and services, which scheme is further described below.

3. It was part of the scheme that GHOSH knowingly submitted, and caused to be submitted, fraudulent claims to health care benefit programs. The claims fraudulently sought reimbursement for services that were not provided and for services that were not medically necessary. This included claims for purported telemedicine visits when GHOSH did not speak with the patient, claims for office visits and procedures when GHOSH did not see the patient, claims for procedures predicated on false diagnoses, and claims for medically unnecessary procedures and tests.

4. It was further part of the scheme that GHOSH submitted, and caused to be submitted, fraudulent claims to health care benefit programs for purported in-office visits on dates when GHOSH was not in Illinois and had not seen the patients.

5. It was further part of the scheme that GHOSH submitted, and caused to be submitted, fraudulent claims to health care benefit programs for purported telemedicine visits with patients, when GHOSH had made an unscheduled call to the patient, left the patient a voicemail message, and had no interaction with the patient.

6. It was further part of the scheme that, in order to claim a greater reimbursement amount from health care benefit programs, GHOSH fraudulently overstated the length and complexity of in-office and telemedicine visits, and caused Employees A and B to bill CPT Codes 99213, 99214, and 99215, for visits that did not qualify for those CPT Codes.

7. It was further part of the scheme that GHOSH knowingly submitted and caused to be submitted fraudulent claims to health care benefit programs for medical procedures, including endometrial biopsies and ablations, that were not medically necessary. To fraudulently substantiate the need for such procedures, GHOSH caused the claims to contain false diagnosis codes for symptoms and diagnoses that patients did not actually have.

8. It was further part of the scheme that GHOSH knowingly submitted and caused to be submitted fraudulent claims for laboratory testing, including sexually transmitted disease testing, that was not medically necessary.

9. It was further part of the scheme that GHOSH knowingly created, and caused the creation of, false medical records at Progressive to substantiate the fraudulent claims submitted to the health care benefit programs and to conceal the scheme to defraud.

10. It was further part of the scheme that GHOSH fraudulently obtained, and caused Progressive to obtain, at least approximately \$796,000 in payments from health care benefit programs for services that were not provided as billed.

11. It was further part of the scheme that GHOSH misrepresented, concealed and hid, and caused to be misrepresented, concealed and hidden, the acts done in furtherance of the scheme and the purposes of those acts.

12. On or about May 27, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient K.R. on May 14, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT TWO

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 11 of Count One are incorporated here.
2. On or about October 8, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient M.E. on October 6, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT THREE

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 11 of Count One are incorporated here.
2. On or about December 10, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient M.E. on December 7, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT FOUR

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 11 of Count One are incorporated here.
2. On or about December 17, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient M.E. on December 14, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT FIVE

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about December 31, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient M.E. on December 22, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT SIX

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 11 of Count One are incorporated here.
2. On or about May 21, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient J.S. on May 10, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT SEVEN

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about June 3, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, for a telemedicine visit, billed using CPT code 99213, with modifier 95, purportedly provided to patient J.S. on May 24, 2021, that was not actually provided as billed;

In violation of Title 18, United States Code, Section 1347.

COUNT EIGHT

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about January 4, 2020, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Medicaid, for health care services purportedly provided by GHOSH to patient A.G. on December 28, 2019, when GHOSH had not provided the services and was not in the State of Illinois on that date;

In violation of Title 18, United States Code, Section 1347.

COUNT NINE

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about October 12, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Medicaid, for an endometrial ablation performed on patient E.O. on August 9, 2021;

In violation of Title 18, United States Code, Section 1347.

COUNT TEN

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about November 30, 2020, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Medicaid, for an endometrial ablation performed on patient N.P. on September 18, 2020;

In violation of Title 18, United States Code, Section 1347.

COUNT ELEVEN

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about August 26, 2021, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for laboratory testing provided to patient M.E. on August 24, 2021, that was not medically necessary;

In violation of Title 18, United States Code, Section 1347.

COUNT TWELVE

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about December 19, 2019, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, for laboratory testing provided to patient K.R. on April 6, 2019, that was not medically necessary;

In violation of Title 18, United States Code, Section 1347.

COUNT THIRTEEN

The SPECIAL JULY 2021 GRAND JURY further charges:

1. Paragraphs 1 through 13 of Count One are incorporated here.
2. On or about September 24, 2019, in the Northern District of Illinois, Eastern Division, and elsewhere,

MONA GHOSH,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted a claim to a health care benefit program, namely TRICARE, for laboratory testing provided to patient L.T. on September 11, 2019, that was not medically necessary;

In violation of Title 18, United States Code, Section 1347.

FORFEITURE ALLEGATION

The SPECIAL JULY 2021 GRAND JURY further alleges:

1. Upon conviction of an offense in violation of Title 18, United States Code, Section 1347, as set forth in this Indictment,

MONA GHOSH,

defendant herein, shall forfeit to the United States of America any property that constitutes and is derived, directly and indirectly, from the gross proceeds traceable to the commission of the offense, as provided in Title 18, United States Code, Section 982(a)(7).

2. If any of the property described above, as a result of any act or omission by a defendant: cannot be located upon the exercise of due diligence; has been transferred or sold to, or deposited with, a third party; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or has been commingled with other property which cannot be divided without difficulty, the United States of America shall be entitled to forfeiture of substitute property, as provided in Title 21, United States Code, Section 853(p).

A TRUE BILL:

FOREPERSON

UNITED STATES ATTORNEY