

About the Editors

Robin Fisk, Editor in Chief and co-author of Chapter 17, Considerations in the Absence of a Contract Between Provider and Payer, is a health lawyer focusing on managed care and business transactions. She has represented providers, practitioners, and managed care organizations. Robin has functioned as in-house counsel for managed care companies in metro New York, Texas, and Massachusetts, served as lead counsel for four insurer start-ups, several service line and service area expansions, and as contract counsel to national providers. Pursuing a longstanding interest in improving the way services are delivered, she recently completed her Master's of Health Care Delivery Science, a program jointly sponsored by the Tuck School and the Dartmouth Institute. Robin has also taught health law at the Master's level. She graduated from Boston University School of Law and the University of Pittsburgh a *very* long time ago.

Christina DeGraff-Murphy, Editor, is the Assistant General Counsel of Contracting for The University of Vermont Health Network consisting of six Affiliate hospitals in New York and Vermont, including an academic medical center, several skilled nursing facilities and other health care entities. She represents the organization on a wide range of matters with an emphasis on managed care, ASO and ACO contracting. Christina balances strategic and business initiatives with contractual and legal requirements in managed care negotiations, contracting, and dispute resolution, alternative payment methodology arrangements, and general contracting to support network initiatives. This is Christina's first time serving as an Editor for the AHLA's *Health Plans Contracting Handbook*. Christina is an alum of Western New England School of Law (2001) and Western New England University (1998). Christina resides in Vermont with her husband and three children.

Gregory R. Mitchell, Editor, is an associate in the law firm of Epstein Becker & Green PC and is based in the firm's New York office. He focuses his practice on advising health systems, medical groups, independent practice associations, accountable care organizations, and other providers, provider groups, and intermediary entities on a range of managed care-related matters. He negotiates and drafts managed care agreements by and among managed care companies, insurers, hospitals, health systems, independent practice associations (IPAs) and similar provider organizations, behavioral health and substance use disorder treatment providers, physicians, and ancillary providers relating to Medicare Advantage, Medicaid managed care, as well as fully-insured and self-insured lines of business. He negotiates and drafts agreements relating to innovative payment models; including full-risk/capitation, bundled payment, and shared savings/losses models; prepares agreements relating to the delegation of management functions by managed care entities to third parties; and negotiates and prepares managed care agreements between health care providers and managed care entities and insurers for reimbursement in traditional reimbursement models. In addition, he has spoken and coauthored articles on various health care topics including social determinants of health, encounter data, and the Affordable Care Act's impact on health insurance and provider. Gregory is an alumnus of Emory University School of Law and Union College.

About the Authors

Gerald “Jerry” L. Aben (Chapter 15, Medicaid Managed Care) is a member of Dykema Gossett PLLC’s Health Care Practice Group, located in the firm’s Ann Arbor, Michigan office. Jerry specializes in the representation of health care providers and payers with respect to corporate and regulatory issues, including hospitals, long-term care and assisted living facilities, behavioral health providers and payers, and continuing care retirement communities (CCRCs). His emphasis on managed care includes assisting clients with managed care contracting, provider networks, regulatory compliance, and Medicare and Medicaid plans. Prior to his law career, Jerry received an appointment to the Centers for Disease Control and Prevention as a Presidential Management Fellow, where he primarily focused on budget and policy issues affecting the nation’s public health preparedness and emergency response. Jerry has been recognized by *Michigan Super Lawyers* as a “Rising Star” in health law and was named to the “2021 One to Watch” by *Best Lawyers*.

Matthew Amodeo (Chapter 16, Direct-to-Employer Contracting) is a Partner in the Albany, NY office of Faegre Drinker. Matthew guides health care providers and other industry players through complex state and federal regulations as they make the transformation from fee-based to value-based reimbursement. He is a leading adviser on Medicare and commercial value-based payment models, accountable care organizations (ACOs), clinically integrated networks, and hospital-physician affiliation transactions. He counsels hospitals, provider-sponsored plans, population health companies, and other industry stakeholders on regulatory matters associated with Medicare Advantage plans, the Medicare Shared Savings Program (MSSP), the BPCI-Advanced Model, and other CMS and CMMI payment models and demonstrations. He advises clients on the intricacies of participating in multiple Alternate Payment Models (APMs) and MIPS under the Quality Payment Program. Matthew also assists health systems in developing integrated delivery systems, payer contracting strategies, and shared-risk arrangements with vendors.

Adam C. Aseron (Chapter 4, Key Contract Definitions) is a founding member of Giles Aseron PLLC. Adam has over a decade of experience advising providers on managed care matters. A substantial portion of Adam’s practice is dedicated to representation of health care systems with respect to managed care arrangements with private and governmental payers. Adam regularly negotiates participation agreements for his clients covering a wide spectrum of plan and product types, including commercial, exchange-based, Medicare Advantage, Medicaid managed care, ACO, and workers’ compensation products. Before co-founding Giles Aseron PLLC, Adam worked for several years as a health care attorney with a focus on managed care in the Austin office of Vinson & Elkins LLP. Previously, Adam served as a judicial clerk for The Honorable Thomas B. Bennett, U.S. Bankruptcy Court for the Northern District of Alabama. Adam obtained his law degree from the University of Texas School of Law in 2006, where he graduated with high honors, was a member of the Order of the Coif, and served as an associate editor of the *Texas Law Review*.

Brooke Bennett Aziere (Chapter 6, Payer Programs and Policies: Utilization Management and Quality Assurance) is a partner in the Wichita, Kansas office of Foulston Siefkin LLP. Brooke is a member of the firm’s health care practice group and current practice group leader. Her major practice

areas include health care regulatory matters, HIPAA, compliance, long-term care, risk management, Medicare and Medicaid reimbursement, and government investigations relating to fraud and abuse. She has experience assisting clients with negotiation of managed care and other payer contracts and pursuing provider appeals related to utilization review, quality assurance, and statistical sampling and extrapolation, among others. She has frequently represented clients in matters before state licensing boards, and other clients in state and federal lawsuits involving a variety of cases, including medical malpractice defense, intellectual property disputes, contract disputes, and torts. She is a 2003 graduate of the University of Kansas School of Law, where she was a member of the Order of the Coif and an articles editor for the *Kansas Law Review*. Brooke also received the Faculty Award for Outstanding Scholastic Achievement. She is a member of the Kansas, Missouri, and Texas Bar Associations, the American Health Law Association, The Greater Kansas City Society of Health Attorneys, the Kansas Association of Hospital Attorneys, the Missouri Society of Health Care Attorneys, and the Health Law Section of the State Bar of Texas. In 2019, she co-authored Chapter 14, Medical Necessity, Claims, and Payment Processes of AHLA's *Health Care Compliance Legal Issues Manual*, 5th ed. (2019). Brooke is included in the most recent edition of *The Best Lawyers In America* and is admitted to practice in Kansas, Missouri, and Texas.

John C.J. Barnes (Chapter 1, Introduction: Basics of Contracting and Negotiating) is a partner in King & Spalding's national health care practice. John specializes in managed care arrangements and represents provider clients in managed care contract negotiations and in litigation. In his transactions practice, John advises clients on the structuring of risk-based managed care contracts (including capitation and shared savings arrangements), as well as traditional fee-for-service arrangements. In his litigation practice, John represents providers in disputes arising out of managed care agreements, including payment disputes, medical necessity disputes, and disputes over mid-contract changes to the parties' agreement. John also advises clients on licensing requirements, contract terminations, network access disputes, revenue cycle practices, and provider obligations to provide charity and indigent care. John received his BA from the University of California, San Diego, and his JD from the University of the Pacific, McGeorge School of Law, from which he graduated with distinction and was inducted into the Order of the Barristers.

James W. Boswell (Chapter 12, Dispute Resolution) is the Team Leader of King & Spalding's national Healthcare Team. His practice is devoted to handling litigation and investigations on behalf of health care industry clients. Jim has particular expertise in handling managed care litigation on behalf of health care provider clients. He has also served as counsel in False Claims Act lawsuits in Georgia, Mississippi, Nevada, New York, and Texas. An experienced health care litigator, Jim regularly handles jury trials, administrative hearings, arbitrations, and appellate arguments regarding specialized health care issues. He joined King & Spalding in 1992 after clerking on the United States Court of Appeals for the Fifth Circuit and became a partner of the firm in 1999. Jim has been listed in *Chambers USA*, *Super Lawyers*, *Best Lawyers in America*, and *Georgia Trend's* Legal Elite. A member of the American Health Law Association's Board of Directors, he chaired their Health Care Liability and Litigation Practice Group from 2009-2012. In 2008, Jim was recognized as one of 12 "Outstanding Healthcare Litigators" nationwide by *Nightingale's Healthcare News*. He is a past Chair of the Health Law Section of the State Bar of Georgia. Jim is also a frequent speaker and presenter.

Aimee DeFilippo (Chapter 3, Antitrust Issues in Payer-Provider Contracting) is a partner at Jones Day. Her practice is devoted to antitrust law, where she represents clients in a variety of industries, with a particular focus on health care and pharmaceuticals. She focuses on merger defense and clearance, representing clients in investigations brought by the FTC, DOJ and state attorneys general, and counseling on competitor collaborations and antitrust compliance issues. Aimee also spent over a year on secondment with General Electric's corporate competition law group, where she worked on a variety of transactional, counseling, and compliance matters across the globe. Aimee serves as Chair of the Antitrust Practice Group of the American Health Law Association, and speaks and writes for organizations such as the AHLA, the American Bar Association, Competition Policy International, Bloomberg BNA, and others. Global Competition Review has recognized her in its *Who's Who Legal "Future Leaders in Competition Law"* publications, and she is also recommended in the *Legal 500 US*. In 2019, Aimee was included as one of the top "40 in their 40s" women competition professionals across North and South America.

Lisa G. Han (Chapter 14, Medicare Managed Care Contracting) is a partner at Jones Day. Lisa represents health plans and a wide variety of health care organizations and provides strategic, transactional, and regulatory counseling with respect to their managed care operations and value-based arrangements. Lisa focuses her practice on advising health insurance and health care clients on the following: mergers, acquisitions, and restructurings of insurance companies and managed care plans; insurance holding company transactions and related regulatory filings; formation of insurance companies, HMOs, risk-bearing provider networks, and other regulated entities, such as third-party administrators and pharmacy benefit managers; compliance with Medicare Advantage and Medicaid managed care plan and state insurance laws; complex managed care contracting; formation of ACOs, clinically integrated networks, direct contracting entities and other types of provider networks; negotiation and development of value-based arrangements, such as shared savings arrangements, bundled payment, consumer directed health plans, and other risk-based programs.

Andrew C. Helman (Chapter 13, Protecting Against Insolvency) is a Partner in the Restructuring, Insolvency & Bankruptcy and Distressed Health Care Groups at Dentons Bingham Greenebaum LLP. Andrew focuses his practice on bankruptcy and insolvency matters and works with all types of businesses, including those in the health care sector, to help them restructure and protect their assets. Andrew has served as lead counsel to debtors, trustees, secured parties and others in Chapter 11 cases, including having served as independent counsel to a state attorney general in several Chapter 11 cases in New England and Delaware. He has particular experience as lead counsel representing rural hospitals in Chapter 11 cases and has successfully confirmed Chapter 11 plans that have allowed several hospitals to continue operating with restructured balance sheets. Andrew frequently writes articles for national insolvency publications and teaches seminars on bankruptcy. In addition, he is Co-Chair of the American Bankruptcy Institute's Health Care Committee and was a recipient of the American Bankruptcy Institute's 40 Under 40 Award in 2019. He was also selected as one of 40 attorneys nationally to participate in the National Conference of Bankruptcy Judges' 2016 NextGen Program. He is ranked by Chambers for bankruptcy and restructuring and has been selected by his peers for inclusion in the 2015-2020 issues of *Super Lawyers & Rising Stars*.

John M. Kirsner (Chapter 3, Antitrust Issues in Payer-Provider Contracting) is a partner in the Health Care and Life Sciences practice group at Jones Day, resident in Columbus, Ohio. John's practice focuses on provider integration strategies, including development and on-going legal and regulatory advice for accountable care organizations (ACOs), including waiver strategies, clinically integrated networks and other provider-network strategies. He also has led several engagements forming sophisticated integrated provider organizations, including establishing foundation models, professional service agreement models, and loose affiliation models involving large multispecialty group practices and hospital systems. He has extensive experience with commercial ACO shared savings arrangements, assisting in the negotiation of such models with payers, as well as establishing internal distribution mechanisms. John has over 25 years of experience with payer-provider contracting issues as well. He has written book chapters for other AHLA publications, is a co-author of a book on payer-provider contracting issues, and is a frequent national speaker and author on health care issues. He is a past chair of the Ohio State Bar Association Health Care Law Committee, and has been named to the *Best Lawyers in America* for both health care and insurance law since 2007, and an Ohio Super Lawyer since 2006. He is a 1992 graduate of The Ohio State University Moritz College of Law, and has two wonderful children, Eleanor (13) and Ariel (11), with his wife Lisa.

David E. Kopans (Chapter 2, Accountability and Collaboration in Payer-Provider Relationships) is Of Counsel at Jones Day and represents health care providers (HCPs), insurers, and other third parties with managed care contracting and transactional and regulatory matters. He also represents accountable care organizations (ACOs), clinically integrated networks (CINs), and similar provider networks with participation in value-based payment arrangements and government programs such as the Medicare Shared Savings Program. David's experience specifically includes managed care contracting for both traditional brick-and-mortar practices as well as telehealth practices; the formation and acquisitions of insurers and provider-based plans; insurer, TPA (third-party administrator), PBM (pharmacy benefit manager), and provider network licensure and registration; preparation of evidence of coverage and other insurance form filings; insurance regulatory filings; negotiation and preparation of services agreements with and on behalf of insurers, TPAs, PBMs, and other vendors; and the development of, and contracting for, CINs, ACOs, and various Medicare initiatives and programs. David also advises clients in the health care and life sciences industries on transactional and regulatory matters related to health information privacy and security compliance under the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws. David's clients include HCPs, insurers, and other payers, life sciences companies, and digital health and telehealth companies offering mobile applications, online solutions, and data analytics.

Mark S. Kopson (Chapter 10, Other Material Contract Provisions) is a shareholder in Plunkett Cooney's Bloomfield Hills, Michigan office and chairs the firm's Health Care Industry Group. His practice emphasizes managed care contracting, including value-based reimbursement, revenue cycle management, and dispute resolution, as well as multi-party integration strategy and implementation. Mr. Kopson advises individual and institutional physical and behavioral health providers, integrated networks, and managed care plans. He serves on the Board of Directors of the American Health Law Association, having previously chaired its Payers, Plans, and Managed Care Practice Group, and is a Fellow and former Chair of the State Bar of Michigan's Health Care Law Section. He was a chapter author of the *Health Plans Contracting Handbook: A Guide for Payers and Providers*,

seventh edition (2015, AHLA), a co-author of the Managed Care Contracting chapter of the *Health Law Practice Guide* (2007, Thomson West), and a chapter co-author of the *Representing Physicians Handbook*, fourth edition (2016, AHLA). Since 2014, Mr. Kopson has been selected for inclusion in *Best Lawyers in America*, *Michigan Super Lawyers*, and *Top Lawyers*, for health care law. He is a frequent speaker on health law topics and also serves as an arbitrator and mediator.

Kathrin E. Kudner (1950-2020) (Chapter 15, Medicaid Managed Care) was a member of the Health Care Practice Group of Dykema Gossett in the Ann Arbor, Michigan, office. Kathrin specialized in the representation of health care providers, health plans, and biotechnology and life sciences companies in connection with corporate transactions, HIPAA compliance, contract review and drafting, tax exempt issues, impact of the Affordable Care Act, and FDA- and clinical research-related regulatory matters. Her emphasis in managed care included managed care contracting, provider networks including accountable care organizations, regulatory compliance, and Medicare and Medicaid plans. Prior to her law career, Kathrin was a Peace Corps volunteer in the Philippines and an administrator for a rural nonprofit medical and dental health care system. *Michigan Super Lawyers* had ranked Kathrin as one of the top health care attorneys in Michigan since 2006, and *The Best Lawyers in America* had listed Kathrin for health care law since 1999.

Jacqueline B. Penrod (Chapter 11, Provisions Related to Data Sharing) is an Associate Professor in the Health Programs department at Peirce College in Philadelphia, Pennsylvania and an Adjunct Professor at Drexel University's Klein School of Law. She is the owner and sole member of J. B. Penrod Law LLC, focusing her practice on health information privacy. A graduate of the James E. Beasley School of Law at Temple University, she served as the Editor in Chief of the *Temple Law Review* during the 2001-2002 academic year. She later served as a law clerk for the Honorable Gene E. K. Pratter in the United States Court for the Eastern District of Pennsylvania. Jacqueline also has a master's degree in Business Administration with a concentration in Finance and has worked as a business manager and consultant in the health care industry, specializing in the area of managed care. Her professional experiences include working as a consultant at a large national accounting firm, a financial analyst for a small Medicaid health maintenance organization, director of Managed Care for a 500-bed hospital, and Senior Counsel for AmeriHealth Caritas.

Christian Puff (Chapter 17, Considerations in the Absence of a Contract Between Provider and Payer), Associate General Counsel/Assistant Corporate Secretary, Parkland Community Health Plan, is an attorney who has worked for sixteen years with managed care plans, as well as provider-owned plans. Prior to joining Parkland, Christian served as Counsel at the Dallas office of Hall Render Killian Heath & Lyman, and directly before that, as the Chief Operating Officer for CHRISTUS Health Plan, a Catholic, not-for-profit, provider-owned organization with Medicare, Medicaid, Marketplace, and USFHP plans. Christian brings a unique perspective, having worked for both Fortune 50 health plans and pharmacy benefit managers (PBMs). In her work with these companies, she performed due diligence for merger and acquisition work; advised on regulatory matters for Medicare, Medicaid, self-funded and fully insured commercial health plans in a variety of states. She also advised on Medicare Advantage Plan issues and First-Tier, Downstream, and Related Party compliance matters; and acted as counsel for MAPD plans and freestanding Part D plans, performing as both transactional

and regulatory counsel. Christian has partnered with plans as third-party administrators and PBMs in her role as Chief Operating Officer for CHRISTUS Health Plan.

Michael F. Schaff (Chapter 8, Term and Termination Provisions) chairs the Corporate and Healthcare Departments, co-chairs the Cannabis Practice Group, and is a shareholder of Wilentz, Goldman & Spitzer P.A. Michael was the sole 2018 Recipient of the AHLA's prestigious David J. Greenburg Service Award. Michael had the honor of being elected as a Fellow of the American Health Law Association in June 2016, and is currently a member of the AHLA Fellow Coordination Counsel. Michael is currently on the AHLA *Journal of Health and Life Science's Law* Editorial Board and was a member of the AHLA Board of Directors from 2006 to 2012, and served in many capacities. Michael was the co-chair of the program planning committee for AHLA's Physicians and Hospital Law Institute held in Austin, Texas (February 2016), Las Vegas (February 2015) and New Orleans (February 2014) (member of the committee 2005-2010, co-chair 2014-2016, and speaker 2003-2019). Michael also was the chair of the planning committee of AHLA's Fundamental Health Law program held in Chicago (chair, 2010-2012 and speaker 2004-2018). Active in the New Jersey State Bar Association (NJSBA), he is a Trustee (2017-), past Chair (2016-2017, 1999-2000), Director (1996-2018) and Emeritus Director (2018-) of the Health Law Section, and co-chair of the NJSBA Cannabis Law Committee (2018-). In December 2016, Michael received the New Jersey Institute of Continuing Legal Education's 2016 Distinguished Service Award. In March 2008, Michael received the Middlesex County Bar Association's Transactional Attorney of the Year Award. Michael received the NJSBA Health Law Section's first Distinguished Service Award. Michael is the past Chair (2014-2017), former Vice Chair (2009-2014), and member (2005-) of the Editorial Board for the *New Jersey Lawyer Magazine*. Michael was awarded the AHLA Pro Bono Champion Award (2012), is an active volunteer in the American Cancer Society (2000-) and was the 2011 recipient of the American Cancer Society Shining Star Award for Volunteering and the 2016 recipient of the Susan G. Komen Pink Tie Award for volunteering. Michael was on the Board of Directors for the Susan G. Komen South and Central New Jersey Affiliate (2009-2016) and a former Board member for Circle of Life Children's Center (2008-2011). Michael is on the Editorial Advisory Board of *Bloomberg Law Health Law and Business* (2018-), the Board of Advisors (2008-) of *the Radiology Administrator's Compliance and Reimbursement Insider*; *Ophthalmology Compliance & Reimbursement Insider*, *Managed Care*, and *Ambulatory Surgery Compliance & Reimbursement Insider* newsletters (HcPro, Inc.). Michael is on the Editorial Board of *The Coding Institute's Part B Insider* (2009-), the Board of Advisors of *Imaging Economics* (2009-), and was on the Advisory Board of Bloomberg BNA's *Health Law Reporter* (2011-2018).

Michael has been selected for inclusion in *New Jersey Best Lawyers list* 2003-2021 (2012, 2016 & 2018 Healthcare Lawyer of the Year) and *New Jersey Super Lawyers list* 2005-2021 (Top 100 attorneys; 2007-2015, 2017-2021), *Chambers USA* 2007-2020 (Band 1, Healthcare 2011-2019, Star Recipient 2020) and *Who's Who in American Law*, *Who's Who in the World*, and *Who's Who in the East*.

Debra Silverman (Chapter 5, Policy and Procedure Amendments) is a Partner/Director of Garfunkel Wild PC and chair of its health law practice group. Debra represents hospital systems, teaching and community hospitals, faculty practice plans and physician group practices, with an emphasis on

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Andrew Stein (Chapter 7, Payment Methodologies) is an attorney in the King of Prussia office of Stevens & Lee PC. He concentrates his practice in health law with an emphasis on federal and state regulatory compliance, complex transactions involving hospitals, health systems, and physician practices, and third-party reimbursement including appeals. He received an MBA from the University of Oxford, a JD from Villanova University Law School, and a BS from Boston University.

Leah B. Stewart (Appendix C, Physician Group Practice Provider Agreement with Commentary) is Associate Vice President for Legal Affairs at The University of Texas at Austin Dell Medical School. She has more than 15 years’ experience in health care and regulatory law, with an emphasis on managed care and government programs. Previously, as a shareholder with Beatty Bangle Strama PC and an associate with Vinson and Elkins LLP, she represented industry stakeholders on managed care contracting and disputes; regulation of health care providers and health plans; insurance and risk issues; managed Medicaid, Medicare Advantage, and Medicaid reimbursement, including supplemental payments; the Health Insurance Portability and Accountability Act (HIPAA) and state privacy issues; Texas legislative and rule-making initiatives; federal and state fraud and abuse laws; and various other health care transactions. Leah has formerly served as both Chair and Vice Chair in the AHLA Payers, Plans, and Managed Care Practice Group. Leah is an alum of the University of Virginia School of Law and Texas A&M University.

Adam C. Varley (Chapter 9, Insurance Requirements and Indemnification) is a shareholder of Rath, Young and Pignatelli PC and a member of the Business and Finance, Energy and Utilities, Financial Institutions, Technology and Emerging Growth Companies, and Health Care Practice Groups and serves on the firm’s Management Committee. He focuses his practice on insurance, banking, health care, and corporate and business law. Adam assists insurance companies, trust companies, banking institutions, health care providers, and a wide range of other businesses with regulatory, licensing, transactional, and compliance issues. He regularly represents clients before the New Hampshire Insurance and Banking Departments on a variety of matters. Adam also advises clients on a range of issues with respect to health insurance and other employee benefits plans, including extensive work with clients on issues related to the Affordable Care Act. On corporate matters, Adam represents companies in connection with formations, private securities offerings, transactions, employment issues, and contracting matters. He also assists the Energy Practice Group on the corporate and transactional aspects of project financings and acquisitions in the alternative energy sector. Prior to joining the firm in 2007, Adam practiced law in the Health Care Group at the Albany office of Greenberg

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Amanda M. Wilwert (Chapter 6, Payer Programs and Policies: Utilization Management and Quality Assurance) is an attorney in the Overland Park, Kansas office of Foulston Siefkin LLP. She is a member of the firm's health care practice group. She works with all types of health care clients, including acute and post-acute institutional providers, pharmacies, independent physicians groups, and hospice programs. Her major practice areas include health care regulatory matters, HIPAA, EMTALA, compliance, patient care issues, consent issues, risk management, and Medicare and Medicaid reimbursement. She has experience assisting clients with negotiation of managed care and other payer contracts. She frequently represents clients in matters before state licensing boards. She frequently practices in litigation in the areas of reimbursement and professional malpractice. She also serves as a patient care ombudsman in health care bankruptcy cases. She is a 2011 graduate of the Washburn University School of Law, where she was an articles editor for the *Washburn Law Journal*. She is a member of the Kansas and Johnson County Bar Associations, the American Health Law Association, the Kansas Association of Hospital Attorneys, the Missouri Society of Health Care Attorneys, The Greater Kansas City Society of Health Attorneys, and the Kansas Women Attorneys Association. In 2019, she co-authored Chapter 14, Medical Necessity, Claims, and Payment Processes of AHLA's *Health Care Compliance Legal Issues Manual*, 5th ed. (2019). Amanda was selected for inclusion in 2021 *Best Lawyers Ones to Watch* in the practice area of Health Care Law and is admitted to practice in Kansas, Missouri, and the District of Columbia.