



Fraud, Compliance, & Reimbursement



Chambliss health care attorneys are on top of the latest regulatory and compliance developments, advising leading industry players on false claims, reimbursement, and fraud and abuse matters, among many others. Our team combines a strong technical understanding of the law with a practical approach to guiding clients in implementing sound regulatory and compliance strategies.

Revenue cycle and practice management companies, physician groups, and home and community-based health care organizations represent some of the clients we've been counseling for decades. We often advise on everyday issues, such as compliance with Medicare claims policies, as well as management of episodic matters, such as the handling of overpayments and self-disclosures. We represent clients before government regulatory agencies and in government investigations, administrative proceedings, payor claim audits, appeals, and enforcement actions. We are trusted advisors for clients on matters related to the False Claims Act, Stark, and Anti-kickback.

Related Services

- Fraud, Compliance, & Reimbursement
- Health Care
- Health Care Facilities
- Health Care Litigation
- Physician Practices
- Regulatory and Administrative Proceedings
- Revenue Cycle Management
- eHealth, Data Privacy, and Security

Related Industries

- Health Care

Related People

- Calvin B. "Cal" Marshall, Jr.
- Cathy S. Dorvil
- Stephen D. "Steve" Barham
- Louis W. Metcalfe
- Lisa M. Kiner
- J. Mitchell "Mitch" Barton
- Christopher D. "Chris" Poole



Have you seen the Spring 2021 edition? This issue of Chambliss Connection: Radiology features the latest insights on PPP forgiveness and audits, provider relief funding, patient data & HIPAA, hospital PSAs, tips on buying/selling, and more.

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We regularly speak on legislative and regulatory developments to health care and business industry groups, including national, state, and local medical management groups and billing and practice management associations. We consistently keep our clients informed and place top priority on minimizing risk in a cost-effective manner.

Experience

Compliance program and policy review and implementation planning

Regulatory counseling to health care providers on issues related to Stark, Anti-Kickback, the Civil Monetary Penalties Law, state and federal false claims, state fee-splitting laws, and other fraud and compliance matters, including overpayments, self-disclosure processes, and government communications

Defending numerous claims of improper billing practices by medical billing companies

Medicare administrative appeals process for physician groups subject to Medicare audits

Successfully represented health care entities in certificate of need proceedings before Tennessee Health Services and Development Agency