PUBLISHED WEEKLY VOLUME 32 NUMBER 42 MONDAY OCTOBER 29, 2018

CORPORATE CRIME REPORTER

MARC RASPANTI ON FALSE CLAIMS ACT CASES AGAINST HOSPITAL CORPORATIONS

Last month, the Justice Department announced that Health Management Associates, formerly a U.S. hospital chain headquartered in Naples, Florida, will pay over $260 million to resolve charges that HMA knowingly billed government health care programs for inpatient services that should have been billed as outpatient or observation services, paid remuneration to physicians in return for patient referrals, and submitted inflated claims for emergency department facility fees.

HMA entered into a non prosecution agreement to resolve related criminal charges and an HMA subsidiary plead guilty.

The case was driven by a group of whistleblowers – two of them emergency room doctors in North Carolina and two of them former hospital executives at HMA hospitals in Lancaster, Pennsylvania.

Those whistleblowers were represented by Marc Raspanti, a partner at Pietragallo, Gordon, Alfano, Bosick & Raspanti in Philadelphia along with his law partner Pamela Coyle Brecht.

Raspanti has been a leader in the False Claims Act bar – bringing many high profile cases over the years.

The North Carolina doctors he represented were echoing the complaints of emergency room doctors around the country. This was not an isolated case.

"Most people think that hospitals staff their emergency rooms with their own employees," Raspanti told *Corporate Crime Reporter* in an interview last week. "And while that is sometimes the case, most of the time it's not. When you enter into an emergency room of a large or small hospital, many times they are staffed by independent contractors hired by the hospital to perform 24 hour a day, 7 day a week, 365 days emergency room services. They are extremely lucrative contracts for the emergency room doctor groups. They are particularly lucrative for the large emergency room publicly traded companies. They have contracts all over the country. And often, there are pressures on these doctors from the hospitals to admit patients."

"Think about it. You come into an emergency room of a local hospital. I have kids who played hockey. And you take your child or a grandparent into an emergency room to stitch up a head or to treat abdominal pain. That typically can be treated in the emergency room for a few hundred dollars. But if you are admitting that patient because you want to submit that patient to a battery of tests, or you want to admit that patient for a day or two – that ER charge by the hospital for several hundred dollars becomes a several thousand dollar hospital bill. In addition to admitting that person to make more money, the hospital also exposes that patient to all kinds of hospital borne diseases."

"My physician clients in North Carolina decided they were going to come forward and challenge the hospital system and a national emergency services staffing company on their fraudulent practices. And they paid the price. They were fired. They were fired from contracts they held with two hospitals in excess of eighteen years."

Before they filed their case under seal, they brought their case to corporate management?

"To the highest levels of the corporation. They raised their concerns with the highest levels of the corporation. They raised them repeatedly. They raised them in a noisy manner. They raised them in emails, in letters and with management. That didn't get them anywhere. It got them fired – and replaced by an emergency staffing giant, whom we also sued, EmCare. They decided to look for someone like me to try and move the case forward."

You will hear corporate defense counsel say – the proper place for an employee to raise a complaint is within the corporate hierarchy.

Companies are sensitive to these complaints and employees should bring them up within the company.

But in almost every one of these False Claims Act cases, the whistleblowers do raise the issue within the company. Why don't employees go straight outside and sue the company under seal first?

(See **RASPANTI**, page three)

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Corporate Crime Reporter is published by Corporate Crime Reporter, Inc., 48 times a year. ISSN Number: 0897-4101. Principal Editorial Offices: 1209 National Press Building., Washington, D.C. 20045. Telephone: (202) 468-8868. Editor: Russell Mokhiber. Subscription Information: $795 per year in U.S. and Canada. $995 Elsewhere (Air Mail Delivered). Payable in advance in U.S. currency. Make checks payable to: Corporate Crime Reporter, P.O. Box 18384, Washington, D.C. 20036.

(**RASPANTI**, from page one)

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"They even went out and got an outside lawyer to push the issue within the company. They thought eventually somebody would listen to them and stop the practice. But that eventually led to them being terminated."

"Why do companies continue to do this? I laugh sometimes when I go and speak to compliance officers. They want insight. I tell them – if you just listen to the very complaints that are coming through and took them seriously, you will save your company billions of dollars."

"I've been hired and fired by multiple publicly traded companies who brought me in asking me to stop their whistleblower problem. I said – I can certainly minimize the problem. But after a few meetings with them, they say – thank you but we are not going to do any of those things. Real change is simply too difficult."

Because you would recommend fixing the problem?

"I was recommending fixing the problem. I was recommending going to the whistleblower and telling the whistleblower what the company has done to resolve the problem. A couple of companies had paid over $2 billion in fines. But they were so entrenched in the way they had done things. They always look at these whistleblower cases as a long story, an outlier, or some disgruntled person."

Is it a requirement under the False Claims Act that the relator must first raise the issue within the company?

"It is not."

Why then don't the employees just go straight outside and file their case under seal?

"The people I represent take at face value their company's word that they are going to run an honest corporation. And they go to compliance meetings. They are addressed by corporate officers, by outside law firms, inside lawyers. And they believe someone is listening."

It seems to be common knowledge now that the company can't get it right. As a result, are we seeing any cases where the whistleblower goes outside first?

"Most of the cases I currently have involve insiders who first attempted to one degree or another to raise the problem internally. I don't have anybody who just came straight to me. In fact, when they come straight to me, I ask them why they didn't go internally first. While there is not a requirement, the government does want to know if there is a robust compliance program that is working – or not."

What were the allegations in the Philadelphia whistleblower case?

"The Philadelphia case was a bit more convoluted. It raised allegations about HMA's corporate practices of entering into hospital joint ventures with referring physicians. HMA would joint venture a hospital with a group of local physicians. And those physicians, as a result of the joint venture, would share in the hospital profits. And those profits would be enhanced by the number of patients the physicians referred to the hospital. There are Stark and AKS exceptions that could have shielded these practices, but we exposed that the physicians' returns were not in proportion to their investment. It was complicated to allege, but ultimately, it was a successful theory."

"The whistleblowers in the Philadelphia matter were two former HMA hospital executives. They worked in the Lancaster area. They saw that HMA was getting involved in these complex whole hospital joint ventures with physician groups and they started to ask questions. It took a fair amount of leg work and effort to be able to unpack these complicated health care transactions. And we found that HMA was paying good money for the so called assets of one of the groups – Physicians Alliance Ltd. (PAL). We retained health industry experts to demonstrate to the government what they were doing. HMA was bloating the fair market value of some of the assets. And by bloating the values, they were paying more money to the physicians. We argued that by paying more money to the physicians than their investments warranted, HMA was really paying them a kickback to induce referrals. And that was the crux of the allegation."

"There have only been four or five cases of this type in the United States. It took a fair amount of

forensic accounting work to be able to unpack those allegations and to demonstrate that while they may look legal, if you step back, we alleged that they were not legal."

Other than the HMA case, what were some of your greatest False Claims Act hits since you started practicing in the area?

"The first case that brought some attention to our practice was the SmithKline Beecham case," Raspanti said.

"It was a $334 million settlement back in 1996. At the time, it was probably the fourth or fifth largest settlement of its kind. It got a lot of notoriety for a lot of reasons."

"I settled a $265 million case against a large hospital chain in New Jersey for upcoding."

"I settled a case against a large PBM for over $180 million after litigating that case for a number of years."

"We have been involved in some large military contractor settlements over the years. We settled a defense contractor case over food that was shipped to Afghanistan and Iraq. And we alleged that the food was overpriced and that the contractors had been gouging our military. That was settled for $110 million."

"And last year we settled a non-intervened case against a giant pharmaceutical company."

(For the complete Interview with Marc Raspanti, see page 11.)

CONSUMER GROUPS BLAME REGULATORY VACUUM FOR GROWING SALMONELLA OUTBREAK LINKED TO GROUND BEEF

Recent reports from the federal Centers for Disease Control and Prevention (CDC) reveal a growing list of outbreak victims connected to JBS Tolleson, Inc.'s October 4 recall of nearly 7 million pounds of ground beef for suspected Salmonella contamination.

According to CDC, the number of illnesses tied to the Salmonella Newport strain have doubled since the initial report on the outbreak, with 120 people confirmed sick in 22 states, 33 of whom have been hospitalized.

"Unfortunately, without a change in federal inspection policy, we can expect more of these outbreaks," said Thomas Gremillion, Director of the Food Policy Institute at Consumer Federation of America. "The standards for controlling Salmonella contamination in ground beef are woefully outdated."

In 1996, USDA's Food Safety and Inspection Service (FSIS) began requiring ground beef processors like JBS to meet Salmonella performance standards.

The companies did not have to eliminate Salmonella from their products, but no more than 7.5% of samples taken by the agency would be allowed to test positive.

This limit was based on average industry performance in controlling Salmonella during the years leading up to 1996.

At the time it introduced the standard, FSIS claimed the system would spur continuous improvement because the agency would regularly conduct new baseline studies, and ratchet the standards downward as industry developed new technologies and best practices for reducing Salmonella.

Twenty years later, many companies have figured out how to virtually eliminate Salmonella from ground beef. For the rest of the industry, however, FSIS has yet to develop a new standard, and the agency has stopped verification testing to enforce compliance with the existing standards.

"Beef processors are essentially operating on the honor system when it comes to Salmonella," said Gremillion. "Consumers deserve better."

WELLS FARGO TO PAY $65 MILLION TO SETTLE NEW YORK AG CHARGES

Wells Fargo & Company will pay a $65 million penalty following the Attorney General's investigation into the bank's fraudulent statements to investors in connection with its "cross-sell" business model, related sales practices, and the bank's publicly reported cross-sell metrics.

"The misconduct at Wells Fargo was widespread across the bank and at every level of management – impacting both customers and investors who were misled," said Attorney General Barbara Underwood. "State securities laws are vital to protecting the hard-earned savings of working families and Main Street investors from financial

its business when, in fact, it was intentionally and systematically underestimating or ignoring them, contrary to its public representations."

The Attorney General's complaint alleges that Exxon told investors that it accounted for the risk of governmental regulation of climate change by applying a "proxy cost" of carbon. A proxy cost serves as a stand-in for the likely effects of expected future events; in this case, the effects of the increasingly stringent climate change regulations that Exxon has publicly stated it expects governments throughout the world to impose and steadily increase over the course of several decades.

Exxon told its investors that it used that proxy cost in its investment decisions, corporate planning, estimations of company oil and gas reserves, evaluations of whether its long-term assets remain viable, and estimations of future demand for oil and gas.

Yet, contrary to those representations, the complaint alleges that Exxon frequently did not apply the proxy costs as represented in its business activities. Instead, in many cases Exxon applied much lower proxy costs or no proxy cost at all.

The complaint alleges that this fraud reached the highest levels of the company. Exxon's management, including former Chairman and Chief Executive Officer (CEO) Rex W. Tillerson knew for years that the company was deviating from its public representations by using a second set of proxy costs from undisclosed internal guidance that were lower than the publicly disclosed proxy costs. Exxon's management also knew that using these lower figures made Exxon more susceptible to climate change regulatory risk, but did not align these two sets of proxy costs for years.

The complaint alleges that the fraud continued even after Exxon increased its internal proxy cost guidance to conform to its public representations. Indeed, when the company realized that applying the publicly represented proxy costs would result in "massive" costs and "large write-downs," and shorter asset lives, Exxon management decided to apply an undisclosed "alternate methodology." Under this "alternate methodology," Exxon chose not to apply any proxy cost and, instead, allegedly chose to assume that existing climate regulations would remain in place and unchanged, indefinitely into the future.

INTERVIEW WITH MARC RASPANTI, PARTNER, PIETRAGALLO, GORDON, ALFANO, BOSICK & RASPANTI PHILADELPHIA, PENNSYLVANIA

Last month, the Justice Department announced that Health Management Associates, formerly a U.S. hospital chain headquartered in Naples, Florida, will pay over $260 million to resolve charges that HMA knowingly billed government health care programs for inpatient services that should have been billed as outpatient or observation services, paid remuneration to physicians in return for patient referrals, and submitted inflated claims for emergency department facility fees.

The case was driven by a group of whistleblowers – two of them emergency room doctors in North Carolina and two of them former hospital executives at HMA hospitals in Lancaster, Pennsylvania.

Those whistleblowers were represented by Marc Raspanti, a partner at Pietragallo, Gordon, Alfano, Bosick & Raspanti in Philadelphia along with his law partner Pamela Coyle Brecht.

We interviewed Raspanti on October 22, 2018.

CCR: You graduated from Temple Law School in 1984. What have you been doing since?
RASPANTI: Out of law school, I started as an assistant District Attorney in Philadelphia where I tried hundreds of cases before judges and juries.

I then went to a series of large law firms in Philadelphia. I had my own firm Miller Alfano & Raspanti for about eighteen years, also in Philadelphia.

I'm going into my eleventh year with the firm that emerged from my former firm and the merger with the Pittsburgh-based Pietragallo firm. I have enjoyed our new law firm and the support they have given to my practice areas.
CCR: What is the practice of the firm? And what is your practice?
RASPANTI: The practice of my firm is mostly litigation. My practice is pretty evenly divided between False Claims Act litigation and white collar criminal defense. I also conduct internal investigations and deal with compliance issues for a variety of national and international clients.
CCR: That's an unusual mix of work.
RASPANTI: It is. I guess I am one of the few people who have been able to combine two practice areas that I love over the years.

The False Claims Act cases get all the headlines. But in the white collar area, you want to shy away from headlines for your clients.

CCR: Why don't the big corporate criminal defense law firms do plaintiff side False Claims Act cases?

RASPANTI: Some of them do. They don't necessarily widely publicize it but the great majority of firms do not. There are some large firms that do it. But the simple explanation is – conflicts. We represent some large corporations. And those entities are very happy to have our expertise. I suspect they are happy to know that they could never be sued by me or the people that work with me because there is a conflict that goes back many years.

The people who hire me – and there are some large corporations over the years that have hired me and my partners – do so because they know that a lawyer who understands the complexities of all sides of the issue brings unique value to the table that a traditional defense attorney might not. I have been a prosecutor, a defense attorney, and a plaintiff's attorney.

It takes a more sophisticated client to understand this fact, but I am fortunate that there are quite a few clients like that in the world.

CCR: Give us a retrospective of your greatest hits in the False Claims Act area.

RASPANTI: The first case that brought some attention to our practice was the SmithKline Beecham case. It was a $334 million settlement back in 1996. At the time, it was probably the fourth or fifth largest settlement of its kind. It got a lot of notoriety for a lot of reasons.

I settled a $265 million case against a large hospital chain in New Jersey for upcoding.

I settled a case against a large PBM for over $180 million after litigating that case for a number of years.

We have been involved in some large military contractor settlements over the years. We settled a defense contractor case over food that was shipped to Afghanistan and Iraq. And we alleged that the food was overpriced and that the contractors had been gouging our military. That was settled for $110 million.

Last year we settled a non-intervened case against a giant pharmaceutical company. And about three weeks ago, the government announced a $260 million settlement against the former HMA hospital chain. Our firm settled components of that eight year case.

CCR: Given the size of the military budget and the constant reports of fraud against the military, why aren't there more False Claims Act cases against military contractors?

RASPANTI: The False Claims Act was originally passed in 1863 to combat defense contracting fraud. In 1986, when President Reagan brought the law back to life, with the help of Senator Charles Grassley and Congressman Howard Berman, it was brought back to life primarily to combat defense contractor fraud. From the beginning part of the statute and the beginning part of my career, most of the cases that were being litigated were defense contracting fraud cases.

In the mid-1990s, there were a series of cases that demonstrated that the False Claims Act could be used in the health care area. I'm not sure people even thought about health care fraud in 1986 when the False Claims Act was amended.

Once health care started to blossom as an area of intense prosecutorial interest, many resources went into health care prosecutions. Second, the defense contracting industry spent a lot of time and effort cleaning up its act and putting in rather robust compliance programs and compliance officers to try and take care of the problems that had plagued that industry.

Third, there was and continues to be a consolidation of defense contractors.

But part of the problem is the fact that modern defense contracting cases require a tremendous amount of resources both inside and outside our country. Many of the contracts that are at issue for potential abuse are in places like Afghanistan and Iraq and in other parts of the Middle East, Asia, or Latin America.

The case I mentioned earlier about food that was going into a war zone in Afghanistan and Iraq took many years and many dedicated people to bring that case to a civil and criminal resolution. We had the benefit of a great insider, and great co-counsel, and dedicated government lawyers that spent the time and effort to prove that case. Defense contracting cases are difficult.

But people are asking the question. And you are starting to see some rise in defense cases. But if you were to scan the horizon of all of the cases I see coming into litigation, there are still a lot in the healthcare arena.

CCR: But you still have whistleblowers in those

handful of major defense contractors. They know what is going on overseas.

RASPANTI: The whistles are being blown. No question about that. But think about the mechanics. The case that we filed occurred in a war zone. Many of the people who would be the witnesses were independent civilian contractors. After leaving the war zone, they spread out around the world. To get American agents into Afghanistan or Iraq is difficult on a good day. Then you need to have prosecutors well versed in the arcane defense contracting world. Healthcare has its own peculiarities. But defense contracting rules are challenging. I've been involved in all sides of those cases and they are difficult cases. Moreover, our military relies on defense contractors on a daily basis which adds complexities to prosecuting these cases.

I've heard that the priorities in the current Justice Department have been shifting to start looking at defense contracting cases again. But I've shied away from some of the defense contracting cases for the reasons I've discussed.

CCR: What are you seeing in terms of False Claims Act practice under the Trump administration?

RASPANTI: Most of my day to day involvement would be with line assistant U.S. Attorneys. I have not seen a tremendous difference in practice. In fact, I have seen a healthy appetite in the first two years of the Trump administration for these kinds of healthcare fraud cases.

I can't say that I've seen a downtick. Of course, many of my cases have been going on for many years. The Trump administration has been hiring more prosecutors, agents, and administrators. I've seen more prosecutors starting to go into the offices. I have seen anecdotal evidence of commitment to fraud cases. And I have seen actual boots on the ground – people being hired. We remain optimistic that the Trump Justice Department will continue to support these anti-fraud efforts.

Senator Grassley continues to be a strong proponent of the False Claims Act. I have not heard of anyone out to do damage the False Claims Act. It has simply been too successful. People are continuing to file the cases, although these cases have grown more difficult over the years. And the offices I've been working with along with Main Justice seem to be enthusiastic about moving forward with the cases. Let's see if it continues.

CCR: Let's look at the case you have just settled. The company formerly known as Health Management Associates. In 2014, they were purchased by Community Health Systems. How did that case come in the door?

RASPANTI: There were actually two separate and distinct qui tam cases. We filed a case involving a group of excellent physicians in North Carolina. They had a set of problems with HMA and with another large emergency room company called EmCare. That matter was referred to us from another attorney.

The Philadelphia clients came in from Philadelphia through the reputation of our firm. The clients had completely different allegations. They met with my partner Pam Brecht and I over nine years ago. We decided that their allegations had merit.

CCR: These are employees of the same company?

RASPANTI: The Philadelphia whistleblowers had been employed by Health Management Associates at Lancaster, Pennsylvania hospitals and then left some time ago. The doctors in North Carolina were not employees. By independent contractors they had contracts to provide emergency room services in two HMA hospitals in North Carolina. The two in Philadelphia were employees and the two doctors in North Carolina were independent contractors who worked at Charlotte based former HMA hospitals.

CCR: Was the settlement a settlement of both cases?

RASPANTI: The $261 million settlement settled eight cases plus it resolved criminal allegations. There were a series of other whistleblower cases settled throughout the United States that raised a variety of different issues. The United States also filed criminal charges that were brought against HMA.

The two cases I just mentioned made up a component of the overall global settlement. There are claims which still have not been resolved pending in North Carolina, South Carolina and Pennsylvania.

CCR: You filed both of these cases under seal. The government decided to join or not join. In these two cases, did the government join?

RASPANTI: In the North Carolina case, they joined in all of the allegations with the exception of one allegation. That allegation had to do with acuity charges in the emergency room. We proceeded in a non-intervene basis on that charge. With the government's help, we obtained a settlement of that allegation of about $12 million.

In the Pennsylvania case, we sued HMA, a group of physicians and some individual doctors.

We settled against HMA for about $55 million. And we have one outstanding case against a physician that has not been settled.

CCR: What were the doctors in North Carolina alleging?

RASPANTI: The doctors in North Carolina were placed under tremendous pressure to meet HMA's corporate emergency room metrics. Those metrics were aimed first and foremost at admitting emergency room patients to HMA hospitals without true regard to the medical necessity of patients. We alleged, along with other relators, that this led to HMA billing government programs for fraudulent hospital admissions. HMA denied liability but settled all these claims.

The doctors also alleged that HMA conspired with a large national emergency room physician group – EmCare – it's now called EnVision – which is a multibillion dollar company. We alleged they colluded with HMA to oust the group that I represented – a large emergency room group in the Charlotte area – and replace them with an EmCare group. EmCare had national contracts with HMA in which they supplied emergency room physicians to HMA hospitals.

We also alleged that HMA was artificially inflating patient acuity levels. The patient acuity level reflects how sick a patient was. They inflated those acuity levels so that a patient could be charged more or admitted into the hospitals. Those were the allegations in that complaint.

CCR: These were emergency doctors. They were echoing the complaints of emergency room doctors around the country. This was not an isolated case.

RASPANTI: Most people think that hospitals staff their emergency rooms with their own employees. And while that is sometimes the case, most of the time it's not. When you enter into an emergency room of a large or small hospital, many times they are staffed by independent contractors hired by the hospital to perform 24 hour a day, 7 day a week, 365 days emergency room services.

They are extremely lucrative contracts for the emergency room doctor groups. They are particularly lucrative for the large emergency room publicly traded companies. They have contracts all over the country. And often, there are pressures on these doctors from the hospitals to admit patients. Think about it. You come into an emergency room of a local hospital. I have kids who played hockey.

And you take your child or a grandparent into an emergency room to stitch up a head or to treat abdominal pain. That typically can be treated in the emergency room for a few hundred dollars. But if you are admitting that patient because you want to submit that patient to a battery of tests, or you want to admit that patient for a day or two – that ER charge by the hospital for several hundred dollars becomes a several thousand dollar hospital bill. In addition to admitting that person to make more money, the hospital also exposes that patient to all kinds of hospital borne diseases.

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CCR: Did the government join that case?

RASPANTI: They joined that case in its entirety.

CCR: What was the relator's share in these cases?

RASPANTI: The relators in the Pennsylvania action will be awarded approximately $11.8 million, with interest.

The North Carolina relators, between the earlier EmCare settlement and the current HMA

settlement, will be awarded in excess of $11.5 million, excluding interest.

CCR: This case involved a criminal settlement. And HMA subsidiary plead guilty. There was a non prosecution agreement with the parent. Of the False Claims Act cases that are brought, what portion of them have a criminal dimension? And does the criminal investigation complicate the False Claims Act side of the equation?

RASPANTI: All of these cases are supposed to be reviewed by the Criminal Division and the Civil Division of the Department of Justice. Whether or not the Criminal Division stays involved in the case is usually a decision made fairly early. In this case, the Criminal Division looked at various aspects of HMA's conduct. It does complicate the matter. It delays the matter. There were criminal fines that will not be shared with any relators. Those fines are going to the United States. At the end of the day, HMA will have a corporate integrity agreement. I don't think that criminal plea will have that much impact. The hospital that is taking the plea is no longer owned by HMA.

CCR: You don't get involved on the criminal side do you?

RASPANTI: I don't.

CCR: Who was the lead defense attorney representing the company?

RASPANTI: Richard Sauber of Robbins Russell in Washington, D.C. Arnold & Porter had been involved in the first few years. Then HMA changed law firms around the time of the CHS acquisition, and retained Robbins Russell and Sauber in Washington, D.C. They have been involved for the last four years or so.

CCR: How many of these False Claims Act cases will you be working on at any one time?

RASPANTI: Not many. We don't have a volume practice. We are highly, highly, selective in the cases we take. I would say a half a dozen at this time.

CCR: What is your filter like? For those six that you are taking now, how many cases are coming in the door?

RASPANTI: I would say for the six that we take, we looked at 200 cases. The filter has become more and more extreme as these cases become more and more difficult.

CCR: Are you good at first impressions? Can you take a peek at a case or speak with someone and say yes or no almost immediately?

RASPANTI: I'm about as good as you are going to get. But I make mistakes. If I listen to a case and I don't think it's going to meet any of the tests, I will decline that case immediately. But there are dozens of cases where we would go to a secondary or tertiary review.

To give you an idea, the complaints I have filed on behalf of the relators we have been talking about in North Carolina and Philadelphia, we worked on those case for almost a year before we ever filed the cases.

By having a strict filter, if you think it's a good case, then we would decide to take those cases on our own in an intervened, not intervened, or partially intervened status. And we are one of about a dozen law firms that are doing that now.

CCR: I was at a whistleblower award ceremony. The whistleblower in the Olympus case, which settled for $646 million, said that he went to a number of top high profile whistleblower attorneys who turned him down before he settled an attorney who had a smaller False Claims Act practice. Looking back on it, have you missed major cases like that?

RASPANTI: In thirty years of doing this practice, I could point to one or two cases that I missed. One of the cases I thought the client was going to be a problem – and turned out to be a problem. That client won a recovery, but ended up suing his lawyers after settlement.

These are long-term relationships. Both of the cases we have been talking about went on for eight years. And the case in North Carolina still has private causes of action that will be going on another couple of years. It's like a long term marriage. I have to like the clients and the clients have to like us. I didn't like that particular client. I lost out on the recovery, but I saved myself a lawsuit.

In another case, I couldn't take the case because I was in the middle of aggressive litigation and decided to let it go. So, there are a couple of cases that I have missed – but for good reasons. But I've also watched cases I've turned down that have gone to other lawyers that ended up with some nasty results and some unhappy clients.

I would say my filtering system is better than most out there but no system is perfect.

[Contact: Marc Raspanti, Pietragallo, Gordon, Alfano, Bosick & Raspanti, 1818 Market Street, Suite 3402, Philadelphia, Pennsylvania 19103. Phone: 215.988.1433. Email: msr@pietragallo.com]