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JUL 13 2020

AT GREENBELT
CLERK, U.S. DISTRICT COURT
DISTRICT OF MARYLAND
DEPUTY



IN THE UNITED STATES DISTRICT COURT BY
FOR THE DISTRICT OF MARYLAND

UNITED STATES OF AMERICA

v.

EDWARD T. BUFORD, III,
KASANDRA VILCHEZ-DUARTE, and
DONNIE AMIS,

Defendants

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CRIMINAL NO. TDC 20cr 186

(Conspiracy to Violate the Anti-Kickback Statute, 18 U.S.C. § 371; Conspiracy to Commit Health Care Fraud and Mail Fraud, 18 U.S.C. § 1349; Forfeiture, 18 U.S.C. § 982(a)(7), 21 U.S.C. § 853(p), 28 U.S.C. § 2461(c))

INDICTMENT

COUNT ONE

(Conspiracy to Violate the Anti-Kickback Statute)

The Grand Jury for the District of Maryland charges that:

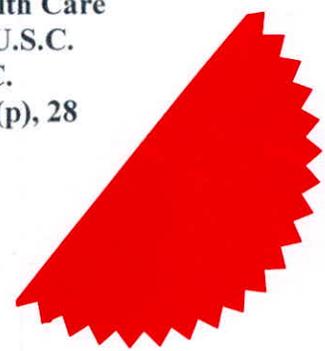
Introduction

At all times relevant to this Indictment:

The Medicaid Program

1. Medicaid was a health care benefit program under 18 U.S.C. § 24(b). Medicaid was jointly funded by the federal government and a state or the District of Columbia. Typically, Medicaid provided medical and dental insurance coverage to individuals with low incomes and limited resources.

2. The Centers for Medicare & Medicaid Services (“CMS”) was a federal agency within the United States Department of Health and Human Services and was responsible for administering the Medicaid program.



3. The Medicaid program in the District of Columbia (“Medicaid”) was administered by the District of Columbia Department of Health Care Finance (“DHCF”). Medicaid was jointly funded by the federal government and the District of Columbia, with the federal government paying approximately 70 percent of the costs of Medicaid.

4. Individuals who received benefits under Medicaid were called “beneficiaries” or “recipients.” Companies or individuals that enrolled in Medicaid and purported to provide covered medical services, including dental services, to beneficiaries were known as “providers.”

5. To become a provider, a company or individual had to submit an enrollment application and certify, among other things, that the provider agreed to abide by all federal and local laws, regulations, and program manuals applicable to providers. Medicaid assigned accepted providers a unique provider identification number. Only those providers that were assigned a provider identification number could submit claims for payment to Medicaid.

6. To obtain payment for services to beneficiaries, providers submitted and caused to be submitted claims to Medicaid. These claims included, among other information, the beneficiary’s name, the purported service provided, the date of service, the medical professional who purportedly rendered the service or item, and the amount of money claimed by the provider for the service or item on behalf of the beneficiary.

7. Under the federal statute known as the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b, it was and is a violation of federal criminal law to knowingly and willfully offer, pay, solicit, or receive any remuneration (including any kickback or bribe) in exchange for, among other things, referring any individual for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, including Medicaid. The federal Anti-Kickback Statute criminalized conduct on both sides of the impermissible

“kickback” transaction. In doing so, it protected Federal health care programs from increased costs and abusive practices resulting from provider decisions based on self-interest rather than quality of care and necessity of services.

8. Medicaid would not pay claims submitted by any provider for medical and dental services if Medicaid knew, among other things, that the claimed services were (1) not medically necessary, (2) not provided, or (3) the result of a violation of the federal Anti-Kickback Statute.

Defendants and Relevant Entities

9. Defendant **EDWARD T. BUFORD, III (“BUFORD”)** was a resident of Maryland and a licensed dentist in the District of Columbia. Prior to April 2015, **BUFORD** was enrolled as an individual provider in Medicaid. On or about April 10, 2015, Medicaid suspended payments to **BUFORD** under his individual provider number.

10. Defendant **KASANDRA VILCHEZ-DUARTE (“VILCHEZ-DUARTE”)** was a resident of Maryland.

11. Defendant **DONNIE AMIS (“AMIS”)** was a resident of Washington, D.C.

12. International Dental Associates, Inc. (“IDA”) was a dental clinic located in Washington, D.C. IDA was a provider with Medicaid from in or around July 2011 to the present, and billed Medicaid for dental services purportedly provided to Medicaid beneficiaries.

13. **BUFORD** was the owner and Chief Executive Officer of IDA.

14. **VILCHEZ-DUARTE** was **BUFORD**’s business partner and manager of IDA.

15. **BUFORD** and **VILCHEZ-DUARTE** employed dentists at IDA. Following the suspension of **BUFORD**’s individual provider number in 2015, **BUFORD** and **VILCHEZ-DUARTE** continued to submit and cause the submission of claims to Medicaid through IDA’s Medicaid provider number.

16. **BUFORD** and **VILCHEZ-DUARTE** paid kickbacks to **AMIS** in exchange for **AMIS** recruiting Medicaid beneficiaries for which IDA billed, and received payment from, Medicaid.

Dentures

17. **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** submitted and caused the submission of claims by **BUFORD** and IDA to Medicaid for a variety of dental services, including dentures.

18. Fitting a beneficiary for dentures involved numerous steps occurring over multiple office visits, including an initial visit during which the dentist took an impression of the beneficiary, subsequent visits to try on the dentures and make adjustments for fit and appearance, and the ultimate delivery of the dentures to the beneficiary.

19. A claim to Medicaid for dentures was a global charge including all parts of this process. Because a provider had to incur costs while this process was ongoing, including paying a dental lab to fabricate the dentures, Medicaid permitted providers to bill for dentures after taking the impression of the beneficiary and before the dentures were ultimately delivered.

20. Medicaid typically paid for a beneficiary to receive dentures only every five years. Therefore, if a provider billed Medicaid for dentures for a beneficiary, but failed to deliver those dentures, Medicaid generally would not pay another provider to provide dentures to that beneficiary within the following five years.

21. Medicaid paid providers substantially more for dentures than for dental cleanings.

The Conspiracy and its Objects

22. Between at least in or about January 2013 and in or about May 2018, in the District of Maryland and elsewhere, the defendants,

**EDWARD T. BUFORD, III,
KASANDRA VILCHEZ-DUARTE, and
DONNIE AMIS,**

did knowingly conspire, confederate, and agree with each other and other persons, known and unknown to the Grand Jury, to commit an offense against the United States, to wit,

a. to defraud the United States by impairing, impeding, obstructing, and defeating, through deceitful and dishonest means, the lawful government functions of the District of Columbia Department of Health Care Finance in its administration and oversight of Medicaid, in violation of 18 U.S.C. § 371;

b. to knowingly and willfully offer and pay remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind from **BUFORD, VILCHEZ-DUARTE**, and IDA to **AMIS** and others to induce **AMIS** and others to refer beneficiaries to IDA for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicaid, in violation of 42 U.S.C. § 1320a-7b(b)(2)(A); and

c. to knowingly and willfully solicit and receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind from **BUFORD, VILCHEZ-DUARTE**, and IDA to **AMIS** and others to induce **AMIS** and others to refer beneficiaries to IDA for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicaid, in violation of 42 U.S.C. § 1320a-7b(b)(1)(A).

Manner and Means

23. The conspiracy was carried out through the following manner and means, among others:

- a. **BUFORD** and **VILCHEZ-DUARTE** offered and paid kickbacks to **AMIS** and others in exchange for referring Medicaid beneficiaries to IDA for dental services.
- b. **AMIS** solicited and received kickbacks from **BUFORD** and **VILCHEZ-DUARTE** in exchange for referring beneficiaries to IDA for dental services billed to Medicaid.
- c. **BUFORD** sent text messages encouraging **AMIS** and others to recruit Medicaid beneficiaries to refer to IDA for dental services, including dentures and extractions.
- d. **BUFORD** and **VILCHEZ-DUARTE** employed Individual 1 to drive a van to transport recruited beneficiaries to IDA.
- e. **BUFORD** and **VILCHEZ-DUARTE** paid **AMIS** larger cash kickbacks, typically approximately \$50 per beneficiary, for beneficiaries **AMIS** recruited who agreed to be fitted for dentures than for beneficiaries **AMIS** recruited who agreed to receive dental cleanings at IDA.
- f. **AMIS** recruited Medicaid beneficiaries by offering beneficiaries cash bribes to induce them to visit and accept dental services, including dentures, from IDA.
- g. **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** typically paid and caused to be paid approximately \$20 to each recruited beneficiary who agreed to be fitted for dentures and approximately \$10 to each recruited beneficiary who agreed to receive a cleaning from IDA.
- h. **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** typically paid and caused to be paid beneficiaries only for the initial visit to be fitted for dentures, even though denture

fittings require multiple visits and numerous beneficiaries never returned to IDA after receiving the cash bribe.

i. On IDA's premises, **BUFORD, VILCHEZ-DUARTE**, and their co-conspirators stored hundreds of undelivered dentures, many of which had been billed to and paid for by Medicaid.

j. **BUFORD, VILCHEZ-DUARTE**, and **AMIS** submitted and caused to be submitted through IDA claims to Medicaid for dental services purportedly provided to the recruited beneficiaries.

k. **BUFORD** maintained a P.O. Box in Silver Spring, Maryland ("the Maryland P.O. Box"), which **BUFORD** identified and caused to be identified to Medicaid as **IDA's** billing address and remittance advice address.

l. **BUFORD, VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to pay claims for dental services purportedly provided to the recruited beneficiaries by sending checks to the Maryland P.O. Box.

m. In and around April 2016, **BUFORD** and **VILCHEZ-DUARTE** re-enrolled IDA in Medicaid. In response to the application question, "Have you ever been suspended from the Medicare or Medicaid program, or has your participation status ever been modified (terminated, suspended, restricted, revoked, limited, cancelled)," **BUFORD** and **VILCHEZ-DUARTE** failed to disclose **BUFORD's** suspension from Medicaid.

n. From in or around January 2013 to in or around February 2015, **BUFORD** and **VILCHEZ-DUARTE** submitted and caused to be submitted under **BUFORD's** individual provider number approximately \$5.2 million in claims to Medicaid, including approximately \$3.5 million in claims for dentures. **BUFORD** and **VILCHEZ-DUARTE** caused Medicaid to

pay approximately \$2.7 million in claims submitted under his individual provider number, including approximately \$2 million in claims for dentures.

o. From in or around February 2014 to in or around May 2018, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** submitted and caused to be submitted through IDA approximately \$12 million in claims to Medicaid, including approximately \$7.7 million in claims for dentures. **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to pay approximately \$6.4 million in claims submitted through IDA, including approximately \$4.5 million in claims for dentures.

Overt Acts

24. In furtherance of the conspiracy and to achieve its purposes, **BUFORD**, **VILCHEZ-DUARTE**, **AMIS**, and their co-conspirators committed the following overt acts, among others, in the District of Maryland and elsewhere:

- a. On or about April 30, 2016, **BUFORD** and **VILCHEZ-DUARTE** submitted and caused to be submitted to DHCF a re-enrollment application and Medicaid Provider Agreement for IDA.
- b. On or about December 13, 2016, **BUFORD** sent **AMIS** a text message containing the statement, “Donnie please get some extractions and Dentures!!!!”
- c. On or about January 11, 2017, **BUFORD** sent **AMIS** and others a text message containing the statement, “Good Morning guys!!! Please look Dentures,, Root Canals and Extractions!! Be safe and good hunting!!! Dr B” (*sic*).
- d. On or about February 1, 2017, **BUFORD** sent **AMIS** and others a text message containing the statement, “Listen Guys let’s get out and RECRUIT SOME DENTURES

AND EXTRACTIONS!!! What you all do is Important to our Office!!!! Dr B” (emphasis in original).

e. On or about February 3, 2017, **BUFORD** sent **AMIS** and others a text message containing the statement, “PLEASE RECRUIT SOME DENTURES AND EXTRACTIONS!!! We have to keep the office open and working!!!! Dr B” (emphasis in original).

f. On or about September 13, 2017, **AMIS** offered Beneficiary 1 \$20 to induce him to agree to travel to IDA to be fitted for dentures.

g. On or about September 13, 2017, **BUFORD** and **VILCHEZ-DUARTE** paid and caused to be paid to **AMIS** a kickback and bribe in the approximate amount of \$50 in exchange for recruiting Beneficiary 1.

h. On or about September 13, 2017, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** paid and caused to be paid to Beneficiary 1 a kickback and bribe in the approximate amount of \$20.

i. On or about September 21, 2017, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to pay the approximate amount of \$1,050 for a partial denture purportedly provided to Beneficiary 1.

j. In or about September 2016, **BUFORD** and **VILCHEZ-DUARTE** paid and caused to be paid illegal kickbacks to **AMIS** and Beneficiary 2, and then subsequently billed Medicaid for dentures that were purportedly provided to Beneficiary 2.

k. In or about October 2016, **BUFORD** and **VILCHEZ-DUARTE** paid and caused to be paid illegal kickbacks to **AMIS** and Beneficiary 3, then subsequently billed Medicaid for dentures that were purportedly provided to Beneficiary 3.

l. In or about March 2017, **BUFORD** and **VILCHEZ-DUARTE** paid and caused to be paid illegal kickbacks to **AMIS** and Beneficiary 4, then subsequently billed Medicaid for dentures that were purportedly provided to Beneficiary 4.

m. On or about November 28, 2014, **BUFORD** and **VILCHEZ-DUARTE** caused Medicaid to mail check number 5109309, in the amount of \$17,192, to the Maryland P.O. Box, for payment to **BUFORD** for services purportedly provided to 27 Medicaid beneficiaries.

n. On or about September 10, 2015, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5136773, in the amount of \$51,738, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 36 Medicaid beneficiaries.

o. On or about March 30, 2017, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5189999, in the amount of \$35,581, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 26 Medicaid beneficiaries.

p. On or about July 27, 2017, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5200296, in the amount of \$16,852, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 18 Medicaid beneficiaries.

q. On or about September 21, 2017, **BUFORD**, **VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5204561, in the amount of \$17,397, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 11 Medicaid beneficiaries, including Beneficiary 1.

r. On or about October 20, 2016, **BUFORD** deposited or caused to be deposited Check Number 5175075 in the amount of \$15,503, issued by the Government of the

District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into a SunTrust Bank account ending in 0633 (“SunTrust 0633”), an account over which **BUFORD** and **VILCHEZ-DUARTE** were the authorized signers.

s. On or about December 8, 2016, **BUFORD** deposited or caused to be deposited Check Number 5179730 in the amount of \$19,561, issued by the Government of the District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into SunTrust 0633.

t. On or about January 26, 2017, **BUFORD** deposited or caused to be deposited Check Number 5184151 in the amount of \$24,356, issued by the Government of the District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into SunTrust 0633.

u. In and about May 2018, **VILCHEZ-DUARTE** withdrew cash from an IDA bank account for the purpose of paying kickbacks and bribes to recruiters and beneficiaries.

18 U.S.C. § 371

COUNT TWO
(Conspiracy to Commit Mail and Healthcare Fraud)

The Grand Jury for the District of Maryland further charges that:

1. Paragraphs 1 through 21 of Count One of this Indictment are incorporated here.

The Conspiracy and Scheme to Defraud

2. Between at least in or about January 2013 and in or about May 2018, in the District of Maryland and elsewhere, the defendants,

**EDWARD T. BUFORD, III,
KASANDRA VILCHEZ-DUARTE, and
DONNIE AMIS,**

did knowingly and willfully combine, conspire, confederate, and agree with each other and with others known and unknown to the Grand Jury to commit health care fraud and mail fraud, that is:

- a. to knowingly and willfully execute a scheme and artifice to defraud any health care benefit program, namely Medicaid, and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned and under the custody and control of Medicaid (“the scheme to defraud”), in connection with the delivery of and payment for health care benefits, items, and services, in violation of 18 U.S.C. § 1347;

- b. to devise any scheme and artifice to defraud Medicaid, and for obtaining money and property from Medicaid by means of materially false and fraudulent pretenses, representations, and promises, and for the purpose of executing and attempting to execute the scheme to defraud, to knowingly cause to be deposited into the mail, and delivered by mail and by private and commercial interstate carrier, any matter or thing, in violation of 18 U.S.C. § 1341.

Manner and Means of the Conspiracy and Scheme to Defraud

3. Subparagraphs (a) through (o) of Paragraph 23 of Count One of this Indictment are incorporated here.

Overt Acts

4. In furtherance of the conspiracy and scheme to defraud and to achieve their purposes, **BUFORD, VILCHEZ-DUARTE, AMIS**, and their co-conspirators committed the following overt acts, among others, in the District of Maryland and elsewhere:

a. On or about November 28, 2014, **BUFORD** and **VILCHEZ-DUARTE** caused Medicaid to mail check number 5109309, in the amount of \$17,192, to the Maryland P.O. Box, for payment to **BUFORD** for services purportedly provided to 27 Medicaid beneficiaries.

b. On or about September 10, 2015, **BUFORD, VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5136773, in the amount of \$51,738, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 36 Medicaid beneficiaries.

c. On or about March 30, 2017, **BUFORD, VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5189999, in the amount of \$35,581, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 26 Medicaid beneficiaries.

d. On or about July 27, 2017, **BUFORD, VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5200296, in the amount of \$16,852, to the Maryland P.O. Box, for payment to IDA for services purportedly provided to 18 Medicaid beneficiaries.

e. On or about September 21, 2017, **BUFORD, VILCHEZ-DUARTE**, and **AMIS** caused Medicaid to mail check number 5204561, in the amount of \$17,397, to the

Maryland P.O. Box, for payment to IDA for services purportedly provided to eleven Medicaid beneficiaries, including the approximate amount of \$1,050 for a partial denture purportedly provided to Beneficiary 1.

f. On or about October 20, 2016, **BUFORD** deposited or caused to be deposited Check Number 5175075 in the amount of \$15,503, issued by the Government of the District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into SunTrust 0633.

g. On or about December 8, 2016, **BUFORD** deposited or caused to be deposited Check Number 5179730 in the amount of \$19,561, issued by the Government of the District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into SunTrust 0633.

h. On or about January 26, 2017, **BUFORD** deposited or caused to be deposited Check Number 5184151 in the amount of \$24,356, issued by the Government of the District of Columbia as a Medicaid payment and made payable to IDA, at a SunTrust Bank branch in Silver Spring, Maryland, into SunTrust 0633.

18 U.S.C. § 1349

FORFEITURE ALLEGATION

The Grand Jury for the District of Maryland further finds that:

1. Pursuant to Federal Rule of Criminal Procedure 32.2, notice is given to the defendant that the United States will seek forfeiture as part of any sentence in accordance with 18 U.S.C. § 982(a)(7) as a result of the defendants' convictions under Counts One and Two of the Indictment.

2. Upon conviction of the offenses charged in Counts One and Two of this Indictment, the defendants,

**EDWARD T. BUFORD, III,
KASANDRA VILCHEZ-DUARTE, and
DONNIE AMIS,**

will forfeit to the United States, pursuant to 18 U.S.C. § 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offenses.

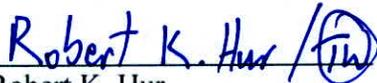
Substitute Assets

3. If any of the property described above as being subject to forfeiture, as a result of any act or omission of any defendant,

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third person;
- c. has been placed beyond the jurisdiction of the Court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty,

it is the intent of the United States, pursuant to 21 U.S.C. § 853(p), as incorporated by 28 U.S.C. § 2461(c), to seek forfeiture of any other property of the defendant up to the value of the forfeitable property.

18 U.S.C. § 982(a)(7)
21 U.S.C. § 853(p)
28 U.S.C. § 2461(c)


Robert K. Hur
United States Attorney

A TRUE BILL:

SIGNATURE REDACTED

Foreperson

Date: 7/13/2020