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As the nation’s largest, nonpartisan, nonprofit organization devoted to legal issues in the health care field, AHLA provides just-in-time education and publishes trusted resources to help solve the challenges you face in today’s ever-changing health care environment. With nearly 14,000 members and over 25,000 engaged health law professionals, AHLA has deep expertise through the work of our generous volunteers—practitioners who represent clients across the entire health care industry spectrum. We particularly want to thank the authors of the publications listed in this catalog, as these resources will benefit anyone who advises physicians, hospitals, health systems, specialty providers, payers, life sciences companies, and many other health care stakeholders. If you have an interest in health law, you have a home in AHLA.

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- Physician Referral Data Tracking Tool
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- Resolutions for Lease with Disqualified Person
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- Electronic Devices Policy
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- And more

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Risk Management

1,900 pages, 2 volumes, loose-leaf with CD-ROM, includes 2019 supplement, Pub. #27635, © 2013
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Health Law Watch 2019
Alexis Finkelberg Bortniker, Teresa C. Carnegie, Michelle L. Caton, Gary Scott Davis, Gerald (Jud) E. DeLoss, Xavier G. Hardy, Justin C. Linder, Gace D. Mack, Tony Maida, Anna S. Ross, Michael F. Schaff, Samantha P. Scheuler, Alaap B. Shah, Alexandra B. Shalom, Kerrin B. Slattery, Authors

This inaugural edition of Health Law Watch 2019 offers accessible yet sophisticated articles on each of the 10 most important topics in health law this year. These short articles, authored by experts, will give you the big picture view that you need to stay competitive.

Information comes at you from multiple sources and at many intervals during your busy day. This is the ideal resource for staying organized and up to date. The book captures what you need to know in one place, to be consumed at your convenience. Plan to buy the new edition every year, and you will have a handy research archive to reference in your own writings.

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- AHLA’s Guide to Healthcare Legal Forms, Agreements, and Policies
  (See complete content details on p. 2.)

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AHLA’s Federal Healthcare Laws & Regulations
2017 – 2018 EDITION, WITH 2018 SUPPLEMENT

William W. Horton, Editor
Jody Erdharb, W. Scott Hardy, John A. Meyers, Daniel F. Murphy, Serra J. Schlanger, Paul W. Shaw, Donald B. Stuart, Judith A Waltz, Editorial Advisory Board

This collection incorporates not only the fundamental statutes and regulations every health care practitioner consults again and again, but also the latest additions to federal authority:

› The 21st Century Cures Act
› Final rule implementing new civil money penalties, including civil money penalties for failing to report and return identified overpayments
› Final rule expanding the OIG’s permissive exclusion authority
› Final rule implementing site-neutrality rules for hospital outpatient department reimbursement
› Adoption of new and revised safe harbors under the Anti-Kickback Statute
› Final rules for Medicare’s Skilled Nursing Facility Value-Based Purchasing Program
› Modifications to Medicare coverage and quality reporting for ambulatory surgical centers and hospital outpatient departments
› Changes in Medicare bundled payment program initiatives, including cancellation of Medicare’s Episode Payment and Cardiac Incentive Payment Models
› Changes in FDA policy on acceptance of data from clinical investigations conducted outside the United States
› New code provisions on executive compensation in tax-exempt organizations and partnership tax audit

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Code of Federal Regulations Titles
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7,984 pages, 3 volumes, softbound, with CD-ROM, includes 2018 Supplement and 2018 Supplement eBook, Pub. #26742, © 2017

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Ann T. Hollenbeck, Karen Lovitch, Lester J. Perling, Cynthia F. Wisner, Editors


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› What must I consider prior to deciding on repayments and disclosures?

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Ch. 21 Antitrust Laws
Ch. 22 Drugs, Devices, and Life Sciences Entities
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- Physician employment
- The 21st Century Cures Act
- Health Insurance Portability and Accountability Act (HIPAA) guidance
- Fraud enforcement
- Evolution of payment schemes, including the Medicare Access and CHIP Reauthorization Act (MACRA)
- Legislative and regulatory changes, United States Supreme Court decisions, and more

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Roberta L. Carroll, Teresa L. Kielhorn, Erin L. Muellenberg, Fay A. Rozovsky, Editors
with numerous Contributing Authors

Once the province of financial institutions, manufacturing, and government entities, enterprise risk management (ERM) has taken hold in the health care industry, and it is easy to understand why. To cost-effectively deliver quality services, the entire entity must share the risk and responsibility for the health of the operating environment, and ERM is a means to this end.

The authors delineate how to manage risk in a variety of settings, including:

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- Human research
- Health information exchanges
- Environmental compliance
- Consent to treatment
- Peer review and credentialing and electronic health records
- Medical identity theft
- Retail health clinics

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**Enterprise Risk Management Handbook for Health Care Entities**

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Representing Physicians Handbook
FOURTH EDITION
A Task Force of the AHLA Physician Organizations Practice Group
Michael F. Schaff, Task Force Chair
Lisa Gora, Coordinating Editor
with numerous Contributing Authors

From regulatory compliance and business formation and operation, to tax consequences and reimbursement issues, this informative Handbook has become a go-to source for innumerable health law attorneys. Each chapter is written by a practitioner in his or her area of expertise. In addition to relevant background on the subject matter, the authors include helpful suggestions on how to advise clients on their business matters and in their dealings with health care institutions.

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Available in print and eBook formats
786 pages, softbound, Pub. #26965, © 2016

Corporate Practice of Medicine: A Fifty State Survey
FIRST EDITION
Stuart Silverman (Chair of the AHLA Corporate Practice of Medicine Project)
Anthony H. Choe, Terri A. DeSio, Alyson M. Leone, Glenn P. Prives, Daniel Z. Sternthal, and Rose J. Willis, Team Leaders; with numerous Authors and Editorial Board Members

The corporate practice of medicine doctrine seeks to prohibit a non-physician from interfering with a physician’s professional judgment by prohibiting corporations not owned or controlled by physicians from employing physicians to practice medicine and charge for those professional services.

Whether you are analyzing the permissible scope of practice and reimbursement for non-physician practitioners in an organization or assessing the roles of non-physician investors and others within an entity’s governance structure, this valuable resource is for anyone needing to determine how a particular state addresses the corporate practice of medicine doctrine.

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The Medical Staff Guidebook: Minimizing Risk and Maximizing Collaboration
FOURTH EDITION
Karen S. Reiger, Author

Increased interaction between health care entities and medical staff, along with scrutiny from both regulators and the market itself, continue to impact the relationship between physicians and the entities where they provide service. At the heart of this balancing act are the medical staff bylaws. Guidebook coverage includes:

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› The underlying legal and business issues that will impact the drafting of appropriate bylaws
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› Sample language and key clauses

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Barbara Blackbond, Charles J. Chulack, Joshua A. Hodges, Lauren M. Massucci, Dan Mulholland, Authors

Peer Review Guidebook is an invaluable source for complying with Health Care Quality Improvement Act (HCQIA) procedural requirements. From credentialing, privileging, or evaluating a physician, through potential reduction or denial of privileges, you will find thorough coverage of:

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› Informal dispute resolution
› Injunctive relief from peer review actions
› The formal hearing process
› Utilization of legal counsel by both sides
› Presentation of the case
› Reporting requirements
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Peer Review Hearing Guidebook
SECOND EDITION
S. Allan Adelman, Ann O’Connell, Co-Editors and Authors
Hannah M. Whitman, Contributing Author

Since its original edition, Peer Review Hearing Guidebook has become a go-to source for counsel, hearing officers, and other parties with a stake in the review process. It focuses on the peer review hearing process, including steps that should be taken long before a medical staff hearing is contemplated. Expansive coverage includes:

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› A step-by-step road map for implementation of a successful peer review hearing process
› The role of the hearing officer; using an attorney as a hearing officer
› Selection and role of the hearing committee
› Pre-hearing discovery
› The importance of a hearing record
› Preparation of the final report for the governing committee

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Representing Hospitals and Health Systems Handbook
FIRST EDITION
Dinetia Newman, Robert G. Homchick, Co-Editors
Emily Black Grey, Michael Lampert, Travis G. Lloyd, Claire Turcotte, Coordinating Editors
with numerous additional Authors and Editors

Operating the health care entity—whether an established business, or one that has been newly created—receives thorough treatment in this handbook. Coverage includes:

- Establishment of facilities
- Certification process
- State and federal fraud and abuse regulations
- State licensing requirements
- Payment methodologies
- Operational issues, including patient relations, privacy, grievance rights, and consent to treatment

From attorneys to providers to lenders, anyone who needs to understand the intricacies and complexities of hospitals and health systems will consider this book an indispensable resource.

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The Fundamentals of Behavioral Health Care Law
FIRST EDITION
Peter J. Domas and Russell A. Kolsrud, Editors
Gerald “Jud” E. Deloss, Jena M. Grady, Alexandra A. Hall, Russell A. Kolsrud, Gregory W. Moore, Paige M. Steffen, Serene K. Zeni, Authors

This title covers a broad range of issues for health care institutions, social services providers, and the lawyers who represent them. Gain insight to a range of issues likely to impact your representation, including:

- Legal duty owed by behavioral health providers to others
- Criteria for when someone can be subjected to involuntary psychiatric treatment
- The impact of patient’s illness on the rules that govern treatment records
- Integration of behavioral health with physical medical issues

Available in print and eBook formats
274 pages, softbound, Pub. #30098, © 2016
The ACO Handbook: A Guide to Accountable Care Organizations
SECOND EDITION
Peter A. Pavarini, Charlene L. McGinty, Michael F. Schaff, Executive Editors
Mark L. Mattioli, Coordinating Editor
with numerous Contributing Authors

The ACO Handbook is a critical work, whether you’re advising a hospital or health system establishing an ACO model, or counseling organizations operating within the delivery structure. The authors analyze various components of an optimized delivery system, and examine issues ranging from the financial aspects of ACOs to the unique nature of academic medical center, pediatric, and commercial ACOs. Coverage includes:

› Medicare, Medicaid, and commercial ACOs
› Compliance plans, best practices, and payer perspectives
› Implications of integration and coordination models
› Examinations of cost containment, metrics, and compensation
› Application of the Stark Law, the Anti-Kickback Statute, and certain provisions of the Civil Monetary Penalty Law
› In-depth discussions of health information technology, antitrust, financing, and risk-sharing issues

Available in print and eBook formats
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Post-Acute Care Handbook: Regulatory, Risk, and Compliance Issues
FIRST EDITION
Ari J. Markenson, Editor in Chief
Caroline Berdzik, Joseph A. Donchess, Alan C. Horowitz, James F. Miles, Barbara L. Miltenberger, Michelle Peterson, Kelly A. Priegnitz, Christopher C. Puri, Lawrence W. Vernaglia, Editors
with numerous Contributing Authors

The authors and editors of this invaluable guide provide an important view into the evolving compliance and regulatory issues governing this area. In-depth coverage includes:

› Residents’ rights and facility practices
› The importance of nursing facility agreements
› Compliance issues, including federal and state reimbursement requirements
› Fraud and abuse issues that affect the industry
› Development of new systems and relationships that respond to incentives under the Affordable Care Act

Available in print and eBook formats
518 pages, softbound with CD-ROM, Pub. #28293, © 2014
Ambulatory Surgery Centers: Legal and Regulatory Issues
SIXTH EDITION

Scott Becker, Erin E. Dine, Catherine L. Hess, LauraLee R. Lawley, Lauren M. Ramos, Bradley A. Ridlehoover, Helen H. Suh, Melissa Szabad, Anna M. Timmerman, Gretchen Heinze Townshend, Kerri A. Zelensek, Authors

There are over 6,000 Ambulatory Surgery Centers (ASCs) operating in the United States, as the shift to outpatient surgery continues. Operators and owners of ASCs include hospitals, physicians, developers, management companies, financial sponsors, and others. Attorneys advising these owners need to keep pace with the latest developments. Ambulatory Surgery Centers: Legal and Regulatory Issues, Sixth Edition supplies the information and guidance you need. The authors not only cover the historical background behind the development of ASCs, but most importantly focus on current issues facing ASCs, offering practical and useful guidance for those giving legal advice to developers and owners.

In the latest edition of this popular work, the authors provide an expert overview of the growth, trends, benefits, legal issues, and tensions associated with ASCs, followed by a current and comprehensive analysis of the issues particular to ASCs, emphasizing:

- Physical and organizational differences from other providers, whether they are owned by a hospital, a physician practice, or other entity
- Key trends and tensions facing ASCs, such as the conflicts that often arise between ASCs, hospitals, and physicians
- The benefits of joint ventures between hospitals and physicians
- Federal fraud and abuse concerns
- State self-referral laws and their impact on ASCs

This edition includes an all new chapter describing how to develop and assess an effective ASC compliance program. Downloadable materials include a revised and updated sample compliance plan, a sample operating agreement, and a sample policy for antitrust compliance.

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Ch. 7 Antitrust Considerations Affecting ASCs
Ch. 8 Compliance [NEW CHAPTER]
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Exhibit 2 Sample Compliance Plan
Exhibit 3 Sample Operating Agreement
Exhibit 4 Sample Policy for Antitrust Compliance

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Pharmaceutical and Medical Device Compliance Manual
SECOND EDITION
Co-published with Seton Hall Law School’s Center for Health & Pharmaceutical Law & Policy
Ela Bochenek, Carl H. Coleman, Editors
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This new edition synthesizes what can be an overwhelming quantity of authority into understandable analysis and practical action. The authors are among the leading experts in life sciences compliance. In these pages, they share their valuable perspectives on creating, managing, and monitoring an effective compliance program in today’s complex enforcement and business environment.

Study of this Manual will enable compliance professionals and lawyers to understand the government’s expectations of an effective compliance program and ethical business practices, as well as how the government discovers potential enforcement actions, its approach to pursuing such actions, and what behaviors can constitute mitigating factors for a company in the event of a legal violation.

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Available in print and eBook formats
372 pages, softbound, Pub. #28198, © 2019

The Fundamentals of Life Sciences Law: Drugs, Devices, and Biotech
SECOND EDITION WITH CD-ROM
Kristian A. Werling, Editor in Chief
Jeffrey W. Brennan, Marie Connelly, Stefanie A. Doebler, Jennifer S. Geetter, Scott A. Memmott, Stephen J. Smith Jr., and Heather M. Zimmerman, Editors with numerous Contributing Authors

This publication provides a solid grounding in the legal principles and issues inherent in this complex area. It features contributions from experienced and respected practitioners of life sciences and health law. Whether you’re looking for an introduction to this area, or you need a go-to reference on your shelf, the coverage includes:

- Regulation of drugs
- Antitrust
- Regulation of medical devices
- International issues
- State regulation
- Clinical trials
- Fraud and abuse
- Payment and reimbursement
- Privacy
- Regulation of biologics
- Regulation of advertising
- Intellectual property

Available in print and eBook formats
500 pages, softbound with CD-ROM, Pub. #26698, © 2014
Institutional Review Boards: A Primer
THIRD EDITION
Gary W. Eiland, Richard G. Korman, Janet M. Lis, Teresa A. Williams, Editors

The Third Edition explains the changes under the revised 2018 Common Rule requirements, providing solutions for both new and common problems faced by Institutional Review Boards (IRBs). Compliance with the revised Common Rule requires a close examination of IRB, facility, and research practices, and this publication contains full explanations of important changes including:

- Changes in applicability and exemptions
- Privacy Rule requirements for use/disclosure of protected health information (PHI)
- Collection, use, and storage of private information and bio specimens
- Use of broad consent

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Available in print and eBook formats

368 pages, softbound, with downloadable practice materials, Pub. #26885, © 2018
False Claims Act & the Health Care Industry: Counseling & Litigation
THIRD EDITION
Robert S. Salcido, Author

False Claims Act & the Health Care Industry is a one-stop source for legislative and case law developments covering the gamut of potential false claims litigation, across all jurisdictions. With 1,080 pages of legal analysis, you'll be apprised of the impact of the latest developments. This publication provides analysis of key arguments, including:

- Defenses that the defendant's claim is not “false”
- Defenses that the defendant did not “know” that the claim or statement is “false”
- Defenses that the defendant's knowingly false claims or statements are not “material” to the government's determination to pay
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Available in print and eBook formats
1,080 pages, softbound, Pub. #27642, © 2018
The Stark Law: Comprehensive Analysis + Practical Guide  
SIXTH EDITION
Charles B. Oppenheim, Benjamin A. Durie, Amy M. Joseph, Authors

More than a summary of the law, this recently updated edition of an essential monograph offers in-depth critical analysis of this risky, complex area, as well as a wealth of practice pointers and advice for advising clients. Written by leading experts in the interpretation and application of Stark Law, the latest edition offers up to date information on the following topics:

- The definition of entity
- Split/shared evaluation and management services
- Timeshare agreements
- Valuing goodwill in physician practice acquisitions
- Joint marketing
- Fair market value assessments
- “Stand in the Shoes” when contracting with a group
- When a collection of documents can constitute a written agreement
- Developments on the signature requirement
- Revisiting fair market value over the course of a term
- Liability under The False Claims Act with respect to Medicaid
- Bankruptcy trustees and Stark Law
- Updates to the self-referral disclosure protocol

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Ch. 9 Preventing Violations/Practical Tips
Ch. 10 The Future of the Stark Law
Appendix A Chronological Guide to Stark Rulemaking
Appendix B Stark Rules Indexed by Topic
Appendix C Prohibitions on Self-Referral by State

Available in print and eBook formats
246 pages, softbound, Pub. #27010, © 2019


CALL 800.533.1637 | GO TO store.lexisnexis.com/ahla
Legal Issues in Healthcare Fraud and Abuse: Navigating the Uncertainties
FOURTH EDITION WITH 2015 CUMULATIVE SUPPLEMENT

David E. Matyas, Carrie Valiant, Jason Eric Christ, Anjali N.C. Downs, Authors

This bestselling road map describes the legal theories governments use to identify and eliminate fraud in health care. Highlights include:

› A thorough review of governmental enforcement entities including the Department of Justice, the Department of Health and Human Services, as well as other federal agencies, state governments, and private payers
› Discussion of major laws such as the Anti-Kickback Statute, the federal physician self-referral prohibitions (as well as the applicable safe harbors), the False Claims Act, and the administrative sanctions that are available to the enforcers
› An overview of state counterparts to the federal laws addressing self-referrals, anti-kickback issues, false claims, other statutory authorities, and private initiatives

Available in print and eBook formats
496 pages, hardbound with 2015 Cumulative Supplement, Pub. #26985, © 2012

Fraud and Abuse Investigations Handbook for the Health Care Industry
FIRST EDITION WITH CD-ROM

Robert A. Griffith, Paul W. Shaw, Authors

Understanding the powers, procedures, and remedies available to the government during a health care fraud and abuse investigation, and acquiring a basic understanding of the issues and practical steps to employ during an audit or investigation are keys to surviving the investigation and achieving a favorable outcome.

This Handbook is designed to provide attorneys as well as health care administrators, executives, and medical practice directors and managers with a broad overview of health care fraud investigations.

The authors’ discussion is supplemented with an expansive set of sample government documents, including subpoenas and search warrants, as well as helpful letters and memoranda generated by experienced health care fraud and abuse defense attorneys. Learn what to expect and how to respond with coverage of:

› Requests to examine books and records
› Interviews of employees by the OIG or the FBI
› The power of HIPAA administrative subpoenas
› Steps that should be taken in responding to the government’s request
› Dealing with on-site demands for records and access
› Internal audits and investigations
› Voluntary disclosures

Available in print and eBook formats
300 pages, softbound with CD-ROM, Pub. #28263, © 2014
Best Practices Handbook for Advising Clients on Fraud and Abuse Issues  
FIRST EDITION  
Paul W. Shaw Editor in Chief  
Kristin M. Bohl, Kristin C. Carter, Renee M. Howard, Amy M. Joseph, Jordan Kearney, Laura Koman, Ingrid S. Martin,  
Elizabeth G. Myers, Charles B. Oppenheim, William Pezzolo, Tamara Serikidze, Gina L. Sims, Jeremy Sternberg, Authors

This publication is a highly usable guide developed by health lawyers with extensive and diverse experience who lend a practical approach to the complex representation issues that permeate this area. Every health care attorney must consider and address potential fraud and abuse concerns in almost every transaction contemplated by a health care client.

From proactively managing risk, to disclosure and resolving disputes, you will have thorough guidance that spans the most frequently encountered areas and attendant issues. Timesaving sample forms and agreements are included throughout the work, along with guidance for completing the documentation.

Whether you are a general health care attorney or a fraud and abuse specialist, as you provide counsel in this complex and dynamic area, you will benefit from an understanding of:

- Ethical concerns when counseling in the gray areas
- Responding to problematic conduct
- Privilege protection in fraud and abuse matters, including distinguishing between legal and business functions
- Providing a “fraud and abuse” opinion of counsel, the scope of the opinion, and internal and external reviews
- The attorney’s role in conducting internal compliance audits and investigation, including developing an investigation plan
- Self disclosure and voluntary disclosure, risks and benefits
- Gathering documents in response to government demands, subpoenas, search warrants, and requests for electronic files
- Preparing employees for government contact, including communicating interview strategies and rules of professional conduct
- Resolving disputes with the government, including interacting with federal and state agencies, dealing with whistle blowers, and addressing collateral damage

Available in print and eBook formats  
225 pages, softbound, Pub. #33788, © 2018  

Health Care Provider and Supplier Audits Practice Guide  
FIRST EDITION  
Jessica L. Gustafson, Abby Pendleton, Editors  
Darby C. Allen, Lauren M. Gaffney, Anna M. Grizzle, Jessica L. Gustafson, Stephanie Fuller Johnson, B. Scott McBride,  
Sydney R. Nash, Abby Pendleton, and Sarah Kay Wheeler, Authors

This Practice Guide will become your go-to source for understanding the intricacies of the Medicare, Medicaid, and commercial payer audit environments. With this comprehensive publication, you will have the background you need on:

- Reporting and repayment
- Contractor audit methodologies
- Statistical sampling used by contractors to calculate overpayment demands
- The appeals process applicable to each type of review and determination
- Common focus areas when providers receive overpayment demands
- Developing mandatory compliance programs

The publication also includes a 50-State Medicaid RAC Contractor Information Chart.

Available in print and eBook formats  
238 pages, softbound, Pub. #28274, © 2016  

SPECIAL OFFER:  
Save on this title with the purchase of any other title in the Fraud and Abuse Section. For offer information and to order, call 800.533.1637 and mention promotion code AuditOffer.
Digital health is a highly dynamic ecosystem of technological innovation with profound effects on all facets of health care. The key components of today’s digital health are:

- Electronic health records and other health information technology
- Mobile personal engagement tools
- Big data and data analytics
- Telemedicine

This book explains how, taken together, these developments transform the provider-patient relationship, change the way research is conducted, trigger privacy and security concerns, alter relationships with health plans, and give rise to a new generation of innovation. Digital health participants face an outdated and ambiguous legal and regulatory framework and enforcement by state and federal regulatory agencies, including:

- State attorneys general
- State licensure and accreditation agencies
- Food and Drug Administration
- Federal Trade Commission
- Federal Communications Commission
- Department of Health and Human Services Offices of Civil Rights, Human Research Protection, and Inspector General, among others

This book provides both the fundamental understanding and tactical foresight you need to develop a comprehensive digital health strategy.

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275 pages, softbound, Pub. #32832, © 2018

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Telehealth Law Handbook: A Practical Guide to Virtual Care

**FIRST EDITION**

Jennifer R. Breuer, Editor
Soleil Teubner Boughton, Andrea Frey, Jennifer Hansen, Nathaniel Lacktman, Vivek J. Rao, Emily Wein, Christine Burke Worthen, Yanyan Zhou, Authors

**Telehealth Law Handbook: A Practical Guide to Virtual Care** will help you navigate the highly dynamic and state-law-dependent practice of telehealth. Telehealth is changing relationships not only between physicians and patients, but also among providers, and between providers and payers. As state and federal legislators and regulators take note of these changed relationships, the law is changing as well. This guide contains information on:

- Telemedicine licensure requirements in all 50 states
- Types of state licensure, exceptions, and how licensure laws apply in particular practice situations
- Telehealth regulatory requirements
- Telehealth practice and communication models
- Payment and reimbursement considerations, including telehealth payment and reimbursement rules under Medicare and Medicaid programs
- Telehealth commercial insurance and payment parity statutes
- Medical staff credentialing
- Ethics and liability issues
- Fraud and abuse compliance
- Corporate practice of medicine prohibitions
- Privacy and security issues
- Mobile health technology

This book is useful in developing your understanding of the complex rules surrounding this method of health care delivery.

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Available in print and eBook formats
175 pages, softbound, Pub. #29963, © 2018
HIPAA/HITECH Resource Guide
FIRST EDITION WITH CD-ROM
Patricia D. King, Editor

With informed editorial oversight and authorship, this title provides guidance for understanding the protection of patients’ personal information. The HIPAA Omnibus rule affects individuals, health systems, business associates, and many others. Coverage includes:

- The original HIPAA regulations
- HITECH Act privacy provisions and rulemaking
- Modifications to HIPAA Privacy, Security, and Enforcement rules
- Valuable practice tools such as sample business associate agreements, sample privacy practice notices, authorizations, policies, and training materials
- State-by-state survey of health care privacy laws

HIPAA/HITECH Resource Guide provides not only the history of the development of the rules and standards, but also practical guidance for ensuring compliance.

Available in print and eBook formats
200 pages, softbound with CD-ROM, Pub. #28271, © 2014

Data Breach Notification Laws: A Fifty State Survey
SECOND EDITION
Jonathan M. Joseph, Author

Data breaches can occur in the best-run organizations, and when they do, you must be prepared to react quickly. When your operation or customer base spans state lines, knowing how to respond in multiple jurisdictions becomes critical. With breaches occurring at the state level with more and more frequency, legislatures are enacting an ever-increasing array of notification laws that you must consider. In addition to providing a survey that includes all states, the book enables you to:

- Tap into a collection of state-specific reporting forms for CA, MA, NY, NC, OR, VT, and VA
- Understand the timing and content of notification to those affected
- Determine which states require notification of a breach to specific state agencies or attorneys general

Available in print and eBook formats
174 pages, softbound, Pub. #28156, © 2017
Antitrust and Health Care: A Comprehensive Guide
SECOND EDITION
Christine L. White, Saralisa C. Brau, David Marx Jr., Authors and Editors
Joshua H. Soven, Shoshana Speiser, and Kati Williams, Contributing Authors

The Second Edition of this publication squarely meets the practitioner’s need for a clear, concise overview of general antitrust principles, along with analyses of their application to the health care sector. Turn to it for guidance on any of the business activities your clients or organization are likely to be involved with: mergers, acquisitions, and other transactions; or joint ventures, provider networks, and other collaborative arrangements. The Guide covers:

- Substantive antitrust law
- Important case law developments
- Formal and informal guidance issued by federal and state enforcement agencies
- Expanded coverage of the pharmaceutical and medical device industries

The publication provides invaluable “practice pointers” to help you minimize antitrust risk and more successfully plan and execute business and litigation strategies. The authors draw on their significant government enforcement and private sector counseling and litigation experience to provide practical insights for:

- Developing antitrust compliance and “sensitivity training” programs
- Identifying conduct and language that could create antitrust “red flags”
- The creation, distribution, and use of emails, electronic documents, and other materials
- Antitrust safety zones, defenses, and immunities

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Appx. A State Legislation Relating to Provider Cooperation Agreements

Available in print and eBook formats
750 pages, hardbound, Pub. #28252, © 2017
HEALTH INSURANCE AND GOVERNMENT REIMBURSEMENT

Health Plan Disputes and Litigation Practice Guide
FIRST EDITION
Joseph Scott Schoeoffel and Julie A. Simer, Authors
Experienced practitioners Joseph Scott Schoeoffel and Julie A. Simer provide thorough treatment of those areas likely to give rise to disputes. The book will be a welcome addition to the libraries of both new practitioners and veteran practitioners alike. The authors answer important questions in any health plan dispute, including:

- Who is the client?
- Is the dispute a managed care issue?
- Is the plan covered by the Employee Retirement Income Security Act of 1974 (ERISA)?
- What are the implications?
- What are the causes of action against a health plan?
- What causes of action may be asserted by the health plan?
- What are the common reasons for denial of coverage?
- What defenses are available against an ERISA claim?
- When may the arbitration be required?

Available in print and eBook formats
464 pages, softbound with CD-ROM, Pub. #30230, © 2015

Medicare Law
THIRD EDITION WITH CD-ROM
Thomas W. Coons, Editor in Chief
This is the roadmap to a thorough understanding of Medicare; whether you are just beginning the journey or are continuing to learn about this complex and important aspect of health care law. Best of all, it is organized to facilitate an understanding of the program and provides citations to the underlying portions of the statute, regulations, and manuals. Coverage includes:

- Payment for hospital service
- The urban/rural distinction
- Outlier payments
- The physician fee schedule
- Cost reimbursement
- Prohibited acts under the Anti-Kickback and Stark Laws
- Administrative and judicial appeals processes

Available in print and eBook formats
525 pages, hardbound with CD-ROM, Pub. #26995, © 2012

SEVENTH EDITION
Robert M. Keenan III, Project Chair and Editor
Anne W. Hance, Leah B. Stewart, Project Vice Chairs and Co-Editors
Matthew P. Amodeo, Adam C. Aseron, James W. Buswell, Robin J. Fisk, Lisa G. Han, Richard J. King, John M. Kirsner, Mark S. Kopson, Kathrin E. Kudner, Steven J. Lauwers, Jacqueline B. Penrod, Michael F. Schaff, Adam C. Varley, Authors
New challenges continue to arise in the financing and delivery of health care services, while increased regulatory oversight and monitoring are continually changing the landscape. With the how-to-coverage in this Guide, you’ll be prepared to efficiently provide the documents your clients demand. The Guide is designed to help you provide contracting services to both providers and payers alike. Practical discussions and sample clauses are included for myriad contracts and situations you are likely to encounter.

Available in print and eBook formats
464 pages, softbound with CD-ROM, Pub. #27092, © 2015
Health Care Finance: A Primer
THIRD EDITION
Nathan F. Coco, Deborah Gordon, John P. Hammond, Patrick J. Martinez, Gary B. Rosenbaum, Authors

This is your ideal starting place for a full understanding of health care investment options and their potential implications. Now in its Third Edition, this guide addresses all the basics, from a discussion of the capital needs of various types of health care entities to unique financial arrangements and the attending documents that are integral to them. In addition, it includes various types of loans and sample representations and warranties for life sciences companies and health care facilities. The guide provides thorough coverage of:

❯ The critical importance of finance to the future of health care
❯ The effect of health care reform and consolidation
❯ Legal and economic issues
❯ Various types of health care providers and their need for capital

Available in print and eBook formats
126 pages, softbound, Pub. #26190, © 2015

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