

COMPETENCY-BASED OCCUPATIONAL FRAMEWORK FOR REGISTERED APPRENTICESHIP

Medical Records and Health Information Technicians/Medical Coders

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The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

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Competency-Based Occupational Frameworks

The Urban Institute, under contract by the U.S. Department of Labor, has worked with employers, subject matter experts, labor unions, trade associations, credentialing organizations and academics to develop Competency-Based Occupational Frameworks (CBOF) for Registered Apprenticeship programs. These frameworks defined the **purpose** of an occupation, the **job functions** that are carried out to fulfill that purpose, the **competencies** that enable the apprentice to execute those job functions well, and the **performance criteria** that define the specific knowledge, skills and personal attributes associated with high performance in the workplace. This organizational hierarchy – Job Purpose – Job Functions – Competencies – Performance Criteria – is designed to illustrate that performing work well requires more than just acquiring discrete knowledge elements or developing a series of manual skills. To perform a job well, the employee must be able to assimilate knowledge and skills learned in various settings, recall and apply that information to the present situation, and carry out work activities using sound professional judgement, demonstrating an appropriate attitude or disposition, and achieving a level of speed and accuracy necessary to meet the employer’s business need.

The table below compares the terminology of Functional Analysis with that of traditional Occupational Task Analysis to illustrate the important similarities and differences. While both identify the key technical elements of an occupation, Functional Analysis includes the identification of behaviors, attributes and characteristics of workers necessary to meet an employer’s expectations.

Framework Terminology	Traditional Task Analysis Terminology
Job Function – the work activities that are carried out to fulfill the job purpose	Job Duties – roles and responsibilities associated with an occupation
Competency – the actions an individual takes and the attitudes he/she displays to complete those activities	Task – a unit of work or set of activities needed to produce some result
Performance Criteria – the specific knowledge, skills, dispositions, attributes, speed and accuracy associated with meeting the employer’s expectations	Sub Task – the independent actions taken to perform a unit of work or a work activity

Although designed for use in competency-based apprenticeship, these Competency-Based Occupational Frameworks also support time-based apprenticeship by defining more clearly and precisely apprentice is expected to learn and do during the allocated time-period.

CBOFs are comprehensive in to encompass the full range of jobs that may be performed by individuals in the same occupation. As employers or sponsors develop their individual apprenticeship programs, they can extract from or add to the framework to meet their unique organizational needs.

Components of the Competency-Based Occupational Framework

Occupational Overview: This section of the framework provides a description of the occupation including its purpose, the setting in which the job is performed and unique features of the occupation.

Work Process Schedule: This section includes the job functions and competencies that would likely be included in an apprenticeship sponsor’s application for registration. These frameworks provide a point of reference that has already been vetted by industry leaders so sponsors can develop new programs knowing that they will meet or exceed the consensus expectations of peers. Sponsors maintain the ability to customize their programs to meet their unique needs, but omission of a significant number of job functions or competencies should raise questions about whether or not the program has correctly identified the occupation of interest.

Cross-cutting Competencies: These competencies are common among all workers, and focus on the underlying knowledge, attitudes, personal attributes and interpersonal skills that are important regardless of the occupation. That said, while these competencies are important to all occupations, the relative importance of some versus is others may change from one occupation to the next. These relative differences are illustrated in this part of the CBOF and can be used to design pre-apprenticeship programs or design effective screening tools when recruiting apprentices to the program.

Detailed Job Function Analysis: This portion of the framework includes considerable detail and is designed to support curriculum designers and trainers in developing and administering the program. There is considerable detail in this section, which may be confusing to those seeking a more succinct, higher-level view of the program. For this reason, we recommend that the Work Process Schedule be the focus of program planning activities, leaving the detailed job function analysis sections to instructional designers as they engage in their development work.

- a. **Related Technical Instruction:** Under each job function appears a list of foundational knowledge, skills, tools and technologies that would likely be taught in the classroom to enable the apprentice’s on-the-job training safety and success.

- b. Performance Criteria: Under each competency, we provide recommended performance criteria that could be used to differentiate between minimally, moderately and highly competent apprentices. These performance criteria are generally skills-based rather than knowledge-based, but may also include dispositional and behavioral competencies.

Using the Competency-Based Occupational Framework to Develop a Registered Apprenticeship Program

When developing a registered apprenticeship program, the Work Process Schedule included in this CBOF provides an overview of the job functions and competencies an expert peer group deemed to be important to this occupation. The Work Process Schedule in this document can be used directly, or modified and used to describe your program content and design as part of your registration application.

When designing the curriculum to support the apprenticeship program – including on the job training and related technical instruction – the more detailed information in Section 5 could be helpful. These more detailed job function documents include recommendations for the key knowledge and skill elements that might be included in the classroom instruction designed to support a given job function, and the performance criteria provided under each competency could be helpful to trainers and mentors in evaluating apprentice performance and insuring inter-rater reliability when multiple mentors are involved.

Medical Records and Health Information Technicians/Medical Coders Occupational Overview

Occupational Purpose and Context

The Coding Professional will use coding conventions and guidelines to abstract, analyze, and accurately assign ICD (International Classification of Diseases), CPT (Current Procedural Terminology), and other classification systems (e.g., SNOMED, ICD-O, DSM V) principle and secondary diagnostic and procedural codes to inpatient, ambulatory, and outpatient medical records. The Coding Professional will query physicians when diagnosis is unclear, audit records, and perform peer reviews. This position must utilize encoder, grouper, and other Health Information Management software often including Electronic Health Records. Job requirements may include a 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.

The Coding Professional is responsible for assigning clinical classification codes for medical services. The coding professional effectively uses abstracting databases, internal and external audit results, QIO reports and revenue cycle edit/denial information and serves as a resource to the clinical team. This position requires effective interaction with coding staff, clinical staff, and different levels of management throughout the healthcare system.

Potential Job Titles

Coding professional, medical coder, hospital coder, coding auditor, certified coding professional, coding validator, coder, health information clerk, health information specialist, health information technician, medical records analyst, medical records technician, registered health information technician (RHIT), medical records and health information technician, clinical data analyst.

Attitudes and Behaviors

The coding professional must be able to process and synthesize information effectively and efficiently, maintain high levels of patient confidentiality and ensure effective interaction with both coding staff and different levels of management throughout the healthcare system.

Apprenticeship Prerequisites

Some apprenticeship sponsors may require prior completion of a medical terminology or medical coding course or program.

Occupational Pathways

Promotional paths – coding manager, coding trainer, health information manager

Transitional paths – DRG validator, health information technician

Certifications, Licensure and Other Credential Requirements

CREDENTIAL	Offered By	Before, During or After Apprenticeship
Certified Coding Associate (CCA)	American Health Information Management Association (AHIMA)	After
Certified Coding Specialist (CCS)	AHIMA	After
Registered Health Information Administrator (RHIA)	AHIMA	After
Registered Health Information Technician (RHIT)	AHIMA	After

Certified Professional Coder (CPC)	American Association of Professional Coders (AAPC)	After
Certified Coding Specialist - Physician Based (CCS-P)	AHIMA	After
Certified Inpatient Coder (CIC)	AAPC	After
Certified Outpatient Coder (COC)	AAPC	After

Job Functions

JOB FUNCTIONS		Core or Optional
1.	Properly applies diagnosis and procedure codes to medical charts, records and related documents	Core
2.	Supports documentation of care for services provider reimbursement process to ensure timely and accurate payment	Core
3.	Maintains accurate and complete patient health records	Core
4.	Ensures compliance with healthcare law, regulations and standards related to information protection, privacy, security and confidentiality	Core
5.	Maintains appropriate technology solutions including health information systems to support health care delivery and organizational priorities	Optional

Stackable Programs

This occupational framework is designed to link to the following additional framework(s) as part of a career laddering pathway.

Stackable Programs		Base or Higher Level	Stacks on top of
1.		Base Program	
2.			
3.			
4.			

Options and Specializations

The following options and specializations have been identified for this occupation. The Work Process Schedule and individual job function outlines indicate which job functions and competencies were deemed by industry advisors to be optional. Work Process Schedules for Specializations are included at the end of this document.

Options and Specializations	Option	Specialization

Levels

Industry advisors have indicated that individuals in this occupation may function at different levels, based on the nature of their work, the amount of time spent in an apprenticeship, the level of skills or knowledge mastery, the degree of independence in performing the job or supervisory/management responsibilities.

Level	Distinguishing Features	Added Competencies	Added Time Requirements

Work Process Schedule

WORK PROCESS SCHEDULE		ONET Code: 29.2017.00	
Medical Records and Health Information Technicians/Medial Coders		RAPIDS Code: 1114	
JOB TITLE:			
LEVEL:		SPECIALIZATION:	
STACKABLE PROGRAM <input type="checkbox"/> yes <input type="checkbox"/> no			
BASE OCCUPATION NAME:			
Company Contact: Name			
Address:		Phone	Email
Apprenticeship Type: <input type="checkbox"/> Competency-Based <input type="checkbox"/> Time-Based <input type="checkbox"/> Hybrid		Prerequisites	
JOB FUNCTION 1: Properly applies diagnosis and procedure codes to medical charts, records and related documents			
Competencies	Core or Optional	RTI	OJT
A. Enters or confirms code(s) associated with medical diagnosis(es), procedures, and services	Core		
B. Ensures medical codes reflect medical record documentation	Core		

JOB FUNCTION 2: Supports documentation of care for services provider reimbursement process to ensure timely and accurate payment			
Competencies	Core or Optional	RTI	OJT

A. Ensures accuracy of diagnosis/procedural groups such as DRG (Diagnosis Related Group), MS-DRG (Medical Severity), APC (Ambulatory Payment Classification), etc.	Core		
B. Communicates with physicians or other care providers to ensure appropriate documentation	Core		
C. Applies policies and procedures to comply with changing regulations among various payment systems for healthcare services, such as Medicare, Medicaid, managed care, etc.	Core		
D. Applies policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery	Core		
E. Supports accurate billing through coding, charge master, claims management and bill reconciliation processes	Core		
F. Ensures accuracy of diagnostic/procedural groupings such as DRG and APC	Core		
G. Resolves discrepancies between coded data and supporting documentation	Core		

JOB FUNCTION 3: Maintains accurate and complete patient health records

Competencies	Core or Optional	RTI	OJT
A. Compiles patient data and performs data quality reviews to validate code assignment and compliance with reporting requirements	Core		
B. Ensures that medical records are complete, including medical history, care or treatment plans, tests ordered, test results, diagnosis and medications taken	Core		
C. Verifies consistency between diagnosis and treatment plans, procedures and services	Core		

JOB FUNCTION 4: Ensures compliance with healthcare law, regulations and standards related to information protection, privacy, security and confidentiality

Competencies	Core or Optional	RTI	OJT
A. Participates in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training	Core		

B. Validates coding accuracy using clinical information found in the health record	Core		
C. Adheres to current regulations and establish guidelines in code assignment (focus on assignment of principle diagnosis, principle procedure, and sequencing as well as other clinical coding guidelines)	Core		
D. Uses established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others	Core		

JOB FUNCTION 5: Maintains appropriate technology solutions including health information systems to support health care delivery and organizational priorities

Competencies	Core or Optional	RTI	OJT
A. Specifies, refines, updates, produces and makes available a formal approach to implement information and communication technology solutions necessary to develop and operate the health information system architecture in support of the organization	Core		
B. Stays apprised of innovative solutions for integration of new technology into existing products, applications or services	Core		
C. Identifies and clarifies user needs (internal and external customers) and organizational policies to ensure system architecture and applications are in line with business requirements	Core		
D. Uses and maintains applications and processes to support other clinical classification and nomenclature as appropriate (e.g. DSM-V - Diagnostic and Statistical manual of Mental Disorders - SNOMED-CT - Systemized Nomenclature of Medicine -Clinical terms, etc.)	Core		

Related Technical Instruction Plan

COURSE NAME	Course Number
	Hours
LEARNING OBJECTIVES	
COURSE NAME	Course Number
	Hours
LEARNING OBJECTIVES	
COURSE NAME	Course Number
	Hours
LEARNING OBJECTIVES	
COURSE NAME	Course Number
	Hours
LEARNING OBJECTIVES	

LEARNING OBJECTIVES

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COURSE NAME

Course Number

Hours

LEARNING OBJECTIVES

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Cross-Cutting Competencies

		COMPETENCY**								
		0	1	2	3	4	5	6	7	8
Personal Effectiveness	Interpersonal Skills	0	1	2	3	4	5	6	7	8
	Integrity	0	1	2	3	4	5	6	7	8
	Professionalism	0	1	2	3	4	5	6	7	8
	Initiative	0	1	2	3	4	5	6	7	8
	Dependability and Reliability	0	1	2	3	4	5	6	7	8
	Adaptability and Flexibility	0	1	2	3	4	5	6	7	8
	Lifelong Learning	0	1	2	3	4	5	6	7	8
Academic	Reading	0	1	2	3	4	5	6	7	8
	Writing	0	1	2	3	4	5	6	7	8
	Mathematics	0	1	2	3	4	5	6	7	8
	Science & Technology	0	1	2	3	4	5	6	7	8
	Communication	0	1	2	3	4	5	6	7	8
	Critical and Analytical Thinking	0	1	2	3	4	5	6	7	8
	Basic Computer Skills	0	1	2	3	4	5	6	7	8
Workplace	Teamwork	0	1	2	3	4	5	6	7	8
	Customer Focus	0	1	2	3	4	5	6	7	8
	Planning and Organization	0	1	2	3	4	5	6	7	8
	Creative Thinking	0	1	2	3	4	5	6	7	8
	Problem Solving & Decision Making	0	1	2	3	4	5	6	7	8
	Working with Tools & Technology	0	1	2	3	4	5	6	7	8
	Checking, Examining & Recording	0	1	2	3	4	5	6	7	8
	Business Fundamentals	0	1	2	3	4	5	6	7	8
	Sustainable	0	1	2	3	4	5	6	7	8
	Health & Safety	0	1	2	3	4	5	6	7	8

**Cross-cutting competencies are defined in the Competency Model Clearinghouse:

<https://www.careeronestop.org/CompetencyModel/competency-models/buidling-blocks-model.aspx>

Cross-Cutting Competencies identify transferable skills – sometimes called “soft skills” or “employability skills” – that are important for workplace success, regardless of a person’s occupation. Still, the relative importance of specific cross-cutting competencies differs from occupation to occupation. The Cross-Cutting Competencies table, above, provides information about which of these competencies is most important to be successful in a particular occupation. This information can be useful to employers or intermediaries in screening and selecting candidates for apprenticeship programs, or to pre-apprenticeship providers that seek to prepare individuals for successful entry into an apprenticeship program.

The names of the cross-cutting competencies come from the U.S. Department of Labor’s Competency Model Clearinghouse and definitions for each can be viewed at <https://www.careeronestop.org/CompetencyModel/competency-models/building-blocks-model.aspx>

The scoring system utilized to evaluate the level of competency required in each cross cutting skill aligns with the recommendations of the Lumina Foundation’s Connecting Credentials Framework. The framework can be found at: <http://connectingcredentials.org/wp-content/uploads/2015/05/ConnectingCredentials-4-29-30.pdf>

Detailed Job Functions

JOB FUNCTION 1: Properly applies diagnosis and procedure codes to medical charts, records and related documents

Related Technical Instruction		
KNOWLEDGE	SKILLS	TOOLS & TECHNOLOGIES
<ul style="list-style-type: none"> • Medical diagnosis codes (ICD-10, DSM V, etc.) • Medical procedure codes (CPT, ICD-10-PCS, etc.) • Use of and interoperability between health information systems • A&P, disease process, medical terminology, pathophysiology 	<ul style="list-style-type: none"> • Use of computer systems • Accurate data entry • Interpreting medical records or notes to determine appropriate codes 	<ul style="list-style-type: none"> • Electronic medical records • Electronic encoders • Health information systems • Computers, faxes, phones, handheld devices • Printers

Competency A: Enters or confirms code(s) associated with medical diagnosis(es), procedures, and services	Core or Optional
PERFORMANCE CRITERIA	
1. Identifies correct patient record	Core
2. Selects correct codes for patient diagnoses, procedures or services	Core
3. Enters or confirms data from patient chart in electronic health information system	Core
4. Seeks clarification about notes, diagnoses or treatments when appropriate	Core

Competency B: Ensures medical codes reflect medical record documentation	Core or Optional
PERFORMANCE CRITERIA	
1. Accurately assign MSDRGs and APCs	Core

2. Query physicians/care providers when appropriate	Core
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JOB FUNCTION 2: Supports documentation of care for services provider reimbursement process to ensure timely and accurate payment

Related Technical Instruction		
KNOWLEDGE	SKILLS	TOOLS & TECHNOLOGIES
<ul style="list-style-type: none"> • Medical diagnosis, services and procedures • Insurance company and payment system policies and regulations regarding payment and reimbursement • Medical ethics and prevention of medical or billing fraud • Policies and procedures for use of clinical data in reimbursement and prospective payment systems 	<ul style="list-style-type: none"> • Data entry • Customer services • Communication with care providers and other medical professionals • Ability to read insurance guidelines, policies and procedures • Ability to memorize standard codes 	<ul style="list-style-type: none"> • Computer-based electronic health records • Encoders • Health information systems • Handheld devices

COMPETENCY A- Ensures accuracy of diagnosis/procedural groups such as DRG (Diagnosis Related Group), MSDRG (Medical Severity), APC (Ambulatory Payment Classification), etc.	Core or Optional
PERFORMANCE CRITERIA	
1. Reviews medical records to ensure accuracy and completeness of diagnostic/procedural codes	Core
2. Identifies errors or misalignment in diagnostic/procedural codes and seeks clarification	Core
3. Helps identify appropriate code for unusual or complex diagnosis or procedures	Core

COMPETENCY B - Communicates with physicians or other care providers to ensure appropriate documentation	Core or Optional
PERFORMANCE CRITERIA	
1. Explains the need for accurate coding and helps care provider identify accurate codes	Core
2. Respectfully challenges codes when errors or potential errors or inconsistencies are identified	Core

3. Explains coding policies related to federal, state or individual insurance payment system requirements	Core
4. Follows appropriate reporting procedures when concerned about instances of potential medical fraud	Core
5. Queries physician for clarification prior to code assignment when there is conflicting or incomplete information in the health record, and creates physician queries in a compliant manner	Core

COMPETENCY C- Applies policies and procedures to comply with changing regulations among various payment systems for healthcare services, such as Medicare, Medicaid, managed care, etc.	Core or Optional
PERFORMANCE CRITERIA	
1. Conducts research to clarify policies and regulations regarding payment systems	Core
2. Reads professional notices or literature to identify changes or potential in policies or regulations	Core
3. Identifies internal policies or practices that are inconsistent with current payment system policies or regulations	Core
4. Creates or updates internal policies to conform with current payment system requirements	Core
5. Educates others about payment system policies and regulations	Core

COMPETENCY D- Applies policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery	Core or Optional
PERFORMANCE CRITERIA	
1. Identifies proper codes to ensure accurate and timely reimbursement	Core
2. Identifies errors prior to submitting records to payment systems to ensure timely processing	Core
3. Follows up on reimbursement processing to ensure timely handling and to resolve questions or disputes quickly	Core
4. Maintains accurate patient and account reimbursement records	Core
5. Submits reimbursement claims in a timely manner and in accordance with payer policies	Core

COMPETENCY E- Supports accurate billing through coding, charge master, claims management and bill reconciliation processes	Core or Optional
PERFORMANCE CRITERIA	
1. Maintains accurate account records	Core
2. Identifies inconsistencies between diagnosis, procedures and services codes and payer reimbursement	Core
3. Ensures that accounts are up-to-date and flags delinquencies	Core
4. Troubleshoots and resolves delinquencies	Core
5. Resolves claim disputes	Core

COMPETENCY F- Ensures accuracy of diagnostic/procedural groupings such as DRG and APC	Core or Optional
PERFORMANCE CRITERIA	
1. Ensures that the correct diagnostic/procedural grouping codes are used	Core
2. Identifies coding errors and provides correct code	Core
3. Notifies care provider of coding errors or discrepancies	Core

COMPETENCY G- Resolves discrepancies between coded data and supporting documentation	Core or Optional
PERFORMANCE CRITERIA	
1. Reviews patient records to ensure that appropriate documentation exists to support medical codes and claims	Core
2. Identifies inconsistencies between codes and supporting documentation	Core
3. Identifies missing documentation and takes initiative to locate it or inform care provider about missing documentation	Core
4. Questions coding that is not supported by documents, results or diagnosis and offers correct alternatives	Core
5. Reports instances of suspected medical fraud, incompetence or malpractice to appropriate authorities	Core

JOB FUNCTION 3: Maintains accurate and complete patient health records

Related Technical Instruction		
KNOWLEDGE	SKILLS	TOOLS & TECHNOLOGIES
<ul style="list-style-type: none"> • Components of a complete medical record • Basic medical terminology, diagnosis and procedures • Services and procedures typically associated with medical diagnoses • Federal and state laws and regulations related to medical integrity, billing and fraud prevention • HIPAA/patient privacy laws • Federal state laws, regulations and standards regarding accuracy and completeness of medical records 	<ul style="list-style-type: none"> • Data entry • Interpreting medical notes to identify medical diagnoses, services or procedures • Identifying discrepancies and follows established procedures for clarification 	<ul style="list-style-type: none"> • Computer and electronic health records and health information systems.

COMPETENCY A - Compiles patient data and performs data quality reviews to validate code assignment and compliance with reporting requirements	Core or Optional
PERFORMANCE CRITERIA	
1. Reviews records to ensure that information fields are accurate and complete	Core
2. Reviews files and notes to identify missing information and complete medical record	Core
3. Seeks appropriate authorization or information from care provider to complete files or reports as necessary	Core
4. Audits patient records to ensure accuracy and consistency between codes, supporting documentation and reimbursement claims	Core
5. Identifies instances of missing or inaccurate codes and provides training on the appropriate use of codes for future situations	Core

COMPETENCY B- Ensures that medical records are complete, including medical history, care or treatment plans, tests ordered, test results, diagnosis and medications taken	Core or Optional
PERFORMANCE CRITERIA	
1. Reviews medical file carefully and thoroughly	Core
2. Identifies missing elements of medical record	Core
3. Seeks information or assistance to complete medical record	Core
4. Requests supplemental information from care provider when records are incomplete	Core
5. Confirms patient identity to ensure that records or results are placed in the correct medical record	Core

COMPETENCY C - Verifies consistency between diagnosis and treatment plans, procedures and services	Core or Optional
PERFORMANCE CRITERIA	
1. Thoroughly reviews records to confirm consistency between treatment plans, procedures and services	Core
2. Identifies instances of inconsistency and seeks to resolve them	Core
3. Provides recommendations for correct coding based on diagnosis and care plans	Core

JOB FUNCTION 4: Ensures compliance with healthcare law, regulations and standards related to information protection, privacy, security and confidentiality

Related Technical Instruction		
KNOWLEDGE	SKILLS	TOOLS & TECHNOLOGIES
<ul style="list-style-type: none"> State, federal and local laws, policies and regulations regarding data security, data accuracy and data integrity Policies of healthcare payers, including Medicaid, Medicare and private insurance companies 	<ul style="list-style-type: none"> Reads, understands, and applies healthcare policies and regulations Interprets and applies regulations to ensure conformance with privacy and integrity standards Explains healthcare law, regulations and standards to care providers and other healthcare service providers 	<ul style="list-style-type: none"> Electronic medical records and health information systems

COMPETENCY A- Participates in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training	Core or Optional
PERFORMANCE CRITERIA	
1. Participates regularly in compliance training programs and courses	Core
2. Informs others of compliance requirements, including changes in requirements	Core
3. Reviews organizational policies and ensures conformance to legal requirements	Core
4. Adheres to compliance and privacy policies	Core
5. Alerts appropriate authority when instances of potential fraud, abuse or privacy breach are identified	Core

COMPETENCY B- Validates coding accuracy using clinical information found in the health record	Core or Optional

PERFORMANCE CRITERIA	
1. Identifies codes that align with clinical information in health record	Core
2. Audits records to ensure that correct codes were utilized based on clinical notes, test results, etc.	Core
3. Seeks correction in instances where codes do not align with or are not supported by clinical information found in health record	Core

COMPETENCY C- Adheres to current regulations and establish guidelines in code assignment (focus on assignment of principle diagnosis, principle procedure, and sequencing as well as other clinical coding guidelines)	Core or Optional
PERFORMANCE CRITERIA	
1. Correctly applies codes associated with various diagnoses, procedures and services	Core
2. Identifies correct code sequencing based on clinical records	Core
3. Identifies and corrects incorrect codes or code sequencing based on diagnosis and clinical record	Core

COMPETENCY D- Uses established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others	Core or Optional
PERFORMANCE CRITERIA	
1. Demonstrates understanding of reimbursement guidelines	Core
2. Enters codes correctly in accordance with reimbursement and reporting requirements	Core
3. Identifies coding mistakes and corrects or seeks guidance	Core

JOB FUNCTION 5: Maintains appropriate technology solutions including health information systems to support health care delivery and organizational priorities

Related Technical Instruction		
KNOWLEDGE	SKILLS	TOOLS & TECHNOLOGIES
<ul style="list-style-type: none"> Capacity, strengths and weaknesses of various healthcare information systems Healthcare information management and electronic records systems Clinical terminology Classification systems to include ICD-10, CPT, DSM-V, etc. Interoperability requirements and limitations 	<ul style="list-style-type: none"> Supporting and reviewing research to identify new or improved system or software solutions to improve medical record maintenance Understanding needs and priorities of the healthcare organization to help in the selection of appropriate healthcare information management systems Explaining use of health information management systems and instructs others on its use 	<ul style="list-style-type: none"> Computers, tablets and hand-held communication devices Electronic records software Healthcare information systems software

COMPETENCY A- Specifies, refines, updates, produces and makes available a formal approach to implement information and communication technology solutions necessary to develop and operate the health information system architecture in support of the organization	Core or Optional
PERFORMANCE CRITERIA	
1. Understands the specifications of technology solution in use within the organization	Core
2. Communicates to appropriate authorities the benefits or limitations of the current health information system	Core
3. Makes recommendations to improve current system or procure upgrades or new systems	Core

COMPETENCY B- Stays apprised of innovative solutions for integration of new technology into existing products, applications or services	Core or Optional
PERFORMANCE CRITERIA	
1. Understands the benefits and limitations of the health information system currently in use	Core
2. Reads trade publications to know about new solutions or products in the marketplace	Core
3. Interacts with other professionals to understand problems or solutions others in the industry are facing or have implemented	Core
4. Seeks information from product vendors, as appropriate and authorized	Core
5. Communicates to managers and care providers about solutions, products, applications or services that would help the organization meet its goals	Core

COMPETENCY C- Identifies and clarifies user needs (internal and external customers) and organizational policies to ensure system architecture and applications are in line with business requirements	Core or Optional
PERFORMANCE CRITERIA	
1. Maintains familiarity with and quickly references organizational policies	Core
2. Seeks information from users regarding their needs or concerns about the current or newly planned system	Core
3. Recommends corrections, new configurations or solutions to help organizations improve reporting and meet their business goals	Core

COMPETENCY D- Uses and maintains applications and processes to support other clinical classification and nomenclature as appropriate (eg. DSM-V - Diagnostic and Statistical manual of Mental Disorders - SNOMED-CT - Systemized Nomenclature of Medicine -Clinical terms, etc.)	Core or Optional
PERFORMANCE CRITERIA	
1. Looks up information and codes in ICD-10, CPT, DSM V, SNOMED-CT, etc.	Core
2. Uses correct nomenclature based on ICD-10, CPT, DSM V, SNOMED-CT, etc.	Core

3. Identifies instances of incorrect nomenclature and seeks correction or clarification	Core
4. Identifies instances of misalignment between diagnostic, service or procedure codes based on information in ICD-10, CPT, DSM V, SNOMED-CT, etc.	Core



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