

## Finance Suite

### Understanding the Balance and Convergence of Healthcare and Finance!

This HFMA self-paced program offers finance professionals a breadth of healthcare financial management information to remain well-versed and updated on such topics as...

- Core accounting standards related to healthcare
- Managed care contracting structures
- Investment management strategies and guidelines
- Capital planning, budgeting and financing options
- Creating comprehensive strategic plans and initiatives
- Critical Medicare processes and regulations
- Fraud and abuse risks and penalties
- HIPAA and EMTALA compliance requirements, Prospective Payment System (PPS) and correlation with DRGs
- Sarbanes-Oxley (SOX) implications for healthcare providers

#### Learn...

- Approaches for managing the bottom line while adhering to healthcare regulatory protocols
- How to avoid regulatory compliance risks and violations
- New financial management skills related to patient financial services, managed care and physician practice management

#### Finance Suite E-Learning Offers...

- Five libraries of 60 comprehensive educational courses and 291 distinct lessons lasting 15 minutes each
- Scheduling convenience via 24/7 Internet access – at work or home
- An easy-to-use, interactive format
- Refresher or new employee education
- Industry, peer-approved training
- Employee course tracking and customized reports
- Free content updates
- Course certificate awarded upon completion

#### Intended Audience:

Seasoned veterans and new finance professionals including low, middle and executive-level financial managers such as director of finance, controller, financial analyst, PFS director, managed care analyst, and physician practice manager



### Healthcare Financial Management – this one requires more than a scalpel to operate!

While effectively managing accounting and finance in any business requires an extensive understanding of the regulatory, Federal and local requirements, successfully maintaining the operations, funding and investments for a healthcare organization is even more complex.

When you infuse HIPAA and EMTALA compliance into Generally Accepted Accounting Principles (GAAP), you will likely need more than a calculator and two aspirin to develop and administer strategic financial plans and structures for hospitals, integrated delivery networks and outpatient facilities.

Through this HFMA program, increase your knowledge of the healthcare realm while enhancing your financial expertise to support a more robust and thriving organization for your clinical teams – and community.



# Modules, Lessons and Key Topics

## Core Finance Essentials

- Healthcare industry overview outlines major sectors and related expenditures, and provider categories
- Cost and financial analysis, management and accounting concepts, core financial knowledge including GAAP
- Internal controls, capital financing and planning, and budgeting
- Strategic planning, investments, cash management and forecasting
- Healthcare information systems, electronic data interchange (EDI), case management and data warehousing
- Patient financial services including planning receivables, registration, charge capture and coding, contract management and Patient Friendly Billing
- Corporate and regulatory compliance, the code of conduct, intermediate tax sanctions, JCAHO, fraud and abuse, and HIPAA standards
- Quality and patient safety, evidence-based medicine, management and leadership, coaching and performance review
- Human resources, labor relations, compensation and recruitment, legal issues and contractual responsibilities
- Physician practice, payment and coding, physician compensation and credentialing, and an HFMA overview

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## Accounting and Finance

- Cost analysis and management, break-even analysis, costing types, variance analyses, and managed care modeling and risk sharing
- Financial and capital planning and budgeting, budget controls, productivity measurement, cost behaviors, capital budgeting, ratio analysis, debt financing, covenants, leases, equity financing, joint ventures and credit ratings
- More internal controls, SOX, PCAOB, auditing, cash forecasting, commercial banking, investment portfolios and risk assessments
- Financial reporting, net assets classification, property reporting, liabilities, tax considerations, malpractice claims, disclosures
- In depth regulatory and corporate compliance issues and payment protocols; CMS, PPS and DRG payments; EMTALA, and unrelated trade or business income
- Employee benefits, insurance and risk management

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## Managed Care

- History of managed care and healthcare delivery systems, HMO Act of 1973, performance issues, uninsured patients, other nation's systems, HMOs versus PPOs, cost sharing, reinsurance, claims management and tiered networks
- Hospital and professional reimbursement methodologies including fee-for-service, per diems, capitation and underwriting, community and experience ratings, claims administration, denial management and adjudication
- Evaluating and negotiating contracts, dashboard and performance tools, provisions and carve outs, and direct contracting
- Case and utilization management and patient care including disease management and InterQual
- Regulation and accreditation featuring HIPAA, prompt payment guidelines, ERISA, COBRA, Health Integrity Protection Data Bank
- Driving forces of State and Federal policies, the Agency for Healthcare Research and Quality and consumer-driven healthcare plans (CDHPs)
- Medicare and Medicaid including their history and purpose, advanced beneficiary notice (ABN) and patient rights

## Patient Financial Services

- Organizational forecasting and cash-based budgeting
- Accounts receivable management detailing billing and collections bottlenecks, uncollected revenues, valuation of receivables, billing management (UB-04, CMS 1500), Medicare reimbursement, posting cash and adjustments, self-pay receivables, charity care versus bad debt, Patient Friendly Billing Project, Federal credit regulations, Fair Credit Reporting, liens
- Financial analysis techniques and benchmarking
- Information technology featuring electronic health claims payments, EDI, vendor selection and performance reviews, systems applications, case management and data warehousing
- Business planning and evaluations including performance measurements, transfer of receivables and outsourcing prospects
- Customer relations and patient access management detailing EMTALA, ABN and COBRA requirements, preservice functions and financial counseling
- Claims processing and managed care realities featuring coding and reimbursement, accurate charge captures, operationalizing managed care contracts for greater profitability, and incurred but not reported (IBNR) charges
- Laws and regulations such as bankruptcy issues, litigation policies, patient and provider rights, and Stark regulations
- Physician entities including practice management, A/R valuation and aging issues, physician reimbursement under RBRVS, and integrated delivery systems
- Other related facilities and entities such as nursing facilities, home health and hospice care, and end-stage renal disease and dialysis care

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## Physician Practice Management

- Physician coding and payment systems including IDC-9 and CPT-IV coding, evaluation and management services, documenting ancillary services and fee schedules, relative value systems and RBRVS, and how RVUs can be used for benchmarking
- Patient encounter processing, establishment of positive patient relations programs, physician practice risk management, third-party and self-pay receivables, and electronic versus manual submissions
- Managing bad debt, fair credit, managed care issues, computerized accounts receivables, collection agencies and rebilling
- Information systems discussion of hardware and software, security and access, RFIs and RFPs, Internet usage, clinical/financial integration and electronic medical records (EMRs)
- Budget preparation techniques, projecting statistics and revenue budgets, and performance monitoring
- Explanations of different costing structures, responsibility accounting, standard cost and critical path analysis
- Compensation structures and financial alternatives, pensions, and profit-sharing
- Managed care contracts (from evaluation to negotiation) and reimbursement techniques
- General liability and casualty protection; directors, officers and worker's compensation; stop-loss protection and malpractice
- State licensing board requirements, Stark legislations' impact on physician practices, leadership competencies, credentialing and human resources, and strategic planning and marketing

## For More Information Contact:

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**[www.hfma.org/events/e-learning](http://www.hfma.org/events/e-learning)**

## Technology Specifications

All HFMA e-Learning programs minimally require 32 MB RAM and a 266 MHz processor or higher. The system should use Microsoft® Windows® 95, 98, 2000, XP or 2003. The most optimal viewing browser is Microsoft® Internet Explorer® Version 5.5 or higher from a PC system. If you have a different system configuration or Internet browser, contact HFMA to confirm if it will work with this program.

## About HFMA

The Healthcare Financial Management Association (HFMA) provides the resources healthcare organizations need to achieve sound fiscal health in order to provide excellent patient care.

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