

Health Care Reimbursement

Understanding the nuances of Medicare and Medicaid reimbursement is one of the greatest challenges that providers face in today's quickly changing health care world. The reimbursement process can be long and arduous, and can change often, as described in this quote:

"There can be no doubt but that the statutes and provisions in question, involving the financing of Medicare and Medicaid, are among the most completely impenetrable texts within human experience. Indeed, one approaches them at the level of specificity herein demanded with dread, for not only are they dense reading of the most tortuous kind, but Congress also revisits the area frequently, generously cutting and pruning in the process and making any solid grasp of the matters addressed merely a passing phase."

— Rehab. Ass'n of Va. v. Kozlowski, 42 F.3d 1444, 1450 (4th Cir.1994).

Reimbursement is driving the current evolution of health care and the inability of some providers to understand or take advantage of these changes may threaten their very existence. Polsinelli boasts one of the largest health care reimbursement groups in the country with strong experience in all areas of reimbursement. From understanding byzantine coverage requirements to handling the most complex audits, our team regularly assists providers in making sense out of one of the most convoluted areas of health care. Our experience includes:

- Assistance with responding to and appealing audits (e.g., Medicaid, Medicare, ZPIC, and RAC)
- Strategic advice on clinical alignment, pay for quality and bundled payments
- Assistance with analyzing and reporting overpayments
- Counseling on Provider Based Billing
- Counseling on DSH qualifications
- PRRB Appeals
- Prepayment Reviews
- GME Reimbursement Compliance
- Medicaid Managed Care and Dual Eligible Managed Care Programs
- 340B Compliance

Our team includes the former Deputy Director of Colorado's Medicaid agency, former OIG counsel, multiple former Assistant U.S. Attorneys with experience in health care fraud, former in-house counsel, a licensed CPA attorney who served as an in house accountant for a hospital and several former consultants. Our team is familiar with all of the various administrative appellate venues and regularly works with CMS to resolve complex reimbursement issues. We also have a strong Public Policy team that intimately understands health care reimbursement issues and works with our clients in pursuing legislative strategies to address their most pressing reimbursement needs.

Publications

April 30, 2026

CMS Issues a Proposed Rule Impacting Quality Reporting, Care Compare and MDS Requirements for Skilled Nursing Facilities

February 4, 2026

Mandatory Provider-Based Attestations Make a Comeback

January 20, 2026

2026 Health Care Reimbursement Newsletter

September 17, 2025

\$50 Billion Rural Health Fund: State Applications Now Open, Provider Input Urged

February 2025

2025 Health Care Reimbursement Newsletter

July 10, 2024

Provider Reimbursement Disputes Go Back to 1984 Following Supreme Court's Regulatory Reset

May 9, 2024

Optum Seeks Massive Clawback of Medicare Advantage Plan Payments

January 4, 2024

Reimbursement End-of-Year Highlights

December 28, 2023

Expect compliance hotspots, G2211 boom, telehealth 'super bowl' and more

Quoted, Part B News

November 20, 2023

Giving Teeth To Parity: New York Paves the Way for More Medicaid Managed Care Oversight

Quoted, Behavioral Health Business

August 9, 2023

CMS Announces Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, and Texas

March 1, 2023

Health Care Reimbursement and Payor Dispute Update

December 19, 2022

340B Hospital Reimbursement Update – Underpayments and the Need to Act Now

September 15, 2022

Health Care Reimbursement and Payor Dispute Update