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United States Attorney's Office
District of Minnesota**

News Release

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Home health care agency owner pleads guilty to aggravated identity theft related to health care fraud

MINNEAPOLIS—Recently in federal court, the operator of Universal Home Health, a home health care agency located in Golden Valley, pleaded guilty to an offense related to defrauding Medicaid. On October 7, 2011, Mustafa Hassan Mussa, age 56, of Minnetonka, pleaded guilty to one count of aggravated identity theft. Mussa, who was charged on August 18, 2011, entered his plea before United States District Court Judge Susan Richard Nelson.

In his plea agreement, Mussa admitted that on May 26, 2009, he knowingly caused fraudulent billings to be submitted to Medicaid. The fraudulent claims were made to the Minnesota Department of Human Services (“DHS”), which administers the federal Medicaid program here in Minnesota. The claims indicated that a personal care attendant (“PCA”) was providing service to a Medicaid recipients when, in fact, the Personal Care Assistant was not providing services to the recipient. For example, a claim for reimbursement, submitted in May 2009, was one of a numerous fraudulent claims submitted to Medicaid through Universal between 2008 and 2010.

The U.S. recovered more than \$700,000 to be returned to the Medicaid program in connection with this matter.

The Medicaid program provides medical care and services to low-income people who meet certain income and eligibility requirements. Home health care, provided by PCAs, is one of the services reimbursed by Medicaid.

On September 14, 2011, Stephen Jon Rondestvedt, age 58, of Minneapolis, pleaded guilty to one count of health care fraud in a related case. Rondestvedt, who was an employee of Universal, was also charged on August 18, 2011.

In his plea agreement, Rondestvedt admitted that from February 18, 2008, through December of 2010, he defrauded Medicaid by submitting false reimbursement claims for personal care services. Rondestvedt agreed to provide and facilitate kickback payments to the family of a Medicaid recipient who did not actually receive the personal care services for which Universal billed Medicaid.

For his crime, Mussa faces a mandatory penalty of two years in prison, while Rondestvedt faces a potential maximum penalty of ten years. Judge Nelson will determine their sentences at future hearings, yet to be scheduled.

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. The cases are being prosecuted by Assistant U.S. Attorneys David M. Genrich, and related injunctive proceedings are being handled by Assistant U.S. Attorney D. Jerry Wilhelm.

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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