

Index

ABUSE

Sanctions (this index)

ACCESS TO RECORDS

Generally, **3:16**

Access clause, sample, **App 3:2**

Contracts to which access clause applies, **3:17**

Criteria for obtaining access, **3:19**

Electronic health records, privacy obligations, **3:33**

Notification standards for breaches of “unsecured” protected information, **3:34**

Who has access, **3:18**

ACCOUNTABLE CARE ORGANIZATIONS

Managed care, **11:39**

ACCOUNTANTS

Initial public offerings (IPOs), **13:9**

ACCOUNTS RECEIVABLE FINANCING

Generally, **12:1 et seq.**

Assignments

court-ordered assignments, **12:20**

Federal Assignment of Claims Act, **12:12**

veteran’s benefits, assignment of, **12:13**

Covenants, **12:17**

Default, **12:20**

Due diligence, outstanding secured commitments, **12:15**

Enforcement, **12:19**

Federal Assignment of Claims Act, **12:12**

Limiting scope of receivables subject to program, **12:16**

Medicare and Medicaid prohibitions, scope of
generally, **12:2**

ACCOUNTS RECEIVABLE

FINANCING—Cont’d

Medicare and Medicaid prohibitions, scope of—Cont’d

exceptions, statutory and regulatory

generally, **12:6**

Medicaid exceptions, **12:11**

Medicare exceptions, **12:7-12:10**

Medicaid

exceptions, **12:11**

federal law, **12:4**

state law, **12:5**

Medicare

generally, **12:3**

exceptions, **12:7-12:10**

Protecting lender

generally, **12:14**

court-ordered assignments, **12:20**

covenants, **12:17**

default, **12:20**

due diligence, outstanding secured commitments, **12:15**

enforcement, **12:19**

limiting scope of receivables

subject to program, **12:16**

representations, **12:17**

repurchase requirement, **12:18**

warranties, **12:17**

Representations, **12:17**

Repurchase requirement, **12:18**

Veteran’s benefits, assignment of, **12:13**

Warranties, **12:17**

ACCREDITATION

Clinical Laboratory Improvement

Amendments Act of 1988, **20:57**

Managed care, **11:22**

State Regulation (this index)

ACQUISITIONS

Antitrust considerations, **20:18**

ACUTE CARE HOSPITALS

Generally, **16:3**

ADMINISTRATIVE EXPENSE CLAIM

Closing health care business, **15:14**

ADMISSION AND DISCHARGE ASSESSMENTS

Medicare and medicaid, **17:62**

ADVISORY BULLETINS (SPECIAL)

Fraud Alerts, Office of Inspector General's (this index)

AFFORDABLE CARE ACT (ACA)

Generally, **21:8**

Chronic disease, prevention of, **21:12**

Community Living Assistance Services and Supports (CLASS) program, **21:16**

Enhanced disclosure for nursing facilities, **3:3**

Fees on the health industry, **21:17**

Fraud alert, ACA requirements for tax-exempt hospitals, **5:115**

Health industry impact and outlook, **21:18**

Innovative medical therapies, improving access, **21:15**

Inpatient hospital provisions, **17:20**

Insurance reforms, **21:9**

Legislative developments, **22:4**

Outpatient provisions, **17:23**

Public health, improving, **21:12**

Public programs, role of, **21:10**

Quality and efficiency of care, **21:11**

Revenue provisions, **21:17**

Taxes on health industry, **21:17**

Transparency and program integrity, **21:14**

Workforce in health care, **21:13**

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

Cost effectiveness and outcomes research, **22:3**

AMBULANCE SERVICES

Medicare program, **17:46**

AMBULATORY SURGICAL CENTERS (ASCs)

Medicare and medicaid services, **17:91**

Outpatient and rehabilitation facilities, **16:12**

Safe harbor regulations, proposed additional safe harbors for investment interests in ambulatory surgical centers, **6:6**

AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

Disclosure and use of health information, **3:20**

Health provisions, generally, **21:7**

Legislative developments, **22:4**

Notification standards for breaches of "unsecured" protected information, **3:34**

Penalties for improper disclosures, **3:31**

Security, notification standards for breaches of "unsecured" protected information, **3:34**

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

Generally, **20:1 et seq.**

Commercial facilities. Title III overview, below

Conclusion, **20:9**

Department of Health and Human Services, Office of Civil Rights, Assurance of Compliance (HHS Form-690), **App 20:1**

Health care providers, public accommodations or commercial facilities under Title III, **20:4**

Public accommodations. Title III overview, below

Title III overview

generally, **20:2**

commercial facilities

generally, **20:3, 20:8**

health care providers, public accommodations or com-

INDEX

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)—Cont’d

- Title III overview—Cont’d
 - commercial facilities—Cont’d
 - mercial facilities, **20:4**
 - health care providers, public accommodations or commercial facilities, **20:4**
 - public accommodations
 - generally, **20:3**
 - health care providers, public accommodations or commercial facilities, **20:4**
 - obligations of health care providers for places of public accommodation, **20:5**
 - tax benefits for compliance with ADA, **20:6**
 - tenants or building owners, obligations of health care providers, **20:7**

AMERICAN TAXPAYER RELIEF ACT (ATRA)

- Health care reform: recent and pending legislation, **21:20**

ANALYSIS OF HEALTH CARE TRANSACTIONS

- Generally, **1:1 et seq.**
- Due diligence, determination of relevant health care “due diligence” requirements, **1:7**
- Federal
 - agencies, types of, **App 1:2**
 - state programs involved, identification of, **1:3**
- Governmental notices, approvals, and consents, determination of, **1:5**
- Legislation and regulations, review pending and new, **1:8**
- Nature of transaction, determination of, **1:4**
- Parties and health care businesses involved, identification of, **1:2**
- Programs, types of, **App 1:2**
- Providers, types of, **App 1:1**
- Third-party payment considerations, identification of, **1:6**

ANTIDISCRIMINATION LAWS

- Americans with Disabilities Act of 1990 (ADA)** (this index)
- Compliance, OCR review of compliance with antidiscrimination laws, **20:13**
- Department of Health and Human Services, Office of Civil Rights, Assurance of Compliance (HHS Form-690), **App 20:1**
- Medicaid program, antidiscrimination statutes, **18:33**
- Rehabilitation Act of 1973, Section 504** (this index)
- Section 1557 of the Affordable Care Act
 - nondiscrimination requirements, health insurance marketplace, **20:16**

ANTI-DUMPING STATUTE

- Federal Patient Anti-Dumping Statute** (this index)

ANTI-FRAUD MEASURES

- Health Care Reform: Recent and Pending Legislation** (this index)
- Sanctions** (this index)

ANTI-KICKBACK LAW

- Federal Anti-Kickback Law** (this index)

ANTITRUST LAWS

- Generally, **20:17 et seq.**
- Acquisitions, antitrust considerations, **20:18**
- Collaborative arrangements, antitrust considerations, **20:19**
- Coronavirus, effect on antitrust enforcement, **20:43**
- COVID-19, effect on antitrust enforcement, **20:43**
- Department of Justice expedited business review procedure, **20:32**
- Enforcement developments. Guidance, statements of antitrust enforcement policy in health care area, below

ANTITRUST LAWS—Cont'd

- Exclusive dealing provisions, enforcement developments, **20:41**
- Federal Trade Commission advisory opinion procedure, 1994 statements, **20:32**
- Fee-related information, 1994 statements as to providers' collective provision of information to purchasers of health care services, **20:27**
- Guidance, statements of antitrust enforcement policy in health care area
 - Accountable care organizations, 2011 guidance on, **20:38**
 - conclusion, **20:42**
 - Department of Justice expedited business review procedure, summary of 1994 statements, **20:32**
 - enforcement developments
 - generally, **20:39**
 - exclusive dealing provisions, **20:41**
 - mergers, **20:40**
 - "most-favored nations" clauses, **20:41**
 - exclusive dealing provisions, enforcement developments, **20:41**
 - Federal Trade Commission advisory opinion procedure, 1994 statements, **20:32**
 - fee-related information, 1994 statements as to providers' collective provision of information to purchasers of health care services, **20:27**
 - hospital
 - joint ventures, 1994 statements, **20:23, 20:24**
 - mergers, 1994 statements, **20:22**
 - information to purchasers, 1994 statements as to providers' collective provision of information to purchasers of health care services
 - generally, **20:25**

ANTITRUST LAWS—Cont'd

- Guidance, statements of antitrust enforcement policy in health care area—Cont'd
 - information to purchasers, 1994 statements as to providers' collective provision of information to purchasers of health care services—Cont'd
 - fee-related information, **20:27**
 - non-fee-related information, **20:26**
 - joint purchasing arrangements among health care providers, 1994 statements, **20:29**
 - joint ventures
 - hospital joint ventures, 1994 statements, **20:23, 20:24**
 - physician network joint ventures, below
 - mergers, enforcement developments, **20:40**
 - "most-favored nations" clauses, enforcement developments, **20:41**
 - multiprovider networks
 - summary of 1994 statements, analytical statements relating to multiprovider networks, **20:31**
 - summary of 1996 statements, **20:36**
 - non-fee-related information, 1994 statements as to providers' collective provision of information to purchasers of health care services, **20:26**
 - physician network joint ventures
 - summary of 1994 statements, **20:30**
 - summary of 1996 statements, **20:35**
 - price and cost information, 1994 statements as to provider participation in exchange of, **20:28**
 - summary of 1994 statements
 - generally, **20:20-20:31**
 - Department of Justice expedited business review procedure, **20:32**

INDEX

ANTITRUST LAWS—Cont'd

- Guidance, statements of antitrust enforcement policy in health care area—Cont'd
 - summary of 1994 statements—Cont'd
 - evaluation of 1994 statements, **20:33**
 - Federal Trade Commission advisory opinion procedure, **20:32**
 - hospital joint ventures, **20:23, 20:24**
 - hospital mergers, **20:22**
 - information to purchasers, 1994 statements as to providers' collective provision of information to purchasers of health care services, above
 - joint purchasing arrangements among health care providers, **20:29**
 - multiprovider networks, analytical statements relating to, **20:31**
 - physician network joint ventures, **20:30**
 - price and cost information, provider participation in exchange of, **20:28**
 - summary of 1996 statements generally, **20:34-20:36**
 - evaluation of 1996 statements, **20:37**
 - multiprovider networks, **20:36**
 - physician network joint ventures, **20:35**
- Horizontal arrangements, antitrust considerations, **20:18**
- Hospitals
 - joint ventures, 1994 statements of antitrust enforcement policy, **20:23, 20:24**
 - mergers, 1994 statements of antitrust enforcement policy, **20:22**
- Information to purchasers, 1994 statements as to providers' collective provision of information

ANTITRUST LAWS—Cont'd

- to purchasers of health care services . Guidance, statements of antitrust enforcement policy in health care area, above
- Joint purchasing arrangements among health care providers, 1994 statements of antitrust enforcement policy, **20:29**
- Joint ventures
 - antitrust considerations, **20:19**
 - guidance, statement of antitrust enforcement policy in health care area, above
- Managed care, antitrust concerns, **11:30**
- Mergers
 - antitrust considerations, **20:18**
 - enforcement developments, **20:40**
 - hospital mergers, 1994 statements, **20:22**
- "Most-favored nations" clauses, enforcement developments, **20:41**
- Multiprovider networks. Guidance, statements of antitrust enforcement policy in health care area, above
- Non-fee-related information, 1994 antitrust enforcement statements as to providers' collective provision of information to purchasers of health care services, **20:26**
- Physician network joint ventures. Guidance, statements of antitrust enforcement policy in health care area, above
- Price and cost information, 1994 antitrust enforcement statements as to provider participation in exchange of, **20:28**
- Price fixing, labor, **20:42**
- "ANY WILLING PROVIDER" LAWS**
 - Managed care, **11:36-11:38**
 - Out-of-network litigation, **11:38**
 - State developments, **11:37**
- ARIZONA**
 - Physician financial arrangements, restrictions on, **9:42**

ARMED FORCES PERSONNEL

TRICARE

formerly known as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), **19:4**

ASSET REVALUATION

Changes of Ownership and New Business Organizations: Reimbursement Considerations (this index)

ASSIGNMENTS

Accounts Receivable Financing (this index)

Health care government contractors, **20:128**

ASSISTANCE PROGRAMS

Medicare Part D, OIG guidance, **5:105**

ATTORNEY GENERALS

Civil enforcement, improper disclosure of protected information, **3:31**

ATTORNEYS

Initial Public Offerings (IPOs) (this index)

BALANCED BUDGET ACT (BBA)

Health policy provisions of select legislation, **21:2**

BANKRUPTCY

Distressed Providers, Bankruptcy and Creditors' Rights (this index)

BENEFICIARIES

Fraud Alerts, Office of Inspector General's (this index)

BILLING

Changes of ownership and new business organizations: reimbursement considerations, **8:36**

Federal Anti-Kickback Law (this index)

Physician financial arrangements, restrictions on, **9:2**

BIPARTISAN BUDGET ACT

Health care reform: recent and pending legislation, **21:21**

BOND FINANCING

Generally, **14:1 et seq.**

Bank qualified bonds, tax issues, **14:17**

Corporate considerations
bonds

generally, **14:19**

derivatives, **14:20**

ratings, **14:26**

continuing disclosure, **14:27**

covenants

generally, **14:25**

credit enhancement, **14:24**

disclosure, continuing, **14:27**

indentures

generally, **14:21**

master indentures, **14:22**

issuer, **14:18**

ratings, bond, **14:26**

repayment obligation, **14:23**

representations, **14:25**

transfer of bond proceeds, **14:23**

warranties, **14:25**

IRS enforcement activity, **14:17**

Ratings, corporate considerations, **14:26**

Tax issues

bank qualified bonds, **14:17**

change in use or ownership, **14:16**

dollar limitation, \$150 million, **14:11**

IRS enforcement activity, **14:17**

issuer, **14:3**

pooled financing, **14:12**

proceeds, use of bond proceeds

generally, **14:5**

joint venture arrangements, **14:10**

management agreements, **14:8**

mixed-use facilities, **14:7**

physician contracts, **14:8**

research facilities, **14:9**

unrelated trade or business, **14:6**

INDEX

BOND FINANCING—Cont'd

- Tax issues—Cont'd
 - provider, tax-exempt status of, **14:4**
 - refunding bonds, **14:14**
 - reimbursement for capital expenditures, limitation on, **14:13**
 - taxable bonds, **14:17**
 - tax-exempt bonds, **14:2**
 - tax matters, **14:15**
 - VCAP, **14:17**
 - weighted average maturity limitation, **14:12**
- VCAP, tax issues, **14:17**

BREACH OF PROTECTED HEALTH INFORMATION

- Notification standards, **3:34**

BUDGET CONTROL ACT

- Health care reform: recent and pending legislation, **21:20**

BUNDLED PAYMENTS FOR CARE IMPROVEMENT INITIATIVE

- Managed care, **11:40**

“BUSINESS ASSOCIATES”

- Health Insurance Portability and Accountability Act, “business associates” of covered entities, **3:28, 3:33**
- Notification standards for breaches of “unsecured” protected information, **3:34**

BUSINESS CONSULTANTS

- Fraud Alerts, Office of Inspector General’s** (this index)

BUSINESS MODELS

- Physician Financial Arrangements, Restrictions on** (this index)

BUSINESS ORGANIZATIONS

- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)

BUSINESS TRANSACTIONS

- Disclosure, **3:11, 3:14**

BUSINESS TRANSACTIONS

—Cont'd

- Physician Financial Arrangements, Restrictions on** (this index)

CALIFORNIA

- Corporate practice of medicine, **10:7**
- Physician financial arrangements, restrictions on, **9:43**

CASE MIX GROUP (CMGs)

PATIENT CLASSIFICATION SYSTEM

- Medicare and medicaid, **17:67, 17:68**

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

- Medicare and Medicaid** (this index)

CERTIFICATE OF NEED (CON)

- Bankruptcy, certificate of need issues, **15:8**
- State Regulation** (this index)

CHANGES OF OWNERSHIP AND NEW BUSINESS ORGANIZATIONS: REIMBURSEMENT CONSIDERATIONS

- Generally, **8:1 et seq.**
- Acquisitions of providers/suppliers with rejection of automatic assignment of Medicare provider agreement, CMS survey and certification group letter, **App 8:3**
- Asset revaluation
 - federal law governing regulations, federal, below
- Assignment of Medicare provider agreement during acquisitions of providers/suppliers, CMS survey and certification group letter, **App 8:3**
- Billing, **8:36**
- Change of ownership
 - generally, **8:1**
 - corporation, transactions that constitute change of ownership for purposes of Medicare, **8:4**
 - home health agencies, **8:11**

**CHANGES OF OWNERSHIP AND
NEW BUSINESS
ORGANIZATIONS:
REIMBURSEMENT
CONSIDERATIONS—Cont'd**

Change of ownership—Cont'd
implications of change of ownership, **8:8**
leasing, transactions that constitute change of ownership for purposes of Medicare, **8:7**
limited liability companies, **8:6**
long-term care hospitals, **8:9**
Medicaid purposes, **8:12**
Medicare, transactions that constitute change of ownership for purposes of
generally, **8:2-8:7**
CMS survey and certification group letter, **App 8:3**
corporation, **8:4**
leasing, **8:7**
limited liability companies, **8:6**
nonprofit corporations, **8:5**
notice, sample Medicare notice of change of ownership, **App 8:2**
partnership, **8:2**
unincorporated sole proprietorship, **8:3**
nursing facilities, **8:10**
partnership, transactions that constitute change of ownership for purposes of Medicare, **8:2**
unincorporated sole proprietorship, transactions that constitute change of ownership for purposes of Medicare, **8:3**
Common ownership or control issues. Related organizations, below
Corporation, transactions that constitute change of ownership for purposes of Medicare, **8:4**
Correction of errors, **8:37**
Date when determination becomes effective, **8:28**
Definitions, **8:26**
Departments of IHS or Tribe hospitals, **8:38**

**CHANGES OF OWNERSHIP AND
NEW BUSINESS
ORGANIZATIONS:
REIMBURSEMENT
CONSIDERATIONS—Cont'd**

Home health agencies, change of ownership, **8:11**
Inappropriate treatment of facility or organization as provider based and inappropriate billing, **8:36**
Indian health service and tribal facilities, **8:38**
Joint ventures, provider-based status, **8:32**
Leasing as transaction that constitutes change of ownership for purposes of Medicare, **8:7**
Liability of successor, **8:22**
Licensure, **8:31**
Limited liability companies, **8:6**
Long-term care hospitals, change of ownership, **8:9**
Management contracts, **8:34**
Medicare and Medicaid
assignment of Medicare provider agreement, CMS survey and certification group letter, **App 8:3**
change of ownership, above
payment liabilities, sample contract language of Medicare and Medicaid payment liabilities, **App 8:1**
sample Medicare notice of change of ownership, **App 8:2**
Nonprofit corporations, change of ownership—Medicare, **8:5**
Notice, sample Medicare notice of change of ownership, **App 8:2**
Nursing facilities, change of ownership, **8:10**
Obligations of hospital outpatient departments and hospital based entities, **8:33**
Off-campus subordinate facilities, additional requirements, **8:31**
Operational requirements for provider based status applicable to all subordinate facilities, **8:30 et seq.**

INDEX

CHANGES OF OWNERSHIP AND NEW BUSINESS ORGANIZATIONS: REIMBURSEMENT CONSIDERATIONS—Cont'd

- Overpayments from providers, statute of limitations on collecting, **8:21**
- Partnership, transactions that constitute change of ownership for purposes of Medicare, **8:2**
- Payment liabilities, sample contract language of Medicare and Medicaid payment liabilities, **App 8:1**
- Provider-based status
 - generally, **8:23-8:38**
 - automatic assignment of Medicare provider agreement, CMS survey and certification group letter, **8:27**
 - billing, **8:36**
 - correction of errors, **8:37**
 - date when determination becomes effective, **8:28**
 - definitions, **8:26**
 - Departments of IHS or Tribe hospitals, **8:38**
 - inappropriate treatment of facility or organization as provider based and inappropriate billing, **8:36**
 - Indian Health Service and Tribal facilities, **8:38**
 - joint ventures, **8:32**
 - licensure, **8:31**
 - management contracts, **8:34**
 - obligations of hospital outpatient departments and hospital based entities, **8:33**
 - off-campus subordinate facilities, additional requirements, **8:31**
 - operational requirements for provider based status applicable to all subordinate facilities, **8:30 et seq.**
 - payment policy, **8:25**
 - responsibility for obtaining provider based determination, **8:27**
 - services under arrangement, **8:35**

CHANGES OF OWNERSHIP AND NEW BUSINESS ORGANIZATIONS: REIMBURSEMENT CONSIDERATIONS—Cont'd

- Provider-based status—Cont'd
 - site-neutral payment policy for certain newly-acquired, provider-based, off-campus hospital outpatient departments, **8:25**
 - standards, application of, **8:24**
 - subordinate facilities owned or operated by Indian Health Service or a Tribe, **8:38**
 - Tribal and Indian Health Service facilities, **8:38**
- Recapture. Depreciation recapture, above
- Related organizations
 - generally, **8:13**
 - common ownership or control issues
 - control, **8:16**
 - cumulative effect, **8:18**
 - fixed-term loan, **8:17**
 - option to purchase ownership interests in provider, **8:15**
 - ownership, **8:14**
 - cumulative effect, common ownership or control issues, **8:18**
 - fixed-term loan, common ownership or control issues, **8:17**
 - option to purchase ownership interests in provider, common ownership or control issues, **8:15**
 - ownership, common ownership or control issues, **8:14**
 - practical issues, **8:20**
 - substantial business with unrelated parties, exception to related organization rule, **8:19**
- Revaluation. Asset revaluation, above
- Site-neutral payment policy for certain newly-acquired, provider-based, off-campus hospital outpatient departments, **8:25**

**CHANGES OF OWNERSHIP AND
NEW BUSINESS**

**ORGANIZATIONS:
REIMBURSEMENT**

CONSIDERATIONS—Cont'd

- Skilled nursing facilities, change of ownership, **8:10**
- Statute of limitations on collecting overpayments from providers, **8:21**
- Subordinate facilities, operational requirements for provider based status applicable to, **8:30-8:38**
- Successor liability, **8:22**
- Unincorporated sole proprietorship, transactions that constitute change of ownership for purposes of Medicare, **8:3**

CHARITABLE HOSPITALS

- IRS guidance, **5:116**

CHARITY CARE

REQUIREMENTS

- Hill-Burton Act and State Charity Care Requirements** (this index)

**CHILDREN'S HEALTH CARE
PROVISIONS**

- State health care reform initiatives, **21:32**

**CIVILIAN HEALTH AND
MEDICAL PROGRAM OF
THE UNIFORMED SERVICES
(CHAMPUS)**

- Third-party payors
TRICARE, **19:4**

CLINICAL LABORATORIES

- Clinical Laboratory Improvement Amendments Act of 1988** (this index)

- Health care providers, **16:37**

**CLINICAL LABORATORY
IMPROVEMENT**

AMENDMENTS ACT OF 1988

- Generally, **20:44 et seq.**
- Accreditation, **20:57**
- Certification
certificates of waiver, **20:48**

**CLINICAL LABORATORY
IMPROVEMENT**

**AMENDMENTS ACT OF 1988
—Cont'd**

- Certification—Cont'd
requirements, **20:46**
types of certificates, **20:47**
- Clinical consultant, personnel qualifications, **20:52**
- Complexity considerations, **20:49**
- Coronavirus impact, **20:43**
- COVID-19 impact, **20:43**
- Enforcement, **20:58**
- Inspections, **20:57**
- Laboratories subject to Act, **20:45**
- Laboratory directory, personnel qualifications, **20:51**
- Personnel, laboratory personnel
report to Department of Health and Human Services, **App 20:3**
- Personnel qualifications
generally, **20:50**
clinical consultant, **20:52**
laboratory directory, **20:51**
laboratory personnel report to Department of Health and Human Services, **App 20:3**
technical consultant, **20:53**
testing personnel, **20:54**
- Proficiency testing, **20:56**
- Quality system, **20:55**
- Scope, laboratories subject to Act, **20:45**
- Technical consultant, personnel qualifications, **20:53**
- Testing personnel, qualifications, **20:54**
- Waiver, certificates of, **20:48**

**CMS SURVEY AND
CERTIFICATION GROUP
LETTER**

- Changes of ownership and new business organizations: reimbursement considerations, **App 8:3**

CODING PROCEDURES

- Medicare and medicaid, **17:76**

INDEX

CO-LOCATED DISCHARGES AND READMITTANCES

Medicare and medicaid, **17:81**

CO-LOCATED FACILITIES

Medicare and medicaid, **17:82**

COLORADO

Corporate practice of medicine, **10:12**

COMMON OWNERSHIP OR CONTROL ISSUES

Changes of Ownership and New Business Organizations: Reimbursement Considerations (this index)

COMMUNITY SERVICES ASSURANCES

Hill-Burton Act and State Charity Care Requirements (this index)

COMPENSATION

Physician Financial Arrangements, Restrictions on (this index)
Safe Harbor Regulations (this index)

COMPLIANCE EFFORTS

Business consultants discouraging compliance efforts, **5:82**
Fraud alerts, compliance program guidance documents, **5:106**

COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORFs)

Outpatient and rehabilitation facilities, **16:13**

CONFLICT OF INTEREST

IRS sample conflict of interest policy, **App 5:6**

CONSOLIDATED APPROPRIATIONS ACT

Health care reform: recent and pending legislation, **21:24**

CONSULTANTS

Fraud Alerts, Office of Inspector General's (this index)

CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)

Long-term care facilities, **16:9**

CONTRACTORS

Health Care Government Contractors (this index)

CONTRACTS

Federal anti-kickback law, sample contract language on improper billing practices or payment arrangements, **App 4:1**

CONTROLLED SUBSTANCES ACT OF 1970

Generally, **20:70 et seq.**
Administration, **20:70**
Change of ownership of registered entity, implications of, **20:79**
Conclusion, **20:82**
Criteria and procedures for registration, **20:78**
Dispensing, registration of person dispensing controlled substances, **20:77**
Failure to register, penalties for, **20:80**
Freight forwarding facility, **20:75**
Independent activities, separate registration, **20:76**
Overview, **20:70**
Penalties for registration violations, **20:80**
Principle place of business, registration of each
generally, **20:71**
freight forwarding facility, **20:75**
sales office, registrant's, **20:73**
second office, practitioner's, **20:74**
warehouses, **20:72**
Recent DEA settlements, **20:81**
Sales office, registration of registrant's, **20:73**
Second office, registration of practitioner's, **20:74**
Separate registration for independent activities, **20:76**
Warehouses, registration of, **20:72**

CONVICTIONS

Disclosure of Ownership (this index)

CORONAVIRUS

Effect on antitrust enforcement, **20:43**
Public health emergency transition, **20:5**

CORPORATE PRACTICE OF MEDICINE

Generally, **10:1 et seq.**
AMA v. FTC, **10:16**
Conclusion, **10:22**
Doctrine of prohibition
historical basis, **10:3**
prohibition, statement of prohibition and underlying rationale, **10:2**
public policy considerations, **10:4**
Enforcement of prohibition doctrine
applications of doctrine
generally, **10:6**
California, **10:7**
Colorado, **10:12**
Illinois, **10:14**
Massachusetts, **10:9**
New Jersey, **10:11**
New York, **10:10**
Pennsylvania, **10:13**
Texas, **10:8**
mechanisms for enforcement, **10:5**
Erosion of prohibition doctrine
AMA v. FTC, **10:16**
exceptions to prohibition doctrine, below
new realities and abandonment of established precedents, **10:15**
Exceptions to prohibition doctrine
generally, **10:17**
freestanding emergency centers, **10:21**
HMOs, **10:19**
hospitals, **10:18**
management service contracts, **10:20**
MCOs, **10:19**

CORPORATE PRACTICE OF MEDICINE—Cont'd

Freestanding emergency centers, exception to prohibition doctrine, **10:21**
HMOs, exception to prohibition doctrine, **10:19**
Hospitals, exception to prohibition doctrine, **10:18**
Management service contracts, exception to prohibition doctrine, **10:20**
MCOs, exception to prohibition doctrine, **10:19**
New realities and abandonment of established precedents, **10:15**

CORPORATIONS

Bankruptcy, corporate veil issues, **15:7**
Bond Financing (this index)
Changes of ownership, transactions that constitute change of ownership for purposes of Medicare, **8:4**
Medical practice. **Corporate Practice of Medicine** (this index)

CORRECTION OF ERRORS

Changes of ownership and new business organizations: reimbursement considerations, **8:37**

COSTS

Distressed providers, bankruptcy and creditors' rights, administrative expense claim for closing health care business, **15:14**
Medicare anti-markup rule, **9:7**

COVENANTS

Accounts receivable financing, **12:17**

COVID-19

Effect on antitrust enforcement, **20:43**
Public health emergency transition, **20:5**

CREDITORS' RIGHTS

Distressed Providers, Bankruptcy and Creditors' Rights (this index)

INDEX

DEFINITIONS

- Electronic health record, **3:33**
- Personal health record, **3:34**
- Physician Financial Arrangements, Restrictions on** (this index)
- Unsecured protected health information, **3:34**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Clinical laboratory application, **App 20:2**
- Laboratory personnel report, **App 20:3**
- Office of Civil Rights, Assurance of Compliance (HHS Form-690), **20:1, App 20:1**

DEPARTMENT OF VETERANS AFFAIRS (VA) PROGRAMS

- Third-party payors, **19:3**

DEPRECIATION RECAPTURE

- Bankruptcy, successor liability in bankruptcy for depreciation recapture, **15:10**
- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)

DEVICES

- Medical Devices** (this index)

DHS AND DHS PHYSICIANS

- Physician Financial Arrangements, Restrictions on** (this index)

DIAGNOSTIC TESTING FACILITY

- Independent Diagnostic Testing Facility (IDTF)** (this index)

DISABILITY DISCRIMINATION

- Americans with Disabilities Act of 1990 (ADA)** (this index)
- Department of Health and Human Services, Office of Civil Rights, Assurance of Compliance (HHS Form-690), **App 20:1**

DISCLOSURE

- Health information. **Health Insurance Portability and Account-**

DISCLOSURE—Cont'd

- ability Act** (this index)
- Initial public offerings (IPOs), Regulation FD, **13:25**
- Ownership. **Disclosure of Ownership** (this index)

DISCLOSURE OF OWNERSHIP

- Generally, **3:1 et seq.**
- Business associates of covered entities, **3:28, 3:33**
- Business transactions, disclosure of, **3:11, 3:14**
- Complying with FTC's Health Breach Notification Rule, **App 3:4**
- Convictions or sanctions
 - disclosure of principals convicted of program-related offenses, **3:13**
 - disclosure of those convicted of program-related offenses or subject to administrative sanctions
 - generally, **3:7**
 - agent, **3:8**
 - managing employees, **3:9**
 - principals, **3:13**
- Due diligence in transactions with health care providers, HIPAA application, **3:35**
- Electronic health records, privacy obligations, **3:33**
- Enhanced disclosures for nursing facilities, **3:3**
- Fundraising, **3:27**
- Group health plan sponsors, **3:29**
- Guidance regarding HIPAA privacy standard, **3:32**
- Health care providers, privacy concerns, **3:36**
- Health Insurance Portability and Accountability Act** (this index)
- HIPAA. **Health Insurance Portability and Accountability Act** (this index)
- Hiring of intermediary's former employees, **3:10**
- Marketing, **3:26**

DISCLOSURE OF OWNERSHIP

—Cont'd

- Medicare
 - Medicare Enrollment Application for DMEPOS Suppliers (Form CMS-855S), **App 3:1**
 - Medicare Part A, disclosure of ownership, financial, or control interests under, below
 - Medicare Part B, disclosure of ownership, financial, or control interests under, **3:12**
- Medicare Enrollment Application for DMEPOS Suppliers (Form CMS-855S), **App 3:1**
- Medicare Part A, disclosure of ownership, financial, or control interests under
 - generally, **3:2**
 - controlling interests, **3:6**
 - direct ownership, **3:4**
 - indirect ownership, **3:5**
- Medicare Part B, disclosure of ownership, financial, or control interests under, **3:12**
- Mobile Health App Developers: FTC best practices, **App 3:3**
- Patient privacy rights, **3:30**
- Patient Protection and Affordable Care Act, enhanced disclosure, **3:3**
- Penalties for improper disclosures, **3:31**
- Physician financial relationships with entities furnishing Medicare covered designated health services, disclosure of, **3:15**
- Public policy exceptions, **3:24**
- Requirements, **3:23**
- Research, **3:25**
- Sanctions. Convictions or sanctions, above
- Types of protected information, **3:22**
- Use of protected information
 - generally, **3:20-3:32**
 - American Recovery and Reinvestment Act (ARRA), **3:20**
 - business associates of covered entities, **3:28, 3:33**

DISCLOSURE OF OWNERSHIP

—Cont'd

- Use of protected information
 - Cont'd
 - fundraising, **3:27**
 - group health plan sponsors, **3:29**
 - guidance regarding HIPAA privacy standard, **3:32**
 - HIPAA privacy rule, **3:21**
 - marketing, **3:26**
 - notification standards for breaches of “unsecured” protected information, **3:34**
 - patient privacy rights, **3:30**
 - penalties for improper disclosures, **3:31**
 - public policy exceptions, **3:24**
 - requirements, **3:23**
 - research, **3:25**
 - types of protected information, **3:22**

DISCOUNTS

- Hospital discounts, OIG guidance on, **5:104**

DISCRIMINATION

- Antidiscrimination Laws (this index)

DISTRESSED PROVIDERS, BANKRUPTCY AND CREDITORS' RIGHTS

- Generally, **15:1 et seq.**
- Administrative expense claim for closing health care business, **15:14**
- Appointment of patient care ombudsman, **15:12**
- Certificate of need issues, **15:8**
- Corporate veil issues, **15:7**
- Costs associated with closing health care business, **15:14**
- Depreciation recapture, successor liability in bankruptcy for, **15:10**
- HMO bankruptcies, **15:6**
- Issues, miscellaneous, **15:5-15:9**
- Licensure issues, **15:8**
- Medicare, bankrupt provider's ability to continue to participate, **15:3**

INDEX

DISTRESSED PROVIDERS, BANKRUPTCY AND CREDITORS' RIGHTS —Cont'd

- Medicare provider number sold in
bankruptcy, successor liability,
15:9
- Ombudsman, appointment, **15:12**
- Overpayments, effect of bankruptcy
on intermediaries' power to
recover overpayments, **15:4**
- Prebankruptcy, creditors in
prebankruptcy context, **15:2**
- Receipts, effect of bankruptcy on
providers' ability receive pay-
ment, **15:4**
- Records—storage of patient records
where debtor is “health care
business,” **15:11**
- Revenue, effect of bankruptcy on
stream of revenue, **15:4**
- Storage of patient records where
debtor is “health care business,”
15:11
- Transfer of patients, trustee's duty,
15:13
- Trustee's duty to transfer of patients
of health care business, **15:13**

DOCUMENTS

- Fraud alerts, compliance program
guidance documents, **5:106**

DRUG REIMBURSEMENT

- Sanctions, Office of Inspector Gen-
eral's work plan, **7:20**

DRUGS

- Controlled Substances Act of 1970**
(this index)
- Federal Food, Drug and Cosmetic
Act (FFDCA)** (this index)
- Medicare and Medicaid** (this index)
- Prescription drug coverage
 - Medicaid. **Medicare and
Medicaid** (this index)
 - Medicare and Medicaid** (this
index)
- Prescription Drug Marketing Act of
1987 (PDMA), **20:110**

DUE DILIGENCE

- Accounts receivable financing, **12:15**
- HIPAA applicability, transactions
with health care providers, **3:35**

DURABLE MEDICAL EQUIPMENT (DME)

- Medicare program, **17:41**
- Suppliers
 - Fraud alerts of Office of Inspector
General, telemarketing by
durable medical equipment
suppliers (OIG Special Advi-
sory Bulletin), **5:91, App
5:17**
 - Home care providers, **16:17**

ELECTRONIC HEALTH RECORDS

- Privacy obligations, **3:33**

EMERGENCY CARE

- Community services assurance, Hill-
Burton Act and state charity care
requirements, **20:105**
- Freestanding emergency centers,
exception to prohibition doc-
trine, **10:21**
- Patient Dumping** (this index)

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

- Patient dumping
 - administrative requirements under
EMTALA, **5:63**
 - application of EMTALA to
hospital inmates, **5:62**
 - penalties for EMTALA violations,
5:66, 20:69

EMPLOYEES

- Disclosure of ownership, hiring of
intermediary's former employ-
ees, **3:10**
- Safe harbor regulations, employees'
safe harbors, **6:8**

EMPLOYER-BASED AND UNION-BASED MANAGED CARE PLANS

- Managed Care** (this index)

ENCODING AND TRANSMISSION
Medicare and medicaid, **17:64**

END-STAGE RENAL DISEASE (ESRD) FACILITIES
Outpatient and rehabilitation facilities, **16:14**

EQUIPMENT
Medical Equipment and Supplies
(this index)

EXCEPTIONS
Notification standards for breaches of “unsecured” protected information, **3:34**
Physician Financial Arrangements, Restrictions on (this index)

EXECUTIVE ORDERS
Regulations, Executive Orders, Studies, and Coverage Policies
(this index)

FAIR LABOR STANDARDS ACT
Generally, **20:129**

FAIR MARKET VALUE
Physician financial arrangements, restrictions on, **9:24**

FALSE CLAIMS
Sanctions (this index)

FEDERAL ANTI-KICKBACK LAW
Generally, **4:1 et seq.**
Case law, relevant, **4:4**
Contract, sample contract language on improper billing practices or payment arrangements, **App 4:1**
Exceptions, statutory, **4:3**
Fraud and abuse regulations, OIG advisory opinion on, **4:7**
Fraud and abuse representations, sample, **App 4:2**
Introduction, **4:1**
OIG advisory opinion on health care fraud and abuse regulations, **4:7**
Penalties, **4:2**
Physicians at risk, **4:8**
Practical considerations, **4:6**
Private enforcement, **4:5**

FEDERAL ASSIGNMENT OF CLAIMS ACT
Accounts receivable financing, **12:12**

FEDERAL COURT
Gainsharing, **5:49**

FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHBP)
Third-party payor, **19:5**

FEDERAL FALSE CLAIMS ACT
Sanctions, citizen enforcement provisions, **7:8**

FEDERAL FOOD, DRUG AND COSMETIC ACT (FFDCA)
Generally, **20:83**
Approval, premarket approval process, **20:84**
Enforcement, postmarket surveillance and enforcement activities, **20:85**
Medicare and Medicaid programs, effect of FDA approval on coverage, **20:86**
Postmarket surveillance and enforcement activities, **20:85**
Premarket approval process, **20:84**
Surveillance, postmarket surveillance and enforcement activities, **20:85**

FEDERAL GOVERNMENT ANTI-FRAUD, ABUSE AND WASTE INITIATIVES
Sanctions (this index)

FEDERAL HEALTH CARE PROGRAMS
Exclusion from participation in federal health care programs, Special Advisory Bulletin on effect of generally, **5:52, App 5:13**
enforcement authority, statutory expansion of Office of Inspector General’s enforcement authority, **5:53**
ongoing employer/contractor responsibilities, **5:56**

INDEX

FEDERAL HEALTH CARE PROGRAMS—Cont'd

- Exclusion from participation in federal health care programs, Special Advisory Bulletin on effect of—Cont'd
 - penalty for violating exclusionary provision, **5:55**
 - suggested actions for employers and contractors, **5:56**
 - text of bulletin, **5:54**
- Sanctions, targeted federal health fraud enforcement initiatives, **7:11**

FEDERAL PATIENT

ANTI-DUMPING STATUTE

- Administrative requirements, **20:65**
- Emergency Medical Treatment and Active Labor Act (EMTALA)** (this index)
- EMTALA. **Emergency Medical Treatment and Active Labor Act (EMTALA)** (this index)
- Hospital inpatients, applicability, **20:64**
- Medical screening examination, conducting, **5:59, 20:61**
- OIG/HCFCA special advisory bulletin, **App 5:14**
- Physician on-call coverage, **5:64, 20:66**
- Physicians' obligations, **20:68**
- Prior authorization for emergency care, obtaining, **5:61, 20:63**
- Receiving hospitals, obligations of, **5:65, 20:67**
- Stabilizing treatment, or appropriate transfer, providing, **5:60, 20:62**
- Summary of anti-dumping statute, **5:57, 20:59**
- When patient "comes to the Emergency Department," **5:58, 20:60**

FINAL RULE

- Medicare and medicaid, **17:58-17:71**

FINANCIAL INDUSTRY

REGULATORY AUTHORITY (FINRA)

- Initial public offerings, **13:12**

FINANCIAL RELATIONSHIPS

Physician Financial Arrangements, Restrictions on (this index)

FINES

- See **Penalties; Sanctions** (this index)

FLORIDA

- Physician financial arrangements, restrictions on, **9:44-9:47**

FRAUD

- Anti-fraud measures
 - Health Care Reform: Recent and Pending Legislation** (this index)
 - Sanctions** (this index)
- Federal anti-kickback law, sample fraud and abuse representations, **App 4:2**
- OIG Alerts. **Fraud Alerts, Office of Inspector General's** (this index)
- Safe harbor regulations, fraud and abuse checklist, **App 6:1**
- Sanctions** (this index)

FRAUD ALERTS, OFFICE OF INSPECTOR GENERAL'S

- Generally, **5:1 et seq.**
- Abusive marketing practices, special fraud alert on home health fraud, **5:17**
- Abusive practices, encouraging, **5:81**
- Advisory opinions, **App 5:21, App 5:22, App 5:23, App 5:24**
- Annual cost reports, special fraud alert on home health fraud, **5:15**
- Anti-dumping. **Patient Dumping** (this index)
- Anti-kickback law, advisory opinion on health care fraud and abuse regulations, **4:7**
- Beneficiaries. Gifts and other inducements offered to beneficiaries (OIG special advisory bulletin), below
- Business consultants' practices (OIG Special Advisory Bulletin) generally, **5:77-5:82, App 5:8**

**FRAUD ALERTS, OFFICE OF
INSPECTOR GENERAL'S**

—Cont'd

- Business consultants' practices (OIG Special Advisory Bulletin)
 - Cont'd
 - abusive practices, encouraging, **5:81**
 - compliance efforts, discouraging, **5:82**
 - illegal or misleading representations, **5:79**
 - promises and guarantees, **5:80**
 - questionable practices, **5:78**
- Certifications in provision of medical equipment and supplies and home health services, special fraud alert on physician liability for. **Physicians** (this index)
- Claims, special fraud alert on false or fraudulent claims and home health fraud, **5:14**
- Compliance efforts, discouraging, **5:82**
- Compliance program guidance documents, **5:106**
- Consultants. Business consultants' practices (OIG Special Advisory Bulletin), above
- Consumer protection enforcement actions, special fraud alert on prescription drug marketing schemes and related state consumer protection enforcement actions, **5:7, App 5:5**
- DME, prosthetics, orthotics, and supplies for home use, special fraud alert on physician liability for certification of, **5:39**
- Double-billed items, special fraud alert on provision of medical supplies to nursing facilities, **5:20**
- Dumping. **Patient Dumping** (this index)
- Durable medical equipment suppliers, telemarketing by (OIG Special Advisory Bulletin), **5:91, App 5:17**
- Enforcement authority, statutory expansion of Office of Inspector

**FRAUD ALERTS, OFFICE OF
INSPECTOR GENERAL'S**

—Cont'd

- General's enforcement authority, **5:53**
- Exclusion from participation in federal health care programs, special advisory bulletin on effect of. **Federal Health Care Programs** (this index)
- Federal Health Care Programs** (this index)
- Gainsharing** (this index)
- Gifts and other inducements offered to beneficiaries (OIG Special Advisory Bulletin)
 - generally, **5:83-5:90, App 5:16**
 - additional regulatory considerations, **5:89**
 - analysis by OIG, **5:85-5:88**
 - background, **5:84**
 - implications, **5:90**
 - independent entities, providing benefits through, **5:88**
 - principles for applying the inducement prohibition, **5:87**
 - prohibition, elements of, **5:86**
- Home Health Services** (this index)
- Hospices** (this index)
- Hospitals** (this index)
- Illegal or misleading representations, **5:79**
- Incentives, special fraud alert on hospital incentives to physicians, **5:6, App 5:4**
- Inducements. Gifts and other inducements offered to beneficiaries (OIG special advisory bulletin), above
- Joint Ventures And Contractual Arrangements** (this index)
- Kickbacks** (this index)
- Lab Services** (this index)
- Managed Care Patients** (this index)
- Management agreement, "shell" analysis checklist, **App 5:2**
- Medical Equipment And Supplies** (this index)
- Nursing Facilities** (this index)

INDEX

FRAUD ALERTS, OFFICE OF INSPECTOR GENERAL'S —Cont'd

Patient Dumping (this index)

Phlebotomy services to physicians,
special fraud alert on arrange-
ments for provision of clinical
lab services, **5:9**

Physician-owned entities, **5:92**

Physicians (this index)

Prescription drug marketing schemes
and related state consumer
protection enforcement actions,
special fraud alert, **5:7, App 5:5**

Promises and guarantees, **5:80**

Questionable practices, **5:78**

Renal dialysis centers, special fraud
alert on arrangements for provi-
sion of clinical lab services,
5:10

Rental of physician office-space by
those to whom physician refers,
special fraud alert. **Physicians**
(this index)

“Shell” analysis checklist, manage-
ment agreement, **App 5:2**

Solicitation of additional fraud alerts,
5:103

Special advisory bulletin on hospital-
physician “gainsharing.”
Gainsharing (this index)

Tax-Exempt Organizations (this
index)

Telemarketing by durable medical
equipment suppliers (OIG
Special Advisory Bulletin),
5:91, App 5:17

Unprovided items, special fraud alert
on provision of medical supplies
to nursing facilities as to claims
for items that are not provided
as claimed, **5:20**

FTC'S HEALTH BREACH NOTIFICATION RULE

Complying with, **App 3:4**

FUNDRAISING

Health Insurance Portability and
Accountability Act, protected
health information used for

FUNDRAISING—Cont'd

fundraising, **3:27**

GAINSHARING

Hospital-physicians, Office of
Inspector General's Special
Advisory Bulletin on “gainshar-
ing”

generally, **5:41, App 5:12**

application to joint ventures and
other arrangements, analysis
in Bulletin, **5:47**

background, **5:42**

broad general pronouncement,
analysis in Bulletin, **5:44**

CMP and alternative payment
models, statutory language
changes, **5:50**

expeditious termination, analysis
in Bulletin, **5:45**

federal court, gainsharing in, **5:49**

implications for hospitals and
physicians, **5:51**

legislative relief, analysis in Bul-
letin, **5:46**

legitimate interest, analysis in Bul-
letin, **5:46**

payment models, statutory
language changes to, **5:50**

permitted arrangements, analysis
in Bulletin, **5:46**

subsequent clarifications and
determinations, **5:48**

violation of provisions prohibiting
payment to induce reduction
or limitation of services, anal-
ysis in Bulletin, **5:43**

GIFTS

**Fraud Alerts, Office of Inspector
General's** (this index)

GOVERNANCE

Tax-exempt hospitals, IRS guidance,
5:114

GOVERNMENT CONTRACTORS

**Health Care Government Contrac-
tors** (this index)

GROUP HEALTH PLANS

Health Insurance Portability and
Accountability Act, sponsors of

GROUP HEALTH PLANS—Cont'd
group health plans, **3:29**

GROUP PRACTICES

- Physician Financial Arrangements, Restrictions on** (this index)
- Safe harbor regulations, proposed additional safe harbors investment interests in entities of active group-practice members, **6:7**

GUIDANCE

- Disclosure of ownership, guidance regarding HIPAA privacy standard, **3:32**
- Fraud alerts, compliance program guidance documents, **5:106**

HEALTH CARE FACILITIES

- State regulation, licensure, accreditation, and registration, **2:4, 2:6**

HEALTH CARE GOVERNMENT CONTRACTORS

- Generally, **20:126 et seq.**
- Assignments, **20:128**
- Labor requirements, **20:127**
- Subcontracting, **20:128**

HEALTH CARE INDUSTRY, PLAYERS AND PAYORS

- Generally, **16:1 et seq.**
- Clinical laboratories, **16:37**
- Disclosure of ownership and privacy concerns, **3:36**
- Drug manufacturers, **16:38**
- Home Care Providers** (this index)
- Hospitals** (this index)
- Independent Diagnostic Testing Facility (IDTF)** (this index)
- Long-Term Care Facilities** (this index)
- Manufacturers of drugs and medical devices, **16:38**
- Medical-device manufacturers, **16:38**
- Other providers, **16:36 et seq.**
- Outpatient and Rehabilitation Facilities** (this index)
- Pharmacies, **16:39**
- Primary Care Providers** (this index)

HEALTH CARE INDUSTRY, PLAYERS AND PAYORS

—Cont'd

- Rehabilitation facilities. **Outpatient and Rehabilitation Facilities** (this index)
- Specialty hospitals, **16:7**

HEALTH CARE PROFESSIONALS

- Physicians** (this index)
- State regulation, licensure, accreditation, and registration, **2:3, 2:5**

HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986

- National Practitioner Data Bank** (this index)

HEALTH CARE REFORM: RECENT AND PENDING LEGISLATION

- Generally, **21:1 et seq.**
- Affordable Care Act
 - chronic disease, prevention of, **21:12**
 - Community Living Assistance Services and Supports (CLASS), **21:16**
 - fees on the health industry, **21:17**
 - health industry impact and outlook, **21:18**
 - innovative medical therapies, improving access, **21:15**
 - public health, improving, **21:12**
 - revenue provisions, **21:17**
 - taxes on health industry, **21:17**
 - transparency and program integrity, **21:14**
 - workforce in health care, **21:13**
- American Recovery and Reinvestment Act (ARRA)
 - disclosure and use of health information, **3:20**
 - health provisions, generally, **21:7**
 - notification standards for breaches of “unsecured” protected information, **3:34**
- Obama Administration health reform, **21:7**
- penalties for improper disclosures, **3:31**

INDEX

HEALTH CARE REFORM:

RECENT AND PENDING LEGISLATION—Cont'd

- American Recovery and Reinvestment Act (ARRA)—Cont'd security, **3:34**
- American Taxpayer Relief Act, **21:20**
- Anti-fraud Medicare provisions.
 - Federal legislation, health policy provisions, below
- Balanced Budget Act
 - Balanced Budget Refinement Act, **21:3**
 - health policy provisions of select legislation, **21:2**
 - Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act, **21:3**
- Balanced Budget Refinement Act (BBRA), **21:3**
- Bipartisan Budget Act, **21:21**
- Budget Control Act, **21:20**
- Children's health care provisions, state health care reform initiatives, **21:32**
- Community Living Assistance Services and Supports (CLASS), **21:16**
- Consolidated Appropriations Act, **21:24**
- Deficit Reduction Act (DRA), **21:4**
- Drugs. Medicare prescription drug coverage, below
- Federal legislation, health policy provisions
 - Affordable Care Act, above
 - American Recovery and Reinvestment Act (ARRA), above
 - Balanced Budget Act, above
 - Balanced Budget Refinement Act (BBRA), **21:3**
 - Deficit Reduction Act (DRA), **21:4**
 - Medicare, Medicaid, and SCHIP Extension Act, **21:4**
 - Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act, **21:3**
 - Medicare Improvements for Patients and Providers Act, **21:4**

HEALTH CARE REFORM:

RECENT AND PENDING LEGISLATION—Cont'd

- Federal legislation, health policy provisions—Cont'd
- Medicare Prescription Drug, Improvement, and Modernization Act (MMA), **21:4**
- Other major Medicare payment legislation, **21:4**
- Tax Relief and Health Care Act, **21:4**
- Fees on the health industry, **21:17**
- Hospital price transparency, **21:27**
- Innovative medical therapies, improving access, **21:15**
- Insurance reforms, **21:9**
- Managed care provisions, state health care reform initiatives, **21:30**
- Maryland statewide reforms, **21:34**
- Massachusetts statewide reforms, **21:36**
- Medicaid. Medicare and Medicaid, below
- Medicare and Medicaid
 - anti-fraud Medicare provisions.
 - Federal legislation, health policy provisions, above
 - Medicaid provisions
 - federal legislation, health policy provisions, above
 - state health care reform initiatives, **21:29**
 - Medicare, Medicaid, and SCHIP Extension Act, **21:4**
 - Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA), **21:3**
 - Medicare Access and CHIP Reauthorization Act, **21:23**
 - Medicare Improvements for Patients and Providers Act, **21:4**
 - Medicare prescription drug coverage, below
 - Medicare provisions
 - federal legislation, health policy provisions, above

HEALTH CARE REFORM:

RECENT AND PENDING

LEGISLATION—Cont'd

- Medicare and Medicaid—Cont'd
 - Medicare provisions—Cont'd
 - prescription drug coverage, below
 - prescription drug coverage. See **Medicare and Medicaid** (this index)
- Medicare prescription drug coverage. Prescription drug coverage, below
- Mental health benefits, state health care reform initiatives, **21:31**
- Middle Class Tax Relief and Job Creation Act, **21:19**
- Obama Administration health reform generally, **21:6 et seq.**
 - Affordable Care Act
 - generally, **21:8**
 - chronic disease, prevention of, **21:12**
 - Community Living Assistance Services and Supports (CLASS) program, **21:16**
 - fees on the health industry, **21:17**
 - health industry impact and outlook, **21:18**
 - innovative medical therapies, improving access, **21:15**
 - insurance reforms, **21:9**
 - public health, improving, **21:12**
 - public programs, role of, **21:10**
 - quality and efficiency of care, **21:11**
 - revenue provisions, **21:17**
 - taxes on health industry, **21:17**
 - workforce in health care, **21:13**
 - American Recovery and Reinvestment Act (ARRA), above
 - Medicare, Medicaid, and SCHIP Extension Act, **21:4**
 - Medicare Access and CHIP Reauthorization Act (MACRA)
 - generally, **21:23**

HEALTH CARE REFORM:

RECENT AND PENDING

LEGISLATION—Cont'd

- Obama Administration health reform—Cont'd
 - Medicare Access and CHIP Reauthorization Act (MACRA)—Cont'd
 - alternative payment models, **17:36**
 - merit-based incentive payment system, **17:35**
 - Oregon statewide reforms, **21:35**
 - Prescription drug coverage
 - Medicare Prescription Drug, Improvement, and Modernization Act (MMA), **21:4**
 - Protecting Access to Medicare Act, **21:22**
 - Public health, improving, **21:12**
 - Public programs, role of, **21:10**
 - Quality and efficiency of care, **21:11**
 - Revenue provisions, **21:17**
 - Security of information, American Recovery and Reinvestment Act, notification standards for breaches of “unsecured” protected information, **3:34**
 - State health care reform initiatives
 - generally, **21:28**
 - children’s health care provisions, **21:32**
 - hospital price transparency, **21:27**
 - managed care provisions, **21:30**
 - Maryland statewide reforms, **21:34**
 - Massachusetts statewide reforms, **21:36**
 - Medicaid reform, **21:29**
 - mental health benefits, **21:31**
 - Oregon statewide reforms, **21:35**
 - statewide reforms, **21:33-21:36**
 - substance abuse benefits, **21:31**
 - Substance abuse benefits, state health care reform initiatives, **21:31**
 - Tax Cuts and Jobs Act (TCJA), **21:26**
 - Taxes on health industry, **21:17**
 - Tax Relief and Health Care Act, **21:4**

INDEX

HEALTH CARE REFORM: RECENT AND PENDING LEGISLATION—Cont'd

Transparency and program integrity,
21:14

21st Century Cures Act, **21:25**

Workforce in health care, **21:13**

HEALTH CARE SERVICES AND PRODUCTS

FTC overview, **App 20:11**

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Generally, **3:20 et seq.**

“Business associates” of covered
entities, **3:28, 3:33**

Covered entities, “business associ-
ates” of, **3:28, 3:33**

Disclosure and use of health informa-
tion, generally, **3:20 et seq.**

Due diligence in transactions with
health care providers, **3:35**

Fundraising, protected health infor-
mation used for, **3:27**

Group health plans, sponsors of, **3:29**

Guidance regarding HIPAA privacy
standard, **3:32**

Marketing, protected health informa-
tion used for, **3:26**

Patient privacy rights, **3:30, 3:33**

Penalties for improper disclosures,
3:31

Privacy concerns and disclosure,
health care providers, **3:36**

Privacy protection requirements, **3:23**

Privacy rule under, generally, **3:21 et
seq.**

Protected health information, types
of, generally, **3:22**

Public policy exceptions, **3:24**

Research, protected health informa-
tion used for, **3:25**

Sponsors of group health plans, **3:29**

Standard of privacy under Act,
additional guidance regarding,
3:32

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

Managed Care (this index)

HEALTH PLANNING AND CERTIFICATE OF NEED (CON)

State Regulation (this index)

HEALTH PLANS

Safe Harbor Regulations (this
index)

HEARING-IMPAIRED PERSONS

Department of Health and Human
Services, Office of Civil Rights,
Assurance of Compliance (HHS
Form-690), **App 20:1**

HILL-BURTON ACT AND STATE CHARITY CARE REQUIREMENTS

Generally, **20:96**

Community services assurance

generally, **20:103**

duration of community service
obligation, **20:107**

emergency services, **20:105**

nondiscriminatory admission of
community residents, **20:104**

overview, **20:103**

third-party programs, participation
in, **20:106**

Federal Health Resources and Ser-
vices Administration issues
answers to FAQ, **20:109**

History, **20:96**

Overview, **20:96**

Sale of facilities to for-profit entities,
20:97

State law requirements, **20:108**

Uncompensated care assurance

allocation plan, prepare and pub-
lish, **20:100**

annual compliance level, calcula-
tion of, **20:99**

applicability, **20:98**

determine eligibility for
uncompensated services,
20:101

**HILL-BURTON ACT AND STATE
CHARITY CARE**

REQUIREMENTS—Cont'd

Uncompensated care assurance

—Cont'd

liability for uncompensated services, **20:102**

notice of free care, plan and display, **20:100**

HIPAA

Health Insurance Portability and Accountability Act (this index)

HOME CARE PROVIDERS

Generally, **16:16 et seq.**

Durable medical equipment (DME) suppliers, **16:17**

Home health agencies (HHA's), **16:18**

Home infusion suppliers, **16:19**

Hospices, **16:20**

Private-duty nursing agencies, **16:18**

**HOME HEALTH AGENCIES
(HHAs)**

Change of ownership, **8:11**

Home care providers, **16:18**

Medicare and medicaid, prospective payment system, **17:57**

HOME HEALTH SERVICES

Agencies. **Home Health Agencies (HHAs)** (this index)

Fraud alerts, office of inspector general's special fraud alert generally, **5:13**

abusive marketing practices, **5:17**

annual cost reports, fraud in, **5:15**

certifications. Certifications in provision of medical equipment and supplies and home health services, special fraud alert on physician liability for, above claims, false or fraudulent, **5:14**

kickbacks, **5:16**

Home Care Providers (this index)

Home Health Agencies (HHAs) (this index)

HOME HEALTH SERVICES

—Cont'd

Medicare program prospective-payment system for home health agencies, **17:53**

Office of Inspector General's work plan, home health reviews, **7:14**

Physician Financial Arrangements, Restrictions On (this index)

Providers. **Home Care Providers** (this index)

HOME INFUSION SUPPLIERS

Home care providers, **16:19**

HOSPICES

Additional services, fraud alert as to hospice payments to nursing homes for, **5:32**

Benefits, Office of Inspector General's Medicare Advisory Bulletin on hospice benefits

generally, **5:24, App 5:7**

diagnosis of terminal disease, **5:25**

health care needs relating to terminal condition, **5:26**

information, complete and accurate information about hospice election, **5:27**

Diagnosis of terminal disease, Office of Inspector General's Medicare Advisory Bulletin on hospice benefits, **5:25**

Election, Office of Inspector General's Medicare Advisory Bulletin on complete and accurate information about hospice election, **5:27**

Fraud alert, Office of Inspector General's special fraud alert on nursing home arrangements with hospices

generally, **5:29, App 5:10**

additional services, hospice payments to nursing homes for, **5:32**

kickbacks, practices that constitute suspected kickbacks, **5:30**

physician certification requirements, relaxation of, **5:28**

INDEX

HOSPICES—Cont'd

- Fraud alert, Office of Inspector General's special fraud alert on nursing home arrangements with hospices—Cont'd
 - room and board, hospice payments to nursing homes for, **5:31**
- Health care needs relating to terminal condition, Office of Inspector General's Medicare Advisory Bulletin on hospice benefits, **5:26**
- Home care providers, **16:20**
- Information, Office of Inspector General's Medicare Advisory Bulletin on complete and accurate information about hospice election, **5:27**
- Kickbacks, fraud alert as to practices that constitute suspected kickbacks, **5:30**
- Medicaid service-specific payment standards, **18:9**
- Nursing home arrangements. Fraud alert, Office of Inspector General's special fraud alert on nursing home arrangements with hospices, above
- Physician certification requirements, relaxation of, **5:28**
- Room and board, fraud alert as to hospice payments to nursing homes for room and board, **5:31**
- Sanctions, hospice reviews, **7:16**

HOSPITALS

- Generally, **16:2 et seq.**
- Acute care hospitals, **16:3**
- Antitrust Laws** (this index)
- Corporate practice of medicine, exception to prohibition doctrine, **10:18**
- Discounts, Office of Inspector General's guidance, **5:104**
- Fraud alerts, office of inspector general's
 - incentives, Incentives, below
- Fraud alerts, office of inspector general's
 - Gainsharing** (this index)

HOSPITALS—Cont'd

- Gainsharing** (this index)
- Incentives
 - special fraud alert on hospital incentives to physicians, **5:6**, **App 5:4**
 - tax-exempt hospitals, IRS's audit guidelines for physician incentives, **5:109**
- Long-term care hospitals, **16:5**
- Office of Inspector General's work plan, hospital reviews, **7:13**
- Patient Dumping** (this index)
- Psychiatric hospitals, **16:4**
- Rehabilitation hospitals, **16:6**
- Specialty Hospitals** (this index)
- Tax-Exempt Organizations** (this index)

ILLEGAL ALIENS

- Medicare, reimbursement for undocumented immigrants, **17:13**

ILLINOIS

- Corporate practice of medicine, **10:14**

IMMIGRANTS

- Medicare, reimbursement for undocumented immigrants, **17:13**

INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)

- Generally, **16:24**
- Enrollment not required
 - companies that lease/contract diagnostic testing equipment and/or non-physician personnel, **16:33**
 - joint venture between radiology group and hospital, **16:34**
 - lease/contract of diagnostic testing equipment, **16:33**
 - non-physician personnel, **16:33**
- Enrollment required, **16:25**
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), **16:35**
- Multi-state entities, **16:32**
- Non-physician personnel requirements, **16:30**

**INDEPENDENT DIAGNOSTIC
TESTING FACILITY (IDTF)**

—Cont'd

- Order requirements, **16:31**
- Performance standards, **16:26**
- Supervising physician requirements
 - direct supervision, **16:28**
 - general supervision, **16:27**
 - personal supervision, **16:28**
 - proficiency, **16:29**

**INDIAN HEALTH SERVICE AND
TRIBAL FACILITIES**

- Changes of ownership and new business organizations: reimbursement considerations, **8:38**

INDUCEMENTS

- Fraud Alerts, Office of Inspector General's** (this index)

**INITIAL PUBLIC OFFERINGS
(IPOs)**

- Generally, **13:1 et seq.**
- Accountants, **13:9**
- Attorneys. Counsel, below
- Company communications, managing, **13:16**
- Counsel
 - issuer's counsel, **13:7**
 - underwriter's counsel, **13:8**
- Disclosure by public companies, Regulation FD, **13:25**
- Engagement letter, **13:14**
- Equity securities ownership, **13:26**
- Financial Industry Regulatory Authority (FINRA), **13:12**
- Marketing
 - generally, **13:17**
 - agreement among underwriters, execution, **13:22**
 - execution of offering agreements
 - generally, **13:22**
 - agreement among underwriters, **13:22**
 - underwriting agreement, **13:22**
 - preliminary prospectus, **13:20**
 - roadshow, **13:21**
 - selling group, **13:19**

**INITIAL PUBLIC OFFERINGS
(IPOs)—Cont'd**

- Marketing—Cont'd
 - underwriting agreement, execution, **13:22**
 - underwriting group, **13:18**
- Market overview of health care IPOs, **13:2, 13:3**
- Participants
 - generally, **13:5**
 - accountants, **13:9**
 - counsel, above
 - Financial Industry Regulatory Authority (FINRA), **13:12**
 - Securities and Exchange Commission, **13:10**
 - state securities reviewers, **13:11**
 - underwriter, **13:6**
- Periodic filings by public company, **13:24**
- Preliminary prospectus, **13:20**
- Public companies
 - equity securities ownership, **13:26**
 - periodic filings, **13:24**
 - Regulation D, **13:25**
 - Sarbanes-Oxley Act of 2002, **13:27**
- Registration process
 - company communications, managing, **13:16**
 - engagement letter, **13:14**
 - registration statement, preparation, **13:15**
 - structuring underwriting relationship, **13:13**
- Registration statement, preparation, **13:15**
- Regulation FD, **13:25**
- Roadshow, **13:21**
- Sarbanes-Oxley Act of 2002, **13:27**
- Securities and Exchange Commission, **13:10**
- Selling group, **13:19**
- State securities reviewers, **13:11**
- Structuring underwriting relationship, **13:13**
- Subsequent public offerings, **13:23**
- Underwriter, **13:6**
- Underwriting agreement, execution, **13:22**

INDEX

INITIAL PUBLIC OFFERINGS (IPOs)—Cont'd

Underwriting group, **13:18**

IN-OFFICE ANCILLARY SERVICES

Physician financial arrangements,
restrictions on, **9:30**

INSURANCE

**Health Insurance Portability and
Accountability Act** (this index)

Managed care, insurance owned
PPOs, **11:10**

Obama Administration health reform,
Affordable Care Act, **21:9**

Safe harbor regulations, obstetrical
malpractice insurance subsidies,
6:10

Third-party payors, private insurers,
19:2

INTEGRATED DELIVERY SYSTEM

Generally, **11:16**

See also **Managed Care** (this index)

INTERMEDIATE CARE FACILITIES

Intellectual disabilities (ICFs/MR),
long-term care facilities, **16:10**

INTERRUPTED STAYS

Medicare and medicaid, **17:63, 17:80**

INVESTIGATIONS

Office of Inspector General's work
plan, **7:26**

INVESTMENT INTERESTS

**Physician Financial Arrangements,
Restrictions on** (this index)

Safe Harbor Regulations (this
index)

IRF CLASSIFICATION

Medicare and medicaid, **17:59**

IRF PAYMENT

Medicare and medicaid, **17:60-17:67**

ISOLATED TRANSACTIONS

Physician financial arrangements,
restrictions on, **9:23**

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

State regulation, **2:7**

JOINT PURCHASING ARRANGEMENTS AMONG HEALTH CARE PROVIDERS

Antitrust laws, 1994 statements of
antitrust enforcement policy,
20:29

JOINT VENTURES AND CONTRACTUAL ARRANGEMENTS

Ancillary joint venture, exemption
and unrelated business taxable
income consequences, **5:113**

Antitrust Laws (this index)

Changes of ownership and new busi-
ness organizations: reimburse-
ment considerations, provider-
based status, **8:32**

Fraud alert, Office of Inspector Gen-
eral's Special Fraud Alert
generally, **5:1, 5:93-5:102, App
5:1, App 5:19**

advisory bulletin provisions, gener-
ally, **5:96, 5:98-5:101**

background, **5:97**

business structure, **5:3**

checklist, joint venture/partnership,
App 5:3

financing, **5:4**

health care entities, implications
for, **5:102**

investors, **5:2**

medical device manufacturers/
distributors, physician invest-
ment in, **5:5**

physician-owned entities, **App
5:18**

physicians and physician group
practices, generally, **5:93**

profit distributions, **5:4**

questionable contractual arrange-
ments, **5:99**

registry arrangements, **5:95**

**JOINT VENTURES AND
CONTRACTUAL**

ARRANGEMENTS—Cont'd

- Fraud alert, Office of Inspector General's Special Fraud Alert—Cont'd
 - safe harbor protection, unavailability of, **5:100**
 - specimen processing arrangements, **5:94**
 - suspect contractual joint venture, indicia of, **5:101**
- Independent diagnostic testing facility (IDTF), **16:34**
- Physician Financial Arrangements, Restrictions on** (this index)
- Questionable contractual arrangements, **5:99**
- Registry arrangements, **5:95**
- Safe harbor protection, unavailability of, **5:100**
- Specimen processing arrangements, **5:94**
- St. David's Healthcare System tax exemption for participant in whole hospital joint venture, **5:112**
- Suspect contractual joint venture, indicia of, **5:101**
- Tax-exempt hospitals, **5:110, 5:111, 5:113**

KENTUCKY

- Physician financial arrangements, restrictions on, **9:48**

KICKBACKS

- Federal Anti-Kickback Law** (this index)
- Fraud alerts, office of inspector general's
 - home health fraud, special fraud alert on, **5:16**
 - nursing facilities, special fraud alert on provision of medical supplies to, **5:21**
- Home health fraud, special fraud alert on, **5:16**
- Hospices, nursing home arrangements with, fraud alert as to practices that constitute

KICKBACKS—Cont'd

- suspected kickbacks, **5:30**
- Nursing facilities, special fraud alert on provision of medical supplies to, **5:21**

LAB SERVICES

Clinical Laboratory Improvement Amendments Act of 1988 (this index)

- Department of Health and Human Services
 - clinical laboratory application, **App 20:2**
 - laboratory personnel report, **App 20:3**
- Fraud alert, special fraud alert on arrangements for provision of clinical lab services
 - generally, **5:8**
 - managed care patients, waiver of charges to, **5:11**
 - phlebotomy services to physicians, provision of, **5:9**
 - renal dialysis centers, lab pricing at, **5:10**
 - waiver of charges to managed care patients, **5:11**
- Managed care patients, waiver of charges to, **5:11**
- Phlebotomy services to physicians, provision of, **5:9**
- Physician Financial Arrangements, Restrictions on** (this index)
- Renal dialysis centers, lab pricing at, **5:10**
- Waiver of charges to managed care patients, **5:11**

LEASES

- Changes of ownership and new business organizations, leasing as transaction that constitutes change of ownership for purposes of Medicare, **8:7**
- Independent diagnostic testing facility (IDTF), diagnostic testing equipment, **16:33**
- Physician Financial Arrangements, Restrictions on** (this index)

INDEX

LEASES—Cont'd

Special fraud alert, rental of physician office-space by those to whom physician refers, **5:69-5:76**

LETTERS

Alan E. Reider, letter dated Dec. 24, 1991 from Kathleen A. Buto, **App 12:3**

CMS survey and certification group letter, assignment of Medicare provider agreement during acquisitions of providers/suppliers, **App 8:3**

Kathleen A. Buto, letter dated Dec. 17, 1991 from Alan E. Reider, **App 12:2**

Thomas C. Fox, letter dated Sept. 22, 1988 from Kathleen A. Buto, **App 12:1**

LICENSURE, ACCREDITATION AND REGISTRATION

Clinical Laboratory Improvement Amendments Act of 1988, **20:57**

Managed care, **11:22**

State Regulation (this index)

LIMITED LIABILITY COMPANIES

Changes of ownership and new business organizations: reimbursement considerations, **8:6**

LONG-TERM CARE FACILITIES

Continuing care retirement communities (CCRCs), **16:9**

Intermediate care facilities for the intellectual disabilities (ICFs/MR), **16:10**

Nursing facilities (NFs), **16:8**

Skilled nursing facilities (SNFs), **16:8**

“Specialty hospitals,” **16:7**

LONG-TERM CARE HOSPITALS

Generally, **16:5**

Change of ownership, **8:9**

LTC-DRG RELATIVE WEIGHTS

Medicare and medicaid, **17:78**

LTCHs

Medicare and medicaid, **17:74**

MAINTENANCE OF CERTIFICATION PROGRAM

Certification programs, use of, **App. 20:12**

MALPRACTICE

National practitioner data bank, reports, **20:89**

Safe harbor regulations, insurance subsidies, **6:10**

MANAGED CARE

Generally, **11:1 et seq.**

Accountable care organizations, **11:39**

Accreditation, **11:22**

Antitrust concerns, **11:30**

“Any willing provider” laws generally, **11:36**

out-of-network litigation, **11:38**

state developments, **11:37**

Bundled payments for care improvement initiative, **11:40**

Compensation of providers generally, **11:23**

narrow networks, **11:25**

new sites for service, **11:26**

payments to providers, regulation, **11:24**

tiered networks, **11:25**

Corporate practice of medicine, MCO’s exception to prohibition doctrine, **10:19**

Elements of, **11:17**

Employer-based and union-based managed care plans

generally, **11:27**

ERISA preemption, **11:28**

liability of employer-based plan, **11:29**

Fraud alerts, Office of Inspector

General’s, arrangements for provision of clinical lab services as to waiver of charges for managed care patients, **5:11**

Health care reform: recent and pending legislation, **21:30**

MANAGED CARE—Cont'd

Health maintenance organizations (HMOs)
 bankruptcy, **15:6**
 group-practice model HMO, **11:5**
 IPA model HMO, **11:7**
 network model HMO, **11:6**
 regulation of HMOs
 federal regulation, **11:19**
 state regulation, **11:18**
 staff model HMO, **11:4**
 types
 generally, **11:3**
 group-practice model HMO, **11:5**
 IPA model HMO, **11:7**
 network model HMO, **11:6**
 staff model HMO, **11:4**
 Insurance owned PPOs, **11:10**
 Managed care organizations (MCOs), corporate practice of medicine, MCOs exception to prohibition doctrine, **10:19**
 Medicare and Medicaid coverage of managed care
 fraud and abuse, managed care, **11:35**
 Medicaid managed care, **11:33, 18:13**
 Medicare managed care, **11:32**
 State Children's Health Insurance Program, **11:34**
 Narrow and tiered networks, compensation of providers, **11:25**
 Out-of-network litigation, "any willing provider" laws, **11:38**
 Physician hospital organizations, **11:15**
 POSPs, **11:14, 11:21**
 Preferred provider organizations (PPOs)
 broker owned PPOs, **11:12**
 employer owned PPOs, **11:11**
 HMO owned PPOs, **11:13**
 independent investor owned PPOs, **11:12**
 insurance owned PPOs, **11:10**
 provider owned PPOs, **11:9**

MANAGED CARE—Cont'd

Preferred provider organizations (PPOs)—Cont'd
 regulation, **11:20**
 TPA owned PPOs, **11:13**
 types
 generally, **11:8**
 broker owned PPOs, **11:12**
 employer owned PPOs, **11:11**
 HMO owned PPOs, **11:13**
 independent investor owned PPOs, **11:12**
 insurance owned PPOs, **11:10**
 provider owned PPOs, **11:9**
 TPA owned PPOs, **11:13**
 Reform. **Health Care Reform: Recent and Pending Legislation** (this index)
 Regulation of managed care
 programs
 accreditation, **11:22**
 POSPs, **11:21**
 PPOs, **11:20**
 Regulation of provider payments, **11:24**
 State Children's Health Insurance Program, **11:34**
 State health care reform initiatives, **21:30**
 Tiered networks, compensation of providers, **11:25**
 Types of managed care organizations
 generally, **11:2**
 health maintenance organizations (HMOs), above
 integrated delivery system, **11:16**
 physician hospital organizations, **11:15**
 point of service plans, **11:14**
 preferred provider organizations (PPOs), above
 Union-based managed care plans.
 Employer-based and union-based managed care plans, above
 Utilization review concerns, **11:31**

MANAGEMENT CONTRACTS

Changes of ownership and new business organizations: reimburse-

INDEX

MANAGEMENT CONTRACTS

—Cont'd

- ment considerations, **8:34**
- Corporate practice of medicine, exception to prohibition doctrine for management service contracts, **10:20**
- Safe harbor regulations, **6:11**
- “Shell” analysis checklist, **App 5:2**

MARKETING

- Health Insurance Portability and Accountability Act (HIPAA), protected health information used for marketing, **3:26**

MARKUPS

- Medicare anti-markup rule, **9:7**

MARYLAND

- Health care reform: pending legislation, **21:34**
- Physician financial arrangements, restrictions on, **9:49**

MASSACHUSETTS

- Corporate practice of medicine, **10:9**
- Health care reform: pending legislation, **21:36**

MEDICAID

- Medicare and Medicaid** (this index)

MEDICAL DEVICES

- Device user facility reporting. Safe Medical Devices Act of 1990 (SMDA), below
- Joint ventures and contractual arrangements, physician investment in medical device manufacturers/distributors, special fraud alert, **5:5**
- Manufacturers, **16:38**
- Prosthetics and prosthetic devices, Medicare program, **17:42**
- Reporting. Safe Medical Devices Act of 1990 (SMDA), below
- Safe Medical Devices Act of 1990 (SMDA)
 - generally, **20:111**
 - annual reports, **20:122**
 - deaths, reporting, **20:118**

MEDICAL DEVICES—Cont'd

- Safe Medical Devices Act of 1990 (SMDA)—Cont'd
 - decisionmaking on submitting reports, **20:121**
 - device, definition, **20:115**
 - device user facility, definition, **20:114**
 - device user facility reporting
 - generally, **20:113**
 - annual reports, **20:122**
 - deaths, reporting, **20:118**
 - decisionmaking on submitting reports, **20:121**
 - device, definition, **20:115**
 - device user facility, definition, **20:114**
 - enforcement, **20:125**
 - limits on disclosure and admissibility, **20:124**
 - record retention, **20:123**
 - requirements, reporting, **20:117-20:119**
 - serious injuries
 - definition, **20:116**
 - recordkeeping requirements, **20:120**
 - reporting, **20:119**
 - enforcement, **20:125**
 - limits on disclosure and admissibility, **20:124**
 - record retention, **20:123**
 - reporting. Device user facility reporting, above
 - requirements, reporting, **20:117-20:119**
 - serious injuries. Device user facility reporting, above

MEDICAL EQUIPMENT AND SUPPLIES

- Devices. **Medical Devices** (this index)
- Durable Medical Equipment** (this index)
- Fraud alerts, Office of Inspector General's
 - medically unnecessary items, special fraud alert on provi-

**MEDICAL EQUIPMENT AND
SUPPLIES—Cont'd**

- Fraud alerts, Office of Inspector General's—Cont'd
 - sion of medical supplies to nursing facilities as to claims for items that are not medically necessary, **5:19**
 - telemarketing by medical equipment suppliers (OIG special advisory bulletin), **App 5:17**
 - telemarketing by medical equipment suppliers (OIG Special Advisory Bulletin), **5:91**
- Fraud alerts, Office of Inspector General's
 - certifications in provision of medical equipment and supplies and home health services, special fraud alert on physician liability for. **Physicians** (this index)
- Physicians** (this index)
- Independent diagnostic testing facility (IDTF), lease/contract of diagnostic testing equipment, **16:33**
- Medical Devices** (this index)
- Physician financial arrangements, restrictions on, **9:21**
- Telemarketing by durable medical equipment suppliers (OIG Special Advisory Bulletin), **5:91, App 5:17**
- Work plan, Office of Inspector General's, **7:18**

MEDICARE AND MEDICAID

- Accounts Receivable Financing** (this index)
- Adjustment of CMGs, **17:68**
- Adjustments to payment systems, **17:83-17:85**
- Admission and discharge assessments, **17:62**
- Admissions
 - Medicaid program, below
 - payment system adjustments, admission threshold, **17:83**

**MEDICARE AND MEDICAID
—Cont'd**

- Affordable Care Act, revisions to Medicare in, **17:23**
- Ambulance services, Medicare program, **17:46**
- Ambulatory surgical center services, **17:91**
- Annual revisions, **17:22**
- Antidiscrimination statutes, Medicaid program, **18:33**
- Assistance programs, Medicare Part D—OIG guidance, **5:105**
- Bankruptcy, bankrupt providers' ability to continue to participate, **15:3**
- BBA amendments, summary of Medicare payments after. Medicare program, below
- Business organizations. **Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Calculation of proposed federal payment rate, **17:86**
- Case mix group (CMGs) patient classification system, **17:67, 17:68**
- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Clinical lab services, Medicaid program service-specific payment standards for physician billing for clinical lab services, **18:11**
- CMS survey and certification group letter, reimbursement considerations, changes of ownership and new business organizations, **App 8:3**
- Coding procedures, **17:76**
- Co-located discharges and readmittances, **17:81**
- Co-located facilities, **17:82**
- Common ownership, Medicare program related organization rule, **17:29**

INDEX

MEDICARE AND MEDICAID

—Cont'd

- Contributions. Medicaid program, below
- Diagnostic-related groups (DRGs). Medicare program, below
- Disclosure of Ownership** (this index)
- Drugs
 - Medicaid program, below
- Durable medical equipment, Medicare program, **17:41**
- Encoding and transmission, **17:64**
- Federal Food, Drug and Cosmetic Act (FFDCA), effect of FDA approval on coverage, **20:86**
- Final rule, **17:58-17:71**
- Health Care Reform: Recent and Pending Legislation** (this index)
- Home health agencies
 - Medicare program prospective-payment system, **17:53**
 - prospective payment system, **17:57**
- Hospices, Medicaid service-specific payment standards, **18:9**
- Immigrants, reimbursement for undocumented, **17:13**
- Industry fees for drug importers and manufacturers, **18:22**
- Institutional services, Medicaid service-specific payment standards, **18:7**
- Interrupted stays, **17:63, 17:80**
- IRF classification, **17:59**
- IRF payment, **17:60-17:67**
- Laboratory services, Medicare program, **17:40**
- LTC-DRG relative weights, **17:78**
- LTCHs, **17:74**
- Managed Care** (this index)
- Medicaid program
 - generally, **18:1 et seq.**
 - admissions. Regulated admissions and rate equalization, below
 - antidiscrimination statutes, **18:33**
 - clinical lab services, service-specific payment standards for physician billing for clinical

MEDICARE AND MEDICAID

—Cont'd

- Medicaid program—Cont'd
 - lab services, **18:11**
- contributions. Provider contributions and taxes, below
- coverage of services, generally, **18:4**
- drugs
 - payment standards, **18:10**
 - sanctions, Medicaid drug reimbursement reports, **7:23**
 - special limits on prescription drugs, below
- eligibility, **18:3**
- hospices, service-specific payment standards, **18:9**
- institutional services, service-specific payment standards, **18:7**
- managed care plans, service-specific payment standards for payments to, **18:13**
- Medicare participation requirements, **18:32**
- minimum occupancy requirements, **18:34**
- noninstitutional services, service-specific payment standards. Reimbursement, below
- outpatient hospital and clinical services, service-specific payment standards, **18:11**
- payment standards, general, **18:6**
- pharmacy reimbursement, **18:21**
- physicians
 - clinical lab services, service-specific payment standards for billing for, **18:10**
 - service-specific payment standards, **18:12**
- prescription drugs
 - special limits on prescription drugs, below in this group
- provider contributions and taxes
 - generally, **18:23**
 - fees, state, **18:30**

MEDICARE AND MEDICAID**—Cont'd**

Medicaid program—Cont'd
 provider contributions and taxes
 —Cont'd
 hospital donation programs,
 state, **18:28**
 licenses, state, **18:30**
 states with provider donation,
 contribution or tax
 programs, **18:27-18:30**
 taxes on provider costs or
 revenues, state, **18:29**
 voluntary contribution and
 provider-specific tax
 amendments of 1991,
 18:24-18:26
 rate equalization. Regulated admis-
 sions and rate equalization,
 below
 rebates for managed care organiza-
 tion utilization, **18:20**
 regulated admissions and rate
 equalization
 generally, **18:31**
 antidiscrimination statutes,
 18:33
 Medicare participation require-
 ments, **18:32**
 minimum occupancy require-
 ments, **18:34**
 reimbursement
 generally, **18:5**
 clinical lab services, service-
 specific payment standards
 for physician billing for
 clinical lab services, **18:11**
 drugs, service-specific payment
 standards, **18:10**
 hospices, service-specific pay-
 ment standards, **18:9**
 institutional services, service-
 specific payment standards,
 18:7
 managed care plans, service-
 specific payment standards
 for payments to, **18:13**
 noninstitutional services, ser-
 vice-specific payment stan-
 dards
 generally, **18:8**

MEDICARE AND MEDICAID**—Cont'd**

Medicaid program—Cont'd
 reimbursement—Cont'd
 noninstitutional services, ser-
 vice-specific payment stan-
 dards—Cont'd
 clinical lab services, physi-
 cian billing for clinical
 lab services, **18:11**
 drugs, **18:10**
 hospices, **18:9**
 managed care plans, pay-
 ments to, **18:13**
 outpatient hospital and clini-
 cal services, **18:11**
 physician billing for clinical
 lab services, **18:10**
 physicians, **18:12**
 outpatient hospital and clinical
 services, service-specific
 payment standards, **18:11**
 payment standards, general,
 18:6
 physician billing for clinical lab
 services, service-specific
 payment standards, **18:10**
 physicians, service-specific pay-
 ment standards, **18:12**
 sanctions, Medicaid drug
 reimbursement reports,
 7:23
 service-specific payment stan-
 dards
 institutional services, **18:7**
 noninstitutional services, ser-
 vice-specific payment
 standards, above
 sanctions, Medicaid drug
 reimbursement reports, **7:23**
 service-specific payment standards.
 Reimbursement, above
 special limits on prescription drugs
 generally, **18:14**
 authorized generic drugs, rebate
 amounts, **18:16**
 brand-name drugs, rebate
 amounts, **18:16**
 expanded drug coverage, **18:19**

INDEX

MEDICARE AND MEDICAID

—Cont'd

Medicaid program—Cont'd
special limits on prescription drugs
—Cont'd
generic drugs, rebate amounts,
18:17
mechanics of rebate payments,
18:18
nongeneric drugs, rebate
amounts, **18:16**
rebate amounts
generally, **18:15**
authorized generic drugs,
18:16
brand-name drugs, **18:16**
generic drugs, **18:17**
mechanics of rebate payment,
18:18
taxes. Provider contributions and
taxes, above
Medicare
Advantage, Office of Inspector
General's, **7:22**
Part D
sanctions, OIG's work plan,
7:19
program
contractor practices, **7:21**
Medicare Advantage, Office of
Inspector General's, **7:22**
Medicare Part D
sanctions, Office of Inspector
General's work plan,
7:19
Medicare Access and CHIP
Reauthorization Act (MACRA)
reforms
alternative payment models, **17:36**
health care reform: recent and
pending legislation, **21:23**
merit-based incentive payment
system, **17:35**
Medicare program
generally, **17:1 et seq.**
adjustment of CMGs, **17:68**
admission and discharge assess-
ments, **17:62**

MEDICARE AND MEDICAID

—Cont'd

Medicare program—Cont'd
admission threshold, payment
system adjustments, **17:83**
Affordable Care Act, revisions in,
17:23
alternative payment models,
MACRA reforms, **17:36**
ambulance services, **17:46**
annual revisions, **17:22**
BBA amendments, summary of
Medicare payments after.
Skilled nursing services, pro-
spective payment system,
below
calculation of proposed federal
payment rate, **17:86**
case mix group (CMGs) patient
classification system, **17:67**,
17:68
coding procedures, **17:76**
co-located discharges and readmit-
tances, **17:81**
co-located facilities, **17:82**
common ownership, related orga-
nization rule, **17:29**
conditions of coverage, IRF pay-
ment, **17:60**
coverage, **17:3**
diagnostic-related groups (DRGs).
Prospective payment systems
(PPSs) for inpatient and
outpatient hospital services,
below
durable medical equipment, **17:41**
eligibility, **17:2**
encoding and transmission, **17:64**
final rule, **17:58-17:71**
home health agencies, prospective
payment system, **17:53**
immigrants, reimbursement for
undocumented, **17:13**
inpatient hospital provisions in
Affordable Care Act, **17:20**
interrupted stay cases, **17:80**
interrupted stays, **17:63**
IRF classification, **17:59**
IRF payment, **17:60-17:67**

MEDICARE AND MEDICAID**—Cont'd**

Medicare program—Cont'd
 laboratory services, **17:40**
 LTC-DRG relative weights, **17:78**
 LTCHs, **17:74**
 market basket adjustments, **17:90**
 Medicare Access and CHIP
 Reauthorization Act
 (MACRA) reforms
 alternative payment models,
17:36
 health care reform: recent and
 pending legislation, **21:23**
 merit-based incentive payment
 system, **17:35**
 Medicare Part D
 patient assistance programs,
 OIG guidance, **5:105**
 merit-based incentive payment
 system, MACRA reform,
17:35
 moratorium on new facilities and
 beds, **17:87**
 new facilities, **17:87**
 new market basket and other
 adjustments, payment system
 adjustments, **17:85**
 non-co-located admissions, **17:83**
 noninstitutional services
 generally, **17:39 et seq.**
 ambulance services, **17:46**
 durable medical equipment,
17:41
 laboratory services, **17:40**
 orthotics, **17:42**
 prosthetics and prosthetic
 devices, **17:42**
 radiology services, **17:44**
 rehabilitation services, **17:45**
 renal dialysis services, **17:43**
 orthotics, **17:42**
 Outpatient provisions in Afford-
 able Care Act, **17:23**
 patient assessment, **17:61**
 patient classification, **17:75**
 patient's rights, **17:66**
 payment provisions, **17:77-17:87**
 payment rates, **17:69-17:71**

MEDICARE AND MEDICAID**—Cont'd**

Medicare program—Cont'd
 payment system adjustments,
17:83-17:85
 penalties, **17:65**
 physicians' payments, resource-
 based relative value scale
 (RBRVS)
 generally, **17:32 et seq.**
 balance billing, restrictions on,
17:37
 methodology and annual
 updates, **17:33**
 private contracts between bene-
 ficiaries and physicians/
 practitioners, **17:38**
 quality and value, linking
 reimbursement to, **17:34**
 productivity adjustment, **17:89**
 prospective payment systems
 (PPSs) for inpatient and
 outpatient hospital services
 generally, **17:5, 17:6**
 additional payments made under
 hospital PPS system
 generally, **17:10**
 blood clotting factor costs,
17:17
 direct graduate medical
 education, **17:15**
 disproportionate share
 hospitals, **17:11**
 end-stage renal disease
 (ESRD) discharges,
17:16
 excluded (pass-through) costs,
17:18
 immigrants, reimbursement
 for undocumented, **17:13**
 indirect medical education,
17:12
 inpatient hospital capital
 related costs, **17:13**
 outlier cases, **17:14**
 reimbursement and quality,
 linkage between, **17:19**
 reimbursement for undocu-
 mented immigrants,
17:13

INDEX

MEDICARE AND MEDICAID

—Cont'd

Medicare program—Cont'd
prospective payment systems
(PPSs) for inpatient and
outpatient hospital services
—Cont'd
conclusion, **17:24**
diagnostic-related groups
(DRGs)
classification and calculation
of DRGs/MS-DRGs,
17:7
revision to DRG classification
scheme, **17:9**
outpatient hospital services,
17:21
prospective payment systems
(PPSs) for inpatient rehabi-
litation facilities
generally, **17:58-17:71**
adjustment of CMGs, **17:68**
admission and discharge assess-
ments, **17:62**
case mix group (CMGs) patient
classification system,
17:67, 17:68
encoding and transmission,
17:64
final rule, **17:58-17:71**
inpatient hospital provisions in
Affordable Care Act, **17:20**
interrupted stays, **17:63**
IRF classification, **17:59**
IRF payment, **17:60-17:67**
patient assessment, **17:61**
patient's rights, **17:66**
payment rates, **17:69-17:71**
penalties, **17:65**
quality reporting program, **17:72**
requirements and conditions,
17:58
special non-transfer cases, **17:71**
transfer cases, **17:70**
prospective payment systems
(PPSs) for long term care
hospitals
generally, **17:73-17:90**

MEDICARE AND MEDICAID

—Cont'd

Medicare program—Cont'd
prospective payment systems
(PPSs) for long term care
hospitals—Cont'd
admission threshold, payment
system adjustments, **17:83**
background, **17:73**
calculation of proposed federal
payment rate, **17:86**
coding procedures, **17:76**
co-located discharges and
readmittances, **17:81**
co-located facilities, **17:82**
interrupted stay cases, **17:80**
LTC-DRG relative weights,
17:78
LTCHs, **17:74**
new facilities, **17:87**
new market basket and other
adjustments, payment
system adjustments, **17:85**
non-co-located admissions,
17:83
patient classification, **17:75**
payment provisions, **17:77-17:87**
payment system adjustments,
17:83-17:85
short stay outliers, **17:79**
site neutral payments, **17:84**
temporary moratorium on new
facilities and beds, **17:87**
prosthetics and prosthetic devices,
17:42
quality data, **17:88**
quality reporting program, **17:72**
radiology services, **17:44**
reasonable cost reimbursement
generally, **17:25**
payment methodology, **17:27**
reasonable costs, **17:26**
rehabilitation services, **17:45**
reimbursement, **17:4**
immigrants, undocumented,
17:13
prospective payment systems
(PPSs) for inpatient and

MEDICARE AND MEDICAID**—Cont'd**

Medicare program—Cont'd
 reimbursement, **17:4**—Cont'd
 outpatient hospital services, **17:8, 17:13**
 reasonable cost reimbursement, above
 related organization rule
 generally, **17:28**
 common ownership, **17:29**
 control, **17:30**
 exception to rule, **17:31**
 renal dialysis services, **17:43**
 requirements and conditions, **17:58**
 resident classification system, proposed, **17:56**
 resource-based relative value scale (RBRVS). Physicians' payments, resource-based relative value scale (RBRVS), above
 RUG. Skilled nursing services, prospective payment system, below in this group
 site neutral payments, **17:84**
 skilled nursing services, prospective payment system
 generally, **17:47 et seq.**
 BBA amendments, summary of Medicare payments after generally, **17:49**
 Resource Utilization Group, Version III ("RUG-III"), below
 consolidated billing, **17:55**
 federal payment rates, **17:53, 17:54**
 Pre-BBA amendments, summary of Medicare payments, **17:48**
 Resource Utilization Group, Version III ("RUG-III")
 generally, **17:50**
 MDS assessments, **17:52**
 RUG assignment, **17:51**
 RUG. Resource Utilization Group, Version III ("RUG-III"), above in this group
 special non-transfer cases, **17:71**

MEDICARE AND MEDICAID**—Cont'd**

Medicare program—Cont'd
 temporary moratorium on new facilities and beds, **17:87**
 transfer cases, **17:70**
 Medicare program
 Medicare Part B (this index)
 Sanctions (this index)
 Minimum occupancy requirements, Medicaid program, **18:34**
 Moratorium on new facilities and beds, **17:87**
 New facilities, **17:87**
 New market basket and other adjustments, payment system adjustments, **17:85**
 Noninstitutional services, service-specific payment standards. Medicaid program, above
 Organizations. **Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
 Orthotics, Medicare program, **17:42**
 Outpatient hospital and clinical services, Medicaid service-specific payment standards, **18:11**
 Patient assessment, **17:61**
 Patient assistance programs, Medicare Part D—OIG guidance, **5:105**
 Patient classification, **17:75**
 Patient's rights, **17:66**
 Payment provisions, **17:77-17:87**
 Payment rates, **17:69-17:71**
 Payment system adjustments, **17:83-17:85**
 Penalties, **17:65**
 Physicians
 Medicaid program, above
 payments. Physicians' payments, resource-based relative value scale (RBRVS). Medicare program, above
 Prescription drug coverage
 Medicaid. Medicaid program, above

INDEX

MEDICARE AND MEDICAID

—Cont'd

- Prospective payment systems (PPSs) for inpatient and outpatient hospital services. Medicare program, above
- Prosthetics and prosthetic devices, Medicare program, **17:42**
- Provider contributions and taxes. Medicaid program, above
- Quality reporting program, inpatient rehabilitation facilities, **17:72**
- Reasonable cost reimbursement. Medicare program, above
- Regulated admissions and rate equalization. Medicaid program, below
- Rehabilitation services, Medicare program, **17:45**
- Reimbursement
 - Medicaid program, above
 - Medicare program, above
- Reimbursement
 - Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Related organization rule. Medicare program, above
- Renal dialysis services, Medicare program, **17:43**
- Requirements and conditions, **17:58**
- Resident classification system, proposed, **17:56**
- Resource-based relative value scale (RBRVS). Medicare program, above
- Resource Utilization Group, Version III (“RUG-III”). Medicare program, above
- RUG. Medicare program, above
- Sanctions** (this index)
- Short stay outliers, **17:79**
- Site neutral payments, payment system adjustments, **17:84**
- Skilled nursing services, prospective payment system. Medicare program, above
- Special non-transfer cases, **17:71**

MEDICARE AND MEDICAID

—Cont'd

- Taxes. Medicaid program, above
- Transfer cases, **17:70**

MEDICARE ANTI-MARKUP RULE

- Physician financial arrangements, restrictions on, **9:7**

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008 (MIPPA)

- Generally, **16:35**

MEDICARE PART B

- Disclosure of ownership, financial, or control interests under, **3:12**
- Payment for Part B drugs, **17:92**

MEDICARE PART D

- Patient assistance programs, OIG guidance, **5:106**
- Payment for Part D drugs, **17:93**

MEDICARE PROVIDER NUMBER

- Sale of during bankruptcy, successor liability, **15:9**

MENTAL HEALTH BENEFITS

- State health care reform initiatives, **21:31**

MERGERS

- Antitrust Laws** (this index)

MICHIGAN

- Physician financial arrangements, restrictions on, **9:50**

MIDDLE CLASS TAX RELIEF AND JOB CREATION ACT

- Health care reform: recent and pending legislation, **21:19**

MOBILE HEALTH APP DEVELOPERS

- FTC best practices, **App 3:3**

MODEL TRUST AGREEMENT

- Public Health Service Act, Section 609, **App 20:4**

**“MOST-FAVORED NATIONS”
CLAUSES**

Antitrust laws, enforcement develop-
ments, **20:41**

MULTIPROVIDER NETWORKS

Antitrust Laws (this index)

MULTI-PURPOSE EXCEPTIONS

**Physician Financial Arrangements,
Restrictions on** (this index)

MULTI-STATE ENTITIES

Independent diagnostic testing facil-
ity (IDTF), **16:32**

MUTUAL FUNDS

Physician financial arrangements,
restrictions on, **9:15**

**NATIONAL PRACTITIONER
DATA BANK**

Generally, **20:87 et seq.**

Adverse actions, reports, **20:18,
20:90**

Confidentiality of reported informa-
tion, **20:94**

Failure to report, sanctions, **20:92**

Health Care Quality Improvement
Act of 1986, establishment of
National Practitioner Data Bank,
20:87 et seq.

Hospitals, duty to obtain information,
20:93

Information to be reported. Reports,
below

Malpractice payments, reports, **20:89**

Medicare and Medicaid, exclusion
from programs, **20:91**

Practical considerations, **20:95**

Reports

adverse actions, **20:18, 20:90**

confidentiality of reported informa-
tion, **20:94**

failure to report, sanctions, **20:92**

information to be reported

adverse actions, **20:18, 20:90**

malpractice payments, **20:89**

Medicare and Medicaid, exclu-
sion from programs, **20:91**

malpractice payments, **20:89**

**NATIONAL PRACTITIONER
DATA BANK—Cont’d**

Reports—Cont’d

Medicare and Medicaid, exclusion
from programs, **20:91**

sanctions, failure to report, **20:92**

when and where to report, **20:88**

Sanctions, failure to report, **20:92**

NEW FACILITIES

Medicare and medicaid, **17:87**

NEW HAMPSHIRE

Physician financial arrangements,
restrictions on, **9:51**

NEW JERSEY

Corporate practice of medicine, **10:11**

Physician financial arrangements,
restrictions on, **9:52**

NEW YORK

Corporate practice of medicine,
10:10

NON-PHYSICIAN PERSONNEL

Independent diagnostic testing facil-
ity (IDTF), **16:30, 16:33**

NONPROFIT CORPORATIONS

Change of ownership, Medicare, **8:5**

NURSING FACILITIES (NFs)

Anti-fraud, abuse and waste initia-
tives, nursing home reviews,
7:15

Change of ownership, **8:10**

Enhanced disclosure under Patient
Protection and Affordable Care
Act, **3:3**

Fraud alerts, office of inspector gen-
eral’s

services, special fraud alert on pro-
vision of services in nursing
facilities

generally, **5:33, App 5:9**

claims, false or fraudulent, **5:34**

what to look for, **5:35**

supplies, special fraud alert on pro-
vision of medical supplies to
generally, **5:18**

INDEX

NURSING FACILITIES (NFs)

—Cont'd

- Fraud alerts, office of inspector general's—Cont'd
 - supplies, special fraud alert on provision of medical supplies to—Cont'd
 - double-billed items, claims for items that are double billed, **5:20**
 - kickbacks, **5:21**
 - medically unnecessary items, claims for items that are not medically necessary, **5:19**
 - other fraudulent practices, **5:22**
 - transactions, nursing facility supply transactions, **5:23**
 - unnecessary items, claims for items that are not medically necessary, **5:19**
 - unprovided items, claims for items that are not provided as claimed, **5:20**
- Long-term care facilities, **16:8**
- Patient Protection and Affordable Care Act, enhanced disclosure under, **3:3**

NURSING HOMES

- Nursing Facilities (NFs)** (this index)

OBAMA ADMINISTRATION HEALTH REFORM

- Health Care Reform: Recent and Pending Legislation** (this index)

OBSTETRICAL MALPRACTICE

- Safe harbor regulations, insurance subsidies, **6:10**

OFFICE OF INSPECTOR GENERAL (OIG)

- Fraud Alerts, Office of Inspector General's** (this index)
- Hospital discounts, guidance, **5:104**
- Medicare Part D, OIG guidance on patient assistance programs, **5:105**
- Sanctions** (this index)

OFFICE OF INSPECTOR

GENERAL (OIG)—Cont'd

- Special advisory bulletins. **Fraud Alerts, Office of Inspector General's** (this index)
- Work plan. **Sanctions** (this index)

OHIO

- Physician financial arrangements, restrictions on, **9:53**

OIG SPECIAL ADVISORY BULLETINS

- Fraud Alerts, Office of Inspector General's** (this index)

OMBUDSMAN

- Distressed providers, bankruptcy and creditors' rights, appointment of patient care ombudsman, **15:12**

ORDER REQUIREMENTS

- Independent diagnostic testing facility (IDTF), **16:31**

OREGON

- Health care reform: pending legislation, **21:35**

ORTHOTICS

- Medicare program, **17:42**

OUT-OF-NETWORK LITIGATION

- Managed care, "any willing provider" laws, **11:38**

OUTPATIENT AND REHABILITATION FACILITIES

- Generally, **16:11 et seq.**
- Ambulatory surgical centers (ASCs), **16:12**
- Comprehensive outpatient rehabilitation facilities (CORFs), **16:13**
- End-stage renal disease (ESRD) facilities, **16:14**
- Medicaid service-specific payment standards, **18:11**
- Medicare Part B, **17:92**
- Medicare Part D, **17:93**
- Rehabilitation agencies, **16:15**

OVERPAYMENTS

- Bankruptcy, effect of bankruptcy on intermediaries' power to recover overpayments, **15:4**
- Statute of limitations on collecting overpayments from providers, **8:21**

OWNERSHIP

- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Disclosure of Ownership** (this index)
- Physician Financial Arrangements, Restrictions on** (this index)

PANDEMIC

- Effect on antitrust enforcement, **20:43**
- Public health emergency transition, **20:5**

PARTNERSHIPS

- Changes of ownership, transactions that constitute change of ownership for purposes of Medicare, **8:2**

PATHOLOGY LABORATORY

- Physician Financial Arrangements, Restrictions on** (this index)

PATIENT ASSESSMENT

- Medicare and medicaid, **17:61**

PATIENT ASSISTANCE PROGRAMS

- Medicare Part D, OIG guidance, **5:105**

PATIENT CLASSIFICATION

- Medicare and medicaid, **17:75**

PATIENT DUMPING

- Federal Patient Anti-Dumping Statute** (this index)

PATIENT RIGHTS

- Disclosure of ownership, **3:30**
- Medicare and medicaid, **17:66**

PATIENT RIGHTS—Cont'd

- Privacy rights under Health Insurance Portability and Accountability Act, **3:30, 3:33**

PAYMENT

- Arrangements. **Federal Anti-Kickback Law** (this index)
- Medicare and medicaid
 - admission threshold, system adjustments, **17:83**
 - Medicare market basket adjustments, **17:90**
 - Medicare productivity adjustment, **17:89**
 - new market basket and other adjustments, **17:85**
 - non-co-located admissions, **17:83**
 - provisions, **17:77-17:87**
 - quality data, **17:88**
 - rates, **17:69-17:71**
 - system adjustments, **17:83-17:85**
- Site-neutral payment policy for certain newly-acquired, provider-based, off-campus hospital outpatient departments, **8:25**

PENALTIES

- See also **Sanctions** (this index)
- Emergency Medical Treatment and Active Labor Act (EMTALA), patient dumping, **5:66, 20:69**
- Health Insurance Portability and Accountability Act, penalties for improper disclosure, **3:31**
- Medicare and medicaid, **17:65**
- Physician financial arrangements, restrictions on, **9:3**
- Sanctions** (this index)

PENNSYLVANIA

- Corporate practice of medicine, **10:13**

PERFORMANCE STANDARDS

- Independent diagnostic testing facility (IDTF), **16:26**

PERSONAL SERVICES

- Physician Financial Arrangements, Restrictions on** (this index)

INDEX

PERSONAL SERVICES—Cont'd

Safe harbor regulations, **6:11**

PHARMACIES

Health care providers, pharmacies as,
16:39

PHYSICAL THERAPY

Rehabilitation (this index)

PHYSICIAN CERTIFICATION REQUIREMENTS

Hospices, relaxation of physician
certification requirements, **5:28**

PHYSICIAN FINANCIAL ARRANGEMENTS, RESTRICTIONS ON

Generally, **9:1 et seq.**

Arizona state law, **9:42, App 9:1**

Arrangement, joint ventures/services
furnished under

application of exception, **9:40**

factual example, **9:39**

Assistance to compensate a
nonphysician practitioner, **9:25**

Basic standard, overview, **9:2**

Billing prohibitions, generally, **9:2**

Business models/transactions

DHS physician group space lease

application of exception, **9:34**

factual example, **9:33**

DHS physician personal services
arrangement

application of exception, **9:36**

factual example, **9:35**

joint ventures/services furnished
“under arrangement”

application of exception, **9:40**

factual example, **9:39**

physician group and pathology
laboratory

application of exception, **9:38**

factual example, **9:37**

California state law, **9:43**

Civil money penalties, **9:3**

Compensation arrangement excep-
tions

generally, **9:19**

equipment rental, **9:21**

PHYSICIAN FINANCIAL

ARRANGEMENTS, RESTRICTIONS ON—Cont'd

Compensation arrangement excep-
tions—Cont'd

fair market value, **9:24**

indirect compensation arrange-
ments, **9:27**

isolated transactions, **9:23**

office space rental, **9:20**

overview of Stark Law, **9:19**

personal service arrangements,
9:22

rental of office space, **9:20**

Definitions

DHS, **9:6**

entity/furnishing, **9:8**

immediate family member, **9:4**

Medicare Anti-Markup Rule, **9:7**

physician, **9:4**

referral, **9:5**

DHS (designated health services)

definition, **9:6**

lease of space by DHS physician
group, **9:33, 9:34**

personal services arrangement with
DHS physician, **9:35, 9:36**

DHS physician group space lease

application of exception, **9:34**

factual example, **9:33**

DHS physician personal services
arrangement

application of exception, **9:36**

factual example, **9:35**

Dual prohibitions, overview, **9:2**

Entity/furnishing, definition, **9:8**

Equipment rental, exceptions

applicable to compensation
arrangements, **9:21**

Exceptions

compensation arrangements, **9:14-
9:29**

multi-purpose exceptions, **9:28-
9:30**

mutual funds, **9:15**

ownership, **9:14**

publicly traded securities, **9:15**

**PHYSICIAN FINANCIAL
ARRANGEMENTS,
RESTRICTIONS ON—Cont'd**

- Exceptions—Cont'd
 - Puerto Rico, hospitals located in, **9:16**
 - rural providers, **9:17**
 - temporary non-compliance, **9:31**
 - whole hospital exception, **9:18**
- Fair market value, exceptions
 - applicable to compensation arrangements, **9:24**
- Financial relationships
 - compensation arrangements
 - direct/stand in shoes, **9:12**
 - indirect, **9:13**
 - direct compensation arrangements/stand in shoes, **9:12**
 - direct ownership or investment interests, **9:10**
 - indirect compensation arrangements, **9:13**
 - indirect ownership or investment interests, **9:11**
 - investment interests
 - direct, **9:10**
 - indirect, **9:11**
 - overview of Stark Law, **9:9**
 - ownership interests
 - direct, **9:10**
 - indirect, **9:11**
- Florida state law, **9:44-9:47**
- Gainsharing** (this index)
- Group practices
 - DHS physician group space lease, above
 - pathology laboratory and physician group, below
- Hospitals located in Puerto Rico, exception, **9:16**
- Immediate family member, definition, **9:4**
- Indirect compensation arrangements, exceptions, **9:27**
- In-office ancillary services, multi-purpose exceptions, **9:30**
- Investment interests
 - direct, **9:10**
 - indirect, **9:11**

**PHYSICIAN FINANCIAL
ARRANGEMENTS,
RESTRICTIONS ON—Cont'd**

- Isolated transactions, exceptions
 - applicable to compensation arrangements, **9:23**
- Joint ventures/services furnished
 - “under arrangement”
 - application of exception, **9:40**
 - factual example, **9:39**
- Kentucky state law, **9:48**
- Lease of space
 - compensation arrangement exceptions, office space rental, **9:20**
- DHS physician group
 - application of exception, **9:34**
 - factual example, **9:33**
 - office space rental, compensation arrangement exceptions, **9:20**
- Maryland state law, **9:49**
- Medicare Anti-Markup Rule, **9:7**
- Memorandum from Claudia Foutz, Arizona Board of Medical Examiners, (March 2006), **App 9:1**
- Michigan state law, **9:50**
- Multi-purpose exceptions
 - in-office ancillary services, **9:30**
 - overview of Stark Law, **9:28**
 - physician services, **9:29**
- Mutual funds, exceptions, **9:15**
- New Hampshire state law, **9:51**
- New Jersey state law, **9:52**
- Nonpayment, enforcement by, **9:3**
- Office space rental, compensation arrangement exceptions, **9:20**
- Ohio state law, **9:53**
- Overview of Stark Law
 - compensation arrangement exceptions, **9:19-9:25**
 - definitions, **9:4-9:7**
 - exceptions, generally, **9:14-9:29**
 - financial relationships, **9:9-9:13**
 - multi-purpose exceptions, **9:28-9:30**
 - temporary non-compliance exception, **9:31**
- Ownership interests
 - direct, **9:10**

INDEX

PHYSICIAN FINANCIAL

ARRANGEMENTS, RESTRICTIONS ON—Cont'd

Ownership interests—Cont'd
exceptions, **9:14**

financial relationships, **9:10, 9:11**
indirect, **9:11**

Pathology laboratory and physician
group

application of exception, **9:38**
factual example, **9:37**

Penalties and sanctions, **9:3**

Personal service arrangements
compensation arrangement excep-
tions, **9:22**

DHS physician
application of exception, **9:36**
factual example, **9:35**

multi-purpose exceptions, physi-
cian services, **9:29**

Physician, definition, **9:4**

Physician group and pathology labo-
ratory

application of exception, **9:38**
factual example, **9:37**

Prohibitions, overview, **9:2**

Publicly traded securities, exceptions,
9:15

Puerto Rico, exception for hospitals
located in, **9:16**

Referral, definition, **9:5**

Rentals

equipment rental, compensation
arrangement exceptions, **9:21**

lease of space, above

Rural providers, exception, **9:17**

Sanctions and penalties, **9:3**

Self-referral prohibitions, generally,
9:2

Stark Law and regulations, generally,
9:2-9:38

State law

generally, **9:41**

Arizona, **9:42**

California, **9:43**

Florida, **9:44-9:47**

Kentucky, **9:48**

Maryland, **9:49**

PHYSICIAN FINANCIAL

ARRANGEMENTS, RESTRICTIONS ON—Cont'd

State law—Cont'd

Michigan, **9:50**

New Hampshire, **9:51**

New Jersey, **9:52**

Ohio, **9:53**

Temporary non-compliance excep-
tion, **9:31**

Timeshare arrangements, **9:26**

Whole hospital exception, **9:18**

PHYSICIAN HOSPITAL ORGANIZATIONS

Managed care, **11:15**

PHYSICIANS

Certifications in provision of medical
equipment and supplies and
home health services, special
fraud alert on physician liability
for

generally, **5:36, App 5:11**

consequences of improper physi-
cian certification, **5:40**

DME, prosthetics, orthotics, and
supplies for home use, physi-
cian certification for, **5:39**

home health services, physician
certification for, **5:38**

proper physician certification
procedures

generally, **5:37**

consequences of improper
physician certification, **5:40**

DME, prosthetics, orthotics, and
supplies for home use,
physician certification, **5:39**

home health services, physician
certification for, **5:38**

Disclosure of physician financial
relationships with entities
furnishing Medicare covered
designated health services, **3:15**

Federal anti-kickback law, risk to
physicians, **4:8**

**Federal Patient Anti-Dumping
Statute** (this index)

PHYSICIANS—Cont'd

- Financial arrangements. **Physician Financial Arrangements, Restrictions On** (this index)
- Fraud alerts, office of inspector general's
 - certifications. Certifications in provision of medical equipment and supplies and home health services, special fraud alert on physician liability for, above
 - incentives. Incentives, below
 - rental of office space. Rental of physician office-space by those to whom physician refers, special fraud alert, below
- Fraud alerts, office of inspector general's
 - Gainsharing** (this index)
- Incentives
 - hospital incentives, special fraud alert on hospital incentives to physicians, **5:6, App 5:4**
 - tax-exempt hospitals, IRS's audit guidelines for physician incentives, **5:109**
- Medicare and Medicaid** (this index)
- Physician Financial Arrangements, Restrictions on** (this index)
- Physician network joint ventures. **Antitrust Laws** (this index)
- Primary care providers, physicians as, **16:22**
- Rental of physician office-space by those to whom physician refers, special fraud alert
 - generally, **5:67, App 5:15**
 - building common space, **5:75**
 - common space, **5:74, 5:75**
 - DEMPOS suppliers, application to, **5:69**
 - exclusive office space, **5:73**
 - interior office common space, **5:74**
 - questionable arrangements
 - generally, **5:68**
 - DEMPOS suppliers, application to, **5:69**
 - rental agreement, appropriateness of, **5:69**

PHYSICIANS—Cont'd

- Rental of physician office-space by those to whom physician refers, special fraud alert—Cont'd
 - questionable arrangements—Cont'd
 - rental amounts, **5:70**
 - time and space considerations, **5:71**
 - rental agreement, appropriateness of, **5:69**
 - rental amounts
 - building common space, **5:75**
 - calculations of rental amounts, **5:72-5:75**
 - exclusive office space, **5:73**
 - interior office common space, **5:74**
 - questionable arrangements, **5:70**
 - safe harbor protection, **5:76**
 - Restrictions on financial arrangements. **Physician Financial Arrangements, Restrictions On** (this index)
 - Sanctions, Office of Inspector General's work plan, **7:17**
 - Supervising physicians. **Independent Diagnostic Testing Facility (IDTF)** (this index)

PRACTITIONERS

- Safe Harbor Regulations** (this index)

PREFERRED PROVIDER ORGANIZATIONS (PPOs)

- Managed Care** (this index)

PRESCRIPTION DRUG MARKETING ACT OF 1987 (PDMA)

- Federal law affecting health care transactions, **20:110**

PRESCRIPTION DRUGS

- Generally. **Drugs** (this index)
- Marketing, Prescription Drug Marketing Act of 1987 (PDMA), **20:110**
- Medicaid. **Medicare and Medicaid** (this index)

INDEX

PRESCRIPTION DRUGS—Cont'd **Medicare and Medicaid (this index)**

PRICE FIXING

Labor, **20:42**

PRICE TRANSPARENCY

Hospitals, reform initiative, **21:27**

PRIMARY CARE PROVIDERS

Generally, **16:21**

Physicians, **16:22**

Rural health clinics (RHC's), **16:23**

PRIVACY

Health Insurance Portability and Accountability Act (HIPAA)
(this index)

PRIVATE-DUTY NURSING AGENCIES

Home care providers, **16:18**

PRIVATE ENFORCEMENT

Federal anti-kickback law, **4:5**

PROGRAM FRAUD CIVIL REMEDIES ACT

Sanctions, **7:6**

PROMISES AND GUARANTEES

Fraud alerts, office of inspector general's, **5:80**

PROSTHETICS AND PROSTHETIC DEVICES

Medicare program, **17:42**

PROTECTING ACCESS TO MEDICARE ACT

Health care reform: recent and pending legislation, **21:22**

PROVIDER-BASED STATUS

Changes of Ownership and New Business Organizations: Reimbursement Considerations (this index)

PROVIDERS

Health Care Industry, Players And Payors (this index)

PUBLIC HEALTH SERVICE ACT

Model trust agreement, **App 20:4**

PUBLIC HEALTH SERVICES (PHS)

Third-party payor, **19:6**

PUBLICLY TRADED SECURITIES

Physician financial arrangements, restrictions on, **9:15**

PUBLIC POLICY

Health Insurance Portability and Accountability Act (HIPAA), public policy exceptions, **3:24**

PUERTO RICO

Physician financial arrangements, restrictions on, **9:16**

QUESTIONABLE PRACTICES

Fraud alerts, Office of Inspector General's, **5:78**

RADIOLOGY SERVICES

Medicare program, **17:44**

RECORDS

Access to Records (this index)
Bankruptcy and creditors' rights, storage of patient records where debtor is "health care business," **15:11**

REFERRALS

Physician Financial Arrangements, Restrictions On (this index)
Rental of physician office-space by those to whom physician refers, special fraud alert. **Physicians** (this index)

REFORM

Legislation. **Health Care Reform: Recent and Pending Legislation** (this index)
Studies affecting health care regulation and reform, **22:2**

REGULATION FD

Initial public offerings (IPOs), **13:25**

REGULATIONS, EXECUTIVE ORDERS, STUDIES, AND COVERAGE POLICIES

Generally, **22:1 et seq.**

**REGULATIONS, EXECUTIVE
ORDERS, STUDIES, AND
COVERAGE POLICIES
—Cont’d**

- Affordable Care Act, legislative developments, **22:4**
- Agency for Healthcare Research and Quality (AHRQ), cost effectiveness and outcomes research, **22:3**
- American Recovery and Reinvestment Act, legislative developments, **22:4**
- Medicare and Medicaid** (this index)
- National coverage decisions.
Medicare and Medicaid (this index)
- State Regulation** (this index)
- Studies affecting health care regulation and reform, **22:2**

REHABILITATION

- Facilities. **Outpatient and Rehabilitation Facilities** (this index)
- Medicare program, **17:45**
- Outpatient and Rehabilitation Facilities** (this index)
- Rehabilitation Act of 1973, Section 504** (this index)

**REHABILITATION ACT OF 1973,
SECTION 504**

- Generally, **20:10**
- Any program or activity receiving federal financial assistance, coverage, **20:11**
- Compliance
 - OCR review of compliance with antidiscrimination laws, **20:13**
 - other federal discrimination laws, OCR review of compliance with antidiscrimination laws, **20:13**
 - requirements for, **20:14**
 - Title VI of Civil Rights Act of 1964, OCR review of compliance with antidiscrimination laws, **20:13**
- Conclusion, **20:15**
- Coverage, **20:11**

**REHABILITATION ACT OF 1973,
SECTION 504—Cont’d**

- Financing, coverage of any program or activity receiving federal financial assistance, **20:11**
- Requirements, **20:12**
- Section 1557 of the Affordable Care Act
 - nondiscrimination requirements, health insurance marketplace, **20:16**

REHABILITATION HOSPITALS

- Generally, **16:6**

REIMBURSEMENT

- Bond Financing** (this index)
- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Medicare and Medicaid** (this index)

RELATED ORGANIZATIONS

- Changes of Ownership and New Business Organizations: Reimbursement Considerations** (this index)
- Medicare and Medicaid** (this index)

RENAL DIALYSIS SERVICES

- Medicare program, **17:43**

RENTALS

- Physician Financial Arrangements, Restrictions on** (this index)

**REQUIREMENTS AND
CONDITIONS**

- Disclosure of ownership, **3:23**
- Medicare and medicaid, **17:58**

RESEARCH

- Health Insurance Portability and Accountability Act, protected health information used for research, **3:25**

**RESOURCE UTILIZATION
GROUP, VERSION III
("RUG-III")**

- Medicare and Medicaid** (this index)

INDEX

RURAL AREAS

- Physician financial arrangements, restrictions on, **9:17**
- Rural health clinics (RHCs), **16:23**
- Safe harbor regulations, proposed additional safe harbors for investment interests in entities in rural areas, **6:5**

RURAL HEALTH CLINICS (RHCs)

- Primary care providers, **16:23**

SAFE HARBOR REGULATIONS

- Generally, **6:1 et seq.**
- Ambulatory surgical centers, proposed additional safe harbors for investment interests in, **6:6**
- Categories of safe harbors, **6:1**
- Compensation. Practitioner compensation safe harbors, below
- Employees' safe harbors, **6:8**
- Fraud and abuse checklist, **App 6:1**
- Group practice, practitioner investment, **6:7**
- Health plans, safe harbors for, **6:13**
- Investment interest safe harbors generally, **6:2**
 - ambulatory surgical centers, proposed additional safe harbors for investment interests in, **6:6**
 - group practice, practitioner investment, **6:7**
 - large publicly traded entities, **6:3**
 - proposed additional safe harbors ambulatory surgical centers, investment interests in, **6:6**
 - group practice, practitioner investment, **6:7**
 - rural areas, investment interests in entities in, **6:5**
 - rural areas, proposed additional safe harbors for investment interests in entities in, **6:5**
 - small entities, **6:4**
- Joint ventures and contractual arrangements, unavailability of safe harbor protection, **5:100**

SAFE HARBOR REGULATIONS

—Cont'd

- Large publicly traded entities, investment interest safe harbors, **6:3**
- Management contract safe harbors, **6:11**
- Obstetrical malpractice insurance subsidies, **6:10**
- Personal services safe harbors, **6:11**
- Practitioner compensation safe harbors generally, **6:8-6:10**
 - obstetrical malpractice insurance subsidies, **6:10**
 - recruitment of practitioners, **6:9**
- Recruitment of practitioners, **6:9**
- Rental, space and equipment rental safe harbors, **6:11**
- Rural areas, proposed additional safe harbors for investment interests in entities in, **6:5**
- Sale of practice safe harbor, **6:12**
- Small entities, investment interest safe harbors, **6:4**

SAFE MEDICAL DEVICES ACT OF 1990 (SMDA)

Medical Devices (this index)

SALES OF PRACTICES

- Safe harbor regulations, sale of practice safe harbor, **6:12**

SANCTIONS

- Generally, **7:1 et seq.**
- See also **Penalties** (this index)
- Abuse. Federal government anti-fraud, abuse and waste initiatives, above
- Anti-fraud. Federal government anti-fraud, abuse and waste initiatives, below
- Civil money penalties, **7:5**
- Corporate integrity agreement FAQs, **7:28**
- Disclosure of Ownership** (this index)
- Drug reimbursement under Part B, Office of Inspector General's work plan, **7:20**

SANCTIONS—Cont'd

False claims
 Federal False Claims Act, citizen enforcement provisions, **7:8**
 Medicare False Claims Act, **7:7**
 Federal anti-kickback law, penalties, **4:2**
 Federal False Claims Act, citizen enforcement provisions, **7:8**
 Federal government anti-fraud, abuse and waste initiatives
 generally, **7:10**
 corporate integrity agreement FAQs, **7:28**
 fraud and abuse control program, **7:27**
 Office of Inspector General's work plan, below
 targeted federal health fraud enforcement initiatives, **7:11**
 Fraud. Federal government anti-fraud, abuse and waste initiatives, above
 Health care providers and suppliers, Office of Inspector General's work plan, **7:17**
 Health Insurance Portability and Accountability Act, penalties for improper disclosure, **3:31**
 Home health reviews, Office of Inspector General's work plan, **7:14**
 Hospice reviews, Office of Inspector General's work plan, **7:16**
 Hospital reviews, Office of Inspector General's work plan, **7:13**
 Investigations, Office of Inspector General's work plan, **7:26**
 Medicaid drug reimbursement reports, **7:23**
 Medical equipment and supplies, Office of Inspector General's work plan, **7:18**
 Medicare Advantage, Office of Inspector General's work plan, **7:22**
 Medicare and Medicaid contractor operations under Medicare, **7:21**

SANCTIONS—Cont'd

Medicare and Medicaid—Cont'd
 criminal offenses under Medicare, **7:9**
 exclusion from participation generally, **7:2**
 mandatory exclusions, **7:3**
 permissive exclusions, **7:4**
 Medicare Advantage, **7:22**
 Medicare contractor operations, **7:21**
 Medicare False Claims Act, **7:7**
 Medicare Part D, **7:19**
 Office of Inspector General's work plan, below
 Part B, payments for prescription drugs, **7:20**
 Medicare contractor operations, **7:21**
 Medicare False Claims Act, **7:7**
 Medicare Part B, payments for prescription drugs, **7:20**
 Medicare Part D, Office of Inspector General's work plan, **7:19**
 Nursing home reviews, Office of Inspector General's work plan, **7:15**
 Office of Inspector General's work plan
 generally, **7:12**
 contractor operations under Medicare, **7:21**
 drug reimbursement under Part B, **7:20**
 health care providers, **7:17**
 home health reviews, **7:14**
 hospice reviews, **7:16**
 hospital reviews, **7:13**
 investigations, **7:26**
 legal issues, miscellaneous, **7:26**
 Medicaid drug reimbursement reports, **7:23**
 Medicaid services, **7:24**
 medical equipment and supplies, **7:18**
 Medicare Advantage, **7:22**
 Medicare and Medicaid
 Medicaid drug reimbursement reports, **7:23**
 Medicaid services, **7:24**

INDEX

SANCTIONS—Cont'd

- Office of Inspector General's work plan—Cont'd
 - Medicare and Medicaid—Cont'd
 - Medicare contractor operations, **7:21**
 - other CMS issues, **7:25**
 - Medicare contractor operations, **7:21**
 - Medicare Part B, **7:20**
 - Medicare Part D, **7:19**
 - nursing home reviews, **7:15**
 - other CMS issues, **7:25**
 - physicians, **7:17**
 - suppliers, **7:17**
- Penalties, civil money, **7:5**
- Physician financial arrangements, restrictions on, **9:3**
- Physicians, Office of Inspector General's work plan, **7:17**
- Program Fraud Civil Remedies Act, **7:6**
- Reimbursement, Medicaid drug reimbursement reports, **7:23**
- Suppliers, Office of Inspector General's work plan, **7:17**
- Tax-exempt hospitals, IRS's audit guidelines for intermediate sanctions, **5:108**
- Waste. Federal government anti-fraud, abuse and waste initiatives, above
- Work plan. Office of Inspector General's work plan, above

SARBANES-OXLEY ACT OF 2002

- Initial public offerings (IPOs), **13:27**

SECURITIES AND EXCHANGE COMMISSION

- Initial public offerings, **13:10**

SECURITY OF INFORMATION

- American Recovery and Reinvestment Act (ARRA), notification standards for breaches of "unsecured" protected information, **3:34**
- Health care reform: recent and pending legislation, **3:34**

SELF-REFERRAL PROHIBITIONS

- Physician Financial Arrangements, Restrictions on** (this index)

SHORT STAY OUTLIERS

- Medicare and medicaid, **17:79**

SKILLED NURSING FACILITIES (SNFs)

- Change of ownership, **8:10**
- Long-term care facilities, **16:8**
- Medicare and Medicaid** (this index)

SMALL ENTITIES

- Safe harbor regulations, investment interest safe harbors, **6:4**

SPECIAL ADVISORY BULLETINS

- Fraud Alerts, Office of Inspector General's** (this index)

SPECIALTY HOSPITALS

- Long-term care facilities, **16:7**

SPECIMEN PROCESSING

- Fraud alerts of Office of Inspector General, joint ventures and contractual arrangements, **5:94**

STARK LAW AND REGULATIONS

- Physician Financial Arrangements, Restrictions on** (this index)

STATE CHILDREN'S HEALTH INSURANCE PROGRAM

- Government managed care, **11:34**

STATE REGULATION

- Generally, **2:1 et seq.**
- Accreditation. Licensure, accreditation, and registration, below
- Certificate of need (CON). Health planning and certificate of need (CON), below
- Health care facilities, licensure, accreditation, and registration, **2:4, 2:6**
- Health care professionals, licensure, accreditation, and registration, **2:3, 2:5**
- Health maintenance organizations (HMOs), **11:18**

STATE REGULATION—Cont'd

- Health planning and certificate of need (CON)
 - generally, **2:8**
 - application for CON. CON application and review process, below
 - CON application and review process
 - generally, **2:13**
 - expedited review, **2:14**
 - review, **2:16**
 - standard review, **2:15**
 - conclusion, **2:19**
 - enforcement, **2:18**
 - expedited CON review, **2:14**
 - federal health planning laws, **2:9**
 - projects subject to CON review, **2:11**
 - review. CON application and review process, above
 - standard CON review, **2:15**
 - state certificate of need laws, **2:10**
 - transferability of CON, **2:17**
 - transfer of ownership of existing health care facility, **2:12**
- Licensure, accreditation, and registration
 - generally, **2:2**
 - accreditation, **2:7**
 - bankruptcy, licensure issues, **15:8**
 - health care facilities, **2:4, 2:6**
 - health care professionals, **2:3, 2:5**
 - notice of intent (licensure), sample, **App 2:1**
- Managed care, “any willing provider” laws, **11:36-11:38**
- Physician Financial Arrangements, Restrictions On** (this index)
- Registration. Licensure, accreditation, and registration, above

STOCK

- Initial Public Offerings (IPOs)** (this index)

STORAGE OF PATIENT RECORDS

- Distressed providers, bankruptcy and creditors’ rights, **15:11**

STUDIES

- Regulations, Executive Orders, Studies, and Coverage Policies** (this index)

SUBCONTRACTING

- Health care government contractors, **20:128**

SUBSIDIES

- Safe harbor regulations, obstetrical malpractice insurance subsidies, **6:10**

SUBSTANCE ABUSE BENEFITS

- State health care reform initiatives, **21:31**

SUPERVISING PHYSICIANS

- Independent Diagnostic Testing Facility (IDTF)** (this index)

SUPPLIERS

- Sanctions, Office of Inspector General’s work plan, **7:17**

TAX CUTS AND JOBS ACT (TCJA)

- Health care reform: recent and pending legislation, **21:26**

TAXES

- Bond Financing** (this index)
- Medicare and Medicaid** (this index)
- Tax Cuts and Jobs Act (TCJA), **21:26**
- Tax-Exempt Organizations** (this index)

TAX-EXEMPT ORGANIZATIONS

- ACA requirements for tax-exempt hospitals, **5:115**
- Ancillary joint venture, exemption and unrelated business taxable income consequences, **5:113**
- Charitable hospitals, IRS guidance, **5:116**
- Governance, IRS guidance, **5:114**
- Incentives, physician, **5:109**
- Intermediate sanctions, **5:108**
- IRS’s audit guidelines for tax-exempt hospitals, generally, **5:107 et seq.**
- Joint ventures, **5:111, 5:113**
- Revenue Ruling 98-15, **5:111**

INDEX

TAX-EXEMPT ORGANIZATIONS—Cont'd

St. David's Healthcare System tax exemption for participant in whole hospital joint venture, **5:112**

TELECOMMUNICATIONS

Department of Health and Human Services, Office of Civil Rights, Assurance of Compliance (HHS Form-690), **App 20:1**

TELEMARKETING

Fraud alerts of Office of Inspector General, telemarketing by durable medical equipment suppliers (OIG Special Advisory Bulletin), **5:91, App 5:17**

TEMPORARY

NON-COMPLIANCE

Physician financial arrangements, restrictions on, **9:31**

TEXAS

Corporate practice of medicine, **10:8**

THIRD-PARTY PAYORS

Generally, **19:1 et seq.**

Department of Veterans Affairs (VA) programs, **19:3**

Federal Employee Health Benefits Program (FEHBP), **19:5**

Insurers, private, **19:2**

Medicare and Medicaid (this index)

Public Health Services (PHS) programs, **19:6**

TRICARE

formerly known as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), **19:4**

THIRD-PARTY SERVICE PROVIDERS

Notification standards for breaches of "unsecured" protected information, **3:34**

TRANSFER OF PATIENTS

Distressed providers, bankruptcy and creditors' rights, trustee's duty

TRANSFER OF PATIENTS—Cont'd
to transfer patients of health care business, **15:13**

TRICARE

Third-party payors
formerly known as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), **19:4**

TRUSTS AND TRUSTEES

Distressed providers, bankruptcy and creditors' rights, trustee's duty to transfer of patients of health care business, **15:13**

Model trust agreement pursuant to Section 609 of Public Health Service Act, **App 20:4**

21ST CENTURY CURES ACT

Health care reform: recent and pending legislation, **21:25**

UNCOMPENSATED CARE

ASSURANCE

Hill-Burton Act and State Charity Care Requirements (this index)

UNINCORPORATED SOLE PROPRIETORSHIP

Changes of ownership, transactions that constitute change of ownership for purposes of Medicare, **8:3**

UNION-BASED MANAGED CARE PLANS

Managed Care (this index)

UNRELATED BUSINESS TAXABLE INCOME

Tax-exempt organizations, ancillary joint venture, **5:113**

VENDORS OF PERSONAL HEALTH RECORDS

Notification standards for breaches of "unsecured" protected information, **3:34**

VETERANS

Accounts receivable financing, assignment of veteran's benefits, **12:13**

HEALTH FINANCIAL TRANSACTIONS

VETERANS—Cont'd

Third-party payors, Department of
Veterans Affairs (VA) programs,
19:3

WARRANTIES

Accounts receivable financing, **12:17**

WASTE

Sanctions (this index)

WHOLE HOSPITAL EXCEPTION

Physician financial arrangements,
restrictions on, **9:18**