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**MOBILE DOCTORS' CHICAGO CEO AND DOCTOR ARRESTED ON FEDERAL
HEALTH CARE FRAUD CHARGES; OFFICES SEARCHED IN THREE CITIES**

CHICAGO — The chief executive officer of Chicago-based Mobile Doctors, which manages physicians who make house calls in six states, and one of its physicians in Chicago were arrested today on federal health care fraud charges. At the same time, federal agents executed search warrants at Mobile Doctors' offices in Chicago, Detroit, and Indianapolis, as well as warrants to seize up to \$2.568 million in alleged fraud proceeds from various bank accounts. The charges allege a scheme to fraudulently increase (also known as "upcoding") Medicare bills for in-home patient visits that Mobile Doctors falsely claimed were more complicated and longer than they actually were. The charges also allege that Mobile Doctors' physicians falsely certified that patients were confined to their homes, enabling home health care agencies to claim fees for additional services for patients who were not actually qualified to receive them.

Agents from the FBI, the U.S. Department of Health and Human Services Office of Inspector General, and other law enforcement agencies executed the arrest, search, and seizure warrants in connection with the charges and also a broader ongoing investigation that includes

allegedly illegal billing practices for medically unnecessary tests and services not performed by a physician.

Arrested were DIKE AJIRI, 42, of Wilmette, CEO of Mobile Doctors, which he has effectively owned since 1996, and BANIO KOROMA, 63, of Tinley Park, a physician who has worked for Mobile Doctors since approximately 2007. Mobile Doctors, located at 3319 N. Elston Ave., in Chicago, arranges patient home visits and contracts with doctors who perform the visits. The physicians assign their rights to bill and collect payment to Mobile Doctors, in return for being paid directly by the company. Mobile Doctors' website claims that its associated physicians have made more than 500,000 house calls since its inception. In addition to Chicago, the company has branches in Detroit and Flint, Mich., San Antonio and Austin, Tex., Indianapolis, Kansas City, Phoenix, and St. Louis.

Ajiri was charged with health care fraud and Koroma was charged with making false statements relating to health care benefits in a criminal complaint that was filed yesterday and unsealed today after the arrests. Both were scheduled to appear at 3 p.m. today before U.S. Magistrate Judge Mary Rowland in U.S. District Court.

The arrests and charges were announced by Gary S. Shapiro, United States Attorney for the Northern District of Illinois; Robert J. Shields, Jr., Acting Special Agent-in-Charge of the Chicago Office of the Federal Bureau of Investigation; and Lamont Pugh III, Special Agent-in-Charge of the Chicago Regional Office of the HHS-OIG. The Railroad Retirement Board Office of Inspector General is also participating in the investigation.

According to a 75-page affidavit in support of the arrest, search and seizure warrants, agents have interviewed several current and more than 25 former employees of Mobile Doctors,

including some who reported allegedly fraudulent billing practices to Medicare before they were contacted by agents. Investigators have also reviewed emails and documents, claims data, patient files, and have conducted interviews with patients of Mobile Doctors and their primary-care physicians, whose statements contradict Mobile Doctors' billing and patient records.

Mobile Doctors physicians do not perform tests such as echocardiograms, but do order such tests, which are done on Mobile Doctors' patients by employees of In Home Diagnostics, doing business as Ultrasound2You. According to Medicare records, Ajiri is a minority partner in In Home Diagnostics, which is located in the same building as Mobile Doctors, and Mobile Doctors bills the echocardiograms so that they appear to have been done by Mobile Doctors' physicians.

The complaint affidavit states that Ajiri signed a personal financial statement on Dec. 31, 2012, stating that he received \$1.5 million in annual partnership income from a corporate entity, Mobile Doctors LLC, which has a complex ownership structure involving Ajiri and over time, one or both of his parents. Between 2008 and January 2013, bank records show that approximately \$4.365 million was transferred from Mobile Doctors to an account in the name of Ajiri and his wife.

Upcoding patient visits

According to interviews with former and current Mobile Doctors physicians, branch managers, clinical coordinators, employees and patients, a typical visit that a Mobile Doctors physician has with an established patient lasts 10 to 30 minutes and is routine in nature. In contrast to those interviews, claims data shows that from 2006 through February 2013, approximately 99 percent of all established-patient visits by Mobile Doctors physicians were

billed to Medicare using either of the two highest codes indicating the visits involved medical decision-making of moderate to high complexity, detailed or comprehensive interval histories or medical examinations, and/or visits that typically last at least 40 minutes.

In 2009 in Chicago, the local Medicare fee for a visit using the second-highest home visit code was approximately \$122.82, while the fee for the highest code was approximately \$171.25. According to a review of claims data for Railroad Retirement Board patients, every single established-patient visit Mobile Doctors billed to Medicare between January 2007 and June 2008 used the highest fee code. Between January 2007 and November 2012, approximately 93 percent of such visits were billed using the highest fee code.

The former manager of Mobile Doctors' Chicago branch until she was terminated in 2008 told agents that Ajiri told her that the second-highest fee code was the default code for a patient visit so that it would be worth the gas and time spent. The manager said Ajiri told physicians, "I don't pay for ones or twos," referring to the two lower of the four applicable fee codes. At the end of one day, she said she saw Ajiri in his office "automatically" altering the billing codes and marking visits at the highest fee level on patient records submitted by physicians and assistants who accompanied them on home visits. A physician told agents that in late 2007, Ajiri did not respond to his concerns about Mobile Doctors' billing practices and instead told the doctor that he could earn more money if he would order more tests such as electrocardiograms, according to the affidavit.

The complaint alleges that the vast majority of payments made on established-patient visit claims using the highest fee code were the result of fraudulent upcoding. From 2006 through 2012, Mobile Doctors received approximately \$21.4 million in payments on claims

using the second-highest code, and approximately \$12.6 million in Medicare payments on claims using the highest fee code.

Falsely certifying patients as confined to their homes

The charges further allege that Mobile Doctors physicians, including Koroma, falsely certified patients as confined to their homes and requiring home health services when they were not home-bound and did not require such care. By referring patients to home health agencies that did not warrant Medicare payments, Mobile Doctors received more referrals from those agencies for services provided by its physicians. According to Medicare data, from August 2010 through July 2013, more than 200 home health agencies submitted Medicare claims for services allegedly rendered to patients for whom Koroma was identified as the referring physician. These home health agencies have been paid more than \$10 million for services listing Koroma as the referring physician.

Between January 2006 and March 2013, Mobile Doctors physicians have certified or recertified for 60-day periods approximately 15,598 patients as confined to their homes and requiring home health services a total of approximately 83,133 times, many of which were allegedly false. Approximately 6,057 of these certifications were attributed since August 2007 to Koroma, with Mobile Doctors billing Medicare for approximately 17,439 patient visits he made during that time, more than any other Mobile Doctors physician.

The health care fraud count against Ajiri carries a maximum penalty of 10 years in prison and a \$250,000 fine and restitution is mandatory. The false statements count against Koroma carries a maximum of five years in prison and a \$250,000 fine. If convicted, the Court must

impose a reasonable sentence under federal statutes and the advisory United States Sentencing Guidelines.

The government is being represented by Assistant U.S. Attorney Stephen C. Lee and Catherine Dick, assistant chief in the Fraud Section of the Justice Department's Criminal Division. The U.S. Attorney's Offices in Detroit, Indianapolis, and Phoenix also have assisted in the investigation.

The public is reminded that a complaint is not evidence of guilt. The defendants are presumed innocent and are entitled to a fair trial at which the government has the burden of proving guilt beyond a reasonable doubt.

The Medicare Fraud Strike Force began operating in Chicago in February 2011, and consists of agents from the FBI and HHS-OIG, working together with prosecutors from the U.S. Attorney's Office and the Justice Department's Fraud Section. The strike force is are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 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. Scores of defendants have been charged locally in health care fraud cases since the strike force began operating in Chicago.

To report health care fraud to learn more about the Health Care Fraud Prevention & Enforcement Action Team (HEAT), go to: www.stopmedicarefraud.gov.

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