



## Draft 2018 Graduate 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: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
I.1. Evaluate types of health care organizations, services, and personnel, including interrelationships and needs of stakeholders across health care delivery systems.	5	<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 health care, hospice care, long term care, mental health settings, physician and dental offices</li> <li>• Clinical informatics in the delivery of health care: 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, health care provider roles and responsibilities, administrative patient registration (admission/discharge/transfer), billing, clinical (lab, radiology, pharmacy)</li> <li>• Impact of federal (and state) policy on health care 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 health care delivery system</li> </ul>

Domain I. Data Structure, Content, and Information Governance		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
I.1. (Continued) Evaluate types of health care organizations, services, and personnel, including interrelationships and needs of stakeholders across health care delivery systems.	5	<ul style="list-style-type: none"> <li>• Health care delivery systems in other countries as compared to the US</li> <li>• Impact of a single payer or national health system in the US: the implications for various populations (special populations with disparities, elderly, low-income, minorities etc.)</li> </ul>
I.2. Develop strategies for the management of information.	6	<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>• Health care accreditation standards (e.g., American Osteopathic Association, The Joint Commission, and Accreditation Association for Ambulatory Care)</li> <li>• Roles and responsibilities of health care 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> </ul>

Domain I. Data Structure, Content, and Information Governance		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
I.2. (Continued) Develop strategies for the management of information.	6	<ul style="list-style-type: none"> <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>• Governance of Information across the health care continuum (external)</li> <li>• Governance and compliance of an organization (internal)</li> <li>• Population Health Management</li> </ul>
I.3. Develop strategies to achieve data integrity with data governance standards.	6	<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>• Data Governance policies and procedures, integration of updated regulation and standards</li> <li>• Governance of data across the health care continuum</li> <li>• Data Governance and compliance of an organization</li> <li>• Models of data governance</li> <li>• Health care compliance strategies across the data life cycle</li> <li>• Data integrity; policies and technologies to protect data integrity, Quality assessment and improvement; Data technologies</li> <li>• Data creation, use, storage, revision and exchange; validity of health information; documentation supportive of the care provided</li> <li>• Health information exchange (HIE) models (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>

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Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
I.4. Evaluate health record content for compliance across the healthcare continuum.	5	<ul style="list-style-type: none"> <li>• Health record content for 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>
I.5. Design data dictionaries in compliance with governance standards.	6	<ul style="list-style-type: none"> <li>• Data Dictionary design, utilizing or selecting data sets/sources, internal and external data sets, for compliance with internal and external requirements, Data standardization, enterprise-wide data, internal &amp; external customers</li> <li>• Enterprise wide data dictionaries</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>• 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> <li>• 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> </ul>

Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
II.1. Develop privacy strategies.	6	<ul style="list-style-type: none"> <li>• Information privacy and security policies and procedures for access, use, and disclosure of information associated with treatment, payment or operations</li> <li>• Privacy and security infrastructure</li> <li>• Tools and techniques for retention, archiving, and destruction of information in accordance with current requirements and standards</li> <li>• Mobile technologies, telehealth; privacy training programs; patient verification and identify management policies</li> <li>• E-discovery; privacy laws &amp; regulations</li> <li>• Privacy plan/procedure for the implementation of a telehealth/e-health practice (e.g. addressing provider office becoming an exam room)</li> </ul>
II.2. Develop security strategies.	6	<ul style="list-style-type: none"> <li>• Security threats &amp; vulnerabilities; best practices and industry standards / DCL statements and user/role-based access controls and auditing; trigger audits, inappropriate access, audit tools, cyber security, internal processes/methods, audit trails, cyber-attacks, phishing</li> <li>• Security risk analysis strategy consistent with appropriate laws, regulations, best practices and organization policies, HIPAA; ACOs</li> <li>• Promoting Interoperability (PI) programs - formerly Meaningful Use</li> <li>• Medicare/Medicaid, federal and state privacy and security laws and regulations</li> <li>• Risk assessment, evaluation, and management</li> <li>• Business continuity planning</li> <li>• Security training programs</li> </ul>
II.3. Determine compliance considerations throughout the health information life cycle.	5	<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>• Information governance standards</li> <li>• State and local laws</li> </ul>

Domain III. Informatics, Analytics, and Data Use		
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 analysis to identify trends: patient quality, patient safety, effectiveness of health care, structure and use of health information and health care outcomes (e.g., health care statistics, privacy audits, security audits), public health trending, epidemiology case studies, health promotion programs, patient-centered medical home, health care delivery improvements, individual comparative aggregate analytics</li> <li>• Analytics and decision support</li> <li>• Disaster and recovery planning</li> <li>• 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>• Networks (intranet and internet applications)</li> <li>• Health information technologies planning, design, selection, implementation, integration, testing, evaluation and support</li> <li>• Artificial intelligence applications/machine learning</li> <li>• Data capture technologies</li> <li>• Information systems capabilities</li> <li>• Systems life cycle concepts; mobile health; Patient portals; PHRs</li> <li>• Enterprise-wide information assets to support organizational strategies and objectives; Software Packages (MS Excel, SAS; Python; SPSS, R)</li> </ul>

Domain III. Informatics, Analytics, and Data Use		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
III.2. Interpret basic descriptive, inferential, institutional, and health care statistics.	5	<ul style="list-style-type: none"> <li>• Decision-making tools</li> <li>• Inferential statistics (T-tests, ANOVA, regression analysis, reliability, validity)</li> <li>• Computerized statistical packages; Software Packages (MS Excel, SAS; Python; SPSS, R)</li> <li>• Workforce productivity and quality statistics</li> <li>• Data analysis to identify trends: patient quality, patient safety, effectiveness of health care, structure and use of health information and health care outcomes (e.g., health care statistics, privacy audits, security audits), public health trending, epidemiology case studies, health promotion programs, patient-centered medical home, health care delivery improvements, individual comparative aggregate analytics</li> </ul>
III.3. Create visual representations of data.	6	<ul style="list-style-type: none"> <li>• Dashboards using MS Excel, Tableau, Qlik View, GIS mapping (public health data)</li> <li>• Data from varying sources for meaningful presentations</li> <li>• Data extraction techniques, data cleaning and transformation</li> </ul>
III.4. Propose evidence-based research.	6	<ul style="list-style-type: none"> <li>• Principles of research and clinical literature evaluation to improve outcomes</li> <li>• Literature review and evaluation</li> <li>• Knowledge-based research techniques (Medline, CMS libraries, AHRQ, and other websites)</li> <li>• Research methodologies: quantitative, qualitative, and mixed methods</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>• Population databases (AHRQ); public health</li> <li>• Research proposals</li> <li>• IRB process, informed consent, ethical principles of research</li> <li>• Compliance with administrative research processes and policies</li> <li>• Hypothesis generation</li> <li>• Critical analysis of current research, publication requirements</li> </ul>

Domain III. Informatics, Analytics, and Data Use		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
III.5. Design queries using database management techniques.	6	<ul style="list-style-type: none"> <li>• Techniques: Data cleaning, transformation, exploration, reporting and profiling</li> <li>• Tools that may be used to design queries: MS Access, MS SQL Server (My SQL), R, Python Analysis of clinical data to identify trends including design meaningful queries to evaluate outcomes</li> <li>• Queries; design and validation</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		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
IV.1. Analyze classification systems, clinical vocabularies and nomenclatures and the impact on the health care continuum.	4	<ul style="list-style-type: none"> <li>• Classification systems (coding systems): Current Procedural Terminology (CPT); Diagnostic and Statistical Manual, 5th edition; Health care 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</li> <li>• Including but not limited to: 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> <li>• Relationships among classification systems, clinical vocabularies, and nomenclatures</li> <li>• Clinical vocabularies and terminologies: relationships to appropriate classification systems (e.g. SNOMED, DSM, ICF, SNODENT)</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 ensure coding and grouping validation (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>

Domain IV. Revenue Cycle Management		
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 health care reimbursement across the health care 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 health care 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> </ul>

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
IV.3. (Continued) Manage components of revenue cycle.	5	<ul style="list-style-type: none"> <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>• 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, Health care 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 health care 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> <li>• Enterprise-wide strategic and operational planning models for RCM</li> </ul>

Domain IV. Revenue Cycle Management		
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 health care 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>• Health care reimbursement models across various health care settings</li> <li>• Health record documentation supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status; physician queries, encoder use, coding validation (CAC audit, DRG/APC audit)</li> </ul>

Domain V. Health Law & Compliance		
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 health care.	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, The Joint Commission, state laws, federal laws</li> <li>• Health care 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. Develop strategies for compliance with health care laws, regulations, and standards.	6	<ul style="list-style-type: none"> <li>• Strategies for departmental and/or organizational continuous compliance for accreditation, licensing, and/or certification processes</li> <li>• Fraud and abuse</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>

Domain V. Health Law & Compliance		
Competency	Bloom's Level	Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i>
V.3. Evaluate key components of risk management.	5	<ul style="list-style-type: none"> <li>• Compliance with risk strategies and policies</li> <li>• Risk management plan/patient safety</li> <li>• Risk analysis &amp; Risk mitigation</li> <li>• Impacts to quality patient care, patient safety</li> <li>• Potentially compensable events, incident reporting, contingency planning; financing, insurance and claims management; emergency preparedness; medical errors</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>• Medical staff peer review; credentialing/privileging</li> <li>• Health Care 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. Evaluate how health care policy-making directly and indirectly impacts regional, national and global health care delivery systems.	5	<ul style="list-style-type: none"> <li>• Governmental policy-making process</li> <li>• Health care delivery of accountable care organizations and medical homes</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> <li>• Health care delivery systems of other countries and the comparison to US</li> <li>• Impacts of the US health care system in other countries</li> <li>• Health disparities and the impact on policy (e.g. ADA)</li> <li>• Standards and regulations in health care and how they drive and/or constrain operations. ACO, population health, public health initiatives, how policy-making affects health care; governmental policy-making process</li> </ul>
V.5. Develop strategies for detecting and preventing fraud.	5	<ul style="list-style-type: none"> <li>• Forensic models for fraud surveillance and improvement measures</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.1. Leverage fundamental leadership skills.	5	<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>• Effective Teams, Roles or functions that advance an organization toward meeting its goals; visionary thinking, decisions responsive to membership and mission, and accountability for actions and outcomes (Oachs &amp; Watters, 2016) that are interprofessional and interdisciplinary</li> <li>• Negotiating and influencing skills; enterprise-wide committees; Identify different types of organizations, services, and personnel and their interrelationships across the health care delivery system; negotiating skills for system selection</li> <li>• Effective communication through project reports, business reports and professional communications</li> <li>• Personal leadership style using contemporary leadership theory and principles</li> <li>• Types of organizations, services, and personnel and their interrelationships across the health care delivery system; collaboration with information governance initiatives</li> <li>• Effective communication through project reports, business reports and professional communications</li> <li>• Professional development; networking techniques; professional communication; re-engineering <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></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.1. (Continued) Leverage fundamental leadership skills.	5	<ul style="list-style-type: none"> <li>• Best practices for business operations: employee satisfaction standards, policies and procedures</li> <li>• Meeting facilitation: 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>• 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> </ul>
VI.2. Recommend strategies for 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. Determine human resource strategies for organizational best practices.	5	<ul style="list-style-type: none"> <li>• Calculating full time equivalents (FTE)</li> <li>• Development of interprofessional relationships</li> <li>• Staffing levels and productivity and provide feedback to staff regarding performance</li> <li>• Department staffing levels and staffing mix</li> <li>• Department policies and productivity standards</li> <li>• Recruitment, retention and counseling of employees</li> <li>• Federal and state employment and labor laws</li> </ul>



Domain VI. Organizational Management & Leadership		
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VI.4. Formulate data-driven decisions to meet strategic goals.	6	<ul style="list-style-type: none"> <li>• Data-driven performance improvement techniques to achieve desired outcomes performance indicators in conjunction with organizational strategic plans/goals</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>• Continuous Quality Improvement tools such as Institute for Health care 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> </ul>
VI.5. Evaluate financial management tools and processes to meet strategic goals.	5	<ul style="list-style-type: none"> <li>• Health care 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> </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. Recommend strategies that promote cultural understanding and diversity.	5	<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 health care 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, health care quality, cost, and HIM</li> <li>• Strategies that support a culture of diversity</li> </ul>
VI.7. Develop strategies based on ethical standards of practice.	6	<ul style="list-style-type: none"> <li>• Ethical framework for decision making, case studies, ethical practice in health care (providers, colleagues, etc.)</li> <li>• Strategies/guidelines based on ethical standards of practice</li> <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>○ Health Care Fraud Prevention and Enforcement Action Team</li> <li>○ Office of the 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>

<b>Domain VI. Organizational Management &amp; Leadership</b>		
<b>Competency</b>	<b>Bloom's Level</b>	<b>Curriculum Guidance: <i>suggested</i> learning resources, examples, and ideas for <i>consideration only</i></b>
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 health care</li> <li>• Consumer informatics</li> </ul>
VI.9. Evaluate principles of management.	5	<ul style="list-style-type: none"> <li>• Management theories and principles; practicums; Definition of management - "The process of planning, organizing, and leading organizational activities" (Kelly &amp; Greenstone, 2016)</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>• Perform group work enterprise-side and within a virtual team</li> <li>• Evaluate team success on group work</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. Design training programs.	6	<ul style="list-style-type: none"> <li>• Coding audit results/action items</li> <li>• Employee training</li> <li>• OSHA training</li> <li>• Adult education strategies</li> <li>• 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>

<b>Domain VI. Organizational Management &amp; Leadership</b>		
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VI.11. Manage projects based on project management 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/updates of systems</li> <li>• Effective communication through project reports, business reports and professional communications</li> <li>• System architecture, data warehousing, compliance with regulations and laws, RFP process, SDLC, device selection based on workflow, ergonomics, and human factors</li> <li>• Networks (intranet and internet applications)</li> <li>• HIMSS standards, ISO standards, AMIA, NIST; use of enterprise-wide information assets to support organizational strategies and objectives</li> </ul>

<b>Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge)</b>
Pathophysiology and Pharmacology
Anatomy and Physiology
Medical Terminology
Computer Concepts and Applications
Math Statistics