



# Draft 2018 Baccalaureate Curriculum Guidance

**Using this resource:** Curricula Guidance resources have been developed for each academic level. The intention is to provide educators with **suggested** learning resources, examples, potential websites, and other ideas for educators’ **consideration only**. In a spirit of academic freedom, it is ultimately each educator’s responsibility to choose whichever learning resources they prefer to use in their courses, curriculum and program. There is **no expressed nor implied guarantee** that using a listed resource meets a given HIM competency, Bloom’s level or accreditation standard. The new Curricula Guidance resources replace the previous *Curricular Considerations* and are now maintained separately from the HIM Curricula Competencies, which provides much more flexibility with keeping the Curricular Guidance resources current.

## Domain I. Data Structure, Content, and Information Governance

| Competency  | Bloom’s Level | Curriculum Guidance: <b>suggested</b> learning resources, examples, and ideas for <b>consideration only</b>  |
|---|---------------|--|
| I.1. Analyze types of healthcare organizations, services, and personnel, including interrelationships and needs of stakeholders across healthcare delivery systems. | 4             | <ul style="list-style-type: none"> <li>• Hospitals: inpatient, outpatient, emergency department, ancillary departments</li> <li>• Alternate care settings: stand-alone ambulatory settings, ambulatory surgery centers, dialysis care centers, freestanding radiology centers, urgent care, correctional facilities, home healthcare, hospice care, long term care, mental health settings, physician and dental offices</li> <li>• Clinical informatics in the delivery of healthcare: clinical decision support, clinical reminders and alerts, patient care alerts, reporting triggers, clinical guidelines, order sets (derived from evidence-based practice guidelines), documentation templates</li> <li>• External forces: accreditation and regulation, accountable care organizations, biotechnology (e.g., pharmacology), medical devices, mobile-health technology, quality initiatives (e.g., value-based programs, quality improvement organizations, quality payment program, sentinel event/medical error reporting programs), telehealth, third-party payers and managed care</li> <li>• Internal forces: health information management department organization and functions, levels of care, medical staff organization, healthcare provider roles and responsibilities, administrative patient registration (admission/discharge/transfer), billing, clinical (lab, radiology, pharmacy)</li> <li>• Impact of federal (and state) policy on healthcare delivery: Healthy People 20xx, Institutes of Medicine reports, Centers for Disease Control and Prevention, Patient-Centered Outcomes Research Institute, Precision Medicine Initiative, Centers for Medicare and Medicaid</li> <li>• Types of organizations, services, and personnel and their interrelationships across the healthcare delivery system</li> <li>• Interrelationships between healthcare staff and departments (example: role in credentialing of medical staff)</li> <li>• Development and implementation of Information Governance initiatives</li> <li>• Impact to all delivery settings of managed care organizations; ACOs; payers/providers</li> </ul> |

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| I.2. Analyze strategies for the management of information.    | 4             | <p><i>Information Governance (IG) is an organization wide framework for managing information throughout its lifecycle and for supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> <li>• Federal legislation (e.g., Health Insurance Portability and Accountability Act)</li> <li>• Federal regulations (e.g., Medicare Conditions for Coverage, Medicare Conditions of Participation, Medicare Hospital Inpatient Quality Reporting Program, Medicare Promoting Interoperability Programs, Medicare Quality Payment Program)</li> <li>• State health department statutes and regulations (e.g., documentation requirements, licensure requirements)</li> <li>• Healthcare accreditation standards (e.g., American Osteopathic Association, The Joint Commission, and Accreditation Association for Ambulatory Care)</li> <li>• Roles and responsibilities of healthcare employee access to health information (e.g., electronic health record, web-based data)</li> <li>• Health information management department policies and procedures, application of policies, regulations, and standards for the management of information associated with treatment, payment or operations</li> <li>• Health information management software: application design and use, system testing and integration tools, software applications (e.g., billing, coding, document imaging, electronic health record, grouping, natural language processing and understanding, electronic health record (EHR), personal health record (PHR), quality improvement, record tracking, registries, release of information), electronic health record certification (e.g., Office of National Coordinator for Health Information Technology)</li> <li>• Enterprise-wide information assets to support organizational strategies and objectives</li> <li>• Concurrent analysis and discharge analysis, open record review, point-of-care review, continuous record review</li> <li>• Organizational, regulatory, licensure, and accreditation standards for the content of the health record</li> <li>• General requirements for primary documentation required in most health records, including the history and physical examination, progress notes, orders and discharge summaries, etc.</li> <li>• Validity of health information and documentation supportive of the care provided</li> </ul> |

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| I.3. Evaluate policies and strategies to achieve data integrity. | 5             | <p><i>Data governance (DG) is primarily concerned with policies and strategies that address the creation and use of granular data as inputs into a system (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> <li>• Database, data dictionary, data warehouse, data mining. Address the creation, use, transmission, storage, revision and exchange of data</li> <li>• Healthcare documentation standards: The Joint Commission, American Osteopathic Association, Medicare Conditions for Coverage, Medicare Conditions of Participation and state regulations (e.g., state department of health documentation and licensure regulations)</li> <li>• Organizational and industry resources (e.g., books, toolkits, webinars, white papers)</li> <li>• Healthcare facility documentation policies: medical staff bylaws, rules, and regulations; health information management department policies and procedures</li> <li>• Forms and electronic health record screen design: creation, revision, standardization of existing paper-based forms and electronic health record screens</li> <li>• Forms and electronic health record screen control: obtaining approval of newly created and revised paper-based forms and electronic health record screens</li> <li>• Data integrity concepts: amendments and corrections to the health record, authorization validation for disclosure of protected health information, patient identification (e.g., lowering patient safety risks)</li> <li>• Types of healthcare data: administrative data (e.g., demographic, financial), claims data, clinical trials data (e.g., institutional review board), electronic health records, patient health surveys, registries (e.g., master patient index, cancer registry)</li> <li>• Data reporting: communication and network technologies, electronic health record, personal health record, health information exchanges, patient portals, public health, standards (e.g., transmission control protocol/internet protocol), telehealth, interfaces, core measure reporting, mandatory reporting, identity management, patient matching, integration into electronic health record, security of health information exchange, types of exchanges, changes in outcomes of care resulting from health information exchange, impact of health information exchange on continuity of care, comprehensive and longitudinal data on hospitals, barriers to using health information technology, impact of Medicare Quality Payment Program on data/quality measures reporting, organization adoption and use (e.g., percentage increase in adoption of health information technology), health information technology of the future (e.g., impact of telemedicine)</li> </ul> |

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| I.3. (Continued) Evaluate policies and strategies to achieve data integrity.         | 5             | <ul style="list-style-type: none"> <li>• Health information exchange, models of HIE (Directed, Query-based, Consumer mediated)</li> <li>• Policy initiatives that influence data integrity, integration, interfaces, data quality, and data reliability</li> <li>• System testing methods to ensure data integrity and quality of health information exchange</li> </ul>   |
| I.4. Evaluate health record content for compliance across the health care continuum. | 5             | <ul style="list-style-type: none"> <li>• Health record content deficiencies: data authentication, completeness, and validation (e.g., Medicare Conditions of Coverage, Conditions of Participation, state licensure requirements)                             <ul style="list-style-type: none"> <li>○ Quantitative analysis: review of patient record for completeness (e.g., missing authentication, missing documentation)</li> <li>○ Qualitative analysis: review of patient record for inconsistencies in documentation (e.g., medical necessity, incomplete diagnosis or procedure statements)</li> <li>○ Concurrent and discharge analysis</li> </ul> </li> <li>• Continuum of care                             <ul style="list-style-type: none"> <li>○ Services: primary care (e.g., acute care, preventive care, chronic care), secondary care (e.g., medical specialists), tertiary care (e.g., specialized hospitals, including level I through IV trauma centers), quaternary care (e.g., experimental medicine)</li> </ul> </li> <li>• Mechanisms: care coordination, case-based financing, integrated information systems, care planning and management</li> <li>• Accreditation standards, Medical Staff bylaws, licensure requirements, payer requirements, federal regulations, organization-wide guidelines related to health record contents for all record types</li> <li>• Promoting Interoperability (formerly Meaningful Use)</li> </ul> |

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| I.5. Evaluate data dictionaries and data sets for compliance with governance standards. | 5             | <ul style="list-style-type: none"> <li>• Data interchange standards: definition of data elements, interchange formats, interoperability (e.g., Fast Healthcare Interoperability Resources - FHIR), terminologies, knowledge representation, standards (e.g., Health Level 7)</li> <li>• Data standardization, enterprise-wide data, internal &amp; external customers</li> <li>• Data analytics stages: capture, provisioning, analysis</li> <li>• Data storage and structure, enterprise data warehouses, enterprise master patient index software</li> <li>• Resolving duplicate master patient index entries (and patient records)</li> <li>• Linking patient data across multiple systems</li> <li>• Using secondary data sources                             <ul style="list-style-type: none"> <li>○ Indexes and registers (e.g., master patient index, patient registration database)</li> <li>○ Registries (e.g., birth, cancer, cardiac, trauma)</li> <li>○ Financial transaction records (e.g., patient bill, CMS-1500, UB-04)</li> <li>○ Admission/discharge/transfer system</li> <li>○ Birth certificate, death certificate, patient case abstract, computer-generated aggregate patient reports (e.g., disease-specific, top ten diagnosis-related groups)</li> </ul> </li> <li>• Validating reliability and accuracy of secondary data sources                             <ul style="list-style-type: none"> <li>○ General data characteristics: integrity, quality, reliability, validity</li> <li>○ Data quality management: analysis, application, collection, warehousing</li> <li>○ Characteristics that ensure data quality: accessibility, accuracy, comprehensiveness, consistency, definition, granularity, precision, relevance, timeliness (format)</li> </ul> </li> <li>• Data analysis techniques: mining, relational databases, online analytical processing (OLAP) servers</li> <li>• Clinical indices/databases/registries</li> <li>• Governance standards</li> <li>• Accreditation standards (The Joint Commission, NCQA, CARF, CHAP, URAC)</li> <li>• Data set standards ( HL7, ASTM, HEDIS, ACS)</li> </ul> |

| Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security |               |   |
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| Competency  | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| II.1. Recommend privacy strategies.   | 5             | <ul style="list-style-type: none"> <li>• Privacy policies and procedures for access, use, and disclosure of information associated with treatment, payment or operations</li> <li>• Privacy training programs</li> <li>• Patient verification and identity management</li> <li>• E-discovery</li> <li>• Privacy laws &amp; regulations</li> <li>• Business Associate Agreements - components of, arrangements to which they apply</li> <li>• Protected Health Information (PHI), de-identifying PHI</li> <li>• Authorizations, disclosure forms</li> <li>• Compliance with notice of privacy practices requirements and content</li> <li>• Access versus use versus disclosure</li> <li>• Various requestors of information</li> <li>• Treatment, payment, and healthcare operations, uses and disclosures</li> <li>• Designated record set versus legal health record</li> <li>• PHI disclosure process</li> <li>• Patient rights relative to access, use and disclosure</li> <li>• Breach management</li> <li>• Minimum necessary requirements to access, use and disclosure</li> <li>• Strategies relative to social media, mobile technologies, and telehealth</li> <li>• Mandatory reporting</li> <li>• Preemption status between HIPAA and other federal (42 CFR Part2) and state (public health reporting) regulations</li> <li>• Telemedicine considerations</li> </ul> |

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| II.2. Recommend security strategies.  | 5             | <ul style="list-style-type: none"> <li>• HIPAA Security Rule implementation and safeguards</li> <li>• Impact of social media on health information security</li> <li>• Security training programs</li> <li>• Patient portals</li> <li>• Internal and external security threats &amp; vulnerabilities to include cyber-attacks, phishing, ransomware, malware, disasters (natural and man-made), medical identity theft, data breaches, and inappropriate access</li> <li>• Audit triggers and tools, contingency plans, disaster recovery plans, information access management, information disposal processes</li> <li>• Security risk assessment</li> <li>• IT inventory to include mobile technologies, medical devices, communication boards, hardware and software</li> <li>• Security methods to include policies, procedures, firewalls, hardware, workstation positioning</li> <li>• Administrative, technical, and physical safeguards</li> <li>• Security laws &amp; regulations</li> <li>• Telemedicine considerations</li> </ul> |
| II.3. Analyze compliance considerations throughout the health information life cycle. | 4             | <ul style="list-style-type: none"> <li>• Health information life cycle: data and information from the point of creation or collection, through the management, storage, transformation in to information and duration of its required retention period</li> <li>• Data – Information – Knowledge – Wisdom Continuum</li> <li>• Tools and techniques for retention, archiving, and destruction of information in accordance with current requirements and standards</li> <li>• Authentication, encryption, firewalls</li> <li>• Professional scope of practice for health record documentation privileges</li> <li>• Mapping of health record content to authorized documentation creators</li> <li>• Health record form/screen components for required content</li> <li>• Enterprise information inventory</li> <li>• Information governance standards</li> <li>• Retention and destruction of information against most stringent, applicable law and accreditation standards for paper and electronic formats</li> </ul>                    |

| Domain III. Informatics, Analytics, and Data Use   |               |   |
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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| III.1. Recommend technologies for trend analysis, end user support, decision making, and strategic planning. | 5             | <p><i>Data Analysis: the task of transforming, summarizing, or modeling data to allow the user to make meaningful conclusions (White, 2016)</i></p> <p><i>Health Informatics: a collaborative activity that involves people, processes, and technologies to produce and use trusted data for better decision making (AHIMA, 2018)</i></p> <ul style="list-style-type: none"> <li>• Data and trend analysis: patient quality, patient safety, effectiveness of healthcare, structure and use of health information and healthcare outcomes (e.g., healthcare statistics, privacy audits, security audits), public health trending, epidemiology case studies, health promotion programs, patient-centered medical home, healthcare delivery improvements, individual comparative aggregate analytics</li> <li>• Analytics and decision support</li> <li>• Disaster and recovery planning</li> <li>• Utilization of technology for data collection, analysis, storage, reporting of information, system architecture, data warehousing, compliance with regulations and laws, RFP process</li> <li>• Systems Development Life Cycle (SDLC), device selection based on workflow, ergonomics, and human factors</li> <li>• Development of networks (intranet and internet applications)</li> <li>• Planning, design, selection, implementation, integration, testing, evaluation, and support of health information technologies</li> <li>• Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives</li> </ul> |
| III.2. Interpret basic descriptive, inferential, institutional, and healthcare statistics.                   | 5             | <ul style="list-style-type: none"> <li>• Healthcare statistical formulas: length of stay (LOS), death, autopsy, infections, birth rates</li> <li>• Data analytics types: descriptive, diagnostic, predictive, prescriptive</li> <li>• Calculation of patient record delinquency statistics</li> <li>• Interpreting data charts (e.g., narrative report)</li> <li>• Pearson X2 test (statistical analysis comparison purposes)</li> <li>• Workforce productivity</li> <li>• Quality statistics</li> <li>• Healthcare data analytics such as measures of central tendency, measures of spread, relationships between variables</li> </ul>   |



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| Competency                                       | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| III.3. Create visual representations of data.    | 6             | <ul style="list-style-type: none"> <li>• Application of analytical results to facilitate decision-making</li> <li>• Evaluation of data from varying sources to create meaningful presentations</li> <li>• Analysis of statistical data</li> <li>• Application of data extraction techniques</li> <li>• Recommendations of organizational action based on knowledge obtained from data exploration and mining</li> <li>• Evaluating administrative and clinical reports using appropriate software</li> <li>• Mapping data flow</li> <li>• Managing the data life cycle</li> <li>• Data presentation standards and tools; Tableau, MS Excel, SAS, SPSS, R, and/or other data visualization programs</li> </ul>   |
| III.4. Examine principles of research.           | 4             | <ul style="list-style-type: none"> <li>• Research methodologies: quantitative, qualitative, and mixed methods</li> <li>• Data acquisition: Center for Disease Control, World Health Organization, Agency for Healthcare Research and Quality</li> <li>• Application of research ethics: institutional review board (IRB) (also called independent ethics committee, ethical review board, or research ethics board)</li> <li>• IRB process, informed consent, ethical principles of research</li> <li>• Design types: descriptive (e.g., case study, naturalistic observation, survey); correlational (e.g., case-control study, observational study); semi-experimental, and experimental</li> <li>• Grouping participants: cohort study, cross-sectional study, cross-sequential study, longitudinal study</li> <li>• Types of research: confirmatory research (e.g., tests a <i>priori</i> hypothesis), exploratory research (e.g., seeks to generate a <i>posteriori</i> hypothesis by examining a data set and looking for potential relations between and among variables)</li> <li>• Scholarly literature</li> <li>• Literature review, evaluation, and citation</li> <li>• Knowledge-based research databases, such as Medline, CMS libraries, AHRQ, and other websites</li> <li>• Measuring quality and performance through data: Joint Commission Core Measures; Center for Medicare and Medicaid Services Present on Admission Indicator Reporting, Clinical Quality Measures; National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set</li> </ul> |

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| III.5. Conduct queries using database management techniques.                                  | 6             | <ul style="list-style-type: none"> <li>• Analyzing clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare</li> <li>• Clinical indices/databases/registries</li> <li>• Data storage, database design and data warehousing</li> <li>• Data exploration and mining</li> </ul>   |
| III.6. Identify system specifications to determine interoperability and optimal efficiencies. | 3             | <ul style="list-style-type: none"> <li>• Clinical, administrative, and specialty service applications, encoders, chargemaster, claims management systems</li> <li>• Health information exchange</li> <li>• Interoperability, including semantic interoperability</li> <li>• Office of the National Coordinator for Health IT (ONC)</li> <li>• Standards development: American Society for Testing and Materials, Health Level Seven International (HL7), International Organization for Standardization (ISO)</li> <li>• Metadata</li> </ul> |

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| Domain IV. Revenue Cycle Management  |               |   |
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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| IV.1. Utilize classification systems, clinical vocabularies, and nomenclatures.                                    | 3             | <ul style="list-style-type: none"> <li>• Classification systems (coding systems): Current Procedural Terminology (CPT); Diagnostic and Statistical Manual, 5th edition; Healthcare Common Procedure Coding System (HCPCS) Level II; International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, 10th Revision, Procedure Classification System (ICD-10-PCS); International Classification of Diseases Oncology, 3rd Revision; International Classification of Functioning, Disability, and Health; National Drug Code, ICD-9-CM as a legacy system, ICD-O, LOINC, DSM, and SNOMED along with appropriate cross-walks and mapping</li> <li>• Clinical terminologies: designations, expressions, symbols, and terms used in the field of medicine (e.g., "pupils equal, round, and reactive to light" is commonly abbreviated as PERRL in a physical examination report)</li> <li>• Clinical vocabularies: clinical phrases or words along with their meanings (e.g., "myocardial infarction," which is defined as the sudden deprivation of blood flow to heart muscle due to coronary artery blockage resulting in tissue damage (necrosis), is commonly called a "heart attack")</li> <li>• Nomenclatures: Systematized Nomenclature of Medicine–Clinical Terms</li> </ul> |
| IV.2. Evaluate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines. | 5             | <ul style="list-style-type: none"> <li>• Official coding guidelines from the cooperating parties</li> <li>• NCCI edits and other federal &amp; payer requirements</li> <li>• Federal compliance guidelines</li> <li>• Use of physician queries and encoders</li> <li>• UHDDS and other data sets</li> <li>• Coding audits to validate coding and grouping (CAC audit, DRG/APC audit, RUG audit, NCCI, NCD/LCD, etc.)</li> <li>• Health record documentation required to support the diagnosis and reflects the patient's progress, clinical findings, procedures performed, and discharge status</li> <li>• Policies and procedures to ensure proper coding, including encoder use, computer-assisted coding (CAC) and physician querying</li> </ul>  |

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| Competency                                | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| IV.3. Manage components of revenue cycle. | 5             | <ul style="list-style-type: none"> <li>• Components of the revenue management life cycle: contracting; patient registration and coordination of benefits; clinical documentation improvement (CDI) and utilization review/management (UR/UM); charge capture and chargemaster maintenance; coding and medical necessity; claims management cycle, accounts receivable, and denial management</li> <li>• Principles of healthcare reimbursement across the healthcare continuum</li> <li>• Health plans: BlueCross BlueShield, Civilian Health and Medical Program of the Department of Veterans Affairs, commercial health insurance, Medicaid, Medicare, State Children's Health Insurance Program, TRICARE, workers' compensation</li> <li>• Federal payment/reimbursement systems: ambulance fee schedule, ambulatory surgery center payment rates, clinical laboratory fee schedule, durable medical equipment, prosthetics, orthotics and supplies fee schedule, federally qualified healthcare prospective payment system, end-stage renal disease composite payment rate system, home health prospective payment system (using home health resource groups), hospital outpatient prospective payment system (using ambulatory payment classifications), inpatient psychiatric facility prospective payment system, inpatient prospective payment system (using Medicare severity diagnosis-related groups), inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, Medicare physician fee schedule (relative value units), skilled nursing facility prospective payment system (using resource utilization groups)</li> <li>• Payer contract management (e.g., managed care)</li> <li>• Private payment/reimbursement systems: all payer diagnosis-related groups, all patients refined diagnosis-related groups, managed care, usual/customary/reasonable (UCR)</li> <li>• Performance measurements (metrics): hospital value-based purchasing, quality payment program (e.g., alternative payment models, merit-based incentive payment system)</li> <li>• Case mix management: case mix index, case mix management system, patient acuity, patient population</li> <li>• Case mix measurement: severity of illness (SI), intensity of resources (IR), risk of mortality, prognosis, treatment difficulty, need for intervention</li> </ul> |

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| IV.3. (Continued) Manage components of revenue cycle. | 5             | <ul style="list-style-type: none"> <li>• Integrated revenue cycle: integrating case and utilization management, clinical documentation improvement, health information management to improve reimbursement</li> <li>• Utilization management: disease management process, policies and procedures, query knowledge, regulations and guidelines, Healthcare Cost Utilization Project, Patient-Centered Outcomes Resource Institute, Program for Evaluating Payment Patterns Electronic Report (PEPPER)</li> <li>• Case management and care coordination</li> <li>• Claims denial appeals process required by health insurance companies and government health plans</li> <li>• Discharged, not final billed (DNFB) accounts process required by healthcare facilities</li> <li>• Coding audits to verify health record documentation supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status in compliance with institutional policies and procedures and/or national guidelines.</li> <li>• Denials and documentation practices</li> <li>• Trending and analysis of physician query response, content, and volume</li> <li>• Benchmarking and trending of data, internally and externally</li> <li>• Clinical data management and case mix management</li> <li>• Ethical documentation practices along with issues and recommendations</li> <li>• Improvement or changes to CDI programs</li> <li>• Fraud detection</li> <li>• Performance improvements with coding staff</li> </ul> |

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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| IV.4 Evaluate compliance with regulatory requirements and reimbursement methodologies. | 5             | <ul style="list-style-type: none"> <li>• Components required by payment and reimbursement methodologies for all healthcare settings, including individual payer requirements, CMS requirements, clinical data requirements, medical necessity, and clinical validity. This includes but is not limited to: prospective payment systems (PPS), Resource-Based Relative Value Scale (RBRVS), value-based purchasing (VBP), commercial insurance, managed care, and federal insurance plans</li> <li>• Provider querying techniques to resolve coding discrepancies</li> <li>• Coding validation (CAC audit, DRG/APC audit)</li> <li>• Methods to monitor Present on Admission (POA), Hospital Acquired Conditions (HACs), severity of illness and other CDI components</li> <li>• Components of a compliance plan</li> <li>• Non-retaliation policies</li> <li>• Auditing and monitoring</li> <li>• Fraud detection</li> </ul> |

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| Domain V. Health Law & Compliance  |               |  |
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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| V.1. Interpret legal concepts and processes that impact healthcare.        | 5             | <ul style="list-style-type: none"> <li>• Public law; private law; civil law; criminal law; torts and consent</li> <li>• Legal health record; health information laws and regulations</li> <li>• HIPAA, state laws, federal laws</li> <li>• Healthcare legal terminology</li> <li>• US legal system (courts, sources of law), types of law (public/private, intentional/non-intentional torts, contract)</li> <li>• Legal procedures (criminal/civil case cycle, subpoena, depositions, discovery, eDiscovery)</li> <li>• Business record rule and exception, theories of liability such as negligence, malpractice, battery, assault, corporate negligence, breach of confidentiality, breach of contract</li> <li>• Legal doctrines of confidentiality, consent, competency, privacy, autonomy, privileged communications (physician/patient, attorney/client, work product), duty to warn, endangered persons</li> <li>• Definition of legal health record, designated record set</li> <li>• Custodian of the health record (including electronic health record)</li> <li>• Certification of the legal health record</li> <li>• Admissibility of health records per Federal Rules of Evidence and the Uniform Rules of Evidence</li> </ul> |
| V.2. Evaluate compliance with healthcare laws, regulations, and standards. | 5             | <ul style="list-style-type: none"> <li>• Departmental and/or organizational continuous compliance for accreditation, licensing, and/or certification processes</li> <li>• Fraud and abuse</li> <li>• Role-based access</li> <li>• HIPAA</li> <li>• 42 CFR Part 2, EMTALA, GINA, HITECH, PSDA, Stark Law, Anti-Kickback statute</li> <li>• State mandatory reporting laws (communicable disease, registry, suspected adult/child abuse reporting, state licensure requirements (professional and facility), CMS Conditions of Participation, accrediting body requirements (Joint Commission, AAAHC, HFAP, CARF)</li> </ul>   |

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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| V.3. Analyze key components of risk management.  | 4             | <ul style="list-style-type: none"> <li>• Impacts to quality patient care, such as integrity of data &amp; patient safety</li> <li>• Potentially compensable events, sentinel events, medical errors, and incident reporting</li> <li>• Contingency planning</li> <li>• Financing, insurance and claims management</li> <li>• Emergency preparedness</li> <li>• Risk management plan</li> <li>• Root cause analysis (RCA); Risk identification, analysis, and mitigation</li> <li>• Failure Mode Effects Analysis (FMEA)</li> <li>• Mandatory medical error reporting</li> <li>• Documentation requirements related to content, timeliness, authorship, cut/paste, flow forward;</li> <li>• Medical staff peer review; credentialing/privileging</li> <li>• Healthcare Quality Improvement Act</li> <li>• Safe Medical Devices Act</li> <li>• AHRQ</li> <li>• National Practitioner Data Bank</li> <li>• Patient Safety Organization: OIG list of excluded individuals/entities</li> <li>• Hospital acquired conditions reporting and response</li> <li>• Patient consent process</li> </ul> |
| V.4. Analyze how healthcare policy-making directly and indirectly impacts regional and national healthcare delivery systems. | 4             | <ul style="list-style-type: none"> <li>• Governmental policy-making process</li> <li>• Healthcare delivery of accountable care organizations and medical homes</li> <li>• Public health initiatives (ACA, AHRQ, CDC) to health record documentation requirements and/or reporting</li> <li>• Effects of population health initiatives on exchange of health information</li> <li>• Effects of state and federal pay-for-performance initiatives on the quality and content of health record documentation (i.e. core measures, MACRA)</li> </ul>  |



| Domain VI. Organizational Management & Leadership |               |  |
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| Competency  | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| VI.1. Examine fundamental leadership skills.      | 4             | <ul style="list-style-type: none"> <li>• Leadership skills: best practices for leadership adaptability (e.g., planning for the time of year, thinking “outside the box”), building and maintaining professional relationships, demonstrating ethics and integrity, displaying drive and purpose, enhancing business skills and knowledge; facilitation, motivation, teamwork, team development, exhibiting leadership stature, key competencies needed for managers, leadership process and styles; organizational culture, mission, vision, standards of behavior; securing access to leadership, solving problems and making decisions, understanding and navigating the organization, using interpersonal skills, utilizing critical thinking skills, valuing diversity and difference</li> <li>• Best practices for business operations: employee satisfaction standards, policies and procedures</li> <li>• Facilitating meetings: committee composition and function; role of committees in consensus building; importance of communication, critical thinking, and interpersonal skills; meeting agendas, minutes, memorandums; protocol for conducting meetings; formal (e.g. Roberts Rules of Order) <i>versus</i> informal; conflict resolution, civil discourse, facilitation techniques, virtual meetings</li> <li>• Personal leadership skills: solving problems and making decisions, managing politics and influencing others, establishing vision and strategy, managing the work, multi-tasking, enhancing business skills and knowledge, understanding and navigating the organization, effective oral and written communication, effectively developing others, valuing diversity and difference, building and maintaining relationships, managing multi-disciplinary and multi-cultural teams and work groups, conflict management, managing yourself and demonstrating emotional intelligence, communicating appropriately for the circumstances, developing others, common employability skills</li> <li>• Personal leadership style using contemporary leadership theory and principles</li> <li>• Negotiating and influencing skills, including system selection</li> <li>• Enterprise-wide committees</li> <li>• Effective communication through project reports, business reports and professional communications</li> <li>• Design of effective teams, including consensus building, both interdisciplinary and interprofessional</li> <li>• Teamwork – Theories, processes, tools, techniques</li> </ul> <p><i>Interprofessional - "when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO 2010) different professions working together, for example HIM working with physician or pharmacist)</i></p> |

| Domain VI. Organizational Management & Leadership                          |               |   |
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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| VI.1. (Continued) Examine fundamental leadership skills.                   | 4             | <ul style="list-style-type: none"> <li>• Collaboration with information governance initiatives</li> <li>• Information as a strategic resource and mission tool</li> <li>• Strategic planning including but not limited to Information management, departmental, organizational, health information technology for the HIM department – computer assisted coding, encoders, and CDI programs</li> <li>• Critical thinking, benchmarking</li> <li>• Professional development, networking techniques</li> <li>• Professionalism</li> </ul> |
| VI.2. Assess the impact of change on processes, people, and systems.       | 5             | <ul style="list-style-type: none"> <li>• Re-engineering</li> <li>• Change management theories</li> <li>• Workflow concepts</li> <li>• Organizational design</li> <li>• Mergers and acquisitions</li> <li>• Change management initiatives</li> <li>• Workflows and the impact of change in workflows on employee performance and behavior</li> </ul>   |
| VI.3. Analyze human resource strategies for organizational best practices. | 4             | <ul style="list-style-type: none"> <li>• Calculating full time equivalents (FTE)</li> <li>• Development of interprofessional relationships</li> <li>• Staffing levels, mix, and productivity</li> <li>• Staff performance feedback</li> <li>• Department policies and productivity standards</li> <li>• HIM role changes and impact on recruitment and retention of employees</li> <li>• Counseling, disciplinary action of workforce</li> <li>• Federal and state employment and labor laws</li> </ul>                                 |

| Domain VI. Organizational Management & Leadership                                  |               |  |
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| Competency   | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| VI.4. Leverage data-driven performance improvement techniques for decision making. | 5             | <ul style="list-style-type: none"> <li>• Continuous Quality Improvement tools such as Institute for Healthcare Improvement Quality Model, Lean, Six Sigma and Baldrige Quality Award Criteria and how these tools can be utilized in the improvement of health IT, electronic health record, etc. Also utilize these tools to evaluate workflow for performance improvement initiatives</li> <li>• Performance measures for employees on a regular basis and initiate performance improvement initiatives as necessary</li> <li>• Staff performance benchmarking and data incorporating labor analytics</li> <li>• Disease management, case management, critical paths, care coordination</li> <li>• Outcomes measurement</li> <li>• Customer satisfaction</li> <li>• Patient and organizational safety initiatives</li> <li>• Departmental workflow adjustments based on data analysis</li> </ul> |
| VI.5. Analyze financial management tools and processes to meet strategic goals.    | 4             | <ul style="list-style-type: none"> <li>• Healthcare organization budgets: capital, cash flow, financial, master, operating, static budgets</li> <li>• Health information management department budgets: capital equipment, personnel, operations budgets (e.g., supplies, software subscriptions) budgets</li> <li>• Capital, operating, staffing, and/or project budgets using basic accounting principles</li> <li>• Cost-benefit analysis for resource planning and allocation</li> <li>• Stages of the procurement process (include current considerations)</li> <li>• Vendor contracts</li> <li>• Outsourcing</li> <li>• Acquisitions</li> <li>• Financial statements (income, balance sheets)</li> <li>• General accounting principles (GAP)</li> </ul>  |

| Domain VI. Organizational Management & Leadership                             |               |  |
|---|---------------|--|
| Competency  | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| VI.6. Facilitate behaviors that embrace cultural understanding and diversity. | 4             | <ul style="list-style-type: none"> <li>• Anti-discrimination policies</li> <li>• Assumptions, biases, and stereotypes</li> <li>• Cultural competence</li> <li>• Cultural literacy</li> <li>• Culture diversity among healthcare professionals</li> <li>• Diversity in interprofessional relationships</li> <li>• Diversity/multiculturalism training</li> <li>• Hiring strategies</li> <li>• National Standards on Culturally and Linguistically Appropriate Services (CLAS)</li> <li>• Workplace diversity and discrimination case studies</li> <li>• Evaluate the culture of a department</li> <li>• Cultural issues impact on health, healthcare quality, cost, and HIM</li> <li>• Programs and policies that support a culture of diversity</li> </ul> |
| VI.7. Assess ethical standards of practice.                                   | 5             | <ul style="list-style-type: none"> <li>• AHIMA code of ethics</li> <li>• Professional and personal ethics</li> <li>• Ethical breaches (e.g., case studies)</li> <li>• Compliance with federal rules and regulations for breaches (e.g., how to handle ethical dilemmas)                             <ul style="list-style-type: none"> <li>○ False Claims Act</li> <li>○ Healthcare Fraud Prevention and Enforcement Action Team</li> <li>○ Officer Inspector General</li> <li>○ Recovery Audit Contractor</li> <li>○ Stark (anti-kickback) Act</li> </ul> </li> <li>• Safe harbor provisions</li> <li>• Compliance and internal controls</li> <li>• Corporate compliance programs</li> <li>• Patient rights</li> </ul>                                    |

| Domain VI. Organizational Management & Leadership |               |   |
|---|---------------|---|
| Competency  | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>   |
| VI.8. Conduct consumer engagement activities.     | 6             | <ul style="list-style-type: none"> <li>• Education tools and programs related to access to patient portals, personal health records, patient safety, use of mobile applications</li> <li>• Vendor applications that are provided to support patient management of healthcare</li> <li>• Consumer informatics</li> <li>• Patient expectations and needs</li> </ul>   |
| VI.9. Examine principles of management.           | 4             | <ul style="list-style-type: none"> <li>• Types of organizations, services, and personnel and their interrelationships across the healthcare delivery system</li> <li>• Health information services</li> <li>• Personnel management skills</li> <li>• Workflow processes</li> <li>• Functional responsibilities</li> <li>• Supervisory responsibilities</li> <li>• Collaboration with information governance initiatives</li> <li>• Group work; enterprise-wide and within a virtual team</li> <li>• Team success</li> <li>• Defining and setting performance measures</li> <li>• Information as a key strategic resource and mission tool</li> <li>• Skills needed to assist an organization in managing information by utilizing Information Governance and Data Governance tools</li> </ul> |
| VI.10. Create training materials.                 | 6             | <ul style="list-style-type: none"> <li>• Coding audit results/action items</li> <li>• Employee training</li> <li>• OSHA, HIPAA, Compliance training</li> <li>• Adult education strategies</li> <li>• Design privacy and security training materials geared toward an organization's workforce. Include practical tips for keeping PHI private, ePHI secure and assisting patients with exercising their rights under HIPAA</li> </ul>   |

| Domain VI. Organizational Management & Leadership       |               |  |
|---|---------------|--|
| Competency  | Bloom's Level | Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>  |
| VI.11. Recommend project management tools & techniques. | 5             | <ul style="list-style-type: none"> <li>Project management: project life cycle, project planning, team group dynamics, team member selection, leadership versus management, project management tools (e.g., Gantt chart, shared calendars, real time dashboards, task lists, project reports), project management methodologies (e.g., Agile, Scrum, Kanban, Scrumban, Lean, outcome mapping), project management software (e.g., Microsoft Project and Excel, Smartsheet, Workzone)</li> <li>Project management tools and techniques to ensure efficient workflow and appropriate outcomes</li> <li>Project management methods such as agile and waterfall methodologies</li> <li>Implementation of/updates to systems</li> <li>Effective communication through project reports, business reports and professional communications</li> </ul> |

| Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge) |
|--|
| Pathophysiology and Pharmacology                                     |
| Anatomy and Physiology   |
| Medical Terminology  |
| Computer Concepts and Applications                                   |
| Math Statistics  |