

Meri B. Gordon

SHAREHOLDER

she / her / hers

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Meri Gordon has a deep understanding of the health care legal landscape and routinely represents clients in connection with an array of health care dispute matters. Her practice centers on managed care litigation in counseling providers, hospital systems, and device manufacturers in disputes over benefit determination, medical necessity denials, contract interpretation, and in- and out-of-network reimbursement. With over 15 years of litigation experience, Meri is well-versed in providing tailored strategic solutions to represent clients in the ever-changing landscape of health care litigation.

Meri's representative work includes:

Managed Care Disputes

Resolving disputes between health care companies and health plans regarding coverage and reimbursement disputes. Meri has noteworthy experience representing hospital systems and medical device manufacturers in disputes regarding underpayments and denials due to medical necessity, experimental/investigational designations, recoupments/offsets, DRG downgrades, billing and coding audits, including not-separately reimbursable line-item charge denials, as well as unilateral payor policies involving E/M downcoding, Sepsis-3, white-bagging, Covid-19 reimbursement, site-of-service coverage, and other policies resulting in a reduction of reimbursement and an increase in administrative burden.

Her practice includes counseling health care providers on strategies for contracting with health plans, revenue cycle management, appeals and pre-litigation dispute resolution for matters involving commercial ERISA and non-ERISA claims, as well as managed Medicaid, Medicare Advantage and exchange/marketplace claims.

Alternative Dispute Resolution

Resolving matters involving both in-and out-of-network claims through contractual or agreed arbitrations nationwide with the AAA, AHLA, and JAMS on behalf of healthcare clients regarding denial of benefits and reimbursement disputes with payers.

Capabilities

- Behavioral Health
- Health Care Litigation
- Health Care
- Hospitals & Health Systems
- Managed Care & Payor Disputes
- Academic Medical Centers

e-Discovery in Federal Investigations and Business Disputes

Managing large volumes of data and documents for productions in response to subpoenas from the Department of Justice, SEC as well as discovery in shareholder lawsuits and antitrust litigation. In addition, Meri has extensive experience in data management, data analytics and e-discovery projects involving high-stakes litigation.

Education

- University of Mississippi School of Law (J.D., 2004)
- Southern Methodist University (B.A., 2001)

Bar Admissions

- Tennessee, 2017
- New York, 2010
- Mississippi, 2004

Court Admissions

- State of Tennessee
- State of Mississippi
- U.S. District Court for the Southern District of Mississippi
- New York - Appellate Division-First Department

Memberships

- American Health Law Association (AHLA)

Recognition

- Selected for inclusion in *Best Lawyers in America*® for Health Care Law, 2025-2026

Matters

- Represented national health system in breach of contract matter against a regional health plan regarding the plan's refusal to pay services subjected to contractual carve-out rates
- Represented national health system in breach of contract matter against a rental network regarding reduction of reimbursement through line-item denials
- Represented regional hospital in breach of contract matter regarding 340B-based recoupments, DRG downgrades and E/M downcoding
- Represented national health system in breach of contract matter against a national health plan regarding interpretation of "lesser of" language
- Represented regional health system against a regional health plan in a breach of contract matter regarding systemic withholdings of reimbursement based on alleged mutual mistake and impossibility
- Represented regional renal services provider in a breach of contract matter against a national health plan regarding recoupments based on interpretation of the contract's referenced-based pricing language
- Advised and counseled an academic medical center through a renegotiation of a

- provider agreement and out-of-network strategies against a national health plan
- Advised a clinically integrated network on pre-litigation strategies regarding a chargemaster-based recoupment attempt by a national health plan
 - Advised a regional health system on best practices in contracting and revenue cycle strategies
 - Represented a regional behavioral health entity against a regional health plan regarding denials of managed Medicaid reimbursement
 - Negotiated a managed care contract and counseled on out-of-network strategies on behalf of a regional health system against a national health plan
 - Represented medical device company in the overturn of denials by numerous national and regional administrators of Medicare Advantage plans.
 - Represented a clinically-integrated network through a renegotiation of a provider agreement with a national health plan
 - Counseled an academic health system in pre-litigation challenges of various payor policies aimed at reducing contractual reimbursement and increasing the system's administrative burden
 - Counseled a national health system in challenging an E/M downcoding payor policy
 - Represented a regional health system in challenging a regional health plan's readmission policy
 - Advised a national health system in operational and revenue cycle strategies to challenge short-stay Medicare Advantage inpatient stays
 - Advised a local infusion center on revenue cycle strategies to increase reimbursement from health plans
 - Represented a national health system against a national health plan regarding a chargemaster dispute
 - Represented an academic medical center in a breach of contract action against a health plan administering Medicaid and Exchange health plans to challenge line-item denials
 - Successfully obtained waiver of applicability of a healthcare payer's avoidable readmission policy to community hospital's commercial and Medicare claims.
 - Successfully obtained back-pay of enhanced primary care physician fees from national managed Medicaid administrator for regional physician group.
 - Represented out-of-network behavioral health company on recoupment and direct pay-to-patient issues against a healthcare payer.
 - Successfully settled in bulk over 250 individual denied or underpaid patient claims on behalf of a national health system against a regional health plan without escalating to litigation
 - Represented a national health system in a breach of contract action against a national health plan regarding over 100 underpaid and denied patient claims
 - Represented a regional behavioral health clinic in a breach of contract action against a regional health plan regarding the delay in payment of clean claims
 - Counseled critical access hospital in developing an out-of-network strategy.
 - Represented national emergency physician provider in challenging several payers' E/M downcoding policies.
 - Represented skilled nursing facility in contract dispute with healthcare payor regarding denials, underpayments and recoupments.
 - Represented hospital in challenging the application of a national payer's Sepsis-3 clinical policy.
 - Represented a national health system in an ERISA action against a self-insured plan and its TPA to obtain benefits for cancer treatment
 - Represented medical device company on a national basis in challenging medical coverage policies labeling FDA-approved device as "experimental or investigational."
 - Represented eleven hospitals in Tennessee against a commercial insurer for underpaying thousands of out-of-network claims for emergency services.
 - Represented intraoperative neuromonitoring company on a national basis in

challenging medical coverage policies.

- Represented hospitals part of national system in a series of arbitrations around the country in disputes against a large commercial insurer for underpaying hundreds of claims related to medical necessity.

Publications

January 4, 2024

Reimbursement End-of-Year Highlights

April 19, 2023

Is it Time for a Payor Engagement Audit?

Presenter, 2023 Health Care Reimbursement Institute Summit

February 21, 2023

White Bagging: Emerging Trends, Provider Response, and Implications for Reimbursement

Presenter, Strafford

December 13, 2022

10 Important Contract Issues Providers Face and How to Address Them

Presenter, Revive

September 19, 2022

Third Party Payor Relationships

Presenter, 2022 Health Care Reimbursement Institute Summit

Events

April 16, 2026

Polsinelli's Health Care Reimbursement Summit

Polsinelli Nashville Office

April 16, 2026

Hot Topics in Commercial/MA Payor Disputes

Polsinelli's Health Care Reimbursement Summit

March 5, 2026

White Bagging: Emerging Trends, Provider Response, and Implications for Reimbursement

BARBRI

May 29, 2025

Health Care Private Equity Legal Leadership Roundtable

Polsinelli's Nashville Office

February 20, 2025

Key Managed Care Contracting Provisions Affecting Provider Reimbursement

AHLA Advising Providers: Legal Strategies for AMCs, Physicians, and Hospitals

February 19, 2025

Managed Care Contracting: Is Your Provider Agreement Working for You or Against You?

AHLA Advising Providers: Legal Strategies for AMCs, Physicians, and Hospitals

October 2024

Navigating the Art of Arbitrator Selection

American Arbitration Association

September 12, 2024

2024 Business Law Institute - Nashville

September 12, 2024

Managed Care Strategies and Payor Disputes

2024 Business Law Institute - Nashville

September 6, 2024

2024 Business Law Institute - Denver