

About the Authors

Linda A. Baumann (Chapter 1: An Introduction to Health Care Fraud and Abuse; Chapter 7: Corporate Compliance Programs)

Linda Baumann serves as editor-in-chief of this volume and also is the author of two of the chapters. Ms. Baumann is a partner at Arent Fox LLP in Washington, D.C., and has extensive experience on a wide range of health care transactions and regulatory matters, particularly those relating to fraud and abuse and reimbursement. She has worked with clients throughout the industry ranging from Fortune 50 companies to community providers, including hospitals, skilled nursing facilities, pharmaceutical companies, distributors, rehabilitation companies, clinical laboratories, DME suppliers, management companies, and many other types of entities involved in the health care industry. She helps clients develop strategies to promote business objectives while ensuring compliance with applicable laws and regulations, and has designed corporate compliance programs, handled government investigations (from the initial audit through negotiation and settlement), and served as outside counsel on a wide variety of legal issues. She has been named one of the 12 Outstanding Fraud and Compliance Lawyers in the country by Nightingale's *Healthcare News* for the past several years, and is listed in numerous *Who's Who* publications. She has experience in the federal government, in private practice, and in academia, having taught at Princeton University. She frequently speaks before national groups, and has published numerous articles on various health care topics. Ms. Baumann also serves as an officer of the ABA Health Law Section, and a liaison to the ABA Commission on Women in the Profession. She also serves as Chair of the Part D Task Force for AHLA. She received her J.D. from Columbia University, where she was an editor of the *Columbia University Law Review* and an International Fellow. She received her undergraduate degree, magna cum laude, from Brown University.

Thomas S. Crane (Chapter 2: Federal Physician Self-Referral Restrictions)

Tom Crane is a Member at Mintz, Levin, Cohn, Ferris, Glovsky and Popeo P.C., where he coordinates the firm's Health Care Fraud and Abuse and Corporate Compliance practice group. He is a nationally recognized authority on fraud and abuse. He provides comprehensive fraud and abuse services in defending clients against false claims, whistleblower, and anti-kickback allegations, with this work including internal investigations, voluntary disclosures, negotiating settlements, and Corporate Integrity Agreements. He has appeared before numerous offices of U.S. Attorneys, the FBI, and OIGs around the country. He served as counsel to a hospital executive and his management company in *United States v. Jones* (5th Cir. Jan. 16, 2007), a criminal related-party cost report fraud case reversing a district court's sentencing and restitution order based on a failure of the government's proof. He also assists clients in structuring complex transactions to comply with the anti-kickback and Stark laws as well as other regulatory requirements. He received his undergraduate degree from Harvard College (1972), a masters degree in health administration from the University of Michigan (1976), and his law degree from Antioch School of Law in Washington, D.C. (1983).

Robert Salcido (Chapter 3: The False Claims Act in Health Care Prosecutions: Application of the Substantive, *Qui Tam*, and Voluntary Disclosure Provisions)

Robert Salcido is a partner at Akin, Gump, Strauss, Hauer & Feld, L.L.P., in its Washington, D.C., office. Mr. Salcido has practiced extensively in the area of the False Claims Act (FCA), having previously been a trial attorney with the Civil Fraud Unit of the Civil Division of the U.S. Department of Justice (DOJ), which has nationwide jurisdiction over FCA actions. At the DOJ, he prosecuted actions under the FCA, handled actions under the FCA's voluntary disclosure provisions, and specialized in whistleblower actions brought under the *qui tam* provisions of the FCA. Mr. Salcido is the author of the books *False Claims Act & The Healthcare Industry: Counseling & Litigation* (Amer. Health Lawyers 1999), and *False Claims Act & The Healthcare Industry: Counseling & Litigation: November 2000 Supplement* (Am. Health Lawyers 2000). He is a graduate of Harvard Law School and received his Bachelor of Arts degree summa cum laude from Claremont McKenna College.

Patric Hooper (Chapter 4: Practical Considerations for Defending Health Care Fraud and Abuse Cases)

Patric Hooper is a founding principal of Hooper, Lundy & Bookman, Inc., a health law specialty firm with a national practice. Mr. Hooper has practiced in the health law field for more than 30 years, and has been involved in many high-profile health law cases. In addition to his involvement in resolving disputes, Mr. Hooper regularly advises nonprofit and for-profit health care organizations regarding reimbursement, certification, and licensure issues associated with business transactions and combinations. He continuously advises health care providers on Medicare, Medicaid, and Tricare fraud and abuse issues and on state anti-kickback and referral issues. Mr. Hooper is a frequent writer and lecturer on fraud and abuse issues and was the first chairman of the Fraud and Self-Referral interest group of the American Bar Association (ABA) Health Law Section. He received his J.D. from the University of San Diego in 1973 and his A.B. from the University of California, Los Angeles in 1970.

Amanda S. Abbott (Chapter 4: Practical Considerations for Defending Health Care Fraud and Abuse Cases)

Amanda S. Abbott is an associate with the San Diego office of the health care law firm Hooper, Lundy & Bookman, Inc. Since joining the firm in 2005, her work has included advising a variety of health care providers regarding Medicare and Medicaid reimbursement, state and federal regulatory compliance including HIPAA compliance, licensing and certification of health care providers, managed care litigation, *qui tam* false claims defense, fraud and abuse administrative agency appeals, and real estate and contract disputes. Ms. Abbott serves on HLB's health care technology practice and pro bono committees. She is a 2003 graduate of the University of California, Davis, School of Law and received her Bachelor of Science in Nursing, cum laude, from the University of Pennsylvania in 1998. Ms. Abbott is a registered nurse and serves on the bioethics committee of a regional hospital.

Dennis M. Barry (Chapter 5: Legal Issues Surrounding Hospital and Physician Relationships)

Dennis Barry is a partner in the Washington, D.C., office of Vinson & Elkins L.L.P. He leads his firm's health care practice. His practice deals exclusively with health care clients whom he represents on a broad range of issues, and he spends the majority of his time on Medicare payment and compliance issues. Since 1989, Mr. Barry has served as the editor and principal author of *Dennis Barry's Reimbursement Advisor*, a monthly newsletter published by Aspen Publishing. Mr. Barry is a past chair of the Medicare & Medicaid Institute, an annual three-day

program sponsored by the American Health Lawyers Association (AHLA), and is a member of the Board of Directors of the AHLA. Mr. Barry is listed in *Best Lawyers in America*. He has been active in a number of professional associations including the Healthcare Financial Management Association, and he has received the Follmer, Reeves, Muncie, and Medal of Honor awards from that organization. He received his J.D. from the University of Virginia in 1975.

Christine C. Rinn (Chapter 6: Managed Care Fraud and Abuse: Risk Areas for Government Program Participants)

Christine Rinn is a partner in the Health Care Group at Crowell & Moring LLP, in Washington, D.C. Ms. Rinn focuses her practice exclusively on managed care law issues with an emphasis on state and federal health care programs including Medicare Advantage Program, the Medicare Prescription Drug Benefit, Federal Employees Health Benefits Program, and Medicaid managed care. Ms. Rinn advises clients on rating and payment, provider reimbursement, audit, fraud and abuse, and compliance issues. She also assists managed care organizations and other health care firms in obtaining and maintaining state and federal licenses, contracts and approvals, and in joint ventures and contracting matters. Ms. Rinn received her undergraduate degree from The George Washington University and her Juris Doctor degree from The American University Washington College of Law.

Barbara H. Ryland (Chapter 6: Managed Care Fraud and Abuse: Risk Areas for Government Program Participants)

Barbara H. Ryland is a Counsel in Crowell & Moring LLP's Washington office. As a member of the Health Care Group, Ms. Ryland's expertise lies in the areas of managed care business relationships and transactions; pharmacy benefit management; fraud and abuse compliance and investigations; confidentiality and privacy; and general business and regulatory issues in the health care industry. She also has represented clients in litigation matters involving contract disputes and antitrust issues. Ms. Ryland graduated from Duke University Law School in 1987, where she was an editor of *Law & Contemporary Problems*. She received her undergraduate degree in 1983 from the University of Virginia. Prior to her employment at Crowell & Moring, she clerked for the United States Court of Appeals for the Fourth Circuit, and was an associate in the tax and employee benefits practice at Miller & Chevalier Chrt'd., and a principal at Michaels & Bonner, P.C. Ms. Ryland is a member of the District of Columbia and Maryland bars. She is the coauthor of *A Guide to Health Care Financial Ventures* and has recently edited an ABA treatise on health care joint ventures and antitrust law.

Linda A. Baumann (Chapter 7: Corporate Compliance Programs)

See entry for Linda A. Baumann at Chapter 1, above.

Leigh Walton (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)

Leigh Walton is a member of the Nashville law firm of Bass, Berry & Sims, PLC, concentrating her practice in corporate, securities, and health law matters. She received her B.A. degree, magna cum laude, from Randolph-Macon Woman's College in Lynchburg, Virginia, and her J.D. degree from Vanderbilt University, where she was a member of Order of the Coif and the National Moot Court Team. She is active in the American, Tennessee, and Nashville Bar Associations, serving as the Vice Chair of the ABA's Committee on Negotiated Acquisitions and as a member

of its Corporate Practice Committee. She lectures annually at the ABA's *Annual Mergers and Acquisitions Institute* and at the Practising Law Institute's *Nuts and Bolts of Securities Laws* and participates in many other seminars and programs on corporate, securities, and health care matters. Ms. Walton served as a lecturer at Vanderbilt University Law School from 1980–1987. She is a fellow of the Tennessee Bar Foundation and serves on the Metropolitan Development and Housing Agency of Metropolitan Davidson County. Ms. Walton was selected by her peers and clients as one of the *Best Lawyers in America 2007*, is included in *Chambers USA America's Leading Lawyers for Business 2007* and in *The International Who's Who of Business Lawyers 2008* and *The International Who's Who of Corporate Governance Lawyers 2007*, and as one of the *Lawdragon 500* and *Lawdragon Dealmaker Selection 2007* leading lawyers in America.

Angela Humphreys (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)

Angela Humphreys is a partner at Bass, Berry & Sims, PLC, in Nashville, Tennessee, and is a member of the Corporate and Securities and Healthcare Industry Practice Areas. Her practice includes the representation of health care companies in mergers and acquisitions, the creation of joint ventures, public debt and equity offerings, private placements of securities and corporate governance, and public company disclosure matters. Ms. Humphreys graduated from the University of Tennessee summa cum laude with a B.S. in Accounting in 1991. She graduated from the University of Tennessee College of Law and received her J.D. summa cum laude in 1996, where she was recognized as the College of Law's top graduate and was elected to the Order of the Coif. In addition, she served as research editor for the *Tennessee Law Review* and received its Editing Award. Ms. Humphreys is a member of the American, Tennessee, and Nashville Bar Associations, the Tennessee Society of Certified Public Accountants, and the American Health Lawyers Association. She serves on the board of directors of the Nashville Healthcare Council's Leadership Health Care and also serves on its Membership and Marketing Committee. Ms. Humphreys also serves on the First Tennessee Health Care Advisory Council. In addition to her professional affiliations, Ms. Humphreys is active in nonprofit and community service. She serves on the Board of Directors of the Lupus Foundation of America–Mid-South Chapter and serves on the Board of Directors and as President of the Tennessee CASA Association. She also serves on the steering committee of the Nashville Chamber Orchestra's Promoters. She has also been listed in the *Lawdragon 500 New Stars, New Worlds* and the *Nashville Business Journal's* Best of the Bar for 2006.

Clevonne Jacobs (Chapter 8: Potential Liabilities for Directors and Officers of Health Care Organizations)

Clevonne (Vonne) Jacobs is a senior associate at Bass, Berry & Sims, PLC, in Nashville, Tennessee, and is a member of the firm's Healthcare Industry Practice Area. Her practice includes transactional, operational, and regulatory work for a broad range of health care providers, including hospitals and health systems, physician organizations, and specialty care providers, with a specific focus on representing health care companies in mergers and acquisitions, the creation of joint ventures, and private placements of health care entity securities. Ms. Jacobs has written and lectured on issues of interest to health care providers, such as fraud and abuse, structuring transactions, and other health care related issues. Most recently, Ms. Jacobs was a coauthor, with Cindy Reisz, of *No Double Dipping: Legal Implications of Physician Reimbursement for Split Interpretations of Cardiac CT and Coronary CT Angiography Studies*, published in the 2007 edition of the *Health Law Handbook*, a

Thomson/West publication edited by Alice G. Gosfield. Ms. Jacobs graduated from Furman University in 1999 with a B.A. in Business Administration. She received her law degree from Duke University School of Law in 2002, where she was the South Carolina Law Alumni Scholar. Ms. Jacobs is a member of the American Bar Association and the American Health Lawyers Association. She is also a member of the Nashville Healthcare Council's Leadership Health Care.

William W. Horton (Chapter 9: The Disclosure Dilemma: How, When, and What to Tell Stockholders and Stakeholders About Your *Qui Tam* Suit or Investigation)

Bill Horton is Chair of the Transactional Practice Group of Haskell Slaughter Young & Rediker, LLC, in Birmingham, Alabama. His practice focuses on the representation of health care enterprises and other businesses in securities and corporate finance matters, mergers and acquisitions, corporate governance, and general health care and corporate matters. Mr. Horton has served as lead counsel on some of the largest corporate finance and acquisition transactions in the health care services industry. He has held leadership positions for several years with the American Bar Association's Health Law Section and the American Health Lawyers Association, and he is a frequent speaker and author on health care law, corporate and securities law and professional responsibility. A graduate of Vanderbilt University and the Duke University School of Law, Mr. Horton served in 1985–1986 as a law clerk to United States District Judge James H. Hancock (Northern District of Alabama), and was general counsel of HEALTHSOUTH Corporation, one of the nation's largest health care services providers, from 1994 through 2003. He is listed in *The Best Lawyers in America*[®] (Health Care Law and Corporate Governance and Compliance Law).

Monty G. Humble (Chapter 9: The Disclosure Dilemma: How, When, and What to Tell Stockholders and Stakeholders About Your *Qui Tam* Suit or Investigation)

Monty Humble is a partner in the Dallas, Texas, office of Vinson & Elkins, LLP. His practice is focused on public debt offerings and other business transactions, particularly those related to the health care industry. He devotes a substantial portion of his time to representing borrowers and underwriters in connection with public offerings of tax-exempt bonds. He also provides advice and counsel in other areas related to finance, such as acquisitions and reorganizations. Mr. Humble is listed in *Best Lawyers in America* and *Texas Super Lawyers*. He has been active in a number of professional associations, and is a past president of the National Association of Bond Lawyers; he is a Fellow of the Dallas Bar Foundation and the Texas Bar Foundation. He received his J.D. from The University of Texas School of Law with honors in 1976.

Larri A. Short (Chapter 10: Controlling Fraud, Waste, and Abuse in the Medicare Part D Program)

Larri Short is a partner in the Health Law Group at Arent Fox LLP in Washington, D.C., and serves as Co-Chair of the firm's Life Sciences Taskforce. Ms. Short counsels clients on health care regulatory matters, focusing extensively on Medicare and Medicaid reimbursement, Medicaid and state supplemental drug rebate programs and other state reporting obligations, and fraud and abuse compliance issues facing pharmaceutical and medical device manufacturers, prescription drug distributors, and physician practices. Ms. Short has obtained a number of Advisory Opinions from the Office of Inspector General for clients, including two relating to Patient Assistance Programs. She has represented health care provider and pharmaceutical clients in *qui tam* actions filed under federal and state False Claims Acts and is involved in the defense

of pharmaceutical clients facing follow-on litigation from insurers, consumer groups and state attorneys general. She received a J.D. with High Honors from the University of North Carolina School of Law in 1992. Ms. Short also has a Masters in physiology from Duke University (1973) and she received a B.S. with High Distinction from the University of Michigan in 1969.

Richard S. Liner (Chapter 10: Controlling Fraud, Waste, and Abuse in the Medicare Part D Program)

Richard Liner is a senior associate in the Health Law Group at Arent Fox LLP and serves as Co-Chair of the Arent Fox Hospital Task Force. Mr. Liner represents pharmaceutical and medical device manufacturers, individual and institutional health care providers, health plans, and DME suppliers in connection with a variety of regulatory matters. Mr. Liner's practice focuses on assisting clients in their effort to operate in compliance with federal and state health care fraud and abuse laws, health information privacy rules, licensure and certification requirements, and Medicare coverage policies. Mr. Liner works with clients to develop and implement compliance policies in these areas, structure compliant business relationships, and investigate and assess compliance risks under existing business operations and relationships. Mr. Liner routinely counsels clients through fraud and abuse investigations carried out by government enforcement agencies, such as the Office of Inspector General and the Department of Justice, as well as benefit integrity audits conducted by Medicare contractors and commercial insurers. Mr. Liner received his J.D., magna cum laude, from Boston University School of Law (1998) and his undergraduate degree, magna cum laude, from Tufts University (1995). He also has a Masters in Public Health from the Harvard School of Public Health (2002), where he concentrated on health care economics and health policy.

Carol A. Poindexter (Appendix Editor)

Carol is a partner at Shook, Hardy & Bacon LLP, in Kansas City, Missouri, where she is Chair of the firm's Business Law Division, Co-Chair of the firm's Health Law Industry and a member of the Government Enforcement, Corporate Responsibility and Compliance Group. Carol's practice focuses on entities in the health care and life sciences industries with particular focus on: advising and defending organizations in federal and state civil, criminal, and administrative health care fraud investigations and False Claims Act litigation; negotiating Corporate Integrity Agreements; providing compliance advice and training; conducting internal investigations; assisting pharmaceutical manufacturers, medical institutional providers, long-term care facilities, and managed care companies in managing fraud and abuse risks. Carol represents a wide range of health care and life science organizations from Fortune 50 corporations and national chains to community health care providers, including: pharmaceutical, medical device, and biotech manufacturers; medical device distributors, hospitals; ambulatory surgery centers; academic medical centers; physicians and physicians groups; and other organizations doing business within the health care industry. Carol has published numerous articles and is a frequent speaker before national audiences on corporate compliance, fraud, and abuse, the Stark Law, and various other health law topics. Carol is active in the American Bar Association (ABA), the American Health Lawyers Association (AHLA), and the Kansas City Metropolitan Bar Association. She is Vice-Chair of the ABA Health Care Fraud Section's Fraud & Compliance Interest Group, a Member of the AHLA Fraud & Practice Group Enforcement Panel, and a member of the AHLA Corporate Governance Task Force. She also serves on the Health Care Law Committees of the Missouri Bar Association, the Kansas Bar Association, and the Kansas City Metropolitan Bar Association and is a past-President and CLE Liaison of the Health Law Committee of the Kansas

Bar Association. Carol received her J.D. in 1996 from the University of Missouri (Kansas City) where she served as Editor-in-Chief of the *UMKC Law Review*.

