



PRESS RELEASE

Internal Revenue Service - Criminal Investigation *Chief Richard Weber*

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Home Health Agency Owner Pleads Guilty to Conspiring in \$17 Million Medicaid Fraud Scheme

Largest Provider Attendant Services Fraud in Texas History

The owner and operator of five Houston-area home health agencies pleaded guilty to conspiring to defraud Medicare and the State of Texas's Medicaid-funded Home and Community-Based Service and Primary Home Care programs of more than \$17 million. He also pleaded guilty to conspiring to launder money. These health care programs provided qualified individuals with in-home attendant and community-based services that are known commonly as "provider attendant services" (PAS). This case marks the largest PAS fraud case charged in Texas history.

Acting Assistant Attorney General Kenneth A. Blanco of the Justice Department's Criminal Division, Acting U.S. Attorney of the Southern District of Texas Abe Martinez, Special Agent in Charge Perrye K. Turner of the FBI's Houston Field Office, Special Agent in Charge C.J. Porter of the Department of Health and Human Services Office of the Inspector General's (HHS-OIG) Dallas Regional Office, Special Agent in Charge D. Richard Goss of the IRS Criminal Investigation's (CI) Houston Field Office and the Texas Attorney General's Medicaid Fraud Control Unit (MFCU) made the announcement.

Godwin Oriakhi, 61, of Houston, pleaded guilty before U.S. District Judge Sim Lake of the Southern District of Texas to two counts of conspiracy to commit health care fraud and one count of money laundering. He is scheduled to be sentenced by Judge Lake on June 22, 2017.

According to his plea, Godwin Oriakhi admitted that he, his daughter and co-defendant Idia Oriakhi, and other members of his family owned and operated: Aabraham Blessings LLC, Baptist Home Care Providers Inc., Community Wide Home Health Inc., Four Seasons Home Healthcare Inc. and Kis Med Concepts Inc., all of which were home health agencies in the Houston area. Godwin Oriakhi admitted that he, along with his daughter and co-conspirators, obtained patients for his home health agencies by paying illegal kickback payments to patient recruiters and his office employees for hundreds of patient referrals. Oriakhi also admitted that he, along with his daughter and co-conspirators, paid Medicare

and Medicaid patients by cash, check, Western Union and Moneygram for receiving services from his family's home health agencies in exchange for the ability to use their Medicare and Medicaid numbers to bill the programs for home healthcare and PAS services. Oriakhi admitted that he, his daughter and their co-conspirators also directly paid some of these patients for recruiting and referring other Medicare and Medicaid patients to his agencies.

Additionally, Oriakhi admitted that he, his daughter and other co-conspirators paid physicians illegal kickbacks payments, which Oriakhi and his co-conspirators called "copayments," for referring and certifying Medicare and Medicaid patients for home health and PAS services.

Oriakhi further admitted that each time he submitted a claim predicated on an illegal kickback payment he knew he was submitting a fraudulent claim to Medicare or Medicaid based on his false representations that the claim and the underlying transaction complied with the federal Anti-Kickback Statute and other state and federal laws. Oriakhi further admitted that he knew that Medicare and Medicaid would not otherwise pay for the fraudulent claims, according to his plea.

In addition to the home healthcare and PAS services fraud scheme, Oriakhi admitted that he and his co-conspirators used the money fraudulently obtained from Medicare and Medicaid to pay illegal kickback payments to patient recruiters, employees, physicians and patients to promote the Medicare home health and Medicaid PAS fraud conspiracies, and ensure their successful continuation.

In total, Oriakhi admitted that he and his family submitted approximately \$17,212,051 in fraudulent home healthcare and PAS claims to Medicare and Medicaid and received approximately \$16,198,600 on those claims.

Oriakhi is the last member of the charged conspirators to plead guilty. Oriakhi's co-defendants: Idia Oriakhi, his daughter; Charles Esechie, a registered nurse; and Jermaine Doleman, a patient recruiter, pleaded guilty and are awaiting sentencing.

The FBI, HHS-OIG, IRS-CI and MFCU are investigating the case, and brought by the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Southern District of Texas. Senior Trial Attorney Jonathan T. Baum and Trial Attorneys Aleza S. Remis and William S.W. Chang of the Fraud Section are prosecuting the case.

The 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 over 3,000 defendants who collectively have billed the Medicare program for over \$11 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

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