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11 UNITED STATES DISTRICT COURT  
 12 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
 13 CENTRAL DIVISION

14 UNITED STATES OF AMERICA AND  
 STATE OF CALIFORNIA *ex rel.*  
 15 EMILY ROE,  
 16 Plaintiffs,  
 17 v.  
 18 STANFORD HEALTHCARE BILLING  
 OFFICE, *et al.*,  
 19 Defendants.

No. CV 17-08726-DSF-AFMx  
 STATEMENT OF INTEREST OF THE  
 UNITED STATES REGARDING  
 DEFENDANTS' MOTION TO DISMISS  
 Date: July 13, 2020  
 Time: 1:30 p.m.  
 Ctrm.: 7D (350 W. 1st Street)

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1 **I. INTRODUCTION**

2 The United States, the real party in interest in this action, files this Statement of  
3 Interest (“SOI”) pursuant to 28 U.S.C. § 517<sup>1</sup> for the purpose of responding to certain  
4 arguments made by the Defendants in their “Memorandum of Points and Authorities in  
5 Support of Motion to Dismiss Second Amended Complaint” (Dkt. 63-1 (the “Motion”)).  
6 The Motion seeks the dismissal of Relator’s Second Amended Complaint (“SAC”),  
7 which she filed pursuant to the *qui tam* provisions of the False Claims Act (“FCA”), 31  
8 U.S.C. § 3730.

9 While the United States has declined to intervene in this FCA case, it remains the  
10 real party in interest, entitled to the majority of any damages and penalties that may be  
11 recovered on its behalf. 31 U.S.C. § 3730(d). Moreover, the FCA is the primary tool in  
12 the United States’ ongoing effort to combat fraud affecting the public fisc. *See, e.g.,*  
13 *United States ex rel. Kelly v. Boeing Co.*, 9 F.3d 743, 745 (9th Cir. 1993). Thus, the  
14 United States has a substantial interest concerning the legal contentions advanced in  
15 connection with Defendants’ Motion, as the Court’s rulings with respect to such  
16 contentions may impact both this case in particular and the development of FCA law  
17 more generally.

18 The United States files this SOI for the limited purpose of clarifying what is  
19 required to allege falsity under the FCA; the import of Medicare billing guidance in FCA  
20 cases; the effect of an agreement by Defendants to follow Medicare rules; and the effect  
21 of the government’s continued payment of claims that Defendants submitted. The United  
22 States is not taking a position on any arguments or issues raised in connection with the  
23 Motion other than what is addressed in this SOI. In addition, the United States takes no  
24 position on the overall merits of Defendants’ Motion or the sufficiency of the allegations  
25 in Relator’s Second Amended Complaint. .

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27 <sup>1</sup> 28 U.S.C. § 517 authorizes the Attorney General “to attend to the interests of the  
28 United States in a suit pending in a court of the United States, or in a court of a State, or  
to attend to any other interest of the United States.”

1 **II. FALSITY AND SCIENTER ARE SEPARATE ELEMENTS OF AN FCA**  
2 **VIOLATION.**

3 Defendants assert that under *United States ex rel. Hendow v. Univ. of Phoenix*,  
4 461 F.3d 1166 (9th Cir. 2006), “[t]o allege falsity under the FCA, a relator must allege ‘a  
5 palpably false statement, known to be a lie when it is made.’” Motion at p. 13:21-22  
6 (*quoting Hendow*, 461 F.3d at 1172). This assertion is based on Defendants’ confusion  
7 of the FCA’s requirement of falsity with its separate requirement of scienter. *United*  
8 *States ex rel. Druding v. Care Alternatives*, 952 F.3d 89, 96 (3d Cir. 2020) (“separate”  
9 elements of scienter and falsity should not be “conflate[ed].”); *United States ex rel.*  
10 *Ormsby v. Sutter Health*, \_\_\_ F.Supp.3d \_\_\_, No. 1-cv-01052-LB, 2020 WL 1590521 at  
11 \*48 n.465 (N.D. Cal. March 3, 2020) (FCA “separately imposes a scienter requirement .  
12 . . .”). The Ninth Circuit has repeatedly held that a claim can be false under the FCA  
13 when a party fails to comply with applicable statutory or regulatory requirements. *See*,  
14 *e.g.*, *Hendow*, 461 F.3d at 1171 (a claim under the FCA “can be false where a party  
15 merely falsely certifies compliance with a statute or regulation as a condition to  
16 government payment”); *United States ex rel. Winter v. Gardens Reg’l Hosp. & Med.*  
17 *Center, Inc.*, 953 F.3d 1108, 1118 (9th Cir. 2020) (holding that a claim that “fails to  
18 comply with . . . regulatory requirements” is false)(citation omitted). The Ninth Circuit  
19 has also made clear that “after alleging a false statement, a plaintiff must still establish  
20 scienter.” *Id.* Thus, contrary to Defendants’ assertion, the FCA’s falsity requirement is  
21 separate and distinct from its scienter requirement. A plaintiff is required to allege each  
22 element, and is not required to allege knowledge or intent in order to properly plead  
23 falsity.

24 **III. MEDICARE BILLING GUIDANCE MAY BE RELEVANT FOR**  
25 **ESTABLISHING FCA VIOLATIONS.**

26 Defendants assert that “Medicare billing guidance alone cannot be the basis of an  
27 FCA action.” Motion at p. 14 n.7 (citing *Azar v. Allina Health Servs.*, 139 S. Ct. 1804,  
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1 1808 (2019)). Although Defendants cite *Allina* as support for this assertion, it is  
2 important to note that *Allina* was not an FCA case and does not say anything about what  
3 is necessary for an FCA action to proceed. The question in an FCA case is whether the  
4 defendant knowingly submitted a false claim that was material. Regarding the element  
5 of falsity, a claim may be false because (among other possible avenues for establishing  
6 falsity) the provider failed to comply with a legally binding obligation, which typically  
7 arises from a statute, regulation or contractual relationship. Guidance documents, which  
8 themselves may not be binding, may nonetheless serve as probative evidence that a party  
9 has satisfied, or failed to satisfy, professional or industry standards or practices relating  
10 to applicable statutory or regulatory requirements.

11 For example, in the healthcare context, guidance documents such as Medicare  
12 billing guidance can be relevant evidence of violations of a regulation or of the  
13 fundamental statutory requirement that procedures billed to Medicare or Medicaid be  
14 medically “reasonable and necessary.” Such usage does not give these guidance  
15 documents the force of law, but rather aids in demonstrating that the standards in the  
16 relevant statutory and regulatory requirements have been or have not been satisfied. For  
17 example, FCA liability may be based on a defendant’s objectively unreasonable  
18 interpretation of a regulation in the face of “authoritative agency guidance.” *Ormsby*,  
19 *supra*, 2020 WL 1590521 at \*42. Further, the government or a relator may cite a  
20 guidance document where a defendant’s compliance, or failure to comply, with the  
21 agency guidance is itself relevant to the claims at issue. For example, when a provider  
22 falsely certifies compliance with a guidance document, and the certification is material to  
23 an agency’s payment decision, the false certification to obtain a payment may be offered  
24 to establish the elements of falsity, materiality, and scienter.

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1 **IV. THE COURT SHOULD REJECT DEFENDANTS’ ASSERTION**  
2 **REGARDING THE EFFECT OF THE GOVERNMENT’S CONTINUED**  
3 **PAYMENT OF CLAIMS THEY SUBMITTED.**

4 Defendants assert that, assuming the truth of the Relator’s allegations regarding  
5 the falsity of their claims, nevertheless the claims were not material because the  
6 government had “information about th[e] claims” and continued to pay them. Motion at  
7 p. 15 n.9. Defendants do not specify what information the government allegedly  
8 possessed, but elsewhere in their motion they refer to an earlier FCA complaint against  
9 the Defendants that a different relator filed in the Northern District of California.  
10 Motion at p. 7-8.

11 Defendants are conflating the government’s knowledge of *allegations* that legal  
12 requirements have been violated (which the government may potentially obtain through  
13 a *qui tam* complaint or other sources) with government knowledge that violations have  
14 actually occurred. In *Universal Health Servs., Inc. v. United States ex rel. Escobar*, 136  
15 S. Ct. 1989 (2016), the Supreme Court identified government payments made with  
16 “actual knowledge that certain requirements were violated” as a circumstance tending to  
17 disprove materiality (but even then not necessarily dispositive).<sup>2</sup> *Id.* at 2003. But it did  
18 not suggest that awareness of mere allegations has the same significance. As the First  
19 Circuit observed on remand from the Supreme Court’s decision in *Escobar*, “mere  
20 awareness of allegations concerning noncompliance with regulations is different from  
21 knowledge of actual noncompliance.” *United States ex rel. Escobar v. Universal Health*  
22 *Servs., Inc.*, 842 F.3d 103, 112 (2016); accord *United States ex rel. Rahimi v. Rite Aid*  
23 *Corp.*, No. 11-cv-11940, 2019 WL 1426333 at \*8 (E.D. Mich. March 30, 2019).

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25 <sup>2</sup> For example, in *United States ex rel. Campie v. Gilead Sciences, Inc.*, 862 F.3d  
26 890 (9th Cir. 2017), the court rejected an argument that “because the government  
27 continued to pay for [the defendant drug company’s] medications after it knew of the  
28 FDA violations, those violations were not material to its payment decision.” *Id.* at 906.  
The court instead stated that “[r]elators and the United States persuasively argue . . . that  
to read too much into the FDA’s continued approval—and its effect on the government’s  
payment decision—would be a mistake.” *Id.*

1 **V. CONCLUSION**

2 For the foregoing reasons, the United States respectfully suggests that the Court  
3 should reject Defendants’ assertions addressed in this statement of interest. The United  
4 States takes no position on other arguments made. In addition, the United States asks  
5 that if the Court dismisses Relator’s First Amended Complaint because it is inadequately  
6 plead, it make such dismissal without prejudice to the United States.

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8 Dated: May 29, 2020

Respectfully submitted,  
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13  
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