Managed Care Contracting & Dispute Resolution

From inception to dispute resolution, members of Greenbaum's healthcare practice have in-depth knowledge of managed care contracting and integrated delivery systems as healthcare delivery and reimbursement shifts from fee-for-service to value-based care. The team's experience in working with providers, payers, and state and federal regulators provides the context for our ability to adeptly recognize pitfalls in the initial managed care contracting process and to represent provider entities in disputes with commercial payers, traditional Medicare and Medicaid, Medicare Advantage and Medicaid managed care.

Our expertise in managed care contracting covers the gamut of ultimate payers, including Medicare Advantage Plans, Medicaid MCOs, and commercial health plans including insured (carriers) and self–insured (employers). Regardless of the ultimate payer, carriers paid on a capitated basis are incentivized to depress reimbursement, and to apply restrictive utilization review policies to reduce or deny reimbursement.

With experience representing both providers and payers in managed care contracting negotiations – and as former regulators who drafted many of the rules which govern managed care contracting and organized delivery systems in New Jersey – members of our team provide invaluable assistance to clients who are navigating complex regulatory schemes and complicated contractual disputes.

In an age when agreements with payers move further into the arena of risk-sharing (including arrangements emanating from the CMS Center for Innovation such as episode-based care initiatives and ACOs) healthcare facilities and industry groups have either plunged in with our guidance and support or watched from the sidelines. Providers in both camps are looking to leverage these approaches and share in the gains their efficiencies and effectiveness have created. We assist our clients in examining and navigating their arrangements with commercial payers and the inevitable introduction of state oversight, as well as certification or licensure requirements as the reach extends beyond traditional Medicare.

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Experience

Representative Matters

- Representing two New Jersey health systems in high-stakes litigation against multiple Medicare Advantage plans seeking recovery of approximately $5 million in underpaid 340B drug reimbursements, following a U.S. Supreme Court decision invalidating the Center for Medicare and Medicaid Services' reimbursement

reductions; matters are proceeding toward mediation and arbitration.

- Representing an emergency medicine physician practice in a dispute exceeding $11 million against UnitedHealthcare and affiliated entities arising from post-breach recoupment efforts following the Change Healthcare cyber incident, advising on recovery of lost revenue and structuring a resolution to preserve the practice's financial viability.

Insights & More

Healthcare Perspectives Blog

Medicaid Financing Changes Under the OBBBA: Provider Tax Waiver Final Rule and Caps on Medicaid Manager Care SDPs
3.19.26

CMS Managed Care Final Rule Aims to Better Address Needs of Medicaid and CHIP Populations
6.11.24

Tips for Addressing Dispute Resolution in Payer-Provider Contracts
2.07.23

Publications

The CMS Managed Care Final Rule: Access Standards, Consumer Surveys, Payment Standards and More for Managed Medicaid and CHIP
12.18.24

Seminars & Events

The New World of Medicaid Appeals in the Age of Managed Care
10.22.26

Managed Care Contracts: Medicare and Medicaid Considerations for Providers
5.17.23

Managed Care Contracts: Medicare and Medicaid Considerations for Providers
3.01.22