

PATRICK MARION, CFE

Pat Marion, one of the founders of CCI, addresses compliance, regulatory and audit issues for a number of health care companies and professionals. This includes the development of audit and statistical methodologies to resolve ongoing compliance issues. His clients range includes academic medical practices, large physician practices, health care systems, hospitals, nursing homes, DME suppliers, pharmacies as well as hospice and home health providers. In light of his extensive past professional experience, he is a recognized expert on issues related to the Federal False Claims Act as well as the Federal Anti-Kickback Statute and Stark Law. Accordingly, he is frequently called upon to assist clients in evaluating situations that may implicate those laws and to provide an assessment of the applicability to specific factual situations. Mr. Marion also assists clients in meeting the compliance requirements of Corporate Integrity Agreements (CIAs), and acting as an Independent Review Organization (IRO) for health care entities and practitioners that have entered into a CIA with the Office of Inspector General (OIG). He is often engaged to assess compliance in high risk areas with regulatory requirements. He also conducts due diligence compliance reviews for health care entities contemplating new business relationships. He performs forensic audits related to potential self disclosures to Governmental authorities, and is involved in counseling clients on risk assessment and remediation strategies. Mr. Marion has successfully completed voluntary disclosures for clients with the Department of Justice, the Office of Inspector General and local Medicare contractors. Mr. Marion participates and presents frequently at health care compliance forums on significant issues in the health care enforcement and regulatory arena.

PREVIOUS WORK EXPERIENCE

Mr. Marion was a staff auditor and audit supervisor with the Office of Inspector General ("OIG") for the United States Department of Health and Human Services from 1974 to 1990. During that time, he had significant experience auditing providers to Medicare's regulations and policies with respect to various payment issues, including those related to physician payments. Mr. Marion also served as an audit manager with the OIG's Office of Audit Services from 1990 to 1997. As an audit manager in the IG's Region 3 office, Pat conducted numerous local and national audits on behalf of the Medicare program and has pioneered the use of the Federal False Claims Act to resolve certain healthcare related civil fraud investigations. Pat has attained national prominence as the national coordinator of the Physicians at Teaching Hospitals (PATH) initiative and has played leading roles in the DRG 72-hour window project and the Medicare credit balance investigation. He has significant experience auditing providers to Medicare's regulations and policies, and supervising others in their audit duties, with respect to various Medicare payment issues. Medicare credit balance investigation. He has frequently been called upon to provide briefings to congressional and high level departmental officials and has often been quoted in various national publications.

EDUCATION

Bachelors of Business Administration, Temple University

PROFESSIONAL AFFILIATIONS

Certified Fraud Examiner