ARTIFICIAL INTELLIGENCE IN HEALTH CARE: Welcome to the Machine (page 16)

CMS and OIG Refuse to Disclose “60-Day” QIO Reports in EMTALA Cases (page 22)
In-House Counsel Program & Annual Meeting

June 24-27, 2018
Hyatt Regency Chicago Hotel
Chicago, IL

AHLA Annual Membership Meeting
June 25th, 2018
8:00-8:15 am
Grand Ballroom | Hyatt Regency Hotel

For the most up-to-date information and to register visit www.healthlawyers.org/Annual2018
Has It Been a Year Already?

Nearly a year ago, I wrote my first First Reflections column as President of AHLA. In that article, I reflected on my experience at our 2017 Annual Meeting in San Francisco, and how I met 50 people to celebrate AHLA’s golden anniversary.

I can hardly believe that another year has passed, and that soon enough we will be convening in Chicago for the 2018 Annual Meeting (maybe this year I will set out to meet 51 people!). And now I write my last First Reflections column as AHLA president.

Not surprisingly, I am feeling kind of reflective. So I hope you will indulge and join me as I take a brief stroll down memory lane and review AHLA’s many accomplishments and astounding progress in just one year’s time.

AHLA hosted 13 in-person conferences educating more than 5,500 members and others with broadly focused programs, like the Annual Meeting, In-House Counsel Program, and Fundamentals of Health Law, as well as programming in specific and specialized areas of health law, such as the Institute on Medicare and Medicaid Payment Issues, the Fraud and Compliance Forum, and the Health Care Transactions program. AHLA’s in-person programs continue to provide top-notch continuing legal education, discussion about emerging topics in health law, and unparalleled opportunity to network with colleagues and reconnect with old friends. If you didn’t attend an in-person program this past year, I urge you to make it a priority next year.

AHLA published four new editions of key health law resources: Antitrust and Health Care, Federal Health Care Laws & Regulations, False Claims Act & The Health Care Industry, and the Fundamentals of Health Law, as well as a supplement to Healthcare Legal Forms, Agreements, and Policies. We also brought four new titles to market to help members build in some particularly dynamic areas of practice: Best Practices Handbook for Advising Clients on Fraud and Abuse Issues, Telehealth Law Handbook, The Law of Digital Health, as well as the downloadable on-demand reference Statistical Sampling Applications: Lessons Learned from Litigation, Claims Investigation, and Beyond.

This year, we formed a partnership with Bloomberg Law to publish an expanded new edition of AHLA’s In-House Counsel Salary Survey. Between February 19 and March 12, 2018, 488 in-house counsel across the country, employed by seven different categories of health care organizations, answered 39 questions toward determining salary and other compensation benchmarks, in-house legal department expenditures and staffing parameters, and the types of issues that likely require hiring outside counsel. The final report, published in late May, contains detailed analysis, numerous charts and graphs, and legal department management tools.

In January, AHLA launched a new monthly podcast presenting health lawyer and blogger Norm Tabler’s informative and entertaining take on the lighter side of health law. The Speaking of Health Law podcast is featured in AHLA Weekly and is available on iTunes, Google Play, and YouTube.

We launched 16 Topical Libraries for all of the Practice Groups (PGs). These libraries are exclusive to PG members and serve as a single access point for recent AHLA content related to each practice area, including PG resources, feature articles, program papers, and audio recordings. They can be found on the “Overview” tab of each PG webpage.

Our Distance Learning operation hosted nearly 150 webinars and roundtable discussions, including the very popular (nearly 1,000 people tuned in!) three-part program entitled, “The Intersection of Public Health and Health Care: Health Care Data and the Law in the 21st Century.” If you missed this one, or any of our other webinars, they can be accessed on-demand.

AHLA’s Board of Directors approved a small, but potentially significant change intended to enhance AHLA’s already impressive Dispute Resolution Service by establishing an exclusive roster of mediators. With this change, prospective customers will be able to independently search the AHLA roster of mediators anytime, from anywhere, and AHLA can more effectively control quality by evaluating and staying closely connected with mediators.

AHLA’s Board also adopted and began implementing our own version of the NFL’s famous “Rooney Rule,” strengthening our already deep commitment to making AHLA a welcoming organization for all of its members. Under this new policy, the Board set new diversity goals for representation of underrepresented groups as speakers, authors, and leaders across the Association.

AHLA completed a comprehensive member needs assessment. In November, AHLA sent a survey to all current members, as well as some lapsed and prospective members. The response was both strong as well as heartening. We learned, among other things, that 77% of respondents rated AHLA as a good to great value, 81% said they are very or completely satisfied with their membership, and 96% said they would probably or definitely renew. The feedback provided through that survey, as well as six in-person focus groups, was then used by the Board to develop a new strategic plan that will guide AHLA for the next three years.
16 Artificial Intelligence in Health Care: Welcome to the Machine

Scott Bennett and Leeann Habte explain the basics of artificial intelligence, discuss current and emerging uses of AI in health care, and examine some of the legal issues that health care lawyers and providers will encounter as they consider adopting AI.

22 CMS and OIG Refuse to Disclose “60-Day” QIO Reports in EMTALA Cases

Robert A. Bitterman discusses whether CMS or the OIG has a legal duty to send a copy of the 60-day Quality Improvement Organization report to the affected provider in EMTALA cases.

32 Compliance Corner

Framework and Methodology: Advanced Risk Assessment Design
Your solution for navigating the health care law maze.

With so much complexity in health care, only Bloomberg Law® provides you with single-source access to essential health care intelligence that you no longer have to find yourself:

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with Norm Tabler

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• Population Health and Clinical Integration

Jon Burroughs, MD, MBA, FACHE, FAAPL
President and CEO, The Burroughs Healthcare Consulting Network, Inc.
Winner of the 2016 James A. Hamilton Award for Outstanding Healthcare Management Book of the Year “Redesign the Medical Staff-A Collaborative Approach”
Mobile: 603-733-8156
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www.burroughshealthcare.com

“We appreciate Dr. Burroughs’ hard work and flexibility. He did a terrific job for the defense.”
— Peter Eidenberg, Esq. / Keating, Jones & Hughes, PC / Portland, Oregon

“Dr. Burroughs did an excellent job for the medical staff in a difficult and complex fair hearing and contributed significantly to a positive outcome for the medical staff and healthcare system.”
— Patrick Moore, Esq. / Patrick K. Moore Law Corporation / Irvine, CA

“I retained Dr. Jon Burroughs recently on a difficult and complex case. Jon thoroughly addressed the issues, provided fantastic insight and literature, and gave a spotless deposition! Highly recommended!”
— James Ball, Esq. / The Ball Law Group / Chicago, Illinois

“In addition to providing a thorough review and extraordinarily detailed report, Dr. Burroughs takes the time to break down difficult concepts in all aspects of hospital administration. Dr. Burroughs gives attorneys the tools necessary to present very strong system failure cases. He exceeds all expectations to include giving a rock solid deposition. I highly recommend Dr. Burroughs.”
— Carol Hay, Esq. / Las Vegas, Nevada
# Connections to Learning

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   **Topic:** Interoperability |
| 12 | Easier Said than Done: Challenges of Implementing Outside Counsel Advice on the Inside |
| 13 | Value Based Compensation Arrangements Between Payors and Providers and Litigation Risks |
| 13 | The Intersection of Public Health and Healthcare: Emerging Trend in Health System Transformation and the Law, Part II  
   **Topic:** Accountable Care Organizations: 6 Years in Review |
| 14 | Mental/Behavioral Health Issues |

## June 7

**Electronic Medical Records, Part IV**  
**Topic:** Interoperability

## June 12

**Easier Said than Done:** Challenges of Implementing Outside Counsel Advice on the Inside

## June 13

**Value Based Compensation Arrangements Between Payors and Providers and Litigation Risks**

## June 13

**The Intersection of Public Health and Healthcare:** Emerging Trend in Health System Transformation and the Law, Part II  
**Topic:** Accountable Care Organizations: 6 Years in Review

## June 14

**Mental/Behavioral Health Issues**

| 21 | Moving Beyond Basics: A Bootcamp For Hospital Lawyers & Advisors, Part V  
   **Topic:** The Compliance Spectrum: From Compliance Planning & Operations Through Internal Investigations |
| 24 | In-House Counsel Program  
   Hyatt Regency Chicago  
   Chicago, IL  
   HealthCare Appraisers Inc has provided sponsorship in support of this program.  
   In-House Counsel Practice Group Luncheon, Sponsored by HealthCare Appraisers Inc |
| 25-27 | Annual Meeting  
   Hyatt Regency Chicago  
   Chicago, IL  
   Luncheons:  
   **25** How Non-Traditional Players in Health Care Are Changing the Game  
   Hosted by Health Information and Technology, Physician Organizations, and Life Sciences Practice Groups, Sponsored by Protenus  
   **Enterprise Risk Management**  
   Hosted by Hospitals and Health Systems, Business Law and |
| For more information on all AHLA events and to register, go to [www.healthlawyers.org/events](http://www.healthlawyers.org/events) or call (202) 833-1100, prompt #2. |
## Connections to Learning

### July

**18**
The Intersection of Public Health and Healthcare: Emerging Trend in Health System Transformation and the Law, Part III
**Topic:** Wellness and Prevention Programs: Emerging Trends

### August

**8**
**Topic:** Interoperability and Data Sharing: Emerging Issues and Trends

**14**
Spot the Antitrust Issue: An Interactive Guide to Identifying and Mitigating Antitrust Risk in a Changing Healthcare Landscape

### September

**16**
Moving Beyond Basics: A Bootcamp For Hospital Lawyers & Advisors, Part VII
**Topic:** Key Tips for Overcoming HIPAA Hurdles—An Inside and Outside Perspective

### October

**16**
The Intersection of Public Health and Healthcare in the 21st Century: Hot Topics and Practice Tips, Part III
**Topic:** Telemedicine and the Law: Where Are We Now?

### November

**1-2**
Institute for Health Plan Counsel
Chicago Marriott Magnificent Mile
Chicago, IL
*BRG HealthCare LLC has provided sponsorship in support of this program.*

**11-13**
Fundamentals of Health Law
Chicago Marriott Magnificent Mile
Chicago, IL
*HealthCare Appraisers Inc has provided sponsorship in support of this program.*
Member Service

Volunteer Recognition: March 2018

AHLA has a wonderful tradition of members sharing their expertise and insight with each other. Members generously donate their time and energy through speaking, writing and other service to the organization. Volunteers are the heart of the Association—thank you for all you do!

PROGRAMS AND DISTANCE LEARNING

In-Person Programs

Long Term Care and the Law
Stacie E.S. Aman, Capitol Counsel LLC
Joseph E. H. Atkinson, Hancock Daniel & Johnson PC
Steve Bahmeter, LeadingAge Florida
Barbara S. Barrett, Reliant Care Management Company
David C. Beck, Sava Senior Care Administrative Services
Fred W. Bentley, Avalere Health
Caroline J. Berdzik, Goldberg Segalla LLP
Joseph L. Bianculli, Health Care Lawyers PLC
Denise Bloch, Lathrop & Gage LLP
Jason E. Bring, Arnall Golden Gregory LLP
Nancy Brown, DHHS Office of the Inspector General
David W. Bufford, Kindred Healthcare
Tara J. Clayton, Trilogy Health Services LLC
Samuel C. Cohen, Arent Fox LLP
Michele A. Conroy, Rolf Goffman Martin Lang LLP
Tara A. Cope, Vi
Gwen M. Dayton, Oregon Healthcare Association
William A. Dombi, National Association for Home Care & Hospice
Barbara S. Barrett, LeadingAge Florida
Laura E. Ellis, DHHS Office of the Inspector General
Jody Erdfarb, Wiggin and Dana LLP
Steven Farmer, Centers for Medicare & Medicaid Services Innovation Center
Janet K. Feldkamp, Benesch Friedlander Coplan & Aronoff LLP
Seann M. Frazier, Parker Hudson Rainer & Dobbs
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Kimberly Gordy, K&L Gates LLP
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Marsha R. Greenfield, LeadingAge Inc
Joseph M. Greenman, Lane Powell PC
Sara Hamm, Lifespace Communities
Dan Hanfling, JHSPH Center for Health Security
Brendan Healy, Lancaster Pollard
James Henry, DiscoverOrg
Jennifer L. Hilliard, LeadingAge Inc
William E. Hopkins, Shackleford Bowen
McKinley & Norton LLP
Annaliese Impink, SavaSeniorCare Consulting LLC
Brian D. Jent, Hall Render Killian Heath & Lyman PC
Mark A. Johnson, Hooper Lundy & Bookman PC
Leah Killian-Smith, Pathway Health Services
Kenneth D. Kraft, DHHS Office of the Inspector General
Kimber L. Latsha, Latsha Davis & McKenna PC
Stephen J. Maag, LeadingAge Inc

Kris D’Ann Maples, Hillcrest Health Services
Ari J. Markenson, Winston & Strawn LLP
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Julie Bowman Mitchell, Mitchell Day Law Firm
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Jeff Overbeck, US Department of Health & Human Services
Emily M. Park, Husch Blackwell LLP
Toni H. Parkinson, Advanced Systems Inc
Thaddeus Mason Pope, Mitchell Hamline School of Law
Christopher C. Puri, Bradley Arant Boult Cummings LLP
Mark E. Reagan, Hooper Lundy & Bookman PC
Kathleen Reilly, Ensign Services Inc
William Alvarado Rivera, AARP
Lance Robertson, DHHS Administration for Community Living
Sara Rudow, AHCA
Frank Russo, Siversd
Teresa Lee Salamon, Genesis HealthCare
James F. Segroves, Reed Smith LLP
Jack W. Selden, Bradley Arant Boult Cummings LLP
James P. Sharp, Blue Cross BlueShield of North Carolina
Karim Suzanne Simpson, Department of Health Office of Legal Counsel
Jill L. Steinberg, US Department of Health and Human Services, Office of the General Counsel, Reg. II
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Cathlin E. Sullivan, Buchanan Ingersoll & Rooney PC
Linda Worthen Taetz, Mariner Health Central Inc
Donna K. Thiel, Baker Donelson Bearman Caldwell & Berkowitz PC
Elizabeth P. Tyler, Tyler & Wilson
Julianne Williams, Dycora Transitional Health & Living
Christine J. Wilson, Tyler & Wilson
Beverly B. Wittekind, The Ensign Group Inc
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Jaklyn Wigley, Fisher & Phillips LLP
Christine A. Zuck, The AMD Card LLC
Mary Zak-Kowalczyk, Brookdale Senior Living

Institute on Medicare and Medicaid Payment Issues
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Sue Andersen, Centers for Medicare & Medicaid Services
Amanda Axen, DHHS Office of Medicare Hearings and Appeals
Thomas R. Barker, Foley Hoag LLP
Joelcyn Beer, DHHS Office of the General Counsel
Andrea Treese Berlin, DHHS Office of the Inspector General

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Branch, Office of Counsel to the Inspector General
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Joyce Elaine Greuko, Alston & Bird LLP
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Denise J. Hall-Gaulin, PYA
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Marc Hartstein, Health Policy Alternatives Inc
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Jeneen Iwugo, Center for Medicare and Medicaid Services
Tim Johnson, Greater New York Hospital Association
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Robert Kaufman, DHHS Office of the General Counsel
Alyssa Keeffe, California Hospital Association
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Ellis M. Knight, Coker Group
Laura F. Laemmle-Weidenfeld, Jones Day
Kimberly A. Lammers, Baird Holm LLP
Sarah Lee, Apexus
Josh Lichtblau, State of New Jersey, Office of the State Comptroller
Marc C. Lombardi, Yale New Haven Health System
Charles A. Lubant, Dentons US LLP
Jan Lundelius, DHHS Office of the General Counsel
Calder Lynch, Centers for Medicare and Medicaid Services
Susan Maxon Lyons, US Department of Health and Human Services, Office of the General Counsel
Kenneth R. Marcus, Honigman Miller Schwartz and Cohn LLP
Ross David Margulies, Foley Hoag LLP
Richelle D. Marting, Forbes Law Group LLC
David E. Matyas, Epstein Becker & Green PC
Scott McBride, Morgan Lewis & Bockius LLP
Lori K. Mihalahi-Levin, Dentons US LLP
Paul Moore, Federal Office of Rural Health Policy
Daniel F. Murphy, Bradley Arant Boult Cummings LLP
MaryBeth Musumeci, Kaiser Family Foundation
Lisa Ogilvie-Barr, Office of Hearings
Robert A. Pelaia, University of South Florida
Michael Polito, TPR Solutions LLC
Mark D. Polston, King & Spalding LLP
Rachel Polzin, CMS Division Office of General Counsel
Mark E. Reagan, Hooper Lundy & Bookman PC
Deanna Rhodes, Centers for Medicare, Division of Cost Reporting
R. Barrett Richards, Frost Brown Todd LLC
Valerie Rinkle, Valorize Consulting, LLC
Sara Rosenbaum, Department of Health Policy, George Washington University
Robert L. Roth, Hooper Lundy & Bookman PC
Erin Diesel Roumayah, Wachler & Associates PC
Andrew D. Ruskin, Morgan Lewis & Bockius LLP
Gregory Russo, Berkeley Research Group LLC
Matt Salo, National Association of Medicaid Directors
Raj Shah, Parker Hudson Rainer & Dobbs LLP
Craig H. Smith, Hogan Lovells LLP
Michael Spake, Lakeland Regional Health
Stephen M. Sullivan, O’Melveny & Myers LLP
Jane M. Susott, Humana Inc
Felicia Y. Sze, Rotenberg & Sze
Jessica A. Talati, Walgreen Co.
Nesrin Garan Tift, Bass Berry & Sims PLC
Emily W. G. Towey, Hancock, Daniel & Johnson PC
Andrew Tsui, DHHS Office of the General Counsel
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Wayne Turner, National Health Law Program
Linda D. Uzle, Department of Health & Human Services
Jeanne L. Vance, Salem & Green PC
Lawrence W. Vernaglia, Foley & Lardner LLP
Andrew B. Wachler, Wachler & Associates PC
Judith A. Waltz, Foley & Lardner LLP
Stephanie Ann Webster, Akin Gump Strauss Hauer & Feld LLP
Benjamin C. Wei, US Department of Justice
Jack Wenik, Epstein Becker & Green PC
Barbara Straub Williams, Powers Law Firm
Laurence Wilson, Centers for Medicare & Medicaid Services
Lisa Ohrin Wilson, Centers for Medicare & Medicaid Services
Kristen McDermott Woodrum, BakerHostetler
Eric Zimmerman, McDermott Will & Emery LLP

Educational Calls

Antitrust Practice Group Educational Call
Jenny Schwab, Federal Trade Commission
Stephen Wu, McDermott Will & Emery
Business Law and Governance Practice Group Educational Call
Heather Alleva, Buchanan Ingersoll & Rooney PC
Andrew G. Jack, Jones Day

In-House Counsel Practice Group Educational Call
Andre Maksimow, Kaufman Hall

Open Membership Calls

Enterprise Risk Management Task Force Open Membership Call
Shannon Sumner, PYA
Susan Thomas, PYA

Regulation, Accreditation, and Payment Practice Group Open Membership Call
Beau Haynes, Phelps Dunbar, LLP

Webinars

Clinical Trial Agreements: Beyond the Basics
Maureen Bennett, Jones Day
Helene Orescan, University of California Los Angeles
Priya Sankar, Incyte

The Collision of Fair Market Value and Commercial Reasonableness in Physician Compensation Arrangements: An Exploration of Recent Trends, Industry Guidance and Developing Best Practices, Part IV
Greg Anderson, Horne LLP
Andrea M. Ferrari, HealthCare Appraisers Inc
Jen Johnson, VMG Health
Joseph N. Wolfe (Moderator), Hall Render Killian Heath & Lyman PC

The Impact of Tax Reform: Guiding Ourselves and Our Clients to Understanding and Success, Part I—To Pass-Through or Not to Pass-Through?
Corporate Entity Planning Post Tax Reform
David C. Gair, Gray Reed
Gary Sastow, Brown Grattadaro Gaujean & Prato LLC

Art Van Buren, LBMC
Susan F. Zinder, Law Office of Susan F. Zinder PLLC
The Impact of Tax Reform: Guiding Ourselves and Our Clients to Understanding and Success, Part II—Tax Reform’s Impact on Tax-Exempt Health Care Organizations: No Rest for the Weary
Ralph E. Delong, McDermott, Will & Emery
Michael N. Fine, Wyatt Tarrant & Combs LLP
Gerry Griffith, Jones Day

Ruth Madrigal, Stetope & Johnson LLP
Medical Staff Rules, Regulations, Policies, and Procedures: Maximizing the Role of Medical Services Professionals and Staff Attorneys, Part III—Patient Safety and Quality Improvement Act
Michael R. Callahan, Katten Muchin Rosenman LLP
Diane Meldi, Mercy Health
Medical Staff Rules, Regulations, Policies, and Procedures: Maximizing the Role of Medical Services Professionals and Staff Attorneys, Part IV—Employed Providers
Brian C. Betner, Hall Render Killian Heath & Lyman PC
Marlene Yates, Cone Health

Moving Beyond Basics: A Bootcamp For Hospital Lawyers & Advisors, Part II—Hospital Audits, Appeals & Overpayments
Robert L. Roth, Hooper Lundy & Bookman Daniel J. Hettick, King & Spalding
Mary Carter Andrees, Andrees/Podberesky
Thomas R. Barker, Foley Hoag LLP

Real Estate Issues Impacting Hospitals and Health Systems, Part III—On-Campus Determinations and other Real Estate Related Reimbursement Issues Impacting Health Systems
Rene M. Larkin (Moderator), Hall Render
Claire Turcotte, Bricker & Eckler LLP
Kyle A. Vasquez, Poliselli PC

Under Pressure: Reimbursement Challenges Affecting Pediatric Services
Dave Mosley, Navigant Consulting
Stuart Portman, U.S. Senate, Finance Committee
Jenny Wang (Moderator), McDermott Will & Emery

PUBLICATIONS, RESOURCES, AND PERIODICALS

AHLA Connections

Dear CMS: We’d Like Our Rabbit Back: The Case for Reinstating the Stark Law’s Physician Payments Exception
Christopher G. Janney, Dentons US LLP
Caroline Elizabeth Reigart, Dentons US LLP
Gadi Weinreich, Dentons US LLP

Medical Record Issues in the Transfer or Closing of a Medical Practice: Address Them Upfront to Avoid Problems Later
Rick L. Hindmand, McDonald Hopkins LLC
Gerard M. Nussbaum, Zarach Associates LLC

Continued on next page
Volunteer Openings and Opportunities for Involvement

At the beginning of each month, AHLA sends an email announcement to the membership displaying upcoming volunteer openings. Members can also visit www.healthlawyers.org/volunteer at any time to find a listing of requests from AHLA’s Committees, Councils, Practice and Affinity Groups, and Task Forces. There is also information about opportunities for speaking, presenting, and writing. Opportunities differ in the skills, time commitment, and level of engagement needed. There is sure to be something that will strengthen your professional development, and you will be helping to advance AHLA’s educational mission. To view the volunteer recognition list online, visit www.healthlawyers.org/volunteer and click on “Recognizing Members’ Service.”

Raise Your Hand

It’s fast and easy. Visit www.healthlawyers.org/volunteer and complete an application of interest. When members respond to a specific opening, their contact information will be forwarded to the group making the request. When members respond saying they are interested in volunteering generally, AHLA will forward this information to applicable groups, e.g., a specific Task Force, publishing staff, or committee.

To Share a Volunteer Opportunity

AHLA governing groups are asked to anticipate upcoming volunteer needs and submit their request at www.healthlawyers.org/volunteer by the 30th of each month so that they may be included in the coming month’s announcement.

AHLA Weekly

The Potential Demise or Reform of the Stark Law in an Era of Value-Based Reimbursement
Scott R. Simpson, Harter, Secrest & Emery LLP

Legal Publications

Statistical Sampling Applications: Lessons Learned from Litigation, Claims Investigation, and Beyond
Andrew C. Bernasconi, Reed Smith LLP
Jonathan R. Davey, Reed Smith LLP
Lindsay A. DeFrancesco, Reed Smith LLP

The Law of Digital Health
Bernadette M. Broccolo, McDermott Will & Emery LLP
Shelby Buettner, McDermott Will & Emery LLP
Vanessa K. Burrows, McDermott Will & Emery LLP
Jayan Chen, McDermott Will & Emery LLP
Amanda L. Enyeart, McDermott Will & Emery LLP
Ryan S. Higgins, McDermott Will & Emery LLP
Sarah T. Hogan, McDermott Will & Emery LLP
Marshall E. Jackson Jr., McDermott Will & Emery LLP

Ryan B. Marcus, McDermott Will & Emery LLP
Lisa Schmitz Mazur, McDermott Will & Emery LLP
Anisa Mohanty, McDermott Will & Emery LLP
Amy C. Pimentel, McDermott Will & Emery LLP
Michael W. Ryan, McDermott Will & Emery LLP
Dale C. Van Demark, McDermott Will & Emery LLP

Christine M. Wahr, McDermott Will & Emery LLP
Scott A. Weinstein, McDermott Will & Emery LLP

Practice Group Alerts

Bipartisan Budget Bill Increases Civil Monetary Penalties for Health Care Fraud
Scott R. Grubman, Chilivis Cochran Larkin Bever LLP

Congress and CMS Focus on Expansion of Supplemental Benefits for Medicare Advantage Enrollees
Jeff Joseph Wurzburg, Norton Rose Fullbright

DOJ Expands Enforcement Activity Under the False Claims Act to Private Equity
Jennifer Paige Whitton Leipow, BakerHostetler
Simone Otenaiké, BakerHostetler

FDA Approves Marketing of Clinical Decision Support Software for Stroke Triage in Midst of Renewed Focus on Digital Health Applications
Jennifer Tharp, Squire Patton Boggs

Is a Data Breach Inevitable? New Study Analyzes Cybersecurity Trends
Valerie B. Montague, Nixon Peabody LLP

Motion for Partial Judgment on the Pleadings Denied in Outpatient Surgery Center’s Antitrust Action Against Hospital System
Adam Cella, Axinn Veltrop & Harkrider LLP
Jeny Marie Maier, Axinn Veltrop & Harkrider LLP

OIG Review Highlights Necessary Improvements in HHS’ Information Security Program
Valerie B. Montague, Nixon Peabody LLP

Updated Application Forms and New Fee Schedule
Justin Cook, Bricker & Eckler LLP

Practice Group Briefings

Interview with Tasneem Chippy, Founder and Managing Principal of Matrix Economics
Tasneem Chippy, Matrix Economics
Lona Fowdur, Economists Inc
Dionne C. Lomax, Mintz Levin Cohn Ferris Glovsky & Pepeo PC

Practice Group Bulletins

Continuing Resolution Creates New Tools for ACOs
Neal Shah, Polsinelli PC

Departments Release Proposed Rules Aimed at Expanding Association Health Plans and Short-Term, Limited-Duration Insurance Coverage
Lisa Campbell, Groom Law Group
Tamara Killion, Groom Law Group Chartered
Lisa Keels Lowenstein, Groom Law Group Chartered

Georgia Appeals Court Invalidates Agreement to Arbitrate
James E. Purcell, Jim Purcell ADR

HIMSS18: What We Learned in Vegas Doesn’t Have to Stay in Vegas
Adam H. Greene, Davis Wright Tremaine LLP
Amy S. Leopard, Bradley Arant Boult Cummings LLP

New DOJ Task Force Centralizes the Federal Government’s Fight Against Opioids
Courtney G. Tito, McDonald Hopkins LLC

Practice Group Newsletters

Antitrust Advisor
Barak Bassman, Pepper Hamilton LLP
John F. Bowen, Hall Render Killian Heath & Lyman PC
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Government’s Fight Against Opioids
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Healthcare & Health Systems Rx
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Michael T. Batt, Hall Render Killian Heath & Lyman PC
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First Reflections

Continued from page 1

AHLA’s Board also approved a new leadership term policy. With this new policy, AHLA will now have consistent terms and term limits across all AHLA leadership opportunities, including Practice and Affinity Groups, Task Forces, Program Planning Committees, and most councils. We intend for this change to create more opportunities for AHLA members to contribute their talents through leadership activities.

We also welcomed another class of externs, a formal Law Student Externship Program where students work up to 35 hours per week on legal research and writing projects in exchange for a full semester of academic credit. Apparently this program provides more than just a valuable learning experience because at AHLA Day 2018 I met an alumnus of this program who credited the networking opportunities provided by this experience with enabling him to spend five years in service to the federal government in the U.S. Department of Health and Human Services, Office of the Inspector General, General Counsel Office.

Speaking of AHLA Day 2018, AHLA hosted its second annual AHLA Day on April 19 with formal events in four cities and informal spontaneous companion events all across the country. More than 700 people attended the formal events to celebrate AHLA, visit with old friends, and make new ones.

AHLA continued to give back to health care communities through its Public Interest activities, and AHLA members donated nearly $140,000 to these efforts.

Finally, we celebrated our 50th anniversary! We marked the occasion in a variety of ways, with none more important and inspiring than honoring those who built AHLA and the practice of health law. Through our history project, we captured video and audio interviews with AHLA’s leaders from the early years of the organization. A documentary about the Association’s history of excellence was also produced and shared with the membership. This important archive of materials memorializing our 50 years can be found on our website at www.healthlawyers.org/AHLA50. It’s worth a visit!

I do not and cannot take credit for any of this. This is the work that AHLA’s member volunteers and staff do every year through and on behalf of this organization. This is just what AHLA does, and why I am proud to have served the organization as its president. To everyone who contributed in one of the ways listed above, or in one of the hundreds of other ways not listed, I leave you with a quote from Shakespeare: “I can no other answer make, but, thanks, and thanks.”

Eric Zimmerman
President, FY18
ezimmerman@mwe.com
We are in CHICAGO for the 2018 In-House Counsel Program and Annual Meeting!

In-House Counsel Program, June 24
Designed to address the unique issues faced by in-house counsel, this one-day program attracts over 500 attendees, who are in-house counsel for all types of providers as well as health plans and other health care companies, private practitioners, and compliance officers from across the country. There is no other program aimed at the practical, hands-on ways to function in these challenging day-to-day work roles and responsibilities of in-house counsel lawyers than our In-House Counsel Program.

Many of the sessions will focus on innovation and health care, from new ways to collaborate to the use of new technology in day-to-day operations. The technology revolution in health care has raised expectations across the board, yet the advent of these technological advances has created challenges for the in-house attorneys who must advise on their approval, selection, and implementation while managing the inevitable tensions with clients who are eager to adopt such innovations yet may not fully appreciate the associated technology-driven risk. This year’s keynote address, Managing the Innovation Challenge, will explore both the promise and perils of innovation through an interactive discussion between the former general counsel of a large academic health system, Brent L. Henry, and a distinguished physician leader, Alan E. London, MD, who will offer guidance on how in-house counsel and their clients can best reap the benefits of technology as a driver of health care innovation.

In addition, the In-House Counsel Practice Group will hold its annual luncheon, where attendees will hear real-life, too-weird-to-be-true stories told by fellow health law attorneys, or bring their own story, and compete for the 18th Annual Golden Ferret Award. This luncheon is included in the registration fee. All are welcome to attend.

Thank you to the program planning committee members, Elisabeth Belmont (program chair), Kirk Dobbins, Rich Korman, and Greg Matis, for all their hard work in planning the In-House Counsel Program.

In-House Counsel Program Registration Fee:
$425 Member / $625 Non-Member

Annual Meeting, June 25-27
Offering the most current information and analysis on a multifarious of legal issues that the health care industry is facing, the Annual Meeting presents these issues in a thoughtful, practical, solution-oriented way. The largest AHLA in-person program, you will not want to miss the Annual Meeting. This program brings together over 1,400 attendees that include private practitioners, government representatives (OIG, DOJ, FTC), in-house counsel, health care consultants and advisors, and compliance officers, which provides an invaluable forum for networking and interaction with colleagues, friends, and family as well as an outstanding educational event.

We will kick off the program with two fascinating keynote speakers, both of whom are working on innovations in health care. Stephanie Devaney, PhD, Deputy Director, All of Us Research Program at NIH, will discuss precision medicine initiatives and the impact on how research is conducted. Suchi Saria, PhD, a professor at Johns Hopkins University, will share her work on the use of artificial intelligence (AI) to advance diagnosis and treatment.

There will be 50 in-depth breakout sessions on health information and technology, transactional issues, reimbursement, tax, antitrust, fraud and compliance, labor and employment, and more. Whether you represent physicians, payers, hospitals and health systems, long term care providers, academic medical centers, or life sciences companies, there are sessions that will address the issues your clients are facing.

Thank you to the Programs Board Committee members, Marilyn Lamar (President-Elect), Tim Adelman, Ann Bittinger, Dawn Crumel, Greg Demske, Jim Flynn, Charlene McGinty, Rob Niccolini, Asha Scielzo, and Toby Singer for all their hard work in planning the Annual Meeting.

Annual Meeting Registration Fees:
$1,345 AHLA/ CBA/ IAHA Member
Multi-Member Discount: $1,270 Each additional AHLA/ CBA/ IAHA Member registering at the same time from the same company on the same check or credit card payment
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For the most up-to-date information including the program grid showing all of the topics on the program and to register visit www.healthlawyers.org/Annual2018
AHLA would like to thank the following companies for exhibiting during the Annual Meeting. Please stop by and visit with them during the conference.

» Affiliated Monitors Inc
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» BRG Healthcare LLC
» Cain Brothers, a division of KeyBanc Capital Markets
» Carnahan Group
» CBIZ Healthcare Valuation
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» CobbleStone Systems
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Those interested in exhibiting at this event, please email Valerie Eshleman at veshleman@healthlawyers.org.
We would like to thank the following firms for sponsoring the Monday night reception at the Museum of Science and Industry.

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Law firms interested in sponsoring this event, please email Valerie Eshleman at veshleman@healthlawyers.org.
ARTIFICIAL INTELLIGENCE IN HEALTH CARE: 
Welcome to the Machine

By Scott Bennett, Coppersmith Brockelman LLC, 
and Leeann Habte, Best Best & Krieger LLP
The phrase “artificial intelligence” might conjure up futuristic images of robots who become more advanced than their human creators and end up destroying civilization. But there is no need to look to a dystopian future to see how artificial intelligence (AI) could change the ways we live and work. AI is already here, and very much a part of daily life as well as health care. This article explains the basics of AI, discusses current and emerging uses of AI in health care, and examines some of the legal issues that health care lawyers and providers will encounter as they consider adopting AI.

The Basics of AI Technologies
Let’s start by demystifying some terms that are commonly used in discussions of AI. Dartmouth professor John McCarthy first used the phrase “artificial intelligence” in 1955.1 AI refers to computers systems that can perform tasks that normally require human intelligence. There are multiple types of AI technology. One is machine learning, which refers to a machine’s ability to keep improving its performance without humans having to explain exactly how to accomplish all the tasks it’s given.2 Another is deep learning through neural networks, which are “massively distributed computational systems that mimic the multilayered connections of neurons in the brain.”3

Since the mid-2000s, the biggest advances in AI have been in specific types of machine learning: perception (including language and image recognition), and cognition/problem solving.4 These types of AI are now embedded in devices that are very familiar to consumers. Think of the language recognition that powers virtual assistants like Apple’s Siri, Amazon’s Alexa, and Google Assistant; the image-recognition technology used by Facebook to recognize friends’ faces; and the AI programs that have defeated human champions in chess (IBM’s Deep Blue), the TV show Jeopardy (IBM’s Watson), and most recently the ancient strategy game called Go (Google’s AlphaGo).

Uses of AI in Health Care
Industry experts predict that the use of AI in health care will grow exponentially in the coming years. A 2015 study found that the health care industry spent $630 million on AI technologies in 2014, and predicted that figure will balloon to more than $6.6 billion annually by 2021.5 Here is a sampling of the many new AI technologies that show promise in health care:

❯❯ Hospitals are exploring a wide variety of uses for virtual assistants like Amazon’s Alexa, including speaking safety checklists for surgeons, providing patients with information about common illnesses and medication, allowing voice dictation by physicians, and interacting with older adults in their homes.6

❯❯ Virtual assistants also can provide health information and recommendations to consumers. One example is a mobile application available in the United Kingdom only, which makes health recommendations based on a user’s personal history, common medical knowledge, and reported symptoms.7

❯❯ Image-recognition software can recognize skin cancer in photos, identify arrhythmias in EKGs, and determine whether a nodule in a CT scan is malignant.8

❯❯ Clinical decision support software can assist human providers. One example is IBM’s WatsonPaths, which provides treatment recommendations for oncologists, based upon what the program has learned from large amounts of patient data, as well as information it pulls from reference materials, clinical guidelines, and medical journals.9

❯❯ Health care entities can use AI to help guard against cyber-attacks by “learning in real time what’s going on, and using AI to recommend actions to take, even if the attack’s never been seen before.”10 AI also can detect and help prevent data breaches by employees through behavior analysis, where “[a] pattern of user behavior is established and any actions that deviate from that behavior, such as logging in from a new location or accessing a part of the system the user normally doesn’t access are flagged.”11

❯❯ Predictive analytics can determine which patients are at risk of hospital readmissions, falls, and health conditions that require intervention.12

❯❯ AI technologies can accelerate and assist the development of drugs, biologicals, genomics, and personalized medical treatment.

The Legal Issues Associated with AI in Health Care
The use of AI in health care raises a number of legal issues, including the following.

1. Patient Consent and Privacy
One high-profile example of how the use of AI can create privacy concerns is the controversial arrangement between Google’s DeepMind and the United Kingdom’s National Health Service (NHS). In 2015, an NHS hospital provided identifiable health records of 1.6 million patients to DeepMind, an AI company. DeepMind planned to use the information to develop an application that would help NHS clinicians identify and manage acute kidney disease. However, the hospital failed to obtain patients’ consent, or even notify them, before disclosing their health information. The disclosure created outrage among members of the public as well as privacy advocates. And it might have been illegal. Under British law, express patient consent is not required to disclose patient information for “direct care.” But the UK’s Data Guardian concluded that that the actual purpose of the disclosure “was for the testing of the Streams application, and not for the provision of direct care to patients.”13 In the United States, the use or disclosure of patient information in connection with AI similarly might require patient consent. The Health Insurance Portability and Accountability Act (HIPAA), for example, allows the use or disclosure of
protected health information for “treatment” without patient authorization. But AI technologies sometimes strain traditional legal categories, such as HIPAA’s definition of treatment. Consider a clinical decision support program like WatsonPaths, which learns from the health information of some patients to make recommendations for other patients. It is unclear whether that use of patient information could meet the HIPAA definition of treatment.14

Because of the imperfect fit between new AI technologies and laws designed in previous eras, health care entities might decide to err on the side of caution and seek patient consent before using identifiable patient information with AI. That would reduce both legal risk, and the kind of negative publicity the DeepMind-NHS deal received.

When it is not possible or practical to obtain patient consent, health care entities should consider de-identifying patient information used with AI. Emerging AI technologies raise questions about the sufficiency of current methods of de-identification. Even without AI, sophisticated researchers have been able to re-identify health information using publicly available sources.15 The risk of re-identification will be greater with new AI technologies. As one tech lawyer wrote: “Existing deanonymization capabilities will be super-turbo charged once these AI applications are more accessible (which is only a matter of time).”16 Health care entities using de-identified patient information with AI should consider using stronger methods of de-identification (for example, using the “expert method” rather than the “safe harbor” method under HIPAA).17

2. FDA Regulation

The Food and Drug Administration (FDA) regulates software that meets the definition of a “device” under the Food, Drug, and Cosmetic Act.18 In 2016, Congress enacted the 21st Century Cures Act (Act), which clarified the FDA’s regulatory authority over digital health and medical devices. Digital health includes AI systems that use machine learning or adaptive algorithms to provide diagnostic information for patients.19

The Act excluded from regulation as a device certain low-risk medical software, such as programs that encourage a healthy lifestyle, serve as electronic patient records, assist in displaying or storing data, or provide limited clinical decision support.20 In December 2017, the FDA issued draft guidance, which states that the FDA considers clinical decision support software a “device” if it makes a treatment recommendation that could not be reached independently by a physician or other user. That would be the case, for example, where software analyzes a patient’s laboratory results using a proprietary algorithm or relies on data inaccessible to the user (rather than clinical practice guidelines, for example).21

In 2017, the FDA launched a pilot program to “pre-certify” eligible digital health developers who demonstrate a culture of quality and organizational excellence. Pre-certified developers could then market certain of their devices either without additional FDA review, or with a more streamlined premarket review.22

Health care entities that are considering adopting clinical decision support software or similar programs should determine whether the software requires and has received FDA approval. Many technology developers are not familiar with the unique legal landscape in health care, including the scope of FDA regulation. Indeed, after the public outcry about its receipt of millions of identifiable patient records, DeepMind noted in a public statement that one contributing factor was its lack of familiarity with the complex legal requirements in health care.23

3. Fraud and Abuse

As companies develop and test new AI technologies, they commonly offer the technologies to health care providers for pilot testing, research, or analysis, often at a reduced cost. This can implicate the Stark Law (Stark), Anti-Kickback Statute (AKS), or related state fraud and abuse laws, in particular if the services that these technologies support are reimbursed by Medicaid or Medicare.24 Such arrangements should be carefully structured to eliminate or minimize any such legal risks, such as by ensuring that any payment received is for bona fide services, and that the arrangement falls within a Stark exception or AKS safe harbor.

4. Liability Issues

Just as the widespread adoption of electronic health records (EHRs) has affected the standard of care for health care providers, the use of AI technologies such as WatsonPaths might become a required part of medical decision making. For example, in a recent case involving a patient whose doctor failed to diagnose his prostate cancer in time for it to be cured, the court held that the physician violated the standard of care by failing to review the patient’s past visit notes that were available in the patient’s EHR—and that would have elucidated the nature of his problem.25 As another example, drug-drug and drug-allergy interaction checks have come into common use as EHR systems have become widespread.26 As a result, physicians who fail to screen and monitor for those harmful interactions may now face potential exposure to liability for negligence. Similarly, when AI is fully integrated into the health care system, use of AI might be considered the duty of a reasonably prudent practitioner, and consequently, the failure to use AI in diagnosing and treating a patient could expose providers to...
malpractice claims. To minimize this potential liability, health care organizations that implement AI should develop policies to guide and standardize its use within the organization.

Typically, software and digital technology are licensed to a health care organization by the vendor who manufactures the technology.27 These license agreements commonly include disclaimers of warranties with regards to the software’s performance and its defects, and, if they include indemnification, stringent limitations of liability.28 Health care lawyers should require terms in the license agreements that allocate appropriate liability among the parties, particularly when use of the software could result in harm to patients. Contract provisions also should address other potential risks, such as cybersecurity and data breaches.

In addition to contractual protections, the courts may be more willing to impose liability on AI product manufacturers.29 For example, a class action was recently filed against eClinical Works, an EHR vendor, for $1 billion for breach of fiduciary duty and gross negligence following claims that an individual died of cancer due to faulty EHRs.30 Health care lawyers should consider keeping up to date on these litigation trends.

Due diligence with AI vendors is another way to reduce potential liability. It is important to do adequate research regarding the specific AI technology, as well as the developer. Health care entities that are considering adopting an AI technology should ask the vendor for:

- Evidence of FDA approval, if applicable;
- Information about any actual or potential lawsuits or claims relating to either the specific technology at issue, or any other technology of the same vendor;
- Information about recent security incidents or breaches;
- The vendor’s security risk analysis related to the AI technology;
- Names and contact information for other customers of the same technology, and different technologies from the same vendor;
- Evidence that the vendor has all rights and licenses necessary to provide the technology, as well as to provide any other necessary services.

Other key pieces of information are any industry or peer reviews of the technology; the algorithms used by the technology, if the vendor will share them; and the data sources on which the technology relies.

5. Insurance Coverage
It is important to confirm that the organization has insurance that would cover the risks associated with use of a potential new AI technologies and software, which might include personal injury and wrongful death.

6. Discrimination and Meaningful Access
This is a potential area of concern for AI technologies that interact with patients, such as virtual assistants or online chatbots. There have been a number of recent lawsuits against hospitals alleging that the methods they use to communicate with deaf patients were discriminatory.31 Organizations that use AI technologies to interact with patients might be required to provide alternatives for patients who are not proficient in English, have a disability that prevents them from using the technology, or do not have ready access to a computer or other necessary technology. Health care lawyers should assess interactive AI technologies’ compliance with the Americans with Disabilities Act,32 Section 504 of the federal Rehabilitation Act,33 Section 1557 of the Affordable Care Act,34 and similar state laws.

7. Security Risk Analysis
The HIPAA Security Rule requires covered entities and business associates to update their security risk analysis “in response to environmental or operational changes affecting the security of electronic protected health information.”35 Health care entities that start using a new or different AI technology should consider the appropriate updates to their risk analysis.

Conclusion
AI is already a part of daily life, and has made its way into health care as well. The technologies have the potential for dramatic improvements in the delivery of health care. But they also present potential risks that attorneys will need to help manage.

Scott Bennett is a partner at Coppersmith Brockelman LLC in Phoenix, AZ. Scott assists health care clients with health information technology, data privacy and security, and compliance issues. Scott is a Certified Information Privacy Professional/United States (CIPP/US), through the International Association of Privacy Professionals.

Leeann Habte is a partner at Best Best & Krieger, a California firm known for its public agency practice. With a focus on health care privacy and data security, regulatory compliance, and reimbursement, Leeann provides strategic counseling to emerging medical device and digital health companies, health plans, hospitals, health information exchanges, and other organizations. Leeann serves as membership vice-chair of the American Health Lawyers Association Digital Health Affinity Group and is a Certified Information Privacy Professional.
Endnotes


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- Katherine Earle Yanes, J.D.
  KYNES, MARKMAN & FELMAN, P.A.

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CMS and OIG Refuse to Disclose “60-Day” QIO Reports in EMTALA Cases

By Robert A. Bitterman, Bitterman Health Law Consulting Group
When investigating hospitals for potential violations of the Emergency Medical Treatment and Labor Act (EMTALA), the regional offices of the Centers for Medicare and Medicaid Services (CMS) typically obtain a medical review of the case from a Quality Improvement Organization (QIO). The QIO is charged with assessing whether the patient involved had an emergency medical condition that had not been stabilized, and the appropriateness of the hospital’s medical screening examination, stabilizing treatment, or transfer care. The review is done to assist CMS in determining whether the hospital violated EMTALA and whether it should terminate the hospital from Medicare. This review is called the “5-day” QIO review, because the QIO has five days to provide its assessment.

After completing its investigation, if CMS determines the hospital violated the law it then requests a second review by the QIO. The second review is done primarily for the purpose of determining whether the hospital or any involved physician should be assessed a civil monetary penalty for violating the law (current maximum penalty is over $100,000 per violation), or whether the physician should be terminated from Medicare. In this second review, unlike in the 5-day review, the QIO affords the affected providers the opportunity of a hearing, with legal counsel and expert testimony if desired, to formally present their side of the case. This second review by the QIO is called the “60-day” QIO review, because the QIO has 60 days to conduct the hearing and submit its report to CMS.

CMS does not utilize the 60-day QIO report in any way; and the 60-day report has no absolutely no bearing on CMS’ original determination that the provider violated EMTALA. CMS simply sends the 60-day QIO report to the Office of Inspector General (OIG), the branch of the Department of Health and Human Services that prosecutes the EMTALA civil monetary penalties phase against hospitals and physicians.

This article discusses whether CMS or the OIG has a legal duty to also send a copy of the 60-day QIO report to the affected provider. Hospitals and physicians argue that they have a right to the report, but the government agencies insist they do not and continue to refuse to release the 60-day reports. Providers generally want to examine the QIO report to prepare their defense to avoid or minimize any monetary penalties assessed by the OIG. In addition, hospitals and physicians ultimately strive to continually improve patient care. The medical assessments provided by the government’s QIOs include analysis of quality of care issues that may be helpful toward that endeavor.

The OIG may share elements of the physician’s 60-day report in settlement discussions with a provider, but providers are apprehensive about the selective nature of the revelations and the lack of context, primarily for two reasons. First is their experience with the 5-day QIO medical assessments, which CMS does release to providers. Hospitals and physicians, particularly emergency physicians, harbor genuine concerns with the competency, inconsistency, and level of EMTALA understanding demonstrated in the 5-day QIO physician assessments.

Second, is the possibility of hindsight bias in the QIO reviewing physicians. CMS specifically states in its EMTALA Interpretive Guidelines that “the clinical outcome of an individual’s condition is not a proper basis for determining whether an appropriate screening was provided or whether a person
The EMTALA regulations require CMS to provide a copy of the 60-day QIO report to the affected provider, not just to the OIG.

Yet, CMS consistently provides the QIO reviewing physician all additional clinical data known from events that occurred after the incident in question. For example, if EMTALA compliance is at issue from one hospital emergency department (ED) visit, CMS will provide the reviewing physician all the diagnostic lab results, imaging studies, consultations, and the ultimate diagnosis and clinical outcome learned from later ED visits or hospitalizations.

Providing this data from subsequent events or later medical interventions to the reviewing physician is wholly unnecessary for, and may be prejudicial to, the physician’s medical-decision-making process. CMS should avoid introducing potential hindsight bias in the reviewing physician’s opinions, so that it obtains an objective review from the QIO physicians.

Consequently, providers contend they need to carefully review the entire 60-day report, not just pieces selected by the OIG.

CMS Regulations

The EMTALA regulations require CMS to provide a copy of the 60-day QIO report to the affected provider, not just to the OIG.

The section of the regulations titled Consultation with Quality Improvement Organizations (QIOs) at 42 CFR 489.24(h) states that certain provisions apply when a QIO receives a request for consultation related to the penalties section of EMTALA, including:

(h)(2)(y). Within 60 calendar days of receiving the case, the QIO must submit to CMS a report on the QIO’s findings. CMS provides copies to the OIG and to the affected physician and/or the affected hospital. The report must contain the name of the physician and/or the hospital, the name of the individual, and the dates and times the individual arrived at and was transferred (or discharged) from the hospital. The report provides expert medical opinion regarding whether the individual involved had an emergency medical condition, whether the individual’s emergency medical condition was stabilized, whether the individual was transferred appropriately, and whether there were any medical utilization or quality of care issues involved in the case.

Section 489.24(h) of the regulations deals extensively and solely with the QIO consultation process done for purposes of the OIG imposing penalties on the offending provider(s), culminating in the 60-day QIO report sent to CMS. This section does not mention the 5-day QIO review done for purposes of CMS’ investigation and/or termination of the hospital from Medicare.

The Tenth Circuit agrees that this CMS regulation requires the government to give hospitals a copy of the 60-day QIO report. In the case of St. Anthony Hospital vs. Department of Health and Human Services, the court determined that CMS/OIG failed to provide St. Anthony an appropriate peer-review process. In enumerating what rights hospitals are entitled to under the CMS regulation, besides “notice” and a “full and fair opportunity” to present their views on the case, the Tenth Circuit specifically stated that the regulation provides “within sixty days of receiving the case, the PRO [QIO] must submit a report with its finding to the agency [CMS], which must in turn provide copies to the affected hospital.”

The OIG offers no alternative interpretation of this CMS regulation on point. Instead, the OIG asserts that a different section of the EMTALA regulations is the one applicable to the 60-day reports:

(i) Release of QIO assessments. Upon request, CMS may release a QIO assessment to the physician and/or hospital, or the affected individual, or his or her representative. The QIO physician’s identity is confidential unless he or she consents to its release.

This section cited by the OIG addresses QIO assessments, not QIO reports, and does not specify whether it refers to the 5-day or the 60-day review or whether it refers to the assessment done for CMS’ investigation or for the OIG’s imposition of penalties. Some physicians believe it more likely refers to the 5-day QIO assessment done during the initial CMS investigation of whether the hospital violated the law. Individual patients affected by a hospital’s alleged violation of EMTALA, or their representatives, are likely more interested to learn if CMS and the reviewing physician believed the hospital violated the law when treating them, rather than read a report produced much later for the exclusive use of the OIG to impose monetary penalties on the providers.

There is no specific provision in the statute or the regulations that allows the release of the 60-day QIO report to any individual patient whose care was the subject of the EMTALA complaint.

In contrast, section 489.24(h) cited above refers specifically to the 60-day report and specifically to the QIO report done for purpose of the OIG imposing penalties on the provider.

EMTALA Statute

When EMTALA was originally enacted there was no provision for consultation with Medicare QIOs, either before CMS could terminate hospitals or before the OIG could penalize providers for violating the statute. In 1990, Congress added a section on “Consultations with QIOs” that required CMS to obtain a 60-day QIO report before the OIG could penalize a provider. The amendment did not require or forbid a copy of the 60-day report going to the affected provider.

This new QIO section in the statute also did not require CMS to obtain a QIO review before terminating hospitals from Medicare. It was discretionary, but providers believed that many inappropriate investigations and citations by CMS could be avoided if CMS was required to obtain true peer review before determining whether a hospital or physician violated the statute. The enactment of the Medicare Prescription Drug,
Consultation with QIOs:

The enforcement provision of EMTALA reads as follows regarding consultation with QIOs:

1. Civil money penalties …
2. Civil enforcement …
3. Consultation with quality improvement organizations. In considering allegations of violations of the requirements of this section in imposing sanctions under paragraph (1) [or in terminating a hospital’s participation under this subchapter], the Secretary shall request the appropriate quality improvement organization (with a contract under part B of subchapter XI) to assess whether the individual involved had an emergency medical condition which had not been stabilized, and provide a report on its findings. Except in the case in which a delay would jeopardize the health or safety of individuals, the Secretary shall request such a review before effecting a sanction under paragraph (1) and shall provide a period of at least 60 days for such review. [Except in the case in which a delay would jeopardize the health or safety of individuals, the Secretary shall also request such a review before making a compliance determination as part of the process of terminating a hospital’s participation under this subchapter for violations related to the appropriateness of a medical screening examination, stabilizing treatment, or an appropriate transfer as required by this section, and shall provide a period of 5 days for such review. The Secretary shall provide a copy of the organization’s report to the hospital or physician consistent with confidentiality requirements imposed on the organization under such part B.]"  

The two sections in brackets [ ] constitute the language inserted into the QIO section of the statute by the MMA. The paragraph (1) referenced above refers to the civil monetary penalties section of EMTALA enforcement.

According to the OIG, the last sentence in bold and italics means that the government only has to provide copies of the 5-day reviews done for CMS to the affected providers, but not the 60-day reports done in relation to the penalty phase. However, hospitals and physicians believe that the last sentence applies to the entire paragraph, therefore to any QIO report, i.e., both the 5-day reviews and the 60-day reports.

The OIG’s interpretation seems contrary to basic rules of statutory construction. If Congress intended for CMS to provide copies of the 5-day QIO reviews to affected providers but withhold copies of the 60-day reviews, it certainly knew how to do so. It would have drafted two separate paragraphs under the section dealing with consultations with QIOs, for example:

- One paragraph that required CMS to obtain a 5-day review when investigating and considering termination of a hospital for non-compliance with EMTALA, and that required CMS to release a copy of the 5-day review to the affected hospital; and
- A second paragraph that required CMS to obtain a 60-day review for the exclusive use of the OIG in prosecuting penalties against the affected provider, and that specifically stated that the affected provider was not entitled to a copy of the 60-day QIO report.

Moreover, one would expect Congress to be particularly explicit had it intended to deny providers copies of the 60-day QIO reports, since the CMS regulations in existence at the time Congress enacted the MMA contained the requirement that CMS provide copies of the 60-day QIO reports to the affected providers. The present statute does not negate that CMS regulation, nor does it prohibit CMS from providing a copy of the 60-day report to hospitals or physicians.

Instead, Congress weaved the requirement that CMS obtain a 5-day review for all compliance investigations/termination proceedings into the existing paragraph addressing the 60-day reports. Then, to the same paragraph, lawmakers added the sentence requiring that a copy of the QIO’s reports be provided to the affected hospital or physician. In that last sentence Congress did not distinguish between the 5-day review and the 60-day report.

Taken in context, considering both the totality of the resulting text written by Congress coupled with the existing CMS regulations directly on point, it is certainly reasonable to interpret the statute to require the government to provide copies of any 5-day QIO review and any 60-day QIO report to the affected providers.

The MMA amendments to EMTALA further addressed the issue of whether the government was required to provide copies of the QIO reports to the affected providers, but did so with less than stellar clarity.

Negotiations with the OIG

Typically, when the OIG intends to impose a monetary penalty on a hospital or physician it is open to negotiating a settlement amount in order to avoid litigating the case. Wouldn’t the negotiations be more effective if both sides knew the cards held by each side? What is the OIG’s rationale for refusing to disclose the QIO report to the provider? Wouldn’t Congress and CMS/OIG want the provider to realize how the QIO physician viewed the medical issues at bar so the provider would be encouraged to settle (not to mention to improve future patient care so that similar events do not reoccur)? The QIO review physician should not be the OIG’s advocate; he or she is supposed to
provide an objective review of the medical issues of the case and not opine on whether an EMTALA violation occurred.  

The OIG believes, in part, that it doesn’t have to disclose the 60-day QIO report because in other government prosecutions for civil monetary penalties it doesn’t have to disclose similar materials. However, those matters do not have a controlling agency regulation requiring the release of the medical review of the case, nor a federal statute that arguably requires its release.  

Conclusion  
The CMS EMTALA regulations are crystal clear: the Regional Offices of CMS are required to provide a copy of the 60-day QIO report done for the purpose of the OIG imposing EMTALA penalties to the affected hospital or physicians.  
The EMTALA statute is unfortunately somewhat ambiguous. However, considering the rules of statutory construction and the context and history of the statute coupled with the CMS regulations on point, it is reasonable to conclude that the statute itself also requires the government to provide a copy of the 60-day QIO report to the affected providers.  

Nevertheless, presently it is the firm position of CMS and the OIG that hospitals and physicians alleged to have violated EMTALA are not entitled to a copy of the 60-day QIO reports created for purposes of imposing civil monetary penalties upon them, or for excluding a physician from Medicare.  

Unless CMS, and particularly the OIG, change their position on this matter, the only option available to providers is to take CMS/OIG to court to compel production of the 60-day QIO report. Whether that is indicated, worthwhile, or cost effective is obviously a decision to be made on a case-by-case basis.  

Lastly, CMS and the OIG might consider informing the Medical Directors of the QIOs if they plan to continue denying hospitals a copy of the 60-day QIO reports. At least one Medical Director of a CMS contracted QIO routinely explains in his/her 60-Day QIO Review Hearing letters to hospitals that, quote:  

“A report of the QIO’s findings in this case will be submitted directly to the Regional Office who will forward a copy to the OIG. **Upon request,** the Regional Office will provide copies of the QIO’s medical assessment report to [the CEO of the hospital].”

On this issue, it remains “Ask, and ye shall not receive.”

Robert A. Bitterman, MD, JD, FACEP is CEO of Bitterman Health Law Consulting Group, specializing in the federal laws and regulations governing hospital-based emergency services, and emergency medicine risk management and liability issues. He is the physician editor of the Emergency Department Management Letter, a contributing editorial board member for the Emergency Department Legal Letter, and has published extensively on EMTALA and ED risk management issues, including the text “Providing Emergency Care under Federal Law: EMTALA.”

Endnotes  


3 See supra note 1.  

4 See supra note 1.  

5 81 Fed. Reg. 61538 (Sept. 6, 2016), Adjustment of Civil Monetary Penalties for Inflation; and 82 Fed. Reg. 9174, 9179 (Feb. 3, 2017), Annual Civil Monetary Penalties Inflation Adjustment.  


7 42 C.F.R. § 489.24(h).  

8 Quality Improvement Organization Manual Chapter 9, supra note 1.  

9 The objective of this article is to inform the health law community of an issue that has arisen in dealing with the CMS and the OIG regarding EMTALA enforcement. Nearly all the comments and representations made in the article, such as the one here, stem from my personal experience representing hospitals and physicians in EMTALA matters, conversing directly with CMS, OIG, and QIO personnel, or attending or participating in formal presentations by representatives of CMS, the OIG, or QIOs. I did not feel it would serve any useful purpose to name individual sources or identify the hospitals or physicians caught up in EMTALA enforcement actions.  

10 Exhibit 138, supra note 2.  

11 See supra note 9.  

12 Id.  

13 See CMS State Operations Manual, supra note 1, Emphasis added.  

14 See supra note 9.  


16 Id. Emphasis added.  

17 See supra note 15.  

18 See supra note 15.  

19 St. Anthony Hospital v. Dep’t of Health and Human Servs., 309 F.3d 680, 697 (10th Cir. 2002), Emphasis added.  

20 See supra note 9.  

21 42 C.F.R. § 489.24(i).  

22 Id.  

23 See supra note 7.  


26 Id.  

27 Id.  


29 Id.  


31 See supra note 9.  

32 42 C.F.R. § 489.24.  

33 42 U.S.C. § 1396dd.  

34 42 U.S.C. § 1396dd(d)(1).  


36 See supra note 9.  

37 Formal 60-Day QIO Review Hearing Letters from one of CMS’ contracted QIO Organizations to hospitals cited for violating EMTALA. Emphasis added. Copies are available from the author.
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The Intersection of Public Health and Healthcare in the 21st Century: Hot Topics and Practice Tips

Three-Part Series: August 8, September 26, October 16, 2018 (2:00-3:30 PM Eastern)

During the 20th century, the historic emphasis of public health on protecting populations from infectious disease and environmental threats expanded to include the prevention and reduction of chronic disease through behavior and lifestyle interventions. As we move forward into the 21st century, new challenges have emerged that have further expanded the work of those in public health, to highlight the critical intersection between public health and health care, and require new and innovative strategies and legal approaches.

For example, as we move into the next frontier in electronic health records, and as the nation moves away from the fee-for-service model, an understanding of the state and federal legal framework for improved interoperability and data sharing becomes critical. The expanded deployment of telecommunications, and remote diagnostic technology, have created more options for how individuals receive healthcare, requiring competency in the laws and legal frameworks supporting the growing field of telemedicine. And, the US is currently in the midst of a devastating opioid misuse epidemic that has resulted in the enactment of a complex set of federal and state laws.

CDC’s Public Health Law Program and the American Health Lawyers Association announce a 3-part series of webinars to explore three hot topics at the intersection of public health and health care law in the 21st century: data sharing, telemedicine, and the opioid crisis. The webinar series aims to provide updates on state and federal law, highlight trends and distinctions in state law, and each webinar will offer practical perspectives and tips for lawyers representing hospitals, public health departments, and other health system partners.

Part I: Interoperability and Data Sharing: Emerging Issues and Trends
This webinar will explore the recent national shift in focus from adoption of health information technology to interoperability and data sharing, and will highlight legal and enforcement initiatives aimed at the sharing of medical records. Speakers will offer perspectives on “interoperability” and “information blocking” as defined by the 21st Century Cures Act, and state law, and will discuss key data security areas that covered entities must consider as they implement new technologies.

Part II: Opioids and the Law: Trends in Federal and State Enforcement Initiatives
This webinar will discuss legal trends in addressing the opioid crisis, and explore how state, local, and tribal jurisdictions are responding to this issue by enacting a wide variety of laws related to prevention of opioid overdose and deaths. Speakers will also discuss current trends in opioid-related litigation, including recent suits filed by dozens of state, tribal, and local governments against opioid manufacturers. This program will also feature a discussion of new federal enforcement initiatives, including the formation of the Department of Justice’s Opioid Fraud and Detection Unit and the 2017 Health Care Fraud Take Down. Panelists will also highlight 2018 federal funding and other efforts aimed at reducing the drug supply, and demand of opioids, through prevention, treatment, and recovery, and the implications for the health care industry.

Part III: Telemedicine and the Law: Where are We Now?
This webinar will highlight the rapid growth of telemedicine over the past few years, in response to strides in technology, growing commercial insurance coverage, and a continued short supply of physicians. The heart of this program will be an exploration of the growth of federal and state laws related to telemedicine. Speakers will provide an overview of the trajectory of telemedicine-related laws, highlight the existing legal framework, and provide perspectives on what may be on the legislative front.

Panelists will also highlight innovative ways to structure telemedicine service arrangements to ensure compliance with traditional state and local health care laws.
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The term “millennial” has been used and overused so much that its true definition (although not its connotation) can be difficult to discern. Generally speaking, millennials are people born between 1981 and 1996. By 2020, millennials will comprise more than 33% of adult Americans; by 2025, as much as 75% of the United States workforce will include this generation. Accordingly, it is understandable why millennials seem to be garnering so much attention. Although the attention gained is not always positive. What millennials truly want and who they truly are has been the subject of several articles and surveys. According to the Forbes article, “Forbes Survey Reveals What Millennials Really Want,” millennials are optimistic, confident about their future earning potential, certain that the companies that employ them will grow, and thrive and welcome change. These characteristics are positive, certainly, but married to this description is a laundry list of negative stereotypes that accompany this generation. From the perspective of a young professional, the word Millennial brings with it an undesirable connotation more frequently than it does a positive one. However, based upon research and review of various articles and studies of the millennial generation, millennials differentiate themselves in three categories: preference of communication, perception of work-life balance, and receptiveness of feedback.

The previously referenced Forbes article cited that millennials communicate differently than prior generations. According to the article, “The best way to reach out to them [millennials] is through the Internet and social media.” Arguably, the best way to reach out to a Millennial (and likely any generation) is via their cell phone, upon which you can find the Internet and social media. Yes, statistics have shown Millennials spend great lengths of time on social media (namely, Twitter, Facebook, Instagram, etc.), but the medium should not be discredited. Millennials use what is available to them and a cell phone is just that. Unfortunately, the affection for the cell phone becomes misconstrued as an aversion to real face-to-face interaction, which is not the case. Millennials simply prefer the most expeditious route to a solution. Face-to-face communication is one option, and telecommunication is another, both of which are used by millennials. A millennial’s desire (at least this millennial’s desire) is to be constantly connected but have the freedom to disconnect at their discretion.

According to a survey performed by The University of Southern California and London Business School, the majority of millennials do not believe that excessive work demands are worth the personal sacrifice. That is, millennials have no desire to build a home inside their office and spend more time with their colleagues than their family and friends. Additionally, millennials are stereotyped to be compulsive job hoppers, having one foot in and out of the door, being needy, and always wanting something more. As a millennial who has stayed with the same firm since graduation from college (approximately six years), I disagree, wholeheartedly so. If any individual finds a job where they are valued and appreciated and encouraged (or pushed) to grow, they will stay and progress within that organization, rather than seek roles externally. But this is not unique to Millennials. What person desires a career of complacency? Place any individual in a mundane position that offers no prospects for development, and instincts will ring true. This person will leave, undoubtedly.

Lastly, Millennials are often viewed as un receptive to feedback, having little time for experienced colleagues and/or their input. Again, I disagree. As much as I expect feedback be given to me, I also want to ensure my feedback is heard. However, feedback has not become more or less important to any one generation. Feedback is critical and generally helps individuals and companies improve performance. Millennials are simply asking for the feedback to flow both directions. Regardless of one’s position in an organization, intern or C-suite, feedback is always needed and should always be heard.

In summary, every new generation comes with its own set of characteristics. Millennials will not be the only idiosyncratic generation. And while it is tempting for companies to reconcile change by trying to decipher the nuances, finding the common ground amongst a multi-generational work force might lead to improved understanding and better performance more quickly.

Kathryn Culver, CPA/ABV, AM, MBA, is a consulting manager within the valuation service line at PYA, a professional services firm serving clients in 50 states. She performs fair market valuations for physician practice groups, hospitals, and health systems, and evaluates compensation agreements between health facilities and physicians. In addition, Kathryn is a certified public accountant. She has presented for several organizations on topics such as health care valuation, practice valuation, and physician compensation planning, and has co-authored articles in various health care industry publications.
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Framework and Methodology: Advanced Risk Assessment Design

By Marcie Swenson, Healthicity

Risk assessment helps compliance leaders maximize the effectiveness of their compliance programs and risk mitigation efforts. Without conducting regular comprehensive risk assessments, compliance leaders are likely to overlook critical threats that require immediate attention, waste resources on risks with less severity or probability, and fail to implement proactive compliance activities due to missing critical data.¹

Framework

A risk assessment provides data necessary to prioritize risks, assign accountability, and ensure proper oversight for a compliance program. It also helps identify compliance gaps and weaknesses, detect necessary revisions in policies or procedures, ensure employees are educated properly, determine the need for audits or monitoring, and develop ethical standards for the organization. Further, the assessment can identify disconnects in communication channels and aid in the development of proper guidelines for internal sanctions and corrective action.² In addition, a risk assessment is a roadmap for compliance leadership to create a risk mitigation plan.³

The risk assessment framework represents a complete view of an organization’s compliance risk environment; it’s the way an organization structures relevant risks. When likened to house construction, a risk assessment framework is the house blueprint and determining risk categories is similar to choosing building materials and components that will be used to build the house.

Like a house blueprint, the framework generally represents the big picture or structure of the organization; uses taxonomy that works well with pertinent risks; embodies the risk assessment scope and breadth; and contains calculated and workable divisions.

First, consider how leaders want to organize and visualize the risk assessment. Common frameworks include multi-tiered divisions that allow for different levels of risk scrutiny. Framework utility is maximized when it facilitates high-level reviews and simultaneously enables detailed drill downs of individual risks.

Second, determine how to fit all applicable risks into the desired visual framework. An advanced framework brings together all relevant risks and categories of risks together into suitably organized logical divisions. For example, many auditing firms use the term “domain” for first-level divisions, “category” for second-level divisions, and “subcategory” for third-level divisions, before finally reaching the level of individual risks.

The point is to create a structure with an associated taxonomy that makes sense for the particular organization.⁴ Third, establish the scope of the risk assessment, including how comprehensive and detailed the assessment is; what capabilities are needed for proper drill-down; and boundaries, accounting for compliance risks.

Fourth, ascertain how individual risks fit within each level of the risk assessment framework. Consider categorizing risks into similar groups such as the organization structure or reporting structure, departments or clinical service type, controlling regulations or regulatory agency, or compliance staff oversight responsibilities.

Fifth, and finally, allow regular framework modifications. A solid framework doesn’t mean it has to be static.

Methodology

Methodology is the analysis of the principles or procedures of how an organization controls or mitigates risk and specifies the techniques that are used to conduct a risk assessment. A clearly developed methodology creates a guideline for the risk assessment process, future risk assessments, and risk mitigation.⁵

Advanced risk assessment methodology:

❯ contemplates both objective and subjective ways to assess risk;
❯ assesses inherent risks versus residual risk;
❯ features a scoring or ranking system;
❯ incorporates metrics for year-to-year comparisons;
❯ collects data relevant to assessing compliance based on government guidance;
❯ recognizes data sets common to all risks;
❯ delineates accountability;
❯ designates participants;
lverages relevant sources of data; institutes reoccurring frequency; and embraces process automation.

Methodology and approach should aim to elicit accurate and comprehensive information that results in data critical for successful risk prioritization and mitigation. Here are a few questions to ask when establishing methodology:

- What information is common among all risks?
- What risks require assessment of unique information?
- What tool will be used to obtain this information, provides a consistent comparability of differing risk categories/scores, and aids precise prioritization?
- What method of data collection will be used (surveys, interviews, existing data from continuous monitoring/auditing)?
- What tools and collection methods can be used year after year with minor updates or modifications?

The vast array of compliance risks facing health care organizations is complex. A comprehensive and truly effective risk assessment should start with a well-designed framework and employ a methodology that will ensure the usefulness of the collected data and safeguard the final outcomes.

Marcie Swenson, RN, JD, LLM, CHC, is a consultant for a wide range of clients including health systems, hospitals, physician clinics, emergency services, and hospital associations in Salt Lake City, UT. Prior to consulting, Marcie served as compliance officer for a large health system in the intermountain west and managed a sophisticated large-scale compliance program. She focuses her practice on regulatory compliance, physician and clinical services contracting, compliance program effectiveness, and compliance program workflow improvement.

**Endnotes**

2. U.S. Sentencing Guidelines Manual § 8B2.1(b)(5) and (c); cmt. § (b)(7)b) and (c).
4. Id.
5. Id.
Mentoring

A Message to Mentees

By Mary H. Richard, Phillips Murrah PC

“Forewarned is forearmed.” I adopted that as one of my guides. Nowhere is that more true than in the mentor selection process within AHLA. I want to share some thoughts with you to make your selection more likely to lead to a meaningful mentor relationship to help you along your path in this broad, ever-changing field we have chosen.

I am passionate about many things, including mentoring and AHLA. While I mentor within my state and community, the focus there is often on facilitating connections for young lawyers looking for a job or a career change. Within AHLA, mentors additionally provide a safe place to discuss difficult issues—both legal and human relations—as well as inspiration and support to other lawyers. We have the opportunity to help other health lawyers along their career path, and to learn from those mentees.

Yet, while AHLA members may share similar passions and goals, that is not a strong basis for selection. Rather, there is a bit of magic to being selected. Obviously you need to be as transparent as possible about your goals, areas of interest ("Mentoring Topics"), and your member profile. As much information as you can share is important because you never know what it is that will draw a potential mentor to you. For example, in addition to substantive areas of health law of interest to me, I am interested in supporting young women balancing commitments to family, profession, and community. In reviewing recent mentee applications, I found that I connected with those who provided enough information so that I could connect with them, such as the young mother on the partnership track who still worked to contribute to her community and another who had recently moved from an in-house position to private practice (as I did). Some of those who did not provide enough information in their profiles left me without a basis for connecting with them. I even suggested to some that they revise their profiles to tell their story and state their objectives more clearly.

In the spirit of wishing you the most satisfying, helpful, and inspiring mentor-mentee relationship, I will distill my thoughts down to the following messages of motivation:

Your story is interesting so tell enough of it—education, family, job path, current position. Let prospective mentors get to know you a bit.

Share your professional dreams, goals, objectives. Readers won’t know if they can be proper mentors without this information. Allow a prospective mentor to properly select you as his or her mentee based upon your objectives and common or complementary skill sets. You may also create a connection via disparate experiences and different skill sets, so pique the prospective mentor’s curiosity with sufficient information to determine if you two are a match.

If you want someone to provide feedback about a specific area, such as interfacing with the FBI or handling OIG investigations, or if you want your mentor to assist you in connecting within AHLA, be sure to mention those goals.

You must sell yourself truthfully, so don’t despair if it takes some time to connect with just the right mentor.

Finally, once connected to a Mentor, engage with that Mentor. AHLA recommends quarterly contact as a minimum. The responsibilities to create a meaningful relationship belong to both parties, as do the benefits of the relationship. Mentoring is a two-way street, and you will get out of it what you put into it, but it will be much less effective and satisfying—for both mentor and mentee—if you fail to provide sufficient information upon which to base the relationship.

Mary H. Richard (mhrichard@phillipsmurrah.com) has a law degree from George Washington University and a masters degree in public health administration from the Oklahoma Health Sciences Center. She began her career in ambulatory care, health services research, and health management consulting at the Texas Medical Center. She has practiced health law in private practice settings and as in house counsel for the INTEGRIS Health system. While at INTEGRIS she provided legal counsel on issues regarding behavioral health services, hospital operations, clinical research activities, and a variety of other topics in a number of facilities throughout the system. She is active in AHLA and is part of the AHLA Behavioral Task Force leadership. She served as subcommittee co-chair of the Providers/Clinicians subcommittee, Vice Chair of Publications, Vice Chair of Strategic Planning and Special Projects, and is currently Vice Chair of Membership. She continues to be active in the AHLA mentoring program by mentoring six young professionals and is an active mentor to lawyers in Oklahoma interested in health law. Mary is also a proud member of the Choctaw Nation of Oklahoma. Her grandfather was one of the first lawyers in Indian Territory.
Thank you to our AHLA Day 2018 sponsors for their generous support.
AHLA Day Recap

AHLA Day, which took place on April 19, was a day for members to celebrate their connection to the association. Members shared why they belonged and invited others to join. They expanded their professional network. They got involved and helped their colleagues become more engaged.

AHLA staff and leaders hosted events in Nashville, DC, Chicago, and Atlanta. We had almost 400 people sign up to join us at one of these four receptions. There were current and past leaders, members and non-members, experienced attorneys, new associates, law students, and health care consultants in attendance. Everyone who attended enjoyed sharing part of their day with new and old AHLA friends.

AHLA leaders in seven other cities across the country hosted events as well. Hundreds of members came together at events across the country to celebrate the value AHLA brings to their careers. AHLA is fortunate to have so much support and involvement from our leaders and members.

“As a young professional, I specifically appreciated the diversity in demographics at the Nashville event. Specifically, there were senior staff, managers, and principal level individuals present which allowed for a vast array of networking.”

Kathryn Culver
PYA

“AHLA Day in Nashville was a smashing success. It was great to see so many old friends, and meet new ones among the very diverse attendees. It was especially gratifying to see many lawyers with non-traditional health care practices, as well as our colleagues in the consulting arena in attendance. The venue was fabulous, and the beverages and food options rocked (can you say “Nashville Hot Chicken??!!”) Val and the AHLA Staff really did a phenomenal job. Can’t wait to do it again next year!”

Marc Goldstone
Vice President and Associate General Counsel
CHSPSC LLC
“Joining AHLA as a young attorney gave me innumerable opportunities to connect with my peers and with heavyweights in health care law and policy. Now, I can go to events like AHLA Day and pay it forward by introducing new health care practitioners to great professionals who can mentor them throughout their careers as well.”

Stephanie Willis
Crowell and Moring LLP

“I want to acknowledge what an important part of my professional and personal life my 30+ years as a member of AHLA and its predecessor has meant to me. I have met countless health lawyers from across the country and have made a number of very dear friends who I would do anything for and who I know would do anything for me. We have shared wine, laughter, and good food in more venues than I care to remember, and our tears as well when the roller coaster we call life goes down an especially steep decline. AHLA is not just about the professional connections and knowledge that we all benefit from, but also, at least for me, the people we meet and the lifelong friends we make. I can’t wait until the annual meeting in Chicago to see many of them again.”

Gordon Apple
Law Offices of Gordon J. Apple PC
Dentons announced the promotion of Susan Banks to partner. Ms. Banks works in Health Care.

Barclay Damon announced partner Melissa M. Zambri has been elected managing director of the firm’s Albany office. In this role, she also will join Barclay Damon’s Management Committee, the firm’s governing body. In addition to Albany, Ms. Zambri will oversee the firm’s Boston and Washington, DC offices.

Firm News

Gjerset & Lorenz LLP has elected Catherine Kirkland, James Lindsey, and Baxter Morgan as partners. Gjerset & Lorenz LLP is dedicated to the representation of health care providers.

Author Thanks

AHLA would like to thank Robert S. Salcido for writing False Claims Act & the Health Care Industry: Counseling & Litigation, Third Edition. This new edition has been prepared in response to False Claims Act (FCA) amendments, the surge of false claims litigation and recoveries, and the rapidly developing case law. It is intended to help health care lawyers, accountants, executives, and other professionals assess a company’s potential exposure to false claims liability and reform company practices to reduce the risk of liability by providing a comprehensive analysis of the FCA and its interpretation. For more information, visit www.lexisnexis.com/ahla.


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Volunteer Opportunities

The Compliance Corner has been out for a year now! Compliance professionals are needed to write articles of 750 words or less focusing on advanced issues in the practice of compliance. Articles should discuss nuances or best practices in compliance rather than cover a specific regulatory issue or an introductory topic. In addition, if there are topics that would enhance your compliance practice that you would like to see in AHLA Connections, send us your topics, or if you want to write, but need a topic, we would like to hear from you. AHLA is not just for lawyers! Please email compliance@healthlawyers.org with interest.

The Payers, Plans, and Managed Care (PPMC) PG seeks volunteers to join its alert and bulletin author roster. Volunteers will be assigned one month during the year where they assist the PPMC PG publications team to identify topical content and author short pieces for dissemination to the PPMC PG’s membership. This is a great way to get to know about the PG, including its work and leadership, and to contribute to writing about topics of interest. The time commitment is approximately 10 hours during the month assigned to a specific volunteer. The deadline for submitting interest in this opportunity is June 30, 2018.

The Physician Organizations (PO) PG seeks volunteers to assist with (1) updating the PG’s legal toolkit for diagnostic tests and/or (2) discussing with the PO PG leadership and AHLA Publishing staff if there is a need for a new toolkit that the PG should develop and help do so. A toolkit is a collection of content offerings accessible from a single webpage. The time commitment required for (1) or (2) is estimated to be a few hours each month. The deadline for submitting interest in this opportunity is June 30, 2018.

Visit the Volunteer section on AHLA’s website to submit your interest, or learn more about these and other opportunities at www.healthlawyers.org/Volunteer.
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Alabama

Birmingham, AL: Health Care Associate, Bradley Arant Boult Cummings LLP. The Health Care Practice Group seeks to add an associate in our Birmingham office with one to six years of experience in health care law. The group would also be willing to consider training an associate with no experience in this area. For experienced associates, the group is looking for an associate experienced in the traditional areas of health care law, such as the Anti-Kickback Statute, the Stark law, privacy laws, and other statutes. The associate would be expected to assist in connection with the analysis of regulatory issues, the performance of due diligence, and the support of transactions. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

California

Foster City, CA: Corporate Counsel - Transactional, Licensing, and Contracts, Gilead Sciences, Inc. The Legal Corporate Group at Gilead seeks a life sciences transactional attorney who thrives in a high-volume, fast-paced, high-performing, and collaborative corporate environment to join its team. Responsibilities will include: being the primary point of contact on legal contracts issues for one or more Gilead departments; drafting and negotiating contracts and other legal documents in support of a broad range of client groups, which may include R&D, Medical Affairs, and Commercial Operations; and working closely with the existing Corporate Legal team and the Corporate Development and Alliance Management operations to support strategic transactions and ongoing alliances as needed. Juris Doctorate from a nationally recognized law school; Admitted to practice (preferably in California); BS in life sciences or related field preferred; At least six years in a law firm and/or in-house advising on, drafting, and negotiating agreements, including significant experience with transactions in the biotechnology or pharmaceutical industry advising clients on both business and legal issues. To apply, visit http://apptkr.com/1206060.

Sacramento, CA: Counsel, Reimbursement, Sutter Health. The Counsel assists the Assistant General Counsel, General Counsel, other more senior attorneys, and members of Sutter Health and Affiliate management by providing legal advice and counsel on relationships between providers and payers of health care services. The primary area of focus will be state and federal health care programs, including Medicare, Medicare Advantage, and Medicaid. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

West Los Angeles, CA: (Relocation Assistance Available) Hospital Operations Counsel, Prospect Medical Holdings, Inc. Major, Lindsey & Africa has been exclusively retained by Prospect Medical Holdings, Inc. to conduct a search for a Hospital Operations Counsel. Prospect owns and operates 20 hospitals, with approximately 3,800 licensed beds, as well as clinics and outpatient centers, and has approximately 20,000 employees. Prospect also manages the provision of health care services for members enrolled in its networks. This role reports to the AGC, Hospital Operations, and will have primary responsibility in supporting the day-to-day operation of Prospect’s California and Texas hospitals. The successful candidate will have at least five years of legal experience, the majority of which is in Hospital Operations, along with a working knowledge of federal and state health care regulations, Stark, Anti-Kickback, and fraud and abuse laws. Prior experience working for hospitals, or hospital systems in-house, or working with hospital clients in private practice, is required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

West Los Angeles, CA: (Relocation Assistance Available) Labor Counsel, Prospect Medical Holdings, Inc. Major, Lindsey & Africa has been exclusively retained by Prospect Medical Holdings, Inc. to conduct a search for a Labor Counsel, to be based out of its West Los Angeles, CA headquarters. Prospect owns and operates 20 hospitals, with approximately 3,800 licensed beds, as well as clinics and outpatient centers, and has approximately 20,000 employees. Prospect also manages the provision of health care services for members enrolled in its networks. Prospect seeks a Labor Counsel who can support the management of the company’s relationships with the various hospital unions, including SEIU, CNA, UNAP, PASNAP, etc. The position will report to the General Counsel, with a dotted line to the Chief Human Resources Officer, and will work closely with the directors of labor relations and interface with operators, finance, and human resources executives. Collective bargaining negotiation and NLRB experience is required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Colorado

Denver, CO: Corporate Health Care Paralegal, Husch Blackwell LLP. Immediate opening for a Corporate Paralegal in the Health Care, Life Sciences & Education Unit, in Denver. Scope of Responsibilities: Provide assistance to attorneys in drafting corporate documents, filing documents with state and federal agencies, performing various public searches, performing duties associated with licensure and certification, providing support for mergers and acquisitions, and overall client service. A general understanding of corporate and securities law, and the health care provider’s interaction and relationship with Medicare and Medicaid, will be beneficial. In addition, proficiency in Excel will be beneficial. The person in this role must be self-motivated, detail oriented, have the ability to handle sensitive, confidential matters, and exercise sound discretion and judgment. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

ADDITIONAL LISTINGS: May be found in our National Job Bank. Go to: www.healthlawyers.org/jobbank. DEADLINES: Space reservations, copy, and payment are due on the 5th of the month prior to publishing. Copy for classifieds and contact information should be emailed in basic text format to hclclassifieds@networkmediapartners.com. Payment information should also be included in the email. For a copy of our media kit or for information on pricing, visit www.ahla-mediatracker.com or contact Kayrn Kessler, Network Media Partners, (410) 584-1938, kkessler@networkmediapartners.com.
Denver, CO: Mgr./Sr. Mgr. Compliance
Regulatory Anti-Kickback, DaVita, Inc.
This position will provide compliance guidance and support to the Company on compliance related matters, including but not limited to, federal and state fraud and abuse laws and other health care regulatory laws that arise in the context of outpatient dialysis centers and related businesses. This position will liaise between business clients, legal and compliance, to ensure fraud and abuse risk is low, as it relates to DaVita’s agreements with referral sources. The ability to assess compliance risk, while analyzing facts and circumstances outside of the four corners of an agreement, is highly desirable. BS required; JD preferred; Substantial knowledge of health care fraud and abuse laws and regulations, including the Anti-Kickback Statute; Strong analytical skills and attention to detail; Excellent communication skills, both written and oral; Ability to manage several matters at one time in a fast-paced environment; High degree of maturity and professionalism; Working knowledge of Microsoft Word, Outlook, PowerPoint, and Excel; One to three years of legal/compliance experience preferred. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Denver, CO: Director, Assistant General Counsel - SBIs, DaVita, Inc. Candidate will be responsible for assisting DaVita Strategic Business Initiatives (SBIs) lead attorneys with administering the legal and compliance due diligence process for SBI health care transactions. In addition, this position will also support DaVita Hospital Services Group with day to day legal support. This position will report directly to the VP, Associate General Counsel - SBIs. This position requires strong organizational, strategic, analytical, and critical thinking skills. Assist with administration of the SBI Referral Source Arrangement Review process; Provide day to day legal support to the DaVita Hospital Services Group operations, including contract negotiation and management; Partner with, and advise, Team Quest (compliance), in support of the Referral Source; Arrangement Review process and the enterprise Referral Source Arrangement review process; Organize, advise, and execute on special initiatives, as directed. Professional qualifications: Bachelor’s degree in related field; Law degree required; Minimum eight-ten years’ related experience. Strong command of PowerPoint, Excel, and Word. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

District of Columbia

Washington, DC: Legal and Policy Counsel, 340B Health. 340B Health has an immediate opening for a Legal and Policy Counsel at our growing nonprofit health care trade association. This position reports directly to the Senior Vice President of Legal and Advocacy, 340B Health is recruiting a candidate to assist with regulatory, legal, and legislative advocacy in the area of health policy and drug pricing, particularly with regard to the 340B program. This candidate will provide education to member hospitals on compliance and pharmacy operations, assist with drafting of regulatory and legislative advocacy materials, and provide critical input on research and policy development. Candidate should have at least three to five years of health policy and/or direct legal experience, relating to best price, AMP, ASP, or government price reporting; Juris Doctor (JD) degree required. Please email a cover letter and resume to resumes@340BHealth.org or fax them to the Administrator at 202-552-5868. Please state the starting date of your availability, your salary requirements, and how you learned about this position.

Washington, DC: Contract Review Specialist, Children’s National Health System. As Contract Review Specialist, you will assist in managing contract reviews for the entire organization and its affiliates. We are looking for a talented individual who will review the terms and conditions of operational contracts, create template forms of agreements, and have knowledge of the contract management and administration process. Duties: Document and Contract Support; Support the Children’s National legal team in providing training to internal clients on relevant legal issues/good contracting practice; Utilize project management skills to implement process improvement for the contract process; Communicate and perform cross functionality by working closely with legal, purchasing, grants and contracts, finance, and other business functions. Qualifications: Paralegal Certificate or Juris Doctorate (bar admission is not a requirement). We offer a competitive salary and benefits package. Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities. To apply for this position, learn about this position.

Washington, DC: Program Manager, Enterprise Risk Management, Children’s National Health System. As the nation’s children’s hospital, the mission of Children’s National Health System (CNHS) is to excel in Care, Advocacy, Research, and Education. We accomplish this through: Providing a quality health care experience for our patients and families; Improving health outcomes for children regionally, nationally, and internationally; Leading the creation of innovative solutions to pediatric health challenges. The Program Manager, ERM, assumes responsibility for...
the day to day management of enterprise risk management and enterprise risk data analysis activities of the organization. Responsibilities: Run the organization’s annual risk assessment, including the collection of data supporting risk assessment metrics and the maintenance of the ERM dashboard; Classify and code ERM events; Implement education on enterprise risk issues throughout the organization; Staff the Enterprise Risk Management Committee meetings; Integrate data from incidents into staff training; Conduct CCA analysis on all ERM events and use the CCA data to drive enterprise risk management activities of the organization. Qualifications: Master’s Degree, with an Emphasis in Enterprise Risk Management; Five years of related and progressive experience (Banking and Finance experience preferred); Health care finance background; Internal audit/accounting experience; Knowledge of high reliability business practices; Extensive and advanced knowledge of enterprise risk and data analysis, focusing on human factors and high reliability; CRMP Required (PMP preferred). We offer a competitive salary and benefits package. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Washington, DC: Associate General Counsel Health Sciences, Howard University. To provide legal assistance on legal matters related to the education and training of health professionals, Health Sciences’ research activities, and the provision of health care, including operational issues, patient care issues, state and federal statutory and regulatory matters, including compliance with Medicare and Medicaid rules and regulations, and business and contractual matters. Responsible for supervision of staff, as delegated by the Deputy General Counsel for Health Sciences, and providing supervision for one or more functions within a department. Formally plans, assigns, directs, and coordinates the work of these functions. Typically responsible for performing some non-supervisory duties, in addition to supervisory responsibilities. May perform staff evaluations and make recommendations regarding pay and/or performance. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Washington, DC: Health Associate, Mintz Levin. We are looking for an associate with four to five years of health law/health care industry knowledge and transactional experience to join our Health Law Practice in the Washington, DC office. Mintz Levin represents for-profit and nonprofit, domestic and international companies, in connection with a wide variety of matters. Clients span the full spectrum of the health care industry, including hospital systems, managed care organizations, laboratories, long-term care providers, behavioral health companies, pharmaceutical and medical device manufacturers, retail pharmacies, and pharmacy benefit managers. Candidates must possess a strong academic background and strong writing, contract drafting, and interpersonal skills, and a commitment to client service. Experience researching, analyzing, and advising on Medicaid and Medicare A, B, C, and/or D requirements, as well as state and federal fraud and abuse laws (e.g., the Anti-Kickback Statute, the Stark Law, the False Claims Act, similar state laws) is required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Florida
Gainesville, FL: Assistant Director, Employee Relations. The University of Florida currently seeks an Assistant Director for Employee Relations to oversee all aspects of the UFHR Employee Relations Health Science Center Satellite Office. The position is responsible for the overall planning, coordination, and effective operation of the HSC Satellite Office. The University of Florida is an equal opportunity institution, dedicated to building a broadly diverse and inclusive faculty and staff. Apply at http://ufl.to/ademprel.

Tampa, FL: Attorney, Shriners Hospitals for Children. The Attorney will serve as a transactional Attorney, with background/experience in health care technology and general business transactions, including contracts, procurement, facilities/construction, and real estate. The Attorney will draft, review, and negotiate contractual documents to achieve acceptable risk levels, in accordance with internal approval processes, including complex technology transactions involving digital health, cybersecurity, telehealth, software licensing, data analytics services, cloud hosting services, and will have knowledge and expertise on the legal framework required to ensure data privacy and data security in a multi-state, international pediatric nonprofit health care system. In addition, the Attorney will be responsible for representing/protecting Shriners Hospitals for Children’s interests in the preparation and administration
of major contracts and major system projects, including digital health platforms, technology software and hardware contracts, medical equipment and service contracts, and national system projects and contracts, for the purchase of goods and services throughout the health care system. In the area of real property, review for execution of mineral and farm leases, review and updating of real estate titles and policies of all hospital properties, general back-up for real estate and development transactions, as well construction contracts for space reutilization and renovation. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**Illinois**

**Champaign-Urbana, IL:** Vice President, Chief Compliance and Risk Officer, Health Alliance. The Vice President, Chief Compliance and Risk Officer, will have responsibility for the overall success of the Compliance and Enterprise Risk Management departments, including the development of new protocols and processes, direct oversight of all compliance and risk related programs, as well as the internal auditing and monitoring of the organization’s activities. Minimum five years of experience working with health plan compliance, enterprise risk management, governmental relations, regulatory/legislative research, and regulatory contact; Master’s degree in related field; Knowledge of state and federal insurance laws and regulations (ERISA, HIPAA, and Medicare); Knowledge of FWA and coding compliance; Knowledge of pharmacy compliance requirements. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**Chicago, IL:** Assistant General Counsel-PBM, Diplomat Pharmacy. The Assistant General Counsel will work closely with senior business leaders to assist the Company in meeting its business goals, while protecting the Company from legal risks. The primary focus for this role is to assume responsibility for client, network pharmacy, and other PBM-related contracts. This will include working with the legal department paralegals to efficiently respond to the Company’s high-volume contractual needs. In addition, the Assistant General Counsel will respond to regulatory and legal questions regarding PBM, pharmaceutical and pharmacy regulatory questions, and will assume responsibility for Company projects, as assigned by the General Counsel. The Assistant General Counsel is expected to be responsive to the business leaders and work with them collaboratively to meet business needs, while understanding and educating the leaders on the legal restrictions and risks inherent in a regulated business. Juris Doctor Degree and a member in good standing of a state bar required. Ten plus years of progressive legal experience in the health care industry required and a combination of law firm and in-house counsel preferred. Prior experience with complex PBM matters or prior in-house PBM experience preferred. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**Chicago, IL:** Compliance Audit Manager, R1 RCM. The Compliance Audit Manager will be responsible for managing a variety of operational audit projects over a highly complex and regulated health care environment throughout the complete audit cycle, from planning through reporting. This position will work closely with R1’s Vice President of Regulatory Compliance & Audit and R1’s Director of Compliance Audit, in partnership with R1’s operational management, to understand and anticipate operational and compliance issues and risks and to determine proactive risk mitigation efforts. In this role, the successful candidate will support R1’s comprehensive strategy and growth plans to ensure that the company exhibits and maintains a robust and proactive compliance program. A bachelor’s or master’s degree in accounting or finance from an accredited college or university; Five plus years of health care audit or related experience and an understanding of general audit procedures and internal controls; Advanced audit skills, including an understanding and appreciation for IT, including how it affects controls and can be used within the audit process. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**Lincolnshire, IL:** In-House Counsel, iRhythm Technologies. iRhythm is a leading digital health care company, focused on the way cardiac arrhythmias are clinically diagnosed, by combining our wearable biosensing technology with powerful cloud-based data analytics and machine-learning capabilities. Our goal is to be the leading provider of first-line ambulatory ECG monitoring for patients at risk for arrhythmias. iRhythm’s continuous ambulatory monitoring has already put over 1 million patients and their doctors on a shorter path to what they both need – answers. Our internal legal team is looking for an experienced, professional In-House Attorney in our Lincolnshire, IL location. Support for the sales organization. Generate template contracts, redline and negotiate them, and address all issues raised by sales. Perform legal research and writing on issues related to federal and state law, such as HIPAA, fraud and abuse, no surprise bill laws, and billing. Assist with the Company’s Open Payments program, ensuring timely annual reporting, education of staff, and maintenance of relationships with related vendors. Assist Legal Counsel with review, analysis, redlining, and negotiation of contracts (business, customer, research, etc.). Assist with the Company’s corporate compliance program. Redlining and negotiation of software license agreements. About you: You are an attorney admitted to the IL bar, with health law and medical device knowledge and experience. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**Springfield, IL:** Division Corporate Counsel, HSHS Central Illinois Division. Provides legal services, manages relationships with outside counsel, conducts legal research, advises management on various legal topics, negotiates transactions, and drafts a wide variety of contracts and other legal documents, as well as implements legal and regulatory policy and practice. Two years’ Law experience required; Health Law experience highly preferred. Medical and Prescription Drug Coverage, Dental and Vision Insurance, Flexible Spending Accounts for Health and Dependent Care, Short- and Long-Term Disability Coverage, 23 days of Paid Time off, Education Assistance, Anytime Care,
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Pension Plan, 403(b) Retirement Savings Plan. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Iowa

West Des Moines, IA: Compliance, Audit and Privacy Officer, Lifespace Communities Inc. Lifespace Communities is currently looking for a Compliance, Audit and Privacy Officer. This is a brand-new role, and candidates will reside in the West Des Moines, Iowa home office. This is a new role for Lifespace and will require a candidate to have senior living health care regulatory experience. Relocation would also be provided, if the selected candidate does not reside in Iowa. The Compliance, Audit and Privacy Officer (CAPO) will be responsible for strategy, design, and implementation, and will uphold a Lifespace Communities wide compliance and audit program. The CAPO is the architect and steward of enterprise compliance strategy, structure, and process, and establishes the standards for the compliance and audit program. Bachelor’s degree from an accredited college or university in related field required. Advanced degree, such as a JD or Master’s degree in related field, is strongly preferred. Knowledge of senior living or health care regulatory standards required. A minimum of five years’ senior living or health care industry experience required. At least two years of conducting compliance-related investigations required. Working knowledge of government rules and regulations and trends driving senior living or health care required. Knowledge and experience in corporate compliance programs and requirements. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Maryland

Baltimore, MD: Counsel, Risk Management, Johns Hopkins Hospital. Johns Hopkins Hospital seeks a Counsel for Risk Management to join our team. This role provides legal advice and assists the Senior Counsel for Risk Management in the identification, tracking, and trending of significant clinical issues, and in the investigation of adverse patient outcomes, in anticipation of litigation. S/He provides legal advice regarding patient care and other health care related matters, and drafts legal memoranda, analyzes health care legal issues, and drafts behavioral contracts, etc. S/He also assists with drafting health care related legislation and supports the Hopkins Legislative team. Requirements: Juris Doctorate from an accredited law school; Member in good standing of a state bar, preferably Maryland. CPHRM preferred; Minimum of five years’ risk management experience, preferably in an academic health care facility; Clinical knowledge or experience preferred. Application Information: For the complete description, and to apply, please visit: http://wwwjobs.hopkinsmedicine.org/riskman.

Massachusetts

Newton, MA: Associate General Counsel (Health Care Regulatory Affairs & Privacy), Five Star Senior Living Inc. The Associate General Counsel (Health Care Regulatory Affairs & Privacy) will oversee health care regulatory and privacy matters in connection with Five Star Senior Living’s more than 280 senior living communities and rehabilitation and wellness clinics nationwide. The Associate General Counsel (Health Care Regulatory Affairs & Privacy) will work closely with operations, IT, accounting, Five Star Senior Living’s communities, in addition to the Legal and Compliance teams, in connection with these matters, and reports to the Deputy General Counsel. Experience & Licensure: Education: JD required. Experience: Four to seven years’ health care regulatory and HIPAA/privacy experience in a mid-size to large law firm or in-house. In-house legal experience and advising post-acute or long-term care organizations is a significant advantage. A working knowledge of Managed Care and Accountable Care Organizations is a plus. Licensure: Member in good standing of the Massachusetts Bar or the ability to waive into the Bar of The Commonwealth of Massachusetts required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Michigan

Southfield, MI: Health Care Associate Attorney, Seyburn Kahn PC. Seyburn Kahn PC seeks an associate to join our Health Care Group. The right candidate will have a minimum of two years’ experience handling transactional matters for health care clients, including exposure to joint ventures, billing audits, compliance program and risk management projects, corporate transactions, employment agreements, and more. A strong understanding of health care compliance, including regulatory compliance, fraud and abuse, Stark, hospital-physician relationships, state licensing, and HIPAA is also required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”
Minnesota

Minneapolis, MN: Health Care Associate, Ballard Spahr LLP. Ballard Spahr LLP seeks a lawyer with at least two years of experience in regulatory/transactional health law to join our Business & Finance Department in Minneapolis, Minnesota. Successful candidates will have knowledge of federal and state health care laws and regulations. Outstanding academic credentials and excellent oral and written communication are required. Attorneys in our growing health care practice serve as counsel to nonprofit and for-profit health care providers, including hospitals, skilled nursing facilities, dental practices, pharmacies, physician practices, and clinical labs, as well as represent medical schools, medical plans, third-party payers, and other health care related providers and businesses. Active bar in MN is preferred. Our Business & Finance Department has a regional and national practice involving public and private companies and nonprofit organizations. Our clients include companies engaged in technology, manufacturing, and service functions; pharmaceutical, energy, telecommunications, and software, as well as financial institutions; investment companies; sports and other franchises; public utilities; and hospitals and health services. Ballard Spahr is committed to ensuring diversity in its workplace, and candidates from diverse backgrounds are strongly encouraged to apply. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Rochester, MN: Contract Manager, Mayo Clinic. The Contract Manager is responsible for contract development, review, analysis, and negotiation for complex contract arrangements across all of Mayo. They ensure contract compliance with current laws/regulations and Mayo’s policies, procedures, and practice, manage contract negotiations between Mayo and external professionals, which includes resolving conflicting interests and objectives, assist in the development of negotiation strategies, identify areas of contract risk, offer alternatives for management of such risk, and provide consultation and guidance to administrators and other parties internally, throughout the entire Mayo system, and externally with respect to contract matters. They also work independently in management of many simultaneous contract negotiations and perform other miscellaneous responsibilities and special projects as requested. Additional duties of the Contract Manager may vary based on department needs, and may include, but are not limited to, business/corporate/transactional work, health law, employment, litigation, process improvement initiatives, and website design, maintenance, and management. The position will be based in Rochester, but must have the ability to travel and work in multiple locations within the Mayo Clinic system. Qualified candidates hold a bachelor’s degree, preferably in business or law, with a minimum of five years of related experience in contract management/negotiations. A JD degree may be substituted for required experience. Health care or clinical trial research exposure is preferred. Demonstrated leadership and supervisory experience required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Mississippi

Jackson, MS: Associate General Counsel, University of Mississippi Medical Center. The successful candidate’s primary responsibility will be to provide legal advice and assistance to the executive leadership team for UMMC’s clinical enterprise on all legal aspects of health care delivery, organization, and corporate structure, and general health care regulatory matters, including, but not limited to, hospital operations, physician practice, clinical affiliations and networks, payer relationships, and research. Candidates should have significant experience advising on the federal Stark law, the federal Anti-Kickback Statute, the False Claims Act, Mississippi health care fraud and abuse laws, HIPAA/HITECH, certificate of need and state licensure, antitrust laws, and CMS regulatory issues. Transactional experience working with other systems and providers, such as mergers, acquisitions, joint ventures, affiliations, and other contractual matters, including professional services, recruitment, and employment agreements, is preferred. Applicants must hold a JD from an ABA-accredited law school and membership in good standing with the Mississippi Bar or licensure in good standing in another state on the date of initial employment, and must obtain a license to practice law in Mississippi within one year of employment. Interested individuals should apply at https://careers. umc.edu/applicants/Central?quickFind=99854.

Missouri

Columbia, MO: Health Care Attorney, University of Missouri System Office of General Counsel. The University of Missouri System, located in Columbia, Missouri, seeks one or more qualified applicants for the position of health care attorney in the Office of the General Counsel. This position will be based in the Office of General Counsel in Columbia, Missouri and will report directly to the General Counsel. The health care attorney will work, as part of the team of attorneys, advising the University’s health care operations and academic enterprise. The attorney will be generally responsible for providing day to day advice on a variety of health law issues. Such matters will specifically include reviewing and drafting managed care agreements, professional service agreements and supply contracts, business transactions related to health care facilities, survey, certification, and licensing requirements for health care facilities, professional licensing, controlled substance regulations, credentialing and medical staff matters, reimbursement rules, privacy and security issues, academic accreditation, and other regulatory and compliance requirements. The attorney will also have other responsibilities as assigned by the General Counsel. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

New Jersey

Marlton, NJ: Health Care Regulatory Attorney, Virtua Health. Virtua Health, the largest health care system in southern New Jersey, seeks a Health Care Regulatory Attorney with seven to ten years of substantive experience in providing health care regulatory and compliance advice and counsel. This high-profile role will, among other things, provide legal support in health care regulatory matters and transactions to Virtua’s hospitals, employed physicians network, compliance department, and joint ventures. Law firm and in-depth experience in advising clients on Fraud
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and Abuse, Stark, Medicare reimbursement, hospital-physician relationships, physician compensation arrangements, and provider-payer relationships required. This Assistant General Counsel position reports to Virtua’s General Counsel and will be aligned to work directly with Virtua leaders to provide effective legal support. Candidates must be licensed in NJ, a member of good standing in a U.S. State Bar, without disciplinary history, and with no encumbrances to being licensed to practice law in NJ. Applications will not be accepted by email. To apply for this position, visit www.virtua.org.

West Orange, NJ: Health Care Generalist/Contracting Attorney, RWJBarnabas Health. RWJBarnabas Health is the most comprehensive health care delivery system in New Jersey, treating over 3 million patients a year. The system includes 11 acute care hospitals, three acute care children’s hospitals, and a leading pediatric rehabilitation hospital (Children’s Specialized Hospital). RWJBarnabas Health is New Jersey’s second largest private employer, with more than 32,000 employees, 9,000 physicians, and 1,000 residents and interns. The successful applicant will: Review, negotiate, draft, and provide legal advice on contracts and topics from a wide range of disciplines within the System, including Supply Chain, clinical research, financial transactions, information technology, real estate and equipment leases, construction agreements, and other commercial transactions and contracts. Experience with information technology contracts is preferred; in consultation with the General Counsel and Supply Chain, develop innovative procedures and protocols to streamline the System’s contracting function; Counsel on a broad range of general health care topics, and where required, provide support and assistance to the physician contracting function; Experience in a health care law firm or department is preferred but not required. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

New York

Buffalo, NY: Associate General Counsel, Roswell Park Comprehensive Cancer Center. The Associate General Counsel takes assignment of specific legal tasks from Chief Administrative Officer and General Counsel and Deputy General Counsel and either reports back to him/her or directly to the department, manager, or executive. Involved in the matter. Applicants must have a JD degree from an accredited U.S. law school and be admitted to practice law by the State of New York Bar. In addition, applicants must have three years of full-time responsible private practice or in-house legal experience dealing with health care provider legal issues, which include primary emphasis on regulatory contract and general corporate matters, business transactions and contracts, and exposure to regulatory compliance. Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment, with compensation. If such information has been requested from you before such time, please contact the Governor’s Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov. Interested applicants can apply by referencing posting #5760 to www.roswellpark.org/careers/apply-online.

New York, NY: Health Care Transactional/Regulatory - Sr. Associate/Special Counsel, Duane Morris LLP. Duane Morris LLP seeks a health care senior associate or special counsel with seven plus years of experience to join its Health Law Practice Group in New York. The ideal candidate should have a strong health care regulatory background, with experience in provider licensure, Medicare and Medicaid reimbursement, and conditions of participation, anti-kickback laws, self-referral laws, and HIPAA. A strong background in fraud and abuse work, and experience with corporate and transactional matters for health care providers, is preferred. The candidate should have demonstrated interest and experience in practicing health law and should possess strong self-starter credentials with good writing, communication, and client relations skills. Admission to NY is required. EOE/AA/M/F/D/V.

New York, NY: Associate, Winston & Strawn LLP. Winston & Strawn LLP seeks a health care associate with at least four years of experience handling corporate transactions and regulatory matters in the health care industry to join its New York office. Law firm experience and in-depth understanding of regulatory issues affecting transactions required, including but not limited to: Fraud and Abuse, Stark, Medicare/Medicaid reimbursement, licensure and provider number change of ownership, health care professional-MSO relationships, physician compensation structures, and provider-payer relationships. The position offers the opportunity to work on a wide variety of corporate transactions and regulatory matters, involving private equity firms investing in the health care industry, financial firms financing health care investments, and health care organizations, including health care systems, hospitals, long-term and post-acute care providers,
physician organizations, and other health care related businesses. Applicants must be admitted to the New York Bar. Please apply directly, through Winston’s online portal, at www.winston.com.

Ohio
Cincinnati, OH: Health Care Associate, Dinsmore & Shohl LLP. Dinsmore & Shohl, a prominent national law firm with over 640 attorneys in 23 cities, has an immediate opportunity available for a Health Care Associate in the Cincinnati, Ohio office. Candidates must have a minimum of five years of health care regulatory and transactional experience. Experience with state and federal agency audits and investigations and FDA compliance in the pharmaceutical and medical device industries is preferred. Additionally, all candidates should be licensed to practice in Ohio, have a strong academic background, and possess excellent research, writing, analytical, and communication skills. Out-of-state candidates who are either willing to sit for the Ohio bar exam or eligible for admission in Ohio will be considered. Please send cover letter, resume, and transcript to Jennifer Stark, Director of Recruiting and Legal Personnel, Dinsmore & Shohl LLP, 255 East Fifth Street, Suite 1900, Cincinnati, Ohio 45202, or to dinsmore.legalemployment@dinsmore.com.

Cleveland, OH: Attorney, University Hospitals. Staffs multiple Corporate Legal Services Practice Groups, as assigned from time to time, by the Deputy General Counsel. Responsible for competency and professionally handling legal matters delegated by Assistant General Counsels, Associate General Counsels, Deputy General Counsel, and/or Chief Legal Officer, including handling legal transactions and providing legal support to UHHS and its subsidiaries and affiliates. Conducts legal research and writing and oversees paralegal and law clerk research projects. Handles administrative responsibilities delegated by Deputy General Counsel and/or Chief Legal Officer, including corporate record-book oversight, Law Clerk training and orientation process, and On-Call Manual and other policy updates and process improvements. As requested, may serve as legal liaison to hospital and/or other UH entity boards or committees, as needed and as assigned from time to time. License Requirements: Licensed to practice law in the State of Ohio or demonstrated eligibility to sit for Ohio Bar Exam, with successful completion and passing of Ohio Bar Exam and admittance to practice of law in the State of Ohio within time-frame specified by Deputy General Counsel. Please apply at www.UHhospitals.org. Use #180003OB.

Ohio
Cincinnati, OH: Health Care Associate, Dinsmore & Shohl LLP. Dinsmore & Shohl, a prominent national law firm with over 640 attorneys in 23 cities, has an immediate opportunity available for a Health Care Associate in the Cincinnati, Ohio office. Candidates must have a minimum of five years of health care regulatory and transactional experience. Experience with state and federal agency audits and investigations and FDA compliance in the pharmaceutical and medical device industries is preferred. Additionally, all candidates should be licensed to practice in Ohio, have a strong academic background, and possess excellent research, writing, analytical, and communication skills. Out-of-state candidates who are either willing to sit for the Ohio bar exam or eligible for admission in Ohio will be considered. Please send cover letter, resume, and transcript to Jennifer Stark, Director of Recruiting and Legal Personnel, Dinsmore & Shohl LLP, 255 East Fifth Street, Suite 1900, Cincinnati, Ohio 45202, or to dinsmore.legalemployment@dinsmore.com.

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Oregon
Corvallis, OR: Assistant General Counsel, Samaritan Health Services. Samaritan Health Services is a fully integrated health care delivery system with five hospitals, multiple health plans, a CCO, and over 5,000 employees. We seek an Assistant General Counsel that embodies our vision: to serve our communities with PRIDE (Passion, Respect, Integrity, Dedication, and Excellence). This position reports directly to the Vice President, General Counsel at our corporate headquarters in Corvallis, Oregon and will provide accurate and timely legal guidance to the system, with a primary emphasis on health plan and Coordinated Care Organization legal issues. The ideal candidate will also have experience advising on a wide range of topics, including Stark, Anti-Kickback, HiPAA, managed care compliance, vendor/supplier contracts, and other health care matters. Candidate must be licensed to practice law in Oregon or able to obtain a license within 12 months of employment; have at least five years of legal experience, ideally in-house, with a health plan or at a law firm with a substantial health care practice; have strong organizational skills, with proven follow through ability; and be a creative problem solver. To apply for this position, please visit the AHA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Pennsylvania
Danville, PA: Associate Counsel, Geisinger Health Plan. Geisinger Health Plan offers a wide range of career opportunities. Geisinger Health Plan provides legal support and counsel to Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. (collectively, Health Plan) within an integrated health care delivery system. Specifically, provides legal services in support of Health Plan’s commercial HMO/PPO/POS, self-funded, Medicare Advantage and Medicaid operations, and other activities, drawing on operational, transactional, and regulatory managed care expertise. Education and/or Experience: JD from an accredited law school required. Active license to practice law in Pennsylvania or member of other state bar with Pennsylvania membership required within 12 months of date of hire. Minimum of five years working experience in areas of health insurance, managed care, and/or health care required. To apply for this position, please visit the AHA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Eagleville, PA: Chief Legal Officer, Eagleville Hospital. The Chief Legal Officer (CLO) will oversee all legal affairs and regulatory matters of Eagleville Hospital and Eagleville Foundation. The CLO will lead the defense of the organization in legal matters and will organize the use of outside counsel, as needed. As an integral member of the Executive Team, the CLO will assist with developing vision and strategic initiatives, provide support for all corporate transactions, and lend legal expertise to all departments. The successful candidate must have a Juris Doctor from an ABA accredited law school and must hold an active license to practice law in Pennsylvania. If not licensed
Texas

**Austin, TX:** Senior Attorney, Ascension Health. The Senior Attorney serves as a legal advisor for the Texas market, providing direction, guidance, and assistance on legal matters. Oversees and manages outside counsel engaged to represent the Texas market; Supports governance activities for the Texas market, including review of governance documents and serving as counsel to boards and/or committees; Leads complex legal matters and services for ministry markets within the Texas market; Collaborates with legal practice area team leads, attorneys, and the Shared Services Group to ensure the effective and efficient delivery of legal services; Supports, promotes, and implements legal initiatives; Advances the implementation of policies and procedures in the ministry markets within the Texas market; Collaborates with the Compliance and Risk functions in the delivery of legal services to provide legal advice and counsel; Ten years as a licensed practicing attorney required; Multi-site health systems or hospital systems experience preferred; Ten years of health care regulatory experience required; Strong knowledge of the Stark (Physician Self-Referral) Law, Anti-Kickback Statute, Civil Monetary Penalties Law, and Medicare Conditions of Participation. To apply for this position, please visit the AHLA Career Center at [www.healthlawyers.org](http://www.healthlawyers.org). On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

**San Antonio, TX:** Associate General Counsel, Optum/UnitedHealth Group. Seeking a confident health lawyer to be in-house for a large integrated physician health care delivery system with operations throughout Texas and Florida. The position would be located in San Antonio, TX. Primary Responsibilities: Working with key leaders of the organization, collaborating with colleagues across the nation, and providing advice on contract structure, negotiations, and regulatory compliance for network providers and clinical practices; Be a part of a collaborative team of attorneys and support staff in a growing health care business. Required Qualifications: Law degree from an accredited law school; Five or more years of health care transactional experience; Active license to practice law in Texas, or the ability to waive into Texas prior to commencement. To apply for this position, please visit the AHLA Career Center at [www.healthlawyers.org](http://www.healthlawyers.org). On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Virginia

**Alexandria, VA:** Sr. Regulatory Affairs Specialist, American Physical Therapy Association. This position provides management, implementation, and expertise of regulatory affairs initiatives, compliance issues, and policies from federal agencies within the Regulatory Affairs Department. Provides legal and regulatory perspective and supporting resources in policy development and strategy related to APTA’s mission, goals, and objectives. Serves members and customers on payment, regulatory, compliance, and policy issues. Monitors trends, tracks regulations and policies, and gathers intelligence to inform strategy, develop resources, and serve members. Develops and coordinates/maintains relevant regulatory and compliance resources for members/customers by anticipating the need for innovative and timely practice resources and creating innovative programs on regulatory, compliance, and federal payment issues; Three plus years’ experience in regulatory affairs; Advance
Washington
Tacoma, WA: Senior Counsel - Labor and Employment Attorney, MultiCare Health System. The reasons to work at MultiCare are as unique as the people who do. Join us for the professional challenges you seek. In the settings you prefer. With schedules that fit your life. Learn more at www.multicarejobs.org.

Position Summary: The Senior Counsel for Labor and Employment is responsible for providing legal advice and guidance on a wide range of employment and labor related matters for MultiCare Health System and in close collaboration with MultiCare’s Human Potential department, to include representing the organization in collective bargaining and serving as chief spokesperson for all union negotiations. The Senior Counsel provides day-to-day management of employment litigation, investigations, and pre-dispute matters, advises on the terms of the various collective bargaining agreements, grievances, prepares for and conducts arbitrations, and develops company related policies and programs related to represented employees. Please visit our website to apply for position #56680 online at www.jobs.multicare.org/srncounsel.

Tacoma, WA: Director, Risk Management, Sound Management. The Director of Risk Management is responsible for leadership, innovation, governance, and management necessary to identify, evaluate, mitigate, and monitor Sound Physicians’ operational and strategic risk, as well as to monitor potential legal matters received by the organization and provide timely response to specific requests or claims based upon internal guidelines. The day-to-day operation of the position includes, but is not limited to, clinical risk and insurance management, claims handling, and litigation management. Preferred: JD from an ABA-accredited law school and currently licensed to practice law in a state and eligible to apply for an active membership in either the Ohio, Tennessee, or Washington State Bar required, depending upon office location. Experience Minimum: Five years of in-house legal experience at a health care or hospital system or related law firm experience consisting of progressive experience as health care risk manager and experience in claims management and litigation. Preferred: Eight plus years of in-house legal experience at a health care or hospital system or related law firm experience, with experience as health care risk manager, and experience in claims management and litigation. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”

Wisconsin
Madison, WI: Corporate Counsel - Legal, UW Health. We seek a Corporate Counsel with areas of expertise in: Medical staff issues, including credentialing, discipline, and medical staff bylaws, Caregiver misconduct reporting, Medicare/Medicaid billing issues, including handling appeals of claim denials. Compliance issues, including physician self-referral, anti-kickback, beneficiary inducements, and Medicare/Medicaid coding and billing issues. Patient care issues, including consent, advance directives, emergency detention, restraint, and seclusion. Education: Minimum – JD or equivalent law degree from an accredited college or university. Minimum – Five years of experience advising hospitals and other health care providers on a broad range of health law matters. Preferred – Experience advising academic health centers. Corporate transactional and financing experience. Experience with Medicare/Medicaid billing issues and appeals. To apply for this position, please visit the AHLA Career Center at www.healthlawyers.org. On the top navigation bar, click on “Find a Resource,” then select “Career Center.”
Technology at Work—PG Topical Libraries

What Are the Topical Libraries?

AHLA is pleased to unveil a new Practice Group (PG) resource, the Topical Library, where PG members can access the most relevant and recent AHLA publications and resources related to their practice area.

Each Topical Library is exclusive to the members of that particular PG and serves as a hub for PG and other AHLA content, such as:

❯❯ All PG-produced content, including newsletters, briefings, and toolkits
❯❯ Select audio and written materials from AHLA program sessions
❯❯ Articles from *AHLA Weekly*, *AHLA Connections*, and the *Journal of Health & Life Sciences Law*

How Do I Find My PG's Topical Library?

1. Access your PG's homepage on the AHLA website at https://www.healthlawyers.org/Members/PracticeGroups/Pages/default.aspx.
2. On your PG's homepage, find the Topical Library in the Overview tab.
3. Click “Access” and you're there!

How Do I Gain Access to More Topical Libraries?

Membership in a PG gives you access to that PG’s Topical Library. Get a complete listing of AHLA's PGs at https://www.healthlawyers.org/Members/PracticeGroups/Pages/default.aspx.

To join a PG, call AHLA's Member Satisfaction Center at (202) 833-1100 prompt 2.

Enjoy all of the publications and resources PG membership gives you in one area!
A Walk Down

Health Law

Memory Lane

Notable Health Care Law Developments Throughout the Years*

Each month we'll be looking back at significant dates that have occurred in health law and AHLA history and review them a decade at a time.

This month we’re highlighting The 70s.

1970: There are bipartisan efforts for national health insurance.

1971: National Health Lawyers Association (NHLA) created. David J. Greenburg retained as consultant. Later becomes Executive Vice President and Chief Executive officer (EVP/CEO) of NHLA. The National Health Care Plan failed due to lack of support from House Ways and Means Committee Chair Wilbur Mills and Senate Finance Committee Chair Russell Long.


Renewed bipartisan efforts to achieve national health insurance, including President Nixon’s Comprehensive Health Insurance Plan, led to serious but ultimately failed negotiations between the Nixon Administration and Senator Ted Kennedy.


1976: James Doherty Sr. becomes first NHLA President.


1977: Medicare and Medicaid fraud and abuse categorized as felonies. Medicare-Medicaid Anti-Fraud and Abuse Amendments, P.L. 95-142 (Oct. 25, 1977). President Carter also proposed the Hospital Cost Containment Act which would have capped hospital payments from all sources, not just federal programs. Congress failed to pass the legislation, but, with burgeoning health care expenditures, it focused attention on an issue that has continued to be at the political forefront ever since.

Upcoming issue: The 80s!

* Many thanks to Past President Joel Hamme, Senior Counsel, Powers Pyles Sutter & Verville PC, Washington, DC, for compiling this list of important dates. Mr. Hamme is especially grateful to his distinguished “brain trust” who reviewed, commented upon, corrected, and supplemented earlier drafts: Dennis Barry, Elisabeth Belmont, Ann Bittinger, J. D. Epstein, Tom Fox, Tom Hyatt, Bob Leibeslauf, Peter Leibold, Dineta Newman, and Rick Shackelford. Their collective expertise in the various sub-specialties of health care law was invaluable. Any errors, of course, are the author’s sole responsibility. Comments or suggestions about the list may be forwarded to joel.hamme@powerslaw.com or khoggard@healthlawyers.org.
SURVEY & ANALYSIS:
Salaries and Priorities for In-House Counsel 2018

EXPANDED TO INCLUDE MORE OF WHAT YOU NEED
The completely new format of this report combines the in-house counsel salary survey data you expect from AHLA with the close analysis you expect from Bloomberg Law. Plus, bonus resources to help you effectively manage relationships between in-house and outside counsel.

WHAT IS THE VALUE OF YOUR EXPERTISE?
In-House Counsel: See how your compensation compares based on seniority, job title, organization size, location, and more.
Outside Counsel: Learn what in-house counsel are spending, what issues they are hiring out, and what legal expertise they need.

To purchase this downloadable .pdf, visit AHLA’s On-Demand Store at www.healthlawyers.org/IHCSA.

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Members of the In-House Counsel Practice Group receive the downloadable .pdf at no charge. To join, call (202) 833-1100 and select menu option 2 for Membership Services.