



# 2018 Associate Curriculum Guidance

Council for Excellence in Education  
Health Informatics and Health Information Management

Domain I. Data Governance, Content, and Structure		
<p><b>Data Governance</b> involves collecting together facts and statistics for reference or analysis, <i>information governance</i> addresses system outputs and uses of information, and information is defined as facts provided or learned about something or someone (AHIMA, 2017). <b>Information Governance (IG)</b> provides a broader 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).</p>		
Competency	Bloom’s Level	Curriculum Guidance
I.1. Describe health care organizations from the perspective of key stakeholders.	2	<ul style="list-style-type: none"> <li>• <b>Hospitals:</b> inpatient, outpatient, emergency department, ancillary departments</li> <li>• <b>Alternate care settings:</b> stand-alone ambulatory settings, ambulatory surgery centers, dialysis care centers, freestanding radiology centers, urgent care centers, correctional facilities, home health care facilities, hospice care, long term care facilities, mental health care settings, physician and dental offices</li> <li>• <b>External forces:</b> 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), telehealth, third-party payers and managed care</li> <li>• <b>Internal forces:</b> 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>• <b>Impact of federal and state policy on health care delivery:</b> Healthy People 2020, Institutes of Medicine reports, Centers for Disease Control and Prevention, Patient-Centered Outcomes Research Institute, Precision Medicine Initiative, Centers for Medicare and Medicaid , State departments of health</li> </ul>
I.2. Apply policies, regulations, and standards to the management of information.	3	<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)</li> <li>• Roles and responsibilities of health care employee access to health information (e.g., electronic health record, web-based data)</li> <li>• Audit logs and trails for privacy and security of health information (e.g., granting access to and release of protected health information)</li> <li>• Health information management department policies and procedures</li> </ul>

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I.3. Identify policies and strategies to achieve data integrity.	3	<ul style="list-style-type: none"> <li>• Database, data dictionary, data warehouse, data mining, data governance</li> <li>• <b>Information integrity and data quality:</b> quality assessment and improvement; process, collection tools, data analysis, and reporting techniques</li> <li>• <b>Health care documentation standards:</b> The Joint Commission, American Osteopathic Association, Medicare Conditions for Coverage, Medicare Conditions of Participation, 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>• <b>Health care facility documentation policies:</b> medical staff bylaws, rules, and regulations; health information management department policies and procedures</li> <li>• <b>Forms and electronic health record screen control and design:</b> creation and revision, standardization, approval</li> <li>• <b>Data integrity concepts:</b> amendments and corrections to health record entries, authorization validation for disclosure of protected health information, data governance, patient identification (e.g., lowering patient safety risks)</li> <li>• <b>Types of health care data:</b> 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> </ul>
I.4. Determine compliance of health record content within the health organization.	5	<ul style="list-style-type: none"> <li>• <b>Analysis of health record content for deficiencies:</b> data authentication, completeness, and validation (e.g., Medicare Conditions of Coverage, Conditions of Participation) <ul style="list-style-type: none"> <li>○ <b>Quantitative analysis:</b> review of patient record for completeness (e.g., missing authentication, missing documentation)</li> <li>○ <b>Qualitative analysis:</b> review of patient record for inconsistencies in documentation (e.g., medical necessity, incomplete diagnosis or procedure statements)</li> </ul> </li> <li>• Continuum of care <ul style="list-style-type: none"> <li>○ <b>Services:</b> 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> <li>○ <b>Mechanisms:</b> care coordination, case-based financing, integrated information systems, planning and management</li> </ul> </li> </ul>

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I.5. Explain the use of classification systems, clinical vocabularies, and nomenclatures.	2	<ul style="list-style-type: none"> <li>• <b>Classification systems (coding systems):</b> 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; International Classification of Diseases, 11<sup>th</sup> Revision (ICD-11)</li> <li>• <b>Clinical terminologies:</b> 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>• <b>Clinical vocabularies:</b> 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>• <b>Nomenclatures:</b> Systematized Nomenclature of Medicine–Clinical Terms</li> </ul>
I.6. Describe components of data dictionaries and data sets.	2	<ul style="list-style-type: none"> <li>• <b>Data governance:</b> data models, metadata, master data, data standards, data dictionaries</li> <li>• <b>Data interchange standards:</b> definition of data elements, interchange formats, interoperability (e.g., Fast Healthcare Interoperability Resources), terminologies, knowledge representation, standards (e.g., Health Level 7)</li> <li>• <b>Data analytics stages:</b> capture, provisioning, analysis</li> <li>• <b>Data reporting:</b> 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> <li>• <b>Enterprise data warehouses, enterprise master patient index software</b></li> </ul>
I.5. <b>DM</b> Evaluate data dictionaries and data sets for compliance with governance standards.	5	<ul style="list-style-type: none"> <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 (currency)</li> <li>○ Data analysis techniques: mining, relational databases, online analytical processing (OLAP) servers</li> </ul> </li> </ul>

<b>Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security</b>		
<b>Information Protection</b> incorporates both technical and nontechnical solutions for maintaining patient privacy, serves as an interface for the integration of HIM privacy and IT security issues, and coordinates its efforts with corporate compliance, information technology, legal, and risk management departments, all while supporting quality patient care (AHIMA, 2002).		
<b>Competency</b>	<b>Bloom's Level</b>	<b>Curriculum Guidance</b>
II.1. Apply privacy strategies to health information.	3	<ul style="list-style-type: none"> <li>• <b>Impact of privacy on:</b> accessing, divulging, releasing, or transferring protected health information (PHI), artificial intelligence (AI), author authentication, authorization and authentication for release of protected health information, breach management, health information exchange (e.g., regional health information organization), internal/external auditing/controls, data generated via telehealth/mobile-health/wearable medical devices</li> <li>• <b>HIPAA privacy rule:</b> implementation, notice of privacy practices, protected health information (PHI), accounting of PHI disclosures, patient right to view/access to PHI, unreasonable measures, preemption analysis (e.g., stricter state regulations for patient access/release of information), PHI received from external providers</li> <li>• Mandatory reporting (e.g., state reportable diseases and events)</li> <li>• Policies for employee use of social media</li> </ul>
II.2. Apply security strategies to health information.	3	<ul style="list-style-type: none"> <li>• <b>HIPAA security rule:</b> implementation and safeguards</li> <li>• Impact of social media on health information security</li> <li>• Information security review (e.g., security audits)</li> <li>• Security training program</li> </ul>
II.3. Identify compliance requirements throughout the health information life cycle.	3	<ul style="list-style-type: none"> <li>• <b>Health information life cycle:</b> 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>• Retention and destruction timeframes, methods</li> <li>• Litigation hold procedures</li> <li>• <b>Health record destruction methods:</b> paper (e.g., burning, macerating, pulping, pulverizing, shredding) versus electronic (e.g., crushing, incinerating, or shredding of media; overwriting to render data unrecoverable, degaussing, demagnetizing)</li> <li>• <b>Health record retention schedules:</b> federal, state</li> <li>• <b>Health record retention methods:</b> paper (e.g., microfilm, on- or off-site storage) versus electronic (e.g., dedicated servers, DVD, gold CD, magnetic disk or tape, optical disk, including on- or off-site storage)</li> <li>• <b>Health record archive methods:</b> environmental controls and identification for digital or paper-based</li> </ul>

<b>Domain III. Informatics, Analytics, and Data Use</b>		
<b>Health Informatics</b> is a collaborative activity that involves people, processes, and technologies to produce and use trusted data for better decision making (AHIMA, 2018).		
<b>Data Analysis</b> is the task of transforming, summarizing, or modeling data to allow the user to make meaningful conclusions (White, 2016).		
<b>Competency</b>	<b>Bloom's Level</b>	<b>Curriculum Guidance</b>
III.1. Apply health informatics concepts to the management of health information.	3	<ul style="list-style-type: none"> <li>• <b>Informatics:</b> development, implementation, support, clinical, interface, integration, workflow, design, project management</li> <li>• <b>Clinical informatics in the delivery of health care:</b> 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>• <b>Data analysis to identify trends:</b> 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>• Business planning, market share planning</li> <li>• Disaster and recovery planning</li> </ul>
III.2. Utilize technologies for health information management.	3	<ul style="list-style-type: none"> <li>• <b>Health information management software:</b> application design and use, system testing and integration tools, software applications (e.g., billing, coding, document imaging, electronic health record, grouping, natural language processing, 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> </ul>
III.3. Calculate statistics for health care operations.	3	<ul style="list-style-type: none"> <li>• Mean, frequency, percentile, standard deviation</li> <li>• <b>Health care statistical formulas:</b> census days; discharge days; length of stay (LOS); percent of occupancy; autopsy, birth, death, infection rates</li> <li>• <b>Data analytics types:</b> descriptive, diagnostic, predictive, prescriptive</li> <li>• Calculating patient record delinquency statistics</li> <li>• Calculating employee productivity rates</li> <li>• Interpreting data charts (e.g., narrative report)</li> <li>• Pearson chi-squared test (statistical analysis comparison purposes)</li> </ul>
III.4. Report health care data through graphical representations.	3	<ul style="list-style-type: none"> <li>• Creating Excel charts (e.g., area, bar, bubble, column, doughnut, line, pie, scatter, surface)</li> <li>• Data visualization, dashboard, data capture tools and technologies (e.g., dashboards, benchmarks, inventory)</li> <li>• <b>Report generation:</b> organizational design and strategic use of patient and performance data to support specific lines of business in health care; current reportable data from regulatory agencies</li> <li>• <b>Data presentation:</b> creating presentations that explain descriptive data (e.g., Microsoft PowerPoint)</li> <li>• Report generating technologies (e.g., Crystal reports, Microsoft Power Business Intelligence, Tableau, pivot tables)</li> </ul>

Domain III. Informatics, Analytics, and Data Use		
Competency	Bloom's Level	Curriculum Guidance
III.5. Describe research methodologies used in health care.	2	<ul style="list-style-type: none"> <li>• <b>Research methodologies:</b> quantitative, qualitative, and mixed methods</li> <li>• <b>Data acquisition:</b> Center for Disease Control, World Health Organization, Agency for Healthcare Research and Quality</li> <li>• <b>Application of research ethics:</b> institutional review board (also called independent ethics committee, ethical review board, or research ethics board)</li> <li>• <b>Research designs:</b> quantitative (e.g., fixed design) and qualitative (e.g., flexible design) <ul style="list-style-type: none"> <li>○ Fixed design (e.g., experimental and non-experimental research designs, theory driven, measured quantitatively)</li> <li>○ Flexible design (e.g., case study, ethnographic study, grounded-theory study, more freedom during data collection process, may not be able to be quantitatively measured)</li> </ul> </li> <li>• <b>Design types:</b> descriptive (e.g., case study, naturalistic observation, survey); correlational (e.g., case-control study, observational study), semi-experimental, and experimental.</li> <li>• <b>Grouping participants:</b> cohort study, cross-sectional study, cross-sequential study, longitudinal study</li> <li>• <b>Types of research:</b> confirmatory research (e.g., tests a <i>priori</i> hypotheses), exploratory research (e.g., seeks to generate a <i>posteriori</i> hypotheses by examining a data set and looking for potential relations between and among variables)</li> </ul>
III.6. Describe the concepts of managing data.	3	<ul style="list-style-type: none"> <li>• <b>Data management processes:</b> acquiring, validating, storing, protecting, and processing data to ensure accessibility, reliability, and timeliness</li> <li>• <b>Data management strategies:</b> creating plans for handling data created, stored, managed, and processed</li> <li>• <b>Data analysis:</b> reviewing, scrubbing, transforming, and displaying data to collect useful information, draw conclusions, and support decision making</li> <li>• <b>Data analytics:</b> extracting and organizing data to identify and analyze behavioral data and patterns</li> </ul>
III.7. Summarize standards for the exchange of health information.	2	<ul style="list-style-type: none"> <li>• <b>Health information exchange:</b> definition, benefits, processes</li> <li>• National Rural Health Resource Center (health information exchange resources)</li> <li>• <b>Interoperability:</b> from meaningful use to quality payment programs, standards (e.g., Office of the National Coordinator for Health Information Technology)</li> <li>• <b>HITECH programs:</b> federal health information model, regional extension centers, state health information exchange</li> </ul>
III.6. <b>DM</b> Manage data within a database system.	5	<ul style="list-style-type: none"> <li>• <b>Database management system (DBMS):</b> Microsoft Access</li> <li>• <b>Microsoft Excel spreadsheet software:</b> calculation, graphing tools, pivot tables, Visual Basic for Applications macro programming language</li> <li>• <b>Database language:</b> structured query language (SQL)</li> </ul>
III.7. <b>DM</b> Identify standards for exchange of health information.	3	<ul style="list-style-type: none"> <li>• Interoperability, including semantic interoperability</li> <li>• Office of the National Coordinator for Health IT (ONC)</li> <li>• <b>Standards development:</b> <i>American Society for Testing and Materials</i>, Health Level Seven International (HL7), International Organization for Standardization (ISO)</li> <li>• Metadata</li> <li>• <b>Measuring quality and performance through data:</b> 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>

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance
IV.1. Recognize assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.	3	<ul style="list-style-type: none"> <li>• ICD-10-CM, <i>ICD-10-CM Official Guidelines for Coding and Reporting</i>, <i>Coding Clinic® for ICD-10-CM and ICD-10-PCS</i></li> <li>• ICD-10-PCS, <i>ICD-10-PCS Official Guidelines for Coding and Reporting</i></li> <li>• CPT, <i>National Correct Coding Initiative Policy Manual for Medicare Services</i>, <i>CPT® Assistant</i></li> <li>• HCPCS Level II, <i>Coding Clinic® for HCPCS</i></li> <li>• Assigning diagnosis and procedure codes to coding statements and coding cases</li> <li>• Assigning DRGs, MS-DRGs, APCs</li> </ul>
IV.2. Describe components of revenue cycle management and clinical documentation improvement.	2	<ul style="list-style-type: none"> <li>• <b>Health plans:</b> 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>• Payer contract management (e.g., managed care)</li> <li>• <b>Private payment/reimbursement systems:</b> all payer diagnosis-related groups, all patients refined diagnosis-related groups, managed care, usual/customary/reasonable (UCR)</li> <li>• <b>Integrated revenue cycle:</b> integrating case and utilization management, clinical documentation improvement, health information management to improve reimbursement</li> <li>• <b>Utilization management:</b> 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 health care facilities</li> </ul>
IV.3. Summarize regulatory requirements and reimbursement methodologies.	2	<ul style="list-style-type: none"> <li>• <b>Federal payment/reimbursement systems:</b> 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 scales), skilled nursing facility prospective payment system (using resource utilization groups)</li> <li>• <b>Performance measurements (metrics):</b> hospital value-based purchasing, quality payment program (e.g., alternative payment models, merit-based incentive payment system)</li> <li>• <b>Case mix management:</b> case mix index, case mix management system, patient acuity, patient population</li> <li>• <b>Case mix measurement:</b> severity of illness (SI), intensity of resources (IR), risk of mortality, prognosis, treatment difficulty, need for intervention</li> </ul>

Domain IV. Revenue Cycle Management		
Competency	Bloom's Level	Curriculum Guidance
IV.1. <b>RM</b> Determine diagnosis and procedure codes according to official guidelines.	5	<ul style="list-style-type: none"> <li>• ICD-10-CM, <i>ICD-10-CM Official Guidelines for Coding and Reporting</i>, <i>Coding Clinic® for ICD-10-CM and ICD-10-PCS</i></li> <li>• ICD-10-PCS, <i>ICD-10-PCS Official Guidelines for Coding and Reporting</i></li> <li>• CPT, <i>National Correct Coding Initiative Policy Manual for Medicare Services</i>, <i>CPT® Assistant</i></li> <li>• HCPCS Level II, <i>Coding Clinic® for HCPCS</i></li> <li>• Assigning diagnosis and procedure codes to patient records</li> <li>• Assigning DRGs, MS-DRGs, and APCs</li> </ul>
IV.2. <b>RM</b> Evaluate revenue cycle processes.	5	<ul style="list-style-type: none"> <li>• <b>Validating accuracy of chargemaster and encounter forms:</b> chargemaster and encounter form coding accuracy validation audits and re-audits, feedback loop of audit results, corrections, decisions regarding use of computer-assisted coding software and chargemaster/encounter form vendors, and re-audits</li> <li>• Writing appeals letters, referencing official coding guidelines, attaching supporting documentation</li> <li>• <b>Case mix management:</b> calculating case mix index (formula), impact of case mix index on reimbursement</li> <li>• Discharged, not final billed (DNFB) accounts: Processing DNFB accounts, impact of appeal process and DNFB on facility reimbursement</li> <li>• Revenue cycle auditing, financial resource and data analytics</li> </ul>
IV.3. <b>RM</b> Evaluate compliance with regulatory requirements and reimbursement methodologies.	5	<ul style="list-style-type: none"> <li>• Validating accuracy of diagnosis and procedure code assignment</li> <li>• Validating accuracy of DRG, MS-DRG, and APC assignment</li> <li>• Interpreting official coding guidelines and coding guidance publications for accurate assignment of codes</li> <li>• Using paper-based coding manuals and encoders</li> <li>• Interpreting results of computer-assisted coding software for accurate selection of codes</li> </ul>



Domain V. Health Law & Compliance		
Competency	Bloom's Level	Curriculum Guidance
V.1. Apply legal processes impacting health information.	3	<ul style="list-style-type: none"> <li>• <b>Definitions:</b> legal health record, designated record set, custodian of the health record (including electronic health record), health record access, authentication of the legal health record</li> <li>• Certifying health records as part of the legal process</li> <li>• Information not disclosed during the discovery process (e.g., committee minutes, incident reports)</li> <li>• Admissibility of health records per Federal Rules of Evidence and Uniform Rules of Evidence</li> <li>• Printing electronic health records</li> <li>• United States legal system</li> <li>• United States court systems and legal procedures</li> <li>• Health information judicial process</li> <li>• Principles of liability</li> <li>• Confidentiality and informed consent</li> </ul>
V.2. Demonstrate compliance with external forces.	3	<ul style="list-style-type: none"> <li>• Federal and state legislation</li> <li>• Court order, <i>subpoena</i>, <i>subpoena duces tecum</i>, search warrant</li> </ul>
V.3. Identify the components of risk management related to health information management.	3	<ul style="list-style-type: none"> <li>• Risk management, role of risk manager</li> <li>• Licensure, malpractice, general liability, physician privileges, National Practitioner Data Bank</li> <li>• Cause and effect analysis (e.g., fishbone diagram), risk identification and assessment, root cause analysis, lean six sigma failure mode and effects analysis               <ul style="list-style-type: none"> <li>○ Cybersecurity (e.g., CERT, RAC)</li> <li>○ Disaster planning</li> <li>○ Financial audits</li> <li>○ Fraud and abuse (e.g., Stark anti-kickback laws)</li> <li>○ Hospital-acquired conditions and nosocomial infections (e.g., Methicillin Resistant Staphylococcus Aureus)</li> <li>○ Human resources hiring and staffing practices</li> <li>○ Negligent credentialing</li> <li>○ Patient safety, safety culture</li> <li>○ Patient satisfaction</li> <li>○ Privacy and security breaches</li> <li>○ Sentinel events, potentially compensable events, incidents, occurrences (and reporting)</li> </ul> </li> </ul>
V.4. Identify the impact of policy on health care.	3	<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>• 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		
Competency	Bloom's Level	Curriculum Guidance
VI.1. Demonstrate fundamental leadership skills.	3	<ul style="list-style-type: none"> <li>• <b>Leadership skills:</b> best practices for leadership adaptability, 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>• <b>Best practices for business operations:</b> employee satisfaction standards, policies and procedures, interdisciplinary and interprofessional teams</li> <li>• <b>Facilitating meetings:</b> 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. <i>Robert's Rules of Order</i>) versus informal; conflict resolution, civil discourse, facilitation techniques, virtual meetings</li> <li>• <b>Personal leadership skills:</b> 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>• <b>Strategic planning process:</b> information management strategic plan, corporate/enterprise strategic plan, financial and administrative departments, workflow process, organization-wide process, organizational strategic plan versus HIM departmental strategic plan, corporate level planning "trickle down," innovation in technology, outcome monitoring and control, research in strategic planning</li> <li>• <b>Team leadership:</b> team roles, team building, team positions and functions, team leader role, managing effective teams and work groups, facilitation techniques (e.g., ice breakers, brainstorming, modified Borda count, avoiding groupthink, role playing), decision-making tools and models (e.g., decision matrix analysis), organization and planning, communicating effectively (e.g., soft skills of communication, active listening), demonstrating diplomacy and negotiating skills, team charters</li> </ul>
VI.2. Identify the impact of organizational change.	3	<ul style="list-style-type: none"> <li>• Managing change: anticipatory leadership, communication plan, implementing new processes and systems</li> <li>• Organizational mergers and acquisitions</li> <li>• Using critical thinking for change management</li> <li>• Using project management tools for change management</li> </ul>
VI.3. Identify human resource human resource strategies for organizational best practices.	3	<ul style="list-style-type: none"> <li>• Calculating full time equivalents (FTE)</li> <li>• Developing interprofessional relationships</li> <li>• <b>Job analysis:</b> methods and comparing results with health information management functions (e.g., job descriptions)</li> <li>• Department staffing levels and staffing mix</li> <li>• Productivity standards</li> <li>• Standards for health information management functions (e.g., chart completion, coding accuracy, release of information turnaround time, overall departmental workflow)</li> <li>• Workflow planning</li> </ul>

Domain VI. Organizational Management & Leadership		
Competency	Bloom's Level	Curriculum Guidance
VI.4. Utilize data-driven performance improvement techniques for decision making.	3	<ul style="list-style-type: none"> <li>• Continuous quality improvement tools and techniques, performance improvement</li> <li>• <b>Data collection methods:</b> focus groups, internal document review, interviews, observations, surveys</li> <li>• Industrial and facility wide outcomes reporting</li> <li>• Lean Six Sigma, performance measurements</li> </ul>
VI.5. Utilize financial management processes.	3	<ul style="list-style-type: none"> <li>• <b>Health care organization budgets:</b> capital, cash flow, financial, master, operating, static budgets</li> <li>• <b>Health information management department budgets:</b> capital equipment, personnel, operations budgets</li> <li>• <b>Cash flow statement methods:</b> direct, indirect</li> <li>• Cash, expenses, revenue, cash flow from operating activities, cash flow from financing activities, cash flow from investing activities, increase/decrease in cash flow, ending cash balance, reconciliation of net income and net cash for each activity</li> <li>• <b>Budget analysis:</b> variances (e.g., calculating static budget variances), ratio analysis, trend analysis</li> <li>• <b>Accounting principles:</b> cash accounting, cost accounting, financial accounting, managerial accounting</li> <li>• <b>Accounting methods:</b> cash basis, accrual basis, hybrid methods</li> <li>• <b>Finances:</b> for-profit, not-for-profit</li> <li>• Roles of governing body, board of director</li> </ul>
VI.6. Examine behaviors that embrace cultural diversity.	4	<ul style="list-style-type: none"> <li>• Anti-discrimination policies, assumptions, biases, and stereotypes, cultural competence and literacy, cultural literacy</li> <li>• Culture diversity among health care professionals, diversity in interprofessional relationships,</li> <li>• <b>Human resources:</b> diversity/multiculturalism training, hiring strategies, workplace diversity and discrimination case studies</li> <li>• National Standards on Culturally and Linguistically Appropriate Services (CLAS)</li> </ul>
VI.7. Assess ethical standards of practice.	5	<ul style="list-style-type: none"> <li>• AHIMA code of ethics, professional versus 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>
VI.8. Describe consumer engagement activities.	2	<ul style="list-style-type: none"> <li>• <b>Consumer engagement activities:</b> assessing patient engagement, portal management, health literacy, use of personal health records; analyzing consumer informatics</li> </ul>
VI.9. Identify processes of workforce training for health care organizations.	3	<ul style="list-style-type: none"> <li>• Assessing training needs (e.g., job analysis)</li> <li>• Developing training learning objectives (e.g., knowledge, skills, attitude)</li> <li>• Designing and developing training materials (e.g., PowerPoint)</li> <li>• Implementing training program</li> <li>• Evaluating training program</li> <li>• Retraining, as necessary</li> </ul>

Supporting Body of Knowledge (Prerequisite or Evidence of Knowledge):	Additional Notes:
Pathophysiology and Pharmacology	<b>Associate Degree:</b> DM and RM competencies are to be completed in addition to all other competencies, specific to the program's specialization.
Anatomy and Physiology	<b>RM:</b> Competency for associate degree revenue management track.
Medical Terminology	<b>DM:</b> Competency for associate degree data management track.
Computer Concepts and Applications	
Math Statistics	

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