



# PRESS RELEASE

## Internal Revenue Service - Criminal Investigation *Chief Richard Weber*

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Contact: \*CI-HQ-COMMUNICATIONSEDCATION@ci.irs.gov  
IRS – Criminal Investigation

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### **Three Individuals Plead Guilty in \$55 Million Health Care Fraud Scheme at Two Brooklyn Medical Clinics**

Three individuals pleaded guilty this week in connection with a health care fraud scheme involving two Brooklyn, New York clinics that caused approximately \$55 million in false and fraudulent claims to Medicare and Medicaid.

Acting Assistant Attorney General Kenneth A. Blanco of the Justice Department's Criminal Division, U.S. Attorney Robert L. Capers of the Eastern District of New York, Special Agent in Charge Scott J. Lampert of the U.S. Department of Health and Human Services Office of Inspector General's (HHS-OIG) New York Regional Office, Acting Special Agent in Charge Kathy A. Enstrom of Internal Revenue Service Criminal Investigation's (IRS-CI) New York Office and Medicaid Inspector General Dennis Rosen of New York State Office of Medicaid Inspector General (OMIG), made the announcement.

Olga Proskurovsky, 49, and Yuriy Omelchenko, 49, both of Brooklyn, New York, each pleaded guilty to one count of conspiracy to commit health care fraud. Pursuant to their plea agreements, the defendants agreed to forfeiture money judgments in the amount of \$17,216,687. Isak Aharanov, 42, of Brooklyn, New York, also pleaded guilty to two counts of conspiracy to commit money laundering and one count of conspiracy to defraud the United States. The defendants pleaded guilty before U.S. District Judge Roslynn R. Mauskopf of the Eastern District of New York.

According to the defendants' admissions made as part of the plea agreements, Proskurovsky served as a medical biller and Omelchenko worked as a therapist manager at Prime Care on the Bay LLC (Prime Care) and Bensonhurst Mega Medical Care P.C. (Bensonhurst). The defendants admitted that they assisted in a scheme to defraud the Medicare and Medicaid programs in which patients subjected themselves to medically unnecessary health services, including physical and occupational therapy, provided by unlicensed staff. To conceal the scheme, Proskurovsky and Omelchenko admitted that occupational and physical therapists falsified patient charts and medical billing documents.

As part of his plea agreement, Aharanov admitted that he and co-conspirators paid patients in order to induce them to come to Prime Care, Bensonhurst and Total Rehab and Physical Therapy P.C. Aharanov further admitted that he used a bank account opened in the name of

one of his companies to launder funds and generate the cash needed to make these illegal kickback payments.

Fifteen other individuals have pleaded guilty in connection with the scheme.

HHS-OIG, IRS-CI and the New York State OMIG investigated the case, which was brought as part of the Medicare Fraud Strike Force, under the supervision by the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Eastern District of New York. Trial Attorneys A. Brendan Stewart and Richard A. Powers of the Fraud Section and Assistant U.S. Attorney F. Turner Buford of the Eastern District of New York, formerly a Fraud Section trial attorney, prosecuted the case.

The Criminal Division's Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 3,000 defendants who have collectively billed the Medicare program for more than \$11 billion. In addition, HHS Centers for Medicare and 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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