OUR PRACTICE

Health Care

With more than 200 attorneys in 11 states and the District of Columbia serving the health care industry, Baker Donelson has one of the leading health care practices in the United States. Given the vast scope and complexity of the nation's largest industry, our size, scale and collective experience give our clients a competitive advantage. Those clients are hiring a dedicated, multi-disciplinary team, a team that not only has experience in and detailed knowledge of health law, but also understands the complicated ways in which the industry operates.

The Baker Donelson Health Law Department is unique, not only in depth, but also design: it is structured according to our clients. Dedicated client teams focus on hospitals and health systems, long term care providers, ambulatory surgery centers, complex medical groups, end-stage renal disease, rehabilitation and the wide array of health enterprises that make up our health care ecosystem. By design, we are committed to developing a broad, detailed and intimate knowledge of the health care industry, and of the segments in which our clients work. We know the clients’ business because we are committed to living in their world.

Addressing the challenges of today's health care environment is no small task, but Baker Donelson's Health Law Department is uniquely prepared to take it on. Proficient in health law, knowledgeable about health law business, well-versed in regulatory issues and cognizant of the critical health policy being shaped, the goal of the Health Law Team is to become your trusted advisor and valued counselor.

With a Washington, D.C.-based public policy team, Baker Donelson's Health Law Department also helps our clients look forward. Our policy advisors do more than just track legislative and regulatory developments; as health policy leaders who have served in Congress, in the White House and in the U.S. Department of Health and Human Services, they now help shape our nation's health policy future as well.

The implementation of the Affordable Care Act (ACA) is a transformative event for the health care industry, with significant policy decisions being made in the form of ACA regulations. As the pace of regulation accelerates, it takes a large and nimble health law team to identify and effectively interpret the latest developments.

At Baker Donelson, our attorneys make it their responsibility to immerse themselves in the industry they serve. We don't simply research cases and handle transactions; we attend business sessions, visit health care sites and participate in meaningful strategic planning meetings.

The physician-patient relationship is at the very core of the health care ecosystem. It has a special place in the law and in American life. At Baker Donelson, we know that patients are best served by long term, trusted physicians who manage wellness as well as chronic illness, and who are prepared to react quickly to acute problems with the latest knowledge and intuitive care. We strive to earn that same long term trust and consider it an honor that significant health care enterprises have chosen us as their legal and strategic advisors for more than 40 years.

Named one of the "Largest Healthcare Law Firms" by *Modern Healthcare* every year the list has been published.
Listed on U.S. News – Best Lawyers "Best Law Firms" in Band 3 nationally and in Bands 1, 2, and 3 locally.

Consistently ranked one of the "Top Ten Firms" for Health Law by American Health Law Association.

Selected by Chambers USA: America's Leading Business Lawyers as one of the nation's leading health law practices.

Case Studies
- Community Healthcare Trust Incorporated - Equity Transaction
- Medical Properties Trust, Inc. - Acquisition
- Unanimous Jury Defense Verdict for Nursing Home in Medical Negligence Trial - Medical Negligence Litigation

Representative Matters
- Represented publicly traded health care company in settling an employee classification audit with the Internal Revenue Services (IRS) that could have resulted in an assessment of millions of dollars. Audit involved a proposed reclassification of thousands of surgeons and optometrists as employees and not independent contractors. We assisted our client in the management and settlement of this audit for a nominal sum.
- Implemented Corporate Compliance and Ethics Plans and HIPAA Compliance Plans for several nursing home chains.
- Obtained summary judgment for a mental health facility and its individual board members in an action alleging breach of employment contract, Section 1983 claim, freedom of association, and intentional infliction of emotional distress.
- Successfully defended a physician hospital organization against claims that it conspired to boycott a surgery center and two of its physician investors from the outpatient surgery market in the Memphis area in violation of the Sherman Act, as well as state law unfair competition and tortious interference claims in the United States District Court for the Eastern District of Arkansas.
- Represented a regional nonprofit health system in structuring three whole-hospital joint ventures to build and operate new hospitals, including private placement syndications to contemplated physician medical staff members, with transaction values and capital investments of approximately $100 million each.
- Conducted audits and due diligence reviews for a broad array of clients with regard to compliance with Medicare standards, HIPAA, fraud and abuse, and 340B Drug Pricing Program compliance.
- Represented a nonprofit hospital in establishing coverage and hospitalist professional services arrangements with various specialties, including cardiovascular surgery, cardiology, pulmonology/intensivist, neurology and telemedicine services, and structuring fair market value compensation.
- Represented an independent community hospital in acquiring numerous primary care and specialist physician practices, applying a Professional Services Agreement (PSA) model approach, resulting in provider-based physician clinic status. Structured fair market value wRVU-based compensation models, including physicians in medical oncology, cardiology, nephrology, orthopedic surgery and gynecology.
• Represented an academic medical center in negotiating a $400 million electronic medical record software license and implementation services agreement with Epic Systems.

• Defended the largest physician-owned (1,300+) Medicare Advantage HMO in the country in parallel criminal and civil investigations alleging failure to provide member care. After a multi-year investigation by the U.S. Attorney’s Office (USAO) for the Eastern District of Louisiana, the parallel criminal and civil cases were declined without action.

• Successfully defended numerous hospitals in EMTALA investigations, including drafting plans of correction and representing entity at administrative Quality Improvement Organization (QIO)/Physician Review Organization (PRO) hearings; drafted and implemented extensive EMTALA compliance programs; provided direct on-site support for hospitals; defended providers in private litigation claims; provided employee and medical staff training.

• Led a team of more than 50 attorneys and legal professionals in defending a pharmaceutical company in diet drug litigation in Tennessee, consisting of more than 2,500 federal court cases throughout the state. Also served on the client’s national expert witness team deposing medical causation experts throughout the country.

• Conducted antitrust compliance training for numerous Fortune 500 companies in a wide range of industries, including insurance, health care, construction, aggregates and finance.

• Provided direct, daily (offsite and onsite) general business and regulatory compliance guidance to health systems, hospitals, psychiatric facilities, pharmacies, skilled nursing facilities, hospices, dialysis companies, personal care homes, physician/dental practices and ambulance providers.

• Represented hospitals in connection with complex transactions involving compliance with Medicare regulations, including provider-based status, hospital-within-hospital and other payment and conditions of participation rules.

• Advised a national e-commerce company in the health care sector with respect to health care regulatory issues and related contract issues which arose out of its e-commerce business model.

• Represented a hospital in Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) reporting and appeal.

• Represented an ambulance company in a potential exclusion based on the malfeasance of an owner in another company, ultimately negotiating the voluntary exclusion of the owner to preserve the Medicare certification of the subsidiary organization.

• Represented a multistate hospital company in connection with a $25,000,000 revolving credit facility.

Resources

• HHS COVID-19 Provider Relief Fund