

# Alessandra Denis

## Special Counsel

New York Office

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### Practices

FOCUS: Litigation

Health Care

Health Care Finance

Health Care Litigation, Reimbursement  
and Regulation

Health Care Regulatory and Compliance

Hospital-Physician Relations and Medico-  
Legal

### Industries

Medicare/Medicaid Reimbursement

### Education

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

BA, Columbia University, *magna cum  
laude*

### Bar Admissions

New York

### Community Involvements

American Bar Association

New York State Bar Association

Health care providers rely on Alessandra Denis to guide them on the regulatory issues and concerns that can hinder their operations if not handled properly. From representing providers in negotiating agreements to investigating and litigating FCA matters, Alessandra offers deep knowledge of the health care industry and regulatory environment.

### 360-degree regulatory advice for health care providers

Alessandra also advises 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.

### Representative Experience

- Represented public school district in obtaining 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.
- Represent 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.
- Represent large health care system in negotiating affiliation agreements with medical schools and physician groups.
- Represent large health care system before the Provider Reimbursement Review Board involving Medicare cost reporting issues.

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- Conduct internal investigations into potential liability of health care provider under the False Claims Act, the Civil Monetary Penalties Law and state law.
- Represent large health care system in negotiations with managed care organizations regarding participating provider agreements for Medicare, Medicaid and New York State marketplace products.
- Represent large health care system in negotiations with Medicaid managed care organizations participating in program to transition hospitals to value-based purchasing models.
- Advise health care provider and Medicaid managed care organization on reporting and payment or recoupment of overpayments to network and out-of-network providers.
- Advise health care provider on federal regulatory changes in Medicaid supplemental and state-directed managed care payments.
- Advised large health care system on Medicare, Medicaid and regulatory compliance requirements for inpatient, outpatient and home health services.

## Recognitions

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*Recognized or listed in the following:*

- *Chambers USA*
  - Public Finance, 2024

## News

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- Katten Receives High Marks in *Chambers USA* Guide 2024 (June 6, 2024)

## Publications

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- *Health Care Law Perspectives* (August 2020) | *Contributor*

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- Coronavirus (COVID-19) Federal and New York Health Care Primary Legal Sources (May 14, 2020)
- 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)