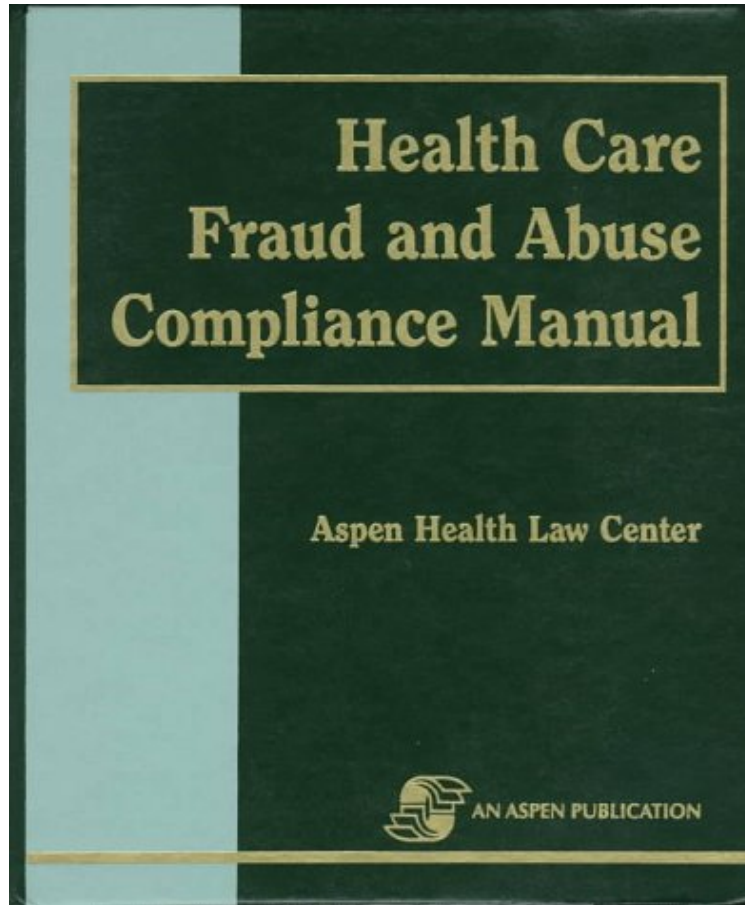


[Free] Health Care Fraud and Abuse Compliance Manual

Health Care Fraud and Abuse Compliance Manual

Christina W. Fleps

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Christina W. Fleps : Health Care Fraud and Abuse Compliance Manual before purchasing it in order to gauge whether or not it would be worth my time, and all praised Health Care Fraud and Abuse Compliance Manual:

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 money penalties and false claims statutes, the Medicare/Medicaid antikickback statute, the Stark "self-referral" law, and the numerous safe harbors and exceptions contained with these prohibitions. This authoritative resource will make you aware of your crucial obligations and options. Each chapter of the Health Care Fraud and Abuse Compliance Manual describes what the law requires, how it applies in a health care context, and what the penalties are for failure to comply. With Health

Care Fraud and Abuse Compliance Manual: You'll receive coverage of all the critical laws and considerations, including: false claims and fraudulent billings, civil and criminal penalties, the antikickback statute, the safe harbor regulations, the Stark Law, and state statutes You'll get practical advice on developing a corporate compliance program that can help you stay on the right side of the law You'll learn about the structures, goals, and procedures of agencies that investigate health care fraud You'll get an in-depth understanding of what goes into a fraud and abuse investigation - and how you can respond to an investigation to best defend your organization And much, much more!

Health Care Fraud and Abuse Compliance Manual has been updated to include: The multi-disciplinary Medicare Fraud Strike Force initiative, targeting DME and HIV home infusion therapy fraud in Florida and California with new investigation tools The Health Integrity and Protection Data Bank Proactive Disclosure Services Prototype, which alerts health care providers about new National Practitioner Data Bank reports on their registered practitioners. The HHS Office of Inspector General's (OIG) FY 09 Workplan for Medicaid, including hundreds of investigations of fraudulent practices by Medicaid-participating hospitals, nursing homes, prescription drug manufacturers, medical equipment suppliers, and more Use of the Racketeer Influenced and Corrupt Organizations (RICO) statute as a weapon against health fraud Illustrations of recent use of the "health care fraud" offense Potential for substantial liability under the health care obstruction statute for health care providers that fail to submit records to the government Fraud risk areas for hospitals, including improper claims for high-cost "outlier cases," anti-dumping offenses, and leasing space to doctors at less than fair market value Fraud risk areas for health plans, including use of unscrupulous marketing practices, such as "cherry-picking," to avoid enrolling high-cost beneficiaries Fraud risk areas for nursing facilities identified in CMS's new final Supplemental Compliance Program Guidance Fraud risk areas for pharmaceutical and medical device manufacturers, such as improper price reporting to the government, marketing for unapproved uses, and kickbacks, and new multimillion-dollar settlements for violations Provider risk areas under the physician self-referral statute (the Stark law), such as excessive "teaching stipends" or "indigent care" payments made by hospitals to physicians OIG Certification of Compliance Agreements (CCAs) in lieu of comprehensive Corporate Integrity Agreements to resolve health care fraud violations, including common CCA terms such as a compliance program, reporting overpayments, and annual reports to OIG Unique and highly intrusive terms in recent CIAs March 2009 OIG "Open Letter" narrowing the Self-Disclosure Protocol New congressionally mandated Medicaid Integrity Group in the Centers for Medicare and Medicaid Services to strengthen Medicaid program integrity efforts