

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Case No. 11-20617-CR-UNGARO/TORRES

18 U.S.C. § 1349

18 U.S.C. § 371

18 U.S.C. § 2

18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

JOHN JACKSON,

**Defendant.**

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**INFORMATION**

The United States Attorney charges that:

**GENERAL ALLEGATIONS**

At all times relevant to this Information,

1. The Medicare Program ("Medicare") is a federal health care program providing benefits to persons who were over the age of sixty-five or disabled. Medicare is administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services. Individuals who receive benefits under Medicare are referred to as Medicare "beneficiaries." Medicare is a "health care benefit program," as defined by Title 18, United States Code, Section 24(b), and a Federal health care program, as defined by Title 42, United States Code, Section 1320a-7b(f)(1).

2. Part B of the Medicare program covers partial hospitalization programs ("PHPs") connected with the treatment of mental illness. The treatment program of PHPs closely resembles that of a highly structured, short-term hospital inpatient program, but it is a distinct

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and organized intensive treatment program that offers less than 24-hour daily care and is designed, in part, to reduce medical costs by treating qualifying individuals outside the hospital setting.

3. Under the PHP benefit, Medicare covers the following services: (1) individual and group therapy with physicians or psychologists (or other authorized mental health professionals); (2) occupational therapy; (3) services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; (4) drugs and biologicals furnished for therapeutic purposes that cannot be self-administered; (5) individualized activity therapies that are not primarily recreational or diversionary; (6) family counseling (for treatment of the patient's condition); (7) patient training and education; and (8) diagnostic services.

4. Medicare generally requires that the PHP be provided at a facility that is hospital-based or hospital-affiliated, but Medicare also allows a PHP to be provided in a Community Mental Health Center ("CMHC"), which is a provider type under Part A of Medicare.

5. Medicare requires that, to qualify for the PHP benefit, the services must be reasonable and necessary for the diagnosis and active treatment of the individual's condition. The program also must be reasonably expected to improve or maintain the condition and functional level of the patient and to prevent relapse or hospitalization. The program must be prescribed by a physician and furnished under the general supervision of a physician and under an established plan of treatment that meets Medicare requirements.

6. Typically, a patient who needs this intensive PHP treatment has a long history of mental illness that has been treated. Patients are ordinarily referred either (a) by a hospital after full inpatient hospitalization for severe mental illness or (b) by a doctor who is trying to prevent full inpatient hospitalization for a severely mentally ill patient the doctor has been treating.

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7. Medicare guidelines specifically exclude meals and transportation from coverage under the PHP benefit.

8. Medicare does not cover programs involving primarily social, recreational, or diversionary activities.

9. In order to receive payment from Medicare, a CMHC, medical clinic or physician is required to submit a health insurance claim form to Medicare, called a Form 1450. The claims may be submitted in hard copy or electronically. A CMHC, medical clinic, and physician may contract with a billing company to transmit claims to Medicare on their behalf.

10. Medicare Part B is administered in Florida by Mutual of Omaha, which, pursuant to contract with the United States Department of Health and Human Services, serves as a contracted carrier to receive, adjudicate and pay Medicare Part B claims submitted to it by Medicare beneficiaries, physicians, or CMHCs. Medicare Part B pays CMHCs and physicians directly for the cost of PHP services furnished to eligible Medicare beneficiaries, provided that the services meet Medicare requirements.

#### **The Defendant and Corporations**

11. Defendant **JOHN JACKSON**, a resident of Broward County, was a mental health therapist who worked for Corporation 1 to assist in funneling ineligible patients into its PHP in exchange for kickbacks. **JACKSON** worked at Corporation 1 from on or about February 2006 to on or about September 2008.

12. Beginning in or around September 2008 through in or around June 2010, **JOHN JACKSON** was the clinical director and a patient broker at Biscayne Milieu Health Center, Inc. ("Biscayne Milieu"). At Biscayne Milieu, **JACKSON** assisted in funneling ineligible patients into its PHP in exchange for kickbacks. He also purportedly conducted group therapy sessions

and supervised other therapists as Clinical Director for Biscayne Milieu.

13. Corporation 1 was a CMHC located in Miami-Dade County, which purportedly operated a PHP from approximately 2006 until approximately September 2008.

14. Biscayne Milieu was a CMHC located in Miami-Dade County, purportedly operating a PHP.

**COUNT 1**  
**Conspiracy to Commit Health Care Fraud**  
**(18 U.S.C. § 1349)**

1. Paragraphs 1 through 11 and 13 of the General Allegations section of this Information are realleged and incorporated by reference as though fully set forth herein.

2. From in or around February 2006, and continuing through in or around September 2008, in Miami-Dade and Broward Counties, in the Southern District of Florida, and elsewhere, the defendant,

**JOHN JACKSON,**

did knowingly and willfully combine, conspire, confederate and agree with others known and unknown to the United States Attorney, 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 health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

**PURPOSE OF THE CONSPIRACY**

3. It was a purpose of the conspiracy for **JOHN JACKSON** and his co-conspirators

to unlawfully enrich themselves by, among other things: (a) submitting false and fraudulent claims to Medicare through Corporation 1 for services that were medically unnecessary, that were not eligible for Medicare reimbursement, and that were never provided; (b) offering and paying kickbacks and bribes to patient brokers for recruiting Medicare beneficiaries who would attend Corporation 1, who were not eligible to receive PHP services under Medicare guidelines, for whom PHP services were not medically necessary to treat their medical conditions, and to whom the PHP services were not provided; (c) receiving kickbacks and bribes to ensure the attendance of these ineligible Medicare beneficiaries at Corporation 1; (d) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of the proceeds from the fraud, and the payment of kickbacks and bribes to patient recruiters and Medicare beneficiaries; and (e) diverting proceeds of the fraud for the personal use and benefit of the defendant and his co-conspirators in the form of compensation and other remuneration.

#### MANNER AND MEANS OF THE CONSPIRACY

The manner and means by which the defendant and his co-conspirators sought to accomplish the object and purpose of the conspiracy included, among others, the following:

4. **JOHN JACKSON** was a mental health therapist for Corporation 1.
5. During his employment as a mental health therapist with Corporation 1 and at the direction of Corporation 1's owners, **JOHN JACKSON** knowingly admitted patients into Corporation 1's PHP who did not qualify for treatment.
6. **JOHN JACKSON** conducted purported group therapy sessions at Corporation 1 for patients suffering from dementia and mental retardation, who did not qualify for the PHP. **JACKSON** created false and fraudulent therapist notes for these patients to make it appear as if they qualified for treatment at Corporation 1's PHP.

7. In 2007, the CEO of Corporation 1 instructed **JOHN JACKSON** to assist in paying cash kickbacks to Corporation 1's "American clients," in exchange for their attendance at Corporation 1's PHP. Additionally, the CEO gave **JACKSON** five thousand dollars (\$5,000) to open a halfway house in exchange for **JACKSON's** recruiting patients to live at the halfway house and attend Corporation 1's PHP.

8. From on or about February 17, 2006, and continuing through on or about September 15, 2008, Corporation 1 and **JOHN JACKSON** caused false and fraudulent claims to be submitted to Medicare for services purportedly provided at Corporation 1's PHP in the approximate amount of \$13,587,375. As a result of the submission of these false and fraudulent claims, Medicare paid approximately \$6,146,912 to Corporation 1.

9. Corporation 1 and **JOHN JACKSON** caused the transfer and disbursement of these illicit proceeds derived from the fraudulent billing scheme into and out of Corporation 1's corporate bank account to themselves and others.

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

**COUNT 2**  
**Conspiracy to Commit Health Care Fraud**  
**(18 U.S.C. § 1349)**

1. Paragraphs 1 through 10, 12 and 14 of the General Allegations section of this Information are realleged and incorporated by reference as though fully set forth herein.

2. From in or around September 2008, through in or around June 2010, in Miami-Dade and Broward Counties, in the Southern District of Florida, and elsewhere, the defendant,

**JOHN JACKSON,**

did knowingly and willfully combine, conspire, confederate and agree with others known and unknown to the United States Attorney, 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 health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

### **PURPOSE OF THE CONSPIRACY**

3. It was a purpose of the conspiracy for **JOHN JACKSON**, and his co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting false and fraudulent claims to Medicare through Biscayne Milieu for services that were medically unnecessary, that were not eligible for Medicare reimbursement, and that were never provided; (b) offering and paying kickbacks and bribes to patient brokers for recruiting Medicare beneficiaries who would attend Biscayne Milieu, who were not eligible to receive PHP services under Medicare guidelines, for whom PHP services were not medically necessary to treat their medical conditions, and to whom the PHP services were not provided; (c) receiving kickbacks and bribes to ensure the attendance of these ineligible Medicare beneficiaries at Biscayne Milieu; (d) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of the proceeds from the fraud, and the payment of kickbacks and bribes to patient recruiters and Medicare beneficiaries; and (e) diverting proceeds of the fraud for the personal use and benefit of the defendant and his co-conspirators in the form of compensation and other remuneration.

### **MANNER AND MEANS OF THE CONSPIRACY**

The manner and means by which the defendant and his co-conspirators sought to accomplish the object and purpose of the conspiracy included, among others, the following:

4. From in or around October 2008, through in or around June 2010, **JOHN JACKSON** was the Clinical Director and a patient broker who recruited patients for Biscayne Milieu.

5. Biscayne Milieu recruited and caused the recruitment of **JOHN JACKSON** and Sabrina Pressley to provide ineligible Medicare beneficiaries to participate in Biscayne Milieu's PHP in exchange for kickback payments.

6. Biscayne Milieu paid **JOHN JACKSON** and Sabrina Pressley approximately twenty-five dollars (\$25.00) per patient for each day that the patient attended a group therapy session at Biscayne Milieu's PHP. **JACKSON** and Sabrina Pressley likewise paid cash kickbacks to some of the patients that they had recruited in exchange for their attendance at Biscayne Milieu's PHP.

7. **JOHN JACKSON** and Sabrina Pressley operated two halfway houses located in Broward County, where they housed the patients that attended Biscayne Milieu's PHP. **JACKSON** and Sabrina Pressley charged these patients rent to stay at the houses and required them to attend Biscayne Milieu's PHP.

8. In addition to recruiting patients, **JOHN JACKSON**, as Clinical Director at Biscayne Milieu and at the direction of Biscayne Milieu's owners and managers, created fraudulent therapy notes for patients that either did not qualify for PHP treatment, or had failed to attend therapy sessions at Biscayne Milieu's PHP to justify fraudulent bills that Biscayne Milieu had submitted to Medicare on behalf of these patients.

9. From on or about October 28, 2008, through on or about June 25, 2010, Biscayne Milieu, **JOHN JACKSON**, and his co-conspirators caused false and fraudulent claims to be submitted to Medicare for services purportedly provided at Biscayne Milieu's PHP in the

approximate amount of \$26,408,100. As a result of the submission of these false and fraudulent claims, Medicare paid approximately \$5,169,924 to Biscayne Milieu.

10. Biscayne Milieu, **JOHN JACKSON**, and Sabrina Pressley caused the transfer and disbursement of these illicit proceeds derived from the fraudulent billing scheme into and out of Biscayne Milieu's corporate bank account to themselves and others.

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

**COUNT 3**  
**Conspiracy to Receive and Pay Health Care Kickbacks**  
**(18 U.S.C. § 371)**

1. Paragraphs 1 through 10, 12 and 14 of the General Allegations section of this Information are realleged and incorporated by reference as though fully set forth herein.

2. From in or around October 2008, and continuing through in or around June 2010, in Miami-Dade and Broward Counties, in the Southern District of Florida, and elsewhere, the defendant,

**JOHN JACKSON,**

did willfully and knowingly combine, conspire, confederate and agree with others, 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 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 a Federal health care program, that is, Medicare, and in return for the purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing, and ordering of any good, item, and service for which payment may

be made in whole and in part by a Federal health care program, that is, Medicare; and

- b. To violate Title 42, United States Code, Section 1320a-7b(b)(2), by knowingly and willfully offering and paying remuneration, including, kickbacks and bribes, directly and indirectly, overtly and covertly, in return for referring individuals 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 a Federal health care program, that is, Medicare, and in return for the purchasing, leasing, ordering, and arranging for and recommending the purchasing, leasing, and ordering of any good, item, and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare.

#### **PURPOSE OF THE CONSPIRACY**

3. It was a purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by receiving and paying kickbacks and bribes in exchange for
  - (a) securing the attendance of ineligible Medicare beneficiaries at Biscayne Milieu's PHP, and
  - (b) providing beneficiary information that was used to submit claims to Medicare.

#### **MANNER AND MEANS OF THE CONSPIRACY**

4. The allegations contained in paragraphs 4 through 10 of the Manner and Means section of Count 2 of this Information are realleged and incorporated by reference as though fully set forth herein as a description of the manner and means of the conspiracy.

#### **OVERT ACTS**

In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one of the co-conspirators committed and caused to be committed in the Southern District of Florida at least one of the following overt acts, among others:

1. On or about November 6, 2008, **JOHN JACKSON** deposited into his bank account at Citibank, account number xxxxxx0688, a check numbered 4028 in the approximate

amount of \$3,401, drawn on one of Biscayne Milieu's bank accounts.

2. On or about February 9, 2009, **JOHN JACKSON** deposited into his bank account at Citibank, account number xxxxxx0688, a check numbered 4213 in the approximate amount of \$1,817, drawn on one of Biscayne Milieu's bank accounts.

3. On or about February 20, 2009, **JOHN JACKSON** deposited into his bank account at Citibank, account number xxxxxx0688, a check numbered 4300 in the approximate amount of \$1,736, drawn on one of Biscayne Milieu's bank accounts.

4. On or about December 30, 2009, **JOHN JACKSON** deposited into his bank account at Citibank, account number xxxxxx0688, a check numbered 4971 in the approximate amount of \$2,000, drawn on one of Biscayne Milieu's bank accounts.

5. On or about February 25, 2010, **JOHN JACKSON** deposited into his bank account at Citibank, account number xxxxxx0688, a check numbered 5115 in the approximate amount of \$1,500, drawn on one of Biscayne Milieu's bank accounts.

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

**CRIMINAL FORFEITURE**  
**(18 U.S.C. § 982)**

1. The allegations contained in Counts 1 through 3 of this Information are realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of America of certain property in which **JOHN JACKSON** has an interest.

2. Upon conviction of Counts 1 through 3, as alleged in this Information, the defendant, **JOHN JACKSON**, shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense pursuant to Title 18, United States Code, Section 982(a)(7).

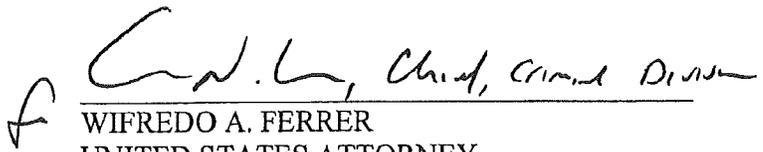
3. The property which is subject to forfeiture includes, but is not limited to approximately \$11,316,836, which represents the gross proceeds of the fraud perpetrated by **JOHN JACKSON**.

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

- 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,

the United States of America shall be entitled to forfeiture of substitute property pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

All pursuant to Title 18, United States Code, Section 982(a)(7) and the procedures outlined in Title 21, United States Code, Section 853.

  
WIFREDO A. FERRER  
UNITED STATES ATTORNEY

  
ALICIA E. SHICK  
ASSISTANT UNITED STATES ATTORNEY