PRESS RELEASE

Internal Revenue Service - Criminal Investigation
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IRS – Criminal Investigation

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Home Health Agency Administrator Pleads Guilty in $7.8 Million Medicaid Fraud

Largest Provider Attendant Services Fraud in Texas History

The administrator of five Houston-area home health agencies pleaded guilty today to conspiring to defraud the State of Texas' Medicaid-funded Home and Community-Based Service and the Primary Home Care Programs of more than $7.8 million. These programs provide qualified individuals with in-home attendant and community-based services that are known commonly as "provider attendant services" (PAS), and this case marks the largest PAS fraud case charged in Texas history.

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 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 Houston Field Office of Internal Revenue Service Criminal Investigation's (IRS-CI) Houston Field Office and the Texas Attorney General's Medicaid Fraud Control Unit (MFCU) made the announcement.

Idia Oriakhi, 33, of Richmond, Texas, pleaded guilty before U.S. District Judge Sim Lake of the Southern District of Texas to one count of conspiracy to commit health care fraud. She is scheduled to be sentenced by Judge Lake on April 20, 2017.

From 2009 through 2016, Idia Oriakhi's parents 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 located in and around Houston. Idia Oriakhi admitted that she, her father Godwin Oriakhi and others obtained patients for her family's home health agencies by paying illegal kickback payments to patient recruiters and physicians for referring and certifying Medicaid patients for PAS services that were medically unnecessary and often not provided. PAS services are for qualified individuals with intellectual disabilities or who have an approved medical need for assistance with personal care tasks. In total, Idia Oriakhi admitted that she and her family submitted approximately $8,372,991 in fraudulent PAS claims to Medicaid and received approximately $7,894,135 on those claims.

In addition to the PAS services fraud scheme, Idia Oriakhi admitted that she and others engaged in a scheme to defraud Medicare through the submission of fraudulent claims for home health care services. Idia Oriakhi admitted that as a result of both the home healthcare and PAS

services fraud schemes, she and others submitted over $10 million in fraudulent claims to Medicare and Medicaid.

To date, Jermaine Doleman, a patient recruiter, has pleaded guilty and is awaiting sentencing for his role in the home healthcare fraud scheme. Godwin Oriakhi and Charles Esechie, a registered nurse, were charged previously with conspiracy, health care fraud, paying illegal kickbacks and money laundering offenses for their roles in the home health care and PAS services fraud schemes. They are scheduled for trial on Feb. 6, 2017. The charges are merely accusations, and 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, IRS-CI and MFCU 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. The case is being prosecuted by Senior Trial Attorney Jonathan T. Baum and Trial Attorneys William S.W. Chang and Aleza S. Remis of the Fraud Section.

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 $10 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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