



Alessandra Denis

Special Counsel

alessandra.denis@kattenlaw.com

New York

p +1.212.940.6324

Practices

FOCUS: Litigation

Health Care Litigation

Industries

Health Care Finance

Health Care

Regulatory and
Compliance

Medicare/Medicaid
Reimbursement

Hospital-Physician
Relations and
Medico-Legal

Health Care

Education

JD, University of
Michigan Law
School, *cum laude*

BA, Columbia
University, *magna
cum laude*

Bar Admissions

New York

Alessandra Denis concentrates her practice in health care and health care litigation matters. She represents health care providers in the negotiation of affiliation agreements and managed care participating provider agreements and in investigations and litigation of False Claims Act-related matters. Alessandra also represents health care providers in federal court and administrative tribunals, including the Provider Reimbursement Review Board concerning Medicare and Medicaid reimbursement, and in the negotiation of agreements concerning Section 1115 Medicaid demonstration programs, including the Delivery System Reform Incentive Payment (DSRIP) program and managed care-related demonstration programs. Alessandra counsels health care providers regarding compliance with state and federal health care laws, including Medicare and Medicaid reimbursement, fraud and abuse, anti-kickback, physician self-referral, Medicare and Medicaid exclusion laws and the investigation and disclosure of overpayments. She has also represented employers in matters arising under federal, state and local employment laws.

During law school, Alessandra was an editor of the *Michigan Journal of Gender and Law*.

Selected Experience

- Representation of a public school district in obtaining a dismissal of a *qui tam* False Claims Act complaint alleging submission of false Medicaid claims for health care services to disabled students, and in an appeal in the Second Circuit.
- Representation of a large health care system seeking judicial review of a decision by the Secretary of the US Department of Health and Human Services concerning the denial of reimbursement of costs for ancillary services.
- Representation of a large health care system in the negotiation of affiliation agreements with medical schools and physician groups.
- Representation of a large health care system before the Provider Reimbursement Review Board involving Medicare cost reporting issues.
- Conduct internal investigations concerning potential liability of a health care provider under the False Claims Act, the Civil Monetary Penalties Law and state law.
- Representation of a large health care system in negotiations with managed care organizations regarding participating provider agreements for Medicare, Medicaid and New York State marketplace products.



- Representation of a large health care system in negotiations with Medicaid managed care organizations participating in a program to transition hospitals to value-based purchasing models.
- Advise a health care provider and a Medicaid managed care organization regarding the reporting and payment or recoupment of overpayments to network and out-of-network providers.
- Advise a health care provider regarding federal regulatory changes in Medicaid supplemental and state-directed managed care payments.
- Advise a large health care system regarding various Medicare, Medicaid and regulatory compliance requirements for inpatient, outpatient and home health services.

Memberships

- American Bar Association
- New York State Bar Association

Advisories

- CMS Issues Proposed 60-Day Rule for Reporting and Returning of Overpayments (February 21, 2012)
- CMS Issues Final ACO Regulations (November 10, 2011)
- Government Issues Eagerly Awaited Proposed ACO Regulations (April 12, 2011)

Newsletters

- *Health Care Credentialing Update* (November 2011)
- *Health Care Update* (November 2011)
- *Health Care Update* (October 2010)
- *Health Care Update* (October 2009)
- *Health Care Credentialing Update* (October 2009)