

## RELATED SERVICES

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## Fraud, Abuse + False Claims

U.S. healthcare spending currently exceeds \$2 trillion annually and is expected to account for as much as 20 % of all spending in the country within a decade. Health care is personal; everyone, including legislators and regulators, is a patient and has family members, friends, constituents and colleagues who interact with, and are affected by, the health care system. Reports of major abuses or lapses in judgment resulting in waste and even individual harm trigger sweeping regulatory initiatives that are costly and difficult to analyze and address. Health care fraud is among the U.S. Justice Department's most significant law enforcement priorities. Increasingly, employees, vendors, and even patients are encouraged to report and profit from errors. As a result, health care providers and businesses face a complex and increasingly intrusive regulatory environment where punitive response to even inadvertent non-compliance seems ever more routine.

The Miller Canfield Health Law Practice Group attorneys analyze and counsel clients in assuring compliance with federal and state reimbursement and fraud and abuse laws, and addressing non-compliance and related investigations when they do arise. We advise healthcare organizations, individual providers, businesses, academic institutions and others on corporate governance standards, analyze the substantive rules that apply to their organizations and their operational impact, structure business ventures and draft contracts to align diverse incentives while minimizing regulatory risk, assist in development and implementation of effective compliance programs, and defend clients in administrative, civil, and criminal matters when they arise.