

HOOPER, LUNDY & BOOKMAN, P.C.

HEALTH CARE LAWYERS & ADVISORS

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AND NOT D.C. (UNLESS NOTED)

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May 2, 2014

VIA EMAIL

Eng. José O. Pabón Quiñones
President, Board of Directors
Hospital Wilma N. Vazquez
Carr. Number 2, Km 39.5
PO Box 7001
Vega Baja, PR 00694

Re: Legal Engagement – Medicare DSH Part C Days Issue

Dear Mr. Pabon:

We are pleased that you have selected Hooper, Lundy & Bookman, P.C. ("HLB"), to provide Hospital Wilma N. Vazquez ("the Hospital") with the legal services relating to resolving the Hospital's Medicare DSH Part C days issue, which is currently pending in the Hospital's appeals before the Provider Reimbursement Review Board for fiscal years ("FYs") 2003, 2004, 2005, and 2006. This engagement, and the terms associated with it, are separate and distinct from HLB's engagement with the Hospital relating to the DSH-SSI issue. Many years ago, we added the Medicare DSH Part C days issue to the DSH-SSI appeals at no cost to the Hospital. We are pleased that it appears that the Hospital will be able to receive additional Medicare payments for the Medicare DSH Part C days issue for FYs 2003 and 2004, and, perhaps also for FYs 2005 and 2006 (depending on the outcome of certain litigation).

This letter is to confirm our recent communications and agreement as to the terms upon which we agree to provide these legal services to the Hospital. This engagement letter, and the terms associated with it, supersedes and entirely replaces the October 28, 2013 engagement letter with the Hospital relating to this issue for FYs 2003 and 2004, which was entered into before HLB was aware of the Hospital's bankruptcy filing.

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS

Eng. José O. Pabón Quiñones
May 2, 2014
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Primary responsibility for the Hospital's representation will be retained by me; however, all of the resources of the firm will be available to the Hospital. I will involve other attorneys in the Hospital's work where it is appropriate and cost-effective. The Hospital will be kept informed of our progress, and we will utilize our best efforts to respond as promptly as possible to the Hospital's inquiries. Likewise, we need to be kept informed of developments that the Hospital becomes aware of, and to ensure that it is available when we need its assistance.

Our fees for handling this matter, as I have discussed with Ms. Yodee Reynolds, will be (1) an initial non-refundable flat fee of \$5,000 (five thousand dollars), which is due within 10 days of signing this engagement letter, and (b) a 10 percent contingency fee of all Amounts Recovered by settlement, compromise, administrative resolution, PRRB decision, CMS Administrator decision, court judgment, or otherwise. Amounts Recovered shall include all amounts (including interest) paid to Hospital, or otherwise credited to the account of Hospital, which relate to the Medicare DSH Part C days issue for FYs 2003 - 2006, inclusive. The contingency fee will apply to the gross amount paid or credited to the Hospital for the Medicare DSH Part C days issue and will not be reduced by any offset or other reduction implemented by CMS or the Hospital's fiscal intermediary or MAC for issues or items unrelated to the Appeal Issues. The fees described in this paragraph, including the contingency fee, are not set by law, and are negotiable between HLB and the Hospital.

In addition to our fees, we also charge for expenses incurred by us on your behalf. These expenses include, but are not limited to, long distance telephone calls, document processing, photocopying, facsimile, delivery costs and travel expenses.

The Hospital may terminate our firm's services at any time, upon notice to us. The Hospital's termination of our services does not affect your responsibility for payment of legal services rendered and expenses incurred before termination and in connection with an orderly transition of the matter. Similarly, we reserve the right to terminate our services upon notice to the Hospital if we determine that to continue would not be in the best interests of either of us, or if fees are not paid on a timely basis.

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS

Eng. José O. Pabón Quiñones
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Once again, we appreciate your confidence in us and look forward to a mutually enjoyable working relationship with the Hospital on this issue. Please sign a copy of this letter and return it to me, together with payment of HLB's \$5,000 initial fee, signifying the Hospital's understanding of, and agreement to, the terms set forth above. Thanks.

Very truly yours,

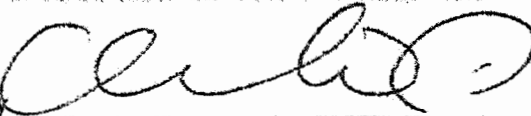


Robert L. Roth

Hospital Wilma N. Vazquez hereby agrees to retain HOOPER, LUNDY & BOOKMAN, P.C. in accordance with the terms set forth above.

Dated: 5/2/2014

By



Eng. José O. Pabón Quiñones
President, Board of Directors

For

Hospital Wilma N. Vazquez

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PROFESSIONAL POSITIONS:

May 2010 to Present: HOOPER, LUNDY & BOOKMAN, P.C.: MANAGING PARTNER, WASHINGTON, D.C. OFFICE

Full-time health law practitioner who counsels and represents in litigation providers in a broad range of state and federal regulatory matters with a special concentration on payment, compliance, and licensing issues. Argued before the United States Supreme Court in *Sebelius v. Auburn Regional Medical Center*, 133 S.Ct. 817 (2013).

June 1984 to Date: ADJUNCT PROFESSOR OF LAW: UNIVERSITY OF BALTIMORE SCHOOL OF LAW - Lecturer in course entitled "Legislation."

September 2000 to May 2010: CROWELL & MORING LLP: PARTNER
Full-time health law practitioner; successfully briefed and argued *Monmouth Medical Center/Staten Island University Hospital v. Thompson*, 257 F.3d 807 (D.C. Cir. 2001).

October 1995 to August 2000: PRINCIPAL: MICHAELS & BONNER, P.C.

November 1993 to October 1995: COUNSEL: DECHERT LAW FIRM

September 1988 to November 1993: UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES: OFFICE OF THE GENERAL COUNSEL

Senior Litigation Attorney - Represented the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) on the following issues: Medicare and Medicaid reimbursement, Medicare as Secondary Payer, facility accreditation, quality of care, Peer Review Organizations, and federal immunity. Successfully briefed and argued before the United States District and Circuit Courts, including *Sentara-Hampton General Hospital v. Sullivan*, 980 F.2d 749 (D.C. Cir. 1992) and *Nursing Center of Buckingham and Hampden, Incorporated v. Shalala*, 990 F.2d 645 (D.C. Cir. 1993).

HOOPER, LUNDY & BOOKMAN, P.C.

HEALTH CARE LAWYERS

December 1985 to September 1988: OFFICE OF THE MARYLAND ATTORNEY GENERAL

Assistant Attorney General assigned to the Department of Health and Mental Hygiene, counsel to the Office of Licensing and Certification Programs, the licensing agency for health care facilities and the Medicaid Certification Agency and Administrative Prosecutor for and Counsel to health professional licensing boards. Presented cases before administrative tribunals and in state court.

December 1982 to December 1985: MARYLAND GENERAL ASSEMBLY: DEPARTMENT OF LEGISLATIVE REFERENCE

Counsel to House of Delegates Committee on Constitutional and Administrative Law - areas of Committee jurisdiction included administrative law, education, antitrust, elections, local government and utility regulation; Counsel to the Commission to Revise the Annotated Code of Maryland - worked on the following Articles: Tax-Property, Tax-General, Business Occupations, State Government, and State Finance and Procurement.

June 1982 to November 1982: PAUL S. SARBANES, UNITED STATES SENATOR - Assistant Press Secretary.

EDUCATION:

January 1984 to December 1985: THE GEORGE WASHINGTON UNIVERSITY NATIONAL LAW CENTER

Courses leading to Master of Laws-Taxation degree.

August 1979 to May 1982: SYRACUSE UNIVERSITY COLLEGE OF LAW

Juris Doctorate, Dean's List; Moot Court Trial and Appellate Competitions; Staff Editor for *Adelphia Law Journal*; Student Judicial Board; Staff Editor for "The Judge" - the College of Law newspaper.

January 1977 to December 1978: LEHIGH UNIVERSITY: GRADUATE

Courses leading to Masters of Arts Degree in English; Assistant Coach of Men's Swimming Team.

August 1972 to June 1976: LEHIGH UNIVERSITY: UNDERGRADUATE

Bachelor of Arts; Majors in History and Latin Language; Competitive Swimmer-Eastern Finalist and National Qualifier, Captain of the Men's Swimming Team, Phillip E. Morrissey Awardee as "Outstanding Member of Men's Swimming Team" 1975.

PUBLICATIONS:

"The Law Giveth and the Law Taketh Away: The Failure of New York's Equitable Distribution Law to Provide Notice to Defaulting Matrimonial Defendants" *Adelphia Law Journal*, Spring 1982.

"Analysis of an Incompetence Case" *The Maryland Bar Journal*, May 1988.

"Analysis of an Incompetence Case" *Maryland Medical Journal*, January 1989.

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HEALTH CARE LAWYERS

"The Role of the Surveyor in the Legal Process" Videotape publication, produced by the Health Care Financing Administration, Baltimore, Maryland, July 1989.

"The Medicare Provisions of the Health Security Act" *Maryland Bar Bulletin*, December 15, 1993.

"Background and Analysis of the Decision of the D.C. Circuit in *HIAA/BCBSA v. Shalala*" Digest Analysis, National Health Lawyers Association Health Law Digest, June 1994.

"ERISA and Hospital Collection Actions Against Employer Health Plans: Sword or Shield?" *The Garden State Focus*, New Jersey Chapter of the Healthcare Financial Management Association, August 1994.

"Medicare and GAAP: Understanding the Decision of the Sixth Circuit in *Guernsey Memorial Hospital v. Secretary of Health and Human Services*" *Annals of Health Law*, Volume III, September 1994.

"Impediment or Opportunity? The Effect of ERISA on Hospital Collection Actions Against Employer Health Plans" *Hospital News*, December 1994.

"The Little Known Program With the Billion Dollar Impact: A Primer on the Medicare Secondary Payer Program" *The New Jersey Law Journal*, December 1994.

"The Effect of ERISA Preemption on Tort Claims Against Employers, Insurers, Health Plan Administrators, Managed Care Entities, and Utilization Review Agents" *The Health Lawyer*, January 1995.

"The Effect of ERISA Preemption on Tort Claims" *The Maryland Bar Journal*, January/February 1995.

"What is ERISA Preemption and Why Does it Usually Protect Employers, Health Plan Sponsors, and Administrators from Tort Claims" *The Garden State Focus*, New Jersey Chapter of the Healthcare Financial Management Association, March 1995.

"Going by the Book at HHS" *Health Systems Review*, May/June 1995.

"U.S. Supreme Court's Decision in *New York Conference of Blue Cross & Blue Shield Plans v. Travelers Insurance Co.*: Perhaps Less Than Meets the Eye" Digest Analysis, National Health Lawyers Association Health Law Digest, June 1995.

"The Government's Best Offense is Deference: The Decision of the Supreme Court in *Shalala v. Guernsey Memorial Hospital*" *Annals of Health Law*, Volume IV, July 1995.

"ERISA: The Wild Card in the Health Law Deck" *Health Law Handbook*, 1996 Edition, Clark-Boardman-Callahan.

"The Medicare Secondary Payer Program: Important Developments in 1995" *Benefits Law Journal*, Spring 1996.

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HEALTH CARE LAWYERS

Guide to Key Legal Issues in Managed Care, with Alice G. Gosfield, Esq., Chapters Three and Six, Faulkner & Gray, August 1996.

"Anti-Managed Care Laws: Patient Protection or Provider Self-Interest" *Health Law Handbook, 1997 Edition*, Clark-Boardman-Callahan.

"Physician Incentive Plan Rules' Implications: Throw the Stone and Watch the Ripples" with Barbara Ryland, Esq., *Analysis and Perspective*, The Bureau of National Affairs' ("BNA's") Health Care Fraud Report, March 26, 1997.

"HHS IG Makes Power Play in Finding Exclusion Authority Over Indirect Providers," with Thomas Hoffman, Esq., *Analysis and Perspective*, BNA's Health Care Fraud Report, October 21, 1998.

"Confidentiality Issues Affecting Practitioners in Telemedicine: What Someone Else Does Not Know Could Hurt You" with Joanne Jarquin, Esq. and Alicia Palmer, Esq., *1999 Health Law Handbook*, Clark-Boardman-Callahan.

"Credit Balances/Failure to Refund," Chapter 640 of BNA's *Health Care Program Compliance Guide*, May 2000 (with updates)

"Knowledge is Payment: Understanding State Prompt-Payment Laws" with Margit Nahra, Esq., *Healthcare Financial Management*, May 2001

"Managed Care Fraud and Abuse: Risk Areas for Government Program Participants", Chapter 6 of *Health Care Fraud and Abuse: Practical Perspectives*, BNA/Health Law Section of the American Bar Association ("ABA") Spring 2002 (with updates)

"The *Monmouth* Decision: An Opportunity for Providers and their Counsel," Digest Analysis, American Health Lawyers Association ("AHLA"), April 2002

"Heads I Win, Tails You Lose: How Two Recent Circuit Court Decisions Undermine Congress' Promise of Proper Payments to Medicare Providers," AHLA Health Lawyers News, April 2006

"CMS's MSP Guidance Is Incomplete – Expect More Aggressive MSP Enforcement," *Reimbursement Advisor*, Aspen Publishers, February 2007

MAJOR PRESENTATIONS:

"Ethical Implications of Feeding and Withholding Nutrition and Hydration" Health Facilities Association of Maryland, Gaithersburg, Maryland, July 1987.

"Examinations and the Screening Process" Annual Meeting, National Clearinghouse on Licensure, Enforcement, and Regulations ("CLEAR"), Kansas City, Missouri, September 1987.

"Malpractice and Discipline" Annual Meeting, CLEAR, Kansas City, Missouri, September 1987.

"Code/No-Code: The State's Perspective" with Lois E. Leonard, M.D., Maryland Association of Health Care Providers, Towson, Maryland, April, 1988.

HOOPER, LUNDY & BOOKMAN, P.C.

HEALTH CARE LAWYERS

"Documentation Issues in the Surveying Process" Sixth Annual Health Care Financing Administration Region III Survey and Certification Symposium, Frederick, Maryland, September 1988.

"Advanced Documentation Issues in the Surveying Process" Eighth Annual Health Care Financing Administration Region III Survey and Certification Symposium, Camp Hill, Pennsylvania, September 1990.

"Medicare Funded Depreciation Accounts and Pension Reversions" Twelfth Annual Institute on Medicare and Medicaid Payment Issues, National Health Lawyers Association ("NHLA"), Baltimore, Maryland, March 1991.

"Continuing Cost Based Capital Payment Issues" Thirteenth Annual Institute on Medicare and Medicaid Payment Issues, NHLA, Baltimore, Maryland, March 1992.

"Medicare as Secondary the Payer Under Employer-Sponsored Health Benefit Plans" ABA National Institute on Health and Welfare Benefit Plans, Washington, D.C., October 1992.

"Continuing Cost Based Capital Payment Issues: Medicare Treatment of Advance Refunding Transactions, Recapture of Depreciation, and Funded Depreciation Accounts" Fourteenth Annual Institute on Medicare and Medicaid Payment Issues, NHLA, Baltimore, Maryland, March 1993.

"Medicare's Relationship to Health and Welfare Plans: The Medicare as Secondary Payer Program" ABA National Institute, Health and Welfare Benefit Plans: Health Care Reform, Will it Hurt or Help? Washington, D.C., October 1993.

"The Impact of the Administration's Health Care Reform Proposal on Medicare Contractors, Providers and Beneficiaries" 20th Annual Joint Mid-Winter Meeting of the Life, Health, and Public Regulation of Insurance Law and Employee Benefits Law Committees of the Tort and Insurance Practice Sections of the ABA, Palm Beach, Florida, January 13 - 15, 1994.

"Medicare as Secondary Payer" Fifteenth Annual Institute on Medicare and Medicaid Payment Issues, NHLA, Baltimore, Maryland, March 1994.

"Confidentiality of Medical Records" Presentation to Hospital and Physician Medical Records Staff, Philadelphia, Pennsylvania, March 24, 1994.

"Medicare Payment Limitations to CORFs Providing Psychological Services" Annual Meeting of the Pennsylvania Association of Rehabilitation Facilities, Lake Harmony, Pennsylvania, September 23, 1994.

"Do's and Don'ts of Managed Care Contracting" Rehabilitation Service Providers Roundtable, Philadelphia, Pennsylvania November 16, 1994.

"Issues Relating to Third Party Payers and ERISA" Twentieth Long Term Care and the Law Conference, NHLA, New Orleans, Louisiana, January 31, 1995.

"The Relationship of the Medicare Secondary Payer Provisions to Employer Health Plans" Sixteenth Annual Institute on Medicare and Medicaid Payment Issues, NHLA, Baltimore, Maryland, March 31, 1995.

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HEALTH CARE LAWYERS

"Medicare Secondary Payer Legal Report" Society of Professional Benefit Administrators, Spring Meeting, Washington, D.C., April 12, 1995.

"Medicare Update" Medicare and Medicaid: Update on Reimbursement and Fraud and Abuse Issues, New Jersey Hospital Association, Princeton, New Jersey, April 27, 1995 (Conference Chair).

"Fraud and Abuse Issues in Integrated Delivery Systems - Special Reimbursement Issues" Health Care Fraud and Abuse: Government Initiatives and How to Respond, New Jersey Hospital Association, Princeton, New Jersey, May 11, 1995.

"ERISA Preemption of State Law Actions" 1995 Health Law Update and Annual Meeting, NHLA, San Francisco, California, June 9, 1995.

"ERISA Preemption of State Law -- Whither Goest Thou? Aberration or Trend? Judicial Refusal to Apply ERISA Preemption to Tort Claims Against Non-Providers -- Employers, Insurers, Health Plan Administrators, and Utilization Review Agents" ABA Annual Meeting, Chicago, Illinois, August 6, 1995.

"Legal Issues in Advance Practice Nursing" Pennsylvania Nursing Summit, Harrisburg, Pennsylvania, November 10, 1995.

"Advanced Practice Nursing - The View from the Bar: Justice is Blind, the Law Should Not Be" Keynote Address, Topics in Primary Healthcare Delivery: Clinical Update, LaSalle University, Philadelphia, Pennsylvania, March 30, 1996.

"State Health Policy - Putting Employers at Risk" Annual Meeting, Association of Private Pension and Welfare Plans, Washington, D.C., April 26, 1996.

"ERISA Preemption and Tort-Like Claims in Managed Care" Conference on Liabilities in Managed Care, IBC/Infoline, Chicago, Illinois, October 24 - 25, 1996.

"Special Payment Liability Problems, Coverage Issues, and Collection Opportunities in Government Managed Care Contracting" 1996 Managed Care Law Institute, NHLA, Atlanta, Georgia, December 11 - 13, 1996.

"Development of Anti-Managed Care Laws: Their Significance to Delivery Systems" Aligning the New Healthcare System Conference, NHLA, Chicago, Illinois, March 13 - 15, 1997.

"ERISA Preemption: How It Affects Providers and How It Affects Employers" ABA's National Institute on Managed Care, San Diego, California, March 13 - 15, 1997 (Conference Co-Chair).

"Scope of Practice Issues Facing the Primary Care Practice" Comparative Perspectives on Law & Medicine: The Case of Primary Care, Dublin, Ireland, June 24 - 26, 1997.

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"The Nuts and Bolts of ERISA: Preemption of State Anti-Managed Care Laws" and "The Medicare Secondary Payer Program - New and Continuing Issues," ABA's National Institute on Health and Welfare Benefit Plans - The Wave of the Future is Now, Washington, D.C., October 30 - 31, 1997 (Conference Co-Chair).

"New Legislation - Managed Care Issues, Medicare+Choice, and Fraud & Abuse Issues," Medicare 1998: What You Need to Know Now, ABA Health Law Section, San Francisco, California, November 14, 1997 (Conference Co-Chair).

"Anti-Fraud Issues Affecting Health Plans," Health Plans, HIPAA, and COBRA Update, ALI-ABA Video Law Review (Satellite TV Program), March 17, 1998.

"ERISA Issues Update," 9th Annual Managed Care Law Conference, American Association of Health Plans and ABA Health Law Section, St. Petersburg, Florida, April 28, 1998.

"Health Law in the 105th Congress," Hirsh Health Law Audio-Conference Program, The Center for Health Policy Research and The George Washington University Medical Center and Law School, June 17, 1998.

"Physician Networks," ABA Annual Meeting, Toronto, Canada, August 2, 1998.

"Implementing Compliant Medicare Payment Systems to Meet New Regulatory Standards," "Medicare Compliance Congress," Institute for International Research, Washington, D.C., September 24-25, 1998.

"Medicare Anti-Fraud Initiatives: Exclusion of Indirect Providers and Mandatory Disclosure Under the Medicare+Choice Regulations," Medicare Annual Update, ABA Health Law Section, San Francisco, California, November 6-7, 1998 (Conference Chair).

"Legal Issues and Drafting Considerations in Covenants Not to Compete, Letters of Intent, Indemnification Provisions and Confidentiality Agreements," Healthcare Transactions, Mergers and Acquisitions, AHLA, San Francisco, California, November 19-20, 1998.

"Special Payment and Coordination Issues Affecting Medicare Managed Care Organizations and Their Providers," 1999 National CLE Conference, Law Education Institute, Inc., Vail, Colorado, January 9-14, 1999.

"Credit Balance Enforcement Actions and Compliance Issues," 20th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, Baltimore, Maryland, March 24-26, 1999.

"Fraud and Abuse Compliance Issues for Managed Care Plans," 10th Annual Managed Care Law Conference, ABA Health Law Section and American Association of Health Plans, Tucson, Arizona, April 11-13, 1999.

"Health Law Update: Managed Care Fraud Issues," ABA Health Care Fraud 1999, Miami Beach, Florida, May 13-15, 1999.

"Fraud and Abuse Compliance Issues for Managed Care Plans," 1999 Health Law Update, Co-sponsored by the American College of Healthcare Executives and the ABA's Health Law Section, Video Satellite Seminar, Washington, D.C., May 27, 1999.

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"Self-Auditing for Fraud and Abuse Liabilities: Prospecting for Mines?" Health Care Fraud and Abuse, Practising Law Institute, Washington, D.C., June 17-18, 1999.

"Strategies to Reduce Liability in Today's Environment of Patient Empowerment," Medicare Managed Care Congress '99, Institute for International Research, Washington, D.C., June 21-23, 1999.

"Is an Erroneous Claim a Federal Crime? The Effect of HIPAA's Anti-Fraud Provisions on Private Health Plans," The 10th Annual National Institute on Health and Welfare Benefit Plans: The Pressure is On, Center for Continuing Legal Education and American Bar Association, Washington, D.C., October 21-22, 1999 (Conference Co-Chair).

"Successor Liability Arising Under Medicare from the Fraud and Abuse and Reimbursement Perspectives," The Evolution of Healthcare Mergers & Acquisitions: How Things Have Changed and Where They are Going, ABA Health Law Section and American Medical Association, New Orleans, LA, October 28-29, 1999.

"The Provider Reimbursement Review Board Practice Update: Wage Data Disputes and the Process for Geographic Reclassification," 1999 Medicare Annual Update, ABA Health Law Section, San Francisco, CA, November 5-6, 1999 (Conference Chair).

"Fraud and Abuse Compliance Issues for Managed Care Plans," National CLE Conference, Vail, Colorado, January 3-8, 2000.

"Foundations of Health Law: Fraud and Abuse Compliance Issues for Managed Care Plans," ABA Health Care Fraud 2000, San Francisco, California, May 4-6, 2000.

"Medicare Compliance Issues in Due Diligence," ABA Annual Meeting, London, England, July 17-20, 2000.

"Confidentiality Issues Affecting Practitioners in Telemedicine: What Someone Else Does Not Know Could Hurt You," American Bar Association's Health Law Section, Chicago, Illinois, October 6-7, 2000.

"The HIPAA Privacy Rule: Minimally Necessary Disclosure of Protected Health Information - What and How," The First National HIPAA Summit, Washington, D.C., October 15-17, 2000.

"Implementing Compliant Payment Systems to Meet Medicare Standards," IIR's 3rd Annual National Forum for Managed Care Executives, McLean, Virginia, October 23-25, 2000.

"Legislative, Regulatory, and Litigation Update" 2000 Medicare Annual Update, ABA Health Law Section, San Francisco, CA, October 27-28, 2000 (Conference Chair).

"Private Contracting with Medicare Patients," Medical Society of the District of Columbia, November 8, 2000

"Industry Section HIPAA Compliance: ERISA, Employers, METs, and MEWAs," The Second National HIPAA Summit, Washington, D.C., March 1, 2001.

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HEALTH CARE LAWYERS

"Prospects for Legislative Relief – Overview of the Medicare System," 2nd Annual Healthcare Restructurings Conference – Managing and Financing Change in a Troubled Industry, Renaissance American Management, Inc., Chicago, Illinois, March 28 – 30, 2001.

"Coordination, Credit Balance, and Medicare Secondary Payer Actions," 22nd Annual Institute on Medicare and Medicaid Payment Issues, AHLA, March 28-30, 2001.

"Fraud Issues in Government Managed Care Programs," ABA Health Care Fraud 2001, Miami Beach, Florida, May 13-15, 2001.

"Leadership Responsibilities for Corporate Compliance," American Osteopathic Healthcare Association/Association of Osteopathic Directors and Medical Educators/Association for Hospital Medical Education 2001 Convention, Arizona, May 17 – 20, 2001

"Health Care Fraud and Abuse: Practical Perspectives on Managed Care Fraud," ABA Annual Meeting, Chicago, Illinois, August 6, 2001

"The Role of the Private Bar," Moderator, First Annual Health Law and Policy Colloquium: The Role of Law in Quality Health Care, Loyola University Chicago School of Law, October 26, 2001

"Medicare+ Changes: The Medicare Program Under the Centers of Medicare and Medicaid Services" 2001 Medicare Reimbursement and Compliance Conference, ABA Health Law Section/Healthcare Financial Management Association, Chicago, IL, November 2 - 3, 2001.

"Significant Recent Medicare Developments and Legislative Proposals," National CLE Conference, Steamboat, Colorado, January 11, 2002.

"Geographic Reclassification – Obtaining Judicial Review of Wage Data Before a Final Reclassification Decision is Issued," 23rd Annual Institute on Medicare and Medicaid Payment Issues, AHLA, April 3 – 5, 2002.

"Medicare/Medicaid Reimbursement," ABA Teleconference, October 21, 2002

"The Final FY 2003 Inpatient PPS Final Rule," AHLA Teleconference, December 18, 2002

"Significant Recent Medicare Developments and Legislative Proposals," National CLE Conference, Aspen, Colorado, January 6, 2003

Healthcare Transactions 2003 - New Business Opportunities - Medicare Update, Renaissance American Management Inc. and Beard Group, Chicago, IL, March 31 - April 1, 2003.

"Medicare Secondary Payer Issue - Regulatory and Litigation Update," 24th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, April 2-4, 2003.

"Reimbursement Initiatives: Medicare Appeals Process Reform," ABA Washington Healthcare Summit, Washington, D.C., November 6-7, 2003

"Medicare Reform and the New Prescription Drug Benefit, Teleconference Series, ABA Health Law Section, December 15 – 17, 2003 (Teleconference Co-Chair).

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HEALTH CARE LAWYERS

"The Implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 – What You Need to Know Now!," National CLE Conference, Aspen, Colorado, January 5, 2004

"Reviewing the Role of the U.S. Government in Healthcare Transactions," 2004 Healthcare Transactions, Renaissance American Management Inc. and Beard Group, Chicago, IL, March 18, 2004.

"Medicare Secondary Payer Issue - Regulatory and Litigation Update," 25th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, March 31, 2004.

"Critical Health Law Challenges and Opportunities," ABA Teleconference, April 8, 2004

"The Implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003," 2004 Health Law Update, Co-sponsored by the American College of Healthcare Executives and the ABA's Health Law Section, Video Satellite Seminar, Washington, D.C., May 20, 2004

"Looking Back and Looking Ahead From Capitol Hill – The Continued Federalization of the Health Care System," National CLE Conference, Aspen, Colorado, January 4, 2005

"Medicare Litigation Update," 26th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, March 16 - 18, 2005 (Program Committee)

"The ABCs of Part D: Introduction to Medicare Program Part D," Panel Moderator, District of Columbia Bar, Health Law Section, November 22, 2005

"Update on Medicare Developments from Inside the Beltway," National CLE Conference, Aspen, Colorado, January 3, 2006

"The ABCs of Part D: Introduction to Medicare Program Part D," Panel Moderator, ABA Health Law Section Teleconference, January 19, 2006

"The Deficit Reduction Act of 2005," ABA Teleconference, Panel Moderator and Speaker, March 15, 2006

"Repayments and Disclosures: Whether, Which, When, How, and How Much," 27th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, March 22 - 24, 2006 (Program Committee)

"Reviewing the Role of the U.S. Government in Healthcare Transactions," 2006 Healthcare Transactions, Renaissance American Management Inc. and Beard Group, Chicago, Illinois, April 6, 2006.

"Medicare Part D and OPL," Blue Cross Blue Shield National Other Payment Liability Group ("NOPLG") Seminar, Arlington, Virginia, April 26, 2006

"The Medicare Fiscal Year 2007 Inpatient Prospective Payment System Rule: What You Need to Know Before October 1, 2006," CCH Teleconference, September 21, 2006

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HEALTH CARE LAWYERS

"The Medicare Disproportionate Share Hospital Adjustment – Issues and Opportunities," Southern California HFMA, Universal City, California, November 15, 2006

"Update on Medicare Developments Inside the Beltway," National CLE Conference, Aspen, Colorado, January 6, 2007

"Repayments and Disclosures: Whether, Which, When, How, and How Much," 28th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, Baltimore, Maryland, March 21 - 23, 2007 (Program Committee)

"Update on Medicare Part D," Blue Cross Blue Shield NOPLG Seminar, Portland, Oregon, April 18, 2007

"What's New with Part D & OPL," 2007 Blue Cross Blue Shield NOPLG Seminar, Portland, Oregon, April 18, 2007

"The Medicare Disproportionate Share Hospital Adjustment – 2007 Update," New Jersey HFMA, Woodbridge, New Jersey, September 18, 2006

"Repayments and Disclosures: A Reality Check Around the Significant, Complex, and Sometimes Overlooked Rules that Apply When Medicare and Medicaid Overpayments Occur," Fraud and Compliance Forum, AHLA and Health Care Compliance Association, Baltimore, Maryland, September 23 - 25, 2007

"We Made It! Will Medicare Pay? And How Much?: Medicare Coverage and Reimbursement Issues Affecting Medical Device Manufacturers," ADVAMED 2007 – The MedTech Conference, Washington, D.C., October 1 – 3, 2007

"The Federalization and Politicalization of Healthcare and Outlook for Medicare IPPS," Ernst & Young HSAS Education Week, Cleveland, Ohio, October 25, 2007

"Update on Medicare Developments Inside the Beltway," National CLE Conference, Vail, Colorado, January 5, 2008

"Responses to Questions Relating to Designing Plans for Older Workers," with William J. Flanagan, Esq., Society of Professional Benefit Administrators, Spring Meeting, Washington, D.C., April 2, 2008

"Repayments and Disclosures: Legal Requirements and Hard Choices," 29th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, Baltimore, Maryland, April 9 - 11, 2008 (Program Committee)

"Part II: CMS' Final Rule Revising Provider Reimbursement Review Board Appeal Procedures," AHLA Teleconference, Panel Moderator and Speaker, September 9, 2008

"Medicare Repayments and Disclosures: Overpayment Reporting and Refund Obligations, and Federal Government Recovery Rights," Fraud and Compliance Forum, AHLA and Health Care Compliance Association, Baltimore, Maryland, October 5 - 7, 2008

HOOPER, LUNDY & BOOKMAN, P.C.

HEALTH CARE LAWYERS

"The Revised PRRB Regulations and Instructions," ABA Teleconference, Panel Moderator and Speaker, October 8, 2008

"Important New Developments Affecting New Jersey Medicare DSH Hospitals," Hackensack University Medical Center, Hackensack, New Jersey, March 19, 2009

"The View from Washington D.C.: Health Care Reform and Medicare," Inter-American University School of Law, San Juan, Puerto Rico, March 5, 2009

"Medicare and Medicaid Payment Issues – Repayments and Disclosures: Legal Requirements and Hard Choices," 30th Annual Institute on Medicare and Medicaid Payment Issues, AHLA, Baltimore, Maryland, March 25-27 2009 (Program Committee)

"MSP Developments Relating to Mandatory Reporting", Blue Cross Blue Shield NOPLG Seminar, Minneapolis, Minnesota, April 23-24, 2009

"Special MSP Issues Arising Under Parts C and D," Blue Cross Blue Shield NOPLG Seminar, Minneapolis, Minnesota, April 23-24, 2009

"Medicare and Medicaid Repayments and Disclosures," Fraud and Compliance Forum, AHLA and Health Care Compliance Association, Baltimore, Maryland, October 4 - 6, 2009

"Medicare and Medicaid Developments Past and Future – The Medicare and Medicaid Provisions in the Health Reform Bills," National CLE Conference, Vail, Colorado, January 6, 2010

"Repayments and Disclosures: Legal Requirements and Hard Choices," 31st Annual Institute on Medicare and Medicaid Payment Issues, AHLA, Baltimore, Maryland, March 24-26, 2010 (Program Committee)

"MSP Developments Relating to Mandatory Reporting", Blue Cross Blue Shield NOPLG Seminar, Savannah, Georgia, April 27, 2010

"Hot MSP Regulatory Topics," Blue Cross Blue Shield NOPLG Seminar, Savannah, Georgia, April 27-30, 2010

"Medicare Liability Set-Aside Arrangements and Other Medicare Secondary Payer Matters, The Practical Effects of Section 111 on Medical Malpractice - How to Protect Yourself, Your Client, Your Hospital and, Most Importantly, Your Bank Account," The Medical Malpractice CMS Section 111 Collaborative Workshop, Baltimore, Maryland, June 2, 2010

"Repayments and Disclosures: RACs and MICs," Fraud and Compliance Forum, AHLA and Health Care Compliance Association, Baltimore, Maryland, September 26 - 28, 2010

"Medicare and Medicaid Developments in the Wake of Health Care Reform," National CLE Conference, Vail, Colorado, January 5 - 9, 2011

"RACs, MACs, MICs and ZPICs - An Alphabet Soup of Compliance Contractors," Webinar, Premier Healthcare Alliance, January 12, 2011

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HEALTH CARE LAWYERS

"What Every Lawyer Needs to Know About Medicare in 2011," Webinar, ABA, January 18, 2011

"Medicare and Medicaid Repayments and Self-Disclosures," AHLA, Baltimore, Maryland, March 30 - April 1, 2011

"RACs, MACs, MICs and ZPICs: Acronyms That Spell Trouble," Hospice of the Chesapeake, May 5, 2011

"Medicare and Medicaid Overpayment Authorities," ABA 21st Annual National Institute on Health Care Fraud, Miami Beach, FL, May 11-13, 2011

"Medicare and Medicaid Repayments and Disclosures – Regulation, Accreditation, and Payment (RAP) Practice Group Webinar, June 16, 2011

"Medicare and Medicaid: Repayments and Disclosures," Strafford Publication CLE Webinar, August 24, 2011

"Repayments and Disclosures: RACs and MICs," AHLA Fraud & Compliance Forum, September 25-27, 2011, Baltimore, MD

"Healthcare and Regulatory Reform: The View From Inside the Beltway," 29th Annual National CLE Conference, January 4-8-2012, Snowmass, CO

"Medicare and Medicaid Repayments and Self-Disclosures," AHLA, Baltimore, Maryland, March 28-30, 2012, Baltimore, MD

PROFESSIONAL RECOGNITION:

ABA Health Law Section, Immediate Past Chair, 2002 – 2003, Chair 2001 – 2002, Officer 1999 – 2001, Council Member 1996 – 1999

Member of the ABA's Joint Leadership Educational Delegation to the United Nations Offices in Geneva, Switzerland in meetings with the World Health Organization and other U.N agencies – January 2002

Member, ABA Standing Committee on Continuing Legal Education of the Bar, 2000 – 2002; Liaison from the ABA Section's Officer Conference to the Standing Committee on Continuing Legal Education, 1999 – 2001 and 2002 - 2004

Liaison from the ABA Health Law Section to the ABA Commission on Law and Aging, 2002 to 2009

Member, ABA Commission on Law and Aging, 2009 to 2012

Member, ABA SOC Annual Meeting Task Force, 2005 to 2011

Member - Advisory Board of BNA's Health Law Reporter, 1998 to date

Member - Advisory Board of BNA's Health Care Fraud Report, 1999 to 2005

Member - Advisory Board of BNA's Medicare Report, 2005 to date

Member – Reimbursement Advisory Board of CCH Medicare & Medicaid Guide, 2006 to date

John Heinz Friend of Nursing Award - Pennsylvania Nursing Association - 1996

Department of Health and Human Services Office of the General Counsel: General Counsel's Excellence in Legal Services Award for Outstanding Conduct in Counseling and Representing the Health Care Financing Administration in Medicare Litigation - 1993

Health Care Financing Administration: Bureau of Program Operations: Director's Citation of Special Recognition for Advice on Medicare Secondary Payer Matters - Health Care Financing Administration - 1993

HHS Inspector General's Integrity Award - 1991

Who's Who in America, American Law, and Among Emerging Leaders

Outstanding Fraud and Compliance Lawyer – 2004 – Nightingale's Healthcare News

Outstanding Health Care Litigator – 2006 – Nightingale's Healthcare News

Listed in Chambers USA 2008-2013

Member, Program Committee, AHLA Medicare & Medicaid Conference, 2004 to 2013

Chair, Program Committee, AHLA Medicare & Medicaid Conference, 2013 to date

Quoted in numerous publications, including *The New York Times* on Sunday, March 16, 2003 in a front-page article about Medicare appeals and on Tuesday, February 9, 2010, in a front-page article about long-term care hospitals

Written materials cited in *Smith v. Farmers Insurance Exchange*, 9 P.3d 335, 338 (Sup. Ct. Co. 2000) (en banc)

Expert Witness – *Golden Rule Insurance Company v. Florida Department of Financial Services, Office of Insurance Regulation*, Case No. 05-159RP (Florida Division of Administrative Hearings) (decision issued June 8, 2005)

Member, Curriculum Review Committee, Beazley Institute for Health Law and Policy at Loyola University Chicago School of Law – 2008

Referenced in "Big Suits," *The American Lawyer*, June 2008