AMERICAN HEALTH LAW ASSOCIATION

How to Update Your Group Bill Roster

Please make all changes directly on the Roster.

STEP 1:
Indicate adjustment to a current member's membership level in the Member Type column. Adjust Practice Group (PG) selections, if needed by striking through or adding PGs to the PG Selection column.

As a reminder, those at the **Basic** membership level receive access to **one Practice Group**; and **Comprehensive** membership level receive access to **ALL Practice Groups**. A chart showing the PG names and abbreviations has been included at the bottom of this document for your reference.

STEP 2:
Add any new members to the bottom of the roster. Please include name, membership level, address, and PG selection(s).

STEP 3:
Mark or note individuals who are no longer with your Group and should be dropped from the group bill. Do not remove them from the roster listing.

STEP 4:
Review all PGs in the PG Selection column to ensure that the correct number of Practice Group(s) (PGs) enrollments have been adjusted to correspond to the membership level.

STEP 5:
Send revised Roster to Keith Wells at kwells@@americanhealthlaw.org. Once received, Keith will review and communicate if any clarification is necessary.

STEP 6:
After Roster is finalized, you will receive an invoice and details for payment. Payment is due by the expiration date to avoid any disruption in member benefits.

Examples to illustrate issues that may arise and how best to address them:

Scenario A:
Member currently at Basic membership level wants to shift up to Comprehensive membership level. Because the Basic level provides access to one PG and the Comprehensive level provides access to all PGs, you will need to indicate if the individual wants to be able to access all PGs now or just a few (and indicate which ones). You can also remind individuals who are at the Comprehensive membership level that they are able to adjust their PG selections at any time throughout the year through their online My AHLA profile page.

Scenario B:

Member currently at the Comprehensive membership level wants to shift down to Basic membership level. Because the benefit package for the Basic membership level includes access to just one PG (rather than all 17 PGs), you will need to indicate which PG the member wants instead.

Scenario C:
Member currently at the Basic membership level is staying at that level. However, the record is showing more than one PG selection. Because the Basic membership level benefit package only includes one PG, you will need to confirm with the member which single PG is wanted. Access to the other PGs will be discontinued. Should the member want to keep multiple PGs, you will need to adjust the membership level to Comprehensive.

NOTE: Should individuals want to receive access to additional PGs after the Group bill has been paid, you can contact Keith Wells directly and he can help with handling the payment and moving them from Basic to Comprehensive.
Individuals at the Basic membership level are only able to change their PG selections during their annual renewal, so it is important that you confirm and align their selections with their membership level.
If you have any questions about AHLA benefits and how we can maximize your members' AHLA experience, please contact Keith Wells kwells@americanhealthlaw.org or Robert Taflinger rtaflinger@americanhealthlaw.org.

ADDITIONAL RESOURCES
AHLA's member benefits and pricing page: https://www.americanhealthlaw.org/ahla-membership/membership-benefits-and-pricing
Practice Group page, which includes a description of each PG: https://www.americanhealthlaw.org/practice-groups

Practice Groups Title and Abbreviation Key
Academic Medical Centers and Teaching Hospitals (AMCTH)
Antitrust (AT)
Behavioral Health (BH)
Business Law and Governance (BLG)
Fraud and Abuse (F&A)
Health Care Liability and Litigation (HCLL)
Health Information and Technology (HIT)
Hospital and Health Systems (HHS)
In-House Counsel (IHC)
Labor and Employment (L&E)
Life Sciences (LS)
Medical Staff, Credentialing and Peer Review (MSCPR)
Payers, Plans, and Managed Care (PPMC)
Physician Organizations (PO)
Post-Acute and Long-Term Services (PALS)
Regulation, Accreditation, and Payment (RAP)
Tax and Finance (T&F)