

Sep 15, 2021

ANGELA E. NOBLE
CLERK U.S. DIST. CT.
S.D. OF FLA. - MIAMIUNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
21-60269-CR-SMITH/VALLE

Case No. _____

18 U.S.C. § 1349

18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

FRANCISCO OCASIO,

Defendant.
_____ /INFORMATION

The Acting United States Attorney charges:

GENERAL ALLEGATIONS

At all times material to this Information:

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).

3. 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 physician services and outpatient care, including an individual's access to durable medical equipment ("DME"), such as orthotic devices and wheelchairs.

Durable Medical Equipment

4. Orthotic devices were a type of DME that included rigid and semi-rigid devices, such as knee braces, back braces, shoulder braces, and wrist braces.

5. DME companies, physicians, 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 in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.

6. Enrolled Medicare 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 Anti-Kickback Statute and other laws and regulations. Providers were given access to Medicare manuals and services bulletins describing billing procedures, rules, and regulations.

7. Medicare reimbursed DME companies and other health care providers for services and items rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.

8. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary's name and unique Medicare identification number, the equipment provided to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.

9. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary's illness or injury and prescribed by a licensed physician.

The Defendant and Related Entities and Individuals

10. U.S. Care Associates, LLC ("U.S. Care Associates") was a Florida limited liability company and purported marketing company with its principal place of business in Broward County, in the Southern District of Florida.

11. Dial4MD, Inc. ("Dial4MD") was a Florida corporation and purported telemedicine company with its principal place of business in Broward County, in the Southern District of Florida.

12. Sunshine Bracing Solutions, Inc. ("Sunshine Bracing") was a Florida corporation and DME company with its principal place of business in Broward County, in the Southern District of Florida.

13. **FRANCISCO OCASIO**, a resident of Broward County, was a co-owner of U.S. Care Associates, Dial4MD, and Sunshine Bracing.

14. Sean Aaronson, a resident of Broward County, was the office manager of U.S. Care Associates.

15. Emmanuel Silva, a resident of Palm Beach County, was a co-owner of U.S. Care Associates, Dial4MD, and Sunshine Bracing.

16. DME Company 1 and DME Company 2 were California corporations and DME companies with their principal place of business in San Diego, California.

17. Co-Conspirator 1, a resident of San Diego, California, was the owner of DME Company 1 and DME Company 2.

**CONSPIRACY TO COMMIT HEALTH CARE FRAUD
(18 U.S.C. § 1349)**

From in or around March 2015, and continuing through in or around April 2019, in Broward County, in the Southern District of Florida, and elsewhere, the defendant,

FRANCISCO OCASIO,

did knowingly and willfully, that is, with the intent to further the object of the conspiracy, combine, conspire, confederate, and agree with Emmanuel Silva, Sean Aaronson, Co-Conspirator 1, and others known and unknown to the Acting United States Attorney, 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.

Purpose of the Conspiracy

18. It was a purpose of the conspiracy for defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) soliciting and receiving kickbacks and bribes in return for referring signed doctors' orders for medically unnecessary DME to DME Company 1, DME Company 2, and others; (b) submitting and causing the submission of false and fraudulent claims 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 his co-conspirators sought to accomplish the purpose of the conspiracy included, among other things, the following:

19. **FRANCISCO OCASIO** and Emmanuel Silva created U.S. Care Associates as a company that would purportedly provide marketing services to DME companies, and Dial4MD as a company that would purportedly provide telemedicine services to Medicare beneficiaries.

20. **FRANCISCO OCASIO**, Emmanuel Silva, and Sean Aaronson, through U.S. Care Associates and Dial4MD, solicited kickbacks from DME companies, including DME Company 1 and DME Company 2, in exchange for signed doctors' orders for DME for Medicare beneficiaries. In many instances, the DME ordered for these beneficiaries was medically unnecessary. The doctors who signed the doctors' orders sold by the defendant and his co-conspirators often signed them regardless of medical necessity, in the absence of a pre-existing doctor-patient relationship, without a physical examination, and frequently based solely on a short telephonic conversation or without any conversation with the Medicare beneficiary.

21. **FRANCISCO OCASIO**, Emmanuel Silva, and Sean Aaronson disguised the nature of these kickbacks by executing sham contracts that falsely stated that U.S. Care Associates provided DME companies, including DME Company 1 and DME Company 2, with business process outsourcing and marketing services, and by generating or causing the generation of sham invoices.

22. **FRANCISCO OCASIO**, Emmanuel Silva, Co-Conspirator 1 and their co-conspirators through Sunshine Bracing, DME Company 1, and DME Company 2 submitted and caused the submission of false and fraudulent claims to Medicare in the approximate amount of \$7,662,997 for DME that was: (a) procured through the payment of kickbacks and bribes; (b) medically unnecessary and ineligible for Medicare reimbursement; and (c) not provided as represented.

23. **FRANCISCO OCASIO** and his co-conspirators diverted fraud proceeds from the scheme for their personal use and benefit, the use and benefit of others, and to further the fraud.

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

FORFEITURE

1. The allegations of this Information are re-alleged and by this reference fully incorporated herein for purposes of alleging criminal forfeiture to the United States of certain property in which the defendant, **FRANCISCO OCASIO**, has an interest.

2. Upon conviction of a conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, 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. If any of the property subject to forfeiture, 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 co-mingled 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).


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, as incorporated by Title 18, United States Code, Section 982(b)(1).



JUAN ANTONIO GONZALEZ
ACTING UNITED STATES ATTORNEY
SOUTHERN DISTRICT OF FLORIDA

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

ALLAN MEDINA, DEPUTY CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE

By: 

PATRICK J. QUEENAN
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.

FRANCISCO OCASIO,

CERTIFICATE OF TRIAL ATTORNEY*

Superseding Case Information:

Defendant. _____/

Court Division: (Select One)

- Miami
- Key West
- FTL
- WPB
- FTP

New defendant(s) Yes No

Number of new defendants _____

Total number of counts _____

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) No
 List language and/or dialect _____

4. This case will take 0 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 <input checked="" type="checkbox"/> | Petty <input type="checkbox"/> |
| II 6 to 10 days <input type="checkbox"/> | Minor <input type="checkbox"/> |
| III 11 to 20 days <input type="checkbox"/> | Misdemeanor <input type="checkbox"/> |
| IV 21 to 60 days <input type="checkbox"/> | Felony <input checked="" type="checkbox"/> |
| V 61 days and over <input type="checkbox"/> | |

6. Has this case previously been 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 _____

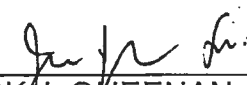
Rule 20 from the District of _____

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

7. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to August 9, 2013 (Mag. Judge Alicia O. Valle)? (Yes or No) No

8. Does this case originate from a matter pending in the Northern Region of the U.S. Attorney's Office prior to August 8, 2014 (Mag. Judge Shaniek Maynard)? (Yes or No) No

9. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to October 3, 2019 (Mag. Judge Jared Strauss)? (Yes or No) No



 PATRICK J. QUEENAN
 DOJ Trial Attorney
 Court ID No. A5502715

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: FRANCISCO OCASIO

Case No: _____

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud

*Max Penalty: Ten (10) 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.

UNITED STATES DISTRICT COURT

for the
Southern District of Florida

United States of America

v.

Francisco Ocasio,

Defendant

)
)
)
)
)

Case No.

WAIVER OF AN INDICTMENT

I understand that I have been accused of one or more offenses punishable by imprisonment for more than one year. I was advised in open court of my rights and the nature of the proposed charges against me.

After receiving this advice, I waive my right to prosecution by indictment and consent to prosecution by information.

Date: _____

Defendant's signature

Signature of defendant's attorney

NICOLE H. SPRINZEN, ESQ.

Printed name of defendant's attorney

Judge's signature

Judge's printed name and title