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U.S. Attorney's Office
District of Columbia

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Chiropractor Pleads Guilty to Obstructing Investigation Of Health Care Fraud Involving D.C. Medicaid Program

Defendant Tried to Influence Assistant's Statements to FBI Regarding Fraudulent Medicaid Billing

WASHINGTON – Rehman Mirza, 42, a chiropractor who practiced in Suitland, Md., has pled guilty to a federal charge of obstructing a criminal health care fraud investigation for trying to cover up his role in a scheme involving fraudulent claims submitted to the District of Columbia Medicaid program for personal care aide services.

The guilty plea was announced today by Acting U.S. Attorney Vincent H. Cohen, Jr. and Andrew G. McCabe, Assistant Director in Charge of the FBI's Washington Field Office.

Mirza, of Woodbridge, Va., pled guilty on May 29, 2015, in the U.S. District Court for the District of Columbia. The Honorable Ketanji Brown Jackson scheduled a status hearing for Sept. 24, 2015. The charge carries a statutory maximum of five years in prison and financial penalties. Under federal sentencing guidelines, the parties have agreed that Mirza faces a likely range of 10 to 18 months in prison and a potential fine of \$3,000 to \$30,000. He also has agreed to pay \$48,450 in restitution to the D.C. Medicaid program.

The plea agreement calls for Mirza to cooperate in an investigation involving fraud, kickbacks, and false billings in the field of home care services for D.C. Medicaid patients.

The underlying fraud involved D.C. Medicaid payments for home care services to be performed by personal care aides, working for home care agencies. Personal care aides, also known as PCAs, are supposed to assist Medicaid beneficiaries in performing activities of daily living, such as getting in and out of bed, bathing, dressing, keeping track of medication, and so forth. In order to be covered for such benefits, the beneficiaries must get prescriptions from physicians or advanced practice registered nurses. D.C. Medicaid only reimburses for home care services if a physician determines after a physical examination that the beneficiary has functional limitations impairing activities of daily living. The prescriptions, also known as "intakes," dictate the frequency and

duration of the services to be provided. The prescriptions are translated later into plans of care, which also must be signed by the physician.

In the District of Columbia, a typical prescription, or “intake,” calls for eight hours of personal care services per day for five days per week, or eight hours per day for seven days per week. Over the six-month time span authorized by such a prescription, D.C. Medicaid would pay between \$16,952 and \$23,732 for personal care services provided to one beneficiary.

Mirza is licensed as a chiropractor in Maryland and Virginia, but is not licensed as a chiropractor in the District of Columbia, and is not licensed as a physician. He worked at Capital Health LLC, d/b/a Capitol Health Chiropractic in Suitland, Md. He was not authorized to prescribe personal care services, and he was not enrolled as a provider in D.C. Medicaid.

“This chiropractor pocketed tens of thousands of dollars by generating bogus documents used to defraud D.C. Medicaid,” said Acting U.S. Attorney Cohen. “When the FBI began to zero in on him, he obstructed justice by coaching his office assistant about what to say to the authorities. This guilty plea is one more step in our efforts to clean up the rampant fraud and corruption in the home health care industry in the District of Columbia.”

“By illegally writing prescriptions for services he was not qualified to provide in exchange for monetary kickbacks from home health care agencies, Mr. Mirza took advantage of D.C.’s Medicaid program and then lied to the FBI about his role in the scheme,” said Assistant Director in Charge McCabe. “This fraud steals from government programs designed to assist deserving patients and the FBI will continue to identify, arrest and prosecute anyone who participates in defrauding government programs.”

The scheme: According to a statement of offense, signed by the government as well as the defendant, Mirza and others carried out a scheme to defraud the D.C. Medicaid program from approximately November 2012 through at least June 2013. Personal care aides, working for at least seven home care agencies, brought numerous D.C. Medicaid beneficiaries to Mirza, and after brief examinations, Mirza wrote prescriptions and plans of care, listing himself and signing as the “ordering physician” even though he was not a physician and was not legally or medically qualified and could not determine whether the services were medically necessary.

Seeing D.C. Medicaid beneficiaries and signing their intakes and plans of care became Mirza’s primary source of income. Mirza initially was paid \$125 for each D.C. Medicaid beneficiary brought to his office by a personal care aide, but he later increased the size of the cash payments to \$200. Mirza’s prescriptions, or “intakes,” typically included a diagnosis such as “chronic severe back pain” and called for services for eight hours a day, seven days a week, for six months. The personal care aides would insist that Mirza write the name of the PCA on the intake before it was sent to the home

care agency; it was understood this was so the personal care aides would receive their kickback from the home care agency for each D.C. Medicaid beneficiary the PCA brought to Mirza and then to the home care agency.

During the course of the fraud scheme, Mirza signed hundreds of prescriptions and plans of care, and in exchange collected at least \$48,450 in cash payments from personal care aides. Home care agencies used Mirza's prescriptions and plans of care to support and justify their claims for payment to Medicaid – even though the paperwork was invalid on its face because it was not prescribed or signed by a physician as required.

The obstruction: When Mirza was approached by the FBI in his office and questioned about his role, he denied he had any involvement with Medicaid. After the agents served Mirza with a subpoena for his patient files and other documents, the agents told Mirza they planned to interview his office assistant. After the agents left, Mirza offered to drive his assistant home. During that car ride, Mirza attempted to obstruct the government's investigation, by attempting to influence his assistant's statements to the FBI, telling the assistant not to use certain words, encouraging and suggesting that she not be fully truthful, and ensuring that their stories would match so that Mirza would not be "implicated" by his assistant. For example, Mirza tried to convince his assistant they had nothing to do with Medicaid and instructed the assistant not to say the word "Medicaid" at least ten times during the course of their 45-minute conversation.

This investigation was conducted by the FBI's Washington Field Office.

This case is being prosecuted by Assistant U.S. Attorney Ted Radway, and was investigated by Assistant U.S. Attorney Radway and former Special Assistant U.S. Attorney Dangkhwa Nguyen. Assistance was provided by Paralegal Specialist Corinne Kleinman.

The FBI has set up a hotline number to report suspected incidents of Medicaid fraud: 855-281-1242. People can also provide information by e-mail to HealthCareFraud@ic.fbi.gov.

Email links icon

Numerous agencies are participating in the broader investigation into Medicaid fraud, including the U.S. Department of Health and Human Services, Office of Inspector General; the U.S. Secret Service; the Medicaid Fraud Control Unit of the District of Columbia's Office of the Inspector General; the Social Security Administration, Office of Inspector General; the Internal Revenue Service-Criminal Investigation; the U.S. Immigration and Customs Enforcement (ICE) Office of Homeland Security Investigations (HSI); the Office of Labor Racketeering and Fraud Investigations, Office of Inspector General, Department of Labor; and the Medicaid Fraud Control Unit of the Maryland Attorney General's Office.

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