

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA  
Criminal No. 21-56 (PAM/HB)

UNITED STATES OF AMERICA,

Plaintiff,

v.

**INDICTMENT**

18 U.S.C. § 2  
18 U.S.C. § 1343  
18 U.S.C. § 1349

- (1) [REDACTED]
- (2) [REDACTED]
- (3) OKACH OKWAYOO KWOT,
- (4) ELIJAH S. KOLLIE,
- (5) [REDACTED]
- (6) ABDIRAHMAN YONIS,
- (7) ALPHONSO VASCO JOHNSON,
- (8) ILYAS ABDI FARAH,
- (9) XIONG THAO VUE,
- (10) ANAB ARTAN AWAD,
- (11) ISHA HASSAN MOHAMED, and
- (12) AYAN ALI MOHAMUD,

Defendants.

THE UNITED STATES GRAND JURY CHARGES:

**OVERVIEW**

1. From at least in or about September 2014 through in or about September 2017, the Defendants participated in a scheme with others known and unknown to the Grand Jury to defraud the Medicaid program. The scheme involved mental health practitioners submitting fraudulent claims through a mental health clinic for mental health

U.S. v. [REDACTED], et al.

services purportedly provided to Medicaid recipients. The scheme also involved interpreters submitting fraudulent claims through their respective employers for interpretation services purportedly provided to Medicaid recipients during the mental health appointments. Neither the mental health services nor the ancillary interpretation services were rendered. For nearly three years, however, the Defendants defrauded the Medicaid program by submitting claims for reimbursement and receiving payment for services not rendered to Medicaid recipients.

**GENERAL ALLEGATIONS**

At times relevant to this Indictment:

**Relevant Entities and Individuals**

2. Minnesota Multicultural Counseling and Consultant, Inc., doing business as Multicultural Counseling Clinic (“MMCC”), was a mental health clinic with locations in St. Paul, Brooklyn Park, and Burnsville, Minnesota.

3. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

U.S. v. [REDACTED], et al.

4. [REDACTED]

5. Defendant **OKACH OKWAYOO KWOT** was a mental health practitioner employed by [REDACTED] and MMCC. **KWOT** prepared and signed client progress notes for mental health services that he did not provide, signed interpreter service verification forms for services that he did not provide, and submitted and caused to be submitted to the Minnesota Medicaid program claims for mental health services that he did not provide.

6. Defendant **ELIJAH S. KOLLIE** was a mental health practitioner employed by [REDACTED] and MMCC. **KOLLIE** prepared and signed client progress notes for mental health services that he did not provide, and submitted and caused to be submitted to the Minnesota Medicaid program claims from MMCC for mental health services that he did not provide.

7. [REDACTED]

8. Defendant **ABDIRAHMAN YONIS** was a mental health practitioner employed by [REDACTED] and MMCC. **YONIS** prepared and signed client progress notes for

U.S. v. [REDACTED], et al.

mental health services that he did not provide, and submitted and caused to be submitted to the Minnesota Medicaid program claims from MMCC for mental health services that he did not provide.

9. Defendant **ALPHONSO VASCO JOHNSON** was a mental health practitioner employed by [REDACTED] and MMCC. **JOHNSON** prepared and signed client progress notes for mental health services that he did not provide, and submitted and caused to be submitted to the Minnesota Medicaid program claims from MMCC for mental health services that he did not provide.

10. Defendant **ILYAS ABDI FARAH** was an interpreter purportedly providing interpretation services to MMCC clients through his employer, A-Z Friendly Languages, Inc (“A-Z Friendly”). **FARAH** was also a mental health practitioner employed by [REDACTED] and MMCC. In his role as an interpreter, **FARAH** signed interpreter service verification forms for services that he did not provide, and caused A-Z Friendly to submit false claims to the Minnesota Medicaid program for the services that he did not provide. In his role as a MMCC mental health practitioner, **FARAH** submitted and caused to be submitted claims to the Minnesota Medicaid program claims from MMCC for mental health services that he did not provide.

11. Defendant **XIONG THAO VUE** was an interpreter purportedly providing interpreter services to MMCC clients through multiple employers, including, A-Z Friendly, which then billed those services to the Minnesota Medicaid program. **VUE** caused A-Z Friendly to submit false claims to the Minnesota Medicaid program by signing interpreter service verification forms for interpretation services that she did not provide. **VUE** also

U.S. v. [REDACTED], et al.

caused A-Z Friendly to submit false claims to the Minnesota Medicaid program by submitting interpreter service verification forms under family members' names for interpretation services that were not provided by **VUE** or her family members.

12. Defendant **ANAB ARTAN AWAD** was an interpreter purportedly providing services to MMCC clients, through her employers, A-Z Friendly and Itasca Interpreter Service ("Itasca"), which then billed those services to the Minnesota Medicaid program. **AWAD** signed interpreter service verification forms for interpreter services that she did not provide, and submitted forms to both A-Z Friendly and Itasca that contained overlapping dates and times of service, thereby causing both A-Z Friendly and Itasca to submit false claims to the Minnesota Medicaid program for services that were not provided.

13. Defendant **ISHA HASSAN MOHAMED** was an interpreter purportedly providing interpreter services to MMCC clients through her employer, Arch Language Network ("Arch"), which then billed those services to the Minnesota Medicaid program. **MOHAMED** caused Arch to submit false claims to the Minnesota Medicaid program by signing interpreter service verification forms for interpretation services that she did not provide.

14. Defendant **AYAN ALI MOHAMUD** was an interpreter purportedly providing interpreter services to MMCC clients through her employer, Arch, which then billed those services to the Minnesota Medicaid program. **MOHAMUD** caused Arch to submit false claims to the Minnesota Medicaid program by signing interpreter service verification forms for interpretation services that she did not provide.

U.S. v. [REDACTED], et al.

### **The Minnesota Medicaid Program**

15. The Medicaid program (“Medicaid”) was a program jointly funded by the federal government and individual states to assist low-income persons and other qualified persons, commonly referred to as “Medicaid recipients,” in paying for the costs of health care. In the State of Minnesota, the Medicaid program was administered by the Minnesota Department of Human Services (“DHS”).

16. DHS used two basic methods to provide services. The method DHS employed to provide medical services through Medicaid in this case was through the Prepaid Medical Assistance Program (“PMAP”), through which health care organizations contracted with DHS to provide health care services to Medicaid recipients on a managed care basis. The health care organizations then contracted with health care providers to provide medical care to Medicaid patients. Under the PMAP program, the health care providers submitted claims to the health care organization, rather than directly to DHS, for the services provided to Medicaid recipients.

17. UCare Minnesota (“UCare”) was a health care organization serving patients in Minnesota and western Wisconsin. UCare contracted with DHS to provide health care coverage to Medicaid recipients. UCare provided coverage for medical services, including coverage for mental health services, as well as certain ancillary services attendant to medical and mental health appointments, including transportation to and from those appointment and any necessary interpretation services provided at those appointments.

U.S. v. [REDACTED], et al.

UCare is a PMAP and the mental health services, as well as certain ancillary services described herein, are covered under the PMAP program.

18. Blue Cross Blue Shield of Minnesota (“BCBS”) was a health care organization serving patients in Minnesota. BCBS contracted with DHS to provide health care coverage to Medicaid recipients. BCBS provided coverage for medical services, including coverage for mental health services, as well as certain ancillary services attendant to medical and mental health appointments, including transportation to and from those appointment and any necessary interpretation services provided at those appointments. BCBS is a PMAP and the mental health services, as well as certain ancillary services described herein, are covered under the PMAP program.

19. Health care providers that provide services to Medicaid recipients can apply for and obtain a “provider number.” A health care provider issued a provider number can submit claims to Medicaid to obtain reimbursement for products, services, and items provided to recipients. Medicaid provides reimbursement only for health care services that were medically necessary, actually provided, and provided as represented in the reimbursement claim. Claims for reimbursement are required to set forth, among other things, the recipient’s name, the recipient’s identification number, the date the product, service, or item was provided, the cost of reimbursement, and the name and provider number of the health care provider who provided the product, service, or item.

20. By becoming a participating provider in Medicaid, providers agree to abide by the laws, rules, regulations, policies, and procedures that govern reimbursement by Medicaid. When a provider submits claims to Medicaid, the provider certifies that the

U.S. v. [REDACTED], et al.

contents of the claim are true, correct, and complete and that the claim was prepared and submitted in compliance with the applicable laws and regulations governing the submission of claims.

21. Participating providers are required to follow DHS billing rules designed to ensure the submission of accurate and honest reimbursement of claims for services actually provided. The requirements regarding claims submission to DHS are set forth in the Minnesota Health Care Programs (“MHCP”) Provider Manual.

22. Such requirements include, but are not limited to, the following:

- a. Billing for Services Actually Provided. Providers who contract with DHS agree to bill for services actually provided. Claims are submitted electronically to DHS or the PMAP. The provider submits a claim under a recipient’s individual identifying number. The claim provides a procedure code, indicating the service, along with the provider’s number for direct payment to the provider.
- b. Billing Only After Services Have Been Provided. Claims are submitted to DHS after covered services have been rendered. Providers are not permitted to make reimbursement claims for services purportedly to be provided in the future

23. Payment to providers is typically done by electronic funds transfer (EFT) by the respective PMAP.

### **The Scheme to Defraud**



U.S. v. [REDACTED], et al.

24. On or about March 5, 2014, [REDACTED] submitted various DHS forms on behalf of MMCC in order for MMCC to become a health care provider that was eligible to submit claims to obtain reimbursement for services provided to Medicaid recipients. [REDACTED] obtained a “provider number” from DHS and thereafter was eligible to provide services to Medicaid recipients and then submit claims to the Minnesota Medicaid program to be reimbursed for those services.

25. In [REDACTED] operation of MMCC, [REDACTED] employed Mental Health Practitioners (“MHPs”), including **KWOT**, **KOLLIE**, [REDACTED], **YONIS**, and **JOHNSON**, who were purportedly hired to provide mental health services to individual MMCC clients, including those clients who were Medicaid recipients. The MHPs were responsible for providing mental health services to MMCC clients, and for preparing and signing paper progress notes and paper Individual Treatment Plans documenting the provision of mental health services. The MHCP Provider Manual sets forth the requirements for supervision of MHPs, and states: “MHPs are not eligible to enroll with MHCP; they must be under clinical supervision of a mental health professional...” At times relevant to this Indictment, [REDACTED] was the mental health professional at MMCC responsible for supervising the MHPs. According to the requirements in the MHCP Provider Manual, this supervision was supposed to include: overseeing the quality and outcome of the MHP’s work with the recipients; reviewing, approving, and signing the diagnostic assessments, individual treatment plans, and treatment plan reviews of recipients; and reviewing and approving the progress notes of recipients treated by the MHPs according to the MHP’s supervision plan.

U.S. v. [REDACTED], et al.

26. [REDACTED]

27. In order to maximize the reimbursements received from the Medicaid program, [REDACTED], and their co-defendants also conspired with various interpreters, including FARAH, VUE, AWAD, MOHAMED, and MOHAMUD, who purportedly provided interpretation services during the MHPs' mental health treatment sessions with MMCC clients.

28. [REDACTED], and others working at [REDACTED] direction, including those individuals identified herein, routinely obtained the personal information, including the names, and Medicaid recipient identification numbers, of Medicaid recipients.

29. [REDACTED], and others working at [REDACTED] direction, including those individuals identified herein, used the Medicaid recipients' information to submit false and fraudulent claims for reimbursement for mental health services and interpretation services that were not actually provided. [REDACTED] and others working at [REDACTED] direction, including those individuals identified herein, submitted claims for Medicaid recipients who never sought treatment at MMCC, or submitted claims for Medicaid recipients who were not seeking

U.S. v. [REDACTED], et al.

treatment at MMCC during the dates and times identified in the claims, or submitted claims for times that were in direct conflict with the MHP's second full time job.

30. As required by the MHCP Provider Manual, [REDACTED] was responsible for supervising the MHP's work, including the supervision and oversight of the MHPs' diagnostic assessments and individual treatment plans for the MMCC patients, which were ultimately submitted as claim reimbursements to Medicaid. [REDACTED], however, was regularly traveling outside of the United States during the dates identified on the fraudulent diagnostic assessments and individual treatment plans. Upon [REDACTED] return to the United States, [REDACTED] would backdate and sign the documents prior to submission for reimbursement from Medicaid.

31. MMCC used a third-party biller to submit claims. U.S. Medical Solutions Inc., located in Indiana, Pennsylvania, would receive a facsimile from MMCC containing claims data including patient identifiers, date of service, and the service being billed. Based on this information, U.S. Medical Solutions would enter the claims data in Office Ally, an electronic health record software system used to submit claims electronically. The claims data would be submitted by U.S. Medical Solutions to a clearing house and then to UCare or BCBS.

32. The Medicaid program paid MMCC over \$4 million between approximately September 2014 and September 2017 as a result of these false and fraudulent claims submissions.

U.S. v. [REDACTED], et al.

**COUNT 1**

(Conspiracy to Commit Wire Fraud)

33. The allegations set forth in paragraphs 1 through 32 of this Indictment are re-alleged as if fully set forth herein.

34. From at least in or about September 2014 and continuing thereafter through in or about September 2017, in the State and District of Minnesota and elsewhere, the Defendants,

[REDACTED],  
[REDACTED],  
[REDACTED],  
**OKACH OKWAYOO KWOT,**  
**ELIJAH S. KOLLIE,**  
[REDACTED],  
**ABDIRAHMAN YONIS,**  
**ALPHONSO VASCO JOHNSON,**  
**ILYAS ABDI FARAH,**  
**XIONG THAO VUE,**  
**ANAB ARTAN AWAD,**  
**ISHA HASSAN MOHAMED,** and  
**AYAN ALI MOHAMUD**

did knowingly and willfully conspire, combine, and agree with each other and with other persons known and unknown to the Grand Jury, to commit the crime of wire fraud, in violation of Title 18, United States Code, Section 1343.

All in violation of Title 18, United States Code, Section 1349.

**COUNTS 2-24**

(Wire Fraud)

35. The allegations set forth in paragraphs 1 through 34 of this Indictment are re-alleged as if fully set forth herein.

U.S. v. [REDACTED], et al.

36. On or about the following dates, in the State and District of Minnesota and elsewhere, the Defendants, as named below in each count, each aiding and abetting and being aided and abetted by others known and unknown to the grand jury, having devised and intending to devise the scheme and artifice described above, transmitted and caused to be transmitted by means of wire communication in interstate and foreign commerce the following writings, signs, signals, pictures, and sounds for the purpose of executing and attempting to execute such scheme and artifice:

<b>Count</b>	<b>Date of Wire (on or about)</b>	<b>Defendant(s)</b>	<b>Wire Details</b>
2	5/13/2016	AWAD	Electronic submission of interpreter service claim for patient A.A.A to UCARE, date of service 04/01/2016
3	4/29/2016	FARAH	Electronic submission of interpretation services claim for patient H.M. to UCARE, date of service 04/09/2016
4	5/13/2016	YONIS	Electronic submission of mental health services claim for patient A.A. to UCare, date of service 04/28/2016
5	5/27/2016	AWAD	Electronic submission of interpretation services claim for patient A.A. to UCare, date of service 04/28/2016
6	5/20/2016	KWOT	Electronic submission of mental health services claim for patient A.E. to UCare, date of service 05/05/2016
7	6/10/2016	[REDACTED], MOHAMUD	Electronic submission of interpretation services claim for patient A.E. to UCare, date of service 05/05/2016

U.S. v. [REDACTED], et al.

Count	Date of Wire (on or about)	Defendant(s)	Wire Details
8	6/10/2016	KWOT	Electronic submission of mental health services claim for patient L.M.A. to BCBS, date of service 05/20/2016
9	7/12/2016	MOHAMED	Electronic submission of interpretation services claim for patient L.M.A. to BCBS, date of service 05/20/2016
10	6/24/2016	KWOT	Electronic submission of mental health services claim for patient R.A. to UCare, date of service 06/09/2016
11	7/08/2016	[REDACTED], MOHAMUD	Electronic submission of interpretation services claim for patient R.A. to UCare, date of service 06/09/2016
12	7/15/2016	[REDACTED]	Electronic submission of mental health services claim for patient N.K. to BCBS, date of service 06/21/2016
13	7/12/2016	JOHNSON	Electronic submission of mental health services claim for patient S.M. to MHCP, date of service 06/22/2016
14	7/15/2016	[REDACTED]	Electronic submission of mental health services claim for patient N.K. to BCBS, date of service 06/23/2016
15	8/05/2016	[REDACTED]	Electronic submission of mental health services claim for patient A.I. to BCBS, date of service 07/11/2016
16	8/12/2016	[REDACTED]	Electronic submission of mental health services claim for patient A.I. to BCBS, date of service 07/25/2016
17	10/14/2016	MOHAMED	Electronic submission of interpretation services claim for patient B.A. to UCare, date of service 09/02/2016

U.S. v. [REDACTED], et al.

Count	Date of Wire (on or about)	Defendant(s)	Wire Details
18	10/28/2016	JOHNSON	Electronic submission of mental health services claim for patient A.A. to BCBS, date of service 10/05/2016
19	3/03/2017	VUE	Electronic submission of interpretation services claim for patient P.Y. to UCare, date of service 12/22/2016
20	2/10/2017	YONIS	Electronic submission of mental health services claim for patient H.J.M. to UCare, date of service 01/03/2017
21	2/03/2017	KOLLIE	Electronic submission of mental health services claim for patient H.G.A. to UCare, date of service 01/20/2017
22	4/07/2017	KOLLIE	Electronic submission of mental health services claim for patient S.S. to UCare, date of service 03/10/2017
23	3/31/2017	FARAH	Electronic submission of mental health services claim for patient M.Y. to UCare, 03/14/2017
24	11/17/2017	[REDACTED], VUE	Electronic submission of interpretation services claim for patient M.Y. to UCare, date of service 03/14/2017

All in violation of Title 18, United States Code, Sections 1343 and 2.

### **FORFEITURE ALLEGATIONS**

37. Counts 1 through 24 of this Indictment are hereby realleged and incorporated as if fully set forth herein by reference, for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982(a)(7), and Title 28, United States Code, Section 2461(c).

U.S. v. [REDACTED], et al.

38. Upon conviction of the offenses alleged in Counts 1-24 of this Indictment, the defendants shall forfeit to the United States pursuant to Title 18, United States Code, Section 982(a)(7) and Title 18, United States Code, Section 981(a)(1)(C), in conjunction with Title 28, United States Code, Section 2461(c), all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offenses charged in Counts 1 through 24, respectively.

39. If any of the above-described forfeitable property is unavailable for forfeiture, the United States intends to seek the forfeiture of substitute property as provided for in Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1) and Title 28, United States Code, Section 2461(c).

A TRUE BILL

\_\_\_\_\_  
ACTING UNITED STATES ATTORNEY

\_\_\_\_\_  
FOREPERSON