



Certified Medical
Compliance Officer (CMCO)[®]



Unrivaled instruction, resources and support



Improving the business of medicine through education

It is no longer a question of *whether or not* your practice will be audited, but *when*.

Compliance management in a medical office grows more complex each year. Regulatory agencies such as the Office of the Inspector General (OIG) and audit contractors may at any time request to review your compliance plan, billing and documentation for services rendered, paper and electronic storage of patient records, business agreements, and so on.

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 ongoing effort to operate a medical practice or clinic in an ethical manner within the four corners of the law. A well-designed compliance program can benefit a physician'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. UPICs, 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.

A cookie-cutter plan won't do.

A template downloaded from the Internet won't meet federal compliance expectations. The CMCO program provides all the resources your office needs to develop and maintain a custom program that fits your unique requirements. Learn to evaluate and update policies and procedures, implement training, and much more.

Your office needs a knowledgeable compliance professional.

Health care compliance expertise is among the most valuable and versatile attributes you can have. PMI's CMCO program provides candidates with tools and tactical skills needed to assist your office in meeting its regulatory obligations. 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 compliance 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 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
- Whistleblower 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
- UPICs, ZPICs, RACs, SMERCs, and other Medicare/Medicaid contractors
- Correct handling of an audit request
- Organizational risks, peer review actions, state licensure issues
- Employee screening, staff and patient relations
- Employee notification of obligations and consequences for failure to comply
- Drafting enforcement and discipline provisions
- Ongoing monitoring and auditing
- Overview of law enforcement organizations

Medicare exclusion and its impact on an organization

- Permissive vs. mandatory exclusion
- Co-payments, waivers, deductibles, and write-offs
- Overpayments, federal Anti-Kickback, False Claims Act, and Stark implications
- Gratuities, kickbacks and payments to physicians
- Types of referrals that may violate one or more federal statutes
- Business relationships between your practice/clinic and other providers
- Setting up mechanisms for employees to file anonymous complaints
- Avoiding allegations of reprisal and responding to identified deficiencies
- Voluntary repayments - advantages and disadvantages of making repayment

Law enforcement investigation tools

- Subpoenas and search warrants and how to respond to compulsory process
- Employment of consultants, lawyers and other third party advisors
- Federal and non-federal administrative appeals of denied claims
- HIPAA/HITECH and the relationship between privacy and compliance
- Business associate pitfalls to consider
- Future risks to your organization

Full course description online at pmiMD.com/cmco

The Cost of a Breach

The average cost of a data breach for a healthcare organization in 2016 was \$402 per individual record. Multiply that figure by the number of electronic records in your system – penalties can add up quickly.

The best defense is a proactive approach. Your compliance plan serves as evidence of a good faith effort to comply with applicable laws and regulations. Should the government ultimately choose to pursue criminal charges against you or your organization, your use of an effective Compliance Plan will be favorably credited under the points system set out under the Federal Sentencing Guidelines.

- Robert W. Liles, JD, MBA, MS

Development Team and Faculty



Robert W. Liles, JD, MBA, MS, was the first National Health Care Fraud Coordinator and subsequently worked as Deputy Director of the U.S. Department of Justice, Executive Office for United States Attorneys. As Managing Member in the Washington D.C. based office of Liles Parker, PLLC, Robert heads one of the nation's leading law firms focused on health care fraud defense and regulatory matters representing providers in civil, criminal, and administrative proceedings. Robert's background, education, and experience bring this class to life with a real-world perspective.



D.K. Everitt, CMCO, CCO, is a nationally-known Health Care Compliance Officer whose work includes assessing hundreds of medical facilities, implementing Corporate Integrity Agreements and OSHA compliance training. He has authored several compliance books and serves as President of The Compliance Division, L.L.C. He has spent the last 25 years developing and managing corporate compliance programs and shares his talents as an Adjunct Lecturer and Preceptor for Trinity University's Health Care Administration Graduate Studies department.

A complete curriculum in medical office compliance

Having a Certified Medical Compliance Officer on staff will help minimize costly threats to your organization. CMCOs are proficient in the development, implementation, and management of an ongoing compliance program. They have advanced compliance knowledge that few medical office professionals have obtained.

What to expect in the classroom

Robert Liles and D.K. Everitt are experts who are intimately involved in the business of health care compliance and management. The material covered in this program represents a tremendous amount of information and real-world experience, systematically presented during each class meeting.

Certification exam

A thorough examination process is crucial for maintaining the integrity of the certification. CMCO certification candidates must demonstrate competency by examination. Five hours are allotted for completion of the exam. A score of 70% or better is required to be awarded the CMCO certification. If a passing grade is not achieved on the first attempt, candidates may re-test for an additional fee.