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[Owners of Health Care Agencies Plead Guilty in Medicare Fraud Scheme](#)

Source- <http://www.americanchronicle.com/articles/view/115719>

Kevin Watson and Jaqueline Jackson, former owners of health care agencies, and two of eight defendants charged in a scheme to solicit and pay kickbacks in exchange for Medicare patients, pleaded guilty today, United States Attorney Terrence Berg announced.

U.S. Attorney Berg was joined in the announcement by Andrew G. Arena, Special Agent in Charge, Federal Bureau of Investigation.

Watson, age 43, and Jackson, age 44, both from Ypsilanti, pleaded guilty in United States District Court before the Honorable Avern Cohn to Superseding Informations which charged Watson with the misdemeanor offense of Aiding and Abetting False Statements to a Federal Health Care Program and charged Jackson with the misdemeanor offense of Making False Statements to a Federal Health Care Program.

According to the Superseding Informations and the plea agreements, in 2004, Jacqueline Jackson was the director of the home health care agency, Superior Home Care, Inc., located at 17330 Northland Park Court, Suite 201, in Southfield, Michigan. Jackson was a Medicare provider and received payments from the Medicare Program in 2004. In 2004, Kevin Watson, owner of Watson Health Care, located at 17330 Northland Park Court, Suite 202, Southfield, Michigan, and Jaqueline Jackson paid codefendant Rebecca Sharp, owner of Continuing Senior Care Co, Inc. and Marketing & Assessment, in Southfield, Michigan, each time Sharp referred a Medicare beneficiary to Jackson's home health care agency, in violation of the federal health care anti-kickback statute. Kevin Watson was involved in numerous aspects pertaining to the operation of co-defendant Jackson's home health care agency, Superior Home Care. On May 12, 2005, Jaqueline Jackson falsely certified in a cost report submitted to the Medicare Program that all of the services provided by Superior Home Care, Inc. in 2004 complied with all laws and regulations governing health services, including laws and regulations prohibiting direct and indirect payments for the referral of Medicare beneficiaries.

Under the plea agreements, Watson and Jackson each face up to 12 months' imprisonment, restitution to the Medicare Program in the amount of \$933,492.87, and a fine of up to \$10,000.00.

Berg congratulated the hard work of the special agents of the FBI for their efforts in pursuing this case. The case is being prosecuted by Assistant U.S. Attorney Sarah Resnick Cohen.

Report Medicare fraud by calling 1-888-482-6825 or by visiting <http://www.usawhistleblower.com/>.

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The following is regarding a physical therapist, Jay Jha, who was referred by TrustSolutions to OIG in April of this year. TrustSolutions also had a prepayment edit on the provider for over a year which resulted in savings to the Trust Fund.

Detroit Area Physical Therapist Pleads Guilty to Causing More Than \$1.6 Million in Fraudulent Medicare Billing

WASHINGTON, Aug. 26 /PRNewswire-USNewswire/ -- Detroit area physical therapist Jay Jha, 45, pleaded guilty today to participating in a conspiracy to defraud the Medicare program of approximately \$18.3 million, Assistant Attorney General Lanny A. Breuer of the Criminal Division, U.S. Attorney Terrence I. Berg of the Eastern District of Michigan and Daniel R. Levinson, Inspector General of the Department of Health & Human Services (HHS) announced. Jha, of Troy, Mich., pleaded guilty to one count of conspiracy to commit health care fraud before U.S. District Judge Gerald Rosen. At sentencing, scheduled for Dec. 16, 2009, Jha faces a maximum penalty of 10 years in prison and a \$250,000 fine.

According to information contained in plea documents, Jha, a physical therapist licensed in the state of Michigan, began working in approximately February 2003 as a contract therapist for a co-conspirator. The co-conspirator owned and controlled several companies operating in the Detroit area that purported to provide physical and occupational therapy services to Medicare beneficiaries. Jha admitted that he, the co-conspirator, and others created fictitious therapy files appearing to document physical and occupational therapy services provided to Medicare beneficiaries, when in fact no such services had been provided. According to court documents, the fictitious services reflected in the files were billed to Medicare through sham Medicare providers controlled by co-conspirators.

In order to create the fictitious therapy files, Jha acknowledged that his co-conspirators paid cash kickbacks and other inducements to Medicare beneficiaries, in exchange for the beneficiaries' Medicare numbers and signatures on documents falsely indicating that they had received physical or occupational therapy. Jha admitted that he was one of the licensed physical or occupational therapists from whom the co-conspirator obtained signatures on fictitious "progress notes" and other documents in the therapy files, falsely

indicating that the therapists had provided therapy services to the Medicare beneficiaries on those dates.

During the course of the scheme, Jha admitted he signed approximately 336 fictitious physical therapy files indicating that he had provided physical therapy services to Medicare beneficiaries, when in fact he had not. Jha admitted that he was paid between \$90 and \$110 for each file that he falsified. Between approximately February 2003 and December 2005, Jha admitted that he falsified physical therapy files that supported claims to the Medicare program totaling approximately \$1,680,000. Medicare actually paid approximately \$772,800 on those claims. Jha admitted that, throughout the conspiracy, he was fully aware that Medicare was being billed for physical therapy services that he falsely indicated he had performed.

SOURCE U.S. Department of Justice