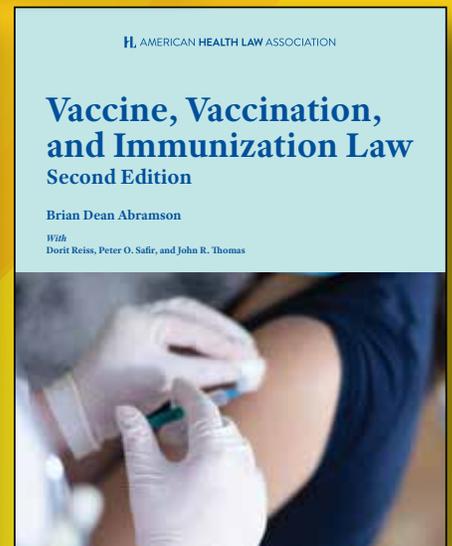
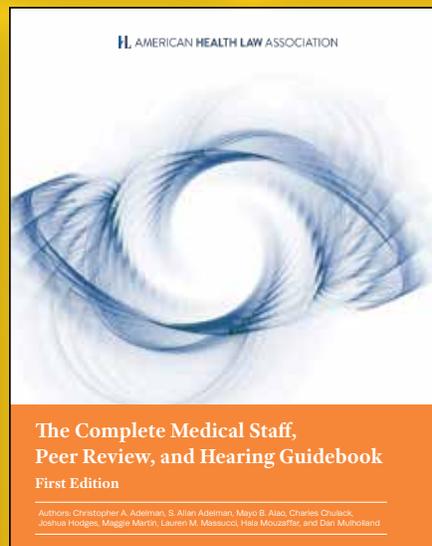
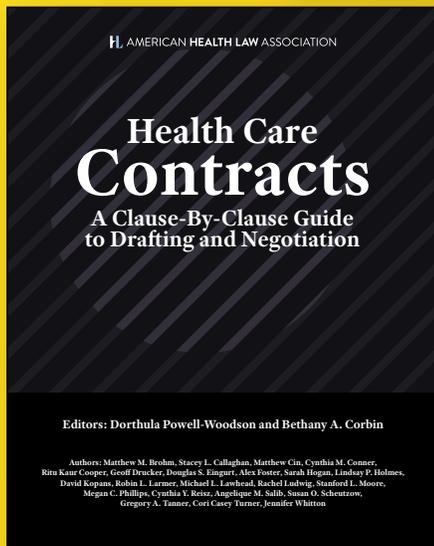
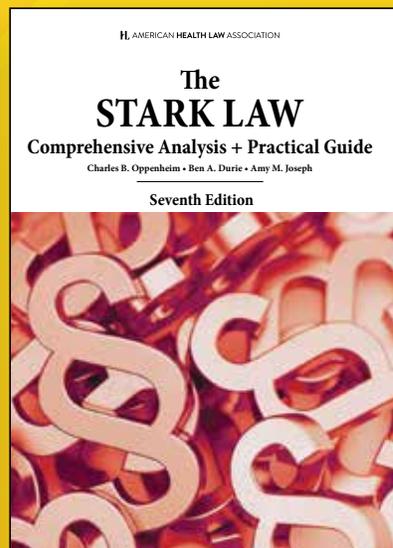
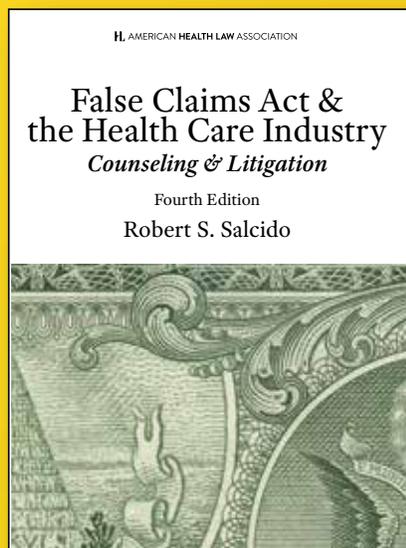


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## TABLE OF CONTENTS

Essential Resources .....	2
Fraud and Abuse .....	7
Health Care Finance and Transactions.....	12
Health Insurance.....	15
Antitrust.....	16
Medical Staff, Credentialing, and Peer Review.....	17
Life Sciences.....	19
Health Information.....	22
Health Care Delivery Models.....	24
Index .....	25



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Arbitration	HITECH Act
Mediation	Medical Record Management and Operations
<b>Ch. 2 FRAUD AND ABUSE</b>	Mobile Apps and New Technologies
Fraud Compliance	Telemedicine and Telehealth
Government Investigations and Enforcement	Vendor Agreements
Internal Investigations	<b>BINDER II</b>
Physician Compensation	<b>Ch. 8 INDUSTRY TRANSACTIONS</b>
Stark Law	Acquisitions
<b>Ch. 3 GOVERNANCE</b>	Affiliations and Joint Ventures
Board Operations	Contracting
Conflicts of Interest	Due Diligence
Corporate Responsibility Doctrine	Health Insurance Managed Care Contracts
Executive Compensation	Licensure
Sarbanes Oxley	Real Estate
<b>Ch. 4 GOVERNMENT REIMBURSEMENT</b>	Service Agreements
Medicaid	<b>Ch. 9 LABOR AND EMPLOYMENT</b>
Medicare	Drug Testing
<b>Ch. 5 HEALTH CARE DELIVERY MODELS</b>	Employment Policies
Accountable Care Organizations	Health Care Workforce and Staffing
Clinically Integrated Networks	Immigration
Medical Group Practices	Physician Employment
<b>Ch. 6 HEALTH CARE FINANCE</b>	Sexual Harassment
<b>Ch. 7 HEALTH INFORMATION</b>	<b>BINDER III</b>
Big Data Issues	<b>Ch. 10 LIABILITY AND LITIGATION</b>
Breach Notification	Crisis Communications
Business Associates	Legal Services
Electronic Health Records	Risk Management

<b>Ch. 11 LIFE SCIENCES</b>
Clinical Trials
Food and Drug Law
Medical Research
Secondary Use of Data
<b>Ch. 12 LONG TERM CARE</b>
Emergency Preparedness
Facility Operations
Patient Issues
Staffing
<b>Ch. 13 MEDICAL STAFF</b>
Medical Staff Bylaws
Peer Review and Disciplinary Proceedings
<b>Ch. 14 PATIENT CARE ISSUES</b>
Advanced Directives
Discrimination
EMTALA
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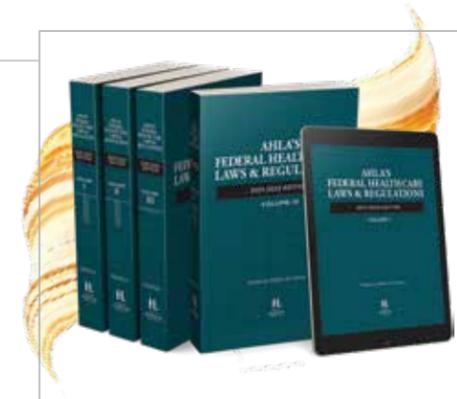
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#### TABLE OF CONTENTS

<b>VOLUME 1</b>
<b>United States Code Titles</b>
Title 2 The Congress
Title 5 Government Organizations and Employees
Title 10 Aliens and Nationality
Title 15 Commerce and Trade
Title 18 Crimes and Criminal Procedure
Title 21 Food and Drugs
Title 26 Internal Revenue Code
Title 29 Labor
Title 31 Money and Finance
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<b>Code of Federal Regulations Titles</b>
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Title 32 National Defense
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<b>VOLUME 3</b>
<b>Code of Federal Regulations, continued</b>
Title 42 Public Health
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<b>Code of Federal Regulations, continued</b>
Title 42 Public Health, continued
Title 45 Public Welfare
Index

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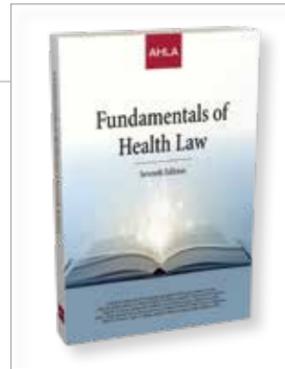
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### TABLE OF CONTENTS

- Ch. 1 Terminology
- Ch. 2 Patient Care
- Ch. 3 Medicare
- Ch. 4 Medicaid Fundamentals
- Ch. 5 Fundamentals of Health Law Fraud and Abuse
- Ch. 6 Tax-Exempt Issues
- Ch. 7 Antitrust Law
- Ch. 8 The Source of Payment: The State and Federal Regulation of Private Health Care Plans
- Ch. 9 Regulation of Hospitals
- Ch. 10 Representing Physicians
- Ch. 11 Post-Acute Providers and Suppliers
- Ch. 12 Health Care Transactions and Contracting
- Ch. 13 Bioethics
- Ch. 14 Data Sharing for Clinical Integration and other “Big Data” Initiatives
- Ch. 15 Dispute Resolution
- Index

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From the Health Insurance Portability and Accountability Act to the federal Anti-Kickback Statute and the False Claims Act, the health care industry is unique in the volume and scope of its regulations. Transactions and business arrangements that are permissible in other industries may run afoul of fraud and abuse laws in the health care context. For this reason, it is not enough to simply know how to draft a contract. The health care attorney must know much more, including whether the proposed venture is even permissible under federal and state health care laws. If not, the attorney must devise creative contracting solutions to achieve the client’s ultimate objective, including restructuring the deal if necessary.

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### TABLE OF CONTENTS

- Ch. 1 Introduction to Health Care Contracting, Issue Spotting, and Regulatory Considerations
- Ch. 2 The Health Care Lawyer’s Role
- Ch. 3 Representations and Warranties
- Ch. 4 Indemnification Provisions
- Ch. 5 Limitation of Liability and Provisions
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### TABLE OF CONTENTS

#### PART ONE: BASICS

- Ch. 1 Glossary of Key Terms
- Ch. 2 What Is a Compliance Program?
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- Ch. 4 Background Checks and Excluded Persons
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- Ch. 7 Regulatory Advice and Liability Issues

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- Ch. 8 What to Do When the Government Knocks
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- Ch. 10 The Relationship between Enforcement and Compliance
- Ch. 11 False Claims
- Ch. 12 Repayments and Self-Disclosures
- Ch. 13 Internal and External Audit Basics

#### PART THREE: KEY AREAS OF COMPLIANCE CONCERN

- Ch. 14 Medical Necessity, Claims, and Payment Processes
- Ch. 15 Stark and Anti-Kickback Prohibitions
- Ch. 16 EMTALA Compliance
- Ch. 17 Health Care Civil Rights and Nondiscrimination Under Section 1557 of the Affordable Care Act
- Ch. 18 Health Information Privacy and Security Laws
- Ch. 19 Behavioral Health
- Ch. 20 Research Compliance
- Ch. 21 Antitrust Laws
- Ch. 22 Drugs, Devices, and Life Sciences Entities
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Charles B. Oppenheim, Benjamin A. Durie, Amy M. Joseph, Authors

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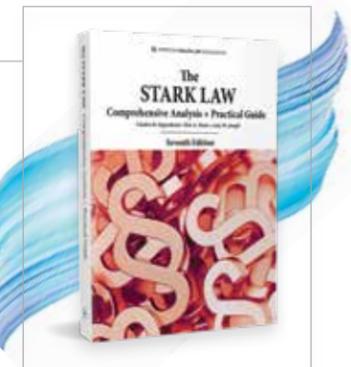
Continuing areas of concern are also considered in detail, with the benefit of updated analysis. The authors address physician recruitment concerns and detail the evolution in CMS's view of the acceptability of percentage-based compensation, the continuing debate over specialty hospitals, and the viability of gainsharing and clinical co-management arrangements. Other coverage in this concise and comprehensive work includes models for Stark-compliant physician joint ventures, group practices and their applicable exceptions, developments in self-disclosure, and more.

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### TABLE OF CONTENTS

- Ch. 1 Introduction and Background
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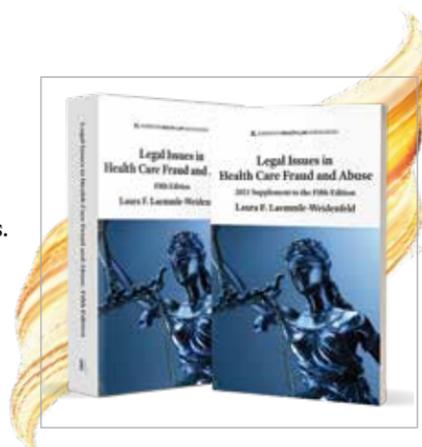
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### TABLE OF CONTENTS

<p><b>Ch. 1 The Fraud Enforcers: Who Are They and What Do They Do?</b></p> <p>1.1 Overview</p> <p>1.2 Department of Justice</p> <p>1.3 Department of Health and Human Services</p> <p>1.4 Other Federal Agencies</p> <p>1.5 Multi-Agency Federal Initiatives</p> <p>1.6 Congress</p> <p>1.7 States</p> <p>1.8 Private Payers</p> <p>1.9 Private Citizens</p> <p><b>Ch. 2 Federal Anti-Kickback Laws</b></p> <p>2.1 Overview</p> <p>2.2 Evolution of The Anti-Kickback Statute</p> <p>2.3 Safe Harbor Regulations</p> <p>2.4 Fraud Alerts and Special Advisory Bulletins</p> <p>2.5 Additional Guidance and Advisory Opinions</p> <p>2.6 Case Law</p> <p>2.7 Other Anti-Kickback Authority</p> <p>2.8 Major Issues in Anti-Kickback Interpretation and Enforcement</p> <p><b>Ch. 3 Federal Physician Self-Referral Prohibitions</b></p> <p>3.1 Overview</p> <p>3.2 Legislative and Regulatory History</p> <p>3.3 The Statutory Prohibition and Definitions of Key Terms</p> <p>3.4 Stark Law Exceptions</p> <p>3.5 Definition of Group Practice</p> <p>3.6 Penalties and Enforcement</p> <p>3.7 Advisory Opinions</p> <p>3.8 Self-Referral Disclosure Protocol</p> <p>3.9 Other Federal Self-Referral Restrictions</p> <p>3.10 Major Issues in Stark Law Interpretation</p>	<p><b>Ch. 4 Administrative Sanctions Available to Federal Enforcers</b></p> <p>4.1 Overview</p> <p>4.2 Exclusion from Medicare, Medicaid, And Other State Health Care Programs</p> <p>4.3 Imposition of Civil Monetary Penalties</p> <p>4.4 Suspension of Payments</p> <p>4.5 Hearing and Appeal Rights of Individuals and Entities Subject to Exclusion and CMPS</p> <p><b>Ch. 5 The False Claims Act and Other Means of Federal Enforcement of Health Care Fraud and Abuse Laws</b></p> <p>5.1 Overview</p> <p>5.2 The Federal Civil False Claims Act</p> <p>5.3 Other Civil Laws Pertaining to False Claims and Fraudulent Billing Activities</p> <p>5.4 Criminal Laws Pertaining to False Claims and Fraudulent Billing Activities</p> <p>5.5 Enforcement Theories Applicable to Multiple Segments of The Health Care Industry</p> <p>5.6 Enforcement Activities Specific to Particular Segments of The Health Care Industry</p> <p>5.7 False Claims Actions and Issues Under the Bankruptcy Code</p> <p><b>Ch. 6 State and Private Initiatives to Combat Fraud</b></p> <p>6.1 Overview</p> <p>6.2 State Self-Referral Laws</p> <p>6.3 State Anti-Kickback Proscriptions</p> <p>6.4 State Fee-Splitting Proscriptions</p> <p>6.5 State Commercial Bribery and Racketeering Statutes</p>
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FOURTH EDITION

Robert S. Salcido, Author

In this new Fourth Edition of *False Claims Act & the Health Care Industry*, author Robert S. Salcido shares his deep insight on application of this federal statute to entities in the health care industry. Chapters include robust analysis of, and exhaustive citation to, interpretation by legislators, federal district courts, circuit courts of appeal, the United States Supreme Court, and relevant federal agencies.

This edition addresses areas of evolving False Claims Act (FCA) application, including:

- > The necessity that relators alleging a corporate-wide scheme furnish corporate-wide proof
- > Application of the FCA's statute of limitations tolling provision to relators
- > Whether claims are false when alleged facts are consistent with both misconduct and an obvious alternative explanation in accordance with the law
- > Whether a false implied representation must be linked to specific codes and factual representations on the claim form
- > Whether a case should be dismissed if a plaintiff relies on sub-regulatory guidance to establish falsity
- > How courts have applied a "holistic" test to determine whether a false representation is material to the government's determination to pay
- > Whether relators can pursue additional claims against the defendant once the government intervenes
- > What the government must show to dismiss *qui tam* actions over a relator's objection
- > What link must exist where an alleged FCA violation is based on an alleged violation of the Anti-Kickback Statute
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- > And more



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### TABLE OF CONTENTS

<p><b>PART 1 FALSE CLAIMS ACT HISTORY</b></p> <p>Ch. 1:00 Congressional Goals in Passing and Amending the Statute</p> <p>Ch. 1:01 The 1863 Act and Its Immediate Aftermath</p> <p>Ch. 1:02 The 1943 Act</p> <p>Ch. 1:03 Case Law Developments Before the 1986 Amendments</p> <p>Ch. 1:04 The 1986 Act</p> <p>Ch. 1:05 The 2009 False Claims Act Amendments</p> <p>Ch. 1:06 The 2010 Amendments to the False Claims Act</p> <p><b>PART 2 APPLICATION OF THE FALSE CLAIMS ACT SUBSTANTIVE PROVISIONS</b></p> <p>Ch. 2:00 Substantive Provisions of the False Claims Act: An Introduction</p> <p>Ch. 2:01 The Meaning of "Person" Under the False Claims Act</p> <p>Ch. 2:02 The Meaning of "Cause" to Present a False or Fraudulent Claim</p> <p>Ch. 2:03 False or Fraudulent under the FCA</p> <p>Ch. 2:04 An FCA "Claim," "Record," or "Statement" and Presentment under Subsections 3729(a)(1)(A) and (a)(1)(B)</p> <p>Ch. 2:05 Knowledge under the False Claims Act</p> <p>Ch. 2:06 Materiality</p> <p>Ch. 2:07 Conspiracy</p> <p>Ch. 2:08 Reverse False Claims</p>	<p><b>PART 3 CIVIL ACTIONS FOR FALSE CLAIMS</b></p> <p>Ch. 3:00 <i>Qui Tam</i> Provisions: An Introduction</p> <p>Ch. 3:01 Responsibilities of Attorney General—§ 3730(a)</p> <p>Ch. 3:02 Actions by Private Parties—§ 3730(b)</p> <p>Ch. 3:03 Rights of the Parties in <i>Qui Tam</i> Actions—§ 3730(c)</p> <p>Ch. 3:04 Award to <i>Qui Tam</i> Plaintiff—§ 3730(d)</p> <p>Ch. 3:05 Section 3730(e) Bars to <i>Qui Tam</i> Actions—§ 3730(e)</p> <p>Ch. 3:06 Expenses and Fees for Which the Government is Responsible</p> <p>Ch. 3:07 Whistleblower Retaliation Provision—§ 3730(h)</p> <p>Ch. 3:08 Discovery in Relator-Only Lawsuits</p> <p>Ch. 3:09 Application of Fed. R. Civ. P. 9(b) to the False Claims Act</p> <p><b>PART 4 DAMAGES AND CIVIL PENALTIES</b></p> <p>Ch. 4:00 The Computation of Damages and Civil Penalties under the FCA: An Introduction</p> <p>Ch. 4:01 Pre-1986 Cases Regarding the Scope of Damages under the FCA</p> <p>Ch. 4:02 The 1986 Legislative Amendments</p> <p>Ch. 4:03 FCA Damages: Principles and Proof</p> <p>Ch. 4:04 Practice Areas Raising Damage Issues</p> <p>Ch. 4:05 Civil Penalties</p> <p>Ch. 4:06 Constitutional Limitations on Civil Penalties</p>	<p><b>PART 5 FALSE CLAIMS ACT PROCEDURE AND JURISDICTION</b></p> <p>Ch. 5:00 Introduction</p> <p>Ch. 5:01 False Claims Procedure</p> <p>Ch. 5:02 FCA Jurisdiction</p> <p><b>PART 6 CIVIL INVESTIGATIVE DEMANDS</b></p> <p>Ch. 6:00 CIDs: An Introduction</p> <p>Ch. 6:01 CIDs as Administrative Subpoena</p> <p>Ch. 6:02 Compliance with the Terms of Section 3733</p> <p>Ch. 6:03 Relevance and Undue Burden</p> <p>Ch. 6:04 Bad Faith and Abuse of Process</p> <p>Ch. 6:05 Responding to the CID</p> <p><b>PART 7 THE VOLUNTARY DISCLOSURE PROGRAM</b></p> <p>Ch. 7:00 Submitting a Voluntary Disclosure: An Introduction</p> <p>Ch. 7:01 The Operation of the Inspector General's Voluntary Disclosure Program</p> <p>Ch. 7:02 The Benefits and Risks Associated with Voluntary Disclosures</p> <p>Ch. 7:03 Settling the Matter</p>
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### Best Practices Handbook for Advising Clients on Fraud and Abuse Issues

FIRST EDITION

Paul W. Shaw, Editor in Chief

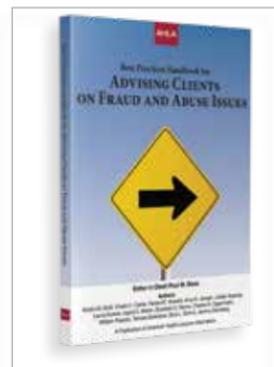
Kristin M. Bohl, Kristin C. Carter, Renee M. Howard, Amy M. Joseph, Jordan Kearney, Laura Koman, Ingrid S. Martin, Elizabeth G. Myers, Charles B. Oppenheim, William Pezzolo, Tamara Senikidze, Gina L. Simms, Jeremy Sternberg, Authors

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
- > Resolving disputes with the government, including interacting with federal and state agencies, dealing with whistle blowers, and addressing collateral damage



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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

#### TABLE OF CONTENTS

- Ch. 1 Introduction
- Ch. 2 Overview of Enforcement Agencies
- Ch. 3 The Statutory Framework for Fraud and Abuse Investigations
- Ch. 4 Requests for Information, Investigatory Demands, and Subpoenas
- Ch. 5 Responding to Requests for Information
- Ch. 6 Handling On-Site Demands for Records and Access
- Ch. 7 Retaining Attorneys and Professionals During an Investigation
- Ch. 8 Post-Payment Audits Using Statistical Sampling
- Ch. 9 Responding to Medicare/Medicaid Audits and Initiating Appeals
- Ch. 10 Audits by Private Payers
- Ch. 11 Internal Audits and Investigations
- Ch. 12 Mandated and Voluntary Disclosures of Overpayments
- Ch. 13 Administrative Sanctions
- Ch. 14 Prejudgment Remedies and Criminal Forfeiture
- Ch. 15 Criminal and Civil Settlements
- Ch. 16 Collateral Consequences of a Fraud and Abuse Investigation

Index



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## 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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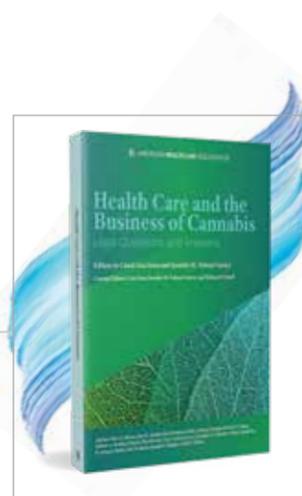
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#### TABLE OF CONTENTS

Ch. 1	Introduction to Cannabis
Ch. 2	Cannabis Issues in the Post-Acute Care Industry
Ch. 3	Cannabis Use in Hospitals
Ch. 4	Physician Considerations for Participating in State Medical Cannabis Programs
Ch. 5	Cannabis Business Licensing
Ch. 6	Risk and Insurance Considerations for Cannabis Businesses
Ch. 7	Tax Considerations
Ch. 8	Cannabis and Real Estate
Ch. 9	Intellectual Property Considerations for Cannabis Businesses
Ch. 10	Banking and Investment Considerations for Cannabis Businesses
Ch. 11	Cannabis Mergers and Acquisitions: The Importance of State Regulatory Compliance and Other Steps of Preparation
Ch. 12	Raising Capital: Securities and the Capital Markets
Ch. 13	Bankruptcy Considerations for Cannabis Debtors and Creditors



### 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-dive 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.

Exhibit 1	Sample Preliminary Legal Due Diligence Request List
Exhibit 2	Sample Medical Group Due Diligence Request List
Exhibit 3	Sample Physician Practice Acquisition Due Diligence Request
Exhibit 4	Sample Real Estate Due Diligence Request
Exhibit 5	Sample HIPAA Due Diligence Request List
Exhibit 6	Sample Common Interest Agreement
Exhibit 7	Sample Confidentiality and Nondisclosure Agreement
Exhibit 8	Sample Antitrust Compliance Transaction Guidelines
Exhibit 9	Summary of Selected Potentially Relevant Legal Considerations
Exhibit 10	CMS Open Payment Registry Review Checklist
Exhibit 11	Sample Health Information Provisions
Exhibit 12	Typical Private Equity Fund Structure
Exhibit 13	Sample Affiliation Provisions
Exhibit 14	Typical JV Formation/Governance Issues to Consider
Exhibit 15	10 Common Health Care Compliance Concerns Related to Hospital/Physician Transactions
Exhibit 16	Physician Contract Review Checklist
Exhibit 17	Appraisal and Fair Market Value Assessment Checklist for Attorneys
Exhibit 18	Sample Proposal to Purchase Assets
Exhibit 19	Sample Letter of Intent to Purchase Assets of a Medical Practice
Exhibit 20	Sample Closing Checklist for Health System Integration of a Medical Practice
Exhibit 21	Real Estate Compliance Questionnaire
Exhibit 22	Checklist for Lease Transactions

#### TABLE OF CONTENTS

Ch. 1	Organizing the Health Care Transaction
Ch. 2	Health Care Transaction Fundamentals: Licensing, Ownership, Reimbursement, Fraud, and Other Liabilities
Ch. 3	Laws Relating to Corporate Operations: Intellectual Property, Environmental Laws, Franchises, Securities, and Employment Law
Ch. 4	Antitrust Issues in Health Care Transactions
Ch. 5	Tax Issues in Health Care Transactions
Ch. 6	Acquisitions, Sales, Mergers, and Joint Ventures: Transaction and Liability Issues for Hospitals
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**BEST SELLER****Corporate Practice of Medicine: A 50 State Survey**

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

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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

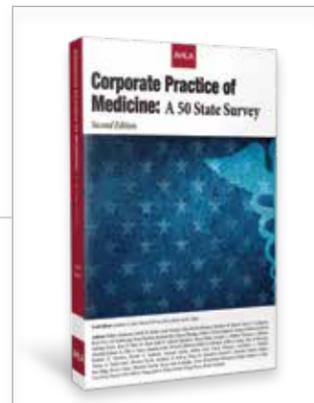
This survey is invaluable to attorneys who represent health care entities, organizations, businesses, physicians, and investors looking for opportunities in this complex regulatory sector. Use it to efficiently gain a thorough exploration of the doctrine in each state and the District of Columbia.

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**SAMPLE STATE SURVEY  
TABLE OF CONTENTS****Chart of Sources Summary  
Key Professions**

- > Medicine
- > Dentistry
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**Health Insurance****Health Plans Contracting Handbook: A Guide for Payers and Providers**

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Robin J. Fisk, Editor in Chief

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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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**TABLE OF CONTENTS**

- Ch. 1 Introduction: Basics of Contracting and Negotiating
- Ch. 2 Accountability and Collaboration in Payer-Provider Relationships
- Ch. 3 Antitrust Issues in Payer-Provider Contracting
- Ch. 4 Key Contract Definitions
- Ch. 5 Policy and Procedure Amendments
- Ch. 6 Payer Programs and Policies: Utilization Management and Quality Assurance
- Ch. 7 Payment Methodologies
- Ch. 8 Term and Termination Provisions
- Ch. 9 Insurance Requirements and Indemnification
- Ch. 10 Other Material Contract Provisions
- Ch. 11 Provisions Related to Data Sharing
- Ch. 12 Dispute Resolution
- Ch. 13 Protecting Against Insolvency
- Ch. 14 Medicare Managed Care Contracting
- Ch. 15 Medicaid Managed Care
- Ch. 16 Direct-to-Employer Contracting
- Ch. 17 Considerations in the Absence of a Contract Between Provider and Payer
- Appendix A Glossary of Health Plan Contracting Terms
- Appendix B Table of Sample Clauses
- 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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### TABLE OF CONTENTS

- Ch. 1 Introduction
- Ch. 2 Antitrust Overview
- Ch. 3 Mergers, Acquisitions, and Issues of Legality
- Ch. 4 Premerger Notification and Transaction Planning
- Ch. 5 Joint Ventures
- Ch. 6 Provider Networks and Managed Care Contracting
- Ch. 7 Trade Associations, State Regulatory Bodies, and Group Purchasing Organizations
- Ch. 8 Medical Staff Privileges, Exclusive Physician Contracts, and Peer Review
- Ch. 9 Monopolization
- Ch. 10 The Robinson Patman Act
- Ch. 11 Exemptions and Immunities
- Appendix State Legislation Relating to Provider Cooperation Agreements



# Medical Staff, Credentialing, and Peer Review

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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.

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### TABLE OF CONTENTS

#### PART 1: MEDICAL STAFF

- Ch. 1 Introduction: Historical Perspective on the Medical Staff/Hospital Relationship
- Ch. 2 Basic Statutory, Regulatory, and Accreditation Matters
- Ch. 3 Health Care Quality Improvement Act of 1986
- Ch. 4 Underlying Legal and Business Issues Impacting the Hospital/Medical Staff Relationship
- Ch. 5 Organizational and Drafting Tips for Medical Staff Bylaws and Related Documents
- Ch. 6 Key Provisions of Health Care Entity Bylaws
- Ch. 7 Overview of Medical Staff Bylaws
- Ch. 8 Credentialing Procedures
- Ch. 9 Privileging: Procedures for Determination of Clinical Privileges
- Ch. 10 Bylaws as a Foundation for Peer Review

#### PART 2: PEER REVIEW

- Ch. 11 Introduction to Peer Review
- Ch. 12 Categorizing Concerns that Can Be Addressed by Peer Review
- Ch. 13 Process for Initiating an Investigation
- Ch. 14 Use of Informal Resolution in Peer Review
- Ch. 15 Precautionary Suspension of Physician Privileges
- Ch. 16 Automatic Relinquishment of Clinical Privileges
- Ch. 17 Injunctions Challenging Peer Review Actions
- Ch. 18 Special Considerations for the Peer Review of Employed Physicians
- Ch. 19 Using a Patient Safety Organization to Protect Peer Review Information
- Ch. 20 Allied Health Professionals
- Ch. 21 HIPAA Privacy Rule Considerations

#### PART 3: PEER REVIEW HEARING

- Ch. 22 Introduction and Overview of Applicable Law
- Ch. 23 Bylaws Providing a Foundation for a Successful Hearing
- Ch. 24 When is a Hearing Required?
- Ch. 25 Notice to Practitioner
- Ch. 26 Role of Legal Counsel
- Ch. 27 Use of Hearing Officer
- Ch. 28 Selection of Hearing Committee Members, Arbitrator, or Hearing Officer
- Ch. 29 Pre-Hearing Procedures, Including Discovery
- Ch. 30 Burden of Proof and Evidentiary Standards
- Ch. 31 Making a Hearing Record
- Ch. 32 Conduct of Hearing
- Ch. 33 Hearing Committee Decision and Report
- Ch. 34 Proceedings after Hearing Committee Report

## Representing Physicians Handbook FOURTH EDITION

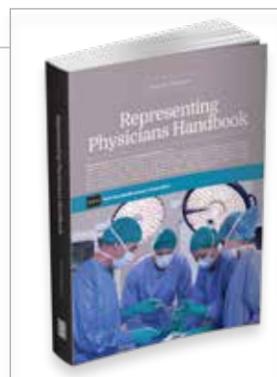
A Task Force of the AHLA Physician Organizations Practice Group  
Michael F. Schaff, Task Force Chair  
Lisa Gora, Coordinating Editor  
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From regulatory compliance and business formation and operation, to tax consequences and reimbursement issues, 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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### TABLE OF CONTENTS

- Ch. 1 Physician Practice Organization
- Ch. 2 Overview of Regulatory Issues Affecting Physicians
- Ch. 3 Telemedicine
- Ch. 4 Employment Agreements and Other Working Relationships
- Ch. 5 Life Cycle of Association: The Buy-In and the Buy-Out
- Ch. 6 Tax Principles Concerning Buy-Outs and Related Post-Withdrawal Compensation Issues
- Ch. 7 Tax Consequences Resulting From Choice of Entity
- Ch. 8 Practice Breakups and Physician Departures
- Ch. 9 Reimbursement of Physician Services
- Ch. 10 Physician/Hospital Relationships
- Ch. 11 Professional Liability: A Primer on Malpractice Insurance and Risk Management
- Ch. 12 Physician Joint Ventures
- Ch. 13 The Sale and Purchase of a Medical Practice
- Ch. 14 Hospital-Based Physician Representation
- Ch. 15 Use of Non-Competition Covenants in Physician Employment Relationships
- Ch. 16 Labor and Employment
- Ch. 17 Industry Relationships
- Ch. 18 Compliance, Compliance Plans, and Process for the Physician Practice
- Ch. 19 Non-Physician Practitioners
- Ch. 20 Physician Ancillary Services
- Ch. 21 Physician Recruitment Agreements
- Ch. 22 Physician Agreements
- Ch. 23 Background on Concierge Care
- Ch. 24 Physician In-Office Drug Dispensing and Compounding Arrangements

Table of Cases  
Table of Statutes  
Index

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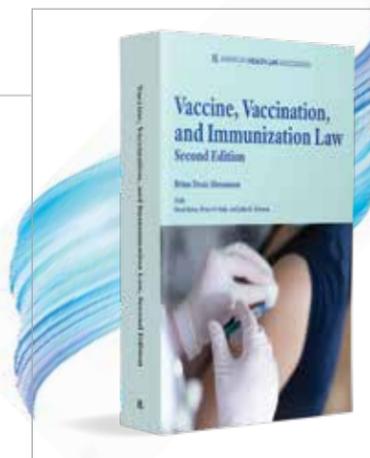
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- Appendix A CDC Table of Vaccine Names
- Appendix B CDC Table of Vaccine Acronyms & Abbreviations
- Appendix C CDC Vaccine Price List
- Appendix D FDA Guidance for Industry on Review of Vaccine Labeling Requirements
- Appendix E Afluria® Vaccine Package Insert, by Seqirus®
- Appendix F Vaccine Information Statement (VIS) for Varicella (Chickenpox) Vaccine
- Appendix G IAC Model Standing Orders for Administering Influenza Vaccine to Adults
- Appendix H 42 U.S.C. Part F—Licensing of Biological Products and Clinical Laboratories (§§262 –262a)
- Appendix I 42 U.S.C. Subchapter XIX, Part 1—National Vaccine Program (§§300aa-1 to 300aa-6)
- Appendix J 42 U.S.C. Subchapter XIX—Vaccines, Part 2—National Vaccine Injury Compensation Program (§§300aa-10 to 300aa-34)
- Appendix K 26 U.S.C. §9510—Vaccine Injury Compensation Trust Fund
- Appendix L 42 U.S.C. Subchapter XIX—Grants to States for Medical Assistance Programs, §1396s—Program for Distribution of Pediatric Vaccines
- Appendix M 42 U.S.C. §247d-6d—Targeted Liability Protections for Pandemic and Epidemic Products and Security Countermeasures
- Appendix N *Jacobson v. Massachusetts*, 197 U.S. 11 (1905)
- Appendix O *Zucht v. King*, 260 U.S. 174 (1922)
- Appendix P VAERS Table of Reportable Events Following Vaccination
- Appendix Industry Guidance for Filing VAERS Reports: How to Complete the Vaccine Adverse Event Reporting System Form (VAERS-1)
- Appendix R Vaccine Injury Table
- Appendix S Vaccine Rules of the United States Court of Federal Claims
- Appendix T Guidelines for Practice Under the National Vaccine Injury Compensation Program
- Appendix U List of Countries, Territories and Areas: Vaccination Requirements and Recommendations for International Travelers, Including Yellow Fever and Malaria

### TABLE OF CONTENTS

- Ch. 1 Introduction to Vaccine Law
- Ch. 2 Regulation of Vaccines
- Ch. 3 Vaccine Patents
- Ch. 4 Vaccine Patent Litigation
- Ch. 5 Other Intellectual Property Protection for Vaccines
- Ch. 6 Vaccination Funding, Payment, and Access Issues
- Ch. 7 Vaccine Mandates and Requirements
- Ch. 8 Vaccination Exemptions
- Ch. 9 Employer Mandates and Other Private Vaccination Efforts
- Ch. 10 U.S. State Vaccine Laws
- Ch. 11 Vaccine Adverse Event Reporting and Other Reporting Requirements
- Ch. 12 Vaccine Injury Claims
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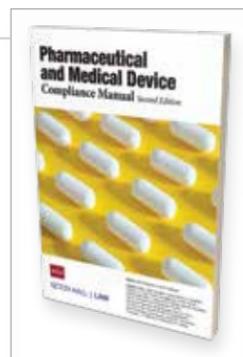
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### TABLE OF CONTENTS

- Ch. 1 Enforcement Authorities
- Ch. 2 Thou Shalt Not Buy Business: The Implications of The Anti-Kickback Statute on The Drug and Device Industry
- Ch. 3 False Claims Act
- Ch. 4 Advertising, Labeling, and Promotion
- Ch. 5 Drug and Device Development and Approval
- Ch. 6 Federal Health Care Programs: Coverage and Reimbursement of Prescription Drugs and Medical Devices
- Ch. 7 International Anti-Bribery and Anti-Corruption Laws
- Ch. 8 Major Privacy Laws and Their Impact on Life Science Companies
- Ch. 9 Federal and State Transparency Laws
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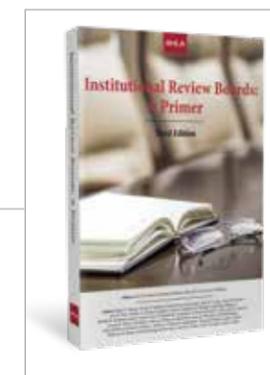
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### TABLE OF CONTENTS

- Ch. 1 Distinguishing Research from Other Activities
- Ch. 2 Regulations that Govern Clinical Research in the United States
- Ch. 3 Understanding the Clinical Trial Process
- Ch. 4 Introduction to Institutional Review Boards
- Ch. 5 The IRB Review Process
- Ch. 6 Roles and Responsibilities of Investigators
- Ch. 7 Children in Research
- Ch. 8 Special Categories of Review
- Ch. 9 Understanding Research Informed Consent
- Ch.10 HIPAA Compliance in Clinical Trials
- Ch.11 Payment to Research Subjects
- Ch.12 Conflict of Interest Issues
- Ch.13 Billing for Clinical Trial Services: General Overview
- Ch.14 Use of Biospecimens and Private Information in Research and Research Repositories
- Ch.15 Secondary Findings in Genomic Research: Ethics, Law, and Practicality
- Ch.16 Typical Areas of IRB Noncompliance
- Ch.17 IRB Compliance and Internal Audits
- Ch.18 Scientific Misconduct in Clinical Research
- Index

### EXHIBITS & SAMPLE FORMS

- Exhibit 2.3.2(a) Sample Exempt Research Checklist
- Exhibit 2.3.2(b) Sample Exempt Research Checklist
- Exhibit 5.4.1 Sample Continuing Review Notice Letter
- Exhibit 5.4.2 IRB Requirements for Continuing Review of Research
- Exhibit 8.3 Humanitarian Use Device Information Sheet
- Exhibit 8.4 Sample Informed Consent for Off-Label Use of a Drug or Device
- Exhibit 9.0.1 Sample Informed Consent Checklist, Pre-2018 Common Rule and FDA
- Exhibit 9.0.2 Sample Study-Specific Informed Consent Checklist, 2018 Common Rule
- Exhibit 9.0.3 Sample Broad Consent Checklist, 2018 Common Rule
- Exhibit 9.3.1 Sample Informed Consent, Pre-2018 Common Rule and FDA
- Exhibit 9.3.2 Sample Study-Specific Informed Consent, 2018 Common Rule
- Exhibit 9.3.3 Sample Broad Consent, 2018 Common Rule
- Exhibit 10.2 Sample HIPAA Authorization
- Exhibit 10.3.1 Sample Waiver or Alteration of Authorization
- Exhibit 10.3.4 Sample Data Use Agreement
- Exhibit 17.0.1 Study Startup Checklist
- Exhibit 17.0.2 Delegation of Authority & Signature Log
- Exhibit 17.0.3 Informed Consent Form (ICF) Version Tracking Log
- Exhibit 17.0.4 Informed Consent Tracking Log by Subject
- Exhibit 17.0.5 Subject Enrollment Log
- Exhibit 17.0.6 Adverse Event Log
- Exhibit 17.0.7 Concomitant Medication Log
- Exhibit 17.0.8 Device Accountability Log
- Exhibit 17.0.9 Phone Screening Log
- Exhibit 17.0.10 Protocol Deviation Log
- Exhibit 17.0.11 Storage of Retained Body Fluids/Tissue Sampling Log
- Exhibit 17.0.12 Self-Monitoring Tool
- Exhibit 17.0.13 Study-Specific Signature Log
- Exhibit 17.0.14 Study-Specific Training Log
- Exhibit 17.0.15 Subject Compensation Log
- Exhibit 17.0.16 Training Attendance Log
- Exhibit 17.0.17 Site Monitoring

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# Health Information

## Telehealth Law Handbook: A Practical Guide to Virtual Care FIRST EDITION

Jennifer R. Breuer, Editor

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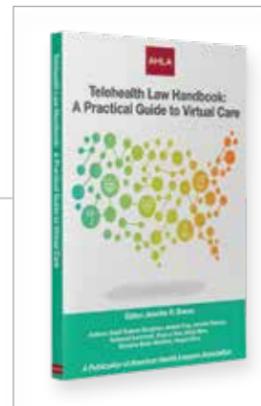
*Telehealth Law Handbook: A Practical Guide to Virtual Care* will help you navigate the highly dynamic and state law-dependent practice of telehealth. Telehealth is changing relationships not only between physicians and patients, but also among providers, and between providers and payers. This *Guide*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

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

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

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### TABLE OF CONTENTS

- Ch. 1 Licensing**
  - 1.1 Introduction
  - 1.2 Current State of Telemedicine Licensure—State-by-State Analysis Required
    - Table 1.1 Applicability of State Medical Licensure Requirements to Interstate Telemedicine
    - Table 1.2 Physician-to-Physician Consultation Exceptions from Licensure Requirements
- Ch. 2 Telehealth Regulatory Requirements**
  - 2.1 Introduction
  - 2.2 Telehealth Models
  - 2.3 Telehealth Practice Requirements
  - 2.4 Vulnerable Patient Populations
  - 2.5 Non-Physician Providers and Telehealth
  - 2.6 Remote Prescribing
  - 2.7 Continuity of Care
- Ch. 3 Payment and Reimbursement**
  - 3.1 Introduction
  - 3.2 Medicare Coverage of Telehealth Services
  - 3.3 Qualifying Rural Area
  - 3.4 Qualifying Originating Site
  - 3.5 Eligible Distant Site Practitioners
  - 3.6 Eligible Telecommunications Technology
  - 3.7 Eligible CPT/HCPCS Codes
  - 3.8 Medicare Billing, Coding, and Payment for Telehealth Services
  - 3.9 Medicare and Other Remote Practitioner Services
  - 3.10 Medicaid Coverage of Telehealth Services
  - 3.11 Commercial Telehealth Insurance Coverage Laws
    - Table 3.1 50-State Survey Telehealth Commercial Insurance Coverage Laws
- Ch. 4 Emerging Legal and Ethical Issues in Telehealth**
  - 4.1 Medical Staff Issues
  - 4.2 Ethics and Liability Issues
  - 4.3 Fraud and Abuse
  - 4.4 Corporate Practice of Medicine
  - 4.5 Privacy and Security Issues in Telehealth
  - 4.6 Mobile Health Technology

## The Law of Digital Health FIRST EDITION

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Digital health is a highly dynamic ecosystem of technological innovation with profound effects on all facets of health care. The key components of today's digital health are:

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- > Mobile personal engagement tools
- > Big data and data analytics
- > Telemedicine

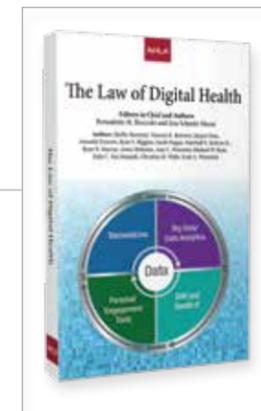
This book explains how, taken together, these developments transform the provider-patient relationship, change the way research is conducted, trigger privacy and security concerns, alter relationships with health plans, and give rise to a new generation of innovation. Digital health participants face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

- > State attorneys general
- > Department of Health and Human Services Offices of Civil Rights, Human Research Protection, and Inspector General, among others
- > State licensure and accreditation agencies
- > Food and Drug Administration
- > Federal Trade Commission
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This book provides both the fundamental understanding and tactical foresight you need to develop a comprehensive digital health strategy.

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### TABLE OF CONTENTS

- Ch. 1 Introduction**
  - 1.1 Introduction
- Ch. 2 Health Information Technology**
  - 2.1 Introduction to Health IT
  - 2.2 Health IT Applications and Uses
  - 2.3 Digital Health Value Proposition
  - 2.4 Unique Legal and Regulatory Considerations Applicable to Health IT
  - 2.5 Planning, Due Diligence, and Contracting Considerations
    - Appx. A Overview of MACRA Quality Payment Program
    - Appx. B Summary of Medicare EHR Incentive Program Stage 3 Meaningful Use Requirements for Eligible Hospitals and Critical Access Hospitals
    - Appx. C Overview of 2015 Edition CEHRT Criteria for Medicare EHR Incentive Program Meaningful Use Program
    - Appx. D Overview of HIPAA Security Assessment Requirements
- Ch. 3 “Big Data” and Data Analytics**
  - 3.1 Value Proposition
  - 3.2 Applications and Use Cases
  - 3.3 Unique Legal and Regulatory Considerations Applicable to Big Data
  - 3.4 Compliance and Liability, and Contracting Considerations and Strategies
  - 3.5 Key General Planning Considerations
  - 3.6 Special Considerations in Data Governance
- Ch. 4 Telemedicine**
  - 4.1 Introduction
  - 4.2 Applications and Uses
  - 4.3 Value Proposition
  - 4.4 Unique Legal and Regulatory Considerations Applicable to Telemedicine
  - 4.5 Compliance and Liability Considerations
  - 4.6 Considerations and Strategies for Health Care Providers Developing and Supporting Sustainable Telemedicine Programs
- Ch. 5 Patient Engagement and Consumer Wellness Tools**
  - 5.1 Applications and Uses
  - 5.2 Value Proposition
  - 5.3 Unique Legal and Regulatory Considerations Applicable to Personal Health Tools
  - 5.4 Compliance and Liability Considerations
  - 5.5 Planning, Due Diligence, and Contracting Considerations and Strategies

# Health Care Delivery Models

## Representing Hospitals and Health Systems Handbook

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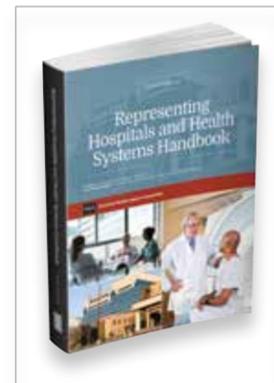
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### TABLE OF CONTENTS

**PART 1 BACKGROUND AND HISTORY**

Ch. 1 Background and History

**PART 2 ESTABLISHING AND MAINTAINING HOSPITALS**

Ch. 2 Licensure, Certification and Related Requirements  
Ch. 3 Medicare Enrollment and Certifications

**PART 3 SOURCES OF REVENUE-PAYMENT FOR HOSPITAL SERVICES**

Ch. 4 Sources of Revenue  
Ch. 5 Medicare Payment Adjustments  
Ch. 6 Rural Hospitals and Other Providers  
Ch. 7 Other Medicare Payment Issues  
Ch. 8 Medicare Provider-Based Status  
Ch. 9 Medicare Audits and Appeals Process  
Ch. 10 Medicare and Medicaid Alternative Payment Models  
Ch. 11 Medicaid  
Ch. 12 Private Payers  
Ch. 13 The Uninsured and Underinsured

**PART 4 FRAUD AND ABUSE PRINCIPLES FOR HOSPITALS**

Ch. 14 Federal Fraud and Abuse Laws  
Ch. 15 State Fraud and Abuse Laws  
Ch. 16 Fraud and Abuse Issues Unique to Hospitals  
Ch. 17 Compliance with Fraud and Abuse Laws

**PART 5 RELATIONSHIPS WITH PHYSICIANS**

Ch. 18 Common Arrangements with Physicians  
Appendix 18A Duties of Medical Director, Surgical Intensive Care Unit  
Ch. 19 Hospital-Physician Alignment Strategies  
Ch. 20 Medical Staff Issues

**PART 6 HOSPITAL OPERATIONAL ISSUES**

Ch. 21 Patient Relations  
Ch. 22 EMTALA  
Ch. 23 Risk Management  
Ch. 24 Privacy and Medical Records  
Ch. 25 Telehealth—The Newest Age of Health Care Delivery  
Appendix 25.1 Telemedicine Credentialing Agreement  
Ch. 26 Hospital Contracting Issues  
Ch. 27 340B Issues  
Ch. 28 Clinical Research

**PART 7 TRANSACTIONS**

Ch. 29 Transactions

**PART 8 INTEGRATED HEALTH SYSTEMS**

Ch. 30 Other Providers

**PART 9 MISCELLANEOUS**

Ch. 31 Academic Medical Centers  
Ch. 32 Public Hospitals  
Ch. 33 Children's Hospitals  
Ch. 34 Antitrust Issues for Hospitals and Health Systems  
Ch. 35 Tax Issues  
Appendix 35A Hospital Joint Venture Policy  
Appendix 35B Hospital Calendar Year 2015 Conflict of Interest and Disclosure Statement for Board of Trustees, Officers and Key Employees  
Appendix 35C Flowchart for Application of Rev. Proc. 97-13  
Ch. 36 Governance  
Ch. 37 Labor and Employment  
Ch. 38 Real Estate Issues

## Ambulatory Surgery Centers: Legal and Regulatory Issues

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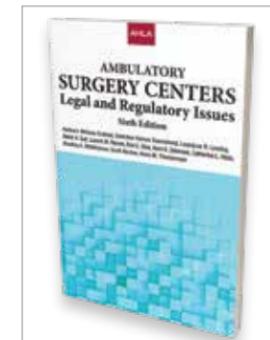
In this edition of this popular work, the authors provide an expert overview of the growth, trends, benefits, legal issues, and tensions associated with ASCs, followed by a comprehensive analysis of the issues particular to ASCs, emphasizing:

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- > The benefits of joint ventures between hospitals and physicians
- > Federal fraud and abuse concerns
- > State self-referral laws and their impact on ASCs

### TABLE OF CONTENTS

Ch. 1 Introduction and Background  
Ch. 2 Anti-Kickback and Self-Referral Issues  
Ch. 3 Tax-Exempt Status and Tax-Related Issues  
Ch. 4 State Self-Referral Issues  
Ch. 5 Reimbursement  
Ch. 6 Medicare Certification, Licensing, and CON (Certificate-of-Need) Issues for ASCs  
Ch. 7 Antitrust Considerations Affecting ASCs  
Ch. 8 Compliance

Exhibit 1 ASC Safe-Harbor Regulations of the Anti-Kickback Statute  
Exhibit 2 Sample Compliance Plan  
Exhibit 3 Sample Operating Agreement  
Exhibit 4 Sample Policy for Antitrust Compliance



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# INDEX

Ambulatory Surgery Centers: Legal and Regulatory Issues ... 25

Antitrust and Health Care: A Comprehensive Guide ..... 16

Best Practices Handbook for Advising Clients on Fraud and Abuse Issues ..... 10

The Complete Medical Staff, Peer Review, and Hearing Guidebook ..... 17

Corporate Practice of Medicine: A 50 State Survey..... 14

The Law of Digital Health ..... 23

False Claims Act & the Health Care Industry: Counseling & Litigation ..... 9

AHLA's Federal Health Care Laws & Regulations ..... 3

Fraud and Abuse Investigations Handbook for the Health Care Industry ..... 11

Fundamentals of Health Law ..... 4

AHLA's Guide to Health Care Legal Forms, Agreements, and Policies..... 2

Health Care and the Business of Cannabis: Legal Questions and Answers..... 12

Health Care Compliance Legal Issues Manual ..... 6

Health Care Contracts: A Clause-by-Clause Guide to Drafting and Negotiation ..... 5

Health Care Transactions Manual: Understanding the Consequences of the Health Care Deal..... 13

Health Plans Contracting Handbook: A Guide for Payers and Providers ..... 15

Institutional Review Boards: A Primer ..... 21

Legal Issues in Health Care Fraud and Abuse ..... 8

Pharmaceutical and Medical Device Compliance Manual..... 20

Representing Hospitals and Health Systems Handbook ..... 24

Representing Physicians Handbook..... 18

The Stark Law: Comprehensive Analysis + Practical Guide .... 7

Telehealth Law Handbook: A Practical Guide to Virtual Care ..... 22

Vaccine, Vaccination, and Immunization Law ..... 19

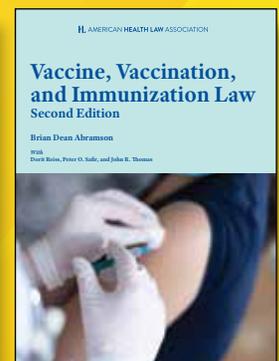
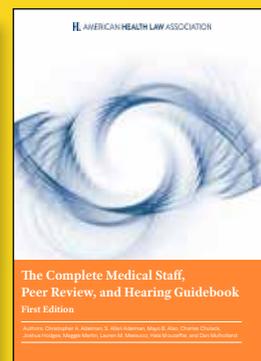
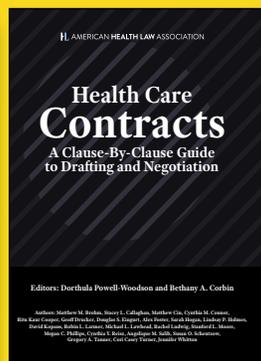
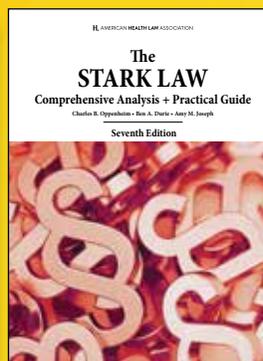
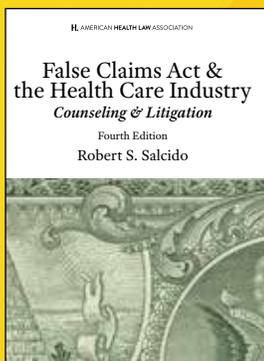
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