



## Kristen Gentry Klos

### Partner

: 317.537.9528

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#### CAPABILITIES

Hospitals and Health  
Systems

Skilled Nursing Facilities  
(SNFs) and Long-Term Care  
Providers

Physicians, Medical Groups,  
Medical Foundations, and  
Independent Practice  
Associations (IPAs)

#### EDUCATION

Indiana University Robert H.  
McKinney School of Law, J.D.,  
2002

Indiana University, 1998

#### BAR ADMISSIONS

Indiana

"As a child of a community health nurse, I saw first-hand the challenges faced by providers who serve poor and indigent patients who lack financial resources and support needed to timely access vital health care services. My career has been devoted to the needs of safety net providers, from assisting with everything from routine billing compliance with Medicare and Medicaid programs to negotiating complex federal and state health care program financing mechanisms, necessary to address the health care needs of all patients within their communities."

With a depth of knowledge and experience regarding Medicaid Supplemental Payment programs that is rare among even the most seasoned health care lawyers, Kristen Gentry Klos helps providers, and a wide range of other industry participants get the resources they need to deliver care and fulfill their missions. From coast to coast, urban to rural, and hospital systems to medical device manufacturers, Kristen's efforts have secured hundreds of millions of dollars in much-needed funds for high Medicaid utilization and disproportionate share providers.

Though her practice extends to other critical areas, Kristen's work on Medicaid and Medicare program reimbursement matters has distinguished her among clients and colleagues. Working closely and collaboratively with providers, state agencies, lenders, and contractors, she has created, implemented, and delivered insightful counsel on Medicaid Supplemental Payment (also known as Medicaid Upper Payment Limit), Medicaid Disproportionate Share Hospital programs, and Medicaid Administrative Claiming programs in multiple states.

Kristen's clients span the health care delivery spectrum, including hospitals, physicians, nursing facilities, dental clinics, and ambulance services. With respect to Medicaid Supplemental Payment programs for nursing facilities, she has worked with county and city hospitals and managers of such facilities and has advised lenders who work with them. Kristen's determination to find creative and workable solutions that maximize the impact and reach of finite resources and facilitate the delivery of care to the most vulnerable populations reflects her deeply ingrained and long-standing commitment to

health equity.

Building strong working relationships with C-suite executives and front-line providers alike, Kristen blends her comprehensive understanding of the legal landscape with an appreciation of the pressures, priorities, and on-the-ground realities that play an equally determinative role in the effectiveness of the reimbursement programs and other initiatives she develops. Those same qualities inform her counsel on other matters, including representing providers and manufacturers in front of state and federal agencies and their third-party contractors (including managed care entities) and analyzing and evaluating the complex business relationships of providers to determine compliance under state and federal fraud and abuse laws.

Not one to back away from a fight, Kristen has also assisted clients with complex minority shareholder derivative actions, forcing the sale of a large portfolio of skilled nursing facilities to a third party in one instance and the sale of a majority shareholder's stock to her client in another instance to meet the goals of her client.

**Representative Experience:**

Medicaid Supplemental Payment programs:

- The Indiana, Mississippi, Utah, Texas, Montana, Louisiana, Mississippi, and Wyoming Medicaid non-state governmental nursing facility programs.
- The Michigan public dental clinic program.
- The Indiana and Michigan Medicaid physician supplemental payment programs.
- The Indiana hospital inpatient and outpatient hospital supplemental payment programs.
- The Indiana and Utah Medicaid ambulance supplemental payment program.

Other Matters:

- Federal and state legislative and regulatory advocacy, commentary and support for health care providers and Medicaid state agencies related to high Medicaid utilization and high low-income utilization safety-net providers.
- Representation of providers in appeals of audits, overpayments, survey deficiencies, etc. in front of state and federal agencies and their third party contractors (included managed care entities), state professional licensing and facility licensing boards, state Medicaid agencies (and managed care contractors), Medicaid Fraud Control Units, state attorney general offices, the Centers for Medicare and Medicaid Services and their Medicare Administrative Contractors, the Provider Reimbursement Review Board and the Departmental Appeals Board.
- Representation of health care providers under the Section 232, 242 and 223(f) HUD loan programs for healthcare facilities and multi-family providers, the USDA Community Facilities Direct Loan & Grant Program, SBA programs, and commercial term loan and ABL products.
- Representation of manufacturers in front of state and federal agencies, including pharmacy boards, Medicare contractors, the Healthcare Common Procedure Coding System, and the American Medical Association CPT Editorial Panel.
- Representation of Critical Access Hospitals, Medicaid waiver assisted living providers (including Illinois supportive living program, Indiana Medicaid waiver for assisted living, and Utah Medicaid waiver for assisted living), adult day care, outpatient group therapy providers, dialysis clinics, Federally Qualified Health Clinics, psychiatric residential care facilities, traumatic brain injury residential treatment providers, ABA therapy, and other Medicaid waiver, residential, step-down and wrap around service providers,
- Multifamily low-income tax credit competitive and bond applications, ongoing program compliance, annual filings for Medicaid assisted living providers.

- Skilled nursing facility asset purchase and operations transfer agreements, membership interest and stock purchase agreements, “flip” transactions, federal and state program compliance, cost reporting, Medicaid rate structuring, state, Medicare and Medicaid change of ownership, change of information, scheduled revalidation, off-cycle revalidation and annual licensure application filings.
- Analysis and evaluation of complex business relationships of providers to determine compliance under the various state and federal fraud and abuse laws, including the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law (Stark), Exclusion Authorities, and Civil Monetary Penalties Law, and assisting providers with obtaining favorable Office of Inspector General opinions.
- Experience in 340B pricing for manufacturers, covered entities, and contractors.

General health care representation of providers and their contractors includes physician groups, hospitals, dentists, dental clinics, ambulatory surgery centers, DME and drug manufacturers, pharmacies, managed care plans, third-party administrators, pharmacy benefit managers, etc.

### Recognition

- Best Lawyers, Health Care Law, 2020-2026
- Super Lawyers, Rising Star 2013-2016

### Professional Affiliations

- American Bar Association
- Indianapolis Bar Association
- Indiana Benefits Conference
- Indiana Health Care Association & Indiana Center for Assisted Living

### Community

- American Heart Association
- Gennesaret Free Clinic

### News

- 35 HLB Attorneys Receive Recognition by Best Lawyers in America 2026