

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

FILED
CHARLOTTE, NC

JUN 17 2025

UNITED STATES OF AMERICA)

v.)

CRYSTAL SHERRELL JACKSON)
a/k/a Crystal Maticia Jackson)

Docket No.: 3:25-cr-144-KDB

US DISTRICT COURT
WESTERN DISTRICT OF NC

BILL OF INFORMATION

Violations: 18 U.S.C. § 1347
18 U.S.C. § 1957(a)

THE UNITED STATES ATTORNEY CHARGES:

At the specified time and at all relevant times:

Introduction

1. Beginning no later than January 3, 2020 and continuing through at least June 7, 2024, CRYSTAL JACKSON (JACKSON) and person(s) known and unknown to the United States Attorney, operated a Medicaid fraud scheme in Mecklenburg County, in the Western District of North Carolina and elsewhere. As part of the scheme, JACKSON direct billed the North Carolina Medicaid Program (NC Medicaid) over \$1.9 million and was paid out over \$1.6 million. Also as part of the scheme, JACKSON submitted, and caused to be submitted, fraudulent claims for drug testing and psychotherapy, which were not medically necessary and often were never actually provided. For example, more than a dozen of the NC Medicaid beneficiaries for which JACKSON billed were incarcerated or deceased at the time the alleged services were provided.

The Defendant and Related Persons and Entities

2. JACKSON, who held herself out as a licensed clinical addiction specialist, was a resident of Charlotte, North Carolina and the owner manager of Jackson Consulting Services, LLC (JCS). JACKSON registered JCS as a mental health agency, clinical laboratory and consulting business with the North Carolina Secretary of State. The registered address for JCS was the same as JACKSON'S residence.

The NC Medicaid Program

3. NC Medicaid was a state-administered health care program funded, in part, by federal funds that provided health coverage to eligible low-income adults, children, pregnant women, and people with disabilities, among others. NC Medicaid operated, in relevant part, as follows:
 - a. NC Medicaid helped pay for reasonable and medically necessary services for qualifying, enrolled individuals and their families, referred to herein as "beneficiaries." Covered

services included outpatient behavioral health services, such as psychotherapy, and urine drug testing as part of substance abuse treatment.

- b. The NC Medicaid Program was administered by the Division of Health Benefits, North Carolina Department of Health and Human Services (referred to herein as “DHB,” formerly known as the Division of Medical Assistance “DMA”), which oversaw mental health providers through the state who received payments from NC Medicaid. The NC Medicaid Program and DHB, are collectively referenced herein as “NC Medicaid.”
- c. If qualified, an individual could enroll as a NC Medicaid beneficiary. At the time of enrollment, a beneficiary received a unique alphanumeric code issued by the program, known as a NC Medicaid identification number. Beneficiaries used their NC Medicaid identification numbers to receive covered services.
- d. Beneficiaries received services from medical practitioners (referred to herein as “rendering providers”) and companies (referred to herein as “billing providers”). Once a rendering provider or billing provider enrolled with NC Medicaid, the program issued a unique number to the provider, known as the “provider number.” Rendering providers and billing providers were required to obtain a federal identification number, known as a National Provider Identifier or “NPI” number. All NC Medicaid rendering providers and billing providers had to certify that they would only bill Medicaid for medically necessary services they actually performed.
- e. For a provider to obtain reimbursement, the provider must have submitted a claim to Medicaid with information relating to the service. Generally, this information included the provider’s name, provider address, provider number, patient name, Medicaid Identification Number, NPI number of both the provider and the licensed professional, date of service, nature of the service rendered, and date of billing. The nature of the service rendered was usually submitted by providing the Current Procedural Terminology (CPT) code. The American Medical Association created and maintained CPT codes. For direct billings to NC Medicaid, claims for services were electronically transmitted through a program known as “NC Tracks.”
- f. Outpatient behavioral health services included psychiatric and comprehensive clinical assessment, medication management, individual, group, and family therapies, psychotherapy for crisis and psychological testing for eligible beneficiaries. Outpatient behavioral health services must have begun with an initial assessment.
- g. In order for outpatient behavioral health services to be reimbursed, a recipient must have received a current diagnosis reflecting the need for treatment as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or for substance use disorders, meeting the required levels outlined by the American Society of Addiction Medicine (ASAM) criteria. All covered services must have been medically necessary for meeting the specific needs of the recipient. The diagnosis and services provided must have been documented and signed by the authorizing professional and have indicated the date on which the service was ordered. Backdating of service orders was not allowed.

- h. In order for a urine drug test to be covered by NC Medicaid, a provider laboratory was required to submit the rendering provider's NPI number, the NC Medicaid recipient's identifier number, dates of service, procedure code, and diagnosis code, among other information.
 - i. The DMA Drug Testing Policy in place at the relevant times provided, in pertinent part, that:
 - i. NC Medicaid covers up to 24 presumptive tests and 24 definitive drug tests per calendar year for each beneficiary;
 - ii. A presumptive drug test is medically necessary when it is deemed appropriate by a medical professional as part of the evaluation and management of a beneficiary who presents with any one of a list of physical symptoms that may indicate drug use;
 - iii. Drug tests for NC Medicaid beneficiaries diagnosed with a substance use disorder must be performed at random intervals to properly manage and monitor the beneficiary's care; and
 - iv. The reasons and drug testing frequency must be documented in the beneficiary's health record.
4. NC Medicaid was a "health care benefit program," as defined in Title 18, United States Code, Section 24(b).

The Fraudulent Scheme

- 5. Beginning no later than January 3, 2020 and continuing through at least June 7, 2024, JACKSON and others, executed a Medicaid fraud scheme involving the submission of fraudulent claims for drug testing and psychotherapy sessions.
- 6. As part of the scheme, JACKSON and her associates transferred, possessed, and used, and caused others to transfer, possess and use, the means of identification of NC Medicaid beneficiaries, to wit: their names, addresses, dates of birth, and NC Medicaid beneficiary numbers of actual persons in whose names they submitted fraudulent NC Medicaid claims.
- 7. As part of the scheme, after JACKSON and her associates obtained the means of identification of NC Medicaid beneficiaries, they direct billed NC Medicaid for services not rendered to these individuals.
- 8. As part of the scheme, JACKSON and her associates input medically unnecessary drug testing claims into NC Medicaid's claims processing systems using NC Medicaid beneficiaries' names and means of identification.
- 9. As part of the scheme, JACKSON and her associates input fraudulent claims for psychotherapy when services were not provided using NC Medicaid beneficiaries' names and means of identification.

10. As part of the scheme, billing under JCS, JACKSON and her associates operated a fraudulent lab licensed under the Clinical Laboratory Improvement Amendments (CLIA) in order to bill NC Medicaid for the highest payable drug testing which required CLIA certification. CLIA certification was required for all labs.
11. The drug-testing and psychotherapy claims submitted to NC Medicaid in this scheme were fraudulent because, among other reasons, they were not medically necessary and the NC Medicaid beneficiaries in whose names the claims were submitted often did not even provide the specimens tested. For example, more than a dozen of these beneficiaries were incarcerated or deceased at the time the alleged services were provided.
12. JACKSON and her associates knew that the NC Medicaid beneficiary names and means of identification they transferred, possessed, and used, and caused others to transfer, possess and use, belonged to actual persons because they knew that NC Medicaid only accepted claims for actual people who were determined to be NC Medicaid eligible.

The Money Laundering Scheme

13. JACKSON received and accepted payment from NC Medicaid through electronic funds transfers into Navy Federal Credit Union account number ending in 5264 (NFCU account # 5264), held in the name of JCS. Navy Federal Credit Union was a financial institution, the deposits of which were insured by the National Credit Union Share Insurance Fund.
14. From on or about February 28, 2023, through on or about May 31, 2023, JACKSON caused NC Medicaid to electronically deposit payments for false claims into NFCU account #5264 in the approximate amount of \$140,410, which funds were comingled with other deposits into JCS's bank accounts. These payments from NC Medicaid constituted proceeds of JACKSON's scheme to defraud NC Medicaid as described above.
15. JACKSON used comingled criminal proceeds from NFCU account #5264 to, among other things, pay expenses necessary to keep JCS operational, to bill NC Medicaid for future false claims, to purchase a vehicle, to pay thousands of dollars in rent for a property in Texas and to pay thousands of dollars to Doordash, a food delivery service, and Lyft, a ridesharing company.
16. JACKSON also engaged, and caused others to engage, in monetary transactions involving the criminal proceeds in amounts greater than \$10,000. For example, on or about February 15, 2023 through February 17, 2023, JACKSON transferred \$19,000 from JCS's bank accounts into her personal account at the Navy Federal Credit Union (NFCU account # 3741) through four different transactions. Then, on February 17, 2023, JACKSON transferred \$17,900 to the personal account of Individual #1 at First Citizen's Bank (FCB account #0855). That same day, a transfer in the amount of \$17,800 was sent from FCB #0855 to Carvana.

COUNTS ONE THROUGH FOUR
18 U.S.C. § 1347
(Healthcare Fraud)

17. The United States Attorney realleges and incorporates by reference herein the allegations contained in Paragraphs 1 through 12 of this Bill of Information, and further alleges that:
18. On or about the dates listed below for each of Counts One through Four, with in Mecklenburg County, in the Western District of North Carolina and elsewhere, the defendant,

CRYSTAL SHERRELL JACKSON
a/k/a Crystal Maticia Jackson

did knowingly and willfully devise and intend to devise a scheme and artificeto defraud and obtain by means of materially false and fraudulentpretenses, representations and promises, money owned by and under the custody and control of NC Medicaid, in connection with the delivery of, payment for, healthcare benefits, items and services by submitting and causing to be submitted false and fraudulent claims to NC Medicaid for the payment of Psychotherapy services and/or Urine Drug Testing purportedly provided to the NC beneficiaries listed below, as stated in Crystal Jackson and JCS's claims:

Count	Medicaid Beneficiary	Claimed Dates of Service	Approximate Dates False Claims Submitted
ONE	RCG	5/4/2021 through 12/29/2023	8/6/2021 through 12/29/2023
TWO	EDW	12/13/2020 through 10/5/2022	12/3/2021 through 10/14/2022
THREE	AMP	6/1/2021 through 10/7/2022	4/22/2022 through 10/28/2022
FOUR	BAD	6/2/2021 through 1/14/2022	1/14/2022

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNT FIVE
18 U.S.C. § 1957(a)
(Transactional Money Laundering)

19. The United States Attorney realleges and incorporates by reference herein the allegations contained in Paragraphs 1 through 16 of this Bill of Information, and further alleges that:
20. On or about February 17, 2023, within Mecklenburg County, in the Western District of North Carolina and elsewhere, the defendant,

CRYSTAL SHERRELL JACKSON
a/k/a Crystal Maticia Jackson

aided and abetted by others known and unknown to the United States Attorney, did knowingly engage, attempt to engage, and cause others to engage in the monetary transaction set forth below by, through, or to a financial institution, affecting interstate or foreign commerce, in criminally derived property of a value greater than \$10,000, that is the transfer described below of United States currency, funds, and monetary instruments in the amount specified below, such property having been derived from specified unlawful activity, that is, healthcare fraud as alleged in Counts One through Four, and that while conducting and attempting to conduct such monetary transaction knowing that the property involved in the transaction represented the proceeds of some form of unlawful activity:

Transaction Date	Amount	Description
February 17, 2023	\$17,900	Wire Transfer to FCB 0855

All in violation of Title 18, United States Code, Sections 1957 and 2.

NOTICE OF FORFEITURE

21. Notice is hereby given of 18 U.S.C. §§ 982 and 28 U.S.C. § 2461(c). Under § 2461(c), criminal forfeiture is applicable to any offenses for which forfeiture is authorized by any other statute, including but not limited to 18 U.S.C. § 981 and all specified unlawful activities listed or referenced in 18 U.S.C. § 1956(c)(7), which are incorporated as to proceeds by § 981(a)(1)(C). The following property so subject to forfeiture in accordance with sections 982 and/or 2461(c):

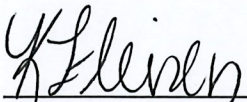
- a. All property which constitutes or is derived from proceeds of the violations set forth in Counts One through Four of this Information;
- b. All property involved in or traceable to property involved in the violation set forth in Count Five of this Information; and
- c. If, as set forth in 21 U.S.C. § 853(p), any property described in (a) and (b) cannot be located upon the exercise of due diligence, has been transferred or sold to, or deposited with, a third party, has been placed beyond the jurisdiction of the court, has been substantially diminished in value, or has been commingled with other property which cannot be divided without difficulty, all other property of the defendant to the extent of the value of the property described in (a).

22. The United States Attorney finds probable cause to believe that the following property is subject to forfeiture on one or more of the grounds stated above: a forfeiture money judgment for all currency and monetary instruments which were received during or involved in the crimes alleged in this Bill of Information, including but not limited to the sum of approximately \$1,623,983.00

RUSS FERGUSON
UNITED STATES ATTORNEY



MICHAEL E. SAVAGE
ASSISTANT UNITED STATES ATTORNEY



KRISTINA FLEISCH
SPECIAL ASSISTANT UNITED STATES ATTORNEY