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UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

SOUTHERN DIVISION SACR16-00014

UNITED STATES OF AMERICA,

Plaintiff,

v.

LINDA MARTIN,

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Defendant.

SA CR No. 16-

INFORMATION

[18 U.S.C. § 371: Conspiracy]

[UNDER SEAL]

The United States Attorney charges:

[18 U.S.C. § 371]

A. RELEVANT PERSONS AND ENTITIES

At all times relevant to this Information:

1. Healthsmart Pacific Inc., doing business as Pacific Hospital of Long Beach ("Pacific Hospital") was a hospital located in Long Beach, California, specializing in surgeries, particularly spinal and orthopedic surgeries. From at least in or around 1997 to October 2013, Pacific Hospital was owned and/or operated by Michael D. Drobot ("Drobot") and other coconspirators.

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- From at least September 2010 to at least February
 defendant LINDA MARTIN ("MARTIN") was a marketer for
 Pacific Hospital.
- 3. International Implants LLC ("I2") was a limited liability company owned and operated by Drobot, that was located in Newport Beach, California. I2 purchased implantable medical devices ("hardware") for use in spinal surgeries from original manufacturers and sold them to hospitals, particularly Pacific Hospital.

B. RELEVANT LEGISLATION

- 4. The California Workers' Compensation System ("CWCS") was a system created by California law to provide insurance covering treatment of injury or illness suffered by individuals in the course of their employment. Under the CWCS, employers were required to purchase workers' compensation insurance policies from insurance carriers to cover their employees. When an employee suffered a covered injury or illness and received medical services, the medical service provider submitted a claim for payment to the relevant insurance carrier, which then paid the claim. Claims were submitted to and paid by the insurance carriers either by mail or electronically. The CWCS was governed by various California laws and regulations.
- 5. California law, including but not limited to the California Business and Professions Code, the California Insurance Code, and the California Labor Code, prohibited the offering, delivering, soliciting, or receiving of anything of value in return for referring a patient for medical services.

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- 6. Before January 2013, California law allowed a hospital to bill the cost of medical hardware separately from the other costs of a surgery, such as the hospital's and surgeon's services, the reimbursement rates of which were set by a fee schedule. The hardware was considered a "pass-through" cost and billing was limited to \$250 over what the hospital paid for the hardware.
- The Federal Employees' Compensation Act ("FECA") 7. provided benefits to civilian employees of the United States, including United States Postal Service employees, for medical expenses and wage-loss disability due to a traumatic injury or occupational disease sustained while working as a federal employee. Benefits available to injured employees included rehabilitation, medical, surgical, hospital, pharmaceutical, and supplies for treatment of an injury. The Department of Labor ("DOL") - Office of Workers' Compensation Programs ("OWCP") was the governmental body responsible for administering the FECA. When a federal employee suffered a covered injury or illness and received medical services, the medical service provider submitted a claim for payment by mail or electronically to Affiliated Computer Services ("ACS"), located in London, Kentucky, which was contracted with the DOL to handle such claims. Upon approval of the claim, ACS sent payment by mail or electronic funds transfer from the U.S. Treasury in Philadelphia, Pennsylvania to the medical service provider.
- 8. Federal law prohibited the offering, delivering, soliciting, or receiving of anything of value in return for

referring a patient for medical services paid for by a federal health care benefit program.

C. OBJECTS OF THE CONSPIRACY

9. Beginning in or around September 2010, and continuing to in or around February 2013, in Orange and Los Angeles Counties, within the Central District of California, and elsewhere, defendant MARTIN, together with others known and unknown to the United States Attorney, knowingly combined, conspired, and agreed to commit the following offenses against the United States: Mail Fraud and Honest Services Mail Fraud, in violation of Title 18, United States Code, Sections 1341 and 1346; Use of an Interstate Facility in Aid of Racketeering, in violation of Title 18, United States Code, Section 1952(a)(3); Monetary Transactions in Property Derived from Specified Unlawful Activity, in violation of Title 18, United States Code, Section 1957; and Payment or Receipt of Kickbacks in Connection with a Federal Health Care Program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

D. MANNER AND MEANS OF THE CONSPIRACY

- 10. The objects of the conspiracy were to be carried out, and were carried out, in the following ways, among others:
- a. Drobot and other co-conspirators offered to pay kickbacks to doctors, chiropractors, workers' compensation and personal injury attorneys, marketers, and others for referring workers' compensation patients to Pacific Hospital for spinal surgeries and other medical services, to be paid primarily through the CWCS and the FECA.

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- b. Influenced by the promise of kickbacks, doctors, chiropractors, workers' compensation and personal injury attorneys, marketers, and others referred patients insured through the CWCS and the FECA to Pacific Hospital for spinal surgeries, other types of surgeries, and other medical services. The workers' compensation patients were not informed that the medical professionals had been offered kickbacks to induce them to refer the surgeries and other medical services to Pacific Hospital.
- c. The surgeries and other medical services were performed on the referred workers' compensation patients at Pacific Hospital.
- d. I2, or another distributor who was a coconspirator, purchased medical hardware from a manufacturer and sold it to Pacific Hospital for use in spinal surgeries.
- e. As defendant MARTIN and the other co-conspirators knew and intended, and as was reasonably foreseeable to them, in submitting claims for payment, Pacific Hospital made materially false and misleading statements to, and concealed material information from, SCIF and other workers' compensation insurance carriers, including that Pacific Hospital did not disclose to the insurance carriers that it had offered or paid kickbacks for the referral of the surgeries and other medical services for which it was submitting claims.
- f. The insurance carriers paid Pacific Hospital's claims, by mail or electronically.
- g. Defendant MARTIN and other co-conspirators solicited and caused others to pay kickbacks to the doctors,

chiropractors, workers' compensation and personal injury attorneys, other marketers, and others who had referred patients to Pacific Hospital for surgeries and other medical services. The kickback recipients included, among others, various surgeons, other doctors, chiropractors, other marketers, and attorneys.

- h. To conceal the nature of the kickback payments from both workers' compensation insurance carriers and patients, Drobot and his co-conspirators, through one of the companies Drobot owned and/or operated, entered into bogus contracts with the doctors, chiropractors, workers' compensation and personal injury attorneys, marketers, and others. The services discussed in those contracts were provided at highly inflated prices, if they were provided at all. In reality, the compensation paid was based on the number and type of surgeries and other medical services referred to Pacific Hospital. Defendant MARTIN helped Drobot and other co-conspirators to establish and maintain kickback relationships disguised under various agreements.
- i. For example, under a lease agreement, PSPM or Pacific Hospital would lease or sublease office space from a doctor, but use little or none of the space for their own activities. Similarly, under a management agreement, PSPM assumed financial responsibility for a doctor's office expenses and paid a doctor a fixed percentage of the total amounts collected from insurance for his services, in return for the right to keep the rest of those insurance proceeds as its purported management fee. However, PSPM typically lost money on these arrangements, because the amounts it paid the doctors were

more than the net insurance proceeds. In reality, the payments made to doctors under these agreements were rewards for referring patients to Pacific Hospital.

j. Defendant MARTIN and other co-conspirators kept records of the number of surgeries and other medical services performed at Pacific Hospital due to referrals from the kickback recipients, as well as amounts paid to the kickback recipients for those referrals. Periodically, Drobot and other co-conspirators amended the bogus contracts with the kickback recipients to increase or decrease the amount of agreed compensation described in the contracts, in order to match the amount of kickbacks paid or promised in return for referrals.

E. EFFECTS OF THE CONSPIRACY

- 11. Had SCIF and the other workers' compensation insurance carriers known the true facts regarding the payment of kickbacks for the referral of workers' compensation patients for surgeries and other medical services performed at Pacific Hospital, they would not have paid the claims or would have paid a lesser amount.
- 12. From in or around September 2010 to in or around February 2013, Pacific Hospital billed workers' compensation insurance carriers approximately \$255 million in claims for spinal surgeries that were the result of the payment of a kickback; and defendant MARTIN or other co-conspirators paid kickback recipients between approximately \$9.5 million and \$25 million in kickbacks relating to those claims.

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F. OVERT ACTS

13. On or about the following dates, in furtherance of the conspiracy and to accomplish the objects of the conspiracy, defendant MARTIN and other co-conspirators known and unknown to the United States Attorney, committed various overt acts within the Central District of California, including, but not limited to, the following:

Overt Act No. 1: On or about September 21, 2010, defendant MARTIN, on behalf of her company Orchid Medical Management, Inc. ("Orchid"), and Attorney A, on behalf of HealthSmart Corporate, entered into a contract under which HealthSmart Corporate would pay Orchid \$12,500 per month for consulting and business development services.

Overt Act No. 2: On or about December 15, 2010, defendant MARTIN sent to Drobot an email offering to introduce him to Chiropractor A, who was willing to enter into a management agreement with Drobot and refer patients to doctors chosen by Drobot, and also reporting that Doctor A had scheduled a spine surgery at Pacific Hospital.

Overt Act No. 3: On or about December 17, 2010, defendant MARTIN sent to Drobot an email offering to introduce him to Physical Therapist A, who managed surgeons' practices and who was willing to refer patients to Pacific Hospital for surgeries in return for payments.

Overt Act No. 4: On or about April 12, 2011, defendant sent to Attorney A an email forwarding a list of patients referred to Pacific Hospital by Doctor B, and suggesting that Drobot switch from paying doctors in advance for surgery

referrals to paying them only after they provided documentation that the referral took place.

Overt Act No. 5: On or about May 25, 2011, Drobot increased defendant MARTIN's monthly salary for her marketing services from \$12,500 per month to \$15,000 per month.

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