



Gabriel T. Scott

Associate

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OVERVIEW

Gabriel Scott is an associate in the firm's Research Triangle Park office where he practices health law. Gabriel applies his prior experience in government, private practice, and healthcare delivery to assist clients in identifying practical legal solutions to complex regulatory matters. His practice focuses on resolving compliance and reimbursement issues for hospitals and other healthcare providers.

PROFESSIONAL BACKGROUND

Prior to entering private practice, Gabriel worked for the Centers for Medicare & Medicaid Services (CMS), where his work focused on the development of bundled payment programs, analysis of Stark Law self-referral disclosures, and the design of fraud and abuse waivers for CMS alternative payment models.

PROFESSIONAL / CIVIC ACTIVITIES

- American Bar Association
- American Health Lawyers Association
- North Carolina Society of Health Care Attorneys
- North Carolina Bar Association
- Tenth Judicial District Bar Association

SPEAKING ENGAGEMENTS

- Sharing of Innovative Bundled Payments for Joint Replacement: Bundled Payments for Care Improvement and Comprehensive Care for Joint Replacement, Health Care Payment Learning & Action Network (Aug 17, 2015)
- Medicare Bundled Payments for Care Improvement Initiative: Experiences on the Front Lines of Alternative Payment, American Health Lawyers Association (May 13, 2015)

EDUCATION

- J.D., University of Maryland School of Law, 2013
- B.A., University of California, Berkeley, 2002

ADMISSIONS

- Bar of Maryland
- Bar of North Carolina

THOUGHT LEADERSHIP POWERED BY HUB

- 8 November 2021, 2022 OPPTS Final Rule Overview: CMS Finalizes Policies on 340B, Hospital Price Transparency, and Inpatient Only List (*Alerts/Updates*)
- 22 July 2021, CMS Proposes to Increase Penalties for Hospital Price Transparency Noncompliance (*Alerts/Updates*)
- 24 February 2021, White Paper: Value-Based Safe Harbors and Exceptions to the Anti-Kickback Statute and Stark Law (*Alerts/Updates*)
- 24 February 2021, Value-Based Safe Harbors and Exceptions to the Anti-Kickback Statute and Stark Law (*Alerts/Updates*)
- 24 December 2020, COVID-19: Reimbursement Corner: Graduate Medical Education Gets Major Boost from Congressional Appropriations Bill (*Alerts/Updates*)
- 13 August 2020, K&L Gates Triage: 340B Update: Appellate Court Upholds 340B Payment Reduction as CMS Proposes Further Reductions for 2021 (*Podcast*)
- 30 July 2020, Appellate Court's Reversal in AHA v. Azar Poses Existential Threat to Medicare Outpatient Prospective Payment System (*Alerts/Updates*)
- 19 May 2020, COVID-19: Navigating the Path to Recovery - Planning for Life After 1135 Waivers and Other Regulatory Flexibility Ends (Part 1) (*Alerts/Updates*)
- 29 April 2020, COVID-19: Testing and Treatment to Uninsured Patients - Reimbursement Available Under New HHS Payment Program (*Alerts/Updates*)
- 8 April 2020, COVID-19: CMS Expands Accelerated/Advance Payment Program to Assist Providers Impacted by the Pandemic as AHA and Members of Congress Urge Reductions to Interest Rates (*Alerts/Updates*)
- 20 November 2019, CMS Finalizes Hospital Price Transparency Rule and Proposes New Transparency Requirements for Health Plans (*Alerts/Updates*)

- 29 August 2019, K&L Gates Triage: Activation of Validation Edits for OPPS Providers with Multiple Service Locations (*Podcast*)
- 8 July 2019, Qui Tam Quarterly (*Alerts/Updates*)
- 13 May 2019, CMS Issues Long-Awaited Draft Guidance on Hospital Co-Location and Space Sharing (*Alerts/Updates*)

OTHER PUBLICATIONS

- CMS Makes Changes to MSSP in 2019 Physician Fee Schedule, JD Supra (December 5, 2018)
- CMS “Goes Fishing” on Stark Law’s Impediments to Value-Based, Coordinated Care, The National Law Review (June 21, 2018)
- Continuing Resolution Creates Significant Changes to Medicare and Medicaid Policies, The National Law Review (March 21, 2018)
- Gainsharing Guidance: Clarification on Cost-Savings Arrangements Between Hospitals and Physicians, Austin Medical Times (March 2018)
- CMS Terminates and Scales Back Mandatory Bundled Payment Models. JD Supra (December 15, 2017)
- Newly-Announced 340B Payment Rule Presents Financial & Operational Challenges to All Covered Entities, The National Law Review (November 6, 2017)
- CMMI Requests Ideas to Spur Innovation and Reduce Burden, The National Law Review (October 10, 2017)
- Hospital Medicare Certification at Risk? CMS Clarifies Inpatient Volume Expectations, The National Law Review (September 26, 2017)
- Dealing with Disasters – Quality Payment Program Exception Available for MIPS-Participating Clinicians and Groups, The National Law Review (September 21, 2017)
- CMS Proposal Terminates and Revises Mandatory Bundled Payment Models, The National Law Review (August 18, 2017)
- MACRA: CMS Proposes Quality Payment Program Updates to Increase Flexibility and Reduce Burdens, American Health Lawyers Association Weekly (July 14, 2017)
- CMS Initiative For Hip And Knee Replacements Supports Quality And Care Improvements For Medicare Beneficiaries, Health Affairs (Nov 16, 2015)

AREAS OF FOCUS

- Health Care and FDA
- Health Care Fraud and Abuse (U.S.)

REPRESENTATIVE EXPERIENCE

- Analyzed physician-owned laboratory's arrangements for Stark and AKS concerns, and directed revisions to laboratory contracts and operations to resolve noncompliance
- Advised health system on the creation of a prescription assistance program that complies with federal regulations and OIG guidance
- Drafted internal policies and procedures for a specialty pharmacy standardizing the provision of meals and gifts by salespersons to their physician customers
- Drafted due diligence report and advised medical device company on compliance with AKS and Physician Sunshine Act reporting requirements as it prepared for an IPO
- Analyzed all the lease arrangements of a large health system and advised on Stark and AKS matters, as well as strategic guidance on self-disclosures, operational considerations, and recommended changes to policies and procedures to promote improved compliance
- As buyer's counsel, performed regulatory due diligence related to hospital change of ownership and processed transfers of licenses, permits, and enrollments