Instructional Framework

Medical Records Technologies

51.0707.00

This Instructional Framework identifies, explains, and expands the content of the standards/measurement criteria, and, as well, guides the development of multiple-choice items for the Technical Skills Assessment. This document corresponds with the Technical Standards endorsed on April 26, 2018.

Domain 1 Revenue Cycle and Medical Office Operations **Instructional Time 30 – 40%**	
STANDARD 5.0 APPLY PAYER GUIDELINES	
5.1 Explain the Medicare National Correct Coding Initiative	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
5.2 Explain third-party payers [e.g., Medicare, Medicaid (AHCCCS), and commercial and private insurers]	• Reimbursement systems
5.3 Explain the difference among HMOs, PPOs, EPOs, IOSs, IPAs, and consumer-directed plans	• Managed care • Health insurance plan models
5.4 Explain the use of the master patient index to improve quality care, reduce costs, and increase efficiency	• Patient identity management
5.5 Verify accurate collection of proper patient demographic and insurance information	• Registration data • Revenue cycle data integrity
5.6 Verify patient insurance eligibility and benefits, authorization, and referral (e.g., pre-authorization, pre-certification, and pre-determination)	• Insurance verification • Coverage determination
5.7 Interpret remittance advice to determine the financial responsibility of the patient and the insurance company and post payments	• Payer vs. patient responsibility • Deductibles, copays, and coinsurance • Secondary insurance and balance resolution
5.8 Identify accounts that are ready for final billing and how to obtain information for accounts that are not ready for billing	• Final billing processes • Claim submission readiness
5.9 Interpret collection policies and laws for accounts that govern collection [e.g., Federal Trade Commission Act (FTCA) and Fair Debt Collection Practices Act (FDCPA)]	• Collections procedures

STANDARD 7.0 PERFORM SCHEDULING AND OTHER MEDICAL OFFICE FUNCTIONS	
7.1 Obtain and verify patient information for scheduling, registration, and check-in	• Front office functions
7.2 Schedule patient appointments (paper and electronic) and provide patients with complete appointment information	• Patient appointment scheduling and confirmation
7.3 Process and maintain security of mail, email, and faxes	• Medical office communication systems • Privacy and security risks
7.4 Apply telephone etiquette to telephone calls	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
7.5 Obtain prior authorization and benefit information from insurance companies	• Benefit verification
7.6 Process patient for checkout, including any additional instructions	• Encounter documentation, orders, and charge capture completion
7.7 Purge and back up patient paper and electronic records	• Record retention, purging, and backup policies • Active, inactive, and archived records
STANDARD 9.0 APPLY REVENUE MANAGEMENT TASKS	
9.1 Explain key components in the healthcare revenue cycle (i.e., scheduling, patient registration and eligibility of insurance, upfront patient collections, medical billing and patient collections, etc.)	• Reimbursement processes • Compliance and accuracy
9.2 Explain the financial accounting processes (i.e., primary or secondary insurance to be billed, fees for returned checks, statements, cash-pay fee schedule, doctor's fee schedule, interest or finance charges, etc.)	• Billing, collections, and revenue reporting • Payer and patient revenue
9.3 Explain resource allocation and data analytics when managing budgets	• Healthcare budgeting • Cost management • Revenue cycle performance
9.4 Identify the benefits of revenue management	• Clinical and financial integration • Revenue optimization and compliance

Domain 2 Health Information Management and Coding Instructional Time 20 – 30%	
STANDARD 4.0 EXAMINE THE PROCESS OF MEDICAL CODING	
4.1 Interpret medical nomenclatures (vocabulary of medical and clinical terms) and classification systems when coding diseases and procedures [e.g., ICD-10-CM (diagnosis), ICD-10-PCS (facility procedure billing codes), CPT (professional procedure codes), and HCPCS (durable medical codes)]	• Clinical documentation and interpretation for coding • ICD-10-CM, CPT, and HCPCS coding application
4.2 Discuss the links between CPT codes and ICD-10-CM codes in relation to medical necessity for reimbursement for charges billed	• ICD-10-CM and CPT coding relationships
4.3 Use source documents when coding diseases and operations	• Clinical data extraction
4.4 Apply processes and procedures for coding diagnoses with accuracy and completeness	• Diagnosis identification • Clinical documentation review
4.5 Describe the integration of paper records with electronic records through indexing	• Health records systems and management
STANDARD 8.0 MAINTAIN THE MEDICAL RECORDS SYSTEM	
8.1 Collect and input patient demographics (i.e., name, address, contact information, etc.)	• Master patient index
8.2 Collect and input patient insurance, payment guarantor information, and necessary signed consent forms	• Insurance, guarantor, and consent documentation • Revenue cycle financial data
8.3 Collect and input medical history (i.e., allergies, social history, family history, current medications, etc.)	• Medical history and documentation
8.4 Record provider services notes and instructions, including patient communications regarding the instructions	• Documentation standards and requirements
8.5 Record ordered tests and procedures and the results	• Diagnostic tests, procedures, and results • Documentation
8.6 Explain the purpose of superbills, charge tickets, and encounter forms	• Charge capture • Documentation tools

8.7 Explain the legalities of recording changes, additions, and deletions in the medical record	• Medical records as legal documents • Legal, audit, and reimbursement uses • Record accuracy and completeness
STANDARD 10.0 UTILIZE MEDICAL RECORDS TECHNOLOGIES REPORTING	
10.1 Describe the basic need for statistical reports for clinical Quality Improvement (QI) measures, including the clinical process and financial measures	• Statistical reporting • Electronic Health Record (EHR) data use
10.2 Compile medical care and census data for continuity of care records (e.g., statistical reports on diseases treated, surgery performed, and use of hospital beds for clinical audits)	• Utilization reporting systems
10.3 Define Diagnosis-Related Groups (DRGs) and outliers when classifying patients for purposes of payment	• Classification systems and reimbursement

Domain 3: Compliance, Privacy, and Legal Issues
Instructional Time: 20 – 25%

STANDARD 6.0 EXECUTE HEALTHCARE PRIVACY, CONFIDENTIALITY, AND LEGAL AND ETHICAL METHODS RELATED TO MEDICAL RECORDS	
6.1 Explain HIPAA Privacy Rule standards to maintain compliance with the privacy and security of Protected Health Information (PHI)	• Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule • PHI scope and identifiers • Minimum necessary standard
6.2 Define the safeguards of the HIPAA Security Rule	• Administrative safeguards • Physical safeguards • Technical safeguards
6.3 Apply policies and procedures for use and disclosure of Protected Health Information (PHI) in compliance with HIPAA standards	• PHI use and minimum necessary standard
6.4 Identify appropriate release of patient-specific data to authorized users per HIPAA guidelines	• PHI authorized access • Role-based access to PHI
6.5 Describe how and when to de-identify Protected Health Information (PHI) as directed by HIPAA regulations	• PHI and legal protections • Data de-identification

	• De-identified data use
6.6 Analyze the process for investigating audit compliance	• Medical record auditing • Regulatory compliance
6.7 Identify components used in internal audits of medical records (e.g., consent forms, Release of Information forms (ROI), and signature on file)	• Medical record audit elements
6.8 Evaluate methods to protect patients' rights through legal, moral, and ethical measures (e.g., HIPAA, legal liability, and malpractice)	• Noncompliance behaviors • Malpractice exposure • Ethical confidentiality duties • Patient rights protection

Domain 4: Healthcare Foundations **Instructional Time: 10 – 20%**	
STANDARD 1.0 DISTINGUISH AMONG VARIOUS HEALTHCARE DELIVERY SYSTEMS	
1.1 Identify private healthcare facilities (i.e., hospitals, extended care facilities, long-term care services, etc.)	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
1.2 Identify government healthcare agencies (i.e., public health services, critical access hospitals, etc.)	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
1.3 Identify voluntary health agencies (i.e., American Heart Association, American Cancer Society, National Lung Institute, nonprofit hospitals, visiting nurse associations, local service organizations, etc.)	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
1.4 Identify ambulatory care services (i.e., private medical practices, hospital-based ambulatory care services, outpatient surgical services, etc.)	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
1.5 Define subacute and acute care	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
STANDARD 2.0 USE MEDICAL TERMINOLOGY AS APPLIED IN HEALTHCARE SYSTEMS	
2.1 Use medical terminology as it relates to patient medical records	• Diagnostic and procedural terminology • Medical abbreviations and symbols • Spelling and pronunciation

2.2 Explain the division of medical word parts	• Prefix/Suffix • Word root • Combining vowel
2.3 Identify medical word combining forms	• Word root and combining vowel • Combining forms by body system • Building medical terms • Word analysis
2.4 Explain medical terminology prefixes and suffixes	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
STANDARD 3.0 DEMONSTRATE AN UNDERSTANDING OF BODY SYSTEMS AND HUMAN ANATOMY	
3.1 Identify body planes and directions	• Directional terms
3.2 Identify body cavities [e.g., dorsal cavities (cranial and spinal) and ventral cavities (thoracic, abdominal, pelvic)]	• Dorsal (posterior) cavity • Ventral (anterior) cavity
3.3 Identify body regions and quadrants	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.4 Identify basic structure and describe the function of the skeletal system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.5 Identify basic structure and describe the function of the muscular system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.6 Identify basic structure and describe the function of the digestive system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.7 Identify basic structure and describe the function of the circulatory system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.8 Identify basic structure and describe the function of the respiratory system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.9 Identify basic structure and describe the function of the central and peripheral nervous system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.10 Identify basic structure and describe the function of the urinary system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*

3.11 Identify basic structure and describe the function of the integumentary system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.12 Identify basic structure and describe the function of the endocrine system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.13 Identify basic structure and describe the function of the reproductive system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.14 Identify basic structure and describe the function of the lymphatic and immune system	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*
3.15 Describe the medical specialties associated with the body systems (e.g., Cardiologist, OB/GYN, Urologist, Pulmonologist, Dermatologist, Orthopedist, and Otolaryngologist)	*The teacher committee reviewed the measurement criterion and determined that no additional clarification is required.*