HUSCH BLACKWELL



Baxter Morgan

SENIOR COUNSEL

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OVERVIEW

Baxter represents healthcare providers in regulatory, compliance, and litigation matters, focusing on reimbursement issues and all aspects of Medicaid participation, supplemental payments, and related financing mechanisms across the country.

For the past fifteen years, Baxter has primarily represented healthcare providers, initially working on recovering underpayments from managed care organizations. In addition to assisting with payor disputes, his work now includes finding ways for providers to cover the shortfall in the cost of treating Medicaid and uninsured patients. Baxter assists in the development, implementation, and maintenance of Medicaid supplemental payment programs, fostering collaborations between private healthcare systems and public entities to create new reimbursement opportunities through various government payment programs. His work covers the full spectrum of healthcare regulatory and compliance law, addressing issues across the legal framework for all government and commercial payment systems.

Today, Baxter has a national practice with a Texas focus and divides his time between healthcare regulatory counsel, litigation, and assistance with reimbursement systems, including regulatory oversight of payments through audits, government inquiries, and administrative reviews. He also assists with programs utilizing provider taxes, public-private collaborations, and intergovernmental transfers. The most rewarding part of his work

Industry

Healthcare

Services

Healthcare Litigation

Healthcare Operations

Healthcare Providers

Healthcare Regulatory & Compliance Counseling

Litigation & Alternative Dispute Resolution

Medicaid Reimbursement Strategies

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is the opportunity to support providers in their patient care mission and address challenges that allow them to continue treating underserved communities.

Clients value Baxter's positive personality and the partnerships he builds over time. He aims to provide clients with the maximum results through the minimum of costs. His goal is always to solve clients' problems in the most straightforward way possible so they can focus on their healthcare mission.

Experience

- Represented institutional healthcare providers in regulatory, compliance, and transactional matters.
- Advised hospitals and governmental entities in the development, implementation, and operation of governmental payment programs, largely related to reimbursement for the uncompensated costs of treating indigent patients and implementing quality improvements for the broader patient population.
- Represented Texas hospitals related to their participation in state and local indigent care programs, the 1115 Medicaid Transformation Waiver, and associated Uncompensated Care (UC) and Delivery System Reform Incentive Payment (DSRIP) programs.
- Advised numerous hospitals on Medicaid Disproportionate Share Hospital (DSH) funding qualification, compliance, ongoing reporting, audits, and appeals.
- Assisted Texas hospital providers with the operation of the Uniform Hospital Rate Increase Program (UHRIP).
- Advised Texas hospitals on the Comprehensive Hospital Increase Reimbursement Program (CHIRP) including its quality components; Baxter also counseled providers in various other states on the development and implementation of various other Medicaid managed care rate enhancement programs.
- Provided counsel to health systems participating in various directed payment programs such as the Rural Access to Primary and Preventative Services Program (RAPPS) and the Texas Incentives for Physicians and Professional Services (TIPPS).

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Experience

- Assisted providers with regulatory oversight of their payments through audits, government inquiries, and administrative reviews in various tribunals around the country.
- Worked with healthcare providers and governmental entities in several states to address concerns regarding the financing of Medicaid payments through intergovernmental transfers (IGTs) and provider fees, such as the local provider participation funds (LPPFs) in Texas.
- Represented hospitals in arbitration and litigation for the recovery of systemic underpayments from managed care organizations.
- Structured, developed, and assisted hospitals, working with Medicaid managed care organizations and state Medicaid agencies, to implement and operate programs to incentivize delivery system reforms and quality-driven improvement of health and outcomes.
- Drafted contracts for hospitals and physician groups, with specific experience addressing the concerns implicated by the Stark Act and Anti-Kickback laws.
- Addressed hospitals' substantive challenges presented by the investigation of purported false claims and other whistleblower actions.
- Provided counsel through the due diligence process of hospital acquisition with respect to hospital reimbursement and audit risks.
- Developed hospital policies and procedures, medical staff bylaws, and charity care policies.
- Formed and maintained non-profit entities related to the provision of healthcare services.
- Acted in the capacity of an outside general counsel for multiple rural hospitals.
- Counseled physician groups regarding their corporate, transactional, and regulatory concerns including compensation, real estate transactions, and contract negotiations.

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Recognition

- *Austin Monthly* magazine, Top Austin Attorney, Health Care Law, 2024
- Thomson Reuters' *Texas Super Lawyers,* Rising Star, Healthcare, 2014-2019

Education

- J.D., University of Texas School of Law
- B.A., University of Georgia
    - *summa cum laude*
    - Phi Beta Kappa

Admissions

- Texas
- U.S. District Court, Western District of Texas
- U.S. District Court, Eastern District of Texas
- U.S. District Court, Northern District of Texas
- U.S. District Court, Southern District of Texas
- U.S. Court of Appeals, Fifth Circuit

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