ORIGINAL

SEALED



IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

| | |
|---|---|
| UNITED STATES OF AMERICA | NO. |
| v. | |
| CATHERINE NKEIRU MADUKA | **FILED UNDER SEAL** |

INDICTMENT

3-26CR-282 E

The Grand Jury charges:

At all times material to this Indictment:

General Allegations

The Non-Defendant Entities

1. Saint Catherine Hospice, Inc., ("Saint Catherine Hospice"), a business located in Garland, Texas, purported to provide hospice and other health care services to patients in the Northern District of Texas and elsewhere. Saint Catherine Hospice was approved by Medicare to file claims for reimbursement for covered health care services provided to qualified Medicare beneficiaries. Between on or about October 2023 through on or about October 2025, Saint Catherine Hospice submitted claims to Medicare for hospice services totaling approximately $3.1 million which resulted in payments to Saint Catherine Hospice totaling approximately $2.3 million.

2. Facility #1, a business entity known by the Grand Jury, operated both an assisted living facility and a skilled nursing facility in Dallas, Texas. Nearly half of Saint Catherine Hospice's patients were residents of Facility #1's assisted living facility.

The Defendant and Her Coconspirators

3. Defendant **Catherine Nkeiru Maduka**, a resident of Garland, Texas, was licensed by the State of Texas as a Registered Nurse (License No. 854032) and as a Vocational Nurse (License No. 231966). **Maduka** owned Saint Catherine Hospice and served as its CEO.

4. Unindicted Coconspirator A, an individual known to the grand jury, was licensed by the State of Texas as a Vocational Nurse and Practical Nurse. Unindicted Coconspirator A was employed by Facility #1.

The Medicare Program Generally

5. The Medicare Program (Medicare) was a federal government health care benefit program that provided benefits to persons who were over the age of 65 or disabled. Medicare was administered by the United States Department of Health and Human Services through its agency, the Centers for Medicare & Medicaid Services. Medicare was divided into multiple "Parts." Medicare Part A covered hospice services.

6. Medicare, including Medicare Part A, was a "health care benefit program" as defined by 18 U.S.C. § 24(b), that affected commerce, and as that term is used in 18 U.S.C. § 1347.

7. Individuals who qualified for Medicare benefits were commonly referred to as "Medicare beneficiaries." Each Medicare beneficiary was given a Medicare identification number.

Medicare Covered Hospice Services

8. Hospice care was a set of services meant to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient or the patient's

family members. Hospice care was also known as palliative care, which meant that care was intended to alleviate suffering rather than to cure illness.

9. According to Medicare's regulations, to be eligible to elect hospice care under Medicare, the patient was required to be entitled to Part A of Medicare and be certified as being terminally ill. An individual was considered to be terminally ill if the medical prognosis was such that the individual's life expectancy was six months or less if the illness ran its normal course. Medicare only covered care provided by (or under arrangements made by) a Medicare certified hospice company.

10. A hospice company was permitted to admit a patient only on the recommendation of the hospice medical director in consultation with, or with input from, the patient's attending physician, if the patient had one. In determining whether to certify a patient as terminally ill, the hospice medical director was required to consider at least the following information: (1) diagnosis of the terminal condition of the patient; (2) other health conditions, whether related or unrelated to the terminal condition; and (3) current clinically relevant information supporting all diagnoses.

11. The certification of terminal illness was required to be based on the clinical judgment of the hospice medical director or physician member of the interdisciplinary group and the patient's attending physician, if the patient had one, regarding the normal course of the patient's illness. The signed certification of terminal illness had to contain the following: (1) a prognosis for a life expectancy of six months or less if the terminal illness ran its normal course; (2) clinical information and other documentation that

supported the prognosis; and (3) a brief narrative explanation of the clinical findings that supported a life expectancy of six months or less.

12. A beneficiary could be certified in this manner for two 90-day hospice benefit periods, or for about six months. Before a beneficiary could be further certified for additional hospice benefit periods, Medicare required that a licensed physician or nurse practitioner have a face-to-face encounter with the beneficiary to determine whether they were still hospice eligible. The physician or nurse practitioner was required to attest in writing that he or she had a face-to-face encounter with the patient, including the date of the visit. The narrative associated with this third benefit period, and every subsequent 60-day recertification, needed to include an explanation of why the clinical findings of the face-to-face encounter supported a life expectancy of six months or less.

13. If the Medicare beneficiary elected to receive hospice care, the Medicare beneficiary was required to file an election statement with a particular hospice company.

Count One
Conspiracy to Commit Health Care Fraud
[Violation of 18 U.S.C. § 1349 (18 U.S.C. § 1347)]

14. Paragraphs 1 through 13 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

15. From in or about October 2023 and continuing through the filing of this Indictment, the exact dates being unknown to the Grand Jury, in the Northern District of Texas and elsewhere, the defendant, **Catherine Nkeiru Maduka**, did knowingly and willfully combine, conspire, confederate and agree with Unindicted Coconspirator A, and with others known and unknown to the Grand Jury, to violate 18 U.S.C. § 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in 18 U.S.C. § 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of, Medicare, in connection with the delivery of and payment for health care benefits, items and services.

Purposes of the Conspiracy

16. It was a purpose of the conspiracy for **Maduka** and her coconspirators to unlawfully enrich themselves by (a) submitting false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of proceeds from the fraud; and (c) diverting proceeds of the fraud for the personal use and benefit of the defendant and her coconspirators.

Manner and Means of the Conspiracy

17. The manner and means by which **Maduka** and her coconspirators sought to accomplish the purposes of the conspiracy included, but were not limited to the following:

(a) **Maduka** and her coconspirators bribed Medicare beneficiaries with hospital beds and other items in exchange for enrolling them in hospice with Saint Catherine Hospice.

(b) **Maduka** offered and paid money to others in exchange for their assistance in recruiting and enrolling Medicare beneficiaries in hospice with Saint Catherine Hospice and disguised these payments as payments for "Marketing."

(c) **Maduka** and her coconspirators misrepresented the nature of hospice care to beneficiaries to induce them to enroll in hospice with Saint Catherine Hospice.

(d) **Maduka** and her coconspirators enrolled Medicare beneficiaries in hospice with Saint Catherine Hospice without the beneficiary's knowledge or consent.

(e) **Maduka** and her coconspirators enrolled Medicare beneficiaries in hospice with Saint Catherine Hospice despite the beneficiaries not being legitimately eligible for Medicare-covered hospice services.

(f) **Maduka** and her coconspirators falsified patient visit logs and other records to falsely inflate the number of hospice visits they provided to patients of Saint Catherine Hospice.

(g) **Maduka** and her coconspirators kept patients on hospice for multiple years in order to increase the revenue that Saint Catherine Hospice received from Medicare.

(h) **Maduka** and her coconspirators refused to facilitate the release of Saint Catherine Hospice patients who wanted to stop hospice care and who wanted to elect a different hospice agency.

(i) In response to a request by an employee of Facility #1 for hospice records, **Maduka** gave the employee a "Cease and Desist" letter demanding, among other things, that Facility #1 employees stop assisting its residents from transferring to a different hospice company.

(j) **Maduka** threatened to make formal complaints against Facility #1 to the United States Department of Health and Human Services and threatened legal action against Facility #1 unless Facility #1 agreed to **Maduka's** demand to stop seeking hospice records relating to Facility #1's residents.

(k) **Maduka** slipped an envelope containing $1,000 cash into the coat pocket of an employee of Facility #1 to induce the employee to stop bringing attention to **Maduka's** activities related to residents of Facility #1.

(l) **Maduka** and her coconspirators knowingly and willfully submitted, and caused the submission of, false and fraudulent claims to Medicare on behalf of Saint Catherine Hospice for medically unnecessary services and services that did not comply with Medicare's requirements for reimbursement.

(m) Using the proceeds derived from the conspiracy, **Maduka** transferred funds to various accounts she controlled, made cash withdrawals, made payments by check and Zelle to other individuals and businesses, and transferred money electronically to accounts and individuals outside the United States.

All in violation of 18 U.S.C. § 1349.

Counts Two through Seven
Health Care Fraud
[Violations of 18 U.S.C. § 1347]

18. Paragraphs 1 through 17 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

19. For each count listed in the chart below, on or about the date stated, in the Northern District of Texas and elsewhere, the defendant **Catherine Nkeiru Maduka**, knowingly and willfully executed and attempted to execute the above-described scheme and artifice to defraud, and to obtain by means of materially false and fraudulent pretenses and representations, money and property owned by and under the custody and control of Medicare, a health care benefit program as defined in 18 U.S.C. § 24(b), in connection with the delivery of and payment for health care benefits, items, and services, in that **Maduka** submitted and caused the submission of the listed claims for hospice services knowing that those claims were materially false and fraudulent in that **Maduka** used unlawful methods to identify, recruit and admit these beneficiaries for hospice services.

| Count | Date | Claim Number | HCPCS Code | Medicare Beneficiary | Medicare Payment |
|---|---|---|---|---|---|
| 2 | 11/16/2023 | 22332000232107TXR | Q5001 | **D.H.** | $4,929.77 |
| 3 | 11/16/2023 | 22332000232207TXR | Q5001 | **L.S.** | $5,288.37 |
| 4 | 02/11/2025 | 22504201949707TXR | Q5001 | **J.H.** | $6,209.90 |
| 5 | 04/14/2025 | 22510403793807TXR | Q5001 | **L.M.** | $6,002.90 |

| Count | Date | Claim Number | HCPCS Code | Medicare Beneficiary | Medicare Payment |
|---|---|---|---|---|---|
| 6 | 05/14/2025 | 225134025884O7TXR | Q5001 | **A.C.** | $5,023.40 |
| 7 | 07/28/2025 | 225209034933O7TXR | Q5001 | **W.K.** | $5,956.33 |

All in violation of 18 U.S.C. § 1347.

Forfeiture Notice
[18 U.S.C. § 981(a)(1)(C); 18 U.S.C. § 982(a)(2)(A); 28 U.S.C. § 2461]

20. Paragraphs 1 through 19 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

21. Upon conviction of the offense alleged in Count One of this Indictment, defendant **Catherine Nkeiru Maduka** shall forfeit to the United States of America, pursuant to 18 U.S.C. § 981(a)(1)(C), 18 U.S.C. § 982(a)(2)(A), and 28 U.S.C. § 2461, any property, real or personal, constituting, or derived from, proceeds obtained directly or indirectly as a result of the offense.

22. Upon conviction for any offense alleged in Counts Two through Seven of this Indictment, defendant **Catherine Nkeiru Maduka** shall forfeit to the United States of America, pursuant to 18 U.S.C. § 982(a)(2)(A), any property, real or personal, constituting, or derived from, proceeds obtained directly or indirectly as a result of the offense.

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

(a) cannot be located upon the excise 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 pursuant to 21 U.S.C. § 853(p), as incorporated by 28 U.S.C. § 2461(c).

24. The above-referenced property subject to forfeiture includes, but is not limited to, a "money judgment" constituting the gross proceeds traceable to the offense.

A TRUE BILL

FOREPERSON

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

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THE UNITED STATES OF AMERICA
v.
CATHERINE NKEIRU MADUKA

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SEALED INDICTMENT
18 U.S.C. § 1349 (18 U.S.C. § 1347)]
Conspiracy to Commit Health Care Fraud
(Count 1)

18 U.S.C. § 1347
Heath Care Fraud
(Counts 2-7)

18 U.S.C. § 981(a)(1)(C); 18 U.S.C. § 982(a)(2)(A); 28 U.S.C. § 2461
Forfeiture Notice

7 Counts

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A true bill rendered

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DALLAS FOREPERSON

Filed in open court this 2nd day of June, 2026.

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**Warrant to be Issued**

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UNITED STATES MAGISTRATE JUDGE
No Criminal Matter Pending