UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA	:	Hon.
	:	
v.	:	Crim. No. 25-
	:	
THOMAS CONZO	:	18 U.S.C. § 1347
	:	18 U.S.C. § 2

I N F O R M A T I O N

The defendant having waived in open court prosecution by indictment, the United States Attorney for the District of New Jersey charges:

(Health Care Fraud)

1. At all times relevant to this Information:

a. Defendant THOMAS CONZO resided in Staten Island, New York. CONZO owned and operated Elite Pharmacy, which was a specialty pharmacy located in Linden, New Jersey ("ELITE").

b. ELITE prepared and supplied, among other things, expensive specialty medications, which were prescribed to treat a variety of conditions, including Hepatitis C, Crohn's disease, gout, and rheumatoid arthritis.

c. Individual-1 was a licensed pharmacist who worked as the pharmacist at ELITE from on or about March 14, 2022 through on or about July 28, 2022.

d. Individual-2 was a licensed pharmacist who worked as the pharmacist at ELITE from on or about December 12, 2022 through on or about January 22, 2023.

The Medicare and Medicaid Programs

a. The Medicare Program ("Medicare") was a federally funded health care program, which provided payment for reasonable and medically necessary medical services for certain individuals, primarily the elderly, blind, and disabled. Medicare was administered by the United States Department of Health and Human Services, Center for Medicare and Medicaid Services ("CMS"). Individuals who received Medicare benefits were referred to as Medicare beneficiaries.

b. Medicare programs were separated into different "parts," each of which covered a different category of benefits available under Medicare. Medicare "Part D" subsidized the cost of prescription drugs for Medicare beneficiaries in the United States. In order to receive Part D benefits, a beneficiary enrolled in a Medicare drug plan. Medicare drug plans were operated by private health insurance companies approved by Medicare.

c. Medicaid Programs (collectively, "Medicaid") were jointly funded, federal-state health insurance programs for certain individuals, including but not limited to low-income adults. Medicaid was administered by individual states, according to federal requirements. All states, the District of Columbia, and the United States territories had a Medicaid program. Individuals who received Medicaid benefits were referred to as Medicaid beneficiaries.

d. Medicare and Medicaid were "health care benefit programs," as defined by Title 18, United States Code, Section 24(b) that affected commerce.

Medicare and Medicaid were also "Federal health care programs," as defined by Title 42, United States Code, Section 1320a-7b(f).

e. When pharmacies bill Medicare Part D or Medicaid, they agree to comply with these federal and state rules, as well as other rules regulating the practice of pharmacy. These government health programs cover medications only if the drugs are "[d]ispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act" and "on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records." 42 U.S.C. § 1396r-8(k)(2); 42 C.F.R. 440.120(a); 42 U.S.C. § 1395w-102(e).

The Health Care Fraud Scheme

2. From in or around August 2022 through in or around March 2023, in the District of New Jersey, and elsewhere, the defendant,

THOMAS CONZO,

knowingly and willfully executed and attempted to execute a scheme and artifice to defraud health care benefit programs, namely, Medicare and Medicaid, both health care benefit programs as defined under Title 18, United States Code, Section 24(b), and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit programs, in connection with the delivery of and payment for health care benefits, items, and services.

Goal of the Scheme

3. The goals of the health care fraud scheme was for CONZO to unlawfully

enrich himself by submitting and causing the submission of false and fraudulent claims to Medicare and Medicaid for prescriptions that were not reviewed, signed, or submitted by licensed pharmacists.

Manner and Means of the Scheme

4. It was part of the scheme that:

a. On or about March 14, 2022, CONZO hired Individual-1 to serve as the lead pharmacist at ELITE. In that role, Individual-1 submitted or caused to be submitted claims to Medicare and Medicaid for prescriptions ordered by ELITE on behalf of beneficiaries who sought to fill their prescriptions at ELITE. Individual-1 stopped working as ELITE's lead pharmacist on or about July 28, 2022.

b. From on or about July 28, 2022, through on or about December 19, 2022, ELITE did not employ a licensed pharmacist authorized to submit claims to Medicare and Medicaid. Nonetheless, during that time period, CONZO fraudulently submitted and caused to be submitted claims to Medicare and Medicaid for prescriptions using Individual-1's pharmacist credentials without Individual-1's knowledge or authorization. These fraudulent billing practices caused CONZO to receive approximately $133,322.54 in reimbursement payments from Medicare and Medicaid to which he was not entitled.

c. On or about December 12, 2022, CONZO hired Individual-2 to serve as the lead pharmacist at ELITE. In that role, Individual-2 submitted or caused to be submitted claims to Medicare and Medicaid for prescriptions ordered by ELITE

on behalf of beneficiaries who sought to fill their prescriptions at ELITE. Individual-2 stopped working as ELITE's lead pharmacist on or about January 22, 2023.

d. From on or about January 23, 2023, through on or about March 3, 2023, ELITE did not employ a licensed pharmacist authorized to submit claims to Medicare and Medicaid. Nonetheless, during that time period, CONZO submitted and caused to be submitted claims to Medicare and Medicaid for prescriptions using Individual-2's pharmacist credentials without Individual-2 knowledge or authorization. These fraudulent billing practices caused CONZO to receive approximately $41,402.13 in reimbursement payments from Medicare and Medicaid to which he was not entitled.

In violation of Title 18, United States Code, Section 1347 and Section 2.

FORFEITURE ALLEGATION

As a result of committing the offense alleged in this Information, defendant THOMAS CONZO shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), all property, real and personal, that constitutes or is derived from proceeds traceable to the commission of that offense.

Substitute Assets Provision

If any of the above-described forfeitable property, 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 person;

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), to seek forfeiture of any other property of said defendant up to the value of the above forfeitable property.

Alina Habba

ALINA HABBA
United States Attorney

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UNITED STATES OF AMERICA

v.

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INFORMATION FOR

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18 U.S.C. § 2

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