

Appendix A

WORK PROCESS SCHEDULE

AND

RELATED INSTRUCTION OUTLINE

Health Information Management (HIM) Inpatient Coding Auditor

O*NET-SOC CODE:

RAPIDS CODE:

Type of Training: Competency-based

APPENDIX A

Sample Work Process Schedule and Related Instruction Outline

Health Information Management (HIM) Inpatient Coding Auditor

O*NET-SOC CODE:

RAPIDS CODE:

This schedule is attached to and a part of these Standards for the above identified occupation.

1. TYPE OF OCCUPATION

Time-based Competency-based Hybrid

2. TERM OF APPRENTICESHIP

The term of the occupation shall be competency-based supplemented by a minimum of 144 hours of related instruction.

3. RATIO OF APPRENTICES TO JOURNEYWORKERS

Four (4) apprentice(s) to **One (1)** journeyworker/mentor/trainer.

4. APPRENTICE WAGE SCHEDULE

Apprentices may be paid a progressively increasing schedule of wages based on a percentage of the current Inpatient Coding Auditor wage rate of \$_____.

1 Year Term (example):

1st 1000hrs = \$ _____
2nd 500hrs = \$ _____
3rd 500hrs +CICA = \$ _____

5. WORK PROCESS SCHEDULE (See below Work Process Schedule)

(Customized at point of hire by the Employer and Sponsor)

The Employer may modify the work processes to meet local needs prior to submitting these Standards to the appropriate Registration Agency for approval.

6. RELATED INSTRUCTION OUTLINE (See below Work Process Schedule)

(Customized at point of hire by the Employer and Sponsor)

Position Description:

Accurate coding is key to reimbursement and organizational compliance. The Health Information Management (HIM) Inpatient Coding Auditors identify areas of under or over coding to avoid fraudulent coding and billing. Accurate coding is key to reimbursement and organizational compliance. HIM Inpatient Coding Auditors are responsible for ensuring documentation and coding are to the highest level of specificity, correct codes are assigned, optimal DRGs are identified, and all coding is compliant with coding and regulatory guidelines. Job requirements include a current credential such as RHIA (Registered Health Information Administrator), RHIT (Registered Health Information Technician), CCS (Certified Coding Associate), or other designated credential from a nationally recognized organization with at least three years of inpatient coding experience.

ON THE JOB COMPETENCIES:

COMPETENCY	MEASURED BY	Score	COMMENTS
Use and maintain electronic applications and work processes to support clinical classification and coding (for example, encoding and grouping software)	Demonstrates understanding in use and application of encoder and grouper software	1 2 3 4 5	1 – Below expectation in the use of electronic applications (encoder and grouper software) 2 – Needs improvement in use of electronic applications (encoder and grouper software) 3 – Satisfactory use of electronic applications (encoder and grouper software) 4 – Proficient in electronic applications (encoder and grouper software) 5 – Exceeds expectation in use of electronic applications
Apply inpatient diagnosis and procedure codes according to current nomenclature and demonstrate adherence to current regulations and established Official Guidelines in code assignment including UHDDS guidelines	Audits indicate appropriate code and sequencing use following regulations and guidelines	1 2 3 4 5 N/A	1 – Below expectation in the application of coding guidelines and regulations 2 – Needs improvement in the application of coding guidelines and regulations 3 – Demonstrates basic understanding of coding guidelines and regulations 4 – Demonstrates proficiency in coding guidelines and regulations 5 – Excels in application of coding guidelines and regulations

COMPETENCY	MEASURED BY	Score	COMMENTS
Ensure accuracy of diagnostic/procedural MSDRG (Medicare Severity)	Understanding of what impacts MSDRG; CC and MCC impact on MSDRGs, APR-DRGs and AP-DRGs; and importance of SOI and ROM	1 2 3 4 5	<p>1 – Below expectation in the accuracy of MSDRG assignment</p> <p>2 – Needs improvement in the accuracy of MSDRG assignment</p> <p>3 – Demonstrates basic understanding MSDRG assignment</p> <p>4 – Demonstrates proficiency in MSDRG assignment</p> <p>5 – Excels in application of MSDRG assignment</p>
Validate coding accuracy using clinical information found in the health record	Demonstrates review skills for complete ICD-10 coding for accurate reporting and reimbursement	1 2 3 4 5	<p>1 – Below expectation in the accuracy of auditing ICD-10 codes</p> <p>2 – Needs improvement in the accuracy of auditing ICD-10 codes</p> <p>3 – Satisfactorily demonstrates accuracy in the auditing of ICD-10 codes</p> <p>4 – Demonstrates proficiency in the auditing of ICD-10 codes</p> <p>5 – Exceeds expectations in the accuracy of auditing ICD-10 codes</p>
Demonstrates proficiency in fundamentals of inpatient auditing.	Identifies various types of audits and scope by audit type	Meets or Does not Meet	Comment on Does Not Meet
Understands clinical indicators, common treatments, and documentation requirements for common conditions in the major diagnostic categories (MDCs)	Accurately identifies diagnoses and procedures based on medical record documentation	1 2 3 4 5 N/A	<p>1 – Below expectation in the accuracy of identifying diagnoses and procedures</p> <p>2 – Needs improvement in the accuracy of identifying diagnoses and procedures</p> <p>3 – Satisfactorily demonstrates accuracy in identifying diagnoses and procedures</p> <p>4 – Demonstrates proficiency in identifying diagnoses and procedures</p>

COMPETENCY	MEASURED BY	Score	COMMENTS
			5 – Exceeds expectations in identifying diagnoses and procedures
Accurately apply the fundamentals of auditing and reimbursement concepts	Adheres to national, regional and facility-specific requirements for accurate reimbursement by payer type	Meets or Does not Meet	Comment on Does Not Meet
Understands reimbursement methodologies and the impact of accurate documentation and coding	Identifies common high-risk errors and understands CMI, it's affect on DRG assignment, and DRG hierarchy	Meets or Does not Meet	Comment on Does Not Meet
Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others	Follows coding edits for compliance with NCCI	1 2 3 4 5	1 – Not compliant with coding edits 2 – Needs improvement in monitoring of coding edits 3 – Satisfactorily monitors coding edits 4 –Proficient in the monitoring of coding edits 5 – Proactive in resolving NCCI edits prior to billing
Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems	Participates in coding audits	Meets or Does not Meet	Comment on Does Not Meet

COMPETENCY	MEASURED BY	Score	COMMENTS
Participate in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training.	Attends required compliance training	Meets or Does not Meet	Comment on Does Not Meet
Demonstrates understanding of creating appropriate physician queries.	Writes physician queries following established guidelines	Meets or Does not Meet	Comment on Does Not Meet

Note: On the job competencies will be evaluated as competency-based achievements. Each of the competencies will have objectives and all competencies will be verified and signed off by assigned journeyworker/mentors/trainers/supervisors.

All related instruction and supplementary training will be structured in accordance with CICA certification domains.

RELATED INSTRUCTION OUTLINE

Health Information Management (HIM) Inpatient Coding Auditor (Related Instruction) Outline

Item	Type	Content	Hours
Program orientation	WebEx	Program overview	1
VLab tutorial	WebEx	VLab training	1
Pre-Immersion Assessment	Online self-directed	Sample content from CICA	4
AHIMA ICD-10 A&P Focus Courses (6)	Online self-directed	<ul style="list-style-type: none"> • Circulatory System • Musculoskeletal System • Neoplasms • Central and Peripheral Nervous System • Pregnancy, Childbirth and the Puerperium • Respiratory System 	16
Reimbursement Methodology	Online self-directed	Use of coded data and health information in reimbursement and payment systems appropriate to all healthcare settings and managed care. Students are exposed to the contemporary prospective payment systems used by the US government and other key health plans that comprise most patients' source of payment for healthcare services.	45
Medical Law and Ethics	Online self-directed	Review of legal and ethical issues related to the health care setting. This course provides students with an overview of the laws and professional requirements that regulate the delivery of health care, including HIPAA, the Patient's Bill of Rights, and standard of care. Students will also gain an understanding of the ethical and moral issues that health care professionals may encounter.	45
Healthcare Data Content and Structure	Online self-directed	Discuss record contents, use, and structure of the health record including data and data sets. It explains how these components relate to primary and secondary record systems and gives an overview of the legal and ethical issues applicable to health information.	45
Audit Principles	Career Step	Describe the fundamentals of hospital inpatient auditing; identify various audit types, analyze data and targeted problem areas; and review statistical sampling methods	10
Audit and Record Review	Career Step	Understand how to complete an audit, identify high-risk errors identified during	57

		an audit, review best practices for capturing audit results and reporting.	
Audit Reporting	Career Step	Identify stakeholders, understand the scope of report writing, develop an audit summary, and develop a PowerPoint presentation	15
Common employability modules	Online self-directed	Common employability skills to include: <ul style="list-style-type: none"> • Communicating Effectively • Telephone Etiquette • The Mindful Leader • Leveraging Diversity and Strengths in the Workplace • Social Media Awareness • Excellence in Customer Service 	10
Meetings with Coding Trainers	WebEx	Review activities, provide feedback and instruction	4
Total Immersion Training/Related Instruction hours			253

TOTAL MINIMUM HOURS 253