2013 Practice Management Institute National Conference for Medical Office Professionals

New Orleans

May 29-31, 2013 • Astor Crowne Plaza

3 Days of Advanced Medical Coding, Reimbursement and Management Topics

- 2 Pre-Conference Workshops and 3 Conference Tracks for a total of 24 Sessions
- Hear from Leaders in Health Care Legislation, Compliance, and Training
- Earn CEUs for Certified Professionals - All in One Place

PRACTICE MANAGEMENT INSTITUTE 30th 1983-2013 ANNIVERSARY

PMI is celebrating 30 years helping medical offices become more productive, profitable, and compliant.

From the 2013 Conference Chair

New Orleans offers a unique backdrop and Cajun flair to complement PMI's National Conference for Medical Office Professionals. This year, PMI commemorates 30 years of helping medical office professionals across the country. We'll share special memories as well as great things in store.

Meet us in the French Quarter at the corner of Bourbon and Canal Streets at the Astor Crowne Plaza Hotel. This is an ideal location, with great meeting space and located within walking distance of many attractions.

Our interactive Pre-Conference Workshops May 29 will focus on coding and leadership effectiveness, respectively. More details on each of these sessions are listed in the next column.

On the morning of May 30, Master of Ceremonies, Aric Bostick, will kick off two days of fast-paced learning sessions. For those who have not had a chance to see Aric in action, he is a truly inspirational individual who will get everyone "Fired Up!" His unique message will resonate with everyone in the room in a truly unique way.

Special guests, William E. Kobler, MD, Member AMA Board of Trustees, David S. Nilasena, MD, MSPH, MS, Chief Medical Officer for CMS Region VI, Senator Tom Whatley, Alabama, and Glenda M. Thornton, Novitas Solutions, will join the Health Care Panel on Thursday afternoon to provide up close and live expert perspectives on today's practice challenges. Where are we headed? These leaders have agreed to address our audience in a town hall panel format. Topics may include attention to stages of implementation for the Affordable Care Act, Accountable Care Organizations, Pay-for-Performance, ICD-10, reimbursement methodologies, and much more. Bring your questions for these expert panelists.

There's a lot more star power and learning content in store. Interaction with faculty and participants will give you an opportunity to see what other offices like yours are doing to solve difficult reimbursement issues or handle compliance concerns. The variety of topics and learning materials you will receive will thread more meaning and knowledge into all that you do in your office. Additionally, you will have the opportunity to take back a plan of action with guided notes provided in each session.

Get all your CEUs out of the way, make new contacts, and have some fun in the French Quarter. Seating is limited. Make it a priority to sign up now!

Sincerely,

Audrey Coaxum

Audrey Coaxum, CHI, CMCO, CMC, CMIS, CMOM
Conference Chair - PMI Faculty Member

Pre-Conference Workshops: Wednesday, May 29

Coding Pre-Conference

How much do you think you know about diagnostic and procedural coding?

Coding expert Maxine Inman Collins returns to this conference to lead a full-day coding workshop on May 29 designed to provide intermediate to advanced-level coders an opportunity to flex their coding muscles. Participants should arrive with coding books in hand and be prepared to be challenged with advanced code set exercises from a variety of specialties.

Roll up your sleeves and journey with Maxine as she exposes common coding errors that can delay or prevent your practice from receiving proper payment for services rendered, and if they remain unaddressed, will become a barrier to successful transition to coding ICD-10 in 2014. Continue your prep for "10" by improving your understanding of clinical terms while crosswalking "9" and "10" to gain insight into the level of detail that will be required for correct coding in the near future. Master those ever-changing specialty codes, modifiers, and bundled procedures, including those for global surgery periods. And ever mindful of the present healthcare climate, Maxine will also be sure to draw your attention to the latest coding news, compliance enforcement efforts and audit outcomes. *Note: Please bring current CPT®, HCPCS and ICD-9 coding books to this session.*

Management Pre-Conference

What does success look like for your practice?

Join two recognized practice management experts on May 29 to participate in an interactive discussion with managers, administrators, clinicians and other practice leaders that share their determination to bring the very best to the medical practices and the patients they serve. Regina Mixon Bates, healthcare consultant and CEO of The Physician Practice S.O.S. Group, Inc., joins this year's Conference Chair, Audrey Coaxum, to co-facilitate this session that seeks to reveal and examine the cornerstones of running a successful medical practice in this age of reform and financial crisis. These two rising stars in healthcare consulting and physician practice education have multiple credentials and two decades of real-world experience leading and guiding medical practices to financial success and compliance with federal and state minimum requirements.

This session will review management must-knows, identify the key components of a successful medical practice – financials, staffing and compliance – and learn how to evaluate effectiveness in each of these areas. Enhance your knowledge of practice operations, such as reviewing aging reports, navigating EHR selection and upgrades, and expanding sources of revenue. How do you rate as a supervisor? Did you inherit your position? Do you manage people as well as systems? How do you find and keep the best staff members? Would your office pass a compliance check up? Are you prepared to respond to an audit? Discover and address trouble spots, identify areas for improvement, and leave with a plan of action toward resolution. Can you reach beyond the status quo and achieve excellence? Be the leader your practice needs.

*Session content subject to change. Visit www.pmiMD.com for programming updates.

Meet the Presenters

Aric Bostick
Master of Ceremonies and Keynote Speaker

Aric is one of the nation's top motivational speakers and success trainers with the keen ability to inspire people from all walks of life to believe in themselves, set goals and follow their dreams. Aric really fires up his audience and his words will resonate with us all. Taken to heart, his message has a profound impact on our ability to do our best job at work and dig deep to make a difference in how we act and perform. His stories may make you laugh or they may make you cry, but they will always make you think.

Audrey Coaxum, CHI, CMCO, CMC, CMIS, CMOM
Conference Chair - Faculty Member, Practice Management Institute

Audrey has two decades of experience in the health care industry. She has overseen the development and implementation of policy and procedures relating to practice and risk management and compliance based on federal, state, NCQA, HIPAA and OSHA standards. She is a Certified Health Care Instructor, who has trained many health care personnel, including physicians, on medical documentation and compliance issues relating to the coding, billing and reimbursement for services.

David S. Nilasena, MD, MSPH, MS (invited)
Chief Medical Officer - Centers for Medicare & Medicaid Services, Region VI

Dr. Nilasena joins us from CMS Region VI headquarters in Dallas. He is the regional lead for the agency's value-based purchasing initiatives and CMS' national quality improvement efforts in acute myocardial infarction, heart failure and stroke. He is board certified in general preventive medicine public health and has master's of science degrees in both public health and medical informatics from the University of Utah.

William E. Kobler, MD
Member, Board of Trustees - The American Medical Association

Dr. Kobler is a board-certified family physician, elected to the American Medical Association (AMA) Board of Trustees in June 2012. He has served in many leadership roles during his career including serving in multiple capacities in the AMA House of Delegates. He is a past member of the Commission to End Health Care Disparities and a current member of the board of the AMA Foundation, serving as the chair of its development committee. Dr. Kobler was elected trustee of the Illinois State Medical Society. He has long been active on the frontlines of organized medicine and continues to work full-time in his family/medicine practice.

Senator Tom Whatley
27th District, Alabama State Senate

Senator Whatley was elected to the Alabama Senate in 2010. He is Chairman of the Senate Agriculture, Forestry, and Conservation Committee. He also serves on the Senate Health, Energy, Judiciary, Military and Veterans Affairs, and Confirmations Committees. He was elected to serve on the Joint House and Senate Legislative Council. He served 23 years in the Alabama Army National Guard, where he received numerous medals and recognition, and holds a Bachelor's Degree in Public Administration from Auburn University and Juris Doctorate from the Thomas Goode Jones School of Law.

Robert W. Liles, JD, MBA, MS
Managing Member, Liles Parker, PLLC

Robert is PMI's lead legal counsel on matters of compliance, and lead developer for PMI's Compliance credential (CMCO). He was the first National Health Care Fraud Coordinator and subsequently worked as Deputy Director of the U.S. Department of Justice, Executive Office for United States Attorneys. As Managing Member in the Washington D.C. based office of Liles Parker, PLLC, Robert heads one of the nation's leading law firms focused on health care fraud defense and regulatory matters representing healthcare providers in civil, criminal, and administrative proceedings. He also serves as outside compliance counsel to a number of national health care organizations.

Rose Moore, CPC, CPC-I, CPMA, CMCO, CEMC, CEC, CCP, PCS, CMC, CMOM, CMIS, CERT, CMA-ophth
President and CEO, Medical Consultant Concepts, LLC; PMI Faculty

Rose has been in the medical field since 1976 where she has worked through the trenches in all aspects of a medical practice. She conducts seminars and workshops on coding, financial management and practice management throughout the Commonwealth of Virginia and has worked as a Physician Practice Advocate at the Medical Society of Virginia since 1999. During that time, she had been consulting physicians on Healthcare Reimbursement and the importance of correct documentation and coding. She is an instructor for PMI and President/CEO of Medical Consultant Concepts, LLC.

Sunjanel Avecilla, EMT-P, CPC, CMC, CMIS, CMOM
Faculty Member, Practice Management Institute

Sunjanel has a wide range of experience including Management of the Division of Laboratory Medicine at MD Anderson Cancer Center, followed by administrative and clinical work in family medicine, cardiology and general surgery. Sunjanel has experience teaching coding, medical record auditing and reimbursement, OSHA, OIG, and HIPAA compliance. She is adept at government rules and regulations, and personnel management. Her hands-on knowledge makes her a much sought after medical management consultant throughout the country.

Maxine Inman Collins, MBA, CPA, CMC, CMIS, CMOM
Faculty Member, Practice Management Institute

Maxine has more than 20 years of experience in medical practice management, administrative and clinical personnel essential medical office skills such as medical terminology, diagnostic and procedural coding, reimbursement, OSHA, and HIPAA compliance. She is adept at personnel management, government rules and regulations, accounting and budgeting. Additionally, her experience with practice marketing and development make her a knowledgeable practice management resource.

D.K. Everitt, CMCO, CCO
President, The Compliance Division, L.L.C.

D.K. Everitt is a Certified Medical Compliance Officer with more than 30 years of experience in practice management, and the development and management of medium to large medical facilities, and the development, implementation, and maintenance of corporate compliance programs. He serves as Chief Healthcare Compliance Officer and President of The Compliance Division, L.L.C. His areas of expertise include establishing and managing federally certified health clinics, evaluating and assessing medical facilities, implementing Corporate Integrity Agreements, developing and implementing compliance programs, and OSHA and HIPAA compliance training.

Regina Mixon Bates, IRO, TPA, CMC, CMIS, CMOM, CPC, CPC-I
CEO of The Physician Practice S.O.S. Group, Inc.

Regina Mixon Bates runs a healthcare consulting and educational company providing long-range, planning, practice management and assessment, new practice set up, auditing and training to physicians and their staffs. The company has helped health care providers across the country streamline their billing process, improve patient flow, and keep current with ever-changing state and federal guidelines. In 2001, her company was authorized as an IRO (Independent Review Organization) to work with practices under a government Corporate Integrity Agreement.

Rhonda Granja, BS, CMC, CMOM, CMA, CPC
Faculty Member, Practice Management Institute

Rhonda has been in the medical office profession since 1990 and is currently working as an independent medical consultant. She has been involved extensively in medical advocacy. She has done the necessary follow-up work and has a proven track record for winning insurance appeals. She is involved with multiple medical groups and has also developed staff motivation techniques. She is an active member of the American Academy of Professional Coders, the Medical Group Management Association, and the Consumer Family Advisory Committee.

Inside the Sessions

General Sessions

Get Fired Up About Your Role in the Business of Medicine
PMI is celebrating 30 years of helping physicians run more productive, profitable and compliant practices. We'll take a look at past, current and future challenges affecting medical offices. Learn why medical office professionals must embrace opportunities and challenges ahead. The shift toward performance-based reimbursement is not a passing fad. Non-physician providers are beginning to provide a higher level of physician support than ever before. Amid the Oct. 1, 2014 implementation deadline, ICD-10 is no longer a "someday-maybe" notion. With these changes come new ways for you to serve patients and impact the bottom line. Let's get excited about our role in the evolution of health care. *Aric Bostick, Audrey Coaxum and Rose Moore*

What Does the Future Hold in Store for Your Practice?
Hear expert perspectives from the Centers for Medicare and Medicaid Services (CMS), the AMA, and other government representatives on today's health care challenges, up close and live! Where are we headed? These leaders in today's health care charge have agreed to address our audience in a town-hall panel format. Topics may include attention to stages of implementation for the Affordable Care Act, Accountable Care Organizations, Pay-for-Performance, ICD-10, reimbursement methodologies, mid-level provider documentation, RAC audits, state vs. federal guidelines, and much more. Bring your questions for these experts. *Moderated by Audrey Coaxum with guests: Dr. William E. Kobler, AMA, Dr. David S. Nilasena, CMS, and Senator Tom Whatley, Alabama*

Taking the "Fired Up!" Mindset Back to the Office
We all wear many hats in the office, but do we really know what others contend with? Are we willing to walk in others' shoes and gain a wider perspective of the realities impacting our practice's success? Ultimately, team members should understand the different components of the practice in an ongoing effort to work together to achieve common goals of professional achievement and patient satisfaction. In this session, we'll put all the pieces together and give you a framework for getting everyone in your office engaged and contributing as a well-functioning team. Receive tips on problem-solving, communication, and much more in this session, which promises to be filled with real-world examples and plenty of interactive fun. *Aric Bostick*

Faculty Wrap-Up Panel - Where Will You Go From Here?
During this final session of the conference, our faculty will gather together on stage to address questions and highlight important information provided during the conference. Join in this open forum with our panel of experts to ask a question or to share something of value that you received from this continuing education experience. What did you learn that was new to you? What will you do differently when you return to the practice? This is a unique opportunity to review critical components and integrate the tools, tips and techniques that you have gained before you return to the office. *Moderated by Aric Bostick with Audrey Coaxum, Sunjanel Avecilla, Maxine Inman Collins and Rhonda Granja*

CODING

A Documentary on Supporting Successful ICD-10 and Meaningful Use Implementation
It's not science fiction; it's the future of accurate reimbursement. Documentation must provide a much more detailed explanation to support medical necessity of the level billed. The chief complaint and the role of history and exam are major players in this "documentary." The medical decision-making guidelines provide a detailed outline explaining why the patient was seen and supports the level of service that has been assigned. What's the moral? Status quo won't cut it! A thorough understanding of documentation will better position you for the transition to ICD-10, as well as for Meaningful Use requirements. *Regina Mixon Bates*

Wound Care Coding: A Quick Guide to Recent Changes
Wound Care codes were simplified in 2012 and included an increase in RVUs. Take a comprehensive look at the changes in Active Wound Care Management, along with excisional debridement codes. We'll go through coding guidelines specific to wound care, including proper use of modifiers. Learn how to track any underpayments or denials and how to use the information gathered from such an analysis. We can't beat this drum enough: documentation is more important than ever! Learn what is new in wound care treatment and new requirements for proper documentation that would help your practice withstand audit scrutiny. *Maxine Inman Collins*

REIMBURSEMENT

The Reimbursement Game: Is Your Practice Ready to Play?
Pay-for-Performance may not have caused much of a stir in your practice yet, but if you want to improve the fiscal playing field, you will need to step off the sidelines and get in the game. Value-based reimbursement programs reward hospitals, physician practices, and other providers with both financial and non-financial incentives based on performance on select measures. These performance measures cover various aspects of healthcare delivery: clinical quality and safety, efficiency, patient experience and health information technology adoption. We will help you evaluate options and cautions. *Maxine Inman Collins*

Consumer-Driven Health Plans and Their Impact on Practice Collections
The economy shapes the complex interactions among employment, health coverage and costs, financial access to care and health outcomes. Rising costs have forced some employers to stop offering health insurance as a benefit. New consumer-driven health plans are cropping up as a more affordable alternative to traditional plans. The effects of economic shifts include changes in the demand for (or access to) health care and can directly affect the financial status of the practice. Get up to speed on the new plans and how they figure into your payer mix. Designed to put consumers in control of their health care resources, we will take a look at how these plans impact the practice receivables. *Rose Moore*

MANAGEMENT

ICD-10 for Managers & Supervisors: Using the Months Ahead for a Successful Ramp-up
October 1, 2014 will be upon us before we know it! This session will go over a suggested road map for ICD-10 implementation, including guidelines for preparing your clinicians, coders and billing staff. Those who don't take the time now to perfect documentation skills necessary to support the level of detail in the new coding system may get left in the dust as the transition takes place. Take the time now to examine the impact on your EHR. See examples of crosswalks from "9" to "10", and most importantly, understand the effect of implementation on your bottom line. *Audrey Coaxum*

Customer Service: The Key to Running a Successful Practice
When it comes to managing your practice, it's easy to become trapped in the two-dimensional realm of treating patients and getting paid. After all, these are the essential elements of the practice, the "nuts and bolts" which allow for its operation in the first place. There is, however, merit in paying attention to a third dimension: customer service, or what is frequently referred to as "patient relations." If a patient has a negative experience, they may not return. Even worse, they may share this negative experience online. This session will address types of customer service, mechanisms for feedback, and recent federal performance measures tying patient satisfaction to payment. *Regina Mixon Bates*

Chart Auditing: A Coder's Perspective
Federal regulations require medical record documentation to justify charges submitted for reimbursement. Auditing medical charts is the first step in self-analysis and a critical part of maintaining compliance. New attention from the OIG, RACs, and other third-party auditors makes this practice self-check more important than ever. This session will arm coders with the tools that they need to confidently perform chart audits to assure that billing is done right, the first time! Ultimately, doing so can enhance the practice's revenue, operational efficiency and provide peace of mind in the event of third-party payer audits. *Rose Moore*

Advanced Coding Challenge
Give your coding skills a workout! Whether you are a new or veteran coder, this session will put your coding skills to the test and improve your confidence when coding unique situations. Work through advanced case exercises, examining errors that could lead to denied claims. Your instructor will explain current rules and guidelines for various scenarios, identify the relationships between documentation and the codes assigned, and explain the use of modifiers. In-session exercises will emphasize coding selection based on the highest degree of specificity. **Bring current CPT and ICD-9-CM coding books and your questions for expert guidance on some of your most challenging coding situations.** *Audrey Coaxum*

Specialty Coding: Coding for Ancillary Services
Is your practice providing services for preventive care, durable medical equipment (DME), and lab/pathology? Are you coding accurately for them and getting paid? Which HCPCS codes should be used? Which provider can bill for what DME? When can the physician charge for the technical component? What are the regulations for physician signature and ordering? Are you subject to consolidated billing requirements? Regardless of the service provided, the documentation must support the order and illustrate medical necessity. Learn the ins and outs of coding for these and other rapidly-changing services, and review which procedures are currently under OIG scrutiny. *Rhonda Granja*

Misplaced Modifiers
Can your practice afford to lose money? Improper use of modifiers can be costly. Your practice can gain expert insight to prevent denials and secure proper reimbursement. The OIG targets a wide range of provider activities in the 2013 Work Plan, including the use of modifiers. This session will explain the right way to use modifiers and dispel myths that you may have heard about using modifiers to communicate difficult, increased, separate, reduced, multiple and repeat services. In particular, we will go over the correct use of modifier 59, considered to be one of the most misused modifiers, and examine common ways in which the pre-op modifier is being improperly used. *Rhonda Granja*

Clearing New Billing Hurdles: Special Billing Arrangements
Not billing for locum tenens could potentially cost your practice thousands of dollars, whereas billing incorrectly could result in fines, penalties and fees. As the demand for physicians continues to increase, more and more healthcare facilities are discovering the value of locum tenens staffing as a practical option for maintaining or improving revenue levels. If a substitute physician is needed, learn how to engage in reciprocal billing. Likewise, there has been a growing demand and use of non-physician professionals. Minimize denial risks by applying proper coding guidelines. Know credentialing criteria for classifying mid-levels, and how to bill for "incident-to" services. This session will help get you up to speed on current billing and reimbursement rules for these, and other challenging services. *Maxine Inman Collins*

Battling for Dollars: Going Head to Head with Third-Party Payers
Most practices review their EOBs and ask themselves three things: 1) Did we get paid? 2) Why didn't we get paid? 3) What did we do wrong? This session will look beyond this process and explain how to combat inappropriate denials and reimbursements. Review the top reasons for rejection and how to proceed with an appeal. Figure out how to review insurance contracts for hidden clauses and conditions. Next, get tips on how to re-negotiate contracts and increase revenue. Learn how to evaluate and negotiate payment options, and figure out how to do a practice-specific fee schedule analysis that accurately reflects business costs and the value of the services you provide. *Sunjanel Avecilla*

Assessing Your Practice Vitals
These are tough financial times for medical practices: have you benchmarked your practice's viability? Learn how to assess your practice's financial vital signs by analyzing areas where you could be losing money. There may be ways to save money by targeting the areas in your practice that could be draining you of thousands of dollars by monitoring A/R and collections management, downcoding, missed charges, and operational inefficiencies. *Audrey Coaxum*

Patient Collections: Education and Options Are Key
Carriers are placing more financial responsibility on their patients who are, in turn, falsely assuming that their insurances will be picking up the tab at a later date. It's likely that a majority of your patients don't really understand their financial responsibilities. Like it or not, the burden is on the practice to educate them if you want to expedite payment. We will discuss how to gather accurate patient information, the importance of having financial policies, and the legalities of collections. Having a method or system for expediting payments in a timely manner without negatively impacting patient relations is key to making the process work. Resources will be provided to help with collections. *Sunjanel Avecilla*

Muddy Waters Ahead: Are EHRs Helping or Hurting Your Practice?
Electronic Health Records (EHRs) are supposed to streamline recordkeeping, reduce errors and improve accuracy, right? But the new, easier data entry method coupled with a poor understanding of what is required in the record has created bad habits that could potentially impact your patients' well-being as well as your practice's bottom line. Proceed with caution: medical records are legally binding documents and should be handled as such. We will review the elements of an EHR and show you how to implement policies and procedures to help ensure accurate and complete information is recorded in the patient record, how HIPAA imposes requirements on EHR use, and red flags to look out for. *Audrey Coaxum*

Gap Analysis: Turning the Lights On in Your Practice
Implementation of an effective compliance plan and program that covers federal and state laws is critical in this time of increased audit scrutiny. Perhaps the single most important (yet omitted) task when setting up an effective plan is to first conduct a "gap analysis" - a baseline assessment of your practice's coding, billing, operations, and business practices. Conducting a gap analysis is like turning the lights on to see where you are. Is your practice on track? Are there risk areas that need improvement? Do you have any overpayments that need to be returned? Gap analyses are routinely used in a variety of industries to assist leaders with identifying needed corrective actions and bringing an organization into compliance. Our experts will share real-world examples and provide feedback that is relevant to the compliance struggles in your office. *D.K. Everitt and Robert W. Liles*

HR Productivity Killers that Drown Your Practice
Staffing is usually the highest expense in a practice, and also the one most mismanaged. Would your practice purchase an expensive piece of equipment only to let it sit, barely used, or let it be used incorrectly? Your staff is just as valuable. Find out the most troublesome time wasters in your practice, such as poorly-planned meetings, excessive social media and Internet use, ineffective workspaces, and employee dissatisfaction. Receive the tools you need to combat each one. Avoid employee turnover and the costs of retraining while maximizing productivity and profit for your practice in this era of reduced reimbursement. *Maxine Inman Collins*

The Audit Letter Has Arrived: How to Respond
Both government and private third-party payers have increased their audit activities in an effort to identify fraud, waste and abuse and reduce improper payments for health care. RAs (formerly RACs), MACs, ZPICs - the current number and types of audit contractors are growing. Protect your practice when you know the facts. Learn about the types of errors being reported. Walk through the process of being selected for an audit and how your practice should respond. Learn how to handle an on-site review versus responding to a request for medical records. We'll discuss when you need an attorney and how to appeal a decision if the practice disagrees with the outcome. *Maxine Inman Collins*

**Sessions subject to change. Visit www.pmiMD.com for programming updates.*

Conference Schedule

Wednesday, May 29, 2013 | Pre-Conference

	Track 1: Coding and Reimbursement
	Track 2: Management
8:30 a.m. to 9:00 a.m.	**Registration and Continental Breakfast**
9:00 a.m. to 12:00 p.m.	**Morning Session**
12:00 p.m. to 1:00 p.m.	**Lunch**
1:00 p.m. to 4:00 p.m.	**Afternoon Session**

Thursday, May 30, 2013 | Conference

7:00 a.m. to 8:00 a.m.	**Registration and Breakfast**		
8:10 a.m. to 9:25 a.m.	**Opening General Session: Get Fired Up About Your Role in the Business of Medicine** Master of Ceremonies: Aric Bostick, Conference Chair Welcome: Audrey Coaxum, and Keynote Address: Rose Moore		
9:25 a.m. to 9:45 a.m.	**Exhibitor Meet and Greet and Refreshment Break**		
	Coding	**Reimbursement**	**Management**
9:45 a.m. to 11:15 a.m.	**A Documentary on Supporting ICD-10 and Meaningful Use Implementation** Regina Mixon Bates	**The Reimbursement Game: Is Your Practice Ready to Play?** Maxine Inman Collins	**ICD-10 for Managers & Supervisors: Using the Months Ahead for a Successful Ramp-up** Audrey Coaxum
11:25 a.m. to 12:25 p.m.	**Wound Care Coding: A Quick Guide to Recent Changes** Maxine Inman Collins	**Consumer-driven Health Plans and Their Impact on Practice Collections** Rose Moore	**Customer Service: The Key to Running a Successful Practice** Regina Mixon Bates
12:30 p.m. to 1:30 p.m.	**Luncheon**		
1:30 p.m. to 2:30 p.m.	**Chart Auditing: A Coder's Perspective** Rose Moore	**Clearing New Hurdles: Special Billing Arrangements** Maxine Inman Collins	**Muddy Waters Ahead: Are EHRs Helping or Hurting Your Practice?** Audrey Coaxum
2:30 p.m. to 2:45 p.m.	**Afternoon Break**		
2:45 p.m. to 4:15 p.m.	**Health Care Panel: What Does the Future Hold in Store for Your Practice?** Moderated by Audrey Coaxum, with guest panelists: Dr. William E. Kobler, AMA, Dr. David S. Nilasena, CMS, Senator Tom Whatley, Alabama, Glenda M. Thornton, Novitas Solutions		

Friday, May 31, 2013 | Conference

7:30 a.m. to 8:00 a.m.	**Breakfast**		
8:00 a.m. to 9:00 a.m.	**Taking the "Fired Up!" Mindset Back to the Office** Aric Bostick		
9:10 a.m. to 9:30 a.m.	**Exhibitor Visits and Refreshment Break**		
	Coding	**Reimbursement**	**Management**
9:30 a.m. to 11:00 a.m.	**Advanced Coding Challenge** Audrey Coaxum	**Battling for Dollars: Going Head to Head with Third-Party Payers** Sunjanel Avecilla	**Gap Analysis: Turn the Lights On in Your Practice** D.K. Everitt and Robert Liles
11:10 a.m. to 12:10 p.m.	**Specialty Coding: Coding for Ancillary Services** Rhonda Granja	**Assessing Your Practice Vitals** Audrey Coaxum	**HR Productivity Killers** Maxine Inman Collins
12:20 p.m. to 1:30 p.m.	**Luncheon**		
1:30 p.m. to 2:30 p.m.	**Misplaced Modifiers** Rhonda Granja	**Patient Collections: Education and Options Are Key** Sunjanel Avecilla	**The Audit Letter Has Arrived: How to Respond** Maxine Inman Collins
2:30 p.m. to 2:45 p.m.	**Afternoon Break**		
2:45 p.m. to 4:15 p.m.	**Faculty Wrap-up Panel: Where Will You Go From Here?** Moderator: Aric Bostick, Panelists: Audrey Coaxum, Sunjanel Avecilla, Maxine Inman Collins, Rhonda Granja		

** Sessions subject to change. Visit www.pmiMD.com for programming updates.*

NETWORKING EVENTS

Wednesday Evening Pre-Registration Meet & Greet: 5-7 p.m.

Join PMI on Wednesday evening for a Pre-registration Meet and Greet hosted by PMI and conference exhibitors. Stop by to sign-in, pick up your registration materials, and meet the presenters and fellow participants in a casual environment.

Thursday Evening Bead Toss: 9 p.m.

Wrap-up your evening out on the town with PMI. Be our guest at the Astor Crowne Plaza Hotel, on the second level beginning at 9 p.m. Sip a cocktail, enjoy light hors d'oeuvres and toss beads off the balcony in true Mardi Gras tradition.

Organized Tours

Join us on one of three unique group tours. Explore New Orleans with fellow conference participants in a fun, relaxed atmosphere. You will be accompanied by a PMI staff member and presenter from the conference. Reservation and booking details are available on PMI's Conference web page: www.pmiMD.com/nola2013, or watch for weekly email updates.

ASTOR CROWNE PLAZA®
NEW ORLEANS • FRENCH QUARTER

Accommodations

Pre-Conference and Conference sessions will be held at the Astor Crowne Plaza Hotel, where we have secured a discounted conference group rate.

Guest rooms are $99/night (single/double occupancy).

Rate good through May 6, 2013 only, subject to availability. Early reservations are highly recommended.

Reserve Now
888-696-4806 or
504-962-0500, ext. 8030
When reserving, indicate the Practice Management Institute group rate.

Hotel rate does not include applicable state and local taxes. A credit card or cash deposit may be required to reserve a room and during check-in. Details on room type, availability, check in/out times, parking fees, restrictions, shuttle service, cancellation policies, etc. should be obtained at the time of reservation.

CEUs

PRACTICE® MANAGEMENT INSTITUTE

PMI Pre-Conference Sessions – May 29

Pre-Conference is approved for 6 CEUs from PMI.*

PMI National Conference Sessions – May 30-31

2013 PMI National Conference for Medical Office Professionals is approved for up to 12 CEUs for PMI Certified Professionals.* CEUs are awarded based on attendance at each session.

**CEUs may be applied to annual recertification requirements for Certified Medical Coder (CMC), Certified Medical Insurance Specialist (CMIS), Certified Medical Office Manager (CMOM), and Certified Medical Compliance Officer (CMCO).*

Participant Information

Physician/ Practice Name

Practice Address

City State Zip

Phone ( ) Fax ( )

E-mail

Specialty(ies)

If attending the Pre-Conference on May 29, check "all 3 days" below. Box 1 indicates Management Pre-Conference, Box 2 indicates Coding Pre-Conference

Participant Name	Attending all 3 days May 29-31	Attending 2 days May 30-31	Registration Fee *see column 2*
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