

14

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA

Case:2:20-cr-20364  
Judge: Berg, Terrence G.  
MJ: Grand, David R.  
Filed: 08-19-2020 At 12:57 PM  
USA V SEALED MATTER (LG)

v.

D-1 JOSE RAMON RODRIGUEZ,

VIO: 18 U.S.C. § 1347  
18 U.S.C. § 2  
18 U.S.C. § 1957  
18 U.S.C. § 982

Defendant.

\_\_\_\_\_ /

**INDICTMENT**

**THE GRAND JURY CHARGES:**

**GENERAL ALLEGATIONS**

At all times relevant to this Indictment:

**The Medicare Program**

1. The Medicare program was a federal health care program providing benefits to persons who were 65 or older or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency under the United States Department of Health and Human Services. Individuals who received benefits under Medicare were referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320a-7b(f).

3. Medicare covered different types of benefits and was separated into different program “parts.” “Part A” of the Medicare program covered certain eligible home health care costs for medical services provided by a home health agency (“HHA”), also referred to as a “provider,” to persons who already qualified for Medicare and who additionally required home health services because of an illness or disability that caused them to be homebound.

4. National Government Services was the CMS intermediary for Medicare Part A in the state of Michigan starting in or around May 2015. AdvanceMed was the Zone Program Integrity Contractor (“ZPIC”), meaning the Medicare contractor charged with investigating fraud, waste and abuse.

5. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all the provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors.

6. Upon certification, the medical provider, whether a clinic, a HHA, or an individual, was assigned a provider identification number for billing purposes (referred to as an “NPI”). When the medical provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor/carrier that included the NPI assigned to that medical provider.

7. In order to receive reimbursement for a covered service from Medicare, a provider was required to submit a claim, either electronically or using a form (e.g., a CMS-1500 form or UB-92) containing the required information appropriately identifying the provider, patient, and services rendered.

8. Health care providers were given, and provided with online access to, Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations. Providers could only submit claims to Medicare for services they rendered, and providers were required to maintain patient records to verify that the services were provided as described on the claim form.

9. Medicare only covered services that were both medically necessary and rendered.

10. Medicare only covered home health services, if, on the claimed dates of service:

a. the Medicare beneficiary was under the care of a doctor and received services under a plan of care established and reviewed regularly by a doctor;

b. the Medicare beneficiary needed, and a doctor certified that the beneficiary needed, one or more of the following: (i) Intermittent skilled nursing care; (ii) Physical therapy; (iii) Speech-language pathology services; or (iv) Continued occupational therapy;

c. the HHA must have been approved by Medicare (Medicare-certified); and

d. the Medicare beneficiary was homebound, and a doctor certified that the Medicare beneficiary was homebound.

11. Medicare rules allowed HHAs to submit requests for advance payments (“RAPs”) at the start of a patient’s care. Providers could receive up to 60% of the total claim amount, pursuant to a RAP request, at the beginning of an episode of care. At the conclusion of the episode of care, a final claim must have been submitted in order for the provider to receive the remainder of the Medicare reimbursement for each claim.

### **The Related Home Health Agency**

12. Agility Home Care, Inc. (“Agility”) was a Michigan Corporation doing business at 17200 W. 10 Mile Road, Suite 206, Southfield, Michigan 48075. Agility

was enrolled as a participating Medicare provider and submitted claims to Medicare. Agility was a HHA that purportedly provided in-home physical therapy, occupational therapy, speech pathology, and/or skilled nursing services to patients.

### **The Defendant and Related Entities**

13. JOSE RAMON RODRIGUEZ was a resident of Florida. RODRIGUEZ was the controller, operator, and owner of Agility, which conducted business throughout the Eastern District of Michigan. According to Medicare enrollment and other corporate documentation, RODRIGUEZ assumed ownership of Agility in or around December 2016.

14. PUI Transport, Inc. ("PUI"), was a Florida corporation formed in or around December 2016. PUI was owned and controlled by JOSE RAMON RODRIGUEZ and others known and unknown to the Grand Jury and operated for the benefit of RODRIGUEZ and others known and unknown to the Grand Jury.

15. JR Broward Staffing, Inc. ("Broward") was a Florida corporation that was formed in or around December 2016. Broward was owned and controlled by JOSE RAMON RODRIGUEZ and others known and unknown to the Grand Jury and operated for the benefit of RODRIGUEZ and others known and unknown to the Grand Jury.

16. Adecco Payroll, Inc. ("Adecco") was a Florida corporation that was formed in or around December 2016. Adecco was owned and controlled by JOSE

RAMON RODRIGUEZ and others known and unknown to the Grand Jury and operated for the benefit of RODRIGUEZ and others known and unknown to the Grand Jury.

17. Premier Wholesale Supplies, Inc. (“Premier”) was a Florida corporation that was formed in or around December 2016. Premier was owned and controlled by JOSE RAMON RODRIGUEZ and others known and unknown to the Grand Jury, and operated for the benefit of RODRIGUEZ and others known and unknown to the Grand Jury.

**COUNTS 1-4**  
**Health Care Fraud**  
**(18 U.S.C. §§ 1347 and 2)**

**D-1 JOSE RAMON RODRIGUEZ**

18. Paragraphs 1 through 17 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

19. From in or around December 2016 and continuing through in or around June 2017, in Oakland County, in the Eastern District of Michigan, and elsewhere, JOSE RAMON RODRIGUEZ and others, known and unknown to the Grand Jury, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud Medicare, a health care benefit program as defined in 18 U.S.C. § 24(b), and to obtain by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of,

said health care benefit program, in connection with the delivery of, and payment for, health care benefits, items, and services.

### **Purpose of the Scheme and Artifice**

20. It was the purpose of the scheme and artifice for the defendant and his accomplices to unjustly enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of fraud proceeds; and (c) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

### **The Scheme and Artifice**

21. The manner and means by which the defendant and his accomplices sought to accomplish the purpose of the scheme and artifice included, among other things:

22. JOSE RAMON RODRIGUEZ and his accomplices purchased and obtained control over Agility in or around December 2016. RODRIGUEZ became the sole signatory on the two primary bank accounts for Agility, Citizens Bank accounts ending in x8052 and x3797.

23. Soon thereafter, in or around December 2016, RODRIGUEZ and his accomplices established PUI, Broward, Adecco, Premier, and additional shell companies in Florida.

24. JOSE RAMON RODRIGUEZ and his accomplices obtained the names and Medicare Beneficiary Numbers (also referred to as “HICNs”) of Medicare beneficiaries and NPIs of physicians in order to submit false and fraudulent claims for home health services through Agility. In submitting and causing the submission of these claims, RODRIGUEZ falsely and fraudulently certified that the home health services were purportedly prescribed by a licensed physician and that they were provided to Medicare beneficiaries under Agility’s care.

25. JOSE RAMON RODRIGUEZ and his accomplices submitted and caused Agility to submit false and fraudulent claims to Medicare for home health services purportedly rendered to Medicare beneficiaries, when in truth and in fact, such home health services were not medically necessary and were not provided. As a result of these false and fraudulent claims, Medicare made payments to Agility, primarily to Agility’s bank account ending in x8052, over which RODRIGUEZ had sole signatory authority, in an amount in excess of \$5 million.

26. JOSE RAMON RODRIGUEZ and his accomplices transferred the approximately \$5 million that Medicare paid to Agility for purported home health care services to a second account over which RODRIGUEZ had sole signatory authority, ending in x3797, and further disbursed the funds from there into shell companies under their control. Specifically, RODRIGUEZ and his accomplices

used PUI, Broward, Adecco, and Premier, among other shell companies, to distribute the fraud proceeds to themselves and others and to conceal the fraudulent scheme.

### **Acts in Execution of the Scheme and Artifice**

27. On or about the dates set forth below, in Oakland County, in the Eastern District of Michigan, and elsewhere, JOSE RAMON RODRIGUEZ, aided and abetted by others, and aiding and abetting others known and unknown to the Grand Jury, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of, and payment for, health care benefits, items, and services, in that JOSE RAMON RODRIGUEZ and others submitted and caused to be submitted false and fraudulent claims to Medicare for payment for home health services that were not provided and were not medically necessary, as described in Paragraphs 1 through 17 and 21 through 25, with each execution set forth below forming a separate count:

Count	Medicare Beneficiary	Approximate Date of Claim Submission	Claimed Start Date of Service	Approx. Amount Paid by Medicare
1	E.H.	5/24/2017	1/9/2017	\$2,471.90

2	S.W.	5/24/2017	1/9/17	\$2,471.90
3	J.D.	5/24/2017	1/10/2017	\$2,927.50
4	L.F.	5/24/2017	1/12/2017	\$2,720.16

All in violation of Title 18, United States Code, Sections 1347 and 2.

**COUNTS 5-6**  
**Money Laundering**  
**(18 U.S.C. §§ 1957 and 2)**

**D-1 JOSE RAMON RODRIGUEZ**

28. Paragraphs 1 through 17 and 21 through 25 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

29. On or about the dates set forth below, in Oakland County, in the Eastern District of Michigan, and elsewhere, JOSE RAMON RODRIGUEZ did knowingly engage and attempt to engage in the following monetary transactions by, though, and to a financial institution, affecting interstate and foreign commerce, in criminally derived property of a value greater than \$10,000, that is, the payment of funds, such property having been derived from a specified unlawful activity, that is, health care fraud, in violation of Title 18, United States Code, Section 1347:

Count	Approx. Date	Transaction
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5	4/11/2017	Check for \$49,700.00 from Agility Citizens Bank Account x3797, bearing RODRIGUEZ's name as the signatory, to Broward Deposited into Chase Bank Account x3685.
6	5/12/2017	Check for \$65,726.00 from Agility Citizens Bank Account x3797, bearing RODRIGUEZ's name as the signatory, to PUI Deposited into SunTrust Bank Account x6821.

All in violation of Title 18, United States Code, Sections 1957 and 2.

**CRIMINAL FORFEITURE**

30. The above allegations contained in this Indictment are incorporated by reference as if set forth fully herein for the purpose of alleging criminal forfeiture to the United States of America of certain property in which JOSE RAMON RODRIGUEZ may have an interest, pursuant to 18 U.S.C. § 981, 18 U.S.C. § 982, and 28 U.S.C. § 2461.

31. Upon conviction of any violation of 18 U.S.C. § 1347, as alleged in this Indictment, JOSE RAMON RODRIGUEZ shall forfeit to the United States of America any property, real or personal, that constitutes or is derived from, gross proceeds traceable to the commission of such violation, pursuant to 18 U.S.C. § 981(a)(1)(C), 18 U.S.C. § 982(a)(7), and 28 U.S.C. § 2461.

32. Upon conviction of any violation of 18 U.S.C. § 1957, as alleged in this Indictment, JOSE RAMON RODRIGUEZ shall forfeit to the United States of America any property, real or personal, involved in such offense, or any property

traceable to such property, pursuant to 18 U.S.C. § 981(a)(1)(A), 18 U.S.C. § 982(a)(1), and 28 U.S.C. § 2461.

33. *Money Judgment*: A sum of money equal to at least \$5 million in United States currency, or such amount as is proved at trial in this matter, representing the total amount of gross proceeds obtained as a result defendant's violations, as alleged in this Indictment.

34. *Substitute Assets*: If the property described above as being subject to forfeiture, as a result of any act or omission of the defendant:

- a. Cannot be located upon the exercise of due diligence;
- b. Has been transferred or sold to, or deposited with, a third party;
- 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 that cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to 21 U.S.C. § 853(p) as incorporated by 18 U.S.C. § 982(b), to seek to forfeit any other property of the defendant up to the value of the forfeitable property described above.

THIS IS A TRUE BILL.

s/ Grand Jury Foreperson  
Grand Jury Foreperson

MATTHEW SCHNEIDER  
United States Attorney

REGINA R. MCCULLOUGH  
Chief, Health Care Fraud Unit  
Assistant United States Attorney

MALISA DUBAL  
Assistant Chief  
Criminal Division, Fraud Section  
U. S. Department of Justice

s/ Patrick J. Suter

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Date: August 19, 2020

United States District Court Eastern District of Michigan	<b>Criminal Case Cov</b>
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to com

<b>Companion Case Information</b>	Companion Case Number:
This may be a companion case based upon LCrR 57.10 (b)(4) <sup>1</sup> :	Judge Assigned:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSA's Initials: <u>PS</u>

Case Title: USA v. Jose Ramon Rodriguez

County where offense occurred : Wayne

Check One:       Felony                       Misdemeanor                       Petty

Indictment/\_\_\_ Information --- no prior complaint.  
 \_\_\_ Indictment/\_\_\_ Information --- based upon prior complaint [Case number: \_\_\_\_\_]  
 \_\_\_ Indictment/\_\_\_ Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

**Superseding Case Information**

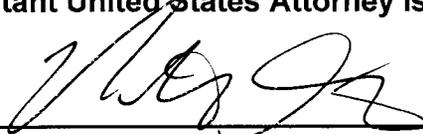
Superseding to Case No: \_\_\_\_\_ Judge: \_\_\_\_\_

- Corrects errors; no additional charges or defendants.
- Involves, for plea purposes, different charges or adds counts.
- Embraces same subject matter but adds the additional defendants or charges below:

<u>Defendant name</u>	<u>Charges</u>	<u>Prior Complaint (if applicable)</u>
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Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.

August 19, 2020  
Date



Patrick J. Suter, Trial Attorney  
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 Attorney Bar #: CA 242494

<sup>1</sup> Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.