



PRESS RELEASE

Owner of Telemedicine Companies Pleads Guilty to Role in \$136M Medicare Fraud Conspiracy

Friday, March 8, 2024

For Immediate Release

Office of Public Affairs

The owner of two purported telemedicine companies pleaded guilty today to her role in a conspiracy to defraud Medicare of \$136 million.

According to court documents, Jean Wilson, 52, of Richmond Hill, Georgia, was a licensed nurse practitioner in New Jersey. **Wilson owned two purported telemedicine companies, Advantage Choice Care LLC (ACC) and Tele Medicare LLC (Tele Medicare), and two orthotic brace suppliers, Southeastern DME and Choice Care Medical.** Wilson, through these companies, recruited medical professionals who were bribed to sign prescriptions for Medicare beneficiaries for orthotic braces and prescription drugs that were medically unnecessary, ineligible for Medicare reimbursement, or not provided as represented. In certain instances, Wilson only paid providers when they signed orthotic brace orders. The medical professionals Wilson recruited would often sign the orthotic brace orders based solely on a brief telephonic interaction with the beneficiary, or no interaction at all. Wilson and the medical providers she retained frequently signed false and misleading documentation to support claims to Medicare.

During the conspiracy, Wilson and others submitted, or caused the submission of, false and fraudulent claims to Medicare, Medicare sponsors, and Medicare Part D plans in excess of approximately \$136 million for orthotic braces and prescription drugs that were medically

unnecessary, ineligible for Medicare reimbursement, or not provided as represented. Medicare, Medicare sponsors, and Medicare Part D plans paid at least \$66 million for these claims.

Wilson pleaded guilty to conspiracy to commit health care fraud and wire fraud. She is scheduled to be sentenced on July 18 and faces a maximum penalty of 20 years in prison. As part of her plea, she has agreed to pay over \$66 million in restitution to Medicare and the IRS. A federal district judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

Acting Assistant Attorney General Nicole M. Argentieri of the Justice Department's Criminal Division, Special Agent in Charge Naomi Gruchacz of the Department of Health and Human Services Office of Inspector General (HHS-OIG), Special Agent in Charge James Dennehy of the FBI Newark Field Office, and Special Agent in Charge Tammy Tomlins of the IRS Criminal Investigation (IRS-CI) Newark Field Office made the announcement.

The HHS-OIG, FBI, and IRS-CI are investigating the case.

Trial Attorneys Darren C. Halverson and Nicholas K. Peone of the Criminal Division's Fraud Section are prosecuting the case.

The Fraud Section leads the Criminal Division's efforts to combat health care fraud through the Health Care Fraud Strike Force Program. Since March 2007, this program, currently comprised of nine strike forces operating in 27 federal districts, has charged more than 5,400 defendants who collectively have billed federal health care programs and private insurers more than \$27 billion. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with HHS-OIG, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at www.justice.gov/criminal-fraud/health-care-fraud-unit.

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Topic

HEALTH CARE FRAUD

Components

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