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SOUTHERN DISTRICT OF CALIFORNIA
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
November 2019 Grand Jury

UNITED STATES OF AMERICA,

Plaintiff,

v.

ANTHONY DUANE BELL, SR. (1),
ANTHONY DUANE BELL, JR. (2),

Defendants.

Case No. '20 CR2887 WQH

I N D I C T M E N T

Title 18, U.S.C., Sec. 371 -
Conspiracy To Commit Health Care
Fraud, Pay Unlawful Remunerations,
and Make False Statements;
Title 18, U.S.C., Sec. 1347 -
Health Care Fraud; Title 42,
U.S.C., Sec. 1320a-7b(b)(2) -
Payment of Illegal Remunerations;
Title 18, U.S.C., Sec. 1001 -
False Statement Within
Jurisdiction of Government;
Title 18, U.S.C., Sec. 982(a)(7) -
Criminal Forfeiture

The grand jury charges, at all times material:

INTRODUCTORY ALLEGATIONS

The Medicare Program

1. The Medicare program ("Medicare") was established under Title XVIII of the Social Security Act. Medicare was a federal health care program providing benefits to persons who are sixty-five years of age or older, or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services. Individuals who receive benefits under Medicare were referred to as Medicare

1 "beneficiaries." Medicare was a health care benefit program as defined
2 by 18 U.S.C. § 24(b).

3 2. Medicare had four parts: hospital insurance (Part A), medical
4 insurance (Part B), Medicare Advantage (Part C), and prescription drug
5 benefits (Part D). Medicare Part B helped pay the cost of physician
6 services, medical equipment and supplies, and other health services and
7 supplies not paid by Part A. Specifically, Medicare Part B covered
8 medically necessary physician office services, including the ordering
9 of durable medical equipment ("DME") such as arm, leg, back, and neck
10 braces.

11 3. CMS contracted with various entities to carry out aspects of
12 its administration of Medicare. CMS used Medicare Administrative
13 Contractors ("MACs") to receive and process claims based on region and
14 type of claim. The MACs for DME were Noridian Healthcare Solutions,
15 LLC and CGS Administrators, LLC.

16 PROVIDER ENROLLMENT

17 4. Providers could apply for enrollment in the Medicare program
18 by completing and submitting a form called a "CMS 855A." The CMS 855A
19 required providers to supply information including ownership interest
20 by any entity or individual with "direct or direct ownership of, a
21 partnership interest in, and/or managing control," where "managing
22 control" included persons who had "operational or managerial control
23 over the provider, or conducts the day-to-day operations of the
24 provider."

25 5. The CMS 855A notified applicants of the criminal and civil
26 penalties for falsifying information, and required applicants to sign a
27 certification binding them to "all of the requirements in the
28 Certification Statement," and to "immediately" notify the Medicare

1 contractor if any information furnished on the application was not true,
2 correct, or complete, and of any future changes to the information.

3 6. The Certification Statement required the applicant to abide
4 by the Medicare laws, regulations and program instructions, and warned
5 that payment of a claim by Medicare was conditioned upon the claim and
6 underlying transaction complying with Medicare laws, regulations, and
7 program instructions ("including, but not limited to, the Federal anti-
8 kickback statute and the Stark law"). The Certification Statement
9 further required the applicant to agree that he/she would not knowingly
10 present or cause to be presented a false or fraudulent claim for payment
11 by Medicare, and would not submit claims with deliberate ignorance or
12 reckless disregard of their truth or falsity.

13 7. Enrolled providers were provided with online access to
14 Medicare manuals and services bulletins describing proper billing
15 procedures and billing rules and regulations.

16 MEDICARE REQUIREMENTS FOR ORTHOTHICS

17 8. To be paid by Medicare, a service or an item must have been
18 reasonable and necessary for the diagnosis or treatment of an illness
19 or injury or to improve the functioning of a malformed body member.

20 9. The DME MACs developed local coverage determinations ("LCDs")
21 for some covered orthotic braces, including back and knee braces. The
22 LCDs outlined the conditions under which DME MACs would pay suppliers
23 for those braces.

24 10. LCD L33318 outlined the following requirements for knee
25 braces:

- 26 • A knee orthosis, with an adjustable flexion and extension
27 joint that provides both medial-lateral and rotation control
28 (L1843, L1845, L1851, L1852), is covered if the beneficiary
has had recent injury to or a surgical procedure on the
knee(s).

- 1 • Knee orthoses L1832, L1833, L1843, L1845, L1851 and L1852 are
2 also covered for a beneficiary who is ambulatory and has knee
3 instability due to certain specified conditions.
- 4 • For codes L1832, L1833, L1843, L1845, L1850, L1851 and L1852,
5 knee instability must be documented by examination of the
6 beneficiary and objective description of joint laxity (e.g.,
7 varus/valgus instability, anterior/posterior Drawer test).

8 11. Claims for L1832, L1833, L1843, L1845, L1850, L1851 or L1852
9 would be denied as not reasonable and necessary when the beneficiary did
10 not meet the above criteria for coverage. For example, they would be
11 denied if only pain or a subjective description of joint instability was
12 documented.

13 12. LCD L33790 outlined the following requirements for back
14 braces: A spinal orthosis is covered when it is ordered for one of the
15 following indications:

- 16 • To reduce pain by restricting mobility of the trunk; or
- 17 • To facilitate healing following an injury to the spine or
18 related soft tissues; or
- 19 • To facilitate healing following a surgical procedure on the
20 spine or related soft tissue; or
- 21 • To otherwise support weak spinal muscles and/or deformed
22 spine.

23 13. If a spinal orthosis was provided and the coverage criteria
24 was not met, the item would be denied as not medically necessary.

25 PA Healthcare and Universal Medical Solutions

26 PA Healthcare

27 14. According to California Secretary of State records, PA
28 Healthcare was incorporated in California on December 22, 2014.

15 15. Defendant ANTHONY DUANE BELL, SR. ("BELL SR") worked at PA
16 Healthcare starting no later than some time in 2015, and continued
17 working at PA Healthcare until at least some time in 2016. During that
18 time, PA Healthcare expanded its business from supplying retail
19 pharmaceuticals to supplying DME to primarily Medicare beneficiaries.

1 ANTHONY DUANE BELL, JR. ("BELL JR") worked at PA Healthcare for
2 approximately 8 months.

3 16. On or about February 11, 2016, a Medicare enrollment
4 application was submitted for PA Healthcare to become a DME supplier for
5 Medicare beneficiaries. The application listed BELL SR as the company's
6 Division General Manger.

7 17. On or about September 21, 2016, PA Healthcare received
8 notification from a Medicare contractor stating that PA Healthcare was
9 in violation of Medicare supplier standards by billing Medicare for
10 orthotic items shipped to various states without having the proper state
11 licenses, and for failing to update its 855A enrollment form to reflect
12 the additional states. On October 6, 2016, BELL SR responded on behalf
13 of PA Healthcare stating that they were a new DME company "with no prior
14 experience completing Medicare paperwork" and that the company had hired
15 a "consultant" but somewhere in the application process there had been
16 a "breakdown in communication causing this compliance issue."
17 On January 17, 2017, BELL SR reported that PA Healthcare had identified
18 "four other billing errors" related to out-of-state patients, but
19 explained that PA Healthcare had been in a "growth stage," blamed the
20 billing errors on a "new employee," and reassured the Medicare contractor
21 that PA Healthcare had a "system in place" to prevent those mistakes.

22 18. Effective August 22, 2018, Medicare suspended PA Healthcare.
23 UMS 1 and 2

24 19. According to California Secretary of State records, Universal
25 Medical Solutions filed as a limited liability corporation on
26 May 23, 2016. A Statement of Information filed on April 19, 2017, listed
27 BELL JR as its manager. In an updated Statement of Information dated
28

1 July 6, 2018, BELL SR was listed as a manager, and the company's Chief
2 Executive Officer was listed as BELL JR.

3 20. On or about June 2, 2017, a Medicare enrollment application
4 was submitted for Universal Medical Solutions to become a DME supplier
5 to Medicare beneficiaries. The application listed BELL JR as the
6 company's president and owner. Despite the requirement that the
7 application report any ownership interest by any entity or individual
8 with "direct or indirect ownership of, a partnership interest in, and/or
9 managing control," where "managing control" included persons who had
10 "operational or managerial control over the provider, or conducts the
11 day-to-day operations of the provider," BELL SR was not listed anywhere
12 on the Medicare enrollment application for Universal Medical Solutions.
13 BELL JR signed the application, certifying that all statements on the
14 application were true and correct, and agreeing to be responsible for
15 the truth of all claims submitted by Universal Medical Solutions to
16 Medicare.

17 21. On or about November 7, 2017, a second Medicare enrollment
18 application was submitted for Universal Medical Solutions to become a
19 DME supplier to Medicare beneficiaries operating out of a second
20 location. The businesses became known as "UMS 1" and "UMS 2" (together,
21 "UMS Entities"). The application listed BELL JR as UMS 2's president and
22 owner. Despite the requirement that the application report any ownership
23 interest by any entity or individual with "direct or indirect ownership
24 of, a partnership interest in, and/or managing control," where "managing
25 control" included persons who had "operational or managerial control
26 over the provider, or conducts the day-to-day operations of the
27 provider," BELL SR was not listed anywhere on the Medicare enrollment
28 application for UMS 2. BELL JR signed the application, certifying that

1 all statements on the application were true and correct, and agreeing
2 to be responsible for the truth of all claims submitted by Universal
3 Medical Solutions to Medicare.

4 Count 1

5 Conspiracy to Commit Health Care Fraud and Pay Unlawful Remuneration
6 18 U.S.C. § 371

7 22. Paragraphs 1 through 21 of the Introductory Allegations of
8 this Indictment are re-alleged and incorporated by reference.

9 23. Beginning no later than May 23, 2016, and continuing through
10 at least April 9, 2019, within the Southern District of California and
11 elsewhere, defendants ANTHONY DUANE BELL, SR. and ANTHONY DUANE BELL,
12 JR. conspired with each other and with others known and unknown to the
13 grand jury, to knowingly, willfully, and intentionally agree to commit
14 the following offenses against the United States:

15 a. To knowingly and willfully, with the intent to defraud,
16 execute a material scheme to defraud Medicare, a health
17 care benefit program affecting commerce, as defined in
18 18 U.S.C. § 24(b), and to obtain, by means of materially
19 false and fraudulent pretenses, representations,
20 promises, and omissions and concealments of material
21 facts, money and property owned by, and under the custody
22 and control of, Medicare, in connection with the delivery
23 of and payment for health care benefits, items, and
24 services, in violation of 18 U.S.C. § 1347;

25 b. To knowingly, willfully, and intentionally pay
26 remuneration directly and indirectly, overtly and
27 covertly, in cash and in kind, to induce persons to refer
28 individuals to Defendants' DME companies for the

1 furnishing and arranging for the furnishing of durable
2 medical equipment, payment for which was made in whole
3 and in part under a federal health care program, namely,
4 Medicare, in violation of 42 U.S.C. § 1320a-
5 7b(b) (2) (A) and (B); and

6 c. To knowingly and willfully make materially false,
7 fictitious and fraudulent statements in a matter within
8 the jurisdiction of the executive branch of the
9 Government of the United States, in violation of
10 18 U.S.C. § 1001.

11 Purpose of the Conspiracy

12 24. It was the object of the conspiracy for the defendants and
13 their co-conspirators to unlawfully enrich themselves by paying for
14 referrals of Medicare beneficiaries, then submitting fraudulent claims
15 to Medicare, a federal health care benefit program, for DME prescribed
16 to those Medicare beneficiaries, while concealing from Medicare the
17 material facts that the prescriptions were signed by physicians who: had
18 no legitimate doctor-patient relationship with the beneficiary; had not
19 conducted a legitimate medical evaluation of the beneficiary; had not
20 impartially determined that the beneficiary actually needed the DME; and
21 were paid kickbacks for each prescription the doctor signed.

22 Manner and Means of the Conspiracy

23 25. The manners and means by which the defendants and their co-
24 conspirators sought to accomplish the objects of the conspiracy included
25 the following:

26 a. It was a part of the conspiracy that BELL SR worked at
27 PA Healthcare with C.B., and learned how to obtain
28

1 Medicare beneficiaries as DME customers, supply DME to
2 them, and bill Medicare for DME products.

3 b. It was a part of the conspiracy that while BELL SR was
4 operating PA Healthcare DME's business with C.B., BELL
5 SR and BELL JR decided to create their own DME supply
6 company, UMS 1, in 2017.

7 c. It was a part of the conspiracy that, to increase their
8 billing to Medicare and avoid scrutiny that would come
9 from submitting too many claims under one DME company,
10 BELL SR and BELL JR created UMS 2, and operated it in the
11 same fashion as UMS 1.

12 d. It was a part of the conspiracy that BELL JR signed the
13 Medicare enrollment application for UMS 1, and
14 intentionally concealed from Medicare that BELL SR (who
15 had been associated with PA Healthcare), was involved in
16 UMS 1, even though the application required BELL SR to
17 be identified, given his level of involvement in managing
18 and operating the company.

19 e. It was a part of the conspiracy that BELL SR, despite the
20 representation to Medicare in the enrollment application
21 for UMS 1, was a co-owner, investor, and had managing
22 control in UMS 1.

23 f. It was a part of the conspiracy that, to obtain customers
24 for their DME products, primarily orthotics such as back,
25 shoulder, wrist, and knee braces, BELL SR and BELL JR
26 purchased "completed doctors' orders" from various
27 vendors, paying a fee that corresponded to the number of
28 DME products prescribed in each doctor's order. These

1 vendors (sometimes called "marketers") included, among
2 others, Pantheon Concepts HLK, Chronos Strategies HLK,
3 America LLC, REMN, and US Care Associates.

4 g. It was a part of the conspiracy that the defendants paid
5 marketers for "completed doctors' orders" that consisted
6 of a Medicare beneficiary's name, personal information,
7 Medicare number, and a signed doctor's order prescribing
8 one or more DME products for that beneficiary under the
9 guise of "telemedicine" - all of which enabled the UMS
10 Entities to bill Medicare for the beneficiary's DME, and
11 rendered the per-product payment to the marketer an
12 unlawful kickback.

13 h. It was a part of the conspiracy that BELL SR and BELL JR
14 then submitted and caused to be submitted claims to
15 Medicare and other insurers for the DME for those
16 beneficiaries, falsely representing that the claims
17 complied with all laws and Medicare regulations,
18 including the anti-kickback provisions, when in fact BELL
19 SR and BELL JR had paid kickbacks to obtain the referral
20 of those beneficiaries to the UMS Entities for DME.

21 i. It was a part of the conspiracy that the claims submitted
22 and caused to be submitted by BELL SR and BELL JR were
23 false and fraudulent for the further reason that they
24 concealed the true ownership and control by BELL SR in
25 the UMS Entities.

26 j. It was a part of the conspiracy that the claims submitted
27 and caused to be submitted by BELL SR and BELL JR falsely
28 represented that the claims were for DME that was

1 medically necessary for the beneficiary, when in fact the
2 DME was recommended by a physician who had no valid
3 doctor-patient relationship with the beneficiary, and had
4 not conducted an appropriate physical examination and
5 exercised independent medical judgment to determine
6 whether the DME was medically necessary for the
7 beneficiary.

8 k. It was a part of the conspiracy that to disguise their
9 fraudulent kickback scheme, BELL SR and BELL JR and their
10 co-conspirators entered into sham "marketing" agreements
11 and other contracts that concealed the per-product fees
12 BELL SR and BELL JR paid to purchase the completed
13 doctors' orders.

14 l. It was a further part of the conspiracy that BELL SR and
15 BELL JR perpetuated their business model to increase
16 their own profits by providing funds and the necessary
17 contacts and introductions to set up other DME companies,
18 and encouraging those DME companies to pay unlawful
19 kickbacks by purchasing completed doctors' orders - all
20 so that BELL SR and BELL JR could obtain a "revenue
21 share", that is, a portion of the payments that those
22 other DME companies received from Medicare.

23 m. It was a further part of the conspiracy that BELL SR and
24 BELL JR continued to pay per-product kickbacks and
25 rejected the suggestion to convert to a flat-fee
26 agreement that would comply with the federal anti-
27 kickback statute.

1 n. It was a further part of the conspiracy that, when
2 interviewed by federal agents in April 2019 about the UMS
3 Entities, BELL JR lied to perpetuate the lies told in the
4 enrollment application to Medicare that he signed on
5 June 2, 2017, to conceal his and his father's involvement
6 in paying unlawful kickbacks, and to mislead the agents
7 as to the identity and involvement of other co-
8 conspirators.

9 o. Using the above manners and means, among others, BELL SR
10 and BELL JR submitted and caused to be submitted over
11 \$49 million in claims to Medicare, Veteran's Affairs,
12 TRICARE, and Medi-Cal for DME procured through the
13 payment of bribes and kickbacks and the making of false
14 and fraudulent representations to Medicare and other
15 insurers.

16 26. In furtherance of the conspiracy, the following overt acts
17 were committed by defendants and others in the Southern District of
18 California and elsewhere:

19 a. On or about June 2, 2017, BELL JR signed a Medicare
20 enrollment application identifying himself as the
21 President and Owner of UMS 1, and intentionally omitted
22 any reference to BELL SR, to deceive Medicare.

23 b. On or about March 26, 2018, in the Southern District of
24 California, BELL SR and BELL JR submitted, and caused to
25 be submitted, claims by UMS 1 to Medicare, in the total
26 amount of \$3,310.83, for a back brace, right shoulder
27 brace, and right ankle brace for Medicare beneficiary
28 Ismael P., for which BELL SR and BELL JR paid a \$350 per

1 product kickback to America LLC, a vendor of "completed
2 doctor's orders."

3 c. On or about March 26, 2018, in the Southern District of
4 California, BELL SR and BELL JR submitted, and caused to
5 be submitted, a claim by UMS 1 to Medicare, in the amount
6 of \$1,356.89, for a back brace for Medicare beneficiary
7 Agnes O., for which BELL SR and BELL JR paid a \$350 per
8 product kickback to America LLC, a vendor of "completed
9 doctor's orders."

10 d. On or about April 27, 2018, in the Southern District of
11 California, BELL SR and BELL JR submitted, and caused to
12 be submitted, a claim by UMS 1 to Medicare, in the amount
13 of \$4,573.63, for a back brace, left and right knee
14 braces, right shoulder brace, and two suspension sleeves
15 for Medicare beneficiary Lillie H., for which BELL SR and
16 BELL JR paid a \$350 per product kickback to America LLC,
17 a vendor of "completed doctor's orders."

18 e. On or about April 27, 2018, in the Southern District of
19 California, BELL SR and BELL JR submitted, and caused to
20 be submitted, a claim by UMS 1 to Medicare, in the amount
21 of \$4,573.63, for a back brace, left and right knee
22 braces, right shoulder brace, and two suspension sleeves
23 for Medicare beneficiary Ricky T., for which BELL SR and
24 BELL JR paid a \$350 per product kickback to America LLC,
25 a vendor of "completed doctor's orders."

26 f. On or about May 25, 2018, in the Southern District of
27 California, BELL SR and BELL JR submitted, and caused to
28 be submitted, a claim by UMS 1 to Medicare, in the amount

1 of \$4,573, for a back brace, left and right knee braces,
2 right shoulder brace, and two suspension sleeves for
3 Medicare beneficiary Salvatore P., for which BELL SR and
4 BELL JR paid a \$350 per product kickback to America LLC,
5 a vendor of "completed doctor's orders."

6 g. On or about May 25, 2018, in the Southern District of
7 California, BELL SR and BELL JR submitted, and caused to
8 be submitted, a claim by UMS 2 to Medicare, in the amount
9 of \$1,356.89, for a back brace for Medicare beneficiary
10 Dorothea B., for which BELL SR and BELL JR paid a \$350
11 per product kickback to America LLC, a vendor of
12 "completed doctor's orders."

13 h. On or about June 21, 2018, in the Southern District of
14 California, BELL SR and BELL JR submitted, and caused to
15 be submitted, a claim by UMS 2 to Medicare, in the amount
16 of \$2,298.89, for a back brace, and left and right wrist
17 braces, for Medicare beneficiary Michael R., for which
18 BELL SR and BELL JR paid a \$350 per product kickback to
19 America LLC, a vendor of "completed doctor's orders."

20 i. On September 20, 2018, BELL SR contacted a DME consultant
21 to ask if "it would cause a problem with Medicare" if he
22 "started by getting 300 leads in one week," billing
23 Medicare for those, waiting for payment from Medicare,
24 and then "doing the same thing again."

25 j. In or about February 2019, BELL SR and BELL JR chose to
26 continue with per-product kickback deal, with a sham
27 marketing agreement which "mask[ed] what is going on,"
28 and rejected the suggestion by a marketer to switch to a

1 flat-fee contract that would comply with the anti-
2 kickback statute.

3 k. On or about April 9, 2019, BELL JR falsely informed
4 federal agents that he had never heard of PA Healthcare.

5 l. On or about April 9, 2019, BELL JR falsely informed
6 federal agents that he and his father created Universal
7 Medical Solutions "from the ground up," and that his
8 father had no prior experience in DME.

9 m. On or about April 9, 2019, BELL JR falsely informed
10 federal agents that he ran the day-to-day operations of
11 Universal Medical Solutions.

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

13 **Counts 2 through 8**

14 Health Care Fraud

15 (18 U.S.C. § 1347)

16 27. Paragraphs 1 through 21 of the Introductory Allegations of
17 this Indictment are re-alleged and incorporated by reference.

18 28. Beginning no later than May 23, 2016, and continuing through
19 at least April 9, 2019, within the Southern District of California and
20 elsewhere, defendants ANTHONY DUANE BELL, SR. and ANTHONY DUANE BELL,
21 JR. knowingly and willfully devised and intended to devise a material
22 scheme and artifice to defraud Medicare, a health care benefit program
23 affecting commerce, as defined in 18 U.S.C. § 24(b), and to obtain by
24 means of materially false and fraudulent pretenses, representations, and
25 promises, money and property owned by, and under the custody and control
26 of, Medicare, in connection with the delivery of, and payment for, health
27 care benefits and services.

1 29. Paragraphs 24 through 26 of this Indictment are realleged and
 2 incorporated by reference as more fully describing the defendants'
 3 scheme to defraud.

4 30. On or about the dates set forth below, within the Southern
 5 District of California and elsewhere, defendants ANTHONY DUANE BELL, SR.
 6 and ANTHONY DUANE BELL, JR. knowingly and willfully executed the scheme
 7 to defraud described above by submitting, and causing to be submitted,
 8 a claim for reimbursement from Medicare, for the following
 9 beneficiaries, for the following DME items, in the following amounts,
 10 with each claim constituting a separate count:

Count	Date	Beneficiary	DME Items	Claim Amount
2	3/26/18	Agnes M.	Back brace	\$1,356.89
3	3/26/18	Ismael P.	Left ankle brace, right ankle brace, back brace, right shoulder brace	\$3,310.83
4	4/27/18	Ricky T.	Back brace, left knee brace, right knee brace, right shoulder brace, 2 suspension sleeves	\$4,573.63
5	4/27/18	Lillie H.	Back brace, left knee brace, right knee brace, right shoulder brace, 2 suspension sleeves	\$4,573.63
6	5/25/18	Salvatore P.	Back brace, left knee brace, right knee brace, right shoulder brace, 2 suspension sleeves	\$4,573.63
7	5/25/18	Dorothea B.	Back brace	\$1,356.89
8	6/21/18	Michael R.	Back brace, left wrist brace, right wrist brace	\$2,298.89

24 Counts 9 through 30

25 Payment of Illegal Remuneration
 26 (42 U.S.C. § 1320a-7b(b)(2)(A))

27 31. Paragraphs 1 through 21 of the Introductory Allegations of
 28 this Indictment are re-alleged and incorporated by reference.

32. Beginning no later than May 23, 2016, and continuing through at least April 9, 2019, within the Southern District of California and elsewhere, defendants ANTHONY DUANE BELL, SR. and ANTHONY DUANE BELL, JR. did knowingly and willfully offer to pay and did pay remuneration directly and indirectly, overtly and covertly, in cash and in kind, to persons to induce them to refer individuals to UMS 1 and UMS 2 for the furnishing and arranging for the furnishing of durable medical equipment, payment for which was made in whole and in part under a federal health care program, namely, Medicare, each payment forming a separate count:

Count	Date	Payee	Amount
9	12/15/17	Chronos Strategies	\$31,500.00
10	12/15/17	Pantheon Concepts	\$12,904.00
11	3/12/18	America LLC	\$28,520.00
12	3/22/18	Chronos Strategies	\$31,500.00
13	3/22/18	Pantheon Concepts	\$17,704.00
14	5/2/18	America LLC	\$42,845.00
15	5/8/18	America LLC	\$38,770.00
16	6/1/18	America LLC	\$15,540.00
17	7/3/18	Chronos Strategies	\$21,000.00
18	7/3/18	Pantheon Concepts	\$8,640.00
19	7/9/18	America LLC	\$7,535.00
20	7/9/18	America LLC	\$10,500.00
21	7/19/18	US Care Associates	\$25,000.00
22	7/18/18	Chronos Strategies	\$21,000.00
23	7/18/18	Pantheon Concepts	\$8,640.00

Count	Date	Payee	Amount
24	9/12/18	US Care Associates	\$25,000.00
25	10/30/18	REM N Management	\$75,000.00
26	11/1/18	REM N Management	\$100,000.00
27	12/28/18	US Care Associates	\$25,000.00
28	1/7/19	REM N Management	\$100,000.00
29	1/28/19	REM N Management	\$100,000.00
30	3/29/19	US Care Associates	\$25,000.00

All in violation of Title 42, U.S.C. Section 1320a-7b(b) (2) (A).

Count 31

False Statement Within Jurisdiction of Government

(18 U.S.C. § 1001)

33. On or about June 2, 2017, within the Southern District of California and elsewhere, defendant ANTHONY DUANE BELL, JR., in a matter within the jurisdiction of the Centers for Medicare Services, a department and agency of the United States, did knowingly and willfully make material false, fictitious and fraudulent statements and representations, in that he completed a Medicare enrollment application for Universal Medical Solutions, which required that he disclose any ownership interest by any entity or individual with "direct or indirect ownership of, a partnership interest in, and/or managing control" in the company, where "managing control" included persons who had "operational or managerial control over" the company, or conducted "the day-to-day operations of" the company, and signed a Certification Statement certifying that the information in the application was true, correct, and complete, whereas in truth and fact, as defendant then and there

1 well knew, that statement and representation was false, fictitious and
2 fraudulent when made, in that he deliberately omitted naming his father,
3 Anthony Duane Bell, Sr., in the application, although his father had an
4 ownership interest in Universal Medical Solutions and had operational
5 and managerial control over Universal Medical Solutions; in violation
6 of Title 18, United States Code, Section 1001.

7 **Count 32**

8 False Statement Within Jurisdiction of Government

9 (18 U.S.C. § 1001)

10 34. On or about April 9, 2019, within the Southern District of
11 California and elsewhere, defendant ANTHONY DUANE BELL, JR. in a matter
12 within the jurisdiction of the Federal Bureau of Investigation ("FBI"),
13 a department and agency of the United States, did knowingly and willfully
14 make a materially false, fictitious and fraudulent statement, in that
15 defendant informed FBI Special Agent T. Townsend that he had never heard
16 of a company called "PA Healthcare," whereas in truth and fact, as
17 defendant then and there well knew, that statement and representation
18 was false, fictitious and fraudulent when made; in violation of Title 18,
19 United States Code, Section 1001.

20 **Count 33**

21 False Statement Within Jurisdiction of Government

22 (18 U.S.C. § 1001)

23 35. On or about April 9, 2019, within the Southern District of
24 California and elsewhere, defendant ANTHONY DUANE BELL, JR. in a matter
25 within the jurisdiction of the Federal Bureau of Investigation ("FBI"),
26 a department and agency of the United States, did knowingly and willfully
27 make a materially false, fictitious and fraudulent statement, in that
28 defendant informed FBI Special Agent T. Townsend that defendant's father

1 had never worked at a durable medical equipment company before working
2 at Universal Medical Solutions, whereas in truth and fact, as defendant
3 then and there well knew, that statement and representation was false,
4 fictitious and fraudulent when made; in violation of Title 18, United
5 States Code, Section 1001.

6 **Count 34**

7 False Statement Within Jurisdiction of Government

8 (18 U.S.C. § 1001)

9 36. On or about April 9, 2019, within the Southern District of
10 California and elsewhere, defendant ANTHONY DUANE BELL, JR. in a matter
11 within the jurisdiction of the Federal Bureau of Investigation ("FBI"),
12 a department and agency of the United States, did knowingly and willfully
13 make a materially false, fictitious and fraudulent statement, in that
14 defendant informed FBI Special Agent T. Townsend that defendant and his
15 father had started Universal Medical Solutions "from the ground up,"
16 whereas in truth and fact, as defendant then and there well knew, that
17 statement and representation was false, fictitious and fraudulent when
18 made; in violation of Title 18, United States Code, Section 1001.

19 **Count 35**

20 False Statement Within Jurisdiction of Government

21 (18 U.S.C. § 1001)

22 37. On or about April 9, 2019, within the Southern District of
23 California and elsewhere, defendant ANTHONY DUANE BELL, JR. in a matter
24 within the jurisdiction of the Federal Bureau of Investigation ("FBI"),
25 a department and agency of the United States, did knowingly and willfully
26 make a materially false, fictitious and fraudulent statement, in that
27 defendant informed FBI Special Agent T. Townsend that defendant ran the
28 "day to day operations" at Universal Medical Solutions, whereas in truth

1 and fact, as defendant then and there well knew, that statement and
2 representation was false, fictitious and fraudulent when made; in
3 violation of Title 18, United States Code, Section 1001.

4 Forfeiture Notice

5 (18 U.S.C. § 982(a)(7))

6 38. Paragraphs 1 through 21 of the Introductory Allegations of
7 this Indictment are re-alleged and incorporated by reference for the
8 purpose of alleging forfeiture.

9 39. Upon conviction of any of the felony offenses alleged in
10 Counts 1 through 30 of this Indictment and pursuant to Title 18, United
11 States Code, Section 982(a)(7), and Rule 32.2, Federal Rules of Criminal
12 Procedure, defendants ANTHONY DUANE BELL, SR. and ANTHONY DUANE BELL,
13 JR. shall forfeit to the United States any property, real or personal,
14 that constitutes or is derived, directly or indirectly, from gross
15 proceeds traceable to the commission of the offense, including, but not
16 limited to:

- 17 a. \$536,422.59 in funds from Acct # 6278570285 held in the
18 name of Universal Medical Solutions LLC at Wells Fargo
19 bank;
- 20 b. \$269,952.56 in funds from Acct # 6278570293 held in the
21 name of Universal Medical Solutions LLC at Wells Fargo
22 bank;
- 23 d. Real property located at 5034 Bluff Place, El Cajon,
24 California 92020 including all appurtenances,
25 improvements, and attachments thereon, more particularly
26 described as:

27 //

28 //

1
2 APN: 493-400-57-00

3 PARCEL A:

4 PARCEL 4 OF PARCEL MAP NO. 1155, FILED IN THE OFFICE OF THE
5 COUNTY RECORDER OF SAN DIEGO COUNTY, DECEMBER 14, 1972, IN
6 THE COUNTY OF SAN DIEGO, STATE OF CALIFORNIA, BEING A
7 PORTION OF TRACT "A" OF RANCHO EL CAJON, AND BEING IN
8 SECTION 14, TOWNSHIP 16 SOUTH, RANGE 1 WEST, SAN BERNARDINO
9 MERIDIAN.

10 PARCEL B:

11 AN EASEMENT AND RIGHT OF WAY FOR GENERAL ROAD PURPOSES OVER
12 THE SOUTH 20 FEET OF THE FOLLOWING DESCRIBED LAND:

13 THAT PORTION OF LOT "A" OF THE RANCHO EL CAJON, BEING ALSO
14 A PORTION OF SECTION 14, TOWNSHIP 16 SOUTH, RANGE 1 WEST,
15 SAN BERNARDINO MERIDIAN, IN THE COUNTY OF SAN DIEGO, STATE
16 OF CALIFORNIA, DESCRIBED AS FOLLOWS:

17 BEGINNING AT A POINT ON THE SOUTH LINE OF SAID SECTION 14,
18 DISTANT THEREON SOUTH 89° 17' EAST, 653 FEET FROM THE
19 QUARTER CORNER OF THAT SAID SOUTH LINE OF SAID SECTION 14;
20 THENCE SOUTH 89° 17' EAST ALONG THE SAID SOUTH LINE OF SAID
21 SECTION 14, 210 FEET; THENCE NORTH 0° 06' WEST PARALLEL WITH
22 THAT LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 14, 550
23 FEET TO THE SOUTHEAST CORNER OF THE LAND CONVEYED TO ROBERT
24 LIVESEY AND LETHA M. LIVESEY, BY DEED DATED MARCH 1, 1927,
25 RECORDED IN BOOK 1340, PAGE 124 OF DEEDS, RECORDS OF SAN
26 DIEGO COUNTY; THENCE NORTH 89° 17' WEST ALONG THE SOUTH
27 LINE OF THE LAND SO CONVEYED TO SAID LIVESEY, 210 FEET TO
28 THE SOUTHWEST COMER OF SAID LIVESEYS' LAND; THENCE SOUTH 0°
06' EAST, 550 FEET TO THE POINT OF BEGINNING.

PARCEL C:

AN EASEMENT AND RIGHT OF WAY FOR INGRESS AND EGRESS OVER
THE WEST 30 FEET OF LOT 35 OF HORIZON HILLS ESTATES UNIT
NO. 1, IN THE COUNTY OF SAN DIEGO STATE OF CALIFORNIA,
ACCORDING TO MAP THEREOF NO. 3658, FILED IN THE OFFICE OF
THE COUNTY RECORDER OF SAN DIEGO COUNTY, JUNE 5, 1957.

40. If, as a result of any act or omission of defendants ANTHONY
DUANE BELL, SR. and ANTHONY DUANE BELL, JR. any of the above-described
forfeited property, cannot be located upon the exercise of due diligence;

1 has been transferred or sold to, or deposited with, a third person; has
2 been placed beyond the jurisdiction of the Court; has been substantially
3 diminished in value; or has been commingled with other property which
4 cannot be subdivided without difficulty, it is the intent of the United
5 States, pursuant to Title 21, United States Code, Section 853(p), made
6 applicable herein by Title 18, United States Code, Section 982(b), to
7 seek forfeiture of any other property of the defendants up to the value
8 of the property described above subject to forfeiture.


9 All pursuant to Title 18, United States Code, Section 982(a)(7).


10 DATED: September 18, 2020.

11 A TRUE BILL:

12
13 
14 _____
15 Foreperson

14 ROBERT S. BREWER, JR.
15 United States Attorney

16 By: 
17 VALERIE H. CHU
18 Assistant U.S. Attorney

19 By: 
20 BLANCA QUINTERO
21 Assistant U.S. Attorney