

Melissa M. Yates

ASSOCIATE

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Melissa Yates represents health care providers, suppliers, laboratories, pharmacies, revenue cycle management companies, and manufacturers in Medicare and Medicaid audits, overpayment disputes involving statistical extrapolation and artificial intelligence (AI)-driven claims review, government payor fraud, waste, and abuse investigations, Administrative Procedure Act (APA) litigation, False Claims Act (FCA) defense, and other government and commercial payor disputes. Her practice involves matters before the Centers for Medicare & Medicaid Services (CMS), the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG), the U.S. Department of Justice (DOJ), state Attorneys General and Medicaid Fraud Control Units, commercial payors, and federal district and appellate courts. She focuses on disputes involving statistical sampling and extrapolation, AI and algorithmic systems, data analytics, data-driven audit findings, reimbursement methodology, payment integrity reviews, and complex claims analysis and due process challenges.

Her background includes complex civil litigation inside and outside of health care. Before joining Polsinelli, Melissa served as a health care associate at a global Am Law 100 law firm in Charleston, South Carolina; an associate at a regional civil litigation law firm in Charleston; a judicial intern to the Honorable Richard M. Gergel of the United States District Court for the District of South Carolina; a law clerk to the Office of University Counsel at the University of Virginia; and a law clerk to the Commonwealth Attorney's Office in Lynchburg, Virginia.

Education

- University of Virginia School of Law (J.D., 2019)
 - Trial Advocacy
 - Prosecution Clinic
 - Moot Court
- Wake Forest University (B.A., *summa cum laude*, 2015)

Bar Admissions

- South Carolina
- North Carolina

Capabilities

- Health Care Litigation
- Health Care
- Health Care Reimbursement
- Reimbursement Audits & Disputes
- False Claims Act Defense
- Government Investigations
- Internal Investigations

- District of Columbia

Court Admissions

- U.S. District Court, District of South Carolina
- U.S. Court of Appeals, Fourth Circuit

Memberships

- Federal Bar Association
- American Health Law Association
- South Carolina Bar Association
- Charleston County Bar Association
- South Carolina Women Lawyers Association (SCWLA)

Community

- Junior League of Charleston, Committee Member
- Alpha Delta Pi Alumnae Association, Charleston Chapter, Committee Member
- Bridges of Hope, Volunteer
- Second Presbyterian Church, Deacon
- Preservation Society of Charleston, Member
- Historic Charleston Foundation, PreserVISIONist Member
- Gibbes Museum of Art, Society 1858 Member
- Charleston Symphony Orchestra League, Dynamics Member

Matters

- Filed the first federal suit in the country challenging a Managed Care Organization's use of generative artificial intelligence for a post-payment review to determine denials and an extrapolated overpayment as violation of the Federal Medicaid Act.
- Invalidated two extrapolated overpayments in federal litigation against the Centers for Medicare & Medicaid Services (CMS) for audit contractors violating a supplier's due process rights by failing to produce documentation to support extrapolated overpayments.
- Successfully obtained civil sanctions against CMS in federal litigation for failure to preserve and produce documentation necessary to support an extrapolated overpayment.
- Overturned all denials used by the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) to support a \$29 million overpayment and 98% error rate against a durable medical equipment supplier in the Medicare appeals process.
- Defended a CMS Medicare and Medicaid fraud, waste, and abuse audit by a Unified Program Integrity Contractor (UPIC) by reducing exposure from \$6 million to \$155,000.
- Defended a Medicaid fraud, waste, and abuse audit and reduced exposure from \$1.6 million to \$300,000.
- Settled a commercial payor audit of an Autism payor involving a \$1.7 million extrapolated overpayment for just over \$75,000.
- Settled a commercial payor audit of a genetic laboratory involving a \$1.1 million overpayment for \$195,000.

- Defended a hospice owned by a health system from UPIC audit and CMS payment suspension by reducing error rate from 88% to 3%, terminating suspension and having held funds in the amount of \$5.5 million released.

Publications

March 7, 2025

Back to Backlog? Polsinelli Shareholders Share Insight on how Terminations of DAB Attorneys and Potential Removal of Administrative Law Judges May Impact Medicare Appeals

February 2025

2025 Health Care Reimbursement Newsletter

December 2, 2024

MEDICARE OVERPAYMENTS AND UNDERPAYMENTS—S.D. Fla.: Medicare equipment supplier's due process not violated by overpayment, interest levied by government

Mentioned, Wolters Kluwer

April 11, 2024

Due Process: A Winning Weapon Against Extrapolated Overpayments

Co-Author, American Health Law Association

August 11, 2023

Righting an Institutional Wrong: Redefining and Overpayment Through HHS-OIG's Policy Shift on Zero-Paid Claims

Co-Author, American Health Law Association

May 18, 2023

False Claims Act Enforcement Involving Medicare Advantage Plans: Recent Cases and Current Trends

Co-Author, American Health Law

March 27, 2023

Scienter Center Stage

Co-Author, American Bar Association

January 2023

Scienter to Become Front and Center: Developments in the FCA's Objectivity Reasonable Interpretation Defense

Co-Author, Federal Bar Association

December 28, 2022

Statistical Sampling and Extrapolation

Co-Author, American Bar Association