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

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UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA  
June 2011 Grand Jury

CR 12 00397

UNITED STATES OF AMERICA, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
YEONG JA LEE, )  
 aka "Sophia Lee," )  
 )  
Defendant. )  
 )  
\_\_\_\_\_ )

CR \_\_\_\_\_  
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. § 1518: Obstruction  
of a Criminal Investigation of  
Health Care Fraud Offenses; 18  
U.S.C. § 2: Aiding an Abetting  
and Causing an Act to Be Done]

The Grand Jury charges:

COUNT ONE

[18 U.S.C. § 1349]

A. INTRODUCTORY ALLEGATIONS

At all times relevant to this Indictment:

The Defendant

1. Defendant YEONG JA LEE, also known as "Sophia Lee"  
("defendant LEE"), was an employee of Greatcare Home Health,  
Inc. ("Greatcare"), from in or about August 2009, to in or about  
December 2010.

1           2.     Defendant LEE was not licensed in California to  
2 provide nursing or physical therapy services.

3           Greatcare

4           3.     Greatcare was a home health agency enrolled as a  
5 Medicare provider and owned by a co-conspirator, Hee Jung Mun  
6 ("Mun").

7           4.     Greatcare employed a licensed physical therapist  
8 ("PT") ("Co-conspirator 2").

9           5.     Between on or about May 1, 2008, and on or about April  
10 30, 2011, Medicare paid Greatcare approximately \$5,416,132 for  
11 claims Greatcare submitted relating to home health services.

12           The Medicare Program

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

19           7.     Individuals who qualified for Medicare benefits were  
20 referred to as "beneficiaries" and were issued Medicare  
21 identification cards with unique Health Insurance Claim Numbers.

22           8.     Persons and entities that provided medical services  
23 that were reimbursed by Medicare were called Medicare  
24 "providers."

25           9.     Medicare reimbursed providers for certain types of  
26 medically necessary treatment, including home health services  
27 provided by qualified home health agencies.

28           10.    Medicare coverage for home health services was limited

1 to situations in which specified qualifying conditions were met.

2 These conditions included the following:

3 a. The Medicare beneficiary was confined to the home  
4 and did not have a willing care-giver to assist him or her;

5 b. The beneficiary needed skilled nursing services  
6 or physical or occupational therapy services;

7 c. The beneficiary was under the care of a qualified  
8 physician who ordered the services.

9 d. The services were performed pursuant to a written  
10 Plan of Care for the beneficiary, signed by the physician and a  
11 registered nurse ("RN") (or by a PT if only physical therapy  
12 services were provided) from the home health agency;

13 e. A new Plan of Care was established for each  
14 sixty-day episode of services provided.

15 f. Skilled nursing services and physical therapy  
16 were provided by an RN or PT, respectively, or by a licensed  
17 individual under the supervision of an RN or PT in accordance  
18 with the Plan of Care; and

19 g. The skilled nursing services or physical or  
20 occupational therapy were medically necessary.

21 11. Medicare required a home health agency to maintain a  
22 clinical record of services provided to each beneficiary,  
23 including signed and dated clinical and progress notes recording  
24 each home visit.

25 12. Medicare paid home health agencies based on a payment  
26 system under which Medicare paid home health agencies for each  
27 sixty-day episode of services. The amount of the payment was  
28 based primarily on the severity of the beneficiary's health

1 condition and care needs.

2 B. THE OBJECT OF THE CONSPIRACY

3 13. Beginning in or about August 2009, and continuing to  
4 on or about December 2010, in Los Angeles County, within the  
5 Central District of California and elsewhere, defendant LEE,  
6 together with Mun, co-conspirator 2, and others known and  
7 unknown to the Grand Jury, knowingly combined, conspired, and  
8 agreed to commit health care fraud, in violation of Title 18,  
9 United States Code, Section 1347.

10 C. THE MANNER AND MEANS OF THE CONSPIRACY

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

13 a. Defendant LEE would visit Medicare beneficiaries  
14 for Greatcare and perform services for those beneficiaries,  
15 including massages. Defendant LEE was not licensed to perform  
16 these services, as defendant LEE then well knew.

17 b. Defendant LEE would write therapy notes for these  
18 visits showing that (i) the beneficiaries had received physical  
19 therapy when in fact she had only provided massages; and (ii)  
20 co-conspirator 2, a licensed PT, had visited the beneficiaries  
21 when in fact defendant LEE had done so.

22 c. As defendant LEE well knew, co-conspirator 2  
23 would then sign these therapy notes, even though co-conspirator  
24 2 had not in fact made the visits or performed the services  
25 shown in the notes and did not know the physical conditions of  
26 many of the beneficiaries.

27 d. Based in part on defendant LEE's fraudulent  
28 conduct, Greatcare would submit false and fraudulent claims to

1 Medicare for home health services purportedly provided to  
2 Medicare beneficiaries. These claims were false and fraudulent,  
3 in that the beneficiaries (i) were not confined to their homes  
4 or otherwise did not qualify for or need home health services,  
5 (ii) received services from unlicensed individuals, and/or (iii)  
6 did not receive the services for which Medicare was billed.

7 e. Medicare paid Greatcare approximately \$5,416,132  
8 for these false and fraudulent claims for home health services  
9 between May 1, 2008, and April 30, 2011.

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COUNT TWO

[18 U.S.C. §§ 1518(a), 2]

15. The Grand Jury hereby repeats and realleges paragraphs 1 through 12 and 14 of this Indictment, as though fully set forth herein.

16. On or about March 29, 2011, in Los Angeles County, within the Central District of California, and elsewhere, defendant LEE aided and abetted Mun and others known and unknown to the Grand Jury in willfully preventing, obstructing, misleading, and delaying, and attempting to prevent, obstruct, mislead, and delay, the communication of information relating to a violation of a Federal health care offense, namely, conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, to a criminal investigator.

Specifically, on or about March 29, 2011, defendant LEE willfully caused to be submitted to criminal investigators false and fraudulent patient charts, which were for Medicare

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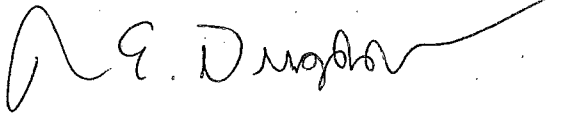
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1 beneficiaries referred to Greatcare for home health services,  
2 and which had been prepared by defendant LEE and others known  
3 and unknown to this Grand Jury.  
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7 A TRUE BILL

8  
9 15/  
Foreperson

10 ANDRÉ BIROTTE JR.  
United States Attorney

11 

12  
13 ROBERT E. DUGDALE  
Assistant United States Attorney  
14 Chief, Criminal Division

15 BEONG-SOO KIM  
Assistant United States Attorney  
16 Chief, Major Frauds Section

17 CONSUELO S. WOODHEAD  
Assistant United States Attorney  
18 Deputy Chief, Major Frauds Section

19 KRISTEN A. WILLIAMS  
Assistant United States Attorney  
20 Major Frauds Section