

Former CEO of Health Clinic Convicted of Medicaid Fraud

Article By:

United States Department of Justice (DOJ)

A federal jury convicted a former CEO of a health clinic for defrauding the Louisiana Medicaid Program over several years.

According to court documents and evidence presented at trial, Victor Clark Kirk, 73, of Baton Rouge, Louisiana, was the CEO of St. Gabriel Health Clinic Inc. (St. Gabriel), a Louisiana nonprofit corporation that provided health care services to Medicaid recipients and others. St. Gabriel was a federally qualified health center (FQHC) that contracted with the Iberville Parish School Board to provide medical services within the school district. As a FQHC, St. Gabriel could provide primary care services to students as well as services related to the diagnosis and treatment of mental illnesses – provided that such services were medically necessary – among other requirements.

Evidence at trial showed that St. Gabriel practitioners, at Kirk's direction, provided character development and other educational programs to entire classrooms of students during regular class periods. Kirk then caused the fraudulent billing of these programs to Medicaid as group psychotherapy. To facilitate the fraudulent scheme, Kirk directed that St. Gabriel practitioners falsely diagnose students with mental health disorders. From 2011 through 2015, Kirk caused over \$1.8 million in fraudulent claims for purported group psychotherapy services.

Kirk was convicted of conspiracy to commit health care fraud and five counts of health care fraud. He is scheduled to be sentenced on Jan. 12, 2023, and faces a maximum penalty of 10 years in prison per count. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

Assistant Attorney General Kenneth A. Polite, Jr. of the Justice Department's Criminal Division; U.S. Attorney Ronald C. Gathe, Jr. for the Middle District of Louisiana; Special Agent in Charge Douglas A. Williams, Jr. of the FBI New Orleans Field Office; Director Jodi Edmonds LeJeune of the Louisiana Medicaid Fraud Control Unit (MFCU); and Acting Special Agent in Charge Jason Meadows of the Department of Health and Human Services, Office of the Inspector General (HHS-OIG) made the announcement.

The FBI, MFCU, and HHS-OIG investigated the case, which was brought as part of the Gulf Coast Strike Force, supervised by the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Middle District of Louisiana.

Assistant Chief Justin M. Woodard and Trial Attorney Kelly Z. Walters of the Criminal Division's Fraud Section and Assistant U.S. Attorney Kristen L. Craig for the Middle District of Louisiana are prosecuting the case.

The Health Care Fraud Strike Force is part of a joint initiative between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since its inception in March 2007, the Health Care Fraud Strike Force, which maintains 16 strike forces operating in 27 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than \$14 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

[See the original release by the Department of Justice here.](#) *Reposted with permission.*

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