Today’s healthcare environment demands outstanding performance. Success requires a proficient workforce trained to manage costs, increase efficiencies, integrate financial information with the delivery of quality care, and communicate effectively with patients about their financial responsibilities.

As part of HealthStream’s Revenue Cycle Solution, we have partnered with the Healthcare Financial Management Association (HFMA) to provide education, resources, and certifications to support all aspects of the revenue cycle. Using the HealthStream Learning Center (HLC) to access HFMA course offerings, leaders will empower employees involved with revenue cycle operations to directly contribute to managing the bottom line efficiently and effectively.
### COURSE DESCRIPTION

**Certified Revenue Cycle Representative (CRCR)**
- Educate revenue cycle staff about the entire revenue cycle process. The program focuses on individual roles and their impact on the revenue cycle.
  - Improve financial performance by raising revenue cycle staff knowledge
  - Measure revenue cycle staff proficiency
  - Increase inter-departmental cooperation
  - Increase performance against selected metrics
  - Recognize staff knowledge and expertise
  - Decrease turnover and liability

**Managed Care Program (Certified Technical Specialist)**
- An overview of managed care, ranging from key factors that influenced the development of managed care to describing the principles behind outcomes-based reimbursement. Managed care leaders will be prepared to understand key trends and predict future challenges. Successful completion of the online assessment earns the Certified Technical Specialist (CTS) in Managed Care designation.
  - Maximize reimbursement
  - Manage financial resources
  - Comply with federal and state regulations
  - Identify and manage risk
  - Increase financial efficiency
  - Establish agreements with patients about their financial responsibility

**Physician Practice Management (Certified Technical Specialist)**
- An overview of contemporary physician practice management activities to enhance revenue cycle performance. Successful completion of the online assessment earns the Certified Technical Specialist (CTS) in Physician Practice Management designation.
  - Develop realistic budgets to support strategic initiatives
  - Manage financial resources
  - Communicate financial data effectively
  - Increase accuracy of financial reports
  - Develop effective cost analysis reports

**Accounting and Finance Program (Certified Technical Specialist)**
- An overview of the healthcare finance system, from risk-sharing arrangements to managed care contracts and profitability ratios. Successful completion of the online assessment earns the Certified Technical Specialist (CTS) in Accounting and Finance designation.
  - Establish agreements with patients about their financial responsibility
  - Establish AR resolutions agreement with providers and patients
  - Reduce bad debt by facilitating insurance enrollment and financial aid inquiries
  - Improve understanding of patient financial responsibility
  - Establish point of contact for future questions
  - Increase patient satisfaction

**Business Intelligence (Certified Technical Specialist)**
- Methods for looking at the real data and using tools to ensure that useful information is highlighted and used to enable powerful actions and decisions in healthcare organizations. Successful completion of the online assessment earns the Certified Technical Specialist (CTS) in Business Intelligence.
  - Identify the key trends of healthcare delivery models and the impact of healthcare reform on care delivery and payment for services
  - Describe how financial strategy planning influences budgeting costs and pricing for healthcare services
  - Identify the components of the revenue cycle including patient engagement, billing, and collections
  - Define the trend toward population health in future healthcare delivery models

**Patient Financial Communications**
- Best practice recommendations to educate patient-facing staff on difficult and critical conversations about patients’ financial responsibility for healthcare services.
  - Establish agreements with patients about their financial responsibility
  - Establish AR resolutions agreement with providers and patients
  - Reduce bad debt by facilitating insurance enrollment and financial aid inquiries

**The Business of Healthcare**
- The Business of Healthcare is a comprehensive online program geared toward healthcare professionals, financial, clinical, and non-clinical - all those whose positions require a deep understanding of the new financial realities of healthcare delivery and payment. It offers participants the unique opportunity to expand their breadth of industry understanding and sharpen their ability to engage in healthcare business issues.
  - Identify the current trends of healthcare delivery models and determine the impact of healthcare reform on care delivery and payment for services

**Denials Management**
- Three courses focused on managing, preventing, and appealing denials. Special attention is given to denials associated with ICD-10 and their impact on revenue cycle efficiency and productivity.
  - Explain how inaccurate charges affect a hospital’s bottom line
  - Recognize importance of accurate coding and how to update CDM Quarterly
  - Address the challenges involved in identifying and collecting self-pay portions from patients
  - Ability to assess the current work culture and list the basic steps to encourage change

### BENEFITS

- Improve financial competency across the board
- Helps orient new hires, addresses learning gaps, and promotes personal development
- Enables teams to understand the connection between financial information and clinical care delivery
- Supports all levels of learners from entry level to executive
- Helps facilitate meet performance goals and provides measurable data for continued benchmarking

### RECOMMENDED FOR

- Revenue cycle staff and leadership
- Finance and accounting staff
- Business operations leadership
- Clinical leadership
- Compliance staff

### CE CREDIT

- **Certified Revenue Cycle Representative (CRCR)**
  - Patient Access
  - Financial Representatives
  - Patient Accounts
  - Health Information Management
  - Case Management
  - Finance
  - Compliance Managed Care Operations
  - Decision Support
  - 12 Hours

- **Managed Care Program (Certified Technical Specialist)**
  - Managed care professionals and other healthcare management leaders
  - Physician Office Manager
  - Medical Practice Operations
  - Financial Management
  - Payer Relations
  - 12 Hours

- **Physician Practice Management (Certified Technical Specialist)**
  - Physician Office Manager
  - Medical Practice Operations
  - Financial Management
  - Payer Relations
  - 10 Hours

- **Accounting and Finance Program (Certified Technical Specialist)**
  - Accounting professionals in healthcare financial management
  - Healthcare managers with at least 2 years of experience and the desire to understand the Business Intelligence function as it relates to the Business of Healthcare
  - 15 Hours

- **Business Intelligence (Certified Technical Specialist)**
  - Healthcare managers with at least 2 years of experience and the desire to understand the Business Intelligence function as it relates to the Business of Healthcare
  - 11 Hours

- **Patient Financial Communications**
  - Patient-facing staff or anyone who communicates with patients about financial matters
  - 3 Hours

- **The Business of Healthcare**
  - Professional staff – new to the field of healthcare finance
  - Clinical staff – who need to understand basic accounting principles related to healthcare finance
  - Management – experienced leaders, seeking to advance their professional development or develop their staff team
  - 13.5 Hours

- **Denials Management**
  - Patient Access
  - Financial Representatives
  - Patient Accounts
  - Health Information Management
  - Case Management
  - Finance
  - Compliance Managed Care Operations
  - Decision Support
  - 6 Hours*
HealthStream (NASDAQ: HSTM) is dedicated to improving patient outcomes through the development of healthcare organizations’ greatest asset: their people. Our solutions are used by healthcare organizations to meet their regulatory training requirements, increase patient resuscitation rates, improved their patients’ experiences of care, train their employees on the new ICD-10 coding system, manage the credentialing process of their workforce, expedite employees’ onboarding processes, streamline competency & performance management, and to meet many other requirements, goals, and objectives. With our corporate office based in Nashville, TN, HealthStream has additional offices in Laurel, MD, Brentwood, TN, Pensacola, FL, Jericho, NY, San Diego, CA, and Nashville, TN (Highland Ridge Office).