

COMPLIANCE AUDIOCONFERENCE

Evaluation Form for Continuing Education Credit

This form must be completed in order to receive continuing education credit.

RESPONDING TO THE CMC/OIG OUTLIER INVESTIGATIONS January 23, 2003, Audioconference

This evaluation must be completed and faxed to the HIPAA Summit Office at 760-418-8084 in order to receive CE credit.

Name _____

License State _____ License/Bar Number (Nurses and Attorneys) _____

Company Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

1: PLEASE RATE THE OVERALL QUALITY OF THIS PROGRAM

	Excellent	Very Good	Fair	Poor
1. The presentations were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The illustrative materials were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The audio quality was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The registration process was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2: HOW WELL WAS EACH COURSE OBJECTIVE MET?

	Excellent	Very Good	Fair	Poor
5. To provide a general background regarding the Medicare reimbursement rules and recent events which have drawn attention to outlier payment issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To assess the legal issues and risks associated with Medicare outlier payment issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To suggest reasonable Medicare outlier payment compliance strategies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To inform providers how to prepare for an outlier payment audit FIs, CMS, and OIG:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Based on the information presented in the colloquium, will you make any changes to your practice? If so, what changes? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. Did you feel that this presentation was free of bias?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Comments and/or Suggestions for future topics: _____				

RESEARCH AUDIOCONFERENCE

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Name _____

3: PLEASE RATE EACH SPEAKER

David J. Butler	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Robert G. Homchick, Esq.	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Richard Kusserow	Excellent	Very Good	Fair	Poor
Overall Session Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas/Information Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Materials Presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____
