Compliance Program Development Workshop

September 16, 2011 AASM National Office Darien, IL



<u>Compliance Program Development Workshop</u>



Date: September 16, 2011

Location: AASM National Office • Darien, IL (Chicago suburb)

Course Faculty: Judy Coy, RN, MGS

CME Credits: 4.25

Advanced Registration Deadline: August 19, 2011

Advanced Registration Fees:

Regular Registration Fees:

On or before August 19, 2011 After August 19, 2011

\$300 (member); \$395 (nonmember) \$345 (member); \$440 (nonmember)

Course Description

This intensive workshop will provide background information concerning the Medicare Comparative Billing Reports initiative and the subsequent steps to take to evaluate your sleep medicine practice. Attendees will receive tools and instruction on how to develop a comprehensive compliance program tailored to your individual organization with time to address attendee-specific questions.

Target Audience

This course is intended for sleep medicine physicians and/or coding and compliance staff.

Course Objectives

Upon completion of the course, participants will be able to:

- Provide background information to his/her organization on the Comparative Billing Report (CBR) initiative and potential future implications;
- Access the national and local Medicare coverage determinations specific to his/her practice;
- Determine how to perform a self-audit of his/her billing practice or assist the physician(s) to perform a self-audit;
- Address compliance, internal and external audit issues related to his/her practice; and
- Develop and implement a compliance program to prevent/address potential regulatory issues.

Faculty - Judy Coy, RN, MGS—Course Chair Carolyn Winter-Rosenberg

Important Dates

August 12, 2011 Deadline to Reserve Hotel Rooms at Discounted Rate of \$129/Night
Advanced Registration Deadline to Receive Reduced Registration Fees

August 26, 2011 Cancellation Deadline

September 16, 2011 Compliance Program Development Workshop

Preliminary Schedule and Topics

Friday, September 16, 2011

10:00am - 10:30am Registration

10:30am - 11:30am Centers for Medicare and Medicaid Services (CMS) Comparative Billing Reports

Judy Coy, RN, MGS

11:30am - 12:30pm Local and National Coverage Determinations for Sleep Medicine Services

Carolyn Winter-Rosenberg

12:30pm - 1:00pm Lunch*

1:00pm - 2:15pm Medical Record Documentation/Physician Self Audit

Judy Coy, RN, MGS

2:15pm - 2:30pm Break

2:30pm – 3:30pm Compliance Program Development

Judy Coy, RN, MGS

3:30pm - 4:00pm Question and Answer Session

Faculty

* Lunch is provided; attendees are responsible for all other meals.

GENERAL INFORMATION

Course Location

AASM National Office 2510 North Frontage Road Darien, Illinois 60561

Hotel Reservations

The AASM has reserved a block of guest rooms at a discounted group rate of \$129.00/night plus taxes at the Marriott Oak Brook Hills Resort, 3500 Midwest Road, Oak Brook, Illinois 60523. Space is limited, so please make reservations well in advance; the group rate will no longer be available after **August 12**, 2011 or if all rooms in the block sell out. Reservations must be made by individual attendees directly with the hotel's reservation department by calling 800-228-9290 or 630-850-5555; to receive the special group rate, you must identify yourself as part of the AASM group. Check-in time is 4:00pm and check-out time is 12:00pm.

Transportation from Hotel to National Office

Shuttle service will be provided to and from the hotel to the AASM national office prior to and at the end of the course. Transportation to any other location or at any other time is the responsibility of the attendee. Details regarding the shuttle schedule will be sent to attendees via e-mail in advance of the course.

Flights

Save on your airfare by booking with our official travel agent: Corporate Travel Solutions/American Express. Call toll-free 800-526-4540, Monday–Friday from 8:00am–5:00pm Central, or e-mail res@ctsinc.com and reference the AASM. Airfare savings are subject to availability; we suggest you make your arrangements as soon as you receive your registration confirmation.

The airports nearest to the AASM national office are O'Hare International Airport and Midway International Airport. O'Hare is approximately 23 miles from the office. Midway is approximately 18 miles from the office. Because you will be traveling to a suburb, we recommend that you do not pick-up a taxi outside of the baggage claim exit as these taxis will charge at 1.5 times the metered rate to take you to the hotel. Rather, after you pick-up your baggage at the airport, contact 303 Taxi via phone at 847-256-8294 and provide them with the account number 6307379700. Taxi service to and from the airport is approximately \$40.00 each way, not including gratuity. Please anticipate 30-40 minutes for travel time to and from either airport.

Meals

Meals provided by the AASM are available for registered attendees only. Guests of attendees cannot be accommodated during meal functions.

Recording

Photographing and/or recording, of any kind, of sessions and speakers at the course is strictly prohibited.

Questions?

For information or questions regarding the course, please contact:

AASM Meeting Department 2510 North Frontage Road Darien, IL 60561 Phone: 630-737-9768 Fax: 630-737-9789

E-mail: education@aasmnet.org Website: www.aasmnet.org

REGISTRATION INSTRUCTIONS AND CME INFORMATION

How to Register

There are 3 ways to register for AASM Sleep Education Series courses;

- **1. Online.** www.aasmnet.org/events.aspx (credit card only)
- **2. Fax.** 630-737-9789 (credit card only)
- 3. Mail. American Academy of Sleep Medicine

Attn: Meeting Department 2510 North Frontage Road Darien, IL 60561 (check or credit card)

Confirmation and Registration Disclaimer

Registration is limited. Please register early. Confirmation letters will be sent via e-mail within one week of receipt of registration form and payment. All attendees must pre-register; **on-site registration will not be accepted**. The AASM will not be held liable if an individual purchases an airline ticket before receiving confirmation of registration for a course.

Cancellation Policy

Written notification must be submitted to the AASM meeting department for registration cancellation. A \$50.00 administrative fee will be withheld on cancellations postmarked prior to **August 26**, **2011**. After this date, no refunds will be available. Refunds are not provided to no-shows. The AASM reserves the right to cancel any of these courses and provide a full refund should conditions warrant. The refund will only include the cost of registration for the event.

Registration Categories

Members

To register as a member, the registrant must currently be an individual member of the American Academy of Sleep Medicine (AASM). If the AASM is unable to confirm that the individual is a member, the individual will be registered as a nonmember at the nonmember prevailing fees.

Employees of Center Member

To register as an employee of an AASM center member (with a maximum of four registrants), the registrant must currently be employed at a sleep center that is currently a member of the AASM. If the AASM is unable to confirm that the center is a member of the AASM, the individual will be registered as a nonmember at the nonmember prevailing fees.

Nonmembers

Want to register at the member price, but you're not a member? If you are not an individual member of the AASM and would like to become a member, join the AASM to receive instant savings including reduced course registration fees, a subscription to the journals *SLEEP* and *Journal of Clinical Sleep Medicine*, and much more. Visit the AASM website at www.aasmnet.org for more information about membership including a complete listing of benefits and a description of all membership categories. Membership is on a calendar-year basis (January 1–December 31).

Continuing Medical Education

The American Academy of Sleep Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

This course has been planned and implemented in accordance with the Essential Areas and Their Elements of the ACCME by the American Academy of Sleep Medicine.

The AMA Council on Medical Education mandates that accredited providers only offer AMA PRA Category 1 Credits™ to physicians. The AASM will issue non-physicians a letter of attendance for activities designated for AMA PRA Category 1 Credits™.

The American Academy of Sleep Medicine designates the Compliance Program Development Workshop course as a live activity for a maximum of **4.25** AMA *PRA Category 1 Credits* $^{\text{M}}$. Physicians should only claim credit commensurate with the extent of their participation in the activity.

REGISTRATION FORM

Registration Informat	ion (Please print or type clea	rly)	
Last Name:	First Name:	D	egree(s):
Address:			
City:	State:	Zip/Postal Code:	Country:
Phone:		Fax:	
E-mail (e-mail required to receive of	confirmation):		
Special Needs/Accommodation	ions:		
Specialty (Check all that apply,)		
☐ Sleep Medicine	☐ Anesthesiology	☐ Family Medicine	☐ Internal Medicine
☐ Neurology	☐ Neurophysiology	□ Nursing	□ Otolaryngology
☐ Pediatrics	☐ Psychiatry	☐ Psychology	☐ Pulmonary Medicine
□ Other			
	de my contact information o		ributed to course attendees. ☐ Yes ☐ No
Membership Dues for Memberships will be valid thi		ne)	
	2011 Membership D	ues	
Regular Members Student Members	□ \$125.00 □ \$20.00		
Affiliate Members	□ \$125.00		
Affiliate Industry Members	□ \$250.00		
Registration Fees (Check the appropriate registrate	tion fee. Registration fees are l	based on the date that the reg	istration is received at the AASM national office.)
	On or before 8/19/2	11 After 8/19/11	
AASM Member	\$300	\$345	
Employee of an AASM Memb		\$345	
Nonmember	\$395	\$440	
*If registering as an employed membership number.	e of an AASM center membe	er, please provide the name	of your facility and your accreditation/
Name:		_Accreditation/Member Nur	mber:
Method of Payment (C ☐ Check made payable to the		n a U.S. bank)	
Credit Card: □ VISA □ MasterCard □	American Express		
Card#:			Exp. Date:/
Validation Code**:	Cardholders Nan	ne:	
Billing Address:			
Signature:			Date:

^{**}For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.