

The Connecticut Physical Therapy Association Announces

“Can Your Physical Therapy Claims Withstand an Audit?”

A two-session Audio-Conference series presented in partnership with
State Chapters of the American Physical Therapy Association

by

Helene Fearon, PT, Phoenix, Ariz.

Steve Levine, PT, DPT, MSHA, Plantation, Fla., and

Katherine Karker-Jennings, JD, MS, Baltimore, Md.

Rehabilitation Consulting & Resource Institute, Inc.

www.rehabconsulting.biz

Tuesday, August 14 & 28, 2007

1 pm – 2:30 pm Eastern Time

Your key staff can attend from your office! Please note your Time Zone above!
Approximately 60 minutes of presentation with 30 minutes of Q/A per session.

Session I: Tuesday, August 14, 2007 <i>(register by 8/7/07)</i>	“Overview of Current Activities Focused on Fraud Investigation and Review of Physical Therapy Claims” (Medicare & Other) *Medicare Comprehensive Error Rate Testing & Recovery and Audit Contractor Programs, *Specific Fraud Statutes and Therapist Responsibilities, and *Compliance Issues in Physical Therapy.
Session II: Tuesday, August 28, 2007 <i>(register by 8/21/07)</i>	“The Anatomy of an Audit: Methodology, Audit Review Flags, and Outcomes” (Medicare & Other) *Types of Audits and How They Are Initiated, *Audit Review Flags Payers Look for on Claim Forms and in Documentation, *Potential Consequences of an Audit, and *What To Do If You Are Audited.

You and your staff will:

- Understand the impact of the current healthcare environment on the prevalence of outpatient physical therapy claims review;
- Learn about the newest technology used by private payers to detect over-utilization and potential fraud and abuse;
- Understand the key areas of risk related to the incidence of payer audits;
- Minimize provider behaviors that may increase the risk of a third party audit;
- Understand the terminology and expectations of utilization management;
- Learn the civil and criminal fraud laws applied to PT claims;
- Learn key claims and documentation flags that are used by payers to trigger additional review,
- **AND BE ABLE TO ASK YOUR QUESTIONS!**

CE Credit: Certificates of attendance or CEUs will be provided by your state association after the conference as appropriate for your state.

This is how it works...

Complete the attached Registration Form for your PT practice and return to the Colorado Chapter by the registration deadline. On the Friday before the session, registered locations will be sent an e-mail confirmation with dial-in information and a web link to download handout materials.

Join the call by dialing the toll-free number and enter the specified PIN number. Gather your staff and listen via speaker phone to the presentation, follow along with the handouts and participate in live, interactive Q&A.

PLEASE NOTE: Registration fees are based on per dial-in connection; multiple call-ins from your location will be charged. We are unable to accommodate more than one practice, facility or department per call-in.

Save time and travel costs! Participate from your office! Another Member Benefit brought to you by the CPTA...

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THREE SIMPLE WAYS TO REGISTER

BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

**REGISTER
BY
Session Deadline
Date!**

1. **Register Secure On-line** at www.ctpt.org
2. **Fax** the completed form below to (860)656-9069
3. **Mail to CPTA**, 15 North River Rd, Tolland, CT 06084

Please register by the session's deadline to guarantee that you receive confirmation details and handouts.

Confirmations with calling instructions will be sent via email. * Please type or print legibly all information below.

PT Practice/Facility/Department Name _____

Contact Person _____

Address _____

City/State Zip Code _____

Phone _____

Fax _____

Email* _____

**To ensure delivery of your confirmation, please add mail@assnoffice.com to your e-mail address book and to your corporate "allow" list or white list. Because of increased filter settings on registrant e-mail programs, we often find it difficult or impossible to deliver confirmation details. If you have not received your confirmation the day prior to the audio-conference event, please contact your state association.*

Number of Participants Expected to Attend from your Practice/Facility/Department? _____

Select Your Session(s) -- Register for more than one and save \$\$\$:

- Tuesday, August 14, 2007 **"Overview of Current Activities..."** (register by 8/7/07)
- Tuesday, August 28, 2007 **"The Anatomy of an Audit..."** (register by 8/21/07)

Please circle as appropriate <small>This fee includes one dial-in connection. Additional fees will be charged if there are multiple dial-ins. Written requests for refunds received on or before the registration deadline for each session will receive a 50% refund, less a \$50 processing fee for the cancelled session. Fees are non-refundable after this date; There are no refunds for no-shows.</small>	1 Session	2 Sessions (w/ discount)
Practices with 4 or more PTs on staff	\$149	\$289
Practices with 2 – 3 PTs on staff	\$139	\$269
Practices with only one PT on staff	\$129	\$249

Check payable to CPTA or Visa/ Mastercard

Cardholder's name (print) _____

Card Number _____ / _____ / _____ / _____ Exp. Date _____

Signature _____

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15 North River Rd Tolland, CT 06084 www.ctpt.org

For APTA Use Received _____ M/NM DB _____ Paid\$ _____ Ck#CC _____
Auth _____ Q _____ Due \$ _____ Inv/date _____ Confirm Sent _____