



PRESS RELEASE

Internal Revenue Service - Criminal Investigation *Chief Richard Weber*

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IRS – Criminal Investigation

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Home-Health Agency Owners and Director of Nursing Indicted in \$13 Million Medicare Fraud Conspiracy

The owners, the director of nursing and patient recruiters of a home-health agency based in Houston were arrested early this morning for their alleged roles in conspiracies to defraud Medicare, to pay illegal healthcare kickbacks and to commit money laundering. The defendants were charged in an indictment unsealed earlier today.

Assistant Attorney General Leslie R. Caldwell of the Justice Department's Criminal Division, U.S. Attorney Kenneth Magidson of the Southern District of Texas, Special Agent in Charge Perrye K. Turner of the FBI's Houston Field Office, Special Agent in Charge C.J. Porter of the U.S. Department of Health and Human Services-Office of the Inspector General (HHS-OIG) Dallas Regional Office and Special Agent in Charge D. Richard Goss of the Internal Revenue Service-Criminal Investigation Division (IRS-CI) Houston Field Office made the announcement.

According to the indictment, Ebong Tilong, 51, and Marie Neba, 51, both of Sugar Land, Texas, used the Texas-based, home-health agency that they owned to bill Medicare for home-health services that were not provided or not medically necessary. They allegedly orchestrated this scheme by paying kickbacks to a series of individuals. First, Tilong and Neba allegedly paid illegal kickbacks to physicians in exchange for authorizing medically unnecessary home-health services. Using the money that Medicare paid for such fraudulent claims, Tilong and Neba allegedly paid illegal kickbacks to Daisy Carter, 56, of Wharton, Texas, and Connie Ray Island, 48, of Houston, in exchange for referring Medicare beneficiaries for home-health services. Finally, all four defendants allegedly paid illegal kickbacks to Medicare beneficiaries, in exchange allowing Tilong and Neba to bill Medicare using their Medicare information for home-health services that were not medically necessary or not provided. Neba, who also served as the company's director of nursing, also allegedly falsified medical records to make it appear that Medicare beneficiaries qualified for and received home-health services. From in or around February 2006 to in or around June 2015, Tilong and Neba received approximately \$13 million for these allegedly fictitious or unnecessary home-health services.

An indictment is merely a formal accusation. The defendants are presumed innocent unless and until proven guilty beyond a reasonable doubt in a court of law.

The case was investigated by the FBI, HHS-OIG and IRS-CI under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office of the Southern District of Texas. The case is being prosecuted by Trial Attorney William S.W. Chang of the Criminal Division's Fraud Section.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 2,300 defendants who have collectively billed the Medicare program for more than \$7 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in

conjunction with HHS-OIG, is taking steps to increase accountability and decrease the presence of fraudulent providers.

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