

FILED

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

2020 SEP 29 PM 3:48

CLERK, US DISTRICT COURT  
MIDDLE DISTRICT FLORIDA  
TAMPA, FLORIDA

UNITED STATES OF AMERICA

v.

CASE NO. 8:20cr297 T30 JSS  
18 U.S.C. § 1349

CHRISTOPHER RYAN HELFRICH

INFORMATION

The United States Attorney charges:

COUNT ONE

**(Conspiracy to Commit Health Care Fraud)**

**A. Introduction**

At all times material to this Information:

The Conspirators and Their Enterprises

1. Christopher Ryan Helfrich was a resident of the Middle District of Florida, an owner of A2B Insurance Solutions LLC (“A2B Insurance”), and the owner, registered agent, and founder of CRH Holdings, LLC, d/b/a “Lead Bridge” (“CRH Holdings”).

2. Adam Kovacsik was a resident of the Middle District of Florida and an owner, a manager, the registered agent, and the founder of A2B Insurance.

3. Individual 1 was a resident of the Middle District of Florida and an owner and manager of A2B Insurance.

4. A2B Insurance was a limited liability company located in Seminole County in the Middle District of Florida.

5. CRH Holdings was a limited liability company established in or about January 2016 in Hillsborough County in the Middle District of Florida.

6. Willie McNeal, IV was a resident of the Middle District of Florida and the owner, president, founder, chief executive officer, and the registered agent of Integrated Support Plus, Inc. (“Integrated”).

7. Integrated was a purported telemedicine company located in Hernando County in the Middle District of Florida.

8. Marketing Company 1 was a corporation located in Orange County in the Central District of California.

9. Individual 2 was a resident of the Central District of California and the owner, chief executive officer, and chief financial officer of Marketing Company 1.

10. Marketing Company 2 was a limited liability company located in Broward County in the Southern District of Florida.

11. Individual 3 was a resident of the Southern District of Florida and the registered agent and president of Marketing Company 2.

12. Marketing Company 3 was a Delaware corporation located in Monmouth County in the District of New Jersey.

13. Individual 4 was a resident of the District of New Jersey and the owner and operator of Marketing Company 3.

The Medicare Program

14. The Medicare Program (“Medicare”) was a federal health insurance program that provided medical benefits, items, and services to beneficiaries:

- a. aged 65 and older,
- b. under 65 with certain disabilities, and
- c. of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

15. The Centers for Medicare and Medicaid Services (“CMS”) was an agency of the U.S. Department of Health and Human Services (“HHS”), and was the federal government body responsible for the administration of Medicare.

16. Medicare programs covered different types of benefits that were separated into different program parts. Medicare Part B covered, among other things, doctors’ services, outpatient care, and certain medical equipment that were medically necessary.

DME Claims Submitted under Medicare Part B

17. Durable medical equipment (“DME”) were reusable medical equipment such as orthotic devices, walkers, canes, or hospital beds. Orthotic devices were a type of DME that included knee braces, back braces, shoulder braces, and wrist braces (collectively, “braces”).

18. DME companies, physicians, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare providers. To participate in Medicare, providers were required to submit an application in which the providers agreed to comply with all Medicare-related laws, rules, and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for medically necessary items and services rendered to beneficiaries. Medicare providers were given access to Medicare manuals and service bulletins describing billing procedures, rules, and regulations.

19. Medicare reimbursed DME providers and other health care providers for medically necessary items and services rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.

20. A Medicare claim for DME reimbursement was required to set forth, among other information, the beneficiary's name and unique Medicare identification number, the equipment provided to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.



21. Medicare would pay a claim for the provision of DME only if the equipment was medically necessary, ordered by a licensed provider, and actually provided to the beneficiary. Medicare claims were required to be properly documented in accordance with Medicare rules and regulations. Medicare would not reimburse providers for claims that were procured through the payment of kickbacks and bribes.

#### CHAMPVA

22. The Civilian Health and Medical Program of the Department of Veterans Affairs (“CHAMPVA”) was a federal health benefit program. CHAMPVA was a comprehensive health care program in which the VA shared the cost of covered health care services and supplies with eligible beneficiaries. CHAMPVA beneficiaries included the spouses or children of veterans who had been rated permanently and totally disabled for a service-connected disability and the surviving spouses or children of veterans who had died from VA-rated service-connected disabilities. In general, the CHAMPVA program covered most health care services and supplies that were medically necessary. CHAMPVA was always the secondary payer to Medicare and reimbursed beneficiaries for costs that Medicare did not cover. Health care claims must have first been sent to Medicare for processing. Medicare electronically forwarded claims to CHAMPVA after Medicare had processed them. For Medicare supplemental plans, CHAMPVA

processed the remaining portion of the claim after receiving Medicare's explanation of benefits.

**B. The Conspiracy**

23. From in or about March 2018 through in or about February 2019, in the Middle District of Florida, and elsewhere, the defendant,

CHRISTOPHER RYAN HELFRICH

did knowingly and willfully combine, conspire, confederate, and agree with others, including Adam Kovacsik, Individual 1, Willie McNeal, IV, Individual 2, Individual 3, Individual 4, and others, to commit health care fraud, in violation of 18 U.S.C. § 1347.

**C. Manner and Means of the Conspiracy**

24. The manner and means by which the defendant and his conspirators sought to accomplish the purposes of the conspiracy included, among others, the following:

a. It was part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, and Individual 1 would and did own and control A2B Insurance.

b. It was further part of the conspiracy that Christopher Ryan Helfrich would and did own and control CRH Holdings.

c. It was further part of the conspiracy that Adam Kovacsik,

Christopher Ryan Helfrich, Individual 1, Individual 2, Individual 3, Individual 4, and others would and did obtain access to personal identification information (“PII”) and purported personal health information of thousands of Medicare beneficiaries.

d. It was further a part of the conspiracy that Individual 2 would and did run a telemarketing operation (*i.e.*, Marketing Company 1) targeting the Medicare-aged population to generate DME brace orders.

e. It was further a part of the conspiracy that, through Marketing Company 1, Individual 2 would and did purchase “leads”—meaning patient data and call recordings—generated by “marketers” and call centers, including from CRH Holdings.

f. It was further a part of the conspiracy that, to form a lead, call center representatives would and did call Medicare beneficiaries to inquire about, among other information, the beneficiaries’ Medicare eligibility, their health status, and whether they wanted DME braces.

g. It was further a part of the conspiracy that call center representatives would and did make written electronic records of the calls and recordings of the calls.

h. It was further a part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, Individual 2, Individual 3, Individual 4,

and others would and did purchase from CRH Holdings Medicare beneficiaries' PII and purported personal health information and recordings of the call center's calls to the Medicare beneficiaries.

i. It was further a part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, and others would and did send the Medicare beneficiaries' PII and purported personal health information to Integrated and others.

j. It was further a part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, and Individual 1 would and did pay, and cause the payment of, illegal kickbacks and bribes to Integrated and others in exchange for arranging for medical providers to sign orders for DME regardless of medical necessity. Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, Willie McNeal, IV, and others would and did disguise the nature and source of these kickbacks and bribes by entering into sham contracts and by generating and causing the generation of fraudulent invoices that falsely identified the payments as for "BPO" (which is shorthand for "business process outsourcing").

k. It was further a part of the conspiracy that Integrated and others would and did induce medical providers to sign DME orders for braces regardless of medical necessity, in the absence of a pre-existing relationship with the Medicare beneficiary, without a physical examination of the Medicare



beneficiary, and without seeing, and in some cases even speaking to, the Medicare beneficiary.

1. It was further a part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, and others would and did select the braces to be prescribed based on profitability and the avoidance of Medicare scrutiny, rather than based on medical necessity.

m. It was further a part of the conspiracy that in exchange for the referral of the doctors' orders for braces, Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, and others would and did receive illegal kickbacks and bribes from conspirators at DME providers and conspirators acting as intermediaries for DME providers.

n. It was further a part of the conspiracy that Adam Kovacsik, Christopher Ryan Helfrich, Individual 1, and others would and did disguise the nature and source of these kickbacks and bribes by entering into sham contracts that falsely identified the payments as for a flat or hourly rate, when, in truth and in fact, the conspirators paid a set amount per brace order.

o. It was further a part of the conspiracy that the conspirators at DME providers would and did use the doctors' orders generated through bribes and kickbacks to support false and fraudulent claims to Medicare.

p. It was further a part of the conspiracy that, from in or about

August 2018 through in or about February 2019, Adam Kovacsik, Christopher Ryan Helfrich, and Individual 1 would and did pay their conspirators at Integrated approximately \$577,505 in illegal kickbacks and bribes in exchange for signed doctors' orders for braces.

q. It was further a part of the conspiracy that, from in or about August 2018 through in or about February 2019, Christopher Ryan Helfrich would and did receive approximately \$310,790 via CRH Holdings from Adam Kovacsik, Christopher Ryan Helfrich, and Individual 1 via A2B Insurance in exchange for PII and purported personal health information and recordings of the call center's calls to the Medicare beneficiaries.

r. It was further a part of the conspiracy that, from in or about March 2018 through in or about February 2019, Christopher Ryan Helfrich would and did receive approximately \$1,897,580 from Marketing Company 1, Marketing Company 2, and Marketing Company 3 in exchange for Medicare beneficiaries' PII and purported personal health information and recordings of the call center's calls to the Medicare beneficiaries.

s. It was further a part of the conspiracy that, from in or about August 2018 through in or about February 2019, Adam Kovacsik, Christopher Ryan Helfrich, and Individual 1 would and did receive approximately \$1,447,102 in illegal kickbacks and bribes in exchange for signed brace orders from their

conspirators at DME providers and conspirators acting as intermediaries for DME providers.

All in violation of 18 U.S.C. § 1349.

### **FORFEITURE**

1. The allegations contained in Count One are re-alleged and incorporated by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 982(a)(7).

2. Upon conviction for the violations alleged in Count One, the defendant shall forfeit to the United States of America, pursuant to 18 U.S.C. § 982(a)(7), any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of the offenses.

3. The property to be forfeited includes, but is not limited to, an order of forfeiture in the amount of \$2,251,370.03, which is the amount the defendant obtained as a result of the commission of the offense, and the following asset which constitutes proceeds traceable to the commission of the offense.

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

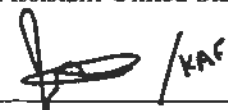
- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;

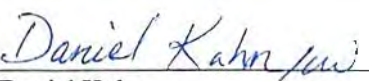
- c. has been placed beyond the jurisdiction of the court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty,

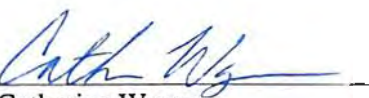
the United States of America shall be entitled to forfeiture of substitute property under the provisions of 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b)(1).

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