Federal False Claims Act & Insurance Fraud

Representing healthcare providers in state or federal government investigations and enforcement actions related to alleged healthcare fraud presents intricate legal challenges that require a vigorous defense and strategic counsel to mitigate exposure. With the complex web of billing, coding, and regulatory requirements, even unintentional errors can be misconstrued as fraudulent intent.

Our team is deeply experienced in defending healthcare providers in "qui tam" lawsuits brought by whistleblowers on behalf of the government, which can trigger significant liability. Our goal is always to protect the client from the severe financial penalties and reputational damage that can result from a False Claims Act (FCA) violation. We represent healthcare providers in responding to investigations, subpoenas, and other actions taken by the Department of Justice (DOJ), the Office of Inspector General (OIG), and other federal agencies. We conduct thorough internal investigations to assess potential FCA exposure, identify compliance gaps, and develop remediation strategies. We advise on and assist with voluntary disclosures to federal agencies, which can significantly reduce penalties in cases of identified overpayments or non-compliance. We aggressively negotiate settlements with federal authorities and, when necessary, litigate FCA cases in federal court. We also proactively assist clients in developing and strengthening their compliance programs to prevent potential FCA violations.

Our defense of healthcare providers further encompasses state investigations initiated by the New Jersey Attorney General, New Jersey Office of the Insurance Fraud Prosecutor (OIFP), the Department of Banking and Insurance (DOBI), and other state agencies. This work includes defending against allegations of making false or misleading statements or omissions in claims for healthcare services in violation of New Jersey's Health Care Claims Fraud Act and the Insurance Fraud Prevention Act. We assist clients in addressing potential disciplinary actions by professional licensing boards that often accompany allegations of insurance fraud.

When necessary, we provide comprehensive and vigorous defense in both civil actions brought by private insurers and criminal prosecutions by state authorities. Our services also include assisting with audits and disputes related to billing practices, coding accuracy, and medical necessity.

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Experience

Representative Matters

- Representing a physician in an ongoing investigation by the U.S. Attorney's Office for the Eastern District of New York concerning alleged Medicaid fraud related to billing for non-medically necessary testing.
- Representing targets and key witnesses in federal and state healthcare fraud and Medicaid fraud investigations , including matters involving potential exposure exceeding $14 million, restitution risk, and incarceration, before New Jersey and New York authorities and the U.S. Attorney's Office for the Eastern District of New York.
- Representing an insurance corporation in connection with a *qui tam* action alleging violations of federal and state False Claims Acts and New Jersey's Abandoned Property Act, including coordination with the New Jersey Attorney General's Office.
- Advising a New Jersey-based ABA therapy organization in responding to a New Jersey Medicaid Fraud Division (MFD) audit. This matter includes counseling the client on the MFD interview process, assisting in providing relevant documentation responsive to the audit, and advising the client on compliance with follow-up requests from the MFD in anticipation of an eventual resolution of the audit, including any repayment demands.
- Represented a medical supply distributor and affiliated entities in a federal False Claims Act *qui tam* action alleging Medicare fraud, securing dismissal prior to the pleading stage through documentary evidence and sworn submissions, while claims against other defendants continued.
- Represented a physician charged with conspiracy to commit healthcare fraud involving fraudulent billing for medically unnecessary compound medications submitted to New Jersey state and local health benefits programs and private insurers.
- Represented an unlicensed owner of a licensed clinical social worker practice in a state fraud and abuse investigation with potential seven-figure reimbursement exposure and possible criminal referral.
- Represented a New Jersey healthcare system in defense of fraud, breach of contract, age discrimination, and CEPA retaliation claims brought by three physicians and their surgical group seeking more than $9 million.
- The firm was a member of a unified four-firm team defending a physician shareholder and corporate officer of a neurology practice in $1.1 million creditor litigation alleging breach of contract and fraudulent conveyance against the practice and four individual physicians. The legal team secured dismissal without prejudice of all claims against the individual physicians; litigation remains ongoing against the practice, with continued efforts

to reassert claims against the physicians.

- Represented a physician-shareholder and corporate officer in creditor litigation seeking more than $1.1 million and asserting fraudulent conveyance claims, coordinating a joint defense group and securing dismissal of all claims against individual defendants.

Insights & More

Client Alerts

Eighth Circuit Imposes "But-For" Causation Standard for False Claims Act Cases Premised on Anti-Kickback Violations, Causes Circuit Court Split
11.15.22

Healthcare Perspectives Blog

First Circuit Decision Regarding Anti-Kickback Statute Standard Widens Circuit Split and Creates Potential for Supreme Court Clarification
7.29.25

Publications

Circuit Split Leaves Anti-Kickback Statute Standard Ripe for Guidance from the Supreme Court
Summer 2025