IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION

UNITED STATES OF AMERICA	)	DOCKET NO. 3:26-CR-132-KDB
	)	
	)	BILL OF INDICTMENT
v.	)	
	)	18 U.S.C. § 1347
	)	18 U.S.C. § 1035
RONNIE LORENZO ROBINSON, JR.	)	18 U.S.C. § 1028A
	)	
	)	

THE GRAND JURY CHARGES:

At the specified times and at all times material to this Indictment:

INTRODUCTION

1. In or around November 2022, the defendant RONNIE LORENZO ROBINSON, JR. formed a healthcare company called The Fisher of Men Project, LLC (Fisher of Men). Because ROBINSON was excluded from participation in the North Carolina Medicaid Program (NC Medicaid), ROBINSON caused Fisher of Men to be enrolled with NC Medicaid under the name of a straw owner, "D.M.," to hide and conceal his ownership and operation of the company. From no later than February 2023 through at least March 2026, ROBINSON used Fisher of Men to defraud NC Medicaid by billing over half-a-million dollars, primarily for psychotherapy services, that were never provided to Medicaid recipients as represented.

The Defendant, Related Entities and Individuals

2. ROBINSON was a resident of Mint Hill, Mecklenburg County, North Carolina.

3. L.R., I.W., L.W., L.S., and C.W. are all Medicaid recipients residing in Winston-Salem, North Carolina.

4. In or around 2015, ROBINSON was excluded from participation in federally-funded health care programs, including NC Medicaid.

5. In or around November 2022, ROBINSON formed or caused to be formed Fisher of Men as a North Carolina limited liability company based in Mint Hill, North Carolina, and later caused the enrollment of the company as a behavioral health care provider with the North Carolina Department of Health and Human Services (NCDHHS) in the name of D.M., a nominee or straw owner.

6. NC Medicaid was a state-administered health care program funded, in part, by federal funds. NC Medicaid was a "health care benefit program," as defined in Title 18, United States Code, Section 24(b). The NC Medicaid program was administered by the NCDHHS.

North Carolina Medicaid

7. Generally, NC Medicaid provided health coverage, access to doctors and prescriptions for eligible low-income adults, children, pregnant women and people with disabilities, among others. NC Medicaid covered certain procedures, products or services related to outpatient behavioral health services when they met certain criteria, including that they were medically necessary for the patient and provided by qualified medical professionals enrolled with the NC Medicaid program. Qualified medical professionals included licensed clinical social workers, licensed clinical social worker associates, and licensed clinical addiction specialists, among others. The Centers for Medicare and Medicaid Services (CMS) issued unique ten-digit identification numbers called national provider identifiers (NPI) to qualified medical professionals.

8. Outpatient behavioral health services included psychiatric and biopsychosocial assessments, medication management, individual, group, and family therapies, psychotherapy for crisis, and psychological testing for eligible beneficiaries. NC Medicaid had specific coverage policies for different areas of services. The applicable policy that covered the services purportedly rendered by Fisher of Men was Clinical Coverage Policy No: 8A for Enhanced Mental Health and Substance Abuse Services. NC Medicaid utilized third party companies such as managed care organizations to manage billing and ensure compliance with coverage policies.

9. Partners Health Management (Partners) was a public local management entity/managed care organization (MCO) that contracted with NCDHHS for the management of care for qualified NC Medicaid recipients residing in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Union, and other North Carolina counties. Partners, among other things, managed care for Medicaid patients receiving behavioral healthcare services intended to treat mental health, substance use disorders, or intellectual/developmental issues. This included managing the receipt of claims (bills) from medical providers or organizations who provided or rendered healthcare services to Medicaid recipients and making payments or providing reimbursement to participating providers for services covered by NC Medicaid.

The NC Medicaid Fraud Scheme

10. In or around February 2023, ROBINSON submitted, or caused the submission of, an electronic application to NC Medicaid to enroll Fisher of Men as a NC Medicaid-approved provider. The application represented that the owner of Fisher of Men was "D.M." and failed to disclose ROBINSON's involvement in Fisher of Men when, in truth and in fact, ROBINSON was the beneficial owner of the company and managed its operations. The application represented that

the applicant, managing employees, owners, and agents of the company had not been excluded from enrollment, when in truth and in fact, ROBINSON had been so excluded. On or about February 25, 2023, Fisher of Men became an enrolled or "participating" NC Medicaid provider.

11. In or around March 2023, ROBINSON submitted, or caused the submission of, an electronic application to become an in-network provider with Partners to serve and bill for NC Medicaid recipients enrolled with that MCO. This enrollment application represented that the owner of Fisher of Men was "D.M." and failed to disclose ROBINSON's involvement in Fisher of Men. On or about March 16, 2023, Fisher of Men's request to be in-network with Partners was approved.

12. ROBINSON carried out the scheme to defraud NC Medicaid through, among other things:

a. Obtaining, and causing to be obtained, the identifying information for medical professionals, such as their NPIs, and falsely causing those providers to be affiliated with Fisher of Men without their knowledge, authorization and/or approval;

b. Obtaining, and causing to be obtained, the personal identifying information (PII) of eligible NC Medicaid recipients, including their names, addresses, dates of birth and NC Medicaid recipient numbers;

c. Submitting, and causing to be submitted, claims for payment to Partners, using the unlawfully-obtained medical professionals' and NC Medicaid recipients' PII, for behavioral healthcare services purportedly rendered by those medical professionals to those recipients, when, in truth and in fact, no such services had been rendered; and

d. Creating, and causing the creation of, false medical records, treatment notes and other documents reflecting the services that had purportedly been rendered to conceal the scheme from NC Medicaid and others.

13. In the course of the scheme, ROBINSON submitted, or caused the submission of, false and fraudulent claims to NC Medicaid exceeding $735,000 for behavioral health services that were not provided, and for which NC Medicaid paid over approximately $440,000 over approximately three years. These false and fraudulent claims included, but were not limited to, claims for reimbursement for psychotherapy services purportedly provided to NC Medicaid recipients, including L.R., I.W., L.W., L.S. and C.W.

COUNT ONE
18 U.S.C. § 1347
(Health Care Fraud)

14. Paragraphs 1 through 13 of this Bill of Indictment are realleged and incorporated by reference as though fully set forth herein.

15. Beginning in or around November 2022, and continuing through at least March 2026, in Mecklenburg County, within the Western District of North Carolina, and elsewhere, the defendant,

RONNIE LORENZO ROBINSON, JR.

did knowingly and willfully execute, and attempt to execute, a scheme to defraud a health care benefit program, as that term is defined under Title 18, United States Code, Section 24(b), that is, the North Carolina Medicaid program, and to obtain by means of materially false and fraudulent pretenses, representations and promises, money owned by and under the custody and control of the North Carolina Medicaid program, in connection with the delivery of and payment for health care benefits, items and services.

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

COUNTS TWO THROUGH SIX
18 U.S.C. § 1035(a)(1)
(False Statements Relating to Health Care Matters)

16. Paragraphs 1 through 13 of this Bill of Indictment are realleged and incorporated by reference as though fully set forth herein.

17. On or about the dates listed below, in Mecklenburg County, within the Western District of North Carolina and elsewhere, the defendant,

RONNIE LORENZO ROBINSON, JR.

in a matter involving a health care benefit program, specifically, the North Carolina Medicaid program, did knowingly and willfully falsify, conceal and cover up by a trick, scheme and device a material fact, in connection with the delivery of and payment for health care benefits, items and services, in that he falsely represented that Fisher of Men provided the health care services to the North Carolina Medicaid recipients listed on claims he submitted or caused to be submitted for payment to the North Carolina Medicaid program for health care services that Fisher of Men did not provide as represented, each such date constituting a separate count:

Count	Medicaid Recipient	Date of Service
TWO	L.R.	12/24/2025

Count	Medicaid Recipient	Date of Service
THREE	I.W.	11/27/2025
FOUR	L.W.	11/28/2024
FIVE	L.S.	05/10/2023
SIX	C.W.	11/27/2025

All in violation of Title 18, United States Code, Sections 1035(a)(1) and 2.

COUNTS SEVEN THROUGH NINE
18 U.S.C. § 1028A
(Aggravated Identity Theft)

18. Paragraphs 1 through 12 of this Bill of Indictment are realleged and incorporated by reference as though fully set forth herein.

19. On or about the dates listed below, each such date constituting a separate count, in Mecklenburg County, within the Western District of North Carolina and elsewhere, the defendant,

RONNIE LORENZO ROBINSON, JR.

did knowingly transfer, possess, and use, without lawful authority, a means of identification of another person, to wit, the name and National Provider Identifier (NPI) of qualified healthcare professionals, during and in relation to the commission of one or more federal felony violations, to include health care fraud in violation of 18 U.S.C. § 1347 and 18 U.S.C. § 1035(a)(1) as charged in Counts 1-6 above, namely:

Count	Provider	Date of Service
SEVEN	T.M.J.	12/24/2025

EIGHT	G.S.	02/21/2023
NINE	J.J.F.	05/10/2023

All in violation of Title 18, United States Code, Sections 1028A(a)(1).

NOTICE OF FORFEITURE AND FINDING OF PROBABLE CAUSE

Notice is hereby given of 18 U.S.C. § 982 and 28 U.S.C. § 2461(c). Under § 2461(c), criminal forfeiture is applicable to any offenses for which forfeiture is authorized by any other statute, including but not limited to 18 U.S.C. § 981 and all specified unlawful activities listed or referenced in 18 U.S.C. § 1956(c)(7), which are incorporated as to proceeds by § 981(a)(1)(C). The following property so subject to forfeiture in accordance with sections 982 and/or 2461(c):

a. All property which constitutes or is derived from proceeds of the violations set forth in this Bill of Indictment;

b. If, as set forth in 21 U.S.C. § 853(p), any property described in (a) and (b) cannot be located upon the exercise of due diligence, has been transferred or sold do, or deposited with, a third party, has been placed beyond the jurisdiction of the court, has been substantially diminished in value, or has been commingled with other property which cannot be divided without difficulty, all other property of the defendant to the extent of the value of the property described in (a).

The Grand Jury finds probable cause to believe that the following property is subject to forfeiture on one or more of the grounds set forth above:

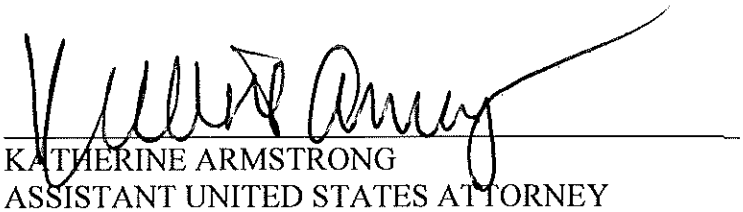
a. A forfeiture money judgment in the amount of at least $439,261.44, such amount representing the proceeds of the violations set forth in this Bill of Indictment.

A TRUE BILL

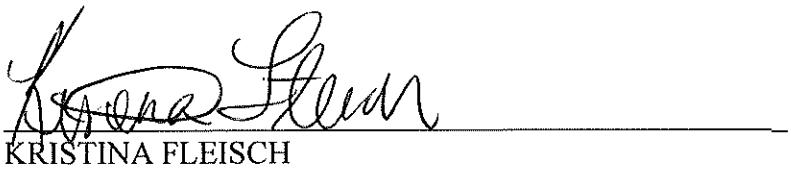
[redacted]

GRAND JURY FOREPERSON

RUSS FERGUSON
UNITED STATES ATTORNEY



KATHERINE ARMSTRONG
ASSISTANT UNITED STATES ATTORNEY



KRISTINA FLEISCH
SPECIAL ASSISTANT UNITED STATES ATTORNEY