

Health Care MVP: Gibson Dunn's Geoff Sigler

By Keith Goldberg

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Guiding health insurance giant Aetna Inc. to court victories over coverage disputes and helping the insurance industry block a Georgia law penalizing health plan administrators for not promptly paying claims has helped earn Gibson Dunn partner Geoff Sigler a spot on Law360's list of Health Care MVPs.

While Sigler's litigation practice covers several industries and ranges from class actions to white collar cases, the health care industry is a magnet for meaty, complex disputes, he said.

"The thing about cases in the health care industry is that they tend to be big, significant cases affecting large numbers of people," Sigler said. "You have groups of stakeholders in this industry that have interests that sometimes align and sometimes diverge. When they diverge, they can lead to disputes, between sophisticated clients and sophisticated lawyers."

Coverage disputes between providers and insurers are the perfect example, he said.

"Often in these cases, you usually have some aspect of the case that has broad, significant implications beyond the provider in this case and you have something that's unique to the provider," Sigler said. "Coming up with the best way to combine those things is the key strategic point in the case."

That's what Sigler faced when he served as lead partner representing Aetna in the appeal of a dismissed suit by medical care providers over the insurer's denial of claims of procedures called "manipulations under anesthesia."

The Eleventh Circuit in November 2013 affirmed the lower court's dismissal of the suit, holding that the plaintiffs hadn't shown the procedures were medically necessary. The U.S. Supreme Court denied a petition for writ of certiorari in March.



Geoff Sigler

"There was something very unique going on in that case: a provider performing, essentially, a chiropractic procedure on patients who had conditions that didn't lend themselves to that procedure," Sigler said. "At the same time, there were some broad issues about the types of claims providers can bring against health insurers, who can bring the claim and what does that claim look like."

Sigler also helped Aetna nix a proposed class action claiming the insurer wrongfully denied certain claims for mental health care benefits provided at residential treatment facilities. A California federal court granted Aetna's dismissal motion in December, concluding that the terms of the plaintiffs' plans unambiguously required both state licensing of the facilities and that the facilities be staffed 24 hours a day, seven days a week by licensed behavioral health care providers. An amended complaint was dismissed in June.

While Sigler works primarily on the defense side of the courtroom, he found himself on the plaintiffs' side when he represented industry trade group America's Health Insurance Plans in its challenge of an amendment to Georgia's so-called prompt pay law, which required third-party administrators of self-funded employer health plans to pay or deny submitted claims in 15 to 30 days or face financial penalties. The case attracted major players on both sides of the dispute, with the U.S. Chamber of Commerce backing AHIP and the American Medical Association backing the state of Georgia.

Sigler and AHIP were able to successfully convince a Georgia federal court in late 2012 and the Eleventh Circuit in February of this year that the prompt pay law's requirements were preempted by the Employee Retirement Income Security Act. The state of Georgia subsequently entered into a consent agreement acknowledging that it's barred from enforcing the law.

"I really think the key was all of the front-end work and analysis that went into assessing the theory of the case before we even filed it," Sigler said. "As a defendant, you don't get to decide what claims are brought. As a plaintiff, you get to take the first affirmative step in presenting a claim to the court. All that front-end work paid off in both the district court and the appellate court."

Sigler, who was previously named a Law360 Rising Star for insurance law in 2013, says his experience in other sectors is an asset when litigating against lawyers whose practices are restricted to the health care industry.

"The key in these cases is to be able to come up with a way to frame these complex, industry-specific issues in a way that's appealing and interesting to an audience — federal judges and juries — that aren't necessarily experts in this industry," Sigler said. "That can be difficult to do for people that only work in this industry."

--Editing by Philip Shea.