

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA

v.

MARICEL SAJONAS

Defendant.

Case:2:17-cr-20457  
Judge: Battani, Marianne O.  
MJ: Majzoub, Mona K.  
Filed: 07-05-2017 At 01:22 PM  
INFO USA V. SEALED MATTER (DA)

VIO: 18 U.S.C. § 1349  
18 U.S.C. § 981  
18 U.S.C. § 982

**INFORMATION**

THE UNITED STATES ATTORNEY CHARGES:

**General Allegations**

At all times relevant to this Information:

**The Medicare Program**

1. The Medicare program (Medicare) was a federal health care program providing benefits to persons who were over the age of 65 or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (CMS), a federal agency under the United States Department of Health and Human Services. Individuals who received benefits under Medicare were referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

3. Medicare included coverage under different components, including hospital insurance (Part A) and medical insurance (Part B). Part A covered physical therapy, occupational therapy, and skilled nursing services if a facility was certified by CMS as meeting certain requirements. Part B covered the cost of physicians' services and other ancillary services not covered by Part A. The physical therapy, occupational therapy, physicians' services, and other services at issue in this Information were covered by Part A and Part B.

4. Payments to the Medicare program were often made directly to a provider of the goods and services, rather than to a beneficiary.

5. Health care providers could submit claims to Medicare only for medically necessary services that they rendered. Medicare regulations required health care providers to maintain complete and accurate patient medical records to verify that the services were provided as described in the claim. These records were required to be sufficient to permit Medicare, through its contractors, to review the appropriateness of Medicare payments made to the healthcare provider.

6. National Government Services was the CMS intermediary for Medicare Part A in Michigan. Wisconsin Physicians Service was the CMS contracted carrier for Medicare Part B, which included home visits, in Michigan. TrustSolutions, LLC was the program safeguard contractor for Medicare Part A and Part B in Michigan until April 24, 2012, when it was replaced by Cahaba Safeguard Administrators LLC

(Cahaba). On April 10, 2015, AdvanceMed replaced Cahaba as the program safeguard contractor.

7. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all provisions of the Social Security Act, the regulations promulgated under the Social Security Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors, including the anti-kickback statute.

8. Upon certification, the medical provider, whether a clinic or an individual, was assigned a provider identification number (PIN) for billing purposes. When the medical provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor/carrier that included the PIN assigned to that medical provider. When an individual medical provider was associated with a clinic, Medicare Part B required that the individual provider's PIN be placed on the claim submitted to the Medicare contractor.

9. Health care providers were given and provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations.

10. To receive reimbursement for a covered service from Medicare, a provider was required to submit a claim, either electronically or using a form (*e.g.*, a CMS-1500 or UB-92) containing the required information appropriately identifying the provider, patient, and services rendered.

11. A home health agency was an entity that provided health services, including but not limited to skilled nursing, physical and occupational therapy, and speech pathology services to homebound patients.

### **The Home Health Agencies**

12. Alpha Home Care Services, Inc. (Alpha), was a Michigan corporation doing business at 28820 Southfield Road, Suite 220, Lathrup Village, MI 48078. Alpha was a home health agency that purportedly provided in-home physical therapy, skilled nursing, and other services to patients. Alpha was a Medicare provider and submitted claims to Medicare.

13. Al-Hoda Home Healthcare Services, Inc. (Al-Hoda), was a Michigan corporation doing business at 24001 Southfield Road, Suite 213, Southfield, MI 48075. Al-Hoda was a home health agency that purportedly provided in-home physical therapy, skilled nursing, and other services to patients. Al-Hoda was a Medicare provider and submitted claims to Medicare.

14. Patient Home Healthcare Services, Inc. d/b/a Urgent Homecare, Inc. (Urgent), was a Michigan corporation doing business at 28860 Southfield Road,



Suite 261, Lathrup Village, MI 48078. Urgent was a home health agency that purportedly provided in-home physical therapy, skilled nursing, and other services to patients. Urgent was a Medicare provider and submitted claims to Medicare (Alpha, Al-Hoda and Urgent are collectively referred to as “Tahir entities”).

15. MI Choice Home Health Care, LLC (“MI Choice”), was a Michigan corporation doing business at 30555 Southfield Road, Southfield, MI 48076. MI Choice was a home health agency that purportedly provided in-home physical therapy, skilled nursing, and other services to patients. MI Choice was a Medicare provider and submitted claims to Medicare.

**Count 1**  
**18 U.S.C. § 1349**  
**Conspiracy to Commit Health Care Fraud**

**MARICEL SAJONAS**

16. Paragraphs 1 through 15 of the General Allegations section of this Information are realleged and incorporated by reference as though fully set forth herein.

17. From in or around the beginning of 2013, continuing through the April 2017, the exact dates being unknown to the Grand Jury, in Wayne County and Oakland County in the Eastern District of Michigan and elsewhere, defendant MARICEL SAJONAS did willfully and knowingly combine, conspire, confederate,

and agree with each other and others, known and unknown to the Grand Jury, to commit certain offenses against the United States, that is:

(a) to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, 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, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services; and

#### **Purpose of the Conspiracy**

18. The purpose of the conspiracy was for defendant MARICEL SAJONAS, and others, to unlawfully enrich themselves by, among other things, (a) submitting and causing the submission of false and fraudulent claims to Medicare for home health and physician services on behalf of the Tahir entities; (b) offering, paying, soliciting, and receiving kickbacks and bribes for the purpose of arranging for the use of Medicare beneficiary information as the basis of claims submitted on behalf of the Tahir entities and MI Choice; and (c) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators in the form of compensation and other remunerations.

### **Manner and Means**

The manner and means by which MARICEL SAJONAS and his co-conspirators sought to accomplish the purpose of the conspiracy included, among others, the following:

19. MARICEL SAJONAS, paid and caused the payment of kickbacks and bribes to her co-conspirators in the form of cash in exchange for referring Medicare beneficiaries and providing Medicare beneficiary information that was later used to support false and fraudulent claims to Medicare for purported home health care on behalf of the Tahir Entities and MI Choice.

20. MARICEL SAJONAS and her co-conspirators paid and caused the payment of kickbacks and bribes to Medicare beneficiaries in exchange for their signatures on blank medical records used to support claims submitted on behalf of the Tahir Entities for home health services that were not medically necessary and not provided.

21. MARICEL SAJONAS and her co-conspirators falsified, fabricated, altered, and caused the falsification, fabrication, and alteration of medical records, including, but not limited to, home health certifications and plans of care, therapy visit notes, nursing visit notes, evaluations, re-certifications, and discharges, of the Tahir Entities, to support claims to Medicare for home health care services that were

obtained through kickbacks and bribes, that were medically unnecessary, and that were never provided.

22. MARICEL SAJONAS and her co-conspirators submitted and caused the submission of false and fraudulent claims to Medicare for home health care and other physician services purportedly provided by the Tahir Entities MI Choice in an amount exceeding \$2,700,000.

All in violation of Title 18, United States Code, Section 1349.

**FORFEITURE ALLEGATIONS**

(18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461;  
18 U.S.C. § 982(a)(7)—Criminal Forfeiture)

1. The above allegations contained in this Information are incorporated by reference as if set forth fully herein for the purpose of alleging forfeiture pursuant to the provisions of Title 18, United States Code, Sections 981 and 982, and Title 28, United States Code, Section 2461.

2. As a result of the violations of Title 18, United States Code, Sections 1349, in this Information, MARICEL SAJONAS, shall forfeit to the United States any property, real or personal, that constitutes or is derived from any proceeds obtained, directly or indirectly, as a result of such violation, pursuant to 18 U.S.C. § 982(a)(7) and 18 U.S.C. § 981(a)(1)(C), as incorporated by 28 U.S.C. § 2461.

3. Substitute Assets: If the property described above as being subject to forfeiture, as a result of any act or omission of the defendant:



- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the Court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property that cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to 21 U.S.C. § 853(p) as incorporated by 18 U.S.C. § 982(b) and/or 28 U.S.C. § 2461, to seek to forfeit any other property of the defendant up to the value of the forfeitable property described above.

Respectfully submitted,

DANIEL L. LEMISCH  
*Acting United States Attorney*

s/MALISA DUBAL  
MALISA DUBAL  
*Trial Attorney*  
*U.S. Department of Justice*  
*Criminal Division, Fraud Section*

s/REBECCA SZUCS  
REBECCA SZUCS  
*Trial Attorney*  
*U.S. Department of Justice*  
*Criminal Division, Fraud Section*

s/ALLAN J. MEDINA  
ALLAN J. MEDINA  
*Assistant Chief*

*U.S. Department of Justice  
Criminal Division, Fraud Section*

s/WAYNE F. PRATT  
WAYNE F. PRATT  
*Chief, Health Care Fraud Unit  
United States Attorney's Office  
Eastern District of Michigan*

Dated: July 5, 2017

ORIGINAL

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United States District Court Eastern District of Michigan	<b>Criminal Case Cov</b>
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to complete it accurately in all respects.

<b>Companion Case Number:</b>
This may be a companion case based upon LCrR 57.10 (b)(4) <sup>1</sup> :
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Judge Assigned:</b>
<b>AUSA's Initials:</b> <i>R.S.</i>

**Case Title:** USA v. Sajonas

**County where offense occurred :** Wayne County, Oakland County

**Check One:**     **Felony**                       **Misdemeanor**                       **Petty**

\_\_\_ Indictment/ \_\_\_ Information --- no prior complaint.  
 \_\_\_ Indictment/ \_\_\_ Information --- based upon prior complaint [Case number: \_\_\_\_\_]  
 \_\_\_ Indictment/  Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

**Superseding Case Information**

**Superseding to Case No:** \_\_\_\_\_ **Judge:** \_\_\_\_\_

- Corrects errors; no additional charges or defendants.
- Involves, for plea purposes, different charges or adds counts.
- Embraces same subject matter but adds the additional defendants or charges below:

<u>Defendant name</u>	<u>Charges</u>	<u>Prior Complaint (if applicable)</u>
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**Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.**

July 5, 2017  
Date

*Rebecca Szucs*  
 Rebecca Szucs, Trial Attorney  
 211 West Fort Street, Detroit, MI 48226  
 Phone: (202) 262 - 3520  
 Fax: (313) 226 - 0816  
 E-Mail address: Rebecca.Szucs@usdoj.gov  
 Attorney Bar #: NY 5346861

<sup>1</sup> Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.