

Jowita J. Walkup

Special Counsel

New York Office

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Practices

FOCUS: Litigation

Health Care

Health Care Litigation, Reimbursement and Regulation

Health Care Regulatory and Compliance

Hospital-Physician Relations and Medico-Legal

Industries

Clinical Integration and Managed Care

Medicare/Medicaid Reimbursement

Education

LLM, Harvard Law School

JD, Jagiellonian University

BA, University of Warsaw

Bar Admissions

New York

When hospitals need reimbursement for millions of dollars for services already provided, they rely on Jowita Walkup for experienced counsel. As a member of Katten's Health Care Litigation team, Jowita manages complicated Medicare and Medicaid reimbursement cases, handles federal and state regulatory compliance issues, and drafts proposed state legislation. For over 15 years, her adroit understanding of complex laws, regulations and sub-regulatory guidance has won cases for health care clients.

Providers-first outlook

Jowita advises hospitals that have an immediate need for reimbursement funds and seek clarity when navigating Byzantine Medicare and Medicaid regulatory and managed care complexities. To defend state and federal audits, demonstrate regulatory compliance or prepare for upcoming health care law changes, Jowita seeks practical solutions that put hospitals first and bring a measure of certainty that can be used for business planning.

Jowita advocates for health care providers, advises on direct and indirect graduate medical education issues — including in the managed care context — counsels hospitals on cost reporting questions, handles administrative appeals before the Provider Reimbursement Review Board, and drafts disproportionate share and upper payment limits state legislation. Prior to joining the Health Care group, Jowita was a member of Katten's general Litigation team.

Representative Experience

- Assist large health care system regarding proposed State budget legislation and in connection with complex federal and state statutes and regulations governing supplemental Medicaid payments, such as Disproportionate Share Hospital and Upper Payment Limit payments, to

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eligible public hospital systems and the funding of such payments through Inter-Governmental Transfers.

- Advocate for hospital clients in Medicare appeals before the US Department of Health and Human Services Provider Reimbursement Review Board in cases involving issues such as graduate medical education and indirect medical education payments, reimbursement for physician services, bad debt reimbursement, disproportionate share hospital payments, and a variety of other cost report audit adjustments.
- Represent large health care system in opposing a State audit of emergency services to undocumented immigrants and in a Department of Justice civil investigation of Medicaid billing practices relating to services to undocumented immigrants.
- Assist hospital system in connection with Medicare and Medicaid managed care organizations and health plans payments.
- Counsel large health care system regarding direct graduate medical education reimbursement issues and a variety of billing matters, such as documentation requirements for specific services.
- Assist hospital system in federal Medicare wage index audit.
- Counsel hospital and large health care systems in preparing responses to audit letter inquiries.
- Counsel large health care system and hospital association regarding Medicare indirect medical education payments for services provided to Medicare managed care inpatients when managed care organizations deny payments, and regarding related direct graduate medical education cost reporting implications.
- Represent large health care system in federal court action against the Secretary of the US Department of Health and Human Services, challenging a Centers for Medicare & Medicaid Services Administrator's reversal of a favorable Provider Reimbursement Review Board decision and alleging that the federal Medicare agency applied an illegal and arbitrary cap on reimbursement in violation of the Medicare Act and Administrative Procedure Act.

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- Counsel large health care system in various matters, including assistance regarding prosecution of Medicare appeals, supplemental Medicaid payments, opposing government audits, creation and implementation of a compliance program, and defense in suspected Medicare/Medicaid fraud investigations.
- Represent academic medical center in challenging a New York State Office of the Medicaid Inspector General Audit of Article 16 clinic services furnished to individuals with developmental disabilities.
- Represent large health care system and a hospital in negotiating US Department of Health and Human Services settlements of the clients' Provider Reimbursement Review Board appeals involving challenges to the rural floor budget neutrality calculation.

Publications

- *Health Care Law Perspectives* (August 2020) | *Contributor*
- Coronavirus (COVID-19) Federal and New York Health Care Primary Legal Sources (May 14, 2020)
- OIG Proposes to Add and Expand AKS Safe Harbors (October 21, 2019)
- CMS Issues Proposed 60-Day Rule for Reporting and Returning of Overpayments (February 21, 2012)
- *Health Care Credentialing Update* (November 2011)
- *Health Care Update* (November 2011)
- CMS Issues Final ACO Regulations (November 10, 2011)
- Government Issues Eagerly Awaited Proposed ACO Regulations (April 12, 2011)
- *Health Care Update* (October 2010)
- *Health Care Update* (October 2009)
- *Health Care Credentialing Update* (October 2009)