JUPITER PRIME
Consulting • Training • Advisory
جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Advanced Healthcare Finance and Accounting Management Training Course

19 – 30 April 2027
New York

Advanced Healthcare Finance and Accounting Management Training Course

Ref: 298_9922 **Date:** 19 – 30 April 2027 **Location:** New York **Fees:** 14000 GBP

Healthcare Finance and Accounting Management at advanced level is a 2-week training course for hospital finance managers, healthcare accountants and department budget holders who must explain what each patient episode costs and how each service is funded, and who leave with a departmental budget and cost-per-case model. Rising treatment costs and tighter payer scrutiny make clinical costing a board concern. Jupiter Prime Training runs this course for the people who carry hospital budgets.

Why Healthcare Finance and Accounting Management Matters Now

Three pressures shape hospital finance today: payers and insurers that demand evidence of cost and coding accuracy before they settle claims, medical technology and medicines whose prices rise faster than tariffs, and clinical leaders who now hold budgets without finance training. A hospital that costs its services accurately can price contracts, defend tariffs and decide which services to expand; one that relies on blunt allocations cross-subsidises loss-making lines without knowing it and loses cash in denied claims. The course rests on activity-based costing ABC, patient-level costing, discounted cash flow appraisal and accrual-based financial reporting for healthcare providers.

Who Gains Most from Healthcare Finance and Accounting Management

- Finance leads accountable for hospital budgets, forecasts and monthly management accounts
- Accountants responsible for costing, cost centre structures and patient-level cost data
- Revenue cycle owners who manage billing, coding interfaces, claims and denials
- Clinical department heads who hold a budget for staffing, consumables and equipment
- Capital planning officers who appraise medical equipment and facility investments

A hospital gains most when a finance business partner, a costing accountant and the clinical director of one service line attend together and build one shared view of cost, activity and income for that service.

Healthcare Finance and Accounting Management Capabilities

Participants trace money from the patient episode back to wards, theatres and pharmacy, then forward to claims, budgets and board reports.

- Calculate the cost of a patient episode with activity-based costing — service line pricing decisions
- Build a departmental budget linked to activity and staffing levels — clinical directors and finance committees
- Analyse budget variances into price, volume and efficiency effects — monthly performance meetings
- Design revenue cycle controls that reduce claim denials — billing and coding teams
- Appraise medical equipment investments with discounted cash flow — capital planning committees
- Specify a financial reporting pack for healthcare providers — the board and audit committee

Key Healthcare Finance and Accounting Management Terms

- Cost per case — the total cost of treating one patient episode, built from staff time, consumables, drugs, diagnostics and overheads.
- Activity-based costing — a method that assigns overheads to services through the activities and cost drivers that consume them.
- Revenue cycle — the chain from patient registration and eligibility checks through coding and billing to claim payment and collection.
- Claim denial — a payer's refusal to settle all or part of a claim, often because of coding, documentation or eligibility errors.
- Case mix — the profile of patients a hospital treats, grouped by diagnosis and complexity, which drives cost and income.
- Flexed budget — a budget restated for the actual activity level, so variances show efficiency rather than volume change.

Healthcare Finance and Accounting Management Day by Day

Day 1: The Hospital Finance Landscape

- Funding Models for Healthcare Providers — Tariff, Capitation and Fee-for-Service
- Hospital Cost Structure Profile — Fixed, Semi-Fixed and Variable Costs
- Clinical and Finance Partnership Models — Budget Ownership Choices
- Payer and Insurer Expectations — Evidence Needed for Settlement
- Financial Sustainability Diagnostic — Priorities for the Finance Function

Day 2: Hospital Cost Accounting

- Cost Centre and Ledger Design — Mapping Wards and Support Services
- Direct and Indirect Cost Classification — Clinical Department Reporting
- Overhead Allocation Methods — Fairness Across Service Lines
- Step-Down Costing — Support Service Recharges
- Costing Data Sources — Theatre, Pharmacy and Laboratory Systems

Day 3: Activity-Based and Patient-Level Costing

- Activity-Based Costing Design — Cost Pools and Drivers
- Patient-Level Costing Methods — Tracing Resources to Episodes
- Cost per Case Calculation — Comparing Procedures and Physicians
- Case Mix Grouping — Complexity-Adjusted Cost Comparison
- Costing Data Quality Checks — Reconciliation to the Ledger

Day 4: Budgeting for Clinical Departments

- Activity-Based Budget Building — Linking Volumes to Resources
- Workforce Budgeting — Rosters, Overtime and Agency Staff
- Consumables and Drug Budgets — Formulary and Usage Patterns
- Rolling Forecasts — Responding to Demand Shifts
- Budget Negotiation With Clinical Leads — Ownership and Accountability

Day 5: Variance Analysis and Performance

- Flexed Budget Comparison — Separating Volume From Efficiency
- Price, Usage and Mix Variances — Root Cause Conversations
- Service Line Profitability Reports — Expand, Redesign or Exit
- Productivity Measures — Cost per Bed Day and per Theatre Hour
- Finance Dashboards for Clinicians — Monthly Review Routines

Day 6: Revenue Cycle and Claims Management

- Patient Registration and Eligibility Checks — Preventing Downstream Denials
- Clinical Documentation and Coding Accuracy — Claim Integrity
- Claims Submission and Tracking — Payer Turnaround Monitoring
- Denial Analysis and Appeals — Recovering Lost Income
- Receivables Ageing and Collections — Cash Flow Protection

Day 7: Capital Budgeting for Medical Equipment

- Equipment Replacement Planning — Asset Age and Risk Scoring
- Discounted Cash Flow Appraisal — Net Present Value and Payback
- Lease Versus Buy Analysis — Imaging and Theatre Equipment
- Whole-Life Cost of Medical Technology — Maintenance and Consumables
- Capital Prioritisation Matrix — Clinical Need and Financial Return

Day 8: Financial Reporting for Healthcare Providers

- Accrual Accounting in Hospitals — Revenue Recognition for Episodes
- Statement of Financial Position — Receivables, Inventory and Assets
- Cash Flow Statement — Working Capital in Hospital Settings
- Board Financial Reporting Pack — Clear Messages for Trustees
- Internal Controls and Audit Readiness — Assurance Over Figures

Day 9: Financial Strategy and Cost Improvement

- Cost Improvement Plans — Identifying Savings Without Harming Care
- Procurement and Formulary Savings — Clinical Engagement
- Pricing Contracts With Payers — Using Cost per Case Evidence
- Scenario Modelling — Demand, Tariff and Wage Changes
- Financial Risk Register — Exposure From Payers and Inflation

Day 10: Practising the Departmental Budget and Cost Model

- Applying Activity-Based Costing — Department Cost per Case Build
- Applying Budget Methods — Activity-Linked Departmental Budget
- Applying Variance Analysis — Monthly Commentary for Clinicians
- Applying Revenue Cycle Controls — Income Assumptions Check
- Completing the Departmental Budget and Cost-per-Case Model — Sign-Off

Applying Healthcare Finance and Accounting Management After the Course

- Build a cost-per-case calculation for one high-volume procedure, reconcile it to the ledger and present the drivers to the clinical director of that service.
- Run a denial analysis on the last quarter's rejected claims, group causes by registration, coding and documentation, and agree corrective actions with billing leads.

Healthcare Finance and Accounting Management Questions FAQ

What is healthcare finance and accounting management and why does it matter now?

Healthcare finance and accounting management is the costing, budgeting, revenue control and reporting of hospital money. It matters now because payers demand cost evidence, treatment costs keep rising and clinical leaders increasingly hold budgets they must defend.

Which roles gain most from healthcare finance and accounting management training?

Hospital finance managers, costing and management accountants, revenue cycle managers and clinical department budget holders gain most. These roles turn clinical activity into cost, income and budget decisions that shape which services a hospital can sustain.

How does this healthcare finance and accounting management course differ from a general corporate finance course?

It applies costing, budgeting and reporting to patient episodes, case mix, claims and medical equipment rather than to generic corporate settings. A general finance course covers markets and capital structure, while this course works with wards, theatres and payers.

What do you bring back from healthcare finance and accounting management training?

You bring back a departmental budget and cost-per-case model with variance commentary, ready to discuss with clinicians. It shows what each episode costs, where money is lost and how the budget responds when activity changes.

Healthcare Finance and Accounting Management: The Way Forward

The departmental budget and cost-per-case model gives finance and clinical leaders one shared basis for decisions about a service. Its first use informs whether a service line is priced and staffed correctly. Finance managers, accountants and clinical directors use it in monthly reviews, and after the first quarter the cost drivers and allocation rules deserve a fresh test against actual activity.