



Department of Justice

FOR IMMEDIATE RELEASE
FRIDAY, MAY 31, 2019
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TWO CHICAGO WOMEN HELD ACCOUNTABLE FOR FALSELY BILLING 24-7 FOR SEVEN YEARS IN \$1.7 MILLION WORKERS' COMPENSATION FRAUD

WASHINGTON – Two Chicago, Illinois, women pleaded guilty for their roles in a scheme to defraud the U.S. Department of Labor Office of Workers' Compensation Programs (OWCP) of \$1.7 million by falsely billing for services on a 24-hour, seven-day-a-week basis for over seven years.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney John R. Lausch Jr. of the Northern District of Illinois, Special Agent in Charge Andre M. Martin of the U.S. Postal Service Office of Inspector General (Postal-OIG), Acting Special Agent in Charge Irene Lindow of the U.S. Department of Labor Office of Inspector General (DOL-OIG) and Special Agent in Charge Jeffrey S. Sallet of the FBI's Chicago Field Office made the announcement.

Ella Garner, 62, pleaded guilty yesterday to one count of conspiracy to commit health care fraud before U.S. District Judge Elaine Bucklu of the Northern District of Illinois. On May 24, 2019, Chante Carrothers, 40, pleaded guilty to one count of conspiracy to commit health care fraud for her role in the conspiracy. Sentencing for Carrothers has been scheduled for August 16 and for Garner on September 6, both before Judge Bucklu.

As part of their guilty pleas, Carrothers and Garner each admitted that from June 2010 through April 2018, they conspired to defraud OWCP by falsely billing for 24-7 services purportedly provided by Garner to a single person in the home. Garner was not, in fact, providing constant care, the defendants admitted. OWCP paid Carrothers approximately \$1.7 million for the bills she submitted for a single patient, purportedly under Garner's care. Carrothers paid Garner approximately \$4,500 per month for her role in the conspiracy, the defendants admitted.

This case was investigated by Postal OIG, DOL-OIG and the FBI. Trial Attorneys Leslie S. Garthwaite and Patrick Mott of the Criminal Division's Fraud Section are prosecuting the case.

The Medicare Fraud Strike Force is part of a joint initiative between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, the

HHS Centers for Medicare & Medicaid Services, working in conjunction with HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

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