

2020 Survival Series programs are sponsored by



Survival Series 2020

Date: Wednesday, April 1, 2020
Time: 8:30 am—10:30 am
Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Appropriate Use Criteria Announced. Now What?

- Ordering providers role in Appropriate Use Criteria mandatory 1/1/2021
- Review Clinical Decision Support Mechanism tools available to incorporate in practices work flow to ensure additional clinical data can be efficiently gathered
- Requirements, exemptions, and ensuring medical necessity
- Understanding CPT and modifier updates to prevent denials

PRESENTER:

PAULA SANTIAGO
Beacon Solutions Group



Paula Santiago is a Manager for Beacon Solutions Group. Ms. Santiago is certified by the American Health Information Management Association as a Registered Health Information Technician and a Certified Coding Specialist-Physician based. Additionally Paula is certified by the American Academy of Professional Coders as a Certified Professional Medical Auditor and holds a certificate of ICD-10-CM Proficiency. Paula is also certified by the American Academy of Dental Coders as a Certified Dental Coder. She has held positions as a Practice Administrator for an urgent care center, and as a Director of Revenue cycle and Health Information Management for a community hospital. She also has held positions as an auditor for a third party payor, large health system and as an independent consultant for a wide spectrum of specialties where she provides education and training to providers, coders, office managers, billers, and front end staff on billing, coding, compliance, and HIPAA issues.

Program Registration Fees
MCMS & 7th District Member:
\$35 per office (unlimited staff) or \$50 per office non-member
For more information:
Call (585) 473-7573 or mlepre@mcms.org

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Online registration is available at www.mcms.org

Name(s): _____
Practice Name: _____
Phone Number: _____ E-mail: _____

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Registration Fees: MCMS and 7th District Member: \$35 per office Non-member: \$50 per office

*Note to Non-members: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$ _____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt. Please bill my credit card \$ _____

Cardholder Name: _____ Card Number: _____
Exp. Date: _____ Verification Code: _____ Address associated with card: _____
Zip: _____ Signature: _____

Send completed form and payment to:

Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618 Fax: (585) 473-7641 Email: mlepre@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Melinda McGinnis- LePree at mlepre@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact mlepre@mcms.org or at 585-473-7573.