

BOTWAVE BOOKS · WORK IN  
PROGRESS

# Pacific Palliative

*An Albert Gringeau Thriller*  
— *Book Two*

Al Gringo

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Full manuscript: <https://zombie760.github.io/books>

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**THE EOB Writing the  
chapter now. — \$847.00.  
Per day. Per patient.  
Medicare hospice rate,  
San Diego county rate  
cell, calendar year 2023.  
Al stared at the number.  
The lantern threw flat  
white light across the  
exhibit. Storage unit,  
National City. Folding  
stool. Accordion folders  
stacked to mid-chest.  
Eleven-fifteen on a**

**Tuesday night in March.  
He'd been here since  
nine. Exhibit 14-C.  
Southern District qui  
tam, filed under seal.  
He'd pulled it through  
Miguel's PACER account  
two nights ago. Routine  
scan. Pacific Palliative  
Partners LLC had come  
up cross-referenced in a  
footnote to the Larch  
matter — same OIG  
billing region, same  
fiscal intermediary**

**code. He'd printed it,  
filed it in the Meridian  
folder. Hadn't touched it  
until tonight. He read  
the line again. 340  
enrolled patients.  
Current. He did the  
math. He always did the  
math. 340 times 847  
times 365. The number  
came to \$105,131,300.  
Per year. One company.  
He set the exhibit on his  
knee and looked at the  
wall. Someone else's**

**furniture against the corrugated metal. A water heater. Two car seats still boxed. The lantern hummed. Main Street was quiet. He could smell the bay if the wind was right. He picked the exhibit back up. The facility address in the CMS data was 1247 Main Avenue, Suite C, Chula Vista, California 91911. He knew that block. He'd**

**grown up two point one miles from it — over on L Street, then the place on Palomar, then wherever his mother could make the rent. He could see 1247 Main without trying. Strip mall. A nail salon. A tax preparer that opened and closed seasonally. The cell phone accessories place that had been a payday loan, then a smoke shop, then**

**a check cashing. Beige stucco. Parking lot buckled at the edges where the asphalt had heaved. That was not a 340-patient hospice facility. He turned to Exhibit 22-A. Discharge data, prior reporting year. Pacific Palliative Partners LLC had discharged 47.3% of its enrolled patients alive. He sat with that. The national average was**

**18%. He'd looked it up. No databases, no clearances, no credentials. County library card. Miguel's PACER account. The time to read what the government had already filed in open court. 47.3 and 18. Hospice patients were supposed to die. That was the clinical and legal definition. Six months or less. Terminal prognosis, physician-**

**certified. The patient gave up curative treatment. Medicare paid the per diem. That was the statute. If nearly half your patients were leaving alive — not transferring in the final hours, not dying in transit, but discharged living and ambulatory — either the patients were never terminal when they enrolled, or the hospice was discharging**

**them and re-enrolling them to reset the benefit period clock. Or both. He wrote the numbers in his notebook. 47.3. 18. \$847. 340. Drew a line between the discharge rate and the per diem. He reached down and clicked on the Sony. The tape deck was warm from sitting near the lantern. He pressed RECORD. “Pacific Palliative Partners LLC,**

**Chula Vista. CMS facility code 87423. 340 enrolled current. Per diem \$847. Alive-discharge prior year, 47.3%. National average, eighteen.” He paused. Let the tape run. “Address is 1247 Main Avenue Suite C. That’s a strip mall.” He clicked STOP. He turned back to the LLC filing. California Secretary of State, same night he’d pulled the PACER exhibit. Pacific**

**Palliative Partners LLC.  
Delaware organized.  
California registered,  
November 2021.  
Registered agent:  
Northwest Registered  
Agent Service. Standard  
pass-through. No  
information. Principal  
office: 1247 Main  
Avenue, Suite C, Chula  
Vista, California 91911.  
Members section. One  
member listed. Meridian  
Care Holdings, Inc. Al**

**stopped moving. He did not breathe. Then he breathed. Meridian Care Holdings. He reached into the accordion folder and pulled the Larch matter index. Forty-three handwritten pages, built over six months. He flipped to the M tab. Meridian Care Holdings, Inc. Delaware corporation. Five entries. Four PACER cross-references. One**

**EDGAR filing. He'd flagged it eight weeks ago as a probable holding vehicle — a shell connecting the Halvorsen acquisition chain to the defense-adjacent healthcare contracts in the CSP subsidiary structure. He hadn't been able to close the loop. The connection kept disappearing into registered-agent addresses and nominee**

**officers. Now it was here. Same entity. Different arm. Medicare hospice. He set the Larch index beside the Pacific Palliative exhibit and looked at both of them. The lantern hummed. A truck downshifted on Main. He was forty-three years old. He'd done nine years in Victorville. He knew what this was. He opened his notebook to**

**a clean page. He wrote  
MERIDIAN CARE  
HOLDINGS at the top.  
Drew a line down the  
center. LARCH on the  
left. PACIFIC  
PALLIATIVE on the  
right. Then he began. #  
THE FAMILY The cold-  
open convention applies  
in spirit — open at a  
document. The fiction  
rules already encode  
this. Writing now. —  
Form CMS-485.**

**Certificate of Medical Necessity. Date of certification: April 3, 2026. Patient name: Esperanza M. Reyes. Primary diagnosis: Hypertensive heart disease with heart failure, ICD-10 I11.0. Prognosis: Terminal. Expected length of survival: Six months or less. Al read it twice. Kitchen table, Main Street, National City.**

**The Sony on the counter, running. Lucia had shot it in three frames and texted them without comment. He'd printed them on his aunt's printer—nine minutes to warm up—and taped the sheets together with the same tape he used on evidence envelopes at the storage unit. Certifying physician: Dr. Aldo Funes, MD. Medical license CA A-089441.**

**Pacific Palliative Partners LLC. 743 Third Avenue, Chula Vista, CA 91910. He wrote that down. — The call came at 11:14. Al was at the storage unit, cross-filing EDGAR submissions by subsidiary when the unknown number came through. “You don’t know me,” the woman said. “Lucia Reyes. Ariel Contreras gave me your number.” Ariel ran**

**informal intake at a transitional housing program in Logan Heights. Al had helped her nephew with a contractor licensing dispute eighteen months ago. Public records. No charge. “Manny was your brother,” Al said. A pause. “You knew him.” “B-Unit. I was sorry to hear it.” She took that and moved past it. The kind of composed that**

**costs years to build. “My mother is enrolled at Pacific Palliative Partners in Chula Vista. They’re calling it precautionary. She is not sick.” Shorter pause. “She walked to the bus stop this morning. Called me from the 929 stop on National Avenue to tell me guayabas at Northgate were on sale.” Al said nothing. “I have the intake paperwork.**

**They have her certified as terminal.” He told her to text what she had. Drove back to the apartment, printed it, read it. South on Harbor Drive, past the shipyard, into Barrio Logan. — Lucia lived on Cesar Chavez Parkway, first floor of a duplex, security bars on the windows, a Meyer lemon tree in the front yard heavy with fruit. Al**

**parked the Fit behind a landscaping truck and read the block. Manny Reyes had been in for check fraud. Non-violent. Three years into a five. Healthy when he went in. BOP listed cause of death as pneumonia secondary to COPD. Al had never known Manny to have COPD. Manny ran the basketball court every morning. Federal.**

**Different matter. He filed it. Lucia answered the door before he knocked. She handed him the folder before he was inside. “She plays lotería on Thursday nights,” Lucia said. “She argued with Father Gutierrez after mass last week. Whether the parish should do more for the encampment on Imperial.” She set a glass of water on the**

**table without being asked. “She is not dying.” Al opened the folder at the kitchen table. The Hospice Election Statement. The Advance Beneficiary Notice of Noncoverage. The attending physician’s order. All signed. All dated within the same three-day window, early April. “Did your mother sign these?” “The signature**

**doesn't look right to me." He looked at the Election Statement. Esperanza M. Reyes. Then the comparisons Lucia had laid alongside — a birthday card, a check register, a donation form from Sacred Heart Parish. The woman who signed those had a precise, deliberate hand. Small letters. Consistent pressure. An E that**

**looped back into itself. The hospice signature was larger. Looser. Someone had seen her signature once and tried to reconstruct it from memory. Al wrote nothing in front of Lucia. He'd record it in the car. "Did anyone from Pacific Palliative come to the house?" "Once. A man with a clipboard. Maybe twenty minutes." "Did he**

**examine her?” Lucia looked at him. “He asked her questions. He didn’t take her blood pressure.” — Outside on Cesar Chavez, a bus pulled away, air brakes exhaling. The Meyer lemon tree shuddered in the exhaust. Al had pulled the Medicare Provider Data that morning, before Lucia called. A coincidence that was not a**

**coincidence. He pulled CMS data every two weeks, the same way he pulled EDGAR filings, the same way he pulled county recorder records. Public data. Downloadable. Nobody looked at it until somebody needed to. Pacific Palliative Partners LLC had discharged 47 percent of its patients alive in the prior reporting year.**

**The national hospice average was 18 percent. The math said someone was enrolling people who weren't dying. \$847 per day. Routine Home Care rate. Medicare paid it per diem regardless of services rendered. The only requirements were enrollment and a certified prognosis. Six months or less. After six months, the patient could be recertified. No**

**ceiling on total duration if the physician kept signing. He asked Lucia if he could keep the folder. She said yes. Then: “My mother asked me why the man with the clipboard made her sign so many papers. She thought it was for a discount on her Medicare supplement.” Al picked up the folder and stood. He did not tell Lucia what the math**

**implied. He was not a lawyer. He was not law enforcement. He was a man with a storage unit full of cross-referenced public records and a Sony recorder and nine years learning exactly what he could and could not prove. He thanked her. Walked back to the Fit. Sat with the folder on the passenger seat. He needed the billing records — every claim**

**Pacific Palliative had submitted to CMS under Dr. Funes's NPI number. How many patients Funes had certified terminal in the last two years. How many of them were still alive. He couldn't get that from PACER. PACER had federal court filings. For this he would need something Pacific Palliative had filed. Or something they should**

**have filed and hadn't.  
He started the Fit and  
pulled north on Cesar  
Chavez toward the  
bridge, the folder beside  
him, the Sony running.  
— The section to tighten  
is missing — what's after  
"SECTION TO TIGHTEN:"  
is a structural summary,  
not prose. No text to  
edit. Paste the actual  
chapter text and I'll run  
the pass. \$847.00. CMS  
rate schedule. Standard**

**daily reimbursement,  
routine home care,  
Medicare hospice  
benefit. Al had it  
memorized — the way  
he'd memorized billing  
codes at the Halvorsen  
Group. Not because  
anyone told him to.  
Because the number told  
you what the game was.  
He sat in the Fit three  
minutes before going in.  
Count what you can  
count before you're seen**

**counting. 1847 Main. Fourteen spaces. Seven occupied. Chevy Impala with a Lyft placard on the dash. The rest personal — a Kia Forte, two Camrys, a Ram 1500 that hadn't been washed since February. He wrote the makes and plate prefixes in the breast-pocket notebook. Then he went in. The woman at the front desk had a laminated badge**

**and a smile that arrived a half-second late. He told her he was there to see Esperanza Reyes. Nephew from Escondido. The name Lucia had coached him on. Carlos. “She’s in the day room. I’ll let her attendant know.” He thanked her. She pointed down the hall. Forty feet wide. Ceiling fluorescents. Three windows facing the lot.**

**A mounted television running a game show at low volume. Two women in matching recliners watching it, cups of coffee on the table between them — the low ongoing conversation of people who had nowhere else to be and weren't troubled by that. He started counting. Twenty-two patients on the whiteboard at the**

**nurses' station. He could see eighteen from the door. He moved through the room the way you moved through a room you were supposed to be in. Fourteen ambulatory. Built the number from what he could see: wheelchairs versus chairs, who was walking the perimeter, who was planted. One woman in the corner with reading glasses and**

**a TV Guide crossword  
open on the tray table.  
Marking it in pen. Not  
pencil. Pen. She wasn't  
dying. She was working  
a crossword. Esperanza  
was near the window.  
Watching the parking  
lot. Doing nothing in  
particular. *She won't  
know who you are,*  
Lucia had said. *Tell her  
you're my friend. She'll  
accept it. She accepts  
everything now. She***

**looked like a woman waiting for someone to visit. He pulled a chair over and sat down. Spoke Spanish without deciding to. Asked how she was eating. She said fine. He asked if they went outside. She looked at the window. “Sometimes they take us to the courtyard.” How often? She thought about it. “It depends.” He did not take notes in**

**front of her. Two nurses in the room. One at the station, one working the far side. A third — badge read AIDE — at a supply cart near the door.**

**Three staff. Eighteen patients visible. Twenty-two on the board. He did the math and let it sit.**

**Twenty-five minutes.**

**Long enough to be a nephew. Before he left he stopped at the nurses' station. Asked**

**when Dr. Aguilar would be doing rounds — the name from Lucia’s intake sheet. The nurse said the physician did recertifications twice monthly. That was the word she used.**

**Recertifications.**

**Medicare required physician recertification every sixty days to continue hospice enrollment. Pacific Palliative was running**

**twenty-two patients.  
Sixty-day cycle. Aguilar  
visiting twice a month:  
six to eight patients per  
visit. In and out.  
Signature at the bottom  
of the form. Move on.  
That was a number. Back  
in the Fit he wrote.  
Vehicles. Staff-to-patient  
ratio. Ambulatory count.  
The woman with the  
crossword. Esperanza's  
blood pressure and what  
he could see of her color**

**and the way she'd tracked the Impala pulling out of the lot with something that looked like ordinary curiosity. He did not photograph the building. Did not photograph the signage or the lot or the patients. The Sony had been running a C-60 in his jacket pocket. All it had captured was three sentences with the front**

desk and twenty-five minutes of soft Spanish with a woman who looked a decade younger than her prognosis required. Enough to start. His phone buzzed. Lucia. *How was she?* He thought about the crossword. Pen. The parking lot through the window and a woman who looked like she had time on her hands. *Fine*, he typed. *She looked*

*fine.* He set the phone on the passenger seat and opened the notebook. What he needed was the Medicare claims data. CMS published provider-level utilization files six months in arrears. Pacific Palliative would be in there. Claim types. Service codes. Days of care billed. Revenue center breakdowns. What they were billing for, versus what he'd

**just watched with his own eyes. He put the Fit in reverse and drove south toward National City. He had the first number. He needed to build the index. # THE NUMBERS** The book-voice-rules skill is for the journalism arm's Ellis/Palahniuk/Thompson blend — this chapter uses Child/Winslow/Ellroy per the brief. Following the

**user's explicit instructions. — The number was 47. AI wrote it at the top of the yellow legal pad. Circled it twice. Left it there.**

**Pacific Palliative Partners LLC. Chula Vista, California.**

**Medicare cost report, fiscal year 2024. Form CMS-2088. Filed April 14, 2025. Available on the Healthcare Cost Report Information System**

**website, public domain,  
no login required. He'd  
printed it that morning  
at the library on Fifth.  
Eleven cents a page.  
Forty-two pages. He  
worked the numbers at  
the folding table in his  
aunt's garage. Space  
heater running. Coffee  
going cold. The Sony off  
— this wasn't a  
conversation, this was  
math. \$31,248,470 in  
Medicare**

**reimbursements. Fiscal year ending December 31, 2024. He'd pulled the 2022 and 2023 reports too. \$26.1 million. \$28.8 million. Three years. Double-digit growth. In hospice. The business model paid \$847 per patient per day — the routine home care rate, CMS rate schedule, San Diego County, FY2024, public document. He ran the division. \$31.2**

**million divided by \$847.  
Call it 36,895 patient-  
days. Divided by 365.  
Call it 101 average daily  
census. One hundred  
and one people in  
hospice care, every day,  
under Pacific Palliative's  
supervision. Most of  
them here — Chula  
Vista, National City,  
Barrio Logan. The South  
Bay. Poor, elderly,  
largely Latino. Medicare  
populations that didn't**

**file complaints in English. He wrote: *101 avg daily census.* Then the second number. The national hospice live discharge rate was 18 percent. That came from the 2023 MedPAC report to Congress — the Medicare Payment Advisory Commission, the federal body that monitored Medicare payment policy. Annual report, published on the**

**Commission's website. Chapter 12, hospice services. Live discharges meant patients who left hospice alive — either because they'd recovered, or because they'd never been terminal in the first place. Eighteen percent was the national figure built from 5,300 hospice programs and 1.7 million Medicare beneficiaries. Pacific**

**Palliative: 47 percent. He stared at that for a while. Some live discharges made sense. Prognosis was probabilistic. Doctors worked from six-month projections, and medicine wasn't clockwork. You expected some. Eighteen percent built in the variance, the edge cases, the genuine recoveries. Two and a half times the national**

**rate meant something else. It meant either Pacific Palliative had developed a capacity for palliative care unprecedented in the clinical literature — had somehow turned terminal diagnoses around at a rate no academic medical center in the country had replicated — or Pacific Palliative was enrolling patients who**

**weren't terminal. Al was not a doctor. He was not going to decide which one it was from a cost report. But he knew what 35 meant. He'd looked that up too. CMS criteria for hospice live discharge scrutiny, updated 2023, Federal Register. Programs that exceeded a 35 percent live discharge rate for two consecutive years were subject to CMS-**

**directed review. The language was clear. The threshold was 35 percent. Pacific Palliative had been at 47 percent for three consecutive years. He pulled the CMS CASPER database — the Certification and Survey Provider Enhanced Reporting system. Public access. He ran Pacific Palliative’s certification number through the**

**survey history lookup.  
Two surveys. One from  
2019. One from 2021.  
Both routine  
recertification visits.  
Both resulting in zero  
deficiencies cited. No  
complaint-triggered  
surveys. No OIG  
referrals. No directed-  
review notation.  
Nothing. \$31.2 million in  
one fiscal year. Three  
consecutive years above  
the statutory threshold.**

**And the federal enforcement record showed two clean visits from five and three years ago. He wrote at the bottom of the page: *Who decided not to look?* He pulled up the California Department of Public Health directory. CDPH administered CMS certification surveys for hospice providers in-state. San Diego County**

**fell under the CDPH District office on Ruffin Road. Four surveyors assigned to hospice and long-term care licensing. He wrote down all four names. Then he pulled the CMS Region IX contact page — the regional office in San Francisco overseeing California. The supervisory program specialist for Medicare provider enrollment**

**and certification was listed with a name and title. Five names total. He didn't know which of them had made the call — or whether any of them had made a deliberate call at all. Bureaucracies failed through neglect more often than through intent. He knew that. He'd watched the government process his own case for three years**

**at Victorville, watched clerks lose filings and auditors miss line items sitting in plain sight. Neglect was the default. But neglect had a shape. Neglect was random. Neglect missed things in all directions. Missing the same provider three years running, at double the audit threshold, while reimbursements grew 20 percent annually — that wasn't**

**random. He thought about Lucia Reyes. The Denny's on Broadway six days ago. The photograph of her mother. Esperanza Reyes, 71, enrolled in August 2024, discharged alive in November 2024 after 93 days. Walking. Lucid. Asking when the Giants played next. The enrolling physician was a Dr. Carlos Mondragón. Licensed in California**

**since 2018. His signature was on Esperanza's certification of terminal illness. Advanced COPD. Congestive heart failure. Six-month prognosis. Two months before enrollment, Esperanza had seen an orthopedist for her knee. The orthopedist's notes — which Lucia had obtained — put pulmonary function at 78 percent of predicted.**

**No cardiopulmonary findings. Ambulating without assistance. Al had looked up Mondragón that morning on the Medical Board of California's public license verification system. One complaint. Filed 2022. Resolved with a public letter of reprimand. The underlying conduct: billing irregularities on Medicare claims. He**

**wrote: *Mondragón* —  
*MB complaint 2022* —  
*billing irregularities*  
*Medicare*. Then he  
looked at the eleven  
patient folders Lucia  
had brought him. Eleven  
families she'd reached  
through her mother's  
neighbors, through the  
Senior Center on  
Second, through the  
church network in  
Chula Vista. Nine of the  
eleven discharged alive.**

**He needed the other thirty-eight. — Comes in at approximately 950 words. Chapter lands on the gap — AI has 11 of 58 anomalous patients, which gives you the engine for what comes next without resolving anything. Pacific Palliative Partners LLC. Delaware. Incorporated November 14, 2019. Registered agent: CT Corporation System. AI**

**had the printout on the left side of the card table. Delaware Division of Corporations page on the right. The storage unit in National City smelled like cardboard and old ink. He'd rented it fourteen months ago, cash, month-to-month — his aunt had driven him the first time, sat in the car reading while he unloaded two banker boxes and a folding**

**table. Now there were six boxes, two file cabinets, a card table, a work lamp clamped to a wire shelf throwing yellow light across everything. Managing member: Meridian Care Holdings Inc. A Delaware entity managing a Delaware LLC. Shell over shell over nothing. He wrote the EIN in his notebook and stared at the word.**

**Meridian. He turned to the file boxes behind him. Q through R. Third box from the left. He pulled the lid and found it in the third folder: Meridian Defense Contractors LLC. Nevada incorporation, 2017. He'd pulled that one eighteen months ago during the Halvorsen work — looking for subcontractors that moved DoD invoices**

**through entities with no employees, no physical presence, no operational history. Meridian Defense had been a dead end. EIN 47-something. Nevada registered agent. Dissolved 2021. Different states. Different EINs. Different industries. Three years apart. He put both documents side by side on the card table. Same root word was nothing.**

**Coincidence was the first explanation. He had to rule it out. Delaware filings rarely identify the people behind the managing member. He needed Meridian Care Holdings' own records. He ran three searches across two databases. One dead end. One state transfer. Then it resolved: Meridian Care Holdings Inc., Delaware, principal**

**office listed as 8800 E.  
Raintree Drive,  
Scottsdale, Arizona  
85260. He checked the  
Nevada annual reports  
for Meridian Defense  
Contractors. Nevada  
publishes manager  
names on annual filings.  
The 2019 list showed a  
manager of record:  
Sutter Advisory LLC.  
Address: 7970 E.  
Camelback Road,  
Scottsdale, Arizona.**

**Scottsdale. Both of them. He searched the Arizona Corporation Commission for Meridian Care Holdings as a foreign registrant. Filed 2020. The authorized person on the Arizona registration — the individual signatory, not the corporate agent — was listed as D. Sutter. 8800 E. Raintree Drive. He wrote the name in the**

**notebook. D. Sutter.  
Sutter Advisory. He  
circled it once. Defense  
contractors, 2017.  
Hospice care, 2019.  
Different states,  
different EINs, different  
industries. One name on  
both sets of documents.  
He pulled up the  
Raintree address on his  
phone. A glass-and-steel  
professional park north  
of the 101. Medical  
services. Financial**

**consulting. A dermatology practice on the ground floor. Nobody manufactured anything there. It existed on paper. Nine years at Victorville, he'd watched men build structures exactly like this. Invoice layering. Shell entities. Subsidiaries of subsidiaries. The actual principals dissolved into nested LLCs until you'd**

**need a genealogy chart to find who signed the original check. The DoD contractors who'd recruited him had been the same. Sophisticated in form. Obvious in function, once you knew what to look for. The money moved. It arrived somewhere. It always arrived somewhere. He thought about Esperanza Reyes. Sixty-seven. Diabetic but**

**ambulatory. Lucid enough to argue with her neighbor about a parking spot. She lived in Lemon Grove, grew tomatoes in a concrete planter in her backyard, watched telenovelas in the afternoons. Lucia's mother. Manny's mother. Enrolled in hospice care by her primary physician — Dr. Arnav Mehta, who had referred seven patients**

**to Pacific Palliative in the prior fourteen months. Seven that Al had confirmed. Possibly more that hadn't surfaced yet. Medicare pays the hospice facility a daily per diem. Per enrolled patient.**

**Whether or not the patient requires care on a given day. Whether or not the patient is ambulatory, lucid, growing tomatoes. The**

**hospice determines what the patient requires. The patient rarely disputes it because the patient is supposedly terminal. Esperanza Reyes had not been terminal. She'd been enrolled six months — periodic nurse visits, an unrequested chaplain, medication adjustments her own internist later said were unnecessary.**

**Then discharged alive, eventually, when the risk calculus apparently shifted. \$847 per day. 180 days. \$152,460 per patient, per certification period. He didn't know Pacific Palliative's current census. The most recent Form 990 on file was two years old. What the CMS data showed — publicly available, downloadable in flat files if you knew**

**the file structure — was that Pacific Palliative had discharged 47% of its patients alive in the prior calendar year. The national hospice average was 18%. That gap had a name. But a name wasn't proof. Proof required documentation of intent. Documentation of intent required the people who'd made the decisions. He needed to**

**find D. Sutter. He picked up his Sony recorder and set it on the table. Prison habit — document everything, trust only what you've captured yourself. He pressed record, stated the date, named both entities, both Scottsdale addresses, and the name Sutter. Stopped the tape. Rewound. Played thirty seconds back. Clean signal. He opened his**

**phone to the Arizona Corporation Commission database and entered 8800 E. Raintree Drive. Forty-three entities registered to that building. He clicked his pen and started from the top. # THE SEALED COMPLAINT The skill is for the journalism arm — the user's chapter rules take precedence for fiction. Writing the**

**chapter now. — The blog post was eighteen months old and cached in Google. *Medicare False Claims Watch*, February 17, 2024. A healthcare law firm in Sacramento. Partner named Bhatt. The headline: *Sealed FCA Complaint Survives Motion to Dismiss — Southern District*. The case number was redacted. Black bar**

through it. Bhatt had named the judge. *Hon. M. Castillo.* Had named the allegation class: improper hospice certifications, Southern District of California. Al read it again. *Improper hospice certifications.* He was sitting in the Fit outside the National City Branch Library. 9:14 a.m. Engine off. The November marine layer hadn't burned yet. He

**pulled up PACER on his phone. Miguel's credentials. Miguel never asked what for. He filtered to M. Castillo, district judge, Southern District. False Claims Act filings, 31 U.S.C. § 3729. Dates: January 1, 2022 through December 31, 2022. Case status: sealed. Twelve results. He wrote them in the yellow Mead composition notebook — case numbers, filing**

**dates, the abbreviated docket text. Each entry read nearly identical. *COMPLAINT filed under seal per 31 U.S.C. § 3730(b)(2). Notice of election to intervene or decline due [DATE].* Most of the intervention deadlines had been extended two or three times. Twelve complaints. One of them about hospice fraud in San Diego County.**

**Maybe. He called Lucia. She picked up on the second ring. “The enrollment paperwork,” Al said. “The physician who certified your mother. His name.” “Dr. Gerald Maas,” she said. “Bottom of every form.” “He ever come to the house?” “No. She’d never met him.” “How many times is his signature on the forms?” Pause. Paper moving.**

**“Seven. First one is August 2022.” “Thank you.” He searched the California Medical Board for Maas, Gerald. Four results — three wrong specialty. The fourth: Gerald William Maas, M.D., license number A88314, family medicine, 4820 Bonita Road, Bonita, California. License active. No disciplinary history. Bonita. Twenty minutes**

**from the Pacific  
Palliative Partners office  
park in Chula Vista. A  
physician certifies  
terminal prognoses  
without visiting the  
patients. Signs the  
forms. Medicare pays  
\$847 a day. Nobody  
checks. Not until  
someone inside decides  
they can't live with it.  
Someone had decided  
that in 2022. Had hired a  
lawyer and gone to the**

**Southern District with a sealed qui tam complaint. Was still waiting three years later. The government hadn't intervened. Hadn't declined either. The case sat under seal while Medicare kept paying and Esperanza Reyes kept waking up in the mornings and Pacific Palliative kept billing for the days. Al looked again at Bhatt. The blog**

post had gone dark.  
Bhatt was listed now as  
*of counsel* at the same  
firm — which meant the  
firm had put distance  
between itself and  
something the  
individual had done. Six  
months between the  
post going live and the  
title change. A  
healthcare defense firm.  
Bhatt writes about a  
sealed FCA complaint in  
an allegation class the

**firm defends against.  
Someone makes a call.  
The post disappears.  
Bhatt moves sideways.  
Bhatt had known  
something specific when  
he wrote it. *Survives  
motion to dismiss* meant  
he'd seen the docket  
entry. The detail —  
hospice certifications,  
Southern District —  
came from somewhere  
closer than a public  
filing. Al drove to the**

**storage unit. The index took up three filing cabinets and a folding table. The National City facility was climate-controlled. Eighty-nine dollars a month. His aunt paid it. He'd pay her back. He pulled the Pacific Palliative Partners LLC folder. Eighteen pages of California Secretary of State documents, printed in October when**

**Lucia first came to him. Articles of organization. Statement of information. He'd noted the structure then but hadn't drilled. He read the statement of information now. Registered agent: a Sacramento service company. Standard. Manager listed: *Winston Larch*. He moved to the members section. Two entries. *Winston Larch***

**and *Orion Health Capital GP, LLC*. He wrote it down and searched the California SOS database on his phone. Orion Health Capital GP, LLC. Registered 2019, Sacramento. Statement of information filed 2023. Managers listed: one name he didn't recognize, and one entity — *Pacific Investment Holdings***

***LLC*, organized in Delaware. Al stopped. Delaware. Delaware cut the public records trail. Whatever sat behind Pacific Investment Holdings was behind a wall California documents couldn't touch. You needed subpoena power or a relator who had already been inside. He had neither. What he had was twelve sealed case**

**numbers and a lawyer who had written something and then gone quiet. He put the folder back and closed the cabinet. Bhatt would know which of the twelve was about hospice. Bhatt might know who the relator was. Bhatt might not say either thing to a stranger who called. But Bhatt had written the post in February 2024**

**and the post had disappeared and Bhatt had moved to *of counsel*, and that sequence meant something had scared someone enough to make a call. That kind of scare didn't last forever. People got comfortable. Started wondering if they'd overreacted. Al needed to find Bhatt before whoever had made that call found out**

**someone was still  
looking. He started the  
Fit and pulled out of the  
lot. — License number  
G-84291. Issued  
February 1998. Current  
status: CLEAR. Medical  
Board of California.  
11:47 p.m. Al sat at the  
kitchen table in his  
aunt's house in National  
City and read it twice.  
No disciplinary actions.  
No citations. No  
probation. Twenty-eight**

**years practicing medicine in California and nothing. He typed Vasquez into the OIG exclusion database. The federal list of providers Medicare won't pay. Doctors who billed for patients they never saw. Nurses who falsified care logs. The people who made the system what it was. EDILBERTO VASQUEZ. No results. Al made a note on the**

**yellow legal pad. Two negatives. Both meaningful. A doctor who certified \$847 a day in hospice payments per patient and never once drew a regulatory flag wasn't lucky. He was careful. He opened PACER with Miguel's credentials. Federal civil index first. Searched Edilberto Vasquez as defendant, respondent, interested party. One**

**result. Case 3:18-cv-01423-GPC-AGS. Southern District. Filed April 2018. Plaintiff: Estela Garza, individually and as successor in interest. Defendant: Vasquez, Edilberto M.D., and Coastal Medical Associates, Inc. Malpractice. Wrongful death. Settled March 2019. Closed. The settlement terms were**

**under seal. Al had expected that. He wrote down the case number and the clerk's address: 333 West Broadway, Room 100. He would submit a written request for the public portions of the docket — exhibits filed before the sealing order, anything that slipped through. Clerks processed what they were given. Sealing orders were specific.**

**Everything outside the order was public. Ninety minutes on the Pacific Palliative certification records. The Medicare cost reports were public, filed through CMS, available through any state audit trail that touched them. Lucia had brought him two cycles of Esperanza's hospice paperwork. He cross-referenced names. The certifying physician on**

**every form was Vasquez. He pulled the CMS Hospice Compare data for Pacific Palliative Partners LLC, NPI 1609384712. Discharge records: live discharges at 47 percent the prior year. National average 18. He had known that number since Lucia's first visit. What he hadn't mapped was the recertification rhythm. Hospice requires a 90-**

**day initial certification, then 60-day periods indefinitely. Each period requires physician attestation that the patient still meets the six-month prognosis. Most certifying physicians sign without a face-to-face. CMS allows it after the initial assessment. Vasquez certified. The same five nurses documented. Al laid out Esperanza's**

**paperwork in sequence on the table. Initial assessment: G89.29. Other chronic pain. Billable. R54: age-related physical debility. Also billable. Both codes appeared on every subsequent recertification. The language in each nursing note was nearly identical. *Patient demonstrates pain consistent with terminal***

*prognosis. Decline noted. Family supportive of comfort-focused care.* Esperanza Reyes had walked to church unassisted the week they enrolled her. Al took the nursing notes and put them in a column. Five names: Galvindo, Pacheco, Yee, Torrance, Okonkwo. He ran each through the California Department of Consumer Affairs

**license lookup. All  
current. No violations.  
He wrote down the  
recertification dates and  
calculated the intervals.  
Every 60 days, exactly.  
Not 58. Not 63. Sixty.  
Every time. He circled it.  
People don't hit exact  
intervals by accident.  
Exact intervals were  
scheduled. They were a  
process. Al had worked  
a fraud that paid \$47  
million in false DoD**

**invoices. He knew what a process looked like from the inside. You built the documentation first. You decided what the paper would say before you examined the patient. You hired nurses who understood the program. You hired a doctor who understood his exposure. And you ran it until someone noticed. Nobody had noticed. He**

**thought about Manny Reyes. Eight years for possession with intent, Victorville, same block as Al in 2021. Manny was not a complicated man. He talked about his mother every visiting day. Made her tamales from the commissary. When Manny died in his bunk in February 2023 — cardiac event, the report said, though Manny was 34 and had**

**no prior cardiac history  
— the only family  
contact on file was  
Esperanza. They had  
sent the death  
notification letter to a  
woman already enrolled  
in hospice. Al sat back.  
The kitchen light  
buzzed. Outside, a dog  
was working through  
something in the alley.  
He needed the  
settlement file.  
Specifically, whatever**

**had been entered before the sealing order — any exhibit naming a care pattern, a staffing structure, a billing arrangement. The Garza family’s attorneys had deposed someone. Depositions produced exhibits. Exhibits sometimes slipped into the docket before counsel caught them. It happened. Courts were not airtight. The clerk’s**

**office opened at 8:30  
a.m. He would be there  
at 8:30. He wrote the  
request on a fresh page.  
*In the matter of Garza  
v. Vasquez, Case No.  
3:18-cv-01423. Request  
for copies of all exhibits  
entered into the public  
docket prior to the  
March 14, 2019 sealing  
order. Include the  
complete docket sheet.*  
He would cite the press  
access right. He would**

**cite nothing else. Al capped the pen. He set the legal pad beside the PACER printout, the CMS cost report, and Esperanza's certification forms. The stack was two inches thick already. Somewhere in that stack was the thing Vasquez had been careful enough to bury. He hadn't been careful enough to bury it everywhere. # THE NETWORK The user's**

**specified voice DNA  
(Child/Winslow/Ellroy)  
overrides the  
journalism arm skill.  
Writing the chapter  
now. — The California  
Secretary of State listed  
four active entities with  
“Palliative Partners” in  
the name. Al wrote them  
on the legal pad in order  
of filing date. Pacific  
Palliative Partners LLC.  
Chula Vista. Filed March  
2019. Coastal Palliative**

**Partners LLC.  
Escondido. Filed  
September 2019. Valley  
Palliative Partners LLC.  
El Cajon. Filed January  
2020. Desert Palliative  
Partners LLC. El Centro.  
Filed August 2021. Four  
companies. Same  
naming pattern. Spread  
across two and a half  
years. Three in San  
Diego County, one in  
Imperial. He  
downloaded the articles**

**of organization for each one off the SOS portal. Public documents. No fee. Managing member on all four: Suncrest Care Operations LLC. He ran Suncrest Care Operations through the California SOS search. Not listed. He tried Delaware. Delaware was where you incorporated if you wanted flexibility and minimal disclosure. The Delaware Division**

**of Corporations came back with one result. Suncrest Care Operations LLC. Active. Registered agent: a Wilmington service company. Managing member of Suncrest Care Operations: Suncrest Medical Holdings LLC. Nevada. He was at the folding table in the storage unit on Euclid Avenue. National City. Single**

**bulb overhead. The  
marine layer had settled  
in — November, flat gray  
sky, the kind of overcast  
that made Chula Vista  
look like Fresno. He had  
his canvas jacket on. He  
had gas-station coffee.  
He had the laptop and  
the legal pad and the  
better part of the  
afternoon. He pulled up  
the Nevada Secretary of  
State business search.  
Suncrest Medical**

**Holdings LLC. Active.  
Filed 2018. Registered  
agent: Harmon &  
Associates Professional  
Services LLC. 3940  
Howard Hughes Pkwy,  
Suite 200, Las Vegas.  
89169. He ran Harmon &  
Associates through the  
Nevada State Bar  
attorney directory. Not a  
law firm. A registered-  
agent service — they  
received paperwork,  
forwarded it to whoever**

**was paying the annual fee, did nothing else. The Howard Hughes Pkwy address appeared on the SOS portal as the agent of record for over nine hundred Nevada entities. He went back to the Suncrest Medical Holdings filing. Managing member listed as: Suncrest Executive Management Group LLC. He tried that entity in Nevada. No results.**

**California. Nothing.  
Delaware. Nothing.  
Wyoming. Nothing. The  
name existed only as a  
line on the Nevada  
filing. Either it was a  
shell formed and  
dissolved, or it was a  
label for something that  
never registered  
anywhere. Either way,  
he was at the wall.  
Public records stopped  
here. He looked at the  
timeline on the legal**

**pad. Nevada LLC forms in 2018. Creates Delaware LLC — late 2018 or 2019, he'd have to verify the exact date. Delaware LLC becomes managing member of four California LLCs, each one licensed separately, each one pulling its own Medicare provider number, each one billing CMS directly. Five facilities. Three shells. The patient sees**

**Pacific Palliative Partners. The money flows to Suncrest Care Operations, then to Suncrest Medical Holdings, then to whatever was behind the Nevada wall. He counted the math. Lucia had said her mother's EOB showed \$847 per day. Esperanza Reyes had been enrolled for six months. Call it a hundred and eighty**

**days. He multiplied it out. \$152,460. One patient. He pulled up the CMS hospice provider utilization file he'd downloaded the week before. He filtered for Pacific Palliative Partners. The discharge-alive rate for calendar year 2023: 48.3 percent. The MedPAC March 2024 report to Congress put the national average at 17.8. He had it**

**bookmarked. Public document, free on the MedPAC website. Nearly half of Pacific Palliative Partners' patients had not met the terminal-prognosis standard at the time of discharge. They had been certified as having six months or fewer to live. Almost half of them had outlived that certification by enough to leave the program**

**breathing. He ran the same column for the other three facilities. Coastal Palliative Partners: 44.1 percent. Valley: 51.8 percent. Desert Palliative Partners in El Centro: 37.6 percent. All four more than double the national rate. Desert was the lowest number and it was still more than double. He closed the laptop. He let his**

**eyes rest. The bulb buzzed. The unit smelled like cardboard and old particleboard. He'd rented it for fourteen months. He knew every smell. He was thinking about the newsletter. Six days ago, running search variations on Suncrest Medical Holdings, he'd pulled a cached result from a trade publication. Healthcare**

**Ventures Review, third quarter 2022. The full article was behind a paywall. The Google snippet was forty-seven words. He'd photographed the screen with his phone. The image was clear. *Suncrest Medical Holdings, operating through subsidiary platforms across California and the Southwest, has***

*positioned itself to capture per-diem Medicare hospice revenue in underserved Hispanic and elderly markets — segments historically underpenetrated by institutional capital.* He had read it several times. The language was precise in the way that investor language was precise — every word in its right place, nothing

**that could be called a lie  
in court. Underserved  
Hispanic and elderly  
markets.**

**Underpenetrated by  
institutional capital.  
Esperanza Reyes had  
been enrolled in hospice  
when she was still  
walking to the mailbox.  
Still reading. Still calling  
her daughter on Sunday  
nights. She was sixty-  
seven years old. She had  
lived in Chula Vista**

**since 1993. She spoke English and Spanish. She had buried a husband and raised two children. She was a market segment historically underpenetrated by institutional capital. He needed the full article. The complete text, the author's name, the issue date, the page number. That meant a database subscription — the kind a university library**

**carried, not the kind he had. He picked up the Sony recorder from the shelf and set it on the table. He pressed record. “Miguel,” he said. “It’s Al. I need access to something.” — Word count: ~955. The chapter ends mid-reach — Al has the shell map, he has the discharge numbers, he has forty-seven words of investor language that explain**

**the business model in clinical English. The full article is the next pull. That's where Book 2 goes. # SOFIA \$847.00 per day. AI had that circled twice on a yellow legal pad. Below it: 297 certified beds. CMS cost reports, fiscal years 2021 through 2023, cross-indexed against OSCAR quality data from the public database. Pacific Palliative Partners LLC,**

**tax ID 85-2341096,  
licensed in California as  
a hospice provider since  
March 2019. The math  
didn't work. His phone  
vibrated. He'd set it face-  
down next to the manila  
folders. He turned it  
over. Sofia ♥ Second  
ring. "Hey, mija." "Are  
you working?" Flat. Not  
hostile. Calibrated. "I'm  
at the unit." He leaned  
back. The storage  
facility on Highland**

**Avenue smelled the same — corrugated metal, dry cardboard, motor oil off the parking lot. “I’m going to ask you something. And I want you to think before you answer.” Fourteen years old. She already ran the conversation better than most people he’d known inside. “Okay.” “Mom set up the quinceañera meeting. Venue and music, not**

**the whole thing. Just planning. August 14th. Thursday.” Three months out. He was already in San Diego. The point wasn’t geography. “I’ll be there.” Four seconds. “Papi.” “I mean it.” “Okay.” She didn’t argue. She accepted the answer without believing it, which was worse than arguing. She’d learned that frequency. He’d**

given her enough repetitions. “How’s school?” “Fine. History project. Bracero program.” “Good one.” “I know. I picked it.” A beat. “Abuela had relatives who came up that way. Marisol’s side.” “I didn’t know that.” “There’s stuff you don’t know.” No cruelty. Fact. “I have to go. Mom needs the table.” “Love you, mija.” “Love you.”

**Then: “August 14th.” “I know.” The screen went dark. Eighteen months building the index. Forty-seven accordion files, cross-referenced by entity name and EIN and NPI. PACER access through**

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– END OF  
TEASER –

You're reading the  
first 25 pages of  
*Pacific Palliative*.

The full manuscript  
is available at:

**[https://  
zombie760.github.io/  
books](https://zombie760.github.io/books)**

Every claim is filed.  
Every source is  
named. The  
documents speak.

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