



2018 Continuing Education for Medical Office Professionals

Brought to you by



Thursday, December 6, 2018

Medicare & Compliance Changes

1:00 pm - 4:00 pm
Program 22938-1206

CEU's: 3 per session

PMI grants CEUs for its certified professionals based on a 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:

\$199 per person, per session
Includes instructional materials.

Register:

Online: 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

Medicare & Compliance Changes for 2019

Get the facts on the 2019 Medicare Physician Fee Schedule

New changes to physician payment policies, rates, and quality-related provisions for physician services furnished under the new Medicare Part B Physician Fee Schedule include:

- Important physician reporting and reimbursement information relevant to MACRA, MIPS, APM, and more.
- New supply and equipment prices resulting from shifts in Practice Expense RVUs for some codes that contain supplies/equipment.
- 2019 revisions will leverage technology and advance virtual care to reduce costs and administrative burdens for providers.

This is an intermediate-level course relevant for medical office professionals, providers, office managers, consultants, and compliance officers.

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 active an ID# receive 10% off their registration fee.