UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

UNITED STATES OF AMERICA

v.

Case No.: 8:26-CR-168-MSS-CPT
18 U.S.C. § 1956(h)

RUSTAM ABDAEV

INFORMATION

The United States Attorney charges:

COUNT ONE
(Conspiracy)

At all times relevant to this Information:

A. INTRODUCTION

The Defendant and the Entity

1. RUSTAM ABDAEV ("ABDAEV"), a citizen of Russia, was a resident of Tampa, Florida. ABDAEV played multiple roles in a money-laundering conspiracy, including that he: (1) received fraudulently-obtained funds from Medicare Part C plans, (2) withdrew and otherwise used a portion of the fraudulently-obtained funds for his own personal enrichment, and (3) wired and caused to be wired portions of the fraud proceeds to accounts outside of the United States.

2. Sunny and Recovery Inc. was a Florida corporation headquartered in Tampa, Florida. ABDAEV was the entity's president and had signatory authority on the entity's business checking accounts at multiple financial institutions.

The Medicare and Medicaid Programs

3. Medicare was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."

4. Medicare covered different types of benefits and was separated into different program "parts." Part C, also known as "Medicare Advantage," provided Medicare beneficiaries with the option to receive their Medicare benefits through a wide variety of private managed care plans, including health maintenance organizations ("HMOs"), provider sponsored organizations ("PSOs"), preferred provider organizations ("PPOs"), and private fee-for-service plans ("PFFS"). Private health insurance companies offering Part C plans were required to provide Medicare beneficiaries with the same services and supplies offered under other Medicare plans.

5. Medicare Part C covered, among other things, durable medical equipment ("DME") that was medically necessary and ordered by licensed medical

doctors or other qualified health care providers. DME was equipment designed for repeated use and for a medical purpose and included, among other items, back braces and knee braces.

6. A number of companies, including Humana Insurance Company ("Humana"), Molina Health Inc. ("Molina"), and Evernorth Health Services ("Evernorth") contracted with CMS to provide managed care to Medicare and Medicaid beneficiaries. As such, these companies were "health care benefit programs," as defined by 18 U.S.C. § 24(b).

7. These companies, through their respective Medicare and Medicaid plans, often made payments directly to providers, rather than to the Medicare and Medicaid beneficiaries that received the health care benefits, items, and services. This occurred when the provider accepted assignment of the right to payment from the beneficiary.

8. To bill private managed care plans for services rendered and DME provided to a beneficiary, a provider was required to obtain a National Provider Identifier ("NPI") number through the National Plan and Provider Enumeration System ("NPPES"). Upon approval, the healthcare provider acquired a unique 10-digit NPI.

9. To obtain payment for services or treatment provided to a beneficiary enrolled in a Part C plan or Medicaid, a provider had to submit itemized claim forms to the beneficiary's private managed care plan. The claim forms were typically submitted electronically via interstate wire. When a provider submitted a claim form

to a private managed care plan, the provider certified that the contents of the form were true, correct, complete, and that the form was prepared in compliance with the laws and regulations governing Medicare and Medicaid. The provider also certified that the services being billed were medically necessary and were in fact provided as billed.

10. The Florida Medicaid Program ("Medicaid") provided health care benefits, including DME, to certain low-income individuals and families in Florida. Medicaid was administered by CMS and the Agency for Health Care Administration ("ACHA").

11. Medicare and Medicaid were "health care benefit program[s]" as defined by 18 U.S.C. § 24.

B. The Conspiracy

12. Beginning on an unknown date, but at least as early as in or about December 2024, and continuing through and including in or about May 2025, in the Middle District of Florida and elsewhere, the defendant,

RUSTAM ABDAEV,

did knowingly and willfully combine, conspire, and agree with others, both known and unknown to the United States, to commit money laundering, to wit, the defendant knowingly engaged and attempted to engage in monetary transactions, affecting interstate and foreign commerce, which involved the proceeds of a specified unlawful activity, that is, health care fraud, in violation of 18 U.S.C. § 1347, knowing that the transaction was designed in whole and in part to conceal and

disguise the nature, location, source, ownership, and control of the proceeds of said specified unlawful activity, and knowing the property involved in the financial transaction represented the proceeds of some form of unlawful activity, in violation of 18 U.S.C. §1956(a)(1)(B)(i).

C. Manner and Means

13. The manner and means by which the coconspirators sought to accomplish the object of the conspiracy included, among others, the following:

a. It was part of the conspiracy that the defendant would and did open and incorporate and cause the opening and incorporation of Sunny and Recovery Inc.

b. It was further part of the conspiracy that the defendant would and did open and cause to be opened multiple bank accounts at financial institutions in the name of Sunny and Recovery Inc. and listed himself as the sole signatory on the accounts.

c. It was further part of the conspiracy that the defendant and coconspirators would and did cause Sunny and Recovery Inc. to obtain an NPI number through the NPPES.

d. It was further part of the conspiracy that the defendant and coconspirators would and did obtain the names and identification numbers of Medicare Part C plan and Medicaid beneficiaries, and the names and provider numbers of physicians, in order to submit false and fraudulent claims to these health

care programs for DME that was not prescribed by a licensed physician, was not medically necessary, and was never provided to the beneficiaries.

e. It was further part of the conspiracy that the defendant and coconspirators would and did submit and cause to be submitted false and fraudulent claims totaling more than $19 million to Medicare Part C plans and Medicaid, on behalf of Sunny and Recovery Inc. for DME that was never provided and not eligible for reimbursement.

f. It was further part of the conspiracy that the defendant and coconspirators would and did receive and cause to be received fraudulently obtained checks from Medicare Part C plans made payable to Sunny and Recovery Inc. and deposited and caused the deposit of those checks into financial accounts in the name of Sunny and Recovery Inc.

g. It was further part of the conspiracy that the defendant and coconspirators would and did wire and send, and cause to be wired and sent, the proceeds that they had fraudulently obtained from Medicare Part C plans to multiple financial institutions, including financial institutions located outside of the United States, in order to conceal and disguise the nature, source, ownership, and control of, and to hinder any efforts to locate, those proceeds.

h. It was further part of the conspiracy that the defendant would and did keep a portion of the fraudulently obtained funds for his own personal enrichment and the enrichment of others.

i. It was further part of the conspiracy that the defendant and coconspirators would and did misrepresent, conceal, hide, and cause to be misrepresented, concealed, and hidden, acts done in furtherance of the conspiracy.

In violation of 18 U.S.C. § 1956(h).

FORFEITURE

1. The allegations contained in Count One of this Information are incorporated by reference for the purpose of alleging forfeitures pursuant to 18 U.S.C. § 982(a)(1).

2. Upon conviction of a violation of 18 U.S.C. §1956(h), the defendant shall forfeit to the United States of America, pursuant to 18 U.S.C. §982(a)(1), any property, real or personal, involved in such offense, or any property traceable to such property.

3. The assets to be forfeited include, but are not limited to, an order of forfeiture in the amount involved in the offense.

4. If any of the property described above, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of the 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 divided without difficulty;

the United States of America shall be entitled to forfeiture of substitute property under the provisions of 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b)(1).

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