Appendix A—HIIM Domains

HIIM Professional Domain Definition: HIIM improves the quality of healthcare by ensuring the most timely and accurate information is available to make any healthcare decision. HIIM professionals manage healthcare data and information resources. The profession encompasses services in planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data. It serves the following healthcare stakeholders: patients, providers, patient care organizations, research and policy agencies, payers, and other healthcare-related entities.

Eighty (80) percent of all CEUs must be earned within the HIIM Domain, which is divided into the domain areas below.

The CCHIIM provides the following list of examples of educational experiences. These educational experiences may include, but are not limited to, the following:

Domain I. Data Structure, Content, and Information Governance:

Data content, structure and standards helps create the framework for an optimal health record and effective information exchange between healthcare providers. This is achieved by establishing clear guidelines for the acceptable values, data sources, and how information is technically captured, processed, accessed, archived/stored, and retrieved for specified data fields. It focuses on information systems, informatics principles, and information technology as it is applied to the continuum of healthcare delivery.

Examples:

    a. Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, content related to diagnostic and procedural classification and terminologies, such as: ICD-10-CM/PCS, ICD-10-O, ICD-11, CPT, HCPCS, SNOMED, DMS-V, ICF.

    b. HIIM Software applications: Encoders, Groupers, Computer Assisted Coding tools, speech recognition, CDI and ROI applications, EHRs

    c. Technology design, architecture, and infrastructure: Cloud technologies, interfaces, encryption, firewalls, operating systems, patient and physician portals

    d. Standards: HL-7, UHDDS, HIPAA

Domain II. Information Protection: Access, Disclosure, Archival, Privacy and Security

Establish, evaluate, and maintain policies and protocols for protecting healthcare information to govern systems and processes that generate, collect, store, transmit, use, archive, and disposition of data and information.

Examples:

    a. Healthcare law and regulations and terminology related to access, disclosure, archival, privacy and security

    b. Policy and procedure development, evaluation and maintenance for the following:

- Privacy, security, and confidentiality
- Record and data access and disclosure management
- Data security
- Data archiving
- Patient portals
- Release of information

    c. Security and privacy risk assessment, analysis, mitigation and management

    d. E-Discovery

    e. Business continuity planning such as off-site storage, servers and backup systems

    f. Personal health information

Domain III. Informatics, Analytics, and Data Use:

Defines how health information is manipulated and utilized by the organization and shared to external entities, including but not limited to: budgeting projections, long-term service line planning, forecasting healthcare needs of an organization's patient population, resources used, etc. Data analysis is the process of transforming data into information for decision making.

Examples:

    a. Manipulation of available data

    b. Record tracking

    c. Data quality assessment (validity, reliability, completeness, timeliness and accuracy)

    d. Data (internal and external) importing and exporting

    e. Data exploration and mining

    f. Statistical analysis of healthcare data

    g. Data display and reports

    h. Data extraction and transmission to internal and external entities (billing, registry reporting, quality measure reporting, vital statistics, statewide administrative databases, etc.)

Domain IV. Revenue Cycle Management

Management and oversight of all business, administrative and clinical functions that contribute to patient revenue from point of entry through payment and adjudication. This may include insurance processing, registration, eligibility, claims management, billing, collections, and denials.

Examples:

    a. Payment methodologies and systems

    b. Billing processes and procedures

    c. Bill scrubbers, MCE and NCCI

    d. Local and national coverage determinations

    e. Insurance models and trends

    f. Interaction with payers (insurance plans)

    g. Appeals and denials management

    h. Revenue collection from patients

    i. Cost reporting, budget variances, budget speculation

    j. Cost benefit analysis

    k. Payer Contracting

    l. Case Mix Management

    m. Value based purchasing programs

    n. Hospital-acquired conditions and POA

    o. Clinical documentation improvement—reimbursement focus

Domain V. Health Law and Compliance

The process of establishing an organizational structure that promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal, state, or private payer healthcare program requirements or the healthcare's organization's ethical and business policies.

Examples:

      a. Healthcare law and regulations related to coding, clinical documentation, billing and data reporting

      b. Industry endorsed ethics, guidelines and directives related to coding, clinical documentation, billing and data reporting

      c. Policy and procedure development, evaluation and maintenance related to billing, coding, clinical documentation, data reporting

      d. Accreditation standards, policies and procedures

      e. Patient safety

      f. Risk management

Domain VI. Organizational Management and Leadership:

Utilizing skills and tools to manage, guide, improve operations, provide innovative solutions based on health data, proactively offer knowledge and decision support expertise, and support patient safety and quality initiatives which ultimately lead to greater trust and transparency within organizations and healthcare in general.

Examples:

      a. Professional and practice-related ethical issues

      b. Managed care operations

      c. Negotiation techniques

      d. Workflow reengineering, workflow design techniques

      e. Leadership development

      f. Performance improvement models

      g. Training and development

      h. Work design

      i. Employee hiring and retention

      j. Effective communication

      k. Managing remote staff and functions

      l. Lean management systems

      m. Project Management

Domain VII. Clinical Foundations:

Understand human anatomy and physiology; the nature of disease processes; and the protocols of diagnosis and treatment of major diseases, to include common drugs and laboratory and other tests used for the diagnosis and treatment of disease. Practice the ability to apply this knowledge to the reading, coding, and abstracting of medical information to support quality patient care and associated databases.

Examples:

      a. Medical terminology

      b. Anatomy and physiology

      c. Pathophysiology

      d. Pharmacology

      e. Diagnostic and laboratory testing

   f. Ancillary services

   g. Telemedicine

   h. Medical and surgical procedures

Domain VIII: Evolving Topics/Other HIIM Relevant Topics

Emerging topics that arise as part of the healthcare ecosystem as it transitions to keep pace with new regulations, technologies, and other changes in the industry.

  Examples:

   a. Coding and Revenue cycle

   b. Risk Adjustment Factor (RAF)

   c. Hierarchical Condition Category (HCC)

   d. Pay for Performance

   e. Informatics (Computer Assisted Technology (CAT)

   f. Fast Healthcare Interoperability Resources (FHIR)

   g. Unified Medical Language System (UMLS)

   h. Artificial Intelligence (AI)

   i. Regulations with new technology