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Your office must have someone on staff that understands current rules and knows how to protect the practice from compliance problems that can draw hefty fines and penalties if an auditor uncovers overpayments or alleged fraud.

Is your organization prepared for greater accountability?

A compliance program extends beyond the mere maintenance of paper or electronic records. It represents an uphill battle to ensure a medical practice or clinic is in an ethical manner within the four corners of the law. A well-designed compliance program can benefit a practitioner's practice by speeding up and optimizing the proper payment of claims, minimizing billing mistakes and may reduce the likelihood of an audit.

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

Medicare and Medicaid have expanded audit contractor programs tasked with identifying fraud, waste, and abuse. IfICs, ZPICs, RACs, and other contractors are authorized by CMS to come into your office and request the documentation that supports the claims for reimbursement that you have submitted to the Medicare program. These onsite audits can occur with little or no notice. Remember, even honest mistakes can trigger an audit.

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Don’t be intimidated.

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Program Summary

Compliance structure and enforcements
- The seven elements of the compliance plan
- Health care fraud enforcement and sentencing guidelines
- False Claims Act, Stark and the Federal Anti-Kickback Statute
- Calculation of civil monetary penalties
- whistleblowing complaints
- Legal provisions of compliance with review of actual case examples
- Impact of Health Care Reform on enforcement statutes and practices
- Performing a gap analysis and other means of identifying practice-specific risks

Billing/coding/coverage and reimbursement
- Coding, billing and documentation considerations
- LCDs/NCDs and their applicability to coverage decisions
- Drafting and incorporating the office compliance plan
- Mission statement, codes of conduct, and organizational goals
- The growing threat of electronic security and identity theft

Compliance, risks, actions and issues
- Role of the Compliance Officer in the organizational hierarchy
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- Correct handling of an audit request
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Medicare exclusion and its impact on an organization
- Permissive vs. mandatory exclusion
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- Subpoenas and search warrants and how to respond to compulsory process
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Robert Liles, JD, MBA, MS

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