



NEWS RELEASE

For Immediate Distribution

May 22, 2018

United States Attorney's Office
Central District of California

Thom Mrozek, Public Affairs Officer
thom.mrozek@usdoj.gov
(213) 894-6947
www.justice.gov/usao-cdca
@CDCANews

Five Individuals, Including One-Time Fraud Investigator, Arrested in Health Care Fraud Scheme that Allegedly Sought \$20 Million

LOS ANGELES – Five people linked to two San Fernando Valley clinics were arrested this morning on federal health care fraud charges for allegedly participating in a scheme that submitted fraudulent claims to health insurance companies and used some of the fraud proceeds to provide patients with “free” cosmetic procedures.

A federal grand jury indictment unsealed this morning alleges that the five defendants – including a former fraud investigator at Anthem Blue Cross – engaged in a multi-year conspiracy to commit health care fraud against at least eight health insurance companies.

Those arrested this morning include the owner and operator of the clinics, Roshanak Khadem, also known as “Roxanne” and “Roxy” Khadem, 50, of Sherman Oaks. Khadem owned and operated the two clinics at the center of the alleged scheme – R&R Med Spa, which was located in Valley Village until early 2016, and its successor company, Nu-Me Aesthetic and Anti-Aging Center, which operated in Woodland Hills.

The indictment alleges that Khadem and others induced patients to visit the clinics to receive free cosmetic procedures – including facials, laser hair removal and Botox injections – which were not covered by insurance. The conspirators obtained the insurance information from the patients and fraudulently billed insurance companies for unnecessary medical services or for services that were never provided. Using the fraudulent proceeds from the insurance companies, Khadem and other conspirators calculated a “credit” that patients could use to receive “free” or discounted cosmetic procedures.

During the course of the conspiracy, Khadem and her conspirators submitted at least \$20 million in claims to the insurance companies, which paid approximately \$8 million on those claims, according to the indictment.

The other four defendants arrested this morning are:

- Dr. Roberto Mariano, 59, of Rancho Cucamonga, a physician who helped operate the clinics;
- Marina Sarkisyan, 49, of Panorama City, who was the office manager at the clinics;
- Lucine Ilangezyan, 38, of North Hills, an employee and insurance biller for the clinics; and
- Gary Jizmejjan, 44, of Santa Clarita, a former senior investigator at the Anthem Special Investigations Unit, the anti-fraud unit within Anthem that is responsible for investigating health care fraud committed against the insurance company.

All five defendants are expected to be arraigned on the indictment this afternoon in United States District Court in downtown Los Angeles.

The indictment alleges that, in return for cash payments, Jizmejjan assisted Khadem and others by providing them with confidential Anthem information that helped them submit fraudulent bills to Anthem. In September 2012, Jizmejjan gave Khadem insurance billing codes – CPT Codes – that Jizmejjan knew could be used to submit fraudulent claims to Anthem without Anthem detecting the fraudulent claims. Jizmejjan gave Khadem the billing code for an allergy-related lab test and instructed her to submit to Anthem large numbers of bills with this CPT code. Khadem and other members of the conspiracy used this billing code to submit approximately \$1 million in fraudulent claims to Anthem, according to the indictment.

The indictment further alleges that Jizmejjan worked to prevent the insurance companies from detecting the fraud at the clinics, which included helping Khadem to avoid responding to inquiries from fraud investigators, diverting attention of other Anthem SIU investigators away from the clinics, and closing Anthem investigations into fraud that was being committed at the clinics.

In September 2015, based on confidential information obtained from Anthem, Jizmejjan tipped Khadem off about a federal criminal investigation into the clinics, according to the indictment.

The scheme involving the two clinics allegedly defrauded the International Longshore and Warehouse Union, Pacific Maritime Association Benefit Plan, which is the health benefit plan that covers longshore workers in Southern California and their dependents, according to the indictment. Another victim was the Federal Employees Health Benefits Program, which provides health insurance for federal employees.

An indictment contains allegations that a defendant has committed a crime. Every defendant is presumed innocent until and unless proven guilty.

All five defendants are charged with one count of conspiracy to commit health care fraud and 13 counts of health care fraud. The indictment contains criminal forfeiture allegations that seek forfeiture of the ill-gotten gains derived from the offense.

Each count charged in the indictment carries a statutory maximum sentence of 10 years in prison.

This case was investigated by the United States Department of Labor, Office of Inspector General; the United States Department of Labor, Employee Benefits Security Administration; and the Office of Personnel Management, Office of Inspector General. The United States Marshals Service is providing assistance relating to the asset forfeiture investigation. Anthem Blue Cross has been cooperating with the investigation involving its former employee.

The case is being prosecuted by Assistant United States Attorney Alexander F. Porter of the Major Frauds Section.