

Client Testimonials

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"I want to take this opportunity to thank you, thank Mr. Liles and Mr. Laher who has (been) exceptionally kind and gracious towards me in guiding and advising me. Your professionalism has been exceptional.....I will make sure that I spread the word around about your office and how wonderful all you folks are."

"We were introduced to Liles Parker through the American Medical Billing Association (AMBA). And through AMBA, the attorneys generously give their time and share their knowledge via free monthly compliance webinars. They are very responsive to questions and concerns. Robert Liles , their Managing Member, was instrumental in the creation of our Compliance Plan. His wealth of knowledge and in-depth experience is invaluable to any Covered Entity or Business Associate. Mr. Liles also co-founded Exclusion Screening, LLC, which gives Providers and Business Associates an easy and inexpensive solution to the screening of employees, providers, and contractors/sub-contractors/vendors against the exclusion of federal and state health care programs. Although all the Liles Parker attorneys that we have interacted with have been very nice and helpful, Mr. Liles is our favorite. I highly recommend the law firm of Liles Parker."

-TP

"Robert Liles and his staff are amazing! They are, by far, the most professional and considerate lawyers I have ever had the pleasure of meeting. They were extremely helpful and successful in resolving my case. I am very glad I had the pleasure of working with Robert Liles

Liles Parker PLLC

A National Health Care Law and Business Transactions Firm that Primarily defends Health Care Providers in Audits & Investigations

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and Ashley Hudson. I will definitely use them for any legal issue I may encounter in the future. I highly recommend this firm!"

-CM

*"**Robert** Liles was introduced to me through American Medical Billing Associations (AMBA). He is extremely professional and excellent at answering any legal questions I may have. His response time is always quick. I am very happy to have him on my team as our attorney."*

-JF

*"**Robert** Liles prepared my new business contracts and explained and educated my on everything from beginning to end. I look forward to further dealings with this firm in the future."*

-KS

"Robert Liles wrote up a contract for my company. We will continue to use him for any further contracts in the future."

-TP

Sample Instances of "FIRM NEWS & SUCCESS STORIES" : While each client and each case of the firm is unique, we are setting out below a representative sampling of some of the types of matters we have successfully handled. Names, Location, and specific details have been omitted or changed to preserve client identity. (Please be aware that any success in a previous case is no guarantee of a successful outcome in a future success)

Medicare/Federal

- We just received a QIC decision involving E/M extrapolated hospital services. Out of 70 claims, we won all but 3! Since the UPIC is AdvanceMed, we expect the extrapolation to be thrown out in its entirety. This was a “bet the farm” case for the client and L delivered a solid victory just in time for Christmas.
- We successfully defended chiropractic practice in Medicare enrollment dispute with CMS.
- Please join us in congratulating H for a great win in a highly complex, long-fought Medicare Revocation Case. Here’s the facts: a licensed clinical psychologist, provided counseling and psychotherapy services to nursing home patients. The patients were a mix of Medicare, Medicaid and private insurance. Dr. X also supervised a licensed professional counselor (LPC), whose services were billed as incident to Dr. X’s. Health Integrity performed data mining and considered the number of services billed by Dr. X to be high. A team of Health Integrity investigators interviewed Dr. X. and her LPC, allegedly because they were trying to fine-tune some algorithms that could help Health Integrity identify true fraudulent billing but not sweep in providers who billing a high number of services yet billing appropriately. After the interviews, Health Integrity revoked Dr. X’s Medicare billing privileges on the grounds that she improperly allowed the LPC to utilize her Medicare billing number by not providing “direct supervision”. The matter was eventually appealed to an ALJ, and CMS filed a

motion for summary judgment. The key issue seemed to be that Health Integrity (and CMS) was applying an unnecessarily strict definition of “direct supervision”, almost seeming to require that Dr. X be in the same room as the LPC while she was providing the incident to services. The ALJ found in our favor, rescinding the Medicare billing privileges revocation, ruling that the documentation we submitted clearly supported a finding that Dr. X has properly supervised the LPC.

- We argued multiple adverse home health claim determinations before Administrative Law Judges and received favorable decisions
- We successfully challenged extrapolated Medicare overpayment claim for a chiropractic clinic
- We have been working with a long-time home health agency and just received a call from Palmetto regarding the client’s Probe and Educate audit. With L persistence, the client tracked down all of the information she identified as missing and just found out that 100% of the claims have been deemed favorable!
- We had HUGE win in this home health case. The original over payment was \$3.3 million. We successfully argued that the extrapolation was defective and got it thrown out at the REDETERMINATION LEVEL! The client’s over payment is now only \$26,000. (This is yet another example of the need to get involved in cases at the earliest possible moment so that any and all defenses can be asserted.)
- Please join us in congratulating L for successful handling of another post-payment ZPIC audit, this time by one of the firm’s hospice clients. In this case, we were brought in to represent the client after the hospice had unsuccessfully handled the first level of appeal and had lost all 29 claims. The ZPIC originally denied the claims on the basis that there was evidence (based on beneficiary interviews) that they were not rendered. When the MAC issued the redetermination appeal decision, it denied the claims on MULTIPLE bases, citing reasons far beyond those cited by the ZPIC. L challenged the redetermination, pointed out the fact that under SE1521, Limiting the Scope of Review on Redetermination and Reconsideration (effective on redetermination and reconsideration decisions after 08/01/15), the MAC was prohibited from looking beyond the scope of the ZPIC’s denial reasons. After getting the MAC to reopen the decision, she quickly worked with the client to obtain declaration statements from the beneficiaries (with witness signatures) affirming that the services were, in fact, provided. The MAC tried to block the declarations but Lorraine prevailed. As a result, when faced with only the denial reasons cited by the ZPIC, the MAC overturned each of the denials and ruled that 100% of the claims qualified for coverage and payment.
- Please join us in congratulating L in her successful handling of a recent post-payment audit by SafeGuard Services of one of the firm’s home health clients. In this case, we were brought in to represent the client when the initial Request for Records was issued by SafeGuard Services. Assisting the client in “putting their best foot forward” so to

speaking, Lorraine succeeded in showing the ZPIC that there was no reason to pursue an overpayment in this case. Once again, this shows the importance of getting involved in a case as early as possible BEFORE an overpayment assessment has been issued.

- We represented dental practice before the State Board of Dentistry to demonstrate compliance with state regulations

Peer Review/Board

- We represented various providers, including ophthalmologists, physician assistants, and pain management physicians before the Virginia Board of Medicine in response
- We have handled close to a dozen medical and nursing board cases over the last year arising out of opioid issues and / or prescribing practices. The most recent case involved a pharmacist who turned in our client (a Physician's Assistant) to the Virginia Board of Medicine due to the pharmacist's concerns about our client's prescribing practices. Today we learned that we got the case dismissed, with no disciplinary action against our client.
- Please join us in congratulating A for the excellent work on two Virginia Professional Standards Board cases, one involving a Physician and one involving a Physician Assistant. A was able to get both cases dismissed by the Virginia Board based on a comprehensive written answer from each of the Respondents, without the need for an in-person interview or a formal hearing. This is especially impressive when you take into account the fact that these cases were PAIN MANAGEMENT cases. As we all know, it seems like pain management professionals have a huge target on their backs these days.
- We successfully settled patient abandonment allegations filed against an emergency room physician with a large hospital center's Peer Review Committee
- Please join us in congratulating A on a well-deserved win in connection with a pain medication complaint filed with the Virginia Board against a client who is a Physician Assistant. Aggressively digging into the case, A was able to show the Board that the allegations were without merit. As a result, she knocked out the case without having to have even an informal hearing!
- In one of the firm's most recent State Medical Board cases, J and R have been representing a physician whose medical license was temporarily suspended by the Board last May due to alleged self-prescribing/substance abuse/mental health issues. We counseled the physician about the Board's procedure in suspension cases and regarding the proactive steps he could take to demonstrate he was addressing his substance abuse and mental health issues in order to regain his license (i.e., psychiatric supervision, AA/NA meetings, drug testing, etc.), all of which he implemented.

After waiting almost four months for a hearing, J represented the physician earlier today in an “Informal Show Compliance Conference” (ISC). In advance of the conference, she submitted evidence including a letter from the physician’s psychiatrist summarizing the progress made by the patient since the suspension. Under J’s superb and steady guidance, the physician did a fine job at the hearing and the ISC panel recommended an Agreed Order that will restore the physician’s license upon approval by the full medical board subject to a probationary period, drug and alcohol testing, psychiatric supervision, counseling, this, that, chicken fat. . . . etc.

The physician may petition the medical board to relax the terms of the agreed order after twelve months. The client was very pleased that he will be allowed to return to practice soon and is committed to continuing his recovery and meeting the requirements of the Agreed Order. The physician may petition the medical board to relax the terms of the agreed order after twelve months. The client was very pleased that he will be allowed to return to practice soon and is committed to continuing his recovery and meeting the requirements of the Agreed Order.

State/Medicaid

- We favorably resolved Medicaid exclusion action for a radiology provider
- We represented pain management physician before the State Board of Medicine in license termination action - favorable result.

Revalidation

- The takeaway is that where there is a gap in Medicare billing privileges, it is often worth the while to appeal those and try to get the gap reduced or eliminated.
- A urology group had an issue with the revalidation of its Medicare enrollment that resulted in a 6 day gap in billing privileges. We were engaged to handle the second level enrollment appeal. We successfully negotiated the elimination of the 6 day gap and the the physician group recovered approximately \$80K in Medicare revenue.
- A chiropractic group in had issues with its Medicare revalidation application that resulted in a gap in billing privileges. We were engaged to handle the appeal. We successfully negotiated a reduction in the billing privilege gap by half.

OTHER

- As many of you may be aware, LP has handled several pro bono cases in recent years involving students suffering from learning and / or physical disabilities that have not

been afforded statutorily-mandated accommodations by their school district.

Most recently, we were asked to assist a young student from North Carolina who had been diagnosed with brain cancer. The school was denying the student the right to excused absences and reduced workload as they did not believe the surgeries had affected the student's cognitive abilities.

Our own M took on this herculean task. She attended the IEP meeting and helped arrange for a social worker from the children's hospital to attend the meeting and explain the long term affects the cancer (and associated chemo treatment) would have on the student's brain. She also helped arrange for letters to be submitted from the student's physician to clarify the details of the cancer and why the requested accommodations were necessary. Thanks to M's fine work, all of this student's needs and medical accommodations were met by the school! As the student's mother wrote:

“Since that meeting [my child's] grades have increased drastically on tests especially in History. [My child's] teacher's are more helpful with [my child] and [my child's] work. [My child] actually made A B honor roll and is sooo excited! A lot of that is due to you all having our backs and doing what was best for [my child].”

“Thank you again for all your help and assistance with making this IEP . . . It means the world to us to have amazing people like you behind him pushing for [my child's rights].”

- Congratulations to L who won a hard fought Motion for Summary Judgment in San Antonio District Court (a heretofore unknown feat as far as we can tell), to exclude lost profits as special damages in one of his physician cases.