

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Case No.

**09-20534** CR - GOLD

McALILEY

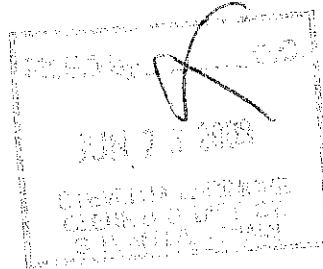
18 U.S.C. § 1349  
18 U.S.C. § 1347  
42 U.S.C. § 1320a-7b(b)(2)  
18 U.S.C. § 1956(h)  
18 U.S.C. § 2

UNITED STATES OF AMERICA

vs.

GLADYS ZAMBRANA,  
JAVIER ZAMBRANA,  
ENRIQUE PEREZ,  
ALEJANDRO HERNANDEZ QUIROS,  
a/k/a "Alex Hernandez,"  
VICENTA TELLECHEA,  
MODESTO HIDALGO,  
VANESSA ESTRADA,  
and  
CARLOS CASTANEDA,

Defendants.



**INDICTMENT**

The Grand Jury charges that:

**GENERAL ALLEGATIONS**

At all times material to this Indictment:

**The Medicare Program**

1. The Medicare program was a federally funded program that helped pay for health care for the aged, blind and disabled. The Medicare program was administered by the United States Department of Health and Human Services ("HHS") through its agency, the Centers for Medicare & Medicaid Services ("CMS"). Individuals who received benefits under Medicare were 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 programs covering different types of benefits are separated into distinguished 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. Payments for home health care medical services under Medicare Part A were typically made directly to an HHA or provider based on claims submitted to the Medicare program for qualifying services that had been provided to eligible beneficiaries, rather than to the beneficiary.

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 who was issued 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 had been performed for the beneficiary, the date the services were provided, the cost of the services, and the name and identification 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 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”) to administer Part A HHA claims. 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 reviewed HHA provider's claims for potential fraud, waste and abuse.

### **Part A Coverage and Regulations**

#### **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 ("POC"); and
- (c) the determining physician signed a certification statement specifying that the beneficiary needed intermittent skilled nursing services, physical therapy, or speech 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 POC.

7. HHAs were reimbursed under the Home Health Prospective Payment System ("PPS"). Under PPS, Medicare paid Medicare-certified HHAs a predetermined base payment for each 60 days that care was needed. This 60-day period was called an "episode of care." The base payment was adjusted based on the health condition and care needs of the beneficiary. This adjustment was done through the Outcome and Assessment Information Set ("OASIS"), which was a patient assessment tool

for measuring and detailing the patient's condition. If a beneficiary was still eligible for care after the end of the first episode of care, a second episode could commence. There were no limits to the number of episodes of home health benefits a beneficiary could receive as long as the beneficiary remained eligible.

8. In order to be reimbursed, the HHA would submit a Request for Anticipated Payment (“RAP”) and subsequently received a portion of their reimbursement payment in advance. At the end of a 60 day episode, when the final claim was submitted, the remaining portion of the payment would be reimbursed. As explained in more detail below, “Outlier Payments” are additional PPS reimbursements based on visits in excess of the norm. Palmetto paid Outlier Payments to HHA providers under PPS where the providers’ RAP submission established that the cost of care exceeded the established Health Insurance Prospective Payment System (“HIPPS”) code threshold dollar amount.

#### **Record Keeping Requirements**

9. 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 actual treatment of the patients to whom services were provided and for whom claims for reimbursement were submitted by the home health agency. These medical records were required to be sufficient to permit Medicare, through Palmetto and other contractors, to review the appropriateness of Medicare payments made to the home health agency under the Part A program.

10. Among the written records required to document the appropriateness of home health care claims submitted under Part A of Medicare was a POC that included the physician order, diagnoses, types of services/frequency of visits, prognosis/rehabilitation potential, functional

limitations/activities permitted, medications/treatments/nutritional requirements, safety measures/discharge plans, goals, and physician signature. Also required was 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, and an OASIS.

11. 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 teaching 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."

#### **Special Outlier Provision**

12. While payment for each episode of care was adjusted to reflect the beneficiary's health condition and needs, an outlier provision existed to ensure appropriate payment for those beneficiaries that have the most extensive care needs. Adjusting payment to reflect the HHA's cost in caring for each beneficiary including the sickest beneficiaries, would ensure that all beneficiaries had access to home health services for which they are eligible.

13. Medicare regulations allowed certified home health agencies to subcontract home health care services to nursing companies, registries, or groups (nursing groups), which would, in turn, bill the certified home health agency. That certified agency would bill Medicare for all services to the patient. The HHA's professional supervision over arranged-for services required the same quality controls and supervision of its own employees.

14. For insulin-dependant diabetic beneficiaries, Medicare paid for insulin injections by an HHA agency when a beneficiary was determined to be unable to inject their own insulin and the beneficiary had no available care-giver able or willing to inject the beneficiary. Additionally, for beneficiaries for whom occupational or physical therapy were medically necessary, Medicare paid for such therapy provided by an HHA. The basic requirement that the beneficiary be confined to the home or homebound was a continuing requirement for a Medicare beneficiary to receive such home health benefits.

**ABC Home Health Care, Inc.**

15. ABC Home Health Care, Inc. ("ABC") was a Florida corporation incorporated on or about February 10, 2004, that did business in Miami-Dade County, Florida, as an HHA that purported to provide home health care services to eligible Medicare beneficiaries. Initially, ABC was purportedly located at 15715 S. Dixie Highway, #304, Miami, Florida. On or about February 9, 2006, ABC purportedly moved to 5600 SW 135<sup>th</sup> Avenue, #202-A, Miami, Florida. On or about August 15, 2006, ABC purportedly moved again to 8360 West Flagler Street, Suite 210, Miami, Florida.

16. On or about March 22, 2005, ABC obtained Medicare provider number 108147, authorizing ABC to submit reimbursement claims to Medicare for HHA-related benefits and services. On or about January 11, 2006, **GLADYS ZAMBRANA, ENRIQUE PEREZ, and ALEJANDRO HERNANDEZ QUIROS** took ownership and control of ABC, listing **JAVIER ZAMBRANA** as the owner on paper, when, in fact, **GLADYS ZAMBRANA, ENRIQUE PEREZ, and ALEJANDRO HERNANDEZ QUIROS** were the true owners of ABC.

17. From in or around January 2006, through in or around December 2008, ABC submitted claims Medicare for approximately \$17,026,543 for home health services that ABC had purportedly

rendered to beneficiaries. As a result of the submission of these claims, Medicare, through Palmetto, made payments to ABC totaling approximately \$11,293,852. Approximately \$13,944,780.23 of these submitted claims and approximately \$8,894,185 of the paid claims were for services for purportedly diabetic beneficiaries. During that time period, out of the total paid reimbursements, ABC received approximately \$7,804,749 in reimbursements for outlier services.

**Florida Home Health Care Providers, Inc.**

18. Florida Home Health Providers, Inc. ("Florida Home Health") was a Florida corporation incorporated on or about August 26, 2004, that did business in Miami-Dade County, Florida, as an HHA that purported to provide home health care services to eligible Medicare beneficiaries. Florida Home Health was purportedly located at 4150 NW 7<sup>th</sup> Street, Suite 204, Miami, Florida.

19. On or about May 9, 2006, Florida Home Health obtained Medicare provider number 108298, authorizing Florida Home Health to submit reimbursement claims to Medicare for HHA-related benefits and services. On or about September 28, 2007, **GLADYS ZAMBRANA** and **CARLOS CASTANEDA** took ownership and control of Florida Home Health, listing **VICENTA TELLECHEA**, **CARLOS CASTANEDA**'s mother, as the owner on paper, when, in fact, **GLADYS ZAMBRANA** and **CARLOS CASTANEDA** were the true owners of Florida Home Health.

20. From in or around October 2007, through in or around March 2009, Florida Home Health submitted to Medicare claims for approximately \$5,475,723 for home health services that Florida Home Health had purportedly rendered to beneficiaries. As a result of the submission of these claims, Medicare, through Palmetto, made payments to Florida Home Health totaling approximately \$4,007,003. Approximately \$5,258,553 of these submitted claims and approximately \$3,773,764 of

the paid claims were for services for purportedly diabetic beneficiaries. During that time period, out of the total paid reimbursements Florida Home Health received approximately \$2,702,617 in reimbursements for outlier services.

**The Defendants**

21. Defendant **GLADYS ZAMBRANA**, a resident of Miami-Dade County, Florida, was listed as Treasurer in State of Florida corporate records of ABC. **GLADYS ZAMBRANA** was listed as the Vice President and Secretary on the corporate records for Florida Home Health. **GLADYS ZAMBRANA** was also one of the owners and operators of both ABC and Florida Home Health.

22. Defendant **JAVIER ZAMBRANA**, a resident of Miami-Dade County, Florida, was the owner of record in State of Florida corporate records and listed as President of ABC. **JAVIER ZAMBRANA** was a listed owner of ABC and the son of **GLADYS ZAMBRANA**.

23. Defendant **ENRIQUE PEREZ**, a resident of Miami-Dade County, Florida, was listed as Vice President in State of Florida corporate records of ABC. **ENRIQUE PEREZ** was also listed as President of ABC in the corporate records. **ENRIQUE PEREZ** was also one of the owners and operators of ABC and the husband of **GLADYS ZAMBRANA**.

24. Defendant **ALEJANDRO HERNANDEZ QUIROS**, a/k/a “**Alex Hernandez**,” a resident of Miami-Dade County, Florida, was a patient recruiter, an employee of ABC, and one of the owners and operators of ABC.

25. Defendant **VICENTA TELLECHEA**, a resident of Miami-Dade County, Florida, was the listed president and registered agent of Florida Home Health. She was the mother of **CARLOS CASTANEDA**.



26. Defendant **MODESTO HIDALGO**, a resident of Miami-Dade County, Florida, was a medical assistant who drew blood and performed medical tests for Medicare beneficiaries who purportedly received home health care services from ABC.

27. Defendant **VANESSA ESTRADA** was an employee of, and medical biller for, ABC and Florida Home Health.

28. Defendant **CARLOS CASTANEDA**, a resident of Miami-Dade County, Florida, was a patient recruiter for Florida Home Health, and one of the owners and operators of Florida Home Health. He was the son of **VICENTA TELLECHEA**.

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

1. Paragraphs 1 through 28 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. From in or around January 2006, and continuing through the present, the exact dates being unknown to the Grand Jury, at Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**GLADYS ZAMBRANA,**  
**JAVIER ZAMBRANA,**  
**ENRIQUE PEREZ,**  
**ALEJANDRO HERNANDEZ QUIROS,**  
**a/k/a "Alex Hernandez,"**  
**VANESSA ESTRADA,**  
**MODESTO HIDALGO,**  
**VICENTA TELLECHEA,**  
**and**  
**CARLOS CASTANEDA,**

did knowingly and willfully combine, conspire, confederate and agree with others, known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, 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 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.

#### PURPOSE OF THE CONSPIRACY

3. It was a purpose of the conspiracy for the defendants to unlawfully enrich themselves by, among other things, (a) submitting false and fraudulent claims to Medicare; (b) offering and paying kickbacks and bribes to Medicare beneficiaries for the purpose of such beneficiaries arranging for the use of their Medicare beneficiary numbers by the co-conspirators as the bases of claims filed for home health care; (c) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of the proceeds from the fraud, and the payment of kickbacks; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators

#### MANNER AND MEANS OF THE CONSPIRACY

The manner and means by which the defendants sought to accomplish the object and purpose of the conspiracy included, among other things:

4. **GLADYS ZAMBRANA, ENRIQUE PEREZ, JAVIER ZAMBRANA, ALEJANDRO HERNANDEZ QUIROS**, and others would purchase and otherwise take ownership and control of ABC in the State of Florida.

5. **GLADYS ZAMBRANA, ENRIQUE PEREZ, and JAVIER ZAMBRANA** would become corporate officers at ABC.

6. **GLADYS ZAMBRANA, CARLOS CASTANEDA**, and others, would purchase and otherwise take ownership and control of Florida Home Health in the State of Florida.

7. **GLADYS ZAMBRANA** and **VICENTA TELLECHEA** would become corporate officers at Florida Home Health.

8. **ALEJANDRO HERNANDEZ QUIROS** and others would recruit Medicare beneficiaries through the promise of cash kickbacks for the purpose of billing Medicare for home health care services purportedly provided by ABC, which home health care services were not provided and were not medically necessary.

9. **CARLOS CASTANEDA** and others would recruit Medicare beneficiaries through the promise of cash kickbacks for the purpose of billing Medicare for home health care services purportedly provided by Florida Home Health, which home health care services were not provided and were not medically necessary.

10. **GLADYS ZAMBRANA, ENRIQUE PEREZ, ALEJANDRO HERNANDEZ QUIROS, VICENTA TELLECHEA, VANESSA ESTRADA, MODESTO HIDALGO, CARLOS CASTANEDA**, and others would provide cash kickbacks to Medicare beneficiaries in exchange for the beneficiaries signing documents stating that they had received the home health care services that were billed to Medicare, when, in fact, the home health care services were not provided and were not medically necessary.

11. **MODESTO HIDALGO** would falsify blood tests and medical records to make it appear that legitimate home health care services were being provided to patients who were Medicare beneficiaries.

12. **GLADYS ZAMBRANA** and others would obtain POCs for Medicare beneficiaries for home healthcare services that were not medically necessary.

13. **GLADYS ZAMBRANA, ENRIQUE PEREZ, JAVIER ZAMBRANA,** and **ALEJANDRO HERNANDEZ QUIROS** would use medical billers, including **VANESSA ESTRADA**, to submit claims to Medicare on behalf of ABC.

14. **GLADYS ZAMBRANA, VICENTA TELLECHEA** and **CARLOS CASTANEDA** would use medical billers, including **VANESSA ESTRADA**, to submit claims to Medicare on behalf of Florida Home Health.

15. **GLADYS ZAMBRANA, JAVIER ZAMBRANA, ENRIQUE PEREZ,** **ALEJANDRO HERNANDEZ QUIROS**, and others would cause the submission of approximately \$17 million in false and fraudulent claims to Medicare under the provider number of ABC, seeking reimbursement for the costs of home health care services, including but not limited to diabetic insulin injections, skilled nursing visits, and therapy, and other treatments and services, that were not provided and were not medically necessary.

16. **GLADYS ZAMBRANA, VICENTA TELLECHEA, CARLOS CASTANEDA**, and others would cause the submission of approximately \$5.5 million in false and fraudulent claims to Medicare under the provider number of Florida Home Health, seeking reimbursement for the costs of home health care services, including but not limited to diabetic insulin injections, skilled nursing visits, and therapy, and other treatments and services, that were not provided and were not medically necessary.

17. **JAVIER ZAMBRANA** would become an authorized signatory on the ABC account at Regions bank, which received Medicare payments.

18. **GLADYS ZAMBRANA** and **ENRIQUE PEREZ** would become authorized signatories on the ABC accounts at Regions bank, Wachovia bank, and Bank of America, which received Medicare payments.

19. **ALEJANDRO HERNANDEZ QUIROS** would become an authorized signatory on the ABC accounts at Regions bank and Wachovia bank, which received Medicare payments.

20. **GLADYS ZAMBRANA** and **VICENTA TELLECHEA** would become authorized signatories on the Florida Home Health accounts at Wachovia bank and Bank of America, which received Medicare payments.

21. After payments from Medicare were transferred into the ABC bank accounts, **GLADYS ZAMBRANA** and others would transfer out millions of dollars to **GLADYS ZAMBRANA**, her co-conspirators, and to sham companies owned and operated by **GLADYS ZAMBRANA** and her co-conspirators.

22. After payments from Medicare were transferred into the Florida Home Health bank accounts, **GLADYS ZAMBRANA** and others would transfer out millions of dollars to **GLADYS ZAMBRANA**, her co-conspirators, and to sham companies owned and operated by **GLADYS ZAMBRANA** and her co-conspirators.

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

**COUNTS 2-5**  
**Health Care Fraud**  
**(18 U.S.C. §§ 1347 and 2)**

1. Paragraphs 1 through 21 of the General Allegations section of this Indictment are realleged and incorporated as though fully set forth herein.

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

**GLADYS ZAMBRANA,**

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, that is, the defendant, through the home health agencies identified below, submitted and aided and abetted in submitting false and fraudulent claims to Medicare, seeking reimbursement for the cost of various home health services.

**Purpose of the Scheme and Artifice**

3. It was the purpose of the scheme and artifice for the defendant and her accomplices to unlawfully enrich themselves by, among other things: (a) submitting false and fraudulent claims to Medicare; (b) offering and paying kickbacks and bribes to Medicare beneficiaries for the purpose of such beneficiaries arranging for the use of their Medicare beneficiary numbers by the defendant and her accomplices as the bases of claims filed for home health care; (c) concealing the submission of false and fraudulent claims to Medicare, the receipt and transfer of the proceeds from the fraud, and the payment of kickbacks; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendant and her accomplices.

**The Scheme and Artifice**

The manners and means by which the defendant and her accomplices sought to accomplish the purpose of the scheme and artifice included, among others, the following:

4. **GLADYS ZAMBRANA** and some of her accomplices would purchase and otherwise take ownership and control of ABC in the State of Florida.

5. **GLADYS ZAMBRANA** and some of her accomplices would become corporate officers at ABC.

6. **GLADYS ZAMBRANA** and some of her accomplices would purchase and otherwise take ownership and control of Florida Home Health in the State of Florida.

7. **GLADYS ZAMBRANA** and an accomplice would become corporate officers at Florida Home Health.

8. Accomplices would recruit Medicare beneficiaries through the promise of cash kickbacks for the purpose of billing Medicare for home health care services purportedly provided by ABC, which home health care services were not provided and were not medically necessary.

9. Accomplices would recruit Medicare beneficiaries through the promise of cash kickbacks for the purpose of billing Medicare for home health care services purportedly provided by Florida Home Health, which home health care services were not provided and were not medically necessary.

10. **GLADYS ZAMBRANA**, her accomplices, and others would provide cash kickbacks to Medicare beneficiaries in exchange for the beneficiaries signing documents stating that they had received the home health care services that were billed to Medicare, when, in fact, the home health care services were not provided and were not medically necessary.

11. An accomplice would falsify blood tests and medical records to make it appear that legitimate home health care services were being provided to patients who were Medicare beneficiaries.

12. **GLADYS ZAMBRANA**, her accomplices, and others would obtain POCs for Medicare beneficiaries for home healthcare services that were not medically necessary.

13. **GLADYS ZAMBRANA** and her accomplices would use medical billers to submit claims to Medicare on behalf of ABC.

14. **GLADYS ZAMBRANA** and her accomplices would use medical billers to submit claims to Medicare on behalf of Florida Home Health.

15. **GLADYS ZAMBRANA** and her accomplices would cause the submission of approximately \$17 million in false and fraudulent claims to Medicare under the provider number of ABC, seeking reimbursement for the costs of home health care services, including but not limited to diabetic insulin injections, skilled nursing visits, and therapy, and other treatments and services, that were not provided and were not medically necessary.

16. **GLADYS ZAMBRANA** and her accomplices would cause the submission of approximately \$5.5 million in false and fraudulent claims to Medicare under the provider number of Florida Home Health, seeking reimbursement for the costs of home health care services, including but not limited to diabetic insulin injections, skilled nursing visits, and therapy, and other treatments and services, that were not provided and were not medically necessary.

17. **GLADYS ZAMBRANA** and an accomplice would become authorized signatories on the ABC accounts at Regions bank, Wachovia bank, and Bank of America, which received Medicare payments.

18. **GLADYS ZAMBRANA** and an accomplice would become authorized signatories on the Florida Home Health accounts at Wachovia bank and Bank of America, which received Medicare payments.



19. After payments from Medicare were transferred into the ABC bank accounts, **GLADYS ZAMBRANA** and her accomplices would transfer out millions of dollars to **GLADYS ZAMBRANA**, her accomplices, and to sham companies owned and operated by **GLADYS ZAMBRANA** and her accomplices.

20. After payments from Medicare were transferred into the Florida Home Health bank accounts, **GLADYS ZAMBRANA** and her accomplices would transfer out millions of dollars to **GLADYS ZAMBRANA**, her accomplices, and to sham companies owned and operated by **GLADYS ZAMBRANA** and her accomplices.

**Acts in Execution or Attempted Execution of the Scheme and Artifice**

21. 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, **GLADYS ZAMBRANA**, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, and aid and abet in executing 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:

<b>Count</b>	<b>Home Health Agency</b>	<b>Medicare Beneficiary</b>	<b>On or About Claim Date</b>	<b>Description of Service</b>	<b>Approx. Amount Claimed</b>
2	ABC	C.C.	September 29, 2006	Skilled nursing visits	\$18,000
3	ABC	C.C.	January 8, 2008	Skilled nursing visits	\$18,000

Count	Home Health Agency	Medicare Beneficiary	On or About Claim Date	Description of Service	Approx. Amount Claimed
4	Florida Home Health	C.C.	December 10, 2008	Skilled nursing visits	\$14,600
5	Florida Home Health	C.C.	February 6, 2009	Skilled nursing visits	\$14,500

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

**COUNTS 6-13**

**Kickbacks**

**(42 U.S.C. § 1320a-7b(b)(2) and 18 U.S.C. § 2)**

1. The allegations contained in paragraphs 1 through 28 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. On or about the dates enumerated below, at Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, as forth below, did knowingly and willfully offer and pay remuneration, that is, kickbacks and bribes, directly and indirectly, to a person, in the form of cash and/or checks, to induce such person to refer an individual for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by Medicare; and to purchase, lease, and order goods, items, and services for which payment may be made in whole and in part by Medicare:

Count	Defendant(s)	Medicare Beneficiary	On or About Date	Approximate Kickback Amount	HHA Purported Service
6	<b>ALEJANDRO HERNANDEZ QUIROS</b>	F.C.	May 9, 2006	\$600	Physical therapy
7	<b>ALEJANDRO HERNANDEZ QUIROS</b>	G.C.	July 21, 2006	\$600	Physical therapy

Count	Defendant(s)	Medicare Beneficiary	On or About Date	Approximate Kickback Amount	HHA Purported Service
8	GLADYS ZAMBRANA	C.C.	July 31, 2006	\$600	Physical therapy
9	ALEJANDRO HERNANDEZ QUIROS	G.C.	November 21, 2006	\$600	Physical Therapy
10	GLADYS ZAMBRANA and ENRIQUE PEREZ	F.C.	November 7, 2007	\$700	Skilled nursing services
11	MODESTO HIDALGO	F.C. & C.C.	September 11, 2008	\$2600	Skilled nursing services
12	GLADYS ZAMBRANA	F.C. & C.C.	November 12, 2008	\$2,400	Skilled nursing services
13	VICENTA TELLECHEA	F.C. & C.C.	December 10, 2008	\$2400	Skilled nursing services

In violation of Title 42, United States Code, Section 1320a-7b(b)(2) and Title 18, United States Code, Section 2.

**COUNT 14**  
**Conspiracy to Commit Money Laundering**  
**(18 U.S.C. § 1956(h))**

1. From in or around January 2006, and continuing to the present, at Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**GLADYS ZAMBRANA,**  
**ENRIQUE PEREZ,**  
**ALEJANDRO HERNANDEZ QUIROS,**  
**a/k/a "Alex Hernandez,"**  
**VICENTA TELLECHEA,**  
**and**  
**CARLOS CASTANEDA,**

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, and agree with each other and with other persons, known and unknown to the Grand Jury, to commit offenses against the United States in violation of Title 18, United States Code, Section 1956 and Section 1957, to wit:


- a. conducting a financial transaction affecting interstate and foreign commerce, which in fact involved the proceeds of specified unlawful activity, knowing that the property involved in the financial transaction represented the proceeds of some form of unlawful activity, with the intent to promote or carry on the specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(A)(i);
- b. conducting a financial transaction affecting interstate and foreign commerce, which in fact involved the proceeds of specified unlawful activity, knowing that the property involved in the financial transaction represented the proceeds of some form of unlawful activity, and knowing that the transaction was designed in whole and in part to conceal and disguise the nature, the location, the source, the ownership, and the control of the proceeds of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(i);  
and
- c. engaging in a monetary transaction by, through, and to a financial institution, affecting interstate and foreign commerce, in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, in violation of Title 18, United States Code, Section 1957.

2. It is further alleged that the specified unlawful activity is conspiracy to commit health care fraud and health care fraud, in violation of Title 18, United States Code, Sections 1349 and 1347.

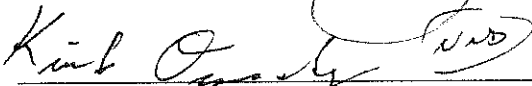
All in violation of Title 18, United States Code, Section 1956(h).

A TRUE BILL

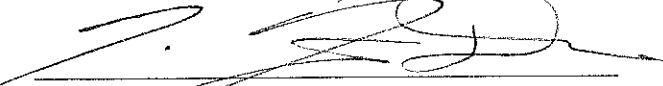
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FOREPERSON



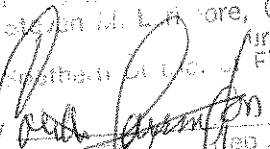
\_\_\_\_\_  
JEFFREY H. SLOMAN  
ACTING UNITED STATES ATTORNEY



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KIRK OGROSKY, DEPUTY CHIEF  
U.S. DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION



\_\_\_\_\_  
NATHAN DIMOCK, TRIAL ATTORNEY  
U.S. DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION

Certificate a true and correct copy of document on file	
at the Court, Clerk,	
Southern District of Florida	
By 	Deputy Clerk
Date <u>06/24/09</u>	

