UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
26-CR-20253-WILLIAMS/LETT
CASE NO. _____
18 U.S.C. § 371

UNITED STATES OF AMERICA

v.

CASILDA MUNIZ RODRIGUEZ,

Defendant.
_____/

INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

At all times material to this Information:

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 subdivided into multiple program "parts." Medicare Part A covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered outpatient physician services, such as office visits, minor

surgical procedures, laboratory services, wound care services, and skin substitutes, when certain criteria were met.

3. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

Medicare Enrollment and Coverage for Medicare Providers

4. Physicians, clinics, laboratories, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare "providers." To participate in Medicare, providers were required to submit an application, CMS Form 855B, which included a certification that the provider would abide by Medicare laws, regulations, and program instructions, including the Federal Anti-Kickback Statute, and would not submit or cause to be submitted false or fraudulent claims for payment.

5. CMS Form 855B also required applicants to disclose to Medicare any individual or organization with an ownership interest, partnership interest, or managing control of a clinic. This included: (i) all individuals and organizations with five percent or more of an ownership stake, either direct or indirect, in the clinic; (ii) all individuals or organizations with a partnership interest in the clinic, regardless of the partner's percentage of ownership; (iii) all organizations with "managing control" of the clinic; and (iv) all "managing employees."

6. CMS Form 855B defined an organization with "managing control" of a clinic as "[a]ny organization that exercises operational or managerial control" over the clinic, or "conducts the day-to-day operations" of the clinic. CMS Form 855B defined "managing employee" as "a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day

operations" of the clinic, "either under contract or through some other arrangement, whether or not the individual is a W-2 employee" of the clinic.

7. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.

8. Enrolled providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers were required to abide by the Federal Anti-Kickback Statute and other laws and regulations. Providers were given access to Medicare manuals and services bulletins describing billing procedures, rules, and regulations.

9. Medicare reimbursed clinics and other providers for items and services rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare electronically, either directly or through a billing company. A Medicare claim was required to contain certain important information, including: (a) the beneficiary's name and Health Insurance Claim Number; (b) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (c) the billing codes for the benefit, item, or service; (d) the date upon which the benefit, item, or service was provided or supplied to the beneficiary; and (e) the name of the referring physician or other health care provider, as well as a unique identifying number, known either as the Unique Physician Identification Number ("UPIN") or National Provider Identifier ("NPI").

10. A "bust out fraud" involved a company engaged in a fraudulent scheme whereby the participants coordinated the purchase of a health care business through which to conduct the fraud. The scheme operated by using the insurance information for beneficiaries and the NPI for

one or more provider without their knowledge or consent to bill for services that were not medically necessary and/or never provided. The organizers then executed the fraud rapidly in order to maximize billing before the fraud was detected and Medicare, Medicaid, or another health insurer shut the billing down.

The Defendant, Related Entities, and Relevant Persons

11. **CASILDA MUNIZ RODRIGUEZ,** a resident of Miami-Dade County, Florida, was the owner of Company 1, a health care consulting company formed under the laws of Florida, with its principal place of business in Miami-Dade County, Florida, in the Southern District of Florida.

12. Companies 2-12 were purported health care companies formed under the laws of Florida, with their principal places of business in Miami-Dade and Broward Counties, Florida, in the Southern District of Florida.

13. Companies 2-12 will hereafter be referred to collectively as the "Skin Sub Bust Out Clinics."

14. Co-Conspirator 1 was a resident of Miami-Dade County, Florida.

15. Co-Conspirator 2 was a resident of Miami-Dade County, Florida.

16. Co-Conspirator 3 was a resident of Florida.

17. Co-Conspirator 4 was a resident of Miami-Dade County, Florida.

COUNT 1
Conspiracy to Defraud the United States
(18 U.S.C. § 371)

1. Beginning in or around March 2024, and continuing through in or around December 2025, in Miami-Dade and Broward Counties, in the Southern District of Florida, the defendant,

CASILDA MUNIZ RODRIGUEZ,

did knowingly and willfully combine, conspire, confederate, and agree with her co-conspirators, including Co-Conspirator 1, Co-Conspirator 2, Co-Conspirator 3, Co-Conspirator 4, and other individuals, known and unknown to the United States, to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of HHS and CMS in their administration and oversight of Medicare.

Purpose of the Conspiracy

2. It was the purpose of the conspiracy for **CASILDA MUNIZ RODRIGUEZ** and her co-conspirators to unlawfully enrich themselves by, among other things: (a) falsifying and causing the falsification of Medicare enrollment forms to conceal the true ownership of the Skin Sub Bust Out Clinics; (b) submitting and causing the submission of false and fraudulent claims for skin substitutes and wound care products and services to Medicare; (c) concealing and causing the concealment of false and fraudulent claims to Medicare; 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 defendant and her co-conspirators sought to accomplish the object and purpose of the conspiracy included, among other things, the following:

3. **CASILDA MUNIZ RODRIGUEZ** assisted in opening the Skin Sub Bust Out Clinics and transferring the ownership of the Skin Sub Bust Out Clinics before enrolling the Skin Sub Bust Out Clinics with Medicare.

4. **CASILDA MUNIZ RODRIGUEZ**, Co-Conspirator 1, and Co-Conspirator 2 falsified and caused the falsification of Medicare enrollment forms and other records to conceal the true ownership and management of Company 3, including by falsely listing Co-Conspirator 2 as the owner of Company 3.

5. **CASILDA MUNIZ RODRIGUEZ**, Co-Conspirator 3, and Co-Conspirator 4 falsified and caused the falsification of Medicare enrollment forms and other records to conceal the true ownership and management of Company 10, including by falsely listing Co-Conspirator 4 as the owner of Company 10.

6. **CASILDA MUNIZ RODRIGUEZ** and other co-conspirators falsified and caused the falsification of Medicare enrollment forms and other records to conceal the true ownership and management of Company 2, Company 4, Company 5, Company 6, Company 7, Company 8, Company 9, Company 11, and Company 12, including by listing individuals who were not the true owners as the owners of these companies.

7. Co-Conspirator 1, Co-Conspirator 2, Co-Conspirator 3, Co-Conspirator 4, and other co-conspirators submitted, and caused the submission of, false and fraudulent claims to Medicare on behalf of the Skin Sub Bust Out Clinics for skin substitutes and wound care products and services that were neither medically necessary nor provided in the approximate amount of $117,244,204.67. As a result of these false and fraudulent claims, Medicare paid approximately $55,969,971.80 into accounts controlled by the co-conspirators.

Overt Acts

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

1. On or about August 30, 2024, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 5, on which she knowingly concealed the identity of the true owner of Company 5.

2. On or about December 20, 2024, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 2, on which she knowingly concealed the identity of the true owner of Company 2.

3. On or about January 2, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 3, on which she knowingly concealed the true ownership and management of Company 3 by falsely listing Co-Conspirator 2 as the owner and knowingly concealed Co-Conspirator 1's co-ownership of Company 3.

4. On or about January 7, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 6, on which she knowingly concealed the identity of the true owner of Company 6.

5. On or about January 17, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 11, on which she knowingly concealed the identity of the true owner of Company 11.

6. On or about January 20, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 10, on which she knowingly concealed the true ownership and management of Company 10 by falsely listing Co-Conspirator

4 as the owner and knowingly concealed the ownership of Co-Conspirator 3's ownership of Company 10.

7. On or about February 20, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 9, on which she knowingly concealed the identity of the true owner of Company 9.

8. On or about March 7, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 8, on which she knowingly concealed the identity of the true owner of Company 8.

9. On or about March 7, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 4, on which she knowingly concealed the identity of the true owner of Company 4.

10. On or about April 2, 2025, **CASILDA MUNIZ RODRIGUEZ** submitted a CMS Form 855B Medicare Enrollment Application for Company 12, on which she knowingly concealed the identity of the true owner of Company 12.

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

JASON A. REDING QUIÑONES
UNITED STATES ATTORNEY

LORINDA LARYEA, CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE

SALLY B. MOLLOY
DEPUTY CHIEF, HEALTH CARE FRAUD
JACQUELINE Z. DEROVANESIAN
ASSISTANT U.S. ATTORNEY
U.S. ATTORNEY'S OFFICE

EMMANUEL HAMPTON by Sally Molloy
TRIAL ATTORNEY
JIL SIMON
ACTING ASSISTANT CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE