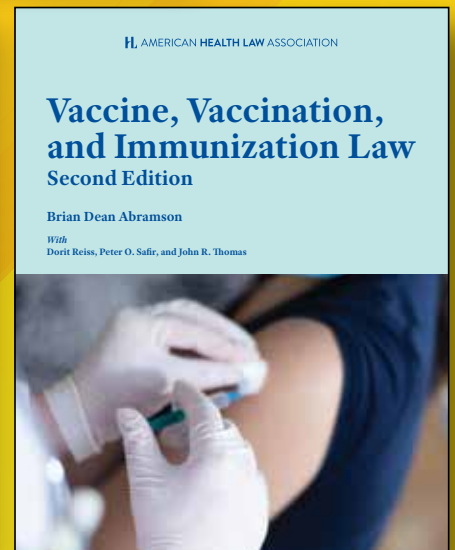
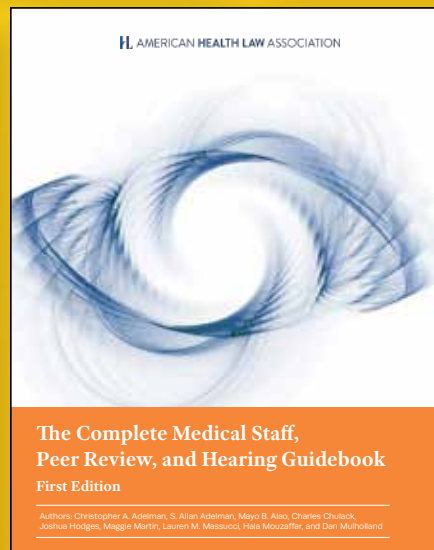
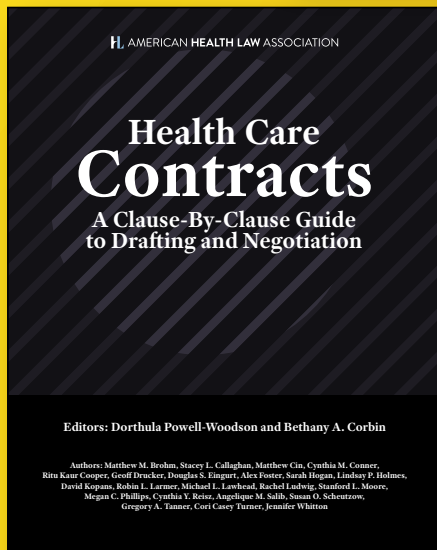
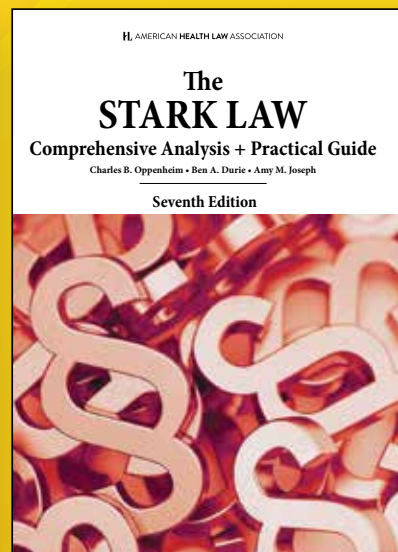
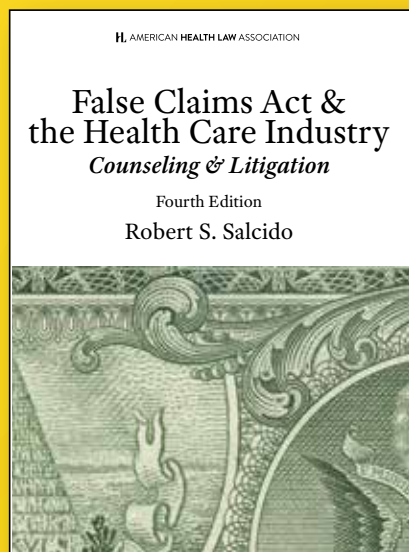


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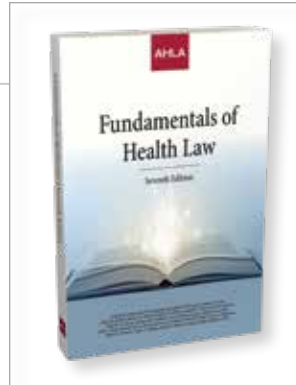


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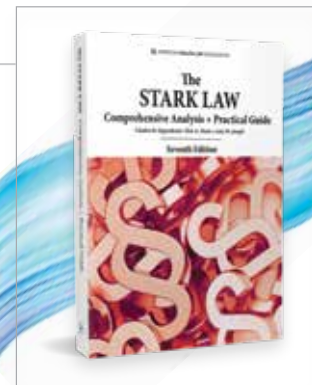
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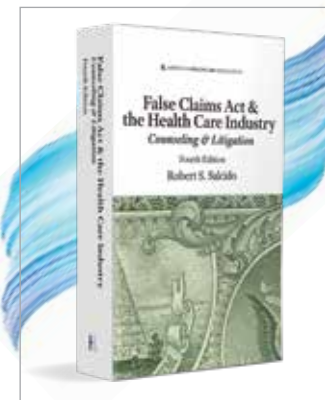
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Best Practices Handbook for Advising Clients on Fraud and Abuse Issues

FIRST EDITION

Paul W. Shaw, Editor in Chief

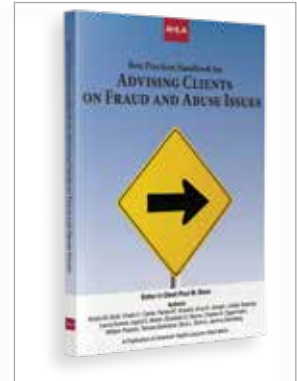
Kristin M. Bohl, Kristin C. Carter, Renee M. Howard, Amy M. Joseph, Jordan Kearney, Laura Koman, Ingrid S. Martin, Elizabeth G. Myers, Charles B. Oppenheim, William Pezzolo, Tamara Senikidze, Gina L. Simms, Jeremy Sternberg, Authors

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

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

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

- > Ethical concerns when counseling in the gray areas
- > Responding to problematic conduct
- > Privilege protection in fraud and abuse matters, including distinguishing between legal and business functions
- > Providing a “fraud and abuse” opinion of counsel, the scope of the opinion, and internal and external reviews
- > The attorney’s role in conducting internal compliance audits and investigations, including developing an investigation plan
- > Self disclosure and voluntary disclosure, risks and benefits
- > Gathering documents in response to government demands, subpoenas, search warrants, and requests for electronic files
- > Preparing employees for government contact, including communicating interview strategies and rules of professional conduct
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Fraud and Abuse Investigations Handbook for the Health Care Industry

SECOND EDITION WITH DOWNLOADABLE CONTENT

Paul W. Shaw, Robert A. Griffith, Authors

This Second Edition of *Fraud and Abuse Investigations Handbook for the Health Care Industry* provides not only the legal context surrounding health care fraud investigations, but also the insight critical to managing the process—and potentially the outcomes that follow. It is ideal for health care administrators, executives, medical directors, office managers, and physicians who need to arm themselves with a broad understanding of fraud and abuse enforcements.

The authors examine each stage of a fraud and abuse investigation, beginning with an overview of federal and state enforcement agencies, and concluding with a discussion of the potential collateral consequences of an investigation. They have supplemented their analysis extensively with sample documents, including indictments, requests for records, subpoenas, internal response memoranda, and responses to auditors, prosecutors, and more.

Highlights in the Second Edition include:

- > Critically important changes in the handling of mandated and voluntary disclosures of overpayments, a result of regulatory activity since the First Edition:
 - The Final 60-Day Overpayment Rule
 - The revised Stark Self-Disclosure Protocol
- > Department of Justice voluntary disclosure guidelines for False Claims Act cases
- > A new chapter on responding to Medicare and Medicaid audits and initiating appeals, with insight into the post-payment audit process, practical advice on how to respond to a request for records or audit findings, and a description of each step of the appeal process, including settlement procedures
- > A new chapter on administrative sanctions, discussing the potential risk of sanctions under the Civil Monetary Penalties Law, exclusion from Medicare and/or Medicaid, mandatory vs. permissive exclusion, due process, Medicare and Medicaid program payment suspensions, enrollment denials, and revocations
- > A new chapter on audits by private payers, examining audit-generating conduct and how to respond to a private payer audits and findings
- > A new chapter on the collateral consequences that may follow a health care fraud and abuse investigation, including impact on private health insurance participation, state medical board licenses, and more

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Purchasers can download 30 of the more than 85 exhibits included in this book and adapt them for individual practice and client needs.

Health Care Finance and Transactions

Health Care and the Business of Cannabis: Legal Questions and Answers

FIRST EDITION

Lisa Gora, Jennifer M. Nelson Carney, Editors in Chief

Lisa Gora, Jennifer M. Nelson Carney, Michael F. Schaff, Concept Editors

Marc J. Adesso, Luis M. Alcalde, Blair Barnhart-Hinkle, Brittany Bonetti, Richard Y. Cheng, Melissa A. Dardani, Patrick (Pat) Harrity, Tracy Carlson Ivers, Alexander G. Malyshev, Wayne Margulies, R. Gregory Parker, Eric D. Reiser, Joseph M. Shapiro, Neil M. Willner, Authors

This practical book will help guide readers through the legal haze surrounding the interplay between medical marijuana and the traditional health care industry, as well as business opportunities surrounding cannabis and its by-products.

Written and edited by a diverse group of seasoned professionals, coverage in this First Edition includes analysis of the unique issues faced by health care providers whose residents, patients, and employees may participate in state cannabis programs. Whether readers are working with hospitals or long-term care facilities, physicians or mid-level practitioners, they will have guidance for providing informed counsel and tackling tough questions such as:

- > How do post-acute care providers reconcile federal laws with state legalized medical cannabis reforms?
- > What types of policies should be created, and what are the influencing factors and options that exist when creating policies and procedures if a long-term care facility permits medicinal cannabis?
- > What are the potential legal implications for a health care practitioner who recommends medicinal cannabis pursuant to a state-legalized medical cannabis program?
- > May a patient use medical cannabis while in a hospital or any of its facilities?
- > How does medicinal cannabis use get noted in the patient's medical record?

The authors provide full coverage of the business transactions involving the manufacturing, possession, or distribution of medicinal marijuana. They also take a close look at opportunities related to:

- > The research of medicinal cannabis
- > The creation of wellness products or topical creams using hemp or its derivatives
- > Establishing laboratories or educational programs to educate patients about the effects of cannabis
- > Obtaining a license to operate a center for dispensing medicinal cannabis

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Ch. 12	Raising Capital: Securities and the Capital Markets
Ch. 13	Bankruptcy Considerations for Cannabis Debtors and Creditors

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Health Care Transactions Manual: Understanding the Consequences of the Health Care Deal

FIRST EDITION WITH DOWNLOADABLE FORMS

Kim Harvey Looney, Glenn P. Prives, Deborah Farringer, Editors

Mazen Asbahi, Adam Cella, Lymari Martinez Cromwell, John W. Dawson IV, Alexis J. Gilman, J. Andrew Goddard, Jay Hardcastle, Justin R. Hickerson, Rick Hindmand, Johnathan D. Holbrook, Lauren B. Jacques, Jason J. Krisza, Neil B. Krugman, Nathan H. Lykins, Lauren B. Patterson, Michael F. Schaff, Susan V. Sidwell, G. Scott Thomas, Rodrigo N. Valle, Kimberly S. Veirs, John R. Washlick, Authors

Health care transactions pose unique and complex legal questions arising from intense federal and state regulation and enforcement. This *Manual* is the ideal guide for gaining an understanding of the legal landscape, and for managing the risks involved in structuring health care deals.

What makes sense in the business world does not always make sense in the health care world, and this publication is your key for knowing the difference and avoiding potential pitfalls. The *Manual* will help you understand nuances such as:

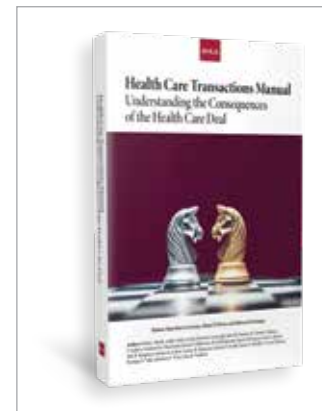
- > When seemingly straightforward business terms can veer toward health care fraud and abuse
- > How health care organization and/or management structure can impact the deal
- > The need to comply with both non-disclosure terms and federal and state privacy laws when conducting due diligence
- > How increased collaboration between health care entities may give rise to antitrust issues
- > How tax-exempt status may be impacted in the course of a deal between exempt and non-exempt entities
- > The need to consider state and federal environmental implications as they relate to radioactive materials used in patient care

With contributions from more than a dozen attorney practitioners, the *Manual* provides invaluable practical guidance covering everything from the transactional basics to deep-divide discussions for negotiating complicated deals. The book also contains more than 20 exhibits, ranging from a Sample Preliminary Due Diligence Request to a Sample Closing Checklist.

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BEST SELLER**Corporate Practice of Medicine: A 50 State Survey**

SECOND EDITION

Andrew G. Jack, Glenn P. Prives, Jed A. Roher, Joel C. Rush, Editors

Kelsey Anderson, Carole M. Becker, Scott Bennett, Elise Dunitz Brennan, Matthew M. Brohm, Stacey L. Callaghan, Brad Cave, Ali Deatherage, Dana Dombey, Richard Eiler, Maura Fleming, Arthur J. Fried, Megan R. George, Paulina Grabczak, Maleaka Guice, Jesse D. Hale, M. Brian Hall IV, Gabriel Hamilton, Dawn R. Helak, Jennifer L. Hilliard, Breanne L. Hitchen, Marshall E. Jackson, Jr., Ellen L. Janos, Amanda Jester, David H. Johnson, Robert J. Johnston, Jeffrey L. Kapp, John W. Kaveney, Richard G. Korman, Kristin E. Laubach, Leonard Lipsky, Robert Low, Carrie Noonan, Cassandra L. Paolillo, Tristan A. Potter–Strait, Brianna Powell, Kathleen M. Premo, Elena M. Quattrone, Russell C. Ramzel, Chelsea Rogers, Jane Rugg, Kevin J. Ryan, Elizabeth Scarola, Shine Chen Schattgen, Tricia Shackelford, Parampreet Singh, Melissa A. Soliz, Cori Casey Turner, Nina Wall, Li Wang, Kyle D. Weber, Esther Chang Weese, Renee Zerbonia, Authors

The corporate practice of medicine (CPOM) doctrine seeks to keep non-physician corporation owners from interfering with a physician's professional judgment. It prohibits corporations that are not owned or controlled by physicians from employing physicians to practice medicine and charge for those professional services. CPOM application is far from simple, and adoption and enforcement vary by state. States adopt various models—with exceptions—and others eliminate the prohibition completely, while some states have CPOM prohibitions that are not enforced.

In the latest edition of this popular guide, the authors have expanded coverage to include an even broader range of health care professionals. You will find the latest information on practice restrictions by state as they relate to: behavioral health providers, chiropractors, optometrists, and more. CPOM researchers typically need to review a tangled web of statutes, regulations, case law, and attorney general or agency opinions to gain useful insight. The authors have provided a time-saving roadmap to help you:

- > Learn which model of the doctrine a specific state follows
- > Discover sources to consult for more detail
- > Explore related issues like fee splitting and the unlicensed practice of medicine

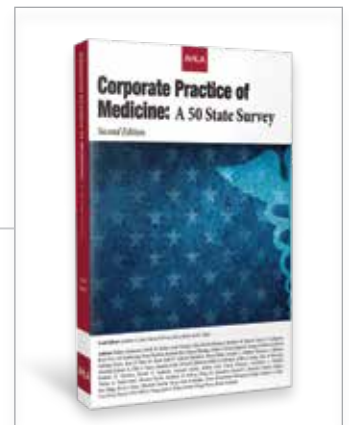
This survey is invaluable to attorneys who represent health care entities, organizations, businesses, physicians, and investors looking for opportunities in this complex regulatory sector. Use it to efficiently gain a thorough exploration of the doctrine in each state and the District of Columbia.

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Health Insurance

Health Plans Contracting Handbook: A Guide for Payers and Providers

EIGHTH EDITION WITH DOWNLOADABLE FORMS

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This classic work provides unparalleled practical coverage of the themes and trends in managed care contracting. It is filled with concise and detailed advice for addressing the issues that arise for both payers and providers in managed care network relationships.

The Eighth Edition traces the managed care contracting process, from preparing to negotiate the contract, to formation and implementation, to termination issues. With contributions from more than 20 authors, the book includes nearly 300 sample clauses, many from the authors' own files. The clauses provide variations in language to illustrate potential advantage to the respective parties, as well as factors to consider when negotiating in today's dynamic legal and business context.

The authors have thoroughly updated each chapter and added new chapters to address emerging issues in managed care contracting, including:

- > Managed care penetration into Medicare and Medicaid
- > Value-based payments and the associated financial and operational considerations
- > Large health systems launching as independent payers or through integrated delivery models
- > The rise of direct-to-employer contracting
- > A growing need to address uses and ownership of data
- > Increasing focus on considerations when a provider does not have a contract with a payer

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	Appendix C Physician Group Practice Provider Agreement Template With Commentary



Print and eBook purchasers have digital access to hundreds of sample contractual provisions included throughout the book, as well as a fully annotated sample provider agreement.

Antitrust

Antitrust and Health Care: A Comprehensive Guide

SECOND EDITION

Christine L. White, Saralisa C. Brau, David Marx Jr., Authors and Editors

Joshua H. Soven, Shoshana Speiser, and Kati Williams, Contributing Authors

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

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

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

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

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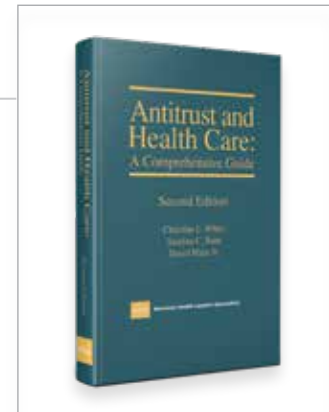
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Medical Staff, Credentialing, and Peer Review

NEW PUBLICATION

The Complete Medical Staff, Peer Review, and Hearing Guidebook

FIRST EDITION WITH DOWNLOADABLE FORMS

Christopher A. Adelman, S. Allan Adelman, Mayo B. Alao, Charles Chulack, Joshua Hodges, Maggie Martin, Lauren M. Massucci, Hala Mouzaffar, and Dan Mulholland, Authors

The Complete Medical Staff, Peer Review, and Hearing Guidebook reflects an experienced and practical approach that can be honed only through many years of practice. The authors and their predecessors have refined their approach to this critical subject over the course of eleven previous editions of three longstanding AHLA titles: *The Medical Staff Guidebook*, *Peer Review Guidebook*, and *Peer Review Hearing Guidebook*.

In this conveniently combined work, readers will find a concise and comprehensive discussion of issues commonly faced by attorneys and others working in and around the interdependent relationship of a health care entity and its medical staff. The authors examine this complex relationship from both practical and legal perspectives. From application to separation, this work provides analysis, cautions, recommendations, and examples of provisions for bylaws and associated documents—sample tools that can be tailored to suit the needs of a variety of health care entities.

Updated and expanded beyond the scope of its predecessor works, *The Complete Medical Staff, Peer Review, and Hearing Guidebook* addresses trends toward informal resolution, increased integration, growing reliance on allied health professionals, and much more.

Also included in this title are these valuable Appendices, which provide important information in a succinct, time-saving downloadable format:

- > Keystones of A Peer Review Investigation
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Representing Physicians Handbook

FOURTH EDITION

A Task Force of the AHLA Physician Organizations Practice Group

Michael F. Schaff, Task Force Chair

Lisa Gora, Coordinating Editor

with numerous Contributing Authors

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

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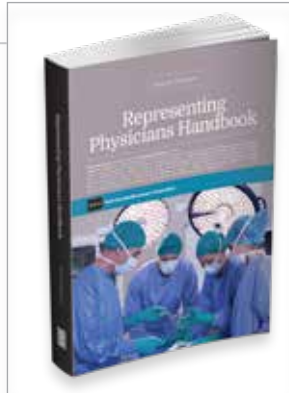


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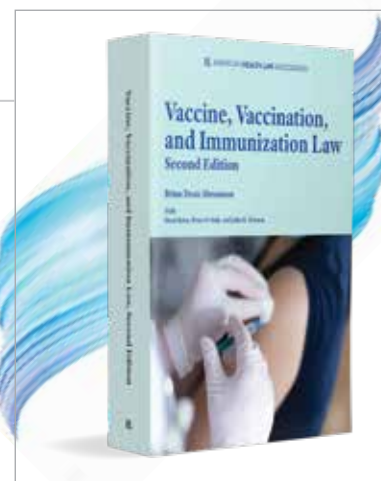
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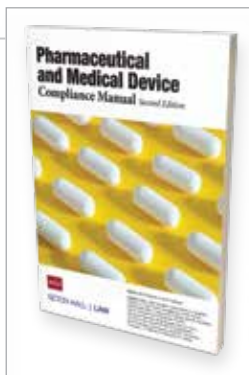


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Health Information

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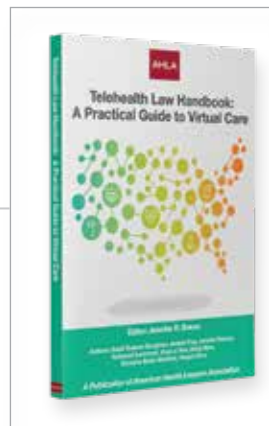


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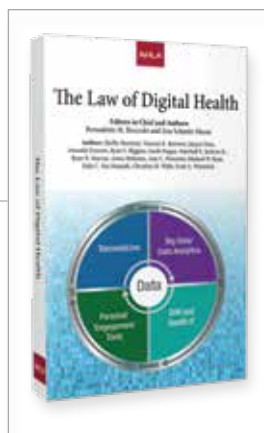


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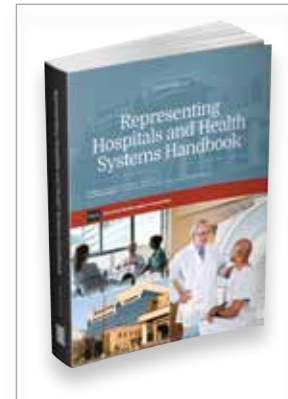
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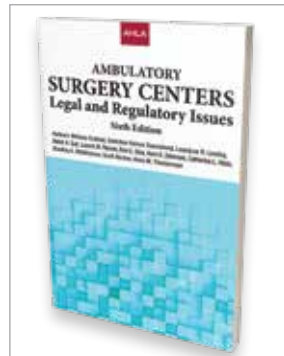
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- > Federal fraud and abuse concerns
- > State self-referral laws and their impact on ASCs

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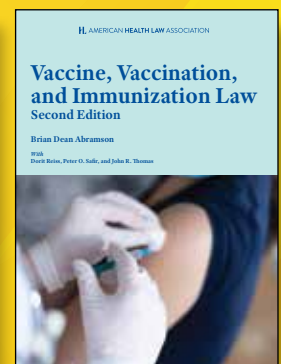
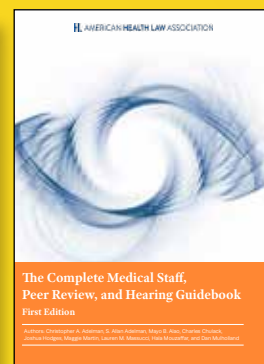
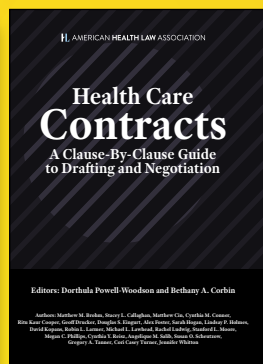
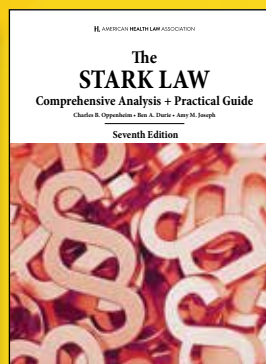
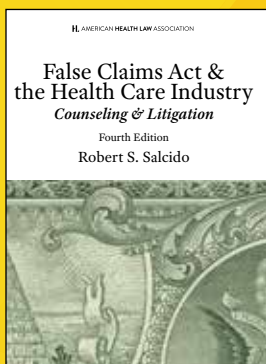
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