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POWERFUL LITIGATION. PROVEN STRATEGIES.

**THE ULTIMATE GUIDE TO
ZPIC AUDITS**

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Available on Weekends

OBERHEIDEN P.C.

Oberheiden P.C. is a team of former Department of Justice Trial Attorneys, former Assistant United States Attorneys, former federal prosecutors, and experienced defense attorneys who, throughout the United States, represent healthcare providers in all stages of ZPIC audits.

WHAT IS A ZONE PROGRAM INTEGRITY CONTRACTOR?

The Zone Program Integrity Contractor (ZPIC) audit is one of the primary tools the Centers for Medicare and Medicaid (CMS) uses to investigate health care providers suspected of submitting false and fraudulent claims for reimbursement to federal healthcare programs. However, in addition to ZPIC audits, CMS uses a number of different types of audits to review the records of health care providers that participate in federal healthcare programs. Therefore, a health care provider should **never assume an audit is a ZPIC**.

Other types of audits used by CMS are conducted by Recovery Audit Contractors (RACs), Medicare Administrative Contractors (MACs), or Comprehensive Error Rate Testing (CERT) Contractors. Within these categories of auditors, there are further distinctions. For example, MACs are divided up between Medicare Parts A and B, Home Health and Hospice Area, and DME specialty MACs.

HOW DO CMS AUDITORS INTERACT WITH THE GOVERNMENT?

The various types of auditors do not exist in a vacuum – **they often interact with each other at different stages of the review process**. CERT investigations may induce MAC audits, MACs may recommend providers for a ZPIC audit, and they may result in MAC-imposed payment denials. Moreover, all CMS contractors may refer providers to federal authorities for civil or criminal investigation.

Once a provider has undergone a RAC, MAC, or ZPIC audit, that provider is much more likely to be the subject of future audits by any of the CMS contractors. In fact, it is quite common for individual providers to undergo audits from multiple CMS contractors once they land on the radar of CMS. An audit from any CMS contractor should be a warning signal to any provider because audits can – and often do – **lead to civil or criminal charges**, particularly in the case of the audits. Therefore, any providers facing a ZPIC or other audit should be aware of the devastating potential consequences of these audits for their personal and professional interests.

Although a review by a ZPIC is technically called an “audit,” in reality, ZPIC audits are much closer to investigations into a provider’s practice. Notwithstanding their status as private contractors, ZPICs are empowered to exercise pseudo-law enforcement authority. Zone Program Integrity Contractors are charged with helping identify those providers who will be the targets of a direct federal investigation by CMS, the Department of Health and Human Services (HHS), the Office of Inspector General (OIG), the Department of Justice (DOJ), and other agencies.

ARE CMS AUDITORS GOVERNMENT AGENCIES?

ZPICs and other CMS contractors are not government agencies. As private contractors, they have limited powers. For example, CMS contractors cannot compel health care providers to comply with their audits; they can only report about the providers to government agencies who, at their discretion, may compel providers to cooperate with an investigation. Therefore, while CMS contractors may attempt to intimidate providers into disclosing confidential information or to mislead providers' employees into providing information by failing to advise them of the true nature of the audit, auditors have limited authority, and providers should act with extreme caution whenever dealing with a ZPIC.

DO HEALTHCARE PROVIDERS HAVE A RIGHT TO LEGAL REPRESENTATION?



In all cases, **providers have a right to legal representation** throughout any part of the CMS contractor conducting an audit process. Given the serious potential consequences of these audits, providers should immediately retain a qualified health care defense attorney as soon as they suspect they may be audited by a CMS contractor.

To be clear, CMS contractors audit providers who they believe to be engaging in improper conduct, and they focus first on confirming their suspicions are correct and only second on concluding whether the improper conduct resulted from simple mistakes or fraudulent intent.

Therefore, providers undergoing an audit must be **extremely cautious about what they and their employees say and the records they disclose** to the CMS contractors. Anything disclosed during one audit may be used against the provider in future audits or in future federal investigations by CMS, OIG, or DOJ.

Having a lawyer present at the outset of an audit can protect providers from inadvertently increasing the suspicions of the auditors and will help the providers convey the innocent origins of any discrepancies in a constructive manner. Such legal guidance is critical for providers, as ZPIC auditors can refer any provider they suspect of fraud to the United States Attorney's Office for criminal or civil investigation. Federal investigations, even if they do not lead to criminal charges, are enormously disruptive and costly for a health care practice.

WHAT ARE THE CONSEQUENCES OF AN UNFAVORABLE AUDIT?

It is important to bear in mind that CMS incentivizes its contractors to detect, confirm, and sanction improper billing practices. Thus, CMS contractors are always looking for ways to collect reimbursements from providers and to stop payment from CMS to providers. Any provider facing an audit should expect an unfavorable determination by auditors until proven otherwise. The best way for providers to protect themselves and their practices from such unfavorable determinations is to actively participate in the audit by having a lawyer present from the audit's onset.

If a Zone Program Integrity Contractors or other CMS contractor audit goes poorly, a health care provider may face any or all of the following potential consequences:

- DENIAL OF PAYMENT FOR OUTSTANDING MEDICARE REIMBURSEMENT CLAIMS
- PRE-PAYMENT REVIEW OF ALL FUTURE MEDICARE REIMBURSEMENT CLAIMS
- DENIAL OF FUTURE PARTICIPATION IN MEDICARE AND OTHER GOVERNMENT BENEFIT PROGRAMS (E.G., MEDICAID AND TRICARE)
- CIVIL INVESTIGATION BY OIG OR THE DOJ LEADING TO EXORBITANT FINES, TREBLE DAMAGES, AND OTHER FINANCIAL PENALTIES
- **CRIMINAL INVESTIGATION BY OIG OR DOJ LEADING TO FINANCIAL PENALTIES AND FEDERAL INDICTMENT**

THE TOP TEN FACTS PROVIDERS SHOULD UNDERSTAND ABOUT ZPIC AUDITS

Every health care provider should be aware of the following important facts about ZPIC audits:

What a ZPIC Audit Is (and Isn't)

All CMS contractors are private government contractors dedicated to combating fraud, waste, and abuse in federal health care programs. ZPICs, unlike Recovery Audit Contractors or MACs, are specially bestowed with the pseudo-law enforcement function of assisting federal agencies in identifying appropriate targets for federal health care fraud investigations. Nonetheless, although a ZPIC audit may give rise to a federal investigation, they are not federal investigations. In other words, during the pendency of an audit, a provider does not yet face federal charges. Therefore, providers should take appropriate actions to positively resolve ZPIC audits, including hiring an experienced health care defense lawyer in order to prevent potential charges down the road.

Why a Provider May Have Been Targeted for a Zone Program Integrity Contractor Audit

Health care providers come under ZPIC review for various reasons. Providers in certain areas of the healthcare industry are particularly prone to scrutiny from both auditors and federal investigators. Such “hot spot” areas of the healthcare industry include: Home Healthcare Services, Hospice Services, Durable Medical Equipment Suppliers, and Compounding Pharmacies. ZPIC investigators also utilize data analytics to detect potential false claims or fraudulent activity. Thus, providers who submit abnormal – albeit completely legal – claims to CMS are particularly susceptible to catching the attention of ZPIC investigators. In addition, ZPIC investigators identify providers through complaints, RAC and MAC referrals, and other sources of information.

What Does (and Doesn't) Constitute Medicare Fraud

Perhaps the biggest threat posed by a ZPIC audit is that the auditor will refer the provider to OIG or DOJ for a direct federal investigation – one that could lead to criminal charges or steep civil penalties. While they themselves do not prosecute health care fraud, they are always on the lookout for indications of health care fraud when conducting an audit. Therefore, all providers undergoing an audit should understand what constitutes health care fraud to best represent themselves during the audit and ultimately protect themselves from federal charges. One law regularly used to prosecute health care providers is the False Claims Act, which penalizes providers who present false or fraudulent claims for reimbursement to federal health care programs. Liability under the False Claims Act requires fraudulent intent – that is, a provider must intend to defraud the government. Providers may be able to protect themselves from False Claims Act charges down the road if they are able to convince auditors that any improper billing practices uncovered during an audit were merely the result of an innocent mistake instead of fraudulent intent.

Conducting a Pre-Audit Internal Assessment

The best way for health care providers to protect themselves against ZPIC audits is to prevent them before they start. One key method to avoiding ZPIC audits is to regularly conduct internal assessments to detect and correct potential regulatory violations or red flags before auditors have the chance to take notice. Providers should periodically audit themselves to determine whether any of their employees have submitted inaccurate claims and, if so, how the inaccuracies occurred. Providers should always fully document their internal assessments and corrective activities. By policing their own business practices, providers can avoid surprises during the audit, demonstrate to auditors their good faith in their billing practices, and hopefully avoid ZPIC audits altogether.

Knowing the Risks of Doing Nothing

Providers who ignore ZPIC audits can face severe consequences. If a provider does not put up a defense to the ZPIC investigators' inquiries, the ZPIC investigators may find that provider liable for recoupment of any amounts the auditors determine were improperly billed and, in the worst-case scenario, refer the provider for further investigation by the OIG or DOJ. Additionally, Zone Program Integrity Contractors often issue providers a "Post- Payment Review Results and Provider Education" letter following an audit. Providers have 60 days to respond to these letters by refunding any monies that were allegedly received improperly from CMS. If a provider fails to timely refund those monies, that provider may face charges under the False Claims Act. Providers who do not cooperate with a ZPIC are also more likely to face audits and investigations in the future.

How to Identify a ZPIC

The ZPIC program is divided into seven geographic "zones." Each zone is assigned to a separate "integrity contractor" (the independent auditors). The following chart indicates the seven zones and their respective integrity contractors (which are subject to change based on a bidding process through which these private entities compete to be awarded the federal government's contract for services):

Zone	Integrity Contractor	States Covered
1	Safeguard Services (SGS)	California, Hawaii, and Nevada.
2	Advancemed (NCI)	Alaska, Arizona, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.
3	Advancemed (NCI)	Indiana, Illinois, Kentucky, Michigan, Minnesota, and Ohio.
4	Health Integrity	Colorado, New Mexico, Oklahoma, and Texas.
5	Advancemed (NCI)	Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia.
6	Safeguard Services (SGS)	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Washington D.C.
7	Safeguard Services (SGS)	Florida, Puerto Rico and the U.S. Virgin Islands.

Because of their status as private contractors, providers may not immediately recognize what these entities are or their relationship with the federal government. However, any provider contacted by one of these entities should immediately prepare for an audit.

Preparing for the ZPIC's On-Site Audit

ZPIC audits sometimes include an on-site visit to a provider's office. The most important thing to bear in mind during a ZPIC on-site audit is the nature of the process: a federal government contractor who suspects a provider of committing health care fraud is reviewing that provider's records and business practices with a critical eye and a motivation to find improprieties, and that contractor has the authority to refer the provider to federal agencies for a civil or criminal investigation. In other words, the auditors are looking for evidence of fraud, and if they find such evidence, the consequences could be severe. To prepare for an on-site audit, providers should make sure to know their rights and common mistakes to avoid. Having legal counsel in place for this step is especially critical.

Avoiding The Mistakes that Could Harm a ZPIC Audit Defense (and Lead to Federal Charges)

Identifying and avoiding every mistake that could harm an audit defense is an impossible task. Nonetheless, common errors committed by providers include destroying records, disclosing more records than necessary, attempting to cover up damaging information, and inadvertently making incriminating admissions. As a general approach to avoiding mistakes, providers should carefully monitor what they and their staff say to the auditors, refrain from destroying any records, and hire legal counsel to oversee the disclosure of records.

Knowing the Specific Defenses to Medicare Fraud and the Grounds to File a ZPIC Appeal.

While every provider's situation is unique, there are several proven strategies for helping providers protect their interests and challenge negative ZPIC assessments. Experienced health care defense attorneys can work with providers to develop effective defensive strategies designed to avoid or mitigate any liability resulting from an audit. Potential strategies include:

- Proving statutory defenses and safe harbors;
- Disputing the ZPIC's methodology;
- Disputing the information supplied by the ZPIC (by law, ZPICs must provide certain information about their findings to providers);
- Retaining outside financial and healthcare experts to challenge the ZPIC's findings;
- Completing a Request for Redetermination;
- Completing a Request for Reconsideration; and,
- Completing a Request for a Hearing Before an Administrative Law Judge (ALJ).

Hiring Experienced Legal Representation During an Audit.

It is critical for any health care provider facing an audit to retain experienced legal counsel with expertise in health care law and health care investigations. Health care laws are extremely complex and health care investigations at all levels provide many opportunities to make inadvertent mistakes. Health care defense lawyers know what to do and what not to do to minimize any recoupment liability and avoid raising suspicions among ZPIC auditors that could lead to a provider's referral for federal investigation and prosecution by CMS, OIG, or DOJ. Experienced health care defense attorneys will also help providers avoid common mistakes before, during, and after ZPIC audits. Therefore, providers should not wait until after they have received a negative ZPIC assessment before hiring legal counsel.

The more health care providers understand the ZPIC audit process, the better prepared they will be if they ever face an audit. While primers like this one are helpful for providing general guidance to providers, every provider's situation is unique and deserving of a specifically-tailored defensive strategy.

Therefore, all providers would benefit from retaining experienced healthcare defense counsel to advise them throughout the ZPIC audit process. ***By the time a provider learns about a ZPIC investigation, ZPICs have already targeted that provider as potentially engaging in fraudulent activity.*** Thus, the sooner a provider obtains legal counsel, the more likely that provider will be to avoid recoupment or further investigation as a result of an audit.

WHAT ARE THE STRATEGIES A HEALTHCARE ATTORNEY EMPLOYS WHEN DEFENDING ZPIC AUDITS?



Although every provider's audit is different, there are certain proven strategies that most veteran legal counsel will employ to defend against a ZPIC audit. An experienced health care lawyer will:

Make Documentation Ready and Available

Any health care provider facing an audit should be prepared for the auditors to determine that some amount of money is owed to CMS or some amount of pending payments from CMS should be denied. Therefore, health care defense lawyers will make sure their clients are prepared to defend against such

negative determinations by helping them pull together their billing and medical records, policies, and procedures.

Precisely Understand the Applicable Laws and Defenses

An experienced health care fraud defense attorney will be able to assess providers' legal exposure and determine what safe harbors and exceptions apply to them. Therefore, they will know what the ZPICs are looking for and they will know how to respond to their inquiries.

Know How to Challenge the Audit's Methodology and Conclusions

While ZPICs may seem intimidating to providers, health care defense lawyers often have a greater understanding of the current state of health care regulations than ZPIC investigators do. Veteran health care attorneys understand from experience that they should never take for granted that a ZPIC's conclusions or methodology are sound. For example, ZPIC investigators often incorrectly attempt to apply current rulings to claims or records that pre-date the latest changes in the rules. A health care attorney will be able to identify such mistakes and point them out to the auditors before they lead to liability for their clients.

Communicate with the ZPIC on the Provider's Behalf

Health care providers should closely monitor any statements they or their staff make to ZPIC investigators. Providers may be tempted to try to talk their way out of a negative assessment. However, any incriminating statements providers say to ZPIC auditors can be used against them in future audits or federal investigations, and providers are ***much more likely to hurt their cases than help them*** by providing unnecessary or defensive explanations to auditors. Health care attorneys know how to speak with ZPIC agents without hurting the interests of their clients. It is also much harder to use an attorney's statement against a provider than the provider's own statement in future federal investigations. Therefore, relying on an attorney to speak for them is in the providers' best interest during an audit.

Anticipate the ZPIC's Focus and Actions.

Health care defense lawyers are familiar with health care records and billing documents. They will be able to use this knowledge to perform an in-house analysis of the claims that are the subject of the ZPIC audit. In doing so, they will be able to decipher the types of procedures, timeframes, coding patterns, billing patterns, and other common threads among the files under review in order to determine the likely focus of the ZPIC auditors.

This analysis will help providers anticipate the auditors' questions and have explanations ready. In addition, it gives providers a chance to implement corrective measures before the auditors make a negative determination.

Negotiate with the ZPIC on the Provider's Behalf

Health care lawyers have ample experience negotiating with government agents and contractors. They can give providers reasonable expectations of the outcome of negotiations with ZPICs and what issues the providers may need to concede, as well as what appellate options providers have following a negative assessment. They also can effectively present and argue providers' positions to ZPICs and, if necessary, federal agents.

DO PROVIDERS HAVE A RIGHT TO APPEAL UNFAVORABLE ZPIC DETERMINATIONS?

A ZPIC determination is not the end of the road for health care providers. There is a multi-level appellate process for contesting a ZPIC assessment. Every provider should know the following key facts about the ZPIC appeals process:

Providers Have the Right to Appeal the Outcome of their Audit

Every health care provider has an automatic right to appeal a ZPIC's determination. It is important to remember that ZPICs, while connected to federal agencies, are nonetheless private contractors. The government, not the ZPIC, has the final say regarding a provider's liability for recoupment, payment stoppage, and federal investigations.

ZPICs Can Take Adverse Action Against Healthcare Providers Suspected of Fraud

Recoupment and payment stoppage are not the only adverse actions a ZPIC can take against a provider. ZPICs have broad authority to inflict devastating consequences on providers. Thus, it may be in the provider's best interest to appeal a negative ZPIC action. Circumstances under which a provider may need to file a ZPIC appeal include:

- A ZPIC has referred the provider to a state licensing board;
- A ZPIC has referred the provider to the OIG or another agency for investigation;
- A ZPIC has recommended the provider be excluded from future participation in federal health care programs;
- A ZPIC is seeking to recover alleged overpayments made to the provider;
- A ZPIC revoked the provider's assignment privileges; or,
- A ZPIC suspended the provider's payments from Medicare.

Providers Who Have Received Adverse Outcomes from ZPIC Audits Should Promptly Assess Their Grounds for Appeal

Although all providers have the right to appeal a ZPIC's determination, they can waive that right if they do not file the appeal in a timely manner. Therefore, providers who wish to file an appeal should begin preparing their appeal immediately. Given the extreme complexity of health care laws and the CMS billing system, even experienced health care counsel will need adequate time to review the ZPIC's assessments for inaccuracies and determine what grounds the provider has for appeal.

WHAT ARE SOME OF THE GROUNDS FOR CHALLENGING A ZPIC AUDIT?

Providers Could Have Numerous Grounds to Contest the Outcome of Their ZPIC Audit. As ZPICs have an incentive to find reasons to justify issuing a recoupment or stop payment decision against providers, even the most prepared providers may face an unfavorable determination. However, providers who proactively protect and prepare themselves for an audit often find themselves in a more favorable position when the time comes to challenge a ZPIC audit determination. These providers commonly have multiple grounds for challenging an audit outcome, including:

- Exceeding the ZPIC's authority during the audit, or in its determination;
- Failure to provide required information regarding the ZPIC's determination;
- Failure to seek an appropriate expert opinion;
- Improper review of information supplied by the provider;
- Inaccuracies in the ZPIC's conclusions;
- Misapplication of the Medicare billing regulations;
- Procedural errors during the ZPIC's audit; and,
- Use of improper or unsound sampling and statistical methods.

WHAT ARE THE STAGES OF A ZPIC APPEAL?

There Are Five Stages of Appeals for Unfavorable ZPIC Audit Outcomes. The ZPIC appellate process includes five hierarchical stages which have varying requirements for appellant providers. The five stages of ZPIC appeals are as follows:

1ST STAGE: REDETERMINATION

The "redetermination" stage is handled by a Medicare Administrative Contractor (MAC). Upon completion of an audit, the ZPIC will submit its initial findings to a MAC for review. Upon its review, the MAC will issue a "revised initial determination" to the provider, which often includes a demand for payment. Providers who wish to contest the revised initial determination may do so within 120 days of receipt; however, this deadline is cut to 30 days if the provider desires to avoid suffering the consequences of recoupment.

2ND STAGE: RECONSIDERATION

Providers rarely succeed in changing the outcome of an audit via a MAC redetermination. Thereafter, they may pursue the second stage of appeals, or "reconsideration." Providers must file a request for reconsideration with a Qualified Independent Contractor (QIC) within 180 days after receiving notice of their redetermination decision. If providers wish to avoid liability for recoupments pending appeal, they should file their request for reconsideration within 60 days. The QIC independently reviews a provider's evidence and assesses the soundness of the previous determinations of the ZPIC and the MAC.

3RD STAGE: ADMINISTRATIVE HEARING

The third stage of the appellate process is an administrative hearing with the Office of Medicare Hearings and Appeals (OMHA). In administrative hearings, which resemble a simplified version of traditional court proceedings, an administrative law judge (ALJ) reviews the evidence and hears arguments from both the provider and the auditors before handing down an independent ruling on the audit determination. Providers have 60 days from receipt of the QIC's reconsideration in which to file an appeal to the OMHA.

4TH STAGE: MEDICARE APPEALS COUNCIL

In the fourth stage of the appellate process, Providers may seek a review of an ALJ's ruling by the Medicare Appeals Council. The Medicare Appeals Council is composed of ALJs with specific expertise in Medicare fraud and overpayment.

Unlike an ALJ in an administrative hearing, the Medicare Appeals Council does not review the facts of the case; instead, it reviews the matter solely for errors of law and abuses of discretion. In this way, the function of the Medicare Appeals Council parallels that of an appellate court in the traditional legal system.

5TH STAGE: FEDERAL DISTRICT COURT

Providers' last resort is to seek review by a federal district court. While in most cases a federal district court is a trial court, district courts do not play this role in the appellate process for ZPIC audits. District courts only review the decisions of the Medicare Appeals Council to determine whether the decisions are "against the substantial weight of the evidence" or "arbitrary and capricious." Given this high standard of review, district courts rarely overturn the decisions of the Medicare Appeals Council.

CAN YOU TAKE PRECAUTIONS THAT HELP PREVENT UNFAVORABLE ZPIC AUDIT OUTCOMES?

While every provider has the right to appeal an audit determination, the odds are still against a provider hoping to obtain a different result than the initial audit outcome. Therefore, providers should do everything possible to avoid an unfavorable outcome in the first place. There are several precautions that have traditionally helped providers prevent unfavorable audit outcomes, including as follows:

- Implementing a compliance plan, conducting training on the plan, and reviewing it on a regular basis (e.g., at least annually);
- Designating a compliance officer and an internal point of contact for all ZPIC-related communications;
- Retaining outside professional advisors (including healthcare fraud defense attorneys and Medicare billing specialists) who can assist in assessing potential red flags;
- Routinely conducting internal audits;
- Reviewing and updating key policy documents and systems following changes in Medicare billing regulations; and,
- Hiring legal counsel immediately upon learning that an audit will be conducted – that is, before responding to ZPIC information requests and before an on-site audit occurs.

WHAT IS THE EFFECT OF FAILING TO FILE AN APPEAL?

If Providers Do Not File an Appeal, They Could Face Devastating Consequences for Their Business.

The potential consequences of an unfavorable ZPIC determination are severe and life-altering. Most seriously, ZPICs can recommend providers for federal prosecution by DOJ in conjunction with HHS-OIG, which may lead to civil or criminal charges against providers, their practices, or both. Criminal convictions for health care fraud carrying lengthy prison sentences, including up to life in prison. Criminal or civil convictions may also result in steep fines, forfeiture, and exclusion from future participation in federal health care programs.

The first step that all providers should take to protect their personal, professional, and financial interests is to know the health care laws and understand the potential consequences of violating them. In addition, providers should acknowledge their own limitations – they are doctors, clinicians, or business owners, not lawyers. If they receive notice of an upcoming ZPIC audit, or if they have any concerns whatsoever about their compliance practices, they should seek legal counsel immediately. The best way to achieve a favorable outcome from an audit is to avoid it altogether.

WE CAN HELP THROUGHOUT THE ZPIC AUDIT PROCESS

The attorneys of the Oberheiden P.C. assist healthcare providers throughout the country to defend against ZPIC and other CMS contractor audits using their experience as former U.S. prosecutors working in conjunction with HHS-OIG and as defense lawyers. We advise doctors, laboratories, pharmacists, and business owners on the appropriate steps to take in the ZPIC Audit process. All clients are represented by senior attorneys with significant healthcare law experience.

- **Dr. Nick Oberheiden** is the managing partner of Oberheiden P.C. Nick has successfully represented healthcare executives, business owners, public officials, physicians, and lawyers in civil and criminal healthcare fraud investigations.
- The Honorable **Joe Brown** is a former U.S. Attorney and Former District Attorney. He represents corporations and individuals in government investigations, fraud prosecutions, and internal corporate investigations.
- The Honorable **Amanda Marshall** is a former United States Attorney for the District of Oregon. She represents businesses and individuals in audits, grand jury proceedings, investigations, and criminal defense cases in the areas of healthcare fraud.
- **Lynette S. Byrd** previously served the United States as an Assistant United States Attorney (AUSA), in which capacity she coordinated healthcare fraud investigations that involved the OIG, HHS, the FBI, the IRS, and other federal law enforcement agencies.

Call us today and speak to one of our experienced lawyers directly. We are available to discuss your situation in a free and confidential call, including on weekends.

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