

Joseph C. Hudzik

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Licensed to Practice Law in the State of Illinois and the District of Columbia

Accomplished health care attorney and leader experienced in managing complex legal, compliance and operational challenges, development and implementation of organizational compliance programs, and counseling decision-makers on achieving business, policy, compliance and regulatory goals.

CAREER SUMMARY

Partner

Latham & Watkins, LLP, Washington, DC (July 2015 to Present)

Serve as principal outside counsel to numerous healthcare, life sciences, health technology, and healthcare insurance clients on fraud and abuse, compliance, regulatory and litigation issues. Advise senior executives and Boards of Directors on legal and regulatory compliance issues associated with business and financial decisions, including day-to-day operations, commercial transactions such joint ventures, mergers and acquisitions, and internal and government investigations. Manage and conduct internal investigations and compliance audits, and represent clients in government enforcement actions and voluntary disclosures to government agencies. Counsel clients on the development, implementation and oversight of healthcare regulatory compliance programs and on implementation and adherence to Corporate Integrity Agreement (“CIA”) and Non-Prosecution Agreement (“NPA”) obligations.

Recent Select Achievements:

- Lead negotiations on behalf of two clients entering first-of-a-kind Corporate Integrity Agreements (“CIA”) with the HHS Office of Inspector General (“HHS OIG”) that focused on managed care diagnosis coding, and guided clients’ implementation of respective CIA obligations and compliance with reporting obligations.
- Served as lead outside regulatory compliance counsel to a large national health system during its NPA with the U.S. Department of Justice (“DOJ”). Provided daily guidance to client’s General Counsel, Chief Compliance Officer and senior operational management regarding compliance with NPA obligations. Managed and supervised a large team of attorneys conducting hundreds of NPA-related internal investigations and government-facing investigations. Coordinated communications and information sharing between client, DOJ and the DOJ-appointed Independent Compliance Monitor required under the NPA.
- Negotiated a \$66 million resolution of alleged violations of the federal False Claims Act, Anti-kickback Statute and Physician Self-Referral Law (commonly known as the “Stark Law”), and an associated CIA with the HHS OIG, on behalf of national healthcare management company. Provide day-to-day guidance on CIA obligations to client’s legal, compliance and operations staff.
- Conducted regulatory compliance program effectiveness assessments for multiple clients, including a generic pharmaceutical manufacturer and a pharmaceutical/biotech services provider, and advised management and Boards of Directors on program enhancement opportunities.
- Advised multiple healthcare provider and supplier clients on the submission and resolution of voluntary self-disclosures to the Centers for Medicare and Medicaid Services (“CMS”) associated

with non-compliance with the Stark Law, and advised clients on reforming noncompliant arrangements and enhancing compliance infrastructure to prevent future issues.

- Advised a large national health system on healthcare regulatory due diligence issues associated with a \$240 million joint venture acquisition of a five-hospital health system in Tennessee.
- Managed the submission and resolution of multiple voluntary self-disclosures to the HHS OIG Provider Self-Disclosure Protocol, including a \$730,000 resolution on behalf of an Arizona acute care hospital related to alleged violations of the federal Anti-kickback Statute, and a \$3.5 million resolution on behalf of a Colorado health system related to the alleged submission of false claims to federal healthcare programs for Oncology services.
- Negotiated the terms of a CIA with HHS OIG on behalf of a leading molecular diagnostics company and advised on the development and implementation of a healthcare compliance program tailored to the client's stage of development and appropriate to meet the obligations of the CIA. Also, negotiated the resolution of three qui tam False Claims Act matters on behalf of the client and helped the client avoid an expansion or extension of its existing CIA.

Hospital Counsel

MedStar Health, Inc., Columbia, MD (January 2013 to July 2015)

Served as chief legal counsel to MedStar Washington Hospital Center, a 926-bed, major teaching and research hospital in Washington, DC, MedStar Southern Maryland Hospital Center, a 262-bed, full-service community hospital in Clinton, MD, and MedStar St. Mary's Hospital, a 95-bed full-service community hospital in Leonardtown, MD. Responsibilities included providing advice and counsel to hospital executives on a wide range of legal issues supporting business and strategic objectives; identifying, addressing, and managing legal and regulatory risks associated with such objectives; conducting complex legal analyses and developing timely and pragmatic solutions to business problems, including regulatory compliance issues, contract and transactional matters, human resources issues, and patient care issues.

Advised MedStar Health and subsidiaries on compliance with healthcare fraud and abuse laws, including the federal Anti-kickback Statute, the Stark Law, and other laws and regulations. Responsibilities included appraising legal and regulatory risks; performing internal investigations and data analysis; recommending, developing, and implementing corporate integrity and compliance initiatives focused on high-risk areas and health system issues; and coordinating responses to external investigations initiated by law enforcement, Medicare Administrative Contractors, and Medicare and Medicaid program integrity contractors.

Select Achievements:

- Advised and coordinated with hospital executive staff to develop and implement new physician compensation models during a period of restructuring and transition. Engaged physician partners to foster collaborative development of new compensation models that met budget goals, fostered greater productivity, and complied with legal and regulatory requirements.
- Developed and provided structured training on the Stark Law to mid-level staff and attorneys resulting in increased awareness of legal requirements during a period of meaningful change to the hospital's physician compensation models and decreased referrals to the Legal Department.
- Aided hospital leadership to ensure continuity of care and maintenance of facility operations during labor negotiations and associated picketing.

Director, Division of Technical Payment Policy

Centers for Medicare & Medicaid Services, Baltimore, MD (November 2010 to December 2013)

Served as Director of the Division of Technical Payment Policy in the Center for Medicare (promoted from Deputy Director), managing a staff of attorneys and health insurance specialists. Responsible for the development of policy and regulations for various statutory and regulatory payment issues, including the Stark Law, Provider Reimbursement Review Board jurisdiction, the anti-mark-up payment limitation for diagnostic tests, assignment and reassignment, mandatory claims filing, timely filing limits, and certain payment exclusions. Oversaw the Division's work related to the CMS Voluntary Self-Referral Disclosure Protocol, Stark Law advisory opinions, and Organ Procurement Organization waivers. Served as CMS lead for the development and issuance of fraud and abuse law waivers associated with the Medicare Shared Savings Program and Medicare Accountable Care Organizations implemented under the Affordable Care Act ("ACA"). Advised the Center for Medicare & Medicaid Innovation (now called the CMS Innovation Center) on fraud and abuse risks during the development of program demonstrations and payment models authorized under the ACA.

Provided policy and technical advice to senior CMS officials, including the Administrator and Principal Deputy Administrator, and senior Department of Health & Human Services (HHS) officials. Participated in meetings with Congressional representatives and senior officials from other federal agencies. Provided technical assistance and subject matter expertise to the Congress on legislative proposals. Frequently met with external stakeholders, including industry representatives, to discuss policy and regulatory reform.

Select Achievements:

- Oversaw the rollout and daily operations of the CMS Voluntary Self-Referral Disclosure Protocol, implemented policies that reduced self-disclosure processing time by 50%, and developed a priority review track for financially distressed hospitals to avoid disrupting to beneficiary access to care.
- Coordinated the Division's activities related to statutorily required, and other necessary, changes to regulations and sub-regulatory guidance; facilitated timely completion of accurate work-product to meet federal agency deadlines by actively managing limited available staff and resources.
- Managed through a period of transition due to the separation and retirement of key employees; maintained morale and improved productivity despite a 40% decrease in staffing; achieved performance goals by targeting key projects and defining priorities with staff collaboration.

Senior Counsel, Office of Counsel to the Inspector General, Office of Inspector General

U.S. Dept. of Health & Human Services, Washington, DC (September 2004 to November 2010)

As Associate Counsel and then Senior Counsel in the HHS OIG, represented the Inspector General and HHS in all phases of litigation related to the federal health care programs under the False Claims Act, the civil money penalty law, and the federal health care program exclusion law, from the development of investigative strategies through settlement negotiations and hearings before Administrative Law Judges and the Departmental Appeals Board. Negotiated and monitored compliance with CIA obligations; conducted on-site evaluations of CIA implementation and provider compliance activities; and advised providers on CIA-related compliance disclosures.

Provided strategic advice to senior HHS OIG officials on law enforcement policy, as well as investigation, litigation, and settlement strategies; and provided legal advice to the HHS OIG Office of Investigations, the HHS OIG Office of Evaluations & Inspections, and the HHS OIG Office of Audit Services. Trained law

enforcement officials and attorneys on health care fraud and abuse laws, legal theories, and case development techniques.

As a Team Leader (January 2007 to July 2008), provided policy and legal guidance to the Deputy Branch Chief, and mentored staff attorneys on litigation strategy. Served as Chairperson of the Affirmative Litigation Committee (November 2009 to November 2010), advising HHS OIG senior officials on civil monetary penalty and federal health care program exclusion litigation policy.

Select Achievements:

- Responsible for over 120 matters involving False Claims Act violations and provider self-disclosures implicating the Anti-kickback Statute, the Stark Law, and other federal healthcare program laws and regulations; negotiated over 45 settlements, recovered over \$70 million in damages and penalties.
- Successfully litigated over 50 provider exclusions and recovered over \$1.5 million in Medicare program funds and penalties under the HHS OIG's civil monetary penalty authorities.
- Negotiated and monitored over 25 CIAs involving a wide variety of provider types, sizes, and levels of sophistication.

Special Trial Attorney

U.S. Dept. of Justice, Criminal Division, Fraud Section, Washington, DC (July 2008 to January 2009)

Served as Special Trial Attorney on the Medicare Fraud Strike Force; coordinated an inter-disciplinary team of Federal Bureau of Investigations ("FBI") and HHS OIG Special Agents, auditors, and paralegals to investigate, charge, and prosecute complex white collar fraud schemes involving the federal health care programs in Los Angeles, California. Obtained indictments of six individuals, involving over \$22.3 million in fraudulent Medicare claims.

Special Assistant United States Attorney

U.S. Attorney's Office for the Southern District of Florida, Miami, FL (October 2006 to October 2007)

Served as Special Assistant United States Attorney; coordinated with FBI and HHS OIG Special Agents to investigate fraud against the federal health care programs by durable medical equipment suppliers; litigated federal False Claims Act actions in the United States District Court. Recovered \$3.1 million in damages.

EDUCATION

Juris Doctorate and Certificate in Health Law

Saint Louis University School of Law, St. Louis, Missouri

Journal of Health Law, Executive Articles Editor

Bachelor of Science in Finance (Corporate Finance)

University of Illinois, College of Business, Urbana-Champaign, Illinois

TEACHING EXPERIENCE

Georgetown University, School of Nursing and Health Studies, Washington, DC

Adjunct Instructor (January 2012 to December 2014)

- *Legal Environment of Health Care* – Co-instructor of a course examining the legal dimensions of the U.S. health care system, including patient rights and responsibilities; current legal trends regarding malpractice, professional and corporate liability; the functions of a compliance program, risk management, and legal counsel in a health care organization; federal and state regulation of healthcare; and labor law, labor relations, and management practices.
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PROFESSIONAL AFFILIATIONS

American Bar Association (Health Law Section, Health Care Fraud and Compliance Committee)

American Health Law Association

AWARDS

Administrative and Civil Remedies Branch Star Performer of the Month (July 2010), HHS OIG – Awarded for extraordinary effort in a Civil Monetary Penalty case against a national DME supplier.

Hubert H. Humphrey Award for Service to America (Group Award) (2008), HHS – Awarded for exemplary service in the identification, prevention, and prosecution of health care fraud.

Cooperative Achievement Award for Operation “Whack-A-Mole” (2008), HHS OIG – Awarded for hard work and dedication in the multi-organization, multi-disciplinary project to prevent, identify, and prosecute durable medical equipment fraud in South Florida.

Inspector General’s Exceptional Achievement Award (2007), HHS OIG – Awarded for outstanding performance and dedication in representing OIG in self-disclosure and civil cases.

RECENT PRESENTATIONS

- “Risk Adjustment Coding: Enforcement Insights and Compliance Best Practices,” American Health Law Association, Fraud and Compliance Forum (Oct. 2025 – Upcoming)
- “The Stark Law: A Fundamentals Discussion,” American Health Lawyers Association, Fraud & Compliance Forum (Sep. 2019)
- “Conducting and Managing Internal Investigations,” American Bar Association Webinar (May 2019)
- “Report & Return: Overpayments & Self-Disclosures,” American Health Lawyers Association, Institute on Medicare & Medicaid Payment Issues (Mar. 2019)
- “60 Day Repayment-Deeper Dive,” American Health Lawyers Association, Institute on Medicare & Medicaid Payment Issues (Mar. 2019)