

## Chapter 16 PREVENTION OF LIABILITY FOR HEALTH CARE FRAUD AND ABUSE VIOLATIONS

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Concern about potential liability for violating fraud and abuse laws has never been more acute for the health care industry. Not only are the substantive laws increasingly complex, but the risk of detection of violations and imposition of penalties has never been greater. For the past several years, the federal government has committed an increasing amount of resources to the detection and prosecution of health care fraud. This trend is clearly reflected in the Patient Protection and Affordable Care Act, which authorizes an additional \$350 million over the course of 10 years to provide more investigators, auditors and enforcers to fight against health care fraud and abuse. As a result, it is more important than ever for health care providers and suppliers to understand the underlying laws to which they are being held accountable.

Providing even more complexity to the situation, the health care sector is a constantly changing regulatory environment. This ever-changing environment requires health care providers and suppliers to identify, understand, educate and comply with a large number of federal and state laws. This chapter focuses on some of the major health care laws and regulations, as well as high-risk areas for health care providers and suppliers.

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***Compliance Materials***

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**Document 2:** Compliance Program Guidance for Home Health Agencies (Department of Health and Human Services Office of Inspector General)

**Document 3:** Compliance Program Guidance for Hospitals (Department of Health and Human Services Office of Inspector General)

**Document 4:** Supplemental Compliance Program Guidance for Hospitals (Department of Health and Human Services Office of Inspector General)