

Regulatory Roundup (Part 1): What's New in Health Care?



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Mark L. Mattioli

Post & Schell, P.C.

1717 Arch St., 24th Floor

Philadelphia PA 19103

mmattioli@postschell.com

Changes to the 855A



Delayed Until August 1, 2025



Affordable Care Act Section 6101(a)

Part of Nursing Home Transparency Provisions

- Added Definition of “*Additional Disclosable Parties*”
- Also created requirement for Compliance and Ethics Program
- Final regulations to be promulgated two years from date of enactment with final regs published 90 days later
- ACA Enacted June 2010

Social Security Act 1124(c)

History of the Regulations: Final Rule

November 17, 2023

“Medicare and Medicaid Programs; Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities; Medicare Providers’ and Suppliers’ Disclosure of Private Equity Companies and Real Estate Investment Trusts”

88 FR 80141

CMS 855A: New Attachment 1

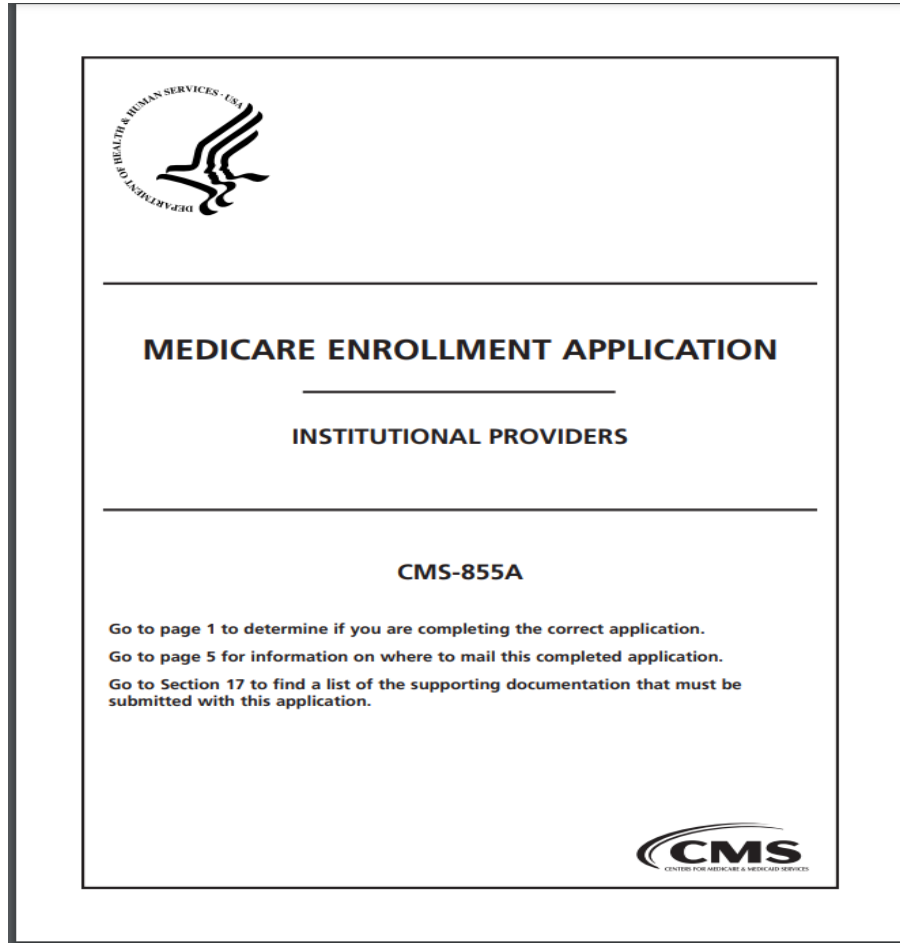
ATTACHMENT 1: SKILLED NURSING FACILITY DISCLOSURES

All skilled nursing facilities (SNFs) must complete this attachment with their application during:

- Initial enrollment
- Revalidation
- Change of information (though only with respect to the information that is changing)
- Change of Ownership (CHOW)

ORGANIZATION INSTRUCTIONS

New CMS Form 855A (09/24 Version)



The image shows the cover page of CMS Form 855A. At the top left is the Department of Health and Human Services logo. The title "MEDICARE ENROLLMENT APPLICATION" is centered, followed by "INSTITUTIONAL PROVIDERS" below it. The form number "CMS-855A" is centered. Below that, there are three lines of instructions: "Go to page 1 to determine if you are completing the correct application.", "Go to page 5 for information on where to mail this completed application.", and "Go to Section 17 to find a list of the supporting documentation that must be submitted with this application." The CMS logo is at the bottom right.

- New SNF Attachment 1: Skilled Nursing Facility Disclosures (17 pages)
- Sub-regulatory guidance updated 12 times since initial release on September 24, 2024
- Most recent update **Dec. 20, 2024**: <https://www.cms.gov/files/document/guidance-snf-attachment-855a.pdf>

CMS Guidance

- “We recommend that SNFs contact their legal counsel or other professional advisor (e.g., provider enrollment business advisor) with questions regarding whether specific persons or entities within their organization should be disclosed.”
- CMS, GUIDANCE FOR SNF ATTACHMENT ON FORM CMS-855A, 9/24/24



CMS is Using “Off Cycle” Revalidations

Use of off-cycle revalidation and shortened timeframe is burdensome

Providers need to make a good faith effort to complete the new SNF Attachment

Initially, providers had 90 days to submit information via PECOS and/or CMS 855A, now due May 1, 2025

If MAC identifies missing information, providers have 30 days to respond

Provider payments will not be cut off if meeting these deadlines

Expanded Reporting – CMS-855A Form



- Detailed information about ownership, management and financial arrangements
- Additional data regarding other associated parties and their ownership structures
- SNF providers must now report:
 - All previously required data, and
 - *Additional information about “Additional Disclosable Parties” (ADPs)*

Data Required By Section 1124(c)



**Governing
Body**



**Officer, Director,
Member, Partner,
Trustee, or Managing
Employee**



**Additional
Disclosable Party**

Definition follows...



**Organizational
Structure of ADP &
Relationship**

Governing Body



§483.70(d) Governing body

- The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and
- The governing body appoints the administrator

Officer, Director, Member, Partner, Trustee, or Managing Employee



- Any Officer, Director, Member, Partner, Trustee, or Managing Employee
- Regardless of whether the provider or supplier is a non-profit entity or name of the body
- **Managing Employee**: Individual who directly or indirectly manages, advises, or supervises any element of practices, finances, or operations
 - *Includes general manager, business manager, administrator, director, or consultant and Medical Director*

Additional Disclosable Party

Any **person** or **entity** (Employees or Vendors) who:

- Exercise **operational, financial, or managerial control****
 - Includes consultants and vendors
- Provides policies or procedures
- Provides financial or cash management services
- Leases or subleases real property to SNF
- Owns $\geq 5\%$ percent of the total value of the real property

ADP – Operational Control (All or Part of Facility)

- Includes persons/entities that oversee and have responsibility for any aspect of the SNF's daily activities or transactions (e.g., person in charge of the SNF's (1) medical records, (2) patient activities, (3) dietary/food operations, (4) maintenance (but not housekeeping), (5) marketing, (6) social services, (7) therapy, etc.
- The person need not serve in a supervisory role to have operational control. But not every employee involved is an ADP. Only if in a position of oversight and responsibility need be disclosed.

ADP – Managerial Control (All or Part)

- Includes parties falling within the definition of “managing employee” or “managing organization” in §424.502, such as: (1)supervisors; or (2) non-supervisors who nonetheless oversee and are responsible for any aspect of the SNF’s operations, including management/oversight of matters such as maintenance
- Administrator, medical director, DON, Department heads
- Not every SNF employee who is responsible for any action -- must be some degree of broader oversight and decision-making authority involved

ADP – Financial Control (All or Part)

Can include:

- Monitoring or managing the SNF's finances, authority to approve the expenditure of SNF funds, an owning organization of the SNF that funds part of the SNF's operations; banks that have given the SNF a line of credit;
- *Financial Services* – Can include investment banking, investment management, asset management, financial advice, accounting, financial audits, etc.
- *Cash Management Services* – Parties that give guidance/advice on cash flow and other financial matters; handling the SNF's financial transactions (e.g., ACH, etc.)

Categories of ADPs

- Accounting Services
 - Administrative Services -- compliance/oversight, human resources, public relations/outreach/advertising, IT
 - Cash Management Services
 - Clinical Consulting Services -- assessing or advising how to improve or modify any aspect of the SNF's provision of health care
 - Financial Control -- monitoring or managing the SNF's finances; authority to approve the expenditure of SNF funds
- Financial Services -- banking, investment asset management, auditing, etc.
 - Managerial Control -- (1) supervisors; or (2) non-supervisors who nonetheless oversee and are responsible for any aspect of the SNF's operations, including management/oversight of matters such as maintenance
 - Management Services
 - Operational Control
 - Policies or Procedures

Organizations: Section 11

ATTACHMENT 1: SKILLED NURSING FACILITY DISCLOSURES (Continued)

11. Does the reported organization provide any of the following—either directly or indirectly—to the SNF or any part of the SNF? Yes No

If yes, complete the below fields.

- | | | | |
|--|--|------------------------------|----------------------|
| Policies or procedures for any of the SNF's operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Financial services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Cash management services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Management services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Administrative services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Clinical consulting services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |
| Accounting services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effective date (mm/dd/yyyy): | <input type="text"/> |

The type(s) of services (e.g., accounting services and the type/form of the accounting services)

Whether these services are furnished under contract:

The Conflict Within CMS Guidance

- *If the SNF is uncertain as to whether a certain party must be reported, it should disclose said party. As we stated in the November 17, 2023, final rule: “In general, this rule should be construed towards disclosure and, if in doubt about whether additional information should be released, SNFs should disclose it.”(88 FR 80142).*

-- SNF Guidance at 7

“Q13: There are several areas of the application where there is not enough room in the furnished box to list all the types of services the ADP furnishes (Section 11 of the Organizations section), all the corporation ADPs that the person owns (Section 17 of the Individual section), and other data. What do we do if there is insufficient space?”

- A: The SNF should list as many services in the box as possible -- if necessary, via abbreviated words (e.g., “mngl ctl” or “mgmt,” for “managerial control”). The most frequent and greatest degree of furnished services should be listed first. **If the SNF runs out of space, it need not list the remainder of the services via a separate document or SNF Attachment page.**

-- SNF Guidance at 23

Use Maximum Feasible Efforts to Secure the Required Data

Q3: We are a general partnership that is an additional disclosable party (ADP) for a SNF. We have 150 partners within our partnership. Must they all be reported?

A: Yes. Consistent with section 1124(c) of the Social Security Act (the Act), if an ADP is a general partnership all partners must be disclosed (regardless of the percentage of ownership). Moreover, separate Attachment 1s must be completed for each partner. We recognize that this is a lot of data, but we note that this situation is not altogether different from that which currently exists under section 1124(a) of the Act when an enrolling corporate provider must report all the members of its board of directors. For larger providers, this could number (and at times has numbered) in the hundreds.

- Not required to make multiple attempts to obtain information regarding an ADP or its ownership structure if:
 - (1) the ADP refuses to provide the data; and
 - (2) the information is not available and accessible elsewhere (e.g., within the SNF's existing records, searchable on the Internet)
- Efforts could include:
 - Identifying the unattainable data in question
 - Outlining the means the SNF used (e.g., contacting the ADP via phone, email, or other means)
 - If applicable, identifying the ADP(s) that declined to provide the information and the reason given for said refusal
 - The number of attempts made to obtain the data
 - Whether (and to what extent) the SNF attempted to secure the data via other means if the SNF could not obtain it from the ADP
 - Why all efforts to secure the data have been exhausted -- including, but not limited to, why the SNF does not plan to make any additional efforts)

“CMS stresses that the above recommendation does not mean or imply that the SNF will automatically be exempt from disclosing this data. Accordingly, it is extremely important that the SNF exhaust all feasible means of securing the information before concluding that it is unattainable.”

~ SNF Guidance at 19

Identifiers – Not Required for All ADPs

Social security numbers, dates of birth and tax identification numbers of only the following parties on the Attachment:

- ≥5% direct or indirect owners of the SNF
- General or limited partners regardless of percentage
- Managing employees
 - (as the term “managing employee” is defined in 42 CFR §424.502)
- Corporate officers and directors
- Persons with ≥5% mortgage or security interest

Other FAQs

Q9: When and where will the public SNF data be published? Will it contain personally identifiable information (PII)

- A: It has been posted on data.gov as part of the SNF dataset we currently publish at:
<https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/skilled-nursingfacility-all-owners>.

Q10: Is there any lookback period for the seven final adverse actions listed in (B) of Section 3 of the Form CMS-855A?

- A: No. Consistent with current policy, these actions must be reported regardless of when they occurred.

Accounting Services

Q8: Our firm provides accounting services to the SNF. However, we do not have any ownership of or control over the SNF. Must we still be reported as an ADP?

A: Yes. So long as the party falls within one of the categories of ADPs, they must be reported. The firm need not have --- and section 1124(c) does not require --- an ownership or control interest in the SNF to qualify for disclosure under the accounting services category.

Q11: We are a revalidating SNF that is part of a chain. Our chain home office (CHO) contracts with a third-party accounting firm to perform accounting services on our behalf. Must we report the firm as an ADP?

A: Yes. The third-party must be disclosed because it is the entity performing the actual accounting service for the SNF, even though it was hired by the CHO and not the SNF.

Organizational Charts

New and additional organizational charts must be prepared and submitted

1.

SNF Section A
Entities

A chart identifying all entities listed in Section A of the Organizations section of the Attachment that shows their relationships with the SNF and each other. (All the SNF's organizational ADPs.)

2.

SNF Owners &
Structure

A chart identifying the organizational structures of all its owners, including owners not listed in the SNF Attachment (e.g., less than 5% direct or indirect owners of corporations). This includes entities AND individuals that are owners.

3.

ADP /
Structures and
Relationships

A chart outlining the organizational structures of each ADP of the facility. This must include a written description of the relationship of each ADP to the facility and to all the SNF's other ADPs.

Organizational Charts (cont'd)

- At least one of these three charts must also identify the SNF's ultimate parent company and the entities situated between the SNF and the parent in the organizational arrangement
- Charts (1) and (2) may be combined into one
- Chart (3) must remain separate and distinct

YOU NEED A PLAN



Gather required information and document your efforts.



CMS expects "the maximum feasible efforts to secure the required data."



Consider sharing standardized data collection tool



CMS's Form CMS-855A Attachment 1 contains all possible information needed but may be confusing to ADPs



Other forms developed by disclosable organizations

General Compliance Program Guidance



Replaces Individual Model Compliance Programs

GCPG with Industry Specific Modules
SNF Coming this Year



What's New

New approaches to role of Compliance Committee and Compliance Officer
Compliance Committee to be involved in Audits
References Information Blocking



Link

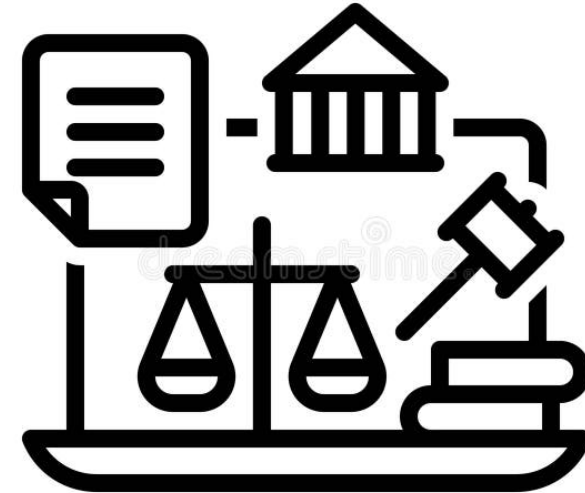
<https://oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf>

General Compliance Program Guidance (cont'd)

- Designed to be “User Friendly”
- General Provisions for all Providers
- Addresses
 - Key Federal Authorities
 - Seven Elements
 - Adaptations for Small Entities
 - Other Compliance Considerations
 - OIG processes
- Voluntary Model

Specific Authorities

- Antikickback Act
- Physician Self-Referral Law (Stark)
- False Claims Act
- Civil Monetary Penalty Authorities
 - Beneficiary Inducements
 - Information Blocking
 - CMP Authority Related to Grants, etc.
- Exclusion Authorities
- Criminal Health Care Fraud



ADDs

HIPAA Privacy and Security Rules

- With increasing numbers of cybersecurity attacks aimed at HIPAA-regulated entities of all sizes, compliance with Privacy, Security, and Breach Notification Rule requirements should be a top compliance priority and included in all risk assessments.



Compliance Officer

- Oversee and monitor the implementation and operation of the program
- Advise CEO and Board on risks
- Chair compliance committee
- Report to the board
- Revise compliance program
- Coordinate screening and work plans
- Independently investigate compliance issues
- Develop programs to encourage reporting



Compliance Officer (cont'd)

- Should be separate from legal
 - Some compliance officers have the dual role of privacy officer. In that case, OIG recommends that the entity ensure that the compliance officer has sufficient staff and resources to perform the additional duties associated with that expanded role
- Have authority to review all data

Compliance Committee

- Analyzing the legal and regulatory requirements applicable to the entity;
- Assessing, developing, and regularly reviewing policies and procedures;
- Monitoring and recommending internal systems and controls;
- Assessing education and training needs and effectiveness, and regularly reviewing required training
- Developing a disclosure program and promoting compliance reporting;
- Assessing effectiveness of the disclosure program and other reporting mechanisms;
- Conducting annual risk assessments;
- Developing the compliance workplan;
- Evaluating the effectiveness of the compliance work plan and any action plans for risk
- Remediation; and
- Evaluating the effectiveness of the compliance program

Board Role



- Boards should pay attention to the Commission's Guidelines because federal courts consult when determining criminal sentences. Corporate boards also have a fiduciary duty of care, which requires that boards assure that “information and reporting systems exist in the organization that are reasonably designed to provide to senior management and to the board itself timely, accurate information to allow management and the board, each within its scope, to reach informed judgments concerning ... the corporation’s compliance with the law” *In re Caremark*, 698 A.2d 959, 970 (Del. Ch. 1996).

Enforcement

- New emphasis on incentives
 - The achievement of compliance goals that are specific to a department or a specific position description;
 - Achievements that reduce compliance risk (e.g., a team that develops a process that reduces compliance risk or enhances compliant outcomes, or an individual who suggests a method of attaining a strategic goal with less risk); or
 - Performance of compliance activities outside of the individual's job description (e.g., mentoring of colleagues in compliant performance or performing as a compliance representative within their department or team).

Auditing and Monitoring




- The Compliance Committee should include in the compliance work plan a schedule of audits to be conducted based on risks identified by the annual risk assessment. The Compliance Committee also should ensure that the compliance officer has the capacity to perform or oversee additional audits based on risks identified throughout the year, for example, as part of an investigation into an overpayment that uncovers a potential systemic issue. The audits may be conducted by internal or external auditors who have expertise in Federal and State health care statutes, regulations, and Federal health care program requirements.

Other Issues

- Ownership, including private equity
- Payment incentives
- Financial Arrangement Tracking

OTHER ISSUES



- Nursing Home – November 2004
- Emphasis on increased role of compliance, especially in area of quality
 - For nursing facilities that are part of a system or chain, the highest level of the corporation or management organization should develop, implement, support, and monitor compliance and quality programs to ensure a systematic and consistent approach to compliance and quality oversight. Responsibility for corporate compliance should be assigned to a compliance officer at the highest level of a corporation or management organization. A corporate-level compliance and quality function should oversee and evaluate the extent to which each nursing facility within the system or chain operates consistently under all compliance and quality standards and protocols and adheres to all laws, regulations, and rules.

Program Risk Areas

- Proactive Risk Management
- Quality of Care:
 - Staffing Levels
 - Appropriateness of Resident Care Plans and Activities
 - Challenges due to Demographic Changes
 - Medication Management
 - Appropriate use of Medications: Psychotropics



Quality of Care

- Minimizing Conflicts of Interest
- Resident Safety
- Infection Control
- Facility Initiated Discharges



Proactive Risk (cont'd)

- Medicare and Medicaid Billing Requirements:
 - Focus on PPS
 - Value-Based Programs
 - Medicare and Medicaid Managed Care
 - Medicare Part D
 - Medicare Health Plan Enrollment



Proactive Risk (cont'd)

- Anti-Kickback
 - Free or Below Fair Market Value Goods and Services
 - Discounts
 - Arrangements for Services and Supplies
 - Pharmacy Contracts
 - Hospital Arrangements
 - Hospice Arrangements
 - Care Coordination and Value-Based Arrangements
 - Joint Ventures



Additional Areas

- Related-Party Transactions
- Physician Self-Referral
- Anti-Supplementation
- HIPAA
- Civil Rights



Compliance Plan Functioning

- “Responsible Parties”
 - As a result of OIG’s enforcement work and monitoring of Quality of Care CIAs, we believe investors in the nursing facility sector should be actively questioning whether the operating and management companies in their investment portfolios are: (1) complying with Federal health care program requirements and fraud and abuse laws; (2) dedicating the necessary resources to the organization’s compliance and quality programs; (3) providing high quality care; and (4) creating a safe and comfortable living environment for all residents. Studies have shown that nursing facilities owned by private equity companies, real estate investment trusts, or other for-profit investment firms had significantly reduced staffing and lower quality ratings.

QAPI Role

- Compliance should have role in:
 - Resident, family, guardian, and staff complaints
 - Resident, family, guardian, and staff satisfaction surveys and any other internal surveys
 - Staffing turnover and exit interview reports
 - State and Federal surveys
 - Resident outcomes and care delivery
 - Events reporting
 - Staffing and nursing hours reports
 - Hotline calls
 - Disclosure logs
 - CMS quality indicators
 - Financial indicators

Staffing: Where Do We Stand?

- Injunction on Enforcement
 - State of Texas v. United States Department of Health and Human Services, Civil Action No. 2:24:cv-00171Z (N.D. Tex); American Health Care Assn. v. Becerra, Civil Action No. 2:24-cv-00114Z (N. D. Texas)
 - State of Kansas, et al. v. Becerra, Civil Action No. 1:24-cv-00110 (filed Oct. 10, 2024)
- Court Enjoined Regulations
 - 24/7 RN Requirement Contrary to Congressional Mandate requiring an 8-hour RN
 - Baseline Staffing of .55 RNs and 2.45 NAs also exceeded Congressional Authority

American Health Care v. Kennedy, ctd.

- Congress had specifically chosen to mandate RNs to 8 hours per day
 - CMS Rules Directly Overrode Congress's Mandate
- HPPD Rules also failed to account for Congressional intent to allow flexibility based on "needs"
 - Congress had considered standards but refused to implement them and focused on flexible approach
 - CMS utilized "one size fits all" test
- Rules were not "Fill the Gaps" details

American Health Care v. Kennedy, ctd.

- Did not rule on “Arbitrary and Capricious” argument
 - Rule based on a 2023 study by independent consultant
 - Found that while there was a correlation between staffing and quality, it could not determine if there was a minimum floor
 - Found no "clear evidence basis for setting a minimum staffing level"

State Challenges

- New Jersey Challenge
 - The Health Care Assn. of NJ v. NJ Department of Health, Superior Ct., NJ, No. MER-L-001712-24
- Trade Group Challenges to PA Regulations
 - Cites Credentia Difficulty in Testing



New SNF Final Payment Rule

- Increases in Payments
 - PPS Up by 4.2%
- CMPs For Non-Compliance
 - Expanded to allow for Per Instance and Per Day CMPs at same time
 - Allow Multiple CMPs for same violation

State Operations Manual

- Changes to Admission, Transfer and Discharge
 - Deletes F622-626, F660 and F661 and adds new requirements at F627 and F628
 - Prohibits admission agreements requesting third-party guarantees for payment
 - Removes the terms “facility-initiated” and “resident-initiated” from the discharge language
 - Identifies a denial of payment for new admissions as an appropriate sanction for improper discharges
 - Delayed until April 28, 2025

Nursing Home Deficiencies

- Standards for Surveyors

1. number of deficiencies per 1,000 beds;
2. percent of deficiency-free surveys;
3. percent of surveys finding G, H or I level of scope and severity;
4. percent of surveys identifying J, K, or L level of scope and severity;
5. percent of surveys where a mandatory task was not investigated;
6. surveys where one or more triggers were not investigated.

Public Participation in Rule Making

- Administrative Procedure Act
 - Requires Notice and Right to Comment
 - Exemption regarding benefits:
 - Richardson Waiver (1971)
 - Social Security Act Has Specific Requirements (SSA 1871)
 - No rule, requirement, or other statement of policy (other than a national coverage determination) that *establishes or changes a substantive legal standard* governing the scope of benefits, *the payment for services*, or the eligibility of individuals, entities, or organizations to furnish or receive services or benefits under this title shall take effect unless it is promulgated by the Secretary by regulation under paragraph

Proposed Changes to HIPAA Security

- Removing the distinction between “required” and “addressable” standards by making most standards “required”
- Require written documentation of all rules, procedures and analyses
- Require the development and revision of a technology asset inventory and a network map that illustrates the movement of ePHI throughout the regulated entity’s electronic information system(s) on an ongoing basis, but at least once every 12 months and in response to a change in the regulated entity’s environment or operations that may affect ePHI

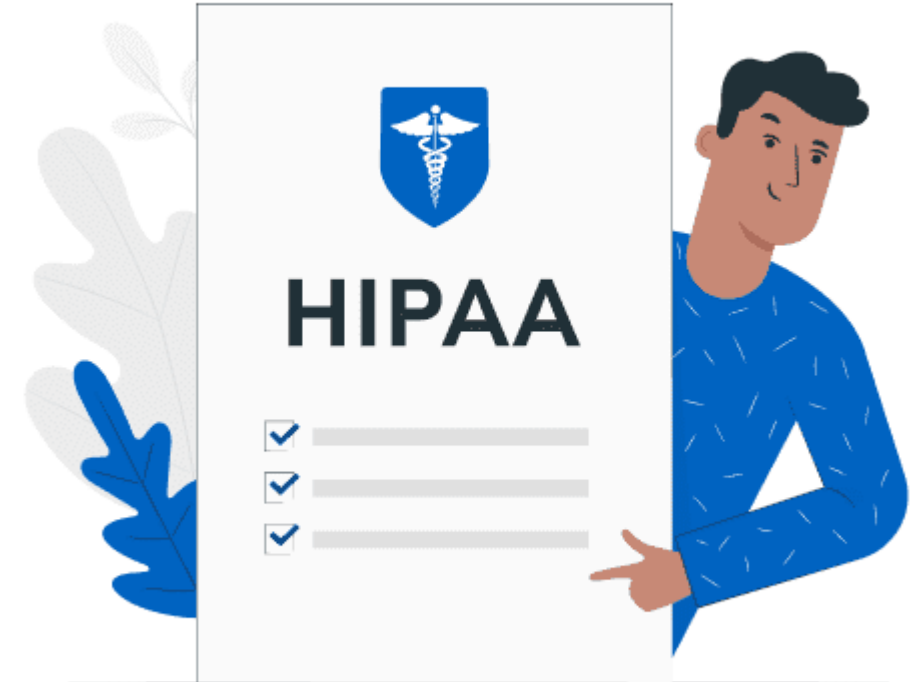
HIPAA (cont.)

Revise the requirement for a risk analysis by specifying review of the following:

- A review of the technology asset inventory and network map
- Identification of all reasonably anticipated threats to the confidentiality, integrity, and availability of ePHI
- Identification of potential vulnerabilities and predisposing conditions to the regulated entity's relevant electronic information systems
- An assessment of the risk level for each identified threat and vulnerability, based on the likelihood that each identified threat will exploit the identified vulnerabilities

HIPAA (cont.)

- Require notification of certain regulated entities within 24 hours when key employees are terminated
- Require that business associates verify at least once every 12 months appropriate safeguards
- Require vulnerability scanning at least every six months and penetration testing at least once every 12 months



HIPAA (cont.)

- \$100,000 in fines for failure to provide records
 - Records withheld even after receiving documents that son was personal representative.
 - Essex Residential Care, LLC
- Updates to Privacy Notices – February 16, 2026
 - Reproductive Health Care
 - Mental Health

PA Pulls Back Breach Requirements

- Health Information Limited to that held by State or State Agency
- New Requirements for Breaches
 - Notify the Attorney General whenever it notifies more than 500 residents of a breach
 - Access to a credit report and credit monitoring services for any breach where the individuals first name or initial, last name in combination with SSN, bank account, drivers license or state identification number were breached
 - Lowered threshold to 500 for when breaches must be reported to credit agencies

Litigation

- But-For Test in AKS
 - U.S. v. Regeneron Pharmaceuticals, Inc., 128 F.4th 324 (1st 2025)
 - First Circuit (MA, RI, NH, ME) joins the Sixth (MI, OH, KY and TN) and Eight (ND, SD, MN, IA, MO, NE, AR) in adopting test
 - Third Circuit (PA, DE, NJ) use “tainted” approach
- State of New York v. Abraham Operations Assoc., LLC et al., 2024 Slip Op 32948 (NY Supreme Ct.) - \$83M Fraud Case
- Hospice Settles for \$3.8 Million

Other Issues



- Billing Medicare Part D Drugs under Part A
- Section 1557 Discrimination on Hold
 - Related to gender, language requirements still apply

Questions?



Mark L. Mattioli

Principal
Health Care Practice Group
215-587-1113
mmattioli@postschell.com

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