

HALL RENDER IS A FULL SERVICE HEALTH LAW FIRM PROVIDING THE HIGHEST STANDARD OF PROFESSIONAL SERVICE TO HEALTH CARE CLIENTS NATIONWIDE.

SPOTLIGHT ON:

# HALL RENDER'S FALSE CLAIMS ACT TASK FORCE

Providing advice and counsel to health care clients in nearly all 50 states, Hall, Render, Killian, Heath & Lyman is a national health law firm with offices around the country. With more than 50 years of experience and nearly 150 attorneys serving health care clients, Hall Render is recognized as one of the nation's preeminent health law firms. Hall Render's extensive knowledge and experience set us apart. Our clients encompass a wide variety of companies in the health care industry, including hospitals and hospital systems, community hospitals, long-term care facilities, large medical groups and solo practice physicians. We serve as general counsel to hospitals, advising them on various legal issues ranging from reimbursement and labor law to the contracting involved in building a new hospital wing or medical building. Commitment and experience complement our understanding of the evolving landscape of today's health care industry. Simply stated, **we know your business.**

## FALSE CLAIMS ACT TASK FORCE

Hall Render's unparalleled breadth and depth of health care knowledge and experience includes representation of health care entities in litigation, from local administrative hearings to the United States Supreme Court. Hall Render has represented clients in False Claims Act litigation and investigation in almost every State of the Union. Nationally recognized experts in healthcare compliance and the False Claims Act lead more than fifty attorneys with a millennium of collective experience representing healthcare providers in False Claims Act and other fraud investigations.

 **HALL  
RENDER**  
KILLIAN HEATH & LYMAN





## HALL RENDER SPOTLIGHT ON: GOVERNMENT ENFORCEMENT & FALSE CLAIMS ACT TASK FORCE

### **Value Proposition: Litigators Paired with Unparalleled Subspecialty Health Care Experience**

Hall Render's False Claims Act Task Force offers an unmatched value proposition by combining experienced litigators with deep subject matter knowledge. With the vast array of regulatory burdens and the complexity of modern health care, having experienced health care litigators is critical and cost-effective, as it allows for more nuanced and sophisticated arguments grounded in an understanding of the health care industry and the law, working with the nation's most prominent health care attorneys already familiar with the issues being raised.

### **Vast Amount of Experience**

Lead Trial Attorneys in Hall Render's False Claims Act Task Force average almost 20 years each of experience before state and federal trial and appellate courts, handling matters of every type concerning health care and health care providers.

Hall Render's litigators and compliance counsel are licensed in 21 states, 24 Federal District Courts, 11 Federal Courts of Appeal and the United States Supreme Court.

### **Broad Healthcare Litigation Experience**

Hall Render's National Health Care Litigation Practice has represented health care clients in state and federal courts in every aspect of health care litigation. Some of the most important affecting health care today are:

### **False Claims Act**

Hall Render's False Claims Act Task Force has successfully represented health care clients in federal courts from Alabama to Wisconsin and all the way to the United States Supreme Court.

Our litigators have represented False Claims Act defendants in FCA lawsuits across the country, in cases involving allegations of upcoding, medically unnecessary services, Stark and Anti-Kickback violations, licensing issues, lab claims, PPP and COVID claims, incident-to billing, anesthesia, neurology, neurosurgery, cardiology, emergency medicine, ophthalmology, pharmacy, pharmaceutical, long-term care, rehabilitation care, dialysis, infusion and more, covering almost every possible aspect of health care provided to government payers.

Hall Render's False Claims Act Task Force has successfully represented clients in FCA cases in investigations, settlements, trial court litigation and appellate practice.

### **Compliance**

Notice of potential FCA cases often begins with employee complaints about billing or compliance issues, or upon receipt of a Civil Investigative Demand from the government.

Hall Render's False Claims Act Task Force focuses on four areas of FCA-related compliance: prevention, investigation, correction and Corporate Integrity Agreement management.

The most important work of our compliance team is prevention – assisting clients in creating practices and protocols that avoid False Claims Act liability.

Once a False Claims Act case arises, through allegations or litigation, the compliance team is the key to determining the validity of allegations, with both factual and legal analysis.

Upon resolution of a False Claims Act case, the compliance team works with clients to correct the issues that led to litigation and shepherds clients through successful completion of Corporate Integrity Agreements.



## HALL RENDER SPOTLIGHT ON: GOVERNMENT ENFORCEMENT & FALSE CLAIMS ACT TASK FORCE

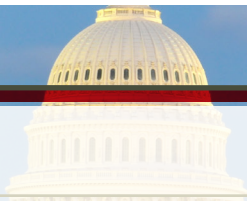
### ***Representative Matters and Experience – Hall Render’s False Claims Act Task Force***

#### **Appellate Cases**

- [David B. Honig](#) successfully defended a Hospital System dismissal of an FCA suit alleging overbilling for medication before the Eleventh Circuit and the United States Supreme Court.
- Hospital and Physician Practice dismissed by the United States District Court for the Western District of Michigan, affirmed on appeal before the Sixth Circuit and certiorari denied by the U.S. Supreme Court. The physician practice group was accused of violating the FCA by failure to properly document venous ultrasound studies. [David A. French](#) represented the group at the trial level, on appeal and in practice before the Supreme Court.
- [David B. Honig](#) represented the hospital system before the Seventh Circuit, successfully defending against the government’s appeal of dismissal in a claim related to unbundling of laboratory services and fraudulent reporting of travel expenses.
- Multiple hospitals dismissed by the United States District Court, Connecticut, after successful appeal to the Second Circuit. Three hospitals in two states were represented by [David B. Honig](#) and [N. Kent Smith](#) in a nation-wide whistleblower case alleging improper use of cardiac devices.
- [David B. Honig](#) and [N. Kent Smith](#) successfully represented the institutional review board before the Seventh Circuit of Appeals in this oft-quoted and precedent-setting whistleblower case alleging mismanagement of federal research grants.

#### **False Claims Act Cases**

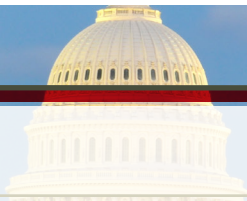
- Dismissed with prejudice in the Southern District of Indiana. [David B. Honig](#) represented the hospital against an FCA claim based on allegations of Stark Act and Anti-Kickback Statute violations.
- Dismissed with prejudice in the Northern District of Indiana. [David B. Honig](#) represented the defendant hospital against a retaliation claim under the FCA.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented nine hospitals in a large hospital system and several other individual hospitals in resolving a FCA lawsuit involving allegations that hospitals performed Kyphoplasty procedures on an inpatient basis when these minimally invasive procedures could have been performed on an outpatient basis.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented two hospitals in Arizona in connection with a FCA lawsuit brought by a hospital corporate responsibility auditor in resolving a FCA lawsuit involving allegations that Medicare beneficiaries did not meet medical necessity criteria for inpatient rehabilitation services.
- Settled in the Eastern District of Michigan. [David B. Honig](#) and [Drew B. Howk](#) represented a large anesthesia practice and reached a *de minimis* settlement to resolve a whistleblower’s allegations of improper anesthesia supervision.



## HALL RENDER SPOTLIGHT ON: GOVERNMENT ENFORCEMENT & FALSE CLAIMS ACT TASK FORCE

- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented a health system in Michigan in connection with a FCA lawsuit brought by an external auditor in resolving allegations of upcoding evaluation and management (E/M) services provided to cardiology patients.
- Dismissed, in the Southern District of Indiana. [David B. Honig](#) and [Drew B. Howk](#) represented the hospital in a whistleblower case alleging Stark Act and Anti-Kickback violations, upcoding of services and the use of false diagnostic codes.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented thirty-two hospitals in a large hospital system and several other individual hospitals in resolving a FCA lawsuit brought by two whistleblowers involving allegations that implantable cardiac defibrillators (ICDs) were implanted in Medicare beneficiaries in violation of Medicare's National Coverage Determination 20.4.
- Settled in the Middle District of Florida. [David B. Honig](#), [Katherine A. Kuchan](#), and [Ritu Kaur Cooper](#) represented physicians and more than 30 disparate Pain Practices, ASCs, and labs across four States in claims brought by six different whistleblowers alleging laboratory, anesthesia, ASC, and physician practice fraud. Representation included investigation, settlement negotiations, and post-settlement management of a Corporate Integrity Agreement.
- Settled in the Southern District of Indiana. [David B. Honig](#), [N. Kent Smith](#) and [Drew B. Howk](#) represented a large neurosurgery practice which was named in a whistleblower case alleging over-billing of evaluation and management codes.
- Settled in the Arizona District Court. [David B. Honig](#), [Timothy W. Feeley](#) and [Katherine A. Kuchan](#) represented the hospital, which was named in a whistleblower case alleging improper Medicare billing of observation patient visits.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented a hospital in Michigan in resolving a FCA lawsuit brought by a whistleblower cardiologist involving allegations that another cardiologist performed unnecessary cardiac procedures on Medicare beneficiaries.
- [Jonathon A. Rabin](#) and [Bruce M. Bagdady](#) represented a multi-specialty physician practice in response to a qui tam complaint alleging the presentation of false claims and conspiracy with the university to defraud the government in connection with Medicare charges and federal grants.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented a hospital in Minnesota in connection with a FCA lawsuit brought by whistleblower physician involving allegations that another physician upcoded evaluation and management (E/M) services provided to Medicare beneficiaries.
- [Ritu Kaur Cooper](#) represented a public hospital in a qui tam action where a community orthopedic surgeon alleged that the hospital paid in excess of fair market value to employed physicians in part, for their referrals to hospitals and clinics. This case settled in September 2015.
- Dismissed before unsealing in the Southern District of Ohio. [David B. Honig](#) represented a radiology practice and persuaded the government to dismiss frivolous FCA allegations brought by a former employee.



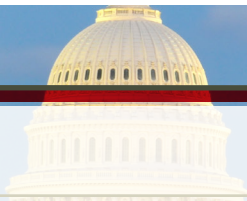


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- Dismissed with prejudice in the Northern District of Indiana [David B. Honig](#), [Drew B. Howk](#), and [Matthew M. Schappa](#) represented the neurology practice and the physicians in a whistleblower case alleging fraudulent billing based on lack of physician supervision.
- Dismissed by summary judgment, in the Central District of Illinois. [David B. Honig](#) represented a doctor in a whistleblower case alleging improper “incident to” billing of office and diagnostic services.
- Voluntarily dismissed with prejudice in the Northern District of Indiana. [David B. Honig](#) and [Ryan A. McDonald](#) represented a hospital accused of improper supervision of mid-level providers.
- Dismissed by the United States District Court, Northern District of Illinois. [David B. Honig](#) and [N. Kent Smith](#) represented the defendant before the trial court in a whistleblower case alleging Medicare fraud for physician billing in a teaching hospital.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented a hospital and ambulance company in Florida in responding to a Civil Investigative Demand involving medical necessity of ambulance transports and, following document production and negotiation, persuaded the U.S. government to close the case.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) represented a Florida hospital system and over 95 employed physicians in a False Claims Act lawsuit brought by a former internal auditor involving allegations related to physician compensation and alleged violations of the Stark Law. After 3 years of investigation, the DOJ did not intervene in this action.

### **DOJ and OIG Self-Disclosures**

- [David B. Honig](#), [Katherine A. Kuchan](#), and [Matthew M. Schappa](#) conducted the investigation into, and assisted in the termination of, an employed physician who exposed the hospital to significant risk because of billing and surgical practices, and completed a self-disclosure with the United States Department of Justice, avoiding potentially millions of dollars in potential False Claims Act liability.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving certain professional and technical pain management procedures and evaluation and management services performed by two independent contractor physicians at hospital facilities that did not meet federal health care program coverage criteria.
- [Katherine A. Kuchan](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving allegations that a hospital and a group health plan submitted claims for intracardiac electrophysiology procedures rendered by a physician that did not meet applicable medical necessity requirements.
- [Katherine A. Kuchan](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving durable medical equipment items and services purportedly provided by a former hospital employee where the items and services were allegedly not provided or not provided as claimed.



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- [Katherine A. Kuchan](#) and [Ryan A. McDonald](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving Evaluation and Management services purportedly provided by a physician at assisted living and skilled nursing facilities, where CPI could not confirm that the services were provided as represented in the claims or at all.
- [Katherine A. Kuchan](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving the Civil Monetary Penalties Law provisions applicable to physician self-referrals and kickbacks. OIG alleged that a hospital paid remuneration that was above fair market value to a physician and his wife for land that was leased under a ground lease.
- [Katherine A. Kuchan](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General to resolve allegations that a hospital employed a nurse who was excluded from participating in any Federal health care programs, who provided items or services to the hospital's patients that were billed to federal health care programs.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving allegations that a hospital paid remuneration to Medicare beneficiaries in the form of waiving collection of beneficiary coinsurance and deductible amounts. OIG further alleged that the hospital submitted claims for partial hospitalization program services that did not meet Medicare requirements.
- [Katherine A. Kuchan](#) and [Scott W. Taebel](#) conducted the investigation and completed a self-disclosure with the Health and Human Services Office of the Inspector General involving Evaluation and Management services which were purportedly provided by a cardiologist and upcoded or where the supporting documentation did not support the billed services.

### **CIA Management and Support**

- Vein Clinic (Katherine A. Kuchan)
- Multi-State Oncology Practice (Katherine A. Kuchan and Kerry E. Dutra)
- Hospital (Ritu Kaur Cooper and Steven H. Pratt)
- Heart Hospital (Ritu Kaur Cooper and Steven H. Pratt)
- Multi-State Physician Practice (Ritu Kaur Cooper and Katherine A. Kuchan)
- Multi-State Hospital System (Ritu Kaur Cooper)
- Hospital (Ritu Kaur Cooper)
- Multi-State Hospice Provider (Katherine A. Kuchan)