



Mark Pollitt
Attorney

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Admissions

State Bar of California

Affiliations

California Bar Association

Education

University of Michigan Law School, J.D., *cum laude*

University of California, Santa Barbara, B.A.

PROFILE

Mark Pollitt defends complex litigation in state and federal court on behalf of health care providers. He has extensive experience representing health care providers in civil, criminal and administrative litigation, including disputes involving the Medicare program, health plan reimbursement, and alleged fraud and abuse. Mark regularly advises clients on regulatory issues including compliance with the Stark law, the federal Anti-Kickback Statute and the corporate practice of medicine.

In-House Counsel Experience

Mark has substantial experience in health care operations, having worked as in-house counsel for two different hospital and health systems. He provides his clients with a unique on-the-ground perspective of the legal challenges facing healthcare providers today, including criminal and civil government investigations, reimbursement, contract disputes and employment law.

A Litigation-Savvy Start

Upon graduating from law school, Mark worked for Gibson Dunn & Crutcher where he learned the legal ropes by handling all aspects of discovery and becoming skilled at motion practice, while defending multi-million dollar disputes at a global law firm.

Life Outside the Firm

In his free time, Mark enjoys travelling and beautiful Santa Monica days. Mark is also an avid sports' fan, rooting for the Angels, Clippers and Lakers as well as his home town St. Louis Rams and St. Louis Blues. Mark has enjoyed playing basketball his entire life.

EXPERIENCE

- **Compliance** Currently representing a hospital system in civil litigation against a California health plan for non-payment and underpayment of claims.
- **Contract Dispute** Handled numerous contract disputes for a hospital with various vendors, obtaining favorable settlements.
- **False Claims Act** Obtained a complete dismissal with prejudice of a federal False Claim Act lawsuit brought against a hospital. A former patient of the hospital filed as a Relator on behalf of the United States alleging that the hospital defrauded the Medicare program by billing its facility charge when patients visited their surgeons for follow-up care. The Relator argued that the charge was for physician services, in violation of Medicare's 90-day global surgery rule. We moved for summary judgment on the ground that there was no merit to the claim because the visits occurred in outpatient clinics entitled to bill a facility charge. The Relator then attempted to pursue a new theory of False Claims liability. The district court ordered the Relator's \$40M lawsuit dismissed with prejudice.
- **False Claims Act** Relator, an employee at a Prime hospital, filed an FCA case in federal court in Los Angeles alleging that more than a dozen hospitals in Southern California had submitted false Medicare claims for inpatient admissions that should have been billed as outpatient observation care (known as "short stay" claims) and/or used false diagnoses to increase reimbursement. The government chose to only intervene on the short stay claims leaving relator to pursue the coding claims. This complex case, involving hundreds of thousands of documents, is in the discovery stage with trial currently set for November 2018.
- **Fraud Investigation** Defended a hospital system during expansive U.S. Department of Justice and City of Los Angeles investigations relating to alleged patient dumping,

kickbacks for patient referrals, and Stark violations.

- **Securities Fraud** Defended a major education provider in an alleged securities fraud matter in which the plaintiff was seeking hundreds of million dollars in damages.
- **False Claims Act** Favorably settled whistleblower lawsuits on behalf of one of the largest health systems in the country.