

2023R00236/JRE

FILED

JUN 18 2025

AT 8:30 3:33 p.m. M ON
CLERK, U.S. DISTRICT COURT - DNJ

UNITED STATES OF AMERICA : Hon. Katharine S. Hayden
:
v. : Crim. No. 25-408
:
NESTOR E. JAIME : 18 U.S.C. § 1347
: 18 U.S.C. § 2

TRUE AND CERTIFIED COPY

Donato A. Marucci

1:33 pm, Jun 20 2025

**INDICTMENT**

The Grand Jury in and for the District of New Jersey, sitting at Newark,
charges as follows:

COUNTS ONE THROUGH FOUR
(Health Care Fraud)**Relevant Entities and Individuals**

1. At all times relevant to this Indictment:

a. Defendant NESTOR E. JAIME ("JAIME") was a resident of Pine Brook, New Jersey and the owner of a pharmacy located in Paterson, New Jersey (the "JAIME Pharmacy").

b. The JAIME Pharmacy was a New Jersey corporation that participated in the Medicare Program and maintained four business checking accounts through which it received insurance reimbursements, including from Medicare (the "JAIME Pharmacy Accounts"). JAIME controlled the JAIME Pharmacy Accounts.

The Medicare Program

c. The Medicare Program ("Medicare") was a federally funded health care program that provided medical insurance benefits for individuals aged

65 and older and certain disabled individuals who qualified under the Social Security Act. The benefits available under Medicare were governed by federal statutes and regulations. Medicare was administered from the Centers for Medicare and Medicaid Services (“CMS”), a federal agency within the U.S. Department of Health and Human Services (“HHS”). Individuals who received Medicare benefits were referred to as “beneficiaries.”

d. Medicare was divided into four parts: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D).

e. Medicare beneficiaries obtained Part D benefits in two ways: (a) by joining a Prescription Drug Plan, which covered only prescription drugs; or (b) by joining a Medicare Advantage Plan, which covered both prescription drugs and medical services (collectively, “Part D Plans”). These Part D plans were operated by private health insurance companies approved by Medicare and were often referred to as drug plan “sponsors.”

f. Medicare was a “health care benefit program,” as defined in Title 18, United States Code, Section 24(b).

g. CMS assigned pharmacies a national provider identification number (“NPI”). A pharmacy dispensing medications to a beneficiary used its assigned NPI when submitting a claim for reimbursement under Medicare Part D. A pharmacy was permitted to submit claims for reimbursement under Medicare

Part D only for medications actually dispensed, and was required to maintain records verifying that it dispensed the medications.

h. A pharmacy could participate in the Medicare Part D program by entering into a retail network agreement: (a) directly with a Part D Plan; (b) with one or more Pharmacy Benefits Managers (“PBM”); or (c) with a Pharmacy Service Administration Organization (“PSAO”). A PBM acted on behalf of one or more Part D Plans. Through a Part D Plan’s PBM, a pharmacy could join a Part D Plan network. A PSAO contracted with PBMs on behalf of the pharmacy.

i. Typically, a Medicare beneficiary who enrolled in a Part D Plan obtained prescription medications from a pharmacy authorized by the beneficiary’s Part D Plan. After filling a beneficiary’s prescription, the authorized pharmacy submitted a claim either directly to a Part D Plan or to a PBM that represented the Part D Plan. In the claim, the pharmacy provided the beneficiary’s identification number as well as the prescribing provider’s NPI and the pharmacy’s NPI. The Part D Plan or the PBM determined whether the pharmacy was entitled to payment for each claim. Then, the Part D Plan, or PBM, either directly or through a PSAO, reimbursed the pharmacy for the claim.

The Scheme to Defraud

2. From in or around December 2019 through in or around December 2021, in the District of New Jersey, and elsewhere, the defendant,

NESTOR E. JAIME,

in connection with the delivery of, and payment for, health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud Medicare, a health care benefit program as defined in Title 18, United States Code, Section 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, Medicare.

Goal of the Scheme to Defraud

3. The goal of the scheme was for JAIME to unlawfully enrich himself and others by (a) submitting and causing the submission of false and fraudulent claims for reimbursement to Medicare for prescription medications that the JAIME Pharmacy purportedly dispensed to Medicare beneficiaries that, in fact, never were dispensed to the Medicare beneficiaries, and (b) diverting proceeds of the fraud for JAIME's personal use and benefit.

Manner and Means of the Scheme to Defraud

4. It was part of the scheme to defraud that:

a. Beginning in or around December 2019, JAIME, through the JAIME Pharmacy, submitted and caused the submission of false and fraudulent claims to Medicare for Difcid, a high-reimbursement prescription medication used to treat clostridioides difficile infections ("CDI"). However, Difcid never was actually dispensed to the Medicare beneficiaries on whose behalf the claims were purportedly submitted.

b. Specifically, JAIME submitted and caused the submission of at least approximately 591 claims to Medicare for Difcid for at least approximately 61

Medicare beneficiaries. Based on the claims submitted, the JAIME Pharmacy should have dispensed at least approximately 11,820 units of Difcid, but the JAIME Pharmacy, through JAIME, only ever purchased approximately 100 units of Difcid. Therefore, the JAIME Pharmacy could not have dispensed at least approximately 99% of the Difcid for which it billed Medicare for reimbursement.

c. JAIME submitted and caused the submission of claims for Difcid on behalf of Medicare beneficiaries even though the JAIME Pharmacy did not receive any prescriptions for Difcid from those beneficiaries' health care providers. Nevertheless, JAIME, without authorization, included the health care providers' NPI on the false and fraudulent claims for Difcid to make it appear as though the claims were for reimbursements for legitimate prescriptions that were actually sent to and filled by the JAIME Pharmacy.

d. As a result of the false and fraudulent claims that JAIME caused to be submitted to Medicare, Medicare paid reimbursements of at least approximately \$2,505,754 to the JAIME Pharmacy.

e. The Medicare reimbursements were directed into the JAIME Pharmacy Accounts, which JAIME controlled. JAIME thereafter transferred some of the funds from the JAIME Pharmacy Accounts to JAIME's personal bank accounts, which, in turn, he used to pay for personal expenditures, including his home mortgage. Additionally, JAIME made large expenditures directly from the JAIME Pharmacy Accounts and on credit cards, which he paid off using JAIME Pharmacy Accounts funds. This included spending approximately \$1 million to buy

and lease luxury vehicles and thousands of dollars on high-end watches and entertainment.

Execution of the Scheme to Defraud

5. On or about the dates set forth below, for the purpose of executing and attempting to execute the scheme to defraud, in the District of New Jersey, and elsewhere, JAIME submitted and caused to be submitted the following false and fraudulent claims to Medicare, in an attempt to execute, and in execution of the scheme described above:

Count	Medicare Beneficiary	Medication	Approx. Claim Date	Approx. Amount Billed to Medicare
1	E.V.	Difcid	2/4/2021	\$4,501.38
2	A.A.	Difcid	9/9/2021	\$4,514.17
3	A.V.	Difcid	11/29/2021	\$4,514.17
4	P.R.T.	Difcid	12/18/2021	\$4,217.77

In violation of Title 18, United States Code, Section 1347 and Section 2.

FORFEITURE ALLEGATION

Upon conviction of one or more of the Federal health care fraud offenses charged in Counts One through Four of this Indictment, the defendant, NESTOR E. JAIME, shall forfeit to the United States, pursuant to Title 18 United States Code, 982(a)(7), all property obtained that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such offense or offenses, and all properly traceable to such property.

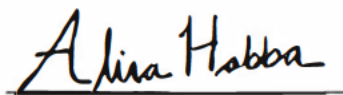
SUBSTITUTE ASSETS PROVISION

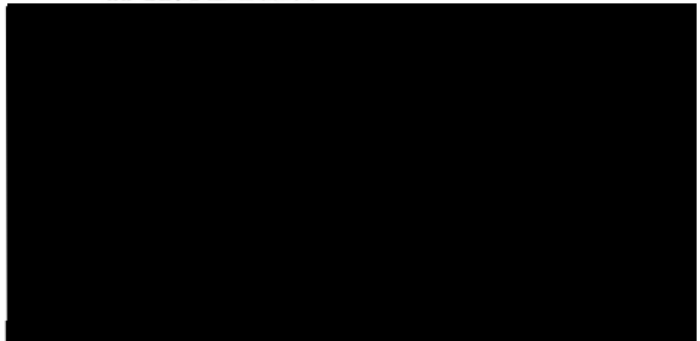
If any of the forfeitable property described above, as a result of any act or omission of the defendant:

- (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 which cannot be subdivided without difficulty,

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), to seek forfeiture of any other property of the defendant up to the value of the forfeitable property described above.

A TRUE BILL


ALINA HABBA
United States Attorney



CASE NUMBER: 25-408

**United States District Court
District of New Jersey**

UNITED STATES OF AMERICA

v.

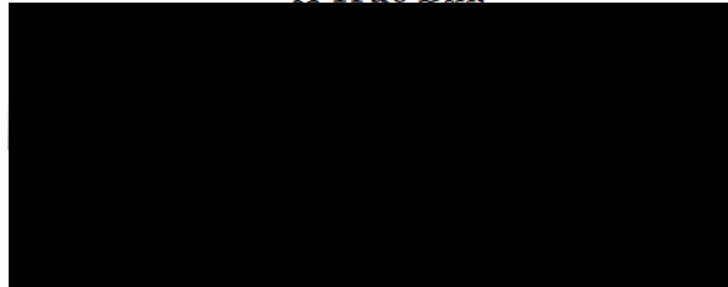
NESTOR E. JAIME

INDICTMENT FOR

18 U.S.C. § 1347

18 U.S.C. § 2

A True Bill.



FOR THE DISTRICT OF NEW JERSEY

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973-645-2700**