UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA	:	Hon.
	:	
	:	Crim. 26cr312 KMW
v.	:	
	:	18 U.S.C. § 371
	:	42 U.S.C. § 1320a-7b(b)(1)(B)
ASHLEE MAIXNER	:	18 U.S.C. § 2

INDICTMENT

The Grand Jury in and for the District of New Jersey, sitting at Newark, charges:

COUNT ONE
(Conspiracy to Defraud the United States and to Offer, Pay, Solicit, and Receive Health Care Kickbacks, and to Unlawfully Distribute Controlled Substances)

1. Unless otherwise indicated, at all times relevant to this Indictment:

The Defendant and Relevant Individuals

a. Defendant ASHLEE MAIXNER ("MAIXNER") was a resident of New Jersey. MAIXNER was an advanced practice nurse licensed by the state of New Jersey. MAIXNER had a U.S. Drug Enforcement Administration ("DEA") registration number that allowed her to issue prescriptions for Schedule II through Schedule V controlled substances provided that they were issued for a legitimate medical purpose within the usual course of professional practice.

b. Co-conspirator 1 was a medical doctor licensed by the State of New Jersey. Co-conspirator 1 maintained a DEA registration number in New Jersey,

which allowed him to issue prescriptions for Schedule II through Schedule V controlled substances provided that they were issued for a legitimate medical purpose within the usual course of professional practice. Co-Conspirator 1 owned a medical practice in New Jersey, where MAIXNER worked.

c. Co-conspirator 2 was a resident of New Jersey and owned Pharmacy A, which was located in New Jersey. Pharmacy A was an enrolled Medicare and Medicaid provider that submitted claims to Medicare and Medicaid.

The Medicare Program

d. The Medicare Program ("Medicare") was a federally funded health care program that provided free and below-cost benefits to certain individuals, primarily individuals 65 years of age and older and individuals with disabilities. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

e. Medicare was a "health care benefit program," as defined in Title 18, United States Code, Section 24(b), and a "Federal health care program," as defined in Title 42, United States Code, Section 1320a-7b(f).

f. Medicare was divided into four parts: hospital insurance (Part A); medical insurance (Part B); Medicare Advantage (Part C); and prescription drug benefits (Part D).

The New Jersey Medicaid Program

g. The New Jersey Medicaid Program ("Medicaid") was a jointly funded, federal-state health care program that provided certain health benefits to the disabled, as well as individuals and families with low incomes and resources.

h. Medicaid was a "health care benefit program," as defined in Title 18, United States Code, Section 24(b), and a "Federal health care program," as defined in Title 42, United States Code, Section 1320a-7b(f).

Pharmacy Claims

i. Claims submitted to Medicare and Medicaid seeking reimbursement were required to include, among other things: (i) the beneficiary's name; (ii) the date upon which the benefit, item, or service was provided or supplied to the beneficiary; (iii) the name of the provider; and (iv) the provider's unique identifying number.

j. Medicare and Medicaid paid claims only if the items or services were medically reasonable, medically necessary for the treatment or diagnosis of the patient's illness or injury, documented, and actually provided as represented. Medicare and Medicaid would not pay for items and services that were procured through kickbacks and bribes.

k. To receive Medicare Part D benefits for prescription drug coverage, a beneficiary was required to enroll in a Medicare drug plan. Medicare drug plans were operated by private health insurance companies approved by Medicare and referred to as drug plan "sponsors."

l. Medicaid also provided coverage for prescription drugs. Medicaid recipients could obtain their prescription drug benefits from pharmacies either through "fee-for-service" enrollment, in which the state directly paid the pharmacy for the prescription, or through "Medicaid Managed Care Plans," in which private health insurance companies enrolled with Medicaid paid for the prescription and were in turn reimbursed by Medicaid for those expenses.

m. Medicaid recipients and Medicare beneficiaries enrolled in a drug plan could fill a prescription at a pharmacy and use their benefits to pay for some or all of the prescribed drugs.

The Controlled Substances Act

n. The Controlled Substances Act ("CSA"), codified in Title 21 of the United States Code, and its promulgating regulations, classified drugs into five schedules depending on a drug's acceptable medical use and its potential for abuse and dependency.

o. Title 21, Code of Federal Regulations, Section 1306.04, which governed the issuance of prescriptions for controlled substances, provided that, to be effective, a prescription for a controlled substance:

> must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of [their] professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is on the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject

> to the penalties provided for violations of the provisions of law relating to controlled substances.

p. The New Jersey Administrative Code established additional limitations for prescribing, administering, and dispensing controlled substances (described as "controlled dangerous substances" under state regulations). For example, long-term opioid prescriptions for chronic pain were subject to the following regulation under Section 3:37-7.9A(f)(2) of the New Jersey Administrative Code:

> When controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall:
>
> [. . .]
>
> Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment[.]

The Conspiracy

2. Beginning in or around September 2023 and continuing through in or around March 2025, in the District of New Jersey and elsewhere, the defendant,

ASHLEE MAIXNER,

did knowingly and intentionally conspire to:

a. defraud the United States by cheating the United States government and any of its departments and agencies out of money and property, and by impairing, impeding, obstructing, and defeating, through deceitful and dishonest means, the lawful government functions of the Centers for Medicare and Medicaid Services, a federal agency of the U.S. Department of Health and Human Services, in its administration and oversight of Medicare and Medicaid;

b. solicit and receive any remuneration knowingly and willfully, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in return for purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing, and ordering of any good, facility, service, and item for which payment may be made in whole and in part under a Federal health care program, contrary to Title 42, United States Code, Section 1320a-7b(b)(1)(B);

c. offer and pay any remuneration knowingly and willfully, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to one or more persons to induce such persons to purchase, lease, order, and arrange for and recommend purchasing, leasing, and ordering any good, facility, service, and item for which payment may be made in whole and in part under a Federal health care program, contrary to Title 42, United States Code, Section 1320a-7b(b)(2)(B); and

d. distribute and dispense knowingly and intentionally, not for a legitimate medical purpose in the usual course of professional practice, mixtures and substances containing detectable amounts of Schedule II controlled substances, including oxycodone, contrary to Title 21, United States Code, Sections 841(a)(1) and (b)(1)(C).

Goal of the Conspiracy

3. It was the goal of the conspiracy for MAIXNER, Co-Conspirator 1, Co-Conspirator 2, and others to unlawfully enrich themselves and others by, among other things, (a) submitting and causing the submission of false and fraudulent

claims to Medicare and Medicaid for prescription medications that were procured through the payment of illegal kickbacks and bribes, medically unreasonable and unnecessary, and ineligible for reimbursement; (b) issuing prescriptions for controlled substances to individuals without evaluating the individuals; (c) concealing the submission of false and fraudulent claims to Medicare and Medicaid; and (d) diverting proceeds of the fraud for their personal use and benefit, for the use and benefit or others, and to further the fraud.

Manner and Means of the Conspiracy

4. It was part of the conspiracy that:

a. MAIXNER and Co-Conspirator 1 solicited and received illegal kickbacks and bribes from Co-Conspirator 2 in exchange for sending prescriptions for medically unnecessary medication to Pharmacy A that Pharmacy A used to bill Medicare and Medicaid for reimbursement.

b. To carry out the scheme, Co-Conspirator 2 sent MAIXNER and Co-Conspirator 1 identifying information for Medicare beneficiaries and Medicaid recipients, which MAIXNER used to issue prescriptions to those individuals based solely on a short text message interaction with the patients (or no interaction at all with the patients) and despite the fact that neither MAIXNER, Co-Conspirator 1, nor any other licensed medical professional examined the patients prior to MAIXNER issuing the prescriptions.

c. Co-Conspirator 2—through Pharmacy A—then billed, or caused to be billed, to Medicare and Medicaid those medically unnecessary prescription and, in

turn, paid MAIXNER and Co-Conspirator 1 illegal kickbacks and bribes in exchange for issuing those medically unnecessary prescriptions.

d. MAIXNER, Co-Conspirator 1, Co-Conspirator 2, and others took steps to conceal and disguise the scheme, including by transacting the illegal kickbacks and bribes in cash and by creating falsified medical records to make it appear as though MAIXNER and/or Co-Conspirator 1 had examined and treated the beneficiaries that Co-Conspirator 2 had referred to them as required under Medicare and Medicaid guidelines.

e. MAIXNER and Co-Conspirator 1 also issued controlled substances to patients without examining the patient and/or otherwise complying with laws and regulations.

f. To do so, Co-Conspirator 1 maintained a "text line" through which his and MAIXNER's purported patients could request and receive refills of their prescriptions for controlled substances by text message.

g. MAIXNER and others responded to patient requests sent via the "text line" and, at times, issued prescriptions for controlled substances without: (i) interacting with the individual telephonically or by video; (ii) assessing the individual to determine whether he/she was experiencing problems associated with physical and psychological dependence; (iii) checking the individual's prescription monitoring program records; or (iv) requiring recent drug testing or medical imaging.

h. In this manner, MAIXNER caused the submission of more than approximately $3 million in false and fraudulent claims to Medicare and Medicaid

for prescription medications that were procured through illegal kickbacks and bribes, medically unreasonable and unnecessary, and ineligible for reimbursement. Medicare and Medicaid paid Pharmacy A more than approximately $1.65 million based on these claims.

Overt Acts

5. In furtherance of the conspiracy and to effect its objects, MAIXNER and her co-conspirators committed the following overt acts, among others, in the District of New Jersey and elsewhere:

a. On or about April 25, 2024, MAIXNER issued a prescription for oxycodone to Patient A, which was dispensed by a pharmacy in the District of New Jersey, based upon a text message request from a different individual. MAIXNER issued the prescription without (i) interacting with Patient A telephonically or by video or (ii) assessing Patient A or having him/her be assessed by another medical professional to determine whether he/she was experiencing problems associated with physical and psychological dependence.

b. On or about April 29, 2024, MAIXNER issued a prescription for oxycodone to Patient B, which was dispensed by a pharmacy in the District of New Jersey, based upon a text message request from Patient B. MAIXNER issued the prescription without (i) interacting with Patient B telephonically or by video or (ii) assessing Patient B or having him/her be assessed by another medical professional to determine whether he/she was experiencing problems associated with physical and psychological dependence.

c. On or about May 27, 2024 MAIXNER issued a prescription for oxycodone to Patient C, which was dispensed by a pharmacy in the District of New Jersey, based upon a text message request from Patient C. MAIXNER issued the prescription without (i) interacting with Patient C telephonically or by video or (ii) assessing Patient C or having him/her be assessed by another medical professional to determine whether he/she was experiencing problems associated with physical and psychological dependence.

d. On or about June 21, 2024, MAIXNER issued a prescription for oxycodone to Patient C, which was dispensed by a pharmacy in the District of New Jersey, based upon a text message request from Patient C. MAIXNER issued the prescription without (i) interacting with Patient C telephonically or by video or (ii) assessing Patient C or having him/her be assessed by another medical professional to determine whether he/she was experiencing problems associated with physical and psychological dependence.

e. On or about July 29, 2024, MAIXNER issued prescriptions for high-reimbursement medications to individuals that Co-Conspirator 2 referred to MAIXNER from Pharmacy A.

f. On or about July 30, 2024, MAIXNER issued prescriptions for high-reimbursement medications to individuals that Co-Conspirator 2 referred to MAIXNER from Pharmacy A.

g. On or about August 8, 2024, MAIXNER texted Co-Conspirator 2 her address to facilitate an illegal kickback payment from Co-Conspirator 2 in exchange for issuing those prescriptions for high-reimbursement medications.

h. On or about August 8, 2024, MAIXNER received a text message from Co-Conspirator 2 with a photograph of a white bag containing cash that had been delivered to MAIXNER in Morris County, New Jersey, shown below:

i. On or about August 8, 2024, MAIXNER and Co-Conspirator 2 exchanged text messages, in which MAIXNER indicated that she had received cash from Co-Conspirator 2.

j. On or about February 25, 2025, MAIXNER solicited an illegal kickback from Co-Conspirator 2 in exchange for issuing prescriptions for high-reimbursement medications, asking by text message, "when is delivery is it this week?"

All in violation of Title 18, United States Code, Section 371.

COUNTS TWO AND THREE

(Soliciting and Receiving Health Care Kickbacks)

6. Paragraphs 1 and 3 through 5 of this Indictment are realleged and incorporated here.

7. On or about the dates set forth below, in the District of New Jersey and elsewhere, the defendant,

ASHLEE MAIXNER,

did knowingly and willfully solicit and receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in return for purchasing, leasing, ordering, and arranging for and recommending purchasing, leasing, and ordering any good facility, service, and item, for which payment may be made in whole or in part under a Federal health care program, namely Medicare and Medicaid, as set forth below:

Count	Approximate Date	Description
TWO	August 8, 2024	Solicitation and Receipt of Payment by MAIXNER from Co-Conspirator 2
THREE	February 25, 2025	Solicitation of Payment by MAIXNER from Co-Conspirator 2

In violation of Title 42, United States Code, Section 1320a-7b(b)(1)(B) and Title 18, United States Code, Section 2.

FORFEITURE ALLEGATIONS

8. Upon conviction of conspiracy to commit a Federal health care offense, as charged in Count One of this Indictment, or the offense of soliciting and receiving health care kickbacks, as charged in Counts Two and Three of this Indictment, the defendant,

ASHLEE MAIXNER,

shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense of conviction.

9. Upon conviction of conspiracy to commit a controlled substances offense, as charged in Count One of this Indictment, the defendant,

ASHLEE MAIXNER,

shall forfeit to the United States, pursuant to Title 18, United States Code, Section 981(a)(1)(C), any property, real or personal, which constitutes or is derived from proceeds traceable to such offense.

Substitute Assets Provision

10. If any of the property described above, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of due diligence;

b. has been transferred or sold to, or deposited with, a third party;

c. has been placed beyond the jurisdiction of the court;

d. has been substantially diminished in value; or

e. has been commingled with other property which cannot be divided without difficulty,

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 28, United States Code, Section 2461(c), to seek forfeiture of any other property of the defendant up to the value of the above forfeitable property.

A True Bill,

[redacted]

Foreperson

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s/ Jake A. Nasar

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ELAINE K. LOU
Chief, Criminal Division

CASE NUMBER: _____

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INDICTMENT FOR

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42 U.S.C. § 1320a-7b(b)(1)(B)
18 U.S.C. § 2

A True Bill,

[redacted]

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