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United States Attorney's Office
District of Minnesota**

News Release

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Two Charged in Medicaid Fraud Schemes *Charges Mark Continued Focus on Health Care Fraud*

MINNEAPOLIS—Earlier today in federal court, a former employee and the operator of Universal Home Health, a home health care agency located in Golden Valley, were charged with offenses related to defrauding Medicaid. In separate Informations, Stephen Jon Rondestvedt, age 58, of Minneapolis, was charged with one count of health care fraud, and Mustafa Hassan Mussa, age 56, of Minnetonka, was charged with one count of aggravated identity theft.

Allegedly, from February 18, 2008, through December of 2010, Rondestvedt, an employee of Universal, defrauded Medicaid by submitting false reimbursement claims for personal care services. Rondestvedt allegedly agreed to provide and facilitate kickback payments to the family of a Medicaid recipient, who did not actually receive the personal care assistant services for which Universal billed Medicaid. The total estimated loss to Medicaid due to these actions is approximately \$55,000.

Universal submitted its Medicaid claims for reimbursement to the Minnesota Department of Human Services ("DHS"), which administers the Medicaid program in Minnesota. The Medicaid program provides medical care and services to low-income people who meet certain income and eligibility requirements. Personal care attendants ("PCA") visit Medicaid patients in their homes and assist with daily tasks.

Furthermore, on May 26, 2009, Mussa, who operated Universal, allegedly used the identification of a Medicaid recipient during and in relation to the submission of fraudulent billings to Medicaid. The fraudulent claim represented to DHS that a PCA was providing service to a Medicaid recipient who, in fact, was not receiving services from the PCA. The claim submitted in May 2009 was allegedly one of a substantial number of similarly fraudulent claims submitted to Medicaid through Universal between 2008 and 2010.

If convicted, Rondestvedt faces a potential maximum penalty of ten years in prison, and Mussa faces a mandatory penalty of two years in prison. All sentences will be determined by a federal district court judge.

These cases are the result of an investigation by the Federal Bureau of Investigation, the Department of Health and Human Services—Office of Inspector General, and the Medicaid Fraud Control Unit at the Minnesota Attorney General’s Office. They are being prosecuted by Assistant United States Attorney David M. Genrich.

These cases continue efforts at combating health care fraud, including health care fraud in the home health care industry. In April of this year (<http://www.justice.gov/usao/mn/press/apr019.pdf>) owners of several home health care agencies were indicted on allegations of defrauding Medicaid. Those prosecutions built on prior home health care cases successfully prosecuted at the federal and state levels.

The U.S. Attorney’s Office participates in a task force with the Medicaid Fraud Control Unit at the Minnesota Attorney General’s Office that focuses on home health care fraud trends. The task force includes the U.S. Department of Health and Human Services-Office of Inspector General, the FBI, the Internal Revenue Service, and other federal, state, and local law enforcement partners.

As a result of federal convictions for health care fraud, defendants are excluded from participating in federal health benefit programs, including Medicare and Medicaid. Exclusion determinations are made by the U.S. Department of Health and Human Services. Nationwide, more than 3,000 individuals were excluded from program participation in Fiscal Year 2010 based upon criminal convictions or patient abuse or neglect, license revocations, or other factors.

For more information, visit <http://www.stopmedicarefraud.gov/>

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A defendant, of course, is presumed innocent until he or she pleads guilty or is proven guilty at trial.