

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA

2025 JUN 24 P 1:35

Alexandria Division

UNITED STATES OF AMERICA

v.

YVOUNE KARA PETRIE,

Defendant.

Case No. 1:25-CR-172

CRIMINAL INFORMATION

THE UNITED STATES ATTORNEY CHARGES THAT:

General Allegations

At all times material to this Information, unless otherwise specified:

CareFirst BlueCross BlueShield

1. CareFirst BlueCross Blue Shield (CareFirst) offered individual and employer group health insurance plans. CareFirst was a “health care benefit program” as defined by Title 18, United States Code, Sections 24(b) and 1347.
2. To enroll in an employer group health insurance plan, an employer contracts with an insurance company (such as CareFirst) to provide reimbursement for medical care for its employees. The employer/employee agreed to pay the insurance company in exchange for the insurance company’s handling of billing and claims payment for the employees.
3. CareFirst often made payments directly to health care providers or businesses, rather than to the beneficiary who received the health care benefits, items, and services.

4. To obtain payment for treatment or services to a beneficiary, health care providers or businesses submitted itemized claim forms to the beneficiary's commercial insurance plan. The claim forms were typically submitted electronically via the internet. The claims forms typically required the following information: (i) the beneficiary's name and health insurance identification number; (ii) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (iii) the billing code(s) and cost for the health care benefit, item, or service; (iv) the date upon which the health care benefit, item, or service was provided or supplied to the beneficiary; (v) and the name of the treating physician or health care provider, as well as a unique identifying number, known as a National Provider Identifier (NPI), associated with the treating physician or health care provider.

5. When a health care provider or business submitted a claim form to CareFirst, the provider and/or business certified that the contents of the claim form were true, correct, complete, and that the form was prepared in compliance with federal laws and regulations forbidding the submission of false and fraudulent claims. The provider and/or business also certified that the services being billed were prescribed, medically necessary, and were, in fact, provided as billed.

Virginia Integrative Health and Related Entities

6. Virginia Functional Medicine Inc., Virginia Integrative Health LLC, Integrative Health and Hyperbaric & Wound Care LLC, Virginia Integrative Health & Hyperbaric LLC, and Integrative Hyperbaric NOVA LLC (collectively the "VFM Entities") are Virginia corporations in Vienna, VA, and were medical clinics providing various integrative health services including, but not limited to, hyperbaric oxygen therapy.

7. At all times relevant to this Information, Defendant Yvonne Kara Petrie was the president, chief executive officer, and founder of the VFM Entities.

8. VIH employed licensed medical and chiropractic physicians to see patients, provide medical services, participate in medical care, supervise medical care, and prescribe care. Each physician employed by VIH had a unique NPI that would be used when that physician prescribed medical benefits or participated in services to a particular patient.

HBOT

9. Hyperbaric oxygen therapy (HBOT) involves the use of pressurized room air, 100% oxygen, or room air enriched with a specific concentration of oxygen. The premise of HBOT is that the increased pressure results in increased oxygen levels in systemic circulation and the body's tissues with the goal of improving healing of wounds, injuries, or to support oxygen transport in acutely anemic or hypoxic individuals.

10. A session of HBOT was commonly referred to as a "dive." Each HBOT dive began when the patient entered the chamber and concluded when the patient exited.

11. A dive usually lasted between thirty minutes and two hours, but could be less or more, depending on the patient's tolerance and the physician's prescription.

12. A physician was not required to administer or assist with the HBOT. But to be billed, a physician was required to be present to ensure the patient was medically appropriate for the HBOT on that particular day and to treat any medical emergency that arose during the session, such as a stroke or heart attack.

13. CareFirst only reimbursed HBOT treatment that was prescribed by a provider and considered medically necessary to treat specific conditions, such as acute thermal burns, carbon monoxide poisoning, chronic non-healing wounds, chronic refractory osteomyelitis, etc.

14. CareFirst reimbursed separately for each HBOT dive. For billing purposes CareFirst directed providers to describe this attendance and supervision by using CPT code 99183.

CPT code 99183 was defined as “Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session.” CareFirst would pay a set fee under CPT code 99183 for the supervision and attendance of each dive.

COUNT ONE
Health Care Fraud
(18 U.S.C. § 1347)

15. Beginning at least in or around January 2016, and continuing until in or around September 2022, in the Eastern District of Virginia, the defendant,

YVOUNE KARA PETRIE,

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, CareFirst, 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 said health care benefit program.

Purpose of the Scheme to Defraud

16. It was the purpose and object of the scheme to defraud for the defendant to unlawfully enrich herself by, among other things: (a) falsifying CareFirst claims; (b) submitting and causing the submission of false and fraudulent claims to CareFirst; (c) using physician NPIs without authority; and (d) diverting the fraud proceeds for her own personal use and benefit. The scheme to defraud consisted of excessive medical benefits, services, and products (such as HBOT) that were not rendered or provided to patients, not prescribed by a physician, and not medically necessary.

The Manner and Means Used to Accomplish the Scheme to Defraud

17. The manner and means by which the defendant sought to accomplish the object or scheme included among others, the following:

- a. The defendant directed and controlled billing for health care claims for the VFM entities. She hired, trained, and directed the staff in its billing practices. The defendant also oversaw, had direct access to billing, and submitted claims to CareFirst herself.
- b. The defendant recruited family members and friends (some of whom were not legitimately employees of any of the VFM Entities) to be a part of the employer group coverage for VIH to bill for HBOT. The defendant encouraged family members and friends to seek services to generate premiums, rather than based on medical necessity. And the defendant billed or caused to be billed without regard to the services that were actually prescribed.
- c. The defendant submitted and caused her staff to submit claims to CareFirst for HBOT services and treatments, which were: (i) not rendered or provided to patients; (ii) not prescribed by a provider; and/or (iii) not medically necessary.
- d. If CareFirst denied payment for one or more HBOT treatments, the defendant submitted and caused her staff to resubmit multiple claims for the same service, often until the claims were paid.
- e. In submitting and causing her staff to submit fraudulent claims, the defendant used at least four different physician's NPIs without permission, authority, or justification.

18. As a result of the fraud scheme, the defendant intended to cause at least \$1,900,000 in loss and caused at least \$1,900,000 in actual loss to CareFirst.

Execution of the Scheme to Defraud

19. The defendant, **YVOUNE KARA PETRIE**, in connection with the delivery of payment for health care benefits, items, and service, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, as defined in 18 U.S.C. § 24(b), that is CareFirst, and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody of CareFirst, in that the defendant submitted and caused the submission of false and fraudulent claims.

20. Provider-1 was an employee of VIH and a member of the employer group. On July 7, 2020, the defendant used Provider-1's NPI, without authorization to bill or cause CareFirst to be billed \$1,500.00 for HBOT for Provider-1. CareFirst paid VIH based on the material misrepresentations in the claim. The HBOT the defendant billed was never provided to Provider-1 and was not prescribed by Provider-1.

(In violation of Title 18, United States Code, Sections 1347 and 2).

FORFEITURE NOTICE

Pursuant to Rule 32.2(a) of the Federal Rules of Criminal Procedure, the defendant, **YVOUNE KARA PETRIE**, is hereby notified that if convicted of the offense listed in Count One of the Information, the defendant shall forfeit to the United States, pursuant to 18 U.S.C. § 982(a)(7) any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense. The property subject to forfeiture includes, but is not limited to, a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offense.

Pursuant to 21 U.S.C. § 853(p), the defendant, **YVOUNE KARA PETRIE**, shall forfeit substitute property, if, by any act or omission of the defendant, the property referenced above cannot be located upon the exercise of due diligence; has been transferred, sold to, or deposited with a third party; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or has been commingled with other property which cannot be divided without difficulty.

(All in accordance with 18 U.S.C. § 982(a)(7); 21 U.S.C. § 853(p); and Fed. R. Crim. P. 32.2.)

Respectfully submitted,

Erik S. Siebert
United States Attorney

By: _____


Zachary H. Ray
Assistant United States Attorney