

PRACTICE CONTACTS

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REIMBURSEMENT, CONTRACT, AND FRAUD AND ABUSE LITIGATION

Our lawyers have extensive experience in litigating health care reimbursement, fraud and abuse, and contract cases, across a broad spectrum of payor arrangements and business relationships. Whether the dispute involves enrollment, accreditation, provider agreements, Medicare reimbursement systems (such as IPPS, OPPS, and APCs), Medicaid reimbursement systems, cost reporting, medical records documentation, or claims submission and coding issues, Vorys' health care litigators have the knowledge and experience needed to defend our clients' interests.

For example, we regularly represent health care providers on a wide range of complex Medicaid and Medicare audit and compliance disputes, including overpayment appeals and the disclosure and repayment of overpayments discovered through internal investigation. We also have significant experience with claims brought under the federal Stark Physician Self-Referral Laws, and the Anti-Kickback Statute, as well as claims brought under the federal False Claims Act.

In addition, we have significant experience in litigating systemic contract issues between private providers, governmental entities, and public payors. Our firm is also a recognized leader in the field of contracts and reimbursement issues for behavioral health providers (mental health, drug and alcohol, and drug treatment and prevention), mental retardation and developmental disabilities (MR/DD) providers, child welfare agencies, and in the field of Medicaid reimbursement and contract litigation.