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**OWNER OF FORMER SOUTH SUBURBAN HOME HEALTH CARE BUSINESS
SENTENCED TO 10 YEARS IN PRISON FOR \$2.9 MILLION MEDICARE FRAUD**

CHICAGO — The co-owner of a former south suburban home health care business was sentenced today to 10 years in federal prison for defrauding Medicare of more than \$2.9 million by submitting tens of thousands of false claims annually that misrepresented medical services provided to beneficiaries. BAHIR HAJ KHALIL, the executive manager and co-owner of House Call Physicians LLC, in Palos Hills, was the last of three defendants to be sentenced following Khalil's conviction at a trial in September.

"I want the word to go forth from this sentence that this kind of crime does not pay and will be treated harshly," U.S. District Judge Charles Kocoras said in Federal Court in Chicago. Judge Kocoras imposed the maximum sentence of 10 years on each of seven counts and ordered them to be served concurrently.

Khalil, 34, of Palos Hills, a native of Syria and a Canadian citizen who was not authorized to work in the U.S., has remained in federal custody since he was arrested in July 2011 and House Call Physicians closed its doors. He will be subject to deportation after completing his sentence.

"Khalil preyed on Medicare beneficiaries — people who were sick, elderly and disabled — and exploited them because they were vulnerable and easy to use to accomplish his fraud. To

Khalil, the math was simple: Find people on Medicare; perform unnecessary tests and services; bill Medicare; get paid,” the government argued at sentencing.

Khalil was convicted of six counts of health care fraud and he and his business partner, MOHAMMED KHAMIS RASHED, 46, of Chicago, were also convicted of one count of visa fraud for attempting to illegally obtain a work visa for Khalil. Rashed, a former engineer for the City of Chicago who invested in House Call and was a co-owner, was sentenced by Judge Kocoras on Tuesday to six months in prison and fined \$20,000.

A third defendant PASCHAL U. OPARAH, 47, of South Holland, a suspended podiatrist who pleaded guilty to health care fraud last April and cooperated with the government’s investigation, was sentenced on Dec. 12 to 18 months in prison, and was ordered to pay \$791,095 in restitution.

Khalil was ordered to pay restitution and forfeiture, both in the amount of \$2,934,392, representing proceeds from the fraudulent billing scheme. The forfeiture includes approximately \$155,575 that was seized when he was arrested. Over the course of the fraud, Khalil wrote himself more than \$400,000 in checks from the company’s bank account.

According to trial evidence and court records, the fraud scheme involved billing for: services that were not medically necessary, including uncomfortable nerve conduction tests; services purportedly provided by physicians when, in fact, they were performed by physician assistants; and services purportedly performed by a licensed podiatrist when, in fact, they were performed by Oparah, whose license was suspended. Khalil also directed the false certification of patients as eligible for home health services when, in fact, they were not homebound as required by Medicare.

Although he had no medical training or license, Khalil established House Call Physicians in 2006 and engaged in Medicare fraud from that time until he was arrested in July 2011. In secretly recorded conversations with physicians and physician assistants, Khalil made it clear that he believed that he, not the doctors, should decide when patients needed a procedure like a nerve conduction or bone density tests.

The government was represented by Assistant U.S. Attorneys Patrick Otlewski and Ryan Hedges.

The sentences were announced by Gary S. Shapiro, Acting United States Attorney for the Northern District of Illinois; Thomas R. Trautmann, Acting Special Agent-in-Charge of the Chicago Office of Federal Bureau of Investigation; Lamont Pugh III, Special Agent-in-Charge of the Chicago Region of the U.S. Department of Health and Human Services Office of Inspector General; and James Vanderberg, Special Agent-in-Charge of the U.S. Department of Labor Office of Inspector General. The U.S. Railroad Retirement Board Office of Inspector General also participated in the investigation. The investigation was conducted by the Medicare Fraud Strike Force, which expanded to Chicago in 2011, and is part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative between the Justice Department and HHS to focus their efforts to prevent and deter fraud and enforce anti-fraud laws around the country.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: www.stopmedicarefraud.gov .

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