

AHLA

# PHYSICIANS AND HOSPITALS LAW INSTITUTE

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Premier Education in Health Law

February 4-6, 2019 | *San Antonio, TX*

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# PHYSICIANS AND HOSPITALS LAW INSTITUTE

## Planning Committee

Julie E. Kass, *Program Chair*  
David A. DeSimone  
Rick L. Hindmand  
Anjana D. Patel  
Seth M. Wolf  
Kristen McDermott Woodrum

## Learning Objectives

- Current enforcement efforts and their impact on physicians, hospitals, and health systems
- Regulatory developments and considerations
- Structuring integration models and delivery systems

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If you are interested in exhibiting or sponsorship opportunities at this program, please contact [veshleman@healthlawyers.org](mailto:veshleman@healthlawyers.org)

## Hotel Information

### Grand Hyatt San Antonio

600 E Market St  
San Antonio, TX 78205  
(210) 224-1234

Hotel accommodations are not included in the registration fee. Call Grand Hyatt San Antonio and indicate that you are attending the AHLA program. Rooms at the group rate of \$209 single/double occupancy are limited and may sell out prior to the January 6, 2019 cut-off.

## Registration Fees:

Members of **Health Law Section of the State Bar of Texas and the Texas Medical Association** are eligible to register at the AHLA Member Rate with a promotion code.

**Postmarked and paid on or before January 10, 2019**

**\$895** first AHLA Member

**\$820** each additional AHLA Member

**\$1,145** Non-Member

**Postmarked and paid after January 11-27, 2019\***

**\$1,020** first AHLA Member

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**\$1,270** Non-Members

*\* Fees increase \$100 after this date*

## Discounts

**\$100** off full applicable rate for In-House Counsel and Solo Practitioner

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**\$450** AHLA One-Day Attendance Member

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## Practice Group Luncheon

**\$60** Member of sponsoring Practice Group(s)

**\$70** Non-Member of sponsoring Practice Group(s)

## Continuing Education Credit Information

**CLE/MCLE:** AHLA will be applying for 18.5 credits (including 2.0 ethics credit) for 60-minute states and approximately 22.2 credits (including 2.4 ethics credit) for 50-minute states.

**CPE:** AHLA will be applying for 22.0 CPE credits.

AHLA is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Ave. North, Suite 700, Nashville, TN 37219-2417. NASBA's website is [www.nasba.org](http://www.nasba.org).

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Participants will be given Continuing Education Request forms at the program. Forms must be completed and returned to AHLA staff to receive credit. The sessions, unless otherwise designated, are intermediate to advanced in level. This program is designed to be an update on developments in the area of health law. There are no prerequisites or advanced preparations required to register for this group live program. Those seeking accounting credits should be familiar with the basic concepts and terminology associated with health law in order to obtain the full educational benefit of this program.

## Membership

Dues are \$235 for those admitted to the Bar/ graduated from college within the last four years; \$355 for those admitted/graduated between four and seven years ago; and \$400 for those

admitted/graduated eight or more years ago. Dues are \$120 for government employees and full-time academicians; \$105 for paralegals, \$125 for public interest professionals, and \$100 for retired professionals. Include the applicable membership fee with your registration form and take advantage of the program registration fee for members.

## Cancellations/Substitutions

**Cancellations must be received in writing by January 25, 2019 and sent to Dorothy Johnson: [djohnson@healthlawyers.org](mailto:djohnson@healthlawyers.org).** Registration fee, minus the \$125 administrative fee, will be refunded approximately 3-4 weeks following the program in the same form of tender as the original payment. Refunds will not be issued for cancellations received after the cancellation date, to include no-shows.

**Substitutions will be accepted, in writing to AHLA ([djohnson@healthlawyers.org](mailto:djohnson@healthlawyers.org)), up to 2 business days prior to the event date on a one time basis.** Note, that the registration fee is based on AHLA membership status of the individual who actually attends the program. Non-member substitutes will be charged the fee difference if they are substituting for a member-discounted registration. An administrative fee of \$125 will be charged for a substitution request.

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## Special Needs

If you have needs requiring special assistance or accommodations, including special dietary needs, or have questions about accessibility issues at the program, contact our special needs coordinator, **Valerie Eshleman at (202) 833-0784 or [veshleman@healthlawyers.org](mailto:veshleman@healthlawyers.org).**

## Spouse/Guest Fee

For an additional \$50 spouses and adult guests can register to attend the receptions on Monday and Tuesday evenings and the breakfasts on Monday, Tuesday, and Wednesday mornings. Please sign up on the registration form. (Children are welcome to attend these events at no additional charge.)

## Travel

**ATC Travel Management (ATC)** has negotiated discounts with Delta, Hertz, and Alamo to bring you special airfares and car rental rates lower than those available to the public. Discounts apply for travel for AHLA 2019 meetings, discounts available 3 days pre/post meeting start/end dates. Restrictions and a service fee may apply. ATC will also search for the lowest available fare on any airline.

### ATC TRAVEL MANAGEMENT

1-800-458-9383  
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*ATC is available for reservations from 8:30 am until 8:00 pm Eastern, Monday through Friday.*

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# Monday, February 4, 2019

7:00 am-5:25 pm

**Registration and Information**

7:00-8:00 am

**Continental Breakfast,**  
*sponsored by PYA and  
SullivanCotter*

*This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome.*

## GENERAL SESSION

8:00-8:15 am

**Welcome and Introductions**

*Robert R. Niccolini,  
AHLA President-Elect  
Julie E. Kass, Program Chair*

8:15-9:45 am

**Year in Review**

*Robert G. Homchick  
Kristen B. Rosati  
Jack S. Schroder, Jr.*

- The continuing saga of health care reform
- Responding to the opioid epidemic
- Evolving health information privacy laws here and abroad
- Mixed signals from CMS on reimbursement policies
- Regulatory reform where art thou?
- Antitrust: Vertical consolidation in health care
- More fraud; more abuse (at least from the government's perspective)
- How a deficient credentialing program can create an FCA nightmare for your hospital
- The case of the \$22 million anti-dumping verdict

9:45-10:05 am

**Networking and Coffee Break,**  
*sponsored by HealthCare  
Appraisers, Inc.*

## CONCURRENT SESSIONS

10:05-11:05 am

**A. Enforcement 360°: An All-Sides Examination of the Top Government Initiatives Impacting Hospital-Physician Relationships**

*David M. Blank  
Karen S. Glassman  
Scott R. Grubman*

- Current and emerging trends in government enforcement related to hospital-physician financial relationships and transactions, including acquisition of physician practices, medical directorships, recruitment incentives, production-based compensation, EHR-related relationships, and other related issues
- The potential for (and recent examples of) hospital liability for the actions of third parties, including employed physicians, vendors, and other affiliated providers and entities, even where the hospital does not submit claims for payment
- The role that modern technology can play in contributing to—but also uncovering and preventing—fraud and abuse, including the use of EHR systems by health care providers and the government's increased use of data analytics to uncover potential fraud, waste, and abuse
- Issues related to the employment of excluded or otherwise-sanctioned providers and best practices to avoid potential liability
- Conducting internal investigations—including those involving potential overpayments—both proactively and reactively

**B. Direct to Employer Relationships 2019: The New Thing or New Coke?**

*Christian K. Puff  
Jeff J. Wurzburg*

- The history and resurgence of direct to employer contracting
- The diverse forms of provider sponsored organizations
- Recent policy changes likely to encourage the employment of direct to employer contracting
- How direct provider contracting can assist in the transition from volume to value
- Recent examples of direct to employer arrangements

- Considerations for providers exploring direct contracting opportunities

**C. Navigating the Physician Peer Review Process from the Hospital, Physician, and Hearing Officer Perspectives**

*Franklin D. Beahm  
Patrick D. Souter*

This session is intended to address the principal issues that affect the physician peer review process from the differing viewpoints of hospital and physician counsel and the hearing officer. An analysis of the organization of the medical staff, different peer review investigation and evaluation methodologies, the procedural rights afforded the parties and immunity, confidentiality and compliance concerns will be examined. The speakers will discuss recent decisions influencing peer review matters, how employed physicians may be treated if the subject of a peer review, and unique issues encountered by the speakers in peer reviews and how those matters were addressed.

- How the Hospital Staff is organized under the Medical Staff Bylaws, federal and state law and Joint Commission Standards
- Ongoing Professional Practice Evaluation ("OPPE"), Focused Professional Practice Evaluation ("FPPE") and other investigatory concerns including the ability to suspend the physician during the process
- Procedural rights under the Medical Staff Bylaws, Health Care Quality Improvement Act, and state law, including appeals of the Fair Hearing Panel Recommendation and final decision of the governing board
- National Practitioner Data Bank reporting issues
- Immunity, confidentiality, and compliance concerns
- Unique events occurring in a physician peer review, along with hypotheticals will illustrate key principles in the peer review process

**D. Demystifying the Valuation: How to Review a Valuation Opinion and Advise Clients Accordingly**

*Rachel Ryan  
Jessica E. Stack*

- Key valuation concepts with an emphasis on how lawyers can take an active role in evaluating valuation opinions and be in a position to advise their clients accordingly

- Questions that arise prior to obtaining a valuation opinion, such as when, how and why should I obtain a valuation opinion? What are my options?
- Context and clarity for common myths, misnomers, and misunderstandings about fair market value
- Subtle aspects of valuation as illustrated by real-world scenarios

## E. My Provider Client Wants to Become an IT Vendor—Now What?

Patrick Anderson  
Elizabeth Pretus

Your client calls to tell you that they've developed a great new health care app and they now want to commercialize it. Or perhaps your institutional client wants to build an MSO that sells EMR, Rev Cycle, and other services to providers or other institutions.

- What are the critical business decisions that need to be made?
- What legal and regulatory issues do you need to be aware of?
- What steps do you and our client need to take to get from concept to go-live?
- What are the pros/cons of various business models and customer-facing contract structures?

## 11:20 am-12:20 pm

### F. Introduction to Health Information Technology (not repeated)

Seth M. Wolf

- For those with limited experience with health information technology transactions
- Assessment of HIT's role in supporting health care operations and compliance
- Key negotiating points when contracting for HIT
- Sample contract language will be provided

### G. Do You Believe in Magic? Possible Transaction Solutions for Physician Enterprise Losses (not repeated)

Gary W. Herschman  
Hector Torres

- The root causes of physician enterprise losses for hospitals and health systems

- Transaction options for solving the problem, while still achieving the host hospital's goals and strategic objectives
- Possible PSA arrangement with local mega-group (or affiliated local hospital), which assumes employed and contracted physicians
- Possible "reverse PSA" of physicians, other staff, and offices to local mega-group, in exchange for FMV payment based on RVUs
- Possible investment and management by national physician MSO or PE platform involving sale of assets, PSA with host hospital, and "rollover" equity

## H. Emerging Trends in Physician Employment/Independent Contractor Contracting and Compensation Arrangements with Hospitals

Derek Empie

Robert A. Wade

- Analysis regarding several emerging arrangements including quality, bundled payment, patient access, and wellness-focused compensation arrangements
- How are emerging contracting/compensation arrangements complying with legal/regulatory requirements?
- How do emerging contracting/compensation arrangements further integration for both hospitals and physicians?

## I. Avoiding and Mitigating Compliance Risks: How to Deal with the Government in the Context of Internal Investigations and Self-Disclosures (Advanced)

Charlene Keller Fullmer

Zane D. Memeger

- Relevant compliance and self-disclosure guidance from CMS, HHS-OIG, and DOJ
- What types of documentation, billing, and claim submission activities should trigger an internal investigation
- How to scope out and conduct an internal investigation which maintains attorney-client privilege and can withstand scrutiny from government enforcers
- How to effectively present findings of an internal investigation in a government self-disclosure—dos and don'ts of an effective presentation

- The benefits and risks of self-disclosures based on recent self-disclosure cases
- Effective internal investigations are a necessary component of maintaining and bringing life to an effective compliance program

## J. Employee and Insider Data Breaches: Vulnerability or Threat Vector?

Barry S. Herrin

- Changing the institutional mindset from threat prevention to patient safety
- Empowering employee surveillance and profiling threats
- Treating information technology access as a privilege and not a right
- Dealing with social "networking"
- Deciding when to shift to discipline from training

## 12:20-1:35 pm

### Lunch on your own or attend the Luncheon Hosted by Antitrust, Health Care Liability, and Litigation, and Physician Organizations Practice Groups:

### Antitrust Enforcement: Heightened Focus on Physician Transactions

Jennifer K. Schwab

Honigman, Chicago, IL

More information is available on our website. This event is not included in the program registration; there is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.

## CONCURRENT SESSIONS

## 1:50-2:50 pm

### K. An Introduction to and Regulatory Background for Information Blocking (not repeated)

Joshua D. Mast

- Background of interoperability efforts, including the Meaningful Use (now Promoting Interoperability) program
- Office of the National Coordinator (ONC) report on information blocking
- Interoperability and information blocking components of the Cures Act

- RFI from CMS on interoperability and where those may lead
- Connecting points of the legislation, regulation, and other announcements from ONC and CMS to interoperability and information blocking
- Information Blocking rules from ONC and how they fit in the definition from the Cures Act
- Where we expect to see the requirements moving to in the next two years

## L. Advising Hospital and Physician Practice Clients on Responding to Opioid Prescribing Concerns

*Anna M. Grizzle  
Tizgel K.S. High*

- What is my potential liability? Recent enforcement actions related to the opioid epidemic and changes in laws to provide greater oversight
- What help is out there? Current expectations of hospitals and physician practices to address changing legal and enforcement environment
- Where do we go from here? Practical tips for proactively assessing potential concerns of physician prescribing habits, including tips for auditing prescribing habits, and responding to regulatory agency and licensing board inquiries

## M. Deep Dive–Stark and Anti-Kickback Statute Compliance in Physician/Hospital Transactions (Advanced)

*Kim Harvey Looney  
Michael E. Paulhus*

- Exceptions and Safe Harbors that may apply (or not)
- Conceptual framework to evaluate how Stark commercial reasonableness and the facts and circumstances analysis of AKS intent overlap
- Can a hospital create pro formas accounting for future technical fees, yet not be purchasing referrals?
- What's the difference between the case law's concept of "hopes & expectations" of referrals and actions that cross the line?
- Practical guard rails in a transaction

## N. The Anatomy of Incident-To and Split/Shared Billing

*Jana Kolarik  
Valerie G. Rock*

- Compliant use of NPs and PAs
- Elements of incident-to and split/shared provider services
- Manual guidance and laws that impact the interpretation of the provision
- Best practice application in common scenarios

## O. Physician Groups and Private Equity–Legal and Business Transaction Issues

*Anjana D. Patel  
Jeff B. Swearingen*

- Why private equity (PE) is interested in investing in physician practices today
- What kinds of physician practices are being targeted by PE for investment
- How are these deals being structured, both legally and financially
- How should a physician group prepare and position for PE investment
- Real life issues that come up in these transactions

**2:50-3:10 pm**

**Networking and Coffee Break,**  
*sponsored by HealthCare Appraisers, Inc.*

**3:10-4:10 pm**

## P. Recruiting Physicians in the Era of Millennials and Jumbo Student Loans (not repeated)

*David A. DeSimone  
John R. Washlick*

- Recruitment assistance—dos and don'ts
- Student loan debt forgiveness—challenges and options
- Structuring the employment agreement in light of millennial needs
- Bonuses: New updates with sign on, retention, and incentives
- Legal issues including compliance and tax considerations

## Q. Legal Ethics: Working with Hospital Leadership—Who Is the Client?

*Robin Locke Nagele  
Stephanie Sher*

- Navigating legal representation in an environment that has multiple leadership constituencies—board, administration and the self-governing medical staff—when counseling and representing hospitals in medical staff matters
- Managing the ethical dilemmas and conflicting agendas that can arise in academic medical centers, community hospitals, and multi-entity health systems when addressing physician relationships
- Potential conflicts of interest and when to engage separate counsel
- Special challenges that arise in a jurisdiction (e.g., New Jersey, California) that recognizes the medical staff as an independent entity capable of suing the hospital

## R. Stark Law Jeopardy—This Is No Game (How to Know when You Are in Jeopardy and How to Get out of It)

*Albert W. Shay  
Lisa Ohrin Wilson*

- Some of the complexities of compliance with the Stark Law explored through advanced hypotheticals
- What are some of the common mistakes made by providers and counsel when analyzing arrangements under the Stark Law
- An update on legislative and regulatory efforts to revise the Stark Law to accommodate value-based payment arrangements
- How to navigate the Stark Law in today's shifting payment environment, including to determine the existence of a financial arrangement and potentially applicable exceptions
- What to do when you identify a non-compliant arrangement and discuss frequently asked questions relating to the Voluntary Self-Referral Disclosure Protocol

## S. Taming Troublesome Terms: Solutions to Recurring Payer-Provider Contract Problems *(not repeated)*

Mark S. Kopson  
Ayesha Mehdi

- Same but different: Provider-type specific provisions
- I've got you covered: Indemnification terms and alternatives
- Exception swallows the rule: Incorporated policies and procedures
- We're done; pay me: Termination-related compensation issues

## T. Cutting through the Noise: Determining Whether Your Vendor's Security Incident Is a Breach

David S. Holtzman  
Thora A. Johnson

- Hear from a former OCR regulator and experienced health care counsel on looking beneath the surface of your vendor's security incident report to determine if there is a reportable breach
- Who is responsible for determining if there is a lurking reportable breach caused by your vendor's security incident?
- Who you should involve at your health care organization? The roles your privacy, compliance, and security professionals, in-house counsel, and outside consultants and advisers should play. And when and if they should get involved.
- The questions that need to be asked to identify the root cause of the incident. How to determine the extent of information needed to assess the risk of data compromise? How to view the vendor's own assessment critically?
- How to determine whether to terminate the vendor relationship. Whether terminated or salvaged, next steps with the vendor. Tips to manage vendor relationships to minimize future security incidents and breaches.
- Answers to these questions through the discussion of several scenarios, to which not only a HIPAA lens but also the patchwork of other health information privacy rules will be applied, for a complete picture on what is a reportable breach, who must be notified by whom, and when it must be reported

4:25-5:25 pm

## U. Those Pesky Residents: Data Security and New Applications *(not repeated)*

Heather B. Deixler

- Application of HIPAA Rules to physicians, hospitals, and their workforce, including residents and researchers
- Common data security issues with residents and researchers using new software applications and new technologies
- Enforcement actions by HHS OCR in this area
- How to combat risk through training, supervision, and incident reporting

## V. Birds of a Different Feather: Understanding and Executing Transactions and Affiliations between Tax-Exempt Hospitals, Physicians, and Non-Exempt Entities *(not repeated)*

Alex T. Krouse  
Ethan E. Rii

This session will be presented from both in-house and outside counsel perspectives, taking a step-by-step process in describing the key issues that both sides will need to keep in mind in structuring complex transactions involving tax-exempt hospitals and other entities. We will provide specific scenarios to illustrate the unique legal and strategic considerations in each relationship and move away from the usual transactional elements.

- What are the key incentives for hospitals, practices, and private entities to enter into these kinds of transactions?
- Special legal considerations for hospitals in partnership with non-exempt entities and religious entities
- Structuring and negotiating varying degrees of considerations, including compliance with fraud and abuse laws
- Considerations for incorporating value-based care

## W. Moving from 340"Burden" to 340"Be Involved": Building a Team to Address 340B Compliance

Emily J. Cook  
Anne S. Daly

- Current 340B compliance and enforcement environment
- Importance of legal counsel and compliance understanding and monitoring of 340B program operations
- Role of legal counsel and compliance in addressing potential 340B program non-compliance and response to HRSA 340B audits
- Strategies for ensuring oversight and monitoring of 340B program operations

## X. Super Contracting with National and Regional Hospital-Based Groups

Phil S. McSween  
Cynthia F. Wisner

- Creating a super team—benefits of national and regional groups
- Budgets, subsidies, and FMV
  - o AKS and Stark implications
  - o Alternative sites of care
- Exclusivity and medical staff membership
- Measuring, expecting, and rewarding performance
- Recruiting, non-competes, locums
- Compliance programs and limits of liability

## Y. Health Information at the Crossroads: New Uses and Challenges for Integrated Clinical Records

Christi J. Braun  
Richard P. Church

This session will focus on practical strategies for new types of clinical and reimbursement data and emerging uses of the data, which is often now found in an integrated community-wide or clinically integrated network record. We will address:

- How the regulatory frameworks that intersect and overlap with HIPAA affect health information use and drive the creation of new forms of data



- New types of data that entities are developing for CMS quality reporting, quality improvement activities, research and implementing new health care payment methodologies
- Common “real world” data use challenges created by uses of these new and broader data sets, including when generated from an integrated clinical record
- Practical strategies and best practices for managing consents, contractual rights and expectations of providers and patients related to these uses of data in an integrated clinical record

## 5:25-6:30 pm

### **Networking and Diversity+ Inclusion Reception, hosted by AHLA’s Diversity+Inclusion Council, sponsored by HORNE LLP**

*Join us and your colleagues and learn more about AHLA’s diversity and inclusion initiatives and network with AHLA leaders and your fellow colleagues. This event is included in the program registration. Attendees, faculty, and registered guests are welcome.*

## **Tuesday, February 5, 2019**

### **7:00 am-5:05 pm**

#### **Registration and Information**

### **7:00-7:50 am**

#### **Breakfast and Table Topic Discussion, hosted by AHLA’s Women’s Leadership Council, sponsored by Pinnacle Healthcare Consulting**

*Please join us for a breakfast hosted by the Women’s Leadership Council. This event will feature small group discussions where we will share experiences, challenges faced, and recommendations for both individuals and organizations. All are welcome to join us for breakfast, networking, and hopefully some good ideas to take home and use after the conference! This event is included in the program registration. Pre-registration is required.*

### **7:00-8:00 am**

#### **Continental Breakfast, sponsored by PYA and SullivanCotter**

*This event is included in the program registration. Attendees, faculty, and registered guests are welcome.*

#### **CONCURRENT SESSIONS**

### **8:00-9:30 am**

#### **Extended Sessions**

#### **Z. M&A 2.0: An Exploration of Alignment and Collaboration Strategies to Enhance (or Replace) Traditional M&A Models (not repeated)**

*Justin T. Johnson*

*Torrey J. McClary*

*Kris Shepard*

- The increasing utilization by health systems of alternative system growth strategies beyond traditional acquisitions and combinations with other health care providers, and the use of a variety of transaction models in achieving strategic goals
- Alternative and incremental approaches, such as joint ventures, affiliations around defined strategic objectives, service line collaborations, management arrangements, and other innovative partnerships and relationships
- Key areas of focus in structuring and negotiating these relationships will be examined, including considerations such as antitrust, governance, fraud and abuse, and regulatory compliance
- Real-world examples of successes and challenges in the negotiation and implementation of health care transactions, with a focus on lessons learned and best practices

#### **AA. Fair Market Value in Health Care—The Sixth Annual Year in Review: Where Does the Road Lead Now?**

*Andrea M. Ferrari (Moderator)*

*Kelly R. Anderson*

*Justin Burk*

*Julie E. Kass*

- A recap of the previous year’s regulatory actions, court cases, government commentary and other developments that focus on and/or otherwise relate to the concept of fair market value in hospital-physician transactions, including developments relating to MACRA, gain-sharing, clinical integration, value-based payment initiatives, and, for 2018-2019, new developments and trends in criminal prosecution juxtaposed against the Sprint to Coordinated Care
- How those developments might reflect, challenge and/or affect prevailing legal perspectives and operational processes regarding hospital-physician arrangements
- Our opinion of the “Top Ten” FMV issues of the year, including practical takeaways for counsel, compliance officers, health care executives and valuation analysts

#### **BB. Rethinking the 60-Day Repayment Analysis Process: Practical Strategies for Common Challenges from the Perspectives of Compliance Officer, Legal Counsel, and Reimbursement Consultant**

*Catherine M. Boerner*

*Heather L. Fields*

*Cari L. Logemann*

- Common 60-day repayment analysis challenges
- The critical role, and unique and important perspectives and skills sets offered by outside and in-house legal counsel, compliance officers and consultants when evaluating a potential overpayment
- Frequently overlooked planning and coordination steps among different stakeholders and operational areas
- Alternatives for analyzing potential repayments
- Offer some practical strategies that can be applied immediately to better manage 60-day repayment reviews

#### **CC. BPCI Advanced: Legal, Strategic, and Data Insights**

*Gregory D. Anderson*

*Adam D. Colvin*

- What is BPCI Advanced and how can it benefit my clients?
- The application process and tips for success

- Practical strategies: Convener, Non-Convener or Episode Initiator?
- Analyzing CMS data
- Making decisions on episodes, risk-sharing partners, and risk-sharing
- The Participation Agreement and other arrangements

## 8:30-9:30 am

### A. Enforcement 360°: An All-Sides Examination of the Top Government Initiatives Impacting Hospital-Physician Relationships *(repeat)*

Joanne Charles  
Adam H. Greene

- Health care operations, treatment, research, management, and administration ...how to characterize AI technology development under the HIPAA Privacy Rule
- Tension between a focus on intellectual property, machine learning, and navigating the HIPAA Privacy Rule
- Pros and cons of using de-identified data and limited data sets for AI development
- Challenges with data about sensitive conditions

### EE. Unwinding Hospital-Affiliated Medical Practices in New Value-Based Payment Environment *(not repeated)*

Peter A. Pavarini  
Michael F. Schaff

- Is an unwind the answer?
- Understanding the unwind process
- The effect of an unwind on patient records and EMR systems
- Physicians' right to shared savings, other incentives upon termination
- Hard asset re-acquisition
- Regaining control of the office space
- Payer agreements after the unwind

- Credentialing concerns
- Restrictive covenants (non-competes, confidentiality, patient solicitation, employee solicitation) considerations post-affiliation
- Cash flow considerations
- How will ancillary services be handled?

### FF. Hot Topics in Physician Billing and Compensation

Alice G. Gosfield

- The new E & M codes
- Stark myths regarding internal group compensation
- The value-based vs FFS conundrum: Internal compensation issues
- End running the payers with direct primary care and concierge care
- Opting out of Medicare

### M. Deep Dive—Stark and Anti-Kickback Statute Compliance in Physician/Hospital Transactions *(Advanced) (repeat)*

### O. Physician Groups and Private Equity—Legal and Business Transaction Issues *(repeat)*

## 11:00 am-12:00 noon

### GG. Legal Ethics: Attorney-Client Privilege *(not repeated)*

Todd Presnell

- Intersection of ethical confidentiality concerns and the attorney-client privilege
- Scope and contours of the corporate attorney-client privilege
- Heightened privilege requirements for in-house counsel
- Pitfalls arising from conflict-of-law rules in federal and state privilege laws
- Handling internal investigations to enhance privilege protection
- Scope and problems of the common-interest privilege

### HH. Compliance Pitfalls in Electronic Documentation

Richelle D. Marting  
Teresa A. Williams

- The need for documentation integrity and medically necessary services
- Common documentation practices that fail to meet Medicare criteria (i.e. signatures, history documentation, documentation of time, "all normal" features, copy/paste features)
- OIG Work Plan, CMS and MAC resources outlining compliance criteria
- Audits and favorable/unfavorable findings related to these documentation issues
- Strategies to correct common documentation errors to align with Medicare criteria

### II. Health Care from a Distance: Legal and Regulatory Issues in Telehealth and Remote Patient Monitoring

Michael R. Capone  
Thomas Ferrante

- Hot topics and regulatory updates in telehealth and remote patient monitoring
- Changes to Medicare billing, coding and enrollment rules for telehealth, and remote patient monitoring services
- How health care providers are currently contracting for telemedicine and remote patient monitoring services
- The growth of evolving "non-face-to-face" services and how they differ from traditional "telemedicine" services

### C. Navigating the Physician Peer Review Process from the Hospital, Physician, and Hearing Officer Perspectives *(repeat)*

### L. Advising Hospital and Physician Practice Clients on Responding to Opioid Prescribing Concerns *(repeat)*

## 12:00 noon-1:15 pm

**Lunch on your own or attend the Luncheon Hosted by Labor and Employment and Medical Staff, Credentialing, and Peer Review Practice Groups, sponsored by NorthGauge Healthcare Advisors LLC**

### #MeToo in Medicine: Transforming Hospital Culture Through Hostile Work Environment Claims

Jeffrey Frost  
Deputy General Counsel, Sutter Health, Sacramento, CA

More information is available on our website. This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.

#### CONCURRENT SESSIONS

## 1:30 -2:30 pm

### JJ. Promoting Medical Staff Professionalism in the #Me-Too Era: How Title VII, Joint Commission Standards, ACGME Milestones, and Medical Staff Bylaws Protect Patients and Employees (not repeated)

Colleen McMahon  
Nili S. Yolin

- What is unprofessional conduct?
- Meet the unprofessional physician: A case study
- Legal, regulatory and hospital authorities
- Mechanisms for identifying and responding to unprofessional behavior

### KK. Enduring the Journey of Physician Dispute Resolution (not repeated)

Stephen R. Kleinman  
Thomas N. Shorter

- Characteristics of common dispute resolution mechanisms and key components of dispute resolution clauses
- Advantages and disadvantages of physician employment and non-employment arrangements; appointment letters and mandatory arbitration agreements

- Recent court cases, including the recent Supreme Court *Epic* ruling to uphold the use of arbitration agreements and waivers of class actions rights
- Key issues from the Summa ED physician agreement experience
- Highlights of the AHLA Dispute Resolution Services

### LL. Recurring Problems in Physicians Compensation and How to Resolve Them

Mandy E. Hayes-Chandler  
Albert D. Hutzler

- How counsel and valuers evaluate physician compensation as part of the transaction diligence process
- When problems arise with physician compensation, how are they addressed and resolved in sufficient time to meet transaction deadlines
- Examination of some common recurring types of physician compensation issues that arise, including, for example, issues with: misapplied survey data, improper productivity calculations, ambiguously drafted compensation provisions, quality or value-based incentives, profitability incentives, or stacking of compensation
- When physician compensation issues cannot be resolved easily, what are the options, and are there any creative ways to think about the situation
- Other examples, and questions and answers

### R. Stark Law Jeopardy—This Is No Game (How to Know when You Are in Jeopardy and How to Get out of It) (repeat)

### T. Cutting through the Noise: Determining Whether Your Vendor's Security Incident Is a Breach (repeat)

## 2:30-2:50 pm

**Snack and Beverage Break, sponsored by HealthCare Appraisers, Inc.**

## 2:50-3:50 pm

### MM. Medicare Audits and Compliance: Latest Developments and Emerging Issues Affecting Physicians and Hospitals (not repeated)

Nancy J. Griswold  
Andrew B. Wachler

- Nuts and bolts of the Medicare appeals process
- The significant reforms to the Medicare appeals process that are available to physicians and hospitals, including HHS rulemaking aimed at reducing the backlog of pending appeals and encouraging resolution of cases earlier in the appeals process
- Key Office of Medicare Hearings and Appeals initiatives and alternative dispute resolution programs, including the recently implemented expanded Settlement Conference Facilitation program
- Best practices for defending against Medicare Audits, including strategic approaches for the new probe and educate audits and participating in settlement discussions with CMS through the expanded Settlement Conference Facilitation program
- Emerging legal issues including recent court decisions regarding the backlog at the Administrative Law Judge level of the Medicare appeals process

### NN. Alternative Payment Models: The Auditors Are Coming

Richard Ross Burris  
Lindsey Loneragan

- Alternative payment models such as shared savings, bundled payments, and capitations can be a great benefit to health systems, but compliance lawyers need to be prepared to back up the data
- Where will auditors focus?
- What can health systems do to prepare?
- Who will enforce? (CMS contractors, commercial payers, Medicaid programs)
- How can health systems ensure they have the data necessary not only to negotiate successful contracts but also be prepared to defend the outcomes?
- Is your EMR built to give you the data you need?

## H. Emerging Trends in Physician Employment/Independent Contractor Contracting and Compensation Arrangements with Hospitals *(repeat)*

## J. Employee and Insider Data Breaches: Vulnerability or Threat Vector? *(repeat)*

## FF. Hot Topics in Physician Billing and Compensation *(repeat)*

4:05-5:05 pm

## OO. Anatomy of a State-Wide Physician-Only CIN (a.k.a. Cat-Herding for Fun and Profit) *(not repeated)*

Dennis Hursh

- Why physician-only CINs are desirable for all the stakeholders (patients, physicians, hospitals, and payers)
- Getting physicians on-board (with minimal use of cattle-prods)
- Unique aspects of credentialing when physicians are balancing cost and quality
- Overcoming obstacles to clinical integration
- Challenges in governance (avoiding the “gimme” mentality)
- Lessons from an ancient cat-herder

## PP. The Role of Compliance, Privacy, and Legal in the Incident Response Process: This Is Not Just an IT Issue *(not repeated)*

Marti Arvin

Joseph A. Dickinson

- How and why to take the incident response process beyond the IT team to include other key stakeholders
- Creating, implementing, and evaluating the incident response plan: Dos and don'ts
- The role of senior leadership and counsel in incident response; why timing and communication is critical

## QQ. IT Security Risk Assessments—Meeting HIPAA Interoperability and Insurance Requirements

Alisa L. Chestler

Amy S. Leopard

Gerard M. Nussbaum

- The evolving issues associated with Risk Assessments, including identification of risks related to external parties
- What should a risk assessment include and how do the issues associated with interoperability add to the equation?
- What are the associated insurance issues and how can an information security risk management program and strategy help?

## B. Direct to Employer Relationships 2019: The New Thing or New Coke? *(repeat)*

5:05-6:00 pm

## Networking Reception, sponsored by HORNE LLP

*This event is included in the program registration. Attendees, faculty, and registered guests are welcome.*

## Wednesday, February 6, 2019

7:00 am-3:45 pm

## Registration and Information

7:00-8:00 am

## Continental Breakfast, sponsored by PYA and SullivanCotter

*This event is included in the program registration. Attendees, faculty, and registered guests are welcome.*

## CONCURRENT SESSIONS

8:00-9:30 am

## Extended Sessions

## RR. HIPAA Enforcement and Compliance: Lessons Learned *(not repeated)*

Serena E. Mosley-Day

Leon Rodriguez

- Update on HHS Office for Civil Rights (OCR) HIPAA compliance and enforcement activities
- Recurring HIPAA privacy and security concerns
- Focus areas for HIPAA compliance

- Compliance and security best practices
- Best practices for entities under OCR investigation

## SS. High(er) Stakes Macra: Upping the Ante on the QPP *(not repeated)*

Elizabeth R. Hammack

Kristen McDermott Woodrum

Year Three of the Quality Payment Program (QPP) created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) introduces policy and payment changes that make it tougher for clinicians to beat the odds. While Congress and CMS have extended certain transition policies, time is getting short for clinicians to learn the game and prepare for later hands in the QPP. Additionally, there may be a few wild cards in the QPP's Advanced Alternative Payment Model (AAPM) pathway, due to the possibility of new (and potentially mandatory) bundled payment models and changes to the MSSP.

- MACRA recap: What has changed? What is new? Key updates in the Bipartisan Budget Act of 2018 and CY 2019 QPP rulemaking
- Key scoring and measure changes in the MIPS pathway. Discarding topped out measures and other policy changes
- Drawing a new hand, understanding the new Promoting Interoperability category
- Focus on QPP strategy
- The wild cards: Evaluating the future of APMs and the AAPM pathway. Impact of MSSP changes and new episode based payment models

## AA. Fair Market Value in Health Care—The Sixth Annual Year in Review: Where Does the Road Lead Now? *(repeat)*

## BB. Rethinking the 60-Day Repayment Analysis Process: Practical Strategies for Common Challenges from the Perspectives of Compliance Officer, Legal Counsel and Reimbursement Consultant *(repeat)*

## CC. BPCI Advanced: Legal, Strategic, and Data Insights *(repeat)*



**9:45-10:45 am**

**TT. Implementing a Real Estate Compliance Program: Practical and Operational Perspectives and Hidden Compliance Traps (not repeated)**

*Lisa C. Davidson*

*Joel D. Swider*

- Assists regulatory attorneys and compliance personnel in analyzing the practical aspects of operationalizing a real estate compliance program
- Common hypothetical leasing scenarios and challenges attendees to spot difficult compliance issues
- The federal health care law implications of hospital-physician leasing transactions and identifying and resolving issues that can help avoid massive penalties under these laws
- Seven Essential Elements of Building an Effective Compliance Program as outlined by the OIG

**UU. How the New Tax Law Impacts Nonprofit Health Care Organizations (not repeated)**

*Gerald M. Griffith*

- Strategies to minimize 4960 excise tax including the medical services exception
- Redesigning lines of business to counter the increased UBIT burden on nonprofits
- New taxes on employee benefits and impact on pension plans—why cash is still king
- Shrinking the org chart to shrink the tax bill and reexamining the benefits and burdens of exemption

**Q. Legal Ethics: Working with Hospital Leadership—Who Is the Client? (repeat)**

**Y. Health Information at the Crossroads: New Uses and Challenges for Integrated Clinical Records (repeat)**

**HH. Compliance Pitfalls in Electronic Documentation (repeat)**

**11:00 am-12:00 noon**

**VV. A Million Ways to Die by EMTALA—Understanding AnMed and Other Recent Developments (Hint: They're All Dollars) (not repeated)**

*Emily Black Grey*

*Hilary H. Young*

- The \$1.3M AnMed Settlement and Applying EMTALA in Hospitals with Psych Units
- Psychiatric and substance use disorder patients
- On call physician challenges
- Opioids in the ED—developing policies and danger zones
- Recent EMTALA developments: Increased penalties, CMS guidance, notable cases & OIG settlements

**D. Demystifying the Valuation: How to Review a Valuation Opinion and Advise Clients Accordingly (repeat)**

**I. Avoiding and Mitigating Compliance Risks: How to Deal with the Government in the Context of Internal Investigations and Self-Disclosures (Advanced) (repeat)**

**X. Super Contracting with National and Regional Hospital-Based Groups (repeat)**

**II. Health Care from a Distance: Legal and Regulatory Issues in Telehealth and Remote Patient Monitoring (repeat)**

**12:00 noon-1:15 pm**

Lunch on your own or attend the Luncheon Hosted by Health Information Technology, Hospitals and Health Systems, and In-House Counsel Practice Groups, sponsored by HORNE Cyber

**How Artificial Intelligence (AI) is Transforming Health Care and the Legal Ramifications**

*Jeffery Daigrepoint*

*Senior Vice President, Coker Group, Alpharetta, GA*

*David B. Darden*

*Parker Hudson Rainer & Dobbs LLP, Atlanta, GA*

More information is available on our website. This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.

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**CONCURRENT SESSIONS**

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**1:30-2:30 pm**

**N. The Anatomy of Incident-To and Split/Shared Billing (repeat)**

**NN. Alternative Payment Models: The Auditors Are Coming (repeat)**

**QQ. IT Security Risk Assessments— Meeting HIPAA Interoperability and Insurance Requirements (repeat)**

**2:45-3:45 pm**

**E. My Provider Client Wants to Become an IT Vendor—Now What? (repeat)**

**W. Moving from 340"Burden" to 340"Be Involved": Building a Team to Address 340B Compliance (repeat)**

**LL. Recurring Problems in Physicians Compensation and How to Resolve Them (repeat)**

**Adjournment**

Monday, February 4, 2019

\*Shaded sessions are in the Health Information Technology (HIT) Track

7:00 am-5:25 pm				
Registration and Information				
7:00-8:00 am				
<b>Continental Breakfast, sponsored by PYA and SullivanCotter</b> <i>(This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome.)</i>				
8:00-9:45 am				
<b>General Session</b> <b>8:00-8:15 am</b> <b>Welcome and Introductions</b> <i>Niccolini, Kass</i>  <b>8:15-9:45 am</b> <b>Year in Review</b> <i>Homchick, Rosati, Schroder</i>				
9:45-10:05 am				
Networking and Coffee Break, sponsored by HealthCare Appraisers, Inc.				
10:05-11:05 am				
<b>A. Enforcement 360°: An All-Sides Examination of the Top Government Initiatives Impacting Hospital-Physician Relationships</b>  Blank Glassman Grubman	<b>B. Direct to Employer Relationships 2019: The New Thing or New Coke?</b>  Puff Wurzburg	<b>C. Navigating the Physician Peer Review Process from the Hospital, Physician, and Hearing Officer Perspectives</b>  Beahm Souter	<b>D. Demystifying the Valuation: How to Review a Valuation Opinion and Advise Clients Accordingly</b>  Ryan Stack	<b>E. My Provider Client Wants to Become an IT Vendor—Now What?</b>  P. Anderson Pretus

11:20 am-12:20 pm				
<b>F. Introduction to Health Information Technology</b> (not repeated)  Wolf	<b>G. Do You Believe in Magic? Possible Transaction Solutions for Physician Enterprise Losses</b> (not repeated)  Herschman Torres	<b>H. Emerging Trends in Physician Employment/ Independent Contractor Contracting and Compensation Arrangements with Hospitals</b>  Empie Wade	<b>I. Avoiding and Mitigating Compliance Risks: How to Deal with the Government in the Context of Internal Investigations and Self-Disclosures</b> (Advanced)  Fullmer Memeger	<b>J. Employee and Insider Data Breaches: Vulnerability or Threat Vector?</b>  Herrin
12:20-1:35 pm				
<b>Lunch on your own or attend the Luncheon:</b> <b>Antitrust Enforcement: Heightened Focus on Physician Transactions, <i>Hosted by Antitrust, Health Care Liability, and Litigation, and Physician Organizations Practice Groups</i></b> <i>(This event is not included in the program registration; there is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.)</i>				
1:50-2:50 pm				
<b>K. An Introduction to and Regulatory Background for Information Blocking</b> (not repeated)  Mast	<b>L. Advising Hospital and Physician Practice Clients on Responding to Opioid Prescribing Concerns</b>  Grizzle High	<b>M. Deep Dive—Stark and Anti-Kickback Statute Compliance in Physician/ Hospital Transactions</b> (Advanced)  Looney Paulhus	<b>N. The Anatomy of Incident-To and Split/Shared Billing</b>  Kolarik Rock	<b>O. Physician Groups and Private Equity—Legal and Business Transaction Issues</b>  Patel Swearingen
2:50-3:10 pm				
<b>Networking and Coffee Break, sponsored by HealthCare Appraisers, Inc.</b>				
3:10-4:10 pm				
<b>P. Recruiting Physicians in the Era of Millennials and Jumbo Student Loans</b> (not repeated)  DeSimone Washlick	<b>Q. Legal Ethics: Working with Hospital Leadership—Who Is the Client?</b>  Nagele Sher	<b>R. Stark Law Jeopardy—This Is No Game (How to Know when You Are in Jeopardy and How to Get out of It)</b>  Shay Wilson	<b>S. Taming Troublesome Terms: Solutions to Recurring Payer-Provider Contract Problems</b> (not repeated)  Kopson Mehdi	<b>T. Cutting through the Noise: Determining Whether Your Vendor's Security Incident Is a Breach</b>  Holtzman T. Johnson

Monday, February 4, 2019 continued

4:25-5:25 pm				
<b>U. Those Pesky Residents: Data Security and New Applications</b> (not repeated)  Deixler Peters	<b>V. Birds of a Different Feather: Understanding and Executing Transactions and Affiliations between Tax-Exempt Hospitals, Physicians, and Non-Exempt Entities</b> (not repeated)  Krouse Rii	<b>W. Moving from 340"Burden" to 340"Be Involved": Building a Team to Address 340B Compliance</b>  Cook Daly	<b>X. Super Contracting with National and Regional Hospital-Based Groups</b>  McSween Wisner	<b>Y. Health Information at the Crossroads: New Uses and Challenges for Integrated Clinical Records</b>  Braun Church
5:25-6:30 pm				
<p align="center"> <b>Networking and Diversity+Inclusion Reception, hosted by AHLA's Diversity+Inclusion Council, sponsored by HORNE LLP</b>  <i>(This event is included in the program registration. Attendees, faculty, and registered guests are welcome.)</i> </p>				



SullivanCotter provides industry expertise, regulatory insight and market-leading physician compensation data to help our clients mitigate risk through an array of comprehensive **fair market value** and **commercial reasonableness** assessments and advisory support.



**Questions? Contact us!**

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7:00 am-5:05 pm				
Registration and Information				
7:00-7:50 am				
<b>Breakfast and Table Topic Discussion, hosted by AHLA's Women's Leadership Council, sponsored by Pinnacle Healthcare Consulting</b> <i>(This event is included in the program registration. Attendees and faculty are welcome; pre-registration is required.)</i>				
7:00-8:00 am				
<b>Continental Breakfast, sponsored by PYA and SullivanCotter</b> <i>(This event is included in the program registration. Attendees, faculty, and registered guests are welcome.)</i>				
8:00-9:30 am Extended Sessions				8:30-9:30 am
<b>Z. M&amp;A 2.0: An Exploration of Alignment and Collaboration Strategies to Enhance (or Replace) Traditional M&amp;A Models</b> (not repeated)  J. Johnson McClary Shepard	<b>AA. Fair Market Value in Health Care—The Sixth Annual Year in Review: Where Does the Road Lead Now?</b>  Ferrari (Moderator) K. Anderson Burk Kass	<b>BB. Rethinking the 60-Day Repayment Analysis Process: Practical Strategies for Common Challenges from the Perspectives of Compliance Officer, Legal Counsel, and Reimbursement Consultant</b>  Boerner Fields Logemann	<b>CC. BPCI Advanced: Legal, Strategic, and Data Insights</b>  G. Anderson Colvin	<b>A. Enforcement 360°: An All-Sides Examination of the Top Government Initiatives Impacting Hospital-Physician Relationships</b> (repeat)  Blank Glassman Grubman
9:45-10:45 am				
<b>DD. More Data Please! Privacy Challenges of Artificial Intelligence</b> (not repeated)  Charles Greene	<b>EE. Unwinding Hospital-Affiliated Medical Practices in New Value-Based Payment Environment</b> (not repeated)  Pavarini Schaff	<b>FF. Hot Topics in Physician Billing and Compensation</b>  Gosfield	<b>M. Deep Dive—Stark and Anti-Kickback Statute Compliance in Physician/Hospital Transactions</b> (Advanced) (repeat)  Looney Paulhus	<b>O. Physician Groups and Private Equity—Legal and Business Transaction Issues</b> (repeat)  Patel Swearingen
11:00 am-12:00 noon				
<b>GG. Legal Ethics: Attorney-Client Privilege</b> (not repeated)  Presnell	<b>HH. Compliance Pitfalls in Electronic Documentation</b>  Marting Williams	<b>II. Health Care from a Distance: Legal and Regulatory Issues in Telehealth and Remote Patient Monitoring</b>  Capone Ferrante	<b>C. Navigating the Physician Peer Review Process from the Hospital, Physician, and Hearing Officer Perspectives</b> (repeat)  Beahm Souter	<b>L. Advising Hospital and Physician Practice Clients on Responding to Opioid Prescribing Concerns</b> (repeat)  Grizzle High

Tuesday, February 5, 2019 continued

12:00 noon-1:15 pm				
<b>Lunch on your own or attend the Luncheon: #MeToo in Medicine: Transforming Hospital Culture Through Hostile Work Environment Claims, <i>Hosted by Labor and Employment and Medical Staff, Credentialing, and Peer Review Practice Groups, sponsored by NorthGauge Healthcare Advisors LLC</i></b> <i>(This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.)</i>				
1:30 -2:30 pm				
<b>JJ. Promoting Medical Staff Professionalism in the #MeToo Era: How Title VII, JC Standards, ACGME Milestones, &amp; Medical Staff Bylaws Protect Patients &amp; Employees</b> (not repeated)  McMahon Yolin	<b>KK. Enduring the Journey of Physician Dispute Resolution</b> (not repeated)  Kleinman Shorter	<b>LL. Recurring Problems in Physicians Compensation and How to Resolve Them</b>  Hayes-Chandler Hutzler	<b>R. Stark Law Jeopardy—This Is No Game (How to Know when You Are in Jeopardy and How to Get out of It)</b> (repeat)  Shay Wilson	<b>T. Cutting through the Noise: Determining Whether Your Vendor’s Security Incident Is a Breach</b> (repeat)  Holtzman T. Johnson
2:30-2:50 pm				
<b>Snack and Beverage Break, <i>sponsored by HealthCare Appraisers, Inc.</i></b>				
2:50-3:50 pm				
<b>MM. Medicare Audits and Compliance: Latest Developments and Emerging Issues Affecting Physicians and Hospitals</b> (not repeated)  Griswold Wachler	<b>NN. Alternative Payment Models: The Auditors Are Coming</b>  Burris Lonergan	<b>H. Emerging Trends in Physician Employment/ Independent Contractor Contracting and Compensation Arrangements with Hospitals</b> (repeat)  Empie Wade	<b>J. Employee and Insider Data Breaches: Vulnerability or Threat Vector?</b> (repeat)  Herrin	<b>FF. Hot Topics in Physician Billing and Compensation</b> (repeat)  Gosfield
4:05-5:05 pm				
<b>OO. Anatomy of a State-Wide Physician-Only CIN (a.k.a. Cat-Herding for Fun and Profit)</b> (not repeated)  Hursh	<b>PP. The Role of Compliance, Privacy, and Legal in the Incident Response Process: This Is Not Just an IT Issue</b> (not repeated)  Arvin Dickinson	<b>QQ. IT Security Risk Assessments—Meeting HIPAA Interoperability and Insurance Requirements</b>  Chestler Leopard Nussbaum	<b>B. Direct to Employer Relationships 2019: The New Thing or New Coke?</b> (repeat)  Puff Wurzburg	
5:05-6:00 pm				
<b>Networking Reception, <i>sponsored by HORNE LLP</i></b> <i>(This event is included in the program registration. Attendees, faculty, and registered guests are welcome.)</i>				

7:00 am-3:45 pm				
Registration and Information				
7:00-8:00 am				
<b>Continental Breakfast, sponsored by PYA and SullivanCotter</b> <i>(This event is included in the program registration. Attendees, faculty, and registered guests are welcome.)</i>				
8:00-9:30 am Extended Sessions				
<b>RR. HIPAA Enforcement and Compliance: Lessons Learned</b> (not repeated)  Mosley-Day Rodriguez	<b>SS. High(er) Stakes Macra: Upping the Ante on the QPP</b> (not repeated)  Hammack Woodrum	<b>AA. Fair Market Value in Health Care—The Sixth Annual Year in Review: Where Does the Road Lead Now?</b> (repeat)  Ferrari (Moderator) K. Anderson Burk Kass	<b>BB. Rethinking the 60-Day Repayment Analysis Process: Practical Strategies for Common Challenges from the Perspectives of Compliance Officer, Legal Counsel and Reimbursement Consultant</b> (repeat)  Boerner Fields Logemann	<b>CC. BPCI Advanced: Legal, Strategic, and Data Insights</b> (repeat)  G. Anderson Colvin
9:45-10:45 am				
<b>TT. Implementing a Real Estate Compliance Program: Practical and Operational Perspectives and Hidden Compliance Traps</b> (not repeated)  Davidson Swider	<b>UU. How the New Tax Law Impacts Nonprofit Health Care Organizations</b> (not repeated)  Griffith	<b>Q. Legal Ethics: Working with Hospital Leadership—Who Is the Client?</b> (repeat)  Nagele Sher	<b>Y. Health Information at the Crossroads: New Uses and Challenges for Integrated Clinical Records</b> (repeat)  Braun Church	<b>HH. Compliance Pitfalls in Electronic Documentation</b> (repeat)  Marting Williams
11:00 am-12:00 noon				
<b>VV. A Million Ways to Die by EMTALA—Understanding AnMed and Other Recent Developments (Hint: They're All Dollars)</b> (not repeated)  Grey Young	<b>D. Demystifying the Valuation: How to Review a Valuation Opinion and Advise Clients Accordingly</b> (repeat)  Ryan Stack	<b>I. Avoiding and Mitigating Compliance Risks: How to Deal with the Government in the Context of Internal Investigations and Self-Disclosures</b> (Advanced) (repeat)  Fullmer Memeger	<b>X. Super Contracting with National and Regional Hospital-Based Groups</b> (repeat)  McSween Wisner	<b>II. Health Care from a Distance: Legal and Regulatory Issues in Telehealth and Remote Patient Monitoring</b> (repeat)  Capone Ferrante

Wednesday, February 6, 2019 continued

12:00 noon-1:15 pm		
<p><b>Lunch on your own or attend the Luncheon:</b></p> <p><b>How Artificial Intelligence (AI) is Transforming Health Care and the Legal Ramifications, <i>Hosted by Health Information Technology, Hospitals and Health Systems, and In-House Counsel Practice Groups, sponsored by HORNE Cyber</i></b></p> <p><i>(This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required. Continuing Education Credits are not available for the luncheons.)</i></p>		
1:30-2:30 pm		
<p><b>N. The Anatomy of Incident-To and Split/Shared Billing</b> (repeat)</p> <p>Kolarik Rock</p>	<p><b>NN. Alternative Payment Models: The Auditors Are Coming</b> (repeat)</p> <p>Burris Loneragan</p>	<p><b>QQ. IT Security Risk Assessments—Meeting HIPAA Interoperability and Insurance Requirements</b> (repeat)</p> <p>Chestler Leopard Nussbaum</p>
2:45-3:45 pm		
<p><b>E. My Provider Client Wants to Become an IT Vendor—Now What?</b> (repeat)</p> <p>P. Anderson Pretus</p>	<p><b>W. Moving from 340”Burden” to 340”Be Involved”: Building a Team to Address 340B Compliance</b> (repeat)</p> <p>Cook Daly</p>	<p><b>LL. Recurring Problems in Physicians Compensation and How to Resolve Them</b> (repeat)</p> <p>Hayes-Chandler Hutzler</p>



## Planning Committee

**Julie E. Kass**, *Program Chair*  
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