

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF LA.

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CC

CAROL L. MICHEL
CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

FELONY

**BILL OF INFORMATION
FOR HEALTH CARE FRAUD**

UNITED STATES OF AMERICA

*

CRIMINAL NO.

24-136

v.

*

SECTION:

SECT. M MAG. 4

JOHN CHRISTOPHER BARRILLEAUX

*

VIOLATION: 18 U.S.C. § 1347

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The United States Attorney charges that:

GENERAL ALLEGATIONS

A. AT ALL TIMES RELEVANT HEREIN:

1. **JOHN CHRISTOPHER BARRILLEAUX** (“**BARRILLEAUX**”) was a resident of Thibodaux, Louisiana, in the Eastern District of Louisiana. **BARRILLEAUX** was a licensed clinical social worker. **BARRILLEAUX** was not a licensed physician.

2. The Louisiana Health Service and Indemnity Company, d/b/a Blue Cross and Blue Shield of Louisiana (“BCBSLA”), Aetna Life Insurance Company and/or affiliates (“Aetna”), and Cigna Health and Life Insurance Company and/or affiliates (“Cigna,” and collectively with BCBSLA and Aetna, the “Insurance Companies”) were for-profit health and accident insurance

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companies, affecting commerce, that provided health care benefits to member entities and individuals in Louisiana. The Insurance Companies were “health care benefit program[s]” within the meaning of Title 18, United States Code, Section 24(b). Individuals who were enrolled with the Insurance Companies were referred to as “members.”

3. The Insurance Companies typically required providers to enroll in the programs in order to submit claims. Once enrolled, a provider could submit claims for items and services, and obtain reimbursement. The Insurance Companies only paid for items and services that were reasonable and medically necessary and were provided as represented. In certain circumstances, the Insurance Companies covered, among other things, mental health services, including psychotherapy services. The Insurance Companies required providers to collect co-pays, accurately report what members paid to the provider towards their deductible, and only submit claims for services that were performed and were medically necessary.

4. **BARRILLEAUX** was the owner of Clinical Consultants, L.L.C. (“Clinical Consultants”), a Louisiana limited liability company doing business in New Orleans, Louisiana, in the Eastern District of Louisiana. Clinical Consultants provided mental health services to patients and was enrolled as a provider with the Insurance Companies.

5. In or around June 2008, **BARRILLEAUX** established “Outpatient Alternatives,” a purported internal medicine and gastroenterology clinic located at the same physical address as Clinical Consultants. **BARRILLEAUX** enrolled Outpatient Alternatives as a provider with Aetna and Cigna.

B. THE SCHEME AND ARTIFICE TO DEFRAUD:

6. **BARRILLEAUX**, through Clinical Consultants and Outpatient Alternatives, executed a scheme and artifice to defraud the Insurance Companies, by knowingly and willfully submitting, and causing to be submitted, over \$6 million in false and fraudulent claims to the

Insurance Companies for purported health care services that were not, in fact, provided, for which the Insurance Companies reimbursed over \$4 million.

7. Specifically, **BARRILLEAUX** created treatment plans for patients that falsely and fraudulently indicated that they would receive mental health treatment on certain days of the week, and then submitted false and fraudulent claims to the Insurance Companies for purported services provided on those dates, even when no services were provided.

8. In order to conceal the fraud, **BARRILLEAUX** fabricated patient notes and submitted the falsified notes to auditors for the Insurance Companies in order to falsely make it appear as if he had provided services to patients.

C. PURPOSE OF THE SCHEME:

9. The purpose of the scheme and artifice was for **BARRILLEAUX** to unlawfully enrich himself by:

- a. submitting and causing the submission of false and fraudulent claims to the Insurance Companies, including for services purportedly rendered to beneficiaries located in the Eastern District of Louisiana and elsewhere;
- b. concealing the submission of false and fraudulent claims to the Insurance Companies; and
- c. diverting proceeds of the fraud for his own personal use and benefit.

C. THE MANNER AND MEANS:

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

11. **BARRILLEAUX**, on behalf of Clinical Consultants and Outpatient Alternatives, signed provider agreements with the Insurance Companies. In doing so, **BARRILLEAUX**

certified, and periodically recertified, that Clinical Consultants and Outpatient Alternatives would comply with program rules and regulations, and applicable laws, including prohibitions on presenting or causing to be presented any false or fraudulent claim for payment. **BARRILLEAUX** received education about rules, regulations, and billing requirements from the Insurance Companies.

12. **BARRILLEAUX** created a National Provider Identifier (“NPI”) for Outpatient Alternatives in which he falsely and fraudulently indicated that the practice’s specialty was “internal medicine” and “gastroenterology,” even though **BARRILLEAUX** was not a physician, nor licensed to perform internal medicine or gastroenterology. Once enrolled, **BARRILLEAUX** then submitted claims to Aetna and Cigna, under the name and NPI of a local physician who was a gastroenterologist. All claims submitted through Outpatient Alternatives were for services that could only be provided by a physician.

13. **BARRILLEAUX** prepared and submitted all claims to the Insurance Companies on behalf of Clinical Consultants and Outpatient Alternatives. **BARRILLEAUX** routinely submitted claims on behalf of Clinical Consultants and Outpatient Alternatives for the same patients, on the same dates of service, for services he purportedly rendered both as a social worker, and as a purported physician. **BARRILLEAUX** also regularly submitted claims for purported services that, among the Insurance Companies, totaled over 20 hours per day, and sometimes over 24 hours per day, including billing over one hundred “psychiatric diagnostic evaluations,” per patient, for multiple patients, even when only one such evaluation per patient was typically medically necessary.

14. **BARRILLEAUX**’s home and office had no legitimate patient notes or documentation to support the fraudulent claims he submitted. However, to conceal the scheme,

BARRILLEAUX fabricated patient notes and submitted the fraudulent notes in response to a records request by Cigna in or around June 2021, and again in response to a records request by BCBSLA in or around May 2023. On certain occasions, **BARRILLEAUX** waived patient co-payments or paid patient deductibles, in whole or in part, in order to perpetuate the fraud.

15. As a result of **BARRILLEAUX's** scheme, Clinical Consultants and Outpatient Alternatives submitted millions of dollars in false and fraudulent claims to the Insurance Companies for services that were not, in fact, provided. In total, **BARRILLEAUX**, through Clinical Consultants and Outpatient Alternatives, submitted approximately \$6,087,758 in false and fraudulent claims for which approximately \$4,592,650 was paid. **BARRILLEAUX** then used the proceeds from the scheme on personal expenses, including, among other things, real estate, fine art, and spending hundreds of thousands of dollars gambling.

D. THE OFFENSE:

16. Beginning in or around June 2008 and continuing through in or around March 2024, in the Eastern District of Louisiana, and elsewhere, **JOHN CHRISTOPHER BARRILLEAUX**, 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 health care benefit programs affecting commerce, as defined in Title 18, United States Code, Section 24(b), specifically, the Insurance Companies, 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, the Insurance Companies, in connection with the delivery of and payment for health care benefits, items, and services.

17. On or about the date and in the approximate amount set forth below, within the Eastern District of Louisiana, **BARRILLEAUX**, for the purpose of executing and attempting to

execute the fraudulent scheme described above, knowingly and willfully submitted, and caused to be submitted, to Aetna, the following false and fraudulent claim for payment:

Beneficiary	Code Billed	Claim Number	Date Submitted	Date Services Purportedly Rendered	Amount Billed
M.T.	99214	73260226627	11/18/2019	1/3/2019	\$255

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

NOTICE OF FORFEITURE

1. The allegations of Count 1 are incorporated by reference as though set forth fully herein for the purpose of alleging forfeiture to the United States.

2. As a result of the offense alleged in Count 1, the defendant **JOHN CHRISTOPHER BARRILLEAUX**, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

3. If any of the property described above as being subject to forfeiture, as a result of any act or omission of the defendant:

- a. cannot be located upon the exercise 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 subdivided without difficulty,

the United States shall seek a money judgment and, pursuant to Title 21, United States Code, Section 853(p), forfeiture of any other property of the defendant up to the value of said property.

DUANE A. EVANS
UNITED STATES ATTORNEY



NICHOLAS D. MOSES
Assistant United States Attorney

GLENN S. LEON
CHIEF, FRAUD SECTION
UNITED STATES DEPARTMENT OF JUSTICE



KELLY Z. WALTERS
Trial Attorney
Criminal Division, Fraud Section
United States Department of Justice

New Orleans, Louisiana
June 14, 2024

No. _____

United States District Court

FOR THE

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vs.

JOHN CHRISTOPHER BARRILLEAUX

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Violation(s):

18 U.S.C. § 1347

Filed

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Clerk.

By

Deputy


NICHOLAS D. MOSES
Assistant United States Attorney