POLSINELLI

David S. Greenberg

SHAREHOLDER

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David Greenberg represents health care providers nationwide in complex reimbursement and managed care disputes with commercial insurers and government health care payors, including Medicare Advantage plans, Medicaid managed care plans and TRICARE.

With more than 20 years of experience, he handles complex managed care contracting and payment disputes, payor audits and investigations, arbitration and litigation. His practice centers on helping providers address reimbursement challenges, from negotiating managed care agreements to pursuing disputed payments and defending against recoupment claims.

David advises clients across the health care industry, from hospital systems and physician practice management companies to laboratories, dialysis providers, home health and hospice companies, behavioral health providers, pharmacies and pharmaceutical companies. That breadth of experience informs his work on reimbursement, regulatory, and compliance matters involving coding and coverage, fraud and abuse, the Anti-Kickback Statute, the No Surprises Act, and participation in Medicare, Medicaid and other government health care programs. He also conducts internal investigations and represents clients in federal and state audits, enforcement actions and False Claims Act investigations and litigation.

A frequent author on health care compliance and reimbursement, he is also the lead editor of the Practising Law Institute treatise *Health Care Litigation and Risk Management Answer Book* and is a contributing author to the Bloomberg Law treatise: *Health Care Fraud and Abuse: Practical Perspectives*. Earlier in his career, David handled antitrust and health care litigation involving insurers, pharmaceutical companies and pharmacy benefit managers.

David began his career as an attorney in the Civil Division of the U.S. Department of Justice at the 9/11 Victim Compensation Fund.

Capabilities

- Health Care
- Health Care Litigation
- Reimbursement Audits & Disputes
- Government Investigations
- Hospitals & Health Systems

Education

- University of Maryland Francis King Carey School of Law (J.D.)
- Colgate University (B.A., *with honors*)

Bar Admissions

- District of Columbia
- Maryland

Memberships

- American Health Lawyers Association

Recognition

- Selected for inclusion in *Best Lawyers in America*® for Employee Benefits (ERISA) Law, 2024-2027

Matters

- Represented hundreds of health care providers in reimbursement litigation in federal court against the Defense Health Agency and the TRICARE program resulting in a 9-figure recovery.
- Counseled an accountable care organization (ACO) in a $30 million contractual dispute with a national payor.
- Defended a physician practice management company in federal court against a national health insurer alleging violations of the federal No Surprises Act.
- Represented multiple physician practice management companies in arbitration concerning a $15 million contractual dispute with a health insurer.
- Defended multiple pharmacies in a $25 million PBM audit.
- Represented a hospital in a contractual dispute with a managed care plan concerning 340B reimbursement.
- Defended multiple behavioral health companies in audits and investigations concerning compliance and billing practices.
- Represented a dialysis company in a multi-million-dollar audit initiated by a PBM regarding pharmaceutical coverage under the Medicare program.
- Resolved liability for durable medical equipment supplier through federal OIG health care fraud disclosure protocol.
- Represented a national urgent care provider in a credentialing and reimbursement dispute with an insurer.
- Defended a clinical laboratory in a multi-million-dollar reimbursement dispute against a Medicare Advantage plan.
- Counseled a national physician practice company on fraud and abuse and compliance matters.
- Developed and implemented the overhaul of the compliance program for a health care and social services agency.
- Defended a medical device company in a special investigation unit (SIU) payor investigation and parallel US Department of Justice (DOJ) investigation.
- Counseled a national home health company on regulatory, reimbursement, and compliance matters related to its participation in state Medicaid programs.
- Conducted internal investigations on behalf of multiple skilled nursing facility chains concerning compliance with Medicare program billing and payment rules related to a False Claims Act investigation.
- Drafted value-based managed care contracts for a disease management company.

Publications

2018
Health Care Operations & Compliance, Professional Perspective - Best Practices for Bringing and Defending Overpayment Recoveries by Health Insurers
Co-Author, Bloomberg Law

February 2015
Health Care Litigation and Risk Management Answer Book (2015 Edition)
Co-Author, PLI Plus