

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. **18-20382**

CR - LENARD
/O'SULLIVAN

18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 2
18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

**CARLOS E. AGUILAR and
LYZT DE DIOS,**

Defendants.

_____ /

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment:

Commercial Insurance

1. AT&T offered Administrative Services Only (“ASO”) insurance plans to their employees. AT&T contracted with the insurance company Blue Cross Blue Shield (“BCBS”) to handle the administrative tasks such as billing, claims handling, and claims payment with respect to claims submitted on behalf of AT&T employees. This ASO insurance plan reimbursed BCBS for the money the insurance company paid out for health benefits for their respective employees. As such, AT&T acted in a self-insured role which means that it was financially responsible for any claim payments for AT&T employees.

2. BCBS and the ASO insurance plan offered by AT&T and managed by BCBS were a “health care benefit program[s]”, as defined in Title 18, United States Code, Section 24(b).

3. BCBS often made payments directly to physicians, medical clinics, or other health care providers, rather than to the beneficiary who received the health care benefits, items, and services. This occurred when the provider accepted assignment of the right to payment from the beneficiary.

4. To obtain payment for treatment or services provided to a beneficiary, physicians, medical clinics, and other health care providers had to submit itemized claim forms to the beneficiary’s commercial insurance plan. The claim forms were typically submitted electronically via the internet. The claim form required certain important information, including: (a) the beneficiary’s name and Health Insurance Claim Number or other identification number; (b) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (c) the billing codes for the benefit, item, or service; (d) the date upon which the benefit, item, or service was provided or supplied to the beneficiary; and (e) the name of the referring physician or other health care provider, as well as a unique identifying number, known either as the Unique Physician Identification Number (“UPIN”) or National Provider Identifier (“NPI”).

5. When a provider submitted a claim form to a private insurance plan, the provider certified that the contents of the form were true, correct, complete, and that the form was prepared in compliance with the applicable laws and regulations concerning the submission of health care claims. The provider also certified that the services being billed were medically necessary and were in fact provided as billed.

The Defendants and Related Entities

6. Star Relief Center, LLC. (“Star Relief Center”) was a Florida corporation, located at 2750 SW 87th Avenue, Suite 202, Miami, Florida. Star Relief Center was a medical clinic that purportedly provided commercial private insurance beneficiaries with various medical treatments and services.

7. Defendant **CARLOS E. AGUILAR**, a resident of Miami-Dade County, was a licensed medical doctor and referring physician for Star Relief Center.

8. Defendant **LYZT DE DIOS** was a resident of Miami-Dade County and an employee of Star Relief Center.

COUNT 1
Conspiracy to Commit Health Care Fraud and Wire Fraud
(18 U.S.C. § 1349)

1. Paragraphs 1 through 8 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around January 2016, and continuing through in or around September 2017, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

CARLOS E. AGUILAR
and
LYZT DE DIOS,

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate and agree with each other and others known and unknown to the Grand Jury, to commit offenses against the United States of America, that is:

a. to knowingly and willfully 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, BCBS and ASO insurance plans managed by BCBS, 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 programs, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347; and

b. to knowingly and with the intent to defraud, devise and intend to devise a scheme and artifice to defraud and for obtaining money and property by means of materially false and fraudulent pretenses, representations, and promises, knowing the pretenses, representations, and promises were false and fraudulent when made, and for the purpose of executing the scheme and artifice, did knowingly transmit and cause to be transmitted by means of wire communication in interstate and foreign commerce, certain writings, signs, signals, pictures, and sounds, in violation of Title 18, United States Code, Section 1343.

PURPOSE OF THE CONSPIRACY

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; (c) concealing the receipt of the fraud proceeds; and (d) diverting the fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

MANNER AND MEANS OF THE CONSPIRACY

The manner and means by which the defendants and their co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among others, the following:

4. **CARLOS E. AGUILAR, LYZT DE DIOS** and their co-conspirators submitted and caused Star Relief Center to submit, via interstate wires, approximately \$1,170,570 to BCBS

and ASO insurance plans managed by BCBS in claims for reimbursement which falsely and fraudulently represented that various health care benefits were medically necessary, prescribed by a doctor, and had been provided to insurance beneficiaries of BCBS and ASO insurance plans managed by BCBS by Star Relief Center.

5. As a result of such false and fraudulent claims, BCBS and ASO insurance plans managed by BCBS made payments to the corporate bank accounts of Star Relief Center in the approximate amount of \$748,632.

6. **CARLOS E. AGUILAR, LYZT DE DIOS**, and others used the proceeds of the health care fraud for their personal use and benefit, and to further the fraud.

All in violation of Title 18, United States Code, Section 1349.

COUNTS 2-5
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 8 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around January 2016, and continuing through in or around September 2017, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

CARLOS E. AGUILAR
and
LYZT DE DIOS,

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 health care benefit programs affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, BCBS and ASO insurance plans managed by BCBS, 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 programs.

Purpose of the Scheme and Artifice

3. It was a purpose of the scheme and artifice for the defendants and their accomplices to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to a health care benefit program; (b) concealing the submission of false and fraudulent claims to a health care benefit program; (c) concealing the receipt of the fraud proceeds; and (d) diverting the fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

The Scheme and Artifice

The Manner and Means section of Count 1 of this Indictment is re-alleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

Acts in Execution or Attempted Execution of the Scheme and Artifice

On or about the dates specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, that is, BCBS and ASO insurance plans managed by BCBS, 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 programs, in that the defendants submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that Star Relief Center provided health care benefits, items, and services to beneficiaries pursuant to physicians' orders and prescriptions as set forth below:

Count	Beneficiary	Approx. Date Claim Received	Claim Number	Services Claimed; Approx. Amount Claimed
2	A.R.P.	2/07/17	H100000590939300	Application of a modality to one or more areas, Paraffin Baths; \$350
3	B.P.	2/09/17	H100000582760544	Application of a modality to one or more areas, Contrast baths, each 15 minutes; \$350
4	E.P.	3/02/17	H100000587875855	Therapeutic Procedure, one or more areas, each 15 minutes; Therapeutic exercises to develop strength; \$350
5	L.R.	6/19/17	H100000608319401	Application of a modality to one or more areas, Ultrasound, Each 15 minutes; \$370

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

FORFEITURE
(18 U.S.C. § 982)

1. The allegations contained in this Indictment are re-alleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of certain property in which the defendants, **CARLOS E. AGUILAR** and **LYZT DE DIOS**, have an interest.

2. Upon conviction of any violation of Title 18, United States Code, Sections 1347 or 1349, as alleged in Counts 1 through 5 of this Indictment, the defendant so convicted shall forfeit to the United States all of their respective right, title, and interest in any property, real or personal,

that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such violation, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property subject to forfeiture includes, but is not limited to, the sum of \$748,632 in United States currency, which amount is equal to the gross proceeds traceable to the commission of the violations alleged in this Indictment, which the United States will seek as a forfeiture money judgment as part of the defendants' sentence.

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

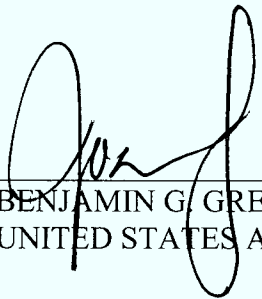
- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with a third party;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot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

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendants up to the value of the above forfeitable property and, in addition, to seek a court order requiring the defendants to return any such property to the jurisdiction of the court for seizure and forfeiture.

All pursuant to Title 18, United States Code, Sections 982(a)(1) and 982(a)(7); and the procedures set forth at Title 21, United States Code, Section 853, as made applicable by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

FOF

For


BENJAMIN G. GREENBERG
UNITED STATES ATTORNEY

For


CHRISTOPHER J. CLARK
ASSISTANT UNITED STATES ATTORNEY