

Juliet M. McBride

Partner
Healthcare

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Juliet M. McBride is a Partner in King & Spalding’s Government & Regulatory (Healthcare) Practice Group whose principal area of practice is focused on advising national clients in the healthcare industry including hospitals, medical equipment and device suppliers, and laboratories on a wide range of matters. Ms. McBride has extensive experience in reimbursement litigation and Medicare/Medicaid coverage, payment, and compliance issues.

Specific aspects of her health care industry experience include:

- Conducting reimbursement litigation before the Provider Reimbursement Review Board, an independent panel to which a certified Medicare provider of services may appeal if it is dissatisfied with a final determination by its Medicare contractor or by the Centers for Medicare & Medicaid Services, including recent successful mediation related to a hospital’s graduate medical education reimbursement.
- Advising national medical device suppliers on a broad range of Medicare and Medicaid coverage and reimbursement issues ranging from program enrollment challenges to defense of post-payment audits with a particular expertise in serving as regulatory counsel for acquisitions involving medical suppliers.
- Maintaining relationships with various state and federal government contacts for purposes of compliance queries and advocacy communications on behalf of clients.

Ms. McBride received a Bachelor of Arts degree from Southern Methodist University in 2003 and received her Juris Doctor degree, *summa cum laude*, from Thurgood Marshall School of Law at Texas Southern University in 2008. While in law school, Ms. McBride served as a judicial intern for the Honorable Kenneth Hoyt in the U.S. District Court for the Southern District of Texas and as a judicial intern for Justice George C. Hanks, Jr. in the Texas First District Court of Appeals.

Ms. McBride is a Fellow of the American Bar Foundation (election to membership is limited to one percent of lawyers licensed to practice in each jurisdiction), a Fellow of the Leadership Council on Legal Diversity Class of 2018, and previously participated as a Member of the State Bar of Texas Leadership (“LeadershipSBOT”) Class of 2014-2015.

Presentations

- “Peer Review, HIPAA & EMTALA Updates,” 27th Annual King & Spalding Health Law & Policy Forum (March 2018) (co-presenter)
- “Health Law Fundamentals from ACA to Valuation,” *American Bar Association Health Law Section 19th Annual Conference on Emerging Issues in Healthcare Law* (February 2018) (co-presenter)
- “Medicare Reimbursement Issues and Updates – A View from the Board and Beyond,” *Louisiana Healthcare Financial Management Association Winter Institute, Baton Rouge, Louisiana* (January 2018)
- “Are You Ready? Analyzing the Ramp-Up in HIPAA Audits and Enforcement,” *Louisiana Healthcare Financial Management Association Annual Institute, Lafayette, Louisiana* (May 2017)
- “The Perilous World of Fraud and Abuse,” *Savannah Law School*, Guest Lecturer via Teleconference for Legal Issues in Healthcare (April 2017)
- “Everything You Wanted to Know About Medicare’s Reimbursement for Graduate Medical Education But Were Afraid To Ask – The Latest Updates, Issues, and Opportunities,” *King & Spalding Life Sciences & Healthcare Webinar* (Co-Presenter) (December 2016)
- “Can You Make Heads or Tails of the Ethics Issues Trending in Healthcare,” *King & Spalding Houston Healthcare Roundtable - Be in the Know – 2016 Updates You Shouldn’t Miss* (Co-Presenter) (December 2016)
- “View From the Board and Beyond: Medicare Cost Reporting Issues and Updates,” *South Texas Fall Symposium of the Texas Association for Healthcare Financial Administration and the South Texas Healthcare Financial Management Association, San Antonio, Texas* (September 2016)
- “Federal Regulatory Update: Medicare IPPS and Other Recent 2017 Medicare Payment Rules,” *Louisiana Healthcare Financial Management Association Summer Institute, Shreveport, Louisiana* (Co-Presenter) (August 2016)
- “Are You Ready? Analyzing the Ramp-Up in HIPAA Audits and Enforcement,” *Gulf Coast Healthcare Financial Management Association Lunch Meeting, Houston, Texas* (Co-Presenter) (August 2016)
- “Administrative Law Update & False Claims Act Enforcement and Investigations,” *Louisiana Healthcare Financial Management Association Annual Institute, Lafayette, Louisiana* (Co-Presenter) (May 2016)
- “The In-House Privilege: Protecting the Attorney-Client Privilege and Maintaining Ethics During Healthcare Investigations,” *King & Spalding Healthcare Roundtable - Time Flies: 2015 Healthcare Regulatory, Compliance, and Transaction Updates You Shouldn’t Miss, Houston, Texas* (Co-Presenter) (November 2015)
- “Federal Regulatory Update: Medicare IPPS and Other Recent 2016 Medicare Payment Rules,” *Louisiana Healthcare Financial Management Association Summer Institute, Shreveport, Louisiana* (Co-Presenter) (August 2015)
- “The Perilous World of Fraud and Abuse,” *Savannah Law School*, Guest Lecturer via Teleconference for Legal Issues in Healthcare (July 2015)
- “Introduction to Fraud and Abuse,” *The University of Texas Health Sciences Center at Houston, School of Public Health*, Guest Lecturer for Legal Issues in Healthcare (April 2015)
- “The Perilous World of Fraud and Abuse,” *Houston Bar Association Health Law Section C.L.E.* (Co-Presenter) (January 2015)
- “The New ‘Selfie’: Self Disclosures and Voluntary Repayments under Medicare,” *King & Spalding Webinar* (Co-Presenter) (December 2014)
- “Ethics – Lessons Learned in Government Investigations,” *King & Spalding Healthcare*

Roundtable: 2014 Health Care Regulatory, Compliance and Payment Update, Houston, Texas (August 2014)

- “Mining Reported Data: Implications for Kickbacks, False Claims, and Violations of Applicable State Laws,” *Summit for Clinical Ops Executives (SCOPE) Aggregate Spend and Transparency Reporting in Clinical Trials, Miami, Florida* (February 2014)
- “Evaluating Compliance Measures in an Environment of Heightened Medicare and Medicaid Fraud Enforcement,” *Medtrade Spring 2013, Las Vegas, Nevada* (March 2013)

Publications

- “Risks of Medicare Deactivation and Revalidation Snafus – It’s time to reevaluate Medicare enrollment safeguards,” *Reimbursement Advisor*, Vol. 32, No. 11, July 2017 (Co-Author)
- “CMS Steps Up Enforcement of Documentation Retention – Alleged documentation deficiencies spur revocation of Medicare practitioners who order and certify certain services,” *Reimbursement Advisor*, Vol. 32, No. 10, June 2017
- “Medicare Reimbursement for Emergency Room Physician Costs - Evaluating the differences between on-call costs and standby services,” *Reimbursement Advisor*, Vol. 32, No. 8, April 2017
- “Other Medicare Payment Issues” and “Medicare Audits and Appeals,” *Representing Hospitals and Health Systems Handbook, American Health Lawyers Association*, 2016 (Co-Author)
- “Hospitals Risk Non-payment Under CMS’s New Requirements for Claims to Appear on Cost Reports,” *Reimbursement Advisor*, Vol. 31, No. 11, July 2016
- “PRRB Issues Favorable Jurisdictional Decision for Ohio Hospital on DSH Medicaid-Eligible Days Appeals,” *AHLA Practice Group Email Alert (Regulation, Accreditation, and Payment Practice Group)*, April 2015 (Co-Author)
- “Services That Are ‘Worth Less’ Are Not ‘Worthless,’” *Dennis Barry’s Reimbursement Advisor*, Vol. 30, No. 3, Aspen, November 2014
- “Finding the ‘Goldilocks’ Moment for Medicare Bad Debts Some bad debts may be claimed too early, some too late, and others are ‘just right,’” *Dennis Barry’s Reimbursement Advisor*, Vol. 29, No. 11, Aspen, July 2014 (Co-Author)
- “Payment and Reimbursement Issues in Clinical Trials,” *The Fundamentals of Life Sciences Law: Drugs, Devices and Biotech, American Health Lawyers Association*, Second Edition, 2014 (Co-Author)
- “New Reimbursement Standards Proposed for Investigational Devices, Clinical Studies, and Trials,” *Dennis Barry’s Reimbursement Advisor*, Vol. 29, No. 2, Aspen, October 2013
- “Preventable Hospital-Acquired Conditions, Including Infections,” *American Health Lawyers Association Member Briefing of 2013 IPPS Final Rule*, August 2012
- “CMS Rule Limits HHA Ownership Changes, Final Rule Carries Risks, Ambiguities,” *Dennis Barry’s Reimbursement Advisor*, Vol. 26, No. 8, Aspen, April 2011

Matters

Advised health care providers on a full range of legal issues surrounding Medicare reimbursement and advocated on their behalf before various administrative and judicial bodies including Medicare cost report appeals before the Provider Reimbursement Review Board.

Represented national coalition of medical suppliers before the Tennessee Division of Health Care Facilities with respect to a favorable regulatory interpretation.

Defended with team members a national laboratory of a \$31 plus million Medicare overpayment stemming from a ZPIC post-payment claim audit with outcomes in favor of the laboratory.

Represented national laboratories in connection with Medicare and Medicaid enrollment and billing issues including specific involvement with various Medicaid programs for the national laboratories in connection with initial enrollment, revalidation, change of ownership requirements, and ZPIC audit responses.

Advised large medical supplier chain with respect to regulatory and compliance concerns associated with various Medicaid programs.

Successfully appealed ZPIC audit findings on behalf of large health system.

Counseled a number of multi-campus hospitals in connection with change of ownership Medicare enrollment and certification issues and state licensing requirements, including with respect to the hospitals' pharmacy and laboratory licenses and controlled substances permits.

Successfully defended hospital throughout administrative proceeding before the Texas Department of State Health Services with respect to state licensure requirements.

Credentials

EDUCATION

J.D., Texas Southern University, summa cum laude
B.A., Southern Methodist University

ADMISSIONS

U.S. District Court for the Southern District of Texas
Texas

CLERKSHIPS

Intern, Honorable Kenneth M. Hoyt, U.S. District Court for the Southern District of Texas
Intern, Honorable George C. Hanks, Jr., Texas First Court of Appeals
Intern, Honorable Marc Carter, 228th Criminal District Court in Harris County, Texas

ASSOCIATIONS

American Health Lawyers Association
American Bar Association Health Law Section
Board Member - Center for Houston's Future
Board Member - Gordon Education Foundation
Past Fellow - Leadership Council on Legal Diversity

Insights

CLIENT ALERT

December 17, 2020

CMS Proposes New DMEPOS Coverage Policies and Payment Rates, and Seeks to Codify HCPCS Application, Benefit Category and Payment Determination Processes

NEWSLETTER

Health Headlines – December 18, 2017

THOUGHT LEADERSHIP

January 13, 2019

New King & Spalding Report Analyzes Latest Healthcare Industry Trends

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Events

WEBINAR

September 9, 2021

14th Annual King & Spalding Medical Device Summit

January 19, 2021

Rounding Out 2020: Overview of Recent Statutory and Regulatory Changes to Medicare and Medicaid Reimbursement

October 13, 2020

What You Need to Know About CMS's Latest Rulemakings Affecting Hospital Medicare Reimbursement, Including IPPS, OPSS and the Part C Proposed Rule

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News

CASES & DEALS

December 1, 2019

White Oak HealthCare Finance, LLC's Newly Formed Subsidiary Purchases Equity Interests of LifeCare's Home Health Business

IN THE NEWS

August 27, 2019 • Source: Specialty Pharmacy Continuum

Juliet McBride comments on the Centers for Medicare & Medicaid Services revising the way it will pay skilled nursing facilities

RECOGNITION

May 20, 2021

Chambers USA 2021 Names 179 K&S Lawyers and 65 K&S Practice Groups as Leaders in Their Fields

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