

PRESS RELEASE

Eight charged locally as part of national health care fraud enforcement action

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For Immediate Release

U.S. Attorney's Office, Southern District of Texas

HOUSTON – Several local residents and others are now charged in six separate cases in the Southern District of Texas (SDTX) with varying counts related to the Justice Department's 2024 [National Health Care Fraud Enforcement Action](#), announced U.S. Attorney Alamdar S. Hamdani.

“The enforcement actions, including one against a Houston-area lab that is alleged to have fraudulently billed Medicare hundreds of millions of dollars, represents our coordinated efforts to combat health care fraud and prosecute those who exploit vulnerable individuals for profit,” said Hamdani.

Those charged in the SDTX include Houston residents Sharon Pickrom, 64, Darlene Burbridge, 65, and Carmalita Landry, 53; as well as Ijeoma Victoria Ehieze, 61, Katy; Michael Ogbemor, 43, Richmond; and Harold Albert “Al” Knowles, 56, Delray Beach, Florida, Chantal Swart, 49, Boca Raton, Florida, and Svitlana Meier, 50, Clearwater, Florida.

The charges are part of a strategically coordinated, two-week law enforcement action that resulted in criminal charges against a total of 193 people nationwide for their alleged participation in health care fraud and opioid abuse schemes that resulted in the submission of over \$2.75 billion in alleged false billings. They allegedly defrauded programs entrusted for the care of the elderly and disabled to line their own pockets. In connection with the enforcement action, authorities seized over \$231 million in cash, luxury vehicles, gold and other assets.

A federal grand jury indicted Pickrom June 12 with one count of conspiracy to defraud the United States and paying and receiving kickbacks as well as receipt of kickbacks in connection with a \$1.7 million health care fraud and kickback scheme. Pickrom allegedly controlled a purported nonprofit corporation, referred false and fraudulent prescriptions that prescribers issued without their knowledge in the name of Department of Labor - Office of Workers' Compensation Programs (DOL-OWCP) claimants, often without their knowledge, to Custom Care Pharmacy in exchange for illegal kickbacks.

In a separate but related case, Burbridge and Landry were charged by information with one count of conspiracy to defraud the United States and paying and receiving kickbacks in connection with the same \$1.7 million scheme. As alleged in the information, Burbridge owned Criterion Therapy Center, a physical therapy company that serviced DOL-OWCP claimants. She allegedly referred prescriptions to Landry, a pharmacist and owner of Custom Care Pharmacy, in exchange for illegal kickbacks and bribes.

Ehieze was indicted June 5 with one count of conspiracy to commit health care fraud, five counts of health care fraud and one count of conspiracy to pay and receive kickbacks. The charges are in connection with an alleged scheme to fraudulently obtain over \$1.5 million in Medicare and Medicaid funds. Ehieze, the owner of Sanctified Home Health Services Inc., allegedly billed Medicare and Medicaid for home health services that were not provided and/or not medically necessary and based on illegal kickback payments to marketers and patients.

A federal grand jury indicted Ogbebor June 12 with health care fraud in connection with an alleged scheme to fraudulently obtain millions in private insurance funds. According to the charges, Ogbebor was the chief financial officer of Stafford Dialysis before being fired. Following his termination, the indictment alleges Ogbebor created a "phantom" business under the name "Stafford Renal" through which he billed private insurance for dialysis treatments that were never administered to people who were formerly patients of Stafford Dialysis. Ogbebor allegedly billed approximately \$26 million to Cigna and Allegiance - private insurance companies - and caused them to pay over \$5.1 million to Stafford Renal for services that were not rendered.

A federal grand jury indicted Knowles and Swart June 25 with conspiracy to defraud the United States and paying and receiving kickbacks. Knowles is also charged with conspiracy to commit health care fraud, while Swart also faces a charge of receipt of health care kickbacks. The allegations are in connection with a \$359 million scheme to bill Medicare for medically unnecessary genetic tests that were induced by kickbacks. As alleged in the indictment, Knowles was the owner of two Houston-area labs, Bio Choice and Bios Scientific. He allegedly entered an agreement with Swart for the referral of

Medicare beneficiary DNA samples and signed doctors' orders for genetic testing Knowles used to bill Medicare through his labs. Knowles allegedly concealed his kickback arrangement with Swart through sham flat fee contracts. The charges allege Knowles knew Swart used call centers and telemedicine doctors to obtain the DNA samples and signed doctors' orders, and that providers Swart used to obtain these orders were not the beneficiaries' treating physicians and did not use the genetic testing results to treat the beneficiaries.

The final case against Meier was indicted June 12. She is charged with money laundering and unlawfully operating a money transmitting business in connection with a pharmacy at the center of a health care fraud scheme. Meier allegedly owned Kim Long Pharmacy in Houston that billed private insurance companies for medicines the pharmacy never provided to alleged patients. During the course of the conspiracy, the pharmacy received approximately \$4.3 million of fraudulent funds from the insurance companies, according to the charges. At the direction of others, Meier then allegedly transferred approximately \$3.6 million of the fraudulent proceeds to overseas accounts in Hong Kong and Singapore.

Conspiracy to defraud the United States and conspiracy to pay and receive kickbacks carry possible five-year prison sentences. If convicted of conspiracy to commit health care fraud, paying and receiving kickbacks, health care fraud, receipt of health care kickbacks or money laundering, those charged face up to 10 years, while unlawfully operating a money transmitting business carries a possible five-year prison sentence. They could also be ordered to pay hundreds of thousands in fines.

FBI, Department of Health and Human Services – Office of Inspector General (OIG), Texas Attorney General's Office – Medicaid Fraud Control Unit, Department of Homeland Security, DOL-OIG, Veterans Affairs – OIG and U.S. Postal Service – OIG conducted the various investigations. Assistant U.S. Attorneys Kathryn Olson and Grace Murphy of the SDTX and Trial Attorneys Ethan Womble, Devon Helfmeyer, Andrew Tamayo and Monica Cooper of the Department's Health Care Fraud Strike Force are prosecuting the respective cases.

An information or indictment is merely an allegation. All defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

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Topic

HEALTH CARE FRAUD

Component

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