AO 91 (Rev. 11/82)

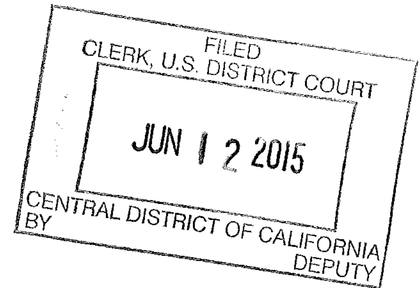
CRIMINAL COMPLAINT

UNITED STATES DISTRICT COURT		CENTRAL DISTRICT OF CALIFORNIA	
UNITED STATES OF AMERICA v. SUSAN TABLANG NIMO		DOCKET NO.	
		MAGISTRATE'S CASE NO. 15-1103M	
Complaint for violation of Title 18, United States Code, Section 371			
NAME OF MAGISTRATE JUDGE HONORABLE SUZANNE H. SEGAL		UNITED STATES MAGISTRATE JUDGE	LOCATION Los Angeles, California
DATE OF OFFENSE June 2011 to April 2014	PLACE OF OFFENSE Los Angeles County	ADDRESS OF ACCUSED (IF KNOWN) XXX	

COMPLAINANT'S STATEMENT OF FACTS CONSTITUTING THE OFFENSE OR VIOLATION:

[18 U.S.C. § 371]

From in or around June 2011, to in or around April 2014, in Los Angeles County, within the Central District of California, and elsewhere, defendant SUSAN TABLONG NIMO ("NIMO"), together with others known and unknown, knowingly combined, conspired, and agreed to solicit and receive illegal kickbacks for the referral of Medicare patients, in violation of Title 42, United States Code, Section 1320a-7b(b)(1). During this time, NIMO recruited Medicare beneficiaries for hospice services. NIMO provided these beneficiaries' information to a hospice, which subsequently billed Medicare for services purportedly provided to the beneficiaries. In return, NIMO received illegal kickbacks from the hospice.



BASIS OF COMPLAINANT'S CHARGE AGAINST THE ACCUSED:

(See attached affidavit which is incorporated as part of this Complaint)

MATERIAL WITNESSES IN RELATION TO THIS CHARGE: N/A

Being duly sworn, I declare that the foregoing is true and correct to the best of my knowledge.	SIGNATURE OF COMPLAINANT **ALISON DAVIS** /s/
	OFFICIAL TITLE Special Agent – HHS-OIG-OI

Sworn to before me and subscribed in my presence,

SIGNATURE OF MAGISTRATE JUDGE[1] Suzanne H. Segal	DATE June 12, 2015

[1] See Federal Rules of Criminal Procedure 3 and 54

DOJ Trial Attorney Fred Medick 202-674-5653 REC: UNSECURED BOND

ARREST WARANT

AFFIDAVIT

I, ALISON DAVIS, being duly sworn, hereby depose and state the following:

I. INTRODUCTION

1. I am a Special Agent ("SA") for the U.S. Department of Health and Human Services, Office of Inspector General, Office of Investigations ("HHS-OIG-OI"), assigned to the Los Angeles Regional Office. I have been an SA with HHS-OIG-OI since September 2001. As part of my initial training as an SA, I graduated from the Criminal Investigator Training Program at the Federal Law Enforcement Training Center ("FLETC") in Glynco, Georgia. Currently, my duties include investigating fraud, waste, and abuse within the 300+ programs under the Department of Health and Human Services, with the majority of time spent on Medicare fraud investigations. I have received, and continue to receive on an ongoing basis, training specifically related to criminal health care fraud investigations.

2. I am one of the agents investigating SUSAN TABLANG NIMO ("NIMO").

II. PURPOSE OF THE AFFIDAVIT

3. This affidavit is made in support of a criminal complaint charging NIMO with one count of conspiracy to solicit and receive illegal remunerations for health care referrals, in violation of Title 18, United States Code, Section 371, and an

arrest warrant for NIMO. Specifically, beginning in or about June 2011, and continuing through in or about April 2014, in Los Angeles County, within the Central District of California, and elsewhere, defendant NIMO, together with others known and unknown, knowingly combined, conspired, and agreed to solicit and receive illegal kickbacks for the referral of Medicare patients, in violation of Title 42, United States Code, Section 1320a-7b(b)(1).

4. I am familiar with the facts and circumstances of this investigation. I make this affidavit in part based upon personal knowledge derived from my participation in this investigation and in part based upon information obtained from the following sources:

a. Oral and written reports from other federal agents;

b. Medicare claims data and records obtained from Medicare contractors;

c. Records obtained through subpoenas, including bank records, and a search warrant; and

d. My training and experience in investigating Medicare fraud.

5. This affidavit is offered for the sole purpose of establishing probable cause for the complaint and arrest warrant

and does not purport to set forth all of the facts of the investigation.

III. PROBABLE CAUSE

A. The Medicare Program

6. Medicare was a federal health care benefit program, affecting commerce, that provided benefits to individuals who were 65 years and older or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services. Medicare was a "health care benefit program" as defined by Title 18, United States Code, Section 24(b).

7. Individuals who qualified for Medicare benefits were referred to as Medicare "beneficiaries." Each beneficiary was given a unique health insurance claim number ("HICN"). Hospices, physicians, and other health care providers that provided medical services that were reimbursed by Medicare were referred to as Medicare "providers."

8. To participate in Medicare, providers were required to submit an application in which the provider agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number," which was used for the processing and payment of claims.

9. A health care provider with a Medicare provider number could submit claims to Medicare to obtain reimbursement for services rendered to Medicare beneficiaries.

10. Most providers submitted their claims electronically pursuant to an agreement they executed with Medicare in which the providers agreed that: (a) they were responsible for all claims submitted to Medicare by themselves, their employees, and their agents; (b) they would submit claims only on behalf of those Medicare beneficiaries who had given their written authorization to do so; and (c) they would submit claims that were accurate, complete, and truthful.

11. Medicare coverage for hospice services was limited to situations in which the beneficiary's attending physician and the hospice medical director certified in writing that the beneficiary was terminally ill and had six months or less to live if the beneficiary's illness ran its normal course, and in which the beneficiary signed a statement choosing hospice care instead of other Medicare benefits. Once a beneficiary chose hospice care, Medicare would not cover treatment intended to cure the beneficiary's terminal illness. The beneficiary had to sign and date an election form. The election form had to include an acknowledgement that the beneficiary had been given a full understanding of hospice care, particularly the palliative rather than curative nature of treatment, and an acknowledgement

that the beneficiary understood that certain Medicare services were waived by the election.

12. CMS contracted with regional contractors to process and pay Medicare claims. National Government Services ("NGS") was the contractor that processed and paid Medicare claims for hospice services in Southern California during the relevant time period.

13. To bill Medicare for hospice services, a provider was required to submit a claim form (Form UB-04) to NGS. When a Form UB-04 was submitted, usually in electronic form, the provider was required to certify:

a. that the contents of the form were true, correct, and complete;

b. that the form was prepared in compliance with the laws and regulations governing Medicare; and

c. that the services being billed were medically necessary.

14. A Medicare claim for payment was required to set forth, among other things, the following: the beneficiary's name and unique HICN; the type of services provided to the beneficiary; the date that the services were provided; and the name and Unique Physician Identification number ("UPIN") or National Provider Identifier (NPI") of the physician who prescribed or ordered the services.

B. NIMO Provided Bliss Hospice with Medicare Beneficiary Information in Exchange for Illegal Kickbacks

15. From my review of materials provided by SafeGuard Services, LLC ("SGS"), a program integrity contractor for Medicare, I know that Bliss Health Care Inc. dba Bliss Hospice Care ("Bliss") was a hospice owned by Nestor Domingo, and enrolled as a Medicare provider between in or about May 2010 and in or about May 2015.

16. Based on my training and experience in Medicare fraud, I know that fraudulent Medicare providers often pay individuals known as "marketers" or "cappers" to recruit Medicare beneficiaries to receive services from the providers.

NIMO's Statements

17. On May 24, 2014, another law enforcement agent and I interviewed NIMO, and NIMO stated the following:

a. NIMO is a marketer, whom Bliss paid to recruit Medicare beneficiaries. Bliss paid NIMO by check. NIMO received $1,000 per month for each patient whom she recruited. For example, if NIMO recruited a patient who stayed on hospice for three months, then she would receive $3,000. The payments were prorated, so if a patient stayed on hospice for two weeks NIMO would receive $500.

b. NIMO made the arrangement to be paid for each patient referral with co-conspirator 1, an employee of Bliss. NIMO picked up checks from Bliss's receptionist (name unknown).

c. NIMO stated that her only role at Bliss was to recruit patients. NIMO did not do any other work for Bliss.

d. At my request, NIMO reviewed specific checks that she received from Bliss. In particulsar, she reviewed check number 1857, dated June 29, 2012, for $1000, and check number 1874, dated July 16, 2012, for $1193.56. NIMO confirmed that the checks were payments for particular beneficiaries that NIMO recruited, and that the payments were based on the length of the beneficiaries' time on hospice.

Documentary Evidence

18. An analysis of Bliss's bank records from January 1, 2010, to August 31, 2014, shows a total of $7,083,169 in deposits from Medicare to Bliss's Bank of America checking account # **** 6749 (the "6749 Account"). From there, $3,077,400 was transferred to Bliss's Bank of America checking account # **** 9937 (the "9937 Account").

19. Between in or about June 2011 and in or about April 2014, approximately 63 checks were written from the 6749 Account and the 9937 Account to NIMO and her company, NIMO Healthcare

Consultants,[1] for a total of $64,894. These checks were endorsed in NIMO's name and deposited into her account.

20. Some of the checks to NIMO contain notations in the memo line, which generally appear to correspond with Medicare beneficiaries whom NIMO recruited for Bliss. (Indeed, NIMO admitted as much, as described in Paragraph 17 above.) Generally, these checks were for $500, or were in increments of $500, apparently corresponding with the number of beneficiaries. For example, a check with two beneficiaries' names in the notations would be for $1,000. The notations, and the corresponding beneficiaries, are as follows:

a. The notation "F."[2] appears on check #1463 from the 6749 Account, dated December 30, 2011, and check #1477 from the 6749 Account, dated January 16, 2012. The Medicare claims data indicate that Bliss submitted claims to Medicare for hospice services purportedly provided to Medicare beneficiary "C.F." on or about December 15, 2011, to on or about January 1, 2012, and Medicare paid Bliss approximately $3,087.82 based on these claims.

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[1] When agents interviewed NIMO, she acknowledged that this was her company.
[2] "F." is an abbreviation of the beneficiary's full last name. In actuality, the beneficary's full last name is written on the checks referenced in this affidavit, with regards to this beneficiary, and all of the beneficiaries described below. However, to protect the beneficiaries' privacy, this affidavit anonymizes the beneficiaries' last names by only using the first one or two initials of each beneficiary's last name.

b. The notation "He." or "He., A." appears on check # 1010 from the 9937 Account, dated October 17, 2012; check # 1054 from the 9937 Account, dated October 31, 2012; check # 1074 from the 9937 Account, dated November 15, 2012; check # 1128 from the 9937 Account, dated November 30, 2012; check # 1150 from the 9937 Account, dated December 18, 2012; check # 1251 from the 9937 Account, dated January 31, 2013; check # 1212 from the 9937 Account, dated January 17, 2013; and check # 1316 from the 9937 Account, dated February 20, 2013. The Medicare claims data indicate that Bliss submitted claims to Medicare for hospice services purportedly provided to Medicare beneficiary "A.He." from on or about June 28, 2012, to on or about February 19, 2013, and Medicare paid Bliss approximately $40,927.60 based on those claims.

c. The notation "Hu." Or "Hu., M." appears on check # 1128 from the 9937 Account, dated November 30, 2012; check # 1150 from the 9937 Account, dated December 18, 2012; check # 1251 from the 9937 Account, dated January 31, 2013; check # 1212 from the 9937 Account, dated January 17, 2013; and check # 1316 from the 9937 Account, dated February 20, 2013. The Medicare claims data indicate that Bliss submitted claims to Medicare for hospice services purportedly provided to Medicare beneficiary "M.Hu." from on or about November 15, 2012, to on or

about January 31, 2013, and Medicare paid Bliss approximately $13,428.91 based on those claims.

d. The notation "L." appears on check #1874 from the 6749 Account, dated July 16, 2012; and check # 1010 from the 9937 Account, dated October 17, 2012. The Medicare claims data indicate that Bliss submitted claims to Medicare for hospice services purportedly provided to Medicare beneficiary "V.L." from on or about July 10, 2012, to on or about October 5, 2012, and Medicare paid Bliss approximately $15,642.38 based on those claims.

e. The notation "R." or "R., D" appears on check # 1447 from the 9937 Account, dated April 30, 2013; check # 1683 from the 9937 Account, dated August 16, 2013; check # 1718 from the 9937 Account, dated September 3, 2013; check # 1903 from the 9937 Account, dated November 20, 2013; check # 1952 from the 9937 Account, dated December 3, 2013; and check # 2017 from the 9937 Account, dated December 31, 2013. The Medicare claims data indicate that Bliss submitted claims to Medicare for hospice services purportedly provided to Medicare beneficiary "D.R." from on or about April 4, 2013, to on or about March 25, 2014, and Medicare paid Bliss approximately $60,686.96 based on those claims.

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IV. Conclusion

21. Based on the facts set forth herein, there is probable cause to believe that beginning in or about June 2011, and continuing through in or about April 2014, in Los Angeles County, within the Central District of California, and elsewhere, NIMO, together with others known and unknown, knowingly combined, conspired, and agreed to solicit and receive illegal kickbacks for the referral of Medicare patients, in violation of Title 42, United States Code, Section 1320a-7b(b)(1).

22. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that this declaration is executed at Los Angeles, California, on June 12, 2015.

/S/

Alison Davis
Special Agent
HHS-OIG-OI

Subscribed to and Sworn before me

This 12 day of June, 2015.

Suzanne H. Segal

HONORABLE SUZANNE H. SEGAL
UNITED STATES MAGISTRATE JUDGE