UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 17-20468 CR-UNGARO

18 U.S.C. § 1349
18 U.S.C. § 371
42 U.S.C. § 1320a-7b(b)(2)(A)
18 U.S.C. § 2
18 U.S.C. § 982(a)(7)

/O'SULLIVAN

UNITED STATES OF AMERICA

vs.

VILMA ALONSO,

Defendant.
_____/

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times material to this Indictment:

The Medicare Program

1. The Medicare Program (Medicare) was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services (HHS), through its agency, the Centers for Medicare and Medicaid Services (CMS), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly 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 programs covering different types of benefits were 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. Payments for home health care medical services were typically made directly to a Medicare-certified HHA or provider based on claims submitted to the Medicare program for qualifying services that had been provided to eligible beneficiaries.

4. CMS did not directly pay Medicare Part A claims submitted by Medicare-certified HHAs. CMS contracted with different private companies to administer the Medicare Part A program throughout different parts of the United States. In the State of Florida, CMS contracted with Palmetto Government Benefits Administrators (Palmetto). As administrator, Palmetto was to receive, adjudicate and pay claims submitted by HHA providers under the Part A program for home health claims. Additionally, CMS separately contracted with companies in order to review HHA providers' claims data. CMS first contracted with TriCenturion, a Program Safeguard Contractor. Subsequently, on December 15, 2008, CMS contracted with SafeGuard Services, a Zone Program Integrity Contractor. Both TriCenturion and SafeGuard Services safeguarded the Medicare Trust Fund by reviewing HHA providers' claims for potential fraud, waste, and/or abuse.

Part A Coverage and Regulations

Reimbursements

5. The Medicare Part A program reimbursed 100% of the allowable charges for participating HHAs providing home health care services only if the patient qualified for home

health benefits. A patient qualified for home health benefits only if the patient:

(a) was confined to the home, also referred to as homebound;

(b) was under the care of a physician who specifically determined there was a need for home health care and established the Plan of Care (P.O.C.); and

(c) the determining physician signed a certification statement specifying that the beneficiary needed intermittent skilled nursing, physical therapy, speech therapy, or a continued need for occupational therapy; the beneficiary was confined to the home; that a P.O.C for furnishing services was established and periodically reviewed; and that the services were furnished while the beneficiary was under the care of the physician who established the P.O.C.

Record Keeping Requirements

6. Medicare Part A regulations required HHAs providing services to Medicare patients to maintain complete and accurate medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting the actual treatment of patients to whom services were provided and for whom claims for reimbursement were submitted by the HHA. These medical records were required to be sufficiently complete to permit Medicare, through Palmetto and other contractors, to review the appropriateness of Medicare payments made to the HHA under the Part A program.

7. Among the written records required to document the appropriateness of home health care claims submitted under Part A of Medicare was : (i) a P.O.C. that included the physician order, diagnoses, types of services/frequency of visits, prognosis/rehab potential, functional limitations/activities permitted, medications/treatments/nutritional requirements, safety measures/discharge plans, goals, and the physician's signature; and (ii) a signed certification

statement by an attending physician certifying that the patient was confined to his or her home and was in need of the planned home health services.

8. Additionally, Medicare Part A regulations required HHAs to maintain medical records of every visit made by a nurse, therapist, or home health aide to a patient. The record of a nurse's visit was required to describe, among other things, any significant observed signs or symptoms, any treatment and drugs administered, any reactions by the patient, any teaching and the understanding of the patient, and any changes in the patient's physical or emotional condition. The home health aide was required to document the hands-on personal care provided to the beneficiary as the services were deemed necessary to maintain the beneficiary's health or to facilitate treatment of the beneficiary's primary illness or injury. These written medical records were generally created and maintained in the form of "skilled nursing progress notes" and "home health aide notes/observations."

9. Medicare regulations allowed Medicare certified HHAs to subcontract home health care services to nursing companies, therapy staffing services agencies, registries, or groups (nursing groups), which would bill the certified home HHA. The Medicare certified HHA would, in turn, bill Medicare for all services rendered to the patient. The HHA's professional supervision over subcontracted-for services required the same quality controls and supervision as of its own salaried employees.

10. The basic requirement that the beneficiary be confined to the home or be homebound was a continuing requirement for a Medicare beneficiary to receive home health benefits.

The Defendant, Related Companies, and Individuals

11. South Florida Physician Care Network PA. (South Florida) was a Florida corporation, located at 1275 W. 47th Pl., Suite 307, Hialeah, FL, that purportedly provided medical treatment to Medicare beneficiaries.

12. Sweet Care Home Health Agency (Sweet Care) was a Florida corporation, located at 6447 Miami Lakes Drive East, Suite 203B, Miami, FL, that purportedly provided home health services to Medicare beneficiaries.

13. R&N Professional Services Corp. (R&N) was a Florida corporation, located at 8900 S.W. 24 Street, Suite 207, Miami, FL, that purportedly provided home health services to Medicare beneficiaries.

14. Essential Care Providers, Inc. (Essential) was a Florida corporation, located at 9240 S.W. 72 Street, Suite 103, Miami, FL, that purportedly provided home health services to Medicare beneficiaries.

15. Eddie Correa, was a resident of Miami-Dade County.

16. Defendant **VILMA ALONSO** was a resident of Miami-Dade County, who worked at South Florida.

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

1. The General Allegations section of this Indictment is realleged and incorporated by reference as though fully set forth herein.

2. From in or around March 2015, through in or around August 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

VILMA
WILMA ALONSO,

did knowingly, that is with the intent to further the objects of the conspiracy, and willfully combine, conspire, confederate, and agree with Eddie Correa and others, known and unknown to the Grand Jury, to commit offenses against the United States, 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, 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 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 a purpose of the conspiracy for the defendant and her co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; and (b) concealing the submission of false and fraudulent claims to Medicare.

Manner and Means of the Conspiracy

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

4. **VILMA ALONSO** and doctors who worked at South Florida provided prescriptions to Eddie Correa for home health services to Medicare beneficiaries which were not medically necessary.

5. **VILMA ALONSO** and Eddie Correa caused patient documentation to be falsified to make it appear that Medicare beneficiaries qualified for and received home health services that were not medically necessary.

6. As a result of these false and fraudulent claims, South Florida, Sweet Care, R&N, and Essential received payments from Medicare in the approximate amount of $268,197.

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

COUNT 2
Conspiracy to Pay and Receive Health Care Kickbacks
(18 U.S.C. § 371)

1. The General Allegations section of this Indictment is realleged and incorporated by reference as though fully set forth herein.

2. From in or around March 2015, through on or about June 7, 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

VILMA ALONSO,

did knowingly, that is, with the intent to further the objects of the conspiracy, and willfully combine, conspire, confederate and agree with Eddie Correa and others, known and unknown to the Grand Jury:

a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the United States Department of Health and Human Services in its administration and oversight of the Medicare program, in violation of Title 18, United States Code, Section 371, and to commit certain offenses against the United States, that is:

b. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(A), by knowingly and willfully offering and paying remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole or in part under a federal health care program, that is, Medicare; and

c. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A), by knowingly and willfully soliciting and receiving remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in return for referring an individual to a person for the furnishing and arranging for the furnishing of an item and service for which payment may be made in whole and in part under a federal health care program, that is, Medicare.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendant and her co-conspirators to unlawfully enrich themselves by: (a) offering, paying, soliciting and receiving kickbacks and bribes to ensure that Medicare beneficiaries would serve as patients at South Florida; and (b) submitting and causing the submission of claims to Medicare for home health services South Florida purportedly provided to those recruited beneficiaries.

Manner and Means of the Conspiracy

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

4. **VILMA ALONSO** paid kickbacks and bribes to Eddie Correa and others in exchange for referring Medicare beneficiaries to serve as patients at South Florida.

5. **VILMA ALONSO** received kickbacks from Eddie Correa in the amount of $200 per prescription for home health services for Medicare beneficiaries.

6. **VILMA ALONSO** induced Medicare beneficiaries, through the payment of kickbacks and bribes to Eddie Correa, to visit South Florida and to provide information to South Florida that would enable false and fraudulent prescriptions to be generated in the names of the Medicare beneficiaries.

7. **VILMA ALONSO** and Eddie Correa referred these Medicare beneficiaries to South Florida, Sweet, R&N, and Essential for medical treatment.

8. **VILMA ALONSO** induced South Florida, Sweet, R&N, and Essential to submit claims to Medicare for medical services purportedly provided to Medicare beneficiaries.

9. Medicare paid South Florida, R&N, and Essential based upon claims for medical items and services allegedly provided to Medicare beneficiaries.

Overt Acts

In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one of the conspirators committed and caused to be committed in Miami Dade County, in the Southern District of Florida, and elsewhere, at least one of the following overt acts, among others:

1. On or about March 15, 2016, **VILMA ALONSO** caused a cash payment to be made to Eddie Correa in the approximate amount of $1,500 in exchange for the referral of B.D., a

Medicare beneficiary, to serve as a patient at South Florida.

2. In or around December 2015, **VILMA ALONSO** received a cash payment from Eddie Correa in the amount of $200 for a prescription for home health services for J.P., a Medicare beneficiary.

3. In or around January 2016, **VILMA ALONSO** received a cash payment from Eddie Correa in the amount of $1,000 for prescriptions for home health services for Medicare beneficiaries.

4. On or about June 7, 2016, **VILMA ALONSO** caused a cash payment to be made to Eddie Correa in the approximate amount of $1,400 in exchange for the referral of M.H., a Medicare beneficiary, to serve as a patient at South Florida.

All in violation of Title 18, United States Code, Section 371.

COUNT 3
Payment of Kickbacks in Connection with a Federal Health Care Program
(42 U.S.C. § 1320a-7b(b)(2)(A))

1. The General Allegations section of this Indictment is realleged and incorporated by reference as though fully set forth herein.

2. On or about March 15, 2016, in Miami-Dade County, in the Southern District of Florida, the defendant,

VILMA ALONSO,

did knowingly and willfully offer and pay any remuneration, that is, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in the amount of $1,500 in return for referring B.D., an individual, for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section l320a-7b(b)(2)(A) and Title

18, United States Code, Section 2.

COUNT 4
Payment of Kickbacks in Connection with A Federal Health Care Program
(42 U.S.C. 1320a-7(b)(2)(A))

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. On or about June 7, 2016, in Miami-Dade County, in the Southern District of Florida, the defendant,

VILMA ALONSO,

did knowingly and willfully offer and pay remuneration, that is, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in the amount of $1,400 in return for referring M.H., an individual, for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section l320a-7b(b)(2)(A) and Title 18, United States Code, Section 2.

FORFEITURE
(18 U.S.C. § 982(a)(7))

1. The allegations of this Indictment are realleged 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 defendant, **VILMA ALONSO**, has an interest.

2. Upon conviction of any violation alleged in this Indictment, the defendant so convicted shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such violations.

3. The property subject to forfeiture includes, but is not limited to $268,197 or equal value in traceable proceeds resulting from the commission of the violations alleged in this Indictment, which the United States will seek as a forfeiture money judgment against the convicted defendants, jointly and severally, as part of their respective sentence.

All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853.

A TRUE BILL

FOREPERSON

BENJAMIN G. GREENBERG
ACTING UNITED STATES ATTORNEY

MICHAEL E. GILFARB
ASSISTANT UNITED STATES ATTORNEY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA

vs.

VILMA ALONSO,

Defendant.
_____/

CASE NO. _____

CERTIFICATE OF TRIAL ATTORNEY*

Superseding Case Information:

New Defendant(s) Yes ____ No ____
Number of New Defendants ____
Total number of counts ____

Court Division: (Select One)

X Miami ____ Key West
___ FTL ____ WPB ____ FTP

I do hereby certify that:

1. I have carefully considered the allegations of the indictment, the number of defendants, the number of probable witnesses and the legal complexities of the Indictment/Information attached hereto.

2. I am aware that the information supplied on this statement will be relied upon by the Judges of this Court in setting their calendars and scheduling criminal trials under the mandate of the Speedy Trial Act, Title 28 U.S.C. Section 3161.

3. Interpreter: (Yes or No) YES
List language and/or dialect SPANISH

4. This case will take 3 days for the parties to try.

5. Please check appropriate category and type of offense listed below:

(Check only one)			(Check only one)	
I:	0 to 5 days	X	Petty	
II:	6 to 10 days		Minor	
III:	11 to 20 days		Misdem.	
IV:	21 to 60 days		Felony	X
V:	61 days and over			

6. Has this case been previously filed in this District Court? (Yes or No) NO
If yes:
Judge: Case No. _____
(Attach copy of dispositive order)
Has a complaint been filed in this matter? (Yes or No) NO
If yes:
Magistrate Case No. _____
Related Miscellaneous numbers: _____
Defendant(s) in federal custody as of _____
Defendant(s) in state custody as of _____
Rule 20 from the _____ District of _____

Is this a potential death penalty case? (Yes or No) NO

7. Does this case originate from a matter pending in the Northern Region of the U.S. Attorney's Office prior to October 14, 2003? _____ Yes X No

8. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to September 1, 2007? _____ Yes X No

_____
MICHAEL E. GILFARB
ASSISTANT UNITED STATES ATTORNEY
FLORIDA BAR No. 957836

*Penalty Sheet(s) attached

REV 4/8/08

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: VILMA ALONSO

Case No:

Count #: 1

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

*** Max. Penalty**: Ten (10) Years' Imprisonment

Count #: 2

Conspiracy to Pay and Receive Health Care Kickbacks

Title 18, United States Code, Section 371

*** Max. Penalty:** Five (5) Years' Imprisonment

Count #: 3

Payment of Kickbacks in Connection with a Federal Health Care Program

Title 42, United States Code, Section 1320a-7b(b)(2)(A)

*** Max. Penalty:** Five (5) Years' Imprisonment

Count #: 4

Payment of Kickbacks in Connection with a Federal Health Care Program

Title 42, United States Code, Section 1320a-7(b)(2)(A)

*** Max. Penalty:** Five (5) Years' Imprisonment

***Refers only to possible term of incarceration, does not include possible fines, restitution, special assessments, parole terms, or forfeitures that may be applicable.**