UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION

CR419-158

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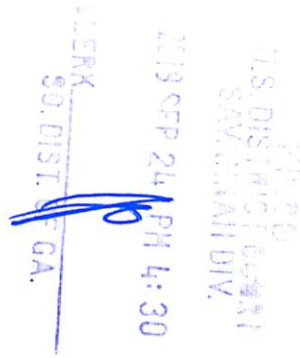
| UNITED STATES OF AMERICA | ) | |
| | ) | |
| v. | ) | INFORMATION NO. |
| | ) | |
| RICHARD STEINKOHL | ) | 18 U.S.C. § 371 |
| JONATHAN TANNER | ) | Conspiracy |
| AMERICA LLC | ) | |
| EMERALD MEDICAL SUPPLY, INC. | ) | |
| FRIENDCARE, INC. | ) | |
| RADIANCE MEDICAL SOLUTIONS, INC. | ) | |
| RESURGE MEDICAL SUPPLY, INC. | ) | |




THE UNITED STATES ATTORNEY CHARGES THAT:

Introduction

At all times material to this Information:

1. Beginning no earlier than January 2017 and continuing through April 2019, Richard Steinkohl ("Steinkohl"); Jonathan Tanner ("Tanner"); America LLC; Emerald Medical Supply, Inc. ("Emerald"); FriendCare, Inc. ("FriendCare"); Radiance Medical Solutions, Inc. ("Radiance"); and Resurge Medical Supply, Inc. ("Resurge"), together with known and unknown co-conspirators, in the Southern District of Georgia and elsewhere, conspired to engage in an international fraud and kickback scheme targeted at the Medicare program that led to over $22 million in fraudulent claims being submitted for durable medical equipment.

2. The Medicare Program, a "health care benefit program" as defined by 18

U.S.C § 24, is a federally-funded health insurance system for eligible persons 65 years of age and older, and certain disabled persons. Medicare is administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services.

3. The Medicare Advantage Program, known as Medicare Part C, offers beneficiaries a managed care option by allowing individuals to enroll in private health plans rather than having their care covered through Medicare Part A and Part B. CMS contracts with Medicare Advantage programs to provide medically necessary health services to beneficiaries; in return, CMS makes monthly payments for enrolled beneficiaries to the Medicare Advantage programs.

4. After receiving a Medicare National Provider Identifier ("NPI") and Provider Transaction Access Number, a provider can submit bills to Medicare, known as "claims," in order to obtain reimbursement for items or services provided to Medicare beneficiaries. Claims to Medicare are typically submitted electronically and require certain information, including (a) the Medicare beneficiary's name and identification number, (b) identification of the benefit, item, or service provided or supplied to the Medicare beneficiary, (c) the billing code for the benefit, item, or service, (d) the date upon which the benefit, item, or health services was provided, and (e) the name and NPI of the medical practitioner who ordered the service, treatment, benefit, or item.

5. To qualify for payment, the health care benefit, item or service must have been ordered by a licensed medical practitioner, medically necessary, provided

as billed, and provided in compliance with applicable laws.

**COUNT ONE**
*Conspiracy*
18 U.S.C. § 371

6. The allegations of paragraphs 1 through 5 of this Indictment are hereby realleged and incorporated as if fully set forth herein.

7. Beginning no earlier than January 2017, the exact date being unknown, and continuing thereafter until at least in or about April 2019, within the Southern District of Georgia and elsewhere, Richard Steinkohl; Jonathan Tanner; America LLC; Emerald Medical Supply, Inc.; FriendCare, Inc.; Radiance Medical Solutions, Inc.; and Resurge Medical Supply, Inc. did knowingly and willfully combine, conspire, confederate, and agree with others known and unknown to commit one or more offense against the United States, that is, to use of the mail and a facility in interstate or foreign commerce, with intent to otherwise promote, manage, establish, carry on, or facilitate the promotion, management, establishment, or carrying on, of any unlawful activity, that is, commercial bribery in violation of the laws of the State of Florida, Fla. Stat. Ann § 838.15, and thereafter performed and attempted to perform acts to promote, manage, establish and carry on, and to facilitate the promotion, management, establishment and carrying on of such unlawful activity, all in violation Title 18, United States Code, Section 1952(a)(3).

Purpose of the Conspiracy

8. It was the purpose of the conspiracy for Steinkohl, Tanner, America LLC, Emerald, FriendCare, Radiance, and Resurge, and others, to enrich themselves

and maximize profits at the expense of the United States and Medicare patients in the following scheme.

Manner and Means of the Conspiracy

9. It was part of the conspiracy that, beginning at least as early as January 2017, the exact date being unknown, and continuing thereafter until at least in or about May 2019, Steinkohl, Tanner, America LLC, Emerald, FriendCare, Radiance, and Resurge, and others, were part of a nationwide "telemedicine" scheme:

a. Tanner and Steinkohl owned and operated Emerald, FriendCare, Radiance, and Resurge.

b. Tanner owned and operated America LLC.

c. Steinkohl was affiliated with America LLC.

d. Individuals unknown to Tanner and Steinkohl, and with no involvement by Tanner and Steinkohl, developed a scheme that targeted the Medicare program to obtain millions of dollars in reimbursement for orthotics and other items.

e. Individuals unknown to Tanner and Steinkohl, and with no involvement by Tanner and Steinkohl, obtained the identities and insurance information of Medicare and other elderly patients, commonly referred to as "leads," through a series of call centers.

f. Tanner, Steinkohl, and others, owned and operated companies located in California and Florida and regularly conducted business from the

State of Florida, including Emerald and FriendCare, together with other co-conspirators.

g. Tanner and Steinkohl, together with individuals known and unknown to them, sought to sell "leads" to durable medical equipment companies or pharmacies, located within numerous districts across the country, including, among others, Georgia, Florida, New Jersey, and California, so that the items could be eventually billed to Medicare and other federal health programs.

h. Through their companies, Tanner and Steinkohl, together with individuals known and unknown, located within numerous districts across the country, including, among others, Georgia, Florida, New Jersey, and California, sought to purchase "leads" in order to ultimately bill to Medicare and other payors for items ordered for these beneficiaries.

i. Tanner and Steinkohl, together with individuals known and unknown, located in Florida and locations across the country, solicited physicians to write orders for braces and other items so that the items could be billed to Medicare and other federal health programs, in exchange for a payment to these physicians.

10. The co-conspirators knew that physicians owed a duty to any patient they "treated," even through a "telemedicine" arrangement.

11. Through their companies, Tanner and Steinkohl, together with individuals known and unknown, with intent to influence a physician to violate their duty, conferred, offered to confer, or agreed to confer a benefit a small fee per diagnostic "consultation" the physician performed.

12. Through their companies, Tanner and Steinkohl unlawfully conferred a benefit on physicians with intent to violate a statutory or common-law duty those physicians owed to their patients, including A.B., a resident of Savannah, Georgia, in violation of Fla. Stat. Ann § 838.16.

13. As part of this scheme and with the purpose of carrying out or accomplishing an object of the conspiracy, physicians signed false medical records describing "consultations" of Medicare patients including false certifications regarding examinations never actually conducted and tests never actually performed.

14. As part of this scheme and with the purpose of carrying out or accomplishing an object of the conspiracy, Tanner and Steinkohl, through their companies, directly or indirectly unlawfully and willfully purchased patient information and a false physician order unlawfully obtained from the physician, using companies located in Florida and elsewhere.

15. As part of this scheme and with the purpose of carrying out or accomplishing an object of the conspiracy, Tanner and Steinkohl, through their companies, also directly or indirectly unlawfully and willfully sold patient information and a false physician order unlawfully obtained from the physician, for

eventual billing to Medicare to companies located in the Southern District of Gerogia, Savannah Division, Florida, and other locations.

16. Tanner and Steinkohl used facilities in interstate or foreign commerce, with intent to otherwise promote, manage, establish, carry on, or facilitate the promotion, management, establishment, or carrying on this scheme, including an internet-based programs used to sign digitally and transmit medical records that could be sent to companies located across the country, including to the ultimate purchasers (some of which were companies operated personally by Tanner, Steinkohl, and others).

Overt Acts

17. Through their companies, Tanner and Steinkohl unlawfully conferred a benefit on physicians with intent to violate a statutory or common-law duty those physicians owed to their patients, including A.B., a resident of Savannah, Georgia, in violation of Fla. Stat. Ann § 838.16.

All in violation of Title 18, United States Code, Section 371.

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