

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

UNITED STATES OF AMERICA

v.

STEPHANIE CUPO

Hon.

Crim. No. 26-

18 U.S.C. § 371

INFORMATION

The defendant having waived in open court prosecution by Indictment, the United States charges:

1. Unless otherwise indicated, at all times relevant to this Information:

The Defendant and Relevant Individuals

a. Defendant STEPHANIE CUPO (“CUPO”) was a resident of New Jersey. CUPO was not a medical professional, and she did not have a U.S. Drug Enforcement Administration (“DEA”) registration number.

b. Individual 1 was a medical doctor licensed by the State of New Jersey. Individual 1 maintained a DEA registration number in New Jersey, which allowed him to issue prescriptions for Schedule II through Schedule V controlled substances so long as they were for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. Individual 1 owned a medical practice in New Jersey.

c. Individual 2 was a resident of New Jersey and owned Pharmacy A, which was located in New Jersey. Pharmacy A was an enrolled Medicare provider that submitted claims to Medicare.

The Medicare Program

d. The Medicare Program (“Medicare”) was a federally funded health care program that provided free or below-cost benefits to certain individuals, primarily individuals 65 years of age and older and individuals with disabilities. The benefits available under Medicare were governed by federal statutes and regulations. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

e. Medicare was a “health care benefit program,” as defined in Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined in Title 42, United States Code, Section 1320a-7b(f). Individuals who received Medicare benefits were referred to as “beneficiaries.”

f. Medicare was divided into four parts: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D). Medicare Part B covered medically necessary physician office services, outpatient care, and items.

g. Physicians, clinics, pharmacies, and other health care providers (collectively, “providers”) that provided items and services to Medicare beneficiaries were able to apply for and obtain a “provider number.” Providers that received a Medicare provider number were able to submit claims to Medicare to obtain reimbursement for items and services provided to beneficiaries.

h. Claims submitted to Medicare seeking reimbursement were required to include: (i) the beneficiary’s name; (ii) the date upon which the benefit,

item, or service was provided or supplied to the beneficiary; (iii) the name of the provider; and (iv) the provider's unique identifying number, known either as the Unique Physician Identification Number ("UPIN") or National Provider Identifier ("NPI"). Claims seeking reimbursement from Medicare were able to be submitted in hard copy or electronically.

i. Medicare paid for claims only if the items or services were medically reasonable, medically necessary for the treatment or diagnosis of the patient's illness or injury, documented, and actually provided as represented to Medicare. Medicare would not pay for items and services that were procured through kickbacks and bribes.

Pharmacy Claims

j. In order to receive Part D benefits, a beneficiary enrolled in a Medicare drug plan. Medicare Part D plans were offered through private insurance companies, or "sponsors," that Medicare approved. A beneficiary in a Medicare drug plan could fill a prescription at a pharmacy and use his or her plan to pay for some or all of the prescribed drugs.

k. Prior authorizations were a cost-control measure that Medicare and some health care benefit programs employed prior to reimbursing certain services and drugs. To obtain coverage, a patient's treating medical provider often had to make certain certifications indicating that the service to be rendered or drug prescribed was medically necessary. The certifications of medical necessity contained

in prior authorizations often led to the payment of claims by Medicare and other health care benefit programs.

The Controlled Substances Act

l. The Controlled Substances Act (“CSA”), codified in Title 21 of the United States Code, and its promulgating regulations, classified drugs into five schedules depending on a drug’s acceptable medical use and its potential for abuse and dependency.

m. The CSA authorized DEA registrants, including doctors, nurses, and pharmacists, to dispense Schedule II through Schedule V controlled substances to individuals with a valid prescription. The DEA issued each DEA registrant a unique identifier known as a DEA registration number.

n. Title 21, Code of Federal Regulations, Section 1306.03 provided that “[a] prescription for a controlled substance may be issued only by an individual practitioner who is: (1) Authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession and (2) Either registered or exempted from registration”

o. Title 21, United States Code, Section 843(a)(2) prohibited any person from knowingly or intentionally using “in the course of the manufacture, distribution, or dispensing of a controlled substance . . . a [DEA] registration number which is . . . issued to another person[.]”

COUNT 1

2. Beginning in or around 2023, and continuing through at least in or around March 2025, in the District of New Jersey and elsewhere, the defendant,

STEPHANIE CUPO,

together with others, did knowingly and willfully conspire:

a. to, in a matter involving Medicare, a health care benefit program, make materially false, fictitious, and fraudulent statements and representations, knowing the same to be materially false, fictitious, and fraudulent, in connection with the delivery of and payment for health care benefits, items, and services, contrary to Title 18, United States Code, Section 1035; and

b. to use, in the course of the distribution and dispensing of controlled substances, a DEA registration number issued to another person, namely Individual 1, contrary to Title 21, United States Code, Section 843(a)(2).

Overt Acts

3. In furtherance of the conspiracy and to effect its objects, within the District of New Jersey and elsewhere, CUPO, together with others, did commit and cause the commission of, among others, at least one of the following:

a. On or about April 14, 2023, CUPO issued an electronic prescription for Adderall (amphetamine and dextroamphetamine), a Schedule II controlled substance, to a patient using Individual 1's DEA registration number.

b. On or about July 30, 2023, CUPO issued at least one refill prescription for a controlled substance to patients while Individual 1 napped.

c. On or about June 26, 2024, CUPO received a payment of approximately \$900 in cash from Individual 2 in exchange for submitting nine prior authorizations for medically unnecessary medications billed to Medicare by Pharmacy A.

d. On or about February 3, 2025, CUPO received a payment of approximately \$1,800 from Individual 2 in exchange for submitting prior authorizations for medically unnecessary medications billed to Medicare by Pharmacy A.

All in violation of Title 18, United States Code, Section 371.

FORFEITURE ALLEGATION

4. Upon conviction of the offense alleged in this Information, which is a Federal health care offense as defined in Title 18, United States Code, Section 24, the defendant, STEPAHNIE CUPO shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), all property, real or personal, the defendant obtained that constitutes or is derived, directly and indirectly, from gross proceeds traceable to the commission of such offense, including, but not limited to, a sum of money equal to \$32,000.

Substitute Assets Provision

5. 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 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,

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 the defendant up to the value of the forfeitable property described above.

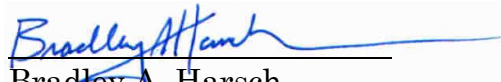
TODD BLANCHE
U.S. DEPUTY ATTORNEY GENERAL

PHILIP LAMPARELLO
SENIOR COUNSEL



JAKE NASAR
Assistant U.S. Attorney

Approved:



Bradley A. Harsch
Chief, Criminal Division

LORINDA LARYEA
ACTING CHIEF
CRIMINAL DIVISION,
FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE



NICHOLAS K. PEONE
PAUL J. KOOB
Trial Attorneys
Criminal Division, Fraud Section
U.S. Department of Justice

CASE NUMBER: _____

**United States District Court
District of New Jersey**

UNITED STATES OF AMERICA

v.

STEPHANIE CUPO

INFORMATION FOR

18 U.S.C. § 371

TODD BLANCHE
U.S. DEPUTY ATTORNEY GENERAL

PHILIP LAMPARELLO
SENIOR COUNSEL

JAKE NASAR
ASSISTANT U.S. ATTORNEY

LORINDA LARYEA
ACTING CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE

NICHOLAS K. PEONE & PAUL J. KOOB
TRIAL ATTORNEYS
NEWARK, NEW JERSEY
