



Stephen M. Azia

Shareholder

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Stephen Azia has more than 25 years of experience counseling clients in health care law.

With more than 25 years of experience in the health care industry, Mr. Azia counsels clients on health care reimbursement, regulatory compliance, Medicare and Medicaid appeals, legislative and regulatory advocacy issues. He has represented a range of clients, including health care providers, suppliers, manufacturers, and national and state trade associations before various government agencies and Congress.

His practice includes representation of health care providers and suppliers subject to various audits and investigations conducted by Recovery Audit Contractors (RAC), Unified Program Integrity Contractors (UPIC), Medicare Administrative Contractors (MAC), and the Department of Health and Human Services Office of Inspector General (OIG). Mr. Azia represents clients throughout the Medicare appeals process, with extensive experience before Administrative Law Judges (ALJ) and the Departmental Appeals Board.

Mr. Azia also assists clients responding to state attorney general and payor investigations, complaints, and disciplinary actions. He regularly helps pharmacies navigate relationships with pharmacy boards and pharmacy benefit managers (PBM), including assisting with enrollment and contracting, handling audits and appeals, and challenging network terminations.

Prior to entering private practice, Mr. Azia was the Associate Director of Government Relations for the Health Industry Distributors Association (HIDA), a national business trade association of medical distributors and home care companies.

Representative Matters

- Represented a major health care system in a Medicare appeal involving an extrapolated overpayment. The client prevailed on a motion for summary judgment in federal district court resulting in the return of approximately \$5 million in recouped Medicare reimbursement.
- Successfully overturned large extrapolated overpayments for various clients during the Medicare appeals process.
- Represented a large state school district before the Departmental Appeals Board in a case involving Medicaid administrative claims for services performed over a multi-year period. The DAB ruled favorably, allowing the challenged expenditures to be paid to the school district.
- Navigated client through HIPAA investigation conducted by the HHS Office of Civil Rights. Investigation was dismissed and no penalties assessed.
- Led federal advocacy efforts in meetings with the Centers for Medicare and Medicaid Services (CMS) and the Office of Management and Budget (OMB) addressing power mobility documentation standards. Worked to retract a restrictive mobility coverage policy, ultimately resulting in the development of a new National Coverage Determination.
- Filed a bid protest to the Government Accountability Office on behalf of a manufacturer contesting the award of a large health care contract by the Department of Veterans Affairs. In response to the bid protest, the VA terminated the awardee's contract and took corrective action.
- Represented a Florida client subject to Medicaid fraud investigation. Presented detailed evidence demonstrating fundamental errors in case which was subsequently withdrawn.

- Helped conduct and respond to interview and document requests during an investigation of pharmacies by the U.S. Attorney's Office in the Southern District of Florida, no charges resulting.
- Successfully negotiated on behalf of a national specialty pharmacy the reduction of a claimed overpayment of \$1.4 million by the State of Connecticut to \$84,000. The State dropped the claim entirely after we demonstrated that the sampling and extrapolation statistical method used to calculate more than \$1.3 million of the overpayment was invalid.



Professional Honors & Activities

- Listed in *The Best Lawyers in America*® for Health Care Law (2019 – 2023)
- Member – American Health Law Association
- Member – District of Columbia Bar Association
- Member – Connecticut Bar Association



Publications

- "CMS Imposes Six-Month Moratorium on Medicare Enrollment of DMEPOS Suppliers" (February 2026)
- "New York Requests Public Comments Regarding PBM Patient-Steering " (July 2022)
- "HHS Agency Financial Report Provides Insight Into "Improper" Payments," *Payment Matters* (December 2021)
- "CMS Budget Justification Requests Increased Audit and Appeals Funding," *Payment Matters* (July 2021)
- "OIG Hospital Compliance Audits: Is Your Number Up? Are You Ready?," Bloomberg BNA (September 2015)
- Quoted – "Medicare Audit Reforms Raise Hospital Hopes," *Law360* (January 2015)



Education

- University of Connecticut School of Law, J.D.
- Colgate University, B.A. Political Science



Admissions

- District of Columbia
- Connecticut