In-House Counsel Program and Annual Meeting

JUNE 26-29, 2016

Sheraton Denver Downtown Hotel

DENVER

For the most up-to-date information and to register
www.healthlawyers.org/Annual2016
LETTER FROM THE PRESIDENT-ELECT

We are excited to be holding AHLA’s Annual Meeting in Denver for the first time! Make plans to join your colleagues for an outstanding educational event. Be sure to bring your families so you can enjoy the beautiful scenery and all there is to see and do in the beautiful Colorado Rocky Mountains.

In the past year, we have seen considerable legislative, regulatory, and enforcement activity and changes. All of this activity and resulting changes are having a significant impact on the way health care providers deliver, assess, and get reimbursed for health care services. We can be certain to see only more changes on the horizon for health care-related business, regardless of the outcome of the Presidential election, and our clients will continue to rely on us to advise them on the legal and operational challenges they face.

As chair of the 2016 Annual Meeting, I believe you will find the planning committee has designed a program that is rich with content and dynamic speakers, offering the most current information and analysis of myriad legal issues the health care industry is facing. As you look through the detailed agenda, you will find sessions on transactional issues (both domestic and international), reimbursement, tax, privacy and security, antitrust, fraud and compliance, labor and employment, and more. AHLA’s programs are distinguished by the range of perspectives our speakers offer and the collegiality that allows us to learn from each other. You will have opportunities to hear from more than 100 leading in-house and outside counsel, representatives from government agencies, consultants, investment bankers, health professionals, and academicians. I am grateful to all of them for their willingness to share their experiences and expertise. Whether you represent physicians, payers, hospitals and health systems, long term care providers, academic medical centers, or life sciences companies, there are sessions that will address the issues your clients are facing.

Networking is an aspect of the program that I know we all enjoy. To offer you the best opportunity to mix and mingle, we have scheduled several fun events for attendees and their families. On Sunday evening, following a day of programming designed for in-house counsel, we will kick off the Annual Meeting with the Welcome Reception at the Sheraton Denver. Thanks to the generous sponsorship of many of our members’ firms, we will hold the Monday night reception at the National Western Event Center. Wear your cowboy boots and try your hand at the quick draw saloon shootout and calf roping. Don’t worry—we won’t be using real guns or real calves! We’ll also have the opportunity to enjoy a rodeo so we can see how the professionals do it. On Tuesday evening, enjoy dinner in one of Denver’s fun and eclectic neighborhoods, but save room for dessert and come back to the Sheraton to experience the X-Treme side of Colorado. Guests will be able to test your skills on snowmobile and snowboard simulators. And we will have a unique opportunity to be up close with birds of prey and a wolf as we learn from their handlers about their behaviors and traits.

I hope you will plan now to join us at the Annual Meeting—there is no better place to learn, exchange ideas, and network. So grab your boots—cowboy or hiking—and I’ll see you in Denver!

Charlene L. McGinty
AHLA President-Elect
Chair, Annual Meeting
Denver reportedly enjoys more days of sunshine than any other city in the US and is the host city for this year’s In-House Counsel Program. Moderated by Past President Douglas A. Hastings, Esq., this year’s keynote address will be delivered by two distinguished members of the Institute of Medicine (IOM) study committee on Improving Diagnosis in Health Care—Robert A. Berenson, MD and Thomas H. Gallagher, MD, and one that provided testimony to the study committee—Hardeep Singh, MD, MPH. Minimizing the incidence of diagnostic error is a critically important element in achieving the Triple Aim, particularly since the IOM’s landmark report notes that most Americans will encounter at least one diagnostic error in their lifetime, sometimes with severe consequences. Recognizing the importance of keeping abreast of current legal developments in a highly regulated and rapidly evolving environment, the program also will feature a selection of “inbox” topics of interest to in-house counsel representing various sectors of the health care industry.

Please join us in Denver for the 2016 In-House Counsel Program to both learn from and network with colleagues who face similar issues in advising health care clients.

Elisabeth Belmont
Chair, In-House Counsel Program

HealthCare Appraisers has provided sponsorship in support of this program.

Program Information
Program Fees
$385 AHLA/ACC/CO Bar Members / $590 Non-Members
$45 Printed Course Materials (Note: All attendees will receive an electronic version of the course materials. Attendees may purchase the binder for an additional fee. Orders are guaranteed if placed by May 26. After this date, availability is limited and may sell out.)

Continuing Education Credit Information
CLE/MCLE: AHLA will be applying for 6.25 credits (including 1.00 ethics credit) for 60-minute states and approximately 7.5 credits (including 1.2 ethics credit) for 50-minute states.

CPE: AHLA will be applying for 7.0 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.

CCB: AHLA will be applying for 7.5 Compliance Certification Board (CCB) credits.

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 advance 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.

Cancellations/Substitutions
Cancellations must be received in writing by no later than June 15, 2016. Refunds will not be issued for cancellations received after this date. Registration fees, less a $50 administrative fee for the In-House Counsel Program will be refunded. If you register for In-House Counsel and the Annual Meeting and are only able to attend one, you will not be charged a cancellation fee. Please note that registration fees are based on the AHLA membership status of the individual who actually attends the program. For more information regarding administrative policies such as complaints, refunds, or sending a substitute, please contact our Finance Department at (202) 833-1100, prompt #5 or djohnson@healthlawyers.org.

Download the In-House Counsel Program App
This free app is available in the iTunes App store or Google Play store by searching ‘AHLA’. Download AHLA, by Bravura Technologies, onto your mobile device and hit open. Choose ‘Events’ to find the In-House Counsel Program. Click on the event (you’ll be prompted to enter your email address). You will not be able to access the event features of a program if you are not registered for the event.

The App will include the agenda, attendee list, and access to the PowerPoint presentations.

CHAN Healthcare*  
A subsidiary of Crowe Horwath LLP

The event portion of the AHLA App is sponsored by CHAN Healthcare
GENERAL SESSION
8:00-8:15 am
Welcome and Introductions
Elisabeth Belmont, Program Chair

8:15-9:30 am
Improving Diagnosis in Health Care: Turning IOM Recommendations into Action
Douglas A. Hastings (Moderator)
Robert A. Berenson
Thomas H. Gallagher
Hardeep Singh
The Institute of Medicine (IOM) recently released the third report in its quality of care trilogy, Improving Diagnosis in Health Care. This IOM Report notes, “The delivery of health care has proceeded for decades with a blind spot: Diagnostic errors—inaccurate or delayed diagnoses—persist throughout all settings of care and continue to harm an unacceptable number of patients.” The Report further notes that the health care system and culture do not sufficiently support the diagnostic process, even though getting the right diagnosis is a key aspect of health care. In the wake of this important IOM Report, the panelists who either served on or advised the IOM study committee, will address steps that various sectors of the health care industry can take to turn the IOM’s recommendations into action. In particular, the panelists will focus on the challenges associated with the measurement of diagnostic error, establishing a non-punitive culture that values open discussion and feedback on diagnostic performance; developing a voluntary reporting environment that improves diagnosis through learning from errors and near misses; payment reforms that support the diagnostic process; communication and resolution programs for patients who experience a diagnostic error; and the role of professional liability insurance carriers in improving diagnostic performance.

CONCURRENT SESSIONS
9:45-10:45 am
A. How to Make the Relationship between In-House and Outside Counsel Productive and Efficient (not repeated)
Dennis M. Barry
Brent L. Henry
❯❯ The make or buy decision—when is outside counsel necessary?
❯❯ Making the right choice—optimizing the outside counsel selection process
❯❯ Setting expectations—adjusting the relationship to fit the matter
❯❯ Getting the right price—hourly rates, discounts, fee caps, “value-added services”
❯❯ Outside counsel guidelines that work—billing and effort reporting, conflict clearance, etc.

B. Corporate Law Department Best Practices (not repeated)
Earl J. Barnes II
Deborah A. Hodys
Vanessa Walton
❯❯ Incorporating “high reliability organization” principles for corporate law department to achieve cost-effective and high quality legal advice
❯❯ Designing a nimble legal department that empowers your lawyers
❯❯ Small corporate law departments: Redefining roles between in-house counsel and outside counsel

C. Bridging the Gap between Providers and Payers to Achieve Value-Based Care
Wendy Burkholder
Katherine H. Forseth
Eric Kintner
❯❯ Spectrum of value-based payment models, from pay-for-performance and patient center medical homes to bundled payments and ACOs
❯❯ Current Medicare and Medicare Advantage value-based programs and those programs’ goals for value-based care
❯❯ Potential compliance and regulatory issues in shared risk arrangements
❯❯ Provider and payer perspectives on value-based payment models, including payment reform barriers and ways to align networks and referral patterns with reimbursement policies
D. Emerging Labor and Employment Law Issues for In-House Health Care Counsel
Barnett Brooks
Robert R. Niccolini
- Department of Labor initiatives on overtime eligibility and the use of smart phones and other mobile devices during and after work hours
- Pregnancy and religious accommodation in the health care workplace after Young v UPS and EEOC v. Abercrombie & Fitch
- The developing law of sexual orientation discrimination and harassment under federal, state, and local law
- The viability and strategic use of arbitration agreements with class and collective action waivers

11:00 am-12:00 noon

E. The Internet of Things (not repeated)
Bernadette M. Broccolo
- The universe of consumer-facing and non-consumer facing devices, “apps,” activities, and relationships comprising the Internet of Things (IoT) Ecosystem
- The spectrum of innovation opportunities and risks for traditional health industry players and stakeholders and new players on the scene
- Well-established and evolving regulatory schemes, legal theories and policy, and enforcement positions that are both directly and indirectly implicated by IoT innovation (e.g., HIPAA, other federal and state privacy regulations, medical device regulation, consumer protection laws, Medicare reimbursement)
- The various government and private sector oversight and enforcement players (e.g., OCR, FTC, CMS, FDA, Attorneys General, Class Action Bar)
- Practical planning and implementation strategies for achieving the appropriate balance between the benefits of innovative IoT opportunities and the need to manage associated legal and regulatory risks in accordance with both minimum legal requirements and emerging best practices

F. Legal Ethics: The Top Ten Uncomfortable Situations for In-House Counsel, and How to Navigate Them Gracefully (“Actually, You are NOT My Client”, and Other Fun Conversations)
Anne M. Murphy
Michael W. Peregrine
- Asserting the necessary role of legal counsel in internal investigations, relative to compliance, HR, internal audit, and quality
- Informing individuals and corporations they are not your client—in transactions, in internal investigations and in government investigations
- Advising managers as to your distinctive duty to the governing board
- Advising the client as to risk created by substandard clinical performance
- Advising the client as to risk created by substandard business performance
- Addressing management concerns in the context of a merger transaction
- Disruptive behaviors by influential people
- Voicing legal professional responsibilities without sounding pompous
- Dealing with the lawyer-hater in your midst
- Reaching the outer boundaries on the business advice you can provide

G. In the Shadows of the Yates Memo: Protecting the Health Care Senior Executive
David E. Matyas
Kimberly E. Peery
- The government’s growing interest and devotion of resources to individuals’ culpability and accountability
- The impact of the Yates Memo
- What steps should officers and directors be taking?
- Can a GC be the target of a federal investigation?

H. Coordination of Care for Post-Acute and Long Term Care Providers
Magdalena Osborn
Dianne M. Schoch
Gina Shoemaker Verity
- Post-acute facility clinical teams and physicians working together—dramatically reduce delinquency rate and increase quality charting
- Escalation of medically complex patients—practical takeaways to address off-site medical care, timely assess change in condition, educate staff, and document
- Balancing patient safety and independence—clinical concerns, risk management, litigation exposure and resources
- Refrain from relying solely on electronic software to create a complete and accurate chart—constructive auditing techniques and application practice
- Department of Health and Human Services transitions Medicare payments from fee-for-service to alternative payment models instigating operational changes

12:15 pm-1:30 pm
In-House Counsel Practice Group Luncheon, sponsored by HealthCare Appraisers, Inc.
Don’t miss the most exciting luncheon of the week! You will be entertained by real-life, too-weird-to-be-true stories told by fellow health law attorneys competing for the 16th Annual Golden Ferret Award. As you listen to your colleagues recounting their strangest work-related escapades, you will gain a new appreciation for your own practice environment. The coveted Golden Ferret Award will be presented to the luncheon participant who tells the most entertaining and outrageous true-life anecdote from their in-house practice. This event is included in the program registration. Attendees and faculty welcome.

CONCURRENT SESSIONS
1:45-2:45 pm

J. Trends in Legal Disputes Concerning Patient Safety Work Product (not repeated)
Peggy Binzer
Lisa Granberry Corbett
Douglas Phillips
Why every health care provider should establish a Patient Safety Evaluation System to permit data integration, comparative evaluation and accelerated quality improvement

Federal and state court cases and their impact on the Patient Safety Work

Product privilege established by the Patient Safety and Quality Improvement Act of 2005

Arguments made by plaintiff and defense counsel

Best practices in raising and defending the privilege

The privilege and PSO protections to attorney-client privilege and state peer protections and when each is appropriate to use and why

E. Mergers and Affiliations Reality Show: An In-Depth Look at Wooing, Prenups, and Laying the Foundation for Marital Bliss

Elizabeth Lynn Gordon
Peg Wendell

Wooing: Don’t be shy--pre letter of intent and letter of intent considerations from a practical, fiduciary, and legal perspective

Dating: Avoid the beer goggles--business and regulatory due diligence; navigating antitrust pitfalls and post-closing compliance havoc

Drafting the pre-nup: What’s yours is mine and what’s mine is yours (sort of)--key considerations in transactional documents

Marriage: Avoid closing day jitters and pave the way to marital bliss--best practices for a smooth transition and post-closing integration

F. Physician Compensation in the Cross-Hairs

Robert G. Homchick
Albert “Chip” D. Hutzler, IV
Albert W. Shay

Recent settlements involving the Stark law and AKS where the allegations included claims that either the compensation was not commercially reasonable or the methodology took into account the revenues generated by physician referrals

Various Stark law compliant compensation methodologies (e.g., employment, independent contractors, and physicians in a group practice) and discussion of whether and when a physician may receive compensation that takes into account the volume or value of his/her referrals

Hypothetical hospital/physician arrangements and the various methodologies that can (and cannot) be utilized to determine physician compensation

The role of the lawyer and the valuation consultant in developing and evaluating compensation methodologies that comply with Stark law requirements and result in FMV compensation

The use and misuse of various metrics in describing proposed or existing physician arrangements including return on investment, contribution to margin, and leakage

The challenges that face lawyers and counseling when advising clients in this area and identify potential “do’s and don’ts”

C. Bridging the Gap Between Providers and Payers to Achieve Value-Based Care

3:00-4:00 pm

M. Advanced Telehealth Contracting and Network Development

Nathaniel M. Lacktman
Anna Orlowski
Justin Stone

Building a nationwide telehealth company

Offering a national online second opinion service

Developing a multi-state telehealth provider network

Telehealth contracting approaches and compensation methodologies

Laws and rules in these broad, multi-state telehealth arrangements

4:15-5:15 pm

N. Fraud: Halifax, Tuomey, North Broward, Adventist, and Columbus Regional Health

Robert A. Wade

Types of physician financial arrangements being attacked.

What does “takes into account/varies with “volume or value” of referrals” really mean?

Is “commercial reasonableness” overshadowing “fair market value”?

What should hospitals be doing from a legal/compliance perspective based upon recent settlements?

H. Coordination of Care for Post-Acute and Long Term Care Providers

K. Mergers and Affiliations Reality Show: An In-Depth Look at Wooing, Prenups, and Laying the Foundation for Marital Bliss

4:15-5:15 pm

L. Physician Compensation in the Cross-Hairs

Adjournment
## SCHEDULE IN-HOUSE COUNSEL PROGRAM

### Saturday, June 25, 2016

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>4:00-7:00 pm</td>
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### Sunday, June 26, 2016

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Murphy  
Peregrine  
**G. In the Shadows of the Yates Memo: Protecting the Health Care Senior Executive**  
Matyas  
Peery  
**H. Coordination of Care for Post-Acute and Long Term Care Providers**  
Osborn  
Schoch  
Verity |
| 12:15 pm-1:30 pm | **In-House Counsel Practice Group Luncheon Presentation**, sponsored by HealthCare Appraisers, Inc.  
(this event is included in the program registration; attendees and faculty welcome; no additional fee for those attending the program) |
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Corbett  
Phillips  
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Hutzler  
Shay |
FACULTY
IN-HOUSE COUNSEL PROGRAM

Planning Committee

Elisabeth Belmont, Program Chair
Corporate Counsel
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Director, UW Program in Hospital Medicine
Director, UW Medicine Center for Scholarship in Patient Care Quality and Safety
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Vice President and General Counsel
Partners Healthcare System
Boston, MA

Deborah A. Hodys
Deputy General Counsel
Yale New Haven Health System
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Ogletree Deakins
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Magdalena Osborn
Lovitt & Touche
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Michael E. DeBakey VA Medical Center and Baylor College of Medicine
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Justin Stone
Executive Vice President & General Counsel
MDLIVE, Inc.
Sunrise, FL

Gina Shoemaker Verity, RN, NHA
Nurse Consultant
Thornton, CO

Robert A. Wade
Krieg DeVault LLP
Mishawaka, IN

Peg Wendell
Senior Vice President, Chief Legal Officer
Amita Health
Arlington Heights, IL
The Annual Meeting is a program rich with content and dynamic speakers, offering the most current information and analysis of myriad legal issues the health care industry is facing. We are excited to offer the following sessions in the various areas of health law. The program planning committee designed a program to cover the important topics effecting the health law industry. There is something for everyone at the Annual Meeting.

**Antitrust**

X. Everything a General Counsel and a General Health Care Practitioner Need to Know about Antitrust in an Era of Enforcement  
AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers  
DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements  
HH. Health System Competitor Collaborations

**Behavioral Health**

L. Federal Behavioral Health Legislative and Regulatory Activity—Turning Esoteric Policy into Concrete Action  
Z. Behavioral Health Privacy for Every Health Lawyer

**Business Law and Governance**

R. To Lease or Not To Lease—When Health Systems Lease Space to Physicians  
T. Structuring Successful Population Health Ventures  
DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements  
EE. ACOs and Other CMS Innovative Payment Models: The Art of Drafting Compliant Contracts  
HH. Health System Competitor Collaborations  
CCC. Let's All Go to the McClinic: Franchising in Health Care Delivery

**Colorado / Regional Issues**

TT. Air Ambulance  
WW. Legal Issues Related to Indian Health  
BBB. Reefer Madness: Marijuana in the Workplace

**Diversity**

UU. Working Toward Inclusive Excellence in the Legal Profession  
XX. Public Interest Convener: Transgender Issues

**Fraud and Abuse, Self-Referral and False Claims**

H. What the Government Now Expects from Individuals and Their Attorneys in False Claims Act Investigations and Settlements  
EE. ACOs and Other CMS Innovative Payment Models: The Art of Drafting Compliant Contracts  
FF. Hot Topics in Fraud and Abuse: Treacherous Trails, Peaks and Valleys, and Obstacles to Overcome  
JJ. Health Care Enforcement in 2016—the View from Main Justice  
MM. Knowledge, Advice of Counsel, and Liability for Improper Claims to and Retention of Payment from Federal Health Care Programs  
QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM—Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule  
RR. Understanding and Managing the Self-Disclosure Protocol  
TT. To Fly or Not To Fly; Air Ambulance Utilization, Contracting, and Payment Issues

**Health Care Liability and Litigation**

E. EMTALA—The Regulation that Advancing Health Care Risks at Its Peril  
M. Using Data and Statistics to Defend Health Care Enforcement

**Health Care Policy**

AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers

**Health Information and Technology**

J. Hot Topics in Telemedicine 2016: Payment Policy, Prescribing, and Practice Standards  
U. It’s Your Fault! Breach in the Age of Health Information Exchange  
Y. Recognizing and Addressing EHR-Related Compliance Issues  
LL. The Future of Health Care Privacy  
V. Creating Stable Security and Compliance Relationships between Health Care Organizations and Vendors  
YY. Ransomware

**Hospitals and Health Systems**

A. Intercompany Pricing and the Movement toward Integrated Health  
E. EMTALA—The Regulation that Advancing Health Care Risks at Its Peril  
P. Climbing the Quality Mountain  
QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM—Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule  
SS. The Aftermath of Recruiting a Bad Doctor: What Happens to the Hospital?
Labor and Employment
K. Immigration Options and Strategies to Optimize Compliance, Recruiting, and Retention
BB. Reefer Madness: Marijuana in the Workplace

Legal Ethics
D. Stop! Don’t Send That! The Legal Ethical Issues Surrounding Email
N. Legal Ethics and Managing the Risks of Corporate Representation

Life Sciences
KK. Drug-Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting—What Does It All Really Mean?
PP. A Tough Pill to Swallow: Regulatory Risks Associated with the Prescribing, Dispensing, Handling, and Disposal of Controlled Substances
AAA. CMS Proposed Antibiotic Stewardship Rules—What You Need to Know

Long Term Care
B. What You Don’t Know Really Can Hurt You: SNF Updates
OO. Hospice under Attack: From Policy to Audit to Enforcement
AAA. CMS Proposed Antibiotic Stewardship Rules—What You Need to Know

Medical Staff, Credentialing and Peer Review
G. Case Study—Centralized Credentialing, Privileging, Peer Review, and Disciplinary Actions in a Large Health Care Delivery System
BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks
SS. The Aftermath of Recruiting a Bad Doctor: What Happens to the Hospital?

Miscellaneous
S. International—Considerations for Health Care Infrastructure Projects

Payers, Plans, and Managed Care
A. Intercompany Pricing and the Movement toward Integrated Health
Q. Evolving Network Adequacy Standards
T. Structuring Successful Population Health Ventures
TT. To Fly or Not To Fly: Air Ambulance Utilization, Contracting, and Payment Issues
ZZ. A Focus on Government-Sponsored Managed Care: Emerging Areas of Enterprise Risk and Liability

Physicians and Physician Organizations
A. Intercompany Pricing and the Movement toward Integrated Health
BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks
GG. Compensation Plan Governance: Ensuring Your Physician Compensation Arrangements Remain Compliant and Effective
KK. Drug-Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting—What Does It All Really Mean?

Public Interest
XX. Public Interest Convener: Transgender Issues

Regulation, Accreditation, and Payment
C. Hidden Opportunities in the SGR Fix: Why Physicians May Need Hospital Partners More than Ever
O. Medicaid Managed Care: Substantial Growth and New Rules
V. 340B Drug Pricing Program: Where Are We Now and Where Are We Going (and When)?
W. Bundled Payment Initiatives: Where We Are and Where We’re Headed
CC. The Future is Now: Medicare’s Shift from Volume to Value-Based
MM. Knowledge, Advice of Counsel, and Liability for Improper Claims to and Retention of Payment from Federal Health Care Programs
NN. Medicare’s Bundled Payment Initiatives: Preparing for the “New Normal”
QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM—Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule

Tax
F. What’s Up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know
DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements

Teaching Hospitals and Academic Medical Centers
DDD. Enterprise Data Warehouses: Collaboration and Compliance
AGENDA  ANNUAL MEETING

Saturday, June 25, 2016
4:00-7:00 pm
Registration and Information

Sunday, June 26, 2016
7:00 am-5:15 pm
Registration and Information

5:00-6:30 pm
Welcome Reception, sponsored by Cain Brothers
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome. More information on page 38.

Monday, June 27, 2016
6:00-7:00 am
Exercise Classes: Yoga or Bootcamp, sponsored by CBIZ Healthcare Valuation
Attendees and guests are welcome, however, space is limited and pre-registration is required. There is no additional fee. More information on page 38.

7:00 am-5:30 pm
Registration and Information

7:00-8:30 am
Continental Breakfast, sponsored by Navigant
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome.

GENERAL SESSION, sponsored by FTI Consulting
8:00-8:15 am
Welcome and State of the Association
Lois D. Cornell, AHLA President
David S. Cade, AHLA CEO

8:15-9:00 am
Keynote Address
Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology and Acting Assistant Secretary for Health, Department of Health and Human Services

9:00-10:00 am
Keynote Address
Wendy Sue Swanson, MD
Executive Director of Digital Health, Seattle Children’s Hospital

10:00-10:15 am
Break

10:15 am-12:15 pm
Year in Review
Elizabeth B. Carder-Thompson
Jack S. Schroder, Jr.
This session will highlight significant health law cases from this past year.

12:30-1:45 pm
Lunch on your own or attend one of the Practice Group Luncheons (these are not included in the program registration; additional fee; limited attendance; pre-registration required; more information on page 38):
❯❯ Payers, Plans, and Managed Care Practice Group
❯❯ Tax and Finance and Life Science Practice Groups (joint luncheon)
❯❯ Fraud and Abuse Practice Group, sponsored by Jarrard Phillips Cate & Hancock, Inc.

CONCURRENTE SESSIONS
2:00-3:00 pm
A. Intercompany Pricing and the Movement toward Integrated Health (advanced) (not repeated)
Kirstin Ives
Chris Petelle
❯❯ Why compliant intercompany pricing is a crucial consideration for health care companies integrating or considering integration
❯❯ Applicable laws, regulations, and potential pitfalls
❯❯ Enforcement actions and case law
❯❯ Best practices for documentation, procedures, and oversight

B. What You Don’t Know Really Can Hurt You: SNF Updates (not repeated)
Janet K. Feldkamp
Joanne R. Lax
❯❯ Proposed requirements of participation
Released guidance from CMS including survey and certification memos such as medication-related adverse events, payroll-based journal staffing reporting, and other updated information.

- 5 Star program including surveys and quality measures and its effect on managed care contracts.
- Current citation and sanction trends including immediate jeopardies.
- Fraud and abuse concerns related to Medicare Part A therapy-based SNF stay.

C. **Hidden Opportunities in the SGR Fix: Why Physicians May Need Hospital Partners More than Ever**
   Andrew D. Ruskin
   - The key MACRA provisions
   - Networking opportunities for hospitals created by MACRA infrastructure requirements, such as the greater potential for physician practice acquisitions or furnishing of management services to physician practices.
   - Implications for compensation models for physician employees.
   - Potential interactions with hospital payment programs, such as readmissions penalties, ACOs, and bundled payments.
   - Timeline for implementation and opportunity for hospital and physician input.

D. **Stop! Don’t Send That! The Legal Ethical Issues Surrounding Email**
   David E. Matyas
   - Examples of emails that clients and attorneys wished had never been sent.
   - Things to consider when advising clients on the use of email.
   - Legal ethical issues associated with the use of email and texting.
   - Attorney-client privilege issues associated with email.
   - When encryption is necessary.

E. **EMTALA–The Regulation that Advancing Health Care Risks at Its Peril**
   Nathan Kottkamp
   Drew E. McCormick
   - EMTALA—the regulation that advancing health care risks at its peril.
   - Why EMTALA matters, particularly in light of rapidly developing care models and dealing with certain patient populations departments, urgent care centers, surgery centers, and FQHCs and other developing care models don’t change the requirement to ensure that a patient does not have an emergency medical condition as required by EMTALA.
   - Issues with psych patients in the ED as communities lose inpatient psychiatric beds and outpatient psychiatric treatment options.
   - Issues with law enforcement holds and post-arrest “medical clearances” that threaten to put hospitals and providers at risk for an EMTALA violation in a situation they cannot control.
   - The “usual suspects” at issue as relates to EMTALA compliance haven’t changed—physician call coverage, capability and capacity determinations, inappropriate transfers—but the stakes are higher as care models become more complex.

F. **What’s Up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know**
   Elizabeth M. Mills
   Vicky Tsilas
   - New contracting flexibility for bond-financed facilities.
   - Why you should care about tax-exempt financing allocation rules.
   - First year of implementing IRS Rules on financial assistance: Tricks and traps.
   - Employee vs. independent contractor update: The IRS isn’t the only one who cares.

G. **Case Study–Centralized Credentialing, Privileging, Peer Review, and Disciplinary Actions in a Large Health Care Delivery System**
   Brian C. Betner
   Susan DuBois
   - Best practices for credentials verification in a health system setting.
   - Legal, process, and risk management considerations in sharing peer review information across the system.
   - Legal, process, and risk management considerations in disciplinary actions across the health system.
   - Considerations if the system is an accountable care or shared accountability organization.

H. **What the Government Now Expects from Individuals and Their Attorneys in False Claims Act Investigations and Settlements**
   Edgar Bueno
   Scott R. Grubman
   - The government’s increased focus on individual wrongdoing and accountability in health care fraud matters, including the 2015 “Yates Memo”, the June 2015 OIG fraud alert, and the OIG’s new litigation team focusing on exclusion and Civil Monetary Penalties.
   - What the government expects from defense counsel and client during the course of a False Claims Act investigation as it relates to individual responsibility and culpability.
   - What the government expects from defense counsel and client during course of settlement negotiations with regard to these topics.
   - Examples of tactics that have succeeded (and some that have failed) related to individual responsibility and health care fraud matters.
J. Hot Topics in Telemedicine 2016: Payment Policy, Prescribing, and Practice Standards (not repeated)
Alexis S. Gilroy
Nathaniel M. Lacktman
» Evolving payment policy for telehealth services (Medicare, Medicaid, commercial insurance state laws, risk-based payments)
» Trends in state medical board telemedicine practice standards and the impact of antitrust concerns on the rulemaking process
» Changes to telemedicine-based remote prescribing, including controlled substances, under state law and Ryan Haight Act

K. Immigration Options and Strategies to Optimize Compliance, Recruiting, and Retention (not repeated)
Isabelle Bibet-Kalinyak
Mary Therese Link
» Non-immigrant visas available for health care providers, researchers, professors, and executives—types, availability, cost, timeline, pros and cons, options for spouses and dependents, how to extend the H-1B visa beyond the sixth year, etc.
» J-1 Waivers—types, timing issues
» Case studies
» Permanent visas available for health care providers, researchers, professors, and executives—types, availability, Visa Bulletin, cost, timeline, pros and cons, dependents, traveling restrictions, etc.
» Compliance pitfalls in I-9s and employment agreements for foreign nationals—immigration fees, term period, non-compete covenants, compensation, J-1 waivers’ state-specific requirements, etc.
» Tools to optimize recruiting practices, the handling of immigration petitions, and ultimately retaining talent

L. Federal Behavioral Health Legislative and Regulatory Activity—Turning Esoteric Policy into Concrete Action
Bradley E. Lerner
Gregory W. Moore
Heather O’Donnell
» Expansion of autism services under Medicaid
» Payment reforms for promising evidence based early intervention programs (i.e. First Episode Treatment for psychosis)
» Social Determinants of Health—turning pilot projects into payment
» The effect of the Medicaid Managed Care Rule on the IMD exclusion
» Telehealth
» Proposed Regulations to expand Parity rules to TRICARE benefits
» 42 CFR Part 2 Regulations
» Presidential Task Force on Mental Health Parity
» Recent focus on treatment of opioid use
» Rep. Tim Murphy The Helping Families in Mental Health Crisis Act and Senate’s Helping Families in Mental Health Crisis Act

M. Using Data and Statistics to Defend Health Care Enforcement
Margaux Frazee
Christopher Haney
Daniel M. Tardiff
» Trends in the government’s use of data
» Using your own, routinely gathered data to reduce exposure
» Pairing data and statistical analyses with internal investigations
» Affirmatively using data in health care litigation

N. Legal Ethics and Managing the Risks of Corporate Representation
Kim Harvey Looney
Mark R. Thompson
» Indictment of lawyers in Baptist Medical Center case (1998)
» Assertion of attorney-client privilege—how effective is it?
» Be careful what you sign (Christy Sulzbach, former GC and Chief Compliance Officer, Tenet, 2007)
» What did you know and when did you know it?
» Obstruction of justice claim against in-house counsel (Stevens: 2010)
» Potential personal liability for lawyers
» Update on DOJ charging of attorneys
» Yates Memo
» Lessons learned

O. Medicaid Managed Care: Substantial Growth and New Rules
Charles A. Luband
» Introduction to Medicaid managed care
» New Medicaid managed care rule provisions
» Impact on states, plans, providers, and enrollees

P. Climbing the Quality Mountain
Lisa Vandecaveye
Cynthia Wisner
» National Patient Safety and Quality Improvement goals—origin, history and definitions
» High reliability, RPI, and the future of quality
» Scores and websites—analysis of use for marketing and responding to inaccuracies
» Favorable recent civil money penalties changes
» Avoiding Medicare payment reductions—physicians, hospitals, and other providers
Q. Evolving Network Adequacy Standards
Constance L. Akridge
Kim Everett
Glen W. Stevens

- The varying network adequacy standards adopted by states in seeking to maintain robust health insurance markets by balancing access needs with the goal of controlling costs and attracting a healthy number of insurers
- Nevada’s experience in adopting network adequacy regulations for Nevada’s Silver State Health Insurance Exchange and for commercial individual and small group health care plans issued by HMOs and health insurers
- Challenges by payers in complying with network adequacy regulations which vary as between government and commercial lines of business including in locations (especially rural locations) with physician shortages, and timely obtaining information from providers regarding their availability and willingness to take new patients and communicating this information to members
- Issues raised by physicians and hospitals in the network adequacy regulation adoption process including operating under changing network adequacy standards and how such standards affect them
- The transformation from traditional standards entirely tied to fee-for-service visit-based care models using “time and distance standards” which assess how far people must go to receive office-based services to standards which take into account new delivery models such as tiered networks, narrow networks and other forms of value-based purchasing

4:30-5:30 pm

R. To Lease or Not To Lease–When Health Systems Lease Space to Physicians (not repeated)
Nancy E. Bukovic
Christina Z. Randolph

- Medical office leasing arrangements
- Timeshare arrangements
- The legal requirements specific to each of these structures, including the new Stark Law Timeshare Arrangements exception
- Determining fair market value for medical office leasing and timeshare arrangements
- Information needed from the business team to prepare and monitor/audit medical office leasing and timeshare arrangements

S. International–Considerations for Health Care Infrastructure Projects (not repeated)
Clinton D. Hermes
Stephen P. Nash

- Brief introduction–including a few key defined terms (e.g., what is a Public Private Partnership (PPP))
- Steps appropriate to a nation’s mitigation of political and regulatory risk in infrastructure projects—thoughts on a World Economic Forum report of the same name
- Considerations in navigating a national PPP Program, with “lessons learned” from projects present and past as well as current efforts to structure renewed national programs
- Issues unique to international health care PPPs—the current political and regulatory environment (e.g., the Middle East and China)
- Case study—a successful International health care PPP that shifted operating risk to a health care system which could deliver population health management in return for largely capitated payments

T. Structuring Successful Population Health Ventures
Jeanie C. Frey
Angela Humphreys

- The business and mission goals leading to ventures addressing population health needs
- The ways in which population health ventures are different from traditional transactions, the potential parties to such ventures and their differing perspectives and goals
- Due diligence and regulatory issues and constraints
- Legal structures, key terms, and governance issues
- Practical “nuts and bolts” pre- and post-transaction challenges, including access to data and IT issues

U. It’s Your Fault! Breach in the Age of Health Information Exchange
Adam H. Greene
Andrea Leeb

- Competing views on whether an impermissible disclosure that is caused by another entity’s noncompliance is a breach attributable to the disclosing entity or the non-compliant entity
- How state laws and federal law differ in analyzing who is responsible for a breach in health information exchange
- Business associate relationships that arise when one party provides breach notification on another party’s behalf
- The unique breach notification issues that arise when health care entities maintain a shared electronic health record system
- How to address breach notification issues up front during health information exchange contract negotiation
V. 340B Drug Pricing Program: Where Are We Now and Where Are We Going (and When)?
   Jolee Hancock Bollinger
   Emily J. Cook
   • Brief 340B Program overview
   • Essential elements of 340B Program compliance
   • Recent developments in 340B Program guidance and requirements, including recent proposed guidance and regulations
   • Hot topics/emerging issues in 340B Program compliance

W. Bundled Payment Initiatives: Where We Are and Where We’re Headed
   Adam D. Colvin
   Patricia Dean
   • CMS’s interest in bundled payment systems, and the ACA and Center for Medicare and Medicaid Innovation mandates for bundled payment models
   • Private payer bundled payment programs and Stark, Anti-Kickback, Civil Monetary Penalty, and implementation considerations
   • Comprehensive Care for Joint Replacement (CJR) model
   • The future of bundled payment models—from voluntary participation to mandatory programs

X. Everything a General Counsel and a General Health Care Practitioner Need to Know about Antitrust in an Era of Enforcement
   Saralisa C. Brau
   Christine L. White
   • Federal and state antitrust statutes
   • Government enforcement
   • Per se violations and Rule-of-reason analysis
   • Market definition and market power
   • Private antitrust suits in jury and standing
   • Exemptions and Immunities

Y. Recognizing and Addressing EHR-Related Compliance Issues
   Timothy P. Blanchard
   Michael Tribble
   • Note bloat and cloning: Issues real and imagined
   • Dysfunctional EHR functionalities
   • Authentication and access control
   • Clinical decision-making and coding support

5:30-6:30 pm
Celebrating Diversity+Inclusion Reception and Presentation, hosted by AHLA’s Diversity+Inclusion Council
This event is not included in the program registration. Attendees and faculty are welcome, however, pre-registration is required. There is no additional fee. More information on page 38.
Topic: Missing the Value of Inclusivity
Michelle M. Lucero

6:30 -10:00 pm
Off-Property Rodeo Reception, sponsored by AHLA’s Members’ Law Firms
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome. More information on page 38.

Tuesday, June 28, 2016
7:00 am-4:15 pm
Registration and Information

7:00-8:45 am
Continental Breakfast
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome.

7:00-8:00 am
Women’s Networking Breakfast, hosted by AHLA’s Women’s Leadership Council
This event is not included in the program registration. Attendees and faculty are welcome, however, pre-registration is required. There is no additional fee. More information on page 38.

CONCURRENT SESSIONS
8:15-9:45 am Extended Sessions
Z. Behavioral Health Privacy for Every Health Lawyer (not repeated)
   Gerald E. DeLoss
   Jennifer M. Lohse
   Mary Holloway Richard
   • Case Studies: Privacy challenges for providers serving mental health and substance use disorder patients and the specific challenges of 42 CFR Part 2
   • Reconciling HIPAA and 42 CFR Part 2
   • Potential impact of proposed rule changes to 42 CFR Part 2
   • Best practices and administrative controls to reduce risk of privacy breaches
AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers
Dina O. Aguilar
Melinda Reid Hatton
Robert F. Leibenluft
Robert J. Town
Three major health insurer deals were proposed last summer, with one completed (Centene’s acquisition of Health Net) and two under review (Aetna/Humana and Anthem/Cigna).

- The antitrust framework for analyzing health plan mergers
- Status of the state and federal review of the proposed Aetna/Humana and Anthem/Cigna mergers
- Potential effects of insurer concentration on premiums, costs, and provider reimbursement
- Rationale for insurer mergers

BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks
Peggy Binzer
Karen L. Davila
Martie Ross

- The “alphabet soup” of the PSQIA: PSQIA? PSO? PSES? PSWP?
- Health care provider consolidations and health care delivery reform are creating new structures (IDNs, CINs, ACOs), new data tools (dashboards, physician score cards), and new pressures to improve quality and lower costs. The quality, safety, and outcomes data that must be shared in and among health care provider organizations may be protected under the Patient Safety Act if a PSO and appropriate PSES are established
- Creating a legally robust PSES to permit data sharing, learning, and comparative evaluation without fear of litigation or harm to professional reputation
- How the Patient Safety Act interacts with other federal and state regulatory requirements
- Examples of how health care providers of all types are implementing PSOs, invoking the protections afforded by the Patient Safety Act, and using PSOs to improve quality, support performance improvement, significantly reduce health care costs, and reduce enterprise risk

CC. The Future Is Now: Medicare’s Shift from Volume to Value-Based
Samuel C. Cohen
Ritu K. Cooper

- The US health system and the government’s interest in bending the cost curve
- HHS’ announcement of goal for shifting to value-based care
- Pre-Affordable Care Act payment reform demonstrations
- Affordable Care Act programs—Innovation Center, ACOs, etc.
- Post-HHS announcement payment reform proposals
- Lessons learned from payment reform experience
- Fraud and abuse issues related to the shift in delivery models

DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements
Carsten Beith
Rud Blumentritt
Gerald M. Griffith
Dionne C. Lomax

- Dealing with high-end physician compensation—what is fair market value and commercially reasonable?
- Practice acquisitions—how big is too big and what is it really worth without the referrals?
- Next Gen Networks—when JOAs meet ACOs
- Structuring a hospital-to-hospital brand for equity deal—what to value and how
- Special challenges of doing deals with government hospitals

EE. ACOs and Other CMS Innovative Payment Models: The Art of Drafting Compliant Contracts
Troy A. Barsky
Joan P. Dailey
Robert A. Gerberry

- Current CMS payment models and the various contracts required for participation
- The necessary elements of these contracts and their relevance to fraud and abuse waivers
- How and why the government reviews these contracts
- Best practices for maintaining compliance and implementing a successful contracting strategy

FF. Hot Topics in Fraud and Abuse: Treacherous Trails, Peaks and Valleys, and Obstacles to Overcome
Robert K. DeConti
Asha B. Scielzo
Lisa Ohrin Wilson

- Key agency guidance
- Enforcement focus areas
- New rules, payment systems, and processes
- Compliance
GG. Compensation Plan Governance: Ensuring Your Physician Compensation Arrangements Remain Compliant and Effective
   Justin Chamblee
   Sarah E. Swank
   Robert A. Wade
   Key trends in physician compensation that are resulting in challenges from a governance perspective
   Key challenges and pitfalls in governing physician compensation arrangements
   Key strategies to ensure compensation arrangements are monitored and managed for compliance
   Key strategies for ensuring compensation arrangements remain market-competitive with the changing health care/physician employment landscape

10:00 –11:00 am
HH. Health System Competitor Collaborations (not repeated)
   Ashley M. Fischer
   Anthony Malcoun
   Models for collaboration between hospitals and health systems other than mergers and acquisitions
   Operational, financial, and structural considerations
   Antitrust implications of competitor collaboration, including scope of activities, joint activities, ancillary restraints, spill-over collusion, and compliance

JJ. Health Care Enforcement in 2016–The View from Main Justice (not repeated)
   Barbara Rowland (Moderator)
   Joseph Beemsterboer
   Edward Crooke
   Scope of responsibility of the Department of Justice Criminal Fraud and Civil Fraud Sections for health care matters, including hospital systems, Part D providers, nursing homes, among others
   Role of Main Justice sections in investigating health care matters, including supervision, trial practice, and settlement authority
   Distinctions between U.S. Attorney’s Offices responsibilities and Main Justice
   Trends in types of matters that Main Justice is involved in
   Results of HEAT strike force and other Main Justice focuses
   Thoughts on mitigating factors and compliance trends for health care providers

KK. Drug-Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting—What Does It All Really Mean?
   Lee H. Rosebush
   PBM contracting: Best practices, language, “lesser of” pricing provision
   Pricing models: AAC, AWP, U&C
   Pricing data
   PBM and pharmacy drug pricing/discount compliance audits
   State pricing programs

LL. The Future of Health Care Privacy
   Deven McGraw
   Kirk J. Nahra
   Variety of new concerns about privacy and data security, and how personal data will be used in this dynamic business
   There is no part of the health care industry—very broadly defined—that does not rely on data in increasing ways, for more and more of the business
   New developments and how the landscape for health care privacy and security regulation and enforcement will be changing and adapting to keep pace in this quickly evolving environment
   New developments in this area and how the law and regulations may be changing
   It is critical for any participant in the health care industry to understand the business realities that are driving the need for change and be able to assess how these rules are evolving and how these changes will affect particular activities in the industry

MM. Knowledge, Advice of Counsel, and Liability for Improper Claims to and Retention of Payment from Federal Health Care Programs
   David L. Kirman
   Knowledge and liability for improper claims to and retention of payments from federal programs
   False Claims Acts and advice of counsel
   Advice of counsel defense vs. advice of counsel and the knowledge element of offenses
   Medicare/Medicaid and advice of counsel
   Stark Law and advice of counsel
   Anti-kickback Statute and advice of counsel

NN. Medicare’s Bundled Payment Initiatives: Preparing for the “New Normal”
   Tami Reinglass Horton
   Robert D. Stone
   A brief history of bundled payment programs
   Feedback and experience on the primary bundled payment program currently underway—the Bundled Payment for Care Improvement initiative, including a summary of how bundled payment programs work in practice, common contracting issues, and applicable fraud and abuse and payment waivers
   Initial feedback and discussion of other bundled payment programs including initial experience with the Comprehensive Care for Joint Replacement program
(which is largely modeled off of the Bundled Payment for Care Improvement initiative and had an effective date of April 1, 2016)

The likely direction of bundled payment reforms in the future including a discussion of the Oncology Care Model and Comprehensive Primary Care Plus (a new model set to launch in January 2017)

E. EMTALA—The Regulation that Advancing Health Care Risks at Its Peril

P. Climbing the Quality Mountain (repeat)

11:15 am–12:15 pm

O0. Hospice under Attack: From Policy to Audit to Enforcement (not repeated)
William A. Dombi
Harvey M. Tettlebaum

››› Evolving government policy on hospice
››› Recent OIG studies of the hospice industry
››› Regulatory issues impacting hospice providers, physicians and patients
››› The compliance challenges posed by the government’s regulations and their auditors
››› Recent government audits of hospice providers participating in the Medicare and/or Medicare programs
››› Recent Civil and Criminal False Claims Act investigations and prosecutions

PP. A Tough Pill to Swallow: Regulatory Risks Associated with the Prescribing, Dispensing, Handling, and Disposal of Controlled Substances
(not repeated)
Louis Milione
Catherine O’Neil

››› Drug Enforcement Administration (DEA) regulations and other federal and state regulations that impact DEA registrants (e.g., hospitals, long term care facilities, clinics and physician practices) engaged in the procurement, prescribing, administering/dispensing, and disposal of controlled substances
››› Key developments in the handling of drugs for the treatment of pain, including additional training and certification requirements; use of Prescription Drug Monitoring Programs; and guidance for outpatient dispensing
››› Key compliance risks faced by registrants, including in the areas of prescriber authority and supervision of mid-level practitioners; telemedicine; remote order entry; and compounding
››› Issues and developments relating to the disposal of medical and pharmaceutical waste
››› Best practices and practical tips for complying with federal and state controlled substance laws

QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM—Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule
Robert L. Roth
Albert W. Shay

››› 60-Day mandatory refund statute and its implications under the False Claims Act
››› The final rule implementing the 60-Day Rule for purposes of Medicare Parts A and B
››› Effect of the 60-Day Rule on provider operations and compliance programs
››› Practical considerations when investigating potential overpayments
››› Options for reporting and repaying identified overpayments
››› How to address Medicaid overpayments

RR. Understanding and Managing the Self-Disclosure Protocol
Brian Bewley
Karen M. Glassman
Joseph Hudzik

››› An insiders’ view of the OIG and CMS self-disclosure protocols
››› Balancing the risks and benefits of disclosure versus refund
››› Strategic concerns when disclosing mixed Stark and Anti-Kickback Statute issues
››› Self-disclosure considerations in light of the final 60-day Overpayment Refund rule
››› Understanding and anticipating the settlement process with OIG and CMS
››› Managing client expectations of the self-disclosure process

SS. The Aftermath of Recruiting a Bad Doctor: What Happens to the Hospital?
Thomas E. Jeffry
Jeffrey Moseley
Emilie Rayman

››› The challenges and costs as it relates to Medical Staff membership and clinical privileges of the problem physician, including the complicating factors of employment, preserving the peer review privilege, and reporting requirements
››› Dealing with compliance issues including termination of a physician agreement, undisclosed financial relationships between the problem physician and outside vendors, proper documentation to support medical necessity and quality of care, reimbursement of claims related to problem physician procedures
››› Risk management as it relates to third party claims including malpractice, remedial care provided at other hospitals, quality of care
››› False Claims Act considerations and potential for government investigations
–Qui tam relators
–Unwinding the relationship that the hospital billed for
D. Stop! Don’t Send That! The Legal Ethical Issues Surrounding Email (repeat)

L. Federal Behavioral Health Legislative and Regulatory Activity—Turning Esoteric Policy into Concrete Action (repeat)

T. Structuring Successful Population Health Ventures (repeat)

12:30 –1:45 pm
Lunch on your own or attend one of the Practice Group Luncheons (these are not included in the program registration; additional fee; limited attendance; pre-registration required; more information on page 38):
❯❯ Regulation, Accreditation, and Payment and Post-Acute and Long Term Services Practice Groups (joint luncheon)
❯❯ Labor and Employment Practice Group
❯❯ Hospitals and Health Systems, Business Law and Governance, and Antitrust Practice Groups (joint luncheon), sponsored by Ntracts
❯❯ Academic Medical Centers and Teaching Hospitals, Medical Staff, Credentialing, and Peer Review, and Physician Organizations Practice Groups and the Accountable Care Organizations Task Force (joint luncheon), sponsored by Sullivan, Cotter and Associates, Inc.

CONCURRENT SESSIONS
2:00-3:00 pm
TT. To Fly or Not To Fly; Air Ambulance Utilization, Contracting, and Payment Issues (not repeated)
Marc D. Goldstone
Crystal Gordon
Jill K. Mitchell
❯❯ Recent media coverage of air ambulance issues
❯❯ Managing the hospital patient experience for patients utilizing air medical service
❯❯ Medical necessity issues
❯❯ In-network v. out-of-network considerations
❯❯ Assignment of benefit issues
❯❯ Reimbursement and balance billing issues
❯❯ Methods for streamlined dispute resolution

UU. Working toward Inclusive Excellence in the Legal Profession (not repeated)
Melissa Hart
❯❯ Defining and fostering an inclusive workplace
❯❯ The operation and impact of implicit bias
❯❯ Strategies for interrupting implicit bias

VV. Creating Stable Security and Compliance Relationships between Health Care Organizations and Vendors (not repeated)
David S. Holtzman
James B. Wieland
❯❯ HITECH’s modifications to the HIPAA Privacy and Security Rules and how it has changed the relationship between health care providers, health plans and vendors
❯❯ Steps counsel can proactively take to reduce legal and regulatory risk through development and sustaining effective vendor management practices to ensure health information is safeguarded
❯❯ Five-step life cycle approach with supporting actions for managing vendor privacy and security requirements
❯❯ Resources, tools, and risk-based frameworks to use in a vendor management program
❯❯ Proven best practice strategies for provider organizations seeking to improve vendor selection and management to ensure compliance and reduce risk

3:15-4:15 pm
WW. Legal Issues Related to Indian Health (not repeated)
Kimberly D. Cravatt
Mary R. Daniel
❯❯ Native American or American Indian? Basic Indian law fundamentals and legal basis for tribal sovereignty
❯❯ What the term “Indian Health” really means
❯❯ How does the contracting process work? How to enter into contracts with Indian Tribes, Indian Nations, and Indian Health Services and common pitfalls to avoid
❯❯ Do Indian health providers need to worry about fraud and abuse? Whether the fraud and abuse laws apply to Indian Tribes and Indian Nations
❯❯ What are some practical tips for in-house counsel? How hospitals address research, tribal orders, patient transfers, the Indian Child Welfare Act, and other related issues

XX. Public Interest Convener: Transgender Issues (not repeated)
Robert G. Homchick
Cynthia Y. Reisz
❯❯ The Public Interest Committee of the AHLA sponsored a convener session on Health Care and the Transgender Community on March 3, 2016. The purpose of the convener was to provide a forum for various stakeholders from the government, provider, plan, and advocacy communities to have an open discussion on the topic and create the basis for a resource for AHLA members and the health care community at large on transgender health care issues
❯❯ This session will summarize the topics covered during the convener session, highlight the issues of particular significance, and describe the white paper generated as a result of the Convener
YY. Ransomware (not repeated)

Paul Luehr
Jonathan A. Neiditz

❯❯ Beyond breaches and HIPAA compliance
❯❯ Technical safeguards and culture change
❯❯ Ransomware risk transfer

4:15-8:00 pm
Free Time

8:00-10:30 pm
X-Treme Colorado Dessert Reception at Sheraton Hotel, sponsored by Bloomberg BNA
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome. More information on page 38.

Wednesday, June 29, 2016
7:00 am-3:45 pm
Registration and Information

7:00-8:30 am
Continental Breakfast
This event is included in the program registration. Attendees, faculty, and registered adult, teen and youth guests are welcome.

CONCURRENT SESSIONS
8:00-9:30 am Extended Sessions

ZZ. A Focus on Government-Sponsored Managed Care: Emerging Areas of Enterprise Risk and Liability (not repeated)
A. Courtney Cox
Jennifer Kildea Dewane
Steven D. Hamilton
Christopher Rohn

❯❯ CMS’s proposed final rule on the modernization of Medicaid managed care regulations (the Mega Rule) and potential risk to Medicaid MCOs
❯❯ Government enforcement actions against Medicaid MCOs and Medicare Advantage entities in 2016 and beyond, including program integrity requirements, beneficiary protections, marketing, encounter data, data integrity, and risk-based reimbursement
❯❯ False Claim Act liability and government enforcement actions relating to risk adjustment and prescription drug event data
❯❯ Provider contracting arrangements and liability pressure points, including narrowing of networks and network adequacy, encounter data reporting, and more

AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers (repeat)

BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks (repeat)

CC. The Future Is Now: Medicare’s Shift from Volume to Value-Based (repeat)

DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital–Physician Arrangements (repeat)

EE. ACOs and Other CMS Innovative Payment Models: The Art of Drafting Compliant Contracts (repeat)

FF. Hot Topics in Fraud and Abuse: Treacherous Trails, Peaks and Valleys, and Obstacles to Overcome (repeat)

GG. Compensation Plan Governance: Ensuring Your Physician Compensation Arrangements Remain Compliant and Effective (repeat)

9:45-10:45 am

AAA. CMS Proposed Antibiotic Stewardship Rules—What You Need to Know (not repeated)
James M. Keegan
Kevin Outterson

❯❯ Medicare is adding Antimicrobial Stewardship Programs (ASPs) as a condition of participation in FY2017
❯❯ How these changes affect teaching hospitals, community hospitals, and LTC providers
❯❯ Stark II and fraud and abuse issues to consider when coordinating ASPs with referral sources
❯❯ Reimbursement issues and proposals in Congress to modify payments for inpatient antibiotics

BBB. Reefer Madness: Marijuana in the Workplace (not repeated)
Sharon E. Caulfield

❯❯ Employers have questioned how the use of marijuana would affect workplace rights under the Americans with Disabilities Act, Workers’ Compensation, and the like
❯❯ The Colorado Courts have threaded a fine needle about the relations between state and federal law when evaluating the rights of marijuana users
❯❯ Have they stated the final word on this topic, as other states wade into marijuana rights laws?
C. Hidden Opportunities in the SGR Fix: Why Physicians May Need Hospital Partners More than Ever (repeat)

H. What the Government Now Expects from Individuals and Their Attorneys in False Claims Act Investigations and Settlements (repeat)

Q. Evolving Network Adequacy Standards (repeat)

V. 340B Drug Pricing Program: Where Are We Now and Where Are We Going (and When)? (repeat)

X. Everything a General Counsel and a General Health Care Practitioner Needs to Know about Antitrust in an Era of Enforcement (repeat)

Y. Recognizing and Addressing EHR-Related Compliance Issues (repeat)

11:00 am-12:00 noon

CCC. Let’s All Go to the McClinic: Franchising in Health Care Delivery (not repeated)
   Jesse A. Berg
   >> Advantages and disadvantages of franchising as a business model and how franchise principles can apply to health care businesses
   >> Application of key regulatory requirements, such as corporate practice of medicine restrictions; Stark Law, Anti-kickback Statue, and state fee-splitting and marketing and advertising restrictions; Medicare enrollment and reimbursement rules; and HIPAA and state law privacy considerations for franchisors and franchisees
   >> The importance of avoiding the “accidental” franchise
   >> Explaining health law to lay investors and franchise law to health care providers
   >> Key franchise concepts, including franchise investment and disclosure laws and franchise relationship laws

DDD. Enterprise Data Warehouses: Collaboration and Compliance (not repeated)
   Leah A. Voigt
   Emily K. Weber
   >> The primary legal and regulatory considerations, i.e., data privacy and security, anti-trust considerations, fraud/abuse issues, and human subject research protections
   >> The agreements and other legal documents necessary to establish a data warehouse
   >> The data governance issues and potential organizational structures and processes to address these issues

F. What’s Up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know (repeat)

N. Legal Ethics and Managing the Risks of Corporate Representation (repeat)

LL. The Future of Health Care Privacy (repeat)

MM. Knowledge, Advice of Counsel, and Liability for Improper Claims to and Retention of Payment from Federal Health Care Programs (repeat)

NN. Medicare’s Bundled Payment Initiatives: Preparing for the “New Normal” (repeat)

QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM—Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule (repeat)

12:00 noon-1:15 pm

Lunch on your own or attend the Practice Group Luncheon (these are not included in the program registration; additional fee; limited attendance; pre-registration required; more information on page 38):
   >> Health Care Liability and Litigation and Health Information and Technology Practice Groups and the Enterprise Risk Management Task Force (joint luncheon)
   >> Behavioral Health Task Force

CONCURRENT SESSIONS

1:30-2:30 pm

O. Medicaid Managed Care: Substantial Growth and New Rules (repeat)

U. It’s Your Fault! Breach in the Age of Health Information Exchange (repeat)

RR. Understanding and Managing the Self-Disclosure Protocol (repeat)

SS. The Aftermath of Recruiting a Bad Doctor: What Happens to the Hospital? (repeat)

2:45-3:45 pm

G. Case Study—Centralized Credentialing, Privileging, Peer Review, and Disciplinary Actions in a Large Health Care Delivery System (repeat)

W. Bundled Payment Initiatives: Where We Are and Where We’re Headed (repeat)

M. Using Data and Statistics to Defend Health Care Enforcement (repeat)

KK. Drug-Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting—What Does It All Really Mean? (repeat)

Adjournment
# Schedule

## Annual Meeting

### Saturday, June 25, 2016

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>4:00-7:00 pm</td>
<td>Registration and Information</td>
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### Sunday, June 26, 2016

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<tr>
<td>7:00 am-5:15 pm</td>
<td>Registration and Information</td>
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<tr>
<td>5:00-6:30 pm</td>
<td>Welcome Reception, sponsored by Cain Brothers (this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome; more information on page 38)</td>
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### Monday, June 27, 2016

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<tr>
<td>6:00-7:00 am</td>
<td>Exercise Classes: Yoga or Bootcamp, sponsored by CBIZ Healthcare Valuation (this event is included in program registration; attendees and guests welcome; pre-registration required; no additional fee; more information on page 38)</td>
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<tr>
<td>7:00 am-5:30 pm</td>
<td>Registration and Information</td>
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<tr>
<td>7:00-8:30 am</td>
<td>Continental Breakfast sponsored by Navigant (this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome)</td>
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<tr>
<td>8:00 am-12:15 pm</td>
<td>General Session, sponsored by FTI Consulting</td>
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#### Welcome and State of the Association

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#### Keynote Address

*DeSalvo*
<table>
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| 8:00 am-12:15 pm (continued) | 9:00-10:00 am  
**Keynote Address**  
Swanson |
|              | 10:00-10:15 am  
**Break** |
|              | 10:15 am-12:15 pm  
**Year in Review**  
Carder-Thompson, Schroder |
| 12:30-1:45 pm | Lunch on your own or attend one of the Practice Group Luncheons (not included in program registration; additional fee; limited attendance; pre-registration required; more information on page 38):  
- Payers, Plans, and Managed Care Practice Group  
- Tax and Finance and Life Sciences Practice Groups (joint luncheon)  
- Fraud and Abuse Practice Group, sponsored by Jarrard Phillips Cate & Hancock, Inc. |
| 2:00-3:00 pm | A. Intercompany Pricing and the Movement Toward Integrated Health (advanced) (not repeated)  
Ives  
Petelle  
E. EMTALA–The Regulation that Advancing Health Care Risks at Its Peril  
Kottkamp  
McCormick  
B. What You Don't Know Really Can Hurt You: SNF Updates (not repeated)  
Feldkamp  
Lax  
F. What's Up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know  
Mills  
Tsilas  
C. Hidden Opportunities in the SGR Fix: Why Physicians May Need Hospital Partners More than Ever  
Ruskin  
D. Stop! Don't Send That! The Legal Ethical Issues Surrounding Email  
Matyas |
|              | G. Case Study–Centralized Credentialing, Privileging, Peer Review, and Disciplinary Actions in a Large Health Care Delivery System  
Betner  
DuBois  
H. What the Government Now Expects from Individuals and Their Attorneys in False Claims Act Investigations and Settlements  
Bueno  
Grubman |
| 3:15-4:15 pm | J. Hot Topics in Telemedicine 2016: Payment Policy, Prescribing, and Practice Standards (not repeated)  
Gilroy  
Lacktman  
K. Immigration Options and Strategies to Optimize Compliance, Recruiting, andRetention (not repeated)  
Bibet-Kalinyak  
Link  
L. Federal Behavioral Health Legislative and Regulatory Activity–Turning Esoteric Policy into Concrete Action  
Lerner  
Moore  
O’Donnell  
M. Using Data and Statistics to Defend Health Care Enforcement  
Frazee  
Haney  
Tardiff |
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<td>P. Climbing the Quality Mountain</td>
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<td>Q. Evolving Network Adequacy Standards</td>
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<td>Vandecaveye Wisner</td>
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<td>R. To Lease or Not To Lease—When Health Systems Lease Space to Physicians</td>
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<td>S. International—Considerations for Health Care Infrastructure Projects</td>
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<td>5:30-6:30 pm</td>
<td>Celebrating Diversity+Inclusion Reception and Presentation</td>
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<td>Topic: Missing the Value of Inclusivity</td>
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<td>Lucero</td>
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<td>6:30-10:30 pm</td>
<td>Off-Property Rodeo Reception, sponsored by AHLA’s Members’ Law Firms</td>
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<td>registered adult, teen and youth guests welcome; more information on page</td>
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### Monday, June 27, 2016 (continued)

#### 3:15-4:15 pm (continued)

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### V. 340B Drug Pricing Program: Where Are We Now and Where Are We Going (and When)?

**Bollinger**

**Cook**

### W. Bundled Payment Initiatives: Where We Are and Where We’re Headed

**Colvin**

**Dean**

### X. Everything a General Counsel and a General Health Care Practitioner Need to Know about Antitrust in an Era of Enforcement

**Brau**

**White**

### Y. Recognizing and Addressing EHR-Related Compliance Issues

**Blanchard**

**Tribble**

#### 5:30-6:30 pm

**Celebrating Diversity+Inclusion Reception and Presentation**, hosted by AHLA’s Diversity+Inclusion Council

(this event is not included in program registration; attendees and faculty welcome; pre-registration required; no additional fee; more information on page 38)

**Topic: Missing the Value of Inclusivity**

**Lucero**

#### 6:30-10:30 pm

**Off-Property Rodeo Reception**, sponsored by AHLA’s Members’ Law Firms

(this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome; more information on page 38)
## Tuesday, June 28, 2016

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<tr>
<td>7:00 am-4:15 pm</td>
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<td>7:00-8:45 am</td>
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<tr>
<td>7:00-8:00 am</td>
<td>Networking Breakfast, hosted by AHLA’s Women’s Leadership Council</td>
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<tr>
<td>8:15-9:45 am</td>
<td>Extended Sessions</td>
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</table>
| Z. Behavioral Health Privacy for Every Health Lawyer (not repeated) | DeLoss  
Lohse  
Richard |
| AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers | Aguilar 
Hatton 
Leibenluft 
Town |
| BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks | Binzer 
Davila 
Ross |
| CC. The Future is Now: Medicare’s Shift from Volume to Value-Based | Cohen 
Cooper |
| DD. Challenging Transactions: Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements | Beith  
Blumentritt  
Griffith  
Lomax |
| EE. ACOs and Other CMS Innovative Payment Models: The Art of Drafting Compliant Contracts | Barsky  
Dailey  
Gerberry |
| FF. Hot Topics in Fraud and Abuse: Treacherous Trails, Peaks and Valleys, and Obstacles to Overcome | DeConti  
Scieltzo  
Wilson |
| GG. Compensation Plan Governance: Ensuring Your Physician Compensation Arrangements Remain Compliant and Effective | Chamblee  
Swank  
Wade |
| 10:00-11:00 am        | Extended Sessions                                                    |
| HH. Health System Competitor Collaborations (not repeated) | Fischer  
Malcoun |
| JJ. Health Care Enforcement in 2016—The View from Main Justice (not repeated) | Rowland (Moderator)  
Beemsterboer  
Crooke |
| KK. Drug- Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting—What Does It All Really Mean? | Rosebush  
McGraw  
Nahra |
| LL. The Future of Health Care Privacy | McGraw  
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<td>11:15 am-12:15 pm</td>
<td>OO. Hospice under Attack: From Policy to Audit to Enforcement (not repeated)</td>
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<td>PP. A Tough Pill to Swallow: Regulatory Risks Associated with the Prescribing, Dispensing, Handling, and Disposal of Controlled Substances (not repeated)</td>
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<td>• Academic Medical Centers and Teaching Hospitals, Medical Staff, Credentialing, and Peer Review, and Physician Organizations Practice Groups and the Accountable Care Organizations Task Force (joint luncheon), sponsored by Sullivan, Cotter and Associates, Inc.</td>
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<tr>
<td>2:00-3:00 pm</td>
<td>TT. To Fly or Not To Fly; Air Ambulance Utilization, Contracting, and Payment Issues (not repeated)</td>
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<td></td>
<td>UU. Working toward Inclusive Excellence in the Legal Profession (not repeated)</td>
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<td>VV. Creating Stable Security and Compliance Relationships between Health Care Organizations and Vendors (not repeated)</td>
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<td>Goldstone Gordon Mitchell</td>
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<td>Holtzman Wieland</td>
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### Tuesday, June 28, 2016 (continued)

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>3:15-4:15 pm</td>
<td>WW. Legal Issues Related to Indian Health (not repeated)</td>
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<td>XX. Public Interest Convener: Transgender Issues (not repeated)</td>
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<td>YY. Ransomware (not repeated)</td>
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<td></td>
<td>Cravatt Daniel</td>
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<td>Luehr Neiditz</td>
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<tr>
<td>4:15-8:00 pm</td>
<td><strong>Free Time</strong></td>
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<tr>
<td>8:00-10:30 pm</td>
<td><strong>X-Treme Colorado Dessert Reception at Sheraton Hotel</strong>, sponsored by Bloomberg BNA (this event is included in program registration; attendees, faculty, and registered adult and teen guests welcome; more information on page 38)</td>
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### Wednesday, June 29, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00 am-3:45 pm</td>
<td><strong>Registration and Information</strong></td>
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<tr>
<td>7:00-8:30 am</td>
<td><strong>Continental Breakfast</strong> (this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome)</td>
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<tr>
<td>8:00-9:30 am</td>
<td><strong>Extended Sessions</strong></td>
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<td>ZZ. A Focus on Government-Sponsored Managed Care: Emerging Areas of Enterprise Risk and Liability (not repeated)</td>
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<tr>
<td></td>
<td>AA. Evaluating the Changing Health Insurance Markets in View of Recent Mergers (repeat)</td>
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<td>BB. The Future of Protecting Data: Recent Trends in Using the PSQIA Privilege and Confidentiality Protections to Improve Care Quality and Reduce Risks (repeat)</td>
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<td>CC. The Future Is Now: Medicare’s Shift from Volume to Value-Based (repeat)</td>
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<td>8:00-9:30 am</td>
<td><strong>DD. Challenging Transactions:</strong> Confronting Difficult Regulatory, Tax, Antitrust, and Business Issues in Hospital to Hospital Transactions and Hospital-Physician Arrangements (repeat)</td>
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<td><strong>EE. ACOs and Other CMS Innovative Payment Models:</strong> The Art of Drafting Compliant Contracts (repeat)</td>
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<td><strong>FF. Hot Topics in Fraud and Abuse:</strong> Treacherous Trails, Peaks and Valleys, and Obstacles to Overcome (repeat)</td>
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<td><strong>GG. Compensation Plan Governance:</strong> Ensuring Your Physician Compensation Arrangements Remain Compliant and Effective (repeat)</td>
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<tr>
<td>9:45-10:45 am</td>
<td><strong>AAA. CMS Proposed Antibiotic Stewardship Rules—What You Need to Know</strong> (not repeated)</td>
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<td><strong>BBB. Reefer Madness:</strong> Marijuana in the Workplace (not repeated)</td>
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<td><strong>C. Hidden Opportunities in the SGR Fix:</strong> Why Physicians May Need Hospital Partners More than Ever (repeat)</td>
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<td><strong>H. What the Government Now Expects from Individuals and Their Attorneys in False Claims Act Investigations and Settlements</strong> (repeat)</td>
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<td><strong>Q. Evolving Network Adequacy Standards</strong> (repeat)</td>
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<td><strong>V. 340B Drug Pricing Program:</strong> Where Are We Now and Where Are We Going (and When)? (repeat)</td>
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<td><strong>Y. Recognizing and Addressing EHR-Related Compliance Issues</strong> (repeat)</td>
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<td><strong>X. Everything a General Counsel and a General Health Care Practitioner Need to Know about Antitrust in an Era of Enforcement</strong> (repeat)</td>
</tr>
<tr>
<td>11:00 am-12:00 noon</td>
<td><strong>CCC. Let’s All Go to the McClinic:</strong> Franchising in Health Care Delivery (not repeated)</td>
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<td><strong>DDD. Enterprise Data Warehouses:</strong> Collaboration and Compliance (not repeated)</td>
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<td><strong>F. What’s Up in Tax Exemption and Financing for Hospitals:</strong> News Everyone Needs to Know (repeat)</td>
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<td><strong>N. Legal Ethics and Managing the Risks of Corporate Representation</strong> (repeat)</td>
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</table>
### Wednesday, June 29, 2016 (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
</table>
| 11:00 am-12:00 noon | **LL. The Future of Health Care Privacy** (repeat)  
McGraw Nahra  
**MM. Knowledge, Advice of Counsel, and Liability for Improper Claims to and Retention of Payment from Federal Health Care Programs** (repeat)  
Kirman  
**NN. Medicare's Bundled Payment Initiatives: Preparing for the “New Normal”** (repeat)  
Horton Stone  
**QQ. 6 Years, 6 Months, 60 Days: Tick, Tick, BOOM–Understanding the Expanded Obligations for Providers under the 60-Day Overpayment Report and Return Rule** (repeat)  
Roth Shay |
| 12:00 noon-1:15 pm | Lunch on your own or attend one of the Practice Group Luncheons (not included in program registration; additional fee; limited attendance; pre-registration required; more information on page 38):  
- Health Care Liability and Litigation and Health Information and Technology Practice Groups and Enterprise Risk Management Task Force (joint luncheon)  
- Behavior Health Task Force |
| 1:30-2:30 pm | **O. Medicaid Managed Care: Substantial Growth and New Rules** (repeat)  
Luband  
**U. It's Your Fault! Breach in the Age of Health Information Exchange** (repeat)  
Greene Leeb  
**RR. Understanding and Managing the Self-Disclosure Protocol** (repeat)  
Bewley Glassman Hudzik  
**SS. The Aftermath of Recruiting a Bad Doctor: What Happens to the Hospital?** (repeat)  
Jeffry Moseley Rayman |
| 2:45-3:45 pm | **G. Case Study–Centralized Credentialing, Privileging, Peer Review, and Disciplinary Actions in a Large Health Care Delivery System** (repeat)  
Betner DuBois  
**W. Bundled Payment Initiatives: Where We Are and Where We're Headed** (repeat)  
Colvin Dean  
**M. Using Data and Statistics to Defend Health Care Enforcement** (repeat)  
Frazee Haney Tardiff  
**KK. Drug-Pricing as It Relates to Pharmaceutical, Pharmacy, and PBM Contracting–What Does It All Really Mean?** (repeat)  
Rosebush |
Planning Committee
Charlene L. McGinty, Program Chair
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Atlanta, GA

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LeClairRyan
Annapolis, MD

Marc D. Goldstone
Vice President and Associate General Counsel
Community Health Systems Professional Services Corporation
Franklin, TN

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Aetna
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US Department of Justice
Washington, DC

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Cain Brothers
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Poliselli PC
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Brouse McDowell LPA
Akron, OH

Peggy Binzer
Executive Director
Alliance for Quality Improvement and Patient Safety
Alexandria, VA

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HORNE LLP
Baton Rouge, LA

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General Counsel
Franciscan Missionaries of Our Lady Health System
Baton Rouge, LA

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Deputy Assistant Director, Health Care Division
Federal Trade Commission
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Savannah, GA

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Chesterfield, MO

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Reed Smith LLP
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Los Angeles, CA

Ritu K. Cooper
Hall Render Killian Heath & Lyman PC
Washington, DC

A. Courtney Cox
Senior Managing Counsel, Litigation
WellCare Health Plans, Inc.
Tampa, FL

Eric Zimmerman
McDermott Will & Emery LLP
Washington, DC
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tbody>
<tr>
<td>Karen L. Davila</td>
<td>Senior Associate General Counsel Walmart Stores Inc. Bentonville, AR</td>
</tr>
<tr>
<td>Patricia Dean</td>
<td>Holland &amp; Hart LLP Denver, CO</td>
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<tr>
<td>Gerald E. DeLoss</td>
<td>Clark Hill PLC Chicago, IL</td>
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<tr>
<td>Karen B. DeSalvo, MD, MPH, MSc</td>
<td>National Coordinator for Health Information Technology and Acting Assistant Secretary for Health US Department of Health and Human Services Washington, DC</td>
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<tr>
<td>Jennifer Kildea Dewane</td>
<td>Deputy General Counsel CareSource Dayton, OH</td>
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<tr>
<td>William A. Dombi</td>
<td>Vice President for Law National Association for Home Care &amp; Hospice Washington, DC</td>
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<tr>
<td>Susan DuBois</td>
<td>Assistant Vice President Physician Relations and Medical Affairs Intermountain Healthcare Salt Lake City, UT</td>
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<tr>
<td>Kim Everett</td>
<td>Life and Health Section Assistant Chief, Analyst/Reviewer Nevada Department of Business and Industry, Division of Insurance Carson City, NV</td>
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<tr>
<td>Janet K. Feldkamp</td>
<td>Benesch Friedlander Coplan &amp; Aronoff LLP Columbus, OH</td>
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<tr>
<td>Ashley M. Fischer</td>
<td>McDermott Will &amp; Emery LLP Chicago, IL</td>
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<tr>
<td>Margaux Frazee</td>
<td>Director, Corporate Compliance CareSource Dayton, OH</td>
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<tr>
<td>Jeannie C. Frey</td>
<td>Chief Legal Officer and General Counsel Presence Health Chicago, IL</td>
</tr>
<tr>
<td>Robert A. Gerberry</td>
<td>Senior Vice President and General Counsel Summa Health System Akron, OH</td>
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<tr>
<td>Alexis S. Gilroy</td>
<td>Jones Day Washington, DC</td>
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<tr>
<td>Karen M. Glassman</td>
<td>Associate Counsel Office of Counsel to the Inspector General US Department of Health and Human Services Washington, DC</td>
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<td>Crystal Gordon</td>
<td>General Counsel Air Methods Englewood, CO</td>
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<td>Adam H. Greene</td>
<td>Davis Wright Tremaine LLP Washington, DC</td>
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<td>Christopher Haney</td>
<td>Forensus Group LLC Richmond, VA</td>
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<tr>
<td>Melissa Hart</td>
<td>Professor of Law Director, Byron R. White Center for the Study of Constitutional Law University of Colorado Law School Boulder, CO</td>
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<td>Melinda Reid Hatton</td>
<td>Vice President and Chief Washington Counsel American Hospital Association Washington, DC</td>
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<tr>
<td>Clinton D. Hermes</td>
<td>General Counsel Sidra Medical and Research Center Doha, Qatar</td>
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<tr>
<td>Joanne R. Lax</td>
<td>Dykema Gossett PLLC Bloomfield Hills, MI</td>
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<tr>
<td>Andrea Leeb</td>
<td>Chief Privacy Officer California Integrated Data Exchange (Cal Index) Emeryville CA</td>
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<tr>
<td>Tami Reinglass Horton</td>
<td>General Counsel and Chief Compliance Officer Illinois Bone &amp; Joint Institute LLC Des Plaines, IL</td>
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<tr>
<td>Joseph C. Hudzik</td>
<td>Latham &amp; Watkins LLP Washington, DC</td>
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<tr>
<td>Angela Humphreys</td>
<td>Bass Berry &amp; Sims PLC Nashville, TN</td>
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<td>Kirstin Ives</td>
<td>Williams Montgomery &amp; John Ltd Chicago, IL</td>
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<td>Thomas E. Jeffry</td>
<td>Arent Fox LLP Los Angeles, CA</td>
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<tr>
<td>James M. Keegan</td>
<td>PYA Knoxville, TN</td>
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<td>David L. Kirman</td>
<td>O’Melveny &amp; Myers LLP Century City, CA</td>
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<td>Nathaniel M. Lacktman</td>
<td>Foley &amp; Lardner LLP Tampa, FL</td>
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<td>McGuireWoods LLP Richmond, VA</td>
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<tr>
<td>Joanne R. Lax</td>
<td>Dykema Gossett PLLC Bloomfield Hills, MI</td>
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</tbody>
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Mark R. Thompson  
Seigfreid Bingham PC  
Kansas City, MO  
Robert J. Town  
Professor, Health Care Management Department  
The Wharton School  
University of Pennsylvania  
Philadelphia, PA  
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Washington, DC  
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Cynthia Wisner  
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Early Registration (on or before May 26, 2016)
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Registration (between May 27-June 19, 2016)
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(Note: All attendees will receive an electronic version of the course materials. Attendees may purchase the binder for an additional fee. Orders are guaranteed if placed by May 26. After this date, availability is limited and may sell out.)

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Celebration Sale: $1020 (Those who have paid to attend another in-person program during the 2015—2016 educational year)

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$100 off full applicable rate

One Day Attendance
AHLA ACC /CO Bar Member: $550 / Non-Member: $675

Registration is available by going online to www.healthlawyers.org/annual2016 or by calling (202) 833-1100.

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CLE/MCLE: AHLA will be applying for 17.75 credits (including 2.00 ethics credit) for 60-minute states and approximately 21.3 credits (including 2.4 ethics credit) for 50-minute states.

CPE: AHLA will be applying for 21.0 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.

CCB: AHLA will be applying for 21.3 Compliance Certification Board (CCB) credits.

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 advance 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.

Cancellations/Substitutions
Cancellations must be received in writing by no later than June 15, 2016. Refunds will not be issued for cancellations received after this date. Registration fees, less a $125 administrative fee for the In-House Counsel Program will be refunded. If you register for In-House Counsel and the Annual Meeting and are only able to attend one, you will not be charged a cancellation fee. Please note that registration fees are based on the AHLA membership status of the individual who actually attends the program. For more information regarding administrative policies such as complaints, refunds, or sending a substitute, please contact our Finance Department at (202) 833-1100.
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❯❯ VMG
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NETWORKING OPPORTUNITIES

Sunday, June 26
5:00-6:30 pm
Welcome Reception, sponsored by Cain Brothers
Kick-off the program by reconnecting with long-time friends and/or make some new ones at the welcome reception. Attendees, faculty, and registered adult, teen and youth guests welcome.

Monday, June 27
6:00-7:00 am
Exercise Classes, sponsored by CBIZ Healthcare Valuation
Start the day off with an invigorating workout to get you through the full day of learning. We will be offering the option of Yoga or Bootcamp classes. Attendees and/or registered spouses/guests are welcome to attend. Pre-registration is required for this event. Space is limited. There is no additional fee.

12:30-1:45 pm
Practice Group Luncheon Presentations
$55 members of sponsoring PGs / $60 non-members of PGs
• What Is Adequate? An Update on CMS and NAIC Network Adequacy Developments, hosted by Payers, Plans and Managed Care
• Trumped: How the 2016 Presidential Election Could Make Health Care Providers Feel the Burn, hosted by Tax and Finance and Life Sciences (joint Luncheon)
• Hot Topics in Fraud and Abuse, Regionally and Nationally, hosted by Fraud and Abuse, sponsored by Jarrard Phillips Cate & Hancock, Inc.

5:30-6:30 pm
Celebrating Diversity+Inclusion Reception and Presentation, hosted by AHLA’s Diversity+Inclusion Council
Topic: Missing the Value of Inclusity, presented by Michelle Lucero
Attendees and faculty are welcome to attend. Pre-registration is required for this event. There is no additional fee.

6:30-10:30 pm
Off-Property Rodeo Reception, sponsored by AHLA’s Members’ Law Firms
We have arranged to take our attendees and guests to the National Western Event Center for a western event with fun activities for the whole family, including the unique opportunity to experience a very entertaining Rodeo.

Tuesday, June 28
7:00-8:00 am
Networking Breakfast, hosted by AHLA’s Women’s Leadership Council
Join us for breakfast and hear experts share tips, advice, and takeaways on leadership, executive presence, and more. Attendees and faculty are welcome to attend. Pre-registration is required for this event. Space is limited. There is no additional fee.

12:30-1:45 pm
Practice Group Luncheon Presentations
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• Real-World Experience Operating Under CMS’ New Mandatory Bundled Payments for Hip and Knee Replacement Program, hosted by Regulation, Accreditation, and Payment and Post-Acute and Long Term Services (joint luncheon)
• Implementing and Sustaining a Culture of Compliance, hosted by Labor and Employment
• A Strategic Framework for Hospital Partnership and Affiliation Models, hosted by Hospitals and Health Systems, Business Law and Governance, and Antitrust (joint luncheon), sponsored by Ntracts
• Transforming the Medical Staff to Meet Today’s (and Tomorrow’s) Evolving Challenges: VBP, CIN, ACOs . . . OMG!, hosted by Academic Medical Centers and Teaching Hospitals, Medical Staff, Credentialing, and Peer Review, and Physician Organizations and the Accountable Care Organizations Task Force (joint luncheon), sponsored by Sullivan, Cotter and Associates, Inc.

8:00-10:30 pm
X-Treme Colorado Dessert Reception at the Sheraton Hotel, sponsored by Bloomberg BNA
After dinner come back to the Sheraton and visit the X-Treme side of Colorado. Experience the adrenaline rush that inspires the intensity of Colorado’s adventure sports scene as we take you through the Rockies and right over the edge.

Wednesday, June 29
12:00 noon-1:15 pm
Practice Group Luncheon Presentations
$55 members of sponsoring PGs / $60 non-members of PGs
• An OCR Enforcement Update—Learning From the Past and Preparing for the Future, hosted by Health Care Liability and Litigation and Health Information and Technology and the Enterprise Risk Management Task Force (joint luncheon)
• Mental Health and Addiction Parity, hosted by Behavioral Health Task Force