

JUN 03 2026

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NORTHEASTERN DIVISION

UNITED STATES OF AMERICA

v.

ANGELA MOSS

No. 2:26-cr-00002

18 U.S.C. § 2
18 U.S.C. § 1347
21 U.S.C. § 841(a)(1)
21 U.S.C. § 841(b)(1)(C)
21 U.S.C. § 841(b)(2)
21 U.S.C. § 841(b)(3)


DEPUTY CLERK

INDICTMENT

THE GRAND JURY CHARGES:

Introduction

At all times material to this Indictment:

1. The defendant, **ANGELA MOSS** was a physician licensed by the State of Tennessee Department of Health, Board of Examiners under license number 35031 on March 7, 2001, and was licensed to practice medicine in the State of Tennessee.

2. The Controlled Substances Act, 21 U.S.C. §§ 801, *et seq.*, regulated the manufacture, distribution, dispensation and use of drugs. Drugs, referred to in the Act as “controlled substances,” were listed in schedules based upon the drug’s medical use, potential for abuse, safety, and risk of dependence.

A. Controlled substances in Schedule II were drugs which have a currently accepted medical use, or a use with severe restrictions, but also had a high potential for abuse and abuse of the drug could lead to severe psychological or physical dependence.

B. Controlled substances in Schedule III were drugs which had a currently accepted medical use and had less potential for abuse than the drugs or other substances in

schedules I and II, but abuse of the drug could lead to moderate or low physical dependence or high psychological dependence.

C. Controlled substances in Schedule IV were drugs which had a currently accepted medical use and had a lower potential for abuse relative to controlled substances in Schedule III, but abuse could lead to limited physical dependence or psychological dependence.

D. Controlled substances in Schedule V were drugs which had a currently accepted medical use and had a lower potential for abuse relative to controlled substances in Schedule IV, but abuse could lead to limited physical dependence or psychological dependence.

3. As part of her practice, **ANGELA MOSS** prescribed controlled substances, including opioids and benzodiazepines, with her Drug Enforcement Administration (“DEA”) registration under DEA Number BM7306409.

4. **ANGELA MOSS** operated a medical clinic known as Gordonsville Clinic PLLC at 126 JMZ Drive, Gordonsville, Tennessee 38563.

5. **ANGELA MOSS** accepted cash-paying patients, and insurance patients, including private insurance and public insurance, such as Medicare and Medicaid.

Background on Medicare and TennCare

6. The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (“CMS”), was an agency of the United States that administered the Medicare and Medicaid programs. Medicare was a federally funded health insurance program that provided insurance coverage for persons aged 65 or over and to persons under the age of 65 who

are entitled to benefits due to disability. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

7. Typically, a Medicare beneficiary enrolled in a Medicare Part D plan would fill their prescription at a pharmacy utilizing their Medicare Part D plan coverage to pay for the prescription. The pharmacy would then submit the prescription claim for reimbursement to the Medicare Part D beneficiary’s plan for payment under the beneficiary’s Health Insurance Claim Number and/or Medicare Plan identification number.

8. Medicare required of its providers, among other things, that all drugs prescribed or issued be medically necessary, that is, “reasonable and necessary” for the diagnosis and treatment of an illness or injury. Medicare claim forms, for example, required the provider who made a claim for services to certify that the services were “medically indicated and necessary for the health of the patient.”

9. For a drug to have been covered and reimbursable under the Medicare program, the drug must have been prescribed by a physician who was treating the Medicare enrollee within the scope of the physician’s license, and must be required in order to diagnose or treat the patient’s medical condition, and must be safe and effective.

10. TennCare was Tennessee’s Medicaid program and was administered pursuant to Title XIX of the Social Security Act. TennCare was also a health care benefit program, as defined by Title 18, United States Code, Section 24(b).

11. TennCare was a joint program between the State of Tennessee and the United States of America, with approximately thirty (30) percent of the funding coming from the State of Tennessee and the remaining approximate seventy (70) percent coming from the United States

federal government. TennCare served indigent people who could not afford health care insurance and uninsured or uninsurable people.

12. For TennCare pharmacy claims, the state assumed the financial responsibility of drugs. Through TennCare, the state contracted with a “Pharmacy Benefits Manager” (“PBM”), which actually paid the pharmacies. TennCare’s PBM was called Optum Rx. For each drug, the PBM processed and reimbursed pharmacy providers for all claims from TennCare enrollees. TennCare, through the PBM, paid funds directly to retail pharmacies that in turn dispensed prescription medications to the TennCare recipient. The TennCare prescription program operated on a claim-for-service basis.

13. TennCare required of its providers, among other things, that all drugs prescribed or issued must have been “medically necessary,” that is, prescribed by a physician who was treating the Medicare enrollee within the scope of the physician’s license, and must be required in order to diagnose or treat the patient’s medical condition, and must be safe and effective.

14. Prescriptions for controlled substances issued by **ANGELA MOSS** to patients were presented by patients to pharmacies, and pharmacies submitted claims for payment for the controlled substances to Medicare Part D health plans, or to TennCare through Optum Rx, for reimbursement and payment.

15. Oxycodone was a narcotic drug, a Schedule II controlled substance, and was marketed commonly as OxyContin, and Percocet, when it also contained Acetaminophen.

16. Morphine was a narcotic drug, a Schedule II controlled substance.

17. Alprazolam was a benzodiazepine, a Schedule IV controlled substance, and was marketed commonly as Xanax.

18. Hydrocodone was a narcotic drug, a Schedule II controlled substance, and was marketed commonly as Vicodin, Lortab, Lorcet-HD, Hycodan, and Vicoprofen.

19. Diazepam was a benzodiazepine, a Schedule IV controlled substance, and was marketed commonly as Valium.

20. Gabapentin was an anticonvulsant, a Schedule V controlled substance, and was marketed commonly as Neurontin.

21. Lorazepam was a benzodiazepine, a Schedule IV controlled substance, and was marketed commonly as Ativan.

22. Zolpidem was a sedative drug, a Schedule IV controlled substance, and was marketed commonly as Ambien.

COUNTS ONE through SEVEN
(Health Care Fraud)

23. Paragraphs 1 through 22, above, are re-alleged and incorporated by reference as though fully set forth herein.

24. From at least as early as January 2017, and continuing thereafter until at least April 2025, in the Middle District of Tennessee, the defendant, **ANGELA MOSS**, aided and abetted by others known and unknown to the Grand Jury, knowingly and willfully devised and participated in a scheme and artifice to defraud health insurance benefit programs, including Medicare and TennCare, in connection with the delivery of and payment for health care benefits, items, and services.

25. It was the general purpose of the scheme and artifice for **ANGELA MOSS** to cause others known and unknown to the Grand Jury to submit materially false and fraudulent claims to Medicare and TennCare, including for payment for dispensed controlled substance prescriptions that were not medically necessary on behalf of Medicare beneficiaries E.M., P.R., and B.M., and

TennCare beneficiary P.M., knowing and intending that Medicare and TennCare would pay such false and fraudulent claims.

26. It was part of the scheme that **ANGELA MOSS** would prescribe controlled substances to patients without sufficient medical necessity for the prescription of controlled substances.

27. It was further part of the scheme that **ANGELA MOSS** would prescribe excessive and inappropriate quantities and combinations of controlled substances to patients outside the usual course of professional practice.

28. It was further part of the scheme that **ANGELA MOSS** would prescribe controlled substances in quantities and combinations that would cause patients to abuse, misuse, and become addicted to the controlled substances.

29. It was further part of the scheme that **ANGELA MOSS** would prescribe combinations of controlled substances to patients but failed to monitor the use and abuse of the prescribed controlled substances of the patients.

30. It was further part of the scheme that **ANGELA MOSS** would prescribe controlled substances to patients knowing that the patients were addicted to and were misusing the controlled substances and were requesting additional quantities of controlled substances for the patients' drug habit.

31. It was further part of the scheme that **ANGELA MOSS** would continue to prescribe addictive controlled substances notwithstanding the receipt of information by **ANGELA MOSS** that patients abused their controlled substances, abused other substances, and were addicted.

32. It was further part of the scheme that **ANGELA MOSS** continued to excessively and inappropriately prescribe controlled substances, even after:

A. Entering into a Consent Order with the Tennessee Department of Health, dated November 2, 2009, regarding her prescribing practices.

B. A letter from Blue Cross Blue Shield of Tennessee, dated July 19, 2013, that identified her failure to meet the standard of care for medical appropriateness and placed her on a practice improvement plan.

C. A letter of warning from the Tennessee Department of Health, dated July 30, 2014, admonishing her regarding her prescribing practices.

D. A letter of concern from the Tennessee Department of Health, dated January 7, 2019, admonishing her regarding her prescribing practices.

E. Numerous letters from insurers and clinical notifications from the Controlled Substance Monitoring Database (CSMD) regarding her prescribing practices.

F. Warnings from pharmacists who were receiving patients' prescriptions written by her.

33. It was further part of the scheme that **ANGELA MOSS** would continue to prescribe addictive controlled substances notwithstanding the receipt of information by **ANGELA MOSS** that patients were illegally distributing their prescribed medications.

34. It was further part of the scheme that **ANGELA MOSS** would fail to permanently discharge patients after certain patients tested positive on drug screens for illegal substances and non-prescribed controlled substances.

35. It was further part of the scheme that **ANGELA MOSS** would fail to permanently discharge certain patients who tested negative on drug screens for their prescribed controlled substances.

36. It was further part of the scheme that **ANGELA MOSS** failed to permanently discharge patients after certain patients failed pill counts.

37. It was further part of the scheme that **ANGELA MOSS** ignored warnings about prescribing combinations of controlled substances.

38. It was further part of the scheme that **ANGELA MOSS**, and others known and unknown to the Grand Jury, would bill Medicare and TennCare for the patient visits to her clinic where they obtained controlled substance prescriptions.

39. It was further part of the scheme that **ANGELA MOSS** would write prescriptions that caused pharmacists to submit claims to TennCare and Medicare for payment and reimbursement of controlled substance prescriptions written by **ANGELA MOSS**.

40. According to the Tennessee Controlled Substance Monitoring Database (CSMD), **ANGELA MOSS** prescribed a total of over 5.6 million pills or doses of controlled substances to patients from January 2017 through April 2025.

41. On or about the dates set forth in each count below, in the Middle District of Tennessee and elsewhere, **ANGELA MOSS**, 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 a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is TennCare and 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 programs, **ANGELA MOSS**, did cause a pharmacy to submit claims for reimbursement for dispensed medications based on prescriptions for controlled substances issued by **ANGELA MOSS**, to the patients listed below that were false and fraudulent in that the prescriptions were not valid,

reasonable and necessary, and were otherwise not eligible for reimbursement, including because the prescriptions were not issued for a legitimate medical purpose in the usual course of professional practice.

Count	Patient	Date of Prescription (On or About)	Drug	Schedule	Claim Number (First Eight Digits)	Health Care Benefit Program
1	E.M.	September 2, 2021	Oxycodone Morphine	II II	21245543- 21245542-	Medicare
2	E.M.	August 29, 2022	Oxycodone Morphine	II II	22241357-	Medicare
3	P.M.	January 17, 2024	Oxycodone Alprazolam	II IV	22240180- 22240180-	TennCare
4	P.R.	August 17, 2021	Oxycodone Diazepam	II IV	15943997- 44892012-	Medicare
5	P.R.	June 19, 2023	Oxycodone Diazepam	II IV	92973104- 07120064-	Medicare
6	B.M.	August 7, 2023	Hydrocodone Gabapentin Lorazepam	II V IV	23224185- 23254387- 23223284-	Medicare
7	B.M.	September 5, 2024	Hydrocodone Zolpidem	II IV	24250206- 24250206-	Medicare

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

COUNTS EIGHT through NINETEEN
Unlawful Distribution of a Controlled Substance

THE GRAND JURY FURTHER CHARGES:

42. Paragraphs 1 through 41, are re-alleged and incorporated by reference as though fully set forth herein.

43. On or about the dates set forth in each count below, in the Middle District of Tennessee and elsewhere, the defendant, **ANGELA MOSS**, did knowingly and intentionally distribute and dispense the Schedule II, Schedule IV, and Schedule V controlled substances listed

below, which were not authorized because they were not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

Count	Patient	Date of Prescription (On or About)	Drug	Schedule
8	E.M.	September 2, 2021	Oxycodone Morphine	II II
9	E.M.	August 29, 2022	Oxycodone Morphine	II II
10	K.S.	September 7, 2021	Alprazolam	IV
11	K.S.	September 14, 2021	Hydrocodone	II
12	P.M.	July 7, 2021	Oxycodone	II
13	P.M.	January 17, 2024	Oxycodone Alprazolam	II IV
14	P.R.	August 17, 2021	Oxycodone Diazepam	II IV
15	P.R.	June 19, 2023	Oxycodone Diazepam	II IV
16	B.M.	August 7, 2023	Hydrocodone Gabapentin Lorazepam	II V IV
17	B.M.	September 5, 2024	Hydrocodone Zolpidem	II IV
18	N.C.	February 18, 2022	Oxycodone	II
19	N.C.	August 25, 2023	Oxycodone	II

All in violation of Title 21, United States Code, Sections 841(a)(1), (b)(1)(C), (b)(2), and (b)(3), and Title 18, United States Code, Section 2.

FORFEITURE ALLEGATION

THE GRAND JURY FURTHER CHARGES:

44. The allegations contained in the Indictment are re-alleged and incorporated by reference as if fully set forth in support of this forfeiture allegation.

45. Upon conviction of Counts One through Seven (Health Care Fraud), the defendant, **ANGELA MOSS** shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7):

A. Any property, real or personal, that constitutes, or is derived directly or indirectly, from gross proceeds traceable to the commission of the offense, including but not limited to the following:

- 1) a money judgment in an amount to be determined representing the amount of proceeds **ANGELA MOSS** obtained as a result of such offense.

46. Upon conviction of Count(s) Eight through Nineteen (Unlawful Distribution of a Controlled Substance), **ANGELA MOSS** shall forfeit to the United States of America, pursuant to Title 21, United States Code, Section 853:

A. Any property constituting, or derived from, any proceeds the defendant obtained, directly or indirectly, as a result of the offense; and

B. Any of the defendant's property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of the offense, including but not limited to the following:

- 1) a money judgment in an amount to be determined, representing the amount of proceeds **ANGELA MOSS** obtained as a result of such offense and the value of any property used or intended to be used to commit or facilitate the commission of such offense.

SUBSTITUTE PROPERTY

47. If any of the property described above, as a result of any act or omission of the defendant, **ANGELA MOSS**:

- 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 comingled with other property that cannot be divided without difficulty,

the United States shall be entitled to forfeiture of the substitute property, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1) and Title 28, United States Code, Section 2461(c).

A TRUE BILL

FOREPERSON

BRADEN H. BOUCEK
UNITED STATES ATTORNEY


CHRIS SUEDEKUM
ASSISTANT UNITED STATES ATTORNEY