Physicians and Hospitals Law Institute

Featuring a One-Day Cybersecurity Track

February 1-3, 2017 • Hyatt Regency Orlando • Orlando, FL
Program Planning Committee
Lisa J. Gilden, Program Chair
David A. DeSimone
Rick L. Hindmand
Julie E. Kass
Cynthia F. Wisner
Kristen McDermott Woodrum

Program Learning Objectives
❯❯ Current enforcement efforts and their impact on physicians, hospitals, and health systems
❯❯ ACA implementation challenges for providers
❯❯ Regulatory developments and considerations
❯❯ Structuring integration models and delivery systems

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❯❯ Veralon

If you are interested in exhibiting or sponsorship opportunities at this program, please contact veshleman@healthlawyers.org

Hotel Information
Hyatt Regency Orlando Hotel
9801 International Drive
Orlando, FL
Phone: (407) 284-1234

Hotel accommodations are not included in the registration fee. Call the Hyatt Regency Orlando Hotel at (407) 284-1234 and indicate that you are attending the AHLA program and they can let you know the current room and rate availability. Rooms at the AHLA discounted group rate of $259 single/double occupancy / $11 resort fee per day are limited and may be sold out.

Registration Fees:
Postmarked and paid between January 4-27, 2017*
$1,020 first AHLA Members
$945 each additional AHLA Member
$1,270 Non-Members

* Fees increase $100 after this date

Discounts
$100 off full applicable rate for In-House Counsel and Solo Practitioner
$540 AHLA Academician Members
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For the most up-to-date information and to register, visit our website at www.healthlawyers.org/programs
Agenda

Tuesday, January 31, 2017
4:00-6:00 pm
Registration and Information

Wednesday, February 1, 2017
7:00 am-5:30 pm
Registration and Information

7:00-8:00 am
Continental Breakfast, sponsored by PYA and Sullivan, Cotter and Associates, Inc.
This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome.

GENERAL SESSION
8:00-8:15 am
Welcome and Introductions
Eric Zimmerman, AHLA President-Elect
Lisa J. Gilden, Program Chair

8:15-9:45 am
Year in Review
Elizabeth B. Carder-Thompson
Jack S. Schroder, Jr.
It has been another roller coaster year for health care law developments involving reimbursement, fraud and abuse, HIPAA, and more. This fast paced session will provide an overview of recent events, and introduce multiple topics to be addressed in later focused program sessions during the conference:
❯ Sweeping take downs by the Medicare strikeforce
❯ Record-breaking numbers of false claims act recoveries
❯ The Yates memo on individual culpability in action
❯ Regulatory developments: Overpayments, Stark, MACRA, CMS innovation model
❯ FTC wins trend setting victories against two planned hospital mergers
❯ $1.45 million punitive damages upheld against hospital for EMTALA violation
❯ Ransom ware attacks against hospitals—the new HIPAA violation?
❯ What to expect from the Trump administration on health care “reform”

9:45-10:15 am
Coffee Break, sponsored by CBIZ Valuation and HealthCare Appraisers, Inc.

CONCURRENT SESSIONS
10:15-11:15 am
A. Emerging Challenges with Patient Portals (not repeated)
Daniel F. Shay
Jerry Williamson

❯ Practical pros and cons of using a patient portal from the physician perspective
❯ Legal considerations relating to use of patient portal
❯ Patient safety concerns resulting from poor communication
❯ Interpreting software license clauses
❯ HIPAA considerations—Security Rule compliance
❯ Meaningful use compliance
❯ Compare and contrast other methods used by patients to communicate (e.g. social media and texting)

B. Hospitals Go Outpatient—Antitrust Issues in Hospital Acquisitions, Joint Ventures, and Other Affiliations to Provide Outpatient Care
David R. Garcia
Christine L. White
Physicians, hospitals, and other providers increasingly are pursuing strategic arrangement,—including, affiliations, acquisitions, joint ventures, as well as the formation of PHOs, ACOs, and other networks. These arrangements may enable providers to expand into new services, such as ASCs, imaging, lab testing, home health care, radiology, dialysis, and behavioral health, or to extend their operations into new geographic areas. They also may be driven by a desire to operate more efficiently, manage population health, engage in value-based or risk contracting, or otherwise respond to reimbursement pressures. Certain of these activities raise significant antitrust issues that should be anticipated and addressed early in the planning process. During this program, we will discuss:
❯ Various mechanisms for achieving a physician’s, hospital’s, or other provider’s diversification goals
❯ Framework for analyze the relative antitrust risks/benefits of various deal structures
❯ Checklist to assist physicians, hospitals, and other providers in spotting antitrust issues during formational and operational phases of a new entity or collaborative arrangement
❯ Federal safety-zones that provide antitrust shelter for particular activities
❯ Best practices for minimizing antitrust exposure

C. Defending, Documenting, and Disputing Medical Necessity
Cynthia F. Wisner
C.J. Wolf
❯ Clinical misperceptions about medical necessity and how they can result in compliance problems for hospitals and physician practices
❯ Government perceptions, including readmission penalties and use of data mining
❯ Enforcement trends, including recent cases and settlements
❯ Compliance actions to take to ensure appropriate documentation and defense of medical necessity

D. The Current and Future State of Provider/Supplier Enrollment and Certification
Emily W.G. Towey
Jeanne L. Vance
❯ Strategies for restructuring and re-enrolling your off-campus provider-based hospital outpatient department for CY2017 and beyond in light of reimbursement changes flowing from Sect. 603 of the Bipartisan Budget Act and the 2017 Medicare HOPPS Proposed and Final Rules
Where are we today exactly? A review of the current status of the world of Medicare enrollment and certification, including:
- CMS’ current stable of program integrity tools and how they use them
- Thoughts on how disclosure of affiliations and enhanced revocation authorities from CMS’ ‘16 proposed enrollment would impact provider and supplier enrollment
- Current state of the 855 enrollment forms and status of any proposed updates

Current enforcement trends and positioning by CMS regarding hospital co-location (e.g., time and space sharing)

Hot enrollment topics and enforcement trends

Looking into the enrollment and certification crystal ball—predictions on what the future holds, including the impact of the election on provider enrollment

E. If You CC Me, Your Email Will Be Privileged and Other Urban Legends: Legal Ethics and Practical Considerations for Attorney-Client Communications
Ellie Bane
Susan F. Koch

The interplay between ethical rules governing confidentiality and attorney-client privilege

The impact of recent case law on privilege

Top five myths related to privilege

Keys to preserving privilege

Real life examples

Special considerations for in-house counsel

Application to internal investigations

11:30 am-12:30 pm

F. The Waves of Change…Rolling Forward with Accreditation and Survey (not repeated)
Lisa D. Vandecaveye
Marie Vasbinder

The lake effect…when Medicare Conditions of Participation, accreditation and surveys were calm and change was controlled: A review of the history and the basics

High and low tide…the organizational structure of the Centers for Medicare and Medicaid Services and the relationship between the regional and central offices

Surfing the uncontrolled waves of change…the current survey issues including: Patient safety, quality, telemedicine, scope of practice, and infection control

G. How to Use and Not Abuse MGMA and Other Survey Data in FMV Compliance Programs
Timothy Smith
Joseph N. Wolfe
Meghan Wong

The facts about what the survey data represent and how the data can be used appropriately for FMV

What data analytics show about the relationship of compensation to productivity, quality, and compensation stacking

The government discussion on using data to support FMV from agency commentary, health care regulations and the applicable case law

How qui tam relators and DOJ have used survey data in evaluating FMV in recent enforcement actions

Use statistically valid and supportable methods in applying data for FMV physician compensation

H. Contemporary Physician Compensation Design: At the Crossroads of Reimbursement and Regulation
Leslye A. Herrmann
Mark Ryberg

The changing landscape of reimbursement
- New payment models
- Reimbursement changes as a driving force in compensation redesign

Market perspective on the current state of value-based pay practices
- Primer on survey data and how to interpret it in light of emerging value-based compensation trends
- Value-based incentive prevalence and opportunity levels
- Performance metric utilization

Case studies in contemporary design
- Case studies demonstrating the continuum of current design approaches to value-based compensation
- Practical lessons learned in implementing value-based compensation

J. Multi-Product Managed Care Contracts and More–A Deep Dive for Experienced Hospital and Physician Managed Care Counsel
Mark S. Kopson

Payer relationships—What about mergers?

Compensation—Transition to value-based

Downstream provider issues

Member/beneficiary obligations

Dispute resolution

K. Two to Tango: Top Fraud and Abuse Concerns Related to Hospital-Physician Relationships
Kyle S. Cohen
Scott R. Grubman

Current and emerging trends in government enforcement related to hospital-physician financial relationships and transactions, including acquisition of physician practices, medical directorships, recruitment incentives, production-based compensation, and other related issues

The potential for (and recent examples of) hospital liability for the actions of third parties, including employed physicians, vendors, and other affiliated providers and entities, even where the hospital does not submit claims for payment

The role that modern technology can play in contributing to—but also uncovering and preventing—fraud and abuse

Issues related to the employment of excluded or otherwise-sanctioned providers and best practices to avoid potential liability

The Medicare 60-day overpayment rule and how hospitals and physicians can (and should) work together to ensure compliance

12:30-1:45 pm

Lunch on your own Medical Staff, Credentialing, and Peer Review and Physician Organizations Practice Groups and Accountable Care Organizations Task Force (Joint Luncheon), sponsored by NorthGuage Healthcare Advisors, LLC
Topic: Scope of State Peer Review Statutory Privileges beyond Hospital Medical Staffs—Peer Review in Physician Groups, ACOs, CINs and PHOs
Michael Callahan, Katten Muchin Rosenman LLP, Chicago, IL

State peer review privilege laws vary; some encompass physician groups and other entities; other statutes refer only to hospital medical staff committees (sometimes ASCs and SNFs)

Waiver of the peer review privilege—when and how? Voluntary or not?

Can hospital-affiliated physician groups gain protection by doing peer review as an integrated component to the hospital’s process?

Is a PSO the answer? Current status of PSO case law and AHRQ process

Even without the certainty (never really certain!) of a privilege—will peer review reduce risk and improve patient care?

Payers are increasingly seeking quality metrics—would peer review help?

This event is not included in the program registration; there is an additional fee; limited attendance; pre-registration required.

CONCURRENT SESSIONS
2:00-3:00 pm
L. Making Advance Care Planning Work: Physicians Orders and Portability at the End of Life (not repeated)
Mary Beth Blake
Angela Fera
Kathy Greenlee
Medicare now reimburses for end of life health care planning
Acute care, long term care, and emergency medical providers must learn what to do with physician orders at the end of life, as the orders are likely to travel with the patient
Physician Orders for Life Sustaining Treatment (POLST) has evolved over the past 20 years
Conversations between health care professionals, patients, and loved ones are an essential part of planning for serious illness and end of life
In Kansas and Missouri, Transportable Physician Orders for Patient Preferences (part of the POLST paradigm) uses a standard of care approach to encourage adoption, instead of relying upon legislation
Opportunities and challenges associated with a standard of care approach and describe the roles and responsibilities of various health care providers

M. The Vicissitudes of Valuing “Value”—Legal and Valuation Issues Associated with Alternative Payment Models
Carol Carden
Robert G. Homchick
Introduction to emerging alternative payment models
Application of fraud and abuse laws and IRS rules to provider network payments
Existing market data and regulatory guidance
Considerations in determining fair market value and commercial reasonableness

N. What Private Equity Firms Expect from Medical Practices They Invest in and How to Advise Physicians in Such Deals
Peter A. Pavarini
Michael F. Schaff

Why PE is interested when in the past they weren’t
The typical terms of a PE investment
How structure is impacted by corporate practice of medicine and other regulatory issues
What this means for the industry generally

O. Making Way for MACRA
Charles B. Oppenheim
David A. Wofford
The key determinants of your organization’s readiness for value-based reimbursement
Identifying and assessing viable options for performance measures and payment models
Defining the strategy
Meeting implementation challenges

G. How to Use and Not Abuse MGMA and Other Survey Data in FMV Compliance Programs (repeat)

3:15-4:15 pm
P. Structuring Compliant Physician Compensation Arrangements in the Current Enforcement Environment (not repeated)
Anna M. Grizzle
Tizgel K.S. High
Albert D. “Chip” Hutzler
Recent cases and settlements highlighting the risks associated with physician compensation arrangements
Regulatory framework for structuring physician compensation arrangements, including applicable Stark and AKS requirements
Practical advice related to establishing and maintaining fair market value and commercial reasonableness
Suggestions for structuring and managing physician compensation arrangements to ensure ongoing compliance

Q. Nurse Practitioner and Physician Assistant Integration: Advanced Compliance Issues
Alex T. Krouse
John R. Washlick
Due to the physician shortage, hospitals across the country are increasingly utilizing the services of nurse practitioners and physician assistants. Often, these services are in lieu of a physician’s services. This session will cover the following advanced compliance issues:
Proper documentation of scope of practice to avoid False Claims Act risks
Compliant supervision services provided by NPs and PAs from infusion therapy to imaging
The risks associated with incident to, shared billing, and global surgical payments when NPs and PAs are utilized
Advanced Stark Law analysis of how and when to pay physicians for providing support to NPs and PAs
Best practices for organizations who are continuously increasing their utilization of NPs and PAs
R. Avoiding the Lose/Lose—Large Physician Group Acquisitions Gone Bad and How to Avoid Potential Traps
   Randy Bauman
   Gerald M. Hinkle

   Acquisitions and joint ventures involving health systems and “hold-out medical groups”—larger independent single and multi-specialty medical groups that have eschewed health system employment affiliation—are increasing.

   Competition between the parties raises antitrust issues not generally seen in smaller transactions.

   A physician group’s sophisticated levels of governance, management, and infrastructure create integration challenges from health systems from both operational and cultural perspectives.

   A physician group’s reliance of self-selected technology makes planning for system integration difficult.

   Physician group ancillary activities, such as imaging, urgent care and surgery centers, make structuring and valuation multi-faceted.

   Discoveries of compliance problems divert the parties from moving the transaction forward.

   The multiplicity of executory obligations, such as service and lease arrangements, makes organizing the closing a substantial task.

   Examine and illustrate issues in the areas of transaction structure, due diligence and compliance, including fair market value, compensation, antitrust, antikickback and fraud and abuse, physician self-referral, corporate practice of medicine and payment that can arise in these transactions.

S. What’s Hot in Tax-Exemption
   Lisa J. Gilden
   John R. Holdenried

   New developments on Form 990

   Impact of IRS exemption denial for health system affiliated ACO

   Update on 501(r) and initial 501(r) audits

   Impact of Rev. Proc. 2016-44 on tax-exempt bond space

   Proposed regulations on 509(a)(3) status of health system parent companies

T. Can Foresight Be 20/20? Reducing HIPAA and Business Risks with Small IT Vendors and Other Third Parties
   Marilyn Lamar

   Small vendors may have the best new technology—but they present significant risks to your organization if they fail. Perhaps only hindsight is 20/20, but this presentation will highlight steps to take in advance to deal with small vendors and others who may face unexpected financial or operational challenges. Persuading your existing EHR vendor to make your data available to a new vendor with cutting edge apps is also critical and the ONC’s efforts on this topic will be discussed.

   Financial and technical due diligence—more than HIPAA

   Monitoring the vendor’s ongoing financial and technical health—contract language to negotiate

   Protections to negotiate in case of the vendor’s acquisition or bankruptcy

   Termination for convenience in long term arrangements

   Persuading EHR vendors to share your data with app developers—“Whose data is it anyway?”

4:30-5:30 pm

U. Section 1557 of the ACA and the Changing Landscape of Civil Rights in Health Care (not repeated)
   Timothy C. Gutwald
   Andrew C. Stevens

   Health care providers have long been prohibited from discriminating based on race, disability, national origin and other protected classes under Title VI and Section 504 of the Rehabilitation Act.

   Government enforcement actions provide valuable insight into how health care providers can meet their obligations under the various statutes.

   Section 1557 of the Affordable Care Act expands health care providers’ exposure to discrimination litigation by creating new protected classes and creating new causes of action.

   In the recent final regulatory rule, HHS adopted significant interpretations of Section 1557 and requires health care providers to take immediate action for compliance.

V. Two Sides to Every Telemedicine Arrangement: Exploring Hospital and Physician Concerns
   Christopher C. Eades
   Sheniece J. Smith

   The availability of telehealth technology represents a significant opportunity for hospitals and physicians to achieve greater access, improved efficiency, and a higher quality of care. Given these potential benefits, hospitals and physicians are negotiating telehealth arrangements with increased frequency. In doing so, these parties face a number of challenges, particularly as pertinent law and regulation struggle to keep pace.

   The differing perspectives among hospitals and physicians in relation to telehealth transactions, highlighting potential common ground and best practices for these arrangements.

   Physician compensation/reimbursement—achieving appropriate compensation in the context of increased volume and obstacles to reimbursement.

   Telehealth equipment/technology—negotiating compliant arrangements for hospitals to provide physicians with necessary equipment and technology assistance.

   Delegated credentialing—what medical staff and governing board functions may/may not be delegated, and common medical staff exemptions.

   Medical Staff Bylaws considerations—common revisions made by hospitals/medical staffs to accommodate telehealth, and implications for the sharing of confidential peer review information.

   Professional liability—when a physician/patient relationship is/is not established, and related considerations for use/extent of indemnification.

W. Physician/Hospital Alignment Strategies in Volume to Value
   James M. Daniel
   Max Reiboldt

   The primary alignment models applicable to value-based reimbursement and the reasons for success and/or failure.

   The options available today and why these customized models are successful.

   The role both physicians and hospitals play in the development, support, and implementation of these value-based strategies.

   Practical examples of the necessary components and participants in developing these value-based models.
X. Urgent Care Centers: Friends or Foe? Addressing Challenges and Opportunities
Judy W. Mayer
Cathlin E. Sullivan
❯❯ Background and general information about urgent care centers
❯❯ Ownership models, including hospital-affiliated versus independent ownership
❯❯ Operational and regulatory considerations, including fraud and abuse, staffing models, operational challenges, reimbursement, and liability
❯❯ Additional considerations such as occupational health and on-site employee health clinics

Y. Examining the Practice Losses Theory: Is it FMV and Commercially Reasonable to Lose Money on Physicians?
Gregory D. Anderson
Robert G. Trusiak
❯❯ Commercial reasonableness defined
❯❯ The status of case law and expert witness testimony related to hospital-owned physician practice losses in the context of CR
❯❯ The anatomy of physician practice losses
❯❯ Assessing current losses as part of a regulatory compliance program
❯❯ Practical implications and best practices for minimizing losses and documenting CR in physician practice arrangements

5:30-6:30 pm
Networking and Diversity+Inclusion Reception, hosted by AHLA’s Diversity+Inclusion Council, sponsored by HORNE LLP
Join AHLA for a combined Welcome Reception and Diversity+Inclusion Reception. Learn more about AHLA’s diversity and inclusion initiatives. Network with AHLA leaders and your fellow colleagues. This event is included in the program registration. Attendees, faculty, and registered spouses and guests are welcome.

Thursday, February 2, 2017
7:00 am-5:30 pm
Registration and Information

7:00-8:15 am
Networking Breakfast, hosted by AHLA’s Women’s Leadership Council, sponsored by Pinnacle Healthcare Consulting
This event is not included in the program registration. Attendees and faculty are welcome; pre-registration is required. Join your colleagues from small group discussions on issues related to networking, leadership, and more.

7:00-8:15 am
Continental Breakfast, sponsored by PYA and Sullivan, Cotter and Associates, Inc.
This event is included in the program registration. Attendees, faculty, and registered guests are welcome.

CONCURRENT SESSIONS
8:30-9:30 am
Z. Legal and Practical Challenges of Maintaining a Unified Medical Staff in a Multi-Hospital System
Deborah A. Datte
Robin Locke Nagele
❯❯ CMS Conditions of Participation now stipulate the medical staff’s role in accepting or rejecting a unified medical staff structure and in opting out of a unified medical staff after one has been created, as well as some of the minimum functional requirements for a unified medical staff
❯❯ A unified medical staff can create substantial efficiencies, but also adds to the complexity of medical staff governance, due to the need to balance central leadership with the requisite amount of local control, while maintaining compliance with CMS and Joint Commission standards
❯❯ Practical guidance on:
– The requirements of the Conditions of Participation applicable to separately certified hospitals within a hospital system
– An effective framework for unified medical governance from the medical staff and governing body perspective
– Carrying out credentialing and peer review effectively on a system-wide basis
– Engaging and empowering physicians within the new structure
– Resolving potential conflict areas between “employed” and “volunteer” medical staff
❯❯ Applicable CMS and Joint Commission requirements, and the impact of state licensing requirements

J. Multi-Product Managed Care Contracts and More–A Deep Dive for Experienced Hospital and Physician Managed Care Counsel (repeat)

O. Making Way for MACRA (repeat)

R. Avoiding the Lose/Lose–Large Physician Group Acquisitions Gone Bad and How to Avoid Potential Traps (repeat)

U. Section 1557 of the ACA and the Changing Landscape of Civil Rights in Health Care (repeat)

9:45-10:45 am
AA. Representing the Platypus: Advising the Independent Physician Practice Client amid Post-ObamaCare Evolutionary Pressures (not repeated)
Ann M. Bittinger
❯❯ Advising independent practices on payment evolution: MACRA (MIPs and APMs)
❯❯ Scaling compliance (HIPAA, billing, and self-referral) to the independent physician practice
❯❯ Proposed relationships (Stark, Anti-Kickback, and other laws) with other groups or systems (diversification/consolidation)
❯❯ Internal threats to independence (non-competes, exclusives, succession planning)
❯❯ The psychology of the decision makers of these groups (how to keep them as clients)
BB. Ethical Conundrums for Counsel Advising no Compliance Reviews and Voluntary Disclosures—Who and What Must Be Reported and How

John C. Ivins
Gregory M. Luce

> What are the legal and ethical obligations of the organization’s counsel to report not only possible violations and repayment but also to assign individual liability for corporate conduct? Upjohn warnings and voluntary disclosures

> Is it appropriate to limit a review or audit based upon resources and timing considerations as well as the anticipated scope of the issue? E.g. can the time period for a review be limited by considerations of the applicable statute of limitations, departure dates of former employees, changes in data systems, etc. Model Rule 1.2(d); Model Rule 3.2; Model Rule 3.4; and, Model Rule 4.4(a)

> When should in-house counsel consider engaging outside counsel for such reviews and what are the expectations for confidentiality and privilege associated with the review? Who is the client when management may be directly accountable for the conduct in question? Model Rule 1.13(b) and (f); Model Rules 4.2 and 4.3

> Is there a legal obligation to disclose individual culpability to enforcement authorities and when and how does that arise? Ethical considerations under the Yates Memo and Model Rules 1.13(b)

> What are the ethical obligations of in-house and outside counsel during the review when individuals are identified as the source of potential compliance violations? e.g. would in-house counsel be a witness; would outside counsel be required to report directly to the governing body when violations by management are identified?

> Maintaining the privilege while conducting an internal review and advising on an ensuing voluntary disclosure

Q. Nurse Practitioner and Physician Assistant Integration: Advanced Compliance Issues (repeat)

T. Can Foresight Be 20/20? Reducing HIPAA and Business Risks with Small IT Vendors and Other Third Parties (repeat)

Y. Examining the Practice Losses Theory: Is it FMV and Commercially Reasonable to Lose Money on Physicians? (repeat)

11:00 am-12:00 noon

CC. Behavioral Health: Patient Centered Compliance in a World of Pain (not repeated)

Denise M. Hill
Norma J. Hirsch

> Pain management and the paradigm shift towards use of opioids to treat chronic pain (including pain as a determinant of health and wellness; impact of the pain scale and “Pain as the Fifth Vital Sign;” and how target marketing down played risks and promoted use of opioids to manage all types of pain)

> Practical challenges and far-reaching clinical, legal and ethical consequences of providing inadequate pain care for patients who legitimately need opioids

> Practical challenges and far-reaching clinical, legal and ethical consequences of the indiscriminate and over prescribing of opioids

> Recent legal and clinical developments in pain management and/or opioid prescribing (including the Comprehensive Addiction and Recovery Act of 2016, Ensuring Patient Access and Effective Drug Enforcement Act of 2016, Improving Regulatory Transparency for New Medical Therapies Act

> Section of 4305 of the ACA; CDC Opioid and REM Guidelines; Examples of state prescription drug monitoring programs, patients’ bill of rights laws, and board regulations regarding appropriate prescribing and pain management; and significant court cases)

> Practical strategies that hospitals and physicians can utilize to mitigate patient harm, manage risks, and ensure legal compliance

DD. Hot Topics in Labor and Employment for Health Care Organizations

Maria G. Danaher

During the past eight years, there have been continuous and sometimes unexpected changes in legislation, case law, and administrative decisions regarding both labor and employment issues. Both state and federal courts, as well as labor and employment agencies, have issued decisions creating new and ongoing obligations for hospitals and healthcare systems, physician groups, medical device manufacturers, and pharmaceutical companies.

> These changes, with discussion (or, possibly, conjecture!) on the direction in which these changes will move in the coming four years

> Recent federal agency decisions and court opinions, and their effect on health care entities

> Information and provisions that should be included in handbooks and policies for health care entities to avoid legal liability under these laws and regulations

> Updates on ever-changing legislation/case law that affects the health care workplace

K. Two to Tango: Top Fraud and Abuse Concerns Related to Hospital-Physician Relationships (repeat)

M. The Vicissitudes of Valuing “Value”—Legal and Valuation Issues Associated with Alternative Payment Models (repeat)

V. Two Sides to Every Telemedicine Arrangement: Exploring Hospital and Physician Concerns (repeat)

12:00 noon-1:15 pm

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

» In-House Counsel and Hospitals and Health System Practice Groups (Joint Luncheon), sponsored by ECG Management Consultants,

Topic: Roundtable Discussion on Physician Compensation

This luncheon will provide a forum for in-house counsel, compliance officers, and others to share experiences, lessons learned, and best practices regarding challenging physician compensation issues. Attendees will participate in facilitated peer-to-peer discussion that will address the challenging questions that arise when trying to ensure that physician compensation is reasonable and does not run afoul of regulatory requirements.

» Labor and Employment

Topic: Workplace Violence. How Health Care Employers Can Reduce Their Risk

Lindsay Dennis Swiger

These events are not included in the program registration. There is an additional fee; limited attendance; pre-registration required.
CONCURRENT SESSIONS
1:30-3:00 pm Extended Sessions
Heather L. Fields
Jennifer L. Rathburn
Ken Vander Wal

❯❯ Cybersecurity program development
  – HIPAA and other legal standards
  – Various security frameworks—NIST, HITRUST, ISO, and others
  – Implementation and testing
  – Monitoring effectiveness
❯❯ Tactical considerations
  – Engaging consultants
  – Integrating with enterprise risk management program
  – Business associate agreements and other contractual issues
  – Vendor management
❯❯ Hot topics
  – New ransomware guidance
  – New cloud services provider guidance
  – Cyber threat information sharing

GH. The Stark Realities of MACRA (advanced)
Idette Elizondo
Glenn P. Prives
Kristen McDermott Woodrum

❯❯ The impact of the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA") on physician compensation models
❯❯ The market trends and pitfalls of using quality metrics for hospital compensation of physicians outside alternative payment models. Though HHS is aggressively pushing reimbursement along the value based continuum, providers still have footing and commercial contracting arrangements in the fee for service world
❯❯ The legal barriers in implementing quality based compensation and alignment models. Provide updates on efforts to revise Stark and other laws creating impediments to implementation of new payment models (e.g. Senate Finance Committee Hearings and AHA Statement and any developments)
❯❯ The roles and responsibilities of hospital compensation committee
❯❯ Commercial reasonableness guidance and opinions
❯❯ The inherent obstacles presented by renewal of hospital/physician relationships
❯❯ Hypothetical examples

GH. Fair Market Value in Health Care—The 4th Annual “Year in Review”: Traveling the Road to Value Based Payment
Andrea M. Ferrari (Moderator)
Kelly R. Anderson
Justin Burk
Vivian M. Gallo

❯❯ The past year’s regulatory actions, court cases, settlements, and other developments that affect the concept of fair market value in hospital-physician transactions
❯❯ Counsel and operator perspectives on how the year’s developments reflect, challenge, or otherwise affect the issues and processes for review of physician-hospital arrangements
❯❯ A ranking of the year’s “top ten” fair market value issues, with consideration for how the list has been influenced (and might in the future change) as the market transitions to value based care

HH. False Claims Act Risk in “The Real World”: The Intersection of Civil and Criminal Enforcement with Individual and Board Accountability
Daniel Bernstein
George B. Breen
Jeffrey Dickstein
Susan Torres

❯❯ Have recent cases reflected DOJ’s attention to individual accountability and has this focus impacted matter resolution? What specific areas of enforcement are being targeted?
❯❯ How should corporate entities respond to FCA investigations in light of the government’s focus on the individual and the board?
❯❯ How are the Civil and Criminal Divisions working together in FCA cases; has there been a change and, if so, how has enforcement been effected?
❯❯ Has this enforcement effort changed the landscape for relators? Are they more likely to sue individuals and what factors go into decisions to include individuals in a qui tam lawsuit?

FF. The Stark Realities of MACRA (advanced)
Idette Elizondo
Glenn P. Prives
Kristen McDermott Woodrum

❯❯ The impact of the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA") on physician compensation models
❯❯ The market trends and pitfalls of using quality metrics for hospital compensation of physicians outside alternative payment models. Though HHS is aggressively pushing reimbursement along the value based continuum, providers still have footing and commercial contracting arrangements in the fee for service world
❯❯ The legal barriers in implementing quality based compensation and alignment models. Provide updates on efforts to revise Stark and other laws creating impediments to implementation of new payment models (e.g. Senate Finance Committee Hearings and AHA Statement and any developments)
❯❯ The roles and responsibilities of hospital compensation committee
❯❯ Commercial reasonableness guidance and opinions
❯❯ The inherent obstacles presented by renewal of hospital/physician relationships
❯❯ Hypothetical examples

JJ. Metadata: The New Smoking Gun in Health Care Litigation
David A. DeSimone
James M. Ronan
John Ulett

❯❯ What is metadata?
❯❯ Why is metadata becoming so popular in health care litigation?
❯❯ How to survive the metadata discovery process
❯❯ Brief case review
❯❯ Proactively preventing metadata from becoming a liability

3:00-3:15 pm
Snack and Coffee Break, sponsored by CBIZ Valuation and HealthCare Appraisers, Inc.

CONCURRENT SESSIONS
3:15-4:15 pm
KK. What Is a Rural Health Care Provider to Do in the New Health Care World (not repeated)
Kim Harvey Looney
Linda Rippey-Moore

❯❯ Rural hospitals and other health care providers and their role in this new health care environment
❯❯ The industry dynamics that are forcing hospitals to shift gears
❯❯ Market trends and data
❯❯ The important role of the board in evaluating a hospital’s future
❯❯ Key strategies on how to improve health care in rural communities (Population health management, ACOs, employment of physicians, retail clinics, telehealth (including virtual provider/direct-to-consumer technology), and partnerships and alliances with other hospitals and health systems, insurers and physicians
❯❯ The implementation of a strategic action plan to preserve health care services within the community will involve the understanding and unravelling of complex legal and financial structures, many of which are unique to each jurisdiction and institution
LL. Advanced FMV: Complex Hospital-Physician Compensation Arrangements
Derek Empie
Robert A. Wade
Fair market value analysis and documentation in physician compensation arrangements is critical in developing a defensible arrangement. This session will provide both in-house counsel and outside counsel perspectives on some of the most unique and current fair market value issues, including:

» Ensuring your hospital has a defensible fair market value analysis process
» Must organizations start to focus on commercial reasonableness when analyzing fair market value?
» How will organizations address fair market value in the move from volume to value?
» Specific case study discussions of documenting fair market value for physician supervision/collaboration, administrative services, team based models of care, and more

MM. An In-Depth Analysis and Discussion of Current Trends and Issues in Alternative Payment Models
Marissa W. Arreola
Tami Reinglass Horton
Robert D. Stone
» Current trends and key issues in alternative reimbursement for government payers
» Current trends and key issues related to alternative reimbursement for commercial payers
» Hypotheticals will be utilized as part of an advanced discussion among the panelists and attendees highlighting current “hot” and difficult issues that arise in the context of APMs in both the government and commercial space, with specific attention paid to areas of regulatory concern and change
» The changing regulatory environment for alternative payment models and current key issues of concern, including possible changes to current programs in light of the election and change in administration

B. Hospitals Go Outpatient—Antitrust Issues in Hospital Acquisitions, Joint Ventures, and Other Affiliations to Provide Outpatient Care (repeat)

E. If You CC Me, Your Email Will Be Privileged and Other Urban Legends: Legal Ethics and Practical Considerations for Attorney-Client Communications (repeat)

4:30-5:30 pm
NN. Challenges in the Transfer of Behavioral Health Patients in Crisis (not repeated)
Allison H. Petersen
Kathy L. Poppitt
» Appropriately transferring a patient with a psychiatric emergency medical condition due to the hospital’s lack of psychiatric resources
» Key challenges for ED staff in diagnosing, treating, stabilizing, and transferring patients presenting in a psychiatric crisis
» Meeting EMTALA and state law requirements while overcoming barriers in stabilizing and transferring psychiatric patients

W. Physician/Hospital Alignment Strategies in Volume to Value (repeat)
5:30-6:30 pm
Networking Reception, sponsored by HORNE LLP
This event is included in the program registration. Attendees, faculty, and registered guests are welcome.

Friday, February 3, 2017
7:00 am-12:30 pm
Registration and Information
7:00-8:00 am
Continental Breakfast, sponsored by PYA and Sullivan, Cotter and Associates, Inc.
This event is included in the program registration. Attendees, faculty, and registered guests are welcome.

CONCURRENT SESSIONS
8:00-9:00 am
OO. Cybersecurity Threats, Enforcement Trends, and Practical Challenges (not repeated)
Kathleen D. Kenney
Valerie Montague
» Cyberattack trends: What continues, what’s new, who, and what is targeted
» The impact of cyberattacks: The data breach landscape
» Enforcement: OCR, FTC, State Attorneys General; fines, corrective action plans, and lessons learned
» Class action and other lawsuits: Ramifications of cyberattacks beyond governmental enforcement
» New cybersecurity guidance: OCR/FTC privacy guidance, ransomware, cloud computing
» Challenges faced by health care organizations in defending against, and responding to, cyberattacks: Cyberliability insurance, management buy in, enterprise-wide efforts

D. The Current and Future State of Provider/Supplier Enrollment and Certification (repeat)
H. Contemporary Physician Compensation Design: At the Crossroads of Reimbursement and Regulation (repeat)

Z. Legal and Practical Challenges of Maintaining a Unified Medical Staff in a Multi-Hospital System (repeat)

DD. Hot Topics in Labor and Employment for Health Care Organizations (repeat)

9:15-10:15 am

PP. Federal and State Cybersecurity Enforcement (not repeated)
   Nicholas Heesters
   Daniel Suvor
   OCR enforcement and investigative processes
   Phase 2 HIPAA audits
   California cybersecurity and privacy enforcement activities
   California guidance on reasonable security practices
   Multistate attorneys general actions
   State variations

X. Urgent Care Centers: Friends or Foe? Addressing Challenges and Opportunities (repeat)

BB. Ethical Conundrums for Counsel Advising no Compliance Reviews and Voluntary Disclosures—Who and What Must Be Reported and How (repeat)

LL. Advanced FMV: Complex Hospital-Physician Compensation Arrangements (repeat)

MM. An In-Depth Analysis and Discussion of Current Trends and Issues in Alternative Payment Models (repeat)

10:30 am-12:00 noon Extended Sessions

EE. Got Cybersecurity? Practical Strategies for Approaching Security Risk Management (repeat)

FF. The Stark Realities of MACRA (advanced) (repeat)

GG. Fair Market Value in Health Care—The 4th Annual “Year in Review”: Traveling the Road to Value Based Payment (repeat)

HH. False Claims Act Risk in “The Real World”: The Intersection of Civil and Criminal Enforcement with Individual and Board Accountability (repeat)

JJ. Metadata: The New Smoking Gun in Health Care Litigation (repeat)

12:00 noon-1:15 pm

Lunch on your own or attend the Health Information and Technology and Health Care Liability and Litigation Practice Groups, sponsored by HORNE Cyber (Joint Luncheon)

Topic: Cybersecurity
   Col. Eduardo Monarez, Director of Intelligence, US Cybercommand
   Our nation and the health care sector face cyber threats from sophisticated attackers, organized criminal enterprises, and even nation states. The daunting task of commanding cyber resources to defend against advanced attacks falls to the US Cyber Command. At this luncheon with the Cybercom Director of Intelligence, attendees will learn how the US is combatting threats to our data and our infrastructure and the challenges and opportunities for gathering and sharing threat intelligence on the tactics and tools used by these malicious actors. This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required.

CONCURRENT SESSIONS
1:30-2:30 pm

QQ. Cybersecurity—Incident Response: Planning and Investigation (not repeated)
   Beong Soo Kim
   Michael Troncoso
   Survey of shifting threat landscape and risk profiles of health care organizations
   Inside a recent mega-breach—lessons learned for planning
   Know your systems—know where your key data and assets are in advance
   Engaging with law enforcement—relationships must be built in advance
   Communications—internal communication must mirror external communication, knowing your multiple audiences and enrolling communications team in response planning
   Third party breaches—planning for a breach at a business associate or partner
   Responding to unavailability and disruption—building resilience into your response protocol to recover operational capability within acceptable time and cost parameters
   Cyber-counsel and vendors—establishing trusted vendors/ outside counsel ahead of time
   Beyond “table tops”—practice your incident response plan; educate executive team on cyber-risk
   Cyber-insurance—shopping for policies, underwriting, panel counsel and vendors

2:35-3:35 pm

RR. Cybersecurity—Into the Breach: Practical Actions to Respond and Minimize Risk (not repeated)
   Justin D. Pitt
   Kristen B. Rosati
   Determining whether a reportable breach has occurred under the HIPAA regulations, with a focus on the gray areas that are difficult to resolve
   Ransomware incidents
   Hacking where no demonstrated exfiltration of data
   Determining state breach reporting obligations in multi-state data breaches
   Handling communications during the investigation
   Notifying insurance carriers
   Reporting to the SEC
   Retaining forensic investigators and security consultants to remediate and stabilize systems, and preserving attorney-client privilege
   Preparing for litigation

Adjournment
Does your team see payment model reform as a regulatory mandate or an opportunity?

We’re collaborating with clients across the country to define and implement forward-thinking strategies for success in the new healthcare economy.

To learn how HORNE can help you find competitive advantage in payment model reform, contact Leigh Ellen Sandifer at leighellen.sandifer@hornellp.com or 601.326.1137.
### Program at a Glance

**Tuesday, January 31, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>4:00-6:00 pm</td>
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**Wednesday, February 1, 2017**

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| 7:00-8:00 am  | Continental Breakfast, sponsored by PYA and Sullivan, Cotter and Associates, Inc.  
                (This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome.)|
| 8:00-9:45 am  | **GENERAL SESSION**                     |
| 8:00-8:15 am  | Welcome and Introductions               |
|              | Zimmerman, Gilden                       |
| 8:15-9:45 am  | Year in Review                           |
|              | Carder-Thompson, Schroder                |
| 9:45-10:15 am | Coffee Break, sponsored by CBIZ Valuation and HealthCare Appraisers, Inc. |
| 10:15-11:15 am | **CONCURRENT SESSIONS**               |
| A. Emerging Challenges with Patient Portals (not repeated) | Shay  
                                 Williamson |
| B. Hospitals Go Outpatient–Antitrust Issues in Hospital Acquisitions, Joint Ventures and Other Affiliations to Provide Outpatient Care | Garcia  
                                 White |
| C. Defending, Documenting and Disputing Medical Necessity | Wisner  
                                 Wolf |
| D. The Current and Future State of Provider/Supplier Enrollment and Certification | Towey  
                                 Vance |
| E. If You CC Me, Your Email Will Be Privileged and Other Urban Legends: Legal Ethics and Practical Considerations for Attorney-Client Communications | Bane  
                                 Koch |
| 11:30 am-12:30 pm | Lunch on your own or attend the Medical Staff, Credentialing, and Peer Review and Physician Organizations Practice Groups and Accountable Care Organizations Task Force (Joint Luncheon), sponsored by NorthGauge Healthcare Advisors, LLC  
                (This event is not included in the program registration; there is an additional fee; limited attendance; pre-registration required) |
| 12:30-1:45 pm | F. The Waves of Change… Rolling Forward with Accreditation and Survey (not repeated)  
                          Vandecaveye  
                          Vasbinder |
| G. How to Use and Not Abuse MGMA and Other Survey Data in FMV Compliance Programs | T. Smith  
                                 Wolfe  
                                 Wong |
| H. Contemporary Physician Compensation Design: At the Crossroads of Reimbursement and Regulation | Herrmann  
                                 Ryberg |
| J. Multi-Product Managed Care Contracts and More—A Deep Dive For Experienced Hospital and Physician Managed Care Counsel | Kopson |
| K. Two to Tango: Top Fraud and Abuse Concerns Related to Hospital-Physician Relationships | Cohen  
                                 Grubman |
### Wednesday, February 1, 2017 (continued)

**2:00–3:00 pm CONCURRENT SESSIONS**

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<tbody>
<tr>
<td><strong>L. Making Advance Care Planning Work: Physicians Orders and Portability at the End of Life (not repeated)</strong></td>
<td><strong>M. The Vicissitudes of Valuing “Value”–Legal and Valuation Issues Associated with Alternative Payment Models</strong></td>
</tr>
<tr>
<td>Blake Fera Greenlee</td>
<td>Carden Homchick</td>
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<tr>
<td><strong>N. What Private Equity Firms Expect from Medical Practices They Invest in and How to Advise Physicians in Such Deals</strong></td>
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<tr>
<td>Pavarini Schaff</td>
<td>Oppenheim Wofford</td>
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<tr>
<td><strong>G. How to Use and Not Abuse MGMA and Other Survey Data in FMV Compliance Programs (repeat)</strong></td>
<td><strong>T. Smith Wolfe Wong</strong></td>
</tr>
<tr>
<td><strong>3:15–4:15 pm</strong></td>
<td><strong>P. Structuring Compliant Physician Compensation Arrangements in the Current Enforcement Environment (not repeated)</strong></td>
</tr>
<tr>
<td>Grizzle High Hutzler</td>
<td>Krouse Washlick</td>
</tr>
<tr>
<td><strong>Q. Nurse Practitioner and Physician Assistant Integration: Advanced Compliance Issues</strong></td>
<td><strong>R. Avoiding the Lose/Lose–Large Physician Group Acquisitions Gone Bad and How to Avoid Potential Traps</strong></td>
</tr>
<tr>
<td><strong>S. What’s Hot in Tax Exemption</strong></td>
<td><strong>T. Can Foresight be 20/20? Reducing HIPAA and Business Risks with Small IT Vendors and Other Third Parties</strong></td>
</tr>
<tr>
<td><strong>4:30–5:30 pm</strong></td>
<td><strong>U. Section 1557 of the ACA and the Changing Landscape of Civil Rights in Health Care (not repeated)</strong></td>
</tr>
<tr>
<td>Gutwald Stevens</td>
<td>Eades S. Smith</td>
</tr>
<tr>
<td><strong>V. Two Sides to Every Telemedicine Arrangement: Exploring Hospital and Physician Concerns</strong></td>
<td><strong>W. Physician/Hospital Alignment Strategies in Volume to Value</strong></td>
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<td><strong>X. Urgent Care Centers: Friends or Foe? Addressing Challenges and Opportunities</strong></td>
<td><strong>Y. Examining the Practice Losses Theory: Is it FMV and Commercially Reasonable to Lose Money on Physicians?</strong></td>
</tr>
<tr>
<td>Daniel Reiboldt</td>
<td>Mayer Sullivan</td>
</tr>
<tr>
<td><strong>5:30–6:30 pm</strong></td>
<td><strong>Networking and Diversity+Inclusion Reception, hosted by AHLA’s Diversity+Inclusion Council, sponsored by HORNE LLP</strong></td>
</tr>
<tr>
<td><strong>DOWNLOAD THE AHLA APP!</strong></td>
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This free app is available in the iTunes App store or Google Play store by searching ‘AHLA’. Download AHLA, by Bravura Technologies, onto your mobile device and hit open. Choose ‘Events’ to find Physicians and Hospitals Law Institute. Click on the event (you’ll be prompted to enter your email address). You will not be able to access the event features of a program if you are not registered for the event.

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

*The event portion of the app is sponsored by Altegra Health:*
<table>
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<tr>
<td>7:00 am-5:30 pm</td>
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</table>
| 7:00-8:15 am    | Networking Breakfast, hosted by AHLA’s Women’s Leadership Council, sponsored by Pinnacle Healthcare Consulting  
                (This event is not included in the program registration. Attendees and faculty are welcome; pre-registration is required) |
| 7:00-8:15 am    | Continental Breakfast, sponsored by PYA and Sullivan, Cotter and Associates, Inc.  
                (This event is included in the program registration. Attendees, faculty, and registered guests are welcome) |
| 8:30-9:30 am    | **CONCURRENT SESSIONS**                                                 |
| Z.              | Legal and Practical Challenges of Maintaining a Unified Medical Staff in a Multi-Hospital System  
                Datte, Nagele                                                 |
| J.              | Multi-Product Managed Care Contracts and More—A Deep Dive For Experienced Hospital and Physician Managed Care Counsel (repeat)  
                Kopson                                                     |
| O.              | Making Way for MACRA (repeat)                                            |
| R.              | Avoiding the Lose/Lose—Large Physician Group Acquisitions Gone Bad and How to Avoid Potential Traps (repeat)  
                Bauman, Hinkley                                             |
| U.              | Section 1557 of the ACA and the Changing Landscape of Civil Rights in Health Care (repeat)  
                Gutwald, Stevens                                           |
| 9:45-10:45 am   | **CONCURRENT SESSIONS**                                                 |
| AA.             | Representing the Platypus: Advising the Independent Physician Practice Client amid Post-Obamacare Evolutionary Pressures (not repeated)  
                Bittinger                                                   |
| BB.             | Ethical Conundrums for Counsel Advising no Compliance Reviews and Voluntary Disclosures—Who and What Must Be Reported and How  
                Ivins, Luce                                                 |
| Q.              | Nurse Practitioner and Physician Assistant Integration: Advanced Compliance Issues (repeat)  
                Krouse, Washlick                                            |
| T.              | Can Foresight be 20/20? Reducing HIPAA and Business Risks with Small IT Vendors and Other Third Parties (repeat)  
                Lamar                                                      |
| Y.              | Examining the Practice Losses Theory: Is it FMV and Commercially Reasonable to Lose Money On Physicians? (repeat)  
                G. Anderson, Trusiak                                        |
| 11:00 am-12:00 noon | **CONCURRENT SESSIONS**                                             |
| CC.             | Behavioral Health: Patient Centered Compliance in a World of Pain (not repeated)  
                Hill, Hirsch                                                |
| DD.             | Hot Topics in Labor and Employment for Health Care Organizations  
                Danaher                                                     |
| K.              | Two to Tango: Top Fraud and Abuse Concerns Related to Hospital-Physician Relationships (repeat)  
                Cohen, Grubman                                              |
| M.              | The Vicissitudes of Valuing “Value”—Legal and Valuation Issues Associated with Alternative Payment Models (repeat)  
                Carden, Homchick                                            |
| V.              | Two Sides to Every Telemedicine Arrangement: Exploring Hospital and Physician Concerns (repeat)  
                Eades, S. Smith                                             |
| 12:00 noon-1:15 pm | Lunch on your own or attend one of the Practice Group Luncheon:  
                In-House Counsel and Hospitals and Health System Practice Groups (Joint Luncheon), sponsored by ECG Management Consultants  
                Or Labor and Employment Practice Group Luncheon  
                (This event is not included in the program registration. There is an additional fee; limited attendance; pre-registration required) |
### Thursday, February 2, 2017 (continued)

**1:30-3:00 pm EXTENDED SESSIONS**

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<tbody>
<tr>
<td>Fields Rathburn Vander Wal</td>
<td>Elizondo Prives Woodrum</td>
<td>Ferrari (Moderator) K. Anderson Burk Gallo</td>
<td>Bernstein Breen Dickstein Torres</td>
<td>DeSimone Ronan Ulett</td>
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**3:00-3:15 pm**

**Snack and Coffee Break, sponsored by CBIZ Valuation and HealthCare Appraisers, Inc.**

**3:15-4:15 pm CONCURRENT SESSIONS**

<table>
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<tr>
<th>KK. What Is a Rural Health Care Provider to Do in the New Health Care World (not repeated)</th>
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<th>B. Hospitals Go Outpatient—Antitrust Issues in Hospital Acquisitions, Joint Ventures, and Other Affiliations to Provide Outpatient Care (repeat)</th>
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<td>Empie Wade</td>
<td>Arreola Horton Stone</td>
<td>Garcia White</td>
<td>Bane Koch</td>
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**4:30-5:30 pm**

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<th>NN. Challenges in the Transfer of Behavioral Health Patients in Crisis (not repeated)</th>
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**5:30-6:30 pm**

**Networking Reception, sponsored by HORNE LLP**

(This event is included in the program registration. Attendees, faculty, and registered guests are welcome)
### Friday, February 3, 2017

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<td>OO. Cybersecurity Threats, Enforcement Trends, and Practical Challenges (not repeated)</td>
<td>Kenney Montague</td>
</tr>
<tr>
<td>D. The Current and Future State of Provider/Supplier Enrollment and Certification (repeat)</td>
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<tr>
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<td>2:35–3:35 pm</td>
<td>RR. Cybersecurity–Into the Breach: Practical Actions to Respond and Minimize Risk (not repeated) Pitt Rosati</td>
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### Faculty

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<tr>
<th>Name</th>
<th>Position and Affiliation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa J. Gilden</td>
<td>Program Chair, Vice President and General Counsel, Catholic Health Association</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>David A. DeSimone</td>
<td>General Counsel, CentraState Healthcare System</td>
<td>Freehold, NJ</td>
</tr>
<tr>
<td>Rick L. Hindmand</td>
<td>McDonald Hopkins LLC, Chicago, IL</td>
<td></td>
</tr>
<tr>
<td>Julie E. Kass</td>
<td>Principal, Baker Donelson, Baltimore, MD</td>
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