UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 18-20450 CR-MOORE

18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 2
18 U.S.C. § 981(a)(1)(C)
18 U.S.C. § 982(a)(7)

MAGISTRATE JUDGE SIMONTON

UNITED STATES OF AMERICA

vs.

LIANNELYS GONZALEZ,

Defendants.

_____/

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times material to this Indictment:

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 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. Medicare programs covering different types of benefits were separated into different program "parts." "Part A" of the Medicare program covered certain eligible home health care costs for medical services provided by a home health agency ("HHA"), also referred to as a "provider," to persons who already qualified for Medicare and who additionally required home health services because of an illness or disability that caused them to be homebound. Part A of the Medicare Program also covered certain outpatient services, including physical therapy, rehabilitation and occupational therapy ("PT/OT") services, which were typically administered at Comprehensive Outpatient Rehabilitation Facilities ("CORFs") or by Outpatient Physical Therapy Providers ("OPTs"). Medicare Part A covered such services so long as they were ordered by a medical doctor or other qualified health care provider, and deemed medically necessary.

4. Physicians, clinics and other health care providers, including HHAs, 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 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 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. CMS did not directly pay Medicare Part A claims submitted by Medicare-certified HHAs. CMS contracted with different private companies to administer the Medicare Part A program throughout different parts of the United States. In the State of Florida, CMS contracted with Palmetto Government Benefits Administrators ("Palmetto"). As administrator, Palmetto was

to receive, adjudicate and pay claims submitted by HHA providers under the Part A program for home health claims. Additionally, CMS separately contracted with companies in order to review HHA providers' claims data. CMS first contracted with TriCenturion, a Program Safeguard Contractor. Subsequently, on December 15, 2008, CMS contracted with SafeGuard Services, a Zone Program Integrity Contractor. Both TriCenturion and SafeGuard Services safeguarded the Medicare Trust Fund by reviewing HHA providers' claims for potential fraud, waste, and/or abuse.

Part A Coverage and Regulations

Part A Reimbursements

6. The Medicare Part A program reimbursed 100% of the allowable charges for participating HHAs providing home health care services only if the patient qualified for home health benefits. A patient qualified for home health benefits only if the patient:

(a) was confined to the home, also referred to as homebound;

(b) was under the care of a physician who specifically determined there was a need for home health care and established the Plan of Care ("P.O.C."); and

(c) the determining physician signed a certification statement specifying that the beneficiary needed intermittent skilled nursing, physical therapy, speech therapy, or a continued need for occupational therapy; the beneficiary was confined to the home; that a POC for furnishing services was established and periodically reviewed; and that the services were furnished while the beneficiary was under the care of the physician who established the P.O.C.

Record Keeping Requirements

7. Medicare Part A regulations required HHAs providing services to Medicare patients to maintain complete and accurate medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting the actual treatment of patients to whom

services were provided and for whom claims for reimbursement were submitted by the HHA. These medical records were required to be sufficiently complete to permit Medicare, through Palmetto and other contractors, to review the appropriateness of Medicare payments made to the HHA under the Part A program.

8. Among the written records required to document the appropriateness of home health care claims submitted under Part A of Medicare were a: (i) P.O.C. that included the physician order, diagnoses, types of services/frequency of visits, prognosis/rehab potential, functional limitations/activities permitted, medications/treatments/nutritional requirements, safety measures/discharge plans, goals, and the physician's signature; and (ii) a signed certification statement by an attending physician certifying that the patient was confined to his or her home and was in need of the planned home health services.

9. Medicare Part A regulations required provider HHAs to maintain medical records of every visit made by a nurse, therapist, and home health aide to a beneficiary. The record of a nurse's visit was required to describe, among other things, any significant observed signs or symptoms, any treatment and drugs administered, any reactions by the patient, any instruction provided to the patient and the understanding of the patient, and any changes in the patient's physical or emotional condition. The home health nurse, therapist, and aide were required to document the hands-on personal care provided to the beneficiary as the services were deemed necessary to maintain the beneficiary's health or to facilitate treatment of the beneficiary's primary illness or injury. These written medical records were generally created and maintained in the form of "clinical notes" and "home health aide notes/observations."

10. Medicare regulations allowed Medicare certified HHAs to subcontract home health care services to nursing companies, therapy staffing services agencies, registries, or groups

(nursing groups), which would bill the certified HHA. The Medicare certified HHA would, in turn, bill Medicare for all services rendered to the patient. The HHA's professional supervision over subcontracted-for services required the same quality controls and supervision as of its own salaried employees.

11. All Medicare beneficiaries were assigned a Health Insurance Claim Number ("HICN") which was unique to each beneficiary.

12. All doctors who participated in Medicare were assigned a National Provider Identification Number ("NPIN") which was unique to each doctor.

13. All health care facilities which participated in Medicare were assigned a provider number after they filled out and certified various applications which allowed them to submit claims for services purportedly rendered to eligible Medicare beneficiaries.

The Defendant, Relevant Company, and Individuals

14. Exclusive Home Care, Inc. ("Exclusive") was a corporation organized under the laws of the State of Florida, purportedly doing business as a home health agency at 9766 S.W. 42nd Street, Suite 20, Miami, FL 33165.

15. Defendant **LIANNELYS GONZALEZ** was an owner, Director, President and Registered Agent of Exclusive.

16. Coral Medical Rehab-Center, Inc., ("Coral Medical") was a corporation organized under the laws of the State of Florida, purportedly providing PT/OT services to Medicare beneficiaries as a CORF and doing business at 9778 S.W. 24th Street, Miami, FL 33165.

17. Antonio Alfonso-Ramos was an owner, Director and Registered Agent of Coral Medical, and a resident of Miami-Dade County.

18. Jose Ruiz Dean and Rosa Marbella Patino Gonzalez were residents of Miami-Dade County.

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

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around January 2015, through in or around March 2018, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

LIANNELYS GONZALEZ,

did knowingly, that is, with the intent to further the objects of the conspiracy, and willfully combine, conspire, confederate and agree with Antonio E. Alfonso-Ramos, Jose Ruiz Dean, Rosa Marbella Patino-Gonzalez, and others known and unknown to the Grand Jury, to commit certain 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, 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; 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 and foreign commerce, certain writings, signs, pictures, signals, and sounds, in violation of Title 18, United States Code, Section 1343.

PURPOSE OF THE CONSPIRACY

3. It was a purpose of the conspiracy for the defendant and her co-conspirators to unjustly enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of fraud proceeds; and (c) diverting fraud proceeds for their personal use and benefit of themselves, 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 objects and purpose of the conspiracy included, among other things, the following.

4. **LIANNELYS GONZALEZ** and her co-conspirators, including but not limited to Antonio Alfonso-Ramos and Rosa Marbella Patino-Gonzlaez, paid kickbacks and bribes to patient recruiters at Coral Medical, including, but not limited to, Jose Ruiz Dean, in exchange for the referral of Medicare beneficiaries to serve as patients at Exclusive, which then billed Medicare for home health services which were not medically necessary and not provided.

5. **LIANNELYS GONZALEZ** falsely certified to Medicare that Exclusive would comply with all Medicare rules and regulations including that Exclusive would refrain from violating the federal Anti-Kickback statute.

6. Thereafter, **LIANNELYS GONZALEZ** and her co-conspirators paid and caused to be paid kickbacks to patient recruiters in exchange for the referral of Medicare beneficiaries to

be placed at Exclusive.

7. **LIANNELYS GONZALEZ** and her co-conspirators submitted and caused the submission of false and fraudulent claims to Medicare, via interstate wire, for home health services purportedly provided by Exclusive, which: (i) were the result of the payment of bribes and kickbacks to patient recruiters in exchange for patient referrals; and (ii) were not medically necessary and not provided to Medicare beneficiaries.

8. As a result of the false and fraudulent claims, **LIANNELYS GONZALEZ** and her co-conspirators caused Medicare to make payments, via interstate wire, to Exclusive in the approximate amount of $4,460,679.

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

COUNTS 2-11
Health Care Fraud
(18 U.S.C. § 1347)

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around January 2015, through in or around March 2018, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

LIANNELYS GONZALEZ,

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

Purpose of the Scheme and Artifice

3. It was a purpose of the scheme and artifice for the defendant and her accomplices to unjustly enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of fraud proceeds; and (c) diverting 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 allegations contained in the Manner and Means of the conspiracy section of Count 1 of the 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 set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant, **LIANNELYS GONZALEZ**, 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 the defendant submitted and caused the submission of false and fraudulent Medicare claims, representing that Exclusive had provided various home health services to beneficiaries pursuant to physicians' orders and prescriptions:

Count	Medicare Beneficiary	Approx. Date Of Claim	Medicare Claim Number	Approx. Amount Claimed
2	M.P.	06/02/2015	21515302619707FLR	$1,800
3	F.T.	04/29/2015	21511902623407FLR	$1,860
4	A.W.	07/27/2015	21520802819007FLR	$2,080
5	M.P.	10/09/2015	21528201098807FLR	$2,685
6	A.W.	11/20/2015	21532400690707FLR	$1,980
7	M.D.	01/18/2016	21601802840307FLR	$1,760
8	M.P.	02/22/2016	21605303346007FLR	$2,560
9	V.C.	02/22/2016	21605303344707FLR	$1,748
10	V.C.	03/21/2017	21703403481807FLR	$1,872
11	Z.T.	05/25/2017	21711005211007FLR	$1,980

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

FORFEITURE
(18 U.S.C. §§ 981(a)(1)(C) and 982(a)(7))

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 certain property in which the defendant, **LIANNELYS GONZALEZ,** has an interest.

2. Upon conviction of a violation of Title 18, United States Code, Section 1347 or 1349, as alleged in this Indictment, the defendant shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or

is derived, directly or indirectly, from gross proceeds traceable to the commission of such offense, including, but not limited to a 2016 Mercedes-Benz C300W, VIN No. 55SWF4JBGU146998.

3. Upon conviction of a conspiracy to violate Title 18, United States Code, Section 1343, as alleged in this Indictment, defendant shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section 981(a)(1)(C), any property, real or personal, which constitutes or is derived from proceeds traceable to the commission of such offense.

4. The property subject to forfeiture includes, but is not limited to, the gross proceeds traceable to commission of the health care fraud scheme alleged in this Indictment, which the United States will seek as a forfeiture money judgment as part of defendant's sentence.

5. If the property described above as being subject to forfeiture, as a result of any act or omission of defendant **LIANNELYS GONZALEZ**,

(a) cannot be located upon 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), as made applicable through Title 18, United States Code, Section 982(a)(7) to seek forfeiture of any other property of defendant, up to the value of the above forfeitable property.

All pursuant to Title 18, United States Code, Sections 981(a)(1)(C), as made applicable by Title 28, United States Code, Section 2461(c), and 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853.

A TRUE BILL

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BENJAMIN G GREENBERG
UNITED STATES ATTORNEY

JAMES V. HAYES
ASSISTANT UNITED STATES ATTORNEY