

William Mack Copeland
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PROFILE

A Seasoned health care attorney and executive whose practice concentrates on hospital, physician and other health care related activities. Mr. Copeland is board certified in healthcare management by the American College of Healthcare Executives.

EMPLOYMENT HISTORY

President & Chief Executive Officer, COPELAND LAW, L.L.C., Cincinnati, Ohio,
January 2001 to Present.

Managing member of a specialty law firm with a special expertise in health law. The firm represents health care providers in activities involving health care False Claims Act issues, compliance programs, medical staff issues, professional review activities, fraud and abuse, physician joint ventures, physician contracting, physician recruiting, and Medicare and Medicaid issues. Mr. Copeland has served as lead counsel in several False Claims Act cases. In addition, Mr. Copeland has extensive experience serving as hearing officer in medical staff dispute cases and as arbitrator or mediator in cases involving health care transactional and/or fraud issues. He is on the panel of the American Health Lawyers Alternative Dispute Resolution Service, the American Arbitration Association, and the National Arbitration Forum.

Arbitration cases over the past three years have involved:

- Alleged breach of contract by physician employee and shareholder in large cardiology group practice.
- Alleged breach of contract by attorney after receiving services from computer research firm.
- Alleged breach of contract by physician group practice with a provider of imaging services.
- Alleged breach of contract by a career college with former student.
- Dispute between terminated physician employee and physician group practice.
- Dispute between physician and hospital involving repayment of income guarantee payments.

EMPLOYMENT HISTORY, Continued

Serving as medical staff hearing officer over the past three years in cases involving:

- Termination of the medical staff privileges by hospital of general surgeon.
- Termination of the medical staff privileges by hospital of OB/GYN physician.
- Termination of the medical staff privileges by hospital of cardiologist.
- Termination of the medical staff privileges by hospital of general surgeon.
- Termination of the medical staff privileges by hospital of general surgeon.
- Termination of the medical staff privileges by hospital of vascular surgeon.
- Termination of the medical staff privileges by hospital of general surgeon.
- Termination of the medical staff privileges by hospital of gastroenterologist.
- Termination of the medical staff privileges by hospital of internist.

Senior Vice President, Business Development, EXECU-CONNECTIONS (a wholly owned executive search subsidiary of The Network Job List), Houston, Texas, March 2012 to January 2014.

Chairman, President & Chief Executive Officer, PULMONARY SOLUTIONS, INC., Blue Ash, Ohio, November 2001 to June 2005

Chief Executive Officer for a specialty health care firm that provides full service respiratory therapy services to hospitals, home medical oxygen equipment and related services and sleep therapeutic services under contract to hospitals.

Corporate Counsel, RESPIRATORY CARE RESOURCES, INC., Mason, Ohio, January 2001 to July 2002.

Corporate counsel for a specialty health care firm that provides full service respiratory therapy services to nursing homes. Coordinates all legal services for the company and serves as compliance officer and reimbursement consultant for the company.

EMPLOYMENT HISTORY, Continued

President, COPELAND & BROWN CO., L.P.A., Cincinnati, Ohio, February 1992 to December 2000

Chief Executive Officer of a specialty law firm that emphasized serving the needs of healthcare providers. The firm represented hospitals, physicians and other health care providers in activities involving False Claims Act issues, compliance programs, medical staff issues, professional review activities, fraud and abuse review work, physician joint ventures, physician recruiting, and Medicare and Medicaid issues.

Chairman, Health Care Group, FROST & JACOBS (Currently Frost Todd Brown), Cincinnati, Ohio, February 1988 to February 1992.

As chairman of the Frost & Jacobs Health Care Practice Group, a multi-disciplinary group of twenty-one attorneys, coordinated and managed the firm's health care practice. Personal practice involved helping hospitals deal with physician relations problems, avoid Medicare fraud and abuse, recruit physicians, engage in hospital/physician joint ventures, assess and credential physicians, restructure medical staff bylaws and engage in professional review activity.

Adjunct Assistant Professor, Department of Hospital and Health Administration, College of Social Sciences, Xavier University, 1979 to 1992.

Adjunct Assistant Professor, School of Planning, University of Cincinnati, 1989 to 1995.

President and Chief Executive Officer, ST. FRANCIS-ST. GEORGE HOSPITAL AND HEALTH SERVICES, INC., Cincinnati, Ohio, 1978-1987.

Managed the consolidation of two hospitals and built a replacement facility. Merged the operating staffs and medical staff of each facility into cohesive single units providing outstanding health services for the community. Expanded the facilities, adding a freestanding surgery center, a retirement complex, a nursing home, and ancillary facilities such as a diagnostic center for breast disease. Acquired several other businesses, including a consulting firm and a materials management software system. During the ten years as Chief Executive Officer, the organization always produced a return well in excess of the industry average.

EMPLOYMENT HISTORY, Continued

Chairman of the Board & Chief Executive Officer, Ohio Catholic Health Services, Inc., 1985-1988.

Statewide preferred provider organization owned by fourteen Catholic hospitals.
Led the organization through its formation and development phase.

Chairman, President, and Chief Executive Officer, DON ROWE ASSOCIATES, Mineola, New York, 1983-1987.

Consulting firm specializing in healthcare management.

Administrator, ST. GEORGE HOSPITAL, Cincinnati, Ohio, 1976-1978.

Managing Partner, Copeland & Reig, West Chester, Ohio, 1975-1976.

Consulting firm specializing in physician development activities.

Medical Service Corps Officer, (Retired), U.S. Air Force, 1954-1975.

EDUCATION & TRAINING

- Bachelor of Arts, Business Administration, Colorado State University, Pueblo, 1965.
- Master of Science, Management/Finance, University of Colorado, Boulder 1969.
- Juris Doctor, Chase College of Law, Northern Kentucky University, 1977.
- Doctor of Philosophy, Health Services Management, Century University, 1992, Dissertation title: "Survey and Analysis of the Potential for Multi-Hospital Systems in the Not-For-Profit Sector."
- Masters Program in Health Law, National Health Lawyers Association, Washington, DC, 1995.

EDUCATION & TRAINING, Continued

- Arbitration Training, National Health Lawyers Association, Washington, DC, 2006.
- Advanced Mediation Training, National Health Lawyers Association, Washington, DC, 2006.
- Arbitration Fundamentals and Best Practices, American Arbitration Association, San Francisco, CA, 2009.

PROFESSIONAL LICENSE

Admitted to the Bar:

Ohio

U.S. District Court, Southern District of Ohio

Addendum to Resume

WILLIAM M. COPELAND

PUBLICATIONS: Author of many professional articles and papers including:

- “Negligent Credentialing: A Historical Perspective and Strategies for the Future,” *Medical Staff News, A Publication of the American Health Lawyers Association*, Vol. 13, Issue 1, May 2014, p. 4.
- “Dealing With the Disruptive Practitioner,” *Synergy, A Publication of National Association Medical Staff Services*, January-February 2014, p. 1 (Cover Article).
- “The Healthcare Quality Improvement Act: An Adequate Investigation, One of Four Standards Required to Achieve Immunity,” *Medical Staff News, A Publication of the American Health Lawyers Association*, Vol. 11, Issue 1, November 2012, p. 9.
- “The Anti-Kickback Statute: Still Around and Still Viable,” *Fraud & Abuse, A Publication of the American Health Lawyers Association*, Vol. 1, Issue 2, May 2012, p. 1 (Cover article).
- “Two Kentucky Healthcare Entities Pay Fines to Settle Billing Issues,” *Health Law Insights*, August 27, 2011.
- “Whistleblower Suits are Rewarding and So is Fraud Recovery,” *Health Law Insights*, January 29, 2011.
- “Dealing With the Disruptive Practitioner,” *Medical Staff News*, Vol. 10, May 2011, p. 9.
- “Health Coverage for Adult Children Under 26,” *USAF MSC Association Newsletter*, December 2010, p. 4.
- “Use Caution When Choosing Pre-Paid Funeral Plans,” *USAF MSC Association Newsletter*, August 2010, p. 3.

PUBLICATIONS: (Continued)

- “The *Poliner* Case: Required Reading for Healthcare Executives and Attorneys,” *Medical Staff News*, November 2008, p. 1.
- “The Interface Among the Medicare and Medicaid Anti-Kickback Statute and the Federal Civil False Claims Act,” *Society of Ohio Healthcare Attorneys Newsletter*, Summer 2008, p. 7.
- “A Hearing Officer’s Reflections on Fair Hearing Proceedings,” *Medical Staff News*, January 2008, p. 7.
- “Anti-Kickback Statute Still Kicking,” *Hospitals and Health Networks*, March 6, 2007.
- “Suspect Arrangements,” *Health Law Insights*, December 2006.
- “Physician Recruitment: Complying With The Anti-Kickback And Stark Laws,” *Health Law Insights*, July 2006.
- “The Anti-Kickback Statute Just Will Not Go Away,” *Health Law Insights*, May 2006.
- “Home Health Care: the Target of Fraud Enforcement,” *Home Health Care News*, May-June, 1998, p. 1.
- “Heading Off Medicare Audits and Fines: An Effective Compliance Program,” *Home Health Care News*, March-April 1998, p. 1.
- “Physician Employment Agreements Should Be Reviewed Carefully,” *Premium Financial Advice*, Spring 1998, p. 1.
- “Fraud and Abuse: Home Health Providers Beware,” *Home Health Care News*, January-February 1998, p. 1.
- “Medicare Fraud: Healthcare Providers Are At Risk,” *Ohio Lawyers Weekly*, October 31, 1997, p. 12.
- “Fraud Enforcement: Are Home Health Providers At Risk?” *Cincinnati Business Courier*, September 1997, p. 16.

PUBLICATIONS: (Continued)

- “Read Your Employment Contract; Job Terms Could Harm Physicians,” *Health Care Professional News*, April 1996, p. 18.
- “Physician Fees & Managed Care: The Antitrust Trap,” *Cincinnati Medicine*, Winter 1993, p.⁴⁶.
- “Hospital Purchases of Physician Practices: Good Business or Legal Nightmare?” *Health Care Weekly Review*, November 9, 1992, p. 11.
- “Hanlester: Impact on Joint Ventures,” *Northern Kentucky Bar Association Newsletter*, September 1992, p. 16.
- “Recruiting Physicians: Avoiding the Legal Minefield,” *Hospital and Health Services Administration*, Summer 1992, p. 269.

[Publications prior to 1992 available upon request.]

PRESENTATIONS: Faculty at many professional seminars and presentations, including:

- “The Anti-Kickback Statute: Paying for Referrals is a Bad Idea,” MentorHealth, Web-Based program, August 20, 2014.
- “Civil Monetary Penalties and Exclusion,” Compliance Online, Web-Based program, August 1, 2014.
- “The Federal False Claims Act: Becoming a Whistleblower,” MentorHealth, Web-Based program, July 30, 2014.
- “Marketing to Medicare/Medicaid Beneficiaries: What You Can and Cannot Do,” Online Compliance Panel, Web-Based program, July 24, 2014.
- “So You Have a Potential Whistleblower Suit: Where Do You Go From Here?” Online Compliance Panel, Web-Based program, June 17, 2014.

PRESENTATIONS: (continued)

- “The Disruptive Practitioner: Strategies for Corrective Action,” Global Compliance Trainings, Web-Based program, June 11, 2014.
- “The Federal False Claims Act – the Government’s Enforcement Tool: Is Your Organization at Risk?,” Online Compliance Panel, Web-Based program, May 27, 2014.
- “Negligent Credentialing: Strategies to Protect Your Health Care Entity,” Mentor Health, Web-Based program, May 15, 2014.
- “How to Protect Your Hospital from a Claim for Negligent Credentialing,” Online Compliance Panel, Web-Based program, May 6, 2014.
- “Developing an Effective Compliance Program,” Mentor Health, Web-Based program, April 30, 2014.
- “Dealing with the Disruptive Practitioner and Meeting the JCAHO Guidelines,” Online Compliance Panel, Web-Based program, April 29, 2014.
- “Legal Issues Surrounding Hospital and Physician Relationships,” Compliance Online, Web-Based program, April 17, 2014
- “Paying for Referrals: Risky Behavior,” Online Compliance Panel, Web-Based program, April 15, 2014.
- “Healthcare Marketing: Beyond the Anti-Kickback Statute and the Regulations,” Mentor Health, Web-Based program, March 13, 2014.
- “The Federal False Claims Act –the Government’s Enforcement Tool: Is Your Organization at Risk?” Online Compliance Panel, Web-Based program, February 26, 2014.
- “Negligent Credentialing,” Mentor Health, Web-Based program, January 8, 2014.
- “Understanding Stark One and Two,” Mentor Health, Web-Based program, November 20, 2013.

PRESENTATIONS: (continued)

- “The Federal False Claims Act: Enforcement and the Obamacare Expansion,” Mentor Health, Web-Based program, November 6, 2013.
- “The Anti-Kickback Statute: Paying for Referrals is a Bad Idea,” Mentor Health, Web-Based program, October 23, 2013.
- “Physician Recruiting Agreements: Items to Consider,” Mentor Health, Web-Based program, October 9, 2013.
- “How to Deal with the Disruptive Practitioner,” Mentor Health, Web-Based program, June 28, 2013.
- “Fair Hearings from a Hearing Officer’s Perspective,” Mentor Health, Web-Based program, June 11, 2013.
- “Fair Hearings from a Hearing Officer’s Perspective – Is Your Process Lawsuit-Proof?” Compliance Online, Web-Based program, June 3, 2013.
- “The Healthcare Quality Improvement Act: Achieving Immunity in Your Peer Review Process,” Mentor Health, Web-Based program, May 28, 2013.
- “Dealing with the Disruptive Practitioner in a Legally Compliant Manner” Compliance Online, Web-Based program, May 24, 2013.
- “Anti-Kickback & Stark II: Basis For An Action Under The False Claims Act: Your Organization May Be At Risk?” Mentor Health, Web-Based program, May 14, 2013.
- “The Interface Between the Medicare and Medicaid Anti-Kickback Statute, Stark II and the Federal Civil False Claims Act: Is Your Organization at Risk?” Compliance Online, Web-Based program, March 26, 2013.
- “The Federal False Claims Act,” Northeast Lawyers Club, Cincinnati, Ohio , March 6, 2009
- “Qualifying a Client for Medicaid,” Medicaid: From Qualifying Clients to Applying for Benefits, presented by National Business Institute, Cincinnati, Ohio, December 12, 2007.

PRESENTATIONS: (continued)

- “Proceed with Caution: Suspect Joint Ventures,” a presentation to Cincinnati Bar Association Health Law Seminar, *Traps for the Unwary: Special Issues in Representing Health Care Providers*, December 7, 2006, Cincinnati, Ohio.
- “Fraud and Abuse Legislation: An Update of Current Case Law,” a presentation to National Business Institute Seminar, *Getting What’s Owed: Health Care Reimbursement in Ohio*, December 14, 2005, Cincinnati, Ohio.
- “Conflict Resolution,” a presentation to the general assembly of the Ohio State Medical Association, April 20, 2001, Cincinnati, Ohio.
- “Compliance Programs for Physicians,” a presentation to a joint meeting of the Cincinnati Academy of Medicine and Cincinnati Bar Association, September 19, 1999, Cincinnati, Ohio.
- “Fraud & Abuse: Compliance Strategies,” national teleconference sponsored by the American Health Information Management Association, televised September 24, 1998 from Dallas, Texas.
- “Health Care Fraud and Abuse: Hospital Compliance Programs,” a presentation to United Audit Systems, Inc. Compliance Forum, Cincinnati, Ohio, August 26 1998.
- “Is This Legal? Health Care Fraud and Abuse,” *The American Occupational Therapy Association Annual Conference and Exposition*, Baltimore, Maryland, April 3-7, 1998.
- “Fraud and Abuse Update,” *Current Legal Issues Related to Health Care*, Cincinnati Bar Association Health Care Law Committee, Cincinnati, Ohio, November 18, 1997.
- “The False Claims Act: Are Healthcare Providers at Risk?” presentation to *Robert Morris College Second Annual Health Services Conference, Integrating Health Services: Building a Bridge to the 21st Century*, Moon Township, PA, October 9, 1997.

PRESENTATIONS: (continued)

- “Recent Trend in Medicare and Medicaid Reimbursement, Including False Claims Act, Analysis of Coding Errors and Discussion of *Qui Tam* Liability presentation to the *Ohio State Bar Association and the Ohio State Medical Association*, Columbus, Ohio, September 26, 1997.
- “Health Care Compliance Programs: A Medicare/Medicaid Fraud and Abuse Insurance Policy,” presentation to *OHA: The Association for Hospitals and Health Systems’ Educational Summit*, Columbus, Ohio, April 14, 1997.
- “Preventing Medicare-Medicaid Fraud and Abuse: Compliance and Corporate Integrity Plans,” presentation to be made to the *American College of Healthcare Executives Congress on Healthcare Management*, Chicago, Illinois, March 6, 1997.
- “The Federal False Claims Act: Are Health Care Providers at Risk,” presentation to *Ohio Hospital Association Joint Educational Summit and Convention*, Ohio Hospital Association, Columbus, Ohio, April 16, 1996.
- “Health Care Fraud: New Sheriff in Town,” keynote presentation to *Current Issues Related to Health Care: Managed Care Trends and Alliances*, Presented by the Cincinnati Bar Association, Health Care Law Committee and sponsored by the University of Cincinnati College of Medicine, Office of Continuing Medical Education, Cincinnati, Ohio, November 30, 1995.

PROFESSIONAL ORGANIZATIONS AND ACTIVITIES:

- Life Fellow, American College of Healthcare Executives (board certified in health care management)
- American Arbitration Association, Arbitration Panel Member
- American Health Lawyers Association
- American Health Lawyers Association Alternative Dispute Resolution Service Panel Member
- National Arbitration Forum, Panel Member

PROFESSIONAL ORGANIZATIONS AND ACTIVITIES: (Continued)

- American Medical Association Doctors Advisory Network 1993-2005
(Panel was discontinued in 2005.)
- Ohio State Medical Association Physician Advisors Panel
- American Bar Association Advisory Panel
- Society of Ohio Healthcare Attorneys
- USAF MSC Association, Inc.
General Counsel 1996-Present
- Cincinnati Bar Association
Chairman, Health Law Committee 1991-1994.
- Ohio State Bar Association Health Law Committee, 1988-Present
- Health Law Journal of Ohio Editorial Advisory Board, 1988-1995.
- Greater Cincinnati Health Care Coalition Board of Directors, 1991-1992.
- American Hospital Association Council on Management, 1986.
- Ohio Hospital Association
Board of Trustees, 1985-1986.
Chairman, Southwest District Council, 1986.
- Health Industry Business Communications Council
Chairman of the Board, 1987-1988.
Board of Governors, 1984-1988.
Executive Committee, 1985-1988.
- Greater Cincinnati Hospital Council Board of Trustees, 1981-1986
Chairman of the Board, 1984-1985.

HONORS AND AWARDS:

- Senior-Level Healthcare Executive Regent's Award (American College of Healthcare Executives), 2007
- Sigma Iota Epsilon, 1969
- The Monsignor Griffin Award for Outstanding Contribution to Healthcare Literature (Ohio Hospital Association), 1979
- Outstanding Preceptor Award (Xavier University MHA Program), 1987
- Air Force Commendation Award with Oak Leaf Cluster, 1967 & 1968