

THE UNITED STATES ATTORNEY'S OFFICE
DISTRICT *of* MARYLAND

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Department of Justice

U.S. Attorney's Office

District of Maryland

FOR IMMEDIATE RELEASE

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**Maryland Doctor Facing Federal Indictment for COVID-19
Healthcare Fraud Scheme is Part of a Nationwide Coordinated
Law Enforcement Action to Combat Health Care Related COVID-
19 Fraud Announced by the Justice Department Today**

**Criminal Charges Brought Against 18 Defendants, Including Owners and Executives of
Medical Businesses, Physicians, Marketers, and Manufacturers of Fake COVID-19
Vaccination Record Cards with Losses Exceeding \$149 Million**

Baltimore, Maryland – A federal grand jury in Maryland has indicted Ron Elfenbein, M.D., age 47, of Arnold, Maryland, for three counts of healthcare fraud for submitting false and fraudulent claims to Medicare and other insurers for patients who received COVID-19 tests at sites operated by the defendant. The indictment was returned yesterday.

The Department of Justice today announced the criminal charges against Elfenbein and 17 other defendants in nine federal districts across the United States for their alleged participation in various fraud schemes involving health care services that exploited the COVID-19 pandemic and resulted in over \$149 million in COVID-19 related false billings to federal programs and theft from pandemic assistance programs. In connection with the enforcement action, the department seized over \$8 million in cash and other fraud proceeds.

The Maryland indictment was announced by United States Attorney for the District of Maryland Erik L. Barron; Assistant Attorney General Kenneth A. Polite of the Justice Department's Criminal Division; Special Agent in Charge Maureen Dixon for the Department of Health and Human Services Office of Inspector General (HHS-OIG); Special Agent in Charge Christopher Dillard of the Department of Defense Office of Inspector General, Defense Criminal Investigative Service - Mid-Atlantic Field Office; Special Agent in Charge Thomas Sobocinski for the FBI Baltimore Field Office, and Special Agent in Charge Amy K. Parker for the Office of Personnel Management, Office of Inspector General (OPM-OIG).

"The indictment alleges that Ron Elfenbein took advantage of a national health crisis to line his own pockets," said United States Attorney for the District of Maryland Erik L. Barron. "Our office has and will continue to investigate and prosecute fraud by anyone who used the COVID-19 pandemic to defraud individuals or the government."

"The Department of Justice's Health Care Fraud Unit and our partners are dedicated to rooting out schemes that have exploited the pandemic," said Assistant Attorney General Kenneth A. Polite, Jr. of the Justice Department's Criminal Division. "Today's enforcement action reinforces our commitment to using all available tools to hold accountable

medical professionals, corporate executives, and others who have placed greed above care during an unprecedented public health emergency.”

“This COVID-19 health care fraud enforcement action involves extraordinary efforts to prosecute some of the largest and most wide-ranging pandemic frauds detected to date,” said Director for COVID-19 Fraud Enforcement Kevin Chambers. “The scale and complexity of the schemes prosecuted today illustrates the success of our unprecedented interagency effort to quickly investigate and prosecute those who abuse our critical health care programs.”

Today’s announcement by the Department of Justice builds on the success of the May 2021 COVID-19 Enforcement Action and involves the prosecution of various COVID-19 health care fraud schemes. Multiple defendants offered COVID-19 testing to induce patients to provide their personal identifying information and a saliva or blood sample. The defendants are alleged to have then misused the information and samples to submit claims to Medicare for unrelated, medically unnecessary, and far more expensive tests or services.

For example, according to the Maryland indictment, Elfenbein owned and operated Drs ERgent Care, LLC, d/b/a First Call Medical Center and Chesapeake ERgent Care. Drs ERgent care operated drive-through COVID-19 testing sites in Anne Arundel and Prince George’s Counties. The indictment alleges that Elfenbein instructed the employees of Drs ERgent Care that, in addition to billing for the COVID-19 test, the employees were to bill for moderately complex office visits, lasting between 30 and 39 minutes for existing patients and between 45 and 59 minutes for new patients, even though Elfenbein knew that the visits lasted five minutes or less. Further, the indictment alleges that Elfenbein, through Drs ERgent Care, submitted or caused the submission of claims totaling more than \$1.5 million to Medicare and other insurers for office visits that were not provided as represented and were ineligible for reimbursement.

“It is unconscionable that this defendant sought to line his own pockets during a global pandemic by grossly overbilling Medicare and other insurers for these vital healthcare services during a time of national crisis,” said FBI Special Agent in Charge Thomas J. Sobocinski. “If the allegations against Dr. Elfenbein, and the 17 others that were charged today are proven, they should be ashamed of their conduct and will be held accountable for their criminal actions.”

In another type of COVID-19 health care fraud scheme announced today, defendants are alleged to have exploited policies that were put in place by Centers for Medicare & Medicaid Services (CMS) to enable increased access to care during the COVID-19 pandemic.

“The attempt to profit from the COVID-19 pandemic by targeting beneficiaries and stealing from federal health care programs is unconscionable,” said Inspector General Christi A. Grimm of the Department of Health and Human Services (HHS). “HHS-OIG is proud to work alongside our law enforcement partners at the federal and state level to ensure that bad actors who perpetrate egregious and harmful crimes are held accountable.”

“The OPM OIG has no tolerance for providers that profit off of the COVID-19 pandemic by defrauding the federal health care programs,” said Amy K. Parker, Special Agent in Charge, OPM OIG. “We are grateful to work with our law enforcement partners to hold the wrongdoers accountable for their flagrant fraud schemes.”

Today’s announcement also includes charges brought against two additional defendants for schemes targeting the Provider Relief Fund (PRF). The PRF is part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a federal law enacted in March 2020 that provided financial assistance to medical providers to provide needed medical care to Americans suffering from COVID-19. In total, 10 defendants have been charged with crimes related to misappropriating monies intended for frontline medical providers and three have pleaded guilty.

The law enforcement action also includes charges against manufacturers and distributors of fake COVID-19 vaccination record cards, who intentionally sought to obstruct the HHS and Centers for Disease Control and Prevention in their efforts to administer the nationwide vaccination program and provide Americans with accurate proof of vaccination. While not part of today’s announcement, in Maryland a federal criminal complaint was

previously filed charging Amar Salim Shabazz, age 23, of Owings Mills, Maryland, for mail fraud and obstruction of justice in connection with his alleged distribution of fraudulent COVID-19 vaccination cards.

Additionally, the Center for Program Integrity, Centers for Medicare & Medicaid Services (CPI/CMS) separately announced today that it has taken an additional 28 administrative actions against providers for their alleged involvement in fraud, waste and abuse schemes related to the delivery of care for COVID-19, as well as schemes that capitalize upon the Public Health Emergency.

“We are committed to working closely with our law enforcement partners to combat fraud, waste and abuse in our federal health care programs,” said CMS Administrator Chiquita Brooks-LaSure. “The administrative actions CMS has taken protect the Medicare Trust Funds while also safeguarding people enrolled in Medicare.”

Today’s enforcement actions were led and coordinated by Assistant Chief Jacob Foster and Trial Attorney D. Keith Clouser of the National Rapid Response Strike Force, and Assistant Chief Justin Woodard of the Health Care Fraud Unit’s Gulf Coast Strike Force in the Criminal Division’s Fraud Section. The Fraud Section’s National Rapid Response Strike Force and the Health Care Fraud Unit’s Strike Forces (SF) in Brooklyn, the Gulf Coast, Miami, Los Angeles, and Newark, as well as the U.S. Attorneys’ Offices for the District of Maryland, District of New Jersey, District of Utah, Northern District of California, and Western District of Tennessee, prosecuted these cases. Descriptions of each case involved in today’s enforcement action are available on the department’s website at: <https://www.justice.gov/criminal-fraud/health-care-fraud-unit/case-summaries>.

The SF is a partnership among the Criminal Division, U.S. Attorneys’ Offices, the FBI, and HHS-OIG. In addition, U.S. Postal Inspection Service, Department of Defense Office of Inspector General, Department of the Interior Office of the Inspector General, Department of Labor Office of Inspector General, Food and Drug Administration Office of the Inspector General, Homeland Security Investigations, U.S. Department of Veterans Affairs – Office of the Inspector General, and other federal and local law enforcement agencies participated in the law enforcement action.

The law enforcement action was brought in coordination with the Health Care Fraud Unit’s COVID-19 Interagency Working Group, which is chaired by the National Rapid Response Strike Force and organizes efforts to address illegal activity involving health care programs during the pandemic.

The Fraud Section leads the Health Care Fraud Strike Force. Since its inception in March 2007, the Health Care Fraud Strike Force, which maintains 15 strike forces operating in 24 federal districts, has charged more than 4,200 defendants who have collectively billed the Medicare program for nearly \$19 billion. In addition, the HHS Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

On May 17, 2021, the Attorney General established the COVID-19 Fraud Enforcement Task Force to marshal the resources of the Department of Justice in partnership with agencies across government to enhance efforts to combat and prevent pandemic-related fraud. The Task Force bolsters efforts to investigate and prosecute the most culpable domestic and international criminal actors and assists agencies tasked with administering relief programs to prevent fraud by, among other methods, augmenting and incorporating existing coordination mechanisms, identifying resources and techniques to uncover fraudulent actors and their schemes, and sharing and harnessing information and insights gained from prior enforcement efforts. For more information on the department’s response to the pandemic, please visit <https://www.justice.gov/coronavirus>.

The Department of Justice needs the public’s assistance in remaining vigilant and reporting suspected fraudulent activity. To report suspected fraud, contact the National Center for Disaster Fraud (NCDF) at (866) 720-5721 or file an online complaint at: <https://www.justice.gov/disaster-fraud/webform/ncdf-disaster-complaint-form>. Complaints filed will be reviewed at the NCDF and referred to federal, state, local, or international law enforcement or regulatory agencies for investigation.

An indictment, complaint, or information is merely an allegation, and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

If convicted, Elfenbein faces a maximum sentence of 10 years in federal prison for each of the three counts of healthcare fraud and Shabazz faces a maximum sentence of 20 years' incarceration each for mail fraud and for obstruction of justice. Actual sentences for federal crimes are typically less than the maximum penalties. A federal district court judge will determine any sentence after taking into account the U.S. Sentencing Guidelines and other statutory factors.

United States Attorney Ereik L. Barron commended the HHS-OIG, DCIS, the FBI, and OPM-OIG for their work in the Elfenbein investigation and thanked Assistant U.S. Attorney Matthew P. Phelps and Trial Attorney D. Keith Clouser of the Justice Department's Fraud Section, who are prosecuting the case. United States Attorney Barron also commended HSI, USPIS, HHS-OIG, and the Baltimore County Police Department for their work in the Shabazz investigation and thanked Assistant U.S. Attorneys Aaron S.J. Zelinsky and Sean R. Delaney, who are prosecuting that case.

For more information on the Maryland U.S. Attorney's Office, its priorities, and resources available to help the community, please visit www.justice.gov/usao/md.

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Topic(s):

Coronavirus

Health Care Fraud

Component(s):

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