OUR PRACTICE

Academic Medical Centers

Baker Donelson’s Academic Medical Centers (AMCs) and Teaching Hospitals practice brings together an interdisciplinary team of lawyers to help organizations navigate the complexities of health care delivery, educational training, and clinical research. Housed within one of the leading health law practices in the country, our AMC practice offers a full range of services including:

- 340B Drug Pricing Program
- Accreditation, faculty, and residency issues
- Affiliations, alignments and other joint venture and strategic transactions
- Antitrust matters (including development of Clinically Integrated Networks)
- Clinical research
- Data protection, privacy and cybersecurity
- Education law and Title IX compliance (including defense of GME-related employment litigation)
- EMTALA compliance
- Faculty practice plans
- Fraud and abuse counseling (including Anti-Kickback Statute, Stark Law, CMP and OIG/CMS self-disclosure issues)
- Funds flow within AMC components
- Governance models
- Government relations and public policy
- Graduate medical education payments
- HIPAA
- Immigration
- Labor & employment
- Medical staff issues
- Physician practice acquisitions
- Reimbursement and payment Issues (including emerging payment models and teaching physician billing)
- Risk management and professional liability defense
- Tax exemption
- Technology transfer
- Telehealth and digital health

Our team of professionals focused on serving academic medical center clients have developed relevant expertise by serving in various leadership positions. One shareholder served as chair of the American Health Law Association's Academic Medical Centers and Teaching Hospitals Practice Group, another worked at the Association of American Medical Colleges (AAMC) prior to joining Baker Donelson, and several of our attorneys have written articles and spoken extensively on graduate medical education issues and other related AMC topics.

Graduate Medical Education Payments

The Medicare program is the largest source of federal funding for resident education and teaching hospital missions, with aggregate estimated payments to teaching hospitals exceeding $12 billion per year. Navigating
the complex regulations and requirements pertaining to Medicare GME payments is critical when providers and institutions of higher education partner to establish, operate, or expand residency programs.

Baker Donelson advises hospitals, academic medical centers, health systems, medical schools and dental schools on Medicare GME payment rules and regulations. Our team counsels hospitals starting new teaching programs, including how to navigate the rules for establishing their GME caps and per resident amounts (PRAs). We advise hospitals on the rules governing the transfer of temporary GME cap slots for displaced residents and the application for Section 5506 redistributions from closed hospitals.

Additional areas of GME experience include the Medicare rules governing the application of the three-year rolling average and intern and resident-to-bed (IRB) ratio, the community support and redistribution principle, and the regulatory requirements pertaining to nursing and allied health programs, and rural training tracks programs. We regularly represent providers in appeals involving GME, IME, and nursing and allied health payment issues before the Provider Reimbursement Review Board (PRRB) and in the federal courts.

Represents Baker Donelson in providing legal services to various clients in the healthcare industry, including:

- Represented a large medical school in the restructuring of its affiliation agreements with various teaching hospitals.
- Represented a large teaching hospital in its negotiations with a university to form a new faculty practice plan.
- Represented a large health system in its acquisition of a university-owned teaching hospital.
- Represented a large faculty practice plan in all aspects of its physician contracting and health care compliance.
- Represented a regional health system in its affiliation with an academic medical center to manage the hospital's neonatal intensive care and pediatric service line.
- Conducted an internal audit of Stark Law compliance in physician hospital contracts for a major academic medical center.
- Represented a university health system operator in its formation of a clinically integrated network (CIN), the initial participants of which are a network of approximately 1,000 clinicians. We performed the antitrust review, prepared Independent Practice Participation Agreements, and provided HIPAA compliance advice for the arrangements. We also provided antitrust and contract advice related to the proposed affiliation agreement for the CIN to become part of another university health system's affiliated network. The CIN also formed an ACO, which participates in the Medicare Shared Savings Program, for which we prepared the operating agreement and compliance plan.
- Represented an academic medical center in its acquisition of numerous physician practices.
- Assisted an academic medical center in evaluating state regulatory requirements for expansion of telemedicine services outside of its traditional geographic service area, in addition to filing necessary waivers/variances with state administrative boards to facilitate the expansion.
- Serve as outside counsel to large hospital system and university conducting more than 20 Title IX and Title VII investigations to date related to complaints raised by physicians, fellows, residents nurses, and staff.
- Serve as outside counsel for university hospital conducting Title IX and Title VII investigations.
- Represent large regional hospital system in GME-related discrimination and retaliation litigation.
- Create detailed Title IX policies, procedures, and training for national hospital system with multiple academic programs and oversee Title IX complaint proceedings.
- Provided guidance to a large hospital system regarding Medicare GME payment regulations in connection with a planned expansion of residency programs.
- Advised hospitals and academic medical centers on CMS proposals to distribute additional GME cap slots newly authorized by the Consolidated Appropriations Act of 2021.