



Mark Hardiman

Partner

Nelson Hardiman

Mark S. Hardiman is a partner at Nelson Hardiman and has more than a decade of experience representing and advising health care providers with respect to criminal investigations and charges, civil False Claims Act (FCA) and fraud lawsuits, administrative overpayment and disciplinary proceedings, and a wide range of regulatory compliance issues, including internal investigations and voluntary disclosures of possible violations of the FCA, federal anti-kickback statute and the Stark Law. Mark's trial experience includes 22 jury trials and he has also argued six appeals before the Ninth Circuit Court of Appeals.

A former federal prosecutor, Mark spent eight and a half years with the United States Attorney's Office in Los Angeles (1990-99) where he was assigned to the Major Frauds and Major Crimes sections and co-prosecuted *United States v. Smushkevich, et al.*, one of the largest health care fraud prosecutions in United States history, involving ten defendants, \$50 million in loss, and a six-month jury trial. Before joining Nelson Hardiman, he was a partner at the Los Angeles office of Hooper, Lundy, and Bookman, P.C. (1999-2013), a firm dedicated solely to the representation of health care providers and suppliers, where he specialized in the defense of criminal and civil fraud actions.

Mark has represented hospitals, skilled nursing facilities, physicians, pharmacists, laboratory and home health agency owners, and various suppliers in numerous federal and state criminal investigations and cases filed in California, Nevada, Florida and Washington D.C. Most recently, in 2009, he successfully defended a physician charged with illegal distribution of controlled appetite suppressants over the Internet during a two month federal jury trial involving seven co-defendants which ended with a deadlocked jury (10-2 in favor of not guilty) and the dismissal of all charges by the government.

Mark also has extensive experience defending hospitals in complex federal and state FCA actions involving claims for allegedly non-reimbursable, unnecessary or inflated services and costs. He has supervised numerous internal investigations of possible federal healthcare benefit over-payments and is well versed in the challenges of voluntary disclosures to the U.S. Department of Health & Human Services' Office of Inspector General and the Center for Medicare and Medicaid Services. Mark routinely works for providers in Medicare and Medi-Cal administrative appeals and related judicial proceedings.

In addition, Mark has periodically represented providers in other civil litigation, including payment disputes with managed care plans and commercial breach of contract and unfair competition lawsuits and arbitration.