



2018 Continuing Education for Medical Office Professionals

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Wednesday, July 11, 2018

Medical Office Compliance

9:00 am to 4:00 pm

Program # 23344-0711

CEU's: 6

PMI grants CEUs for its certified professionals based on total number of instructional hours (1 CEU per hour of classroom instruction). CEUs may be applied to annual renewal requirements as noted on pmiMD.com.

Where:

Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

Fee:

\$299 per person
Includes instructional materials and breaks

Register:

Online: www.mcms.org/events

Fax: (585) 473-7641

Mail: Monroe County Medical Society
132 Allens Creek Road
Rochester, NY 14618

Questions: Ronaele King
585-473-7573
rking@mcms.org

Medical Office Compliance

Honest mistakes happen, often resulting from incorrect information, creating a tremendous liability.

Newly updated to include information on:

Workplace Violence | Opioid Abuse | Cybersecurity

Lack of training and knowledge is not a valid defense in a federal audit. This course will explain all the compliance responsibilities and liabilities in a medical office. Examples of cautionary areas: billing for claims with no assignment of benefits on file, selling a photocopier without wiping patient data stored in memory, or listing employees as salaried to avoid paying overtime wages.

Class Highlights

- The 3 major compliance risk areas: Medicare, HIPAA and OSHA
- ADA rules and how to apply them in your practice
- How to perform a risk assessment
- Areas of weakness that could result in fraud investigations
- What to do when an auditor makes contact with your office
- Appropriate clinical documentation for compliance with payer and regulatory guidelines
- Compliance efforts that could reduce or minimize the adverse effects of fraud investigations
- Why you should obtain an ABN every time
- Evaluate all HIPAA-compliant patient communication

Registration Form

Keep a copy for your records. List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#: _____

Check form of payment: Credit Card Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* Registration Discounts: PMI certified professionals with an active ID# receive 10% off their registration fee.