



THE UNITED STATES ATTORNEY'S OFFICE
SOUTHERN DISTRICT *of* FLORIDA

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Department of Justice

U.S. Attorney's Office

Southern District of Florida

FOR IMMEDIATE RELEASE

Thursday, June 28, 2018

**Southern District of Florida Charges 124 Individuals
Responsible for \$337 Million in False Billing as Part of
National Healthcare Fraud Takedown**

***Largest National Health Care Fraud Enforcement Action in Department of Justice History
Resulted in Total of 76 Doctors Charged and 84 Opioid Cases Involving More Than 13
Million Illegal Dosages of Opioids***

Benjamin G. Greenberg, U.S. Attorney for the Southern District of Florida; Robert F. Lasky, Special Agent in Charge, Federal Bureau of Investigation (FBI), Miami Field Office; Shimon R. Richmond, Special Agent in Charge, U.S. Department of Health & Human Services, Office of Inspector General (HHS-OIG), Miami Regional Office; John F. Khin, Special Agent in Charge, Department of Defense, Office of Inspector General, Defense Criminal Investigative Service (DCIS), Southeast Field Office; Brian Swain, Special Agent in Charge, U.S. Secret Service (USSS), Miami Field Office; Pam Bondi, Florida Attorney General (Florida Medicaid Fraud Control Unit); Michael J. DePalma, Acting Special Agent in Charge, Internal Revenue Service, Criminal Investigation (IRS-CI); Christopher Cave, Special Agent in Charge, U.S. Postal Service Office of Inspector General (USPS OIG), Southern Area Field Office; Frank Robey, Director, U.S. Army Criminal Investigation Command's Major Procurement Fraud Unit; Scott Gottlieb, M.D., Commissioner, U.S. Food and Drug Administration (FDA); Jimmy Patronis, Florida Chief Financial Officer, Division of Investigative and Forensic Services (DIFS); Tom Howard, Inspector General, Amtrak Office of Inspector General (Amtrak-OIG); Isabel Colon, Atlanta Regional Director, U.S. Department of Labor's Employee Benefits Security Administration (DOL-EBSA); Norbert E. Vint, Acting Inspector General, U.S. Office of Personnel Management, Office of Inspector General (OPM-OIG); and Dennis Russo, Director of Operations, National Insurance Crime Bureau (NICB), announced that in the Southern District of Florida a total of 124 defendants were charged with offenses relating to their alleged participation in various fraud schemes involving over \$337 million in false billings for services including home health care, substance abuse treatment, lab testing, and pharmacy fraud.

The South Florida charges are part of the largest ever national health care fraud enforcement action by the Medicare Fraud Strike Force. Attorney General Jeff Sessions announced today that more than 601 defendants were charged, across 58 federal districts, including 76 doctors, as well as nurses and other licensed medical professionals, for their alleged participation in health care fraud schemes involving approximately \$2 billion in false billings. Of those charged, over 162 defendants, including doctors, were charged for their roles in prescribing and distributing opioids and other dangerous narcotics. Thirty state Medicaid Fraud Control Units also participated in today's arrests. In addition, HHS announced today that from July 2017 to the present, it has excluded 2,700 individuals from participation in Medicare, Medicaid, and all other Federal health care programs, which includes 587 providers excluded for conduct related to opioid diversion and abuse.

The charges announced today aggressively target schemes billing Medicare, Medicaid, TRICARE (a health insurance program for members and veterans of the armed forces and their families), and private insurance companies for medically unnecessary prescription drugs and compounded medications that often were never even purchased and/or distributed to beneficiaries. The charges also involve individuals contributing to the opioid epidemic, with a particular focus on medical professionals involved in the unlawful distribution of opioids and other prescription narcotics, a particular focus for the Department of Justice (DOJ). According to the CDC, approximately 115 Americans die every day of an opioid-related overdose.

According to court documents, the defendants allegedly participated in schemes to submit claims to Medicare, Medicaid, TRICARE, and private insurance companies for treatments that were medically unnecessary and often never provided. In many cases, patient recruiters, beneficiaries and other co-conspirators were allegedly paid cash kickbacks in return for supplying beneficiary information to providers, so that the providers could then submit fraudulent bills to Medicare for services that were medically unnecessary or never performed. Collectively, the doctors, nurses, licensed medical professionals, health care company owners and others charged are accused of submitting a total of over \$2 billion in fraudulent billings. The number of medical professionals charged is particularly significant, because virtually every health care fraud scheme requires a corrupt medical professional to be involved in order for Medicare or Medicaid to pay the fraudulent claims. Aggressively pursuing corrupt medical professionals not only has a deterrent effect on other medical professionals, but also ensures that their licenses can no longer be used to bilk the system.

"Today's takedown sends a clear message that those who steal our tax dollars and divert money from much needed government programs to line their own pockets will be brought to justice," stated U.S. Attorney Benjamin Greenberg. The same is true of those individuals who facilitate these crimes by enabling the perpetrators to financially benefit from their misdeeds. The South Florida based schemes involved hundreds of millions of dollars in fraud, and in some cases resulted in significant harm to patients in need of substance abuse treatment. When that treatment is withheld because of someone's greed, the very people who are supposed to help the addicts end up enabling their addiction. Side by side with our great partners, we will continue to fight against all forms of healthcare fraud in South Florida."

"Health care fraud and opioid abuse are threats to this country, both in terms of the well-being of patients and the viability of government health care programs," said Shimon R. Richmond,

Special Agent in Charge, HHS-OIG. “This takedown sends a clear message that criminals who engage in health care fraud schemes and illicit opioid distribution will be caught. Working collaboratively with our state and federal partners, we will continue to bring these criminals to justice.”

John F. Khin, Special Agent in Charge, DCIS-Southeast Field Office, stated, “As part of the National Health Care Fraud multi-agency joint effort, the DCIS-Southeast Field Office contributed significant resources and efforts to achieve a successful operation to effectively combat widespread fraud and abuse, and preserve the integrity of TRICARE, a vital DoD program serving U.S. service members, retirees, and their families.”

“Health care fraud costs taxpayers billions of dollars, increases medical costs and even helps fuel the national opioid crisis,” stated Florida Attorney General Pam Bondi. “Our law enforcement partners and my Medicaid Fraud Control Unit aggressively investigate fraud in Florida, and as part of this massive nationwide effort, we were able to arrest some of the worst offenders and stop the illegal sale of prescription opioids—and hopefully save lives.”

“Today’s local announcement reinforces law enforcement’s continued commitment to combat healthcare fraud in South Florida. IRS-CI is proud to participate in these cases and be part of the Greater Palm Beach County Health Care Fraud Task Force where we can provide our expertise to conduct financial analysis and unravel the complex financial transactions involved in these fraudulent schemes. IRS-CI will continue to allocate resources to fight the battle against healthcare fraud and will investigate individuals who are committing crimes while motivated by greed,” stated Michael J. DePalma, Acting Special Agent in Charge, IRS-CI.

“This historic announcement marks a significant effort by the National Healthcare Fraud Takedown task force and should send a clear message that these crimes will not be tolerated,” said Special Agent in Charge, Christopher Cave, USPS OIG. “The USPS Office of Inspector General, along with our law enforcement partners, will continue to aggressively pursue these investigations in order to ensure continued oversight and protection of the Postal Service and federal benefits programs.”

“We applaud the coordinated efforts of our federal law enforcement partners in this action today. The FDA is proud to play a role in supporting these investigations,” said U.S. Food and Drug Administration Commissioner Scott Gottlieb, M.D. “A key aspect of the FDA’s mission to protect public health is creating a regulatory framework that helps ensure that compounded drugs are dispensed to patients who have a legitimate medical need for them.”

“Insurance fraud has seeped into our opioid treatment homes in Florida, impacting countless families and communities,” said CFO Jimmy Patronis. “The collaborative efforts of national, state and local law enforcement are essential for combatting this type of activity. My office, along with the U.S. Attorney’s Office for the Southern District of Florida and our law enforcement partners remains committed to safeguarding Floridians while reminding those who seek to deceive and defraud – they will be held accountable for their actions.”

“These cases reinforce our commitment and determination to pursue those who would defraud Amtrak’s health care programs and target such vulnerable populations,” said Amtrak Inspector

General Tom Howard. "Our agents will continue to hold perpetrators accountable and to protect Amtrak, its employees and their dependents."

"Today's announcement is a reflection of federal, state, and local partners joining forces to root out fraud and abuse in the healthcare system," said Atlanta Regional Director for DOL-EBSA Isabel Colon. "The department will continue to take all actions necessary to put a stop to those who would defraud workers and their families of hard-earned employee benefits."

"The OPM-OIG will continue to work with the Department of Justice and our other law enforcement partners to protect the integrity of the Federal Employees Health Benefits Program and ensure that Federal employees, annuitants, and their families receive unbiased medical care from ethical professionals," said Norbert E. Vint, Acting OPM Inspector General.

The following are some of the recent health care fraud cases that have been charged in the Southern District of Florida:

I. SUBSTANCE ABUSE TREATMENT FRAUD AND ILLEGAL DISTRIBUTION OF OPIOIDS

The U.S. Attorney's Office for the Southern District of Florida continues to partner with federal, state and local law enforcement agencies and the Greater Palm Beach Health Care Fraud Task Force ("Task Force") to target fraud and other criminal practices in the substance abuse treatment/medical industry, including: money laundering; billing for treatment and laboratory testing that was not actually provided and not medically necessary; submission of claims that were solicited through the payment of kickbacks and bribes to patients, sober home owners, and treatment center owners; and the illegal distribution of opioids. To date, at least 34 individuals have been charged federally, 19 have been convicted, \$20,292,916.37 in restitution has been ordered, and more than \$4 million in restitution has been collected.

A. Health Care Fraud and Money Laundering

1. United States v. Kenneth Bailyson, et al.,

Case No. 18-80124-CR-Rosenberg

On June 22, 2018, Kenneth Bailyson, 45, of West Palm Beach, Florida, owner of GDSL, Inc., a/k/a Good Decisions Sober Living, Inc. ("GDSL") in West Palm Beach, Stephanie Curran, 35, of Lake Worth, Florida, an employee of GDSL, Mark Agresti, 55, of Palm Beach, Florida, the Medical Director of GDSL, and Matthew Noel, 32, of Louisville, Kentucky, an employee of GDSL, were charged by indictment. The defendants were charged with conspiracy to commit health care and wire fraud, substantive counts of health care fraud, and substantive counts of money laundering for their involvement in a scheme at GDSL to illegally recruit patients, pay kickbacks, and defraud health care benefit programs by billing for widespread fraudulent urine testing that was not medically necessary. The indictment alleges that during the course of the fraudulent scheme, from September 2011 through December 2015, GDSL submitted claims for substance abuse treatment services in excess of approximately \$106,576,358 to the insurance plans, and received insurance payments of approximately \$31,356,527.

This case is being prosecuted by DOJ Trial Attorney James V. Hayes, formerly an Assistant U.S. Attorney in the Southern District of Florida.

2. United States v. Anthony Jackson.

Case No. 18-80040-CR-Middlebrooks

On June 21, 2018, following his guilty plea to conspiracy to commit health care fraud, Anthony Jackson, 51, of Lantana, Florida, a Certified Addiction Counselor at Reflections Treatment Center in Margate, Florida and owner of Pantherview Sober Home in Boynton Beach, Florida was sentenced to 42 months in prison, to be followed by 3 years of supervised release. Jackson also was ordered to pay \$5,122,886.86 in restitution.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

3. United States v. Eric Snyder, et al.,

Case No. 18-80111-CR-Rosenberg

On June 7, 2018, Eric Snyder, 31, of Delray Beach, Florida, an owner of Halfway There Florida, LLC/A Safe Place (“HWT”), a Delray Beach sober home, and Real Life Recovery Delray LLC (“RLR”), a substance abuse treatment facility, Paul R. Matera, 43, of Port St. Lucie, Florida, the CEO of RLR, and patient brokers Joseph Lubowitz, 29, of Pennsylvania and West Palm Beach, Florida, and Christopher Fuller, 33, of West Palm Beach, Florida, were charged by indictment. The defendants were charged with conspiracy to commit health care and wire fraud, substantive counts of health care fraud, substantive counts charging a violation of the Travel Act, conspiracy to commit money laundering, and substantive counts of money laundering for their involvement in a scheme to illegally recruit patients, pay kickbacks, and defraud health care benefit programs by billing for urine testing and substance abuse treatment that was medically unnecessary, and that was never provided. During the course of the alleged fraudulent scheme, from January 2011 through September 2015, HWT/RLR submitted claims for substance abuse treatment services in excess of approximately \$58,209,385 to insurance plans, and received insurance payments of approximately \$20,190,941. Eric Snyder and Christopher Fuller were previously charged with conspiracy to commit health care fraud in this case, in a criminal complaint filed in July 2017 (Case No. 17-MJ-08268-Brannon).

This case is being prosecuted by DOJ Trial Attorney James V. Hayes, formerly an Assistant U.S. Attorney in the Southern District of Florida.

4. United States v. Mark Jeffrey Hollander,

Case No. 18-80102-CR-Rosenberg

On May 21, 2018, Mark Jeffrey Hollander, 44, of Miami, Florida, was charged by an information with laundering the proceeds of health care fraud, that is, monies he received from Smart Lab LLC, a clinical laboratory located in Palm Beach Gardens, Florida.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase

5. United States v. Lawrence Weisberg,

Case No. 18-80108-CR-Rosenberg

On May 29, 2018, Lawrence Weisberg, 51, of Boca Raton, Florida, was charged by an information with laundering the proceeds of health care fraud, that is, monies he received from Smart Lab LLC, a clinical laboratory located in Palm Beach Gardens, Florida.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

6. United States v. Lanny Fried,

Case No. 18-80100-CR-Rosenberg

On May 21, 2018, Lanny Fried, 41 of Miami, Florida, was charged by an information with conspiracy to commit money laundering of proceeds from health care fraud, that is, monies he and others received from Smart Lab LLC, a clinical laboratory located in Palm Beach Gardens, Florida.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

7. United States v. Bosco Vega,

Case No. 18-80101-CR-Middlebrooks

On May 22, 2018, Bosco Vega, 52, of Miami, Florida, was charged by an information with laundering the proceeds of health care fraud, that is, monies he received from Smart Lab LLC, a clinical laboratory located in Palm Beach Gardens, Florida.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

B. Illegal Distribution of Opioids

8. United States v. Arman Abovyan and Tina Marie Barbuto,

Case No. 18-80122-CR-Middlebrooks

On June 19, 2018, Arman Abovyan, 44, of Boca Raton, Florida, former Medical Director of Reflections Treatment Center in Margate and Journey to Recovery in Boca Raton, and Tina Marie Barbuto, 39 of Boca Raton, Florida, former Clinical Director of Reflections Treatment Center in Margate were charged by indictment with one count of conspiracy to distribute and dispense controlled substances outside the course of medical practice and two counts of distribution of controlled substances outside the course of medical practice.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

9. United States v. Kenneth Rivera-Kolb,

Case No. 18-80121-CR-Cohn

On June 19, 2018, Kenneth Rivera-Kolb, 66, of Largo, Florida, was charged by indictment with one count of conspiracy to distribute controlled substances in relation to his employment with Angel's Recovery, a substance abuse treatment facility located in Palm Beach County, Florida. Rivera-Kolb was a licensed physician in the State of Florida. In 2013, he was hired as the Medical Director for Angel's Recovery. As the Medical Director of Angel's Recovery, Rivera-Kolb

prescribed controlled substances for patients. From approximately February 17, 2015 through September 2, 2015, after the suspension of his medical license, Rivera-Kolb allegedly continued to prescribe controlled substances to patients of Angel's Recovery.

The case is being handled by Assistant U.S. Attorneys A. Marie Villafaña and Alexandra Chase.

10. United States v. Scott Novick,

Case No. 18-20563-CR-Moore

On June 27, 2018, Scott Novick, 50, of Broward County, Florida, was charged by information with one count of conspiracy to dispense and distribute controlled substances. According to the information, Novick was the owner of American Pain Management, a pain management clinic located in Tamarac, Florida. He also owed Pacific Pharmacy, a Miami-area pharmacy. Between July 2016 and March 2018, Novick allegedly engaged in a conspiracy to dispense and distribute Schedule II substances, including oxycodone and morphine.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Timothy P. Loper.

Agencies involved with the Greater Palm Beach County Health Care Fraud Task Force include the FBI, IRS-CI, DIFS, Amtrak-OIG, DOL-EBSA, OPM-OIG, and NICB.

II. CHECK CASHING FRAUD SCHEMES

11. United States v. Evelio Suarez,

Case No. 18-MJ-2965-Torres

On June 21, 2018, Evelio Suarez, 53, of Miramar, Florida, was charged by criminal complaint with conspiracy to commit money laundering, bribery of a bank employee, and obstruction of justice.

According to allegations contained in the criminal complaint, Suarez controlled three check-cashing stores in Hialeah, Florida, in the name of nominee owners. From 2013 to 2014, Suarez's check-cashing stores cashed nearly \$500 million in checks, which were allegedly primarily funded by healthcare fraud, mortgage fraud, identity theft tax refund fraud, and other fraudulent activity. Suarez allegedly knowingly cashed checks made payable to individuals who were not present at the stores, including individuals whose identities had been stolen or individuals who had been paid to flee to Cuba. Suarez allegedly did not require real identification documents to cash the fraudulent checks and, if necessary, Suarez would make fake identification documents. Suarez allegedly charged a personal fee of approximately ten percent to cash healthcare fraud and mortgage fraud checks and thirty percent for identity theft tax refund fraud checks, on top of the fee charged by the check-cashing stores. On numerous occasions, Suarez allegedly cashed individual fraudulent Medicare checks exceeding \$200,000 and individual U.S. Treasury tax refund checks exceeding \$150,000.

Mr. Greenberg commends the investigative efforts of IRS-CI and FBI in this matter. The case is being handled by Assistant U.S. Attorney Michael Berger and DOJ Trial Attorney Yisel Valdes.

12. United States v. Enrique Indalecio Iglesias,

Case No. 18-MJ-2973-Torres

On June 22, 2018, Enrique Iglesias, 44, of Homestead, Florida, was charged by criminal complaint with conspiracy to commit money laundering, money laundering, and structuring transactions to avoid reporting requirements justice.

According to allegations contained in the complaint, Iglesias controlled two check-cashing stores in Miami, in the name of nominee owners. From 2013 to 2015, Iglesias' check-cashing stores cashed nearly \$150 million in checks, which were allegedly funded primarily from health-care fraud, mortgage fraud, and other fraudulent activity. Iglesias allegedly did not require the payee on the check to be present and, on many occasions, the actual payee had been paid to flee to Cuba. Iglesias typically charged personal fees between eight to fifteen percent, for allegedly cashing health-care and mortgage-fraud checks. On numerous occasions, Iglesias allegedly cashed fraudulent individual health care fraud checks exceeding \$50,000.

Mr. Greenberg commended the investigative efforts of the FBI, HHS-OIG and IRS-CI in this matter. The case is being handled by Assistant U.S. Attorney Michael Berger and DOJ Trial Attorney Yisel Valdes.

III. DRUG AND PHARMACY FRAUD SCHEMES – Medicare Part D

A. TRICARE Fraud

13. United States v. Alap Shah,

Case No. 18-20526-CR-Ungaro

On June 19, 2018, Alap Shah, 44, of Columbus, Georgia, was charged by indictment with one count of conspiracy to defraud the United States and receive health care kickbacks and three counts of receiving health care kickbacks.

According to the indictment, Shah was a State of Georgia licensed podiatrist who allegedly received kickback payments from PGRX, a Weston, Florida based business that recruited and paid doctors to prescribe compounded medications for TRICARE and private commercial insurance beneficiaries. During the course of the conspiracy the defendant and his co-conspirators allegedly signed false Medical Director and Speaker agreements in order to conceal the fact that PGRX was paying the defendant for writing prescriptions. As a result of these prescriptions TRICARE made payments to Atlantic Pharmacy, a pharmacy located in the Southern District of Florida.

Mr. Greenberg commends the investigative efforts of DCIS, U.S. Army Criminal Investigation Command, FDA-Office of Criminal Investigations (FDA-OCI) and USPS-OIG. This case is being prosecuted by Assistant U.S. Attorney Daniel Bernstein.

14. United States v. Christopher Liva, et al.,

Case No. 18-60167-CR-Middlebrooks

On June 14, 2018, Christopher Liva, 39, of Boca Raton, Florida, Elaina Liva, 66, of Pompano Beach, Florida, and Stephen Chalker, 42, of Wellington, Florida, were charged by indictment with one count of conspiracy to commit health care fraud. Chalker was also charged with three counts of health care fraud.

According to the indictment, the Livas were the owners/operators of, and Chalker was the pharmacist in charge at Pop's Pharmacy, LLC ("Pop's Pharmacy"), a pharmacy located in Deerfield Beach, Florida. The indictment alleges that from approximately September 2014 to October 2016, the defendants and their co-conspirators caused Pop's Pharmacy to submit false and fraudulent claims to Medicare, TRICARE, and Medicaid for compounded drugs and other prescription medications, including expensive pain and scar creams, that were not medically necessary and/or were never provided. As a result of these false and fraudulent claims, Medicare, TRICARE, and Medicaid made payments totaling nearly \$5 million.

Mr. Greenberg commends the investigative efforts of the FBI, HHS-OIG, DCIS, and the State of Florida Medicaid Fraud Control Unit in this matter. This case is being prosecuted by DOJ Trial Attorney Leslie Wright.

15. United States v. Ryan Long and Billy Burton,

Case. Nos. 18-60144-CR-Dimitrouleas; 18-60164-CR-Dimitrouleas

On May 24, 2018, Ryan Long, 47, of Dunelton, Florida, was charged by indictment with conspiracy to receive healthcare kickbacks along with six counts of receiving healthcare kickbacks. Billy Burton, 28, of Louisville, Kentucky, was charged by information on June 12, 2018, with causing the misbranding of drugs while held for sale. These charges stem from Long and Burton's alleged involvement in a \$40 million compounding pharmacy fraud scheme, involving TRICARE, spearheaded by Monty Ray Grow, 47, of Tampa, Florida, who was convicted earlier this year in United States v. Monty Ray Grow, Case No. 16-20893-CR-Moreno(s), and recently sentenced to 22 years in prison.

Mr. Greenberg commends the investigative efforts of DCIS, FDA-OCI, and U.S. Army Criminal Investigation Command. This case is being prosecuted by Assistant U.S. Attorney Kevin Larsen.

16. United States v. Asif Uddin and Karl Voeller,

Case Nos. 18-20546-CR-Gayles and 18-20549-CR-Moreno

On June 25, 2018, Asif Uddin, 31, of Kansas City, Missouri, was charged by information with conspiracy to pay and receive healthcare kickbacks in connection with a multi-million dollar fraud scheme purportedly perpetrated on the TRICARE military health benefit program. Uddin, along with Karl Voeller, 33, of Boynton Beach, Florida, who was charged by a separate information on the same date, allegedly conspired with a company based in Miami, Florida to recruit and refer TRICARE beneficiaries to receive prescriptions from pharmacies in Florida and Oklahoma in exchange for kickbacks.

Attorney for the United States Randy A. Hummel commends the investigative efforts of DCIS. These cases are being prosecuted by Assistant U.S. Attorney Kevin J. Larsen.

B. Limited Income Newly Eligible Transition (“LINET”) Program Fraud

According to the criminal charges, filed in the following cases, the defendants allegedly defrauded the Limited Income Newly Eligible Transition (“LINET”) Program of Medicare Part D. The LINET Program exists to ensure that certain low-income individuals who are newly eligible for Medicare benefits receive immediate Part D coverage until they are enrolled in a traditional Medicare Part D prescription drug plan.

17. United States v. Orelbis Gonzalez,

Case No. 18-20477-CR-Gayles

On June 5, 2018, Orelbis Gonzalez, 32, of Miami, Florida, was charged by indictment with conspiracy to commit health care fraud, four counts of health care fraud, conspiracy to commit money laundering and four counts of money laundering.

According to the indictment, the defendant targeted the LINET program of Medicare Part D. Gonzalez was the president and registered agent of Universal Pharmacy Group Inc. (“Universal Pharmacy”), a Miami pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. From June 2015 through September 2015, the defendant submitted and caused the submission of approximately \$411,760 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Universal Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of Universal Pharmacy in the approximate amount of \$354,979.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

18. United States v. Dalia Hernandez,

Case No. 18-20474-CR-Altonaga

On June 5, 2018, Dalia Hernandez, 50, of Miami, Florida, was charged by indictment with conspiracy to commit health care fraud and three counts of health care fraud. According to the indictment, the defendant targeted the LINET program of Medicare Part D. Hernandez was the president and registered agent of AAP Pharmacy in Miami Springs, a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. From April 2014 through July 2014, the defendant submitted and caused the submission of approximately \$1,267,368 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by AAP Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of AAP Pharmacy in the approximate amount of \$322,331.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

19. United States v. Georvanys Rodriguez Pineda.

Case No. 18-20428-CR-Cooke

On May 22, 2018, Georvanys Rodriguez Pineda, 43, of Miami, Florida, was charged by indictment with conspiracy to commit health care fraud and four counts of health care fraud.

According to the indictment, the defendant targeted the LINET program of Medicare Part D. Pineda was the president and registered agent of Urantia Pharmacy Inc., a Miami pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. From June 2015 through November 2015, the defendant submitted and caused the submission of approximately \$1,111,820 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Urantia Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of Urantia Pharmacy in the approximate amount of \$310,490.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

20. United States v. Alexander Sarduy Fuentes, et al..

Case No. 18-20475-CR-Moreno

On June 5, 2018, Alexander Sarduy Fuentes, 47, and Jorge Victor O'Reilly, 56, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and six counts of health care fraud.

Fuentes owned Hello Pharmacy & Discount Inc. ("Hello Pharmacy"), a Miami Gardens pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. O'Reilly owned @ All Pharmacy & Supplies LLC ("All Pharmacy"), a Miami pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. Fuentes, O'Reilly, and others conspired to fraudulently bill the LINET program. From August 2015 through October 2015, the defendants submitted and caused the submission of approximately \$539,711 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by All Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of All Pharmacy in the approximate amount of \$539,711. From August 2015 through October 2015, the defendants submitted and caused the submission of approximately \$346,095 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Hello Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of Hello Pharmacy in the approximate amount of \$274,052.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

C. Additional Pharmacy Fraud Schemes

21. United States v. Antonio Perez, Jr.,

Case No. 18-20528-CR-Moreno

On June 25, 2018, Antonio Perez, Jr., 48, of Miami Beach, Florida, was charged by indictment with one count of conspiracy to commit health care fraud and wire fraud, four counts of health care fraud, one count of conspiracy to commit money laundering and two counts of money laundering.

According to the indictment, Perez owned a Miami-area pharmacy called ARA Medical Services Inc., which did business under the name Valles Pharmacy. Between January 2011 and August 2017, Perez allegedly engaged in a conspiracy and scheme to defraud Part D of the Medicare program by causing Valles Pharmacy to be paid approximately \$8 million in claims for prescription medications that were not medically necessary, not eligible for reimbursement, and were not provided. As alleged in the indictment, Perez and his co-conspirators carried out the fraudulent scheme by, among other things, paying kickbacks to beneficiaries in exchange for access to their identifying information, which Valles Pharmacy used to submit false and fraudulent claims to Medicare.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Timothy P. Loper.

22. United States v. Maria E. Inda and Ileana Rodriguez,

Case No. 18-20453-CR-Ungaro

On May 31, 2018, Maria E. Inda, 65, and Ileana Rodriguez, 45, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and wire fraud and eight counts of health care fraud. Rodriguez was also charged with two counts of money laundering.

According to the indictment, the defendants defrauded the Medicare Part D prescription drug program through two Miami pharmacies. Inda was the president and registered agent of Caribbean Pharmacy Inc. ("Caribbean"), a retail pharmacy that purportedly provided prescription drugs to Medicare beneficiaries. Rodriguez was a pharmacy technician at Caribbean. Later, Rodriguez opened Aqua Pharma Inc. ("Aqua"), a retail pharmacy she controlled with Inda. From May 2009 through September 2016, the defendants allegedly submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that prescription drugs were medically necessary and had been provided by Caribbean and Aqua. The scheme operated through the payment of kickbacks to patient recruiters in exchange for the referral of fraudulent prescriptions. As a result of the fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Caribbean and Aqua pharmacies in the approximate amount of \$6.8 million. The indictment further charges Rodriguez with money laundering based on her purchase of a home and Mercedes Benz, allegedly with proceeds of the Medicare fraud scheme.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

23. United States v. Ascanio Serna,

Case No. 18-20561-CR-Altonaga

On June 27, 2018, Ascanio Serna, formerly a co-owner of A.S.C. Pharmacy, Inc. ("ASC"), a now-defunct Miami pharmacy, was charged by information with one count of conspiracy to commit health care fraud for his role in a \$3.6 million compounding scheme at ASC. As alleged in the information, ASC formulated compounded medications without regard to medical necessity, but rather to maximize profits by increasing the amount that ASC could bill to insurance companies for reimbursement of the specific combinations of ingredients in each compounded cream. To obtain prescriptions for its compounded formulas, ASC paid kickbacks and bribes to marketers and doctors, and waived co-pays to patients.

Mr. Greenberg commends the investigative efforts of HHS-OIG, FBI and DCIS. This case is being prosecuted by DOJ Trial Attorney David Snider.

24. United States v. David Espinosa, Sandy Basulto and Aracelis Basilia Lopez,

Case No. 18-20435-CR-Middlebrooks

On May 24, 2018, David Espinosa, 61, Sandy Basulto, 34, and Aracelis Lopez, 59, all of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and wire fraud and eight counts of health care fraud.

According to the indictment, the defendants defrauded the Medicare Part D prescription drug program through Ultra Pharmacy Discount Corp. ("Ultra Pharmacy"), a retail pharmacy located in Miami. Espinosa was the president and registered agent of Ultra Pharmacy, while Basulto and Lopez served as licensed pharmacy technicians. From March 2013 through February 2015 the defendants allegedly submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that prescription drugs were medically necessary and had been provided by Ultra Pharmacy. The indictment also alleges that the scheme involved payment of kickbacks to patient recruiters in exchange for the referral of fraudulent prescriptions. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Ultra Pharmacy in the approximate amount of \$2.4 million.

Mr. Greenberg commends the investigative efforts of the HHS-OIG, FBI, and U.S. Customs and Border Protection (CBP) Air and Marine. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

25. United States v. Carlos Garcia, Heidy Garcia and Gisell Aberasturia,

Case No. 18-20514-CR-Moore

On June 14, 2018, Carlos Garcia, 51, of Lake Worth, Florida and Heidy Garcia, 24, and Gisell Aberastria, 52, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and wire fraud and nine counts of health care fraud.

According to the indictment, the defendants defrauded the Medicare Part D prescription drug program through retail pharmacies Capital Drugs in Miami, Green Hope Pharmacy in Miami and American Drugs Pharmacy in Lake Worth. Garcia was the president and registered agent of Capital Drugs and a beneficial owner of Green Hope Pharmacy and American Drugs, while Aberastria was the president and registered agent for Green Hope Pharmacy. Garcia served as a licensed pharmacy technician at Capital Drugs, Green Hope Pharmacy and American Drugs Pharmacy. From March 2013 through June 2018 the defendants allegedly submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that prescription drugs were medically necessary and had been provided by Capital Drugs, Green Hope and American Drugs. The indictment also alleges that the scheme involved payment of kickbacks to patient recruiters in exchange for the referral of fraudulent prescriptions. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Capital Drugs, Green Hope Pharmacy and American Drugs Pharmacy in the approximate amount of \$2.5 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

26. United States v. Gregory Sanchez,

Case No. 18-20513-CR-Ungaro

On June 14, 2018, Gregory Sanchez, 43, of Miami, Florida, a co-owner of Med Health Equipment, LLC (“Med Health”), a now-defunct Miami pharmacy, was charged by indictment with one count of conspiracy to commit health care fraud, six counts of health care fraud, one count of conspiracy to commit money laundering, and six counts of money laundering, for his alleged role in a scheme that caused Part D of the Medicare program to pay Med Health \$2.5 million for prescription drugs that the pharmacy never actually purchased or provided to Medicare beneficiaries. As alleged in the indictment, Sanchez and his co-conspirators carried out the fraudulent scheme by, among other things, paying kickbacks to patient recruiters in exchange for Medicare beneficiaries’ identifying information, which Med Health used to submit false and fraudulent claims to Medicare. To generate the cash needed to pay the patient recruiters, Sanchez allegedly laundered the proceeds of the fraud by cashing checks disguised as compensation.

Mr. Greenberg commends the investigative efforts of HHS-OIG and FBI. This case is being prosecuted by DOJ Trial Attorney David Snider.

27. United States v. Arturo Paez Martinez,

Case No. 18-20545-CR-Scola

On June 25, 2018, Arturo Paez Martinez, 65, of Miami, Florida, was charged by information with one count of conspiracy to commit health care fraud and wire fraud and four counts of health care fraud.

According to the information, Martinez owned a Miami-area pharmacy called Versalles Pharmacy. Between March 2014 and June 2015, Perez allegedly engaged in a conspiracy and scheme to defraud Part D of the Medicare program by causing Versalles Pharmacy to be paid approximately \$1.2 million in claims for prescription medications that were not medically necessary, not eligible for reimbursement, and not provided. As alleged in the indictment, Martinez and his co-conspirators carried out the fraudulent scheme by, among other things, paying kickbacks to patient recruiters in exchange for Medicare beneficiaries' identifying information, which Versalles Pharmacy used to submit false and fraudulent claims to Medicare.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Timothy P. Loper.

28. United States v. Augustine Oranusi and Daylet Martinez,

Case No. 18-20527-CR-Ungaro

On June 19, 2018, Augustine Oranusi, 52, and Daylet Martinez, 35, both of Miami, Florida, were charged by indictment with one count of conspiracy to commit health care fraud and wire fraud, five counts of health care fraud, and conspiracy to commit money laundering.

According to the indictment, Oranusi was a pharmacist and Martinez was a pharmacy technician, and together they owned a Miami-area pharmacy called Evergreen Pharmacy. Between March 2013 and October 2016, Oranusi and Martinez engaged in a conspiracy and scheme to defraud Part D of the Medicare program by causing Evergreen Pharmacy to be paid approximately \$1.6 million in claims for prescription medications that were never actually purchased or provided to Medicare beneficiaries. As alleged in the indictment, Oranusi, Martinez, and their co-conspirators carried out the fraudulent scheme by, among other things, paying kickbacks to patient recruiters in exchange for Medicare beneficiaries' identifying information, which Evergreen Pharmacy used to submit false and fraudulent claims to Medicare.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Timothy P. Loper.

29. United States v. Alian Miranda,

Case No. 18-20434-CR-Williams

On May 24, 2018, Alian Miranda, 30, of Miami, Florida, was charged by indictment with conspiracy to commit health care fraud and wire fraud and nine counts of health care fraud.

According to the indictment, the defendant defrauded the Medicare Part D prescription drug program through Rodriguez Pharmacy Corp ("Rodriguez Pharmacy"), a retail pharmacy owned by Miranda and located in Miami, Florida. From October 2014 through July 2017 the defendant allegedly submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that

prescription drugs were medically necessary and had been provided by Rodriguez Pharmacy. The indictment also alleges that the scheme involved payment of kickbacks to Medicare beneficiaries and other co-conspirators in exchange for the referral of fraudulent prescriptions. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Rodriguez Pharmacy in the approximate amount of \$1.3 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

30. United States v. Oscar Guardarrama, Sandy Basulto and Noemi Delgado,

Case No. 18-20508-CR-Altonaga

On June 14, 2018, Oscar Guardarrama, 62, Sandy Basulto, 34, and Noemi Delgado, 27, all of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and wire fraud and eleven counts of health care fraud.

According to the indictment, the defendants defrauded the Medicare Part D prescription drug program through Antares Pharmacy Discount Corp. (“Antares Pharmacy”), a retail pharmacy located in Miami. Guardarrama was the president and registered agent of Antares Pharmacy, while Basulto and Delgado served as licensed pharmacy technicians. From February 2014 through June 2018 the defendants allegedly submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that prescription drugs were medically necessary and had been provided by Antares Pharmacy. The indictment also alleges that the scheme involved payment of kickbacks to patient recruiters, including Delgado, in exchange for the referral of fraudulent prescriptions. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Antares Pharmacy in the approximate amount of \$1.7 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

31. United States v. Nieves Suarez, et al.,

Case No. 18-20175-CR-Cooke(s)

On June 12, 2018, Nieves Suarez, 48, Arlety Guerra Prieto, 45, and Mariela Quintana, 49, all of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and four counts of health care fraud.

According to the indictment, Suarez was the president and registered agent of Golden Owl Pharmacy & Discount Corp. (“Golden Owl Pharmacy”), a Miami pharmacy that purportedly provided prescription drugs to Medicare beneficiaries, from January 3, 2011 to November 30, 2012, and secretary from November 30, 2012, to on or about March 10, 2015. Prieto was president and registered agent of Golden Owl Pharmacy from November 30, 2012, until the dissolution of the corporation on September 25, 2015. Quintana was a co-owner of Golden Owl Pharmacy. From October 2012 through March 2015, the defendants submitted and caused the

submission of approximately \$915,784 in claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Golden Owl Pharmacy. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to the corporate bank accounts of Golden Owl Pharmacy in the approximate amount of \$915,784.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

32. United States v. Raiza Del Carmen De Leon and Julio Cesar De Leon,

Case No. 18-20436-CR-Scola

On May 24, 2018, Raiza Del Carmen De Leon, 38, and Julio Cesar De Leon, 42, a husband and wife of Miami Springs, Florida, were charged by indictment with conspiracy to commit health care fraud and wire fraud and eight counts of health care fraud.

According to the indictment, the defendants defrauded the Medicare Part D prescription drug program through Miramar Pharmacy and Discount Inc. ("Miramar Pharmacy"), a retail pharmacy co-owned by the De Leons and located in Miramar, Florida. From October 2014 through November 2015 the defendants submitted and caused the submission of fraudulent claims for reimbursement to the Medicare Part D program, via interstate wires, that falsely and fraudulently represented that prescription drugs were medically necessary and had been provided by Miramar Pharmacy. The indictment also alleges that the scheme involved payment of kickbacks to patient recruiters in exchange for the referral of fraudulent prescriptions. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors made payments funded by the Medicare Part D Program to Miramar Pharmacy in the approximate amount of \$700,000.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Jon Juenger.

33. United States v. Yordanka Pedroso,

Case No. 18-20451-CR-Scola

On May 31, 2018, Yordanka Pedroso, 41, of Miami, Florida, was indicted on one count of conspiracy to defraud the United States and pay and receive healthcare kickbacks.

According to the indictment, Pedroso allegedly participated in the fraudulent scheme by agreeing with the owners and operators of pharmacies to receive kickbacks and bribes in exchange for providing her own personal Medicare information, as well as the personal information of a co-conspirator Medicare beneficiary who she recruited. The pharmacies then allegedly used this information to bill Medicare for medical items and services that were medically unnecessary, not provided to the defendant and her co-conspirator, and never purchased. The defendant also paid her co-conspirator Medicare beneficiary kickbacks and bribes. As a result of Pedroso's participation in the scheme, Medicare paid approximately \$134,799 to the pharmacies.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Yisel Valdes.

34. United States v. Ricardo Vento,

Case No. 18-CR-20559-Williams

On June 27, 2018, Ricardo Vento, 71, of Miami, Florida, was charged by information with one count of soliciting and receiving illegal health care bribes and kickbacks in connection with a federal health care program. The information alleges Vento received approximately \$16,200 in kickbacks. In total, Medicare paid more than \$95,000 but less than \$150,000 for services purportedly provided to the Medicare beneficiaries referred by Vento.

Mr. Greenberg commends the investigative efforts of the FBI, HHS-OIG and USSS. This case is being prosecuted by DOJ Trial Attorney Adam G. Yoffie.

35. United States v. Alexandria Suhanov,

Case No. 18-20560-CR-Martinez

On June 27, 2018, Alexandria Suhanov, 37, of Cornelius, North Carolina, was charged by information with one count of conspiracy to commit health care fraud. According to the information, Suhanov was the receptionist of American Pain Management, a pain management clinic located in Tamarac, Florida. She later worked at Pacific Pharmacy, a Miami-area pharmacy. Both American Pain Management and Pacific Pharmacy were owned by Scott Novick, who was simultaneously charged by separate information with one count of conspiracy to dispense and distribute controlled substances (Case No. 18-20563-CR-Moore). According to the information filed against Suhanov, between January 2009 through April 2018, American Pain Management and Pacific Pharmacy submitted false and fraudulent claims to Medicare, including claims for controlled substances and office visits that lacked any legitimate medical necessity. American Pain Management submitted approximately \$785,420 in claims to Medicare, and Pacific Pharmacy submitted approximately \$1,035,969 in claims to Medicare.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Trial Attorney Timothy P. Loper.

IV. HOME HEALTH CARE FRAUD – Medicare Part A

36. United States v. Berto Arias Carrasco,

Case No. 18-20558-CR-Moreno

On June 27, 2018, Berto Arias Carrasco, 55, of Pembroke Pines, Florida, was charged by information with one count of conspiracy to commit health care fraud. The charge arises from Arias Carrasco's role as the nominee owner and operator of a Miami home health care agency, New Life Home HealthCare Inc. ("New Life").

The information alleges that Arias Carrasco falsely represented himself as the true owner of New Life, which was in fact owned by a co-conspirator. It further alleges that Arias Carrasco and a co-conspirator paid kickbacks to patient recruiters in exchange for referring Medicare beneficiaries,

many of whom did not qualify for or need home health services, to New Life, and that Arias Carrasco and a co-conspirator issued checks to be cashed in order to pay kickbacks. As a result of this scheme, Medicare paid over \$15 million in false and fraudulent claims.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging this case.

37. United States v. Maricela P. Chavez et al.,

Case No. 18-20501-CR-Altonaga

On June 12, 2018, Maricela P. Chavez, 57, of Miami, Florida, Rene Guerra, 57, of Miami Beach, Florida, Esther Aguilera Escalona, 60, of Miami, Florida, Ricardo Fajardo, a/k/a “Evelyn Tiffany,” 63, of Miami, Florida, Yurisdad Hernandez, 45, of Miami, Florida, and Arelys Perez Cuesta, 50, of Hialeah, Florida, were charged by indictment with conspiracy to commit health care fraud, conspiracy to defraud the U.S. and pay and receive healthcare kickbacks and payment of kickbacks in connection with a federal health care program. Guerra was also charged with conspiracy to commit health care fraud and conspiracy to defraud the U.S. and pay and receive healthcare kickbacks.

According to the indictment, the defendants participated in a scheme to defraud Medicare using their connections to ACM Home Health Corp., located in Miami, and TC Home Health Care, Inc., located in Hialeah, home health agencies. The indictment alleges that Guerra was the registered owner of TC Home Health Care, Inc., while Chavez was the operator of, and Escalona, Fajardo, Hernandez, and Cuesta were patient recruiters for, ACM Home Health Corp. and TC Home Health Care, Inc.

The defendants allegedly conspired to defraud Part A of the Medicare program of \$14 million by billing for home health services that were not rendered and paying kickbacks to patient recruiters and patients in exchange for patient referrals.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. Assistant U.S. Attorney Miesha Shonta Darrrough is prosecuting this case.

38. United States v. Alexander Ros Lazo and Misleidy Ibarra,

Case No. 18-CR-20536-Martinez

On June 21, 2018, Alexander Ros Lazo, 53, of Homestead, Florida, an owner and operator of T.L.C. Health Services, Inc. (“T.L.C.”), a home health agency in Miami-Dade County, and Misleidy Ibarra, 45, of Homestead, Florida, a licensed massage therapist, were indicted on one count of conspiracy to commit health care fraud and wire fraud. Misleidy Ibarra was also indicted on three counts of health care fraud. Ros Lazo was also indicted on four counts of health care fraud, one count of conspiracy to defraud the United States and pay and receive health care kickbacks, and two counts of payment of bribes and kickbacks in connection with a federal health care program.

The charges stem from Ros Lazo's alleged role in a fraud scheme where he paid kickbacks and bribes to his co-conspirators in exchange for home health services prescriptions and the referral of Medicare beneficiaries to T.L.C. Ros Lazo and Ibarra also agreed with their co-conspirators to commit health care fraud by arranging for Ibarra to render physical and occupational therapy services to Medicare beneficiaries when Ibarra was not licensed to provide these services. As a result of the defendants' role in the fraudulent scheme, Medicare paid approximately \$8.6 million to T.L.C.

Mr. Greenberg commends the investigative efforts of FBI and HHS-OIG and U.S. Customs and Border Protection (CBP) Air and Marine. The case is being handled by DOJ Trial Attorney Yisel Valdes.

39. United States v. Evelio Ramirez and Rossana P. Ramirez.

Case No. 18-20534-CR-Cooke

On June 21, 2018, Evelio Ramirez, 58, and Rossana P. Ramirez, 58, both of Miami, Florida, were charged by information with conspiracy to commit health care fraud. The charge stems from their alleged roles at F&E Home Health Care, Inc., a home health agency in Miami that defrauded Part A of the Medicare program of \$7.1 million and Medicaid of \$368,972 by billing for home health services that were not provided to Medicare and Medicaid beneficiaries and paying kickbacks to patient recruiters in exchange for patient referrals.

Mr. Greenberg commends the investigative efforts of the FBI, HHS-OIG and the State of Florida Medicaid Fraud Control Unit. Assistant U.S. Attorney Miesha Shonta Darrough is prosecuting this case.

40. United States v. Nelson Anzardo Calzadilla, et al..

Case No. 18-20512-CR-Martinez

On June 14, 2018, Nelson Anzardo Calzadilla, 55, and Milena Gonzalez, 53, both of Miami, were charged by indictment in connection with their alleged roles in a home health care fraud and kickback scheme involving numerous Miami-area home health agencies. Calzadilla was charged with one count of conspiracy to commit health care fraud and wire fraud and one count of conspiracy to defraud the United States and to pay and receive health care kickbacks. Gonzalez was charged with one count of conspiracy to defraud the United States and to pay and receive health care kickbacks and three counts of receiving health care kickbacks.

The indictment alleges that Calzadilla, who owned three home health agencies, concealed the ownership interest of his co-owner, paid kickbacks to patient recruiters in return for referring Medicare beneficiaries, and caused the submission of false and fraudulent claims for services that were not medically necessary, not rendered, and procured through kickbacks and bribes. The indictment alleges that Gonzalez referred Medicare beneficiaries to various Miami-area home health agencies in exchange for kickbacks and that she paid kickbacks to the owners and operators of a Miami-area medical clinic in order to purchase home health therapy prescriptions. The indictment further alleges that, as a result of false and fraudulent claims submitted as part of the charged conspiracy to commit health care fraud and wire fraud, Medicare made payments of at least \$6.1 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging this case.

41. United States v. Margarita Palomino, et al.,

Case No. 18-20487-CR-Martinez

On June 7, 2018, Margarita Palomino, 54, of Homestead, Florida, and Norma Zayas, 29, of Miami, Florida, were indicted in connection with their alleged roles in several home health care fraud and kickback schemes involving at least six Miami-area home health agencies, which fraudulently billed Medicare for claims that were not necessary, for services not rendered, and for claims procured through kickbacks and bribes.

Palomino and Zayas were charged with conspiracy to commit health care fraud and wire fraud, arising from their involvement with several home health agencies, including Sunshine Home Health Care Services, Inc., Empire Home Health Agency, Inc., and Mildred & Marce Home Health Care Services, Inc. The indictment alleges that, as a result of false and fraudulent claims submitted as part of this conspiracy, Medicare made payments of at least \$4.65 million.

Palomino was also charged with one count of conspiracy to commit health care fraud and wire fraud, one count of conspiracy to defraud the United States and to pay and receive health care kickbacks, and two counts of making false statements relating to health care matters arising from her conduct involving Summer Health Care, Inc. and Excellent Home Health Care, Inc. The indictment further alleges that, as a result of this health care and wire fraud conspiracy, Medicare made payments of at least \$1.89 million.

Finally, Zayas was also charged with one count of conspiracy to defraud the United States and to pay and receive health care kickbacks and two counts of paying health care kickbacks arising from her involvement with Nursing Care PRN, Inc. As a result of this kickback conspiracy, the indictment alleges that Medicare paid Nursing Care PRN, Inc. at least approximately \$1.12 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging this case.

42. United States v. Daymi Arias Bofill,

Case No. 18-20562-CR-Cooke

On June 27, 2018, Daymi Arias Bofill, 41, of Miami, Florida, was charged by information with one count of conspiracy to commit health care fraud. The charge arises from Arias Bofill's role as an operator of New Life Home HealthCare Inc. ("New Life Home Health"), Empire Home Health Agency, Inc. ("Empire Home Health"), City of Angels Home Health Care, LLC ("City of Angels Home Health"), and Miami-Dade Home Health Care Inc. ("Miami-Dade Home Health"). The information alleges that Arias Bofill falsely and fraudulently represented herself as the owner of City of Angels Home Health and Miami-Dade Home Health, which in fact were owned by a co-conspirator. The information further alleges that Arias Bofill and a co-conspirator paid kickbacks

to patient recruiters in return for the referral of Medicare beneficiaries, many of whom did not qualify for or need home health services, to New Life Home Health, Empire Home Health, City of Angels Home Health, and Miami-Dade Home Health. As a result of false and fraudulent claims submitted in connection with the scheme, Medicare made payments totaling over \$4.6 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging this case.

43. United States v. Liannelys Gonzalez,

Case No. 18-20450-CR-Moore

On May 31, 2018, Liannelys Gonzalez, 28, of Miami, Florida, was charged by indictment with conspiracy to commit health care fraud and wire fraud and ten counts of health care fraud. According to the indictment, Gonzalez was the owner of Exclusive Home Care, Inc. ("Exclusive"). The indictment alleges that Gonzalez and her co-conspirators submitted claims to Medicare via interstate wire transfers which fraudulently and falsely represented that home health care services were medically necessary, prescribed by a doctor, and provided to Medicare beneficiaries when, in fact, they were not medically necessary and not provided. As a result of these false and fraudulent claims, Medicare made approximately \$4,460,679 in payments to Exclusive.

Mr. Greenberg commended the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney James V. Hayes, formerly an Assistant U.S. Attorney in the Southern District of Florida.

44. United States v. Juliette Anais Tamayo,

Case No. 18-20535-CR-Altonaga

On June 21, 2018, Juliette Anais Tamayo, 53 of Miami, Florida, was charged by indictment with one count of conspiracy to pay and receive illegal health care bribes and kickbacks in connection with a federal health care program, one count of conspiracy to commit health care fraud, and two counts of health care fraud. The indictment charges Tamayo with participating in a conspiracy that allegedly caused a loss of approximately \$3.6 million to the Medicare program. The charges arise from Tamayo's ownership of Sunshine Medical Care Group, Inc., which submitted claims to Medicare for services that did not occur, and unlawfully sold prescriptions for medically unnecessary home health services.

Mr. Greenberg commends the investigative efforts of the FBI, HHS-OIG and USSS. This case is being prosecuted by DOJ Trial Attorneys Drew Bradylyons and Adam G. Yoffie.

45. United States v. Gilberto Hernandez,

Case No. 18-20488-CR-Gayles

On June 7, 2018, Gilberto Hernandez, 43, of Miami, Florida, was charged by indictment with three counts of health care fraud. According to the indictment, Hernandez was the owner of

Advance Home Care Services, Inc. (“Advance”). The indictment alleges that Hernandez submitted claims to Medicare which fraudulently and falsely represented that home health care services were medically necessary, prescribed by a doctor, and provided to Medicare beneficiaries when, in fact, they were not medically necessary and not provided. As a result of these false and fraudulent claims, Medicare made approximately \$3,386,162 in payments to Advance.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted DOJ Trial Attorney James V. Hayes, formerly an Assistant U.S. Attorney in the Southern District of Florida.

46. United States v. Jaqueline Monteserin, et al.,

Case No. 18-20537-CR-Martinez

On June 21, 2018, Jaqueline Monteserin, 45, of Homestead, Florida, and Cela Loaces Hernandez, 54, and Alejandro Fernandez, 47, both of Miami, Florida, were charged by indictment with one count of conspiracy to commit health care fraud and wire fraud, one count of conspiracy to defraud the United States and pay and receive health care kickbacks, and two counts each of receiving health care kickbacks. The charges stem from the defendants’ involvement with D&Y Pharmacy Discount, Corp. (“D&Y Pharmacy”) and Florida Pharmacy, Inc. (“Florida Pharmacy”), which fraudulently billed Medicare for prescription drugs that were medically unnecessary, not eligible for reimbursement, and never provided.

The indictment alleges that from approximately February 2014 to July 2016, the defendants accepted kickbacks in return for referring Medicare beneficiaries to D&Y Pharmacy and Florida Pharmacy to serve as patients. The indictment further alleges that the defendants provided fraudulent prescriptions obtained from medical clinics, including two clinics operated by Monteserin and Loaces – Double R Therapy Center, Inc. (“Double R”) and Mediglez Wellness Center, Inc. (“Mediglez”) – for the recruited beneficiaries.

The indictment also charges Monteserin and Loaces with an additional count of conspiracy to commit health care fraud and wire fraud, based on their roles in a home health care fraud scheme. The indictment alleges that from approximately December 2014 to June 2015, Monteserin and Loaces accepted kickbacks in return for home health prescriptions from Double R and Mediglez for Medicare beneficiaries, many of whom did not need or qualify for home health services. The indictment further alleges that Monteserin and Loaces accepted kickbacks in return for referring Medicare beneficiaries to D&D&D Home Health Care, Inc. (“D&D&D”) to serve as patients, and that they provided falsified prescriptions for the beneficiaries they referred to D&D&D. According to the indictment, as a result of false and fraudulent claims submitted by D&D&D and other Miami-area home health agencies in connection with the scheme, Medicare made payments of at least \$3.2 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging the case.

47. United States v. Israel Rodriguez Medina,

Case No. 18-20551-CR-Scola

On June 26, 2018, Israel Rodriguez Medina, 40, of Miami, Florida, the owner of First RN, Inc., a home health agency located in Miami, was charged by indictment with one count of conspiracy to commit health care fraud and three counts of health care fraud for his alleged role in a \$1.6 million scheme. The charges arise from his ownership of First RN, which billed Medicare for home health services that were not medically necessary and/or not provided to Medicare beneficiaries.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. The case is being prosecuted by Assistant U.S. Attorney Karen Stewart and DOJ Trial Attorney Adam Yoffie.

48. United States v. Tania Gudin,

Case No. 18-20505-CR-Moore

On June 12, 2018, Tania Gudin, 54, of Miami, Florida, was charged by indictment with one count of conspiracy to commit health care fraud, one count of conspiracy to defraud the United States and pay and receive health care kickbacks, and five counts of receiving health care kickbacks. The indictment alleges that from approximately July 2011 to November 2014, Gudin accepted kickbacks in return for referring Medicare beneficiaries to various Miami-area home health agencies to serve as patients. The indictment further alleges that Gudin and her co-conspirators caused the submission of false and fraudulent claims to Medicare for home health services purportedly provided to the recruited beneficiaries, as a result of which Medicare made payments of at least \$1.36 million.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright. Maryland Assistant U.S. Attorney Jessica Collins, formerly of the Fraud Section, assisted in charging this case.

49. United States v. Niurka Herrera,

Case No. 18-20539-CR-Moore

On June 21, 2018, Niurka Herrera, 49, of Hialeah, Florida, a patient recruiter was indicted on one count of conspiracy to defraud the United States and pay and receive healthcare kickbacks, and three counts of receipt of kickbacks in connection with a federal health care program. The charges stem from the defendant's alleged role in a scheme where she agreed with her co-conspirators to pay and receive kickbacks and bribes in exchange for referring Medicare beneficiaries to home health agencies and a medical clinic. As a result of the defendant's role in the scheme, Medicare paid approximately \$153,772.28 to various home health agencies.

Mr. Greenberg commends the investigative efforts of FBI and HHS-OIG. The case is being handled by DOJ Trial Attorney Yisel Valdes.

50. United States v. Rosa Maria Baez,

Case No. 18-20428-CR-Ungaro

On May 22, 2018, Rosa Maria Baez, 44, of Hialeah, Florida, the owner of home health agency Eternity Life Health Care, Inc., in Miami Lakes, was charged by indictment with conspiracy to defraud the United States and pay health care kickbacks and payment of kickbacks in connection with a federal health care program. The charges stem from her involvement in a home health fraud scheme involving kickback payments to patient recruiters, patients, and clinic owners in exchange for patient referrals. The loss amount is approximately \$253,049.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. Assistant U.S. Attorney Miesha Shonta Darrough is prosecuting this case.

51. United States v. Yamilet Diaz,

Case No. 18-20473-CR-Cooke

On June 5, 2018, Yamilet Diaz, 50, of Hialeah, Florida, was charged by indictment with one count of conspiracy to defraud the United States and receive health care kickbacks and four counts of receiving health care kickbacks. The charges stem from Diaz's alleged role as a patient recruiter for Good Friends Services, Inc. ("Good Friends"), a now-defunct home health agency located in Hialeah Gardens, Florida. The indictment alleges that from approximately October 2012 to June 2013, Diaz received kickbacks in return for referring Medicare beneficiaries to Good Friends to serve as patients. The indictment further alleges that Diaz and her co-conspirators caused Medicare to make over \$600,000 in payments to Good Friends based upon claims for home health services submitted on behalf of the beneficiaries recruited by Diaz.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright.

52. United States v. Miriam Pardo,

Case No. 18-20504-CR-Moreno

On June 12, 2018, Miriam Pardo, 72, of Miami, Florida, was charged by indictment with one count of conspiracy to pay and receive health care kickbacks. The indictment alleges that from approximately July 2009 to at least November 2013, Pardo accepted kickbacks in return for referring Medicare beneficiaries from her clinic, Gables Medical Care Inc. ("Gables Medical Care"), to various Miami-area home health agencies to serve as patients. The indictment further alleges that Pardo accepted kickbacks in return for prescriptions for home health care and related medical records signed by a physician who worked at Gables Medical Care.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Leslie Wright.

V. PRIVATE INSURANCE FRAUD (NON-MEDICARE)

53. United States v. Carlos Aguilar and Lyzt de Dios,

Case No. 18-20382-CR-Lenard

On May 8, 2018, Carlos Aguilar, M.D., 75, and Lyzt de Dios, 32, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud health care fraud and four counts of health care fraud.

According to the indictment, Star Relief Center, LLC was a Miami medical clinic that purportedly provided private insurance beneficiaries with various medical treatments and services. Carlos Aguilar was a practicing physician. From January 2016 through September 2017, Dr. Aguilar and Lyzt de Dios submitted and caused the submission of claims, via interstate wires, totaling approximately \$1,170,570 which allegedly falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by caused Star Relief Center to insurance beneficiaries of BCBS. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of caused Star Relief Center in the approximate amount of \$748,632.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

54. United States v. Frederick J. Baptista and Rafael Andres Cepeda.

Case No. 18-20476-CR-Ungaro

On June 5, 2018, Frederick Jose Baptista, 42, and Rafael Andres Cepeda, 48, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and six substantive counts of health care fraud.

According to the indictment, Baptista was the registered agent and president and Cepeda the vice-president of B&C Rehabilitation Center, a Miami medical clinic that purportedly provided private insurance beneficiaries with various medical treatments and services. From January 2014, through April 2017, Baptista and Cepeda submitted and caused the submission of claims, via interstate wires, totaling approximately \$3,404,524, which allegedly falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by B&C Rehabilitation Center to insurance beneficiaries of BCBS. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of B&C Rehabilitation Center in the approximate amount of \$568,175.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

55. United States v. Pavel Hernandez Merino, et al.,

Case No. 18-20381-CR-Altonaga

On May 8, 2018, Pavel Luis Hernandez Merino, 36, Pablo Armando Orozco, 42, Pablo D. Orozco, 66, Carlos Ernesto Aguilar, 75, Juan Francisco Nin, 32, and Yosniel Blanco Salcines, 35, all of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud health care fraud and eighteen counts of health care fraud.

According to the indictment, Merino, Pablo A. Orozco, and Pablo D. Orozco owned medical clinics that purportedly provided private insurance beneficiaries with various medical treatments and services. Aguilar was a practicing physician. Nin and Salcines recruited patients that were referred to BBB Medical, Michael Professional, Anthony Professional, Sun Medical, and Americare, Miami medical clinics that purportedly provided private insurance beneficiaries with various medical treatments and services. From July 2014 through July 2017, Merino, Pablo A. Orozco, Pablo D. Orozco, Aguilar, Nin, and Salcines submitted and caused the submission of claims, via interstate wires, totaling approximately \$30,365,060 which allegedly falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by BBB Medical, Michael Professional, Anthony Professional, Sun Medical, and Americare to insurance beneficiaries of BCBS. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of BBB Medical, Michael Professional, Anthony Professional, Sun Medical, and Americare in the approximate amount of \$13,615,398.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

56. United States v. Sergio Lemus Carratala, Francel Rodriguez.

Case No. 18-20368-CR-Williams

On May 8, 2018, Sergio Lemus Carratala, 30, and Francel Rodriguez, 39, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and six counts of health care fraud.

According to the indictment, Carratala and Rodriguez were employees of Billing USA, Corp., a medical billing company that served as an intermediary between medical offices and clinics, and insurance companies. From January 2013 through February 2017, Carratala and Rodriguez, together with unindicted conspirators, submitted and caused the submission of claims, via interstate wires, totaling approximately \$5,692,102, which allegedly falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by Blue Diamond Medical Center Inc. ("Blue Diamond"), to insurance beneficiaries of BCBS. Blue Diamond was a Miami medical clinic that purportedly provides private insurance beneficiaries with various medical treatments and services. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of Blue Diamond in the approximate amount of \$653,893.

The indictment additionally alleged that Carratala and Rodriguez, along with unindicted conspirators, submitted and caused the submission of claims, via interstate wires, totaling approximately \$5,943,053, which falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by Salvus, LLC, to insurance beneficiaries of BCBS. Salvus, LLC was a Miami medical clinic that purportedly provides private insurance beneficiaries with various medical treatments and services. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of Salvus, LLC in the approximate amount of \$1,638,378.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

57. United States v. Yosbel Otano Melendez and Yareli Paula,

Case No. 18-20502-CR-Martinez

On June 12, 2018, Yosbel Otano Melendez, 39, and Yareli Paula, 41, both of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and eight counts of health care fraud.

According to the indictment, Melendez and Paula allegedly recruited patients that were referred to Atlantic Mobile Services, Inc., a Miami medical clinic that purportedly provided private insurance beneficiaries with various medical treatments and services. From February 2013 through May 2016, Yosbel Otano Melendez and Yareli Paula submitted and caused the submission of claims, via interstate wires, totaling approximately \$1,517,600, which falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by Atlantic Mobile Services to insurance beneficiaries of BCBS. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of Atlantic Mobile Services in the approximate amount of \$980,243.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

58. United States v. Clara Salazar-Vust, et al.,

Case No. 18-201243-CR-Altonaga

On April 3, 2018, Clara Salazar-Vust, 68, Olga Alvarado, 47, and Roberto Perez, 47, all of Miami, Florida, were charged by indictment with conspiracy to commit health care fraud and four substantive counts of health care fraud.

According to the indictment, Salazar-Vust, Alvarado, and Perez owned Salvus, LLC, a medical Miami clinic that purportedly provided private insurance beneficiaries with various medical treatments and services. From January 2013 through March 2018, the defendants allegedly submitted and caused the submission of claims, via interstate wires, totaling approximately \$5,943,053, which falsely and fraudulently represented that various health care benefits, primarily physical therapy and injectable drugs, were medically necessary, prescribed by a doctor, and had been provided by Salvus, LLC, to insurance beneficiaries of BCBS. As a result of such false and fraudulent claims, BCBS made payments to the corporate bank accounts of Salvus, LLC in the approximate amount of \$1,638,378.

Mr. Greenberg commends the investigative efforts of the FBI. This case is being prosecuted by Assistant U.S. Attorney Christopher J. Clark.

59. United States v. Ivan Sierra,

Case No. 18-20548-CR-Gayles

On June 25, 2018, Ivan Sierra, 54, of Miami, Florida, was charged by information with one count of conspiracy to commit money laundering. The information charges Sierra with laundering approximately \$937,000 for various physical therapy clinics in the Miami area. The cash generated from the laundering activity was allegedly used to pay kickbacks to patients for whom the clinics billed physical therapy services that were not medically necessary to private insurance companies.

Mr. Greenberg commends the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Trial Attorney Timothy P. Loper.

A criminal complaint, information, or indictment is merely an allegation, and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

The Medicare Fraud Strike Force operations are part of a joint initiative between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. The Medicare Fraud Strike Force operates in nine locations nationwide. Since its inception in March 2007, the Medicare Fraud Strike Force has charged over 3,700 defendants who collectively have falsely billed the Medicare program for over \$14 billion.

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>

Component(s):

USAO - Florida, Southern

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