



AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

October 21, 2021

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The Honorable Merric B. Garland,
Attorney General of United States
U.S. Department of Justice
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Dear Mr. Garland

Founded in 1982, the American Association of Physicians of Indian Origin represents the values and interests of more than 80,000 practicing physicians in the United States. In addition, it also serves as a platform for more than 40,000 medical students, residents, and fellows of Indian origin in this country. 1 in 7 people in the USA, at some point in their health care, are touched by a physician of Indian origin and we are truly honored for this privilege and responsibility. Almost all of our doctors are responsible members of their community. They take the privileges bestowed on them, by this great country very seriously.

Recently, we, the Indian doctors of American Association of Physicians of Indian Origin, have been very troubled regarding some aspects of the case of one of our members Dr. Vilasini Ganesh. Dr. Vilasini Ganesh MD is a board-certified Family Medicine physician who had an active preventive and acute care practice located in Saratoga, California. She was independently practicing for several years with no reported complaints or concerns. In 2005, she purchased Campbell Medical Group from another physician, but after taking over discovered that there was significant unpaid residual billing.

As her practice continued, she billed a number of insurers including Aetna, BCBS, Medicare, and Medicaid, for her services. During this time, she found that there were several insurers (Aetna, BCBS, Anthem) that were not paying her claims. This is a common issue in private practice that many physicians face. As most physicians would, she attempted to negotiate with these companies to no avail. Her next step was to approach the Northern California Medical Society to help her understand the process and help her get her claims paid. She was given the names of several civil attorneys by the NCMS to help her try to resolve her issues.

Dr. Ganesh obtained the services of attorneys Heather Gibson and Rocky Delgadillo, who are both well-known and reputable attorneys in the community. They analyzed her billing, EOBs, and reimbursements thoroughly and concluded that Dr. Ganesh and her practice were owed approximately \$500,000 in reimbursements that were not paid from Aetna, BCBS, and Anthem. The attorneys contacted the companies and attempted to negotiate with them, but the process was extremely long and was not yielding any results. As is common in many small practices, unpaid claims can often add up and take a significant toll on maintaining a practice and caring for patients.



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Due to the increasing delays in the recovery process a civil lawsuit was filed in the Superior Court of California to attempt to recover the owed payments. A few weeks after this civil lawsuit was filed Dr. Ganesh and her family were abruptly awoken by armed FBI agents who broke into their home and arrested them on a sealed indictment. This indictment was later determined to be a criminal lawsuit alleging insurance fraud. It was alleged that Dr. Ganesh had been falsely billing and in fact owed the insurance companies restitution. This is by no means a standard normal channels of communications or process for pursuing such charges.

In a review of these charges, it must be noted that Medicare and Medicaid, as well as any governmental insurance institutions declined to participate in this lawsuit and reported that they found no discrepancies in Dr. Ganesh's billing and had no concerns of fraud. After much discussion over the billing practices of Dr. Ganesh and her practice, the prosecutors, with no warning, produced 40,000 patient records, EOBs, graphs, tables, and paper trails. All these documents were evidence generated solely by the Insurance companies that she had made claims against. Some of the alleged evidence that had been provided dated back to before Dr. Ganesh was even a doctor, let alone in the country.

Despite this mountain of alleged evidence there was not a single shred of evidence that Dr. Ganesh had made a claim for any of these monies. Most crucial being an HCFA 1500 form with Dr. Ganesh's signature. This is the only form that can prove that Dr. Ganesh made any claim for the monies alleged. This form does not exist in the court records and therefore is nowhere in the alleged evidence that was presented at the case.

The alleged evidence that was used to wrongfully convict Dr. Ganesh was clearly manufactured by the insurance companies since every document submitted was from their own records that they solely controlled/produced. The person(s) that manufactured this evidence made several sloppy mistakes such as leaving claims dating back to 1988 and 8888(?). In 1988 Dr. Ganesh would have been 17 years old and had not even started her medical career. This/These person(s) were never produced in court, nor did they testify under oath, and due to that could never have been cross examined.

Without this document all the other documents are meaningless, especially because they can all be easily manufactured. An HCFA 1500 form is the document required to make any insurance claim for monies. There has not been a single case of prosecution in the history of this country's healthcare laws where a signed HCFA 1500 form from a doctor initiating the claim has not been shown as proof. The reason for this is because without that form the rest of the documentation means nothing and can be falsified.

It is unclear where this alleged "mountain" of evidence came from, and the person that produced / manufactured them was never interviewed or seen in court. The entire case is based on clearly FAKE data and lacks the crucial document that has been present in EVERY SINGLE healthcare fraud case EVER prosecuted.



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In a nutshell:

No HCFA form 1500 signed by Dr. Ganesh was ever shown in all the paperwork throughout the court case and in any documentation. No HCFA Form except a new unsigned one was found in a subsequent search of the case files by a defense attorney.

This case should have been immediately thrown out of court since the only fraud that was committed in this case was by the Insurance companies for manufacturing false evidence and the Government for using clearly fake data.

NO SIGNED HCFA 1500 form = NO CASE!!

The judge and the 9th circuit went against their own precedents and convicted her to sixty-three months of prison time starting November 10/2021.

Several years ago, this problem was discussed at the Justice Department. Mr. Eric Holder outlined a memo (see attached) which gave specific guidelines to be followed in prosecuting physicians in healthcare cases.

None of these guidelines were followed in this case. We the physicians of AAPI are very concerned that if this can happen to a person like Dr. Ganesh, with an unblemished record, then it can happen to anyone. It is causing our members a great deal of concern and worry. Several members have considered leaving the medical profession if this is going to continue.

We are requesting that you please look into this matter and will be contacting you to get your advice and follow up.

Sincerely,

Anupama Gotimukula, MD
President, AAPI

Suresh Reddy, MD
Chair
AAPI Ethics & Grievance Committee

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