An immensely practical resource, *Health Care Fraud and Abuse Compliance Manual* provides a comprehensive overview of legislative and regulatory restrictions that affect the way health care providers conduct business and how they structure relationships among themselves. This treatise helps providers determine the boundaries of permissible conduct under the myriad statutes and regulations that relate to health care fraud and abuse at both the federal and state levels.

Specific coverage includes the statutory language in the Medicare/Medicaid civil monetary penalties and false claims statutes, the Medicare/Medicaid antikickback statute, the Stark “self-referral” law, and the numerous safe harbors and exceptions associated with these prohibitions.

**Highlights of Supplement 35**

Supplement 35 includes the following:

- National enforcement effort targeting hospital cardiac device implantation. (see Chapter 1)
- Medicare-related projects in OIG Work Plan for FY 2016 summarized (see Chapter 1)
- Medicaid-related projects in OIG Work Plan for FY 2016 summarized (see Chapter 1)
- False claims liability for improper inpatient admissions practices discussed (see Chapter 2)
• Liability for false statements to Medicare’s EHR Incentive Program illustrated (see Chapter 2)

• Pharmacy false claims liability for dispensing drugs without prescription discussed (see Chapter 2)

• Nursing home liability based on provision of worthless services described (see Chapter 2)

• Manufacturer liability for improper promotion of pharmaceuticals and improper influence on prescribing physicians described (see Chapter 2)

• 2015 FDA “BadAd” brochure targeting improper drug promotion explained (see Chapter 2)

• 2015 OIG policy on hospital discounts for patient-administered drugs reviewed (see Chapter 3)

• 2015 OIG Policy Reminder on information blocking in connection with the EHR safe harbor summarized (see Chapter 3)

• OIG waivers for ACOs explained (see Chapter 3)

• 2015 study on manufacturers-physicians beneficial relationships described (see Chapter 4)

• New summary comparison of anti-kickback and self-referral laws provided (see Appendix 4B)

• New and updated review of privilege in government investigations provided (see Chapter 6)

• Self-disclosure case based on hospital lease with physician described (see Chapter 6)

• New DOJ approach to pursuing individuals for corporate wrongdoing reviewed (see Chapter 6)
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We would like to thank Corrine Propas Parver, J.D., P.T., for her expert contributions to previous supplements of the Manual.