

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. **17-20441 CR-MOORE**

18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 2
18 U.S.C. § 1028A
18 U.S.C. § 982

MAGISTRATE JUDGE
SIMONTON

UNITED STATES OF AMERICA

vs.

**ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
SARA FERNANDEZ ESCOBAR,
MIRTHA CARRION JIMENEZ,
ALEJANDRO MENA, and
ALEJANDRO SIERRA,**

Defendants.

_____ /

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare Program ("Medicare") was a federal program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and 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 ("HHS"). Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."

2. The Medicare program was divided into different "parts." Part D of Medicare subsidized the costs of prescription drugs for Medicare beneficiaries in the United States. It was enacted as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and went into effect on January 1, 2006.

3. In order to receive Part D benefits, a beneficiary had to be enrolled in a Medicare drug plan. Medicare drug plans were operated by private companies approved by Medicare. Those companies were often referred to as drug plan sponsors. A beneficiary in a Medicare drug plan could fill a prescription at a pharmacy and use his or her plan to pay for some or all of the prescription.

4. A pharmacy could participate in Part D by entering a retail network agreement with one or more Pharmacy Benefit Managers ("PBMs"). Each PBM acted on behalf of one or more Medicare drug plans. Through a plan's PBM, a pharmacy could join the plan's network. When a Part D beneficiary presented a prescription to a pharmacy, the pharmacy submitted a claim to the PBM that represented the beneficiary's Medicare drug plan. The plan or PBM determined whether the pharmacy was entitled to payment for each claim and periodically paid the pharmacy for outstanding claims. The drug plan's sponsor reimbursed the PBM for its payments to the pharmacy.

5. A pharmacy could also submit claims to Medicare Part D's Limited Income Newly Eligible Transition ("LINET") program. The LINET program provided temporary coverage to certain low income individuals who were newly eligible for Medicare Part D benefits. The LINET program provided Medicare Part D coverage until LINET enrolled beneficiaries selected or were assigned a Medicare Part D drug plan. A beneficiary enrolled in Medicare's LINET program could fill a prescription at a pharmacy and use the LINET program to pay for some or all of the costs of

the prescription.

6. The LINET program was operated by Humana on behalf of CMS. All LINET claims submitted were processed by Humana. A pharmacy did not have to have a contract with Humana in order to submit LINET claims and receive reimbursement from the LINET program. When a beneficiary who was eligible for participation or enrolled in the LINET program presented a prescription to a pharmacy, the pharmacy submitted the LINET claim to Humana on behalf of the beneficiary. If Humana then determined that the pharmacy was entitled to payment based upon the claim, LINET made payments through its PBM, Argus, directly to the pharmacy.

7. To obtain payment from a PBM for a claim, pharmacies typically submitted claims electronically via the internet. The claim required certain important information, including: (a) the beneficiary's name and Health Insurance Claim Number ("HICN") or other identification 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").

8. When a pharmacy submitted a claim to a PBM, the pharmacy certified that the contents of the claim were true, correct, complete, and that the claim was prepared in compliance with the laws and regulations governing the Medicare program. The submitting pharmacy also certified that the prescription drugs being billed were prescribed and were in fact provided as billed.

9. Medicare, through CMS, compensated the Medicare drug plan sponsors. Medicare paid the sponsors a monthly fee for each Medicare beneficiary of the sponsors' plans. Such payments were called capitation fees. The capitation fee was adjusted periodically based upon various factors, including the beneficiary's medical conditions. In addition, in some cases where a sponsor's expenses for a beneficiary's prescription drugs exceeded that beneficiary's capitation fee, Medicare reimbursed the sponsor of a portion of those additional expenses.

10. Medicare, Medicare drug plan sponsors, and the LINET program were health care benefit programs, as defined by Title 18, United States Code, Section 24(b).

Medicare Drug Plan Sponsors

11. United Healthcare Insurance Company ("United"), Humana Insurance Company ("Humana"), Simply Healthcare Plans Inc. ("Simply"), the LINET program, HealthSun Health Plans, Inc. ("HealthSun"), Cigna Health and Life Insurance Company ("Cigna"), and Medco Containment Life Insurance Company ("Medco") were, among others, Medicare drug plan sponsors.

The Defendants and Related Entities

12. Med Solution Pharmacy, Discount & Equipment Corp ("Med Solution Pharmacy") was a Florida corporation, located at 10694 S.W. 24th Street, Miami, Florida. Med Solution Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

13. 17th Street Pharmacy & Discount, Inc. ("17th Street Pharmacy") was a Florida corporation, located at 1691 N.W. 27th Avenue, Miami, Florida. 17th Street Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

14. Rapid Pharmacy Corp (“Rapid Pharmacy”) was a Florida corporation, located at 2017 W. 62nd Street, Hialeah, Florida. Rapid Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

15. Euro Pharma Inc. (“Euro Pharmacy”) was a Florida corporation, located at 2350 W. 60th Street, #5, Hialeah, Florida. Euro Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

16. A&B Pharmacy Discount Inc. (“A&B Pharmacy”) was a Florida corporation, located at 846 S.W. 8th Street, Hialeah, Florida. A&B Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

17. Maxi Pharmacy Discount Corp. (“Maxi Pharmacy”) was a Florida corporation, located at 6459 S.W. 8th Street, Miami, Florida. Maxi Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

18. Mariposa Pharmacy & Discount Inc. (“Mariposa Pharmacy”) was a Florida corporation, located at 251 Park Boulevard, Miami, Florida. Mariposa Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

19. 49th Street Pharmacy, LLC (“49th Street Pharmacy”) was a Florida company, 455 East 49th Street, Hialeah, Florida. 49th Street Pharmacy was a pharmacy that purportedly provided prescription drugs to Medicare beneficiaries.

20. **ORLANDO BUSTABAD** and **ORLANDO OLVER BUSTABAD** were residents of Miami-Dade County and the true owners of Med Solution Pharmacy, 17th Street Pharmacy, Rapid Pharmacy, Euro Pharmacy, A&B Pharmacy, Maxi Pharmacy, Mariposa Pharmacy, and 49th Street Pharmacy from in or around February 2013 to the date of the return of this Indictment. **ORLANDO BUSTABAD** was also the president and registered agent of Rapid

Pharmacy from approximately on or about July 28, 2014, to approximately on or about December 5, 2014.

21. **SARA FERNANDEZ ESCOBAR** was a resident of Miami-Dade County and the president and registered agent of Rapid Pharmacy from approximately on or about February 5, 2014, to approximately on or about July 27, 2014. **FERNANDEZ ESCOBAR** was also the president and registered agent of 49th Street Pharmacy from approximately on or about November 10, 2016, to approximately on or about February 23, 2017.

22. **MIRTHA CARRION JIMENEZ** was a resident of Miami-Dade County and the president and registered agent of Euro Pharmacy from approximately on or about May 18, 2015, to approximately on or about August 21, 2015.

23. **IDILSIS MANRESA** was a resident of Miami-Dade County and an employee of Rapid Pharmacy from approximately on or about February 2014, to approximately on or about December 2014. **MANRESA** was also the president and registered agent of A&B Pharmacy from approximately on or about August 13, 2015, to approximately on or about November 13, 2015. **MANRESA** was also the president and registered agent of Mariposa Pharmacy from approximately on or about August 10, 2016, to approximately on or about August 28, 2016.

24. **ALEJANDRO MENA** was a resident of Miami-Dade County and the president and registered agent of Maxi Pharmacy from approximately on or about May 10, 2016, to approximately on or about August 4, 2016. **MENA** was also president and registered agent of Mariposa Pharmacy from approximately on or about August 29, 2016, to approximately on or about November 1, 2016.

25. **ALEJANDRO SIERRA** was a resident of Miami-Dade County and the president and registered agent of Mariposa Pharmacy from approximately on or about July 15, 2016, to

approximately on or about August 9, 2016.

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

1. Paragraphs 1 through 14 and 20, 21, and 23 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around February 2013, through in or around December 2014, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA, and
SARA FERNANDEZ ESCOBAR,

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, to commit 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, United, the LINET program, HealthSun, Cigna, and Medco, 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, 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 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 the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; (c) concealing the receipt of the fraud proceeds; and (d) diverting the 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 others:

4. **ORLANDO BUSTABAD** and **ORLANDO OLVER BUSTABAD** submitted and caused the submission of claims, via interstate wires, totaling approximately \$2,228,677, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Med Solution to Medicare beneficiaries.

5. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to the corporate bank accounts of Med Solution Pharmacy in the approximate amount of \$978,248.

6. **ORLANDO BUSTABAD** and **ORLANDO OLVER BUSTABAD** submitted and caused the submission of claims, via interstate wires, totaling approximately \$1,348,289, which

falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by 17th Street Pharmacy to Medicare beneficiaries.

7. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to 17th Street Pharmacy in the approximate amount of \$515,913.

8. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, and SARA FERNANDEZ ESCOBAR**, submitted and caused the submission of claims, via interstate wires, totaling approximately \$2,987,034, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Rapid Pharmacy to Medicare beneficiaries.

9. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to Rapid Pharmacy in the approximate amount of \$1,364,679.

10. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, and SARA FERNANDEZ ESCOBAR**, and others used the proceeds of the health care fraud for their personal use and benefit, and to further the fraud.

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

COUNTS 2-10
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 14 and 20, 21, and 23 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around February 2013, through in or around December 2014, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
and
SARA FERNANDEZ ESCOBAR,**

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, United, the LINET program, HealthSun, Cigna, and Medco, 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 unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to a health care benefit program; (b) concealing the submission of false and fraudulent claims to a health care benefit program; (c) concealing the receipt of the fraud proceeds; and (d) diverting the 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 Manner and Means section of Count 1 of this Indictment is re-alleged and 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 specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, and SARA FERNANDEZ ESCOBAR**, as specified in each count below, 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, United, the LINET program, HealthSun, Cigna, and Medco, 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, in that the defendants submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that the pharmacies provided pharmaceutical items and services to Medicare beneficiaries pursuant to physicians' orders and prescriptions as set forth below:

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
2	Orlando Bustabad, Orlando Olver Bustabad	E.C.	4/08/13	39293824671	Seroquel; \$1,014	HealthSun	Med Solution

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
3	Orlando Bustabad; Orlando Olver Bustabad	C.H.	4/10/13	30461212020	Dovonex; \$830	Cigna	Med Solution
4	Orlando Bustabad; Orlando Olver Bustabad	N.D.	06/04/13	32092184278	Abilify; \$955	Cigna	Med Solution
5	Orlando Bustabad and Orlando Olver Bustabad	W.P.	08/14/13	45694168074	Aricept; \$323	United	17 th Street
6	Orlando Bustabad and Orlando Olver Bustabad	H.B.	08/20/13	38076515470	Invega; \$402	United	17 th Street
7	Orlando Bustabad and Orlando Olver Bustabad	P.P.	12/05/13	36381340019	Acitretin; \$952	Medco	17 th Street
8	Orlando Bustabad, Orlando Olver Bustabad, Sara Fernandez Escobar and Idilsis Manresa	P.P.	02/25/14	37638958483	Solaraze; \$520	Medco	Rapid
9	Orlando Bustabad, Orlando Olver Bustabad, Sara Fernandez Escobar and Idilsis Manresa	K.M.	04/09/14	38497048391	Advair Diskus; \$383	United	Rapid

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
10	Orlando Bustabad, Orlando Olver Bustabad, Sara Fernandez Escobar and Idilsis Manresa	M.G.	10/31/14	43551508870	Exelon; \$386	United	Rapid

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

COUNT 11
Conspiracy to Commit Health Care Fraud and Wire Fraud
(18 U.S.C. § 1349)

1. Paragraphs 1 through 11, and 15, 16, 20, 22, and 23 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around May 2015, through in or around November 2015, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
and
MIRTHA CARRION JIMENEZ,

did knowingly, that is, with the intent to further the objects of the conspiracy, and willingly combine, conspire, confederate and agree with each other and others known and unknown to the Grand Jury, to commit offenses against the United States of America, 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 the LINET program, 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, 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 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 the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; (c) concealing the receipt of the fraud proceeds; and (d) diverting the 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 others:

4. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA** and **MIRTHA CARRION JIMENEZ**, submitted and caused the submission of claims, via interstate wires, totaling approximately \$760,513, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Euro Pharmacy to Medicare beneficiaries.

5. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to Euro Pharmacy in the approximate amount of \$340,256.

6. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, and IDILSIS MANRESA**, submitted and caused the submission of claims, via interstate wires, totaling approximately \$1,416,277, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by A&B Pharmacy to Medicare beneficiaries.

7. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to A&B Pharmacy in the approximate amount of \$614,546.

8. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA**, and **MIRTHA CARRION JIMENEZ**, and others used the proceeds of the health care fraud for their personal use and benefit, and to further the fraud.

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

COUNTS 12-17
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 11, and 15, 16, 20, 22, and 23 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around May 2015, through in or around November 2015, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
and
MIRTHA CARRION JIMENEZ,

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 the LINET program, 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 unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to a health care benefit program; (b) concealing the submission of false and fraudulent claims to a health care benefit program; (c) concealing the receipt of the fraud proceeds; and (d) diverting the fraud proceeds for their personal use and benefit, and the use and benefit of others, and to further the fraud.

The Scheme and Artifice

4. The Manner and Means section of Count 1 of this Indictment are re-alleged and 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 specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, and MIRTHA CARRION JIMENEZ**, as specified in each count below, 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 the LINET program, 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, in that the defendants submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that the pharmacies provided pharmaceutical items and services to Medicare beneficiaries pursuant to physicians' orders and prescriptions as set forth below:

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
12	Orlando Bustabad, Orlando Olver Bustabad, Mirtha Carrion Jimenez and Idilsis Manresa	T.L.	06/08/15	155597680871 000492471928	Restasis; \$429	LINET	Euro

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
13	Orlando Bustabad, Orlando Olver Bustabad, Mirtha Carrion Jimenez and Idilsis Manresa	N.S.	06/08/15	155597778211 0000491774436	Latuda; \$1,382	LINET	Euro
14	Orlando Bustabad, Orlando Olver Bustabad, Mirtha Carrion Jimenez and Idilsis Manresa	G.G.	07/24/15	156051370651 0000492780434	Budesonide; \$1,700	LINET	Euro
15	Orlando Bustabad, Orlando Olver Bustabad and Idilsis Manresa	N.A.	08/25/15	156379540021 0000493735649	Diclofenac Sodium; \$1,179	LINET	A&B
16	Orlando Bustabad, Orlando Olver Bustabad and Idilsis Manresa	M.V.	08/31/15	156433003641 0000493735646	Voriconazole; \$1,507	LINET	A&B
17	Orlando Bustabad, Orlando Olver Bustabad and Idilsis Manresa	T.P.	09/14/15	156571335371 0000493735649	Calcipotriene; \$723	LINET	A&B

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

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

1. Paragraphs 1 through 11, and 17, 18, 19, 20, 21, 23, 24, and 25 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around May 2016, through in or around February 2017, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
SARA FERNANDEZ ESCOBAR,
ALEJANDRO MENA,
and
ALEJANDRO SIERRA,

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, to commit offenses against the United States of America, 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, Humana, Simply, the LINET program, Silverscript, and Aetna, 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, 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 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, and pictures and sounds, in violation of Title 18, United States Code, Section 1343.

PURPOSE OF THE CONSPIRACY

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; (c) concealing the receipt of the fraud proceeds; and (d) diverting the 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 others:

4. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, and ALEJANDRO MENA** submitted and caused the submission of claims, via interstate wires, totaling approximately \$671,158, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Maxi Pharmacy to Medicare beneficiaries.

5. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to Maxi Pharmacy in the approximate amount of \$258,823.

6. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, ALEJANDRO SIERRA, and ALEJANDRO MENA** submitted and caused the submission of claims, via interstate wires, totaling approximately \$423,928, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by Mariposa Pharmacy to Medicare beneficiaries.

7. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to Mariposa Pharmacy in the approximate amount of \$327,405.

8. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, and SARA FERNANDEZ ESCOBAR,** submitted and caused the submission of claims, via interstate wires, totaling approximately \$347,155, which falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and had been provided by 49th Street Pharmacy to Medicare beneficiaries.

9. As a result of such false and fraudulent claims, Medicare prescription drug plan sponsors, through their PBMs, made payments funded by the Medicare Part D Program to 49th Street Pharmacy in the approximate amount of \$249,872.

10. **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, SARA FERNANDEZ ESCOBAR, ALEJANDRO MENA, and ALEJANDRO SIERRA,** and others used the proceeds of the health care fraud for their personal use and benefit, and to further the fraud.

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

COUNTS 19-27
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 11, and 17, 18, 19, 20, 21, 23, 24, and 25 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around May 2016, through in or around February 2017, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD,
ORLANDO OLVER BUSTABAD,
IDILSIS MANRESA,
SARA FERNANDEZ ESCOBAR,
ALEJANDRO MENA,
and
ALEJANDRO SIERRA,

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, Humana, Simply, the LINET program, Silverscript, and Aetna, 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 unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to a health care benefit program; (b) concealing the submission of false and fraudulent claims to a health care benefit program; (c) concealing the receipt of the fraud proceeds; and (d) diverting the fraud proceeds for their personal use and

benefit, and the use and benefit of others, and to further the fraud.

The Scheme and Artifice

4. The Manner and Means section of Count 1 of this Indictment is re-alleged and 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 specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, SARA FERNANDEZ ESCOBAR, ALEJANDRO MENA, and ALEJANDRO SIERRA**, as specified in each count below, 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, Humana, Simply, the LINET program, Silverscript, and Aetna, 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, in that the defendants submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that the pharmacies provided pharmaceutical items and services to Medicare beneficiaries pursuant to physicians' orders and prescriptions as set forth below:

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
19	Orlando Bustabad, Orlando Olver Bustabad and Alejandro Mena	A.C.L.	05/11/16	55848327886	Canasa; \$889	Simply	Maxi
20	Orlando Bustabad, Orlando Olver Bustabad and Alejandro Mena	A.P.	05/16/16	57787986891	Xarelto; \$360	Simply	Maxi
21	Orlando Bustabad, Orlando Olver Bustabad and Alejandro Mena	E.M.	05/31/16	59660656182	Namenda; \$354	Simply	Maxi
22	Orlando Bustabad, Orlando Olver Bustabad, Idilsis Manresa, Alejandro Mena and Alejandro Sierra	M.S.	07/29/16	57794963067	Canasa; \$889	Humana	Mariposa
23	Orlando Bustabad, Orlando Olver Bustabad, Idilsis Manresa, Alejandro Mena and Alejandro Sierra	A.S.	08/17/16	58563765667	Restasis; \$427	Humana	Mariposa
24	Orlando Bustabad, Orlando Olver Bustabad, Idilsis Manresa, Alejandro Mena and Alejandro Sierra	R.P.	08/18/16	58507041107	Seroquel; \$1,500	LINET	Mariposa

Count	Defendants	Medicare Beneficiary	Approx. Date Claim Received	PDE Claim Unique ID Number	Item Claimed; Approx. Amount Claimed	Medicare Drug Plan	Pharmacy
25	Orlando Bustabad, Orlando Olver Bustabad and Sara Fernandez	M.S.	12/07/16	60895859174	Restasis; \$435	Aetna	49 th Street
26	Orlando Bustabad, Orlando Olver Bustabad and Sara Fernandez	F.M.	12/21/16	61278011894	Seroquel XR; \$521	Simply	49 th street
27	Orlando Bustabad, Orlando Olver Bustabad and Sara Fernandez	T.H.	01/12/17	61781127083	Latuda; \$1,541	Silverscript	49 th Street

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

COUNTS 28-35
Aggravated Identity Theft
(18 U.S.C. § 1028A)

1. Paragraphs 1 through 25 of the General Allegations section of this Indictment are realleged and incorporated by reference as if fully set forth herein.

2. On or about the dates listed below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

ORLANDO BUSTABAD
and
ORLANDO OLVER BUSTABAD,

during and in relation to a felony violation of Title 18, United States Code, Section 1347, that is, Health Care Fraud, as alleged in Counts 4, 7, 10, 12, 15, 21, 23 and 27 of this Indictment, did knowingly transfer, possess, and use, without lawful authority, a means of identification of another

person, as set forth below:

Count	Predicate Count	Means of Identification	Approximate Date
28	4	Name, Medicare HICN XXX-XX-1202A, and date of birth, belonging to "N.D."	06/04/13
29	7	Name, Medicare HICN XXX-XX-3062A, and date of birth, belonging to "P.P."	12/05/13
30	10	Name, Medicare HICN XXX-XX-5377A, and date of birth, belonging to "M.G."	10/31/14
31	12	Name, NPI XXXXXX8971, and medical license number belonging to "M.A."	06/08/15
32	15	Name, NPI XXXXXX1029, and medical license number belonging to "F.L."	08/25/15
33	21	Name, NPI XXXXXX7028, and medical license number belonging to "C.V."	05/31/16
34	23	Name, Medicare HICN XXX-XX-9427A, and date of birth, belonging to "A.S."	08/17/16
35	27	Name, Medicare HICN XXX-XX-1229A, and date of birth, belonging to "T.H."	01/12/17

In violation of Title 18, United States Code, Sections 1028A(a)(1) and 2.

FORFEITURE
(18 U.S.C. § 982)

1. The allegations contained in 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 property in which the defendants, **ORLANDO BUSTABAD, ORLANDO OLVER BUSTABAD, IDILSIS MANRESA, SARA FERNANDEZ ESCOBAR, MIRTHA CARRION JIMENEZ, ALEJANDRO MENA, and ALEJANDRO SIERRA**, have an interest.

2. Upon conviction of any violation of Title 18, United States Code, Sections 1347 or 1349, as alleged in Counts 1 through 27 of this Indictment, the defendants shall forfeit to the United States all of their respective 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 subject to forfeiture includes, but is not limited to the sum of \$4,649,742.73 in United States currency, which amount is equal to the gross proceeds traceable to the commission of the violations alleged in this Indictment, which the United States will seek as a forfeiture money judgment as part of the defendants' sentence.

4. If the property described above as being subject to forfeiture, as a result of any act or omission of the defendants,

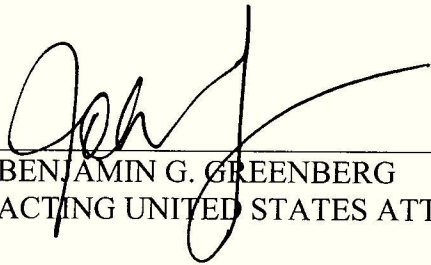
- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with a third party;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendants up to the value of the above forfeitable property and, in addition, to seek a court order requiring the defendants to return any such property to the jurisdiction of the court for seizure and forfeiture.

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 made applicable by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

FOR



BENJAMIN G. GREENBERG
ACTING UNITED STATES ATTORNEY



CHRISTOPHER J. CLARK
ASSISTANT UNITED STATES ATTORNEY

UNITED STATES OF AMERICA CASE NO. _____

vs.

ORLANDO BUSTABAD et. al,

CERTIFICATE OF TRIAL ATTORNEY*

Defendants.

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.
- Interpreter: (Yes or No) Yes
List language and/or dialect Spanish
- This case will take 7 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 _____	Petty _____
II 6 to 10 days <u>X</u>	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: _____
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

- 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
- 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



Christopher J. Clark
ASSISTANT UNITED STATES ATTORNEY

*Penalty Sheet(s) attached

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: ORLANDO BUSTABAD

Case No: _____

Count #: 1

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 2-10

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 11

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 12-17

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 18

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 19-27

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Counts #: 28-35

Aggravated Identity Theft

Title 18, United States Code, Section 1028A

***Max. Penalty:** Two (2) Years' Imprisonment as to each count

***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: ORLANDO OLVER BUSTABAD

Case No: _____

Count #: 1

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 2-10

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 11

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 12-17

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 18

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 19-27

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Counts #: 28-35

Aggravated Identity Theft

Title 18, United States Code, Section 1028A

***Max. Penalty:** Two (2) Years' Imprisonment as to each count

***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: IDILSIS MANRESA

Case No: _____

Count #: 1

 Conspiracy to Commit Health Care Fraud and Wire Fraud

 Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 8,9,10

 Health Care Fraud

 Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 12,13,14,15,16,17

 Conspiracy to Commit Health Care Fraud and Wire Fraud

 Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment as to each count

Count #: 22,23,24

 Health Care Fraud

 Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

***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: SARA FERNANDEZ ESCOBAR

Case No: _____

Count #: 1

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 8,9,10

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

Count #: 18

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Count #: 25,26,27

Health Care Fraud

Title 18, United States Code, Section 1347

***Max. Penalty:** Ten (10) Years' Imprisonment as to each count

***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: MIRTHA CARRION JIMENEZ

Case No: _____

Count #: 11

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 12,13,14

Health Care Fraud

Title 18, United States Code, Section 1347

***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: ALEJANDRO MENA

Case No: _____

Count #: 18

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 19,20,21,22,23,24

Health Care Fraud

Title 18, United States Code, Section 1347

***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: ALEJANDRO SIERRA

Case No: _____

Count #: 18

Conspiracy to Commit Health Care Fraud and Wire Fraud

Title 18, United States Code, Section 1349

***Max. Penalty:** Twenty (20) Years' Imprisonment

Counts #: 22,23,24

Health Care Fraud

Title 18, United States Code, Section 1347

***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.**