



U.S. Department of Justice

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PRESS RELEASE

FOR IMMEDIATE RELEASE

Thursday, February 20, 2014

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<http://www.justice.gov/usao/dc/index.html>

More Than 20 People Arrested Following Investigations Into Widespread Health Care Fraud in D.C. Medicaid Program **Charges Unsealed in Largest Health Care Fraud Takedown in D.C. History**

WASHINGTON - More than 20 people, including operators of home care agencies and nurse staffing agencies, office workers, and personal care assistants, were arrested today following investigations into fraudulent billing practices in the home health care industry.

The arrests -- marking the largest health care fraud takedown in the history of the District of Columbia -- followed a multi-year effort by federal and local law enforcement agencies to target widespread fraud in the District of Columbia Medicaid program. More than 200 law enforcement agents fanned out across the region early today to make arrests, execute search warrants at 10 locations, and seize dozens of bank accounts and property.

The charges were announced by U.S. Attorney Ronald C. Machen Jr.; Valerie Parlave, Assistant Director in Charge of the FBI's Washington Field Office; Nicholas DiGiulio, Special Agent in Charge of the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG), for the region that includes Washington, D.C.; Kathy A. Michalko, Special Agent in Charge, Washington Field Office, U.S. Secret Service; Thomas J. Kelly, Special Agent in Charge of the Washington Field Office of the Internal Revenue Service-Criminal Investigation (IRS-CI), and Charles J. Willoughby, Inspector General for the District of Columbia.

The investigation uncovered numerous, separate schemes involving fraud, kickbacks, and false billings in the growing field of home care services for D.C. Medicaid patients. Medicaid provides for such services to be performed by personal care aides, working for home care agencies. The aides assist Medicaid beneficiaries in performing activities of daily living, such as getting in and out of bed, bathing, dressing, keeping track of medication, and so forth. In order to be covered for such benefits, the beneficiaries must get a doctor's prescription.

In one alleged scheme, the owner of three home care agencies, who was barred from participating in federal health care programs after her nursing license was revoked, is accused of collecting more than \$75 million through the District of Columbia and Maryland Medicaid programs. In other alleged schemes, individuals are accused of recruiting and teaming up with Medicaid beneficiaries, who faked or exaggerated symptoms so they could sign up for home health care and then received cash payments of approximately \$200 every two weeks to sign timesheets falsely stating that they received home care services when they did not. Bills were submitted on behalf of these individuals for services that never were provided, costing D.C. Medicaid hundreds of thousands of dollars. Finally, one scheme involves a woman accused of selling counterfeit home health care aide certificates.

“This investigation has revealed that Medicaid fraud in the District of Columbia is at epidemic levels,” said U.S. Attorney Machen. “This fraud diverts precious taxpayer dollars, drives up the cost of health care, and jeopardizes the strength of a program that serves the most vulnerable members of our society. However, as today’s arrests, searches, and seizures demonstrate, we are aggressively fighting back to protect the U.S. taxpayer and the integrity of our federal health care programs.”

“Medicaid fraud rings are criminal enterprises that threaten our health care system and our public safety, and they will not be tolerated,” said Assistant Director in Charge Parlave. “Today’s arrests are part of a well-coordinated action with our law enforcement partners that puts criminals on notice that we are actively working to identify, arrest and prosecute anyone who participates in defrauding government programs designed to assist truly deserving patients.”

“Criminal organizations that steal from the District of Columbia Medicaid program are robbing the bank of health care money and cheating honest citizens of resources needed for their care,” said Special Agent in Charge DiGiulio. “We will work tenaciously with our law enforcement partners to fully investigate these disturbing allegations.”

“While it cannot be overly emphasized that this is an announcement of the charging of individuals for alleged criminal conduct with respect to the Medicaid program, the bringing of the charges demonstrates how the District of Columbia Office of the Inspector General continues to work with its law enforcement partners and District agencies to safeguard the District’s residents and treasury, collaborations that I continue to be proud of,” said Inspector General Willoughby.

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The various investigations were conducted by the FBI’s Washington Field Office; the U.S. Department of Health and Human Services, Office of Inspector General; the U.S. Secret Service; the Medicaid Fraud Control Unit of the District of Columbia’s Office of the Inspector General; the Internal Revenue Service-Criminal Investigation; the U.S. Immigration and Customs Enforcement (ICE) Office of Homeland Security Investigations (HSI); the Office of Labor Racketeering and Fraud Investigations, Office of Inspector General, Department of Labor; the Social Security Administration, Office of Inspector General, and the Medicaid Fraud Control Unit of the Maryland Attorney General’s Office. Assistance was provided by the District of Columbia’s Department of Health Care Finance and other agencies.

Twelve defendants were named in a total of five indictments that were unsealed today in the U.S. District Court for the District of Columbia. Each of the indictments includes a forfeiture allegation seeking a money judgment representing the proceeds of the alleged scheme.

An additional 13 defendants were charged in the Superior Court of the District of Columbia with first-degree fraud.

An indictment is merely a formal charge that a defendant has committed a violation of criminal laws. Every defendant is presumed innocent until, and unless, proven guilty.

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The following charges were unsealed today:

- *United States v. Florence Bikundi*

Bikundi, the owner of three home care agencies, is charged in a federal indictment with health care fraud, Medicaid fraud, and other charges in a scheme to secure more than \$75 million in D.C. Medicaid payments, even though she was barred from participating in any federal health care programs. The charges include multiple counts of money laundering for the manner in which she allegedly conducted financial transactions to conceal the nature, source, and location of her illegal proceeds.

Bikundi, 51, also known as Florence Ngwe and Florence Igwacho, of Bowie, Md., owns two entities named Global Healthcare, Inc., and one named Flo-Diamond Inc. In April 2000, according to the indictment, HHS-OIG notified Bikundi in writing that she was excluded from participation in Medicare, Medicaid, and all federal health care programs. This notice was based on the revocation the previous year of Bikundi's nursing license in Virginia. The exclusion was issued against Bikundi under her name of Florence Igwacho.

Bikundi subsequently concealed her past when she secured Medicaid provider numbers for her businesses using the name of Florence Bikundi, the indictment alleges. She also did not disclose that her nursing licenses were revoked in Virginia, South Carolina and the District of Columbia, the indictment alleges.

In violation of the terms of her exclusion, between July 2007 and the present, according to the indictment, Bikundi's entities received more than \$78 million in payments from Medicaid; of this, \$75 million came from the District of Columbia program and the rest from Maryland.

-*United States v. Arrey Kingsly Etchi-Banyi, et al*

Five individuals, including the owner of a nurse staffing agency, are charged in a federal indictment with conspiracy to commit health care fraud, health care fraud, and other charges in a scheme that allegedly defrauded D.C. Medicaid out of more than \$498,000.

Etchi-Banyi, 30, of College Park, Md., owns Ultimate Goal Home Care Agency, Inc., a nurse staffing agency based in Maryland. Ultimate Goal Home Care Agency contracted with home care agencies to provide personal care aides. He is accused of conspiring with four named defendants to get Medicaid payments for personal care services that never were provided.

According to the indictment, from February 2012 to October 2013, Etchi-Banyi and others recruited at least 19 D.C. Medicaid beneficiaries to sign up for personal care and other services that they actually would not receive. The beneficiaries were paid kickbacks to sign up, the indictment alleges, and coached by Etchi-Banyi on what to tell doctors in order to justify their entitlement for personal home care.

The defendants then allegedly paid additional kickbacks to the beneficiaries to prepare false timesheets for home care services that were not provided. These timesheets were used to bill D.C. Medicaid at least \$498,000 for services not provided, the indictment alleges.

In addition to Etchi-Banyi, those indicted include three purported personal care aides who worked for Ultimate Care: Oyebola Hammed Babarinde, 25, of Forestville, Md.; Oluwatoyin Bakare, 25, of Laurel, Md., and Cecilia Acquah, 32, of Silver Spring, Md., who also was the office manager. Also indicted was Oyebisi Zaart Babarinde, 31, of Forestville, Md., the sister of Oyebola Hammed Babarinde; she worked for a home care agency.

-United States v. Felix Aburi Fon, et al

Two individuals, both personal care aides, are charged in a federal indictment with conspiracy to commit health care fraud, health care fraud, and other charges in a scheme that allegedly defrauded D.C. Medicaid out of more than \$124,000.

Felix Aburi Fon, 41, and his wife, Mirabel Tenjoh Mukum, 32, both of Takoma Park, Md., were personal care aides for Immaculate Health Care Services, a home care agency operating out of the District of Columbia. Mukum also worked for Nursing Unlimited Services, Inc., a home care agency operating out of the District of Columbia.

According to the indictment, from April 2012 through September 2013, Fon and Mukum recruited two D.C. Medicaid beneficiaries into the scheme by offering kickbacks to sign up for personal care services and help submit false timesheets for work that was not performed. Fon and Mukum allegedly carried out this scheme with an unnamed co-conspirator, who worked as a personal care aide for the Vizion One home care agency.

The indictment provides details about \$124,000 in allegedly fraudulent claims submitted to D.C. Medicaid and paid to Nursing Unlimited Services, Inc. and Vizion One.

-United States v. Ernest N. Nkongsah, et al

Three individuals, including two personal care aides, are charged in a federal indictment with conspiracy to commit health care fraud and health care fraud in a scheme that allegedly defrauded D.C. Medicaid out of more than \$54,000.

From March 2013 until October 2013, according to the indictment, Ernest N. Nkongsah, 38, of New Carrollton, Md., recruited two people to sign up for personal care and other services that they did not receive; one was an undercover law enforcement agent purporting to be a D.C. Medicaid beneficiary. These people were paid kickbacks to sign up, according to the indictment, and then coached by Nkongsah and co-defendant Elizabeth E. Arung on how to make false representations to doctors and nurses so that they could be made eligible for personal care.

Nkongsah and Arung allegedly worked with co-defendant Emiline Desiree Nkemera Besong to prepare false timesheets. The Medicaid claims were submitted on behalf of Vizion One, a home care agency based in the District of Columbia, even though no services were provided. The indictment provides details about more than \$54,000 in fraudulent claims.

Arung, 41, of Silver Spring, Md., was a personal care aide at Vizion One, as was Besong, 35, of Hyattsville, Md.

-United States. v. Adoshia L. Flythe

Flythe, a personal care aide, is charged in a federal indictment with health care fraud and aggravated identity theft for her role in a scheme that involved counterfeit health certificates.

Flythe, 36, of Washington, D.C., worked for a home care agency in the District of Columbia. She is accused of selling counterfeit documents to help enable people to become personal care aides, making them eligible for Medicaid reimbursement.

Flythe allegedly sold packages that included a counterfeit “Home Health Care Aide” certificate from the University of the District of Columbia and a counterfeit “Health Certificate for Staff” that contained the forged name and signature of at least one doctor, to two individuals. The individuals purportedly wanted to apply for employment with a home care agency and to cause Medicaid to be billed for personal care services.

Superior Court Cases

Four separate cases were filed in the Superior Court of the District of Columbia, involving a total of 13 defendants and more than \$35,000 in D.C. Medicaid payments.

The cases involve separate schemes in which D.C. Medicaid beneficiaries were induced with kickbacks to participate in home health care frauds. As in some of the federal cases, D.C. Medicaid was billed for services that never were provided.

Those charged with first-degree fraud in the Superior Court of the District of Columbia include: Cedonne Ngwilefem Alemnji, 28, of Hyattsville, Md.; Dennis Allen, 56, of Washington, D.C.; Niba Ayinwingong, 49, of Glenarden, Md.; Etienne Boussougou, 34, of Hyattsville, Md.; Ulric Ayo Boyle, 47, of Silver Spring, Md.; Rose Epse-Acha, 53, of Greenbelt, Md.; Brandon Chenwi Shu Fobeth, 28, of Greenbelt, Md.; Michael Fomundam, 38, of Greenbelt, Md.; Eric Mukala, 47, of Bladensburg, Md.; Michael Nyantakyi, 32, of Lanham, Md.; Eliane Pougoum,

47, of Bladensburg, Md.; Victor Tarkeh, 47, of Bowie, Md., and Paul Tengwei, 31, of Takoma Park, Md.

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In addition to the arrests, 55 federal seizure warrants were executed today. The contents of 46 bank accounts associated with Bikundi that contained funds received from D.C. Medicaid were seized, as were the contents of three bank accounts associated with Etchi-Banyi's alleged fraud. In addition, six vehicles purchased with proceeds from the various schemes were seized. A Cadillac Escalade, a Mercedes Benz, a Porsche Panamera, a Land Rover, a Range Rover, and a BMW were seized from Bikundi, and a Toyota Highlander was seized from Etchi-Banyi.

The indictment against Bikundi also alleges that her residence is subject to forfeiture, as it was purchased with funds she received from D.C. Medicaid.

The FBI has set up a hotline number to report suspected incidents of Medicaid fraud: 855-281-1242. People can also provide information by e-mail to HealthCareFraud@ic.fbi.gov.

HHS-OIG also has a hotline that can be reached at 800-HHS-TIPS or by visiting the agency's website at <http://oig.hhs.gov/> and clicking on the "Report Fraud" tab.

The cases are being prosecuted by Special Assistant U.S. Attorney Dangkhua Nguyen and Assistant U.S. Attorneys Ted Radway, Michael Friedman, and David Johnson, the office's health care fraud coordinator, all of the Fraud and Public Corruption Section, and Assistant U.S. Attorney Anthony Saler of the Asset Forfeiture and Money Laundering Section.

Assistance was provided by Forensic Accountant Maria Boodoo; Paralegal Specialists Toni Donato, Donna Galindo, Krishawn Graham, Tasha Harris, Shanna Hays, Corinne Kleinman, and Nicole Wattlelet; Legal Assistants Angela Lawrence, Jessica McCormick, and Christopher Samson; Litigation Support Specialist Ron Royal; Criminal Investigator Matthew Kutz; Law Clerk Anne Ben-Ami; former Paralegal Specialists Lenisse Edloe and Diane Hayes; and former Assistant U.S. Attorney Angela Saffoe.

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