

Mattie Bowden

ASSOCIATE

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Mattie Bowden represents health care providers when payor conduct threatens reimbursement through in-network and out-of-network underpayments, improper denials, downcoding, algorithmic price-fixing, recoupment demands, administrative appeals and managed care litigation. She handles commercial payor disputes and complex reimbursement matters involving ERISA, Medicare Advantage, the Medicare Secondary Payer Act and provider-payor contract disputes.

Mattie represents providers nationwide in state and federal courts through all phases of litigation, including early case assessment, strategy, discovery, dispositive motion practice, depositions, trial, settlement negotiations, mediations and appeals. She develops litigation and administrative appeal strategies for providers seeking to recover reimbursement and reduce ongoing risk from evolving payor practices.

Her practice includes high-stakes reimbursement disputes involving failures to reimburse in accordance with contractual and statutory requirements, improper claim denials, underpayments, downcoding, bundling practices, reimbursement reductions and recoupment actions. She also addresses threshold and dispositive issues common in payor litigation, including anti-assignment provisions, standing challenges, federal preemption and coordination of benefits.

Mattie represents hospitals, health systems, physician groups, and specialty and ancillary services providers in disputes against national and regional insurers and government payors. Her experience also includes representing regulated entities and trade associations in complex litigation under the Administrative Procedure Act, including matters involving regulatory frameworks administered by the EPA, FDA and USDA.

Licensed in D.C. and North Carolina, not licensed in South Carolina. Practicing under supervision of South Carolina licensed attorney.

Education

- Wake Forest University School of Law (J.D., *cum laude*, 2019)
- Wake Forest University (B.A., 2016)

Capabilities

- Health Care Litigation
- Managed Care & Payor Disputes
- Health Care

Bar Admissions

- North Carolina
- District of Columbia

Court Admissions

- U.S. Supreme Court
- U.S. Court of Appeals, Fourth Circuit
- U.S. Court of Appeals, Eighth Circuit

Matters

- Represented hospital systems and physician groups in litigation against national insurers involving systematic underpayment and improper denial of out-of-network claims.
- Prosecuted claims under ERISA and state law to recover benefits owed for medically necessary services.
- Challenged payor downcoding, bundling practices, and reimbursement reductions inconsistent with plan terms and provider agreements.
- Represented providers in actions to recover payments under the MSP Act, including pursuing double damages claims against primary payors.
- Managed high-volume administrative appeals for denied and underpaid claims, including internal appeals and external review processes.
- Developed and coordinated appeals and litigation strategies to maximize reimbursement recovery across large claim inventories.
- Assisted in developing and litigating large-scale or aggregated reimbursement disputes involving systemic payor practices.
- Represented dialysis provider in high-dollar value network dispute in Hawaii State Court against national brands including MultiPlan, Inc.

Publications

March 15, 2026

How AI May Be Used In Fintech Fraud — And Fraud Detection

Quoted, Law360

December 2, 2024

DC Circ. Decision Opens Door To NEPA Regulation Litigation

Quoted, Law360