



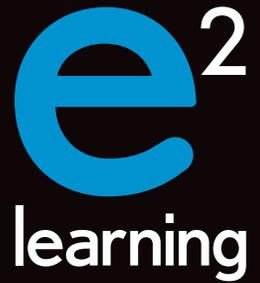
educate. elevate.

HEALTHCARE  
FINANCIAL TRAINING  
GEARED TO YOUR  
NEEDS

e<sup>2</sup>

learning  
course  
catalog

2017



# welcome

This catalog is your essential, easy-to-use reference for e2 Learning from HFMA. It identifies

- specific topics in healthcare financial management, grouped according to practice area
- courses within each practice area, with a brief description and number of learner hours.

You can address your staff training needs by professional practice area to determine immediately what courses are right for individual staff members. You can then assign them those courses, monitor their status, and report on training progress.

We've also developed extensive onboarding resources to get you started, and customer support in case you need further assistance. Our goal is to help you Educate your staff and Elevate your organization's performance: e2 Learning.

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Course Title	Estimated Learner Hours
<b>Accounting and Finance – 14 courses</b>	
An Overview of Budgeting and Forecasting	1
Budgeting and Forecasting	2
Understanding IRS Form 990	0.5
Medicare and Medicaid Reimbursement Systems	1
Cost Analysis and Management	0.75
Financial Reporting: Revenue and Assets	1.25
Financial Planning and Budgeting	1.25
Accounting Oversight and Internal Control	1.25
Capital Planning and Financing	1.75
Financial Reporting: Relationships and Procedures	1.25
Financial Reporting: Liabilities and Long-Term Debt	1.75
Investments and Cash Management	1.25
Reimbursement and Managed Care	0.5
Malpractice Insurance and Risk Management	1.5
<b>Billing Essentials – 7 courses</b>	
Revenue Capture and Recognition	1
Health Information Management (HIM) and Coding	2
Basic Billing Rules & Payment Methodologies	1
Contract Management	1.5
The 1500 Health Insurance Claim Form	2.5
The UB-04 Billing Form: Form Locators 1 through 41	1.5
The UB-04 Billing Form: Form Locators 42 through 81	1.5
<b>Compliance – 17 courses</b>	
EMTALA: Definitions and Requirements	1
False Claims Act: Overview	0.75
False Claims Act: Whistle Blower	2
The HIPAA Privacy Rule	2.5
HIPAA Privacy: Uses and Disclosures	1
HIPAA Security Standards	1.5
A Day in the Life of a Patient: A HIPAA Review	0.5
HIPAA Privacy: Authorizations	1
IRS Regulation Section 501(r)	0.5

Course Title	Estimated Learner Hours
HIPAA Privacy: An Introduction	0.5
Compliance and HIPAA Regulations	1
Medicare Compliance Concerns	3
Healthcare Industry Regulation and Accreditation	1
Compliance: Reimbursement Issues	1
Compliance: Billing Risks	0.5
Fraudulent Acts and Other Compliance Risks	0.5
The Outpatient Prospective Payment System	0.5
<b>Health Care Reform – 5 courses</b>	
Healthcare Reform and Related Issues for Business Operations Leadership	1.5
Healthcare Dollars and Sense – Price Transparency	1
Volume to Value Payment Models	1.5
Price Transparency	1
Business Intelligence for the Healthcare Industry	2
<b>Managed Care – 7 courses</b>	
Overview of Managed Care	0.75
Trends in Healthcare Policy	0.5
Essentials of Medicare and Medicaid Managed Care	1
Healthcare Delivery Systems	1
Managed Care Contracting and Negotiating	1
Provider and Payer Infrastructure and Process	0.75
Managed Care Reimbursement Methodologies	1.25
<b>Managing Denials – 5 courses</b>	
Strategies to Prevent Claims Denials	1
Successfully Appealing Denials	3
Managing Denials: Revenue Cycle Performance Improvement	2
Exception Based Processing - Denied Claims	3
Exception Based Processing - Non Paid Claims	1.5

Course Title	Estimated Learner Hours
<b>Patient Access Essentials – 8 courses</b>	
Advance Directives and Bedside Registration	0.5
Key Performance Indicators in Revenue Cycle	0.5
Customer Service	0.5
Scheduling	0.5
Pre-Registration and Insurance Verification	0.5
Health Plans – An Overview	0.5
Cash Posting & Electronic Remittance – Advice and Fund Transfers	0.5
Importance of Insurance Verification	0.5
<b>Patient Financial Communication – 2 courses</b>	
Patient Financial Communication	1
Self Pay Follow Up	1
<b>Physician Practice Management – 2 courses</b>	
Physician Practice Management – Coding and Payment Systems	1
Physician Practice Management – Legal and Regulatory Issues	1

## Accounting and Finance

### An Overview of Budgeting and Forecasting

1 hour

This course provides a broad overview of financial accounting. Managing any business requires a basic understanding of financial management. Accounting is a way of keeping track of resources to get work done. If you know what resources you are using, you can be more effective in controlling them and make your organization more efficient.

✚ This course has updated content regarding accumulated depreciation.

### Budgeting and Forecasting

2 hours

This course

- introduces budgetary control
- explains the principles of strategic planning
- describes the components of a business plan
- explains the types of control budgets
- lists the types of budgeting techniques
- explains budget variables.
- describes reporting functions, including responsibility reporting and offers details about types of cost behaviors.
- introduces ratio analysis and discusses the four broad categories of ratio analysis.

### Understanding IRS Form 990

.5 hour

A general overview of certain requirements relating to tax-exempt organizations including changes to the Revised IRS Form 990, which is filed annually by non-profit organizations.

### Medicare and Medicaid Reimbursement Systems

1 hour

This course

- describes the regulatory agencies that have authority over healthcare organizations, including the Centers for Medicare and Medicaid Services.
- explains how Medicare and Medicaid function as payers
- explains how different kinds of healthcare organizations are reimbursed for services to beneficiaries.
- explains the ways in which Medicare calculates the amount of reimbursement for services provided by physicians and hospitals.
- explains how payment rates are set for Medicare HMOs.
- describes a hospital's responsibilities under the Emergency Medical Treatment and Active Labor Act (EMTALA).

Course  
Descriptions**Cost Analysis  
and Management**

.75 hour

This course

- explains the importance of cost accounting in helping organizations accurately predict the cost of providing services.
- presents an overview of activity-based costing
- describes how to develop and analyze cost information by product line.
- describes methods and benefits of developing a standard costing system
- describes variable and fixed costs
- presents four types of cost behaviors.
- describes the basic concepts of price variance, volume variance, and efficiency variance

**Financial Reporting:  
Revenue and Assets**

1.25 hours

This course

- explains the different categories of healthcare enterprises and the process to record revenues from varying sources.
- discusses reporting requirements for restricted and unrestricted net assets
- explains how cash and cash equivalents are reported, including handling of agency funds and credit risks.
- describes the accounting and reporting of investments in investment securities that have readily determinable fair values and all investments in debt securities.
- explains how healthcare organizations should account for and report property and equipment, supplies, and other assets.

**Financial Planning  
and Budgeting**

1.25 hours

This course

- describes how organizations use budgets
- presents an overview of types of budgets.
- outlines steps in the budgeting process
- describes two common budgeting methods.
- reviews common cost behaviors and explains how they figure into flexible budgeting approaches.
- describes the role that reporting plays in financial planning and budgeting
- describes how organizations can evaluate capital requests.
- outlines the concept of ratio analysis
- presents a broad look at four categories of ratio analysis.
- presents examples of the use of ratio analysis in the healthcare industry
- **+** This course has updated content regarding the components of an operating budget and reporting variances.

Course  
Descriptions

### Accounting Oversight and Internal Control

1.25 hours

This course

- explains the five components of internal control, paying particular attention to the specific categories of accounting and administrative internal controls.
- summarizes each provision of the Sarbanes-Oxley Act of 2002, which set new standards for corporate accountability by requiring public companies to certify the effectiveness of their corporate reporting.
- explains the makeup, function, and standards of the Public Company Accounting Oversight Board
- describes auditor responsibilities
- defines key auditing terms.
- explains how and why operational audits should be carried out
- outlines the composition and function of an internal audit department.

### Capital Planning and Financing

1.75 hours

This course

- provides basic information about forms of long-term debt available to hospitals and how much an organization can and should borrow.
- explains the nature of the covenants, or legal obligations, placed on the borrower of healthcare bond issues
- discusses how debts were restructured in the past
- describes how to put together a financing team.
- explains the discounted cash flow method of quantifying the value of capital assets to be acquired
- gives examples of how to calculate present value.
- describes replacement cost and market comparison approaches to making capital investment decisions
- describes the two types of equity financing
- lists the benefits and risks associated with joint venture business relationships.
- explains how capital and operating leases work and which criteria credit agencies use to assess an organization's creditworthiness.
- ✚ This course has updated content regarding debt.

### Financial Reporting: Relationships and Procedures

1.25 hours

This course

- explains the impact on financial reporting of various relationships between a reporting healthcare organization and other entities in which it has control and/or economic interest.
- explains how equity transfers between related not-for-profit entities are handled.
- describes the basic elements of financial statements for healthcare organizations.
- explains how accounts receivable are recorded for payments from third-party payers, and for uncompensated care vs. bad debt.
- explains the two different methods of rate setting
- describes how pledges from donors are accounted for and reported.
- ✚ This course has updated content regarding the elements of financial statements.

Course  
Descriptions**Financial Reporting:  
Liabilities and  
Long-Term Debt**

1.75 hours

This course

- describes how healthcare organizations should account for current liabilities
  - explains rules relating to tax exemption for healthcare organizations
  - describes how long-term debt can be handled by healthcare organizations, including the practice of advance refunding.
  - presents information about how malpractice claims are accrued.
  - explains accounting practices for retrospectively rated premiums, claims insured by captive insurance companies, and trust funds, including the use of actuaries.
  - details the different types of revenue a healthcare organization must report and how to report the results of operations in a separate financial statement.
  - explains how different kinds of reimbursement methods affect the financial risk and financial statements resulting from a contract.
- ✚ This course has updated content regarding the Affordable Care Act.

**Investments and  
Cash Management**

1.25 hours

This course

- explains the importance of managing cash for both day-to-day operations and longer term investments of a healthcare organization.
- describes the purpose of a cash budget and introduces three different methods that can be used in preparing one.
- explains the factors that affect cash management and its two components.
- explains the services offered by commercial banks to maximize return on cash balances
- explains the criteria that a healthcare organization should use when selecting a financial institution.
- defines four asset allocation strategies that can help a healthcare organization choose investments that best maximize returns and minimize risk.
- lists the types of risk associated with investments and explains how to evaluate risk, return, and liquidity.
- describes how to select qualified money managers.

**Reimbursement and  
Managed Care**

.5 hour

This course

- provides an overview of cost-accounting strategies related to managed care payment and contract issues.
  - explains some of the modeling tools that providers can use to evaluate managed care contracts.
  - presents a broad overview of various risk-sharing agreements between providers and managed care companies.
  - Partial and full risk arrangements are described.
- ✚ This course has updated content regarding current trends away from traditional fee-for-service.

## Malpractice Insurance and Risk Management

1.5 hours

This course

- describes the types of insurance available to healthcare organizations to protect against unavoidable losses
- describes the objectives, benefits, costs, and challenges of risk management
- presents approaches to funding future losses.
- explains how a provider can transfer risk to an independent third party and how the amount transferred affects the accounting treatment of loss.
- explains the risk providers run under a claims-made policy, the purpose of tail coverage, and how retrospectively rated policies and self-insurance programs work.
- explains IRS requirements for reporting compensation arrangements on Form 990
- describes employers' requirements to provide, account for, and report post-employment and post-retirement healthcare benefits.

## Billing Essentials

### Revenue Capture and Recognition

1 hour

This course addresses

- the charge process and its impact on the revenue cycle
- components of the chargemaster including HCPCS and CPT codes and modifiers
- maintenance of the chargemaster for accurately representing services provided within a healthcare organization.

### Health Information Management (HIM) and Coding

2 hours

This course addresses

- the role and responsibilities of Health Information Management in the revenue cycle
- diagnosis and procedure codes used to communicate the reason for and type of clinical service provided to the patient
- how other departments and stakeholders utilize diagnosis and procedure coding as it pertains to the revenue cycle.

### Basic Billing Rules & Payment Methodologies

1 hours

This course addresses

- basic billing rules for different healthcare providers
- payment methodologies for different healthcare providers
- telehealth service billing.

### Contract Management

1.5 hours

This course

- provides an introduction to managed care contracting.
- describes the purpose of a contract and its key components
- explains criteria-based contracting
- describes elements to monitor to ensure contract compliance.
- This course has updated resources and content regarding contract negotiations.

### The 1500 Health Insurance Claim Form

2.25 hours

This course

- explains the purpose of the 08/05 revised version of the 1500 Health Insurance Claim Form
- describes how the form should be completed.

### The UB-04 Billing Form: Form Locators 1 through 41

1.5 hours

This course

- explains how to complete FL 1–41 of the UB–04 billing form. It covers the use of this form for all payers, including Medicare, Medicaid, and commercial payers.
- describes each form locator and provides detailed information about the codes needed to fill in these data areas.

### The UB-04 Billing Form: Form Locators 42 through 81

1.5 hours

This course

- explains how to complete FL 42–81 of the UB–04 billing form.
- provides detailed information about the codes needed to fill in these data areas
- covers the use of this form for all payers, including Medicare, Medicaid, and commercial payers.

## Compliance

### EMTALA: Definitions and Requirements

1 hour

This course

- provides an overview and introduction to the primary requirements of the Emergency Medical Treatment and Active Labor Act, commonly referred to as “EMTALA.”
- provides information regarding various EMTALA definitions.

### False Claims Act: Overview

.75 hours

This course

- provides an overview of the False Claims Act and its applicability to healthcare providers.
- explains different types of false claims
- discusses False Claims Act definitions.
- discusses the civil investigative demand provisions of the False Claims Act.

### False Claims Act: Whistle Blower

2 hours

This course explains

- the qui tam provisions under the False Claims Act
- the different ways in which a qui tam action may proceed.
- the potential awards available to relators in qui tam actions.

## Course Descriptions

### The HIPAA Privacy Rule

2.5 hours

This course

- provides a general overview of the HIPAA Privacy Rule.
- explains the general rules for the use and disclosure of Protected Health Information (PHI) under HIPAA.
- discusses the Minimum Necessary Rule
- explains requirements for authorizations and when PHI may be disclosed without authorization.
- presents requirements relating to Notices of Privacy Practices, accounting for disclosures, requests for restrictions, and other provisions of the HIPAA Privacy Rule.

### HIPAA Privacy: Uses and Disclosures

1 hours

This course

- defines “use” and “disclosure”
- explains when patient health information may and may not be shared orally, electronically, and in its written form.
- describes the 12 purposes for which Protected Health Information (PHI) may be released without authorization.
- explains the minimum necessary standard, which determines how much information may be released and to whom.

### HIPAA Security Standards

1.5 hours

This course

- provides an overview of the HIPAA Security Rule
- describes how it differs from the Privacy Rule.
- describes implementation of components of the three safeguards that are included in the Security Standards, with a focus on differentiating between addressable and required implementation specifications.

### A Day in the Life of a Patient: A HIPAA Review

.5 hour

In this course, you will follow a patient from admission to discharge, stopping along the way to see how everyone in a hospital, including the patient, is affected by HIPAA.

### HIPAA Privacy: Authorizations

1 hour

This course

- explains when covered entities must obtain formal authorization from the patient to use and disclose Protected Health Information (PHI).
- specifies language that must be included in the authorization.
- provides guidance on authorizations for use of PHI in psychotherapy notes or for marketing purposes.

### IRS Regulation Section 501(r)

.5 hour

This course addresses

- the components of the 501(r) regulations related to community health needs assessments, which include: financial assistance and emergency medical care; billing and collections from financial assistance eligible patients.
- policies for financial assistance and emergency medical care.
- activities related to billing and collections.

## Course Descriptions

### HIPAA Privacy: An Introduction

.5 hour

This course

- explains the basics of HIPAA's Privacy Rule and what you need to consider when handling patients' Protected Health Information (PHI).
- outlines the rights that patients have under HIPAA

### Compliance and HIPAA Regulations

1 hour

This course addresses

- the rise of corporate compliance programs in healthcare organizations, including their complexity and importance.
- the components of corporate compliance programs and the role of a compliance officer to know the statutes and regulations that govern all federal programs, and to operate within them.
- Health Insurance Portability and Accountability Act (HIPAA), including electronic transaction code sets, and privacy and security components.
- ✚ This course also has updated content pertaining to False Claims regulations, implied certification, and Office of Inspector General (OIG) Work Plan examples.

### Medicare Compliance Concerns

3 hours

This course

- addresses specific Medicare compliance and coding issues.
- defines terms such as: MS-DRG window; Two-Midnight Rule; Correct Coding Initiative (CCI); Modifiers; and Medicare Secondary Payer (MSP).
- ✚ This course also has updated content pertaining to the types of Medical Necessity Screening and ABNs and the Beneficiary Notices Initiative (BIN).

### Healthcare Industry Regulation and Accreditation

1 hours

This course discusses the regulation and accreditation of the healthcare industry. It provides overviews of various legislation, such as

- the HMO Act of 1973,
- the Employee Retirement Income Security Act of 1974 (ERISA),
- state regulations,
- the Patient Protection and Affordable Care Act (PPACA).

It also discusses regulatory and accrediting bodies, including

- the Joint Commission,
- URAC
- the National Committee for Quality Assurance (NCQA).

- ✚ This course has updated content, which includes external resources.

### Compliance: Reimbursement Issues

1 hours

This course

- provides an overview of the prospective payment systems used in the Medicare program and as well as Medicare fee schedules.
- provides a general discussion and overview of Medicare reimbursement under the Inpatient Prospective Payment System (IPPS)
- discusses specific instances in which a hospital may receive additional payments under the IPPS.

Course  
Descriptions**Compliance:  
Billing Risks**

.5 hour

This course

- covers a set of four compliance risk areas identified by the Office of Inspector General (OIG) that healthcare providers need to be aware of before they submit healthcare claims to federal agencies for approval.
- discusses the nature of these risks and the potential sanctions and consequences for healthcare providers if they take these risks while submitting claims to federal agencies.

**Fraudulent Acts and  
Other Compliance Risks**

.5 hour

This course

- defines fraud and abuse as it relates to Medicare and Medicaid.
- explains when civil monetary penalties may be imposed
- explains the components of an effective compliance program
- describes violations of False Claims regulations and associated penalties.
- explains the key provisions of the Health Insurance Portability and Accountability Act.
- explains how a healthcare organization qualifies for tax-exempt status and how such an organization may generate unrelated business income that may be taxable.
- describes the kinds of transactions that may create excess benefit for individuals and the tax penalties to which they may be subject to as a result.

**The Outpatient Prospective  
Payment System**

.5 hour

This course

- provides a general discussion and overview of reimbursement provided by Medicare under the outpatient prospective payment system.
- discusses the use of ambulatory payment classifications in the outpatient prospective payment system (OPPS).

The course can be used as a basis for understanding compliance issues relating to the OPPS.

## Health Care Reform

**Healthcare Reform and  
Related Issues for Business  
Operations Leadership**

1.5 hours

Next to national defense, the healthcare industry in the United States is one of the largest sectors of the economy. Currently making up almost 20 percent of the nation's gross domestic product. Health care in the U.S. will be a significant factor in the national economy for the foreseeable future.

- ✚ This course has updated content regarding third-party payers, the Affordable Care Act, Accountable Care Organizations, and break-even analysis.

**Healthcare Dollars and  
Sense – Price Transparency**

1 hour

In this course we will address the Healthcare Financial Management Association (HFMA) Healthcare Dollars and Sense initiative; and its impact on revenue cycle operations.

## Course Descriptions

### Volume to Value Payment Models

1.5 hours

This course addresses the broad provisions of the Affordable Care Act (ACA) of 2010; Centers for Medicare and Medicaid Services (CMS) proposed alternative delivery and payment models; and standard Quality Measures.

### Price Transparency

1 hour

This course addresses

- the principles of price transparency
- the role of price estimates in patient financial care
- how pricing information is used to prepare and present price estimates.

### Business Intelligence for the Healthcare Industry

2 hours

This course provides an overview of the changing healthcare industry for the healthcare business intelligence consultant. The topics discussed include

- healthcare service delivery components
- healthcare delivery environment
- healthcare services in relation to the health continuum
- reform and change in healthcare delivery
- key points of leverage that analytics brings in to the healthcare industry.
- ✚ This course has updated content regarding "Big Data", healthcare delivery continuum approaches, internal components of healthcare service delivery, disconnections among healthcare delivery components, healthcare user-centered team-focused approaches, community-based services, understanding costs in healthcare, and HITECH.

## Managed Care

### Overview of Managed Care

.75 hour

This course

- provides an overview of the state of managed care today and discusses how and why it has evolved.
- identifies major initiatives that are currently affecting managed care and will continue to do so in the future, as the U.S. continues to implement the reforms associated with the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010.
- offers a solid foundation of knowledge that will provide necessary context for the more detailed information presented in subsequent courses in this series.
- ✚ This course has updated course content regarding Third Party Administrators (TPAs), and Administrative Service Organizations. It also includes up-to-date charts and data regarding distribution of employer-sponsored health insurance, facts about uninsured, and total Medicare private health plan enrollment.

Course  
Descriptions

### Trends in Healthcare Policy

.5 hour

This course explores trends in the ongoing development of state and federal healthcare policies and covers topics related to the national healthcare debate including

- increased employer and consumer awareness and its impact on healthcare policies
- outcomes-based reimbursement approaches
- improved outcomes and increased value through coordination of care
- the key issues behind healthcare reform and the main elements of the 2010 law.
- ✦ This course has updated content regarding the Affordable Care Act of 2010 (ACA), changes in Managed Care and healthcare reform.

### Essentials of Medicare and Medicaid Managed Care

1 hour

This course

- provides a brief history and overview of Medicare and Medicaid
- describes government organizations that regulate and administer this program.
- discusses Medicare reimbursement
- highlights recent changes in the law affecting Medicare managed care contracting
- identifies the rights and responsibilities of Medicare enrollees.
- provides an overview of the Medicare Part D pharmacy benefit
- points out some successes and failures of Medicaid managed care
- ✦ This course has updated content regarding Medicare, the Patient Protection and Affordable Care Act (ACA) of 2010, value modifiers, and Medicare Advantage.

### Healthcare Delivery Systems

1 hour

This course

- discusses the healthcare delivery system in the U.S. and describes how various managed care models affect the quality and cost of care.
- describes the various relationships between providers and payers
- addresses cost-sharing mechanisms such as copayments, coinsurance, and out-of-pocket maximums that managed care models use to direct their members' choices of providers and services.
- ✦ This course has updated content regarding Medicare Advantage Plans, Administrative Service Organizations (ASO), Coinsurance, and out-of-pocket maximums.

### Managed Care Contracting and Negotiating

1 hour

This course

- explores contracting and negotiating
- discusses criteria to use in evaluating the written contract between the provider and managed care organization, which defines the rights and obligations of the parties under the health plan/provider relationship
- defines key contract terminology, provisions, and clauses
- describes reimbursement levels and methodologies
- highlights general issues that commonly arise during the contract negotiation process and describes common negotiation strategies
- defines direct contracting and third-party contracting and points out the differences between them.
- ✦ This course has updated content regarding provider manuals and stakeholders.

Course  
Descriptions**Provider and Payer  
Infrastructure  
and Process**

.75 hour

This course

- discusses the organizational infrastructures of providers (hospitals, physicians, large physician groups, and small physician practices) and payers and the differences between them, which are often significant
  - explains the provider's claims administration process and discusses the steps involved in this process
  - describes the payer's claims adjudication process and identifies the steps involved in this process
  - explains the importance of electronic data interchange (EDI) in the claims administration and adjudication processes.
- ✦ This course includes updated sample reports.

**Managed Care  
Reimbursement  
Methodologies**

1.25 hours

This course

- discusses financial management, the central thread that interconnects the various elements of managed care
  - explains various reimbursement methodologies commonly used in managed care and the underlying assumptions and risk management funding mechanisms responsible for these methodologies.
  - describes basic and advanced reimbursement methodologies used for hospital services and basic reimbursement methodologies used for physicians and other professionals
- ✦ This course has updated examples. It also includes updated content regarding basic forms of reimbursement, diagnosis-related group (DRG), different types of Medicare Advantage Plans, and CMAC rates.

## Managing Denials

**Strategies to Prevent  
Claims Denials**

1 hour

This course

- defines claims denial management
- explains the impact of claims denials on hospitals.
- highlights the benefits to hospitals of managing claims denials effectively
- describes how claims denials can be managed both before and after denials take place
- describes types of denials and discusses key strategies for preventing and correcting some common causes of denials.

**Successfully  
Appealing Denials**

3 hours

This course

- explains how improving management of the claims denial process can have a positive effect on a hospital's bottom line.
- presents best practices that will help to capture a significantly higher proportion of claims and increase collections, including steps and strategies for successful appeals.

Course  
Descriptions

**Managing Denials:  
Revenue Cycle  
Performance  
Improvement**

2 hours

This course

- introduces the idea that lasting performance improvement in the revenue cycle can only be achieved after changing the work culture
- describes the ambulatory payment classification (APC) system introduced by the Centers for Medicare and Medicaid Services (CMS) in 2000
- explains the importance of correct charging in avoiding denials, overcharges, and undercharges
- describes how hospitals can prevent inaccurate charging before claims are submitted to payers
- describes how hospitals can use retrospective audits to recover lost revenue from previously paid claims.

**Exception Based Processing  
— Denied Claims**

3 hours

This course addresses

- the different types of health plan claim rejections and typical reasons for claim rejections
- typical billing errors and how to avoid them
- the reasons for health plan denials and how to address and avoid them
- appeals and the appeals process including the Medicare fee-for-service appeals levels.

**Exception Based Processing  
— Non Paid Claims**

1.5 hours

This course addresses

- follow-up procedures for unresolved health plan and liability payer, also known as third-party payers, accounts
- common account resolution procedures and activities specific to lien issues.

## Patient Access Essentials

**Advance Directives and  
Bedside Registration**

.5 hour

This course

- describes the types of advance directives and explains the role of the registrar in identifying the existence of advance directives and processing such directives when they exist
- describes the specific challenges involved in registering patients at the bedside
- discusses express or mini registrations
- discusses Jane/John Doe" registrations.
- explains how patient access staff should interact with emergency patients to avoiding violating the Emergency Medical Treatment and Active Labor Act (EMTALA).

**Key Performance Indicators  
in Revenue Cycle**

.5 hour

This course addresses

- Key Performance Indicators (KPIs) and Benchmarking in accounts receivables
- various techniques used to measure accounts receivables.

## Course Descriptions

### Customer Service

.5 hour

This course addresses

- the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey
- patients' expectations as consumers
- the role revenue cycle team members play in a patient's experience and satisfaction
- the impact that failed communication, poor customer service and quality breakdowns may have on patient satisfaction and revenue cycle outcomes.

### Scheduling

.5 hour

This course addresses

- scheduling processes, which include: patient identification; requested service; and medical necessity screening
- Medicare Advance Beneficiary Notice of Noncoverage processing, which include: patient instructions; scheduler instructions; and order requirements.

### Pre-Registration and Insurance Verification

.5 hour

This course addresses

- the pre-registration purpose and process
- information collected during pre-registration
- consequences that an organization may experience due to inaccurate or incorrect patient information.

This course will also provide an overview of the Medicare Secondary Payer screening process.

### Health Plans – An Overview

.5 hour

This course addresses

- the basic billing rules for the major health plans, which include an overview of basic billing features and benefits and an overview of basic billing rules types.
- minor claim payers and plans.

### Cash Posting & Electronic Remittance – Advice and Fund Transfers

.5 hour

This course will cover

- internal controls for cash handling and posting
- electronic funds transfer
- electronic remittance advices.

### Importance of Insurance Verification

.5 hour

This course highlights the various types of health insurance that your patients may present at registration. We'll review the fundamentals of

- Medicare
- Medicaid
- Third-Party Liability plans
- the differences in Commercial and Managed Care plans.

You'll learn how verifying a patient's insurance eligibility and benefits affect the Coordination of Benefits process, which determines the primary payer and secondary payer on a claim.

## Patient Financial Communication

### Patient Financial Communication

1 hour

This course covers Patient Financial Communications Best Practices through concepts of financial counseling. This course will also address patient financial care concepts, which include

- negotiating account resolution
- identifying and initiating financial assistance processes (charity)
- pursuing time-of-service collections
- achieving account resolution.

### Self Pay Follow Up

1 hour

This course addresses

- patient balance billing after insurance
- contract issues and limitations
- required processing differences between bad debt and financial assistance care (such as charity).

Appropriate notations are included within the course to direct you to the specific requirements of Section 501(r) of the Internal Revenue Code course related to financial assistance policies, applications and other requirements for non-profit hospitals in the handling of potential and eligible financial assistance patients.

This course also includes an overview of Medicare bad debt rules and their financial impact.

## Physician Practice Management

### Physician Practice Management – Coding and Payment systems

1 hour

This course discusses

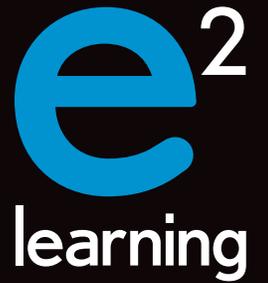
- coding and payment systems, which establish the potential revenue of the physician practice.
- fee schedules
- relative value systems
- compliance and rules for teaching physicians.
- ✚ This course has updated content regarding ICD-10-CM Coding, CPT-IV Coding, evaluation and management services, and physician fee calculations.

### Physician Practice Management – Legal and Regulatory Issues

1 hour

This course

- describes specific laws and regulations that should be understood by managers of physician practices.
- discusses the influence of Medicare regulations on private-payer requirements
- describes the purpose and role of specific federal agencies such as CMS and the IRS.
- ✚ This course has updated content regarding Protected Health Information (PHI).



# contact us



hfma™

Three Westbrook Corporate Center, Suite 600  
Westchester, Illinois 60154-5732

[e2Learning@hfma.org](mailto:e2Learning@hfma.org)