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**NATIONAL HEALTHCARE FRAUD TAKEDOWN RESULTS IN CHARGES
AGAINST OVER 600 INDIVIDUALS, INCLUDING SEVERAL CHICAGO-AREA MEDICAL
PROFESSIONALS**

CHICAGO — Several Chicago-area medical professionals, including four physicians, are facing federal criminal charges as part of the largest health care fraud enforcement action in Department of Justice history, federal authorities announced today.

The national enforcement action taken by the Medicare Fraud Strike Force involved over 600 defendants charged throughout the country, including more than 150 physicians, nurses and other licensed medical professionals, for their alleged participation in health care fraud schemes involving approximately \$2 billion in false billings. Several of the doctors were charged for their alleged roles in prescribing and distributing opioids and other dangerous narcotics. In addition, the Department of Health and Human Services has initiated suspension actions against numerous providers, including doctors, nurses and pharmacists.

The national enforcement action was announced by Attorney General Jeff Sessions; HHS Secretary Alex M. Azar III; Acting Assistant Attorney General John P. Cronan of the Justice Department's Criminal Division; Deputy Director David L. Bowdich of the Federal Bureau of Investigation; Assistant Administrator John Martin of the U.S. Drug Enforcement Administration; Inspector General Daniel R. Levinson of the HHS Office of Inspector General; Deputy Chief Eric Hylton of the Internal Revenue Service's Criminal Investigation Division; Director Alec Alexander of

the Centers for Medicare and Medicaid Services; and Director Dermot F. O'Reilly of the Defense Criminal Investigative Service.

Today's enforcement actions were led and coordinated by the DOJ Criminal Division Fraud Section's Health Care Fraud Unit, in conjunction with the Medicare Fraud Strike Force – a partnership between the Criminal Division, U.S. Attorney's Offices, the FBI and HHS-OIG. The operation includes the participation of the DEA, DCIS, and State Medicaid Fraud Control Units.

“Health care fraud is a betrayal of vulnerable patients, and often it is theft from the taxpayer,” said Attorney General Sessions. “In many cases, doctors, nurses, and pharmacists take advantage of people suffering from drug addiction in order to line their pockets. These are despicable crimes. That's why this Department of Justice has taken historic new steps to go after fraudsters, including hiring more prosecutors and leveraging the power of data analytics. Today the Department of Justice is announcing the largest health care fraud enforcement action in American history. This is the most fraud, the most defendants, and the most doctors ever charged in a single operation—and we have evidence that our ongoing work has stopped or prevented billions of dollars' worth of fraud. I want to thank our fabulous partners with the FBI, DEA, our Health Care Fraud task forces, HHS, the Defense Criminal Investigative Service, IRS Criminal Investigation, Medicare, and especially the more than 1,000 federal, state, local, and tribal law enforcement officers from across America who made this possible. By every measure we are more effective at finding and prosecuting medical fraud than ever.”

“Every dollar recovered in this year's operation represents not just a taxpayer's hard-earned money—it's a dollar that can go toward providing healthcare for Americans in need,” said HHS Secretary Azar. “This year's Takedown Day is a significant accomplishment for the American people, and every public servant involved should be proud of their work.”

“Medicare and Medicaid are significant health care programs that pay for vital medical services,” said John R. Lausch, Jr., United States Attorney for the Northern District of Illinois. “Our office will continue to investigate and prosecute any medical professional who knowingly violates the rules and abuses the trust placed in them by the government and their patients.”

“Our nation’s opioid epidemic has no boundaries, and today’s actions highlight just that,” said Brian M. McKnight, Special Agent-in-Charge of the Chicago Field Division of the DEA. “Opioid addiction and the criminal activity driving it extend far beyond the cartels and gang violence to the rogue medical professionals identified today.”

Several Chicago-area medical professionals, including four doctors, were charged as part of investigations in the Northern District of Illinois. The local charges were announced by U.S. Attorney Lausch; Jeffrey S. Sallet, Special Agent-in-Charge of the Chicago office of the FBI; James Vanderberg, Special Agent-in-Charge of the Chicago Regional Office of the U.S. Department of Labor, Office of Inspector General; DEA Chicago SAC McKnight; Gabriel L. Grchan, Special Agent-in-Charge of the IRS Criminal Investigation Division in Chicago; and Lamont Pugh III, Special Agent-in-Charge of the Chicago Regional Office of HHS-OIG.

Two of the Illinois cases involved licensed physicians who allegedly falsely certified patients for home-health services reimbursed by Medicare. The indictments against DR. FLORENTINO LEONG and DR. RUBEN INOCENCIO allege that the doctors authorized in-home services even though they knew the patients were not confined to their homes and did not require such services. Dr. Leong, 78, of Orland Park, and Dr. Inocencio, 77, of Skokie, are charged with health care fraud and making false statements in a health care matter. Arraignment for Dr. Leong is set for today at 10:00 a.m. before U.S. District Judge Manish S. Shah, while arraignment for Dr. Inocencio has not yet been scheduled. Their cases are being prosecuted by Assistant U.S. Attorney Stephen Chahn Lee.

Another Illinois case involves a licensed psychiatrist, DR. KIRK HOPKINS, who allegedly earned more than \$5.5 million by falsely billing Medicaid and Medicare for psychotherapy services that were never performed. Dr. Hopkins, 44, of Chicago, pleaded not guilty to five counts of wire fraud during his arraignment Wednesday before U.S. District Judge Joan H. Lefkow. A status

hearing is set for July 25, 2018, at 9:00 a.m. The case is being prosecuted by Assistant U.S. Attorney Sheri H. Mecklenburg. Substantial investigative assistance was provided by the Illinois State Police Medicaid Fraud Control Bureau – North.

The fourth Illinois physician charged as part of the enforcement action is DR. SYED ATHER, who owned two home-visiting physician companies in Lincolnwood – Mobile Physicians S.C. and M&F Medical Services Ltd. Dr. Ather allegedly billed Medicare for at least \$2.8 million of unnecessary and “up-coded” home-physician visits from 2010 to 2018. Dr. Ather, 44, of Lincolnwood, pleaded not guilty to 14 counts of health care fraud during his arraignment Wednesday before U.S. District Judge Matthew F. Kennelly. A status hearing is set for Sept. 24, 2018. The case is being prosecuted by Trial Attorney Leslie S. Garthwaite of the Justice Department’s Criminal Division Fraud Section.

Federal charges were also filed in Illinois against a patient marketer, LINDA HAWKINS, who recruited home-health patients on behalf of at least four agencies in the Chicago area. Hawkins allegedly promoted the services of her home-health agency clients at churches and senior buildings, and received more than \$180,000 in bribes and kickbacks from the agencies from 2010 to 2016. An indictment charges Hawkins, of Robbins, with one count of conspiracy to solicit and receive health care kickbacks, and six counts of soliciting and receiving health care kickbacks. She is scheduled to be arraigned today at 1:30 p.m. before U.S. Magistrate Judge Michael T. Mason. The case is being prosecuted by Trial Attorney Patrick Mott of the Justice Department’s Criminal Division Fraud Section.

The owner of a home health agency was also charged as part of the Chicago-area investigations. YURI LUDVINSKY, 55, of Chicago, was charged with three counts of violating the Anti-Kickback Statute, stemming from alleged kickback payments Ludvinsky made to a physician for referring patients to Ludvinsky’s agency. Arraignment in federal court in Chicago has not yet been scheduled. The case is being prosecuted by Assistant U.S. Attorney Nathalina Hudson.

The Medicare Fraud Strike Force operates in nine locations nationwide. Its operations are 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 has charged more than 3,700 defendants who collectively have falsely billed the Medicare program for more than \$14 billion.

The public is reminded that charges are merely allegations, and all defendants are presumed innocent until proven guilty.

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