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PRESS RELEASE

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Maryland Woman Charged With Health Care Fraud **Defendant Allegedly Caused Medicaid To Be Billed Hundreds of Thousands of Dollars**

WASHINGTON – A Maryland woman who was employed as a personal care aide has been charged with scheming to submit false claims to the District of Columbia’s Medicaid program.

The announcement was made by U.S. Attorney Jessie K. Liu, Assistant Director in Charge Nancy McNamara of the FBI’s Washington Field Office, District of Columbia Inspector General Daniel W. Lucas, and Special Agent in Charge Maureen R. Dixon of the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG), for the region that includes Washington, D.C.

Mobolaji Tina Stewart, 57, of Laurel, Md., was arrested on Dec. 13, 2018 on a criminal complaint charging her with health care fraud and making health care false statements. She made her first appearance later that day in the U.S. District Court for the District of Columbia and was ordered held pending a detention hearing today. At that hearing, she was ordered released on personal recognizance pending further court proceedings.

According to the complaint, Stewart was employed as a personal care aide from January 2014 through her arrest. Under the Medicaid program, personal care aides perform services intended to assist Medicaid beneficiaries in carrying out the activities of daily living. These can include helping beneficiaries get in and out of bed, bathe, dress, take medication, and engage in toileting. To receive personal care services under Medicaid, a beneficiary must obtain a prescription from a doctor.

Stewart’s billing practices drew the attention of the District of Columbia Department of Health Care Finance after she was identified as the second-highest paid personal care aide in 2014 and 2015.

According to the complaint, Stewart caused Medicaid to be billed for more than 24 hours in a given day, for services that she allegedly provided while she was out of the country, and for services that she allegedly provided to a beneficiary who was hospitalized at the time. Based on a review of Medicaid billing claims data, between January 2014 and January 2017, Stewart caused Medicaid to issue payments totaling approximately \$434,000, including payments based on fraudulent timesheets.

The charges in a criminal complaint are merely allegations, and every defendant is presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

The investigation into this matter is being conducted by the FBI's Washington Field Office, the District of Columbia Office of the Inspector General's Medicaid Fraud Control Unit, and the Office of Inspector General for the U.S. Department of Health and Human Services.

The case is being prosecuted by Assistant U.S. Attorney Kondi Kleinman, with assistance from Trial Attorney Amy Markopoulos of the Justice Department's Criminal Division and Paralegal Specialist Robert Fishman of the U.S. Attorney's Office for the District of Columbia.

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