Ensure Revenue Cycle Optimization and improve your organization’s revenue cycle management processes and increase cash flow through knowledgeable staff. Stay in compliance with reimbursement rules and prevent time-consuming claims denials.

The Revenue Cycle Solution delivers education to every department that impacts the revenue stream within your facility. Meeting regulatory requirements and recommendations through proper education and training will strengthen your entity’s commitment to compliance and help build the entire financial team into an efficient revenue cycle force.

MC Strategies, HFMA and AHM have created a comprehensive education solution that addresses revenue cycle optimization across the entire enterprise. This newly created course integrates learning that improves organizational performance with the added flexibility to customize policies and procedures specific to your facility.
MC Strategies, HFMA and AHM have partnered to bring you the most comprehensive course for your organization’s staff. Revenue Cycle Solution brings practical situations and their potential risks into its lessons to teach your staff how to effectively manage the revenue cycle. With lessons ranging from basics to advanced, and including those on coding, physician’s practice and compliance, your whole team will receive the training it needs to understand the anatomy of a revenue cycle and how to direct it to its most profitable end for the organization.

Healthcare Financial Management Association (HFMA) brings perspective and clarity to some of the most complex issues facing healthcare professionals today. HFMA’s e-learning courses on topics such as revenue cycle management, compliance and Medicare and Medicaid regulation and legislation keep financial managers informed and up-to-date.

The Academy for Healthcare Management (AHM) is sponsored by America’s Health Insurance Plans and BlueCross BlueShield Association. Serving more than 1,300 health plans and insurance companies, as well as caring for and providing coverage to more than 200 million people, AHM relies on the decades of experience that America’s Health Insurance Plans and BlueCross BlueShield offer.

MC Strategies is a leader in developing and maintaining web-based training content for the healthcare industry. The company’s WebInservice division provides web-based learning solutions to over 1,300 facilities and organizations nationwide through its dynamic Knowledge Deployment System learning management platform.

MC Strategies is now part of Elsevier, a world-leading publisher of scientific, technical and medical information products and services. Elsevier Health Sciences is home to some of the world’s premier names in healthcare publishing, including Saunders and Mosby, and is dedicated to meeting the information needs of healthcare professionals. With access to Elsevier’s material such as Buck’s series on medical coding and Burton’s Quick Guide to HIPAA for the Physician’s Office, we can continue to offer a wide-ranging and timely collection of e-learning solutions to meet your compliance, financial, clinical and research needs.

The Revenue Cycle Solution package has been grouped into logical categories based on common role-related responsibilities:

- **Foundation** – Key topics related to finance help build and reinforce a solid base knowledge for managing the revenue cycle. Content in this section delivers material relevant to the healthcare industry’s market and trends as well as the fundamentals of accounting, finance and accounts receivable management. (66 lessons)

- **Compliance Management** – Understanding the Office of Inspector General’s position and expectations in the healthcare setting is vital to compliance management. Addressing an organization’s risk areas will help prevent misconduct. Reimbursement compliance issues include those identified by the OIG. (108 lessons)

- **Patient Access** – The front line of revenue cycle defense includes the patient access staff. These lessons help the learner identify steps that should be taken when handling protected health information (PHI). Content from HFMA’s Avoiding Claims Denials curriculum round this course area out as it complements lessons on admission procedures. (54 lessons)

- **Coding and Documenting** – Proper documentation and coding are required to meet Medicare and Medicaid payer rules. Obsolete codes and incorrect documentation result in claims denials. All levels of medical terminology, outpatient and inpatient coding processes and documentation are covered in this set of lessons. (532 lessons)

- **Research** – Clinical trials are necessary in bringing new medicines to the public. These lessons help learners define what constitutes a clinical trial and explain the difference between covered and non-covered costs. It also includes a discussion of medical devices and drugs and biologicals. (32 lessons)

- **Physician Practice Management** – These lessons break down the revenue cycle for a medical group and highlight accounts receivable management. A solid overview of physician practice management is presented. (26 lessons)

- **Payer Concept** – Content from AHM and HFMA spell out the intricacies of the payer world. Defining health plans from an insurance standpoint, essential topics related to network management, enrollees, payer structure as well as risk factors affecting payers are covered. (103 lessons)

- **Patient Financial Services** – Basic, intermediate and specialty billing processes are included in this set of lessons. Core concepts in receivables and denial management are also covered. (174 lessons)