

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, **21:9**

Chronic disease, prevention of, **21:13**

Community Living Assistance Services and Supports (CLASS) program, **21:17**

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

Fees on the health industry, **21:18**

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

Health industry impact and outlook, **21:19**

Innovative medical therapies, improving access, **21:16**

Inpatient hospital provisions, **17:20**

Insurance reforms, **21:10**

Legislative developments, **22:4**

Outpatient provisions, **17:23**

Public health, improving, **21:13**

Public programs, role of, **21:11**

Quality and efficiency of care, **21:12**

Revenue provisions, **21:18**

Taxes on health industry, **21:18**

Transparency and program integrity, **21:15**

Workforce in health care, **21:14**

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, **21:8**

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
 - commercial 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, **21:21**

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, **21:22**

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, **21:21**

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, **21:33**

**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, **21:25**

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 payment, **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 General'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 Advisory 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 doctrine, **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 employees, **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/HCFAs 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, **21:13**

Community Living Assistance Services and Supports (CLASS), **21:17**

fees on the health industry, **21:18**

health industry impact and outlook, **21:19**

innovative medical therapies, improving access, **21:16**

public health, improving, **21:13**

revenue provisions, **21:18**

taxes on health industry, **21:18**

transparency and program integrity, **21:15**

workforce in health care, **21:14**

American Recovery and Reinvestment Act (ARRA)

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

health provisions, generally, **21:8**

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

Obama Administration health reform, **21:8**

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, **21:21**
- 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, **21:22**
- Budget Control Act, **21:21**
- Children's health care provisions, state health care reform initiatives, **21:33**
- Community Living Assistance Services and Supports (CLASS), **21:17**
- Consolidated Appropriations Act, **21:25**
- COVID-19
 - Public Health Emergency Transition, **21:5**
- 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

HEALTH CARE REFORM:

RECENT AND PENDING LEGISLATION—Cont'd

- Federal legislation, health policy provisions—Cont'd
 - Protection Act, **21:3**
- Medicare Improvements for Patients and Providers Act, **21:4**
- 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, **21:18**
- Hospital price transparency, **21:28**
- Innovative medical therapies, improving access, **21:16**
- Insurance reforms, **21:10**
- Managed care provisions, state health care reform initiatives, **21:31**
- Maryland statewide reforms, **21:35**
- Massachusetts statewide reforms, **21:37**
- 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, **21:30**
 - 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, **21:24**
 - Medicare Improvements for Patients and Providers Act, **21:4**
 - Medicare prescription drug coverage, below

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

Medicare and Medicaid—Cont'd
 Medicare provisions
 federal legislation, health policy provisions, above
 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, **21:32**

Middle Class Tax Relief and Job Creation Act, **21:20**

Obama Administration health reform generally, **21:7 et seq.**
 Affordable Care Act
 generally, **21:9**
 chronic disease, prevention of, **21:13**
 Community Living Assistance Services and Supports (CLASS) program, **21:17**
 fees on the health industry, **21:18**
 health industry impact and outlook, **21:19**
 innovative medical therapies, improving access, **21:16**
 insurance reforms, **21:10**
 public health, improving, **21:13**
 public programs, role of, **21:11**
 quality and efficiency of care, **21:12**
 revenue provisions, **21:18**
 taxes on health industry, **21:18**
 workforce in health care, **21:14**

American Recovery and Reinvestment Act (ARRA), above
 Medicare, Medicaid, and SCHIP Extension Act, **21:4**
 Medicare Access and CHIP Reauthorization Act (MACRA)
 generally, **21:24**

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, **21:36**

Prescription drug coverage
 Medicare Prescription Drug, Improvement, and Modernization Act (MMA), **21:4**

Preventing surprise medical bills, **21:6**

Protecting Access to Medicare Act, **21:23**

Public health, improving, **21:13**

Public Health Emergency Transition COVID-19, **21:5**

Public programs, role of, **21:11**

Quality and efficiency of care, **21:12**

Revenue provisions, **21:18**

Security of information, American Recovery and Reinvestment Act, notification standards for breaches of “unsecured” protected information, **3:34**

State health care reform initiatives generally, **21:29**
 children’s health care provisions, **21:33**
 hospital price transparency, **21:28**
 managed care provisions, **21:31**
 Maryland statewide reforms, **21:35**
 Massachusetts statewide reforms, **21:37**
 Medicaid reform, **21:30**
 mental health benefits, **21:32**
 Oregon statewide reforms, **21:36**
 statewide reforms, **21:34-21:37**
 substance abuse benefits, **21:32**

Substance abuse benefits, state health care reform initiatives, **21:32**

INDEX

HEALTH CARE REFORM:

RECENT AND PENDING LEGISLATION—Cont'd

Tax Cuts and Jobs Act (TCJA), **21:27**

Taxes on health industry, **21:18**

Tax Relief and Health Care Act, **21:4**

Transparency and program integrity,
21:15

21st Century Cures Act, **21:26**

Workforce in health care, **21:14**

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**

HEALTH INSURANCE

PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)—Cont'd

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**

HILL-BURTON ACT AND STATE CHARITY CARE REQUIREMENTS—Cont'd

- Uncompensated care assurance
 - Cont'd
 - annual compliance level, calculation of, **20:99**
 - applicability, **20:98**
 - determine eligibility for uncompensated services, **20:101**
 - 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**

HOME HEALTH SERVICES**—Cont'd**

- Fraud alerts, office of inspector general's special fraud alert
 - Cont'd
 - kickbacks, **5:16**
- Home Care Providers** (this index)
- Home Health Agencies (HHAs)** (this index)
- 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**

INDEX

HOSPICES—Cont'd

- Fraud alert, Office of Inspector General's special fraud alert on nursing home arrangements with hospices—Cont'd
 - 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**
 - 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**

HOSPITALS—Cont'd

- Fraud alerts, office of inspector general's
 - incentives, Incentives, below
- Fraud alerts, office of inspector general's
 - Gainsharing** (this index)
 - 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**

**INDEPENDENT DIAGNOSTIC
TESTING FACILITY (IDTF)****—Cont'd**

- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), **16:35**
- Multi-state entities, **16:32**
- Non-physician personnel requirements, **16:30**
- 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**

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

- Marketing—Cont'd
 - execution of offering agreements
 - Cont'd
 - agreement among underwriters, **13:22**
 - underwriting agreement, **13:22**
 - preliminary prospectus, **13:20**
 - roadshow, **13:21**
 - selling group, **13:19**
 - 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**

INDEX

INITIAL PUBLIC OFFERINGS

(IPOs)—Cont'd

- 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**
- 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, **21:10**
- 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 business organizations: reimbursement considerations, provider-based status, **8:32**
- Fraud alert, Office of Inspector General's Special Fraud Alert generally, **5:1, 5:93-5:102, App 5:1, App 5:19**
- advisory bulletin provisions, generally, **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 investment in, **5:5**

JOINT VENTURES AND**CONTRACTUAL
ARRANGEMENTS—Cont'd**

Fraud alert, Office of Inspector General's Special Fraud Alert—Cont'd

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

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

profit distributions, **5:4**

questionable contractual arrangements, **5:99**

registry arrangements, **5:95**

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**

KICKBACKS—Cont'd

Fraud alerts, office of inspector general's—Cont'd

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 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

INDEX

LEASES—Cont'd

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)

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**

LONG-TERM CARE FACILITIES—Cont'd

“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**

MANAGED CARE—Cont'd

- Employer-based and union-based managed care plans—Cont'd
 - 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, **21:31**
- 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**

MANAGED CARE—Cont'd

- 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**
 - 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, **21:31**
- 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**

INDEX

MANAGED CARE—Cont'd

- Types of managed care organizations—Cont'd
 - 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: reimbursement 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, **21:35**
- Physician financial arrangements, restrictions on, **9:49**

MASSACHUSETTS

- Corporate practice of medicine, **10:9**
- Health care reform: pending legislation, **21:37**

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,

MEDICAL DEVICES—Cont'd

- 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**
 - 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 provision 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**

MEDICARE AND MEDICAID —Cont'd

- Admissions
 - Medicaid program, below payment system adjustments, admission threshold, **17:83**
- 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 readmissions, **17:81**
- Co-located facilities, **17:82**

INDEX

MEDICARE AND MEDICAID

—Cont'd

- Common ownership, Medicare program related organization rule, **17:29**
- 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**

MEDICARE AND MEDICAID

—Cont'd

- Medicaid program—Cont'd
 - clinical lab services, service-specific payment standards for physician billing for clinical 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**

MEDICARE AND MEDICAID**—Cont'd**

- Medicaid program—Cont'd
 - provider contributions and taxes
 - Cont'd
 - fees, state, **18:30**
 - 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 admissions and rate equalization, below
 - rebates for managed care organization utilization, **18:20**
 - regulated admissions and rate equalization
 - generally, **18:31**
 - antidiscrimination statutes, **18:33**
 - Medicare participation requirements, **18:32**
 - minimum occupancy requirements, **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 payment 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-

MEDICARE AND MEDICAID**—Cont'd**

- Medicaid program—Cont'd
 - reimbursement—Cont'd
 - vice-specific payment standards
 - generally, **18:8**
 - clinical lab services, physician billing for clinical lab services, **18:11**
 - drugs, **18:10**
 - hospices, **18:9**
 - managed care plans, payments to, **18:13**
 - outpatient hospital and clinical 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 payment standards, **18:12**
 - sanctions, Medicaid drug reimbursement reports, **7:23**
 - service-specific payment standards
 - institutional services, **18:7**
 - noninstitutional services, service-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, **21:24**
 - merit-based incentive payment system, **17:35**
 - Medicare program
 - generally, **17:1 et seq.**
 - adjustment of CMGs, **17:68**
 - admission and discharge assessments, **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, prospective 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 readmittances, **17:81**
 - co-located facilities, **17:82**
 - common ownership, related organization rule, **17:29**
 - conditions of coverage, IRF payment, **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, **21:24**
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**
outliner 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 rehabilitation facilities
 - generally, **17:58-17:71**
 - adjustment of CMGs, **17:68**
 - admission and discharge assessments, **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, **21:32**
- ### 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, **21:20**
- ### 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, **21:36**

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 exceptions, **9:22**
 - DHS physician
 - application of exception, **9:36**
 - factual example, **9:35**
 - multi-purpose exceptions, physician services, **9:29**
- Physician, definition, **9:4**
- Physician group and pathology laboratory
 - 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 exception, **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 physician certification, **5:40**
- DME, prosthetics, orthotics, and supplies for home use, physician 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, **21:28**

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, **21:23**

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 Legisla-
tion** (this index)
Studies affecting health care regula-
tion 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**
 Medicaid Fraud Control Units Annual Report: Fiscal Year 2024, **7:29**
 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**

SANCTIONS—Cont'd

Medicare and Medicaid contractor operations under Medicare, **7:21**
 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**

INDEX

SANCTIONS—Cont'd

- Office of Inspector General's work plan—Cont'd
 - Medicare and Medicaid
 - Medicaid drug reimbursement reports, **7:23**
 - Medicaid services, **7:24**
 - 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**

SECURITY OF INFORMATION—Cont'd

- 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**

STATE REGULATION—Cont'd

Health care professionals, licensure, accreditation, and registration, **2:3, 2:5**

Health maintenance organizations (HMOs), **11:18**

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, **21:32**

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, **21:27**

TAXES

Bond Financing (this index)

Medicare and Medicaid (this index)

Tax Cuts and Jobs Act (TCJA), **21:27**

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**

INDEX

TAX-EXEMPT ORGANIZATIONS

—Cont'd

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**

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 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, **21:26**

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**

HEALTH FINANCIAL TRANSACTIONS

VETERANS

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

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**