

Reimbursement Audits & Disputes

Our Reimbursement Audits and Disputes team advises providers on all aspects of reimbursement audits and disputes with government payors. We offer an integrated and comprehensive approach to these challenging issues by working closely with our compliance and reimbursement health care attorneys to not only manage and resolve these disputes but to also provide strategic and operational guidance to avoid or minimize them. We supplement much of this guidance through the deep well of reimbursement experience residing with our Reimbursement Institute and through our periodic client webinars and our Health Care Reimbursement and Payor Dispute Updates.

Our team possesses particular experience in the areas of government and managed care reimbursement (including reimbursement in integrated delivery systems), and all aspects of the cycle of payment for health care services, from audits and recoupment through dispute resolution and administrative appeals. Polsinelli has experience managing disputes in all payor segments including all parts of Medicare, state Medicaid plans, Medicare Advantage plans, Medicaid managed care organizations, Tricare and all other government payors.

The team's experienced litigators partner with clients to successfully manage all stages of reimbursement disputes, including administrative proceedings, appeals, arbitrations, mediations, district court litigations, audits and investigations. We also work regularly with clients to proactively devise and implement litigation avoidance strategies and counsel on a range of operational, regulatory and compliance matters.

Our attorneys routinely advise clients on matters including:

- Representation of regional and national health care providers and suppliers, including hospitals, health care systems, skilled nursing facilities, ancillary providers, post-acute and durable medical equipment suppliers, in a range of matters related to Medicare reimbursement disputes with Medicare administrative contractors, state Medicaid agencies and the centers for Medicare and Medicaid Services (CMS) in state administrative hearings, Office of Medicare Hearings and Appeals and the Department of Appeals Board
- Medicare Advantage and Pharmacy Benefit Manager plan disputes in arbitration and litigation
- Medicare audits and appeals, including issues related to statistical extrapolation and sampling
- Challenges to CMS regulations undermining enabling statutes
- Litigation with Medicaid Managed Care Organizations over denied and underpaid claims
- Challenges to clinical and reimbursement policy and protocol changes in Medicare Advantage and Managed Medicaid products
- Negotiations with CMS contractors and other payors to remove or reduce prepayment reviews and payment suspensions
- Litigation of numerous denials of payment and coverage cases across a broad spectrum of payor product lines
- Negotiation of Medicaid Managed Care contract issues on behalf of providers