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Is your organization prepared for greater accountability?

Compliance goes beyond a paper document stuck in a file. It represents a functional, ongoing program with factors such as measuring effectiveness, proper training, review and update of policies and procedures. Your office will be held accountable for fraud and abuse risk areas that arise from new payment and delivery systems such as medical homes, accountable care organizations, bundled payments, and value-based purchasing.

Lack of knowledge won’t hold up in a federal audit.

Medicare and Medicaid have expanded audit contractor programs to squash fraud, waste, and abuse. RACs, ZPICs and other contractors have been authorized by the Centers for Medicare & Medicaid Services to come in to your office and request documents, even hundreds of claims, with little or no notice. Remember, even honest mistakes can trigger an audit.

A cookie-cutter plan won’t do.

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Your office needs a knowledgeable compliance professional.

Compliance expertise is among the most valuable and versatile attributes on the business side of health care. PMI’s CMCO program provides candidates with tools and tactical skills needed to safeguard the office. Equally important, if you are audited, the training provides proof that your organization has taken steps to comply with applicable billing and coding rules.

Don’t be intimidated.

This is scary stuff, but we know this subject inside and out. PMI has spent more than 30 years teaching medical office professionals how to do it the right way. This program was carefully developed by leading compliance experts, Robert W. Liles and D.K. Everitt. The curriculum is taught with the medical office professional in mind with real-world compliance examples relevant to your office. You’ll learn to handle tough situations with ease.

The CMCO is created for non-hospital health care professionals.

CMCO is the first curriculum created specifically for compliance professionals in small physician practices, home health agencies, hospices, and DME companies. It is also well suited for consultants and those working in community mental health clinics, third-party billing companies, and other non-hospital health care environments. The CMCO credential authenticates your compliance expertise and serves as a launching pad for further growth.

Program Summary

Compliance structure and enforcement
- The seven elements of the compliance plan
- Health care fraud enforcement and sentencing guidelines
- False Claims Act, Stark and the Federal Anti-kickback Statute
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- Whistleblower complaints
- Legal provisions of compliance with review of actual case examples
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- Performing a gap analysis and other means of identifying practice-specific risks

Billing/coding/coverage and reimbursement
- Coding, billing and documentation considerations
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Certification exam

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