

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO**

**UNITED STATES OF AMERICA,
Plaintiff,**

v.

**JOSE A. BURGOS-MILLAN,
Defendant.**

INFORMATION

CRIMINAL NO. 23-wa-011 (CVR)

**VIOLATION:
18 U.S.C. §1347 (Health Care Fraud)**

1 COUNT

THE UNITED STATES ATTORNEY CHARGES:

GENERAL ALLEGATIONS

At all times material to this Information and within the District of Puerto Rico:

MEDICAID PROGRAM

Medicaid is a “federal health care program” that provides benefits to low-income individuals and families. Medicare is a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b). Medicaid is monitored and funded by the Centers for Medicare and Medicaid Services (hereafter CMS), an agency of the United States Department of Health and Human Services. In Puerto Rico, the Medicaid program is known as Vital. First Medical, Plan de Salud Menonita, Triple-S, Molina Healthcare and MMM Multihealth were some of the managed care organizations contracted by the Puerto Rico Health Insurance Administration to provide health care coverage to the Medicaid patient population in Puerto Rico.

COVID-19 “COVID FEE” CODE

In furtherance of the COVID-19 pandemic declaration dentists experience a higher risk of contagion due to the procedures they perform and had to incur in additional operational expenses. In response to the COVID-19 pandemic, providers are allowed to add code D1999, unspecified preventive

procedure to dental coverage. This code had been selected to cover the cost of infection control materials, also known as the “COVID Fee”.

Defendant **JOSE A. BURGOS-MILLAN** was a licensed dentist and Medicaid provider.

COUNT ONE
Health Care Fraud
Title 18, United States Code, Section 1347

The General Allegations of this Information are realleged and incorporated by reference as though fully set forth herein.

From on or about August 1, 2020, through on or about November 8, 2022, in the District of Puerto Rico and within the jurisdiction of this Honorable Court,

JOSE A. BURGOS-MILLAN,

the defendant herein, did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud, 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 a health care benefit program as defined in Title 18, United States Code, Section 24(b), that is Medicaid, in connection with the delivery of and payment for healthcare benefits, items, and services, in violation of Title 18, United States Code, Section 1347.

THE SCHEME TO DEFRAUD

The scheme to defraud Medicaid consisted of defendant **JOSE A. BURGOS-MILLAN** causing material false and fraudulent claims to be submitted to Medicaid, all in order to financially enrich himself. As part of the scheme to defraud Medicaid, defendant **JOSE A. BURGOS-MILLAN** caused false and fraudulent claims to be submitted for payment.

From on or about August 1, 2020 and continuing to on or about November 8, 2022, defendant **JOSE A. BURGOS-MILLAN** caused to be submitted claims to Medicaid, totaling approximately

\$108,052.00 for the billing of the COVID Fee, specifically using Code D1999, in false claims. **JOSE A. BURGOS-MILLAN** caused material false and fraudulent claims to be submitted to Medicaid in that each of the claims submitted represented falsely and fraudulently that the Medicaid beneficiaries were seen in multiple dates, when in reality, the beneficiaries were seen in one day.

All in violation of 18 U.S.C. § 1347.

W. STEPHEN MULDROW
United States Attorney

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Seth A. Erbe
Assistant United States Attorney
Chief, Financial Fraud &
Public Corruption Section

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Wallace A. Bustelo
Special Assistant United States Attorney