UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 26-CR-20252-GAYLES/SHAW-WILDER
18 U.S.C. § 371
18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

vs.

RENE YARTU COUCEIRO,

Defendant.
_____/

INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

At all times relevant to this Information:

The Medicare Program

1. The Medicare Program ("Medicare") was a federal health insurance program that provided free or below-cost health care benefits to individuals who were sixty-five years of age or older or 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 Center 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).

3. Medicare was subdivided into multiple program "parts." Medicare Part A covered health care services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Part B covered physician services and outpatient care, including Transcranial Magnetic Stimulation ("TMS") therapy for the treatment of severe major depressive disorder.

4. 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 that received a Medicare provider number was able to file claims with Medicare to obtain reimbursements 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.

5. In order for service claims to be reimbursed by Medicare, the services needed to be medically necessary, the claims submitted needed to be complete and in compliance with the laws and regulations governing the Medicare program, the services needed to be provided as billed, and the provider needed to maintain true and complete records substantiating those claims.

The Florida Medicaid Program

6. The Florida Medicaid Program ("Medicaid") was a partnership between the state of Florida and the federal government that provided health care benefits to certain low-income individuals in Florida. The benefits available under Medicaid were governed by federal and state statutes and regulations. Medicaid was administered by CMS and by the Agency for Health Care Administration ("AHCA"). Individuals who received benefits under Medicaid were commonly referred to as Medicaid "recipients."

7. Medicaid was financed with both federal and state funds and was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

8. Health care providers seeking to bill Medicaid for the cost of related benefits, items, and services were required to apply for and receive a "provider number." The provider number allowed a health care provider to submit bills, known as "claims," to Medicaid, in order to obtain reimbursements for the cost of health care benefits, items, and services provided to Medicaid recipients.

9. Medicaid permitted these providers to submit claim forms electronically. The health insurance claim forms required the provider to provide certain important information, including: (a) the Medicaid recipient's name and identification number; (b) the identification number of the doctor or other qualified health care provider who ordered or provided the health care benefit, item, or services that was the subject of the claim; (c) the health care benefit, item, or service that was provided or supplied to the beneficiary; (d) the billing codes for the benefit, item, or service; and (e) the date upon which the benefit, item, or service was provided or supplied to the recipient.

10. When a claim was submitted to Medicaid, the provider certified that the contents of the form were true, correct, and complete, and that the form was prepared in compliance with the laws and regulations governing the Medicaid program. The provider further certified that the services and health care items being billed were medically necessary and were in fact provided as billed.

11. Medicaid generally paid a substantial portion of the costs of the health care benefits, items, and services that were medically necessary and ordered by licensed doctors or

other licensed and qualified health care providers. Payments were typically made directly to the health care provider rather than to the Medicaid recipient.

12. Medicaid reimbursed providers for a type of mental health services called "psychosocial rehabilitation services." Psychosocial rehabilitation ("PSR") services consisted of mental health counseling to improve a recipient's ability to perform the activities of daily living or to improve their ability to perform a job while coping with their mental disorder. The mental disorders treated in this manner included, among other things, depression and anxiety.

13. Medicaid would reimburse the providers of PSR services, called "community behavioral health services providers," for performing an initial mental health evaluation, developing a treatment plan, and providing up to a maximum of 480 hours of medically necessary PSR services to a Medicaid recipient per year.

The Defendant, Others, and Related Entities

14. Center A was a mental health clinic in Doral, Florida, purporting to provide TMS and PSR services.

15. The Owner was a resident of Miami-Dade County, and an officer and the sole registered agent of Center A.

16. The Manager was a resident of Miami-Dade County, and the manager and chief administrator of Center A.

17. Patient-1 was a resident of Miami-Dade County, and a patient at Center A.

18. Recruiter-1 was a resident of Miami-Dade County, and a patient recruiter for Center A.

19. Defendant **RENE YARTU COUCEIRO** was a resident of Miami-Dade County, and a therapist at Center A.

Conspiracy to Make False Statements Relating to Health Care Matters
(18 U.S.C. § 371)

20. From in or around March 2023, and continuing through in or around December 2024, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

RENE YARTU COUCEIRO,

did knowingly and willfully combine, conspire, confederate, and agree with others known and unknown to the United States Attorney, to commit an offense against the United States, that is, in any matter involving a health care benefit program, knowingly and willfully made and used any materially false writing and document knowing the same to contain any materially false, fictitious, and fraudulent statement and entry, in connection with the delivery of and payment for health care benefits, items, and services, that is, the defendant had a patient sign a document indicating that the patient received TMS therapy on a specific day, when in truth and in fact, and as the defendant then and there well knew, the patient had not received TMS therapy that day, in violation of Title 18, United States Code, Section 1035(a)(2).

PURPOSE OF THE CONSPIRACY

21. It was the purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) recruiting Medicare beneficiaries and Medicaid recipients as Center A patients by offering them "donations" and direct cash payments; (b) concealing the fact that Medicare beneficiaries and Medicaid recipients did not always receive PSR or TMS therapies at Center A as represented; (c) causing false information to be written in medical records at Center A, to make it appear as though Medicare beneficiaries and Medicaid recipients received all of the PSR and TMS therapies as represented; and (d) causing false and fraudulent medical records to be created at Center A to make it appear as though Medicare beneficiaries and Medicaid recipients received all of their PSR and TMS therapies as represented,

in order to conceal the submission of false and fraudulent claims to Medicare and Medicaid.

MANNER AND MEANS OF THE CONSPIRACY

The manner and means by which the defendant and his co-conspirators sought to accomplish the object and purpose of the conspiracy included, among other things, the following:

22. Center A purported to provide legitimate and compliant mental health services, including PSR and TMS therapies, when in fact many of its patients did not attend all of their therapy sessions as represented in the clinic's medical records.

23. The Owner and the Manager worked with others, including Recruiter-1, to recruit and receive referrals of Medicare and Medicaid patients through promises of "donations," in the form of cash payments coordinated by the Manager, for those patients agreeing to receive PSR and TMS therapies from Center A that were not all provided as represented.

24. **RENE YARTU COUCEIRO** assisted the Owner and the Manager in implementing an unofficial policy of creating records (including therapy entries and signed attendance records) for Center A purporting to show that patients attended all of their scheduled PSR therapy sessions each week, when in fact many of those patients did not attend all of their scheduled PSR therapy sessions as represented in those records.

25. **RENE YARTU COUCEIRO** assisted the Owner and the Manager in implementing an unofficial policy of creating records (including therapy entries and signed attendance records) for Center A purporting to show that patients attended all of their scheduled TMS therapy sessions, when in fact many of those patients did not receive all of their scheduled TMS therapy sessions as represented in those records.

OVERT ACTS

In furtherance of the conspiracy, and to accomplish its object and purpose, at least one co-conspirator 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 November 13, 2024, during an audio-recorded phone call between Recruiter-1 and Patient-1, Recruiter-1 introduced **RENE YARTU COUCEIRO** to Patient-1 as the Center A therapist who would coordinate his TMS therapy sessions at Center A.

2. On or about November 13, 2024, during an audio-recorded phone call, **RENE YARTU COUCEIRO** instructed Patient-1 not to leave his home or make any telephone calls "during the [next] hour" so that **YARTU COUCEIRO** could run a TMS therapy session "here on the computer" without Patient-1 being physically present at Center A.

3. On or about December 9, 2024, during an audio-and-video-recorded meeting, **RENE YARTU COUCEIRO** instructed Patient-1 to sign a document indicating Patient-1's receipt of a TMS therapy "today," despite the fact that Patient-1 did not receive any TMS therapy that day.

4. On or about December 16, 2024, **RENE YARTU COUCEIRO** escorted Patient-1 into the Manager's office, where the Manager indicated that she expected a "donation" might be made to him (Patient-1).

5. On or about December 17, 2024, Patient-1 received a gift bag delivered to his house, which included various toiletry items and a box of mints with $500 in cash folded inside.

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

FORFEITURE ALLEGATIONS

1. The allegations of this Information are hereby re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendant, **RENE YARTU COUCEIRO**, has an interest.

2. Upon conviction of a conspiracy to violate Title 18, United States Code, Section 1035, as alleged in this Information, the 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. All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth at Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Sections 982(b)(1).

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