



# Chris Bennington

Partner



Chris Bennington's practice focuses on representing managed care organizations and hospitals on matters involving fraud and abuse, privacy, regulatory compliance, clinical research, Medicaid managed care and managed care contracting. Additionally, Chris regularly provides general counsel services for specific clients and serves as counsel to managed care organizations and hospitals before federal and Ohio regulatory agencies, including the U.S. Department of Health and Human Services (administrative law judges). He also represents health care clients with regard to government investigations and federal False Claims Act qui tam actions.

Chris provides on-site training to clients and presents at health care law forums across the country on a wide assortment of regulatory and compliance matters, including the False Claims Act, HIPAA and the HITECH Act.

## Education

- The Ohio State University (J.D., with honors), 2004
- Muskingum College (B.A., *summa cum laude*), 2001

## Awards & Recognition

- Rising Star, *Ohio Super Lawyers* (Health Care), 2009, 2014–2015, 2017–2018

## Presentations & Published Works

- Speaker, "How Effective is Your Compliance Program at Preventing, Detecting, and Addressing Potential Compliance Issues?," Society for Ohio Healthcare Attorneys Fall Conference, September 2018
- Speaker, "Medicare Administrative Appeals (PRRB, RACs, Claims and Surveys): Trends and Tips," Ohio Hospital Association Annual Meeting, June 2017
- Speaker, "Under Siege: When Government Agents Show Up at Your Hospital's Door with a Search Warrant," Ohio Hospital Association Annual Meeting, June 2017
- Speaker, "Section 1557 of the ACA – The Future of Nondiscrimination Compliance, Risk, and Litigation, Part II: Impact on Payers, Plans and Networks," American Health Lawyers Association Webinar, October 5, 2016

## CONTACT INFORMATION

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## INDUSTRIES & PRACTICES

Privacy & Data Protection  
Insurance  
Health Care Law  
Health Care Industry

*Chris has assisted in conducting assessments of our overall compliance program. The assessments helped us to refocus our energies on areas of highest risk and have elevated the profile of compliance hospital-wide.* 1 of 4

*Bricker health care client*



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- Speaker, "No Good Deed Goes Unpunished: When a Compliance Professional's Relationship with Regulators Transforms from Collaboration to Enforcement," Health Care Compliance Association Managed Care Conference, February 2, 2016
- Speaker, "Weathering the Storm: One Hospital's Experience in Managing a HIPAA Crisis," Ohio Hospital Association Annual Meeting, June 8, 2015
- Speaker, "Hospital System Growing Pains: A Compliance Officer's Guide to Risk Areas Resulting from Acquiring Physician Practices and Employing Physicians," Health Care Compliance Association Compliance Institute, April 21, 2015

## Professional & Community Activities

- Member, Society of Ohio Healthcare Attorneys
- Member, American Health Law Association
- Member, Health Care Compliance Association
- Board Member, A Special Wish Foundation
- Member, Muskingum University Alumni Council

## Experience

### HIPAA compliance program overhaul

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Conducted an assessment of a large physician practice's existing HIPAA policies and procedures, later making recommendations for and drafting revisions and additional policies. Trained the organization's HIPAA privacy officer and formalized roles and responsibilities for the privacy officer, security officer, and HIPAA privacy and security committee.

### Health system GDPR compliance

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Analyzed the applicability of the European Union's General Data Protection Regulation (GDPR) to a health system's research operations. Developed a GDPR-compliant standard operating procedure for the health system's division that was determined to be a GDPR data processor.

### Appeals of RAC denials

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Guided multiple hospitals and health systems through the Medicare appeals process for Recovery Audit Contractor (RAC) claim denials and overpayment determinations. This matter involved preparing hospitals for RAC audits and managed appeals involving a wide array of billing issues through the Administrative Law Judge hearing process and Medicare Appeals Council (MAC), when necessary.



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## Clinical research contracting and compliance

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Review clinical trial agreements and related documents, including non-disclosure agreements and informed consent forms, for hospitals engaged in the conduct of clinical research. Advises hospital on critical provisions in clinical trial agreements, including subject injury, intellectual property, publication and indemnification. The firm has also assisted clients with a variety of compliance issues related to clinical research, including the Common Rule, billing, the Sunshine Act, conflicts of interest, FDA regulations and HIPAA.

## Compliance program assessment, implementation and investigation

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Conduct annual assessments of health care organization compliance programs and assist in the development and implementation of compliance programs for hospitals and managed care organizations. Annual compliance program evaluations are utilized by health care organizations to set annual improvement goals and to correct any identified deficiencies. The firm also conducts compliance investigations on behalf of health care organizations when the organizations determine that an outside investigation is preferable to an investigation conducted internally by the organization's compliance department.

## Managed care organization alliance

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Represented a managed care organization in its negotiation of a strategic, multi-state alliance with another managed care organization. The firm represented the managed care organization during in-person and telephonic negotiations regarding the alliance and assisted in the drafting of the master alliance agreement and associated state-specific agreements. The firm also counseled the managed care organization with regard to the various legal implications of the alliance. Following the formation of the alliance, the firm has assisted the managed care organization with implementation in multiple states.

## Managed care vendor contracting

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Assumed responsibility for reviewing and negotiating nearly all of a large managed care organization's vendor contracts. This rapidly growing managed care organization enters into dozens of new vendor contracts on a weekly basis, and the firm took responsibility for the legal reviews and negotiation of these contracts, allowing the client's internal legal team to focus on other matters. Our team worked closely with the client's compliance, vendor management and operations staff. The contracts ranged from relatively low-value services agreements to complex, multi-million dollar agreements impacting all of the client's lines of business.

## False Claims Act Supreme Court amicus brief

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Drafted and filed an amicus brief on behalf of a managed care organization in an important False Claims Act case pending before the U.S. Supreme Court. The issues before the Court were whether and how the so-called "implied false certification theory" can be a basis for liability under the False Claims Act. The firm prepared an amicus brief on behalf of our client, which was very well received both by the client and petitioner's counsel.



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## **Medicare Advantage HMO license filing**

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Prepared and filed the application for licensure in Ohio, obtaining approval of the application. Coordinating with counsel from other states, we also advised the client on a number of strategic issues.