

JUSTICE NEWS

Department of Justice

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Owner and Administrator of Two Miami Home Health Companies Sentenced to 80 Months in Prison for \$74 Million Fraud Scheme

The owner and administrator of two Miami home health care companies was sentenced today to serve 80 months in prison for her participation in a \$74 million Medicare fraud scheme.

Assistant Attorney General Leslie R. Caldwell of the Justice Department's Criminal Division, U.S. Attorney Wifredo A. Ferrer of the Southern District of Florida, Special Agent in Charge George L. Piro of the FBI's Miami Field Office and Special Agent in Charge Derrick Jackson of the U.S. Department of Health and Human Services Office of Inspector General's (HHS-OIG) Miami Regional Office made the announcement. U.S. District Judge Marcia G. Cooke in the Southern District of Florida imposed the sentence.

Elsa Ruiz, 45, of Miami, pleaded guilty in July 2014 to one count of conspiracy to commit health care fraud. In addition to the prison sentence, Ruiz was ordered to pay \$45 million in restitution.

Ruiz was an owner and operator of Professional Home Care Solutions Inc. and an administrator of LTC Professional Consultants Inc., both of which purported to provide home health and therapy services to Medicare beneficiaries. According to admissions during her plea hearing, Ruiz and her co-conspirators operated LTC and Professional Home Care for the purpose of billing the Medicare program for, among other things, expensive physical therapy and home health care services that were not medically necessary or were not provided.

According to her admissions, Ruiz's primary role in the scheme was to negotiate and pay kickbacks to patient recruiters and to otherwise oversee the schemes operating out of LTC and Professional Home Care. Specifically, Ruiz and her co-conspirators paid kickbacks to patient recruiters for the referral of patients and for the provision of prescriptions, plans of care, and certifications for medically unnecessary therapy and home health services. Ruiz and her co-conspirators used these prescriptions, plans of care, and medical certifications to fraudulently bill the Medicare program for home health care services.

From approximately January 2006 to June 2012, LTC and Professional Home Care submitted approximately \$74 million in claims for home health services that were not medically necessary or not provided, and Medicare paid approximately \$45 million on those claims.

The case is being investigated by HHS-OIG and the FBI and was brought as part of the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Southern District of Florida. The case is being prosecuted by Assistant Chief Joseph S. Beemsterboer of the Criminal Division's Fraud Section.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged nearly 2,000 defendants who have collectively billed the Medicare program for more than \$6 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with

the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: www.stopmedicarefraud.gov.

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Criminal Division