Checklist for Mediating Healthcare FCA Cases

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I. Pre-Mediation Considerations

A. Attendees

- o DOJ
- o State Medicaid Fraud Control Unit/State Attorney General's Office
- o Corporate Client Representatives (Legal and Business)
- Relator/Relator's Counsel
- o Co-Defendants
- o Insurance Representatives (in person or by phone)
- U.S. Department of Health & Human Services Office of Inspector General (OIG)
- Other Payors—Tricare and FEHBP

B. Scope of Mediation

- Federal & State FCA liability
 - Global Resolution of FCA cases/Investigations in multiple jurisdictions
- o OIG—Civil Monetary Penalties and Exclusion
- Treatment of Individuals
- Retaliation Claims
- o Relator's Fees

II. Key Negotiation Points

A. Financial Resolution

- Payment Terms/Ability to Pay
 - Timing of payments
- o Collateral/Security Interests to be Granted
- o Handshake Interest
 - Interest Rate

B. Non-Monetary Terms

- Covered Conduct
 - Time frame
 - Entities
 - Scope of conduct
 - Scope of payors
 - Treatment of individuals (officers, directors, employees, agents)
- Cold Comfort Letter(s)
 - Corporate affiliates
 - Individuals
- o OIG Release/CIA
- o Express Denial

C. Separate Settlement with Realtor

- o Scope of a General Release
- o Retaliation Claim
- o Attorneys' Fees and Costs
- Confidentiality
- o Tax treatment of Relator payment
 - W-2 or 1099
 - Withholding Approach
- Non-Disparagement
- o Document Return or Destruction
- o Timing
 - Certain Releases have Revocation Period (e.g., ADEA)

D. Approval Contingencies

- o Express Reservation of Approval
 - DOJ/State Chain of Approval
 - Governing Body of the Defendant (e.g. board of directors)
 - Insurance
 - Financial Institution Approval (e.g., Bond or Debt covenants)