

## **President of Miami-Based Transportation Company Convicted in \$70 Million Health Care Fraud Scheme**

The president of a Miami-based transportation company was convicted today for his role in a health care fraud scheme involving three mental health centers based in Miami that resulted in the submission of approximately \$70 million in false and fraudulent claims to Medicare.

Assistant Attorney General Leslie R. Caldwell of the Justice Department's Criminal Division, U.S. Attorney Wifredo A. Ferrer of the Southern District of Florida, Special Agent in Charge George L. Piro of the FBI's Miami Division and Special Agent in Charge Shimon Richmond of the U.S. Department of Health and Human Services Office of Inspector General's (HHS-OIG) Miami Regional Office made the announcement.

Damian Mayol, 43, of Miami, was convicted after trial of one count of conspiracy to pay health care kickbacks.

According to evidence presented at trial, Mayol was the president of Transportation Services Providers Inc., a transportation company based in Miami. The evidence showed that Mayol and his co-conspirators used the company to coordinate the payment of illegal health care kickbacks to recruiters, who in return referred patients to three now-defunct clinics in the Miami area: R&S Community Mental Health Inc. (R&S), St. Theresa Community Mental Health Center Inc. (St. Theresa) and New Day Community Mental Health Center LLC (New Day).

The evidence introduced at trial further established that R&S, St. Theresa and New Day were community mental health centers that purported to provide intensive mental health services to Medicare beneficiaries. On behalf of the recruited beneficiaries, the centers billed Medicare for costly partial hospitalization program (PHP) services that were not medically necessary or not provided to patients. Patient records, including group therapy session notes, were falsified to support claims for reimbursement from Medicare. Between January 2008 and December 2010, the centers submitted approximately \$70 million in false and fraudulent claims to Medicare. Medicare paid approximately \$28 million on those claims, the evidence showed.

In October 2015, co-defendants Santiago Borges, Erik Alonso and Cristina Alonso pleaded guilty to related charges and were sentenced in December 2015 to prison terms ranging from 28 months to 120 months.

The case was investigated by the FBI and was brought as part of the Medicare Fraud Strike Force, under the supervision of the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Southern District of Florida. Trial Attorneys A. Brendan Stewart and Timothy Loper of the Criminal Division's Fraud Section are prosecuting the case.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged over 2,300 defendants who collectively have billed the Medicare program for over \$7 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov).