

R. Ross Burris, III

SHAREHOLDER

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Ross Burris centers his practice on health care reimbursement disputes, guiding providers through contested payment determinations, overpayment demands and the audits that drive them. He handles the full lifecycle of reimbursement litigation and appeals, including commercial payor disputes, Medicare and Medicaid audits and related False Claims Act investigations. Much of Ross's work involves defending providers in government and commercial audits that trigger parallel administrative, enrollment and Medicaid appeals, where he builds practical, strategic paths to recover or protect reimbursement. He is known for helping clients manage high-pressure audit findings and reimbursement challenges while keeping their operations steady.

Clients value his ability to translate dense regulatory issues into practical solutions, drawing on extensive experience counseling hospitals, health systems, long-term care providers, durable medical equipment suppliers and independent laboratories.

A former prosecutor, Ross is actively involved in the Atlanta community as a member of the Advisory Council for the Health Law Partnership (HeLP). He is a frequent speaker and author for the American Health Law Association (AHLA), Health Care Compliance Association (HCCA), and the Georgia Hospital Association (GHA). Ross has been recognized several times by *Chambers USA*, *Super Lawyers* and *Best Lawyers in America*[®] for his excellence in the field.

Core Work

- Medicare and Medicaid reimbursement audits, disputes and appeals
- Commercial Payor disputes and resolutions in mediation, and arbitration, and litigation
- Billing and coding audits by government and commercial payors
- Government investigations, including False Claims Act Litigation
- State and Federal regulatory compliance

Education

- Mercer University School of Law (J.D., 2001)
- University of Georgia (B.A., 1998)

Capabilities

- Health Care Reimbursement
- Reimbursement Audits & Disputes
- Managed Care & Payor Disputes
- False Claims Act Defense
- Government Investigations
- Health Care Litigation
- Health Care
- Home Health, Home Care & Hospice
- Litigation
- Health Care Guardianship
- Telephone Consumer Protection Act Litigation (TCPA)
- Post Chevron Educational Resources & Updates

Bar Admissions

- Georgia

Court Admissions

- Georgia Court of Appeals
- Supreme Court of Georgia
- U.S. District Court, Northern District of Georgia

Memberships

- American Health Law Association, Institute on Medicare and Medicaid Payments Issues, Program Committee Member
- Georgia Academy of Health Care Attorneys
- Georgia Appleseed
 - Young Professionals Council, Executive Committee, past president
- Health Care Compliance Association
- Health Law Partnership (HeLP), a community collaboration among Children's Healthcare of Atlanta, Georgia State University College of Law and Atlanta Legal Aid Society
 - Advisory Council
- State Bar of Georgia
 - Health Law Section
- American Bar Foundation, Fellow

Recognition

- Named to *GaBiz's* Top Lawyers List, 2025-2026
- Named to *Georgia Trend's* Legal Elite list for Healthcare, 2024-2025
- Selected for inclusion in *Best Lawyers in America*® for:
 - Health Care Law
 - Litigation - Health Care
- Ranked in *Chambers USA: America's Leading Lawyers for Business*, Health Care, Georgia, 2022-2026
- Super Lawyers, Health Care

Matters

- Representation of regional and national health care providers, including hospitals, health care systems, skilled nursing facilities and ancillary providers, in a range of matters related to Medicare reimbursement disputes before Medicare administrative contractors, state Medicaid agencies and the centers for Medicare and Medicaid Services (CMS) including billing and coding audits, government investigations, and other compliance matters.
- Representation of health care providers at all stages of False Claims Act litigation, OIG/DOJ investigations, commercial disputes between health care providers, defense of audits, civil fraud investigations and appeals before state and federal administrative bodies.
- Served as outside litigation counsel for several Georgia health systems, and in that

capacity conducted numerous internal investigations related to physician services, protected health information disclosures and overpayments.

- Brought multiple actions on behalf of hospitals and other providers in arbitration and state and federal court litigation against Medicaid managed care organizations related to underpayments and improper rate changes.
- Defended hospitals in investigation from state Medicaid fraud control unit.
- Defended national ambulance company in multiple false claims actions in New York, Florida and Arizona.
- Defended RAC audits and subsequent appeals for multiple regional health systems.
- Defended ZPIC and UPIC audits and subsequent appeals for physician groups, durable medical equipment suppliers, lab companies and hospice providers.
- Defended UPIC audit and subsequent appeals through reconsideration for national sleep and home oxygen company with a \$15 million extrapolated demand; successfully overturned extrapolation at reconsideration level.
- Defended ZPIC audit and subsequent appeals through reconsideration for DME with \$2 million extrapolated demand; successfully overturned extrapolation at reconsideration level.
- Defended commercial payor audit and subsequent appeals with extrapolated demand; successfully negotiated overturning extrapolation.
- Defended emergency medicine group on 100 percent pre-payment review and audits; successfully negotiated removal from review and overturned audits.
- Defended emergency medicine group's medical review audits; successfully overturned 100 percent of determinations at ALJ.
- Represented a children's hospital in arbitrating against a major commercial payor for underpayments and improper payment policy.

Publications

January 20, 2026

2026 Health Care Reimbursement Newsletter

October 2025

Know Your Audit! Operational Considerations Under Every Kind of Audit

Co-Author, Thomson Reuters - Health Law Handbook Vol 37

May 16, 2025

BHB VALUE — Legal Strategies for Protecting Your Revenue: Fighting Denials and Making Payments Recoupment-Proof in a Value-Based World and Beyond

Featured, Behavioral Health Business

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

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

November 27, 2023

'Payer Ghosting' Further Straining Behavioral Health-Health Plan Relationship

Quoted, Behavioral Health Business

March 1, 2023

Health Care Reimbursement and Payor Dispute Update

September 15, 2022

Health Care Reimbursement and Payor Dispute Update