

Practices

Health Insurers and Managed Care Organizations

Health insurance companies and managed care organizations must address an ever-changing and growing list of legal issues ranging from regulatory compliance to licensure and transactional matters.

Akerman's Healthcare Practice Group brings extensive experience to the task. We represent four of the five largest health insurance companies/managed care organizations in the U.S. Our team includes a former general counsel and plan manager of a state HMO consumer assistance plan and a former Deputy General Counsel of the Florida Agency for Health Care Administration. Our lawyers counsel clients in complex regulatory, litigation, and business matters, including licensure and regulatory compliance, state and federal legislation, fraud and abuse, litigation (both administrative actions against state entities and complex commercial litigation), and mergers and acquisitions.

What We Do

- Compliance with state laws
- Licensure for insurance companies, TPAs, or HMOs
- Acquisition of HMOs, health insurance companies, and other regulated entities
- Disclaiming and avoiding the acquisition process

Connect With Us



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Our Team

Related Work

Financial Services
Health and Life Sciences
Healthcare
Healthcare Fraud and Abuse
Healthcare Legislation and Government Affairs
Healthcare M&A and Joint Ventures
Insurance Litigation
Insurance Regulation
Medicare, Medicaid, and Third Party

- Compliance with Medicaid statutory, regulatory, and contractual requirements
- Medicaid Fair Hearings
- Contracting with the Agency for Health Care Administration for Medicaid coverage
- Review insurance policies and HMO contracts
- Draft and review contracts