

Developing A Practical Compliance Plan

The Centers for Medicare & Medicaid Services (CMS) has established guidelines for creating compliance plans that are designed to minimize the chance of fraud and abuse with respect to billing and reimbursement. Participants will learn the seven sections of the plan and how to develop a plan that is unique to the needs of the individual practice. Learn how to not "over-do" a compliance plan. A plan that is too difficult to follow may be worse than having no plan at all. Registered participants will be able to have a downloaded model compliance plan that can be customized to practice needs. This program is designed for practice managers and physicians involved in the development of practice compliance plans.

This Practice Management Webconference is just \$99 for Members & their Practices:

- | = A 90-minute live Webconference including a formal presentation and time for Q&A
- | = The course is given once as a live Webconference, on Wednesday May 21, 2008 (convenient for your staff) and then via streaming Internet technologies shortly thereafter. Your \$99 registration fee covers either one or both presentations and handout materials.
- | = The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses



Sponsored by the American College of Surgeons, PAHCOM, HNA & Others

Course Objectives - Completion of this Practice Management Course will provide:

- 1) Know the seven key elements of a compliance plan;
- 2) Implement a fully functional and customized compliance plan model;
- 3) Define alternatives for creating the components of a compliance plan;
- 4) Have methods for dealing with compliance issues in your office and how to make it less vulnerable to penalties;
- 5) Educate others in the practice about fraud and abuse issues;
- 6) Develop policies and procedures for minimizing the practice's liability.

Accreditation - The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

Credits - The American College of Surgeons designates this educational activity for a maximum of 1.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity. PAHCOM has pre-approved this educational activity for 1 CEU towards the PAHCOM CMM designation. To earn the credit, participants must complete the combination Evaluation / CME - CEU Form, that is included in the course materials, and FAX this form back within seven days following the date of the Webconference.

Faculty - The faculty for the course is Mr. Tom Loughrey, MBA, CCS-P. Mr. Loughrey is Chairman of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant's Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to **877-813-9784**; or mailed to **Economedix - 297 Valley Road # 200 - Wexford, PA 15090**; For complete details and secure On-Line Registration simply go to: <http://www.YourMedPractice.com>

Thank you for your interest in this Program!



Practice: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Contact: _____ E-Mail: _____

Yes, we want to participate in the **Developing A Practical Compliance Plan Course ...** and will attend
 Wednesday May 21, 2008 @ 1 PM Eastern, Web-based On-Demand ... or Both Presentations.

Form of Payment: Check Payable to Economedix, LLC & mailed to: 297 Valley Rd # 200 - Wexford, PA 15090
or Credit / Debit Card (MC, Visa, Discover or American Express)

Card Number (15 or 16 digits): _____ Expiration Date: ____ / ____

3 Digit CVV Code* : _____ Name on Card: _____

Card Billing Address: _____

Card Billing City, ST Zip: _____

* Please use 4 Digit Code on front of AMX Card