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## Understanding Federal Laws and Enforcement Agencies

### Webinar #080218-IA

#### DATE AND TIME

August 2, 2018  
1:00 - 2:00 p.m. CT

#### OVERVIEW

This session will provide an overview of federal and state laws governing hospital licensure and participation in the Medicare and Medicaid programs. Additionally, participants will learn the main aspects of the laws that require patient privacy and the security of patient records, as well as the laws supporting and related to hospital peer review activities. This session will also provide an introduction to the state and federal hospital enforcement agencies and address situations in which these enforcement agencies may interact with the hospital, their authority and the enforcement tools they can use against the hospital.

#### TARGET

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

#### OBJECTIVES

1. Explain the primary state and federal laws that govern hospital licensure and hospital participation in the Medicare and Medicaid programs.
2. Evaluate patient privacy and record security laws and the laws supporting peer review activities in the hospital.
3. Discuss the state and federal agencies involved in investigations of, and enforcement against, hospitals.
4. Understand the enforcement tools that these state and federal agencies can use against hospitals.
5. Describe some circumstances when the hospital may typically interact with state and federal enforcement agencies.

#### 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  
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