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Osteopathic Doctor Pleads Guilty in Multi-Million Dollar Health Care Fraud and Money Laundering Scheme Involving Sober Homes and Alcohol and Drug Addiction Treatment Centers

An osteopathic doctor pled guilty for his participation in a multi-million dollar health care fraud and money laundering scheme that involved the filing of fraudulent insurance claim forms and defrauded health care benefit programs.

Benjamin G. Greenberg, Acting United States Attorney for the Southern District of Florida, George L. Piro, Special Agent in Charge, Federal Bureau of Investigation (FBI), Miami Field Office, Kelly R. Jackson, Special Agent in Charge, Internal Revenue Service, Criminal Investigation (IRS-CI), Dave Aronberg, State Attorney, Palm Beach County State Attorney's Office, Jeff Atwater, Florida Chief Financial Officer, William D. Snyder, Sheriff Martin County Sheriff's Office, Robert Koons, Special Agent in Charge, Amtrak Office of Inspector General, Rafiq Ahmad, Special Agent in Charge, United States Department of Labor, Office of Inspector General (DOL-OIG), Isabel Colon, Regional Director, United States Department of Labor, Employee Benefits Security Administration (DOL-EBSA), Dennis Russo, Director of Operations, National Insurance Crime Bureau (NICB), Ric Bradshaw, Sheriff, Palm Beach County Sheriff's Office (PBSO), Sarah Mooney, Chief, West Palm Beach Police Department, Jeffrey S. Goldman, Chief, Delray Beach Police Department, Pam Bondi, Florida Attorney General, and Scott Rezendes, Special Agent in Charge, Office of Personnel Management, Office of Inspector General (OPM-OIG), made the announcement.

Donald Willems, 41, of Weston, pled guilty to one count of conspiring to commit health care fraud, in violation of Title 18, United States Code, Section 1347; all in violation of Title 18, United States Code, Section 1349. Sentencing is scheduled for June 7, 2017 at 10:00 a.m. before U.S. District Judge Donald M. Middlebrooks. At sentencing, Willems faces up to 10 years in prison.

According to court documents, Willems' co-defendants established sober homes which were purportedly in the business of providing safe and drug-free residences for individuals suffering from drug and alcohol addiction. To obtain residents for the sober homes, members of the conspiracy provided kickbacks and bribes, in the form of free or reduced rent and other benefits, to individuals with insurance who agreed to reside at the sober homes, attend drug treatment, and submit to regular drug testing that members of the conspiracy could bill to the residents' insurance plans. Although the sober homes were purportedly drug-free residences, the co-defendants permitted the residents to continue using drugs as long as they attended treatment and submitted to drug testing. The sober homes' residents were referred to treatment centers that

purportedly offered services for persons suffering from alcohol and drug addiction. In most instances, the codefendants knew that the sober home residents referred to the treatment centers, Journey to Recovery LLC, in Lake Worth, Florida, and Reflections Treatment Center, LLC (Reflections), in Margate, Florida, were using drugs.

Willems was a licensed osteopathic doctor in the State of Florida, and was the medical director of Reflections from October 2015 to May 2016. Instead of defendant Willems using his medical expertise and his individual assessments of patients to decide what type of laboratory testing was needed by each patient, Willems ordered drug treatment and drug testing for the sober home residents, specifically expensive urine and saliva drug screens and allergy testing, regardless of whether such treatment and testing were medically necessary. Willems also falsely documented patient files to make it appear as though he reviewed the test results. If Willems had, in fact, closely monitored the drug test results, he would have realized that most of the patients at Reflections were continuing to abuse drugs and that urine and saliva samples from other people were being substituted for the patients' urine and saliva samples.

Willems surrendered his DEA number to the Drug Enforcement Administration following his arrest in 2012 for improperly prescribing controlled pain medications, yet defendant Willems prescribed controlled substances, including opioids, to patients at Reflections using DEA numbers assigned to other physicians and prescriptions that contained the forged signatures of another physician.

Willems knew that insurance claims based on his unlawful prescriptions for lab testing, prescription opioids, and other controlled substances, as well as the unlawful claims based upon the treatment occurring at Reflections and Willems' examinations were submitted to patients' health insurance plans. During the period of Willems' term as Medical Director at Reflections, clinical labs and Reflections billed insurance companies in excess of \$28 million and received reimbursements from insurance companies in excess of \$6.5 million.

Potential victims should call (561) 822-5114 or submit complaints through the IC3 Complaint Form - https://www.ic3.gov/complaint/default.aspx and use the key word "Chatman Reflections" in the "Description of the Incident" field when submitting complaints related to this case.

Mr. Greenberg commended the investigative efforts of the Greater Palm Beach Health Care Fraud Task Force. Agencies of the task force include the FBI, IRS-CI, the Palm Beach County State Attorney's Office Sober Homes Task Force, Florida Division of Investigative and Forensic Services, Martin County Sheriff's Office, Amtrak OIG, DOL-OIG, DOL-EBSA, National Insurance Crime Bureau, Palm Beach County Sheriff's Office, West Palm Beach Police Department, Delray Beach Police Department, Florida Attorney General Office of Statewide Prosecution, and OPM-OIG. The cases are being prosecuted by Assistant United States Attorney A. Marie Villafaña.

Related court documents and information may be found on the website of the District Court for the Southern District of Florida at www.flsd.uscourts.gov or on http://pacer.flsd.uscourts.gov.

Topic(s):

Health Care Fraud

Component(s):

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