Aug 16, 2021

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UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA 21-20432-CR-MOORE/LOUIS

Case No.

18 U.S.C. § 1349 18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

VS.

MICHAEL MARCELUS MOGOLLON,

Defend	lant.

INFORMATION

The Acting United States Attorney charges that:

GENERAL ALLEGATIONS

At all times relevant to this Information:

Commercial Insurance

- 1. Archer Western Construction, Assurant, Simply Healthcare and other companies offered Administrative Services Only ("ASO") insurance plans to their employees. These employers contracted with the insurance company Blue Cross Blue Shield ("BCBS") to handle the billing, claims handling, and claims payment with respect to claims submitted on behalf of their employees. These ASO insurance plans reimbursed BCBS for the money BCBS paid out for health benefits for their respective employees.
- 2. BCBS and the ASO insurance plans managed by BCBS were health care benefit programs, as defined in Title 18, United States Code, Section 24(b).
- 3. BCBS often made payments directly to physicians, medical clinics, or other health care providers, rather than to the beneficiary who received the health care benefits, items, and

services. This occurred when the provider accepted assignment of the right to payment from the beneficiary.

- 4. To obtain payment for treatment or services provided to a beneficiary, physicians, medical clinics, and other health care providers had to submit itemized claim forms to the beneficiary's commercial insurance plan. The claim forms were typically submitted electronically via the internet. The claim form required certain important information, including:

 (a) the beneficiary's name and Health Insurance Claim Number 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").
- 5. When a provider submitted a claim form to a private insurance plan, the provider certified that the contents of the form were true, correct, and complete, and that the form was prepared in compliance with the applicable laws and regulations concerning the submission of health care claims. The provider also certified that the services being billed were medically necessary and were in fact provided as billed.

The Defendant and Related Entities

6. Quality Professional Healthcare Corp. ("Quality Professional") was a Florida corporation, located at 5040 NW 7th Street, Suite 632, Miami, Florida 33126. Quality Professional was a medical clinic that purportedly provided commercial private insurance beneficiaries with various medical treatments and services.

- 7. Zion Medical Corp Inc. ("Zion Medical") was a Florida corporation located at 1150 NW 72nd Avenue, Suite #700, Miami, Florida 33126. Zion Medical was a medical clinic that purportedly provided commercial private insurance beneficiaries with various medical treatments and services.
- 8. Renewal Wellness Center Inc. ("Renewal") was a Florida corporation located at 815 NW 57th Avenue, Suite #305B, Miami, Florida 33126. Renewal was a medical clinic that purportedly provided commercial private insurance beneficiaries with various treatments and services.
- 9. Defendant **MICHAEL MARCELUS MOGOLLON** was a resident of Miami-Dade County.

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

From at least as early as in or around July 2017, and continuing through in or around March 2019, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

MICHAEL MARCELUS MOGOLLON,

did knowingly and willfully, that is, with the intent to further the objects of the conspiracy, combine, conspire, confederate and agree with others known and unknown to the Acting United States Attorney, 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, BCBS and ASO insurance plans managed by BCBS, 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, in connection with the delivery

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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 to obtain 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

10. It was the purpose of the conspiracy for the defendant and his 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, and the use and benefit of others, and to further the fraud.

MANNER AND MEANS OF THE CONSPIRACY

The manner and means by which the defendant and his co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among others, the following:

11. MICHAEL MARCELUS MOGOLLON paid and caused to be paid kickbacks to beneficiaries with BCBS and ASO insurance plans managed by BCBS in exchange for allowing Quality Professional, Zion Medical and Renewal to bill for medical benefits, items, and services

that were not medically necessary, not eligible for reimbursement, and not received by the beneficiaries.

- 12. MICHAEL MARCELUS MOGOLLON submitted and caused Quality Professional, Zion Medical and Renewal to submit, via interstate wire communications, approximately \$678,800 to BCBS and ASO insurance plans managed by BCBS in claims for reimbursement. These claims falsely and fraudulently represented that various health care benefits, items, and services were medically necessary, legitimately prescribed by a doctor, and had been provided to insurance beneficiaries of BCBS and ASO insurance plans managed by BCBS by Quality Professional, Zion Medical and Renewal.
- 13. As a result of such false and fraudulent claims, BCBS and ASO insurance plans managed by BCBS made payments to Quality Professional, Zion Medical and Renewal in the approximate amount of \$221,737.
- 14. **MICHAEL MARCELUS MOGOLLON** and others used the proceeds of the health care fraud and wire fraud for their personal use and benefit, and to further the fraud.

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

FORFEITURE ALLEGATIONS (18 U.S.C. § 982(a)(7))

- 1. The allegations of this Information are hereby re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of certain property in which the defendant, MICHAEL MARCELUS MOGOLLON, has an interest.
- 2. Upon conviction of a violation of Title 18, United States Code, Section 1349, as alleged in this Information, the defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property subject to forfeiture as a result of the alleged offenses includes, but is not limited to, a sum of at least \$221,737 in U.S. currency, which represents the amount of proceeds traceable to the alleged offenses and may be sought as a forfeiture money judgment.

4. If any of the property subject to forfeiture, as a result of any act or omission of the defendant,

(a) cannot be located upon the exercise of due diligence;

(b) has been transferred or sold to, or deposited with a third party;

(c) has been placed beyond the jurisdiction of the Court;

(d) has been substantially diminished in value; or

(e) has been commingled with other property which cannot be subdivided without difficulty;

the United States shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p).

All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Section 982(b)(1).

JUAN ÁNTONIO GONZALEZ

ACTING UNITED STATES ATTORNEY

LINDSEY LAZOPOULOS FRIEDMAN

ASSISTANT UNITED STATES ATTORNEY

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA	CASE NO
v. Michael Marcelus Mogollon,	CERTIFICATE OF TRIAL ATTORNEY* Superseding Case Information:
Dete	ndanty
Court Division: (Select One) ✓ Miami	New defendant(s) Yes No Number of new defendants Total number of counts
witnesses and the legal cor	d the allegations of the indictment, the number of defendants, the number of probab mplexities of the Indictment/Information attached hereto.
setting their calendars and Title 28 U.S.C. Section 31 3. Interpreter: (Yes or No)	No ct
5. Please check appropriate of	category and type of offense listed below:
(Check only one) I 0 to 5 days II 6 to 10 days III 11 to 20 days IV 21 to 60 days V 61 days and over	(Check only one) Petty Minor Misdemeanor Felony (Check only one) Petty This is a second one of the control of the control one of the contro
6. Has this case previously be	een filed in this District Court? (Yes or No) No
If yes: Judge	Case No.
If yes: Magistrate Case No	d in this matter? (Yes or No) No
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	ody as of
Rule 20 from the District	
	nalty case? (Yes or No) No
August 9, 2013 (Mag. Jud	rom a matter pending in the Central Region of the U.S. Attorney's Office prior to ge Alicia O. Valle)? (Yes or No) No
August 8, 2014 (Mag. Jud	rom a matter pending in the Northern Region of the U.S. Attorney's Office prior to lege Shaniek Maynard? (Yes or No) No
•	rom a matter pending in the Central Region of the U.S. Attorney's Office prior to dge Jared Strauss)? (Yes or No) No

Lindsey Lazopoulos Friedman
Assistant United States Attorney
FLA Bar No. 091792

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Case No:	
Count #: 1	·
Conspiracy to Commit	Health Care Fraud and Wire Fraud
Title 18, United States	Code, Section 1349
*Max. Penalty: 20 ye	ars' Imprisonment