23RD ANNUAL

HEALTH LAW INSTITUTE

The event of the year for every health law professional!

4 GREAT REASONS TO ATTEND

Hear Aneesh Chopra, the first U.S. Chief Technology Officer, on using patient health data. What an opportunity!

Cathy Livingston will update you on the future of health insurance under the new administration.

50+ sessions – choose the ones that matter most to you and your clients!

New! “The Safe Harbor” cocktail reception complete with a jazz trio, great food and fun!

And so much more!

Philadelphia
TUE. & WED., MAR. 7 & 8, 2017
PA CONVENTION CENTER, 12TH & ARCH STREETS

8:30 am to 4:35 pm; check-in and continental breakfast begin at 7:45 am each day
In this highly regulated and quickly transforming health care landscape, it’s not news to you that there’s a lot happening and a lot you need to know. Health care is already front and center in the news—and even more changes are on the horizon for 2017. The Health Law Institute provides a place for you to learn new information and insights on the most important developments and practice challenges. Breathe easier knowing that you’re prepared to help your health care clients. Join us for this annual event where more than 400 health law professionals gather for a rich educational experience—and the opportunity to network and socialize!

The Institute kicks off with the always popular “Year in Review”

Take this opportunity to stay on top of all of the significant case law developments and regulatory changes in health law in our opening session. In this lively hour you will be given a tour of all of the new and important case law and regulatory developments by Charles Artz, Barbara Blackmond and Mark Gallant. It’s the perfect way to explore what is happening across a broad spectrum of health law issues. You’ll also get a glimpse at what is on the horizon.

Aneesh Chopra, the first Chief Technology Officer, on the golden era of IT-fueled health care delivery innovation

Here is your opportunity to understand the need for healthcare organizations to build the necessary foundation for organizing, enriching and (securely) sharing patient health data. During his time as the first Chief Technology Officer, Aneesh Chopra fostered greater collaboration by opening up government data with particular emphasis in healthcare. He will share his view of consumers taking a more active role in navigating the healthcare delivery system, empowered with greater access to their own data and the growing number of “apps” and navigation support services that can ensure they seek the right care in the right setting at the right time. You won’t want to miss this timely session!

The much anticipated False Claims Act Update

Courts are continuing to release False Claims Act decisions at a brisk pace. You’ll hear each panelist’s unique viewpoint on these cases. Our panel includes Margaret Hutchinson, Chief of the Civil Division of the US Attorney’s Office, Eastern District of PA, David Laigaie and Matthew Hogan. Always a crowd-pleaser!
An unparalleled opportunity to be updated on the most significant health law developments of the year and what is trending!

**What’s new in HIPAA enforcement?**

Join Patricia Markus, Barbara Holland and a covered entity privacy officer as they discuss OCR guidance on medical record copy fees, cloud computing, ransomware and the start of the Phase 2 audit program. Come to hear about these and other important HIPAA compliance updates from the past year, as well as how to prepare for an audit or other investigation by OCR.

“I love that there are sessions on so many current and developing topics.”

**Break down the impact of the “voluntary” repayment rules with Alice Gosfield**

Failure to repay an overpayment within 60 days of identifying it converts the prior claims submitted to false claims. You won’t want to miss Alice Gosfield as she breaks down the significant implications and burdens imposed on physician practices because of these rules. You may be surprised to learn the art form to ‘identifying’ a claim, including when and how to extrapolate from a sample.

**What’s next for the Affordable Care Act?**

*Cathy Livingston fills you in!*

Cathy Livingston is a dynamic speaker and leading authority on the Affordable Care Act. She served as Health Care Counsel in the IRS Office of Chief Counsel and is now a partner at Jones Day in Washington, DC. She will give you “up to the minute” information about the legislation and regulatory action being taken and analyze the effect they are likely to have on individuals, employers and health care providers.

**Jim Sheehan is back with a fascinating discussion about “reporting up” to the “highest authority that can act on behalf of the organization”**

How should lawyers act when they believe that corporate agents engage in actions or refuse to engage in actions which violate the legal obligations of the organization? Join Jim Sheehan to examine the ethical duties and options for attorneys with knowledge of actual or potential illegal conduct by the organization or its agents in this thought-provoking ethics hour.
## Tuesday's Schedule

### 8:30 - 8:35
Welcome

### 8:35 - 10:05
**The Health Law Year in Review**
Mr. Artz, Ms. Blackmond, Mr. Gallant

### 10:05 - 10:30
Break

#### 10:30 - 12:00

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<th>Time</th>
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<tr>
<td>10:30</td>
<td><strong>1 Super Workshop</strong> False Claims Act Update</td>
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<td>Mr. Hogan</td>
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<td>Ms. Hutchinson</td>
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<td>11:00</td>
<td><strong>2 Super Workshop</strong> HIPAA Enforcement Update—Use Past Examples and Guidance to Improve Your Compliance</td>
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<td>Ms. Holland</td>
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<td>Ms. Markus</td>
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<td>12:00</td>
<td>Lunch for all attendees</td>
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#### 12:00 - 1:15

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<th>Time</th>
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<tr>
<td>12:00</td>
<td>Submission and Reimbursement of Claims</td>
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<td>Ms. Brancatella</td>
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<td>1:00</td>
<td>Medical Staff Issues</td>
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<td>Ms. Nagele</td>
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<td>1:30</td>
<td>The Basics of Health Care Facility Licensure in Pennsylvania</td>
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### 1:15 - 2:15

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<td>1:15</td>
<td>Telemedicine and the Legal Challenges that Keep Us from Building a Virtual Mayo Clinic</td>
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<td>Mr. Durkin</td>
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<td>2:00</td>
<td>The Prosecution and Defense of a Health Care Professional License Action</td>
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<td>Mr. Dearden</td>
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<td>Ms. Guilfoyle</td>
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<td>2:30</td>
<td>A Four-Point Issues List for Consolidation Transactions</td>
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<td>Mr. Lampert</td>
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<td>3:00</td>
<td>Legal Considerations Related to the Use of Patient Portals</td>
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<td>Mr. Shay</td>
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<td>Keep Your Client’s Data Safe or Pay the Price</td>
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<td>Ms. Ellis</td>
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<td>Affordable Care and Civil Rights: The New Rules Under Section 1557 of the ACA</td>
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<td>Mr. Devine</td>
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#### 2:15 - 2:25
Break

#### 2:25 - 3:25

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<th>Time</th>
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<tr>
<td>2:25</td>
<td>Interactive Fraud and Abuse Analysis of Current Health Care Transactions and Organizational Structures</td>
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<td>Mr. Sokolow</td>
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<td>Maintaining a Unified Medical Staff in a Multi-Hospital System</td>
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<td>MSO Resurgence in the Post-Merger Mania: Promoting Tools to Link Providers</td>
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<td>Mr. DeSimone</td>
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<td>Mr. Washlick</td>
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<td>Update on 2016 Healthcare Data Breaches and Regulatory Enforcement</td>
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<td>Mr. Delgadillo</td>
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### 3:25 - 3:35
Break

#### 3:35 - 4:35

**Keynote Address:**

**Connecting the Dots: How Open Data, Connected Apps and Payment Reform Will Accelerate Care Delivery Innovation**

Mr. Chopra

### New this Year!

**The “Safe Harbor” Reception**

Thanks to the generosity of our Health Law Institute sponsors, you are invited to a relaxing and enjoyable reception immediately following the keynote address by our guest speaker Aneesh Chopra. Enjoy great food and drink with the music of our jazz trio in the background. It’s the perfect way to unwind and visit with your colleagues at the end of the day. Join us!
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<tr>
<td>8:30 – 9:30</td>
<td>Dealing with States in Complex Health Care Fraud Investigations</td>
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<td>Ms. Brecht Mr. Raspani</td>
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<td>9:30 – 9:45</td>
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<td>9:45 – 10:45</td>
<td>The Use of Preliminary Documents in Health Care Transactions</td>
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<td>Ms. Hepp Mr. Schreiber</td>
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<td>10:45 – 11:00</td>
<td>Break</td>
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<td>PA Department of Health Update</td>
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<td>Ms. Jollah Mr. Koltash</td>
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<td>12:00 – 1:15</td>
<td>Lunch for all attendees</td>
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<td>1:15 – 2:15</td>
<td>PA Insurance Department Update</td>
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<td>Mr. Mendelsohn Ms. Yekema</td>
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<td>2:15 – 2:25</td>
<td>Break</td>
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<td>2:25 – 3:25</td>
<td>ACOs, Clinically Integrated Networks and Pay for Value Reimbursement</td>
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<td>Mr. Gerber Mr. Raphaely</td>
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<td>3:25 – 3:35</td>
<td>Lunch for all attendees</td>
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<td>3:35 – 4:34</td>
<td>Trends in Discounting Out-of-Network Patient Cost Sharing</td>
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“This program is one of PBI’s best, actually it is THE BEST!”
The Health Law Year in Review

MR. ARTZ, MS. BLACKMOND, MR. GALLANT

Don’t miss your chance to catch up on all of the important healthcare developments over the past year. Our dynamic panel will bring you the hottest developments related to physicians, hospitals and Affordable Care Act (ACA) litigation and reimbursement developments. They will also offer their insights into the trends in health law and what lies ahead in these areas.

1. False Claims Act Update

MR. HOUGH, MS. HUTCHINSON, MR. LAIGNE

The number of False Claims Act cases filed and settled continues to rise. Join our distinguished panel as they examine the most notable False Claims Act cases from the past year. The panel will also discuss major issues that have arisen—or that loom on the horizon—invoking the FCA. Always a crowd-pleaser!

2. HIPAA Enforcement Update—Use Past Examples and Guidance to Improve Your Compliance

MS. HOLLAND, MS. MANNUS

2016 brought several noteworthy HIPAA enforcement cases, along with OCR guidance on medical record copy fees, cloud computing, ransomware, and the start of the Phase 2 audit program. Come learn about these and other important HIPAA compliance updates from the past year, as well as how to prepare for an audit or other investigation by OCR.

3. Submission and Reimbursement of Claims

[10:30 am – 11:00 am]

MS. BRANICATELLA

Regardless of the line of business (Medicare, Medicaid, commercial), provider and payers may choose to structure compensation arrangements in a variety of ways. Hear the nuts and bolts of common compensation methods under payer/provider contracts such as fee-for-service and capitation payments, and touch on the evolving world of value based payments and provider risk. Explore common payment concerns including the process for submitting claims, prompt payment, overpayment recovery, coordination of benefits, and emerging regulatory issues related to value based payments.

4. Medical Staff Issues

[11:00 am – 11:30 am]

MS. NAGLE

Health lawyers must have a working understanding of the unique medical oversight structure, rooted in the corporate practice of medicine doctrine, for physicians and other professionals who practice in hospitals, ACOs, CNIs, clinics and large physician practices. Attend to learn: federal and state regulatory and accreditation requirements • Medical Staff Bylaws, Rules and Regulations • Peer Review Privilege, Policies and Procedures • HCQIA Immunity and NPDB Reporting • managing patient safety, quality and conduct.

5. The Basics of Health Care Facility Licensure in Pennsylvania

[11:30 am – 12:00 pm]

MS. JOHNSON

Attend to understand the who, what and why of health care facilities licensure in Pennsylvania, including: • a breakdown of the main health care licensing agencies • the relevant licensure laws and regulations • a discussion of cross-jurisdictional licensure issues • the interplay between federal reimbursement requirements and state licensure requirements.

1:15 PM – 2:15 PM

6. Telemedicine and the Legal Challenges that Keep us from Building a Virtual Mayo Clinic

MR. DURKIN

Telemedicine’s widespread adoption is hampered by serious federal and state regulatory issues such as: medical license reciprocity; informed consent; differing opinions from state-to-state about the standards of care specific to telemedicine; inefficient availability of patient medical records and the privacy standards state-to-state; requirements for certifications of need in some states; types of entities that can legally employ doctors which vary among the states. By comparing and contrasting the Veterans Administration’s successes with its telemedicine program with that of non-profit and for-profit telemedicine programs, we will explore the many legal challenges impeding telemedicine’s widespread adoption in the United States, and how the trailblazers in telemedicine have overcome those challenges. Join us for a look at the present and future delivery of medical care.

7. The Prosecution and Defense of a Health Care Professional License Action

MR. DEARDEN, MS. GUILFORD

Join us for a discussion on: • administrative law • investigations • range of sanctions • collateral consequences • consent agreements • orders to show cause • procedures • hearings • post hearing procedures.

8. A Four-Point Issues List for Consolidation Transactions

MR. LAMPERT

Health care consolidation continues apace. Come to understand a four-point issues list. First, antitrust: how big is too big, and how coordinated is too coordinated? Second, structure: what is the goal of deal, and how should it be put together? Third, effective diligence: what lies behind the curtain? Last, indemnity and remedies: should it be put together? Third, effective diligence: what lies behind the curtain? Last, indemnity and remedies: what happens if the unexpected happens?

9. Legal Considerations Related to the Use of Patient Portals

MR. SHAY

Explore the legal considerations relating to the use of a patient portal, including: interpreting software license clauses; HIPAA considerations, Meaningful Use compliance; malpractice concerns relating to portal communication; and, comparisons and contrasts with other methods used by patients to communicate with physicians, including social media and texting.

10. Keep Your Client’s Data Safe or Pay the Price (ETHICS)

MS. ELLIS

The ethical rules require us to keep the data of our clients safe. But not only is security of data an ethical issue, it is a legal issue as well. Failure to properly secure data can lead to disciplinary complaints, fines from the FTC and a public relations nightmare. Learn the rules, the risks and some of the steps you can take to make certain you are protecting both your clients and yourself.

11. Affordable Care and Civil Rights: The New Rules Under Section 1557 of the ACA

MR. DEVINE, MS. HOLLAND, MS. WELCH

Section 1557 of the Affordable Care Act prohibits discriminating against patients and plan participants on account of race, color, national origin, sex, age, or disability. In the Spring of 2016, the Department of Health and Human Services published regulations that describe who is subject to these rules and what obligations they impose. Explore the new rules from health care provider, health plan, and civil rights perspectives.

1:15 PM – 1:45 PM

12. Basics of Medicare/Medicaid Fraud & Abuse

MR. SOKOLOW

It is essential that health law professionals have a grasp of the cornerstones of leading fraud and abuse laws such as the Anti-Kickback Statute, the Stark Law and the False Claims Act. Here is your opportunity to explore the broad scope of these laws, recent amendments, and ongoing enforcement efforts designed to protect the public funds that support the Medicare and Medicaid programs.

1:45 PM – 2:15 PM

13. Fraud & Abuse Compliance

MR. SOKOLOW

It is often said in sports that the best offense is a good defense. By analogy, in the heavily regulated health care field, one of the keys to the successful growth and operation of any health care business is a good corporate compliance program. Attend to learn the importance of health care compliance programs, how to establish them, implement them and determine if they are operating effectively. Their potential impact on Medicare and Medicaid revenues will also be discussed.

2:25 PM – 3:25 PM

14. Interactive Fraud and Abuse Analysis of Current Health Care Transactions and Organizational Structures

MR. SOKOLOW

Advising clients on fraud and abuse matters can be a risky business and sometimes the difference between legal and ill-advised turns on the smallest of details. This fast-paced, interactive session will analyze fraud and abuse implications of both current and next generation health care transactions, hospital-physician collaborations, and organizational structures, testing the audience’s knowledge of fraud and abuse principles and risk tolerance. Will your views and conclusions be on the side of the majority, is the majority view necessarily correct, and can you be persuaded by arguments on the other side? Attend this session if you dare to learn the answers to these and other questions!

15. Maintaining a Unified Medical Staff in a Multi-Hospital System

MS. DITTE, MS. NAGLE

A unified, multi-hospital medical staff can create substantial efficiencies but also add complexity to medical staff governance, due to the need to balance centralized leadership with local control. We will offer practical guidance in • educating physician leaders across multiple hospitals to embrace the new governance concepts • problem-solving challenges created by CMS Joint Commission and state licensing requirements • managing system-wide peer review, credentialing and departmental oversight efficiently as well.
16. MSO Resurgence in the Post-Merger Mania: Promoting Tools to Link Providers
MR. DESMORE, MR. WASHULICK
Management Service Organizations (MSOs) are receiving special attention as investment vehicles for hospitals, physicians, IPAs and private investors designed to provide a wider menu of services to the participating investors as well as affiliated clinically integrated networks, many developed as a means to fend off the urge to merge. Explore the legal issues present when multiple referral sources operate together within the MSO, including: • antitrust • corporate structure • compliance • litigation.

17. Update on 2016 Healthcare Data Breaches and Regulatory Enforcement
MR. DELOGADUO, MR. FICKEL, MS. WINCHESTER
Will 2016 be known as the year of healthcare ransomware or have other breach trends emerged? We will discuss major trends in healthcare data breaches, updates to data breach notification laws, and recent OCR resolution agreements and guidance. Take away steps your organization can and should be taking to be compromise ready.

18. Intervention Strategies for Helping Legal Professionals (ETHICS)
MS. BIDEN
Lawyers have some of the highest rates of depression and problem drinking among all professionals. We will discuss why attorneys are so at-risk and describe the resources available for assisting colleagues and/or family members in distress within the framework of the motivational interviewing style.

Health lawyers in the public and private sectors gather together to share information!

19. Advanced Roundtable for In-House Counsel
MS. NELSON
Take advantage of this unique opportunity for in-house counsel lawyers in hospitals and other healthcare settings to have collegial interactions and to debate and discuss pertinent legal issues that impact this client setting.
Limited enrollment session, pre-registration required.
For experienced hospital and health system in-house counsel only, please.

20. HIPAA Privacy Basics
(2:25 pm – 2:55 pm)
MS. KORRUMP
Learn about the HIPAA Privacy Rule in a post-HITECH world. We will explore: • the obligations of covered entities and business associates to secure protected health information and electronically protected health information • the requirements of the breach notification rule • enforcement and penalties.

21. HIPAA Security Basics
(2:55 pm – 3:25 pm)
MR. SHAY
Learn about the HIPAA Security and Breach Notification Rules in a post-HITECH world. We will explore: • the obligations of covered entities and business associates to secure protected health information and electronically protected health information • the requirements of the breach notification rule • enforcement and penalties.

22. Connecting the Dots: How Open Data, Connected Apps and Payment Reform Will Accelerate Care Delivery Innovation
MR. CHOPRA
As President Obama’s first Chief Technology Officer, Aneesh Chopra fostered greater collaboration by opening up government data with particular emphasis in healthcare. Coupled with the Administration’s efforts to catalyze the adoption of health IT through its “meaningful use” incentive program and accelerate the transition towards value-based payment, Chopra believes we are entering a golden era of IT-fueled care delivery innovation. He’ll share his view of consumers taking a more active role in navigating the healthcare delivery system, empowered with greater access to their own data and the growing number of “apps” and navigation support services that can ensure they seek the right care in the right setting at the right time. He’ll focus on the need for healthcare organizations to build the necessary foundation for organizing, enriching, and (securely) sharing patient health data, including real-time efforts to open up data across EHRs, payers, government and the growing ecosystem of remote monitoring services to enable population health and accomplish true interoperability.

Wednesday MAR 08

23. Dealing with States in Complex Health Care Fraud Investigations
MS. BRECHT, MR. RASPANITI
Understand the current status of the state attorneys general healthcare enforcement, 32 state False Claims Acts, and the practicalities of dealing with state AGs with varying regulatory powers. Learn how state FCA laws compare with the Federal False Claims Act, the main differences, and the leverage points which can and are utilized by the states. Take away practical tips on how to deal with different state attorneys general offices on complicated False Claims Act cases when dealing with civil investigative demands, investigations, and the complexities of a multi-party settlement.

24. What Is Next for the Affordable Care Act: Issues and Options for Providers, Payers and Consumers
MS. LIVINGSTON
With the election of the new president and a new Congress, there is going to be significant change to the Affordable Care Act. We do not yet know what the changes will be other than a commitment to repeal and replace the ACA. The specifics of the change are likely to be revealed in legislation early in the next Congress and in agency action on regulations and enforcement positions. Meanwhile, employers are still providing health coverage to more than half the population and trying to manage the escalating cost along with administrative burdens created by the ACA. Attend to understand the legislation and regulatory action being taken and analyze the effects it is likely to have on individuals, employers and health care providers of all kinds.

25. Preventing and Responding to a Health Care Data Breach: The Information Security Perspective
MS. LEVINE, MR. SATTERFIELD, MR. STID
Explore the decisions a data breach response team must make and the reputational impacts related to those decisions by walking through the progression of a real life data breach. You will learn: • who should be part of an organization’s response team • when and how an organization should know when it is involved in a data breach • what actions should be taken in response to the different progressions of a data breach • how to develop internal and external messaging for constituents • how to address media inquiries • what are the legal implications of the breach • when should outside consultants be brought in to assist.

26. MACRA: Physician Payment Reform and Legal Perspectives
MS. CLARK, MR. HARRIS, MR. JONES
The Medicare Access and CHIP Reauthorization Act (MACRA) offers physicians, and their hospital employers, two stark options under Medicare: the Merit-based Incentive Payment System (MIPS) or accepting downside risk in Advanced Alternative Payment Models (APMs). Physicians will be held accountable for quality and cost with financial rewards and penalties, whether they want them or not. Medicare has raised the stakes and accountability for physicians, and performance will be measured from the beginning of 2017, so there is little time to prepare.

27. Research Compliance 2017 Year in Review
MS. MURTHA
Research is a critical focus area of legislators, federal agencies and enforcers. Examine all new research-related laws and regulations, as well as Agency guidance in areas including human research protections, conflicts of interest, grant compliance, research misconduct, and much more. Learn about DOJ and OIG initiatives, investigations and settlements as well as methods by which attorneys can protect their clients from research risks.

28. Implementation of Pennsylvania’s New Medical Marijuana Law
MS. CARSON, MR. CLARK
Representatives from the Pennsylvania Department of Health will discuss the process of implementing the state’s Medical Marijuana program. The implementation of the program is expected to take between 18 to 24 months, and when completed, will offer medical marijuana to patients who are under a physician’s care for the treatment of a serious medical condition.
SESSION DESCRIPTIONS

Wednesday continued

**29. The Use of Preliminary Documents in Health Care Transactions**
**MS. NEPP; MS. SCHREIBER**

Analyze various pre-acquisition documents utilized in health care transactions, such as confidentiality agreements, term sheets and letters of intent. We will address: the importance of addressing health care matters, such as licensing, coding, and fraud and abuse due diligence as well as potential Stark matters early in the transaction process; potential pitfalls for the unwary.

**30. The “Voluntary” Repayment Rules: The Physician Practice Perspective**
**MS. GOSSFIELD**

The voluntary repayment rules are not so voluntary. Failure to repay an overpayment within sixty days of “identifying” it converts the prior claims submitted to false claims. This is true for claims errors, documentation failures, as well as Stark and anti-kickback non-compliant circumstances. The implications are significant, and the burdens imposed on physician practices not inconsequential. All compliance plans will have to take these rules into account. There is an art form to “identifying” a claim, including when and how to extrapolate from a sample—with little guidance available on the latter point. A single denied claim triggers an obligation for reasonable diligence to investigate further! Here is your chance to understand the rules and elucidate their significance, learn the pitfalls and grasp the practical meaning of their application.

**31. New Generation Compliance Programs: Effective, Efficient Compliance**
**MR. MILLER**

Learn how to counsel your clients on how to improve the effectiveness of their compliance programs, particularly after repeated compliance failures. Topics include: root causes of repeated compliance failures in organizations with existing compliance programs; weaknesses and problems caused by continually increasing compliance structures and processes; reinventing compliance programs to gain advantages in effectiveness and efficiency; focusing on simplicity, training, financial incentives, monitoring and accountability; a new vision and mission for compliance programs.

**32. The Good, the Bad and the Unresolved—Cases Involving Managed Care Organizations**
**MR. CASALE**

Come to hear a revealing discussion of recent developments and 2016 decisions from Pennsylvania State Courts as well as the Pennsylvania Federal District Court, Third Circuit Court of Appeals and United States Supreme Court that involved a Managed Care Organization (“MCO”). Learn too, about Federal Trade Commission actions that were taken that involved an MCO.

11:00 AM – 12:00 PM

**33. PA Department of Health Update**
**MS. JALLAH; MR. KOLTASH**

Join us to explore the issues that were addressed by the Department of Health during the past year and that are expected to remain of prime importance in 2017.

Learn about the implementation of any recently enacted legislation and any forthcoming promulgation of new and revised regulations.

**34. Update on Fraud and Abuse Developments**
**MR. THALLIVER**

Come to hear about the developments related to Fraud and Abuse Laws over the past year. Topics include: new Anti-Kickback Statute Safe Harbors; potential legislative changes to Stark Law; recent Anti-Kickback Statute and Stark Law cases/settlements; changes to CMS’s self-referral disclosure protocol; increased enforcement focus on individuals; liability for mistaken fraud and abuse advice.

**35. Errors and Omissions Under IRC §501(r)**
**MR. HENNESSEY**

Join us for a recap of the Section 501(r) requirements on tax-exempt hospitals. The final regulations became effective in 2016. The focus will be on: monitoring and compliance under Section 501(r) along with an analysis of error reporting; correction guidance and related questions; disclosures on IRS Form 990. Moreover, the audience will be invited to share and discuss common Section 501(r) problem areas, possible remediation strategies and associated reporting/disclosure requirements.

**36. Learning Legal Ethics Through Comparison with Medical Ethics (ETHICS)**
**MR. SIMON, PROF. WEINBERG**

A chief legal officer and a medical school bioethics professor will contrast and compare an attorney’s ethical requirements with the ethical concerns of the medical practitioner. Through several hypothetical examples, we will compare and contrast the similarities and differences between the applicable ethical precepts. For example, lawyers must possess the legal knowledge, skill, thoroughness and preparation reasonably necessary for a representation. But a lawyer need not necessarily have special training or prior experience to handle legal problems of a type with which the lawyer is unfamiliar. Physician ethical principles dating back to the Hippocratic Oath include an obligation to provide competent professional care, with compassion and respect for human dignity and rights, and to strive to report physicians deficient in competence to appropriate entities.

**37. Healthcare Antitrust in 2016: Increased Challenges and Greater Complexity**
**MR. EISENSTADT, MR. MATTIOLI**

As healthcare providers continue to consolidate and form integrated networks, a number of significant developments in antitrust healthcare have emerged. We will explore recent private and governmental enforcement trends in: hospital and provider mergers; antitrust issues regarding payers; private antitrust litigation; state developments; new developments in the analysis of economic issues.

**38. Delegated Credentialing—A Solution to the Insurer Credentialing Waiting Game**
**MR. CHILACK**

Hospitals and physician group practices want their individual providers to be placed on health insurer panels, and eligible for reimbursement, as quickly as possible. However, health insurer credentialing is often time-consuming and inefficient, with some health insurers taking up to 180 days to credential a physician or other individual provider. Come to learn, in a delegated credentialing context, best practices for credentialing and peer review; relevant accreditation standards; Medicare, Medicaid and state mandates; contract provisions to include in delegated credentialing agreements; and using sub-delegation agreements.

1:15 PM – 2:15 PM

**39. PA Insurance Department Update**
**MR. MENDOZAROL, MS. YENNA**

Come and hear about the hot topics in health insurance from the perspective of the state regulator, including: • Federal health care landscape for commercial insurance • state law developments • the future of long term care • the impact of national transactional and litigation issues on the Pennsylvania health insurance landscape.

**40. The Integration of Behavioral Health Care and Physical Health Care in Pennsylvania**
**MS. FRANKLIN**

In Pennsylvania and elsewhere, physical health care, mental health care, and substance use disorder treatment are regulated by different government agencies, often involve treatment by different types of professionals in different settings, and are paid for by different reimbursement systems. This fragmentation creates a range of legal and regulatory issues that need to be considered, including sharing of patient health information, managed care/network contracting issues, reimbursement issues, and licensing issues.

**41. Advice for Lawyers Considering “Reporting Up” Information about Illegal Conduct “To the Highest Authority” (ETHICS)**
**MR. SHEEHAN**

How should lawyers act when they believe that corporate agents engage in actions or refuse to engage in actions which violate the legal obligations of the organization? What factors should they consider? What record should they develop? Examine the ethical duties and options for attorneys with knowledge of actual or potential illegal conduct by the organization or its agents. Analyze the differing rules that apply in Pennsylvania, and New Jersey to the same conduct, and additional obligations imposed by Sarbanes-Oxley.

**42. “Late Career” Practitioner Policies—Age Discrimination or Patient Safety Best Practice?**
**MS. BLACKMOND**

Stanford adopted a policy that has received a good deal of attention, and is serving as a model for others. But does any scrutiny based on age implicate age discrimination prohibitions? As we all age, certain conditions develop—but not for everyone and not in the same way. Is age a “Bona Fide Occupational Qualification” for some specialties? Would failure to have a policy providing for some scrutiny subject the organization to corporate negligence claims? Can these interests be effectively and fairly balanced?

**43. From Chaos to Modest Disorder: A Hard Look at Quality Efforts and Their Limits in Improving Consumer and Patient Health**
**PROF. FURROW**

Examine the current status of quality and patient safety in U.S. health care today. Topics include: (1) the range of organizations spawned by the ACA and the evolution of CMS initiatives to promote quality and safety in health care; (2) incentive-driven performance models such as Value-Based Purchasing, P4P, Bundling, performance-based websites such as hospital.compare; (3) institutional programs such as Wellness and Communication/Resolution liability ideas.
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<th>2:25 PM – 3:25 PM</th>
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<td><strong>44. Case Update from the PA Office of Attorney General</strong></td>
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<td>MR. DEVLIN, MR. GREENE, MS. WINDPETY</td>
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<td>Join us for a discussion on: • the UPMC and Highmark case • the Golden Living Nursing Homes litigation • health care debt collection practice pitfalls.</td>
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| **45. ACOs, Clinically Integrated Networks and Pay for Value Reimbursement** |
| MR. GERBER, MR. RAPHAELY |
| Explore the interplay between the various pay for value reimbursement models and the structures that providers are utilizing to operate in this emerging world. Gain the essential information you need to know regarding MACRA, shared savings and bundled payment arrangements, other pay for value models and the operating structures providers are creating to maximize financial and clinical performance. |

| **46. Pennsylvania Patient Safety Authority** |
| MR. BLACK, MR. LIEBER |
| Medical error reformers know that having a good reporting system that is supported by physicians, nurses and other staff is fundamental to improving patient safety and quality of care. We will break down the need for the Pennsylvania Patient Safety Authority and how and why providers should comply with it. |

| **47. Hospital as Employer: The Role of Employee Leasing Arrangements in Preventing Fraud and Abuse, Misclassification, Joint Employer Liability** |
| MR. JOSEPH, MS. KIRSHENBAUM |
| Recent restrictions on residents’ hours have hospitals looking increasingly to mid-level providers, such as PAs and APRNs, to ensure consistent, high-level patient care. The OIG and the Justice Department are scrutinizing the use of mid-level providers and the way that hospitals and physicians bill and pay for their services. We will discuss the government’s increased focus on these arrangements and offer practical solutions to ensure regulatory compliance, including the use of employee leasing arrangements. Employment issues that hospitals face, such as worker misclassification (employee vs. independent contractor) and potential joint employer liability for temporary workers and those employed by more than one health system entity will also be covered. |

| **48. Long-Term Care Providers Under Siege** |
| MR. HOFFMAN, MR. HOROWITZ |
| Long-term care providers are under intense scrutiny by government regulators and enforcers based on a number of different theories including fraud, unjust enrichment coupled with aggressive regulatory interpretations of survey/certification requirements. We will focus on recent enforcement activities pertaining to long-term care providers including rehabilitation therapy, bankruptcy filings in response to regulatory actions, and fraud prosecutions. Take away tips to address and perhaps avoid these issues. |

| **3:35 PM – 4:35 PM** |
| **49. Trends in Discounting Out-of-Network Patient Cost Sharing** |
| MS. AIKEN-SHABAN, MR. ROTELLA |
| Whether and under what circumstances a health care facility can charge an out-of-network patient less than the higher out-of-network cost share amount the patient’s plan wants him or her to pay, and still recover payment for the services from the plan, continues to be a developing and highly contested area of the law. Join us for a discussion of relevant state laws and pending legislation dealing with discounts afforded to out-of-network patients. Learn about important developments this past year, including in the Bay Area Surgical Management cases in California, the Humble Surgical Hospital case in Texas, and the North Cypress Medical Center litigation in Texas. |

| **50. Arbitrating Physician Practice & Hospital Disputes: Staying Focused on What Matters** |
| MR. ALSTON, MR. DRUCKER |
| Arbitration should not and need not resemble litigation. Everyone benefits when health care disputes are resolved quickly, fairly, economically and confidentially. In-house counsel, litigators and neutrals must hone in on the critical business issues and keep posturing, procedural battles, and heavy-handed tactics at bay. Learn how “muscular” arbitrators keep proceedings moving forward, and how participants can take advantage of this approach. |

| **51. The Death of Provider Based Status as We Know It** |
| MS. LAMANNA, MS. RALEIGH, MR. THOMPSON |
| Join us for a discussion on: • how CMS plans to implement Section 603 and what that means for hospitals • the areas that CMS left open for discussion and further analysis • the practical effects of operating under the Final Rule • what hospitals should be doing in connection with their “grandfathered” sites in light of the Final Rule • the implications of the DH’s new guidance on licensure and reimbursement. |

| **52. The Art of Self-Disclosure in a Changing Enforcement Environment** |
| MS. LAWRENCE, MS. OLSEN |
| Stricter timelines for self-reporting under the 60-Day Overpayment Rule; heightened scrutiny of individual liability under the Yates memo; and increased False Claims Act penalties—all of these changes, together with an expansion in health care enforcement activities, make it even more important to understand the various self-reporting options available when a significant compliance issue is identified at your organization. We will outline the options available for self-reporting and the key characteristics of each option, and provide practical tips for how your organization can minimize enforcement risk and liability for your key decision-makers. |

| **53. Medicaid Managed Mandatory Long-Term Care Services and Supports (MLTCSS) in Pennsylvania** |
| PROF. CAMPBELL, MS. TORREGROSSA |
| The PA Department of Human Services has announced an aggressive schedule to institute MLTCSS beginning in 2017, to be statewide by 2019. This will dramatically change how Medicaid-funded long-term care services and supports are paid for and delivered in nursing homes and in the home. Examine the proposed program and what it means for providers and consumers, including how the latest federal requirements will impact the rollout. |

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Andrea M. Kahn-Kothmann, Esq.
THOMAS JEFFERSON UNIVERSITY
PHILADELPHIA

Ms. Kahn-Kothmann is Senior Counsel at Thomas Jefferson University in Philadelphia, where she has been a member of the legal team for ten years. In addition to representing the health sciences university and its component professional schools on general legal matters, her primary clients are Jefferson’s various health care provider entities, including a 650-physician, multi-specialty faculty practice plan and several acute care hospitals which she represents on health care regulatory and transactional issues.

Mark L. Mattioli, Esq.
GREENBERG TRAURIG, LLP, PHILADELPHIA

Mr. Mattioli concentrates his health law practice in the areas of antitrust, privacy, fraud and abuse, credentialing, HITECH/HIPAA and commercial litigation involving healthcare providers. His practice includes representation of, among others, clients in antitrust litigation, class action litigation, fraud, false claims act, breach of contract and negligence claims where he has dealt with the discovery of electronic evidence in a variety of different contexts.

Edward F. Shay, Esq.
PHILADELPHIA

Mr. Shay recently retired from the practice of law. He practiced in the health care field with special emphasis on complex regulatory problems and provider relationships with payors. Much of his practice currently focuses on the critical intersection between e-health, electronic health information management and such rapidly evolving payor relationships as consumer directed health arrangements, performance based compensation and data driven care solutions.

Ruth M. Siegel, Esq.
HERSHEY

Ms. Siegel practices exclusively in the field of health law. Her practice includes representation of institutional and individual health care providers in business and regulatory matters.
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