

HFMA Curriculum Revenue Cycle Solution

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.



Healthcare's Leader in Workforce Development



hfma

healthcare financial management association

COURSE	DESCRIPTION	BENEFITS	RECOMMENDED FOR	CE CREDIT
e2 Learning Library	Address staff competency gaps in an easy and efficient manner in each professional practice area: Revenue Cycle, Accounting and Finance, and Compliance. Content is automatically updated to reflect industry trends, regulatory changes, and payer requirements.	<ul style="list-style-type: none"> Improves 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 facilities meet performance goals and provides measurable data for continued benchmarking 	<ul style="list-style-type: none"> Revenue cycle staff and leadership Finance and accounting staff Business operations leadership Clinical leadership Compliance staff 	NA
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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Patient Access Financial Representatives Patient Accounts Health Information Management Case Management Finance Compliance Managed Care Operations Decision Support 	12 Hours
Managed Care (CSMC)	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 HFMA Certified Specialist: Managed Care (CSMC) designation.	<ul style="list-style-type: none"> Improve payer contract management Develop key negotiation strategies for contracting payers Understand relevant legislative changes affecting Medicare payments Maximize Reimbursement Communicate physicians' role in addressing utilization and quality metrics Determine cost-sharing mechanisms used in managed care 	<ul style="list-style-type: none"> Managed care professionals and other healthcare management leaders 	12 Hours
Physician Practice Management (CSPPM)	An overview of contemporary physician practice management activities to enhance revenue cycle performance. Successful completion of the online assessment earns the HFMA Certified Specialist: Physician Practice Management (CSPPM) designation.	<ul style="list-style-type: none"> Maximize reimbursement Manage financial resources Comply with federal and state regulations Avoid compliance risks Decrease turnover and liability 	<ul style="list-style-type: none"> Physician Office Manager Medical Practice Operations Financial Management Payer Relations 	10 Hours
Accounting & Finance (CSAF)	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 HFMA Certified Specialist: Accounting & Finance (CSAF) designation.	<ul style="list-style-type: none"> Develop realistic budgets to support strategic initiatives Manage financial resources Communicate financial data effectively Increase accuracy of financial reports Develop effective cost analysis reports Develop accurate financial reports required for Medicare and Medicaid reimbursement 	<ul style="list-style-type: none"> Accounting professionals in healthcare financial management 	15 Hours
Business Intelligence (CSBI)	Methods for looking at the right 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 HFMA Certified Specialist: Business Intelligence (CSBI) designation.	<ul style="list-style-type: none"> Improve quality of care Increase financial efficiency Strengthen operational effectiveness Conduct innovative research Establish strategic directions and monitor progress towards goals Identify and manage risk 	<ul style="list-style-type: none"> 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	Best practice recommendations to educate patient-facing staff on difficult and critical conversations about patients' financial responsibility for healthcare services.	<p>Organization:</p> <ul style="list-style-type: none"> Establish agreements with patients about their financial responsibility Establish AR resolutions agreeable to providers and patients Reduce bad debt by facilitating insurance enrollment and financial aid inquiries <p>Patient:</p> <ul style="list-style-type: none"> Improve understanding of patient financial responsibility Establish point of contact for future questions Increase patient satisfaction 	<ul style="list-style-type: none"> Patient-facing staff or anyone who communicates with patients about financial matters 	3 Hours
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.	<ul style="list-style-type: none"> Identify the current trends of healthcare delivery models and determine the impact of healthcare reform on care delivery and payment for services Describe how financial strategic planning influences budgeting, costs and pricing for healthcare services Identify the components of the revenue cycle including patient engagement, billing and collections Describe new metrics for future payments including quality indicators and patient satisfaction scores Define the trend toward population health in future healthcare delivery models 	<ul style="list-style-type: none"> 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	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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Patient Access Financial Representatives Patient Accounts Health Information Management Case Management Finance Compliance Managed Care Operations Decision Support 	6 Hours*

* 6 CE hours broken down into 3 courses included in module: Managing Denials: Revenue Cycle Performance Improvement (2 hours), Strategies to Prevent Claims Denials (1 hour), Successfully Appealing Denials (3 hours)



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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).