June 25-28, 2017
San Francisco Marriott Marquis

For the most up-to-date information and to register
www.healthlawyers.org/Annual2017
Mr. Kipling’s unqualified affection and enthusiasm for San Francisco better reflect my own admiration for the City by the Bay than Mr. Twain’s somewhat critical quip (you know the one). That is why I am so excited that AHLA’s 2017 Annual Meeting will be held in San Francisco, and why I encourage you to join us.

As usual, this year’s program will be rich with content and dynamic speakers, offering the most current information and analysis of wide range of legal issues facing the health care community. Since our last gathering in Denver, the world of health care has changed profoundly. A new Congress and Administration are not only seeking to reshape the Affordable Care Act and Medicaid and Medicare, but also are ushering in a new enforcement environment with new leaders at the Departments of Justice and Health and Human Services, the Centers for Medicare and Medicaid Services, Food and Drug Administration, Federal Trade Commission, and other federal agencies tasked with regulating the health industry.

The program agenda includes sessions on transactional issues, Medicare and Medicaid 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. The program will feature more than 100 leading in-house and outside counsel, representatives from government agencies, consultants, and academicians who will provide insight and perspective on these evolutionary and important changes. Whether you represent physicians, payers, hospitals and health systems, long term care providers, academic medical centers, or life sciences companies, there are dozens of sessions that will interest and educate you.

Throughout this year, and culminating at this meeting, AHLA is celebrating its 50th Anniversary. In San Francisco, we will be looking back at the history and evolution of health law, studying our world in present, and looking ahead to our future. We will recognize the many leaders who built the Association and body of health law. We will be examining closely the likelihood and implications of repealing the ACA with a panel featuring the architects of California’s vibrant and functioning health care exchange, including Diana Dooley, California’s Secretary of Health and Human Services. Elizabeth Carder-Thompson and Jack Schroder will reprise their whirlwind summary of the developments and health law highlights from the past year. And, we will be gazing into the future with Roni Zeiger, the former Chief Health Strategist at Google.

In addition to outstanding educational content, the meeting will feature plenty of networking opportunities. We have included on the agenda a number of social events so you can get to know your colleagues, form new relationships and enjoy San Francisco with your families. I am perhaps most excited about our Monday evening reception at the California Academy of Sciences. Located in stunning Golden Gate Park, The Academy of Sciences is the only place in the world to house an aquarium, planetarium, and natural history museum (including an albino alligator)—all under one living roof. It’s guaranteed to excite adults and kids alike.
Of course, San Francisco has so much to offer, and this year we are creating extra time in the program for attendees to get out into the city. After attending our Tuesday diversity+inclusion networking reception, you can enjoy a show (Hamilton is in town!), a baseball game (the Giants also will be home all three days!) or one of San Francisco’s many ethnic or critically acclaimed restaurants.

**I hope you will plan to join us at the Annual Meeting—there is no better place to learn, exchange ideas, and network.**

To our members in San Francisco, we are excited to bring the Annual Meeting to your city and look forward to having you host us. To those of you who aren’t from San Francisco, I think you’ll find it worthwhile to make the trip. Whether or not you leave, is up to you.

_Eric Zimmerman_
AHLA President-Elect
Chair, Annual Meeting

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This year’s In-House Counsel Program will mark the 50th Anniversary of the American Health Lawyers Association. In accordance with the Association’s mission, “leading health law to excellence through education, information, and dialogue,” the Program Planning Committee has invited health law experts from across the country to educate attendees on current legal issues facing various sectors of the health care industry. An unpredictable Trump administration and Republican dominated Congress have created uncertainty regarding upcoming health policy developments, and the Program’s educational sessions are intended to help guide clients through a changing environment. To further inform your health law practice, the keynote address will be delivered by Mark S. Zemelman, Esq., Senior Vice President and General Counsel of Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc., who will share Kaiser Permanente’s research on the six forces reshaping the health care industry that will affect the future delivery of care and their related legal implications.

Please join us in San Francisco for the 2017 In-House Counsel Program to both learn from and network with colleagues who face similar issues in advising their clients.

Elisabeth Belmont
Chair, In-House Counsel Program

In-House Counsel Program Welcome

Saturday, June 24, 2017
4:00-7:00 pm
Registration and Information

Sunday, June 25, 2017
7:00 am-5:15 pm
Registration and Information

7:00-8:00 am
Continental Breakfast, sponsored by HealthCare Appraisers, Inc.
This event is included in the program registration. Attendees and speakers are welcome.

GENERAL SESSION

8:00-8:15 am
Welcome and Introductions
Elisabeth Belmont, Program Chair

8:15-9:15 am
Keynote Address: US Health Care System 2025–The Six Forces Reshaping the Health Care Industry
Mark S. Zemelman

The US health care landscape is undergoing a major evolution due to changing demographics, consumer demand, payer priorities, diminishing geographic boundaries, and the convergence of technological and medical innovations. How can in-house counsel representing various sectors of the health care industry plan for the future? During this session, Mr. Zemelman will share Kaiser Permanente’s research on the six forces reshaping the health care industry that will affect the future delivery of care and their related legal implications. He also will provide in-house counsel with a view as to their important role in guiding their clients through the changing environment. This presentation will offer attendees a thought-provoking vision of health care in 2025 to enable you to have a rich dialogue with your clients about future scenarios and how best to respond.
9:30-10:45 am **Extended Sessions**

**A. Surprise! You Are Out of Network: The Ins and Outs of Health Plan and Provider Relationships**
*(not repeated)*
John M. Charneski
Julie A. Simer

- State laws addressing out of network providers in the emergency room
- Efforts to regulate network adequacy at the state and federal level, as well as the NAIC Model Act
- Issues that arise between health plans and out-of-network providers
- Narrow networks and what they mean for health plans and providers
- Procedural requirements for termination of providers from health plan networks
- Any willing provider laws
- Network adequacy regulation and provider directories
- Plan measurement of network provider quality
- Sample policies for termination of a network provider and for applying a charitable discount to reduce a patient’s out-of-network expense

**B. In-House Practice Management: Adding Value to Senior Leadership**
Brent L. Henry (Moderator)
David A. DeSimone
Lisa A. Hathaway
Annaliese Impink

- Measuring your legal department’s effectiveness with metrics and other performance elements
- How to be both lawyer and business partner to help your organization accomplish its objectives
- Seeing around the corner—anticipating exposures and taking preventive action
- How to balance the needs of your CEO with the interests of the organization
- Maximizing your ability to coordinate effectively with your key collaborators (compliance, internal audit, risk management, government relations, etc.)

**C. Point/Counterpoint: Negotiating a Hospital’s Acquisition of a Physician Practice**
Dawn R. Crumel
Cynthia Y. Reisz

- The process of evaluating, negotiating, and closing a hospital acquisition of a physician practice
- Regulatory and tax implications to the physicians
- Conducting a valuation before the financial terms are set in stone
- Representing all of the physicians in the deal
- Treating due diligence as the critical element of the transaction
- Small deals do not guarantee small liabilities
- Key issues for negotiation: Valuations, compensation arrangements, non-compete and non-solicitation covenants, post-closing governance provisions, other aspects of implementation

**D. Issues and Pitfalls in Internal Investigations after the Yates Memo; Dealing with the Risk of Individual Liability**
Lisa A. Estrada
James G. Sheehan

The 2015 Yates memo states that for a corporation to be eligible for cooperation credit, corporations must provide to DOJ “all relevant facts” about “individuals involved in corporate misconduct.” These individuals will have both criminal and civil exposure, and the Yates memo directs prosecutors to pursue senior individuals civilly and criminally even after a criminal resolution for the corporation.

- What are counsels’ and compliance officers’ responsibilities for
- Conducting the investigation?
- Advising internal witnesses of their rights and risks
- Providing information without waiver of privilege
- Understanding and evaluating their ethical duties to the corporate entity
- Considering their ethical responsibilities to treat witnesses fairly

11:00 am-12:00 noon

**E. “The Times They Are A Changing...”—A View from The Joint Commission** *(not repeated)*
Lisa D. Vandecaveye

- The evolving and changing nature of the government relationship with the private sector including an update on current regulatory reform efforts and the impact of the budget changes on health care regulation
- Current and “hot topics” for Joint Commission survey and certification
- Potential privacy and security requirements within The Joint Commission standards and Medicare conditions of participation
- An “insiders” view of The Joint Commission accreditation process with tips on how to counsel your client through a successful survey in the current health care delivery environment
- Practical guidance to share with your organization’s regulatory compliance professionals

**F. Evolving Best Practices for Managing Business Associates and Other Vendors in Light of Increasing Cybersecurity and Other Risks**
Marilyn Lamar
Linda S. Ross

Business associates (BAs) and other vendors often have less HIPAA and cybersecurity expertise than the covered entities they serve. This may make them the weakest links in the complex chains of interconnected health information that are necessary to operate today’s provider and payer organizations. At the same time, the risk of cyberattacks on the health care industry appears to be increasing and OCR is paying more attention to BAs. This presentation will focus on steps that can be taken to reduce the cybersecurity and other risks of business associates and other vendors. Sample contract language will be provided that goes beyond the typical business associate agreement depending on the specific risk profile of the business associate.

- State endorsement of the Center for Internet Security List (f/k/a SANS Top 20)
- NIST Special Publication on Security and Privacy Controls and proposed updates
Adjusting security requirements based on the level of risk presented by the BA/vendor and the underlying agreement

Use of security questionnaires and third party audits

Specific requirements for data segregation, security patches, encryption and data destruction

Mitigating the increased risk of small vendors

G. Building the Bridge between Patients and Providers when Care Goes Wrong: Practical Strategies for Implementing a Communication and Resolution Program (CRP)

Thomas H. Gallagher
Cynthia F. Wisner

Communication and Resolution Programs (CRPs) are an innovative and contemporary response to adverse events

Core elements of a CRP will be described, plus how CRPs differ from traditional risk management

New resources and practical tools are available, including the AHRQ CANDOR Toolkit to support implementation of effective CRPs

These tools and next steps organizations with CRPs should undertake to take the CRP to the next level

Common barriers to success and approaches that work well will be identified from the CRPs rolling out in many health care systems

Lessons from the field in implementing an effective CRP

Practical Takeaways—Inconsistent CRP implementation, either using the CRP with only some cases or not using all the key CRP elements, is common, harmful, and can be reduced through hard-wiring the CRP process at an organization. Learn how to hard-wire the CRP to avoid common harmful missteps. Takeaway sample toolkit components, sample training materials and a state law summary

H. Legal Ethics: General Counsel Nightmares—Emails, Ethics, and Privilege

Gary W. Herschman
Tizgel K. S. High
Emily T. Kuo

Emails, emails, emails—and texts too: Avoiding inadvertent waivers of attorney-client privilege

Internal communications with company executives, managers, and employees—“practical best practices”

In-house “do’s and don’ts” to be ethically compliant

Recent cases on ethics and privilege involving in-house counsel, emails, and other communications

12:00 noon-1:15 pm

In-House Counsel Practice Group Luncheon, sponsored by HealthCare Appraisers, Inc.

This event is included in the program registration; attendees and faculty welcome. More information on page 8.
Emerging technologies have the potential to revolutionize the provision of and payment for health care. Developing a strategy for engaging with those emerging technologies will be critical to the future success of health care providers and payers. Some institutions will choose to utilize those technologies as market consumers, and others will become increasingly active venture investors in technology companies. Either approach can be profoundly successful in positioning institutions to succeed in the changing world of health care, but both require knowledge sets that are not necessarily traditional to in-house legal teams.

- Fundamentals of, and the strategic considerations behind, engaging with early stage technology companies as a customer and as an investor
- The emerging technology ecosystem and the opportunities for health care providers and payers to be customers of and investors in early stage technology companies
- The strategic considerations for health care providers and payers interested in leveraging new technologies and/or participating in venture investment, and the internal stakeholders critical to those processes
- Various business and legal considerations, including: Governance, access to emerging technologies and products, due diligence considerations, tax implications, and transactional structure

**K. Direct-to-Employer ACOs—The Wave of the Future?**

*Paul A. Gomez*

*Donald M. Thompson*

- Why employers and health care providers are pursuing direct-to-employer ACOs
- Key agreements—new agreements and potential revision of existing agreements: Master direct to employer services agreement, network administrators, partner providers, affiliate providers and other ancillary providers, plan suppliers
- Core obligations of the employer and the “ACO” health care provider(s) and compensation
- Common representations, warranties, and certain covenants
- Governance, communication, and decision-making
- Data use and confidentiality: Partner and affiliate provider data use, network administrator, pharmacy, mental health, data warehouses
- Certain legal issues and practical considerations

**L. Do You Know Who Your Employees Are? Joint Employer and Immigration Challenges in 2017**

*Marc Gloade*

*Kristin G. McGurn*

The 21st century health care workforce is changing as new staffing models blur distinctions between health care organizations’ workers, and independent contractor versus employment status. Enforcement agencies’ and courts’ definitions of joint employment and assessment of co-liability continue to evolve, along with the new administration’s view the workforce landscape. All the while, health care systems routinely are named as joint employers with their subsidiary/affiliates and other health care service entities along the continuum of care, affecting risk.

- Where joint employer theory has been, and offers insights on where it likely is going
- The new administration’s approach to immigration and border control initiatives has a profound impact on health care employers who routinely source talent from overseas. From residency programs to research grant recipients to health care employer’s top talent, all corners of health care institutions are affected by travel bans and changing immigration rules
- Practical suggestions for navigating these waters following the Executive Orders and the judicial responses to them through a discussion of internal and external communication strategies, suggestions for exploring existing, and contemplated relationships with immigration implications, litigation preparedness, alternative business models, and how to operationalize risk mitigation

**F. Evolving Best Practices for Managing Business Associates and Other Vendors in Light of Increasing Cybersecurity and Other Risks**

*Robin L. Nagele*

*David Stone*

Establishing, operating, and maintaining an effective Patient Safety Evaluation System to work with a component or external PSO effectively to drive improved patient safety practices within a health care system

Guidance to help providers establish their Patient Safety Evaluation Systems in compliance with regulatory mandates of confidentiality/privilege and security, specific toolkit materials such as template policies, forms, contracts, etc.

The key elements of compliance education and training of PSES workforce members

The “downstream uses” of PSWP at various levels of anonymization to improve patient safety practices within the health care system

Strategies for incorporating data and expertise from external supply partners
Continuing Education Credit Information

**CLE/MCLE:** AHLA will be applying for 6.5 credits (including 1.00 ethics credit) for 60-minute states and approximately 7.8 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](http://www.nasba.org).

**CCB:** AHLA will be applying for 7.8 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 advanced in level. This program is designed to be an update on developments in the area of health law. There are no prerequisites or advanced preparations required to register for this group live program. Those seeking accounting credits should be familiar with the basic concepts and terminology associated with health law in order to obtain the full educational benefit of this program.

**IN-HOUSE COUNSEL PROGRAM NETWORKING OPPORTUNITY**

**Sunday, June 25**

12:00 noon-1:15 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 17th 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 In-House Counsel Program registration. Attendees and faculty welcome.

**B. In-House Practice Management: Adding Value to Senior Leadership** (repeat)

**C. Point/Counterpoint: Negotiating a Hospital’s Acquisition of a Physician Practice** (repeat)

**D. Issues and Pitfalls in Internal Investigations after the Yates Memo; Dealing with the Risk of Individual Liability** (repeat)

**4:15-5:15 pm**

**G. Building the Bridge between Patients and Providers when Care Goes Wrong: Practical Strategies for Implementing a Communication and Resolution Program (CRP)** (repeat)

**H. Legal Ethics: General Counsel Nightmares–Emails, Ethics, and Privilege** (repeat)

**K. Direct-to-Employer ACOs—The Wave of the Future?** (repeat)

**L. Do You Know Who Your Employees Are? Joint Employer and Immigration Challenges in 2017** (repeat)

**Adjournment**

5:00-6:30 pm

**AHLA’s Annual Meeting Welcome Reception–Rock Your Red!**, sponsored by *Cain Brothers*

This event is included in the program registration. In-House Counsel Program and Annual Meeting attendees and faculty, and registered adult, teen, and youth guests are welcome. See page 22 for more information.

**Live Tweet the Program Using #AHLA17**

Will you be in In-House Counsel Program and/or the Annual Meeting? We encourage you to live tweet and include hashtag #AHLA17 so that attendees can learn from more than one session at once, and so that members unable to attend still feel plugged in.

*Twitter coverage of this program is sponsored by Wipfli LLP*
In-House Counsel Program

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Mark S. Zemelman
General Counsel
Kaiser Foundation Hospitals/Kaiser Foundation Health Plan, Inc.
Oakland, CA
# In-House Counsel Program

## SCHEDULE

### Saturday, June 24, 2017

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### Sunday, June 25, 2017

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| 7:00-8:00 am | Continental Breakfast, *sponsored by HealthCare Appraisers, Inc.*  
                (This event is included in the program registration; attendees and speakers are welcome) |
| 8:00-9:15 am | **GENERAL SESSION**  
                 8:00-8:15 am  
                 Welcome and Introductions  
                 Belmont  
                 8:15-9:15 am  
                 **Keynote Address:** US Health Care System 2025—The Six Forces Reshaping the Health Care Industry  
                 Zemelman |
| 9:30-10:45 am | **EXTENDED SESSIONS**  
                 A. Surprise! You are Out of Network: The Ins and Outs of Health Plan and Provider Relationships  
                 (not repeated)  
                 Charnecki  
                 Simer  
                 B. In-House Practice Management: Adding Value to Senior Leadership  
                 Henry (Moderator)  
                 DeSimone  
                 Hathaway  
                 Impink  
                 C. Point/Counterpoint: Negotiating a Hospital’s Acquisition of a Physician Practice  
                 Crumel  
                 Reisz  
                 D. Issues and Pitfalls in Internal Investigations after the Yates Memo; Dealing with the Risk of Individual Liability  
                 Estrada  
                 Sheehan  |
| 11:00 am-12:00 noon | **EXTENDED SESSIONS**  
                 E. “The Times They Are A Changing…” - A View from The Joint Commission  
                 (not repeated)  
                 Vandecaveye  
                 F. Evolving Best Practices for Managing Business Associates and Other Vendors in Light of Increasing Cybersecurity and Other Risks  
                 Lamar  
                 Ross  
                 G. Building the Bridge between Patients and Providers when Care Goes Wrong: Practical Strategies for Implementing a Communication and Resolution Program (CRP)  
                 Gallagher  
                 Wisner  
                 H. Legal Ethics: General Counsel Nightmares–Emails, Ethics, and Privilege  
                 Herschman  
                 High  
                 Kuo |
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| 12:00 noon-1:15 pm | **In-House Counsel Practice Group Luncheon, sponsored by HealthCare Appraisers, Inc.**  
                      (This event is included in the program registration; attendees and faculty welcome) |
| 1:30-2:30 pm    | J. Engaging with Early Stage Technologies—Opportunities and Pitfalls for Health Care Providers and Payers as Consumers and Investors  
                      (not repeated)  
                      Adams  
                      Palmersheim  
                      Roher  
                      K. Direct-to-Employer ACOs—The Wave of the Future?  
                      Gomez  
                      Thompson  
                      L. Do You Know Who Your Employees Are? Joint Employer and Immigration Challenges in 2017  
                      Gloade  
                      McGurn  
                      F. Evolving Best Practices for Managing Business Associates and Other Vendors in Light of Increasing Cybersecurity and Other Risks  
                      (repeat)  
                      Lamar  
                      Ross |
| 2:45-4:00 pm EXTENDED SESSIONS | M. Creating a Patient Safety Evaluation System That Is PSQIA-Compliant and Helps Drive Patient Safety on a System-Wide Basis  
                                   (advanced)  
                                   (not repeated)  
                                   Nagele  
                                   Stone  
                                   B. In-House Practice Management: Adding Value to Senior Leadership  
                                   (repeat)  
                                   Henry (Moderator)  
                                   DeSimone  
                                   Hathaway  
                                   Impink  
                                   C. Point/Counterpoint: Negotiating a Hospital’s Acquisition of a Physician Practice  
                                   (repeat)  
                                   Crumel  
                                   Reisz  
                                   D. Issues and Pitfalls in Internal Investigations after the Yates Memo; Dealing with the Risk of Individual Liability  
                                   (repeat)  
                                   Estrada  
                                   Sheehan |
| 4:15-5:15 pm    | G. Building the Bridge between Patients and Providers when Care Goes Wrong: Practical Strategies for Implementing a Communication and Resolution Program (CRP)  
                      (repeat)  
                      Gallagher  
                      Wisner  
                      H. Legal Ethics: General Counsel Nightmares—Emails, Ethics, and Privilege  
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                      Thompson  
                      L. Do You Know Who Your Employees Are? Joint Employer and Immigration Challenges in 2017  
                      (repeat)  
                      McGurn  
                      Gloade |
| 5:00-6:30 pm    | **AHLA’s Annual Meeting Welcome Reception–Rock Your Red!, sponsored by Cain Brothers**  
                      (This event is included in the In-House Counsel Program and Annual Meeting program registration; attendees, faculty, and registered adult, teen, and youth welcome) |
Antitrust
C. Antitrust Investigations: A Practical Guide for Handling Subpoenas and Civil Investigative Demands

OO. Antitrust Issues in Health Care Combinations and Unwinds

Behavioral Health
T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions

Y. Behavioral Health Comes of Age: 42 CFR Part 2 and the 21st Century Cures Act

Business Law and Governance
A. Fireside Chat: An Investor’s View

L. Fusion Reaction: Political, Business, and Legal Realities Collide for Hospital Partnering Opportunities

R. Team of Rivals: How Creative States and Health Systems Work Together to Form Public-Private Partnerships

V. Complex Contracting in the 21st Century between Payers and Providers

CC. Let the Buyer Beware! Ransomware and Other Cybersecurity Threats Create Peril in High Stakes Health Care M&A Transactions

DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century

EE. Preparing to Accept Downstream Risk: What CINs and ACOs Should Be Doing Now

KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements

OO. Antitrust Issues in Health Care Combinations and Unwinds

PP. Ready or Not? Compliance in a World of New Models

Compliance
S. Staying the Course: 340B Compliance Without (Clear) Guidance

V. Complex Contracting in the 21st Century between Payers and Providers

KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements

PP. Ready or Not? Compliance in a World of New Models

Dispute Resolution
GG. Arbitrating Health Care Disputes: Pros, Cons, and Strategic Considerations, sponsored by AHLA’s Dispute Resolution Service

Diversity
ZZ. Inclusion: The Prescription to a More Diverse Health Law Bar, sponsored by AHLA’s Diversity+Inclusion Council

Fraud and Abuse, Self-Referral and False Claims
B. Modern Ethics Rules for Attorneys Managing Internal and Government Investigations and Litigation

M. Managed Care Fraud in Medicare and Medicaid

Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws

BB. Hot Topics in Fraud and Abuse

FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments

PP. Ready or Not? Compliance in a World of New Models
QQ. The Government’s Focus on Individual Accountability: Has It Been a Game Changer or Is It Just Business as Usual?

AAA. Health Care Fraud Enforcement–A View from the Trenches

DDD. What's Up with This–FDA Compliance and Rising Issues with Fraud and False Claims in the Conduct of Clinical Trials

Health Care Liability and Litigation

B. Modern Ethics Rules for Attorneys Managing Internal and Government Investigations and Litigation

F. Regulating the Regulator: What the Health Care Lawyer Needs to Know about Developments in Administrative Law, Including the Impact of a Presidential Transition

P. Winning EMTALA: A Tactical Approach for Reducing EMTALA Violations

T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions

QQ. The Government’s Focus on Individual Accountability: Has It Been a Game Changer or Is It Just Business as Usual?

AAA. Health Care Fraud Enforcement–A View from the Trenches

CCC. Public Quality Data and the Nursing Home Litigation Explosion: Are Hospitals the Next Target for Dual Enforcement

Health Information and Technology

D. How Shortcuts in EHRs Can Impact Your Reimbursement and Create Regulatory Risk

N. When Health Care Meets Technology: What Lawyers Need to Know in the Era of Health IT and Digital Health

O. Telemedicine Credentialing and Compliance Issues

U. The New Era of Big Data for Health Care

CC. Let the Buyer Beware! Ransomware and Other Cybersecurity Threats Create Peril in High Stakes Health Care M&A Transactions

JJ. The Nexus between Technology and Legal Ethics

TT. Data Traveling the World and the Seven Seas: Global Privacy and Security Regulatory Issues for US-Based Health Care Providers

BBB. Blockchain, IoT. . . . Around the World in Health Information Technology

Hospitals and Health Systems

E. Dr. House Is at It Again: Tips for Dealing with Disruptive and/or Impaired Practitioners

G. Hospital and Health Plan Exemption–Meeting Expectations, Managing Threats

J. Mission Imperative: Legal and Public Policy Considerations for Faith-Based Hospitals

L. Fusion Reaction: Political, Business, and Legal Realities Collide for Hospital Partnering Opportunities

P. Winning EMTALA: A Tactical Approach for Reducing EMTALA Violations

Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians

R. Team of Rivals: How Creative States and Health Systems Work Together to Form Public-Private Partnerships

T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions

V. Complex Contracting in the 21st Century between Payers and Providers

Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws

DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century

FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments

LL. Implications of New Limitations on Hospital-Based Status for Burgeoning Hospitals: Is Expansion Still Possible?

NN. What’s up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know

UU. End of Life Option Act One Year Later

XX. Mastering the Hospital Quality and Efficiency Program

CCC. Public Quality Data and the Nursing Home Litigation Explosion: Are Hospitals the Next Target for Dual Enforcement
Labor and Employment
E. Dr. House Is at It Again: Tips for Dealing with Disruptive and/or Impaired Practitioners
J. Mission Imperative: Legal and Public Policy Considerations for Faith-Based Hospitals
V. Managing Risk in Employing Foreign Nationals during the Trump Years

Legal Ethics
B. Modern Ethics Rules for Attorneys Managing Internal and Government Investigations and Litigation
X. Potholes along the Golden Gate Bridge: Legal Ethics in Inside Counsel/Outside Counsel Interactions
JJ. The Nexus between Technology and Legal Ethics

Life Sciences
H. Clinical Laboratories in a Time of Change
W. Clinical Trial Agreements—Why Do We Need All of These Provisions
HH. “They’re Getting away with Murder”: Current Issues in the Debate Over Drug Pricing
DDD. What’s Up with This—FDA Compliance and Rising Issues with Fraud and False Claims in the Conduct of Clinical Trials

Long Term Care
K. Health Care Decision Making in Long Term Care: Can Bioethics Resources Help?
UU. End of Life Option Act One Year Later
CCC. Public Quality Data and the Nursing Home Litigation Explosion: Are Hospitals the Next Target for Dual Enforcement

Medical Staff, Credentialing, and Peer Review
E. Dr. House Is at It Again: Tips for Dealing with Disruptive and/or Impaired Practitioners
O. Telemedicine Credentialing and Compliance Issues

Payers, Plans, and Managed Care
F. Regulating the Regulator: What the Health Care Lawyer Needs to Know about Developments in Administrative Law, Including the Impact of a Presidential Transition
G. Hospital and Health Plan Exemption—Meeting Expectations, Managing Threats
M. Managed Care Fraud in Medicare and Medicaid
Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians
R. Team of Rivals: How Creative States and Health Systems Work Together to Form Public-Private Partnerships
V. Complex Contracting in the 21st Century between Payers and Providers
AA. The Affordable Care Act: Navigating the Uncertainty
MM. Bridging the Gap: Strategic Plan—Provider Collaboration in the Transition to VBP

Physicians and Physician Organizations
E. Dr. House Is at It Again: Tips for Dealing with Disruptive and/or Impaired Practitioners
Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians
DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century
FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments
KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements
UU. End of Life Option Act One Year Later

Public Interest
J. Mission Imperative: Legal and Public Policy Considerations for Faith-Based Hospitals
Y. Behavioral Health Comes of Age: 42 CFR Part 2 and the 21st Century Cures Act
UU. End of Life Option Act One Year Later
ZZ. Inclusion: The Prescription to a More Diverse Health Law Bar, sponsored by AHLA’s Diversity+ Inclusion Council
Regulation, Accreditation, and Payment
D. How Shortcuts in EHRs Can Impact Your Reimbursement and Create Regulatory Risk
H. Clinical Laboratories in a Time of Change
M. Managed Care Fraud in Medicare and Medicaid
S. Staying the Course: 340B Compliance without (Clear) Guidance
Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws
AA. The Affordable Care Act: Navigating the Uncertainty
FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments
HH. “They’re Getting away with Murder”: Current Issues in the Debate Over Drug Pricing
LL. Implications of New Limitations on Hospital-Based Status for Burgeoning Hospitals: Is Expansion Still Possible?
RR. The Continuing Evolution of Medicaid and Medicaid Managed Care

Teaching Hospitals and Academic Medical Centers (includes clinical research)
W. Clinical Trial Agreements–Why Do We Need All of These Provisions
DDD. What’s Up with This–FDA Compliance and Rising Issues with Fraud and False Claims in the Conduct of Clinical Trials

Women’s Leadership
SS. Time in a Bottle: Preparing for a Career Change, sponsored by AHLA’s Women’s Leadership Network
WW. Women Lawyers in Leadership: What’s In It For Me, OR, is Trailblazing Worth the Trek through the Jungle?, sponsored by AHLA’s Women’s Leadership Network

Tax
G. Hospital and Health Plan Exemption–Meeting Expectations, Managing Threats
NN. What’s up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know
YY. ACOs and Tax Exemption: Promotion of Health, Private Benefit, Lurking Valuation Issues, UBIT, and More
## Program Fees

### Early Registration  
(on or before May 25, 2017)  
AHLA / CSHA Member: $1195  
AHLA / CSHA Multi-Member Discount: $1120  
Non-Member: $1445

### Registration  
(between May 26–June 18, 2017)  
AHLA / CSHA Member: $1320  
AHLA / CSHA Multi-Member Discount: $1245  
Non-Member: $1570

### Late Registration  
(on or after June 19, 2017)  
AHLA / CSHA Member: $1420  
AHLA / CSHA Multi-Member Discount: $1345  
Non-Member: $1670

### Discounts  
(Please note: Discounts cannot be combined)

#### Celebration Sale  
$1120  (Those who have paid to attend another in-person program during the 2016–2017 educational year)

#### Government/Academician/Public Interest Professional  
Member: $720  Non-Member: $795

#### In-House Counsel/Solo Practitioner  
$100 off full applicable rate

#### One Day Attendance  
AHLA / CSHA Member: $600  Non-Member: $725

#### Family Package  
(includes 1 program registration, 1 adult guest, and 2 or more teen/youth)  
AHLA / CSHA Member: $1640  Non-Member: $1890

Registration is available by going online to [www.healthlawyers.org/annual2017](http://www.healthlawyers.org/annual2017) or by calling (202) 833-1100.
8:00-8:30 am
Welcome and State of the Association / Recognition of AHLA’s 50th Anniversary
Charlene L. McGinty, AHLA President
David S. Cade, AHLA CEO

8:30-9:30 am
Keynote Address: Future of Innovations in Health Care
Roni Zeiger, MD
Future of health care and the innovations we are seeing and can expect to see that will change the way we deliver and receive health care

9:30-10:15 am
Secrets of (and the Price of) Success: What We Can Learn from California's Approach to Coverage and Care Transformation, and the Potential Implications of Repeal and Replace Efforts
Diana S. Dooley
Delvecchio S. Finley
Jay Gellert
California’s pursuit of coverage opportunities under the ACA and transformation of its public programs has yielded promising results as well as many lessons learned. With a robust exchange market and decreasing uninsured population, it appears to be succeeding where other states have struggled. But the ongoing focus on repealing the ACA and advancing entitlement reform presents new challenges for California and states across the country. Join us for a discussion with key leaders of this effort to explore what approaches are working, what challenges remain, and how the state’s experience can help others across the country plot a successful health reform strategy in the uncertain days ahead.

10:15-10:30 am
Break, sponsored by Huron

10:30 am-12:15 pm
Year in Review
Elizabeth B. Carder-Thompson
Jack S. Schroder, Jr.
It has been another tumultuous, roller coaster year for health care law developments involving health reform, reimbursement, HIPAA, fraud and abuse, antitrust, and more, while the fate of the Affordable Care Act hangs in the balance. Fasten your seatbelts! This fast-paced session will provide an overview of recent developments and introduce multiple topics to be addressed in later focused program sessions throughout the conference:

12:30-1:45 pm
Lunch on your own or attend one of the Practice Group Luncheons:
Medical Staff, Credentialing, and Peer Review, Physician Organizations, Hospitals and Health Systems (Joint Luncheon), sponsored by Pinnacle Healthcare and NorthGauge Healthcare Advisors, LLC
Fraud and Abuse, sponsored by Jarrard Phillips Cate & Hancock, Inc.
Academic Medical Centers and Teaching Hospitals and Labor and Employment (Joint Luncheon)
Luncheons are not included in the program registration; there is an additional fee; limited attendance; and pre-registration is required. See page 22 for more information on the topics of each luncheon.

2:00-3:00 pm
A. Fireside Chat: An Investor’s View (not repeated)
Julia Thies Moore
Cybil G. Roehrenbeck
Health care innovation from an investment prospective including everything from digital health to huge scientific advances
The shift toward investment opportunities with a broader range of regulatory risk
Regulatory challenges and opportunities for new innovations and the impact on the investment landscape

B. Modern Ethics Rules for Attorneys Managing Internal and Government Investigations and Litigation (not repeated)
Laura F. Laemmle-Weidenfeld
Regina G. Morano
Which disciplinary rules apply to in-house and outside counsel’s conduct
Selection/assignment of counsel
Zealous representation
What to do when counsel and client disagree
Program Location
San Francisco Marriott Marquis
780 Mission Street
San Francisco, CA 94103
(415) 896-1600
AHLA’s room block is sold out. Please make a reservation at one of our alternative hotels.

Alternative Hotel Information:
The Park Central
50 Third Street
San Francisco, CA
(888) 627-8561
Hotel Cut-off Date: Friday, June 2, 2017 / $289 single or double occupancy
Online Reservations When making reservations please indicate you are with American Health Lawyers Association and use the code: SFF24A

Intercontinental San Francisco
888 Howard Street
San Francisco, CA 94103
(866) 781-2364
Hotel Cut-off Date: Saturday, June 3, 2017 / $299 single or double occupancy

Cancellations/ Substitutions
Cancellations must be received in writing by no later than June 14, 2017. 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.

❯❯ Interactions with the government/opposing counsel
❯❯ Individual accountability and complications in the Yates era

C. Antitrust Investigations: A Practical Guide for Handling Subpoenas and Civil Investigative Demands
Michael R. Greer
Mark Michels
❯❯ First steps upon receipt of a Civil Investigative Demand (CID) or subpoena in an antitrust case
❯❯ Managing CIDs and subpoenas efficiently and effectively
❯❯ Protecting confidential and sensitive information
❯❯ Being transparent and building credibility with the antitrust enforcement agencies
❯❯ Leading practices for reducing the pain

D. How Shortcuts in EHRs Can Impact Your Reimbursement and Create Regulatory Risk
Timothy P. Blanchard
Teresa A. Williams
❯❯ The need for documentation integrity and medically necessary services
❯❯ Identification of the temptations of EHR shortcuts for health care providers
❯❯ Recognizing and addressing EHR compliance:
  • The dangers of copy/ paste and “Make Me The Author”
  • The hazards with pre-populated templates
  • The risks of scribing and documentation by exception
❯❯ Medical record inconsistencies prompting payer and regulatory reviews requesting repayment
❯❯ Potential for false claims
❯❯ Legal landscape and recent settlements

E. Dr. House Is at It Again: Tips for Dealing with Disruptive and/or Impaired Practitioners
Marc D. Goldstone
Jacqueline Moen
❯❯ Common conduct and impairment issues and how to identify them
❯❯ Who is responsible for addressing conduct and impairment issues in the hospital—the Medical staff? Administration? Both?
❯❯ How to respond to conduct and impairment issues, how the response differs whether the issue is impairment or behavior, and how to respond when an issue presents elements of both
❯❯ How to craft and enforce behavior improvement plans, including what should be included in such a plan
❯❯ National Practitioner Data Bank reporting requirements for measures that may be taken to address behavior and impairment issues
F. Regulating the Regulator: What the Health Care Lawyer Needs to Know about Developments in Administrative Law, Including the Impact of a Presidential Transition
Rene M. Landers
Kenneth R. Marcus

- Primer on administrative law principles regarding agency rulemaking and judicial challenge to agency action
- Presidential transitions and implementing changes in regulatory policy through rulemaking and other means
- Judicial deference as applied to review of CMS actions
- Recent developments in case law on agency use of guidance and deference doctrine

G. Hospital and Health Plan Exemption–Meeting Expectations, Managing Threats
T.J. Sullivan
Mark S. Zemelman

- Affordable Care Act requirements bring scrutiny
- Health plan exemption after VSP
- Illinois property tax-the search for clarity
- New Jersey property tax-the search for a solution
- California state income tax-lessons from Blue Shield

H. Clinical Laboratories in a Time of Change
Joyce E. Gresko
Jane Pine Wood

- Implementation of the Protecting Access to Medicare Act (PAMA), which establishes a new Medicare Clinical Laboratory Fee schedule based on private payer rates
- Recent reimbursement changes for drugs of abuse and molecular pathology testing
- The status of FDA's proposals to regulate laboratory developed tests and possible legislative alternatives under consideration
- Pathologists' participation in the Merit-based Incentive Payment System under MACRA
- Recent fraud and abuse and compliance developments affecting clinical laboratories

3:00-3:15 pm
Beverage and Snack Break, sponsored by Huron

3:15-4:15 pm
J. Mission Imperative: Legal and Public Policy Considerations for Faith-Based Hospitals
(not repeated)
Lisa J. Gilden
Peter M. Leibold

- Laws pertaining to faith-based hospitals as providers and employers
- Serving patients in a pluralistic society
- Role of faith-based hospitals in the public square
- A faith-based system’s public policy agenda for 2017

K. Health Care Decision Making in Long Term Care: Can Bioethics Resources Help?
(not repeated)
Amy Haddad
Christine J. Wilson

- General state of the law regarding informed consent including current informed consent challenges and litigation
- CMS focus regarding advance directives and other consent issues
- The role of ethics committees and contributions of ethics consultation resources
- Practical application and case study

L. Fusion Reaction: Political, Business, and Legal Realities Collide for Hospital Partnering Opportunities
Magi Curtis
James F. Flynn

- Balancing legal and regulatory realities with local politics as hospitals determine a path toward partnership
- Gaining an equal footing: How community hospitals best position themselves to bargain with larger systems
- Converting from public to private, or from a not-for-profit to a for-profit and explaining that to internal and external audiences
- Making an emotional and personal case for transformation so that all stakeholders understand the value of and need for partnering and ultimately support your organization to do what’s needed to navigate today’s complex health care environment

M. Managed Care Fraud in Medicare and Medicaid
Gary Cantrell
Kirstin Ives

- Oversight challenges in managed care
- Managed care fraud case examples
- Fraud trends for payers and plans to be on the lookout for in 2017
- Payer obligations to monitor and report suspected fraud, waste, and abuse
Continuing Education Credits

CLE/MCLE: AHLA will be applying for 16.25 credits (including 3.0 ethics credit) for 60-minute states and approximately 19.5 credits (including 3.6 ethics credit) for 50-minute states.

CPE: AHLA will be applying for 19.0 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 19.5 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.

Best practices for managed care organizations when responding to government information requests

Benefits of partnership between payers, plans, and law enforcement—government and payer perspectives

N. When Health Care Meets Technology: What Lawyers Need to Know in the Era of Health IT and Digital Health
Jackie Olson (Moderator)
Afia Asamoah
Cora T. Han
Lucia Savage

Challenges and opportunities

Familiar and emerging legal issues presented when technology tools are used to provide health care or health information

Overlapping regulatory domains that apply to health IT and digital health, along with helpful new tools from regulators

Cautionary tales where companies have gotten it wrong

O. Telemedicine Credentialing and Compliance Issues
Mercedes Varasteh Dordeski
Susan Dubois

How providers are using telemedicine improve patient access to care and coordinate treatment with other professionals

Accreditation standards from the Joint Commission, Centers for Medicare and Medicaid Services, and other relevant entities

Credentialing and privileging considerations including reappointment, peer review, and addressing the use of telemedicine in medical staff bylaws and other policies

Important considerations for providers including state licensing issues and prescribing, complying with guidance from state medical boards, and adhering to scope of practice and standard of care requirements

Update on pertinent federal law issues including antitrust considerations and FDA regulation

P. Winning EMTALA: A Tactical Approach for Reducing EMTALA Violations
Jody E. Joiner
Lisa Re

Enforcement trends—an OIG perspective

New regulations regarding enforcement/penalties

Provider self-disclosure

Examples of cases most likely to be pursued by OIG

Prevention and compliance—a practical perspective

Setting up an internal EMTALA compliance committee

Working with other community stakeholders/Regional Trauma Plans

Setting up an EMTALA training program
Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians
David A. Argue
Ann M. Bittinger

- Why providers’ and payers’ believe their views on payments for out-of-network services are correct
- Extent to which state statutes on payment rates resolve or further complicate the issue
- Economic principles that offer a framework for establishing appropriate rates
- Handling other factors like payment rates from government programs, provider costs, and payer profitability
- Strategic advice on handling patients and referral arrangements who are going non-par

4:30-5:30 pm

R. Team of Rivals: How Creative States and Health Systems Work Together to Form Public-Private Partnerships (not repeated)
Richard G. Cowart
David Jarrard

- Innovative partnerships between states and health systems can serve the public good while sustaining health system finances
- How to find common ground between the respective missions of health systems and regulators
- Different options for consideration
- What’s right and reasonable for boards to expect from government regulators
- Ways to design strategy and message to ensure the public interests are protected
- Case studies which highlight successful implementations of COPAs and 501(c)3 re-organizations

S. Staying the Course: 340B Compliance without (Clear) Guidance
Jolee Hancock Bollinger
Emily J. Cook

- Material 340B Program regulatory developments in the past year
- 340B Program compliance obligations/expectations
- Recent changes to the HRSA audit process
- Tips and tricks for monitoring on-going compliance—and how to address compliance risks
- Emerging compliance risks and business issues—and how to address each

T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions
Robert A. Bitterman
Mary C. Malone

- Screening and stabilizing behavioral health patients—the who, what, when, where, and how
- Transfer considerations for behavioral health patients with psychiatric emergencies
- Psychiatric boarding—the search for middle ground
- Why state commitment laws may create problems with observing EMTALA duties
- EMTALA enforcement trends involving behavioral health patients
- Practical steps to more effectively manage behavioral health patients and avoid EMTALA liability

U. The New Era of Big Data for Health Care
Kimberly S. Gray
Kirk J. Nahra

- How the law currently applies to data that is gathered in the health care industry
- Overlaps and gaps in the current regulatory structure, to provide insights on where there is confusion and ambiguity in the law today
- Various regulatory frameworks that currently are in play for big data in health care, including HIPAA, FDA, the Common Rule, state laws, and otherwise
- The risks and opportunities that are being created for the industry and its patients from big data
- Solutions for “solving” these problems and how the law likely will evolve over the next decade

V. Complex Contracting in the 21st Century between Payers and Providers
Lisa A. Hathaway
Alan E. Schabes

- Network and bundled payment contract arrangements between payers and providers
- Incorporating CMMI payment programs into payer–provider contractual arrangements
- MLR implications of contractual relationships
- Reports and data sharing requirements and issues
- Guarantees, performance level standards, and returns on investment
- Evolving payment terms and value expectations
- Regulatory and government requirements in contracting
- Compliance issues of plans pushed down to providers and auditing and monitoring
ANNUAL MEETING
NETWORKING OPPORTUNITIES

Sunday, June 25
5:00-6:30 pm
Welcome Reception–Rock Your Red!, sponsored by Cain Brothers
We will be celebrating 50 years of AHLA throughout the program. Join us and your colleagues from around the country as we welcome everyone to San Francisco to kick off the 2017 Annual Meeting and help us celebrate by wearing your AHLA RED! Got a red hat? A red t-shirt? Show us your AHLA spirit and join in the fun! Light hors d’oeuvres and drinks will be served. This event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome.

Monday, June 26
6:00-7:00 am
Exercise Classes: Yoga/Fun Run
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 class or go on the Fun Run. This event is included in program registration; attendees and registered guests welcome; pre-registration required.

12:30-1:45 pm
Practice Group Luncheon Presentations
❯❯ $60 members of the sponsoring PGs
❯❯ $70 non-members of PGs
❯❯ NPDB Reporting: Corporate Shield, Medical Liability, and Reporting
Hosted by Medical Staff, Credentialing, Peer Review, Physician Organizations, and Hospitals and Health Systems (joint luncheon), sponsored by Pinnacle Healthcare and NorthGuage Healthcare Advisors
❯❯ Government and Commercial Payer Fraud and Abuse Enforcement on the Rise
Hosted by Fraud and Abuse, sponsored by Jarrard Phillips Cate & Hancock, Inc.
❯❯ Academic Medical Centers and Teaching Hospitals and Labor and Employment

W. Clinical Trial Agreements–Why Do We Need All of These Provisions
Gelvina Rodriguez Stevenson
Sheea T. Sybblis
❯❯ Heavily negotiated provisions in a CTA, such as indemnification, intellectual property, use of data, use of biological samples, subject injury, and others
❯❯ The legal, business, and operational underpinnings of those provisions and how those considerations can be used in negotiations
❯❯ How key CTA provisions are handled differently in alternative scenarios, such as when the sponsor is an academic institution, the negotiating partner is a Contract Research Organization, or the clinical study is an FDA expanded access study

X. Potholes along the Golden Gate Bridge: Legal Ethics in Inside Counsel/Outside Counsel Interactions
Emily Black Grey
William W. Horton
Sarah E. Swank
❯❯ Who’s the client? Potential challenges for outside counsel when answering to an in-house lawyer (or when answering to someone else)
❯❯ What’s the difference between waivable and non-waivable conflicts, and is a “business conflict” something different?
❯❯ Inside and outside perspectives on conflict waiver requests
❯❯ Who’s the client, part II? When the same outside lawyers represent multiple business interests of the client, such as joint ventures, can there still be a conflict?

G. Hospital and Health Plan Exemption–Meeting Expectations, Managing Threats (repeat)

6:30-9:30 pm
Off-Property Reception at California Academy of Sciences, sponsored by AHLA’s Members’ Law Firms
This event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome. See page 24 for more information.

Tuesday, June 27, 2017
7:00 am-5:30 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 welcome.
7:00-8:00 am

Networking Breakfast, hosted by AHLA’s Women’s Leadership Council, sponsored by SeyfarthLean Consulting

This event is included in program registration; attendees and registered guests welcome; pre-registration required. See page 24 for more information on the topic.

CONCURRENT SESSIONS

8:15-9:30 am Extended Sessions

Y. Behavioral Health Comes of Age: 42 CFR Part 2 and the 21st Century Cures Act (not repeated)
   Gerald (Judd) E. DeLoss
   Patricia A. Markus

   ➢ Key changes implemented under the Final 42 CFR Part 2 regulations (Final Rule) and their effect
   ➢ Competing policy interests between substance use disorder providers and other health care industry stakeholders, including health information exchange and health care integration
   ➢ Key aspects of the Twenty-First Century Cures Act (Cures Act), including parity protections
   ➢ Legislative activity at the Federal level designed to bring about further modifications of the final rule and parity protections
   ➢ Practical tips for policy and process revisions needed to implement requirements of the final rule and Cures Act

Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws
   Claire F. Miley (Moderator)
   Priya J. Bathija
   Kimberly Brandt

   ➢ The move from volume-to-value-based payments, including a high-level summary of the recent value-based payment programs (e.g. Accountable Care Organizations, recent bundling programs, and MACRA and its alternative payment models and merit-based incentive program for physicians)
   ➢ The work of the AHA Task Force on ensuring access in vulnerable communities and presentation of the nine new payment and delivery strategies that have been recommended by this task force
   ➢ Key legal barriers and challenges related to value-based payments, as well as potential strategies for reconciling new payment models and existing fraud and abuse and payment laws, including strategies that have been recommended by AHA’s task force
   ➢ Recent successes and waivers of these legal barriers as well as ongoing and future advocacy efforts and appetite from the Hill and Administration to make changes in the future
   ➢ Practical and operational implications of these changes for health care providers

AA. The Affordable Care Act: Navigating the Uncertainty
   Ankur J. Goel
   Julie S. Miller

   ➢ Legislative activity to repeal and replace the ACA
   ➢ Critical issues for individual insurance markets and issuers in 2018 and 2019
   ➢ Executive branch actions to modify the ACA
   ➢ Understanding Section 1332 waivers and other State authority
   ➢ The future of Medicaid

BB. Hot Topics in Fraud and Abuse
   Gregory E. Demske
   Robert G. Hornchick

   ➢ False Claims Act developments
   ➢ Individual liability/Yates Memo
   ➢ 60-Day Rule, CMP, and administrative enforcement
   ➢ Key agency guidance
   ➢ Enforcement focus areas

CC. Let the Buyer Beware! Ransomware and Other Cybersecurity Threats Create Peril in High Stakes Health Care M&A Transactions
   Lisa J. Acevedo
   David S. Holtzman
   Brad Pierce

   ➢ Changes in federal health policy is forcing new payment models that are fueling mergers, acquisitions and other transactions, with purchasers acquiring sellers’ electronic health records systems
   ➢ Traditional due diligence investigation of a target’s privacy/security compliance has not addressed significant business risk in taking over operations of a provider that has not conducted a HIPAA security risk analysis or failed to identify/report data breaches
   ➢ How to look at a M&A transaction, how these risks are adversely impacting deals, why cyber risks are going unnoticed until it is too late, and how to identify and address them through security risk analysis
   ➢ Key steps to take to restructure due diligence in order to proactively identify and address cybersecurity and other privacy/security risks, as well as key strategies to address risk in the deal documents
   ➢ Current threat trends of organized criminal hacker groups targeting the health care industry along with specific risks that ransomware and other forms of cybersecurity attacks
   ➢ Steps to successfully and efficiently discover and mitigate cybersecurity
ANNUAL MEETING
NETWORKING OPPORTUNITIES continued

6:30-9:30 pm
Off-Property Reception at California Academy of Sciences, sponsored by AHLA’s Members’ Law Firms

We have arranged to take our attendees and guests to the California Academy of Sciences for a memorable event with activities for the whole family. AHLA attendees will have access to many of the museum’s exhibits for the evening. The Swamp and Aquarium exhibits will be open for the evening and both children and adults will enjoy experiencing this wonderful venue. As always, the reception will include great food and libations, and provide the perfect setting for AHLA members to gather as a community to enjoy each other’s company. We hope you will make a point to join us for this great networking opportunity with colleagues and clients. This will be a wonderful evening to share with your family, friends, and colleagues. This event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome. Transportation will be provided.

Tuesday, June 27
7:00-8:00 am
Networking Breakfast
Hosted by AHLA’s Women’s Leadership Council
Sponsored by SeyfarthLean Consulting

This event is not included in program registration; attendees and registered guests welcome; pre-registration required. Join your colleagues for networking and sharing at table topic discussions.

DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century
Tizgel K. High
Albert D. (Chip) Hutzler
Albert W. Shay

- Types of payment programs that reward hospital/physician collaboratives for reducing Medicare expenditures
- Program integrity issues surrounding physician compensation arrangements
- Traditional compensation models and their benefits and limitations in the new reimbursement environment
- Benefits and drawbacks of newer compensation models and the circumstances under which one model may be more beneficial than another
- Areas in MACRA of potential confusion, interpretation and construction by courts, in light of recent court interpretations of Stark and similar CMS guidance

EE. Preparing to Accept Downstream Risk: What CINs and ACOs Should Be Doing Now
Teresa Koenig
Peter A. Pavarini
Michael F. Schaff

- First generation CIN and ACO payment models returned some cost savings to providers, but payers gained most of the rewards; second generation models must become prepared to accept downstream (downside) risk from payers if they seek to be fairly compensated for managing population health
- Preparing for downstream risk will require additional skill sets, IT resources and most importantly capital. Adequately capitalized models that comply with state insurance laws will gain access to the value created by their optimized population health management systems. This will allow them to “get closer to the premium dollar”
- The legal, clinical, and financial ingredients of all successful downstream risk models using percent of premium, capitation, partial capitation, and other evolving payment mechanisms
- Because of the relevance of state insurance laws, the speakers will focus on examples from jurisdictions that have laws or regulations that address these principles

FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments
Samuel C. Cohen
Ritu Cooper
James P. Sharpe

- The US health system and the government’s interest in bending the cost curve
- HHS framework for transitioning to value-based care
- Fraud and abuse issues related to the shift in delivery models
Results from recent/ongoing delivery system reform initiatives (Bundled Payments for Care Improvement, Comprehensive Primary Care, Maryland All-Payer, etc.)—key developments, lessons learned, and barriers to implementation

Iterating on core alternative payment models (i.e., ACO Track 1+, Episodic Payment Models, CPC+)—implications for providers and patients

New approaches to care delivery (i.e., Accountable Health Communities, Beneficiary Engagement Initiative)

Implementation of the Quality Payment Program (i.e., MACRA, MIPS, and APMs)

Key considerations in determining whether a model is right for your organization

9:45-10:45 am

GG. Arbitrating Health Care Disputes: Pros, Cons, and Strategic Considerations, sponsored by AHLA’s Dispute Resolution Service (not repeated)
Elise D. Brennan
Stuart Widman

Does arbitration work for your transaction?

How will clause drafting maximize the benefits of arbitration?

What’s new in arbitration case law?

HH. “They’re Getting away with Murder”: Current Issues in the Debate Over Drug Pricing (not repeated)
Thomas R. Barker
Wendy L. Krasner

Federal government regulation and oversight of drug pricing

Medicare

Medicaid

Employer and individual insurance market

The role of PBMs

The evolution of the PBM industry

What is a PBM?

Requirements on PBMs as downstream contractors in Medicare Part D

PBM transparency under the Affordable Care Act

The year ahead

Greater focus on PBM transparency—current legislative initiatives

Treatment of price concessions at point of sale

Importation

Rebates in Part D

Non-interference clause in Part D

Government negotiation of drug prices in public health programs

The role of CMMI

JJ. The Nexus between Technology and Legal Ethics
Gordon J. Apple

Information technology and the practice of health law—a review of the myriad ways that lawyers interface, either directly or indirectly, with information technology

Lawyer competence and technology—HIPAA and beyond: A review of core requirements imposed on health lawyers under HIPAA and rules of professional conduct

The divergent landscape presented by state ethics opinions on lawyers and technology—from “web bugs” to cloud computing and beyond

Improving our geek quotient—resources for staying informed of the risks, threats and benefits of information technology in the practice of law

KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements
Richard Chasinoff
John R. Washlick

Identifying and defining leasing models

Traditional physician lease arrangements

Physician practice enterprise models

Navigating legal barriers

Valuation considerations and pitfalls: FMV and commercial reasonableness analysis and challenges

Compliance planning and considerations

LL. Implications of New Limitations on Hospital-Based Status for Burgeoning Hospitals: Is Expansion Still Possible?
Susan Hannasch
Andrew D. Ruskin

Provider-based status and its merits and drawbacks

The impact of Section 603 of the Bipartisan Budget Act

CMS’ implementation of Section 603 and industry’s reaction

Strategies for continuing to expand to meet the community’s health care needs without sacrificing reimbursement

MM. Bridging the Gap: Strategic Plan–Provider Collaboration in the Transition to VBP
Denise E. Hanna
Mark S. Kopson

The business case for VBP—identifying and quantifying strategic and financial imperatives

Building effective business and legal evaluation and negotiating teams

Collaboration principles—achieving the appropriate blend of advocacy and consensus
ANNUAL MEETING
NETWORKING OPPORTUNITIES
continued

12:30–1:45 pm
Practice Group Luncheon Presentations
❯❯ $60 members of the sponsoring PGs
    $70 non-members of PGs
❯❯ State of the Union—Managed Care: Panel Discussion
    Hosted by Payers, Plans, and Managed Care, sponsored by BRG Healthcare
❯❯ A Practical, Real-Life Look at Recent Joint Venture Activity
    Hosted by Antitrust, Business Law and Governance, Regulation, Accreditation, and Payment, and Tax and Finance, sponsored by Bloomberg Law
❯❯ “Hands Up! Step Away from the Computer!”—Responding to Search Warrants in the Healthcare Industry
    Hosted by Health Care Liability and Litigation and Post-Acute and Long Term Services Practice Groups and Behavioral Health Task Force, sponsored by Simione Healthcare Consultants LLC
❯❯ Clinical Collaboration
    Hosted by Health Information and Technology and Life Sciences Practice Groups and Accountable Care Organizations Task Force, sponsored by MediTract, Inc.

5:30-6:30 pm
Networking and Diversity+Inclusion Reception
Hosted by Diversity+Inclusion Council, sponsored by Veralon Partners

Join AHLA for a Diversity+Inclusion Reception. Learn more about AHLA’s diversity and inclusion initiatives. Network with AHLA leaders and your fellow

❯❯ Resources required to make VBP successful
❯❯ Regulatory considerations and challenges still impacting VBP
❯❯ VBP models and implementation
❯❯ Safety valves and exit strategies

NN. What’s up in Tax Exemption and Financing for Hospitals: News Everyone Needs to Know
Elizabeth M. Mills
Vicky Tsilas
❯❯ IRS rules on hospital financial assistance: Audits and what’s new
❯❯ Employee vs. independent contractor update: The IRS isn’t the only one who cares
❯❯ What’s on the tax horizon

F. Regulating the Regulator: What the Health Care Lawyer Needs to Know about Developments in Administrative Law, Including the Impact of a Presidential Transition (repeat)

11:00 am-12:15 pm Extended Sessions
OO. Antitrust Issues in Health Care Combinations and Unwinds (not repeated)
Anne Schenof (Moderator)
David Dahlquist
Deborah L. Feinstein
Leigh L. Oliver
❯❯ Antitrust analysis of health care combinations in the insurance and provider markets including: Geographic market, product market, efficiencies, and remedies
❯❯ Antitrust analysis of unwinds and divestitures including: Types of assets divested, hold separate orders, transition service agreements, and monitor/trustee appointments
❯❯ Perspectives from government enforcers as well as private practitioners with experience reviewing, approving, and litigating recent health care mergers and divestitures
❯❯ Antitrust concepts in connection with recent and instructive case law including Anthem-Cigna, Aetna-Humana, Penn State-Hershey, and Advocate-NorthShore

PP. Ready or Not? Compliance in a World of New Models
Kristen Lilly
Vicki L. Robinson
Fatema Zanzi
❯❯ Application of core program integrity principles to new models
❯❯ New incentives and emerging risk areas
❯❯ How clinical quality and HR can drive compliance culture
» Using quality of care and data to improve compliance and reduce risk
» Compliance considerations for start-ups and non-traditional players in health care

QQ. The Government’s Focus on Individual Accountability: Has It Been a Game Changer or Is It Just Business as Usual?
George B. Breen
Robert K. DeConti
Jeffrey Dickstein

» Best practices for responding to investigations in light of the focus on individuals, including executives and board members
» OIG’s exclusion and civil monetary penalty enforcement priorities
» The impact of individual accountability efforts on qui tams, corporate settlements, and compliance programs

RR. The Continuing Evolution of Medicare and Medicaid Managed Care
Steven D. Hamilton
Jennifer Kildea DeWane

» Current state and evolution of Medicaid and Medicaid managed care under the Trump Administration
» Evolving delivery of Medicaid benefits under demonstration waivers
» Emerging areas and trends in government enforcement and litigation risk
» Mitigation of enterprise risk inherent in the operating environment of Medicaid managed care

Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws (repeat)

CC. Let the Buyer Beware! Ransomware and Other Cybersecurity Threats Create Peril in High Stakes Health Care M&A Transactions (repeat)

EE. Preparing to Accept Downstream Risk: What CINs and ACOs Should Be Doing Now (repeat)

FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments (repeat)

2:00–3:00 pm
SS. Time in a Bottle: Preparing for a Career Change, sponsored by AHLA’s Women’s Leadership Network (not repeated)
Heather Fine
Asha B. Sicelzo
Lisa D. Vandecaveye

» How to create the most effective partnership with recruiters: Tips and tricks
» Straight from the source: A general counsel’s learnings and take-aways following a successful search
» The status of the legal market—from industry, to compensation, to hiring trends, to upcoming changes
» How to build your personal “brand”
» Nuts and bolts: Your job search materials—building a strong resume, network and LinkedIn profile
» Strategies for pursuing part-time options

TT. Data Traveling the World and the Seven Seas: Global Privacy and Security Regulatory Issues for US-Based Health Care Providers (not repeated)
Frances Carroll
Kevin P. Kalinich
Joan Lebow

» International privacy and security regulations that may affect US-based providers
» The types of services and relationships that may give rise to the need to comply with international security and privacy regulations
» Information technology arrangements that trigger compliance with international security and privacy regulations (e.g., offshore data storage) and potential solutions for compliance with these requirements (e.g., data localization)
» A joint analysis of key differences between European and US data protection regulation and how US providers may be required to comply with international law
» Tools to support counsel’s ability to explain a global privacy and security plan to senior executives and board members

Luncheons are not included in the program registration; there is an additional fee; limited attendance; and pre-registration is required. See page 26 for more information on the topics of each luncheon.
ANNUAL MEETING NETWORKING OPPORTUNITIES continued

Wednesday, June 28
7:00-7:50 am

Attend one of the state networking breakfasts:

❯ Alabama, Tennessee, Louisiana, Mississippi
  Sponsored by HORNE LLP
❯ California
  Sponsored by the California Society for Healthcare Attorneys
❯ Florida
❯ Ohio
❯ Georgia

This event is included in the program registration; attendees and faculty welcome; there is no additional fee; pre-registration required.

Visit www.healthlawyers.org/Annual2017 for full descriptions of each of the luncheons under the PG Luncheons tab.

UU. End of Life Option Act One Year Later
  Pamela S. Kaufman
  Kati Murray

❯ The reaction in California to the End of Life Option Act, including differences among stakeholders (management, line staff, and patients/residents)
❯ Practical and risk management issues that providers have grappled with in implementing death with dignity policies
❯ Hear from a medical director who has experienced several deaths with dignity on campus
❯ A physician’s perspectives on eligibility, competency, aid-in-dying drugs, and more

Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians (repeat)

W. Clinical Trial Agreements—Why Do We Need All of These Provisions (repeat)

LL. Implications of New Limitations on Hospital-Based Status for Burgeoning Hospitals: Is Expansion Still Possible? (repeat)

3:15-4:15 pm

VV. Managing Risk in Employing Foreign Nationals during the Trump Years (not repeated)
  Isabelle Bibet-Kalinyak
  Mary Therese Link

❯ Statutory and regulatory framework: Interdependency between health care, labor and employment, immigration regulations, and international export control regulations. Applicable statutes and rules and consequences of noncompliance
❯ Immigration basics: The non-immigrant visas available for health care providers, researchers, professors, and executives, including types, availability, cost, timeline, pros and cons, options for spouses and dependents, etc.; and the green card process—types of permanent visas available for health care providers, researchers, professors, and executives, availability, cost, timeline, pros and cons, dependents, traveling restrictions, etc.
❯ Immigration reform—update
❯ Compensation models: When and how to utilize productivity and other incentives in employing foreign nationals without running afoul of Department of Labor and immigration regulations
❯ Drafting employment agreements for foreign nationals: Immigration fees, term period, non-compete covenants, compensation, J-1 waiver state-specific requirements, etc.
Compliance pitfalls during the recruitment and hiring process: Antidiscrimination laws applicable to foreign nationals, best practices, Form I-9 documentation, document retention for H-1B visas, J-1 visa waivers, and green card applications

Recruiting: Tools to optimize recruiting practices, the handling of immigration petitions, and retaining talent

WW. Women Lawyers in Leadership: What’s in It for Me, OR, Is Trailblazing Worth the Trek through the Jungle?, sponsored by AHLA’s Women’s Leadership Network (not repeated)
Courtney Chavez
Lisa A. Genecov

Women lawyers, their participation in leadership roles in their organizations, and why it is important

Various steps that lawyers and their organizations can take to have more women leaders in their organizations

XX. Mastering the Hospital Quality and Efficiency Program
Dennis K. Butts
John M. Kirner
Michelle Johnson Tidjani

The contours of an HQEP
Key contract issues including concept of the HQEP Steering Committee and tiered roles of health system, Steering Committee, CIN
Key regulatory and legal issues including Stark, AKS, antitrust, and potential impact and use of ACO waivers with an HQEP
Interrelationship of the HQEP with other existing health system/CIN contracts and programs, as well as with payer relationships
Best practices for inside counsel and outside counsel to approach successfully negotiating and implementing the HQEP, including who drafts which documents, working with valuation consultants, working with health care consultants, and dealing with health system and physician/CIN constituents

YY. ACOs and Tax Exemption: Promotion of Health, Private Benefit, Lurking Valuation Issues, UBIT, and More
John R. Holdenried
Preston Quesenberry

PLR 201615022 analysis
Future prospects for exemption
Potential alternative structures
Impact on EO participants
Lurking valuation issues
UBIT issues

N. When Health Care Meets Technology: What Lawyers Need to Know in the Era of Health IT and Digital Health (repeat)

P. Winning EMTALA: A Tactical Approach for Reducing EMTALA Violations (repeat)

4:30-5:30 pm

ZZ. Inclusion: The Prescription to a More Diverse Health Law Bar, sponsored by AHLA’s Diversity+Inclusion Council (not repeated)
Felicia Y. Sze (Moderator)
Sharon E. Jones
Francisco J. Silva

Messaging to encourage legal organizations (both law firms and corporate legal departments) to commit to and invest in diversity
Successful strategies in recruiting, retaining, and promoting diverse talent
Small things every lawyer can do to promote inclusion within his/her organization
Unconscious bias among all lawyers

D. How Shortcuts in EHRs Can Impact Your Reimbursement and Create Regulatory Risk (repeat)

M. Managed Care Fraud in Medicare and Medicaid (repeat)

S. Staying the Course: 340B Compliance without (Clear) Guidance (repeat)

X. Potholes along the Golden Gate Bridge: Legal Ethics in Inside Counsel/Outside Counsel Interactions (repeat)

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

5:30-6:30 pm

Networking and Diversity+Inclusion Reception, hosted by Diversity+Inclusion Council, sponsored by Veralon Partners

This event is included in the program registration; attendees, faculty, and registered adult, teen, and youth guests welcome. More information on page 26.
Wednesday, June 28, 2017

7:00-11:45 am
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 welcome.

7:00-7:50 am
Attend one of the state networking breakfasts.
❯❯ Alabama, Tennessee, Louisiana, Mississippi, sponsored by HORNE LLP
❯❯ California, sponsored by the California Society for Healthcare Attorneys
❯❯ Florida
❯❯ Ohio
❯❯ Georgia
These events are included in the program registration; attendees and faculty welcome; there is no additional fee; pre-registration required.

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CONCURRENT SESSIONS

8:00-9:15 am Extended Sessions

AAA. Health Care Fraud Enforcement—A View from the Trenches (not repeated)
Michael E. Paulhus
David S. Schumacher
Brian Stretch

❯❯ Particular enforcement priorities and evolving theories (e.g., quality of care, post-acute care providers, etc.)
❯❯ Practical implications of litigating health care fraud cases (privilege disputes, motion practice, and other strategies)
❯❯ How (as of June 2017) a year’s worth of lower court decisions on Escobar have impacted civil FCA cases pursuing health care fraud

BBB. Blockchain, IoT... Around the World in Health Information Technology (not repeated)
Alisa L. Chestler
Gerard M. Nussbaum

❯❯ Blockchain—What is it, what are contracting and compliance issues
❯❯ IoT (Internet of Things)—assessing the benefits and risks
❯❯ FTC, FDA, and the other regulators that may influence compliance programs and contract language
❯❯ How these new technologies will affect health care providers and vendors
❯❯ Steps to take to protect your client in contractual relationships that rely upon these technologies
Planning considerations as health care entities seek to leverage these new technologies (from pilot, to deployment)
>> Privacy, security, and ethical considerations in defining policies surrounding the use of potentially intrusive technology
>> Appropriate use of data and retention of data derived from newer technologies

AA. The Affordable Care Act: Navigating the Uncertainty (repeat)

BB. Hot Topics in Fraud and Abuse (repeat)

DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century (repeat)

PP. Ready or Not? Compliance in a World of New Models (repeat)

QQ. The Government’s Focus on Individual Accountability: Has It Been a Game Changer or Is It Just Business as Usual? (repeat)

RR. The Continuing Evolution of Medicare and Medicaid Managed Care (repeat)

9:30-10:30 am

CCC. Public Quality Data and the Nursing Home Litigation Explosion: Are Hospitals the Next Target for Dual Enforcement (not repeated)
A. Drew Graham
Both nursing homes and hospitals must substantially comply with federal regulations to participate in Medicare and Medicaid. Over the last 20 years, there has been a growing trend toward “dual-track enforcement” for nursing homes, where plaintiffs—who now have access to an overwhelming amount of publicly available quality information—attempt to bypass agency enforcement, bringing private causes of action in courts to argue that institutions are not complying with regulations. Several of these cases have resulted in extremely large jury verdicts against nursing homes. Now, history is repeating itself, and plaintiffs are poised to employ similar strategies against hospitals.
>> History of private enforcement of the nursing home conditions of participation
>> The impact of newly available public quality data on hospital and nursing home litigation
>> Defense strategies to minimize the impact of this new threat

DDD. What’s Up with This–FDA Compliance and Rising Issues with Fraud and False Claims in the Conduct of Clinical Trials (not repeated)
David L. Rosen
>> Baseline FDA requirements for pre-clinical and clinical trials
>> Regulatory changes (current and anticipated)
>> Lesser known compliance risk areas

>> How to react when FDA comes in to investigate
>> Actions the FDA can take
>> Advice for mitigating risk and government collaboration

C. Antitrust Investigations: A Practical Guide for Handling Subpoenas and Civil Investigative Demands (repeat)

E. Dr. House Is at It again: Tips for Dealing with Disruptive and/or Impaired Practitioners (repeat)

V. Complex Contracting in the 21st Century between Payers and Providers (repeat)

JJ. The Nexus between Technology and Legal Ethics (repeat)

KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements (repeat)

YY. ACOs and Tax Exemption: Promotion of Health, Private Benefit, Lurking Valuation Issues, UBIT, and More (repeat)

10:45-11:45 am

H. Clinical Laboratories in a Time of Change (repeat)

L. Fusion Reaction: Political, Business, and Legal Realities Collide for Hospital Partnering Opportunities (repeat)

O. Telemedicine Credentialing and Compliance Issues (repeat)

T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions (repeat)

U. The New Era of Big Data for Health Care (repeat)

MM. Bridging the Gap: Strategic Plan–Provider Collaboration in the Transition to VBP (repeat)

UU. End of Life Option Act One Year Later (repeat)

XX. Mastering the Hospital Quality and Efficiency Program (repeat)

Adjournment
### Annual Meeting

#### SCHEDULE

**Saturday, June 24, 2017**

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<td>4:00-7:00 pm</td>
<td>Registration and Information</td>
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**Sunday, June 25, 2017**

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<th>Time</th>
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<td>7:00 am-5:15 pm</td>
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| 5:00-6:30 pm | Welcome Reception – Rock Your Red!, sponsored by Cain Brothers  
   (this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome) |

**Monday, June 26, 2017**

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<th>Time</th>
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| 6:00-7:00 am | Exercise Classes: Yoga / Fun Run, sponsored by CBIZ Healthcare Valuation  
   (this event is included in program registration; attendees and registered guests welcome; pre-registration required) |
| 7:00 am-5:30 pm | Registration and Information               |
| 7:00-8:30 am | Continental Breakfast, sponsored by MD Ranger, Inc.  
   (this event is included in program registration; attendees, faculty, and registered adult, teen and youth guests welcome) |
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<tr>
<td>8:00 am-12:15 pm</td>
<td><strong>GENERAL SESSION, sponsored by FTI Consulting</strong></td>
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<td>8:00-8:30 am</td>
<td>Welcome and State of the Association / Recognition of AHLA’s 50th Anniversary</td>
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<td>8:30-9:30 am</td>
<td>Keynote Address: Future of Innovations in Health Care</td>
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<td>9:30-10:15 am</td>
<td>Secrets of (and the Price of) Success: What We Can Learn From California’s Approach to Coverage and Care Transformation, and the Potential Implications of Repeal and Replace Efforts</td>
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<td>Dooley, Finley, Gellert</td>
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<td>10:15-10:30 am</td>
<td><strong>Break, sponsored by Huron</strong></td>
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<td>10:30 am-12:15 pm</td>
<td>Year in Review</td>
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<td>Carder-Thompson, Schroder</td>
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<td>12:30-1:45 pm</td>
<td>Lunch on your own or attend one of the Practice Group Luncheons:</td>
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<td>Medical Staff, Credentialing, and Peer Review, Physician Organizations, Hospitals and Health Systems (Joint Luncheon), sponsored by Pinnacle Healthcare and NorthGauge Healthcare Advisors, LLC</td>
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<td>Fraud and Abuse, sponsored by Jarrard Phillips Cate &amp; Hancock, Inc.</td>
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<td>Academic Medical Centers and Teaching Hospitals and Labor and Employment (Joint Luncheon)</td>
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<td>2:00-3:00 pm</td>
<td>A. Fireside Chat: An Investor’s View (not repeated)</td>
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<td>B. Modern Ethics Rules for Attorneys Managing Internal and Government Investigations and Litigation (not repeated)</td>
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<td>C. Antitrust Investigations: A Practical Guide for Handling Subpoenas and Civil Investigative Demands</td>
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<td>D. How Shortcuts in EHRs Can Impact Your Reimbursement and Create Regulatory Risk</td>
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<td>E. Dr. House is at it Again: Tips for Dealing with Disruptive and/or Impaired Practitioners</td>
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<td>F. Regulating the Regulator: What the Health Care Lawyer Needs to Know about Developments in Administrative Law, Including the Impact of a Presidential Transition</td>
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<td>G. Hospital and Health Plan Exemption—Meeting Expectations, Managing Threats</td>
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<td>H. Clinical Laboratories in a Time of Change</td>
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<td>3:00-3:15 pm</td>
<td>Beverage and Snack Break, sponsored by Huron</td>
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<td>3:15-4:15 pm</td>
<td>J. Mission Imperative: Legal and Public Policy Considerations for Faith-Based Hospitals (not repeated)</td>
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<td>K. Health Care Decision Making in Long Term Care: Can Bioethics Resources Help? (not repeated)</td>
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<td>L. Fusion Reaction: Political, Business, and Legal Realities Collide for Hospital Partnering Opportunities</td>
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<td>M. Managed Care Fraud in Medicare and Medicaid</td>
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<td>N. When Health Care Meets Technology: What Lawyers Need to Know in the Era of Health IT and Digital Health</td>
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<td>O. Telemedicine Credentialing and Compliance Issues</td>
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<td>P. Winning EMTALA: A Tactical Approach for Reducing EMTALA Violations</td>
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<tr>
<td>4:30-5:30 pm</td>
<td>R. Team of Rivals: How Creative States and Health Systems Work Together to Form Public-Private Partnerships (not repeated)</td>
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<td>S. Staying the Course: 340B Compliance without (Clear) Guidance</td>
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<td>T. Behavioral Health Patients in the Emergency Department: EMTALA Risks, Challenges, and Solutions</td>
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<td>U. The New Era of Big Data for Health Care</td>
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<td>V. Complex Contracting in the 21st Century between Payers and Providers</td>
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<td>W. Clinical Trial Agreements—Why Do We Need All of These Provisions</td>
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<td>X. Potholes along the Golden Gate Bridge: Legal Ethics in Inside Counsel/Outside Counsel Interactions</td>
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<td>G. Hospital and Health Plan Exemption—Meeting Expectations, Managing Threats (repeat)</td>
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<tr>
<td>6:30-9:30 pm</td>
<td>Off-Property Reception at California Academy of Sciences, sponsored by AHLA’s Members’ Law Firms (this event is included in the program registration; attendees, faculty, and registered adult, teen, and youth guests welcome. Transportation will be provided.)</td>
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<td>7:00 am-5:30 pm</td>
<td>Registration and Information</td>
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</table>
| 7:00-8:45 am  | Continental Breakfast  
(attendees, faculty, and registered adult, teen and youth guests welcome) |
| 7:00-8:00 am  | Networking Breakfast, hosted by AHLA's Women's Leadership Council, sponsored by SeyfarthLean Consulting  
(this event is included in program registration; attendees and registered guests welcome; pre-registration required) |
| 8:15-9:30 am  | Extended Sessions                                                     |
|              | Y. Behavioral Health Comes of Age: 42 CFR Part 2 and the 21st Century Cures Act  
(not repeated) |
|              | Z. Are We There Yet? Legal Barriers to Care Transformation and the Road forward to Reconcile New Payment Models and Existing Fraud and Abuse Laws  
(DeLoss, Markus) |
|              | AA. The Affordable Care Act: Navigating the Uncertainty  
(Goel, Miller) |
|              | BB. Hot Topics in Fraud and Abuse  
(Demske, Homchick) |
|              | CC. Let the Buyer Beware! Ransomware and Other Cybersecurity Threats Create Peril in High Stakes Health Care M&A Transactions  
(Acevedo, Holtzman, Pierce) |
|              | DD. Incentivizing Physicians to Provide the “Right” Level of Care: Hospital/Physician Payment Arrangements in the 21st Century  
(High, Hutzler, Shay) |
|              | EE. Preparing to Accept Downstream Risk: What CINs and ACOs Should Be Doing Now  
(Koenig, Pavarini, Schaff) |
|              | FF. Moving Right Along: Medicare’s Continuing Shift from Volume to Value-Based Payments  
(Cohen, Cooper, Sharp) |
| 9:45-10:45 am | Extended Sessions                                                     |
|              | GG. Arbitrating Health Care Disputes: Pros, Cons, and Strategic Considerations, sponsored by AHLA’s Dispute Resolution Service  
(Brennan, Widman) |
|              | HH. “They’re Getting away With Murder”: Current Issues in the Debate Over Drug Pricing  
(Barker, Krasner) |
|              | JJ. The Nexus between Technology and Legal Ethics  
(Apple) |
|              | KK. Planning Considerations when Structuring Medical Practice and Physician Lease Arrangements  
(Chasinoff, Washlick) |
### 9:45-10:45 am continued

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### 11:00 am-12:15 pm Extended Sessions

#### OO. Antitrust Issues in Health Care Combinations and Unwinds (not repeated)

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#### PP. Ready or Not? Compliance in a World of New Models

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#### QQ. The Government’s Focus on Individual Accountability: Has It Been a Game Changer or Is It Just Business as Usual?

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#### RR. The Continuing Evolution of Medicare and Medicaid Managed Care

### 12:30 –1:45 pm

#### Lunch on your own or attend one of the Practice Group Luncheons:

- **Payers, Plans, and Managed Care, sponsored by BRG Healthcare**
  - Antitrust, Business Law and Governance, Regulation, Accreditation, and Payment, and Tax and Finance (Joint Luncheon), sponsored by Bloomberg Law

- **Health Care Liability and Litigation and Post-Acute and Long Term Services and Behavioral Health Task Force (Joint Luncheon), sponsored by Simione Healthcare Consultants LLC**

- **Health Information and Technology and Life Sciences and Accountable Care Organizations Task Force (Joint Luncheon), sponsored by MediTract, Inc.**

(luncheons are not included in the program registration; there is an additional fee; limited attendance; and pre-registration is required)
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<th>2:00-3:00 pm</th>
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<tr>
<td>SS. Time in a Bottle: Preparing for a Career Change, sponsored by AHLA’s Women’s Leadership Network (not repeated)</td>
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<td>Q. What Price Is Right? Disputes over Payments to Out-of-Network Hospitals and Physicians (repeat)</td>
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<td>VV. Managing Risk in Employing Foreign Nationals during the Trump Years (not repeated)</td>
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<td>ZZ. Inclusion: The Prescription to a More Diverse Health Law Bar, sponsored by AHLA’s Diversity+Inclusion Council (not repeated)</td>
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<td>Sze (Moderator) Jones Silva</td>
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### Tuesday, June 27, 2017 continued

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<th>4:30-5:30 pm continued</th>
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<tr>
<td><strong>S. Staying the Course: 340B Compliance without (Clear) Guidance</strong> (repeat)</td>
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<td>Networking and Diversity+Inclusion Reception, hosted by Diversity+Inclusion Council, sponsored by Veralon Partners (this event is included in the program registration; attendees, faculty, and registered adult, teen, and youth guests welcome)</td>
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### Wednesday, June 28, 2017

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<td>Continental Breakfast (this event is included in the program registration; attendees, faculty, and registered adult, teen and youth guests welcome)</td>
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<th>7:00-7:50 am</th>
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<tr>
<td>Attend one of the state networking breakfasts (this event is included in the program registration; attendees and faculty welcome; there is no additional fee; pre-registration required):</td>
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<tr>
<td><strong>Alabama, Tennessee, Louisiana, Mississippi,</strong> sponsored by HORNE LLP</td>
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<td><strong>California,</strong> sponsored by the California Society for Healthcare Attorneys</td>
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<th>8:00-9:15 am Extended Sessions</th>
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<td><strong>AAA. Health Care Fraud Enforcement—A View from the Trenches</strong> (not repeated)</td>
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Centers for Medicare and Medicaid Services  
Windsor Mill, MD

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Washington, DC

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California Medical Association  
Sacramento, CA

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Philadelphia, PA

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United States Attorney’s Office for the Northern District of California  
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Co-Founder and CEO  
Smart Patients  
San Francisco, CA

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Kaiser Foundation Hospitals/Kaiser Foundation Health Plan, Inc.  
Oakland, CA
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- Baird Holm LLP
- BakerOber Health Law, a Baker Donelson practice
- BakerHostetler
- Bass Berry & Sims PLC
- Benesch Friedlander Coplan & Aronoff LLP
- The Bittinger Law Firm
- Blanchard Manning LLP
- Bradley Arant Boult Cummings LLP
- Bricker & Eckler LLP
- Broad and Cassell
- Buchanan Ingersoll & Rooney PC
- Coppersmith Brockelman PLC
- Crowell & Moring LLP
- Davis Wright Tremaine LLP
- Dentons US LLP
- Drinker Biddle & Reath LLP
- Epstein Becker & Green PC
- Foley & Lardner LLP
- Godfrey & Kahn SC
- Hall Booth Smith PC
- Hall Render Killian Heath & Lyman PC
- Honigman Miller Schwartz and Cohn LLP
- Hooper Lundy & Bookman PC
- Husch Blackwell LLP
- Jones Day
- King & Spalding LLP
- Lane Powell PC
- Liss & Lamar PC
- Locke Lord LLP
- Manatt Phelps & Phillips LLP
- McDermott Will & Emery LLP
- McGuireWoods LLP
- Mintz Levin Cohn Ferris Glovsky & Popeo PC
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- Nelson Mullins Riley & Scarborough LLP
- Nixon Peabody LLP
- Ogletree Deakins Nash Smoak & Stewart PC
- Polsinelli PC
- Post & Schell PC
- Proskauer
- Plunkett Cooney PC
- Reed Smith LLP
- Ropes & Gray LLP
- Seyfarth Shaw LLP
- Squire Patton Boggs LLP
- Waller Lansden Dortch & Davis LLP
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- Wiley Rein LLP
- CobbleStone Systems
- Coker Group
- Health Care Compliance Association
- HealthCare Appraisers, Inc.
- HORNE LLP
- Huron
- Jarrard Phillips Cate & Hancock, Inc.
- MediTract, Inc.
- MD Ranger, Inc.
- Navigant
- NorthGauge Healthcare Advisors, LLC
- Ntracts, LLC
- Pinnacle Healthcare Consulting
- PYA
- SeyfarthLean Consulting
- Simione Healthcare Consultants LLC
- Veralent Partners
- VMG Health