



Timothy P. McCormack

Of Counsel

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Tim McCormack is an attorney with Preti Flaherty's Litigation Practice Group in the Portland, Maine, office. He has extensive experience representing whistleblowers in "qui tam" lawsuits brought under the Federal and various state False Claims Acts, claims made under the Internal Revenue Service, Securities and Exchange Commission and Commodities Futures Trading Commission's whistleblower programs. His clients have successfully helped recover hundreds of millions of dollars at the state and federal level.

Highly sought after for his subject matter knowledge, Tim is a frequent author and speaker on issues related to health care reimbursement and coding, provider contracting, commercial and government managed care programs (including Medicare Advantage risk adjustment fraud), the Stark and Anti-Kickback laws, and the use of data and analytics in the detection and remediation of fraud. He is a pioneer in identifying fraud in the Medicare Managed Care/Medicare Advantage program involving upcoding of patient diagnoses in the risk adjustment/risk scoring program.

Tim is a graduate of the University of Maine School of Law and Harvard University. While in law school, he served as Editor-in-Chief of the *Maine Law Review* and held clerkships with the Honorable D. Brock Hornby of the U.S. District Court for the District of Maine and the Honorable Fred I. Parker of the U.S. Second Circuit Court of Appeals. Following law school, Tim served as a policy advisor for labor, agriculture, forestry, and veterans' issues for U.S. Senator Susan M. Collins.

With nearly two decades of experience as an attorney, Tim joins Preti Flaherty following several years at a notable law firm in Maine and partnerships at two prominent law firms in Washington, D.C.

Tim lives in Yarmouth.

Admissions

- Maine
- Massachusetts
- District of Columbia
- U.S. District Court, District of Columbia
- U.S. District Court, District of Maine
- U.S. District Court, District of Massachusetts

Services

- [Litigation](#)

- U.S. District Court, Western District of New York
- U.S. Tax Court

Education

- University of Maine School of Law (J.D., 2001)
 - Maine Law Review, Editor-in-Chief
- Harvard University (A.B., *cum laude*, 1992)
 - Government

Professional Activities

- Edward T. Gignoux Inns of Court
- Maine Association of Mediators
- Taxpayers Against Fraud

Civic and Charitable Activities

- Community Mediation: Serve as mediator for public interest mediation through the Maine Agricultural Mediation Program, the Family and Community roster and the Maine Court Alternative Dispute Resolution Service.

Honors & Recognition

- Washington's Best Whistleblower Lawyers, *Washingtonian Magazine*

Representative Matters

Tim's extensive list of clients have successfully helped the United States and various states recover hundreds of millions of dollars, including cases where:

- As co-lead counsel, Tim represented a whistleblower in a prominent case against UnitedHealth Group alleging the Medicare Advantage Organization engaged in risk adjustment fraud under Medicare Parts C and D.
- A Medtronic subsidiary and more than 130 hospitals were allegedly engaged in a fraudulent scheme to bill Medicare for medically unnecessary inpatient procedures for a routine spine surgery. The whistleblowers' efforts led to a nationwide enforcement initiative and recovered more than \$175 million for taxpayers.
- The United States recovered \$69.3 million from The Louis Berger Group in a case involving complex cost reporting fraud related to construction projects funded by the United States Agency for International Development. This settlement was the largest recovery in a case involving war-zone contractors in Afghanistan and Iraq.
- Alpharma Inc. paid \$42.5 million to settle allegations that it paid kickbacks to physicians to boost sales of its prescription painkiller, Kadian. The alleged kickbacks included payments for sham "consulting" arrangements, payments for attendance at meetings held at resorts with lavish entertainment and "educational grants," which were just thinly disguised kickbacks.
- Two large Medicare Advantage health insurers, Freedom Health and Optimum Healthcare, and one of their executives paid \$32.5 million to settle allegations that they improperly inflated how sick their members were to increase payments from the Medicare advantage risk adjustment program and misrepresented the size and nature of their physician network to fraudulently induce Medicare to allow them to

offer Managed Care plans in counties where that had an insufficient number of hospitals and physicians available.

- Two brothers helped the State of New York recover \$20 million by unwinding a sophisticated scheme involving illegal retention of “off- invoice” rebates paid by vendors supplying food, milk and supplies to public schools and universities. The \$20 million settlement was the largest non-Medicaid fraud settlement under the New York False Claims Act.
- Omnicare, the nation’s largest provider of pharmacy services for nursing homes, paid \$19.8 million to settle allegations that it paid millions in kickbacks to two Atlanta-based nursing home chains in return for contracts to provide prescription drugs to their residents. The nursing home chains and their owners later paid the federal government and certain state Medicaid programs \$14 million to settle allegations that they solicited and accepted the kickbacks from Omnicare.
- Omnicare paid an additional \$17.2 million to settle allegations that it paid two Chicago-area nursing home owners millions in kickbacks in return for contracts to provide prescription drugs to residents of the nursing homes. The nursing home owners then paid the government \$5 million to settle allegations that they took kickbacks from Omnicare.
- Zwanger-Pesiri Radiology paid \$10.5 million in civil and criminal damages, penalties and restitution to settle allegations that the company defrauded the government by performing unnecessary testing, charging for services not performed, and using uncredentialed physicians.
- Adventist Health System paid \$118.7 million to settle allegations that the company violated Medicare and Medicaid rules and regulations by billing for services while maintaining improper compensation relationships with referring physicians in violation of the Stark Law and miscoding claims to increase reimbursement.
- Six banks paid \$161.7 million to settle allegations that they illegally charged veterans hidden fees on refinanced home loans backed by the Veterans Administration.