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**The Brave New World of Health Care Compliance Programs THOMAS E. BARTRUM 51
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The need for corporate compliance programs in health care delivery systems is ever increasing. This article identifies the key items a good program should contain, and addresses issues raised by the existence of a program as well as its implementation.

Health Care Fraud and Abuse: New Weapons, New Penalties, and New Fears for Providers Created by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)..... COLLEEN M. FADDICK 77

The Health Insurance Portability and Accountability Act of 1996 may well be the most significant increase ever in the federal government’s health care fraud and abuse enforcement authority. This new authority coupled with increased scrutiny of the health care industry generally creates a compelling incentive for health care facilities to develop corporate compliance programs.

Mixing Oil and Water: The Government’s Mistaken Use of the Medicare Anti-Kickback Statute in False Claims Act Prosecutions ROBERT SALCIDO 105

In 1996, billing integrity generated a great deal of debate and litigation in the health care arena. Significantly, the federal government views a violation of the Anti-Kickback Act as a basis for a False Claims Act action. While federal courts are split on the issue, the author strongly contends that using the False Claims Act to do what the Anti-Kickback Act was intended to do is inappropriate, given Congress’ intention in enacting each legislation.

Ingenuity or the Heavy Hand of the 800-Pound Gorilla MICHAEL M. MUSTOKOFF 137
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Fraud and abuse issues abound in health care. A new, rather unique assertion is that submitting a bill for health care that is inadequate constitutes a violation of the Civil False Claims Act. The authors contend that there are more effective and appropriate ways to address poor quality of care, and that using the False Claims Act in this matter is like fitting a square peg in a round hole.

The Role of the Federal Government in Ensuring Quality of Care in Long-Term Care Facilities DAVID R. HOFFMAN 147

Quality of care is a concept most important to our vulnerable populations, including the elderly. When the government pays for nursing care for the elderly, it expects that it is paying for quality care. When the quality is substandard, as it was with Tucker House II, the government can and will use the False Claims Act to recover monies paid.

Directors' Duty to Obtain a Fair Price in the Conversion of Nonprofit Hospitals ERIC S. TOWER 157

Boards of Directors of tax-exempt hospitals are increasingly struggling with whether to convert their facilities to for-profit status. Other than the traditional duties of loyalty and fair dealings imposed upon directors, there is currently little guidance to assure that boards obtain a fair price for the hospital in such conversions. The author provides recommendations to assure proper valuation.

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To Resuscitate or Not . . . In the Operating Room: The Need for Hospital Policies for Surgeons Regarding DNR Orders VASSYL A. LONCHYNA 209

As more Americans have become aware of end-of-life planning, health care professionals are faced with more "Do Not Resuscitate" orders. A patient with a terminal condition who has signed such an order may enter the operating room for a surgical procedure; few hospitals have developed protocols to assist the medical staff. In most hospitals, it is unclear whether the medical staff should honor the "DNR" or follow the traditional resuscitation protocol of the operating room.