



ROBERT L. ROTH

Partner

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PRACTICES

Administrative Law
Behavioral Health &
Community-Based Care
Compliance
Government Relations &
Public Policy
Litigation, Mediation,
Arbitration
Medicare, Medicaid, Other
Governmental
Reimbursement & Payment
Provider & Supplier
Operations
Public Agency Law
Recovery Audit Contractor
(RAC) Appeals

EDUCATION

Lehigh University, B.A., 1976
Syracuse University College
of Law, J.D., 1982

BAR ADMISSIONS

1994, District of Columbia
1994, Maryland
1982, Pennsylvania

Robert L. Roth, Managing Partner at Hooper, Lundy & Bookman, P.C.'s Washington, D.C. office, advises clients on matters arising under Medicare and Medicaid, focusing on payment, compliance, and licensing issues. A former senior attorney for the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS), and a former Assistant Attorney General for the State of Maryland, Mr. Roth represents a wide range of clients on federal and state regulatory and business matters. He also represents clients in litigation at the state and federal trial and appellate court levels, as well as before state and federal administrative tribunals, including the Provider Reimbursement Review Board. Mr. Roth is one of the select few health lawyers to have argued before the United States Supreme Court, which he did in *Sebelius v. Auburn Regional Medical Center*, 133 S.Ct. 817 (2013).

Mr. Roth represents providers and other clients throughout the country on matters such as reimbursement, overpayment refunds/disclosure, and coordination of benefits. He also actively counsels clients on complying with the issues surrounding all aspects of the Medicare/Medicaid programs, including the Medicare Secondary Payer (MSP) statute. Ranked by clients and peers as one of the leading health care attorneys in Washington, D.C. by *Chambers USA*, Bob was described as "zealous and committed," and as "stand[ing] out as having second-to-none knowledge of Medicare Secondary Payer issues," and as being "very responsive, very efficient and cuts to the chase."

Mr. Roth began practicing privately in 1993 following an 11-year career in government, during which he served at both the state and federal levels. At the federal level, he represented the Health Care Financing Administration (subsequently renamed CMS) as part of the HHS Office of the General Counsel. While in that position, Mr. Roth was awarded the General Counsel's Excellence in Legal Services Award for Outstanding Conduct in Counseling and Representing

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the Health Care Financing Administration in Medicare Litigation and the HHS Inspector General's Integrity Award. Earlier, at the state level, Mr. Roth served as an Assistant Attorney General, representing Maryland's Department of Health and Mental Hygiene on state regulatory issues, after serving the Maryland General Assembly as Counsel to the Constitutional and Administrative Law Committee of the Maryland House of Delegates and the Commission to Revise the Annotated Code of Maryland.

Mr. Roth received his undergraduate degree from Lehigh University in history and Latin and his juris doctorate from Syracuse University College of Law.

Representative Matters

Mr. Roth's significant litigation experience includes advising clients through the largest court settlement up to that time in a Medicare reimbursement case. He successfully argued in *Monmouth Medical Center/Staten Island University Hospital v. Thompson*, 257 F.3d 807 (D.C. Cir. 2001), that the reopening prohibition in HCFA Ruling 97-2, which prevented the plaintiff hospitals from having their disproportionate share hospital (DSH) payment recalculated, was unlawful and that the court had mandamus jurisdiction to hear the hospitals' challenge. As a result of this decision, 253 lawsuits involving more than 600 hospitals were brought in the United States District Court for the District of Columbia and consolidated under the umbrella case name *In Re: Medicare Reimbursement Litigation*. Mr. Roth was named one of four members of the Plaintiffs' Coordinating Counsel, which negotiated a settlement of more than \$665 million to resolve the pending lawsuits.

Mr. Roth's client work also includes the successful resolution of *OSF Healthcare System, Inc., d/b/a Saint Francis Medical Center v. Thompson* (D.D.C.), where the client was seeking an order requiring the Secretary of HHS to delete certain MSP regulations from the Code of Federal Regulations.

Professional Affiliations

- American Bar Association, *Past Chair, Health Law Section* (2001-2002)
- American Bar Association, *Member of Joint Leadership Education Delegation to the United Nations Offices in Geneva, Switzerland* (2002)
- American Health Lawyers Association, *Chair, Program Committee for Institute on Medicare & Medicaid Payment Issues*

Community/Civic Activities

- Advisory Board of *BNA's Health Law Reporter and Medicare Report*
- Advisory Board of *CCH Medicare & Medicaid Guide*
- Advisory Board of *BNA Health Care Fraud Report*, 2001-2005

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- Adjunct Professor of Law at the University of Baltimore School of Law, 1984-2015
- Member of *Curriculum Review Committee* for the Beazley Institute for Health Law and Policy at Loyola University Chicago School of Law

Honors & Awards

- Rated AV *Preeminent*® by Martindale-Hubbell
- Chambers and Partners
- Nightingale's Healthcare News, named among the top "Outstanding Fraud & Compliance Lawyers."
- Washington, D.C. *Super Lawyer*

Presentations & Speaking Engagements

California Hospital Association Hospital Finance & Reimbursement Seminar
Sacramento, Glendale, Costa Mesa, CA, June 7, 20, 21, 2017

AHLA Institute on Medicare and Medicaid Payment Issues
Baltimore, MD, March 29-31, 2017

The 2016 Conference on Health Reform
San Francisco, CA, October 27-28, 2016

- **Presenter, AHIA 35th Annual Conference: 60-Day Rule Update Reporting and Returning**, Atlanta, GA, September 11-14, 2016
- **Presenter, The 60-Day Report and Return Final Rule for Medicare Parts A & B: Analysis and Practical Perspectives**, Bloomberg BNA Webinar, July 13 2016
- **Presenter, AHLA Annual Meeting: 6 Years, 6 Months, 60 Days – Tick, Tick BOOM! Understanding the Expanded Obligations under the 60-Day Overpayment Report and Return Final Rule**, Denver, CO, June 27-29, 2016
- **Presenter, California Hospital Association's Hospital Finance and Reimbursement Seminar: Medicare Update**, Sacramento, CA, June 14-16, 2016
- **Chair, Program Committee, AHLA Institute on Medicare and Medicaid Payment Issues - Presenter, The 60-Day Report and Return Final Rule for Medicare Parts A & B: Analysis and Practical Considerations**, Baltimore, MD, April 13-15, 2016
- **Presenter, The 60-Day Report and Return Final Rule**, Wolters Kluwer Webinar, March 24, 2016
- **Presenter, A Review of the Final Rule Implementing the Medicare Overpayment Mandatory 60-Day Refund Statute**, Lawline Webinar, March 23, 2016
- **Presenter, Medicare and Medicaid Overpayments: Analysis of the Final Rule Implementing the 60-Day Refund Statute for Medicare Parts A and B**, Clear Law Institute Webinar, March 22, 2016

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- **Presenter, HLB Webinar: The 60-Day Report and Return Final Rule for Medicare Parts A & B: What You Need to Know Before the March 14, 2016 Implementation Date**, Webinar, February 18, 2016
- **Presenter, Law Education Institute/Colorado Bar 2016 Health Law CLE Program: Inside the Beltway: 2016 Edition**, Vail, CO, January 8, 2016

News

Federal Agencies Issue Revised Common Rule
February 22, 2017

HHS Issues Revised Rule on Confidentiality of Substance Abuse Records
January 25, 2017

HHS Office for Civil Rights Releases Materials to Assist Providers in Complying with Section 1557 Anti-Discrimination Rule
July 25, 2016

HLB Attorneys Author In-Depth Analysis of the CMS Final Rule Implementing the 60-Day Report and Return Statute for Medicare Parts A and B
March 17, 2016
BNA's Health Law Reporter

CMS Finalizes 60-Day Report and Repayment Rule
February 11, 2016

Congressional Committee Seeks Comments Regarding Medicare Site Neutral Payment Policies
February 5, 2016

D.C. District Court Rules That U.S. House Of Representatives Has Standing To Pursue Claims Regarding Cost-Sharing Reductions
November 25, 2015

Congress Eliminates OPPS Payments for Many New Hospital Off-Campus Outpatient Departments And Promotes Site-Neutral Payment Policy – Section 603 of the Bipartisan Budget Act of 2015
October 30, 2015

King v. Burwell Decision: The ACA Provides Subsidies on all Exchanges
June 25, 2015

Legal 500 Ranks HLB as a Top Health Law Service Provider in the U.S.
June 15, 2015

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HLB Recognized as a Top Law Firm in the U.S. by Chambers & Partners

May 20, 2015

Robert Roth Receives SuperLawyer Recognition

May 1, 2015

Proposed Meaningful Use Stage 3 Measures Available for Comment

March 25, 2015

Hospital/Physician Alignment, Health IT Top List of Health Law Issues for 2015

January 8, 2015

BNA's Health Law Reporter

CMS Provides Flexibility in Certified EHR Technology for 2014

September 4, 2014

California Court of Appeal Dismisses Claim based on Theft of Computer

July 28, 2014

PRRB: Hospitals with Medicaid Eligible Days Appeals Pending Have Limited Time to Provide Supplemental Information

May 28, 2014

HLB Again Achieves Top-Tier Ranking in Chambers Review of Leading Health Law Firms

May 23, 2014

Appeals Court Decision Opens Door to Favorable DSH Treatment

April 9, 2014

September 23 Deadline to Comply with the New HITECH Regulations Is Fast Approaching

August 23, 2013

Other Publications

HLB Attorneys' In-Depth Analysis of the CMS's Final Rule Implementing the 60-Day Report and Return Statute for Medicare Parts A and B

BNA's Health Law Reporter, March 16, 2016

Hospital/Physician Alignment, Health IT Top List of Health Law Issues for 2015

BNA's Health Law Reporter, January 8, 2015

BNA Health Care Fraud Report: Tick, Tick, BOOM: CMS's Proposed 60-Day Rule Would Create Intense Time Pressure for Providers to Identify, Report, Return Overpayments

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