UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

UNITED STATES OF AMERICA,	§	
	§	Criminal No.:
v.	§	
	§	UNDER SEAL
JOHN DUBOR and	§	
LORINE WHITAKER,	§	
a.k.a Lorine Caraway	§	
a.k.a. "Pie"	§	17 CR 384
	§	
Defendants.	§	

INDICTMENT

The Grand Jury charges:

General Allegations

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

1) The Medicare Program ("Medicare") was a federal healthcare program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. The United States Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services ("CMS") administered Medicare. Individuals receiving benefits under Medicare were referred to as "beneficiaries."

2) Medicare was a "health care benefit program" as defined by Title 18, United States Code, Section 24(b).

3) Medicare paid for certain health care services in the home of beneficiaries if certain eligibility criteria were met and the services were considered reasonable and necessary for the treatment of the beneficiaries' illness or injury. This was known as the Medicare home health benefit.

4) For a Medicare beneficiary to be considered eligible for the home health benefit the following conditions must be met:

   a) The beneficiary must be under the care of a doctor, and must be getting services under a plan of care established and reviewed regularly by a doctor.

   b) The beneficiary must need, and a doctor must certify the need for one or more of the following:

      i) Intermittent skilled nursing care

      ii) Physical therapy

      iii) Speech-language pathology services

      iv) Continued occupational therapy

   c) The home health agency caring for the beneficiary must have been approved by Medicare.

   d) The beneficiary must be homebound, and a doctor must certify the beneficiary is homebound.

5) The Texas Medicaid program (Medicaid) was a state program, jointly funded by the State of Texas and the federal government. The Texas Health and Human

Services Commission administered Medicaid. Medicaid provided medical and related services to families with dependent children and aged, blind, or disabled individuals whose income and other financial and economic resources are insufficient to allow them to meet the cost of necessary medical services. Individuals eligible under the Medicaid program were referred to as Medicaid "clients". Medicaid is a "health care benefit program" as defined by 18 U.S.C. Section 24(b).

6) Among the types of reimbursable medical assistance available to Medicaid clients were office visits, diagnostic testing, prescription drugs, and durable medical equipment. For Medicaid clients eligible to receive benefits under both Medicare and Medicaid, claims were submitted to Medicare first. Medicare would pay an allowable claim. Medicare would then electronically forward the claim to Medicaid. Medicaid would pay the coinsurance or deductible without further review of the claim. This type of claim was referred to as a "crossover" claim.

7) Care Committers Health Service, Inc. ("Care Committers") was a Texas business entity located in Richmond, Fort Bend County, Texas. Care Committers was an approved Medicare/Medicaid provider purportedly providing home health services to Medicare beneficiaries located in the Southern District of Texas and elsewhere.

8) Defendant **JOHN DUBOR**, a resident of Fort Bend County, Texas, was a registered nurse licensed in the State of Texas. **JOHN DUBOR** owned and operated Care Committers Health Services, Inc.

9) Defendant **LORINE WHITAKER**, a resident of Nacogdoches County, Texas, was a Medicare beneficiary and patient recruiter. She received money from **JOHN DUBOR** to sign people up for home health services through Care Committers.

COUNT ONE
Conspiracy to Commit Health Care Fraud
(Violation of 18 U.S.C. § 1349)

10) Paragraphs 1 through 9 are re-alleged and incorporated by reference as if fully set forth herein.

11) From on or about January 2011 through on or about June 2016, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, defendants,

JOHN DUBOR and LORINE WHITAKER

did knowingly and willfully combine, conspire, confederate and agree with persons known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18 United States

Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of, said healthcare benefit program, in connection with the delivery of and payment for health care benefits, items and services.

Purpose of the Conspiracy

12) It was the purpose of the conspiracy for **JOHN DUBOR, LORINE WHITAKER** and others, to unlawfully enrich themselves by (a) submitting and causing the submission of false and fraudulent claims to Medicare, (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (c) diverting proceeds of the fraud for personal use and benefit of the defendant and the co-conspirators.

Manner and Means of the Conspiracy

13) The manner and means by which defendant **JOHN DUBOR, LORINE WHITAKER** and their co-conspirators sought to accomplish the object and purpose of the conspiracy included, among other things, the following:

14) **JOHN DUBOR** would and did hold himself out to the public as a registered nurse purportedly providing home health care services to Medicare and Medicaid beneficiaries in the Southern District of Texas, Eastern District of Texas and elsewhere.

15) **JOHN DUBOR** would and did create Care Committers Health Services, Inc., by filing incorporation documents in the State of Texas and opening a place of business in the Southern District of Texas.

16) **JOHN DUBOR** submitted Medicare and Medicaid enrollment applications seeking provider numbers for Care Committers as home health agency. Once obtained, **JOHN DUBOR** submitted and caused the submission of false claims to Medicare and Medicaid for home health services that were not medically necessary and in many instances, not provided.

17) From on or about January 2011, to on or about June 2016, Medicare deposited, through electronic fund transfer, approximately $3,534,972 into a bank account controlled by **JOHN DUBOR**. The funds were transferred to other accounts controlled by **JOHN DUBOR**, paid to co-conspirators and paid to patient recruiters.

18) **JOHN DUBOR** would falsify and direct his employees to falsify home health nursing notes, OASIS forms, CMS 485 forms and medical records to give the appearance of legitimate home health services.

19) **JOHN DUBOR** would pay group home owners for access to, and for referring, Medicare beneficiaries for medically unnecessary home health services. **JOHN DUBOR** would pay up to $500 for a health certification and up to $250 for a recertification.

20) **JOHN DUBOR** would pay marketers and recruiters to find Medicare beneficiaries for Care Committers. **JOHN DUBOR** traveled from the Southern District of Texas to the Eastern District of Texas, to included Nacogdoches Texas, to recruit Medicare beneficiaries for home health.

21) To build the business of Care Committers, **JOHN DUBOR** sought the help of Medicare beneficiary and patient recruiter, **LORINE WHITAKER**. **LORINE WHITAKER** provided the names and Medicare numbers of Medicare beneficiaries, including members of her family, to **JOHN DUBOR**.

22) **JOHN DUBOR** and **LORINE WHITAKER** would pay Medicare beneficiaries to sign blank home health forms and then use the information to bill Medicare for home health services.

23) In addition to recruiting Medicare beneficiaries for **JOHN DUBOR**, and Care Committers, **LORINE WHITAKER** provided her own Medicare information to **JOHN DUBOR** so that he could bill Medicare for medically unnecessary home health services on her behalf.

All in violation of Title 18, United States Code, Section 1349.

COUNTS TWO THROUGH SEVEN
Health Care Fraud
(Violation of 18 U.S.C. §§ 1347 and 2)

At all times material to this indictment:

Introduction

24) Paragraphs 1 through 9 of the General Allegation section are re-alleged and incorporated as though fully set forth herein.

25) From on or about January 2011, and continuing thereafter until at least June 2016, defendant **JOHN DUBOR**, aided and abetted by and aiding and abetting others did knowingly cause the submission of claims to Medicare and Medicaid in excess of $3.5 million. In many instances, these claims were for home health services not performed and not medically necessary, based upon fraudulent physician orders and based upon illegal health care kickbacks.

Purpose of the Scheme to Defraud

26) It was a purpose of the scheme to defraud for defendant **JOHN DUBOR** to unlawfully enrich himself by (a) submitting false and fraudulent claims to Medicare, (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (c) diverting proceeds of the fraud for personal use.

Manner and Means

27) Paragraphs 13 through 23 of Count One of this Indictment are re-alleged and incorporated as though fully set forth herein.

Execution of the Scheme to Defraud

28) On or about the specified dates as to each count below, in the Houston Division of the Southern District of Texas and elsewhere, the defendant

JOHN DUBOR

aided and abetted by others known and unknown to the Grand Jury, in connection with the delivery of and payment for health care benefits, items and services, did knowingly and willfully execute and attempt to execute the above described scheme and artifice to defraud a health care benefit program, that is Medicare and Medicaid, and to obtain, by means of materially false and fraudulent pretenses, representations and promise, money and property owned by and under the custody of said health benefit program:

Count	Medicare/Medicaid Beneficiary	Purported Type of Service	Approx. Dates of Service Range	Approx. Billed Amount	Defendant
2	Y.G.	Home Health	05/2014-12/2014	$12095	Dubor
3	W.M.	Home Health	08/2014-10/2014	$4600	Dubor
4	R.M.	Home Health	11/2014-01/2015	$4664	Dubor
5	J.S.	Home Health	11/2015-02/2016	$9900	Dubor
6	K.R.	Home Health	01/2015-01/2016	$14265	Dubor
7	G.S.	Home Health	10/2014-01/2015	$4200	Dubor

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

COUNT EIGHT
Conspiracy to Pay and Receive Health Care Kickbacks
(Violation of 18 U.S.C. § 371)

29) Paragraphs 1 through 9 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

30) From on or about January 2011, to on or about June 2016, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and elsewhere, defendants

JOHN DUBOR and LORINE WHITAKER,

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

a. To violate Title 42, United States Code, section 1320a-7b(b)(1), by knowingly and willfully soliciting and receiving remuneration, specifically, kickbacks and bribes, directly and indirectly, overtly and covertly, in return for referring individuals and for furnishing and arranging an item and service for which payment may be made in whole or in part by Medicare and Medicaid.

b. To violate Title 42, United States Code, Section 1320a-7b(b)(2), by knowingly and willfully offering and paying remuneration, specifically, kickbacks and bribes, directly and indirectly, overtly and covertly, in return

for referring individuals for furnishing and arranging an item and service for payment may be made in whole or in part by Medicare and Medicaid.

Purpose of the Conspiracy

31) It was a purpose of the conspiracy for defendant **JOHN DUBOR** and **LORINE WHITAKER**, and their co-conspirators to unlawfully enrich themselves by paying and receiving kickbacks and bribes for the referral of Medicare/Medicaid beneficiaries for home health services whom Care Committers submitted claims to Medicare/Medicaid.

Manner and Means of the Conspiracy

The manner and means by which defendants **JOHN DUBOR**, **LORINE WHITAKER** and their co-conspirators sought to accomplish the object and purpose of the conspiracy included, among other things the following:

32) Paragraphs 13 through 23 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

Overt Acts

33) In furtherance of the conspiracy, and to accomplish its object and purpose, the conspirators committed and caused to be committed, in the Houston Division of the Southern District of Texas and elsewhere, the following overt acts:

34) From at least January 2011 through at least June 2016, **JOHN DUBOR** paid group home owner and operator, M.P., approximately $135,000 for patient

recruiting and home health certifications and re-certifications. The payments were made at various times over the course of the above listed time period to include a specific check on June 6, 2013, in the amount of $2500.

35) On May 19, 2015, **JOHN DUBOR** paid group home owner and operator, P.T. $2600 in cash.

36) On November 15, 2015, **JOHN DUBOR** paid group home owner and operator, P.T. $2200 in cash.

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

CRIMINAL FORFEITURE
(18 U.S.C. §982(a)(7))

37) Pursuant to Title 18, United States Code, Section 982(a)(7), the United States of America gives notice to defendants, **JOHN DUBOR** and **LORINE WHITAKER** that upon conviction of any Counts in this Indictment, all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such offenses, is subject to forfeiture.

38) Defendants **DUBOR** and **WHITAKER** are notified that upon conviction, a money judgment may be imposed equal to the total value of the property subject to forfeiture.

39) Defendants **DUBOR** and **WHITAKER** are notified that if any of the forfeitable property, or any portion thereof, as a result of any act or omission of the defendants or their co-conspirators:

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 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 to seek forfeiture of any other property of the defendants up to the total value of the property subject to forfeiture, pursuant to Title 21, United States Code, Section 853(p), incorporated by reference in Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

ORIGINAL SIGNATURE ON FILE

FOREPERSON

ABE MARTINEZ
ACTING UNITED STATES ATTORNEY
SOUTHERN DISTRICT OF TEXAS

JUSTIN S. BLAN
SPECIAL ASSITANT U.S. ATTORNEY