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 anti-kickback statute, the Stark “self-referral” law, and the numerous safe harbors and exceptions associated with these prohibitions.

### Highlights of Supplement 40

Supplement 40 includes the following:

- Medicare Strike Force national enforcement project update (See Chapter 1)
- August 2017 Affordable Care Act repeal-replace update (See Chapters 1 and 2)
- “Better Care Reconciliation Act” Affordable Care Act repeal-replace bill summary (See Chapter 1)
- Congressional Budget Office report on “Better Care Reconciliation Act” (See Chapter 1)
• “House Problem Solver Caucus health reform proposal (See Chapter 1)
• OIG FY 17 Work Plan update (See Chapter 1)
• Physician false claims liability for billing for services of unlicensed personnel (See Chapter 2)
• Physician practice false claims liability for routine waivers of co-payments (See Chapter 2)
• Electronic health records (HER) vendor false claims liability for misrepresenting EHR software (See Chapter 2)
• Laboratory false claims liability for billing for tests performed with unvalidated test methodologies (See Chapter 2)
• Physician criminal liability for failure to meet Certificates of Medical Necessity face-to-face encounter requirements (See Chapter 2)
• Ambulance provider false claims liability for multiple medical necessity violations (See Chapter 2)
• Diagnostic provider false claims liability for kickback arrangements with hospital customers (See Chapter 3)
• All-new in-depth primer on conducting internal fraud and abuse investigations (See Chapter 6)
• Pharmaceutical manufacturer false claims liability for promoting and billing cancer drugs for unapproved uses not approved (See Chapter 7)

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