

A Apprenticeship OUNDATION Program • • Managing the HIM Talent Pipeline U.S. Department of Labor

## **POSITION OVERVIEW**

Use coding conventions and guidelines to abstract, analyze and accurately assign ICD (Internal Classification of Diseases) and CPT (Current Procedural Terminology) principal and secondary and procedural codes to inpatient, ambulatory and outpatient medical records.

## **QUALIFICATIONS**

Current credential such as RHIA (Registered Health Information Administrator); RHIT (Registered Health Information Technician); CCA (Certified Coding Associate); or other designated credential from a nationally recognized organization.

## COMPETENCIES

- Apply inpatient and outpatient diagnosis and procedure codes according to current nomenclature and adherence to current regulations and guidelines.
- Ensure accuracy of MS-DRG and APC assignment
- Validate coding accuracy using clinical information found in the health record
- Resolve discrepancies between coded data and supporting documentation
- Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative (NCCI) and Uniform Hospital Discharge Data Set (UHDDS)

REGISTERED APPRENTICESHIPS Core components		
Employer Involvement	<ul><li>Employer is the foundation</li><li>Must be directly involved</li><li>Must provide Paid on-the-job learning</li></ul>	
Job Related Technical Instruction	Front-loaded and working learner models     Designed to meet your workforce needs	
Structured Paid On-the-Job Learning	<ul><li>Structured and supervised</li><li>Guided by employer mentor</li><li>Competency-based</li></ul>	
Rewards for Skills Gain	<ul> <li>Increase in skills and competencies tied to increased earnings</li> </ul>	
National Occupational Credential	<ul> <li>Portable industry-recognized professional credential</li> <li>Certifies an individual at the mastery level for the occupation</li> </ul>	

- Skills assessments based on certification domains
- ICD-10 Focus courses to include neoplasms; pregnancy, childbirth and the puerperium; respiratory system; circulatory system; nervous system; and musculosystem
- Coding topic presentations to include coding conventions; steps in diagnostic coding; diagnostic coding guidelines; CPT review; ICD-10-PCS review; and physician query
- Clinical coding practice exercises
- Coding from original medical records
- DRG activities in VLab
- Common employability skills such as communication; analysis and problem-solving; teamwork, business knowledge and behavioral characteristics





## **POSITION OVERVIEW**

Use coding conventions and guidelines to abstract, analyze and accurately assign ICD (Internal Classification of Diseases) diagnosis codes and CPT (Current Procedural Terminology) principal and secondary procedural codes to ambulatory, clinic, provider and outpatient services.

## **QUALIFICATIONS**

A high school diploma, exposure to healthcare job-related functions and be at least 18 years of age.

#### COMPETENCIES

- Manage office procedures such as email, correspondence, care and maintenance of office equipment, and coding software applications
- Use and understand format, conventions, guidelines and rules of ICD-10 diagnostic and procedure coding as well as CPT procedure coding
- Comply with regulations related to fraud and abuse, understand and comprehend the reimbursement cycle including assignment of MS-DRGs and APCs

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- Medical terminology
- · Anatomy and physiology
- Pathophysiology and pharmacology
- · Healthcare delivery systems
- Healthcare Data Content and Structure
- Medical law and ethics

- Basic ICD-10 Part 1 (Diagnosis coding)
- Basic ICD-10 Part 2 (Procedure coding)
- Basic CPT Part 1
- Basic CPT Part 2
- Reimbursement methodology
- Professional coding practice

U.S. Department of Labor

## POSITION OVERVIEW

Use coding conventions and guidelines to abstract, analyze and accurately assign ICD (Internal Classification of Diseases) diagnosis codes and CPT (Current Procedural Terminology) principal and secondary procedural codes to ambulatory, clinic, provider and outpatient services.

#### QUALIFICATIONS

Minimum requirements include a current credential such as CCA (Certified Coding Associate); CPC (Certified Professional Coder); or other designated credential from a nationally recognized organization.

## COMPETENCIES

- Apply outpatient diagnosis and procedure codes according to current nomenclature and adherence to current regulations and guidelines.
- · Ensure accuracy of APC assignment
- Validate coding accuracy using clinical information found in the health record
- Resolve discrepancies between coded data and supporting documentation
- Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative (NCCI) and Uniform Hospital Discharge Data Set (UHDDS)

REGISTERED APPRENTICESHIPS Core components		
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- · Skills assessments based on certification domains
- ICD-10 diagnosis review to include neoplasms; pregnancy, childbirth and the puerperium; respiratory system; circulatory system; nervous system; and musculosystem
- Coding topic presentations to include coding conventions; steps in diagnostic coding; diagnostic coding guidelines; CPT review and physician query
- Clinical coding practice exercises
- Coding from original medical records
- Common employability skills such as communication; analysis and problem-solving; teamwork, business knowledge and behavioral characteristics

## **POSITION OVERVIEW**

The Clinical Documentation Improvement Specialist (CDIS) is responsible for competency in coordinating and performing day to day operations, providing concurrent and/or retrospective review, and improving documentation of all conditions, treatments, and care plans to ensure highest quality of care is provided to the patient. The CDIS will also education clinical staff in appropriate documentation criteria.

## **QUALIFICATIONS**

An Associate's degree in a healthcare related field with a RHIA (Registered Health Information Administrator), RHIT (Registered Health Information Technician), CCS (Certified Coding Specialist) credential or RN (Registered Nurse) or MD (Medical Doctor) license is required.

#### COMPETENCIES

- Identify principal and secondary diagnoses in order to accurately reflect the patient's hospital course utilizing ICD-10-CM with appropriate application of coding conventions and guidelines
- · Ensure accuracy of MS-DRG groupings and APC assignments
- Promote CDI efforts throughout the organization and collaborate with physician champions to promote initiatives
- · Foster working relationship with CDI team members
- Query providers in an ethical manner and track compliance
- Develop CDI policies and procedures to include query process, education and training, and performance tracking

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- · Skills assessments based on certification domains
- ICD-10 training based on employer needs
- AHIMA online CDI courses
- Use of CDI textbook and online exercises
- Common employability skills such as communication; analysis and problem-solving; teamwork, business knowledge and behavioral characteristics



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POSITION OVERVIEW

The Health Information Management Data Analyst (HIMDA) is responsible for documenting the types and structures of the business, data analyzing and mining business data to identify patterns and correlations among the various data points, mapping and tracking data from system to system in order to solve business or system problems. The position requires analytical skills and data management skills to develop solutions to business problems.

## QUALIFICATIONS

A Bachelor's degree in Health Information Management with a RHIA (Registered Health Information Administrator) or a Bachelor's degree in a health-related field with licensure as a RN (Registered Nurse).

## COMPETENCIES

- Formulate validation strategies and methods to ensure accurate and reliable data
- Evaluate existing data structures using data tables and field mapping to develop specifications that procedure accurate and properly reported data
- · Integrate data from internal or external sources in order to provide data analysis and/or reporting
- Analyze health data using appropriate testing methods to generate findings for interpretation
- · Interpret analytical findings by formulating recommendations for clinical, financial and operational processes
- Validate results through qualitative and quantitative analyses to confirm findings
- Design metrics and criteria to meet end user's needs through the collection and interpretation of data

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# **RELATED TECHNICAL INSTRUCTION**

- Skills assessments based on certification domains.
- AHIMA online Data Analytics courses
- Use of Data Analysis textbook and online exercises

· Common employability skills such as communication; analysis and problem-solving; teamwork, business knowledge and behavioral characteristics





## **POSITION OVERVIEW**

Oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the healthcare organization's information privacy practices.

## QUALIFICATIONS

Job requirements include an Associate's or Bachelor's degree with previous healthcare experience.

#### COMPETENCIES

- Provides development guidance and assists in the identification, implementation, and maintenance of organization information privacy policies.
- Works with organization administration, legal counsel, and other related parties to represent the organization's information privacy interests.
- Performs initial and periodic information privacy risk assessments and conducts related ongoing compliance monitoring activities.
- Initiates, facilitates and promotes activities to foster information privacy awareness within the organization and related entities.

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- Skills assessments based on certification domains
- AHIMA online Privacy and Security courses
- Use of Privacy and Security textbook and online exercises
- Common employability skills such as effective communication; telephone etiquette; diversity in the workplace; leadership; social media awareness; and customer service



# APPRENTICESHIP PROGRAM

Quick-Start Action Planner

AHIMA Apprenticeship FOUNDATION Program • •

Managing the HIM Talent Pipeline U.S. Department of Labor

STEP	WHAT DO I NEED TO GET STARTED?
	Determine your workforce needs for skilled talent
	☐ Do you have challenges in finding skilled talent?
	☐ What particular occupations?
	☐ What are your long-term workforce needs?
in the person	☐ Determine number of apprentices needed
	Identify partners and resources you need (Don't go it alone)
9	<ul> <li>Identify internal/external stakeholders to participate in the development of the apprenticeship program</li> </ul>
2	☐ Do you want to partner with local workforce agencies?
	☐ Are there other critical partners that are needed to be successful?
	☐ Will the state Department of Labor (DOL) be involved?
	Program Operation & Administration
	☐ Obtain approval for FTE/s within organization (if necessary)
	☐ Create apprentice job description/job code
	☐ Develop wage progression schedule
	☐ Review/sign apprenticeship standards
	Apprentice Recruitment
	☐ How will you select individuals to participate in your program?
A	☐ Do you want your program to serve new entrants and/or up-skill incumbent workers?
	☐ Candidate screening
	☐ Interview for apprentice positions
	☐ Hire and onboard new apprentices
	Determine your training model
	☐ AHIMA Foundation will provide access to online instruction
	☐ Identify skill/competency requirements
	☐ Identify experienced mentors at the job site
	☐ Develop an on-the-job learning (OJL) plan
	Assess and Continuously Improve
	☐ Conduct regular apprentice OJL evaluations
	☐ Complete apprentice experience surveys for each program stage
	☐ Assess the program and participants' success moving forward
	☐ Evaluate progress and make program corrections as needed

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