## UNITED STATES DISTRICT COURT

### FOR THE CENTRAL DISTRICT OF CALIFORNIA

June 2017 Grand Jury No. c188CR00117-JAK

UNITED STATES OF AMERICA,

Plaintiff,

V.

BENJAMIN ROSENBERG,

Defendant.

# <u>INDICTMENT</u>

[18 U.S.C. § 1347: Health Care Fraud; 18 U.S.C. § 2: Aiding and Abetting and Causing an Act to be Done; 18 U.S.C. § 1028A(a)(1): Aggravated Identity Theft; 18 U.S.C. §§ 982(a)(7), 28 U.S.C. § 2461(c): Criminal Forfeiture]

The Grand Jury charges:

COUNTS ONE THROUGH SIX

[18 U.S.C. §§ 1347, 2]

#### INTRODUCTORY ALLEGATIONS

At all times relevant to this Indictment:

Defendant BENJAMIN ROSENBERG ("ROSENBERG") was a resident of Los Angeles, within the Central District of California. Defendant ROSENBERG was a dentist licensed by the Dental Board of California until in or about September 2017. Defendant ROSENBERG owned a dental clinic, Benjamin Rosenberg

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D.D.S., located at 8450 South Sepulveda Blvd., Suite 1000, Los Angeles, California 90045, within the Central District of California.

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## Health Insurance Plans

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- Denti-Cal was a health care benefits program funded by the federal and State of California governments, affecting commerce. Denti-Cal was administered by the State of California via the Medi-Cal program, which provided dental care benefits to California residents including eligible low-income individuals and people with disabilities.
- Metropolitan Life Insurance Company operated Metlife Safeguard Dental ("Metlife"), a health care benefits program that operated private dental care plans, affecting commerce, under which medical benefits, items, and services were provided to individuals in California, and elsewhere, in exchange for payment.
- Denti-Cal, Metlife, and other health care benefits 4. programs within the meaning of Title 18, United States Code, Section 24(b), reimbursed dental services providers for rendering covered dental care to their beneficiaries.

## The Claims Process

- When a patient covered by a health care benefit 5. program received dental care from a provider, he or she provided the dentist with his or her insurance group number and individual identifier.
- After rendering services covered by the dental health care benefit program, the dentist billed the health care benefit program using the patient's name, insurance group number, and

individual identifier. In addition, the claim included the date of service, services rendered, and the amount billed. A dental provider would submit claims to Metlife or Denti-Cal electronically or in paper format through the United States Postal Service.

- 7. The claim form for Metlife required the provider to certify that the procedures billed were either in progress or had been completed and the identified amounts billed were the actual fees the dentist charged and intended to collect for those procedures, among other things.
- 8. The claim form for Denti-Cal required the provider to certify that the information in the form was true, accurate, and complete and the requested services were necessary to the health of the patient, among other things.

## B. THE SCHEME TO DEFRAUD

9. Beginning on an unknown date at least as early as in or about 2010 and continuing until in or about September 2017, in Los Angeles County, within the Central District of California, and elsewhere, defendant ROSENBERG, together with others known and unknown to the Grand Jury, knowingly, willfully, and with the intent to defraud, executed, and attempted to execute, a scheme and artifice: (a) to defraud health care benefit programs, including Denti-Cal and Metlife, as to material matters in connection with the delivery of and payment for health care benefits, items, and services; and (b) to obtain money from such health care benefit programs by means of material false and fraudulent pretenses, representations, and promises, and the concealment of material facts in connection

with the delivery of and payment for health care benefits, items, and services.

## C. MANNER AND MEANS USED TO ACCOMPLISH THE SCHEME TO DEFRAUD

- 10. The fraudulent scheme operated, in substance, as follows:
- a. Defendant ROSENBERG, together with others known and unknown to the Grand Jury, used and caused to be used patients' names and insurance carrier information, including group and individual identifiers, obtained when patients were treated in his office, to submit and cause to be submitted false and fraudulent claims to insurance carriers for dental care that defendant ROSENBERG knew had not been rendered.
- b. As a result of the submission of false and fraudulent claims, the insurance carriers made payments to defendant ROSENBERG's dental practice.
- c. Defendant ROSENBERG, together with others known and unknown to the Grand Jury, then transferred and disbursed and caused to be transferred and disbursed to himself and others the monies defendant ROSENBERG's dental practice had received from the insurance carriers as a result of the false and fraudulent claims.

## D. EXECUTIONS OF THE FRAUDULENT SCHEME

11. On or about the dates set forth below, within the Central District of California and elsewhere, defendant ROSENBERG, together with others known and unknown to the Grand Jury, knowingly and willfully executed and attempted to execute the fraudulent scheme described above by submitting and causing to be submitted to insurance providers for payment the following

false and fraudulent claims for dental services defendant ROSENBERG purportedly rendered:

COUNT	PAT-	CLAIM #	SERVICE	BENEFITS	DATE	APPROX
	IENT		BILLED	PROGRAM	BILLED	TUUOMA
				BILLED		BILLED
ONE	L.F.	2013150	Crowns	Metlife	5/29/13	\$6,565
		0000875	(21)			
- Trico	D 72	2014000	G-agy-va g	Metlife	1/7/14	\$6,400
TWO	E.K.	2014008	Crowns	Mecilie	1 1 / / 14	70,400
		0000743	(32)			
THREE	A.D.	2014035	Crowns	Metlife	2/3/14	\$3,700
		0000843	(8)			
						40 000
FOUR	J.G.	2014077	Crowns	Metlife	3/17/14	\$2,800
		001164	(12)			
FIVE	S.C.	2014296	Fillings	Denti-Cal	11/13/14	\$1,260
	5.0.	104068	(29)			, , ,
SIX	A.R.	2015035	Fillings	Denti-Cal	2/19/15	\$445
		101588	(12)			
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#### COUNTS SEVEN AND EIGHT

[18 U.S.C. §§ 1028A(a)(1), 2]

- 12. The Grand Jury incorporates by reference and realleges paragraphs 1 through 8 and 10 through 11 above of this Indictment as though set forth in their entirety here.
- 13. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant ROSENBERG knowingly transferred, possessed, and used, and willfully caused to be transferred, possessed, and used, without lawful authority, means of identification that defendant ROSENBERG knew belonged to another person, namely, the name and policyholder or subscriber identification number of the patients identified below, during and in relation to health care fraud, a felony violation of Title 18, United States Code, Section 1347, as charged in the following related counts of this Indictment:

COUNT	PATIENT	POLICYHOLDER/ SUBSCRIBER ID NUMBER	DATE	RELATED COUNT OF INDICTMENT
SEVEN	A.D.	XXXXX0748	2/3/14	COUNT THREE
EIGHT	J.G.	XXXXX0057	3/17/14	COUNT FOUR

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FORFEITURE ALLEGATION

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- [18 U.S.C. § 982(a)(7) and 28 U.S.C. § 2461(c)]
- Pursuant to Rule 32.2(a) Fed. R. Crim. P., notice is hereby given that the United States will seek forfeiture as part of any sentence in accordance with Title 18, United States Code, Section 982(a)(7) and Title 28, United States Code, Section 2461(c), in the event of defendant's conviction under any of Counts One through Eight of this Indictment. The defendant shall forfeit the following:
- All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense set forth in any of Counts One through Eight of this Indictment of which defendant is convicted; and
- To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph a.
- 15. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 28, United States Code, Section 2461(c), and Title 18, United States Code, Section 982(b), the defendant shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of the defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, sold to or deposited with a third party; (c) has been placed beyond the jurisdiction of the

1 Court; (d) has been substantially diminished in value; or (e) has been commingled with other property that cannot be divided without difficulty. 3 4 A TRUE BILL 5 6 Foreperson 7 8 NICOLA T. HANNA United States Attorney 9 10 11 LAWRENCE S. MIDDLETON 12 Assistant United States Attorney Chief, Criminal Division 13 RANEE A. KATZENSTEIN 14 Assistant United States Attorney Chief, Major Frauds Section 15 STEPHEN A. CAZARES 16 Assistant United States Attorney Deputy Chief, Major Frauds Section 17 JOSEPH BEEMSTERBOER 18 Deputy Chief, Fraud Section United States Department of Justice 19 DIIDRI ROBINSON 20 Assistant Chief, Fraud Section United States Department of Justice 21 EMILY Z. CULBERTSON 22 Trial Attorney, Fraud Section United States Department of Justice 23 24 25

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