

Medical Group Management Association

MGMA 2012 Financial Management and Payer Contracting Conference

Feb. 26-28, 2012

Scottsdale, Ariz.



 **MGMA**[®]
Defining Your Profession[™]

Are you ready to put the next piece into your financial management puzzle?

The Medical Group Management Association (MGMA) 2012 Financial Management and Payer Contracting Conference is more intense and in depth than ever, with content spanning six categories and covering the spectrum of developmental needs from foundational to strategic.

You will learn from a powerhouse line-up of the nation's foremost financial management speakers. Plus, you will experience:

- Interactive, problem-solving workshops
- The popular Refreshing Ideas session with healthcare humorist David Glickman
- Expanded networking opportunities
- The opportunity to attend a brand-new Elizabeth Woodcock preconference workshop*
- Focused learning among six content categories:
 - Finance and Accounting Operations
 - Payer Contracting
 - Evolving Healthcare
 - Physician Compensation
 - Benchmarking Analysis and Applications
 - Government Affairs

You will enjoy all of this amidst the refreshing, relaxing and renewing surroundings of the Hyatt Regency Scottsdale Resort and Spa at Gainey Ranch.

And, you'll leave Scottsdale with all that you need to put it together in your practice. **Welcome!**

**Additional fee and preregistration are required.*

About MGMA

Medical Group Management Association® (MGMA®) is the premier membership association for professional administrators and leaders of medical group practices. Since 1926, MGMA has delivered networking, professional education and resources, and political advocacy for medical practice management. Today, MGMA's 22,500 members lead 13,600 organizations nationwide in which some 280,000 physicians provide more than 40 percent of the healthcare services delivered in the United States.

MGMA's mission is to continually improve the performance of medical group practice professionals and the organizations they represent. MGMA promotes the group practice model as the optimal framework for healthcare delivery, assisting group practices in providing efficient, safe, patient-focused and affordable care. The American College of Medical Practice Executives® (ACMPE®) is the standard-setting and certification body of the Medical Group Management Association (MGMA), and promotes the professional growth of leaders. By developing the Body of Knowledge for Medical Practice Management, ACMPE provides a central framework for MGMA resources. MGMA is headquartered in Englewood, Colo., and maintains a government affairs office in Washington, D.C. Please visit mgma.com.

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*Additional fee and preregistration are required.

Conference planning volunteers

- David Cook, CPA, MBA, CMPE, chief administrative officer, ProHealth Solutions, LLC, Waukesha, Wis.
- Randy W. Cook, MPH, FACMPE, president/chief executive officer, AmpliPHY Physician Services, Columbia, Tenn.
- Jennifer “Nifty” Gosney, CPA, CMPE, director of finance – department of surgery, Scott & White Health System, Temple, Texas
- Marline Kesgard, FACMPE, director, business development, St. Charles Health System, Bend, Ore.
- Daniel D. Mefford, MBA, CPA, FACMPE, administrator, Practice Resource Management Group, Columbus, Ohio
- Nancy B. Wilkes, CPC, vice president, practice management technology, UCI Medical Affiliates, Inc., Columbia, S.C.

Team discount

MGMA members – bring your team and save!

Physicians registering with an MGMA member pay the member price. When two or more colleagues from the same practice register for this conference, the second and subsequent team member(s) saves \$100 on his/her registration fee. Teams must register by calling MGMA toll-free at 877.275.6462, ext. 1888. Team members are encouraged to register at the same time.

Conference site

The 27-acre Hyatt Regency Scottsdale Resort and Spa at Gainey Ranch is set amidst flowering cacti and framed against the majestic McDowell Mountains. Enjoy the breathtaking vistas blended with intriguing Native American culture and pampering amenities. Some of those exceptional amenities include championship golf, Spa Avania, a 2.5-acre water playground, tennis and the children’s Camp Hyatt Kachina. Visit mgma.com/FMPC2012 to find a Scottsdale city guide for insider information on local culture, restaurants, shopping, events and more.

Conference overview

Education overview

The MGMA 2012 Financial Management and Payer Contracting Conference sessions were selected to provide in-depth, practical and timely education on the most important topics relating to financial management and payer contracting in today's medical practice. By taking advantage of up-to-date and relevant knowledge and tools, attendees will become better positioned to successfully manage the adaptation and change that is necessary in today's evolving healthcare environment.

Because financial management and payer contracting elements are often found in all aspects of a medical practice, the sessions will cover financial and payer contracting issues and topics found in all domains of the Body of Knowledge for Medical Practice Management, 2nd Edition, developed by the ACMPE. The educational content is highly relevant to the day-to-day challenges in medical practice management and in preparation for the ACMPE board certification examinations.

Visit mgma.com/BodyofKnowledge to download the Body of Knowledge brochure and access domain-specific resources and free quizzes.

Who should attend

- Practice professionals with financial management and/or payer contracting interest or responsibilities, chief financial officers (CFOs)
- Controllers, accountants, managed care/payer contracting professionals and other professionals who report to CFOs

Content categories

Education sessions are organized into content categories as follows:

- Finance and Accounting Operations
- Payer Contracting
- Evolving Healthcare
- Physician Compensation
- Benchmarking Analysis and Applications
- Government Affairs

Conference materials

All the materials you need to make the most of your conference experience will be available online starting Wednesday, Feb. 1, 2012 at mgma.com/FMPC2012/attendee. You will have access to speaker presentations, the attendee roster, conference/hotel maps and more. This site gives you access to the most up-to-date information and enables you to download session presentations before you arrive at the conference. You can even bring your laptop to take advantage of the electronic notes fields in the presentations and reduce the amount of printed material you have to haul around.

Learning levels

Overview – Designed to provide a general review of a subject area from a broad perspective; appropriate for professionals at all organizational and knowledge levels.

Update – Designed to provide a general review of new developments for participants with a background in the subject area who desire to keep current.

Basic – Designed to provide a general understanding of a topic or a knowledge area.

Intermediate – Designed to develop a working knowledge of a topic or a knowledge area or build on a basic curriculum.

Advanced – Designed to develop in-depth expertise in a topic or knowledge area.

Organizational roles and responsibilities

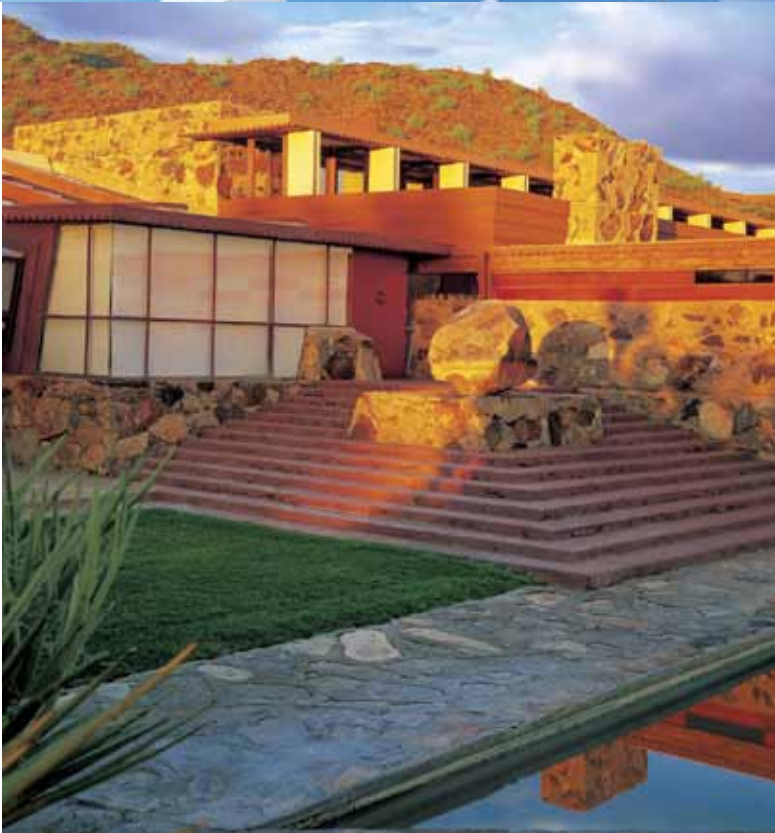
In addition to the standard learning level applied to each session, this year we have added a designation to identify how each session supports your role and/or responsibilities within your organization – Foundational, Operational or Strategic. Noting this designation will be helpful in planning your team's schedule for the conference to ensure that the right staff attends the right sessions.

Foundational – Foundational sessions teach fundamental concepts and information required for basic competency.

Operational – Operational sessions address the implementation of processes and procedures for achieving organizational goals and objectives.

Strategic – Strategic sessions address topics pertinent to identifying, planning for and achieving long-term organizational goals and interests.

Conference overview



Networking

Take advantage of additional opportunities to exchange tips, tricks and ideas with your friends and colleagues. In addition to networking breaks throughout the conference, there are several other ways for you to connect:

Sunday, Feb. 26, 6:45-7:45 pm

Happy Hour in the Exhibit Hall

Monday, Feb. 27, 12:30-1:30 pm

Networking luncheon

Monday, Feb. 27, 4:45-6:15 pm

Refreshing Ideas session

Get together with old friends and meet some new ones while you enjoy refreshments and reflect on the funny side of your profession.

Monday evening, Feb. 27

Dinner discussion groups (*optional; limited space*)

Join a small group of your peers for dinner and continued interactive discussion to further explore one of the day's topics. MGMA will make dinner reservations; dinner will be at your expense. Watch for more information in the Conference event eGroup in the MGMA Member Community regarding the topics and how to sign up.

Event eGroup

Connect via the Financial Management and Payer Contracting 2012 event eGroup.

After registering for the conference, you will be automatically added to the MGMA 2012 Financial Management and Payer Contracting event eGroup in the MGMA Member Community. You can chat before the event to arrange meetings; seek colleagues' advice about which sessions to attend; and obtain more information about sessions, speakers and networking and social events. In addition, you will have an opportunity to suggest topics of interest to you for the optional dinner discussion groups and learn how to participate.

Prerequisites

Overview, Update and Basic – No prerequisites.

Intermediate – A fundamental knowledge of medical group practice management.

Advanced – A working knowledge of medical group practice management.

Advance preparation

No advance preparation is required for any education session unless specified.

Delivery method

Group-live

Continuing education credit

ACMPE/clock hours: 14.5

CME credit: 14.5

CPE credit: 17

This activity has been submitted to the Colorado Nurses Association for approval to award contact hours. The Colorado Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Preconference workshop schedule

Successful Revenue Cycle Management: Proven Strategies and Best Practices for Long-term Success*

Feb. 25-26, 2012

Elizabeth W. Woodcock, MBA, FACMPE, CPC, principal consultant, Woodcock & Associates, Atlanta

With the ongoing changes in the nation's reimbursement system, you can no longer rely on the same old approaches to billing and collections. Many medical group practices struggle just to stay ahead of debt. In this series of four interactive workshops, nationally recognized author and speaker Elizabeth Woodcock will take you on an explorative journey through the most important financial process in your practice: the revenue cycle.

Workshop continuing education credit

ACMPE/clock hours: 6.5

CME credit: 7

CPE credit: 8

This activity has been submitted to the Colorado Nurses Association for approval to award contact hours. The Colorado Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Workshop schedule at a glance

Saturday, Feb. 25

12:30-5:00 pm	Registration open
1:00-1:15 pm	Welcome and introduction
1:15-3:00 pm	Analyzing and Benchmarking Your Revenue Cycle
3:00-3:15 pm	Networking break
3:15-5:00 pm	Best Practices in Patient Collections

Sunday, Feb. 26

7:30 am-1:00 pm	Registration open
7:30-8:00 am	Continental breakfast
7:50-8:00 am	Welcome and announcements
8:00-9:15 am	Best Practices in Third-party Billing and Collections
9:15-9:30 am	Networking break
9:30-11:30 am	Putting the Lessons to Work: A Case Study into One Practice's Success

Workshop schedule

Saturday, Feb. 25

12:30-5:00 pm	Registration open
1:00-1:15 pm	Welcome and introduction
1:15-3:00 pm	

Analyzing and Benchmarking Your Revenue Cycle

It's not good enough to hope for the best at the end of the year. To maximize revenue, you must calculate, benchmark and analyze key revenue cycle performance indicators. In this session, presenter Elizabeth Woodcock will show you how to analyze your revenue cycle's key benchmarks. She will also identify ways to locate and use specialty-specific benchmark data for all aspects of the revenue cycle. You'll also gain insight into the factors that will influence revenue performance in 2012. In addition to explaining key performance indicators, such as days in accounts receivable, this program will highlight the roles of denial rates and billing office costs in the revenue cycle.

This session will provide you with the knowledge to:

- Determine benchmarks for all aspects of your revenue cycle, including performance and cost measures by specialty and type of practice
- List the reasons for and steps of performing an account audit
- Recognize workload expectations by staff position
- Identify proven methods to incent business office staff
- Describe common mistakes to avoid in revenue cycle management

From performance to cost, this program is designed to improve your expertise in examining – and improving – your practice's revenue cycle from top to bottom.

3:00-3:15 pm	Networking break
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Saturday, Feb. 25 (cont.)

3:15-5:00 pm

Best Practices in Patient Collections

In this era of consumer-driven healthcare, more financial responsibility is in the hands of patients, and it's up to you to collect from them. Industry research reveals that more than 80 percent of self-pay bills are never collected and more than 50 percent of patient responsibility after insurance ends up as bad debt. Come to this session and learn how to prevent the bad debt that can sink your practice into real debt.

This session will provide you with the knowledge to:

- Identify gaps and delays in your patient-collections process and prioritize them for remediation
- Recognize how to structure pre-visit processes to improve collections and customer service
- Describe how to improve time-of-service collections
- Determine steps to improve patient-balance collections after a service is provided
- Define standards for training front-office and appointment-scheduling staff to establish clear payment expectations with patients and follow through with effective collection techniques
- Outline practical, effective written financial policies to better assure that your practice's providers get the patient payments they are owed for services rendered
- Create strategies to solve your most persistent patient collections problems, such as writing more effective collection letters, offering realistic payment plans to patients who cannot pay in full and extending appropriate discounts to uninsured patients who pay at the time of service

You'll come away from this educational session armed with Elizabeth's array of tools to immediately improve patient collections and boost your practice's bottom line.

Sunday, Feb. 26

7:30 am-1:00 pm *Registration open*

7:30-8:00 am *Continental breakfast*

7:50-8:00 am *Welcome and announcements*

8:00-9:15 am

Best Practices in Third-party Billing and Collections

If you haven't focused – really focused – on insurance denials, consider revisiting that decision. Denials might be the most underestimated and poorly understood sources of significant cash leakage from your practice's revenue cycle. Learn everything you need to know about maximizing your practice's insurance collections performance, from open claims to pending claims. Speaker Elizabeth Woodcock shows you how to integrate the

latest techniques in denial management and effective appeals into your practice's daily operations. We'll discuss how to dig into the causes of claim denials in your practice and drastically reduce lost revenue opportunities. We'll focus on improving accuracy on the front end so that denials can be reduced to zero. You'll also learn the latest techniques for implementing effective appeals processes.

This session will provide you with the knowledge to:

- Assess denial patterns and discover their root causes
- Quantify the financial impact of denials
- Utilize more streamlined processes to correct and resubmit denials
- File effective appeals of denials and underpayments
- Develop strategies to prevent denials and improve staff productivity

Tracking, analyzing, resolving and eliminating the causes of denials is much more than good housekeeping – it might just be the difference between financial stability and failure for your practice. Discover how organization, prioritization and a bit of gumption can result in more paid claims.

9:15-9:30 am

Networking break

9:30-11:30 am

Putting the Lessons to Work: A Case Study into One Practice's Success

What are the practical steps a medical practice must take to improve its revenue cycle? Sounds like an impossible task in today's complex reimbursement environment, but it's not. Using a detailed mock case study – based on a real practice's turnaround – Elizabeth will put you to work repairing a troubled revenue cycle. As you apply your newfound knowledge and share ideas with other attendees, you'll hone new skills and gain the confidence to put best revenue cycle management practices to work in your practice.

This session will provide you with the knowledge to:

- Demonstrate how to identify revenue cycle problems large and small, hidden and obvious
- Identify techniques to inspire your staff and update your practice's financial operations and policies
- Describe proven techniques to maximize collections performance and reduce error rates to zero

Learning from best-practice trends and real-world examples is the first step to improving your bottom line. In many ways, you can't afford to miss this informative, interactive learning session.

**Additional fee and preregistration are required.*

ACMPE preconference workshops



PRE101: Pathway to Certification: Earning the CMPE Designation*

Sunday, Feb. 26 (8:30 am-12:30 pm)

ACMPE credit: 3.5 hours • \$185.00 (*lunch provided*)

During this interactive session, you will:

- Gain valuable test-taking tips and assess your readiness to take the certification exams
- Take a 50-question sample objective exam
- Learn the essay grading criteria
- View “passing” and “not passing” essay responses
- Write a response to a sample essay question
- Receive feedback on your essay response from an ACMPE Fellow
- Learn about the process to complete the other board certification requirement – earn and submit continuing education hours

PRE102: Pathway to Fellowship: Earning the FACMPE Designation*

Sunday, Feb. 26 (12:30-3:00 pm)

ACMPE credit: 2.5 hours • \$95.00

This energy-charged session will jumpstart your pursuit of ACMPE Fellowship with:

- An overview of the Fellowship requirements
- Exercises to get you started on your paper or case studies
- Topic brainstorming and development (Bring any topic ideas you may have!)
- An outline evaluation exercise illustrating the grading process
- Tips to avoid the common pitfalls in developing an outline



PRE101/PRE102 ACMPE workshops: Earning the CMPE and FACMPE Designations*

Wednesday, March 2 (8:30 am-3:00 pm)

ACMPE credit: 6 hours • \$245.00 (*lunch provided*)

Attend both workshops for a discounted package price and pursue your certification and Fellowship simultaneously.

*Additional fee and preregistration are required.

Sunday, Feb. 26

1:00-7:00 pm *Registration open*

2:00-5:00pm *Leading Edge sessions*

Leading Edge: Foundations of Payer Contracting

Payer Contracting

Foundational

Randy Cook, MPH, FACMPE, president/chief executive officer, AmpliPHY Physician Services, Columbia, Tenn.

This foundation-level course offers a comprehensive overview of the knowledge and skills a medical practice administrator must have to create an effective payer-contracting strategy. You will learn how to develop a fee-analysis system and conduct a reimbursement analysis. Additionally, you will learn about measuring cost and using it to set a pricing policy. All attendees will receive a link to a resource package of templates, tools, worksheets and other resources. You will leave this session with a complete model of how to build a managed-care strategy for your practice.

This session will provide you with the knowledge to:

- Focus on the critical elements in the written payer agreement
- Develop the skills to build your own fee schedule analyzer
- Create and use a reimbursement analysis that measures net reimbursement for each commercial payer

Leading Edge: The Elements of Financial Management and the Revenue Cycle in the Medical Practice

Finance and Accounting Operations

Foundational

Sara M. Larch, FACMPE, principal, Business of Medicine, Christiansted, V.I., and Daniel D. Mefford, MBA, CPA, FACMPE, consultant, Practice Resource Management Group Inc., Columbus, Ohio

Are you new to medical practice management? Do you want to strengthen your knowledge of key revenue cycle processes and financial management issues in medical practice management? If you answered “yes” to either, this session is for you. This fast-paced session will outline the essentials of both financial and revenue cycle management in the medical practice. Find out how to take hold of the numbers, ask the right questions and explain those numbers to your physicians. Leave this session with a grasp of the essential revenue cycle functions, including billing and collections.

This session will provide you with the knowledge to:

- Identify key accounting and financial management concepts, including balance sheet, income statement and applicable financial management analytical tools
- Define essential processes, strategies and priorities that impact your revenue cycle
- Improve your practice’s financial performance through better financial and revenue cycle management

Leading Edge: Interactive Problem Solving in Healthcare Financial Management

Finance and Accounting Operations/Payer Contracting/Evolving Healthcare

Operational

Sarah Holt, PhD, FACMPE, practice administrator, Cape Girardeau Surgical Clinic Inc., Cape Girardeau, Mo.

Today’s medical practice administrators face many new challenges, and each individual brings a different set of experiences to the table. Participating in interactive problem solving and networking can provide invaluable opportunities to explore solutions while learning from and sharing with others. This facilitator-led interactive session creates discussion around a set of financial management, payer contracting and evolving healthcare scenarios that represent many of the timely, real-world issues that impact healthcare organizations’ financial health and stability. This “problem → discussion → solution” format fosters effective problem solving through focused discussion and sharing of expertise as participants explore solutions to the problems they face.

This session will provide you with the knowledge to:

- Explore current and emerging financial and payer contracting issues that impact healthcare financial management
- Share individual expertise and exchange ideas while learning from others
- Generate solutions in a face-to-face format

5:00-5:45 pm

Networking break in the Exhibit Hall



Conference schedule

Sunday, Feb. 26 (cont.)

5:45-6:45 pm

Keynote session: What the Heck is Value-Based Healthcare Anyway? How Do We Get It?

Evolving Healthcare
Strategic

Robert K. Smoldt, MBA, emeritus chief administrative officer, Mayo Clinic, associate director, Health Care Delivery and Policy Program, Arizona State University, Tempe

Our country should have the highest-value healthcare system in the world. It should not strive to simply have cheaper healthcare. Value in the U.S. healthcare system can be measured and defined as patient outcomes + safety + patient satisfaction/cost over a span of time. Moving each of these elements together toward a cohesive, measurable system is one of the central policy challenges today. The keynote session will discuss critical factors that must be in place to facilitate the emergence of a high-value healthcare system, including current and best-practices models. The program will also explore public/private options for these changes and the policy implications of each. It will also discuss payment methods that can help facilitate these changes.

This session will provide you with the knowledge to:

- Determine how to measure the U.S. healthcare system's true value
- Identify the key factors, options and best practices essential to facilitating a high-value healthcare system
- Describe the payment methods that foster high-value healthcare

6:45-7:45 pm

Happy Hour in the Exhibit Hall

Unwind while you connect with other conference attendees and vendors.

“The Financial Management and Payer Contracting Conference is the most up-to-date and informative conference on the business aspects of medical practices. It doesn't matter if you are from a small single-specialty group or a large multispecialty group, the content of the conference is relative to each and I always find a gem to take back with me.”

Mark A. Morgan
chief administrative/financial officer
Ultimate Health Services, Inc.

Monday, Feb. 27

7:30 am-5:00 pm

Registration open

7:30-8:00 am

Continental breakfast

8:00-9:00 am

General session: Evolution of Local and Regional Health Delivery Systems – What is Working and Not Working with Clinically Integrated Networks, ACOs and Related Approaches

Evolving Healthcare
Strategic

Keith Moore, chief executive officer, McManis Consulting, Englewood, Colo.

Creating healthcare organizations that can work with both public and private payers while delivering value to employers and individuals is a substantial challenge. Newer types of care delivery systems such as accountable care organizations and patient-centered medical homes are intended to manage the health of defined populations, receiving reimbursement based on measurable quality-of-care improvements and patient satisfaction. These systems will be challenged to deliver reduced-cost care to payers while remaining highly effective. Based on a pivotal study by McManis Consulting for the American Hospital Association, this session will explore several case studies that feature organizations navigating this fundamental change. Each is a unique healthcare organization, with its own strengths and weaknesses. Learn about these organizations, the steps they are taking and the costs they are incurring on the voyage through the evolving healthcare system.

This session will provide you with the knowledge to:

- Identify the issues surrounding the balance of cost containment with value and quality
- Describe the cost, quality and payer-relations issues unique to emerging care models
- Recount the experiences of real-life healthcare organizations facing the challenge of delivering reduced-cost, high-quality care

9:00-9:45 am

Networking break in the Exhibit Hall



9:45-11:00 am **Concurrent sessions: 100 series**

101: Negotiating the Language of a Payer Contract: Protecting Your Interests on Rates, Rights and Rules

Payer Contracting
Operational

Penny Noyes, president, Health Business Navigators, Bowling Green, Ky.

While the payer or network contract is the instrument that defines the terms of your agreement, reimbursement rates are the first step in the negotiation process. This session covers all aspects of payer contract negotiation, including finding all of your current rates and utilization, understanding the notice requirements to renegotiate, creating a timeline, getting an initial response, analyzing the effects, asking questions about what was not included in the offer description, and knowing when to ask for carve-outs and other improvement methods. Practical organizational and analytical tools and methods, with realistic examples, will bring the negotiation process to life.

This session will provide you with the knowledge to:

- Develop a systematic negotiating approach for improved payer and network reimbursements
- Determine the effect on the bottom line of a payer offer or your counteroffer
- Employ tactics to improve the reimbursement exhibits/ attachments of your payer contract

102: Telling the Story: How to Measure and Analyze the Revenue Cycle

Finance and Accounting Operations
Operational

Sara M. Larch, FACMPE, principal, Business of Medicine, Christiansted, V.I.

Medical group leaders are responsible for communicating results to their group. Knowing how to analyze your revenue cycle performance and report it to your physicians is a key success factor. Just placing data on a page doesn't make it a communication; you must make sure your reports are "telling the story."

This session will provide you with the knowledge to:

- Evaluate and improve revenue cycle management reports
- Identify the necessary month-end and ad hoc reports
- Explain what key revenue cycle factors can skew your results compared to industry benchmarks

103: Value-Based Insurance: The Employer Perspective

Evolving Healthcare
Strategic

Erin M. O'Connor, Esq., practice leader, Cammack LaRhette Consulting, New York, N.Y.

Although there is no single, generally accepted payment approach to support value-based insurance (VBI), it can be examined by looking at the payment models for patient-centered medical homes (PCMHs). The PCMH's payment-reform elements – shifting dollars into primary and preventive care with the goal of averting preventable high-cost complications – require collective action by payers. This session will discuss the relationship between these incentive systems and employers' involvement in VBI design. It will use the PCMH model as a prime example of how thoughtful VBI design can benefit both the employer and your medical practice.

This session will provide you with the knowledge to:

- Review VBI from the employer perspective
- Examine VBI design as it relates to new models of care
- Characterize the relationship between VBI design and the medical practice

Conference schedule

Monday, Feb. 27 (cont.)

104: Understanding Physician Compensation

Physician Compensation

Foundational

Justin Chamblee, senior manager, Coker Group, Dallas

The success of a physician practice depends on the design of an appropriate physician pay structure and incentive model. Today, numerous variables must factor into the equation of designing a suitable compensation plan that supports the organization and its employed physicians' needs, but also attracts physicians for the future. This session will discuss compensation basics and address the components that affect the creation of physician compensation plans.

This session will provide you with the knowledge to:

- Establish an objective methodology for calculating physician compensation, especially as related to various specialties
- Attract top physicians to your practice by providing compensation that is commensurate with area norms and competitive within the marketplace
- Maintain the financial viability of the organization with an appropriate compensation plan that meets the organization's and physicians' needs

11:00-11:15 am *Networking break in the Exhibit Hall*

11:15 am-12:30 pm **Concurrent sessions: 200 series**

201: Financial Analysis and Negotiation of Payer or Network Reimbursement

Payer Contracting

Operational

Penny Noyes, president, Health Business Navigators, Bowling Green, Ky.

You know the current rates for your payer or network, and they stink. This session will demonstrate how to start the negotiation, analyze current rates, and determine – and get – the rates you want. Knowing which contracts require negotiation is the first step. While sending the contract-driven notices to payers, you will analyze current rates, create some utilization-adjusted analysis of current rates and determine what you need. Learn how to use proprietary schedules and other strategies based on Medicare, specialty banding, carve-outs, defaults, escalators, performance bonuses and your unique leverage points.

This session will provide you with the knowledge to:

- Initiate the contract notice and negotiation processes
- Analyze your aggregate financial goal for a given contract negotiation
- Achieve the aggregate goal through various reimbursement and negotiation methods



202: Is it Time to Change Your Revenue Cycle Model: Centralize, Decentralize, Outsource?

Finance and Accounting Operations

Operational

Sara M. Larch, FACMPE, principal, Business of Medicine, Christiansted, V.I.

If your current revenue cycle performance is not in line with those of best-practice medical groups, you want to consider other models that may improve key revenue cycle processes. The ongoing debate about whether to centralize, decentralize or outsource billing has become an opportunity to build a hybrid model that works for your medical group.

This session will provide you with the knowledge to:

- Define decentralized, centralized and outsourced models
- Explain why a hybrid model could improve performance
- Design a transition plan to another model

203: The Value-Based Practice: Position Your Practice Now for Competitive Advantage

Evolving Healthcare
Strategic

David Cook, CPA, MBA, CMPE, chief administrative officer, ProHealth Solutions, LLC, Waukesha, Wis.

When negotiating payment contracts, payers today are increasingly abandoning traditional fee-for-service models and asking for a value-based option. In this session you will examine the types of analysis and tools required to ensure that you meet the necessary performance elements and stay competitive. You will identify the necessary financial implications and management strategies required to make the value-based approach successful. Finally, you will determine the level of payer data collaboration required to ensure that contractual obligations are being met.

This session will provide you with the knowledge to:

- Grasp how the new value-based payment models will impact your practice
- Prepare for the shift toward quality instead of quantity (fee for service)
- Identify concepts and analysis for remaining independent in a value-based environment

204: Physician Compensation: Developmental Principles

Physician Compensation
Operational

Justin Chamblee, senior manager, Coker Group, Dallas

With the advent of the accountable care organization and reimbursement shifts from pay for performance to bundled payments, physician compensation plans must do more than ensure fair compensation for physicians. Effective compensation plans must encourage and incentivize quality and foster strong physician alignment for hospitals and health systems to achieve core strategic goals.

This session will provide you with the knowledge to:

- Analyze the compensation plans most commonly utilized in limited, moderate and full alignment models
- Apply current trends in physician-hospital alignment and blend new methods and incentives with your organization's existing model
- Explore how integration, quality measures and non-productivity metrics affect physician compensation

12:30-1:30 pm *Networking luncheon*

1:30-2:45 pm **Concurrent sessions: 300 series**

301: Silent PPOs: An Enforcement Strategy

Payer Contracting
Operational

Randy Cook, MPH, FACMPE, president/chief executive officer, AmpliPHY Physician Services, Columbia, Tenn.

Small payers, which usually constitute less than 1 percent of the practice's business, can often be the practice's second- or third-largest payer group. How can this be? These small payers often take discounts that are not earned, given their volume, without contractual authority. This session will demonstrate how to identify payer contracts that are leased to other networks and establish a small-payer enforcement process. You will receive a resource package of enforcement letters, contract templates and a model enforcement plan.

This session will provide you with the knowledge to:

- Use a pricing policy to set an enforcement threshold
- Identify payer contracts that are leased to other networks
- Build your own enforcement plan

302: CSI: Reporting – Unlocking the Secrets Behind Your Data

Finance and Accounting Operations
Operational

Nancy Wilkes, CPC, vice president, practice management technology, UCI Medical Affiliates, Inc., Columbia, S.C.

Find the places where money might be hiding from you – money that could be recovered with the right tools. Are your reports providing the in-depth knowledge of your accounts receivable, or could you be missing valuable information? Do you know how your top 20 codes compare across all of your payers?

This session will provide you with the knowledge to:

- Maximize recoveries by identifying areas of hidden data
- Improve productivity and efficiency by identifying issues caused by payers, employees and/or software
- Import reports to Microsoft Excel to enable greater data flexibility

Conference schedule

Monday, Feb. 27 (cont.)

303: From Medical Practice to Medical Home to Accountable Care Organization: Opportunity or Threat?

Evolving Healthcare

Strategic

J. Max Reiboldt, CPA, president and chief executive officer, Coker Group, Alpharetta, Ga.

Accountable care organizations (ACOs), a model of physician/hospital integration, focus on better coordination of patient care to both control costs and improve quality of care. As healthcare reform emerges, providers must carefully assess their ability to participate in ACOs. In this session, you will explore the anticipated future of ACOs and the opportunities that the ACO model presents. Learn how the ACO is structured, grasp the essential elements of an ACO and evaluate methods to project cost savings. Explore the role of physicians, physician leadership, change and culture within evolving healthcare models.

This session will provide you with the knowledge to:

- Evaluate the effects of an outcome-based healthcare market
- Assess current physician-hospital alignment strategies
- Examine how today's organizations have successfully improved their value proposition to payers and patients

304: Physician Compensation: Preparing for the Future!

Physician Compensation

Operational

Justin Chamblee, senior manager, Coker Group, Dallas

Designing a physician compensation plan can be a daunting task for any healthcare organization. As reimbursements continue to tighten, employment models are equally affected. More than ever, physicians must be careful when considering proposed compensation arrangements. In this session, you will receive timely information on the latest trends in physician compensation and model structures as well as issues influencing compensation distribution, how this information translates to your hospital system or group practice and what measures should be established to ensure future financial stability.

This session will provide you with the knowledge to:

- Explore the latest trends in physician compensation distribution, including the benefits and challenges
- Examine how recent regulatory compliance issues and legal structures affect your healthcare organization
- Apply current compensation models to allow physicians to meet their goals and expectations

2:45-3:30 pm

Networking break and prize giveaways in the Exhibit Hall

3:30-4:45 pm

Concurrent sessions: 400 series

401: MGMA Government Affairs Update: Recent Developments and Hot Topics

Government Affairs

Operational

Allison Brennan, senior advocacy advisor, Medical Group Management Association, Washington, D.C.

This session will provide a timely look at pertinent healthcare issues under consideration by Congress and federal regulatory agencies. Attendees will learn about recent legislative and regulatory developments and how proposed changes might affect medical group practices' day-to-day activities. Additionally, attendees will learn what resources are available to clarify these federal initiatives.

This session will provide you with the knowledge to:

- Identify relevant legislative and regulatory initiatives that might affect group practices
- List critical elements from legislative and regulatory initiatives that can affect your practice
- Determine when to expect changes to current regulations that will impact your practice and what resources are available to assist you





402: CSI: Reporting Lab

Finance and Accounting Operations

Operational

Nancy Wilkes, CPC, vice president, practice management technology, UCI Medical Affiliates, Inc., Columbia, S.C.

If your software applications provide you with several reports that you would like to combine into one, or if you need the ability to summarize or sort the data differently but do not have business intelligence software to achieve this, this is the session for you. Find out how to merge spreadsheets, merge and split column data using delimiters, and apply and change formula values to calculated values. Participants will learn how to import text files of reports into Microsoft Excel to allow for data manipulation and merging of multiple spreadsheets through the use of inexpensive Microsoft Excel add-ons.

Prior to attending the session, participants may want to download a free 15-day trial of DigDB at <http://digdb.com/download/> and a free 90-day trial of ASAP Utilities at <http://asap-utilities.com/download-asap-utilities.php>.

This session will provide you with the knowledge to:

- Export reports to text files and import them into Microsoft Excel
- Review and demonstrate the main features of DigDB and ASAP Utilities by merging and manipulating multiple spreadsheets
- Summarize detail data and copy it into another spreadsheet to allow manipulation of the summarized data

403: The Next Stage of Healthcare: Fiscally Embracing the Accountable Care Organization Model

Evolving Healthcare

Strategic

J. Max Reiboldt, CPA, president and chief executive officer, Coker Group, Alpharetta, Ga.

One thing is certain: change is inevitable. How we prepare for, accept and adjust to change determines our ability to survive and thrive, especially in today's climate. This session will cover adaptation methods in a shifting marketplace that is moving from a unit-based revenue model to one that rewards accountable and reliable outcomes. This program will provide insight into the future of the accountable care organization (ACO), the opportunities this model presents, the related long-term strategic decisions that must be made and the effects of an outcome-based healthcare market. The session will also review the elements of the ACO rules and the Shared Savings Program.

This session will provide you with the knowledge to:

- Explore opportunities presented by the ACO model
- Discuss the anticipated future of ACOs
- Assess current physician-hospital alignment strategies

404: Using MGMA Tools to Understand and Benchmark Your Data: RVU Analysis and E&M Profile

Benchmarking Analysis and Applications

Operational

Steven Strobe, vice president, ambulatory services, Rockford Health System, Rockford, Ill.; David Taylor, FACMPE, FACHE, vice president, regional services, CoxHealth, Springfield, Mo.; and David Litzau, surveys systems analyst, Medical Group Management Association, Englewood, Colo.

MGMA has recently developed a number of tools that utilize the MGMA survey data to help you benchmark your practice data and drive practice success. This session will explore the use of the MGMA RVU Analysis Tool and the E&M Profiling Tool, using your practice's data. It will show you how to upload your data, develop reports, interpret the results and develop data benchmarks for more advanced uses. This highly interactive session will be a great opportunity not only to learn to use the tools, but also to learn from other administrators as participants collectively review their practices' data.

This session will be hands-on, utilizing the tools and your practice's data. Please come prepared with your laptop and your practice's CPT data.

This session will provide you with the knowledge to:

- Use the MGMA RVU Analysis Tool and E&M Profiling Tool
- Upload and analyze your practice's data for real-time benchmarking
- Use advanced benchmarking techniques to optimize practice performance

Conference schedule

Monday, Feb. 27 (cont.)

4:45-5:00 pm Refreshing Ideas networking – Refreshments and snacks

5:00-6:15 pm

Refreshing Ideas: What's So Funny About Healthcare Financial Management?

David Glickman, president, Healthcare Humor, Tampa, Fla.

If laughter is the best medicine, David Glickman is just what the doctor ordered. You've never seen a funnier way of looking at healthcare bureaucracy, ICD-10, medical technology, HIPAA, patient relations, managed care, medical specialists, the insurance industry, the Joint Commission, the Centers for Medicare & Medicaid Services, and much more.

"What's So Funny About Healthcare Financial Management?" positively addresses situations and frustrations that the typical healthcare financial professional faces on the job – in an incredibly entertaining way.

This is not so much a typical general session as it is a full-blown, high-energy, one-man show. It features observational humor, funny visuals and props, hilarious song parodies and a big rock-and-roll finish. It's non-offensive, non-invasive humor that's both clean and clever.



Healthcare humorist David Glickman

Tuesday, Feb. 28

7:30 am-12:30 pm Registration open

7:30-8:15 am Continental breakfast

8:15-9:30 am Concurrent sessions: 500 series

501: MGMA Government Affairs Update: Emerging Medicare Payment Models

Government Affairs

Strategic

Allison Brennan, senior advocacy advisor, Medical Group Management Association, Washington, D.C.

This session will provide a timely look at emerging Medicare payment initiatives and discuss the intermediate-term outlook for their implementation. The presentation will focus on key Medicare payment initiatives including accountable care organizations, Shared Savings and bundled payment pilots, and new value-based payment modifiers.

This session will provide you with the knowledge to:

- Articulate the Medicare payment changes that may impact medical practices in the coming years
- Determine when to expect implementation of new payment models and initiatives
- List the key elements of pending Medicare payment models and pilot programs

502: Health Systems and Independent Clinics: Are We Right for Each Other?

Finance and Accounting Operations

Strategic

Vince Manoogian, CMPE, senior director, Southwind, a division of The Advisory Board Company, St. Louis

Many independent medical groups are considering new relationships with hospitals and health systems to meet the challenges of the changing healthcare landscape. What is driving this latest wave of acquisitions and mergers? How does an entity know when the time is right to merge, and with whom? This session will explore the current and developing state of mergers between independent groups and health systems. Learn to identify, through real-life examples, the opportunities and pitfalls for aligning your organization with another. The stakes are high and the risks are great, so getting it right is critical.

This session will provide you with the knowledge to:

- Identify independent groups' and health systems' expectations when merging
- Determine whether a potential merger represents a good deal for your organization
- Examine mergers' impact on healthcare quality, patient safety and cost effectiveness

503. Essential Financial and Management Elements of Patient-Centered Medical Home Transition

Evolving Healthcare
Strategic

David Gans, MSHA, FACMPE, vice president, innovation and research, Medical Group Management Association, Englewood, Colo.

There has been wide and growing interest in organizing primary care practices into patient-centered medical homes (PCMHs), which provide care coordination, patient education and related services in support of primary medical care. However, becoming a PCMH entails much more than hiring staff or contracting for new services. This session will focus on the core components of the PCMH model, and the financial and management strategies you will need to transition a traditional primary care practice into a successful PCMH.

Course content will be drawn from MGMA data and PCMH model case studies.

This session will provide you with the knowledge to:

- Determine the financial reality of a PCMH's daily operations, including identifying costs and how they are reimbursed
- Examine the administrative challenges of PCMH operations
- Examine the different payment mechanisms currently being used by PCMHs in both the public and private sector

504: Using MGMA Tools to Understand and Benchmark Your Data: Physician Compensation Model Tool

Benchmarking Analysis and Applications
Operational

Steven Strobe, vice president, ambulatory services, Rockford Health System, Rockford, Ill., David Taylor, FACMPE, FACHE, vice president, regional services, CoxHealth, Springfield, Mo.; and David Litzau, surveys systems analyst, Medical Group Management Association, Englewood, Colo.

Benchmarking can mean the difference between good and great. Over the past several years, MGMA has developed a number of tools that utilize MGMA survey data to help practices make the transition from good to great. This session will explore, using your practice's data, the use of MGMA's online Physician Compensation Modeling Tool. It will show you how to upload your data, develop reports, interpret the results and develop data benchmarks for more advanced uses. This highly interactive session will be a great opportunity not only to learn to use the tool, but also to learn from other administrators as participants collectively review their practices' data.

This session will be hands-on, utilizing the tools and your practice's data. Please come prepared with your laptop and your practice's RVU data.

This session will provide you with the knowledge to:

- Use the MGMA online Physician Compensation Modeling Tool
- Upload and analyze your practice's data for real-time benchmarking
- Use advanced benchmarking techniques to optimize practice performance

9:30-9:45 am

Stretch break

9:45-11:00 am

Concurrent sessions: 600 series

601: Negotiating Skills for Medical Practice Administrators

Payer Contracting
Operational

Randy Cook, MPH, FACMPE, president/chief executive officer, AmpliPHY Physician Services, Columbia, Tenn.

Negotiation is a skill required of every successful medical practice professional, yet few have any formal training. Being an effective negotiator requires more than just having knowledge of your contracts. You also need to understand and use specific skills and subtle tools that will put you in the driver's seat. By recognizing the type of negotiation environment, preparing properly and determining how to apply the right tactic at the right moment, you will improve your negotiation results. During this session you will learn about the importance of body language and how to use this knowledge to improve your practice's financials.

This session will provide you with the knowledge to:

- Distinguish among four different negotiating environments
- Apply the best negotiation approach depending on the environment
- Practice and recognize the various signals you and others send with body language

602: Physician Practice Valuation – Fundamentals to Essentials

Finance and Accounting Operations
Operational

Reed Tinsley, CPA, CVA, CFP, CHBC, consultant/owner, Reed Tinsley, CPA, Cypress, Texas

More and more physicians are looking to sell their medical practices to hospitals. So what is a fair price for their practice? This how-to session will provide seminar participants with a solid foundation in the analysis and valuation of medical practices. Learn about the methods used to value a medical practice, regulatory issues to consider in a valuation and the key factors to consider when valuing any medical practice. Find out about the Derby case and how it applies to valuation.

This session will provide you with the knowledge to:

- Define the impact of the Stark law and anti-kickback statutes on valuation
- Examine the income, asset and market valuation methodologies
- Articulate how the Derby case re-emphasizes rules for physician-hospital transactions

Conference schedule

Tuesday, Feb. 28 (cont.)

603: Defining the Costs and Benefits of the Patient-Centered Medical Home

*Evolving Healthcare
Strategic*

David Gans, MSHA, FACMPE, vice president, innovation and research, Medical Group Management Association, Englewood, Colo.

The costs of implementing a patient-centered medical home (PCMH) vary based on factors such as practice size, existing practice capabilities, the costs of new capabilities required to “ramp up” in order to qualify for PCMH status, availability of low-cost or subsidized practice and patient-support resources, and patient-population demographics. Understanding these costs is an integral first step in moving to the PCMH model. This session will focus on clear and accurate cost estimation for practices seeking to implement the PCMH model.

This session will provide you with the knowledge to:

- Describe the incremental costs of a practice that serves as a PCMH
- Examine the direct relationships between practice costs and an increased level of medical home compliance (PCMH recognition level and accreditation scores)
- Define which aspects of practice redesign will most impact patient centeredness and practice costs

604: Nearly Half of Medical Practices Encounter Employee Theft: Where Does Your Practice Fall?

*Finance and Accounting Operations
Operational*

Stephen A. Pedneault, CPA, CFF, CFE, principal, Forensic Accounting Services, LLC, Glastonbury, Conn.

A difficult economic climate, heightened unemployment, reductions in reimbursement levels, decreases in fee realizations, declines in patient and procedure volumes, and increased competition are among the significant financial factors impacting today's medical practices. Given the uncertainty surrounding your practice's future revenues and cash flows, the last thing any practice should worry about is whether someone is stealing. This session will discuss the policies and procedures every practice should implement to minimize the risk of employee theft and embezzlement. Discussions will include recent cases, schemes perpetrated and the means by which each could have been prevented or detected.

This session will provide you with the knowledge to:

- Explain why employee theft and embezzlement is a threat to every medical practice
- Identify common areas of opportunity along with typical schemes
- Develop transparency and accountability in accounting, billing and collection processes to close the accountability gaps

11:00-11:15 am *Stretch break*

11:15 am-12:30 pm *Concurrent sessions: 700 series*

701: Negotiating Skills Lab

*Payer Contracting
Operational*

Randy Cook, MPH, FACMPE, president/chief executive officer, AmpliPHY Physician Services, Columbia, Tenn.

This session follows Cook's 600-series session, “Negotiation Skills for Medical Practice Administrator.” Participants will practice lessons learned in the lecture session and create a discussion plan for a fictitious medical practice called Getwell Medical Group. After developing the discussion plan, the group will hold a mock negotiation between Getwell and Divided Health Plan.

This session will provide you with the knowledge to:

- Practice developing an approach based on one of the four negotiating environments
- Build a discussion plan for a payer negotiation
- Practice implementing the discussion plan

702: Ancillary Revenue: Past, Present and Future

*Finance and Accounting Operations
Operational*

Reed Tinsley, CPA, CVA, CFP, CHBC, consultant/owner, Reed Tinsley, CPA, Cypress, Texas

Implementing new service lines and adding ancillary services are among practices' viable options for enhancing revenue and increasing profit. This session will review service options for primary care, single-specialty, multispecialty and academic groups. We will also explore new practice-revenue opportunities under current guidelines, as well as changing reimbursement options under healthcare reform. Fee for service, gain sharing and other risk-reimbursement methodologies, along with capitation models, will be viable future options to incentivize quality rather than quantity. Interpret your ancillary service opportunities under the changing rules associated with patient-centered medical homes, accountable care organizations and other healthcare reform models.

This session will provide you with the knowledge to:

- Identify potential ancillary service options for your practice
- Consider how ancillary reimbursement methodologies may change under healthcare reform
- Examine how to lead your practice to receive payment for quality, not quantity, incentives

703: Financial Management, Payer Contracting and Evolving Healthcare: Future Directions

Evolving Healthcare

Strategic

Daniel D. Mefford, MBA, CPA, FACMPE, consultant, Practice Resource Management Group Inc., Columbus, Ohio

Now that you've attended the MGMA 2012 Financial Management and Payer Contracting Conference sessions, what are your next steps? This session focuses on how to implement the concepts you learned at the conference once you're back in the office, including a review of your practice's strategic plan as it relates to the changing healthcare environment. This session covers the latest thoughts on accountable care organizations, patient-centered medical homes, general healthcare reform and the basics of financial management and payer contracting, with an emphasis on improving your practice's position for the future.

This session will provide you with the knowledge to:

- Recap the important concepts outlined at the MGMA 2012 Financial Management and Payer Contracting Conference
- Discuss your specialty-specific plans for future adaptation to the emerging healthcare trends
- Outline next steps in your strategic plans and activities upon your return to the office

704: Using MGMA Tools to Understand and Benchmark Your Data: Fee Schedule Analysis Tool

Benchmarking Analysis and Applications

Operational

Steven Strobe, vice president, ambulatory services, Rockford Health System, Rockford, Ill.; and David Taylor, FACMPE, FACHE, vice president, regional services, CoxHealth, Springfield, Mo.; and David Litzau, surveys systems analyst, Medical Group Management Association, Englewood, Colo.

In response to members' needs for actionable use of data, MGMA has developed several tools that utilize the MGMA survey data to help you benchmark your practice data and drive practice success. This session will explore in detail the use of MGMA's online Fee Schedule Analysis Tool using your practice's data. It will show you how to upload your data, develop reports, interpret the results and develop data benchmarks for more advanced uses. This highly interactive session will be a great opportunity not only to learn to use the tool, but also to learn from other administrators as participants collectively review their practices' data.

This session will be hands-on, utilizing the tools and your practice's data. Please come prepared with your laptop and your practice's fee schedule data.

This session will provide you with the knowledge to:

- Use the MGMA online Fee Schedule Analysis Tool
- Upload and analyze your practice's data for real-time benchmarking
- Use advanced benchmarking techniques to optimize practice performance



Exhibit Hall

You come in search of solutions.

You'll leave with knowledge about an array of products and services to meet your needs.

The MGMA 2012 Financial Management and Payer Contracting Conference Exhibit Hall is your source for information about the products and services you need to help your group practice succeed.

Dedicate time during the conference to visit the Exhibit Hall. Talk with industry experts who can help you find answers to your daily challenges as well as enable you to make informed decisions about your practice's current and future needs.

For a list of companies attending the conference, visit mgma.com/FMPC2012.

Stop by your professional home: The MGMA booth and bookstore

Maximize your conference experience by exploring the resources in the MGMA booth and bookstore. Meet with our staff experts, gain reliable ideas to manage your practice and learn about the latest issues in practice management.

Also, you're invited to:

- Pick up our newest survey reports and practical books
- Demo new tools developed by MGMA's survey operations team as well as see the latest in MGMA's DataDive online survey reports
- Learn about ACMPE board certification and Fellowship
- Ask questions about your membership or learn how to become a member
- Get help finding your way around the conference or obtain an answer to a general question



Exhibit Hall events

Sunday, Feb. 26

5:00-5:45 pm

Networking break

6:45-7:45 pm

Happy Hour

Monday, Feb. 27

9:00-9:45 am

Networking break

11:00-11:15 am

Networking break

2:45-3:30 pm

Networking break and prize giveaways

Tuesday, Feb. 28

Exhibit Hall closed

The Exhibit Hall is closed during education sessions.

Interested in exhibiting at the MGMA 2012 Financial Management and Payer Contracting Conference? Learn more at mgma.com/marketingolutionscenter.

Hotel information and conference location

Hyatt Regency Scottsdale Resort and Spa at Gainey Ranch
7500 E. Doubletree Ranch Road
Scottsdale, AZ 85258
Phone: 480.444.1234
Reservations: Toll-free, 888.421.1442
www.hyattscottsdale.com

Room rate

Standard guest rooms are **\$229** per night for single or double occupancy, plus 14.92 percent to cover applicable state and local taxes (taxes subject to change). The resort fee has been waived; attendees will receive daily guest room Internet, fitness center access, local and 800 number phone access, incoming/outgoing faxes, shopping shuttle access, tennis court access, bicycle rental and golf bag storage at no additional charge.

Reserve your hotel room early!

MGMA has reserved a limited block of rooms until **Friday, Feb. 3, 2012**. After this date, reservations at the group rate will be accepted on a space-available basis only. Please note, if the room block fills prior to the cutoff date, MGMA might not be able to procure more rooms at the group rate.

For sleeping room reservations, call toll-free, 888.421.1442. Identify yourself as an attendee of the Medical Group Management Association 2012 Financial Management and Payer Contracting Conference to receive the discounted group rate. A one-night deposit, including tax, must accompany all reservation requests by cash, check or credit card. Reservations can also be made online at mgma.com/FMPCHotel.

Any reservation canceled within 72 hours of the planned arrival date will be charged for one night's room and tax. Early and late check ins may be charged an additional fee.

Check in: 4:00 pm
Check out: Noon

Please contact meetings@mgma.com with any questions regarding conference hotel reservations.

Air transportation

MGMA recommends flying into the Phoenix Sky Harbor International Airport (PHX), located about 30 minutes from the resort.

Ground transportation

Super Shuttle offers service from the airport to the Hyatt Regency Scottsdale Resort and Spa 24 hours a day. The one-way cost per person is \$22. No advance reservations are required from the airport; however, 24-hour advance notice is requested for return trips from the resort to the airport. If you would like to make reservations, call toll-free 800.730.9267.

Taxi transportation costs from the Phoenix Sky Harbor International Airport (PHX) to the resort are approximately \$40 one way.

If you prefer to rent a car, the resort offers complimentary self parking. Please note that all transportation costs are subject to change without notice.

Attire

Business casual attire is appropriate for all events including receptions. Meeting room temperatures vary. We recommend wearing layers and bringing a light sweater or jacket for your comfort.

Faculty

MGMA reserves the right to change faculty or modify program content.

Special assistance

MGMA takes steps to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids or services. If you need any auxiliary aids or services identified in the Americans with Disabilities Act, call the MGMA Meetings and Conferences Department toll-free at 877.275.6462, ext. 1875, before your arrival.

Photo consent

During the MGMA 2012 Financial Management and Payer Contracting Conference, MGMA representatives may take photographs or video recordings of attendees. MGMA may use these materials for its editorial or marketing purposes. Attendees acknowledge that their image, likeness or voice may appear in these materials. By attending the MGMA 2012 Financial Management and Payer Contracting Conference, attendees consent to MGMA's use of their image, likeness or voice for MGMA's editorial or marketing purposes in connection with any materials in which attendees appear.

Registration information

For complete details on how to register, where to stay, education sessions, membership and continuing education credit information, visit mgma.com/FMPC2012 or call toll-free 877.275.6462, ext. 1888.

Registration fees	Postmarked on or before Friday, Jan. 27, 2012	Postmarked after Friday, Jan. 27, 2012
Conference		
National MGMA member	\$589	\$789
National MGMA affiliate	\$739	\$939
MGMA nonmember	\$789	\$989
Preconference Workshop and Conference		
Successful Revenue Cycle Management: Proven Strategies and Best Practices for Long-term Success Preconference Workshop <i>(includes full conference registration)</i>		
National MGMA member	\$988	\$1238
National MGMA affiliate	\$1138	\$1388
MGMA nonmember	\$1288	\$1538
ACMPE Preconference Workshops		
Pathway to Certification and Fellowship workshops (ACFMPC12)		\$245
Pathway to Certification workshop (ACFMPCB12)		\$185
Pathway to Fellowship workshop (ACFMPCF12)		\$95

Team registrations

MGMA offers discounts when more than one individual from the same organization registers for the conference. Discounts are not available when registering online. The first registration in the group will be charged at full price, with all other registrants from the same organization receiving a \$100 discount. To receive the group discount rate, teams must register by calling MGMA toll-free at 877.275.6462, ext. 1888. Team members are encouraged to register at the same time. Group discounts cannot be combined with any other discount or promotion.

Registration instructions

Registering online is easy and secure. Visit mgma.com/FMPC2012. Your registration must be received or postmarked by **Friday, Jan. 27, 2012**, to be eligible for the early-registration discounted pricing and to ensure that your name appears on the attendee roster. Names of any registrants received after this date (whether by phone, fax, mail or online) may not appear on the final roster.

Please note that all registrations mailed and faxed in will be processed as quickly as possible. Please allow at least 10 business days for processing mailed registrations and three business days for faxed reservations. MGMA recommends booking your registration online for the fastest service.

Registration information



Cancellation policy

All registration cancellations must be received in writing to the MGMA Service Center, 104 Inverness Terrace East, Englewood, CO 80112, or faxed to 303.784.6110 no later than **Wednesday, Feb. 22, 2012**, and are subject to a \$150 processing fee. No credit or partial or full refund will be made for failure to attend after this date. Cancellations by telephone will not be accepted.

All hotel cancellations must be made directly with the hotel. Your hotel reservation confirmation will provide details on making changes or cancelling your lodging reservations.

If for any reason MGMA must cancel one of its programs or turn you away due to limited attendance, your registration fee will be refunded in full. However, you are responsible for your own airline and hotel reservations. MGMA cannot be held accountable for any cancellation changes caused by program cancellation or attendance limitations.

Please call the MGMA Service Center toll-free at 877.275.6462, ext. 1888, if you need to send someone in your place. If the new attendee has a different MGMA status, the registration fee will be adjusted accordingly.

For more information on administrative policies such as a complaint or refund, please call the MGMA Meetings and Conferences Department toll-free at 877.275.6462, ext. 1875.

ACMPE workshops cancellation policy

A registration cancellation should be requested no later than 3 business days prior to each program and is subject to a \$25 processing fee. Cancellations can be requested by telephoning the MGMA service center at 1. 888.608.5602. If for any reason it is necessary for ACMPE to cancel one of its programs or turn you away due to limited attendance, we will refund the registration fee in full. You are responsible for your own airline reservations, and we cannot be held accountable for any cancellation charges for airline tickets caused by such program cancellations or attendance limitations.

Program registration

Your registration fee includes tuition for all education sessions, continental breakfasts, luncheon, refreshment breaks and receptions where applicable. Please see the registration fees section for additional information and pricing. Register online at mgma.com/FMPC2012.

Deadline for program registration

The deadline for preregistration is **Wednesday, Feb. 22, 2012**. After this date, you must register in person at the event.

Conference materials

All the materials you need to make the most of your conference experience will be available online starting Wednesday, Feb. 1, 2012 at mgma.com/FMPC2012/attendee. You will have access to speaker presentations, the attendee roster, conference/hotel maps and more. This site gives you access to the most up-to-date information and enables you to download session presentations before you arrive at the conference. You can even bring your laptop to take advantage of the electronic notes fields in the presentations and reduce the amount of printed material you have to haul around.



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MGMA 2012 Financial Management and Payer Contracting Conference

Feb. 26-28, 2012

Are you ready to put the next piece into
your financial management puzzle?

