

HEALTH CARE

HBS represents health care professionals, companies, and insurers to protect their rights and help their businesses thrive

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Overview

Providing quality legal services to health care companies regarding business and regulatory matters.

At HBS, we provide excellent client service through trusted advice and composed problem-solving. Our Health Care practice group partners with in-house counsel, health care leadership teams, insurers, and other parties to develop strategies that align with business objectives and cost-effectively resolve disputes to drive business results. We believe in proactive risk management and risk mitigation strategies to help achieve our clients' goals.

Federal and state regulation of health care providers, suppliers, and other industry participants has become increasingly complex. On top of this, enforcement tactics of government agencies can be both confusing and intimidating. The HBS Health Care team has experience providing representation to the following providers across the country:

- Academic Medical Centers
- Hospitals and Health Systems
- Long-Term Care Owners and Operators
- Post-Acute Care Providers
- Physicians and Physician Practices
- Senior Living Owners and Operators
- Allied Providers

Leadership



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We represent clients in many areas of law that affect health care providers and other kinds of companies in the industry, including:

- Antitrust
- Business/Strategic Planning
- Certificate of Need
- Compliance programs (including development, revision and training)
- Entity Formation
- Internal investigations
- Managed care strategies and contracts
- Medical staff credentialing and corrective action
- Medicare and Medicaid fraud and abuse
- Medicare and Medicaid certification
- Mergers and acquisitions, affiliations, and joint ventures
- Hospital integration strategies
- Patient care, informed consent, and medical records issues
- Patient Safety Organizations (PSO)
- Rules and regulations under HIPAA (including privacy, transactions, and security)
- Provider licensure, certification, and accreditation (including disciplinary actions)
- Reimbursement issues
- Tax-exempt status (application and compliance)

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Full Team

Litigation Team

Regulatory & Compliance Team

Corporate / Transactions Team

Solutions

Litigation

At HBS, our team partners with in-house counsel, health care leadership teams, insurers, and other parties to develop strategies that align with business objectives and cost-effectively resolve disputes.

The HBS Health Care Litigation group vigorously represents clients in a wide range of lawsuits, disputes, and investigations, including:

- Medical malpractice defense
- Federal False Claims Act defense

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- Administrative and Judicial Proceedings
- Medical Staff Membership and Clinical Privileges Disputes
- Arbitration and Mediation
- Business Disputes
- Provider and payor disputes
- Reimbursement appeals
- Employment Discrimination (EEO) / Wrongful Discharge

We also conduct internal reviews and investigations for our clients to uncover facts and preserve important evidence, and we assess risk and economic exposure at the outset of a lawsuit as well as during the progression of the case to help quantify, qualify, and mitigate such risks.

[VIEW OUR Health Care Litigation TEAM](#)

Regulatory & Compliance

At HBS, our team works tirelessly to help clients confidently navigate the complexities and fast-changing regulations, rules, and mandates across federal, state, and local levels. We counsel clients on legislative strategy and interpretation of changes, and we advise them on how to properly implement and comply with requirements. We proactively monitor proposed or anticipated legislative initiatives that may impact our clients so they can make their voices heard and protect their interests.

The HBS Health Care Regulatory group regularly represents clients in a wide range of regulatory and compliance matters including:

- Certificate of Need
- Compliance programs (including development, revision, and training)
- HIPAA, Privacy, Security, and Data Breach response
- Fraud and Abuse (including False Claims Act, Stark Law, and Anti-Kickback Statute)
- Self-Disclosure Protocol
- Internal Investigations

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- Medicare, Medicaid, and other payors related to fraud and abuse and reimbursement
- Federal Trade Commission investigations
- Clinical Trials Compliance and Contracting
- Graduate Medical Education program compliance
- Provider licensure, certification, and accreditation (including disciplinary actions)

[VIEW OUR Health Care Regulatory TEAM](#)

Corporate / Transactions

At HBS, our team partners with our clients to achieve their strategic and business goals through representation in a comprehensive set of corporate and transactional matters with significant experience in addressing the unique challenges that such matters present in the health care industry.

Our Health Care Corporate / Transactions group regularly represents clients in a wide range of corporate and transactional matters including:

- Entity Formation and Initial Corporate Structures
- Corporate Reorganizations
- Mergers and Acquisitions (including both asset and equity acquisitions)
- Joint Ventures
- Clinical Co-Management Agreements
- Provider Networks
- Clinical Integrations
- Accountable Care Organizations (ACO)
- Managed Care Contracts
- Value Based Contracting
- Electronic Health Record Implementation
- Telehealth and Telemedicine
- Financing, Loan, and Other Credit Facility Agreements
- Supplier/Vendor Contracts (Service Provider and Recipient)
- Real Estate Transactions
- Commercial Leases (both Landlord and Tenant)

[VIEW OUR Health Care Transactions TEAM](#)

Blog



Our [Health Care Highlights Blog](#) covers the quagmire of risks as well as the endless opportunities for health care or life sciences organizations. Our attorneys explore what’s at stake involving case law, business trends, regulatory and legislative changes, and other factors that impact these areas. Our analyses provide advice on navigating the complexities of this ever-changing field.

Each post includes practical tips for identifying, quantifying, or mitigating potential risks along with tactics for protecting the interests of relevant organizations in the pursuit of the aim to lower costs, improve quality, and expand access to the field, all while avoiding running afoul of legal and regulatory requirements.

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[New CMS Guidance Restricts Third-Party Guarantee Regarding Nursing Facility](#)

[Payment](#)

[February 17, 2025](#)

On November 18, 2024, the Centers for Medicare & Medicaid Services (CMS) issued new guidance related to the prohibition against admission agreements containing language requesting or requiring a third-party guarantee of payment.

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[CMS Final Rule Increasing Minimum Staffing Standards in Nursing Homes Challenged in Texas, Iowa Federal Courts](#)

[November 26, 2024](#)

In response to and in an effort to block the expanded staffing requirements, the Attorney General of Texas filed suit in the United States District Court for the Northern District of Texas, and recently, twenty state Attorney Generals filed suit in the U.S. District Court for the Northern District of Iowa.

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[CMS Finalizes Rule Increasing Minimum Staffing Standards in Nursing Homes](#)

[April 26, 2024](#)

On April 22, 2024, The Centers for Medicaid and Medicare Services released a final rule that implements new minimum nurse staffing requirements in nursing homes...

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In the Press

[ED Management: Jade Davis on AI Tools & Medical Standards of Care](#)

[May 22, 2024](#)

Jade Davis recently offered insight into AI tools as legal standards of care for EDs in an interview for ED Management.

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[Healthcare Risk Management: Jason Hendren on Securing Evidence After Adverse Events](#)

[November 7, 2023](#)

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[Part B News: Abtin Mehdizadegan on How Medical Practices Can Handle Doctor Drug Abuse](#)

[September 26, 2023](#)

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ED Management: Jade Davis Discusses Emergency Department Unauthorized Records Access

September 14, 2023

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