MEDICAL RECORDS TECHNOLOGIES

51.0707.00

TECHNICAL STANDARDS

The Medical Records Technologies standards, formerly known as Health Information Technology, are the results of an audit by educators and industry to ensure content appropriateness at the high school level. The result is a new set of standards and a new name for the program. The Arizona Career and Technical Education Quality Commission, the validating authority for the Arizona Skills Standards Assessment System, endorsed these standards on April 26, 2018.

Note: Arizona's Professional Skills are taught as an integral part of the Medical Records Technologies program.

The Technical Skills Assessment for Medical Records Technologies is available SY2020-2021.

Note: In this document i.e. explains or clarifies the content and e.g. provides examples of the content that must be taught.

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.)

1.2 Identify government healthcare agencies (i.e., public health services, critical access hospitals, etc.)

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.)

1.4 Identify ambulatory care services (i.e., private medical practices, hospital-based ambulatory care services, outpatient surgical services, etc.)

1.5 Define subacute and acute care

STANDARD 2.0 USE MEDICAL TERMINOLOGY AS APPLIED IN HEALTHCARE SYSTEMS

2.1 Use medical terminology as it relates to patient medical records

2.2 Explain the division of medical word parts

2.3 Identify medical word combining forms

2.4 Explain medical terminology prefixes and suffixes

STANDARD 3.0 DEMONSTRATE AN UNDERSTANDING OF BODY SYSTEMS AND HUMAN ANATOMY

3.1 Identify body planes and directions

3.2 Identify body cavities [e.g., dorsal cavities (cranial and spinal) and ventral cavities (thoracic, abdominal, pelvic)]

3.3 Identify body regions and quadrants

3.4 Identify basic structure and describe the function of the skeletal system

3.5 Identify basic structure and describe the function of the muscular system

3.6 Identify basic structure and describe the function of the digestive system

3.7 Identify basic structure and describe the function of the circulatory system

3.8 Identify basic structure and describe the function of the respiratory system

3.9 Identify basic structure and describe the function of the central and peripheral nervous system

3.10 Identify basic structure and describe the function of the urinary system

3.11 Identify basic structure and describe the function of the integumentary system

3.12 Identify basic structure and describe the function of the endocrine system

3.13 Identify basic structure and describe the function of the reproductive system

3.14 Identify basic structure and describe the function of the lymphatic and immune system

3.15 Describe the medical specialties associated with the body systems (e.g., Cardiologist, OB/GYN, Urologist, Pulmonologist, Dermatologist, Orthopedist, and Otolaryngology)

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)]

4.2 Discuss the links between CPT codes and ICD-10-CM codes in relation to medical necessity for reimbursement for charges billed

4.3 Use source documents when coding diseases and operations

4.4 Apply processes and procedures for coding diagnoses with accuracy and completeness

4.5 Describe the integration of paper records with electronic records through indexing

STANDARD 5.0 APPLY PAYER GUIDELINES

5.1 Explain the Medicare National Correct Coding Initiative

5.2 Explain third-party payers [e.g., Medicare, Medicaid (AHCCCS), and commercial and private insurers]

5.3 Explain the difference among HMOs, PPOs EPOs IOSs, IPAs, and consumer directed plans

5.4 Explain the use of the master patient index to improve quality care, reduce costs, and increase efficiency

5.5 Verify accurate collection of proper patient demographic and insurance information

5.6 Verify patient insurance eligibility and benefits, authorization, and referral (e.g., pre-authorization, pre-certification, and pre-determination)

5.7 Interpret remittance advice to determine the financial responsibility of the patient and the insurance company and post payments

5.8 Identify accounts that are ready for final billing and how to obtain information for accounts that are not ready for billing

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)]

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)

6.2 Define the safeguards of the HIPAA Security Rule

6.3 Apply policies and procedures for use and disclosure of Protected Health Information (PHI) in compliance with HIPAA standards

6.4 Identify appropriate release of patient-specific data to authorized users per HIPAA guidelines

6.5 Describe how and when to de-identify Protected Health Information (PHI) as directed by HIPAA regulations

6.6 Analyze the process for investigating audit 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)

6.8 Evaluate methods to protect patients' rights through legal, moral, and ethical measures (e.g., HIPAA, legal liability, and malpractice)

STANDARD 7.0 PERFORM SCHEDULING AND OTHER MEDICAL OFFICE FUNCTIONS

7.1 Obtain and verify patient information for scheduling registration and check-in

7.2 Schedule patient appointments (paper and electronic) and provide patients with complete appointment information

7.3 Process and maintain security of mail, email, and faxes

7.4 Apply telephone etiquette to telephone calls

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7.5 Obtain prior authorization and benefit information from insurance companies

7.6 Process patient for checkout including any additional instructions

7.7 Purge and back up patient paper and electronic records

STANDARD 8.0 MAINTAIN THE MEDICAL RECORDS SYSTEM

8.1 Collect and input patient demographics (i.e., name, address, contact information, etc.)

8.2 Collect and input patient insurance, payment guarantor information, and necessary signed consent forms

8.3 Collect and input medical history (i.e., allergies, social history, family history, current medications, etc.)

8.4 Record provider services notes and instructions including patient communications regarding the instructions

8.5 Record ordered tests and procedures and the results

8.6 Explain the purpose of superbills, charge tickets, and encounter forms

8.7 Explain the legalities of recording changes, additions, and deletions in the medical record

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.)

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.)

9.3 Explain resource allocation and data analytics when managing budgets

9.4 Identify the benefits of revenue management

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

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)

10.3 Define Diagnosis-Related Groups (DRGs) and outliers when classifying patients for purposes of payment

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