SEALED

FILED
June 3, 2026

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
By: VL
Deputy

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

Case No: SA:26-CR-00298-FB

UNITED STATES OF AMERICA,

Plaintiff,

v.

CHRISTINA CHARLES,

Defendant.

INDICTMENT

Count 1: 18 U.S.C. § 371: Conspiracy to Defraud the United States and to Pay and Receive Health Care Kickbacks;

Counts 2-4: 42 U.S.C. § 1320a-7b (b)(1)(A): Soliciting and Receiving Illegal Health Care Kickbacks.

INDICTMENT

The Grand Jury charges:

General Allegations

At all times material to this Indictment, unless otherwise specified:

1. Defendant CHRISTINA CHARLES was a resident of San Antonio, Texas, and the owner/operator of a company called CC Senior Resources.

2. "Hospice services" is used herein to refer to outpatient medical services where providers go to patients' homes to administer palliative care. Hospice services are generally utilized by individuals who have been medically evaluated to be near the end of their lives and have chosen to forego additional care. A patient must be certified by a medical practitioner as being appropriate for hospice services before a hospice company will be allowed to bill an insurance provider for the services.

The Medicare Program

3. The Medicare Program ("Medicare") was a federally funded and administered healthcare program providing benefits to individuals who were sixty-five (65) years of age or older, or disabled. The program was administrated through the Centers for Medicare and Medicaid Services ("CMS"), a federal agency within the United States Department of Health and Human Services. Medicare was paid for primarily through federal income and payroll taxes. This program is referred to collectively herein as "Medicare". Medicare was a "healthcare benefit program" as defined by Title 18, United States Code, Section 24(b) and a "Federal health care program" as defined by 42 U.S.C. Section 1320a-7b(f).

4. Individuals who qualified for Medicare benefits were commonly referred to as Medicare "beneficiaries." Each beneficiary was given a unique Medicare identification number that was used to process bills linked to that beneficiary.

5. Medicare paid for reasonable and necessary medical services provided to individuals and families who are deemed eligible. Medical service providers were required to be registered with Medicare in order to receive reimbursements. Healthcare providers that provided services to Medicare beneficiaries were referred to as Medicare "providers." Service providers enrolled with Medicare received a unique provider number with which to identify themselves when submitting Medicare claims.

6. The Medicare program paid for hospice services when certified by a medical professional to be reasonable and appropriate.

7. The Federal Anti-Kickback Statute is a law prohibiting service providers from paying or receiving money in return for inducing the referral of a patient or service being paid for

by Federal funds, including the Medicare program. To receive Medicare funds, enrolled providers agreed to, and were required to abide by, the Anti-Kickback Statute and other laws and regulations. Medicare will not pay claims for services procured through kickbacks in violation of the Anti-Kickback Statute, regardless of the medical necessity of the service.

8. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company. When submitting or causing to be submitted claims under the provider's unique personal identification number, a provider is certifying that the services were provided in accordance with all Medicare rules and regulations, including compliance with the Anti-Kickback Statute.

9. To participate in Medicare, providers were required to submit an application in which they agreed to comply with all Medicare-related laws and regulations. Per the provider agreement with Medicare, providers had a duty to become educated with and knowledgeable of the contents and procedures of the Medicare program. Providers were given access to Medicare manuals and service bulletins describing billing procedures, rules, and regulations.

10. CHRISTINA CHARLES, through her company CC Senior Resources, worked with several San Antonio hospice providers who were all enrolled with Medicare and therefore required to comply with the Anti-Kickback Statute when submitting bills for payment to Medicare.

COUNT ONE

Conspiracy to Defraud the United States and to Pay and Receive Health Care Kickbacks (18 U.S.C. § 371)

11. Each and every paragraph of this Indictment is incorporated by reference as though fully set forth herein.

12. Beginning no later than June of 2023 and continuing through in or around December of 2023, in the Western District of Texas, and elsewhere, the Defendant,

CHRISTINA CHARLES

did knowingly and willfully combine, conspire, confederate, and agree with others, known and unknown to the Grand Jury, to commit offenses against the United States, that is,

a. to defraud the United States by impairing, impeding, obstructing and defeating through deceitful and dishonest means, the lawful government functions of the United States in its administration and oversight of Medicare;

b. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A), by knowingly and willfully soliciting and receiving remuneration, specifically, kickbacks and bribes, directly and indirectly, overtly and covertly, in return for referring individuals and services for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole or in part by Medicare, by receiving kickback payments for the referral of patients to be enrolled in hospice care, at least some of which were paid for by Medicare

Purpose of the Conspiracy

13. It was the purpose of the conspiracy for Defendant CHRISTINA CHARLES to unlawfully enrich herself by receiving kickbacks and bribes in exchange for referring patients to Medicare enrolled hospice service providers.

Manner and Means of the Conspiracy

14. The manner and means by which CHRISTINA CHARLES and others sought to accomplish the purpose and objects of the conspiracy included, among other things, the following:

15. CHRISTINA CHARLES worked in the health care industry for several years and was aware of the Anti-Kickback Statute and its prohibition on compensating individuals in return for referrals for services to be paid for by Federal funds.

16. Despite this, CHRISTINA CHARLES agreed during the above-specified time period with multiple San Antonio area hospice companies and their owners/operators that the hospice companies would compensate CHRISTINA CHARLES on a per-patient basis for any patient referral provided by CHRISTINA CHARLES who was successfully enrolled to receive hospice services provided by the payor companies.

17. CHRISTINA CHARLES was paid approximately $1,000 per patient she directed to the hospice companies that the hospice companies were able to successfully enroll.

18. CHRISTINA CHARLES took steps to conceal that these payments were illegal kickbacks including: creating contracts stating that payments were for hourly marketing or consulting services when no hours were ever tracked and payment was made on a per-patient basis and creating and submitting invoices for "marketing" services when the payments were actually calculated on a per-patient basis.

19. During the above specified timeframe, CHRISTINA CHARLES received at least $100,000 in illegal kickback payments which resulted in at least $9 Million billed to Medicare for hospice services, of which approximately $3 Million was actually paid.

Overt Acts

20. In furtherance of the conspiracy, and to accomplish its object and purpose, CHRISTINA CHARLES committed and caused to be committed, in the Western District of Texas, and elsewhere, the following overt acts:

a. On or about August 7, 2023, CHRISTINA CHARLES received a direct deposit to a bank account she controlled of $3,000 from Hospice Company 2 in return for referring 3 patients who had been successfully enrolled for hospice services paid for by Medicare.

b. On or about October 2, 2023, CHRISTINA CHARLES received a check for $11,000 from Hospice Company 1 in return for referring 11 patients who had been successfully enrolled for hospice services paid for by Medicare.

c. On or about November 20, 2023, CHRISTINA CHARLES received a direct deposit to a bank account she controlled of $5,000 from Hospice Company 2 in return for referring 5 patients who had been successfully enrolled for hospice services paid for by Medicare.

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

COUNTS TWO THROUGH FOUR
Soliciting and Receiving Illegal Health Care Kickbacks.
[42 U.S.C. § 1320a-7b(b)(1)(A)]

21. Each and every paragraph of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

22. On or about the dates set forth below, in the Western District of Texas, the Defendant

CHRISTINA CHARLES

in violation of Title 42, United States Code § 1320a-7b (b)(1)(A), knowingly and willfully, solicited and received any remuneration, including any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind, from hospice providers in return for providing

referrals of patients to be enrolled in hospice care, which care would be paid for in part by a Federal health care program:

Count	Date	Amount	Company making payment
2	8/7/2023	$3,000	Hospice Company 2
3	10/2/2023	$11,000	Hospice Company 1
4	11/20/2023	$5,000	Hospice Company 2

A TRUE BILL.

[redacted]

FOREPERSON OF THE GRAND JURY

By:

JUSTIN R. SIMMONS
United States Attorney

Joseph Blackwell

For JUSTIN CHUNG
Assistant United States Attorney
U.S. Attorney's Office, WDTX
601 NW Loop 410, Suite 600
San Antonio, Texas 78216