



U.S. Department of Justice

United States Attorney
Southern District of Florida

99 N.E. 4 Street
Miami, FL 33132
(305) 961-9001

June 18, 2015

NEWS RELEASE:

SEVENTY-THREE CHARGED IN SOUTHERN DISTRICT OF FLORIDA AS PART OF LARGEST NATIONAL MEDICARE FRAUD TAKEDOWN IN HISTORY

Wifredo A. Ferrer, United States Attorney for the Southern District of Florida, Attorney General Loretta E. Lynch, George L. Piro, Special Agent in Charge, Federal Bureau of Investigation (FBI), Miami Field Office, Shimon R. Richmond, Special Agent in Charge, U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), Amy L. Parker, Assistant Special Agent in Charge, Eastern Region, U.S. Office of Personnel Management, Office of Inspector General (OPM-OIG), Pam Bondi, Florida Attorney General, and, David W. Bourne, Special Agent in Charge, U.S. Food and Drug Administration's (FDA) Office of Criminal Investigations, Miami Field Office, announce that seventy-three (73) South Florida residents were charged for their alleged participation in various schemes to defraud Medicare and Medicaid out of more than \$262,567,878. The charges in South Florida are part of a nationwide takedown by Medicare Fraud Strike Force operations in 17 cities that resulted in charges against 243 individuals, including more than 46 doctors, nurses, and other licensed medical professionals, for their alleged participation in Medicare fraud schemes involving approximately \$712 million in false billings. In addition, the Centers for Medicare & Medicaid Services (CMS) also suspended a number of providers using its suspension authority as provided in the Affordable Care Act. This coordinated takedown is the largest in Strike Force history, both in terms of the number of defendants and loss amount.

U.S. Attorney Wifredo A. Ferrer stated, "The Medicare fraud schemes continue to be relentless. However, the efforts discussed today demonstrate that our national law enforcement initiatives are actively combatting this problem. Here, on the home front, we have charged thirty percent of the total defendants alleged to have participated in these evolving fraud schemes. Together, we have taken a solid stance against those who rob our communities of tax dollars intended to fund government programs that provide essential, quality of life benefits to the elderly and infirm. Those who commit Medicare fraud through the filing of false claims, payment or receipt of kickbacks, or fraudulent medical practices will be held accountable for defrauding the U.S. government."

"This action represents the largest criminal health care fraud takedown in the history of the Department of Justice, and it adds to an already remarkable record of enforcement," said Attorney General Lynch. "The defendants charged include doctors, patient recruiters, home health care providers, pharmacy owners, and others. They billed for equipment that wasn't

provided, for care that wasn't needed, and for services that weren't rendered. In the days ahead, the Department of Justice will continue our focus on preventing wrongdoing and prosecuting those whose criminal activity drives up medical costs and jeopardizes a system that our citizens trust with their lives. We are prepared – and I am personally determined – to continue working with our federal, state, and local partners to bring about the vital progress that all Americans deserve.”

“Health care fraud undercuts our country by driving up health care costs, wasting taxpayer dollars, and diverting Medicare and Medicaid funds designed to pay for legitimate health services. Taxpayers expect their government to fight back hard against such fraud and today’s crackdown shows our commitment to protecting Medicare, Medicaid, and the patients served by these government programs,” said Special Agent in Charge Shimon R. Richmond of U.S. Department of Health and Human Services Office of Inspector General’s Miami regional office. “Coordinating closely with our law enforcement partners, our agents work hard and well to ensure those who steal from federal health care programs pay dearly for their crimes.”

“Health care fraud is a multi-million dollar criminal industry that is bleeding off tax payer dollars from the system leaving people with legitimate health needs to bear the burden,” said George L. Piro, Special Agent in Charge, FBI Miami. “The FBI and its partners devote vast resources to investigate, catch and prosecute those committing health care fraud. To attack the problem from both ends, tougher regulations and oversight are key to reducing the amount of fraud from occurring in the first place.”

Florida Attorney General Pam Bondi stated, “When you charge for a medical procedure you never performed, for something a patient never needed or asked for and steal millions from our taxpayers, we are coming after you. I want to thank my Medicaid Fraud Control Unit and our federal partners who worked together through the Health Care Fraud Prevention and Enforcement Action Team, for the great investigative work that lead to these arrests.”

“Patients rely on the FDA to help keep their prescription medications safe and effective. When these drugs are diverted from the legitimate supply chain, they place the patient’s health at risk,” said George M. Karavetsos, Director, FDA Office of Criminal Investigations. “We will continue to work with our law enforcement colleagues to protect the public’s health.”

Specifically, the South Florida cases announced as part of the nationwide Medicare Fraud Strike Force takedown include:

1. United States v. Daniel Suarez, et al., Case No. 15-20411-CR-Middlebrooks

Daniel Suarez, 23, of Miami, **Maria Echarri**, 40, of North Miami Beach, **Angelina Gonzalez**, 47, of Miami, **Odalys del Carmen Borrego**, 47, of Miami, **Victor Manuel Ron**, 30, of Homestead, **Evelyn Parrado**, 26, of Homestead, **Enemisis Torres**, 48, of Miami, and **Aimee Gead**, 39, of Miami, are charged by indictment with conspiracy to commit health care fraud and wire fraud and substantive counts of health care fraud. The indictment alleges that the defendants participated in overlapping conspiracies which took place from 2010 until the end of 2014. Suarez, Echarri, Gonzalez, and Borrego owned and operated four pharmacies, Alpha Pharmacy & Discount, Inc., Galaxy Pharmacy & Discount Inc., Dixie Pharmacy Discount Inc.,

and Nicole Pharmacy LLC, and husband and wife, Ron and Parrado, owned and operated a fifth pharmacy, NW Pharmacy, Inc. The indictment further alleges that the defendants and their co-conspirators submitted claims to Medicare and Part D drug plan sponsors that falsely and fraudulently represented that that prescription drugs that had been filled at their pharmacies, were medically necessary, prescribed by a doctor and were actually provided to Medicare beneficiaries. The indictment alleges that the co-conspirators paid Medicare beneficiaries for their personal identification numbers that were used to file false and fraudulent claims with Medicare drug plan sponsors. The indictment further alleges that Torres, through her clinic, Palmetto Comprehensive Healthcare, Inc., with the assistance of employee Gead, forged and altered Medicare beneficiary prescriptions and sold the prescriptions to the co-conspirators, who in turn, caused false and fraudulent claims to be filed with the Medicare and Part D drug program. As a result of these false and fraudulent claims, the defendants billed a total of at least \$21.2 million from Medicare.

Mr. Ferrer commended the investigative efforts of HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Roger Cruz.

2. United States v. Eklis Almanza, Juan E. Diaz Gonzalez, and Andres Rojas,
Case No. 15-20412-CR-Williams

Eklis Almanza, 42, **Juan E. Diaz Gonzalez**, 47, both of Hialeah, and **Andres Rojas**, 56, of Miami, are charged by indictment with conspiracy to commit health care fraud and wire fraud and six counts of substantive health care fraud. The indictment alleges that Almanza, her husband Gonzalez, and their partner Rojas owned and operated Endless Medical Services, Corp., a/k/a “E-Z Pharmacy.” The indictment further alleges that the defendants conspired to commit health care and wire fraud from 2008 to May of 2014 by submitting claims to Medicare and Part D drug plan sponsors that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare Beneficiaries, when in fact this was not true. As a result of these false claims, the defendants received approximately \$4,787,343 in overpayments from Medicare.

Mr. Ferrer commended the investigative efforts of HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Roger Cruz.

3. United States v. Jose Pando, Magaly Gonzalez, and Daysi Sanchez,
Case No. 14-20398-CR-Cooke

Jose Pando, 62, **Magaly Gonzalez**, 60, and **Daysi Sanchez**, 51, all of Hialeah, are charged by indictment with conspiracy to commit health care fraud and wire fraud, four counts of substantive health care fraud, and conspiracy to defraud the United States and pay health care kickbacks. The indictment alleges that the defendants submitted claims to Medicare and Medicare Part D drug plan sponsors that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries when, in fact, the drugs were not medically necessary and not provided. The Indictment also alleges that in furtherance of the conspiracy the co-conspirators submitted false and fraudulent prescription drug wholesaler invoices to conceal from PBMs auditing their

operations that they had not purchased sufficient quantities of prescription drugs. As a result of these false and fraudulent claims to Medicare Part D drug plan sponsors made overpayments to Phrma Services, a company controlled by the defendants in the approximate amount of \$2.7 million.

Mr. Ferrer commended the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

4. United States v. Jorge Collazo, Case No. 15-20426-CR-Middlebrooks

Jorge Collazo, 30, of Miami, an owner of Sonic Pharmacy, is charged by indictment with conspiracy to commit health care fraud and wire fraud and four counts of substantive health care fraud. The indictment alleges that the defendant and his co-conspirators submitted claims to Medicare and Medicare Part D drug plan sponsors that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries when, in fact, the drugs were not medically necessary and not provided. As a result of these false and fraudulent claims, Medicare drug plan sponsors made approximately \$1.3 million dollars in overpayments to Sonic Pharmacy.

Mr. Ferrer commended the investigative efforts of the FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

5. United States v. Yamille Duain Porro, Case No. 15-20426-CR-Williams

Dr. Yamille Duain Porro, 69, of Hialeah, is charged by indictment with conspiracy to commit health care fraud and wire fraud, two counts of substantive health care fraud, conspiracy to defraud the United States by paying and receiving health care kickbacks, and four substantive counts of receiving health care kickbacks. The indictment alleges that the defendant and her co-conspirators submitted claims to Medicare via interstate wire 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. The indictment further alleges that health care kickbacks were paid to patients, patient recruiters, and to the defendant in order to further the scheme. As a result of these false and fraudulent claims, Medicare paid Suncare Home Health and other Miami-based Home Health Agencies.

Mr. Ferrer commended the investigative efforts of the FBI, HHS-OIG and the United States Postal Inspection Service (USPIS). This case is being prosecuted by Assistant U.S. Attorney James Hayes.

**6. United States v. Adrian Armas and Asley Del Sol Fernandez,
Case No. 15-20442-CR-Dimitrouleas**

Adrian Armas, 27, and **Asley Del Sol Fernandez**, 34, both of Miami, are charged by indictment with conspiracy to commit health care fraud and wire fraud and four substantive health care fraud. The indictment alleges that the defendants and their co-conspirators submitted

claims to Medicare and Medicare Part D drug plan sponsors that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries when in fact the drugs were not medically necessary and not provided. The indictment also alleges that in furtherance of the conspiracy the co-conspirators submitted false and fraudulent prescription drug wholesaler invoices to conceal from pharmacy benefit managers (PBMs) auditing their operations that they had not purchased sufficient quantities of prescription drugs. As a result of these false and fraudulent claims, Medicare Part D drug plan sponsors made overpayments to Astra Pharmacy in the approximate amount of \$1.1 million.

Mr. Ferrer commended the investigative efforts of the HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

7. **United States v. Laura Ledesma**, Case No. 15-20441-CR-Zloch

Laura Ledesma, 31, Hialeah, the president, director and registered agent of EDI Pharmacy, is charged by indictment with six counts of substantive health care fraud. The indictment alleges that the defendant submitted claims to Medicare and Medicare Part D drug plan sponsors that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries, when in fact the drugs were not medically necessary and not provided. As a result of the false and fraudulent claims, Medicare drug plan sponsors made approximately \$3.3 million in overpayments to EDI Pharmacy.

Mr. Ferrer commended the investigative efforts of HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

8. **United States v. Odette Sanchez and Roque Garcia**, Case No. 15-20396-CR-King

Odette Sanchez, 37, and **Roque X. Garcia**, 62, both of Miami Lakes, are charged by indictment with conspiracy to commit health care fraud and wire fraud and three counts of substantive health care fraud. The indictment alleges that Sanchez was the former owner of Limited Home Health Care, Inc., and Garcia was the former director of nursing for the company. The indictment further alleges that Sanchez and Garcia submitted and caused the submission of false and fraudulent claims to Medicare and Florida Medicaid for home health services that were neither medically necessary or actually provided by creating and causing the creation of false and fraudulent patient assessment forms which stated that Medicare and Medicaid beneficiaries were qualified to receive home health services, when in fact, they were not qualified.

Mr. Ferrer commended the investigative efforts of the HHS-OIG and the State of Florida Medicaid Fraud Control Unit (MFCU). This case is being prosecuted by Special Assistant U.S. Attorney Hagerenesh Simmons from the Florida Attorney General MFCU.

9. United States v. Emilio Almuina, Case No. 15-20440-CR-Cohn

Emilio Almuina, 46, of Miami, the owner of Little Havana Drug Store, Inc., is charged by indictment with six counts of health care fraud. The indictment alleges that the defendant defrauded the Medicare program out of more than \$1.1 million dollars by submitting claims to Medicare and Part D drug plan sponsors which falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries, when, in fact, they were not medically necessary and not provided. The indictment also alleges that the defendant paid Medicare beneficiaries to obtain prescriptions for pharmaceutical items to be used in connection with the filing of the false claims. The indictment alleges that as a result of these false and fraudulent claims, Medicare made payments in the approximate amount of \$1,161,446.

Mr. Ferrer commended the investigative efforts of FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Kevin J. Larsen.

10. United States v. Ivan Fonseca and Ivon Fonseca, Case No. 15-20387-CR-Dimitrouleas

Ivan Fonseca, 51, of Palmetto Bay, and **Ivon Fonseca**, 53, of Miami, are charged by indictment with conspiracy to commit health care fraud and wire fraud, conspiracy to defraud the United States and receive health care kickbacks, and receipt of kickbacks. The indictment alleges that the defendants allegedly paid the owner of a clinic kickbacks in exchange for home health care service prescriptions. The defendants then used the purchased prescriptions to bill Medicare for physical therapy services that were not medically necessary and never rendered to Medicare beneficiaries. The indictment further alleges that the defendants paid the owner of a physical therapy staffing services agency to provide them with documentation that falsely and fraudulently represented that physical therapy had been rendered to Medicare beneficiaries, when such services were never, in fact rendered. The defendants, through their home health agency, RPH Home Health, fraudulently sought reimbursement from the Medicare program. The indictment also charges the defendants in a second conspiracy related to a scheme to defraud the United States and to receive health care kickbacks. In connection with this scheme, the defendants are charged with allegedly recruiting and referring Medicare beneficiaries to the owner of a Miami, Florida home health agency in exchange for kickbacks. As the result of the defendants' fraudulent schemes, the Medicare program purportedly sustained losses of approximately \$2.2 million.

Mr. Ferrer commended the investigative efforts of FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney Kevin J. Larsen.

11. United States v. James Bailey, Case No. 15-20425-CR-Ungaro

Jason Bailey, 39, of Opa Locka, is charged by indictment with ten counts of mail fraud, five counts of wire fraud, and one count of aggravated identity theft. The indictment alleges that the defendant was employed by a health care provider to submit claims on their behalf and while submitting claims for payment for services, the defendant caused insurance carriers to send

payments to his own address. The defendant then allegedly deposited the checks into bank accounts he controlled.

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

12. United States v. Jesus Martinez, Case No. 15-20448-CR-Martinez

Jesus Martinez, 52, Miami, is charged by Information with conspiracy to commit money laundering. According to the Information, the defendant and his co-conspirators allegedly agreed to engage in a series of financial transactions through American Master Trading, LLC, a Florida corporation. These financial transactions were undertaken in order to conceal the nature, location, source, and ownership of the proceeds of a specified unlawful activity. According to the allegations, the specified unlawful activity was the payment of kickbacks in connection with a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

Mr. Ferrer commended the investigative efforts of FBI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

13. United States v. Dean Butler, et al., Case No. 15-20438-CR-Bloom

Dean Butler, 42, of Broward County, **Nery Cowan**, 53, of Miami, and **Irina Mora**, 47, of Miami, are charged with conspiracy to defraud the United States and pay and receive health care kickbacks, seven counts of substantive health care fraud, conspiracy to commit money laundering, and five counts of substantive money laundering. In addition, Cowan and Butler are charged with conspiracy to commit health care fraud and wire fraud. The indictment alleges that Butler, the owner, administrator, and director for Greater Miami Behavioral Healthcare, along with his associates Cowan and Mora paid kickbacks to patient brokers who, in turn, paid kickbacks to patient recruiters and assisted living facility owners located throughout the Southern District of Florida. The indictment further alleges that as a result of the defendants conduct, the Medicare program sustained losses of approximately \$63.9 million.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Allan J. Medina of the Criminal Division's Fraud Section.

14. United States v. Otto Egea, Case No. 15-20449-CR-Lenard

Otto Egea, 57, of Miami, is charged by Information with conspiracy to defraud the United States and accept health care kickbacks. The Information filed against Egea, who served as a patient broker for Greater Miami Behavioral Healthcare, alleges that the defendant received kickbacks in exchange for recruiting patients.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Allan J. Medina of the Criminal Division's Fraud Section.

15. United States v. Nayra Nario, Case No. 15-20450-CR-Moore

Nayra Nario, 48, of Monroe County, is charged by Information with conspiracy to defraud the United States and accept health care kickbacks. The Information filed against Nario, who served as a patient broker for Greater Miami Behavioral Healthcare, alleges that the defendant received kickbacks in exchange for recruiting patients.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Allan J. Medina of the Criminal Division's Fraud Section.

16. United States v. Santiago Borges, et. al., Case No. 15-20383-CR-Ungaro

Santiago Borges, 50, **Erik Alonso**, 44, **Cristina Alonso**, 43, and **Damian Mayol**, 43, all of Miami, each face various charges from among the following offenses included in the indictment: conspiracy to commit health care fraud and wire fraud, conspiracy to defraud the United States and pay health care kickbacks, payment of kickbacks in connection with a federal health care program, and conspiracy to make false statements relating to health care matters. The indictment alleges that the four defendants caused the submission of false and fraudulent claims to Medicare for partial hospitalization program ("PHP") services which were not medically necessary and not provided. As a result of this conduct, the Medicare program sustained losses of approximately \$65 million.

Mr. Ferrer commended the investigation efforts of the FBI. This case is being prosecuted by DOJ Attorney A. Brendan Stewart of the Criminal Division's Fraud Section.

**17. United States v. Lourdes Mora, Case No. 15-20416-CR-King
United States v. Osnier Pupo, Case No. 15-20417-CR-King**

Lourdes Mora, 59, a licensed mental health counselor, and **Osnier Pupo**, 38, both of Miami, are charged by Information with conspiracy to commit health care fraud and conspiracy to defraud the United States and pay and receive health care kickbacks, respectively. The Information filed against Mora alleges that she was a licensed mental health counselor who worked as a therapist at R&S, St. Theresa, and New Day where she fabricated patient records, including group therapy session notes, to make it appear that patients qualified for and received legitimate partial hospitalization program ("PHP") services when, in fact, such services were not medically necessary and/or were not provided. The Information alleges that Pupo was paid for recruiting patients for the clinics, and in turn paid kickbacks to other patient recruiters for patient referrals and directly to beneficiaries to induce them to serve as patients at the clinics.

Mr. Ferrer commended the investigation efforts of the FBI. This case is being prosecuted by DOJ Attorney A. Brendan Stewart of the Criminal Division's Fraud Section.

18. United States v. Ana Ibis Rumbaut, Carlos Medina and Sheyla Diaz, Case No. 15-20424-CR-Altonaga

Ana Ibis Rumbaut, 44, of Hialeah, **Carlos Medina**, 63, of Miami, and **Sheyla Diaz**, 35, of Miami, are charged by indictment with conspiracy to commit health care fraud and wire fraud, conspiracy to defraud the United States and pay and receive health care kickbacks, and substantive kickback counts. The indictment alleges that the defendants and their co-conspirators participated in multi-million dollar health care fraud and kickback schemes involving a medical clinic, a fraudulent therapy staffing company, and multiple South Florida home health agencies. The indictment also alleges that Rumbaut was a patient recruiter who ran a fraudulent therapy staffing company that purportedly provided home health services to Medicare beneficiaries at these home health agencies, but in reality, often did not. The indictment further alleges that Medina was an owner of Doral Community Clinic, Inc. (“Doral”), a medical clinic that sold fraudulent home health prescriptions which were used by these home health agencies to fraudulently bill Medicare. The indictment alleges that Diaz worked at Doral and also sold fraudulent home health prescriptions. Through these home health agencies, the defendants and their co-conspirators allegedly submitted millions of dollars in false and fraudulent claims to Medicare for purported home health services.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorneys A. Brendan Stewart and Anne P. McNamara of the Criminal Division’s Fraud Section.

19. United States v. Yovani Suarez, Case No. 15-20429-CR-Altonaga

Yovani Suarez, 48, of Miami, is charged by Information with conspiracy to commit health care fraud. The Information alleges that Suarez was a patient recruiter who worked closely with the owners and operators of several South Florida home health agencies. According to the Information, Suarez allegedly was paid kickbacks by the owners and operators of these agencies in return for referring beneficiaries to serve as patients at these agencies. The Information further alleges that the defendant bought fraudulent home health prescriptions from individuals at South Florida medical clinics and acted as a go-between for these home health agencies and other patient recruiters. Allegedly, in this role, the defendant offered other patient recruiters kickbacks for referring patients to these home health agencies.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorneys A. Brendan Stewart and Anne P. McNamara of the Criminal Division’s Fraud Section.

20. United States v. Vladimir Prieto, et. al., Case No. 15-20385-CR-Middlebrooks

Vladimir Prieto, 52, of Miami, **Ruben Maranges**, 62, of Miami, **Javier Paulino**, 26, of Miami, **Armando Lugo**, 48, of Miami, and **Mario Izquierdo**, 57, of Hialeah, are charged by indictment with conspiracy to commit health care fraud and wire fraud, conspiracy to commit money laundering, conspiracy to defraud the United States and pay and receive health care kickbacks, and substantive kickback and money laundering counts. The indictment alleges that for several years the defendants participated in health care fraud, money laundering and kickback

schemes involving USA Home Care Solution Agency, Corp. (“USA Home Care”). The indictment further alleges that patient recruiters provided non-homebound beneficiaries to owners and operators at this South Florida home health agency, in exchange for illegal kickbacks and bribes. The indictment alleges that the defendants laundered money, in order to help obtain cash used to pay many of these kickbacks. The indictment further alleges that the fraudulent therapy staffing companies documented home health services purportedly provided to beneficiaries at USA Home Care, but in reality, the services were often not provided. The indictment alleges that the estimated loss to the Medicare program from these activities is \$8.7 million.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Anne P. McNamara of the Criminal Division’s Fraud Section.

21. United States v. Milka Alvarez, et. al., Case No. 15-20436-CR-Gayles

Milka Alvarez, 42, of Miami, **Jesus Miguel Perez**, 50, of Miami, **Joel Alvarez**, 42, of Miami, **Sandra Jaramillo**, 39, of Miami, **Adolfo Larrea**, 53, of Miami, and **Maria Teresa Pupo**, 50, of Opa Locka, are charged by indictment with criminal offenses. Alvarez, Jaramillo, Alvarez, and Perez are all charged with conspiracy to commit health care fraud, and conspiracy to defraud the United States and pay health care kickbacks, and substantive counts of paying or receiving health care kickbacks. Larrea is charged with conspiracy to defraud the United States and pay and receive health care kickbacks and two substantive counts of payment of health care kickbacks. The indictment alleges that for more than five years, the defendants participated in health care fraud and kickback schemes involving the Yava Medical Office Inc. (“Yava”) clinic and several South Florida home health agencies, including D&D&D Home Health Care, Inc. (“D&D&D”) and Mercy Home Care Inc. (“Mercy”). The indictment further alleges that Alvarez was the longtime owner and operator of the Yava clinic. In this role, Alvarez allegedly conspired with others to sell fraudulent home health prescriptions which were used by the home health agencies to fraudulently bill Medicare for millions of dollars. Pupo was allegedly a patient recruiter who bought fraudulent prescriptions, and referred beneficiaries to D&D&D and Mercy. The indictment further alleges that Perez, Alvarez, Jaramillo, and Larrea were all owners, operators or employees of these home health agencies, and participated in the health care fraud and kickback schemes. Through these home health agencies, the defendants and their co-conspirators allegedly submitted false and fraudulent claims to Medicare for home health services purportedly provided to recruited Medicare beneficiaries.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Anne P. McNamara of the Criminal Division’s Fraud Section.

22. United States v. Lazaro Del Rio, et. al., Case No. 15-20409-CR-Ungaro

Lazaro Del Rio, 55, of Miami, **Hector Anzardo**, 42, of Miami, **Yanella Nunez**, 41, of Hialeah, and **Yocis Nunez**, 42, of Hialeah, are charged by indictment with conspiracy to commit health care fraud and wire fraud, and with multiple counts of health care fraud. The indictment

alleges that the defendants filed false and fraudulent prescription drug claims to Medicare and Part D drug plan sponsors through Vivi Pharmacy.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Anne P. McNamara of the Criminal Division's Fraud Section.

23. United States v. Alfredo Ramos, Case No. 15-20430-CR-Lenard

Alfredo Ramos, 48, of Miami, is charged by Information with conspiracy to defraud the United States and receive health care kickbacks. The Information alleges that Ramos was a patient recruiter for Professional Medical Home Health LLC, USA Home Care Solution Agency Corp., and Longcare Home Health Corporation, all of which were Miami home health care agencies that purported to provide home health and therapy services to Medicare beneficiaries. The Information alleges that Ramos referred Medicare beneficiaries to these agencies in exchange for kickback payments. As a result, Ramos and his co-conspirators allegedly caused false and fraudulent claims to be submitted to Medicare for home health services purportedly provided by these agencies.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Anne P. McNamara of the Criminal Division's Fraud Section.

24. United States v. Luis Toledo, Case No. 15-20407-CR-Cooke

Luis Toledo, 49, of Hialeah, is charged by indictment with conspiracy to defraud the United States and pay and receive health care kickbacks, conspiracy to commit money laundering, and substantive money laundering counts. The indictment alleges that Toledo paid kickbacks to patient recruiters in exchange for the referral of Medicare beneficiaries to Renovation Health Care, a Miami-Dade home health care agency. The indictment further alleges that the defendant and his co-conspirators engaged in a money laundering conspiracy to conceal the proceeds of the kickback scheme.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Kelly Graves of the Criminal Division's Fraud Section.

25. United States v. Idelia Florat Viamontes, Case No. 15-20432-CR-Ungaro

Idelia Florat Viamontes, 55, of Miami, is charged by Information with conspiracy to defraud the United States and receive health care kickbacks. The Information alleges that the defendant was a patient recruiter who referred Medicare beneficiaries to multiple Miami-Dade home health care agencies in exchange for bribes and kickbacks.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Kelly Graves of the Criminal Division's Fraud Section.

26. United States v. Khaled Elbeblawy, Case No. 15-20546-CR-Bloom

Khaled Elbeblawy, 38, of Broward County, is charged by Information with one count of conspiracy to commit health care fraud. The indictment alleges that the defendant was an employee of Willsand Home Health agency and Owner of JEM Home Health Care Inc. From 2006 through 2011, the defendant submitted and caused the submission of false claims to Medicare for home health services that were not medically necessary and not provided. The defendant also paid kickbacks to patient recruiters in return for referring Medicare beneficiaries to Willsand and JEM. As a result of the submission of false claims, Medicare made payments in the approximate amount of \$37 million.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorneys Lisa H. Miller and Assistant Chief Joseph S. Beemsterboer of the Criminal Division's Fraud Section.

27. United States v. Jose Ramos, Case No. 15-20435-CR-King

Jose Ramos, 42, of Miami, is charged by indictment with health care fraud. The indictment alleges that Ramos was the owner of Garcia Pharmacy, located in Miami-Dade County. The indictment further alleges Ramos used Garcia Pharmacy to submit claims to Medicare Part D drug plan sponsors for purportedly providing prescription drugs to Medicare beneficiaries when in fact, the beneficiaries were not prescribed and did not receive the medication.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Shubhra Shivpuri of the Criminal Division's Fraud Section.

28. United States v. Evelio Fernandez Penaranda, Case No. 15-20399-CR-Moore

Evelio Fernandez Penaranda, 47, of Miami, is charged by indictment with health care fraud. The indictment alleges that Fernandez Penaranda owned and operated Naranja Pharmacy and that from approximately May of 2013 until March of 2014, the defendant used the pharmacy to submit claims for prescription drugs to Medicare Part D and other Medicare Drug Sponsors, which were unnecessary, not prescribed and not provided.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Shubhra Shivpuri of the Criminal Division's Fraud Section.

29. United States v. James Banner, Case No. 15-20408-CR-Martinez

James Banner, 47, of Miami, is charged by indictment with conspiracy to defraud the United States and pay and receive health care kickbacks. The indictment alleges that Banner, who owned and operated Oracle Diagnostic Laboratories, had Oracle perform drug tests at several facilities in Southern Florida in exchange for a percentage of Oracle's billings for these services to Medicare.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Nicholas E. Surmacz of the Criminal Division's Fraud Section.

30. United States v. Tamara Esponda, Case No. 15-20439-CR-Cohn

Tamara Esponda, 47, of Hialeah, is charged by indictment with healthcare fraud. The indictment alleges that Esponda, owner and operator of Biomax Pharmacy, caused the pharmacy to bill Medicare Part D drug plan sponsors for prescription drugs that it never dispensed, and never purchased from wholesalers. The indictment alleges that the estimated loss to the Medicare program as a result of Esponda's actions is approximately \$1,582,976 million.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Timothy Loper of the Criminal Division's Fraud Section.

31. United States v. Tomas Garcia Torres, Case No. 15-20346-CR-Lenard

Tomas Garcia Torres, 44, of Hialeah, is charged by indictment with healthcare fraud. The indictment alleges that Torres, owner and operator of San Nicolas Pharmacy caused the pharmacy to bill Medicare Part D drug plan sponsors for prescribing drugs that it never dispensed and never purchased. The indictment alleges that the estimated loss to the Medicare program as a result of Torres' actions is approximately \$1,680,127 million.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Timothy Loper of the Criminal Division's Fraud Section.

32. United States v. Raynel Soto-Rivera, Case No. 15-2740-mj-CMM

Raynel Soto-Rivera, age 39, of Hialeah, is charged by complaint with money laundering. According to allegations contained in the complaint, principals of Gold Care Home Health Services caused the submission of fraudulent claims to Medicare seeking payment for home health services that were not legitimately prescribed or provided. The complaint alleges that Medicare paid over \$2.4 million to Gold Care Home Health Services based on these fraudulent claims. The complaint further alleges that Soto-Rivera assisted with laundering \$50,000 in fraud proceeds he received from Gold Care Home Health Services.

Mr. Ferrer commended the investigation efforts of the FBI, HHS-OIG, and DHS-HSI. This case is being prosecuted by DOJ Attorney Christopher Hunter of the Criminal Division's Fraud Section.

33. United States v. Gustavo Castillo, Case No. 15-2783-CMM-Torres

Gustavo Castillo, 42, of Hialeah, is charged by complaint with laundering the proceeds of a conspiracy that attempted to defraud Medicare of almost \$24 million by submitting false claims for durable medical equipment. The complaint alleges that as a result of the fraudulent conspiracy Medicare paid approximately \$3.5 million. The complaint further alleges that the

defendant owned and operated Castillo Transportation Services, which received approximately \$140,000 from the members of the Medicare conspiracy.

Mr. Ferrer commended the investigation efforts of the FBI and HHS-OIG. This case is being prosecuted by DOJ Attorney Timothy Loper of the Criminal Division's Fraud Section.

34. United States v. Jorge Moreno and Luis Antony Rivera, Case No. 15-2806-mj-Torres

Jorge Moreno, 50, of Tampa, and **Luis Antony Rivera**, 50, of Punta Gorda, are charged by complaint prescription drug diversion, by selling prescription drugs, with the intent to defraud and mislead, not as a wholesale distributor, and without transaction history, transaction information, and transaction statements as required by Title 21, United States Code, Section 360eee-1(c)(1)(A)(iii), in violation of Title 21, United States Code Sections 331(t) and 333(a)(2). The complaint alleges that between April 6, 2015, and June 15, 2015, the defendants and their co-conspirators improperly sold diverted prescription drugs to undercover agents on three separate occasions during buy operations recorded and controlled by law enforcement. The complaint alleges that the drugs sold on these three occasions were worth, in the aggregate, approximately \$200,000.

Mr. Ferrer commended the investigative efforts of the FDA-OCI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

35. United States v. Miriam Valdez, Case No. 15-2833-mj-JG

Miriam Valdez, 62, of Miami, is charged by complaint with prescription drug diversion, by selling prescription drugs, with the intent to defraud and mislead, not as a wholesale distributor, and without transaction history, transaction information, and transaction statements as required by Title 21, United States Code, Section 360eee-1(c)(1)(A)(iii), in violation of Title 21, United States Code Sections 331(t) and 333(a)(2). The complaint alleges that on June 16, 2015, the defendant and her co-conspirator improperly sold diverted prescription drugs during a recorded law enforcement operation. The complaint alleges that the drugs sold on these three occasions were worth, in the aggregate, approximately \$100,000.

Mr. Ferrer commended the investigative efforts of the FDA-OCI and HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

36. United States v. Indira Martell, Case No. 15-2805-mj-TORRES

Indira Martell, 48, of Miami, an owner of Martell Pharmacy, is charged by complaint with health care fraud. The complaint alleges that the defendant and her accomplices submitted claims to Medicare and Medicare Part D drug plan sponsors and to Medicaid that falsely and fraudulently represented that prescription drugs were medically necessary, prescribed by a doctor and actually provided to Medicare beneficiaries when, in fact, the drugs were not medically necessary and were not provided. As a result of these false and fraudulent claims, Medicare Part D drug plan sponsors and Medicaid made approximately \$4.9 million dollars in overpayments to Martell Pharmacy.

Mr. Ferrer commended the investigative efforts of HHS-OIG. This case is being prosecuted by Assistant U.S. Attorney James Hayes.

If convicted of a charged offense, a defendant faces a possible maximum statutory sentence of five years in prison for conspiracy to defraud the United States by paying and receiving health care kickbacks, in violation of Title 18, United States Code, Section 371; five years in prison for payment and receipt of kickbacks in connection with a federal health care program, in violation of Title 42, United States Code, Section 1320a; twenty years in prison for mail or wire fraud, in violation of Title 18, United States Code, Section 1341; ten years in prison for health care fraud, in violation of Title 18, United States Code, Section 1347; twenty years for conspiracy to commit health care fraud and wire fraud, in violation of Title 18, United States Code, Section 1349; twenty years for money laundering or conspiracy to commit money laundering, in violation of Title 18, United States Code, Section 1956; and two years in prison consecutive to any other term for aggravated identity theft, in violation of Title 18, United States Code, Section 1028A.

The Medicare Fraud Strike Force operations are part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative announced in May 2009 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. Since their inception in March 2007, Strike Force operations in nine locations have charged over 2,300 defendants who collectively have falsely billed the Medicare program for over \$7 billion.

Including today's enforcement actions, nearly 900 individuals have been charged in national takedown operations, which have involved more than \$2.5 billion in fraudulent billings. Today's announcement marks the first time that districts outside of Strike Force locations have participated in a national takedown and accounted for 82 defendants charged in the takedown.

The cases announced today are being prosecuted and investigated by Medicare Fraud Strike Force teams from the Fraud Section of the Justice Department's Criminal Division and from the U.S. Attorney's Offices for the Southern District of Florida, Eastern District of Michigan, Eastern District of New York, Southern District of Texas, Central District of California, Eastern District of Louisiana, Northern District of Texas, Northern District of Illinois and the Middle District of Florida; and agents from the FBI, HHS-OIG, OPM, and state Medicaid Fraud Control Units (MFCU).

In addition to the Strike Force, today's enforcement actions include cases brought by the U.S. Attorney's Offices for the Southern District of Illinois, Northern District of Ohio, Western District of Pennsylvania, Western District of Kentucky, Southern District of New York, Alaska and the Southern District of Georgia.

A complaint, information or indictment is merely a charge, and defendants are presumed innocent until proven guilty.

To learn more about HEAT, go to: www.stopmedicarefraud.gov.

A copy of this press release may be found on the website of the United States Attorney's Office for the Southern District of Florida at www.usdoj.gov/usao/fls. 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>.