

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Case No. **18-20163 CR**

18 U.S.C. § 1349  
18 U.S.C. § 1347  
18 U.S.C. § 2  
18 U.S.C. § 982(a)(7)

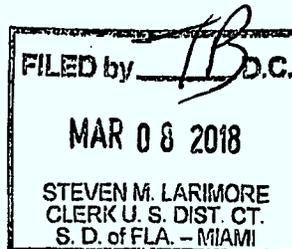
*Middlebrooks, Garber*

UNITED STATES OF AMERICA

vs.

**AILIN CONSUELO RODRIGUEZ SIGLER,  
ZOILA C. RIOS, and  
TOMAS A. RODRIGUEZ,**

**Defendants.**



**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 1320-7b(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.

5. Physicians, clinics and other health care providers, including HHAs that provided services to Medicare beneficiaries were able to apply for and obtain a “provider number.” In its enrollment application, a provider was required to disclose to Medicare any person or company who

held an ownership interest of 5% or more or who had managing control of the provider. A health care provider that received a Medicare provider number was able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries. A Medicare claim was required to set forth, among other things, the beneficiary's name and Medicare information number, the services that were performed for the beneficiary, the date that the services were provided, the cost of the services, and the name and provider number of the physician or other health care provider who ordered the services.

6. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement, including the Federal Anti-Kickback Statute. To receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors. Health care providers were given and provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations.

### **Part A Coverage and Regulations**

#### **Reimbursements**

7. 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 ("POC"); 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 POC 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 POC.

### **Record Keeping Requirements**

8. 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.

9. Among the written records required to document the appropriateness of home health care claims submitted under Part A of Medicare were: (i) a POC 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.

10. 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."

11. 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 health agency. 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.

#### **The Defendants, Related Persons, and Companies**

12. Florida Patient Care Corp. ("FPC") was a Florida corporation with its principal place of business in Miami-Dade County, in the Southern District of Florida. FPC purported to provide home health care services to eligible Medicare beneficiaries.

13. Ayamey Group Corp. ("Ayamey") was a Florida corporation with its principal place of business in Miami-Dade County, in the Southern District of Florida. Ayamey purported to provide physical therapy, occupational therapy, and skilled nursing services to eligible Medicare beneficiaries throughout the Southern District of Florida.

14. Olorun Staffing CTR, Inc. ("Olorun") was a Florida corporation with its principal place of business in Miami-Dade County, in the Southern District of Florida. Olorun purported to provide physical therapy, occupational therapy, and skilled nursing services to eligible Medicare

beneficiaries throughout the Southern District of Florida.

15. Royal Care Therapy Services, Inc. (“Royal Care”) was a Florida corporation with its principal place of business in Miami-Dade County, in the Southern District of Florida. Royal Care purported to provide physical therapy, occupational therapy, and skilled nursing services to eligible Medicare beneficiaries throughout the Southern District of Florida.

16. A&S Physical Therapy Services, Corp. (“A&S”) was a Florida corporation with its principal place of business in Miami-Dade County, in the Southern District of Florida. A&S purported to provide physical therapy services to eligible Medicare beneficiaries throughout the Southern District of Florida.

17. Defendant **AILIN CONSUELO RODRIGUEZ SIGLER**, a resident of Miami-Dade County, was an owner and operator of FPC.

18. Defendant **ZOILA C. RIOS**, a resident of Miami-Dade County, was an owner and operator of FPC.

19. Defendant **TOMAS A. RODRIGUEZ**, a resident of Miami-Dade County, was an owner and operator of FPC.

20. Yenni Del Nodal, a resident of Miami-Dade County, was the owner and operator of Ayamey and Olorun.

21. Yenisleidy Fernandez, a resident of Lee County, was the operator of Royal Care.

22. Julio Fernandez, a resident of Lee County, was the owner and operator of Royal Care.

23. Jhony A. Alfau, a resident of Miami-Dade County, was a licensed physical therapy assistant who purportedly provided home health physical therapy services to Medicare beneficiaries. He was the owner and operator of A&S.

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

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

2. From in or around January 2011, through in or around November 2014, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**AILIN CONSUELO RODRIGUEZ SIGLER,**  
**ZOILA C. RIOS, and**  
**TOMAS A. RODRIGUEZ,**

did knowingly, that is, with the intent to further the objects of the conspiracy, and willfully combine, conspire, confederate, and agree with each other and others known and unknown to the Grand Jury, including Yenni Del Nodal, Yenisleidy Fernandez, Julio Fernandez, and Jhony A. Alfau, to commit certain 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 that 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 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 defendants and their co-conspirators to unjustly enrich themselves by, among other things: (a) offering and paying kickbacks for the referral of Medicare beneficiaries to serve as patients of FPC; (b) submitting and causing the submission of false and fraudulent claims to Medicare for services that were medically unnecessary, not eligible for Medicare reimbursement, or not provided to Medicare beneficiaries; (c) concealing and causing the concealment of the submission of false and fraudulent claims to Medicare and the receipt and transfer of fraud proceeds; and (d) diverting 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 other things:

4. **ZOILA C. RIOS** and **TOMAS A. RODRIGUEZ** and their co-conspirators paid, and caused to be paid, kickbacks to Medicare beneficiaries and patient recruiters in exchange for the referral of Medicare beneficiaries to FPC.

5. **AILIN CONSUELO RODRIGUEZ SIGLER, ZOILA C. RIOS, TOMAS A. RODRIGUEZ**, Yenni Del Nodal, Yenisleidy Fernandez, Julio Fernandez, Jhony A. Alfau, and other co-conspirators falsified, fabricated, altered, and caused the falsification, fabrication, and alteration of FPC records, including physical therapy patient visit notes, and other purported records, to support and conceal home health care claims for services that were medically unnecessary, not eligible for Medicare reimbursement, or were never provided.

6. **AILIN CONSUELO RODRIGUEZ SIGLER, ZOILA C. RIOS, TOMAS A. RODRIGUEZ**, and other co-conspirators falsely and fraudulently represented to Medicare that FPC

used licensed therapists to provide home health physical and occupational therapy services to Medicare beneficiaries, when in fact FPC often used unlicensed therapists to provide such services.

7. **AILIN CONSUELO RODRIGUEZ SIGLER, ZOILA C. RIOS, TOMAS A. RODRIGUEZ**, and their co-conspirators, including Yenni Del Nodal, Yenisleidy Fernandez, Julio Fernandez, and Jhony Alfau, submitted and caused FPC to submit false and fraudulent claims, via interstate wires, to Medicare for home health physical and occupational therapy services that: (i) were the result of the payment of kickbacks to patient recruiters in exchange for patient referrals; and (ii) were medically unnecessary, not eligible for Medicare reimbursement, or never provided.

8. As a result of these false and fraudulent claims, **AILIN CONSUELO RODRIGUEZ SIGLER, ZOILA C. RIOS, TOMAS A. RODRIGUEZ**, and their co-conspirators caused Medicare to make over-payments to FPC.

9. **AILIN CONSUELO RODRIGUEZ SIGLER, ZOILA C. RIOS, TOMAS A. RODRIGUEZ**, and their co-conspirators used the proceeds from the false and fraudulent Medicare claims for their own use, the use of others, and to further the fraud.

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

**COUNTS 2-4**  
**Health Care Fraud**  
**(18 U.S.C. § 1347)**

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

2. From in or around January 2011, through in or around November 2014, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**AILIN CONSUELO RODRIGUEZ SIGLER,**  
**ZOILA C. RIOS, and**  
**TOMAS A. RODRIGUEZ,**

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 a health care benefit program affecting commerce, as defined by 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 programs.

**Purpose of the Scheme and Artifice**

3. It was a purpose of the scheme and artifice for the defendants and their accomplices to unjustly enrich themselves by, among other things: (a) offering and paying kickbacks for the referral of Medicare beneficiaries to serve as patients of FPC; (b) submitting and causing the submission of false and fraudulent claims to Medicare for services that were medically unnecessary, not eligible for Medicare reimbursement, or not provided to Medicare beneficiaries; (c) concealing and causing the concealment of the submission of false and fraudulent claims to Medicare and the receipt and transfer of fraud proceeds; and (d) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

**The Scheme and Artifice**

4. The allegations contained in the Manner and Means section of Count 1 of this Indictment are 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**

5. On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, **AILIN CONSUELO RODRIGIEZ SIGLER, ZOILA C. RIOS, and TOMAS A. RODRIGUEZ**, 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, as defined by 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 that the defendants submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that FPC provided home health services to Medicare beneficiaries pursuant to physicians' orders and prescriptions:

Count	Beneficiary	Approximate Submission Date	Claim Number	Approximate Amount Paid
2	R.H.	April 26, 2013	21311601089204FLR	\$5,585.81
3	C.S.H.	September 6, 2013	21324901150504FLR	\$5,022.23
4	R.Q.	September 10, 2013	21325301425904FLR	\$4,540.96

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

**FORFEITURE**  
(18 U.S.C. § 982(a)(7))

1. The allegations of this Indictment are re-alleged and incorporated by reference as though fully set forth herein for purposes of alleging forfeiture to the United States of certain property in which the defendants, **AILIN CONSUELO RODRIGIEZ SIGLER, ZOILA C. RIOS, and TOMAS A. RODRIGUEZ**, have an interest.

2. Upon conviction of violation of Title 18, United States Code, Section 1347 or 1349, as alleged in this Indictment, each defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property subject to forfeiture includes a sum of money equal in value to the gross proceeds traceable to the commission of the offenses.

4. If any of the 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 divided without difficulty,

the United States shall be entitled to forfeiture of substitute property, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1), including the following:

- i. the assets, equity interest in Florida Patient Care Corp.;
- ii. the contents, including interest, of Bank of America Account No. 898008638903, titled in the name of Florida Patient Care Corp.;
- iii. the real property located at 19620 NE 19 Avenue, N. Miami Beach, FL, titled in the name of Ailin Rodriguez;
- iv. the real property located at 1221 NW 44 Street, Miami, FL, titled in the name of Ailin Rodriguez;
- v. the real property located at 1340 NW 53 Street, Miami, FL, titled in the name of Ailin Rodriguez;
- vi. the real property located at 2534 NW 139 Street, Opa-Locka, FL, titled in the name of Ailin Rodriguez;

- vii. the real property located at 7541 N. Miami Avenue, Miami, FL, titled in the name of Ailin Rodriguez; and
- viii. one (1) Rolex watch, Serial No. 430006058772 Ref 3, purchased by Tomas Rodriguez.

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, made applicable by Title 18, United States Code, Section 982(b).

A TRUE BILL

FOR

  
\_\_\_\_\_  
BENJAMIN G. GREENBERG  
UNITED STATES ATTORNEY  
SOUTHERN DISTRICT OF FLORIDA

JOSEPH BEEMSTERBOER  
DEPUTY CHIEF  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE

By:

  
\_\_\_\_\_  
YISEL VALDES  
TRIAL ATTORNEY  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA

CASE NO. \_\_\_\_\_

v.

AILIN CONSUELO RODRIGUEZ SIGLER,  
ZOILA C. RIOS, and  
TOMAS A. RODRIGUEZ,

CERTIFICATE OF TRIAL ATTORNEY\*

Defendants. \_\_\_\_\_ /

Superseding Case Information:

Court Division: (Select One)

X  Miami      \_\_\_\_\_ Key West  
\_\_\_\_\_ FTL      \_\_\_\_\_ WPB      \_\_\_\_\_ FTP

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

I do hereby certify that:

- 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.
- 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.
- Interpreter: (Yes or No)       Yes   
List language and/or dialect       Spanish
- This case will take       3-5  days for the parties to try.
- Please check appropriate category and type of offense listed below:

(Check only one)

(Check only one)

I	0 to 5 days	<u> X </u>	Petty	_____
II	6 to 10 days	_____	Minor	_____
III	11 to 20 days	_____	Misdem.	_____
IV	21 to 60 days	_____	Felony	<u> X </u>
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

(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 \_\_\_\_\_ No  X

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 \_\_\_\_\_ No  X

Yisel Valdes for:   
YISEL VALDES  
DOJ TRIAL ATTORNEY  
Court ID No. A5502330

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: AILIN CONSUELO RODRIGUEZ SIGLER

Case No: \_\_\_\_\_

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud and Wire Fraud

**\*Max Penalty:** Twenty (20) years' imprisonment.

Counts #: 2 - 4

Title 18, United States Code, Section 1347

Health Care Fraud

**\*Max Penalty:** Ten (10) years' imprisonment as to each count.

Count #:  
\_\_\_\_\_  
\_\_\_\_\_

**\*Max Penalty:** \_\_\_\_\_

Count #:  
\_\_\_\_\_  
\_\_\_\_\_

**\*Max Penalty:** \_\_\_\_\_

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

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: ZOILA C. RIOS

Case No: \_\_\_\_\_

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud and Wire Fraud

\*Max Penalty: Twenty (20) years' imprisonment.

Counts #: 2 - 4

Title 18, United States Code, Section 1347

Health Care Fraud

\*Max Penalty: Ten (10) years' imprisonment as to each count.

Count #:

\_\_\_\_\_

\_\_\_\_\_

\*Max Penalty:

Count #:

\_\_\_\_\_

\_\_\_\_\_

\*Max Penalty:

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

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: TOMAS A. RODRIGUEZ

Case No: \_\_\_\_\_

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud and Wire Fraud

\*Max Penalty: Twenty (20) years' imprisonment.

Counts #: 2 - 4

Title 18, United States Code, Section 1347

Health Care Fraud

\*Max Penalty: Ten (10) years' imprisonment as to each count.

Count #:

\_\_\_\_\_

\_\_\_\_\_

\*Max Penalty:

Count #:

\_\_\_\_\_

\_\_\_\_\_

\*Max Penalty:

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