UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

UNITED STATES OF AMERICA	)	
	)	No. 14 CR 50005
vs.	)	Violation: Title 18, United States Code,
	)	Section 1347
CHARLES DEHAAN	)	

COUNT ONE

The MARCH 2013 GRAND JURY charges:

1. At times material to this indictment:

Defendant

a. CHARLES DEHAAN was a physician licensed in Illinois and was the President of Housecall Physicians Group of Rockford, S.C., formerly known as MD@HOME, House Calls of Greater Chicago, S.C. and MD at HOME, S.C.

b. CHARLES DEHAAN was a physician who treated numerous patients at Rockford-area assisted living facilities. As a physician, DEHAAN had access to patients and patient records.

c. CHARLES DEHAAN was enrolled as a provider with the Medicare program and assigned a unique provider number, which he used to submit claims to the Medicare program for reimbursement from federal funds.

Background Concerning Medicare

d. Medicare was a Federal health care benefit program, as defined in Title 18, United States Code, Section 24(b), that provided free and below-cost health care benefits, including, among other things, medically necessary physician visits to patients' homes and in-home health care services for persons who were confined to their homes.

e. Medicare included coverage under two primary components: "Part A," which covered a portion of the costs of hospital inpatient stays and home health care; and "Part B," which covered a portion of certain outpatient physician visits and services.

f. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency under the United States Department of Health and Human Services. In Illinois, CMS contracted with Wisconsin Physicians Services to administer and pay Part B claims, including services related to physician home visits, from the Medicare Trust Fund.

g. Physicians, clinics, and other health care providers that provided services to Medicare beneficiaries were able to apply for and obtain a Medicare provider number. A health care provider who was issued a Medicare provider number was able to file claims with Medicare to provide reimbursement for services provided to beneficiaries.

h. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. Providers of health care services to Medicare beneficiaries seeking reimbursement under the program were required to submit a claim form, called a CMS 1500, with certain information regarding the Medicare beneficiary, including the beneficiary's name, health insurance claim number, date the service was rendered, location where the service was rendered, type of service provided, number of services rendered, the procedure code, a diagnosis code, charges for each service provided, the provider's unique identifier, and a certification that such services were personally rendered by the provider.

i. The American Medical Association established certain codes to identify medical services and procedures performed by physicians known as the "Current Procedural

Terminology." The CPT system provided a national coding practice for reporting services performed by physicians and for payment of Medicare claims.

j. A physician visit to a patient's home with a new patient was billed using CPT codes 99341 through 99345. A physician visit to a patient's home with an established patient was billed using CPT codes 99347 through 99350. For each of these series of CPT codes, a higher code number corresponded to a more in-depth and time-consuming level of service, with a correspondingly higher reimbursement amount.

k. For a home visit to be billed properly using CPT code 99347, it was required to have at least two of the following key components as defined by the American Medical Association: a problem-focused interval history, a problem-focused examination, and/or straightforward medical decision making. According to the American Medical Association, such a visit usually involved a self-limited or minor problem, and a physician typically spent 15 minutes face-to-face with the patient and/or family during such a visit.

l. For a home visit to be billed properly using CPT code 99348, it was required to have at least two of the following key components as defined by the American Medical Association: an expanded problem-focused interval history, an expanded problem-focused examination, and/or medical decision making of low complexity. According to the American Medical Association, such a visit usually involved a problem or problems of low to moderate severity, and a physician typically spent 25 minutes face-to-face with the patient and/or family during such a visit.

m. For a home visit to be billed properly using CPT code 99349, it was required to have at least two of the following key components as defined by the American

Medical Association: a detailed interval history, a detailed examination, and/or medical decision making of moderate complexity. According to the American Medical Association, such a visit usually involved a problem or problems of moderate to high severity, and a physician typically spent 40 minutes face-to-face with the patient and/or family during such a visit.

n. For a home visit to be billed properly using CPT code 99350, it was required to have at least two of the following key components as defined by the American Medical Association: a comprehensive interval history, a comprehensive examination, and/or medical decision making of moderate to high complexity. According to the American Medical Association, such a visit usually involved a problem or problems of moderate to high severity, and a physician typically spent 60 minutes face-to-face with the patient and/or family during such a visit.

o. Medicare payments for claims submitted using CPT codes 99349 and 99350 were more than the payments for claims submitted using CPT codes 99347 and 99348, with the payment for claims submitted using CPT code 99350 approximately three times more than the payment for claims submitted using CPT code 99347.

p. Medicare authorized payment for home visits and physician services only if those services were actually provided and were medically necessary because of disease, infirmity, or impairment. Medicare did not authorize payment for services and treatment that were not actually provided or for which that patient did not meet the criteria necessary to justify the claimed service or treatment.

2. Beginning no later than in or about January 2013 and continuing through on or about January 24, 2014, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, did participate in a scheme to defraud a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), namely Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money under the custody and control of that 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, in order to enrich himself, CHARLES DEHAAN submitted false claims to Medicare for reimbursement relating to medical services that DEHAAN purportedly provided to patients in their homes.

4. It was further part of the scheme that CHARLES DEHAAN accessed and obtained patient information pertaining to Medicare beneficiaries, including the beneficiary's name and Medicare number, through his affiliation with and privileges granted to him at various Rockford-area assisted living facilities. DEHAAN accessed and obtained this patient information without the knowledge or consent of the patients.

5. It was further part of the scheme that CHARLES DEHAAN had other individuals prepare and submit the necessary paperwork, including the CMS 1500, to the Medicare program and CMS in order for DEHAAN to be reimbursed by Medicare for medical services that DEHAAN purportedly rendered to Medicare beneficiaries.

6. It was further part of the scheme that CHARLES DEHAAN provided his employees with handwritten documents that he prepared. The handwritten documents contained

false and fraudulent information, including false information for medical services purportedly provided to patients whom DEHAAN never actually treated. The handwritten documents also included false information relating to the CPT codes applicable to the medical services DEHAAN purportedly provided to patients.

7. It was further part of the scheme that CHARLES DEHAAN billed for medical services provided to patients when he knew he did not provide any reimbursable medical service. For instance, on multiple occasions, DEHAAN billed Medicare for medical services purportedly provided to patients, when DEHAAN's visit with the patient involved no medical care and instead involved DEHAAN's having sexual contact and attempting to have sexual contact with a patient and making sexual advances toward a patient.

8. It was further part of the scheme that CHARLES DEHAAN billed most routine visits with established patients to Medicare at the highest levels of in-home care, namely, CPT codes 99349 and 99350, when, in fact, DEHAAN knew that his visits with these patients typically did not qualify for such billing because the visits were usually straightforward, lasting no more than 5 to 10 minutes.

9. It was further part of the scheme that CHARLES DEHAAN billed other CPT codes, such as CPT code 11042 for debridement of wound, and CPT code 69210 for removal of earwax, when, in fact, DEHAAN did not perform such services and knew that this billing information was false.

10. It was further part of the scheme that CHARLES DEHAAN would and did conceal and hide and cause to be concealed and hidden, the purposes of the acts done in furtherance of the scheme.

11. On or about May 31, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient SL on or about May 20, 2013.

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

COUNT TWO

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about June 14, 2013, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient EZ on or about January 28, 2013.

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

COUNT THREE

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about June 21, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient MK on or about February 21, 2013.

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

COUNT FOUR

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about June 28, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient ShL on or about June 19, 2013.

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

COUNT FIVE

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about July 26, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient LS on or about July 17, 2013.

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

COUNT SIX

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about October 11, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient MT on or about September 30, 2013.

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

COUNT SEVEN

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about December 13, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient DG on or about December 6, 2013.

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

COUNT EIGHT

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about December 20, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient GH on or about December 9, 2013.

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

COUNT NINE

The MARCH 2013 GRAND JURY further charges:

1. Paragraphs 1 through 10 of Count One of this Indictment are incorporated here.

2. On or about December 20, 2013, at Rockford, Illinois, in the Northern District of Illinois, Western Division, and elsewhere,

CHARLES DEHAAN,

defendant herein, knowingly and willfully executed and attempted to execute the scheme by submitting and causing to be submitted to WPS a Medicare claim seeking payment for an in-home patient visit regarding Patient GJ on or about December 6, 2013.

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

FORFEITURE ALLEGATION

The MARCH 2013 GRAND JURY further charges:

1. The allegations of Counts One through Nine of this Indictment are hereby realleged and incorporated as though fully set forth herein for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 982.

2. As a result of the violations of Title 18, United States Code, Section 1347, as alleged in the foregoing Indictment,

CHARLES DEHAAN

defendant herein, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all right, title, and interest he may have in any property, real and personal, constituting and derived, directly and indirectly, from gross proceeds traceable to the commission of the offenses.

3. If any of the forfeitable property described above, as a result of any act or omission by 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 which cannot be divided without difficulty,

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United

States Code, Section 982(b)(1).

All pursuant to Title 18, United States Code, Section 982.

A TRUE BILL:

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FOREPERSON

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UNITED STATES ATTORNEY