

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 18-14063-CR-MARRA/MAYNARD(s)
18 U.S.C. § 1347
18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

SHEETAL KANAR KUMAR,

Defendant.

FILED BY CGA D.C.

Jan 17, 2019

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S. D. OF FLA. - Fort Pierce

SUPERSEDING INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Superseding Indictment:

1. **SHEETAL KANAR KUMAR** was a physician licensed to practice medicine in Florida.

MEDICARE

2. The Medicare Program (“Medicare”) was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services (CMS), oversaw the administration of Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare “beneficiaries.”

3. Medicare programs covering different types of benefits were separated into different program “parts.” Part B of the Medicare Program covered designated practitioners’ services, medical services provided by physicians, including gynecology and urology services,

outpatient care, and certain other medical services, equipment, supplies and drugs. CMS used Medicare Administrative Contractors (MACs) to administer Medicare Part B and to process claims.

4. Medicare Part B was administered in Florida by First Coast Service Options, a company that contracted with CMS to receive, adjudicate, process, and pay certain Part B claims. Payments under the Medicare Program were often made directly to the physician, medical clinic, or other qualified provider of the medical goods or services, rather than to the beneficiary. This occurred when the provider accepted assignment of the right to payment from the beneficiary. In that case, the provider submitted the claim to Medicare for payment, either directly or through a billing company.

5. CMS's Medicare Advantage (MA) Program, known as Medicare Part C, offered beneficiaries a managed care option by allowing them to enroll in private health plans rather than having their care covered through Medicare Part A and Part B. Participating MA organizations included health maintenance organizations, preferred provider organizations, provider-sponsored organizations, and private fee-for-service plans. CMS contracted with MA organizations to provide health services to beneficiaries enrolled in MA. CMS made monthly payments to MA organizations for enrolled beneficiaries. MA organizations covered all medically necessary services, other than hospice care, that are allowable in Medicare Parts A and B.

6. Medicare is a "health care benefit program," as defined in Title 18, United States Code, Section 24(b), and "federal health care program," as defined in Title 42, United States Code, Section 1320a-7b(f).

MEDICAID

7. The Medicaid Program (Medicaid) was a jointly-funded program between Federal and State Governments that provided medical assistance and health coverage for categories of individuals whose income and resources were insufficient to meet the costs of medical services.

8. The Florida Medicaid Program was authorized by Chapter 409, Florida State Statutes, and Chapter 59G, Florida Administrative Code. Medicaid was administered by CMS and the State of Florida Agency for Health Care Administration (AHCA).

9. CMS's Medicaid program provided medical assistance to low-income beneficiaries and beneficiaries with specific disabilities. The Federal and State Governments jointly funded and administered the Medicaid program. At the Federal level, CMS administered the Medicare program. Each State administered its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

10. The Federal Government pays its share of a State's medical assistance expenditures (Federal share) under Medicaid based on the Federal medical assistance percentage (FMAP), which varies depending on the State's relative per capita income as calculated by a defined formula (42 C.F.R. § 433.10).

11. Medicaid is a "health care benefit program," as defined in Title 18, United States Code, Section 24(b), and "federal health care program," as defined in Title 42, United States Code, Section 1320a-7b(f).

ADMINISTRATION OF MEDICARE AND MEDICAID

12. Physicians, medical clinics, and other health care providers that provided services to Medicare and Medicaid beneficiaries were able to apply for and obtain a "provider number."

A health care provider who was issued a Medicare and Medicaid provider number was able to file bills, known as “claims,” with Medicare and Medicaid to obtain reimbursement for services provided to beneficiaries. The claim form was required to contain certain important information, including: (a) the beneficiary’s name and unique identifier; (b) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (c) the billing codes for the benefit, item, or service; (d) the date on which the benefit, item, or service was provided or supplied to the beneficiary; and (e) the name of the physician or other health care provider, as well as a unique identifying number, known either as a Unique Physician Identification Number (UPIN) or National Provider Identifier (NPI). The claim form could be submitted in hard copy or electronically.

13. Pursuant to federal statutes and regulations, Medicare and Medicaid only paid for health care benefits, items, or other services that were actually rendered, medically necessary, and ordered by a licensed doctor or other licensed and qualified health care provider.

COMMERCIAL HEALTH INSURANCE

14. Commercial health insurance, also known as private health insurance, provided compensation for medical bills that were the result of sickness or injury. Members of a particular insurance plan paid a monetary premium for health care benefits specified in an insurance policy agreement. When a member made a claim, the private insurance company would provide compensation to the medical care provider and the insured would (depending on the plan) make a co-payment in relation to the goods or services provided.

15. Private insurance companies include the following: Blue Cross Blue Shield, Humana, Aetna, Inc., Cigna, and United Health Care Services, Inc. These companies offered and administered health care benefit programs within the meaning of Title 18, United States

Code, Section 24(b). These companies provided coverage for some patients who sought treatment with defendant **SHEETAL KANAR KUMAR**.

16. Physicians, medical clinics, and other health care providers that provided services to private insurance members were able to apply for and obtain a “provider number” from the insurance company. A health care provider who was issued a private insurance provider number was able to file bills, known as “claims,” with private health insurers to obtain reimbursement for services provided to members. The claim form was required to contain certain important information, including: (a) the member’s name and unique identifier; (b) a description of the health care benefit, item, or service that was provided or supplied to the member; (c) the billing codes for the benefit, item, or service; (d) the date on which the benefit, item, or service was provided or supplied to the member; and (e) the name of the referring physician or other health care provider, as well as a unique identifying number, known either as a Unique Physician Identification Number (UPIN) or National Provider Identifier (NPI). The claim form could be submitted in hard copy or electronically.

THE DEFENDANT AND RELATED COMPANIES

17. The defendant **SHEETAL KANAR KUMAR** owned and operated the for-profit corporation of Sheetal Kumar, M.D., P.A., doing business as Advanced Healthcare for Women, at 1000 South East Federal Highway, Stuart, Florida 34994. Sheetal Kumar, M.D., P.A. was incorporated on or about February 22, 2000.

18. The defendant **SHEETAL KANAR KUMAR**, a resident of Martin County, Florida, was a licensed physician and sole owner of Sheetal Kumar, M.D., P.A.

19. The defendant was an obstetrician and gynecologist licensed to practice medicine in the State of Florida. Among other services, the defendant provided services for treating urinary and fecal incontinence.

20. From at least as early as January 2014, until on or about July 19, 2017, the defendant, **SHEETAL KANAR KUMAR**, was a health care provider for Medicare, Medicaid, Blue Cross Blue Shield, Humana, Aetna, Inc., Cigna, and United Health Care Services, Inc.

COUNTS 1-29
(Health Care Fraud: 18 U.S.C. § 1347)

21. Paragraphs 1 through 20 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

22. Beginning in or around January 2014, until on or about July 19, 2017, in Martin County, in the Southern District of Florida, and elsewhere, the defendant,

SHEETAL KANAR KUMAR,

in connection with the delivery and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud health care benefit programs affecting commerce, as defined by Title 18, United States Code, Section 24(b), that is Medicare, Medicaid, Blue Cross Blue Shield, Humana, Aetna, Inc., Cigna, and United Health Care Services, Inc., and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of said health care benefit programs, in that the defendant submitted and caused the submission of false and fraudulent claims seeking money for specific health care benefits, items, and services that were not provided as billed.

PURPOSE OF THE SCHEME AND ARTIFICE

23. It was the purpose of the scheme and artifice for the defendant to unlawfully enrich herself by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; and (c) diverting the proceeds of the false claims to her personal use and benefit, the use and benefit of others, and to further the fraud.

THE SCHEME AND ARTIFICE

The manner and means by which the defendant sought to accomplish the purpose of the scheme and artifice included, among others, the following:

24. **SHEETAL KANAR KUMAR** submitted and caused employees of Sheetal Kumar, M.D., P.A., to submit claims for health care benefits, items and services, including, but not limited to, complex cystometrogram, uroflowmetry, voiding pressure studies, anorectal manometry, and patient office visits, and such claims falsely and fraudulently represented that the health care benefits, items and services had been provided to the Medicare and Medicaid beneficiaries and members of health care benefit programs when, in truth and in fact, the health care benefits, items and services had not been provided.

25. **SHEETAL KANAR KUMAR** did establish and instruct staff regarding systems and procedures for her medical practice related to the submission of claims for health care benefits, items and services. **SHEETAL KANAR KUMAR** instructed office staff and billers how to utilize superbills and submit claims. Claims were submitted using codes that are referred to as current procedural terminology codes (CPT codes). The CPT codes provided a standardized means for reporting medical services and surgical procedures to third-party payers on claim forms so that payment could be made for services provided. **SHEETAL KANAR**

KUMAR knew that CPT codes were being submitted for specific health care benefits, items and services that were not being performed, including, but not limited to, complex cystometrograms, uroflowmetry, voiding pressure studies, anorectal manometry, and patient office visits.

26. As a result of the submission of such false and fraudulent claims, **SHEETAL KANAR KUMAR**, caused health care benefit programs to make payments to Sheetal Kumar, M.D., P.A.

27. **SHEETAL KANAR KUMAR** then transferred and disbursed, and caused the transfer and disbursement of fraud proceeds to herself and others.

28. As a result of the submission of false and fraudulent claims, **SHEETAL KANAR KUMAR**, caused health care benefit programs to make fraudulent disbursements to Sheetal Kumar, M.D., P.A. in the amount of approximately \$637,159.00.

ACTS IN EXECUTION OF THE SCHEME AND ARTIFACE

29. On or about the dates specified as to each count below, in Martin County, in the Southern District of Florida, and elsewhere, the defendant,

SHEETAL KANAR KUMAR,

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, that is, Medicare, Medicaid, Blue Cross Blue Shield, Humana, Aetna, Inc., Cigna, and United Health Care Services, Inc., and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit programs, in that the defendant submitted and caused the submission of false and fraudulent claims, identified more particularly below:

Count	Patient	Date of Service	Health Care Program	Claim Number	Procedure Code; Service Billed
1	Y.D.	5/28/2014	Florida Medicaid	5214244228941	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
2	H.V.	9/3/2014	Blue Cross and Blue Shield of Florida	Q100000427293183	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies
3	H.V.	12/23/2014	Blue Cross and Blue Shield of Florida	Q100000446805459	51729 - Complex Cystometrogram
4	H.V.	12/23/2014	Blue Cross and Blue Shield of Florida	Q100000446805316	51741 - Uroflometry 91122 - Anorectal Manometry
5	V.T.	2/24/2015	Florida Medicaid	2215055008519	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
6	J.C.	2/25/2015	Medicare	598315289750000	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
7	J.H.	3/3/2015	Medicare	590915148113190	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
8	J.H.	5/6/2015	Medicare	590915128423010	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
9	Y.D.	7/10/2015	Florida Medicaid	2215191013882	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
10	N.G.	5/17/2016	Medicare Part C - United Health	OEB0011060118	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
11	P.T.	12/9/2016	Medicare	590216357497110	51729 - Complex Cystometrogram 51741 - Uroflometry 51797 - Voiding Pressure Studies 91122 - Anorectal Manometry
12	H.V.	9/8/2014	Blue Cross and Blue Shield of Florida	Q100000446805304	91122 - Anorectal Manometry
13	Y.D.	9/10/2014	Florida Medicaid	2214253005727	91122 - Anorectal Manometry
14	H.V.	12/29/2014	Blue Cross and Blue Shield of Florida	Q100000446805015	91122 - Anorectal Manometry
15	J.H.	6/5/2015	Medicare	590915160143840	91122 - Anorectal Manometry
16	K.C.	7/23/2015	Medicare	591115211543040	99214 - Patient Office Visit 25 Mins
17	M.K.	3/14/2016	Medicare	590216077648550	99214 - Patient Office Visit 25 Mins
18	K.H.	9/27/2016	Blue Cross and Blue Shield of Florida	Q100000558558050	91122 - Anorectal Manometry
19	N.G.	11/10/2016	Medicare Part C - United Health	OEB0010879877	91122 - Anorectal Manometry
20	P.T.	12/13/2016	Medicare	590216357497130	99214 - Patient Office Visit 25 Mins
21	P.T.	6/26/2017	Medicare	590917178729480	99214 - Patient Office Visit 25 Mins
22	N.G.	6/30/2017	Medicare Part C - United Health	OEB0022694766	91122 - Anorectal Manometry
23	J.H.	8/5/2015	Medicare	591815362529620	99213 - Patient Office Visit 15 Mins
24	J.H.	8/8/2015	Medicare	591815362529630	99214 - Patient Office Visit 25 Mins
25	J.H.	8/10/2015	Medicare	591815362529640	99214 - Patient Office Visit 25 Mins
26	J.H.	8/15/2015	Medicare	591815362529650	99214 - Patient Office Visit 25 Mins
27	K.H.	10/4/16	Blue Cross and Blue Shield Florida	Q100000559612672	91122 - Anorectal Manometry
28	J.H.	6/19/15	Medicare	590915174036650	91122 - Anorectal Manometry
29	P.T.	5/9/17	Medicare	590917135322350	91122 - Anorectal Manometry

In violation of Title 18, United States Code, Sections 1347 and 2.

FORFEITURE ALLEGATIONS

1. Upon conviction of any of the offenses alleged in Counts 1-29 of this Superseding Indictment, the defendant, **SHEETAL KANAR KUMAR**, shall forfeit to the United States, property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offenses.

Pursuant to Title 18, United States Code, Section 982(a)(7).

A TRUE BILL

~~FOREPERSON~~



ARIANA FAJARDO ORSHAN
UNITED STATES ATTORNEY



DANIEL E. FUNK
ASSISTANT UNITED STATES ATTORNEY

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. 18-14063-CR-MARRA/MAYNARD(s)

UNITED STATES OF AMERICA

v.

SHEETAL KANAR KUMAR,

Defendant.

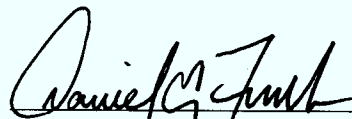
CRIMINAL COVER SHEET

1. Did this matter originate from a matter pending in the Central Region of the United States Attorney's Office prior to August 9, 2013 (Mag. Judge Alicia Valle)? ___ Yes No
2. Did this matter originate from a matter pending in the Northern Region of the United States Attorney's Office prior to August 8, 2014 (Mag. Judge Shaniek Maynard)? ___ Yes No

Respectfully submitted,

ARIANA FAJARDO ORSHAN
UNITED STATES ATTORNEY

BY:



DANIEL E. FUNK
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**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

CASE NO. 18-14063-CR-MARRA/MAYNARD(s)

PENALTY SHEET

Defendant's Name: SHEETAL KANAR KUMAR

COUNTS	VIOLATION	U.S. CODE	MAX. PENALTY
1-29	Health Care Fraud	18:1347	10 Years' Imprisonment \$250,000 Fine SR: 3 Years \$100 Special Assessment
	Forfeiture		