

## Understanding Health Care Fraud, Waste and Compliance Programs

### Webinar #120418-IA

#### DATE AND TIME

December 4, 2018  
1:00 - 2:00 p.m. CT

#### OVERVIEW

The session will begin with a description of the federal and state agencies involved in enforcing fraud, waste and abuse against hospitals, including an overview of recent enforcement actions and settlements involving hospitals. The speaker will provide an introductory overview of the Stark Law, Anti-Kickback Statute, False Claims Act, federal Beneficiary Inducement prohibitions and Excluded Provider laws. The session will include examples of arrangements that could violate each of the laws to illustrate how these laws are applied in hospital operations. Finally, the session will address hospital compliance programs, including the federal guidance used by hospitals when developing compliance programs and best practices in establishing a compliance program and incorporating all aspects of hospital operations.

#### TARGET

CEOs, CFOs, compliance officers, board members and legal counsel.

#### OBJECTIVES

1. Learn about the federal health care laws that are designed to protect against fraud, waste and abuse of government money.
2. Examine hospital-specific scenarios which could implicate fraud, waste and abuse laws.
3. Discuss the governmental agencies involved in enforcing these laws, as well as real-life examples of hospital penalties and settlements related to alleged hospital violation of these laws.
4. Analyze the elements of an effective hospital compliance program, including best practice tips for implementing or updating a hospital compliance program.

#### FACULTY

**Alissa Smith, Partner**  
Dorsey & Whitney LLP - Des Moines, IA

Alissa Smith's regulatory practice includes the interpretation and application of state and federal fraud and abuse laws, Medicare and Medicaid rules including payment rules, Medicare Part D regulations, and provider-based regulations, tax-exemption laws, HIPAA and privacy laws, EMTALA laws, licensing and accreditation matters, employment laws, governmental audits and open records and open meetings matters. She also assists with corporate and health system governance issues, including the preparation of policies and procedures, the revision and negotiation of medical staff bylaws, establishing corporate existence including preparing operating agreements and other governance documents, and in assisting in all aspects of participation in accountable care organizations including assisting with the legal structures, policies and procedures and the application process required for participation in the Medicare Shared Savings Program.

#### PRICE

\$195 per connection for members.  
\$390 per connection for non-members.

Note: The fee is for one phone line with unlimited participants. For example, 10 employees can participate for only \$19.50 ea!

For more  
information  
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