

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
AUGUSTA DIVISION

FILED
U.S. DISTRICT COURT
SAVANNAH DIV.
2018 JUN 27 AM 8:30
CLERK
SO. DIST. OF GA.

UNITED STATES OF AMERICA) INFORMATION NO.
)
v.) 18 U.S.C. § 1347
) Health Care Fraud
JONATHAN D. AUSTIN)
) 42 U.S.C. § 408(a)(3)
) False Statement for Use in
) Determining Disability Insurance
) Benefits

THE UNITED STATES ATTORNEY CHARGES: **CR 118 - 034**

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

1. From January 2015 and continuing until on or about December 2017, the defendant, **JONATHAN D. AUSTIN** (“AUSTIN”) fraudulently obtained from Medicare and Tricare over \$1,400,000.

Background

2. The Medicare Program is a federally-funded program that provides free or below-cost health care benefits to certain individuals, primarily the elderly and disabled. The benefits available under Medicare are governed by federal statutes and regulations. The United States Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services (“CMS”), oversees and administered Medicare.

3. The Tricare Program is a federally-funded program that provides health care benefits to eligible active duty, as well as retired employees of the uniformed

services of the United States, and their dependents. The benefits available under Tricare are governed by federal statutes and regulations. The Defense Health Agency oversees and administers Tricare.

4. Medicare and Tricare are each a “health care benefit program” as that term is defined under 18 U.S.C. § 24(b). Individuals who received benefits under Medicare or Tricare are commonly referred to as “beneficiaries.”

5. At all times relevant to this information, **AUSTIN** resided in Martinez, Georgia and was a beneficiary of Medicare and Tricare.

6. Relating specifically to reimbursement for prescription medications, a beneficiary can receive reimbursement in one of two ways. A beneficiary can notify a pharmacy of his or her benefits at the time he or she receives the prescription, and the pharmacy will directly bill Tricare under the beneficiary’s coverage, leaving a beneficiary with a co-pay, if any, after the pharmacy applies the individual’s Tricare benefits. Alternatively, a beneficiary can pay cash in full for a prescription (without notifying the pharmacy of any Tricare benefits) and, subsequently, submit a claim to Tricare for reimbursement.

7. When a beneficiary submits a claim directly to Tricare, along with any required documentation, including the receipt(s) itemizing the expenses paid by the beneficiary, the claims is referred to as “manual” claims. Tricare will then mail a check directly to the beneficiary for the applicable portion of the “manual claim” covered by that individual’s Tricare benefits.

The Scheme

8. Beginning not later January 2015 and continuing until on or about December 2017, in the Southern District of Georgia and elsewhere, the defendant, **AUSTIN**, knowingly and willfully executed and attempted to execute a scheme and artifice to defraud Medicare and Tricare 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 Medicare and Tricare, health care benefit programs, as defined in Title 18, United States Code, Section 24(b), in connection with the delivery of and payment for health care benefits, items and services.

9. It was part of the scheme and artifice that, to make it appear as if he had been prescribed certain medications by a physician that he subsequently filled and paid for at several local pharmacies, **AUSTIN** created false and fraudulent documentation. This false and fraudulent documentation included forged "receipts" that included the name of the pharmacy, the name of a prescribing physician, and the amounts paid for specific medications. In truth and fact, as **AUSTIN** well knew, the substances on the "receipts" he submitted and caused to be submitted were not prescribed by a doctor, had not been dispensed by the pharmacy, and had not been paid for by **AUSTIN** or anyone else; and, therefore, were not entitled to reimbursement.

10. It was further part of the scheme that **AUSTIN** then attached the false and fraudulent documentation to a standard claim form (DD Form 2642) and signed the claim form attesting to the correctness of the claim.

11. It was further part of the scheme that **AUSTIN** then submitted and caused to be submitted to Medicare and Tricare over one thousand claim forms, together with the false and fraudulent documentation, for which **AUSTIN** sought and received reimbursement that totaled in excess of \$1,400,000.

Execution

12. On or about December 17, 2016, in the Southern District of Georgia and elsewhere, the defendant herein, **JONATHAN D. AUSTIN** for the purpose of knowingly and willfully executing and attempting to execute the above-described scheme and artifice to defraud Tricare, 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 Tricare, submitted claim 2017156GAK4WDK5529375 seeking and obtaining reimbursement of \$20,931.38 from Tricare.

All in violation of Title 18, United States Code, Section 1347.

COUNT TWO

False Statement for Use in Determining Disability Insurance Benefits
42 U.S.C. § 408(a)(3)

13. On or about June 2016, in the Southern District of Georgia and elsewhere, the defendant, **JONATHAN D. AUSTIN**, did knowingly and willfully make a false statement or representation of a material fact in his application for a disability determination by the Social Security Administration. To wit, **AUSTIN** submitted, and caused to be submitted, a false and fraudulent letter to the Social Security Administration purportedly from a social worker, in support of his application for a disability insurance benefits determination by the Social Security Administration, on or about June 2016, when, in truth and fact, as Defendant **AUSTIN** well knew, he forged the letter from a social worker attesting to his disability and submitted it as part of his application for disability benefits.

All in violation of Title 42, United States Code, Section 408(a)(3).

FORFEITURE ALLEGATION

The allegations contained in Count One of this Information are hereby re-alleged and incorporated by reference for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 982(a)(7).

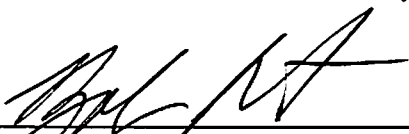
Upon conviction of the offense set forth in Count One of this Information, Defendant **JONATHAN D. AUSTIN** shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to such violation, including but not limited to, a sum of money representing the amount of gross proceeds obtained as a result of said violation.

If the property described above as being subject to forfeiture, as a result of any act or omission of the defendant,

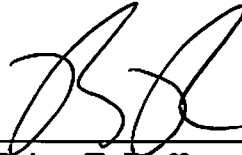
- A. cannot be located upon the exercise of due diligence;
- B. has been transferred, or sold to, or deposited with a third party;
- C. has been placed beyond the jurisdiction of the Court;
- D. has been substantially diminished in value; or
- E. has been commingled with other property which cannot be subdivided without difficulty,

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b) and Title 28, United States Code, Section 2461(c), to seek forfeiture of any other property of the defendant up to the value of the above forfeitable property.

All pursuant to 18 U.S.C. § 982(a)(7).



Bobby L. Christine
United States Attorney



Brian T. Rafferty
Assistant United States Attorney
Chief, Criminal Division



J. Thomas Clarkson
Assistant United States Attorney
Lead Counsel