

AUG 23, 2011

STEVEN M. LARIMORE
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S.D. OF FLA. - MIAMI

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. **11-20579-CR-UNGARO/TORRES**

- 18 U.S.C. § 1349
- 18 U.S.C. § 1347
- 18 U.S.C. § 371
- 42 U.S.C. § 1320a-7b(b)(1)(A)
- 18 U.S.C. § 2
- 18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

REINA ADDIS MASSON,

Defendant.

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment,

1. The Medicare program was a federal health care program providing benefits to persons who were over the age of 65 or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency under the United States Department of Health and Human Services. Individuals who received benefits under Medicare were 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. "Part B" of the Medicare Program paid Medicare providers and suppliers for covered goods and services, including Human Immunodeficiency Virus ("HIV") therapy, that were provided and ordered by physicians, clinics, and other qualified health care providers. Medicare Part B for HIV therapy was administered in Florida by First Coast Service Options, a company that contracted with CMS to receive, adjudicate, process, and pay certain Part B claims.

4. Payments under the Medicare Program were often made directly to a provider of the goods or services, rather than to the beneficiary. This occurred when the provider accepted assignment of the right to payment from the beneficiary. In that case, the provider submitted the claim to Medicare for payment, either directly or through a billing company.

5. Physicians, clinics, and other health care providers that provided services to Medicare beneficiaries were able to apply for and obtain a "provider number." A health care provider who was issued 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 had been performed for the beneficiary, the date the services were provided, the cost of the services, and the name and identification number of the physician or other health care provider who had ordered the services. Medicare assigned each claim a unique internal control number ("ICN").

6. In order to obtain a provider number, a provider was required to submit a Medicare Federal Health Care Provider/Supplier Enrollment Application ("provider application"). Among other things, the provider was required to state its practice location on the application. The practice location was the physical location where the provider would provide medical services to Medicare beneficiaries.

7. A's Medical Center, Inc. ("AMC") was a Florida corporation with a principal place of business in Miami-Dade County, Florida. It was incorporated on or about July 27, 1999. It was purportedly in the business of providing medical care, including HIV therapy.

8. Corporation 1 was a Florida corporation with a principal place of business in Miami-Dade County, Florida. It was incorporated on or about September 1, 2005. Corporation 1's principal place of business was different from AMC's.

9. Defendant **REINA ADDIS MASSON** was a resident of Miami-Dade County. In or around June 2006, **MASSON** was hired to submit AMC's claims to Medicare. Beginning in or around August 2006, **MASSON** worked as a medical assistant at AMC.

COUNT 1
Conspiracy to Commit Health Care 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. Beginning in or around June 2005 and continuing through in or around December 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

REINA ADDIS MASSON,

did knowingly and willfully combine, conspire, confederate and agree with others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to 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.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendant and her conspirators to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent Medicare claims; and (c) diverting fraud proceeds for the personal use and benefit of the defendant, her conspirators, and others.

Manner and Means of the Conspiracy

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

4. On or about June 17, 2005, a conspirator submitted a provider application on behalf of AMC. The provider application indicated that AMC's practice location would be AMC's principal place of business. On or about September 16, 2005, Medicare approved AMC's application and assigned AMC a provider number.

5. Beginning on or about October 13, 2005 and continuing through in or around November 2006, conspirators arranged for Medicare beneficiaries to serve as purported patients at Corporation 1's place of business, which physically appeared to be a medical clinic. To induce the beneficiaries to serve as purported patients, the conspirators, among other things, paid cash kickbacks to the beneficiaries. The conspirators then submitted claims to Medicare for medical treatments and services which were medically unnecessary and were not provided to the beneficiaries as claimed. The conspirators submitted these claims using AMC's provider number, as if the purported patients had received treatment at AMC.

6. Beginning in or around November 2006, and continuing through on or about December 11, 2006, the conspirators moved their operation to AMC's principal place of

business. The conspirators arranged for Medicare beneficiaries to serve as purported patients at AMC. The conspirators continued to pay cash kickbacks to the purported patients. The conspirators continued to submit claims to Medicare for medical treatments and services which were medically unnecessary and were not provided to the beneficiaries as claimed, using AMC's provider number.

7. Beginning in or around June 2006, **REINA ADDIS MASSON** submitted the false and fraudulent Medicare claims described in paragraphs 5 and 6.

8. Beginning in or around August 2006, **REINA ADDIS MASSON** worked at AMC as a medical assistant. Among other things, **MASSON** prepared paperwork attesting to medical treatments and services which were medically unnecessary and were not provided to the beneficiaries as claimed.

9. Beginning in or around October 2006, **REINA ADDIS MASSON** acted as a patient recruiter for the conspiracy. **MASSON** arranged for Medicare beneficiaries to serve as purported patients, first at Corporation 1's place of business and later at AMC's. **MASSON** paid and caused to be paid cash kickbacks to the purported patients whom she recruited. In return, her conspirators paid kickbacks to **MASSON**.

10. Beginning on or about October 13, 2005 and continuing through on or about December 11, 2006, **REINA ADDIS MASSON** and her conspirators submitted and caused the submission of false and fraudulent Medicare claims on behalf of AMC, seeking approximately \$4,158,752 in reimbursement for medical treatments and services which were medically unnecessary and were not provided to the beneficiaries as claimed. Based on these false and fraudulent claims, Medicare paid AMC approximately \$697,520.

11. **REINA ADDIS MASSON** and her conspirators obtained control of the funds paid to AMC by Medicare and diverted these monies for their personal use and benefit, as well as that of others.

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 this Indictment is realleged and incorporated by reference as though fully set forth herein.

2. Beginning in or around June 2005 and continuing through in or around December 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

REINA ADDIS MASSON,

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 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.

Purpose of the Scheme and Artifice

3. It was the purpose of the scheme and artifice for the defendant and her accomplices to unlawfully enrich themselves by, among other things, (a) submitting or causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent Medicare claims; and (c) diverting fraud proceeds for the personal use and benefit of the defendant, her accomplices, and others.

Manner and Means Used to Accomplish the Scheme and Artifice

4. The Manner and Means section of Count 1 of this Indictment is realleged and incorporated by reference as though fully set forth herein as a description of the manner and means of the scheme and artifice.

Acts in Execution or Attempted Execution of the Scheme and Artifice

5. On or about the claim dates listed as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, **REINA ADDIS MASSON**, 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, 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 she submitted and caused the submission of false and fraudulent Medicare claims as described below:

Count	Approx. Claim Date	Approx Date of Purported Service	ICN	Beneficiary	Procedure	Approx. Amount Claimed
2	11/17/2006	10/23/2006	590206321796360	M.P.	J0207: INJECTION, AMIFOSTINE, 500MG	\$926
3	12/6/2006	11/17/2006	590206340815960	M.P.	J1441: INJECTION, FILGRASTIM (G-CSF), 480 MCG	\$896

Count	Approx. Claim Date	Approx Date of Purported Service	ICN	Beneficiary	Procedure	Approx. Amount Claimed
4	12/6/2006	12/4/2006	590206340816700	R.S.	J1440: INJECTION, FILGRASTIM (G-CSF), 300 MCG	\$564

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

COUNT 5
Conspiracy to Receive and Pay 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. Beginning in or around October 2005 and continuing through in or around December 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

REINA ADDIS MASSON,

did knowingly and willfully combine, conspire, confederate and agree with others known and unknown to the Grand Jury, to commit offenses against the United States, that is:

a. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A), by knowingly and willfully soliciting and receiving remuneration, including any kickback and bribe, directly and indirectly, overtly and covertly, in return for referring individuals to a person for the furnishing and arranging for the furnishing of items and services for which payment may be made in whole and in part by a federal health care program, that is, Medicare; and

b. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(B), by knowingly and willfully offering and paying remuneration, including any kickback and bribe, directly and indirectly, overtly and covertly, to a person to induce such person to purchase, lease, order, and arrange for the purchasing, leasing, and ordering of any good, item, and service for which payment may be made in whole and in part by 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 conspirators to unlawfully enrich themselves by (1) causing Medicare beneficiaries to serve as purported patients at AMC, in part by paying the beneficiaries kickbacks and bribes; (2) receiving kickbacks and bribes in return for causing the beneficiaries to serve as purported patients at AMC; and (3) obtaining reimbursement from Medicare for medical treatments and services that the conspirators purported to provide to those beneficiaries.

Manner and Means of the Conspiracy

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

4. Beginning on or about October 13, 2005 and continuing through in or around November 2006, conspirators arranged for Medicare beneficiaries to serve as purported patients at Corporation 1's place of business, which physically appeared to be a medical clinic. To induce the beneficiaries to serve as purported patients, the conspirators, among other things, paid cash kickbacks to the beneficiaries. The conspirators then submitted claims to Medicare for medical treatments and services that had purportedly been provided to the beneficiaries. The conspirators submitted these claims using AMC's provider number, as if the purported patients had received treatment at AMC.

5. Beginning in or around November 2006, and continuing through on or about December 11, 2006, the conspirators moved their operation to AMC's principal place of business. The conspirators arranged for Medicare beneficiaries to serve as purported patients at AMC. The conspirators continued to pay cash kickbacks to the purported patients. The conspirators continued to submit claims to Medicare for medical treatments that had purportedly been provided to the beneficiaries, using AMC's provider number.

6. Beginning in or around June 2006, **REINA ADDIS MASSON** submitted the Medicare claims described in paragraphs 5 and 6.

7. Beginning in or around August 2006, **REINA ADDIS MASSON** worked at AMC as a medical assistant. Among other things, **MASSON** prepared paperwork attesting to medical treatments and services that had purportedly been provided to the beneficiaries.

8. Beginning in or around October 2006, **REINA ADDIS MASSON** acted as a patient recruiter for the conspiracy. **MASSON** arranged for Medicare beneficiaries to serve as purported patients, first at Corporation 1's place of business and later at AMC's. **MASSON** paid and caused to be paid cash kickbacks to the purported patients whom she recruited. In return, her conspirators paid kickbacks to **MASSON**.

9. Beginning on or about October 13, 2005 and continuing through on or about December 11, 2006, **REINA ADDIS MASSON** and her conspirators submitted and caused the submission of Medicare claims on behalf of AMC, seeking approximately \$4,158,752 in reimbursement for medical treatments and services that had purportedly been provided to the beneficiaries. Based on these claims, Medicare paid AMC approximately \$697,520.

10. **REINA ADDIS MASSON** and her conspirators obtained control of the funds paid to AMC by Medicare and diverted these monies for their personal use and benefit, as well as that of others.

Overt Acts

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

1. On or about October 11, 2006, a conspirator prepared and caused to be prepared check number 5805, drawn on the Washington Mutual account of AMC, account number ****4702, and made payable to **REINA ADDIS MASSON** in the approximate amount of \$5580.

2. On or about November 15, 2006, **REINA ADDIS MASSON** told a Medicare beneficiary who was purporting to be a patient at AMC that, if Medicare paid for services purportedly rendered to the beneficiary, the beneficiary would be paid approximately 800 to 1000 "pesos".

3. On or about December 6, 2006, a conspirator gave cash to a Medicare beneficiary who was purporting to be a patient at AMC.

4. On or about December 8, 2006, a conspirator gave cash to a Medicare beneficiary who was purporting to be a patient at AMC.

5. On or about December 21, 2006, a conspirator prepared and caused to be prepared check number 5961, drawn on the Washington Mutual account of AMC, account number ****4702, and made payable to **REINA ADDIS MASSON** in the approximate amount of \$3697.

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

COUNTS 6-7
Receipt of Health Care Kickbacks
(42 U.S.C. § 1320a-7b(b)(1)(A))

On or about the dates set forth below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

REINA ADDIS MASSON,

did knowingly and willfully solicit and receive remuneration, that is, a kickback and bribe, directly and indirectly, overtly and covertly, as further described below, in return for referring individuals to a person for the furnishing and arranging for the furnishing of items and services for which payment may be made in whole and in part by a federal health care program, that is, Medicare:

Count	Approx. Date	Kickback
6	10/11/2006	Check number 5805, drawn on the Washington Mutual account of AMC, account number ****4702, and made payable to REINA ADDIS MASSON in the approximate amount of \$5580
7	12/21/2006	Check number 5961, drawn on the Washington Mutual account of AMC, account number ****4702, and made payable to REINA ADDIS MASSON in the approximate amount of \$3697

In violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A) and Title 18, United States Code, Section 2.

FORFEITURE ALLEGATION
(18 U.S.C. § 982)

1. The allegations contained in the General Allegations section of this Indictment and in Counts 1 through 7 of 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 America of certain property in which the defendant, **REINA ADDIS MASSON**, has an interest.

2. Upon conviction of a violation of, or a conspiracy to violate, Title 18, United States Code, Section 1347, as alleged in Counts 1 through 4 of this Indictment, or upon conviction of a violation of, or a conspiracy to violate, Title 42, United States Code, Section 1320a-7b, as alleged in Counts 5 through 7 of this Indictment, the defendant shall forfeit all of her 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 which is subject to forfeiture includes, but is not limited to, the following: \$697,520 in United States currency, which is a sum of money equal in value to the property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of, or the conspiracy to commit, a Federal health care offense, as alleged in this Indictment, which the United States will seek as a forfeiture money judgment against the defendant as part of her sentence.

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

A TRUE BILL ^



WIFREDO A. FERRER
UNITED STATES ATTORNEY



MARC OSBORNE
ASSISTANT UNITED STATES ATTORNEY

UNITED STATES OF AMERICA

CASE NO. _____

vs.

CERTIFICATE OF TRIAL ATTORNEY*

REINA ADDIS MASSON,

Defendant.

Superseding Case Information:

Court Division: (Select One)

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

X Miami _____ Key West
_____ FTL _____ WPB _____ FTP

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.

3. Interpreter: (Yes or No) Yes _____
List language and/or dialect Spanish

4. This case will take 5 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	<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

If yes: Magistrate Case No. _____

Related Miscellaneous numbers: 11-CR-20127, 10-CR-20536

Defendant(s) in federal custody as of _____

Defendant(s) in state custody as of _____ 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

MARC OSBORNE
ASSISTANT UNITED STATES ATTORNEY
Florida Bar No./Court No. A5500796

*Penalty Sheet(s) attached

REV 4/8/08

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: REINA ADDIS MASSON

Case No:

Count #: 1

Conspiracy to commit health care fraud

18 U.S.C. § 1349

*** Max. Penalty:** 10 years' imprisonment

Counts #: 2-4

Health care fraud

18 U.S.C. § 1347

***Max. Penalty:** 10 years' imprisonment

Count #: 5

Conspiracy to receive and pay health care kickbacks

18 U.S.C. § 371

***Max. Penalty:** 5 years' imprisonment

Counts #: 6-7

Receipt of health care kickbacks

18 U.S.C. § 1320a-7b(b)(1)(A)

***Max. Penalty:** 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.**