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DEPUTA

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

June 2017 Grand Jury

Case No. 18 CR 3 05 8 BAS

UNITED STATES OF AMERICA,

Plaintiff,

v.

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JOSERODEL ZAVALA CANDELARIO (1), JAMES WARD, JR. (2), ROBERT COHEN (3), ANTONY Y. LIM (4),

Defendants.

INDICTMENT

Title 18, U.S.C., Sec. 371 Conspiracy; Title 18, U.S.C.,
Sec. 1347 - Health Care Fraud;
Title 42, U.S.C., Sec. 1320a7b(b)(2) - Unlawful Remuneration;
Title 18, U.S.C., Sec. 2 - Aiding
and Abetting; Title 18, U.S.C.,
Secs. 982(a)(7), 981(a)(1)(C), and
Title 28, U.S.C., Sec. 2461(c) Criminal Forfeiture

The Grand Jury charges:

INTRODUCTORY ALLEGATIONS

At all times pertinent to this Indictment:

THE DEFENDANTS AND OTHER PARTICIPANTS

1. Defendant JOSERODEL ZAVALA CANDELARIO, (CANDELARIO), was a chiropractor licensed by the State of California Board of Chiropractic Examiners. CANDELARIO was the owner of Candelario Chiropractic, a Professional Corporation, and R.I.S.E. Medical Center, a Professional Corporation, dba R.I.S.E. Wellness Center ("RISE Wellness"), which operated multiple locations in the Southern District of California,

VHC:nlv:San Diego:6/27/18

including at 5030 Bonita Road, Suite B, in Bonita and at 3231 Waring Road, Suite N, in Oceanside.

- 2. Defendant JAMES WARD, JR., (WARD), was a licensed Physical Therapist ("PT") in the State of California. On June 20, 2014, the Physical Therapy Board of California issued a decision and disciplinary order against WARD, on the basis that WARD violated Section 2630 of the California Business and Professions Code, by simultaneously supervising two physical therapy aides while practicing physical therapy at West Coast Physical Therapy in 2008. WARD was publicly reproved and was required to pay \$3,000 in investigative costs. From approximately 2009 to 2016, WARD worked at RISE Wellness as a PT.
- 3. Defendant ROBERT COHEN, (COHEN), was a chiropractor licensed by the State of California Board of Chiropractic Examiners. From at least 2013 to 2016, COHEN worked at RISE Wellness as a chiropractor under the direction of CANDELARIO.
- 4. Defendant ANTONY Y. LIM, (LIM), was an acupuncturist licensed by the State of California Acupuncture Board. From 2003 to 2017, he worked at RISE Wellness as an acupuncturist under the direction of CANDELARIO. Sometime in 2016 or 2017, LIM took on some of the duties of an office manager at RISE Wellness.
- 5. Meriam Reyes (charged elsewhere) was a Tricare patient at RISE Wellness.
- 6. "R.M." was the Medical Director at RISE Wellness from approximately 2013 to 2016, who was, on paper, the owner of 51 percent of the shares of RISE Wellness.
- 7. "R.P." was the Physician Assistant ("PA") at RISE Wellness who worked under the supervision of R.M.

THE MEDICARE PROGRAM

- 8. The Medicare Program ("Medicare") was a federal health care benefit program, affecting commerce that provides benefits to individuals who are over the age of 65 or disabled. Medicare was 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).
- 9. When submitting a claim, a provider was required to certify, among other things, that the contents of the claim were true, correct, and complete, and that the claim was prepared in compliance with the laws and regulations governing Medicare.
- 10. Providers could submit claims electronically to Medicare for reimbursements. Payments were made via electronic funds transfer or via checks.
- 11. Medicare reimbursed a provider only for services that were actually performed and that were deemed "medically necessary."
- 12. Medicare did not cover acupuncture or massage therapy. Medicare only covered physical therapy provided by a licensed physical therapist.

THE TRICARE PROGRAM

13. The Tricare program ("Tricare") was the Department of Defense ("DoD") health care program for uniformed service members, both active duty and retired, and their families. Tricare was 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).

- 14. Tricare only reimbursed providers for services and procedures that were actually performed by an authorized licensed medical provider and deemed to be medically necessary.
- 15. Under Tricare rules, massage therapists, acupuncturists, physical therapy aides, and physical therapy assistants were not authorized providers, and Tricare would not reimburse for services by these individuals.
- 16. Tricare did not cover acupuncture, massage therapy, or chiropractic services.

PRACTICE OF MEDICINE IN CALIFORNIA

- 17. The California Medical Board prohibited the unlicensed practice of medicine, and required that any medical practice be owned at least 51 percent by a medical doctor. Another licensed professional, such as a chiropractor, could own the remaining 49 percent. According to the Medical Board, the non-physician owner could not do any of the following: "hire" the physician or other medical staff, determine what coding and billing to use, select the medical equipment and supplies, have authority over clinical decision making, recommend what diagnostic tests are appropriate, determine the need for referrals, or control the medical records.
- 18. Physicians, including doctors, surgeons, and chiropractors, owed a fiduciary duty to their patients. This duty required that physicians act in their patients' best interests, and not for their own professional, pecuniary, or personal gain. Under California law, a physician had a fiduciary duty to disclose all information material to the patient's decision, when soliciting a patient's consent to a medical procedure; such information included personal interests unrelated to the patient's health, whether research or economic, that might affect the

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physician's professional judgment. Accepting kickbacks, bribes, and referral fees without the patient's consent was a breach of a physician's fiduciary duty to his patient.

Count 1

CONSPIRACY (18 U.S.C. § 371)

[CANDELARIO, WARD, COHEN, LIM]

- 19. Paragraphs 1 through 18 of the Introductory Allegations of this Indictment are realleged and incorporated by reference.
- 20. Beginning on a date unknown and continuing up to and including at least July 2016, within the Southern District of California and elsewhere, defendants JOSERODEL ZAVALA CANDELARIO, (CANDELARIO), JAMES WARD, JR., (WARD), ROBERT COHEN, (COHEN), ANTONY Y. LIM, (LIM), and others, did knowingly and intentionally conspire to commit the following offenses against the United States:
- a. To knowingly and willfully, with the intent to defraud, execute a material scheme to defraud a health care benefit program (i.e. Tricare), and to obtain, by means of materially false and fraudulent pretenses, representations, promises, and omissions and concealments of material facts, money and property owned by, and under the custody and control of, Tricare, in connection with the delivery of and payment for health care benefits, items, and services, in violation of 18 U.S.C. § 1347;
- b. To knowingly and willfully, with the intent to defraud, execute a material scheme to defraud a health care benefit program (i.e. Medicare), and to obtain, by means of materially false and fraudulent pretenses, representations, promises, and omissions and concealments of material facts, money and property owned by, and under the custody and control of, Medicare, in connection with the delivery of and payment for

health care benefits, items, and services, in violation of 18 U.S.C. § 1347;

- c. To knowingly and willfully offer to pay and pay remuneration directly and indirectly, overtly and covertly, in cash and in kind to any person to induce such person to purchase any good for which payment may be made in whole and in part under a Federal health care program, namely, Tricare and Medicare, in violation of 42 U.S.C. § 1320a-7b(b)(2)(B); and
- d. To knowingly and with the intent to defraud, execute a material scheme to defraud and to deprive patients of the intangible right to their physicians' honest services, in violation of Title 18, United States Code, Sections 1343 and 1346.

PURPOSE OF THE CONSPIRACY

21. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things, submitting and causing the submission of false and fraudulent claims to Medicare and Tricare, by billing for services provided by unauthorized individuals, billing for services not provided by the rendering provider, and billing for services due to meet internal quotas and not because the services were medically necessary for the treatment of the patients.

MANNER AND MEANS OF THE CONSPIRACY

- 22. The co-conspirators sought to accomplish the objects of the conspiracy using the following manners and means:
 - a. It was a part of the scheme that CANDELARIO and his coconspirators told patients they offered an "integrated" approach to wellness, to convince patients to accept physical therapy, acupuncture, chiropractic, and diagnostic services

- at RISE Wellness, in order to fraudulently bill for non-covered services provided by unauthorized individuals, and collect as much money as possible from health care benefit programs.
- b. It was a part of the scheme that CANDELARIO and the coconspirators specifically targeted Tricare beneficiaries as
 patients, despite knowing that Tricare did not cover many of
 the services rendered by providers at RISE Wellness, and so
 they also knew that the services would have to be
 mischaracterized in bills to Tricare.
- c. It was a part of the scheme that the co-conspirators offered diagnostic tests to every patient, regardless of medical necessity, to increase billing and payment.
- d. It was a part of the scheme that the co-conspirators, to increase billing and payment, fraudulently billed Medicare and Tricare for therapy services conducted by non-therapists who were unsupervised.
- e. It was a part of the scheme that CANDELARIO demanded, and coconspirators agreed, to meet quotas for the minimum number of diagnostic tests, purchases of Durable Medical Equipment ("DME"), massages and other services, regardless of whether specific patients needed the items and services.
- f. It was a part of the scheme that CANDELARIO demanded, and coconspirators agreed, to meet quotas for the minimum number of
 patients with specific types of insurance coverage at RISE
 Wellness, e.g., "60 Tricare patients per day," regardless of
 whether those patients needed treatments.

- g. It was a part of the scheme that, to recruit and retain patients, the co-conspirators offered and paid kickbacks, incentives, and other remuneration, including free massages and waivers of co-pays, to patients to induce them to obtain more services at RISE Wellness.
- h. It was a part of the scheme that the co-conspirators concocted generic reasons to explain why each diagnostic test should be conducted on each patient, without specific assessment of the medical needs for each patient.
- i. It was a part of the scheme that the co-conspirators, knowing that Tricare and Medicare did not pay for acupuncture services, mischaracterized acupuncture as physical therapy in bills submitted to Tricare and Medicare.
- j. It was a part of the scheme that the co-conspirators, knowing that Tricare did not pay for chiropractic services, mischaracterized chiropractic services as physical therapy in bills submitted to Tricare.
- k. It was a part of the scheme that the co-conspirators, knowing that Tricare and Medicare did not pay for massages, mischaracterized massages as physical therapy in bills submitted to Tricare and Medicare.
- 1. It was a part of the conspiracy that the co-conspirators discussed using therapy Current Procedural Terminology ("CPT") codes to bill Tricare and Medicare for acupuncture, chiropractic, and massage, knowing that Tricare and Medicare would not pay if the accurate CPT codes were used.
- m. It was a part of the conspiracy that the co-conspirators billed therapy codes to Tricare and Medicare under WARD's

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provider number, although WARD did not render the therapy service, knowing that Tricare and Medicare would not pay if the true rendering individual were known.

- n. It was a part of the scheme that, to avoid rules against the corporate practice of medicine, CANDELARIO hired R.M. and induced him to sign a Medical Directorship agreement providing that R.M. was the 51 percent owner of RISE Wellness, and, among other duties, that R.M. would review and approve the billing codes to be used for the procedures and services provided, even though neither CANDELARIO nor R.M. expected R.M. to do so, and R.M. did not, in fact, do so.
- o. It was a part of the scheme that CANDELARIO used R.M.'s billing provider number, to bill for services that were not provided by R.M. nor under his supervision.
- p. It was a part of the scheme that the co-conspirators would change the diagnostic code on a bill to make the service reimbursable, without consulting with the medical staffer who had selected the diagnosis.
- q. It was a part of the scheme that, when R.P. did not agree that a diagnostic test or service was medically necessary, CANDELARIO diverted patients away from R.P. and instead turned to co-conspirators, including WARD, and COHEN, to generate the referral or prescription for the test.
- r. It was part of the scheme that, to increase billing and payment, the co-conspirators would schedule as many as 50 patients per day for each provider.
- s. It was part of the scheme that CANDELARIO set billing targets for each patient of as much as \$14,000, and pushed the co-

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- conspirators and other staff at RISE Wellness to increase billing and payment to reach these targets.
- t. It was part of the scheme that the co-conspirators would fire or marginalize staff who disagreed with CANDELARIO's efforts to prescribe, recommend, provide, or bill in a manner primarily intended to increase the billing and payment to RISE Wellness, and contrary to Medicare and Tricare rules and the medical need of the patients.
- u. It was part of the scheme that, to increase billing and payment, the co-conspirators directed the billing staff to "pre-bill," that is, to prepare bills prior to appointment.
- v. It was part of the scheme that if the patient failed to show up for an appointment, co-conspirators directed staff to bill the health care benefit program for the visit, even though no visit had occurred and no service had been provided.
- w. It was part of the scheme that co-conspirators discussed what false statements to make to law enforcement if they were questioned about the practices at RISE Medical.
- x. It was part of the scheme that, using the mean and manners described above, and others, the co-conspirators submitted and caused to be submitted over \$23.8 million in false and fraudulent bills to Tricare, and over \$9.3 million in false and fraudulent bills to Medicare.

OVERT ACTS

In furtherance of the conspiracy and to effect and accomplish the objects thereof, the following overt acts, among others, were committed within the Southern District of California, and elsewhere:

- a. In or about November 2012, CANDELARIO interviewed and hired R.M., representing that all R.M. would have to do at RISE Wellness was to supervise the PA.
- b. On or about November 27, 2012, CANDELARIO and WARD met to discuss the PT department, and documented certain financial goals of the conspiracy, including "PT visit goals is for 3 PT visits per week (2PT + 1 massage therapy) for all appropriate PT patients," and that the "revenue goal for PT + PT Massage patients: \$2,000,000."
- c. On or about February 12, 2013, CANDELARIO discussed with staff that "Massage is one of our biggest reasons for our patient satisfaction, patient retention, and new patient recruitment . . . coupled with not offering to pay deductibles and copays," and explained that "[f]or massage therapy, we bill as Myofascial release that can be justified per other CPT codes as well"
- d. On or about October 24, 2013, CANDELARIO told the PA, "I want Joseph to start . . . testing every day on all patients who have pain and then xray...I need you at the end to sign off on each test they perform."
- e. On or about April 28, 2014, when the PA expressed the concern that RISE Wellness should not be giving certain tests if they did not have the capacity to treat any resulting disorders revealed by the test, CANDELARIO overruled the PA, saying: "We can't discontinue these tests. Remember in our last meeting w/ [R.M.] we discussed this . . . You just need to refer them"

- f. On or about May 5, 2014 CANDELARIO sent a text message to his staff regarding the expected quota of patients with certain benefits: "Goal 8 medicare/tricare plus 8 wc [Workers' Compensation] a day let's get it."
- g. On or about May 20, 2014, a staff member emailed CANDELARIO and others: "I currently am scheduling tricare patients for physical therapy, massage, sleep, and [R.P.] once a month as of now."
- h. On or about June 6, 2014, CANDELARIO instructed a staff member, "Joseph I need you to do 5 axonii [diagnostic tests] a day no matter what for now on."
- i. On or about June 6, 2014, CANDELARIO sent a text message instructing the billers as follows: "I also want the cancelations and reschedule and missed appointments billed and caught up."
- j. On or about June 12, 2014, CANDELARIO sent an email instructing a biller to falsely "bill massage under [R.P.] . . . Bill chiro under medicare cohen. Bill tricare chiro under james [WARD]."
- k. On or about June 23, 2014, CANDELARIO, WARD, and COHEN billed and caused to be billed to Tricare under WARD's billing number services rendered that day by COHEN and other unauthorized individuals, misrepresenting the services as physical therapy, in order to induce Tricare to pay.
- 1. On or about July 7, 2014, CANDELARIO texted, "OK team you are receiving 2 new diagnostic testing devices this month. I need 20 patients to be tested on each one this month no matter What [sic]."

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- m. On or about July 22, 2014, CANDELARIO texted his staff, "The ultrasound osteoporosis diagnostic machine will be arriving this week. Please refer all women over age of 40 for this test then for therapy on the vibration plate."
- n. In or about July 2014, WARD and CANDELARIO signed letters informing patients about RISE Wellness' "no fault system" of scheduling appointments, which included the notification that RISE Wellness would "[bill] the original visit. . . to offset the reserved time that we put aside for your care."
- o. On or about August 18, 2014, CANDELARIO directed that an employee "have the rubber stamp signatures scanned and emailed," and attached a scan of R.M.'s signature.
- p. On or about September 4, 2014, CANDELARIO and WARD billed and caused to be billed to Tricare and Medicare under WARD's billing number services rendered that day by unsupervised and unauthorized individuals, misrepresenting the services as physical therapy, in order to induce payment from those benefit programs.
- q. No later than September 4, 2014, the main page on the website for RISE Wellness (http://risewellnesscenter.com) featured a photograph of an individual in a military uniform, saluting, with the message, "Supporting spinal health . . . You've only got one spine. Take great care of it with supportive chiropractic care," even though Tricare, the DoD health care program for uniformed service members, did not cover chiropractic treatment.
- r. On or about October 23, 2014, CANDELARIO and WARD billed and caused to be billed to Tricare and Medicare under WARD's

- billing number services rendered that day by unsupervised and unauthorized individuals, misrepresenting the services as physical therapy, in order to induce payment from those benefit programs.
- s. On or about January 6, 2015, COHEN informed CANDELARIO about how "[I] pluck people out of the lobby. . . [that] I've never seen, establishing rapport, educating them about us and our goal for them."
- t. On or about February 27, 2015, CANDELARIO instructed the X-ray technician, "The goal is that we need . . .to exceed the average total of 2 body parts for xrays and 3 dx [diagnostic] texts [sic] for our patient population. . .Then for each patient mark in your spreadsheet what missing xray or dx test you will perform so that each patient fulfills the requirement."
- u. On or about March 3, 2015, COHEN instructed a fellow chiropractor at RISE Wellness to misrepresent her chiropractic services by using therapy CPT codes, explaining, "Tricare uses a maximum of 3 cpt codes: use 97140 for Chiro, not 989 codes ever," even though the 989 codes accurately described the chiropractic service provided, in order to induce Tricare to pay for the non-covered chiropractic treatment.
- v. On or about March 9, 2015, CANDELARIO wrote, about late reimbursements, that "the only solution is to start billing the missed appointments like i asked following the system."
- w. On or about April 1, 2015, CANDELARIO, WARD, COHEN and LIM billed and caused to be billed to Tricare under WARD's billing number services rendered that day by COHEN and LIM and other

unauthorized individuals, misrepresenting the services as physical therapy, in order to induce Tricare to pay.

- x. On or about April 3, 2015, CANDELARIO emailed the X-ray technician, "Just remember in the dx tests the total of them all must net out at 2k. You will have to add an additional 1 or 2 dx tests to meet this goal. Xray net goal \$800."
- y. On or about June 4, 2015, CANDELARIO and WARD billed and caused to be billed to Tricare under WARD's billing number services rendered by unsupervised and unauthorized individuals, misrepresenting the services as physical therapy, in order to induce Tricare to pay.
- z. On June 11, 2015, CANDELARIO observed certain "front desk issues" including: "No[one] has called any patients to fill empty slots in provider schedules or grab patients in lobbies to put into provider schedules."
- aa. On or about July 15, 2015, COHEN emailed CANDELARIO reminding him that COHEN had trained other chiropractors on how to prepare their notes, and complained that another chiropractor only treated 12 patients in a day, while COHEN saw over 40.
- bb. On or about July 15, 2015, COHEN complained to CANDELARIO,
 "I'm charged with seeing 50 people per day. If I don't go
 into the lobby and pull patients and tell the girls to add
 them to my schedule, then I won't hit that number . . . "
- cc. On or about July 29, 2015, CANDELARIO sent a link to billing employees, ordering, "Read this so that you understand that xpress claims will allow us to bill on the spot before service is performed and print out a patient summary receipt . . . If you do it right we get paid from 24 hours to less than 5 days.

Have every[one] read this so no one can say Dr. Jose trained me wrong."

- dd. On or about October 1, 2015, CANDELARIO instructed that the chiropractors were "not allowed to treat" patients unless they first prescribed X-rays and three other diagnostic tests, plus DME.
- ee. On or about October 1, 2015, COHEN promised CANDELARIO,

 "you'll get all the referrals you want. I'll put those
 referrals in the notes . . . So get ready, I'm going to bring
 every patient to you."
- ff. On or about October 13, 2015, CANDELARIO stated: "From now on all patients will be charged for their copays . . . in return they will receive complimentary services such as one hour massages, chiropractic adjustments, [or] acupuncture."
- gg. On or about October 17, 2015, when interviewing new PTs to hire, WARD suggested rejecting one candidate because she was too "by the book," explaining that "[m]ost PT's like this would think that our treatment model is illegal and fraud (Just like the last PT we interviewed did). We need to stay away from PT's who are going to speed dial the [PT Board]."
- hh. On October 19, 2015, CANDELARIO ordered, "Do not give patients [to R.P.] anymore have them go to [COHEN] first."
- ii. On or about October 19, 2015, CANDELARIO informed COHEN, "I am finding it very difficult what needs we have [to retain the PA] moving forward."
- jj. On or about October 21, 2015, CANDELARIO sent a text message to staff saying, "I'll say it again. . . Because a lot of what we do as chiropractors we can't bill on our own so I collected

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professions that can bill for it under one roof to give the patient better results and the business a better chance of survival."

- kk. On or about October 30, 2015, CANDELARIO, WARD, and COHEN fired R.P., who had resisted CANDELARIO's directions on billing and treatment.
- 11. On or about November 2, 2015, CANDELARIO reminded WARD and LIM that "Jocelyn knows the quotas for each department and what they need to produce a day . . . These departments depend on [you] the Doctors in the clinic to refer to them daily."
- mm. On or about March 17, 2016, staff meeting notes were emailed to CANDELARIO, WARD, and LIM regarding a meeting that took place on March 16, including the following entry for Chiro: "Billing units 2-2-1 across the board for Tricare, Tricare for life, Medicare, VA," referencing the set of therapy CPT codes that were used to bill chiropractic treatment to Tricare, which did not cover chiropractic treatments.
- nn. On or about April 11, 2016, CANDELARIO told WARD, LIM, and others that he wanted all departments "[t]o be PRE scheduled starting tomorrow . . . with the minimum requirements for that day and going forward. . . . Bottom line every department must have a schedule of appointments that are filled for each day PRE pared," and noting that he would meet with WARD the following day to review each department.

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

Counts 2-23

HEALTH CARE FRAUD (18 U.S.C. §§ 1347 AND 2)

[CANDELARIO, WARD, COHEN, LIM]

- 24. Paragraphs 1 through 18 of the Introductory Allegations of this Indictment are realleged and incorporated by reference.
- 25. Beginning on a date unknown and continuing up to and including at least July 2016, within the Southern District of California and elsewhere, defendants JOSERODEL ZAVALA CANDELARIO, (CANDELARIO), JAMES WARD, JR., (WARD), ROBERT COHEN, (COHEN), and ANTONY Y. LIM, (LIM), in connection with the delivery of and payment for health care benefits, items, and services, knowingly and willfully devised and intended to devise a material scheme and artifice to defraud healthcare benefit programs, that is, Tricare and Medicare, and to obtain money from Tricare and Medicare by means of materially false and fraudulent pretenses, representations, promises, and omissions and concealment of material facts.

THE SCHEME TO DEFRAUD

26. The fraudulent scheme operated, in substance, in the manner described in Paragraphs 22-23 of this Indictment, which are realleged and incorporated by reference as though fully set forth herein.

ACTS IN EXECUTION OF THE SCHEME

27. On about the dates set forth below, within the Southern District of California and elsewhere, the referenced defendants and others knowingly and willfully executed the scheme to defraud described above, by submitting and causing to be submitted to the referenced health care benefit program, the following false and fraudulent claims for reimbursement for medical testing and services, each containing the false and fraudulent representation that WARD had rendered the services:

Count	Date	Defendant	Insurer	Patient	Claim Amount
2	6/23/14	CANDELARIO WARD COHEN	TRICARE	Carlos A.	\$610.00
3	6/23/14	CANDELARIO WARD COHEN	TRICARE	Jeannie A.	\$550.00
4	6/23/14	CANDELARIO WARD COHEN	TRICARE	Palar C.	\$670.00
5	6/23/14	CANDELARIO WARD COHEN	TRICARE	Jimmy D.	\$660.00
6	6/23/14	CANDELARIO WARD COHEN	TRICARE	Carmelita F.	\$610.00
7	9/4/14	CANDELARIO WARD	TRICARE	Dina A.	\$440.00
8	9/4/14	CANDELARIO WARD	MEDICARE	Virginia C.	\$300.00
9	9/4/14	CANDELARIO WARD	MEDICARE	Jose G.	\$240.00
10	10/23/14	CANDELARIO WARD	TRICARE	Herminia L.	\$430.00
11	10/23/14	CANDELARIO WARD	TRICARE	Nestor C.	\$430.00
12	10/23/14	CANDELARIO WARD	MEDICARE	Jose G.	\$120.00
13	10/23/14	CANDELARIO WARD	MEDICARE	Shirley T.	\$430.00
14	1/23/15	CANDELARIO WARD COHEN	TRICARE	Myron P.	\$560.00
15	3/13/15	CANDELARIO WARD COHEN LIM	TRICARE	Reynaldo B.	\$720.00
16	3/13/15	CANDELARIO WARD COHEN LIM	TRICARE	Merly C.	\$750.00
17	3/13/15	CANDELARIO WARD COHEN	TRICARE	Marirose A.	\$620.00

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Count	Date	Defendant	Insurer	Patient	Claim Amount
18	4/1/15	CANDELARIO WARD LIM	TRICARE	Weldon R.	\$690.00
19	6/4/15	CANDELARIO WARD	TRICARE	Maria C.	\$400.00
20	6/4/15	CANDELARIO WARD	TRICARE	Henry A.	\$360.00
21	6/4/15	CANDELARIO WARD	TRICARE	Sunty L.	\$280.00
22	6/4/15	CANDELARIO WARD	MEDICARE	Nenita N.	\$490.00

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

Counts 24-33

Payment of Illegal Remuneration (42 U.S.C. § 1320a-7b(b)(2)) [CANDELARIO]

- 28. Paragraphs 1 through 18 of the Introductory Allegations of this Indictment are realleged and incorporated by reference.
- 29. On or about the dates below, in the Southern District of California, defendant JOSERODEL ZAVALA CANDELARIO, did knowingly and willfully offer to pay and did pay remuneration directly and indirectly, overtly and covertly, in cash and in kind to Meriam Reyes (charged elsewhere), to induce her to refer individuals to RISE Wellness and CANDELARIO for the furnishing and arranging for the furnishing of benefits, items, and services, payment for which was made in whole and in part under a federal health care program, namely, TRICARE, each payment constituting a separate count:

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Count	Date	Check No.	Amount
	6/5/13	318	\$1,000.00
	11/19/13	1040	\$1,100.00
	12/23/13	1126	\$1,350.00
	2/6/14	1505	\$1,500.00
	3/25/14	1595	\$1,500.00
	5/1/14	1655	\$1,500.00
	6/4/14	1721	\$1,500.00
	7/25/14	1801	\$1,500.00
	2/23/15	1272	\$1,500.00
	4/6/15	1331	\$1,500.00
	5/1/15	1362	\$1,500.00
	6/24/15	1450	\$1,500.00
	8/4/15	1583	\$1,500.00

All in violation of Title 42, United States Code, Section 1320a-7b(b)(2).

CRIMINAL FORFEITURE

- 30. Paragraphs 1 through 29 of this Indictment are realleged and incorporated as if fully set forth herein for the purpose of alleging forfeiture.
- 31. Upon conviction of the offenses in Counts 1 through 33, defendants JOSERODEL ZAVALA CANDELARIO, JAMES WARD, JR., ROBERT COHEN, and ANTONY Y. LIM, pursuant to Title 18, United States Code, Section 982(a)(7), shall forfeit to the United States all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such offenses. The property to be forfeited includes, but is not limited to:
 - i. the real property located at 3231 Waring Court, Suite N, Oceanside, California, 92056, legally described as:

Assessor's Parcel No. 166-560-23-48
Real property in the City of Oceanside, County of San Diego, State of California, described as follows:
A CONDOMINIUM COMPRISED OF:

1 PARCEL 1: AN UNDIVIDED 1.254% INTEREST IN AND TO PARCELS 1,2 AND 3, IN THE 2 CITY OF OCEANSIDE, COUNTY OF SAN DIEGO, STATE OF CLIFORNIA, AS SHOWN ON PARCEL MAP NO. 12486, FILED IN THE OFFICE OF THE COUNTY RECORDER 3 OF SAN DIEGO COUNTY, DECEMBER 20, 1982. EXCEPTING THEREFROM THE FOLLOWING; 4 UNITS 1 THROUGH 52, INCLUSIVE, AS SHOWN AND DEFINED UPON SUPERSEDING CONDOMINIUM PLAN OF TRI-CITY MEDICAL PARK, RECORDED MAY 1, 1987 AS 5 INSTRUMENT NO. 87-240089 OF OFFICIAL RECORDS, SAN DIEGO COUNTY, CALIFORNIA. 6 ALSO EXCEPTING THEREFROM ONE-HALF OF ALL OIL, GAS AND MINERALS WHICH MAY BE REMOVED FRON UNDER OR TAKEN AWAY FROM SAID LAND IN ANY 7 FASHION LYING WITHIN LOTS 2 AND 3 OF TRI-CITY MEDICAL PARK, IN THE CITY OF OCEANSIDE, COUNTY OF SAN DIEGO, STATE OF CALIFORNIA, 8 ACCORDING TO MAP THEREOF NO.6122, FILED IN THE OFFICE OF THE COUNTY RECORDER ON JUNE 10, 1968. DISTRICT SHALL HAVE NO RIGHT TO RE-ENTER 9 THE PREMISES IN CONNECTION WITH THIS GRANT AND IT SHALL NOT HAVE ANY RIGHT TO RDEMAND OR INSIST UPON OR IN ANY WAY REQUIRE THE 10 REMOVAL OF SAID SUBSTANCES. IT SHALL BE ENTITLED ONLY TO ONE-HALF OF SAID OIL, GAS AND MINERALS AFTER THEY HAVE BEEN REMOVED FROM 11 SAID PREMISES, AS RESERVED BY VISTA IRRIGATION DISTRICT IN DEED RECORDED OCTOBER 8, 1968 AS ISNTRUMENT NO. 175483 OF OFFICIAL 12 RECORDS. 13 PARCEL 2: UNIT NO. 48 AS SHOWN UPON SAID CONDOMINIUM PLAN ABOVE REFERRED TO. 14 Owner of Record: Rise Investments, LLC, a Wyoming 15 Limited Liability Company, and 16 ii. A money judgment equal to the amount of gross proceeds 17 traceable to the commission of the offenses. 18 If any of the above described forfeitable property, as a result 19 of any act or omission of defendants: 20 (a) cannot be located upon the exercise of due diligence; 21 (b) has been transferred or sold to, or deposited with, a 22 third party; 23 (c) has been placed beyond the jurisdiction of the Court; 24 (d) has been substantially diminished in value; or 25 (e) has been commingled with other property which cannot be 26 divided without difficulty;

27

it is the intent of the United States, pursuant to Title 18, United States Code, Section 982(b) and Title 28, United States Code, Section 2461(c), to seek forfeiture of any other property of defendants up to the value of the forfeitable property described above.

All pursuant to Title 18, United States Code, Section 982(a)(7), Title 18, United States Code, Section 981(a)(1)(C), and Title 28, United States Code, Section 2461(c).

DATED: June 27, 2018.

14 By:

Assistant U.S. Attorney

ADAM L. BRAVERMAN

United States Attorney