

J. Everett Wilson

OFFICE MANAGING PARTNER

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Everett Wilson is the Managing Partner of Polsinelli's Miami Office. He is a health care regulatory and transactional attorney with over 30 years of legal and business experience representing health care providers, health plans and other entities involved in the health care and health care insurance industries.

Everett's focus is on issues related to Medicare and Medicaid managed care, Value-Based Care and Risk Arrangements, and Health Care M&A and Joint Ventures. The M&A teams led by Everett have been involved in some of the more significant health care and health care insurance transactions in the Florida market, as well as significant upper middle-market transactions throughout the country.

Regardless of the assigned task, though, client service is the cornerstone of his practice. As remarked by clients in Chambers, "Everett is always very responsive, very knowledgeable, and he always delivers results."

He has extensive experience in the Medicare Advantage and Medicaid managed care arena, with a particular emphasis on full-risk and alternative value based arrangements, as well as the establishment and operation of health plans, provider networks and other risk bearing entities.

On the transactional side, he has a proven track record guiding founder led companies in the planning, growth and ultimate sale of health care companies. He also routinely represents existing companies, private equity, family offices and other entrepreneurs, investors and lenders in health care industry transactions. As remarked by clients in Chambers, "Everett is an expert in managed care acquisitions" and "a great deal lawyer."

Everett is rated AV Preeminent by Martindale-Hubbell. He is ranked by Chambers and by Best Lawyers. He has been named a "Power Leader in Health Care" by the South Florida Business Journal, listed in Florida Trend's "Legal Elite" for Health Care, and included in Florida Trend's "Florida 500" - as one of Florida's most influential business leaders.

Everett has served as Chair of the Health Law Section of the Bar and is past Chair and still an active Board member of the Health Foundation - the leading voice and funder of South Florida's public health initiatives. He also remains active in other civic, philanthropic,

Capabilities

- Health Care
- Health Care Mergers & Acquisitions

professional and industry organizations and activities.

Education

- University of Miami School of Law (J.D., *cum laude*)
- University of Florida (B.S., *Finance and Accounting, with highest honors*)

Bar Admissions

- Florida, 1990

Court Admissions

- U.S. District Court, Southern District of Florida
- U.S. District Court, Middle District of Florida
- U.S. Court of Appeals, Eleventh Circuit

Recognition

- Selected for inclusion in *Florida Trend's* Legal Elite, Notable Managing Partners, 2024-2025
- Selected for inclusion in *Florida Trend's* Florida 500, 2024-2025
- Ranked in *Chambers USA: America's Leading Lawyers for Business*, Healthcare, Florida, 2020-2025
- Selected for inclusion in *Best Lawyers in America*® for:
 - Administrative/Regulatory Law, 2023-2026
 - Health Care Law, 2023-2026
 - Mergers and Acquisitions Law, 2023-2026
 - Litigation - Health Care, 2022-2026
- *Martindale-Hubbell*, AV Preeminent Rated
- *Florida Trend's* Legal Elite, Listed for Health Care
- Philanthropy Miami, Leave a Legacy Award, 2016
- South Florida Hispanic Chamber of Commerce, Leadership Award, 2015
- *South Florida Business Journal*, Listed as a "Power Leader in Health Care"

Civic and Professional Involvement

- American Bar Foundation
 - Fellow
- American Health Law Association
 - Member
- American Health Lawyers Association, Dispute Resolution Service
 - Arbitrator and Mediator
- The Florida Bar
 - Former Chair, Health Law Section
- Health Foundation of South Florida
 - Immediate Past Chair, Board of Directors
- American Red Cross
 - Former Board Member
- Make-A-Wish Foundation
 - Former Board Member

Matters

Selected Notable Cases

Board of Medicine Rule Challenge: Represented physician client in a case that found the medical expert witness disciplinary statute unconstitutional and unenforceable, thereby resulting in dismissal of the Board of Medicine proceedings to suspend his license.

Medicaid Rule Challenge: Represented provider client in a case that found the Florida Agency for Health Care Administration's use of certain statistical methodologies to determine Medicaid overpayments was unauthorized as a matter of law, thereby invalidating the basis for in excess of 400 other pending overpayment cases.

Representative Regulatory and Industry Specific Matters and Projects

Medicare Overpayment Appeals: Represented national provider in the appeal of statistically estimated multi-million dollar Medicare overpayment and achieved a 99% reduction of the overpayment.

Medicare Provider Revocation: Represented a provider accused of overbilling in Medicare revocation proceedings and achieved a judicial finding that Medicare had no basis for the revocation, which resulted in the retroactive reinstatement of the client's Medicare billing privileges, and the refund of monies previously off-set against the overpayment.

Medicare Payment Suspension: Represented a significant middle market healthcare company placed on payment suspension and obtained a withdrawal of the suspension within ten days.

Medicare Pre-Payment Review Modification: Represented a large multi-site physician group placed on Medicare pre-payment review and obtained removal from review and reinstatement of billing privileges within 30 days.

AHCA Disqualifying Offense Exemption: Represented a health care executive subject to ownership and management disqualification due to a youthful indiscretion, and obtained a permanent exemption on executive's behalf.

Whistleblower/Qui-tam Defense: Represented a significant clinical laboratory faced with a federal qui-tam action and obtained a dismissal with prejudice.

Managed Care Contracting Dispute: Represented outgoing state-wide exclusive ancillary provider in a suit against a health plan and replacement provider, and successfully dissolved temporary injunctions preventing client from removing medical equipment in thousands of patients homes - forcing settlement and multi-million dollar purchase of all in-place medical equipment.

Health Care Partnership Dispute: Successfully represented aggrieved partners of a significant state-wide health care company in a partnership dispute with controlling partners arguing that the underlying management agreement failed to comply with health care related laws and regulations – thereby facilitating a discounted buy-out of the

remaining partners' interests and gaining exclusive control of the company.

Medicare Advantage CMS/MRA Audits: Successfully assisted a Medicare Advantage Plan with respect to an MRA related overpayment.

Managed Care Network Contracting: Represented providers in creation of statewide network and then successfully negotiated exclusive statewide value based contracts with most major health plans.

Health Insurance Company Receivership: Successfully represented principals of Medicare Advantage plan in connection with OIR/DFS receivership proceedings, including assistance in feasibility analysis of continued operations and mitigation of personal exposure in connection with the receivership.

Hospital Wind-down and Re-opening: Represented Hospital in orderly and compliant wind-down of operations, including discharge of patients, closure of emergency room, discharge of clinical and non-clinical staff, so as to effectuate two (2) year remodel and subsequent reopening of hospital without adversely affecting licensure or CON.

CMS Termination of FMO/Insurance Agency Contract: Successfully represented FMO in bet the company redetermination appeal of CMS termination for cause of FMO's contract and five (5) year ban, resulting in rescission of termination decision and full reinstatement.

Recent Representative Transactions and Related Projects

Health System Joint Venture: Represented health system in joint venture with neighboring health system in regionally transformative transaction.

Academic Medical Center: Represented health system in their affiliation with an existing medical school to establish a newly formed academic medical center.

Primary Care [ACA focused]: Represented multi-state network of primary care medical centers focused on ACA members in sale to publicly traded ACA health plan.

Primary Care [Medicare Advantage focused]: Represented network of primary care medical centers focused on Medicare Advantage members in sale to publicly traded Medicare Advantage health plan.

Value Based Primary Care Network: Represented provider network in sale of minority interest to private equity fund in transaction valued at 2.5 billion.

Specialty Group Practice P/E Platform: Represented physician founders of regional specialty group in platform transaction with private equity backed sponsor.

Health Care SPAC: Co-counsel to Private Equity sponsored SPAC in its de-SPAC merger with national value-based specialty provider in transaction valued at 1.2 billion

Health Plan/Medical Center Combination: Represented network of Medicare Advantage medical centers in the combined sale of the network along with a separately owned health plan to a private equity firm in a significant transaction valued at 1.0 billion.

Medical Center Network Recapitalization: Represented physician founders of a regional network of Medicare Advantage medical centers in recapitalization of network through private equity investment, but with principal physician founder retaining operational

control.

Health Care Holding Company: Represented health care holding company with insurance brokerage, medical centers and discount plan to publicly traded health care company.

Health Plan: Represented 200,000 member Medicaid managed care organization in its sale to a national publicly traded health plan.

Provider-Sponsored Health Plan: Represented health system in the sale of its Medicaid Plan to publicly traded health plan.

Health Plan Membership: Represented start up Health Plan in its acquisition of membership and business assets from various health plans.

Health Insurance Agency: Represented insurance agency with over 140 locations in various states, in significant middle-market transaction with private equity sponsor.

Third-Party Administrator: Represented Provider Network in its strategic acquisition of established third party administrator.

Medical Center Roll-Ups: Represented a publicly traded health care company in a series of acquisitions of medical and sleep centers throughout the country.

Hospital: Represented a publicly traded health care company in its acquisition of a significant community hospital.

Laboratory: Represented publicly traded clinical laboratory in a series of acquisitions of clinical laboratories throughout the country.

Home Health and Hospice: Represented multi-state home health and hospice company in sale to private equity firm.

Behavioral Health: Represented private equity firm in acquisition of behavioral health platform.

Pre-Sale Compliance and Operational Review: Represented significant national Managed Care Organization and affiliates in independent regulatory compliance and “best practices” review of all health care related operations in advance of and in preparation for organization going to market and/or for additional institutional investment.

Complicated License Transfers: Represented client in simultaneously obtaining licensure and/or Medicaid change of ownership authorizations (CHOWS) in 48 states on an expedited basis in connection with the sale of a national medical provider/wholesaler.

Publications

March 30, 2026

Moratorium on New DME Medicaid Provider Enrollment in Florida

July 2, 2025

Florida Legislative Session 2025: Health Care Highlights

April 17, 2025

Generous rate increase aids MA plans — but will it help providers?

Quoted, Part B News

March 13, 2025

What's behind Medicare Advantage growth drop? Benefit cuts, prior auth cited.

Quoted, Part B News

November 25, 2024

Medicare Advantage prior authorization bill is stuck in Congress

Quoted, Modern Healthcare

November 4, 2024

Premiums are not keeping up with Medicare Advantage benefits

Featured, HIMMS TV

August 23, 2023

Healthcare's Interest in Private Credit, Other Funding Sources Grows

RevCycle Intelligence

September 22, 2022

Minimum Wage Increase for Employees of Florida Medicaid Providers