



# NEED TO KNOW Medicare Changes: 2018 and Beyond

**TUESDAY, JANUARY 23, 2018 | 9am-12noon**  
**San Antonio Regional Hospital – Aita Auditorium**  
**999 San Bernardino Rd., Upland, CA 91786**



**PRESENTER: CHERYL BRADLEY**

**Associate Director, CMA Center for Economic Services**

Cheryl provides one-on-one support to CMA and SBCMS member physicians on Medicare issues. Cheryl has more than 20 years' experience in the Medicare Program, having worked as an Education and Training Specialist, Medical Review Analyst, and as a Customer Service Representative across all of the CA Medicare contractors including Noridian Healthcare Solutions. Over the years, Cheryl has provided problem solving assistance to physicians, specialty organizations, billing staff and other healthcare professionals in California, Hawaii and Nevada.

**FEE:**

**\$15**  
**member or**  
**member staff**

**\$45**  
**non member**

**Continental  
Breakfast  
will be served**

**NEED TO KNOW UPDATES FOR YOU AND YOUR PRACTICE!**

This workshop will present a preview of the updated Medicare payment policies, payment rates, and quality provisions for services furnished under the 2018 Medicare Physician Fee Schedule in the upcoming year:

- The Quality Payment Program (QPP), known as MACRA
- New Medicare ID cards
- Primary care management
- Evaluation and management services
- 2018 Value Modifier/PQRS payment adjustments

We will also review and assess the impact of key CMS initiatives on your practice--walk away with practical resources to implement these changes!

*We are unable to refund reservations within 48 hours of the event.*

To register, please scan, fax or mail the completed information below to [jsolorio@sbcms.org](mailto:jsolorio@sbcms.org); 909-335-4800-fax; 1859 W. Redlands Blvd., Redlands, CA 92373. Or register online at <http://www.sbcms.org/events>.

Name: \_\_\_\_\_ Physician Office or Group: \_\_\_\_\_

Office Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my payment of \$ \_\_\_\_\_ Check payable to SBCMS \_\_\_\_\_ Visa / Mastercard / Amex / Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Authorized Cardholder Name: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**San Bernardino County Medical Society**

**1859 W. Redlands Blvd. -- Redlands, CA 92373 -- 909-273-6000 -- [www.sbcms.org](http://www.sbcms.org)**