

JOSEPH E.H. ATKINSON

Partner

Eric Atkinson's practice focuses on representing healthcare providers in all phases of regulatory, civil, and criminal litigation. He regularly advises hospitals, long term care facilities, physicians, specialty practices, home health agencies, physical therapists, mental health practitioners, and other providers on healthcare related issues, including government investigations, corporate compliance, fraud and abuse, and provider billing and reimbursement. Eric routinely assists with due diligence for compliance matters, self reporting and payor appeals in provider transactions.

He has extensive experience regarding Department of Justice, Health and Human Services – Office of Inspector General, Federal Bureau of Investigation, and state Attorney General investigations and litigation, gleaned from years working with the state and federal government. Prior to joining the firm, Eric served as the Chief of Fraud and Corporate Neglect Investigations for the Virginia Attorney General's Health Care Fraud and Elder Abuse Section. He also served as a Special Assistant U.S. Attorney for the U.S. Attorney's Offices in both the Eastern and Western Districts of Virginia, focusing exclusively on healthcare fraud matters. Outside the courtroom, Eric formulated policy positions and crafted legislative changes to improve oversight of healthcare providers reimbursed by the federal healthcare programs.

He has been recognized both within and outside of his prior government service for his work on healthcare fraud matters. He is also Certified in Healthcare Compliance (CHC)[®] and is a member of the Health Care Compliance Association.

Eric understands the increasing regulatory scrutiny providers face. "There is an increased emphasis on regulatory enforcement at both the state and federal levels as a way to reduce spending in the Medicare and Medicaid programs. Because of the pressure to achieve results, healthcare oversight agencies are aggressively investigating allegations of fraud and abuse, which may quickly escalate to a criminal or civil enforcement action." It is with this understanding, informed by his prior experience in government, that Eric advocates for Hancock Daniel's clients. In addition to his work at Hancock Daniel, Eric also serves as a JAG attorney for the United States Air Force Reserve.



Practice Areas

Long Term Care/Post Acute Care
Compliance
Fraud & Abuse
Health Regulatory Boards
Healthcare Investigations & Enforcement Actions
Mergers, Acquisitions & Transactions
Reimbursement
White Collar & Government Investigations

Licensure

Arizona
Virginia
United States District Court
- Eastern and Western Districts of Virginia
United States Bankruptcy Court - Eastern District of Virginia
United States Court of Appeals, Fourth Circuit and Armed Forces

Academic Credentials

Randolph-Macon College, B.A.
Ohio Northern University, J.D.

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Associations and Professional Memberships

American Health Lawyers Association

Health Care Compliance Association

John Marshall American Inn of Court

Virginia State Bar

Career Highlights

"Legal Elite," *Virginia Business Magazine*

OIG Exceptional Achievement Award

Representative Experience

Representation of health system in defense of OIG investigation initiated by the OIG consolidated data analysis center

Representation of mental health service providers responding to joint FBI, IRS, and state Attorney General healthcare fraud investigations

Representation of physician practice in response to False Claims Act investigation premised on alleged violations of the Anti-Kickback Statute

Representation of TRICARE provider in federal healthcare fraud investigation into billing and reimbursement practices

Representation of physician practice groups responding to demands and litigation filed by lab testing organization's liquidating trustee

Conduct internal investigation into health system compliance hotline complaints alleging falsification of patient records and other acts of alleged noncompliance

Conduct analysis of overpayment liability for healthcare providers employing direct-care staff with suspended or restricted licenses

Defend physician practice groups in audits and demands from MAC and ZPIC auditors evaluating E/M billing

Representation of hospitals, health systems, and long term care facilities in evaluation and internal investigation of overpayment liability for billing for non-covered services

Performance of compliance program assessment and recommend adjustments and improvements for multi-specialty physician practice's compliance program

Performance of compliance assessment and compliance officer training for medical billing and medical record software development company's corporate compliance program

Performance of compliance assessment and follow-on compliance support services for long term care organization's compliance program

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Notable Related Government Experience

Investigation and prosecution under federal RICO statute of long term care company owner, operators, administrator, director of nursing, and direct-care staff

Investigation and federal prosecution of both healthcare provider and outside marketing agency for \$1.5 million fraud and violations of the Anti-Kickback Statute related to the marketing practices

Investigation and prosecution utilizing the Health Care Fraud and federal aggravated identity theft statutes in a first-of-its-kind prosecution of a healthcare provider, subsequently upheld by the Fourth Circuit

Federal prosecution of a home health agency and its owner reported at the time as the largest fraud case against a home health agency in Virginia

State investigation and prosecution of Medicaid-contracted home and personal care services company owner for utilizing workers without appropriate qualifications and training

Federal Health Care Fraud investigation and prosecution provider office staff for falsification of prior-authorization criteria

Federal investigation of healthcare company owner and office staff for alteration of patient records in preparation for an audit leading to prosecution of owner for Health Care Fraud

State investigation and prosecution of direct-care providers in long term care setting for falsification of patient records

State investigation and prosecution of long term care business office manager for cost report fraud

Joint federal False Claims Act and state Fraud Against Taxpayers Act investigation and settlement of cost report fraud committed by a long term care company

Joint federal False Claims Act and state Fraud Against Taxpayers Act investigation and settlement against dental provider for billing for unnecessary dental services