

THE UNITED STATES ATTORNEY'S OFFICE

## SOUTHERN DISTRICT of TEXAS

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## **Department of Justice**

U.S. Attorney's Office

Southern District of Texas

FOR IMMEDIATE RELEASE

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## United States Files Suit Against Outreach Diagnostic Clinic and Outreach Eyecare

HOUSTON – The United States has filed suit against Outreach Diagnostic Clinic and Outreach Eyecare, medical director Emelike Agomo M.D. and owner Mustapha Kibirige M.D., announced U.S. Attorney Kenneth Magidson. The suit alleges the defendants knowingly charged for special eye pressure tests never performed on patients in order to receive reimbursement from Medicare.

According to the complaint filed this week, Outreach Diagnostic and Outreach Eyecare performed standard eye pressure tests on Medicare patients during intermediate and comprehensive eye care services for which the defendants received reimbursement from Medicare. Simultaneously, these providers allegedly charged Medicare for a special eye pressure test claiming it was performed separately on the same day as the eye care services. However, the complaint alleges that Outreach Diagnostic and Outreach Eyecare never performed the special eye pressure test on Medicare patients. In fact, they did not even have the necessary equipment to perform the special eye pressure test, according to the allegations.

Kibirige allegedly started this false billing. Later, the allege he directed Agomo and his staff to continue to falsely charge Medicare for the special eye pressure tests that they knew were never performed on any Medicare patient, according to the complaint.

The original lawsuit was filed by Dr. Michael Sorensen under the *qui tam*, or whistleblower, provisions of the False Claims Act., which permit private parties to sue on behalf of the United States when they believe people are submitting false claims for government funds. The private plaintiffs, called "relators," are entitled to receive a share of any recoveries in the lawsuit. The False Claims Act permits the government to recover three times its damages plus a civil penalty of \$5,500 to \$11,000 for each false claim.

Department of Health and Human Services - Office of Inspector General investigated and Assistant U.S. Attorney Jose "Joe" Vela Jr. is handling the case.

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