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July 13, 2023

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**OWNER OF HEALTH CARE COMPANY PLEADS GUILTY TO FEDERAL CHARGE FOR
CONSPIRACY TO COMMIT HEALTH CARE FRAUD**

Defendant Also Fraudulently Obtained COVID-19 CARES Act Loan

Baltimore, Maryland – Mboutchok Kabiwa a/k/a Eugenie Bakari or Eugenie Kabiwa, age 45, of Silver Spring, Maryland, pleaded guilty yesterday to conspiracy to commit health care fraud in connection with a scheme to pay bribes and kickbacks to Medicaid beneficiaries to induce the beneficiaries to visit her company Holy Health Care Services, LLC (“Holy Health”), a mental health services provider with locations in Washington, D.C.

The guilty plea was announced by United States Attorney for the District of Maryland Erek L. Barron; Acting Special Agent in Charge of the FBI Washington Field Office’s Criminal and Cyber Division, Emily Odom; Special Agent in Charge Maureen Dixon, Office of Investigations, Office of Inspector General of the Department of Health and Human Services (“HHS OIG”); and Daniel W. Lucas, Inspector General for the District of Columbia.

According to her plea agreement, Kabiwa and a co-conspirator owned and operated Holy Health. Holy Health entered into Medicaid Provider Agreements with the District of Columbia’s Department of Health Care Finance (“DHCF”), to provide healthcare services to D.C. Medicaid recipients. Holy Health was certified by the District of Columbia’s Department of Behavioral Health (“DBH”) to provide mental health services as a freestanding clinic and as a Mental Health and Rehabilitation Services (“MHRS”) provider. As a certified MHRS provider, Holy Health had authority to provide and bill for a variety of mental health services including “community support” – a service for which community support workers (“CSWs”) provide rehabilitative and educational support to mental health patients both in clinical settings and in the community. Holy Health documented the services provided to patients utilizing an electronic healthcare system called the Integrated Care Management System (“ICAMS”), then submitted invoices for those services to DHCF, which processed the invoices and paid Holy Health.

As detailed in the plea agreement, Kabiwa and her co-conspirators paid bribes and kickbacks to Medicaid beneficiaries to induce the beneficiaries to visit Holy Health, and paid bribes and kickbacks to others in exchange for referring Medicaid beneficiaries to Holy Health for mental health services. The co-conspirators caused Medicaid beneficiaries to be transported, often by van, to Holy Health’s North Capitol location. Medicaid beneficiaries who visited Holy Health were required to sign in and received a cash bribe – generally \$5 or \$10 – in exchange for visiting Holy Health. To conceal the nature of these payments, Kabiwa directed Holy Health employees to falsely describe these payments as a transportation stipend, even when

Holy Health transported the beneficiaries or when beneficiaries were not incurring transportation expenses. At other times during the conspiracy, Kabiwa and her co-conspirators attempted to conceal the illegal bribe payments to beneficiaries as payments from the Agatha Foundation, a nonprofit that Kabiwa founded. Kabiwa provided front-desk employees of Holy Health with sign-in sheets containing Agatha Foundation letterhead to create the false appearance that Agatha was making the payments. Kabiwa admitted that she and a co-conspirator provided funds to Holy Health employees to fund the kickback and bribe payments.

According to the plea agreement, Kabiwa and her co-conspirators caused claims to be submitted by Holy Health to Medicaid for services, including community support services, purportedly provided to Medicaid beneficiaries procured through bribes and kickbacks. Medicaid would not have paid the claims had it known they were procured through bribes and kickbacks. Kabiwa also became aware that co-conspirators entered false notes into ICAMS for CSW services that were not rendered and were not provided as billed to Medicaid, but took no action to stop or correct the fraudulent claims. Based on the amount that Medicaid paid to Holy Health for community support services that were not delivered or procured through bribes and kickbacks, the actual loss to Medicaid was at least approximately \$3,343,781.

Finally, Kabiwa admitted that she fraudulently obtained an Economic Injury Disaster Loan (“EIDL”) of \$150,000 for Holy Health. The EIDL program was part of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) and was intended to help small businesses meet necessary financial obligations that could have been met had the COVID-19 pandemic not occurred. After a \$1,000 handling charge, EIDL loan proceeds of \$149,900 were transferred into a Holy Health bank account on May 26, 2020. Within a few days, Kabiwa transferred \$120,000 of the EIDL proceeds from the Holy Health bank account to her personal bank account. Kabiwa used the EIDL funds for personal purposes including to purchase two vehicles—one of which was a Porsche Cayenne. Kabiwa titled both vehicles in the name of her non-profit, the Agatha Foundation. Kabiwa also transferred more than \$40,000 in EIDL funds overseas, including \$37,821 to Cameroon, even though Holy Health had no operations outside of the United States.

Kabiwa faces a maximum sentence of 10 years in federal prison for the health care fraud conspiracy. As part of her plea agreement, Kabiwa will be required to forfeit and pay restitution in the full amount of the loss, which the parties agree is at least \$3,493,681. U.S. District Judge Paula Xinis has scheduled sentencing for November 21, 2023 at 10:00 a.m.

The District of Maryland Strike Force is one of three strike forces established throughout the United States by the U.S. Department of Justice to investigate and prosecute COVID-19 fraud, including fraud relating to the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act. The CARES Act was designed to provide emergency financial assistance to Americans suffering the economic effects caused by the COVID-19 pandemic. The strike forces focus on large-scale, multi-state pandemic relief fraud perpetrated by criminal organizations and transnational actors. The strike forces are interagency law enforcement efforts, using prosecutor-led and data analyst-driven teams designed to identify and bring to justice those who stole pandemic relief funds.

For more information on the Department’s response to the pandemic, please visit <https://www.justice.gov/coronavirus>. Anyone with information about allegations of attempted fraud involving COVID-19 can report it by calling the Department of Justice’s National Center for Disaster Fraud (NCDF) Hotline at 866-720-5721 or via the NCDF Web Complaint Form at: <https://www.justice.gov/disaster-fraud/ncdf-disaster-complaint-form>.

United States Attorney Erik L. Barron commended the FBI, the HHS OIG, and the District of Columbia Office of Inspector General’s Medicaid Fraud Control Unit for their work in the investigation. Mr. Barron thanked Assistant U.S. Attorneys Jessica C. Collins, Christopher M. Sarma, and Megan S. McKoy, who are prosecuting the case.

For more information on the Maryland U.S. Attorney's Office, its priorities, and resources available to help the community, please visit www.justice.gov/usao/md.

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