

Upcoming Distance  
Learning Opportunity  
from MHA

## RAC for Providers Audioconference

### AUDIENCE:

Providers and related staff

### SPEAKER:

Day Egusquiza

### DATE:

February 2, 2010  
12:30—1:30 pm MST

### PRICING\*:

MHA Members: \$69/line  
January 28, 2010

\*Fees include session materials and one (1) phone line

### PROGRAM TOPICS:

- This education will address specific provider vulnerabilities –both as part of their partnership with the hospital as well as their individual practice patterns
- Relative updates to RAC activity will also be presented.

### FACULTY

**DAY EGUSQUIZA** brings over 28 years experience in health care reimbursement, business office operations, contracting and compliance implementation. Additionally, her experience includes eight years as a Director of a Physician Medical Management billing service and most recently completed an integrated business office between a hospital and a large physician clinic. Her work includes providing insight and guidance as a compliance, HIPAA and APC educator to department heads as well as business operations staff. Charge Master, Charge Capture and Lost Revenue are a part of her fun project list and yes, RAC!

Ms. Egusquiza is a nationally recognized speaker on continuous quality improvement (CQI), benchmarking, redesigning, reimbursement systems and implementing an operational focus of compliance—both in hospitals and practices. She has been highlighted in JCAHO's *Six Hospitals in Search of Excellence*, Zimmerman's *Receivable Report*, *Health Care Biller*, HFMA's *HFM & Patient Accounts* plus a contributing editor for the 2006 *Health Law & Compliance*, *AAHAM Certification Guide*. HFMI ANI's attendees voted her in the top 25% of presenters—giving her the Distinguished Speaker recognition at each ANI where she has spoken. Her strength is taking complex regulatory rules and creating practical implementation guides.

Her new booklet: "Understanding Internal Auditing of the Revenue Cycle" walks all levels of healthcare professionals thru the basic elements of the internal functioning of the revenue cycle.

[ONLINE REGISTRATION](#)  
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[WWW.MTHA.ORG](http://WWW.MTHA.ORG)

**MHA**

AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

## REGISTRATION INFORMATION

Registration fees are \$69/line for MHA members. The registration fee includes one toll-free telephone connection per registered facility to hear the presenter and handout materials.

To register, please complete the attached form and fax it to MHA at (406)443-3894, Attn: Jennifer Wagner. A copy of the registration form can also be obtained at [www.mtha.org](http://www.mtha.org).

Online registration is also available. Go to [www.mtha.org](http://www.mtha.org) for the link to register online.

If you have not received confirmation via the email address provided on the registration form 48 hours after sending registration, please contact Jennifer Wagner at (406)442-1911. **Registration deadline is January 28, 2010.**

## LOG-IN INSTRUCTIONS

Upon receipt of registration, confirmation will be e-mailed to the contact person indicated on your registration form. You will receive another e-mail approximately 24 hours prior to the event with dial-in information and the handouts.

**It is the responsibility of the contact person listed on the registration form to download and/or access presentation materials prior to the day of the event.** If your e-mail address changes, you do not receive an e-mail with instructions from MHA, or if you are unable to download or open presentation materials, please contact MHA 24 hours prior to the event to allow time to address the issue.

Participants are encouraged to log in 15 minutes prior to the start of the program, as the program will begin on time.

## CONTINUING EDUCATION

A copy of the Certificate of Attendance will be sent with the handouts and dial-in information. This Certificate should be copied and issued to all participants attending the session. Completed certificates should be placed on file at your hospital as evidence of attendance. You may apply on an individual basis with the appropriate accreditation organization for consideration of continuing education credits. This audioconference is approved for 1.0 contact hours.

# RAC for Providers Audioconference Registration Form

## AUDIENCE:

Providers and Related Staff

## DATE:

February 2, 2010  
12:30 pm—1:30 pm MST

## PRICES:

MHA Members: \$69/line

## REGISTER BY:

January 28, 2010

## SERIES OVERVIEW

This educational session addresses specific provider vulnerabilities—both as part of their partnership with the hospital as well as their individual practice patterns

**Contact Person:** Please fill out the contact information for the person that will be responsible for receiving and distributing dial-in information and handouts.

## REGISTRATION INFORMATION

To ensure your spot at this audioconference, please fill out the information below, completely, and fax to MHA at (406)443-3894, Attn: Jennifer Wagner. **You may also register online at [www.mtha.org](http://www.mtha.org).**

**REFUNDS** Fees will be refunded only if written cancellation is received by MHA by 5 pm on February 1, 2010. Fax written cancellation to MHA at (406)443-3894, Attn: Jennifer Wagner.

## Participant Information:

Facility Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**YES!** We wish to participate in the audioconference. I understand we will be emailed the dial-in number, agenda, and materials prior to the conference. \_\_\_\_\_ **Number of lines** \_\_\_\_\_ **MHA Member(\$69/line)**

## Payment Information (All credit card information is required and must be complete).

Total Payment Due: \$ \_\_\_\_\_

Visa                       Mastercard                       Discover                       American Express  
Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ CVS #\* \_\_\_\_\_  
Credit Card Complete Billing Address \_\_\_\_\_  
Signature: \_\_\_\_\_

\*The CVS number is the 3 digit number on the back of your card. For AMEX it is 4 digits on the front

A check, payable to MHA is being mailed to P.O. Box 5119; Helena, MT 59604-5119

**FOR INTERNAL USE ONLY:** DATE PAID: \_\_\_\_\_ REGISTRATION ENTERED (DATE): \_\_\_\_\_ BY: \_\_\_\_\_  
CONFIRMATION SENT (DATE): \_\_\_\_\_ BY: \_\_\_\_\_  
ACCOUNTING CODE: 41.02.00  CHECK#: \_\_\_\_\_ AMT: \_\_\_\_\_  INVOICE (DATE): \_\_\_\_\_ BY: \_\_\_\_\_



For questions regarding education, please contact:  
Carrie Krepps · PO Box 5119 · Helena, MT 59604 · (406) 457-8006 · [carrie@mtha.org](mailto:carrie@mtha.org)