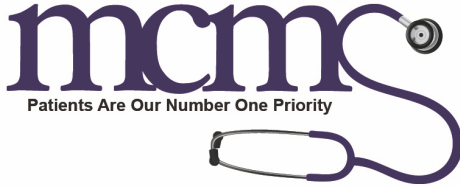


Monroe County Medical Society



Survival Series 2017

Date: Thursday, April 27, 2017

Time: 8:30 am—10:30 am

Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Understanding MACRA, MIPS, and APM to Maximize Your Practice Reimbursements

Join the MCMS Practice Management Committee and Andrea Hagen in a panel discussion to better understand the new payment methods, while maximizing your practice reimbursements.

This program will focus on various payer models and how they may impact a participating practice both operationally and financially. Discussion points will include:

- Payment reform history, goals and barriers
- 7 Alternative Payment Models
- MACRA
- MIPS
- CPC+
- Value Based Payment Readiness



Presenter:
ANDREA HAGEN
Beacon Solutions Group

Andrea has served as the Director of Financial Operations and patient accounting manager for physician billing companies, private physician groups, hospital-based primary care practices, hospitals and nursing homes for more than 20 years. She is a regular lecturer for Monroe County Medical Society, the Rochester Chapter of MGMA and other professional groups.

Program Registration Fees

MCMS & 7th District Member: \$30 per office (unlimited staff)

Non-member: \$60 per office (unlimited staff)

Contact Us: For more information, call (585) 473-7573.

Understanding MACRA, MIPS, and APM— (April 27, 2017)

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

Photo Consent: Participants in MCMS programs may be photographed by staff members, I understand these photographs may appear without compensation on MCMS social media pages; within MCMS marketing materials; on the MCMS website; or other printed or electronic materials related to the role and function of MCMS.

Signature _____

Date _____

Registration Fees: MCMS and 7th District Member: \$30 per office Non-member: \$60 per office

***Note to Nonmembers:** 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 (check one) for the amount of \$_____

Cardholder Name: _____

Card Number #: _____ Exp. Date: _____ 3-Digit Verification Code: _____

Address associated with card: _____ Zip: _____

Signature: _____

Monroe County Medical Society
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Rochester, NY 14618
Fax: (585) 473-7641
Email: jrosenzweig@mcms.org

MAIL, FAX or EMAIL COMPLETED FORM AND PAYMENT TO: