UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION

UNITED STATES OF AMERICA	)	
	)	
	)	**INFORMATION NO.**
v.	)	
	)	**18 U.S.C. § 1349**
	)	**Conspiracy to Commit**
TONI DE LANOY	)	**Health Care Fraud**

CR420-088

THE UNITED STATES ATTORNEY CHARGES THAT:

Introduction

At all times material to this Information:

1. Beginning no earlier than June 2016 and continuing through July 2020, Toni De Lanoy, together with known and unknown co-conspirators, in the Southern District of Georgia and elsewhere, conspired to engage in a fraud and kickback scheme targeted at the Medicare program that led to over $1 billion in fraudulent claims being submitted to health care benefit programs for durable medical equipment, prescription creams, ultraviolet wands, and other items.

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 to Commit Health Care Fraud
18 U.S.C. § 1349

6. The allegations of paragraphs 1 through 5 of this Information are hereby

realleged and incorporated as if fully set forth herein.

7. Beginning no earlier than June 2016, the exact date being unknown, and continuing thereafter until at least in or about July 2020, within the Southern District of Georgia and elsewhere, De Lanoy and other unnamed co-conspirators, known and unknown, did knowingly and willfully, combine, conspire, confederate, and agree with each other to defraud, and 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, a health care benefit program 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, in violation of Title 18, United States Code, Section 1347, all in violation of Section 1349 of Title 18 of the United States Code.

Purpose of the Conspiracy

8. It was the purpose of the conspiracy for De Lanoy 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 June 2016, the exact date being unknown, and continuing thereafter until at least in or about March 2020, De Lanoy and others were part of a nationwide "telemedicine" scheme:

a. During the relevant time period, De Lanoy worked for a company ("Company 1") at the center of the nationwide "telemedicine" scheme.

b. Individuals known and unknown to De Lanoy developed a scheme that targeted the Medicare program to obtain millions of dollars in reimbursement for durable medical equipment, prescription creams, and ultraviolet wands, among other items.

c. Individuals known and unknown to De Lanoy obtained the identities and insurance information of Medicare and insurance beneficiaries, consisting primarily of elderly patients, through a series of call centers.

d. Individuals known and unknown to De Lanoy sought to sell this information to durable medical equipment companies, located within numerous districts across the country.

10. Knowing that Medicare requires a signed doctor's order for medically necessary durable medical equipment as a condition of payment, these individuals sought to pair the information with signed doctors' orders from "telemedicine" medical professionals.

11. Company 1 designed its own doctors' order template. The template was created to maximize the likelihood that Medicare and other insurers would pay claims based on doctors' orders generated through Company 1's platform, thereby attracting more customers to use the platform.

12. Company 1 designed its platform so that doctors' orders were pre-populated with insurance beneficiary demographics and limited items to be

prescribed to only a few HCPCS codes. The template was intended to appear as if a physician examined and treated his or her patient in the usual course of practice, while concealing the true nature of the "telemedicine" encounter that would give rise to the order.

13. Company 1's platform then allowed the doctors' orders to be "assigned" to a medical professional for completion and digital signature through Company 1's platform. Medical professionals digitally completed and signed the doctors' orders without a pre-existing relationship with the patients for whom they were prescribing, without physically examining the patients, and frequently without any physician-patient encounter at all.

14. These signed orders included expensive orthotic braces, prescription creams, ultraviolet wands, and other items, which could be billed for hundreds to thousands of dollars each.

15. De Lanoy, with individuals at Company 1, sought to facilitate the ordering and eventual sale of the patient information with a completed order or prescription by operating an online platform that could be accessed by call centers, marketers, telemedicine companies, durable medical equipment companies, and pharmacies.

16. For its role, Company 1 received a fee for each download of an order signed by a telemedicine physician who used its platform and another fee for each download by the eventual purchaser of the order.

17. De Lanoy, for her role, advised senior management at Company 1 as to the scheme, including by raising specific compliance warnings as to the "telemedicine" business model. As a further part of her role, De Lanoy personally connected physicians, durable medical equipment companies, marketers, and telemedicine companies in order to further the scheme, including facilitating the sales of illegal "telemedicine" orders as late as 2019.

18. During her time with Company 1, despite knowing the unlawful purpose of the arrangement, De Lanoy willfully joined in it until she began to voluntarily withdraw from the conspiracy beginning in June 2019.

19. In total, Company 1, for which De Lanoy assisted with only certain transactions of Company 1's overall operations, facilitated the sale of signed orders for hundreds of thousands of items reimbursed by Medicare, involving hundreds of thousands of Medicare patients' personal information, leading to in excess of $1 billion in reimbursement by Medicare and other health care benefit program as defined in Title 18, United States Code, Section 24(b) pursuant to this illegal scheme.

All in violation of Title 18, United States Code, Section 1349.

David Estes
First Assistant United States Attorney

Karl I. Knoche
Assistant United States Attorney
Chief, Criminal Division

Tom Clarkson with express permission JAP
J. Thomas Clarkson
Assistant United States Attorney
*Lead Counsel

Jonathan A. Porter
Assistant United States Attorney
*Co-lead Counsel