

HFMA E-Learning Libraries

August 2009

Finance Suite

Offers wide breadth of healthcare financial management information aimed at finance professionals in various career stages. Courses cover today's important financial management skills, include accounting standards, managed care contracting, investment management, capital planning and financing, strategic planning, Medicare processes and regulations, fraud and abuse risks, HIPAA and EMTALA compliance, and Sarbanes-Oxley implications for healthcare providers.

60 courses in Finance Suite (291 lessons)
Each lesson can be completed in 15 minutes.

Intended for: Low, middle and executive-level financial managers (having titles such as director of finance, controller, financial analyst, PFS director, managed care analyst, physician practice manager)

Finance Suite courses:

Core Finance Essentials

(21 courses, 66 lessons)

- Healthcare Industry Overview
- Cost Analysis and Management
- Financial Analysis Techniques
- Accounting Concepts and Principles
- Internal Control
- Capital Planning and Financing
- Budgeting
- Strategic Planning
- Investments and Cash Management
- Information Systems
- Patient Financial Services/Revenue Cycle
- Corporate Compliance
- Regulatory Environment
- Health Information Management and Case Management
- Quality and Patient Safety
- Management Skills
- Human Resources Management
- Legal Aspects in Health Care
- Physician Practice
- HFMA Overview

Patient Financial Services

11 courses, 63 lessons

- Organizational Forecasting
- Accounts Receivable Management
- Financial Analysis Techniques
- Information Technology
- Policy, Planning, and Evaluation
- Access Management
- Claims Processing
- Managed Care
- Laws and Regulations
- Physician Entities
- Other Related Entities

Accounting and Finance

8 courses, 66 lessons

- Cost Analysis and Management
- Financial Planning and Budgeting
- Capital Planning and Financing
- Investments and Cash Management
- Internal Control
- Financial Reporting, Accounting Principles, and Auditing
- Regulatory Environment and Corporate Compliance
- Employee Benefits, Insurance, and Risk Management

Managed Care

9 courses, 47 lessons

- Overview of Managed Care
- Healthcare Delivery System
- Financial Management
- Managed Care Operations
- Contracting and Negotiating
- Medical Management
- Regulation and Accreditation
- Forces Driving State and Federal Health Policy
- Medicare and Medicaid

Physician Practice Management

11 courses, 49 lessons

- Physician Coding and Payment Systems
- Encounter Processing
- Accounts Receivable: Collections, Policy, Evaluation
- Information Systems
- Budgeting and Benchmarking
- Cost Analysis and Management
- Physician Compensation and Leadership
- Integrated Health Systems and Managed Care
- Insurance and Risk Management
- Legal and Regulatory Issues
- Other Management Issues

Mastering Medicare Billing

Familiarizes billing staff with rules of claims submission to meet Medicare requirements, address denials from Medicare, and be able to communicate effectively with other departments involved in the revenue cycle. Educates billing staff on use of new UB-04 billing form, how to work with APCs, and how to avoid compliance issues. Mastering Medicare Billing has been approved for contact hours by the National Association of Healthcare Access Management (NAHAM).

31 courses

Each course can be completed in 60 to 90 minutes.

Intended for: Billing staff and staff responsible for account followup (titles include biller, account rep, third-party follow-up rep, billing analyst)

Mastering Medicare Billing courses:

- Course 1: The UB-04 Billing Form, part 1
- Course 1a: The UB-04 Billing Form, part 2
- Course 2: The CMS 1500 Claim Form
- Course 3: Essential Elements of Medicare Inpatient Billing
- Course 4: Basics of Medicare Outpatient Coverage
- Course 5: Understanding APCs and the Outpatient Prospective Payment System (OPPS)
- Course 6: Using HCPCS Codes for Outpatient Services
- Course 7: Using Revenue Codes and Detailed Coding
- Course 8: Using Modifiers
- Course 9: Understanding Proper Coding Procedures
- Course 10: Outpatient Procedures and Surgery
- Course 11: Outpatient Laboratory Services, part 1
- Course 12: Outpatient Laboratory Services, part 2
- Course 13: Outpatient Screening and Diagnostic Services
- Course 14: Outpatient Radiology and Other Diagnostic Services
- Course 15: Outpatient Radiology and Other Diagnostic Services
- Course 16: Outpatient Radiation Therapy
- Course 17: Medicare Rules for Billing Therapy Services, part 1
- Course 18: Medicare Rules for Billing Therapy Services, part 2
- Course 19: Billing for Observation Services
- Course 20: Understanding Dialysis Services and Payment Guidelines
- Course 21: End Stage Renal Disease Services, pt. 1: Coverage
- Course 22: End Stage Renal Disease Services, pt. 2: Billing Processes for ESRD Services
- Course 23: Drug Administration and Special Drug Categories
- Course 24: Emergency and Foreign Hospitals
- Course 25: Billing for Transplant Services
- Course 26: Medicare Coverage Requirements for Special Services
- Course 27: Billing for Hospice Services
- Course 28: Billing for Outpatient Partial Hospitalization
- Course 29: Medicare Supplemental and Replacement Plans
- Course 30: Medicare Compliance Concerns

Mastering Healthcare Compliance

Explains the importance of compliance, the need for compliance training programs, and sanctions and penalties associated with noncompliance with federal and state requirements. Courses present the current OIG Work Plan and compliance guidance for hospitals, nursing facilities, hospices, third-party billing companies, home health agencies, clinical labs, and physician practices. Risks associated with coding, billing, and claims submission are described. Other topics include an overview of Medicare reimbursement under the inpatient and outpatient Prospective Payment System (PPS), the False Claims Act and aspects of the Deficit Reduction Act of 2005 relating to false claims, EMTALA, Red Flag Rules, the IRS's requirements for tax-exempt organizations, HIPAA requirements, federal antikickback laws and antikickback safe harbors, and requirements and exceptions of the Ethics in Patient Referral Act (Stark).

35 courses

Each course can be completed in 1 to 3 hours.

Intended for: Healthcare financial and operational professionals, compliance officers, on-call physicians, and emergency department staff.

Mastering Healthcare Compliance courses:

- An Overview of Compliance Programs
- OIG Compliance Guidance for Hospitals
- OIG Compliance Guidance for Nursing Facilities and Hospices
- OIG Compliance Guidance for Medical Billing Companies and Home Health Agencies
- OIG Compliance Guidance for Clinical Laboratories and Physician Practices
- On Overview of Compliance Guidance and the 2009 OIG Work Plan
- Coding and Compliance
- Billing and Compliance
- Billing Risk Areas
- Reimbursement Systems and Compliance
- The Outpatient Prospective Payment System
- The False Claims Act
- EMTALA
- Tax Issues for Non-Profit Organizations
- Sarbanes-Oxley and Nonprofit Organizations
- HIPAA Transaction Standards and Code Sets HIPAA
- The HIPAA Privacy Rule
- The HIPAA Security Standards
- Corporate Compliance Issues
- The "Red Flag" Rules
- The Stark Act: An Overview
- Stark Exceptions
- Antikickback Laws and Safe Harbors
- The HIPAA Security Standards: ARRA Amendments

Avoiding Claims Denials (new name: Mastering Patient Access)

Focuses on how claims denials can be minimized through proper scheduling and registration processes by patient-access staff. Explains the impact of patient-access functions on hospital finances. Other topics include: how to effectively obtain payment from patients, the basics of health insurance, good customer service practices, complying with EMTALA and HIPAA requirements in the patient-access area, and managing claims denials. The claims denial management courses within this curriculum explain when and why to appeal denied claims and provide tactics for effectively appealing denied claims. The courses also describe processes to improve revenue cycle performance.

6 courses (60 lessons)

Each lesson can be completed in 15 minutes.

Intended for: Front line patient-access staff (registrars, schedulers, staff responsible for verifying patient and insurance information), as well as staff involved in back end of revenue cycle (biller, account rep, third-party follow-up rep, billing analyst, staff responsible for account follow-up)

Avoiding Claims Denials courses:

- Scheduling
- Pre-registration
- Registration
- Validation of Demographic and Insurance Information
- Insurance Verification
- Pre-certification and Notification
- Claims Denial Management

Mastering HIPAA

Presents practical information about the HIPAA Privacy Rule, including uses and disclosures of protected health information, the “minimum necessary” standard, and authorizations. A review course is included that highlights appropriate actions to take when encountering privacy-related issues that occur daily. The course also explains requirements relating to the HIPAA Administrative Simplification provisions covering electronic healthcare transactions and code sets, unique health identifiers, and security.

Intended for: Healthcare workers who have a role in protecting patient privacy as well as health information management professionals, healthcare IT managers, and compliance officers.

6 courses

Each course can be completed in ½ hour to 1 hour.

Mastering HIPAA courses:

- Course 1: Privacy, part 1: Patient Rights
- Course 2: Privacy, part 2: Uses and Disclosures
- Course 3: Privacy, part 3: Authorizations
- Course 4: Transactions, Code Sets and Identifiers
- Course 5: Security
- Course 6: A Day in the Life of a Patient: A HIPAA Review

Cost Control

Teaches managers and supervisors how to identify process improvement opportunities that control costs, and how to then develop strategies for improvement and measure and monitor outcomes. Highlights cost control opportunities in staffing and supply chain management, and discusses the JCAHO approach to process improvement.

1 course (16 lessons)

Each lesson can be completed in 15 minutes.

Intended for: Low to mid-level managers (often having the title “Supervisor”) who supervise staff within a specific area, such as patient access in the ER.

Cost Control topics:

- The Link Between Cost and Quality
- Key Success Strategies for Performance Improvement
- A Step-by-Step Approach to Performance Improvement
- Basic Steps to Process Improvement
- Identifying Improvement Opportunities
- The Role of Measurement in Process Improvement
- Three Steps to Improved Productivity
- Reducing Labor Costs During a Staffing Shortage
- Clinical Quality Improvement
- Information Technology, Process Improvement, and Cost Control
- Cutting Costs by Improving Quality
- Preventing Medication Errors
- Reducing Supply Costs
- How Patient Care Affects Costs