

OKMGMA Medical Directions

Inside This Issue

Page 3
Referral Protocols: Better Communication Between Doctors

Page 6
OKMGMA Spring 2010 Conference Preview: Get Your ASK In Gear

Page 7
OKMGMA Spring 2010 Conference Preview: 50% of Your Employees Are Planning To Quit!

Page 8
OKMGMA Spring 2010 Conference Preview: Business Networking Skills for Conventions and Meetings

Learn More About the OKMGMA Spring 2010 Conference Online!

Update your Medicare enrollment before it's too late

By: Teresa Bolden, CPC

How long has it been since you updated your Medicare enrollment information? If it has been more than six years, then the future of your Medicare payments is in jeopardy!

The Centers for Medicare & Medicaid Services (CMS) expanded their claim processing system edits beginning October 5, 2009. Physicians and non-physician practitioners (NPPs) who order/refer items/services for Medicare beneficiaries must be enrolled in the Medicare Provider Enrollment, Chain and Ownership System (PECOS). In addition, ordering/referring providers, which includes physicians and NPPs, must be of the type/specialty that is eligible to order/refer items/services for Medicare beneficiaries (e.g., *Medicare does not pay for X-rays ordered by a chiropractor*).

During the **first phase** of this implementation (*October 5, 2009 through April 4, 2010*), claims for items/services that require an ordering/referring provider will continue to be Processed when the

TO DO:

- Check e-mail
- Call patients
- Process payroll
- Update Codes!!

ordering/referring provider is not in PECOS. The following warning messages will appear on the provider's Medicare remittance advice:

- N264 – Missing/incomplete/invalid ordering physician provider name; and
- N265 – Missing/incomplete/invalid ordering

See Medicare, Page 4

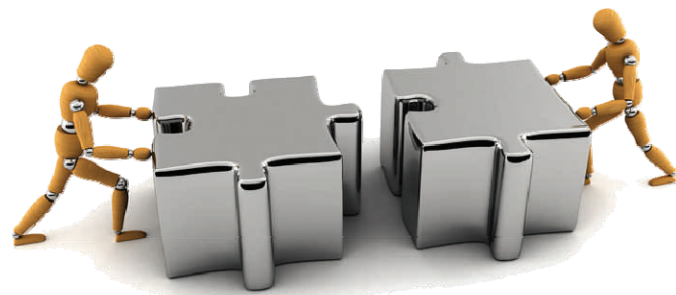
A duty to assist

By: John Watson, CMPE

As I approached the end of my twenty-fifth year in the profession of medical practice management (absent a small detour into related enterprises), I've often reflected on the journey itself. From my first nervous days at the UT Medical School at Houston, where the academic practice of medicine was just one facet of a complex funding system, to celebrating a recent 10-year anniversary with a growing multispecialty group that is trying to create a collaborative delivery system in the midst of complex relationships and competition, the person I am today is most definitely not the person I was in 1984.

The reason? Other people.

Other people: Professionals just like me who have helped to educate me, either by their example or by their words. Professionals, many of whom I now count as friends, who have been just a phone call or e-mail away when I had a question, or who could tell from the



direction of my conversation that I was seriously off track, and who would gently prod me back onto a more productive path, saving me from making the same mistakes that they did.

Who are these people? To paraphrase the great philosopher Pogo, "They are us."

We meet them when we attend the various seminars to which we have access, some sponsored under the MGMA umbrella (national, state or local), or by our state or county medical society, or by a payor. Regardless of the source of the opportunity, it is incumbent upon all of us to seize it. When we do, we

See Duty, Page 4

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From the 2010 OKMGMA Program Committee Chair Diana Scherber

Gear up for a rockin' good time at OKMGMA's Spring Conference April 22 to 23!

Dear Colleagues,

As the 2010 Program Committee Chair, I am so excited about the Spring Conference we are planning for you for April 22-23, 2010! This event will include nationally recognized speakers and a fun new venue, the Hard Rock Hotel in Tulsa. The rooms at the Hard Rock Hotel are exquisite, and whether you like slot machines or if you just like a relaxing night in your suite with a large, flat panel TV and lots of pillows, it will be a memorable event.

We hope to bring as many members together as possible to enjoy this wonderful educational event, complete with a variety of loyal vendors to share the latest and greatest in medical group management. We are inviting members and non-members, so if you know someone who might benefit from our topics, invite them! We will learn about Employee Retention, Collecting in Hard Economic Times and Benchmarking the Medical Practice. If you remember Kristine Sexter, she will return as our keynote speaker - - you won't want to miss her. And if you have someone who might want to attend the collections portion only on Friday morning, members can attend that session for only \$49!! In closing, we will be having the event all-day Thursday and a half day Friday so you can stay and enjoy the venue that afternoon. Please check out more details on www.okmgma.com.

I sincerely hope that you will join us in April for great education, networking and a little bit of fun. See you at the Hard Rock!

Diana Scherber, CMPE
OKMGMA 2010 Program Committee Chair

**“Inventories can be managed,
but people must be led.”**

— H. Ross Perot

Referral Protocols: Better Communication Between Doctors

By: Meryl Luallin

These days, “doing more with less” means getting it right the first time.

It happens all too often - inadequate communication between referrers and specialists makes for frustration among the patient...confusion for the doctor...and extra work for the staff.

Here’s an example: The referring doc receives a letter back from the specialist in response to a consult “recommending” a test. Does that mean that the specialist has ordered the test, or expects the primary care doctor to order it? The upshot can be either no test ordered or unnecessary duplication of effort.

Or what if the referring physician’s office arranges a visit with a specialist but leaves the patient without full understanding of the nature of the visit or what’s going to be accomplished? The result could be that the patient, expecting a test or procedure that the specialist doesn’t order or perform, leaves unsatisfied and wondering why two otherwise brilliant doctors can’t get their act together!

What’s the solution? Obviously, it’s making better connections between referrers, specialists, and the office staffs that support them both. Consider these strategies:

For referrers

1. Be more explicit in what you want the consult to accomplish, including what’s already been done (and didn’t solve the problem); any allergies or pertinent surgeries; medications.
2. Be “up front” about who is expected to manage the patient for the problem.
3. Let the specialist know your thoughts regarding the level of urgency, so the patient can be scheduled appropriately. (If it can wait a week, let the scheduler know that too.)
4. Let the specialist’s office know if the patient has any particular needs (this helps schedulers know how much time to allot.)
5. Finally, to reduce no-shows, let the patient know the importance and purpose of the visit.

For specialists

1. Don’t ask the patient to hand-carry the consult report; fax it to the referrer’s office, particularly if the letter is complex and has information that might unnecessarily upset the patient.
2. Encourage phone calls from referring physicians, and have a dedicated phone line just for them. (Some busy specialists prefer not to be bothered with questions, but that’s short-sighted –



misunderstandings multiply callbacks, and that’s double work for everyone!)

3. Educate referrers (or their office managers) regarding when to refer, and what information is most helpful to you.

4. Give thorough explanations, including simple written instructions to referred patients. (This will also cut down on call-backs to patients and referring doctors, particularly when they’re looking to you for explanations.)

Marketing 101 for specialists: Referrers are customers too!

Which means you need to know what they think of your systems and

services. You can learn how they feel about working with your practice, and also what their patients say about you. A referring physician survey will measure strengths and weaknesses, and tell you what to improve. Questions might address performance issues like:

1. Ability to offer your patient a timely appointment
2. Willingness to see urgent cases on short notice
3. The clinical skills of your physicians
4. The timeliness of patient status reports
5. The thoroughness of patient status reports
6. Patient comments about your practice
7. The health plans you contract with
8. The courtesy/responsiveness of your office staff
9. The location of your office
10. Their involvement in follow-up care
11. Your process for returning the patient to their doctor’s care

For information about conducting a referring physician survey and benchmarking the results against the MGMA national database, please call SullivanLuallin at 619.283.8988.

Meryl Luallin is a healthcare marketing consultant with a nationwide clientele. As a professional “mystery” patient, Ms. Luallin frequently visits practices to assess their strengths and limitations with an eye to enhancing both staff member and physician performance. As a physician “shadow coach,” she provides one-on-one feedback to doctors to help them improve their scores on patient satisfaction surveys. In addition, Ms. Luallin and her team have developed and delivered customer service initiatives at medical practices nationwide, including patient surveys for more than 1,400 practices. Ms. Luallin and her partner, Kevin Sullivan, authored “Star-Studded Service: Six Steps to Winning Patient Satisfaction” for the Medical Group Management Association and recently launched **Spotlight on Service!**[™] a lively, unique web-based video customer service series for medical groups.

Medicare, Continued From Page 1

physician primary identifier.

The **second phase** of this implementation will begin with claims processed on and after **April 5, 2010**. During the second phase, claims for items/services that require an ordering/referring provider will not be paid if the order/referring provider is not in PECOS.

What Do You Need To Do?

If you are enrolled in Medicare, make sure you have a current enrollment record. There are hundreds of physicians who have been enrolled in Medicare for many years and who have not needed to submit any changes to their enrollment record within the past six years. **These physicians will need to establish a current enrollment record in PECOS by submitting an initial enrollment application.**

NOTE: In Oklahoma, Medicare Provider Transaction Access Numbers (PTANs) (formerly known as provider identification numbers (PINs)), assigned to physicians prior to November 2003 resemble their social security number. If your PTAN contains your social security number, you will be assigned a new PTAN upon completion of your enrollment into PECOS.

Duty, Continued From Page 1

find ourselves in rooms with “new” faces, but their newness is merely because we haven’t yet met them. So, we meet them.

For the new manager, introduction to similar neophytes, as well as to those with a little gray in their hair, is the beginning of their own professional journey. Not all such relationships will last, but some will thrive. And the wheel continues to turn.

For myself, as my own skills and confidence have grown over the years, I’ve felt a burgeoning obligation to give back. In my case, this giving back has manifested itself in a willingness to work with local graduate programs, serving and networking with local chapter members, helping to design educational opportunities for area colleagues, and providing encouragement and references for those who are pursuing board certification by the ACMPE. I hope to do more of each in the future.

In our Houston MGMA chapter, Gulf Coast MGMA, it has been wonderful to watch how the current leadership has matured the organization into beneficial bimonthly convocations, well attended and perceived by those present to have an excellent “value to time spent” ratio. This has not happened by accident, but because of the dedication and passion of those who gave of themselves to become volunteer leaders, on their own time, to make it so.

Regardless of where each of us is on our respective career ladder, we all have a duty to reach a hand back to help someone else to climb. Such assistance needs only be an encouraging word, or the gift of a business card... simple gestures that let the recipient know that they have a resource upon which they can call when they have a need. They may never use it, but knowing that it is there can make all of the difference to them.

If you are a physician who is employed by the Department of Veterans Affairs, the Public Health Service, or the Department of Defense Tricare program but have not enrolled in Medicare because you would not be paid by Medicare for your services, you need to enroll in Medicare so that you may continue to order/refer items/services for Medicare beneficiaries.

If you enrolled in the Medicare program or made changes to your Medicare enrollment record since November 2003, you should have a current enrollment record in PECOS.

To determine whether you have a current enrollment record in PECOS, call your Medicare Administrative Contractor at 1-866-539-5596.

Do not delay! Because of the time it takes to complete the initial enrollment process, paper applications should be mailed to your Medicare Administrative Contractor by mid February 2010.

Teresa Bolden, CPC, is a Medicare Compliance Consultant for Peck & Associates, PC, in Norman, OK, with over 25 years of Medicare Part B service. Ms. Bolden was a speaker at our Fall 2009 Conference. Contact Ms. Bolden by calling (405) 364-3040 or e-mail tbolden@peckandassociates.com.

The bottom line? Professionalism is not only what we do, but it is who we are, both to ourselves and to others. Let’s all continue to be the kind of professionals that we ourselves admired when we were relative newcomers to the field of medical practice management... and so help those who would follow us.

John Watson, MS, CIMPE, is the administrator for Northwest Diagnostic Clinic, PA and Northwest Diagnostic Clinic IPA, LLC, both located in Houston, Texas. He recently celebrated his 25th year in medical practice management. Mr. Watson is the immediate Past Chair of the MGMA Southern Section, and has served as President of Texas MGMA and Gulf Coast MGMA, and has also served on the MGMA national board of directors.

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OKMGMA Spring 2010 Conference Preview

Rock Solid

Staying Upbeat in Hard Times

April 22-23, 2010

Hard Rock Hotel & Casino | Tulsa, OK

Featuring keynote speakers — back by popular demand!



Kristine Sexter



Jeff Staads



Read on for previews of our keynote speakers and more information about our Spring Conference in Tulsa!

Visit www.okmgma.com for more information and to register today

Get your ASK in gear

By Jeff Staads

What's your strategy for effectively collecting past due accounts? Letters, phone calls, a collection agency, little animal stickers? Maybe a better question would be, "When accounts receivable do occasionally develop, are you effective at collecting the money?"

Each day an account ages, you lose money, and the collection likelihood drastically decreases. Put yourself in control at the OKMGMA Spring Educational Conference with a powerful presentation by Jeff Staads of Business Resource Center. With more than 32 years of experience in the collection industry, Mr. Staads will help you build an effective collection system; put you in control of collections in person and over the phone; and -- more importantly -- **increase your bottom line.**

Have you ever been on a collection call or face to face with a debtor *who gives* you an excuse and you don't know what to say? You're caught off-guard, it's creative, or it's ohh soooo sad . . . and you forget all about the thousands of dollars they owe you. You'll learn what to

say to help you collect quicker, cheaper and with greater success and confidence.

Objectives of this program are to help you in preventing accounts receivable from developing (**Collecting upfront**), and, when they do develop, how to collect them in fewer days in a more cost-effective manner, using improved communication skills.

You will learn how to:

- Collect more money upfront and at time of service
- Communicate your financial policies
- Manage your accounts receivable in a shorter amount of time
- Stay in control of a collection conversation
- Finalize accounts and what remedies and outsources are available to you

This program is much different from any other program offered nationally. It's not theory: This is real world (your world), straight talking information and techniques that you can put into practice the next day. (Jeff is not an attorney, nor does he play one on TV.)



Jeff Staads is President of Business Resource Center (BRC). He presents programs in the U.S. and abroad on the topics of Leadership, Communication Skills, Customer Service, Sales and his favorite Collections. Jeff has 32 years experience in the collection industry, as a collector, collection manager, trainer and consultant. He is a contributing author of the book "Motivational Selling", and has a solo book on collections titled "57 1/2 Excuses." Jeff can be reached at brc@jeffstaads.com or at (800) 236-7968. He will be presenting at our Spring Conference.

Attend The MGMA 2010 National Conference

By Registering To Win An All Expenses

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Through the OKMGMA-InLight Risk Management Educational Grant, OKMGMA members employed by a health care provider are eligible to register for a free trip to the MGMA 2010 National Conference in New Orleans, October 24-27.

Includes:

- ✓ MGMA National Conference Registration Fee
- ✓ Hotel Accommodations
- ✓ Airfare/Transportation
- ✓ Meals
- ✓ All up to a \$2,250 value

Don't miss the OKMGMA Spring Conference and your chance to register your name in the drawing. Winner will be drawn and announced during the conference.



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50% of Your Employees Are Planning to Quit!

(Warning: Do Not Read This Unless You Plan to Do Something About It...)



By: Kristine A. Sexter

Caution.....the following information may be harmful to your upbeat, positive, professional outlook (that assumes you are not amongst the 50 percent of workers who are generating these survey results):

Right Management surveyed 900 workers and found that 60 percent intend to leave their jobs in 2010.

In the 2009 edition of an annual job satisfaction survey conducted for The Conference Board, only 45 percent of Americans said they were satisfied with their jobs (a marked drop from the 61 percent who said they were satisfied in 1987, the first year the survey was conducted).

Fewer Americans are satisfied with all aspects of their employment, and no age or income group is immune. In fact, the youngest cohort of employees (those currently under age 25) expressed the highest level of dissatisfaction ever recorded by the Conference Board survey for that age group.

The 2009 Employment Dynamics and Growth Expectations Report said 55 percent of employees plan to change jobs, careers or industries "when the economy recovers."

CareerBuilder.com surveyed 4,285 full-time, private sector employees: 40 percent said they had difficulty staying motivated in their current jobs, and 24 percent said they didn't feel loyal to their current employers.

The Monster and Human Capital Institute survey revealed 84 percent of employers indicated they thought "their workers were content because they still had jobs." However, only 58 percent of workers agreed. The same survey found that 57 percent of workers believe employers are exploiting the recession to drive longer hours and lower pay from their workforces.

Finnegan Mackenzie and business network ExecuNet polled 1,627 employed executives and found that more than 90 percent would take an executive recruiter's call. In addition, more than 50 percent of the respondents said they are already pursuing new job opportunities.

So realistically, what's a modern, effective, and savvy practice administrator (like you!) to do?

Recognize that this economy, once rife with staff-cutting and budget-cutting, is starting to improve. Healthcare remains the top hiring industry,

even during these tough times. It is time to move quickly: increase recruiting efforts; restore pay cuts; increase communications; bring in world-class training and staff development; be very generous with genuine, non-monetary recognition; reward acts of teamwork, positive attitude and professionalism. If you don't, then you are at risk of losing your top talent as your growth in healthcare marches on.

Be the role model of consistency, professionalism and responsiveness. Employee retention will always and forever be deeply rooted in how well leadership exemplifies these characteristics. "Top down" will always apply. Old school management styles – such as leading by intimidation, threats, fear, lack of communication, lack of non-monetary recognition, turfism, favoritism and negative attitudes – are exactly the reasons most employees quit, but especially Gen Y'ers. Watch – they will be the first to quit! They expect leaders to be just that: genuine leaders. If they get a whiff of hypocrisy within the management ranks, they are gone – and faster than they can text all 1,281 people in their contacts file about you and the

Quit, Continued From Page 7

company!

Be employee-centric. Patient care certainly remains your top priority, but outstanding, empathetic patient care is what drives the profitability of your practice. Patients can readily discern when there has been turnover or are feeling rushed (after waiting 30 minutes past their appointment time) or leave the encounter with your staff with more questions than those with which they arrived.

It makes sense: Satisfied, engaged healthcare employees take exemplary care of patients. In turn, patient compliance and overall health improves. And just like any other consumable service in America today, satisfied patients will tell others about their encounters with you and your staff. Result? Increased profitability.

Lastly, healthcare employees have greater job security than many other industries right now. Thus they will more readily take the chance to switch jobs, even in a difficult economy. And the future for healthcare hiring remains very, very bright. Take care of those who take care of you.

Kristine A. Sexter is an industrial and organizational psychologist who has devoted over 19 years to studying success and professional commitment. With an extensive background in recruiting, developing, and retaining top talent, Kristine expertly serves the healthcare hospitality and manufacturing industries with acclaimed results. Ms. Sexter is a professional keynote speaker, consultant, and columnist and is the author of six books, including "Rolling Out the Recognition: Employee Retention Strategies for Manufacturers." www.KristineSexter.com.

Business Networking Skills for Conventions and Meetings

By: Debra Fine

Do you dread networking events, open houses and other business related social events? Does attending another open house make you want to run inside your own and lock the door? For business professionals, these occasions represent opportunities to develop business friendships and broaden networks. Here are a few techniques business people can use to improve their small talk skills:

- **Be the first to say "Hello!" and introduce yourself.** Act as if you're the host and introduce new arrivals to your conversational partner or partners.
- **Get somebody to talk** about why they're attending the event and you're on your way to engaging them in conversation.
- **Listen carefully** for information that can keep the conversation going.
- **Play the conversation "game"**. When someone asks, "How's business?" or "What's going on?" Answer with more than "Not much". Tell more about yourself so that others can learn more about you.
- **Be careful with business acquaintances.** You wouldn't want to open a conversation with: "How's your job at (fill in the blank)?" What if that person just got fired or laid off? Be careful when you're asking about an acquaintance's spouse or special friend: you could regret it.
- **Don't act like you're an F.B.I. agent.** Questions like: "What do you do?" "Are you married?" "Do you have children?" and "Where are you from?" lead to dead end conversations.
- **Show an interest in your conversational partner's opinion, too.** You're not the only person who has opinions about interest rates and Alan Greenspan, imposing sales tax on Internet purchases, wearing white after Labor Day, the merits of the Atkins, South Beach and Weight Watcher's diets.
- **Be prepared with exit lines.** You do need to move around and meet others.
- Every encounter involves risk. As long as you keep

looking for new people to meet, and you show an interest in other people, you can develop business friendships and enjoy lively conversations.

Turn every conversation into an opportunity for success!

Debra Fine is the author of *The Fine Art of Small Talk* (Hyperion). She presents keynotes and seminars on conversational skills and networking techniques internationally. Contact Debra at 303-721-8266 or visit her web site at www.DebraFine.com.

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Exciting changes in store for ACMPE examinations

By: Amanda Smith, MHA, CMPE

The American College of Medical Practice Executives (ACMPE) has experienced significant growth in recent years, dramatically increasing the need for more exams sites. In response, ACMPE recently began conducting exams through a national network of testing centers, allowing for greater access to ACMPE exams. See below for more details on the changes. Please call the ACMPE Helpline toll-free, 877-675-6462, ext. 1869, if you have additional questions.

How has access to exams been enhanced?

Examinees now have greater flexibility when scheduling an exam, as well as many more exam sites from which to choose. Our exam network now includes more than 200 exam sites, with one or more in every state. We are also able to offer a week-long testing window to schedule your exams. You can now communicate directly with the testing center to schedule a time that is best for you.

What are the testing centers like?

All testing facilities offer computer-based exams. Centers are professionally staffed and adhere to the highest industry standards for test security and service. Your test results are confidential and immediately sent to ACMPE.

Has examination content or format changed?

No. The exams are written, formatted and graded in precisely the same way they have been for the past several years. The only change is that exams will be provided through a network of professional testing centers.

When will exams be offered in 2010?

March 8-13

May 24-29

August 9-14

How does exam registration work?

Before taking the exams, you must submit certain eligibility requirements. Once you've submitted these items to ACMPE, you can begin the registration process by visiting the ACMPE Examinations Web page. Upon registration on the MGMA website, ACMPE will verify your eligibility to take exams. Within 5 business days, you will receive a confirmation e-mail from ACT providing login and password which will allow you to schedule your exam at a specific time and location. Visit www.act.org/actcenter/locate for an up-to-date listing of all available exam sites.

How much do the exams cost?

Registration fees for computerized exams are \$165 for the essay exam and \$165 for the objective exam.

When will I know the results?

Objective results are available upon completion of the test. A letter with your official exam results will be sent to the address of your choice approximately two weeks following your exam. A team of your peers will evaluate essay responses, with results sent to the address of your choice approximately eight weeks after your exam.

A special note to past exams site proctors: Thank you for your continued support of ACMPE Nominees. Your assistance makes the continued growth of ACMPE possible.

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