

COLLEGE OF HEALTH PROFESSIONS

**Department of Health Administration and
Health Information**

Health Information Technology (HIT)

Health Information Management (HIM)

Cancer Information Management (CIM)

HIT/HIM PROGRAM HANDBOOK

2020-2021

Revised August 2020

Table of Contents

SECTION NAME	PAGE #
Introduction	4
Mission, Vision, Values	4
Role of the Registered Health Information Technician (RHIT)	5
Role of the Registered Health Information Administrator (RHIA)	5
Role of the Certified Tumor Registrar (CTR)	5
Program Objectives	6
Student Policies and Information	7
Academic Advisors	7
Academic Probation and Dismissal Policy	7
Academic Probation	7
Academic Dismissal	8
Academic Dismissal Appeal	8
Readmission	8
Academic Warnings	8
Academic Year	8
Accreditation for HIT/HIM	9
Accreditation for CIM	9
Add, Drop, Withdraw	9
Assignments	10
Associations – HCMA	10
AHIMA and MHIMA	10
NCRA	10
“C” requirement for Health Information Management (HIM) program	10
HI/HCSA Dual Degree	11
“C” requirement for Health Information Technology (HIT) program	12
“C” requirement for Cancer Information Management (CIM) program	13
Career Services	14
Class Attendance	14
Class Standing	15
CLEP Test	15
Course Announcements	15
Course Challenge/Proficiency	15
Course Load	16
Course Objectives	16
Conflict Resolution	16
Criminal Background Check	18
Dismissal	18
Disruptive Behavior Policy Statement	18
Domains, Tasks and Subtasks for HIT and HIM Students	19
Domains for CIM Students	18
Dropping a Class	19
Entrance Requirements	19
Evaluation	20
Field Trips	20
Financial Aid	20
Grade Point Average Calculation	20
Grading Scale	21
Grading System	21
Graduation Audit	21

Graduation Requirements	22
Grooming	22
Honesty Policy	22
Incompletes	22
Internship Experience/Policies	23
Internship Courses	23
Internship Process - Assignment	24
Two Steps to Internship in Subsequent Semesters	24
Consecutive Internships	24
Repeating an Internship	25
Repeating an Internship/Corrective Action Plan	25
Dismissal from the Internship	25
Appeal of the Internship Dismissal	25
Registration Process	25
Program Faculty	26
Qualifying Examination	26
Registration	26
Repeating classes	27
Study Dignity Policies	27
Racial Harassment	27
Sexual Harassment	28
Consensual Relationship Between University Employee and Student	29
Tests	29
Textbooks	29
Transcripts	29
Tutoring	29
Withdraw from Class/University	30
Glossary	31
Handbook Abbreviations	32
Appendix A -- AHIMA Code of Ethics	33
Appendix B -- Required Continuing Education to Retain RHIT or RHIA Credentials	34
Appendix C -- CAHIIM link for Curriculum Requirements for HIM and HIT Programs	35
Appendix D -- Course descriptions for professional HIM courses (MRIS, HCSA, COHP)	36
Appendix E -- Course Sunset Policy	41
Appendix F -- Repeating an Internship/Corrective Action Plan	42
Appendix G - Policy Criminal Background Check Requirement	43
Appendix H NCRA Professional Practice Code of Ethics	46
Appendix I CTR Exam Blueprint	55

INTRODUCTION

The Health Information Technology (HIT) and Health Information Management (HIM) programs are designed to provide flexibility for students. After you graduate or during the last semester of your HIT classes, you may apply to write the national certification examination of the American Health Information Management Association (AHIMA) in order to qualify to use the title Registered Health Information Technician (RHIT), or you may continue with the HIM program to continue your education, and earn a Bachelor of Science degree in Health Information Management (HIM). All of the professional 300 and 400 level courses in the Health Information Management program are offered online. When you graduate from the Health Information Management program, you are eligible to apply to write the national certification examination of the American Health Information Management Association in order to qualify to use the title Registered Health Information Administrator (RHIA).

The Cancer information Management (CIM) program is delivered in a cohort schedule. After you complete your internship, you will be eligible to apply for the national certification examination of the National Cancer Registrars Association (NCRA) in order to qualify to use the title Certified Tumor Registrar (CTR). For more information, go to the NCRA Council on Certification <http://www.ctrexam.org/>

MISSION, VISION, VALUES

Building upon the **mission, vision and values** of Ferris State University and the College of Health Professions, the Health Information programs provide students with the knowledge and skills that are necessary for critical thinking, problem solving, and effective communication. It promotes life-long learning and high ethical values. The program prepares future health information professionals to meet the current and emerging needs of the state and region.

Building upon the **mission, vision and values** of Ferris State University and the College of Health Professions', the Cancer Information Management programs' mission is to provide high quality education and training to students to meet the current and emerging needs of the cancer registry. The program will prepare students to be eligible to sit for the Certified Tumor Registrar (CTR).

The Health Information program's **vision** is to be recognized as a leader in the provision of health information for allied health professionals.

The Cancer Information Management program's **vision** is to become one of the leading organizations providing cancer information management education.

To fulfill its vision, the Health Information and Cancer Information Management programs embrace the **core values** of the university and college by offering a collaborative learning environment, a demand for professional ethics, and a commitment to excellence.

ROLE OF THE REGISTERED HEALTH INFORMATION TECHNICIAN (RHIT)

RHITs are health information technicians who ensure the quality of health information records by verifying their completeness, accuracy, and proper entry into computer systems. They may also use computer applications to assemble and analyze patient data for the purpose of improving patient care or controlling costs. RHITs often specialize in coding diagnoses and procedures in patient records for reimbursement and research. RHITs may serve as cancer registrars, compiling and maintaining data on cancer patients. In AHIMA's recent membership survey, the majority of RHIT respondents held job titles in one of the following categories: coding/technician or manager/supervisor. With experience, the RHIT credential holds solid potential for advancement to management positions, especially if it is combined with a bachelor's degree.

Although most RHITs work in hospitals, you will also find them in a variety of other healthcare settings including office-based physician practices, nursing homes, home health agencies, mental health facilities, and public health agencies. In fact, employment opportunities exist for RHITs in any organization that uses patient data or health information such as pharmaceutical companies, law and insurance firms, and health product vendors.

Source: AHIMA Website: www.ahima.org

ROLE OF THE REGISTERED HEALTH INFORMATION ADMINISTRATOR (RHIA)

RHIAs are skilled in the collection, interpretation, and analysis of patient data. They receive the training necessary to assume managerial positions related to these functions. RHIAs interact with people at all levels of an organization – clinical, financial, administrative – that employ patient data in decision making and every day operations.

In a recent membership survey, AHIMA found that more than half of the RHIA respondents were directors, managers, or consultants, with nearly 31% serving as health information management directors. Historically, most RHIAs have held the title of director of the health information management department of an acute care facility, but today other career opportunities abound. As patient records evolve toward computerization and as more entities such as third-party payers require health data, RHIAs benefit from a wide selection of roles in the industry. Information security and storage, data quality assurance, and advanced assistance to consumers with their health information are among the new domains. AHIMA's *Reimagined* identifies and describes emerging HIM roles that parallel changes in the healthcare industry.

RHIAs enjoy job placements in a broad range of settings that span the continuum of healthcare including office-based physician practices, nursing homes, home health agencies, mental health facilities, and public health agencies. The growth of managed care has created additional job opportunities in HMOs, PPOs, and insurance companies. Prospects are especially strong in these settings for RHIAs who possess advanced degrees in business or health administration.

Source: AHIMA Website: www.ahima.org

ROLE OF THE CERTIFIED TUMOR REGISTRAR (CTR)

Quality cancer data is central to the nation's fight against cancer, and cancer registrars are the first link in capturing that data. Cancer registrars are data information specialists that capture a complete history, diagnosis, treatment, and health status for every cancer patient in the U.S.

Cancer registrars ensure that timely, accurate, and complete data are maintained on all types of cancer diagnosed and/or treated within a health care institution or within a defined population.

The data provides essential information to researchers, healthcare providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs. Registrars work closely with physicians, administrators, researchers, and healthcare planners to provide support for cancer program development, ensure compliance of reporting standards, and serve as a valuable resource for cancer information with the ultimate goal of preventing and controlling cancer. **Source:** NCRA Website: ncra-usa.org

PROGRAM OBJECTIVES

The objective of the Health Information and Cancer Information programs at Ferris State University, FSU, is to prepare students through classroom instruction, laboratory application, and professional practice experience to assume an entry-level position in a health care field in a technical, supervisory, or management position.

At the conclusion of the program, the student will be able to:

1. Demonstrate interpersonal skills necessary to:
 - a. work with others in a group.
 - b. ask questions to gain information necessary to perform assigned tasks.
 - c. deal with conflict.
 - d. show respect for diverse opinions and ideas.
2. Demonstrate oral communication skills necessary to:
 - a. make professional presentations.
 - b. support a conclusion.
3. Demonstrate the ability to use the computer to:
 - a. construct a basic spreadsheet.
 - b. manipulate data.
 - c. access information.
 - d. use word processing skills
4. Demonstrate critical thinking skills to apply previously learned knowledge to solving a new problem.
5. Demonstrate analytical skills necessary to interpret data.
6. Demonstrate written communication skills to:
 - a. support proposals.
 - b. report the results of investigations.
 - c. convey ideas to appropriate audiences.
7. Demonstrate professional conduct.
8. Speak the language of the health care profession(s).
9. Demonstrate understanding of the laws that pertain to health care.
10. Demonstrate understanding of the structure of health care in the United States.
11. Demonstrate appropriate work ethics:
 - a. responsibility for individual's actions
 - b. punctuality
 - c. honesty
 - d. integrity
 - e. understanding of personal value systems

- f. understanding of expectations of health care work place
12. Demonstrate an understanding of the pervasive nature of quality assurance throughout the health care professions.
13. Assign correct diagnosis and procedure codes.
14. Demonstrate specific knowledges and skills defined by their curriculum.

STUDENT POLICIES AND INFORMATION

ACADEMIC ADVISORS

You will be assigned an academic advisor from among Health Information program/Cancer Information Management program faculty members when you enter your program. Your advisor will assist you in planning your educational program. Individual student-advisor conferences should be scheduled at regular intervals. These conferences are for your benefit. They are a time for you and your advisor to evaluate your progress toward a successful career as a health management/cancer information management professional and to discuss problems and other matters of interest to you.

You must consult with your faculty advisor prior to the beginning of each semester to plan your schedule and to have the advising hold removed. Faculty members have an open door policy, and you are encouraged to visit any time you have a need, however it may be helpful to call and schedule an appointment. Office hours are posted on the faculty member's office door.

ACADEMIC PROBATION AND DISMISSAL POLICY

In keeping with the Ferris State University philosophy, the purpose of this policy is to ensure an orderly procedure for giving careful consideration to the needs of each student who is experiencing difficulty with academic work. In all matters relating to the Academic Probation and Dismissal Policy, it shall be the responsibility of the student's dean to ensure that the basic philosophy and the purpose of Ferris State University are being observed. This responsibility includes all steps necessary to ensure that each student is given the advantage of all services available in the student's attempt to become successful.

I. Academic Probation

A student will be placed on academic probation whenever any of the following conditions is met:

1. The student's cumulative grade point average (CGPA) falls below a 2.00.
2. The student's semester grade point average (GPA) for two consecutive semesters is less than 2.00.
3. The student is on semester trial, as defined by the Dean's Office.

The number of credit hours enrolled in by any student on probation will be determined by the student's advisor; however, any student who is on academic probation normally should not enroll for more than 13 semester hours of credit, nor fewer than 12 semester hours of credit. If you are on probation and want to take more than 13 credit hours, you must obtain permission from both your academic advisor and the department head.

II. Academic Dismissal

A student may be academically dismissed from the University whenever any one of the following conditions is met:

1. Failure in 50 percent or more of the course work (credit hours) for which the student is enrolled in any semester.
2. The student's academic performance at the end of any probationary semester, in the opinion of the student's dean, does not warrant continuation.
3. The student's cumulative grade point average (CGPA) falls below the minimum level indicated below:

FSU Hours Grade	FSU Minimum CGPA
0 - 20.9	1.40
21 - 30.9	1.60
31 - 50.9	1.70
51 - 67.9	1.80
68 - 97.9	1.90
98 and above	1.99

III. Academic Dismissal Appeal

Any student who is dismissed from the University for academic reasons, but believes they have a case of extenuating circumstances that warrants consideration, may appeal the dismissal in writing to their dean's office.

IV. Readmission

Students who have been dismissed for academic reasons may apply for readmission subject to the following restrictions:

1. Any student who is dismissed for academic reasons will not be readmitted to Ferris for at least one semester, excluding summer session.
2. Application for readmission should be made to the Office of Admissions.

ACADEMIC WARNINGS

Mid-term warnings for students with academic deficiencies are posted on the FSU student web services. You are encouraged to become familiar with the web services and use them to determine your progress in courses.

ACADEMIC YEAR

The academic year at Ferris State University consists of two 15-week semesters Fall and Spring (plus one week of exams for Fall and Spring semesters), and a 12-week summer session.

ACCREDITATION for HIT/HIM/CIM Programs

HEALTH INFORMATION TECHNOLOGY (HIT) PROGRAM:

The HIT Program is fully accredited by the AHIMA in conjunction with CAHIIM. Graduates are eligible to apply to write the certification examination (RHIT) administered by AHIMA. The program has been continuously accredited since its beginning.

Curriculum Guide/Checksheet for HIT:

https://www.ferris.edu/checksheets/checksheets/HP/HIT/AAS/HIT_AAS_HP_2019-2020.pdf

HEALTH INFORMATION MANAGEMENT (HIM) PROGRAM:

The HIM Program is fully accredited by the AHIMA in conjunction with CAHIIM. Graduates are eligible to apply to write the certification examination (RHIA) administered by AHIMA. The program has been continuously accredited since its beginning. ..

Curriculum Guide/Checksheet for HIM:

https://www.ferris.edu/checksheets/checksheets/HP/HIM/BS/HIM_BS_HP_2019-2020.pdf

CANCER INFORMATION MANAGEMENT (CIM) PROGRAM:

The certificate education program in Cancer Registry/Information Management at Ferris State University is fully accredited by the National Cancer Registrars Association, 1330 Braddock Place, Suite 520, Alexandria, VA 22314. Provisional is a "pre-Accreditation" status, awarded to developing or emerging programs for a maximum period of four years. Students who complete the program while in Provisional status are eligible to sit for the CTR Examination.

ADD/DROP/WITHDRAW FROM CLASSES

Once classes begin, if you want to add a class or change a class section, you may do so only during the designated drop/add days at the beginning of the semester. To add or drop a class, use the course registration system found on the student web services, My FSU, under My Registration. If it becomes necessary to add or drop a class following the FOURTH day of the semester, you must obtain a 4-part form from the Student Academic Affairs Office in VFS 209. Adding a class after the official drop/add days requires permission from your advisor.

Classes dropped during the first 9 weeks of the semester will result in a grade of "W". Please see the Academic Calendar at <http://www.ferris.edu/HTMLS/academics/calendars/homepage.htm> for partial semester courses withdrawal dates. Courses dropped after that time usually result in an "F" grade. Not attending a class or not logging into Blackboard does not automatically drop your classes. Dropping a class may adversely affect your financial aid and medical insurance coverage. Please see your advisor prior to dropping the course.

If you decide to withdraw from a class, you must report to your Dean's Office and process a withdrawal clearance form. A reduction in course load (a class withdrawal) after the fourth (4) day of classes is not a basis for a refund.

If you stop attending/participating in all classes, but do not officially withdraw from the University, grades of "F" will be recorded in all courses and the student will remain responsible for full tuition and fees. More information can be found at <https://www.ferris.edu/HTMLS/administration/businessoffice/withdrawalschedule.htm>

ASSIGNMENTS

You are expected to submit assignments on the dates and times specified by the course instructor in the course syllabus and/or posted in Blackboard. If you are unable to meet the scheduled deadline, prior arrangements should be made with the course instructor. Students are expected to adhere to the policies of the individual instructors regarding returning exams and projects.

ASSOCIATIONS

HEALTH CARE MANAGEMENT ASSOCIATION (HCMA):

You are encouraged to become an active member of HCMA. The objectives of the organization are to:

- provide students interested in health care with an opportunity to become acquainted with others who share their interests.
- encourage ethical and professional development which bring into practice the skills and values set forth in the program.

The HCMA Facebook page is <https://www.facebook.com/groups/279386015522539/>

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA):

HIT and HIM students are encouraged to join AHIMA as student members. Membership entitles you to receive the Journal of the American Health Information Management Association; provides membership in the Michigan Health Information Management Association (MHIMA); and entitles the student to take the certification exam at a reduced cost.

Applications for membership are available at www.ahima.org

NATIONAL CANCER REGISTRARS ASSOCIATION (NCRA):

CIM students are encouraged to join NCRA as student members. Membership entitles you to receive the quarterly publication Journal of Registry Management and newsletter The Connection; access to CTR Exam prep resources; availability to be assigned a mentor; and entitles the student to take the certification exam at a reduced cost. Other benefits are also available.

"C" REQUIREMENT FOR HEALTH INFORMATION MANAGEMENT PROGRAM

All students enrolled in the Health Information Management Program (HIM) must earn at least a grade of "C" in all courses listed below. If you earn less than "C" in any of these courses, you will be required to repeat the course. Health information students must earn "C" or better on first or second attempt. Two unsuccessful attempts of the same course (less than "C" or 73%) will result in dismissal from the health information programs.

You will not be allowed to enroll in MRIS 293 (240 hour internship) until the courses listed below have been satisfactorily completed. MRIS 293 is a six week, 40 hour a week practical experience in an acute care hospital. Part-time arrangements must be approved by internship coordinator and site coordinator. It is recommended that you are not enrolled in other courses while you are enrolled in MRIS 293. MRIS 261 Health Information Technology Review may be taken one semester prior to or concurrent with MRIS 293. MRIS 261 is a Pass/Fail course. Student must pass this course to graduate

Effective for students who apply to or start at FSU in Fall 2012 or later, BIOL 109 and all MRIS and HCSA courses within the curriculum requirements must be taken within two years of the date of application to the Health Information programs.

BIOL 109	Basic Human Anatomy and Physiology
COHP 101	The U.S. Health Care System
COHP 102	Safety Issues in Health Care
COMM 105	Interpersonal Communication
OR	
COMM 121	Fundamentals of Public Speaking
OR	
COMM 221	Small Group Decision Making
ENGL 150	English 1
ENGL 250	English 2
MRIS 220	Legal & Ethical Aspects in HIM
HCSA 345	Internship Orientation
ISYS 105	Proficiency – Intro Micro Systems & Software
MRIS 101	Introduction to Health Information Systems
MRIS 103	Medical Terminology
MRIS 121	Health Information Statistics
MRIS 122	Health Information Systems 1
MRIS 204	ICD-10 Coding 1
MRIS 205	ICD-10 Coding 2
MRIS 209	Quality Management in Health Care
MRIS 210	Fundamentals of Medical Science
MRIS 211	CPT Coding
MRIS 221	Foundations of Reimbursement

In addition to the above courses, you must earn a grade of "C" (73%) or better in the following courses and complete all other program requirements before you will be allowed to enroll in MRIS 493.

You must earn a grade of at least a "C" in MRIS 493 in order to graduate. MRIS 461 Health Information Management Review may be taken one semester prior to or concurrent with MRIS 493. MRIS 461 is a Pass/Fail course. Student must pass this course to graduate.

MRIS 493 is a ten week, 40 hours a week practical experience in a health-related organization. Part-time arrangements must be approved by internship coordinator and site coordinator. Register for HCSA 345 the semester before your **first** MRIS internship. It is recommended that you are not enrolled in other courses while you are enrolled in MRIS 493.

For a dual degree student (HIM/HCSA), MRIS 293 can be substituted for HCSA 392. Student must take both MRIS 493 (10 cr) and HCSA 493 (10 cr). Student must register for both internships. However, student only needs to complete a 15 week internship instead of 20 weeks.

- Transfer credit equivalencies Transfer Guides:
https://banner.ferris.edu:9100/pls/GOLD/FSU_SK_SS_TransEquiv.P_TCEMain

Transfer Guides
<https://www.ferris.edu/RSS/transfer/collegetransfer/guides/index.htm>
- General education requirements for HIM.
<https://www.ferris.edu/HTMLS/academics/general-education/requirements/BA-BS.htm>
- Transfer equivalencies approved by Ferris General education sortable list for BS degree in HIM
<https://www.ferris.edu/HTMLS/academics/general-education/sortablelist/CalendarYear2021.htm>

MRIS 261	Health Information Technology Review (Pass)
ENGL 321	Advanced Composition
HCSA 336	Health Care Supervisory Practices
HCSA 310	Health Care Finances 2
HCSA 474	Health Care Strategic Application
MRIS 293	Professional Practice I
MRIS 402	Health Information Management Principles
COHP 300	Health Information Systems
COHP 350	Statistics in Health Care
COHP 450	Evidence-based Health Practice
MRIS 461	Health Information Management Review (Pass) (may take concurrently with MRIS 493)

Dismissal Policy: Any ONE of the following will result in dismissal from the program

- Two unsuccessful attempts (less than "73%", "C") in any one course listed above will result in dismissal from the Health Information Management program, or
- Unsuccessful attempts (less than "73%", "C") of more than 50% of the courses listed above during any semester

"C" REQUIREMENT FOR HEALTH INFORMATION TECHNOLOGY PROGRAM

All students enrolled in the Health Information Technology Program (HIT) must earn at least a grade of "C" in all courses listed below. If you earn less than "C" in any of these courses, you will be required to repeat the course. Health information students must earn "C" or better on first

or second attempt. Two unsuccessful attempts of the same course (less than "C") will result in dismissal from the health information programs.

You will not be allowed to enroll in MRIS 293 (240 hour internship) until the following courses have been satisfactorily completed. MRIS 293 is a six week, 40 hour a week practical experience in an acute care hospital. Part-time arrangements must be approved by internship coordinator and site coordinator. It is recommended that you are not enrolled in other courses while you are enrolled in MRIS 293.

You must earn at least a grade of "C" in MRIS 293 (6 week internship) in order to graduate. MRIS 261 Health Information Technology Review is taken one semester prior to or concurrent with MRIS 293. MRIS 261 is a Pass/Fail course. Student must pass the course.

Effective for students who apply to or start at FSU in Fall 2012 or later, BIOL 109 and all MRIS and HCSA courses within the curriculum requirements must be taken within two years of the date of application to the Health Information programs.

BIOL 109	Basic Human Anatomy and Physiology
COHP 101	The U.S. Health Care System
COHP 102	Safety Issues in Health Care
COMM 105	Interpersonal Communication
OR	
COMM 121	Fundamentals of Public Speaking
OR	
COMM 221	Small Group Decision Making
ENGL 150	English 1
ENGL 250	English 2
MRIS 220	Legal & Ethical Aspects in HIM
HCSA 345	Internship Orientation
ISYS 105	Proficiency - Introduction to Microsystems and Software
MRIS 101	Introduction to Health Information Systems
MRIS 103	Medical Terminology
MRIS 121	Health Information Statistics
MRIS 122	Health Information Systems 1
MRIS 204	ICD-10 Coding 1
MRIS 205	ICD-10 Coding 2
MRIS 209	Quality Assurance
MRIS 210	Fundamentals of Medical Science
MRIS 211	CPT Coding
MRIS 221	Foundations of Reimbursement

Dismissal Policy: Any ONE of the following will result in dismissal from the program

- Two unsuccessful attempts (less than "C") in any one course listed above will result in dismissal from the Health Information Technology program, or
- Unsuccessful attempts (less than "C") of more than 50% of the courses listed above during any semester

- Link for General Education requirements for HIT.
<https://www.ferris.edu/HTMLS/academics/general-education/requirements/AAS.htm>
- Link for General Education sortable list of courses:
<https://www.ferris.edu/HTMLS/academics/general-education/sortablelist/CalendarYear2021.htm>
- Transfer credit equivalencies Transfer Guides:
https://banner.ferris.edu:9100/pls/GOLD/FSU_SK_SS_TransEquiv.P_TCFMain

"C" REQUIREMENT FOR CANCER INFORMATION MANAGEMENT PROGRAM

All students enrolled in the Cancer Information Management Program (CIM) must earn at least a grade of "C" in all courses listed below. If you earn less than "C" in any of these courses, you will be required to repeat the course when offered. Cancer information management students must earn "C" or better on first or second attempt. Two unsuccessful attempts of the same course (less than "C" or 73%) will result in dismissal from the cancer information management program.

You will not be allowed to enroll in MRIS 295 (160 hour internship) until the following courses have been satisfactorily completed. MRIS 295 is a four week, 40 hour a week practical experience in a cancer registry. Part-time arrangements must be approved by internship coordinator and site coordinator. It is recommended that you are not enrolled in other courses while you are enrolled in MRIS 295. You must earn a grade of at least a "C" in MRIS 295 in order to graduate.

MRIS 150	Registry Structure & Management
MRIS 160	Cancer Registry Operations
MRIS 170	Cancer Disease Management
MRIS 180	Oncology Coding & Staging
MRIS 250	Abstracting Methods
MRIS 260	Multiple Primaries & Hematopoietics
MRIS 270	Follow Up, Data Quality & Utilization

Dismissal Policy: Any ONE of the following will result in dismissal from the program

- Two unsuccessful attempts (less than "C") in any of the courses listed below will result in dismissal from the Cancer Information Management program, or
- Unsuccessful attempts (less than "C") of more than 50% of the courses

listed below during any semester, or

- Unsuccessful attempts (less than "C") of more than 12 credit hours of the courses listed below while in the program.

CAREER SERVICES

You are encouraged to discover the services and resources available in the Office of Student Employment and Career Services early in your college enrollment. The staff in this office is ready to help you with questions and concerns regarding career directions and job opportunities. You are also encouraged to attend the workshops sponsored by them throughout the year.

CLASS ATTENDANCE

Enrollment in the program designates a commitment on your part to attend/participate in class to prepare you to function in a responsible manner in the professional environment.

Attendance policies of individual instructors are outlined in the course syllabus and will be followed.

You are responsible for contacting each course instructor regarding materials handed out in class, assignments made during class, and makeup assignments for any classes missed (excused or unexcused).

CLASS STANDING

The following standards will be used to determine class standings:

<u>Class</u>	<u>Semester Credit Hours Earned</u>
First Year Student	0 to under 26
Sophomore	26 to under 56
Junior	56 to under 86
Senior	86 or more

CLEP TESTS

As with many schools, Ferris cooperates with the College-Level Examination Program (CLEP), offered by the College Entrance Examination Board. CLEP offers a series of tests in the areas of English composition, humanities, mathematics, natural science, and social sciences history which, if passed, gives the student college credit.

The aim of CLEP is to give students who already have a college-level knowledge of these areas a chance to bypass taking similar classes in college. University credit granted on the basis of CLEP examination is entered on the student's record without a grade, and is not included in the computation of Ferris' cumulative honor point average or graduation honors.

If you have already taken CLEP tests elsewhere, make sure you send the results to Ferris.

Further information about CLEP tests can be obtained from the office of Institutional Research and Testing, extension 3628.

COURSE ANNOUNCEMENTS

Prior to the beginning of each semester, the class schedule is published on student Web services. It contains a listing of all courses offered during the next semester, as well as information regarding registration. You must consult your advisor prior to registering to plan your schedule.

COURSE CHALLENGE- PROFICIENCY

Ferris recognizes that college-level learning can occur in places other than the classroom. Experienced individuals who have learned on their own and want to "test out" of a course may receive credit through a proficiency course test.

Proficiency course testing is done on a course-by-course basis. The method of evaluation is determined by the faculty of the department. A challenge examination is available for all Health Management courses except internship. The following procedures apply:

COURSE CHALLENGE

1. If a course has a prerequisite, the prerequisite must be fulfilled before the course may be challenged.
2. Competency assessment cannot be used for a course already appearing on a student's FSU transcript either by having completed the course or by transfer.
3. In order to receive credit for a course through challenge, a standard equal to at least a "C" (73%) must be earned.
4. Credit awarded by competency assessment is recorded on your transcripts on a course-by-course basis as credit.
5. Competency assessment credits apply toward credit requirements, but are not used to compute honor point averages (HPA).
6. A competency assessment for a course may be taken only once.
7. There is a fee for competency assessment which must be paid prior to taking the exam.
8. Applications for course competency assessment are available from the departmental secretary in Room 401 of the College of Health Professions.

Specific information about competency assessment for a course can be obtained from the head of the department offering the course.

COURSE LOAD

The maximum load that may be carried without special permission is 19 semester hours of credit, or four courses totaling more than 19 semester hours of credit. The student's academic department head may approve overloads beyond 19 hours.

COURSE OBJECTIVES

The program objectives will be met by meeting the objectives for the specific courses as outlined in the course syllabus. Course syllabi will be distributed by the instructors during the first class meeting. You are expected to become familiar with the course objectives as outlined in the syllabus.

CONFLICT RESOLUTION

When a student has an issue with a grade, internship or other student/faculty issue, it is the responsibility of the student to use a progressive procedure to resolve the issue. This policy provides a step-by-step means of resolving student/faculty issues. Individual programs may have other specific steps for resolving student/faculty issues.

5.1 The first step in resolving a grade, internship or other student/faculty issue is for the student to talk to the faculty member about the situation. There may be a simple remedy (e.g., a calculation error and the faculty member can make the correction with a change of grade form). The student and faculty member must try to resolve the issue within five business days of the initial meeting of the student and faculty member. All discussions will be recorded and placed in the student's file.

5.2 If the issue is not resolved between the student and faculty member within five days, the next step is for the student to submit a written request, stating the issue of concern, to the Department Head. After reading the documentation between the student and faculty member, the Department Head will meet with the student and faculty member to hear both sides of the situation and analyze the issue. The Department Head will render a decision on the issue and inform the student and faculty member in writing within five business days of the meeting. If the student does not agree with the decision, he/she may petition in writing to the Dean. All discussions will be recorded and placed in the student's file.

5.3 If the issue is not resolved by the Department Head within five days, the next step is for the student to submit a written request, stating the issue, to the Dean. After reading the documentation between the student and faculty member, and the Department Head's decision, the Dean will meet with the student, faculty member and Department Head to hear all sides of the situation and analyze the issue. The Dean will render a decision on the issue and inform the student, faculty member and Department Head in writing within five business days of the meeting. The decision of the dean is final. All discussions will be recorded and placed in the student's file.

5.4 If the student does not agree with the decision of the Dean, he/she may petition in writing to the office of the VPAA according to the respective policies and procedures of that office. All discussions will be recorded and placed in the student's file.

5.5 According to FSU Academic Policy 04:4, Students have one year to appeal a course grade. After a year, grades cannot be changed. All other issues must be resolved within the semester the issue occurred or within the following semester at the latest.

Steps in the Student/Faculty Issue Resolution: Progressive Only if Required

Step	Parties Involved	Timeline (Business Days)
Step 1 Student meets with faculty member	Student/Faculty	5 days
Step 2 Student meets with Faculty/Department Head	Student/Faculty/Department Head	5 days
Step 3 Student meets with Faculty/Department Head and Dean	Student/Faculty/Department Head/Dean	5 days
Step 4 Student petitions Office of VPAA	Student and appropriate Representative of VPAA	According to VPAA Policies/Procedures

In all cases for steps 1 to 3, if the issue occurs at the end of the semester, the business day count will continue into the next semester, including summer semesters.

Records of student complaints are maintained in the individual student's file and will be available to FEPRC upon request. CIM students may file a complaint with the National Cancer Registrars Association, FEPRC Administration:

NCRA
FEPRC Administration
1330 Braddock Place, Suite 520
Alexandria, VA 22314
703-299-6640, Ext. 314

Complaint information to include:
Student name, mailing address, city, state, zip, phone number, email address
Name of institution, title of accredited program
Name of Faculty/Instructor
Name of Program Chair/Department Head
Mailing address, city, state, zip, phone number, email address
Nature of complaint
Supporting document included
Signature of student submitting report

CRIMINAL BACKGROUND CHECK

A Criminal Background Check is required by most internship sites. For the policy, see Appendix G.

DISMISSAL

The following are considered causes for possible dismissal from the program:

1. Unsatisfactory academic performance as defined in the Student Handbook.
2. Unsatisfactory professional or personal performance at the professional practice site as judged by either the program faculty or the Site Coordinator.

DISRUPTIVE BEHAVIOR POLICY STATEMENT

The COLLEGE OF HEALTH PROFESSIONS strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the College of Health Professions Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.

7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

DOMAINS, TASKS AND SUBTASKS FOR HIT AND HIM STUDENTS

The CAHIIM link for domains, tasks and subtasks established by AHIMA are listed in Appendix C for the HIT and HIM programs. They describe the knowledge and skills you will need to become an RHIT or RHIA.

CURRICULUM DOMAINS FOR CIM STUDENTS

The academic and clinical curriculum requirements established by NCRA are listed in Appendix I for CIM students. They describe the knowledge and skills you will need to become a CTR.

DROPPING A CLASS

See the **ADD/DROP/WITHDRAW FROM CLASSES** section.

ENTRANCE REQUIREMENTS

Students must have a 2.7 high school GPA to enter the HIT/HIM programs; 2.5 GPA for a transfer student.

Students must have a 2.5 GPA to enter the CIM program. Prerequisite courses also include BIOL 109 Basic Human Anatomy & Physiology; MRIS 103 Medical Terminology; MRIS 210 Fundamentals of Disease Processes and a course in Computers in Healthcare.

EVALUATION

At the end of each of your courses, you will be given the opportunity to evaluate the course. Before you graduate, you will be asked to complete a program evaluation. Please complete the evaluations honestly. Your input is extremely valuable for program evaluation and modification.

FIELD TRIPS

Field trips may be arranged to various institutions concerned with some aspect of health care. You are responsible for all costs unless otherwise informed by the instructor. Please remember that while on field trips, you represent FSU. Please dress professionally.

FINANCIAL AID

Financial aid checks will be mailed to your permanent address, unless other arrangements are made prior to the beginning of the internship. You may select direct deposit to your bank account via MyFSU. Students on financial aid may be required to have an exit interview prior to graduation. It can be accessed via My FSU. Contact the Timme Center for specific questions about your loan arrangements.

GRADE POINT AVERAGE CALCULATION

Multiply the number of honor points by the number of credits of the course and divide by the total number of credit hours completed for the marking period. (See grading system for honor point allocation.) For example: You complete five courses for the semester (HCSA 474 – 4 cr.; HCSA 336 – 4 cr.; HCSA 310 – 3 cr.; ENGL 150 – 3 cr.; and PSYC 150 – 3 cr.), and you earn a B+ in HCSA 474; an A- in HCSA 336; a B in HCSA 310; a C in ENGL 150; and a B- in PSYC 150. To calculate the GPA, you would multiple credit hours for each course by the honor points per credit hour, and total the honor point column (B) and the credit hour column (A). Then divide the total number of honor points by the total number of credit hours.

(A)		(B)		
4 x 3.3	=	13.2	(HCSA 474)	
4 x 3.7	=	14.8	(HCSA 336)	
3 x 3	=	9	(HCSA 310)	
3 x 2	=	6	(ENGL 150)	
<u>3 x 2.7</u>	=	<u>8.1</u>	(PSYC 150)	
17		42.1		
				42.1 = 2.47 (GPA)
				17

GRADING SCALE

Uniform grading scale for all HIT/HIM/CIM courses.

A	93-100	B-	80-82	D+	67-69
A-	90-92	C+	77-79	D	63-66
B+	87-89	C	73-76	D-	60-62
B	83-86	C-	70-72	F	59 and below

Additional comments regarding grading procedures are found in the course syllabus.

GRADING SYSTEM

All instructors in the HIT/HIM/CIM programs use a 12-point grading system.

This is the scale for the 12-point grading system:

<u>Letter Grade</u>	<u>Honor Points Per Credit Hour</u>	<u>Letter Grade</u>	<u>Honor Points Per Credit Hour</u>
A	4.0	C	2.0
A-	3.7	C-	1.7
B+	3.3	D+	1.3
B	3.0	D	1.0
B-	2.7	D-	0.7
C+	2.3	F	0.0

Other grades which can be obtained in special circumstances:

"W" means you withdrew from the class before the final withdrawal date, and while the "W" remains on your official transcript, it does not count in either total credit hours or your honor point average.

"I" means you did not complete the required work by the end of the term through no fault of your own. It also means that, had the quality of your work continued, you would have passed the course. The incomplete work must be completed within the time limit designated by the instructor, but usually no longer than the following semester. "I" grades turn into "F's" if you fail to make up the work the following semester.

GRADUATION AUDIT

Two semesters prior to the semester that you intend to graduate, student should meet with advisor to verify that program requirements will be met within the next two semesters. You are required to work closely with your advisor to assure that you will have met all graduation requirements when you are nearing the end of your coursework. Failure to complete the graduation application could result in a delay of graduation. Students on financial aid may be required to have an exit interview prior to graduation. The graduation application can be accessed via My FSU.

GRADUATION REQUIREMENTS

An average of C (2.0) or better is required for graduation. A minimum of one full year of work (at least 30 semester hours of credit) in residence at FSU is required for all students who receive a degree. See the 'C' requirements section for graduation from each of the programs. You are responsible for completion of all courses listed. Use the checksheets to record your progress toward completion of your goal.

To graduate CIM certificate program students must complete all program prerequisites and MRIS 150, MRIS 160, MRIS 170, MRIS 180, MRIS 250, MRIS 260, MRIS 270 and MRIS 295.

GROOMING

While on field trips, internship assignments and at professional meetings, you are asked to remember that you represent FSU and dress appropriately. Jeans are considered inappropriate dress for such functions.

HONESTY POLICY

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

See Appendix A for more complete information on the HIT/HIM programs' Code of Ethics.

See Appendix J for complete information on NCRA Code of Ethics.

INCOMPLETES

In the event that you receive an incomplete grade, you must make arrangements with the instructor to complete all requirements by the close of the following semester or the grade becomes an "F". A

second registration for the course is not permitted for removal of an incomplete. However, if the grade becomes an "F", the class may then be repeated.

INTERNSHIP EXPERIENCE

An important aspect of the programs is the professional practice component. During the internship, you participate in supervised clinical activities in hospitals and other health care agencies designed to reinforce the classroom and laboratory learning experiences. The professional practice enables you to develop understanding of procedures, apply principles of management, observe employee relationships, and interact with professionals in the health care environment.

After demonstrating proficiency, you may be permitted to perform procedures with careful supervision. You will not be paid for your services unless you are able to secure a healthcare organization that offers paid internships.

If you are planning to complete the Health Information Technology/Management internship at your place of employment, you may not intern in the area that you currently work and you may not report to your direct supervisor.

A student that wants to complete his/her Professional Practice experience (MRIS 293, MRIS 493, MRIS 295) in a state other than Michigan should consult with the internship coordinator before selecting an internship site. Some states do not allow interns who complete their HIT/HIM/CIM program requirements in another state (Michigan) to complete an internship in their state.

Internship Courses – HIT/HIM

HIT MRIS 293 (6 credits)

Six full weeks/240 hours of practical experience in an approved acute care setting. You will receive supervised training to reinforce skills introduced on campus. Special projects may be

assigned. You are responsible for costs incurred in conjunction with internship experience.

HIM MRIS 293 (6 credits)

Six full weeks/240 hours of practical experience in an approved acute care setting(s). You will receive supervised training to reinforce skills introduced on campus. Special projects may be assigned. You are responsible for costs incurred in conjunction with internship experience.

CIM MRIS 295 (4 credits)

Four full weeks/160 hours of practical experience in an approved cancer registry program(s). You will receive supervised training to reinforce skills introduced in the program. Special projects may be assigned. You are responsible for costs incurred in conjunction with internship experience.

HIM MRIS 493 (10 credits)

Ten full weeks/400 hours of supervised learning experiences with particular emphasis on the management and administrative aspects of health information practice. Assigned projects will reflect knowledge of administrative skills. You are responsible for costs incurred in conjunction with internship experience.

INTERNSHIP PROCESS - ASSIGNMENT

Student is required to contact healthcare facilities regarding potential placement for internship. You are required to have a current resume and cover letter to present to the healthcare facility. The Internship Coordinator has the responsibility for approving sites, obtaining required legal agreements, and assessing appropriateness of a facility for individual student needs.

HCSA 345 Internship Orientation should be taken the semester before your **first** HIT/HIM program internship. You will be required to complete an ***Intent Form*** by week eight of this class. This form contains information regarding your internship site and the semester that you plan to register for the internship.

Final appointments to internship site should be finalized the semester prior to the internship. Site Coordinators at the healthcare facilities retain the right to cancel acceptance of a student at any time prior to the placement.

Prior to the starting date, the Internship Coordinator will meet with you to discuss your placement. During HCSA 345 Internship Orientation you will be informed regarding rules and responsibilities during the internship, as well as project requirements and grading practices. CIM students will be informed regarding the rules and responsibilities during internship, as well as project/documentation requirements and grading practices via individual consultation and/or written communication through Blackboard. Depending on where you will complete your internship, you may be required to complete a Criminal Background Check (CBC) prior to your internship. You are responsible for the cost of the CBC. The COLLEGE OF HEALTH PROFESSIONS has an agency that will process the CBC for you. Also, proof of current immunization will be required by the internship site. Some sites may require a drug screening and/or physical exam. The Internship Coordinator will work closely with the student while seeking and securing an internship site.

Currently, the programs have active agreements with over 90 facilities in Michigan. You can obtain information regarding these sites from the Internship Coordinator. A student that wants to complete his/her Professional Practice experience (MRIS 293, MRIS 493, MRIS 295) in a state other than Michigan should consult with the internship coordinator and the CRHA Department Head, Dr. Gregory Zimmerman, before selecting an internship site. Some states do not allow interns who complete their HIT/HIM/CIM program requirements in another state (Michigan) to complete an internship in their state.

A. Two Steps to Internship in Subsequent Semester

1. Submit the internship Intent Form 6 weeks prior to the end of the current semester.
2. Register for the internship 3 weeks prior to the end of the current semester.

B. Consecutive Internships

Students may complete the hospital internship and management internship consecutively at the same or a different facility. However, the faculty mentor reserves the right to require up to two weeks before the start of the management internship.

C. Repeating an Internship

An internship that results with a grade of C- or lower must be repeated. Repeating an internship is considered a new internship. Registration in a subsequent semester is required. Repeating an internship may be at the same or a different facility.

D. Repeating an Internship/Corrective Action Plan

Students repeating an internship are required to complete a corrective plan of action with the assistance of the faculty that supervised the first internship. See **Appendix F**.

E. DISMISSAL from the Internship

You may be removed from a professional practice site for any reasonable cause including, but not limited to:

1. Unethical or unprofessional conduct as outlined in the AHIMA/NCRA Code of Ethics
2. Unauthorized disclosure of confidential information
3. Excessive absence
4. Conduct in direct violation of the policies and procedures of the health care facility to which you are assigned.

If there is evidence that any of the above have occurred, the Internship Coordinator will be contacted by the site coordinator member. A meeting between you and the Internship Coordinator will be scheduled to obtain the facts. A meeting of the Site Coordinator and Internship Coordinator will follow. At this time, a decision

will be made as to whether you will continue at the professional practice site.

If the decision is made to remove you from the site, an attempt will be made to locate another site for you. Dismissal from a professional practice site may prolong the length of time spent in the program.

If you are removed from a professional practice site, the entire course may have to be repeated at another site.

F. **APPEAL OF INTERNSHIP DISMISSAL**

You have the right to appeal an academic termination, disciplinary termination, or removal from a Internship site. See the Conflict Resolution policy, p 16.

G. **REGISTRATION PROCEDURES**

If you will be returning to campus after your internship experience, you will register for the next semester during your internship. Class schedules are posted on MY FSU. Please contact your advisor to make sure that you are selecting the correct courses and remove your advising hold. You can obtain the exact date and time of registration on My FSU.

PROGRAM FACULTY

Health Information Program faculty are available during posted office hours. These hours will vary from semester to semester. They are also available by appointment whenever the need arises. Get acquainted with your faculty advisor as soon as possible, and make it a practice to talk to him/her at least once during a semester. Some of the faculty listed below are HCSA faculty that teach required courses in the Health Information programs. The faculty are:

Paula Hagstrom, MM, RHIA, HIT/HIM Faculty/Program Coordinator/ Advisor	VFS 400, ext. 2395
Toni Windquist, MS-ISM, RHIA, HIT/HIM Faculty/Advisor	VFS 320, ext. 2318
Paula Koning, MM, RHIA, Grand Rapids HI/CIM Faculty/Advisor	PH: 616-643-5726

QUALIFYING EXAMINATION

Students who successfully complete the **HIT** program are eligible to apply to write the certifying examination of AHIMA (RHIT).

Students who successfully complete the **HIM** program will be eligible to apply to write the registration examination of AHIMA (RHIA).

Students who successfully complete the **CIM** program will be eligible to apply to write the certification examination of NCRA (CTR).

You will be provided with necessary information prior to the time that applications must be submitted.

REGISTRATION

You should plan your schedule with your faculty advisor for the next semester prior to your assigned registration date. Early registration helps to insure a better selection of elective courses, as well as assure that you are making satisfactory progress toward graduation. You will not be allowed to register unless your advisor removes your registration hold. If you have not paid all debts owed the University, you will not be allowed to register.

Your registration date is posted on the course registration system found on the student web services, My FSU, under My Registration.

REPEATING CLASSES

You may repeat a course whether it was previously passed or failed. When a course is repeated, the original subject and grade remains on the academic record, but the last grade earned is used to calculate the grade point average.

A student in the HIT /HIM/CIM programs may only take a professional course (MRIS or HCSA) two (2) times. If a student doesn't earn a "C" or better on the first or second attempt, he/she will be dismissed from the program.

STUDENT DIGNITY/POLICIES

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can

raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

TESTS

Tests are administered in accordance with the policies of the individual instructors as outlined in the course syllabus.

TEXTBOOKS

The course syllabus will list the textbook(s), course pack, access code(s) that are required for the course. You are strongly encouraged to keep your texts for use in other classes, for review for the national exam, and for your practice in the field. They are valuable resources.

TRANSCRIPTS

The official academic record of a student is maintained by the Registrar's office. A student or former student in good standing may have transcripts of credit forwarded. All requests should be made one week in advance of the time they are needed.

<http://www.ferris.edu/admissions/registrar/transcriptRequest.htm>

TUTORING

Tutoring is available for most courses on campus. If you feel that you need tutoring, please see the faculty member for the course, or contact the Academic Support Center and Tutoring.

<http://www.ferris.edu/htmls/colleges/university/asc/tutoring.htm>

WITHDRAWAL FROM CLASS/UNIVERSITY

If you decide to withdraw from the University, you must report to your Dean's Office and process a withdrawal clearance form. If you stop attending classes, but do not officially withdraw from the University, grades of "F" will be recorded in all courses. It is your responsibility to protect your academic record. Also see the **ADD/DROP/WITHDRAW FROM CLASSES** section.

GLOSSARY OF HANDBOOK DEFINITIONS

Credentialed:	Having earned the right, through passing the registration or accreditation exam, to use the designation RHIA, RHIT, or CTR.
CTR Certification Exam:	Test administered on behalf of NCRA. By successfully passing this exam, the individual earns the right to use the designation, Certified Tumor Registrar (CTR).
Dean:	Dean, Dr. Matthew Adeyanju – Office – VFS 200B, phone – ext. 2269
Health Information	An individual working in the field of health information (medical records), generally a RHIA or RHIT.
Internship Coordinator:	Individual responsible for coordination of internship experience.
Professional Practice Or Internship	Real life situation focusing on application of knowledge and abilities learned in the classroom.
RHIA Certification Exam:	Test administered on behalf of AHIMA. By successfully passing this exam, the individual earns the right to use the designation Registered

Record Administrator (RHIA).

RHIT Certification Exam: Test administered on behalf of AHIMA. By successfully passing this exam, the individual earns the right to use the designation Registered Health Information Technician (RHIT).

Site Coordinator: Individual responsible for supervision of internship experiences in the health care facility.

Standards: Policy documents which provide minimum standards for educational programs.

Syllabus: Document explaining course content, grading procedure, requirements, text and various other notes to the student.

HANDBOOK ABBREVIATIONS

AHIMA – American Health Information Management Association
919 N. Michigan Ave, Suite 1400
Chicago, IL 60611

CAHIIM - Commission on Accreditation for Health Informatics and Information Management Education

CBC Criminal Background Check

CGPA – Cumulative Grade Point Average

CIM - Cancer Information Management

CTR - Certified Tumor Registrar

FSU – Ferris State University

GPA – Grade Point Average

HCSA – Health Care Systems Administration

HIT –	Health Information Technology Technology
HIM –	Health Information Management (Administration)
NCRA -	National Cancer Registrars Association
RHIT –	Registered Health Information Technician
RHIA –	Registered Health Information Administrator

Appendix A

AHIMA Code of Ethics

Preamble:

The ethical obligations of the health information management (HIM) professional include the protection of patient privacy and confidential information; disclosure of information; development, use, and maintenance of health information systems and health records; and the quality of information. Both handwritten and computerized medical records contain many sacred stories – stories that must be protected on behalf of the individual and the aggregate community of persons served in the healthcare system. Healthcare consumers are increasingly concerned about the loss of privacy and the inability to control the dissemination of their protected information. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, and under what conditions the information should be disclosed.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. Sensitive information (genetic, adoption, drug, alcohol, sexual, and behavioral information) requires special attention to

prevent misuse. Entrepreneurial roles require expertise in the protection of the information in the world of business and interactions with consumers.

Health information professionals:

- I. Advocate, uphold and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.
- II. Put service and the health and welfare of persons before self-interest and conduct themselves in the practice of the profession so as to bring honor to themselves, their peers, and to the health information management profession.
- III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard the contents of the records and other information of a confidential nature, taking into account the applicable statutes and regulations.
- IV. Refuse to participate in or conceal unethical practices or procedures.
- V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
- VI. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
- VII. Represent the profession accurately to the public.
- VIII. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.
- IX. State truthfully and accurately their credentials, professional education, and experiences.
- X. Facilitate interdisciplinary collaboration in situations supporting health information practice.
- XI. Respect the inherent dignity and worth of every person.

(Source: AHIMA, 2011)

APPENDIX B

REQUIRED CONTINUING EDUCATION TO RETAIN RHIT/RHIA CREDENTIALS

After successful completion of the Health Information Technology degree and passing the certification examination for Registered Health Information Technician, RHITs must complete 20 units of continuing education every two years to maintain their credentials.

After successful completion of the Health Information Management degree and passing the certification examination for Registered Health Information Administrator, RHIAAs must complete 30 units of continuing education every two years to maintain their credentials.

The purpose is to encourage life-long learning and maintain professional competence. Continuing education activities include attendance at seminars, journal reading, additional college course work, and other educational activities. These must be reported to AHIMA on required forms along with payment of a CE assessment fee. Go to www.ahima.org/recertification for additional information.

Appendix C

Link for Curriculum Requirements for HIM and HIT

The link for for the following Curriculum requirements, 2014 HIM Baccalaureate Degree Curriculum Requirements and the 2014 HIT Associates Degree Curriculum Requirements is found at:

<http://cahiim.org/him/curriculumrequirements.html>

COURSE DESCRIPTIONS FOR MRIS/HCSA/COHP PROFESSIONAL COURSES**MRIS 101 INTRODUCTION TO HEALTH INFORMATION SYSTEMS****4 cr.**

Study of the health record including definition, content, format, and purpose. Regulatory agencies which impact the health record content will be studied. Also studied will be the interaction of health care professionals contributing to and utilizing the medical record. The laboratory component deals with the analysis of the patient record, numbering, filing and maintenance of the master patient index. Offered face-to-face only. Typically offered Fall and Spring Semesters in Big Rapids; Fall Semester in Grand Rapids.

MRIS 103 MEDICAL TERMINOLOGY**3 cr.**

Terminology of disease, condition, pathology, radiology, operative procedure and technique, surgical instruments, diagnostic tests, therapeutic treatment, anesthesia, pharmacologic agents, oncology, nuclear medicine, and other specialized fields of medicine. Offered face-to-face. Offered Fall, Spring, and Summer Semesters in Big Rapids. Offered Fall semester in Grand Rapids.

MRIS 121 Health Information Statistics**2 cr.**

This course will include general principles of healthcare descriptive statistics related to the delivery of healthcare. Skills in calculating common hospital healthcare statistics using formulas/definitions. Pre-requisite: MRIS 101 with grade of C or above. Offered Fall, Spring semesters in Big Rapids and Spring semester in Grand Rapids.

MRIS 122 HEALTH INFORMATION SYSTEMS 1**4 cr.**

A principles course of health information statistics, medical informatics, healthcare registries, database design, healthcare research, analysis of health data, design formats of presentation of health data and health information management department operations. Students will use computer applications (e.g. Excel) for data display. Prerequisites: MRIS 101 with grade of "C" or better. Offered face-to-face only. Typically Offered Fall and Spring Semesters in Big Rapids; Fall Semester in Grand Rapids.

MRIS 204 ICD-10 CODING 1**4 cr.**

Introduces the ICD-10 Coding classification system with emphasis on utilizing the alphabetic index and tabular for correct assignment/sequencing of diagnosis and procedure codes. Focus will be on rules, conventions, instructions, chapter specific guidelines, code structures and how to use PCS table based coding systems. Health Information program students must earn "C" (2.0) or better on first or second attempt. Two unsuccessful attempts (less than "C") will result in dismissal from the Health Information program. Prerequisites: MRIS 101 and MRIS 103 and BIOL 109 or 205, all with grades of "C" or better. Co-requisite MRIS 210. Offered face-to-face only. Typically offered Fall and Spring Semesters in Big Rapids; Spring Semester in Grand Rapids.

MRIS 205 ICD-10-CODING 2**4 cr.**

This course is a continuation of MRIS 204 ICD-10 Coding I. Introduces the ICD-10 Coding classification system with emphasis on utilizing the alphabetic index and tabular for correct assignment/sequencing of diagnosis and procedure codes. Focus will be on ;rules, conventions, instructions, chapter specific guidelines, code structures and how

to use the PCS table based coding system. The impact of proper code assignment, MS-DRGs and reimbursement will also be discussed. Health Information program students must earn "C" (2.0) or better on first or second attempt. Two unsuccessful attempts (less than "C") will result in dismissal from the Health Information programs. Offered face-to-face only. Typically offered Fall and Spring semesters in Big Rapids; Spring Semester in Grand Rapids.

MRIS 209 QUALITY MANAGEMENT IN HEALTH CARE

3 cr.

Study of the concepts and procedures utilized in the performance of the quality assurance function in the health care setting. Emphasis on the role of the medical record practitioner in the management and control of the utilization review function of the facility. In the laboratory, the student will participate in utilization review and medical care evaluation activities. Prerequisite: MRIS 103, ISYS 105. Offered face-to-face only. Typically offered Fall, Spring, and Summer Semesters in Big Rapids; Fall and Spring Semesters in Grand Rapids.

MRIS 210 FUNDAMENTALS OF DISEASE PROCESSES

4 cr.

The study of physiologic changes in the body that result from disease processes. Course topics include the etiology, physical signs and symptoms, prognosis, and complications of commonly occurring diseases and their management. 4.000 Credit Hours 4.000 Lecture Hours. Prerequisites: BIOL 109 or BIOL 205 and MRIS 103, all with grades of "C" or better. Offered face-to-face only. Typically offered Fall and Spring Semesters in Big Rapids; Fall and Spring Semesters in Grand Rapids.

MRIS 211 CPT CODING

3 cr.

Principles of coding with the CPT classification system. Laboratory practice in the assignment of codes using both computerized and manual methods. Prerequisite: MRIS 101, MRIS 103, BIOL 109 or BIOL 205; concurrent enrollment in MRIS 221. Offered face-to-face only. Offered Fall and Spring Semesters in Big Rapids; Summer semester in Grand Rapids.

MRIS 220 Legal & Ethical Aspects in HIM

3 cr.

This course will provide an in-depth look at the legal and ethical issues facing health informatics and information professionals. The course covers the legal and ethical framework, issues and concepts, and the role of e-discovery in the emerging health data environment. Other contemporary concepts that will be addressed include; analysis of the laws, regulations, policies and practice such as HIPAA and HITECH as they relate to the confidentiality, privacy and security of health information in an electronic environment. An in-depth review of Federal and State laws and regulations that require specific performance in the acquisition, use, storage and maintenance of health information will also be conducted. Pre-requisite: MRIS 101 with a grade of C or better. Typically offered: Fall and Spring, semester in Big Rapids, Spring semester in Grand Rapids.

MRIS 221 FOUNDATIONS OF REIMBURSEMENT

3 cr.

The course will provide an overview of the evolving health care payment systems encompassing major U.S. public and private third party payers. The U.S. payment systems will be compared with international models of health care coverage and reimbursement. Students will evaluate the impact of current forces on the revenue cycle including regulations and emerging technologies. Students will have hands-on practice completing paper and electronic forms to obtain maximum reimbursement. HCSA/HIM/HIT students must earn a "C" (2.0) or better on first or second attempt. Two unsuccessful attempts (less than "C") will result in dismissal from the degree program. HCSA Students Pre-Requisites: ISYS 105 and CCHS 101 and MRIS 103 with grade of C or better. MRIS Students Pre-requisites: ISYS 105 and MRIS 101 and MRIS 103 with grade of C or better. MRIS

Students Co-requisites: MRIS 204 or MRIS 211. Typically offered Fall, Spring, and Summer Semesters in Big Rapids; Fall and Summer Semesters in Grand Rapids.

MRIS 261 HEALTH INFORMATION TECHNOLOGY REVIEW

1 cr.

A comprehensive review of health information technology concepts related to medical terminology, pathophysiology, and health information statistics, filing and indexing concepts, content and documentation requirements, medicolegal concepts, quality assurance, utilization review, management issues, computer applications in health information and coding applications. Test taking techniques and preparation for the national registered health information technician exam will be addressed. Prerequisites: All required program courses completed prior to this course. Offered Fall and Spring Semesters in Big Rapids for both groups. May take concurrent with or one semester prior to MRIS 293.

MRIS 293 PROFESSIONAL PRACTICE 1

6 cr.

Six weeks of professional practice experience in health care settings. Topics to be covered include quality assurance, release of information, coding, abstracting, utilization management, storage and retrieval, computer applications in health information practice, tumor registry, and professional interaction with health care facility and medical staff. Prerequisite: By permit only. Offered Fall, Spring and Summer Semesters in Big Rapids and Grand Rapids.

MRIS 402 HEALTH INFORMATION MANAGEMENT PRINCIPLES

3 cr.

This course will examine the concepts, methods and management tools used in the analysis of health information systems for the development of objectives, policies and procedures, benchmarking; workflow, productivity measurement and layout analysis. The student will be introduced to IT (Information Technology) project management in the healthcare setting as well as formal project management techniques. **Offered online only.** Offered Spring semester.

MRIS 461 HEALTH INFORMATION MANAGEMENT REVIEW

1 cr.

A comprehensive review of health information management concepts related to information technology, data security, quality management, human resources, financial management, strategic planning, project and operations management. Test taking techniques and preparation for the national registered health information administrator exam will be addressed. Prerequisite: All professional program courses. May take concurrent with or one semester prior to MRIS 493. **Offered online only.** Offered Fall and Spring semesters.

MRIS 493 PROFESSIONAL PRACTICE 2

10 cr.

Ten weeks of supervised professional practice experience in health care settings with emphasis on management and supervision of health information departments. Prerequisite: All professional program courses, MRIS 293 or permission of program director. **Offered online only.** Offered Fall, Spring and Summer Semesters in Big Rapids and Grand Rapids.

HCSA 310 Health Care Finance 2

3 cr.

This course introduces the theory of managerial planning for capital and operational budgeting in health care as well as the regulatory constraints related to capital expenditures. Students will have the opportunity utilizing excel to prepare a capital budget proposal as well as to gain practical skills in operational budgeting preparation and related analysis. (2+2) Prerequisites: HCSA 210 or MRIS 221, and ACCT 201 with grades of C or above. Offered mixed delivery and online. Typically Offered Fall, Spring, and Summer Semesters in Big Rapids; Spring and Summer in Grand Rapids.

HCSA 336 Health Care Supervisory Practices**3 cr.**

Students will study and discuss theory and practice of management in health care facilities with an emphasis placed on conducting meetings, performance appraisals, interview processes, and corrective actions. Students will develop policies and procedures, job descriptions, and orientation topics. Skills in team building, coaching, counseling, conflict management, networking and delegation will be addressed. Prerequisites: COHP 101 with grade of C or above. Offered mixed delivery and online. Typically Offered Fall, Spring, and Summer Semesters in Big Rapids, online for Grand Rapids.

HCSA 345 Internship Orientation**1 cr.**

This course is designed to provide the expectations and responsibilities of the internship experience. This will be accomplished through class discussions, presentations, guest speakers, and assignments. Prerequisite: Department Approval. Offered face-to-face and mixed delivery. Typically Offered Fall, Spring, and Summer Semesters in Big Rapids; Fall and Spring Semesters in Grand Rapids.

HCSA 474 Health Care Strategic Application**4 cr.**

This course introduces applications underlying strategic alignment in health care organizations. Introduction to the techniques involved in the strategic planning process, supply chain management and project planning are enhanced by best practices in quality improvement. Prerequisites: HCSA 120 or HCSA 220, or MRIS 122, and MRIS 209 and HCSA 310 with grades of C or above. **Offered online only.** Typically Offered Fall, Spring, and Summer Semesters for Big Rapids and Grand Rapids.

COHP 101 THE US HEALTH CARE SYSTEMS**3 cr.**

Description of the health care industry, its historical background, functions, inter-relationships and future roles. Core course of students enrolled in the College of Allied Health Sciences. Offered face-to-face and online in Big Rapids; offered face-to-face in fall and online Fall, Spring, and Summer Semesters in Grand Rapids.

COHP 102 Safety Issues in Health Care**1 cr.**

The course addresses work place health and safety. Topics include potential chemical and physical hazards, rights and responsibilities of employers and employees under OSHA, TJC safety and environmental care standards, the need for documentation and reporting of hazard activities, hazard communication plans, emergency preparedness (fire, chemical spills, tornadoes etc), ergonomic risks and roles and responsibilities of environmental services. Core course for allied health students, but open to all others. Offered face-to-face and online in Big Rapids; online only in Grand Rapids. Typically Offered Fall, Spring and Summer Semesters in Big Rapids and Grand Rapids.

COHP 300 HEALTH INFORMATION SYSTEM**3 cr.**

This course examines the realm of Health Care Information Systems (HCIS), and will provide the student with the opportunity to develop an understanding of basic information technology terminology, standards and protocols, as well as Local and Wide Area networks and general network typologies. The course will introduce software applications used in HCIS. The student will develop an understanding of the implications of integrated versus interfacing disparate HCIS application, data base management and patient privacy issues. The course will examine emerging technology in the areas of rural health care, telemedicine, access to Electronic Health Records, and Regional Health Information Organizations. Prerequisites: ENGL 250. Offered online only. Typically Offered Fall, Spring, and Summer Semesters.

COHP 350 STATISTICS IN HEALTH CARE**3 cr.**

This course will provide a thorough examination into the nature and uses of descriptive and inferential statistics in healthcare including data collection through manual and automated systems. Parametric and nonparametric statistical methods commonly used to analyze healthcare data will be introduced. Basic theory and application of statistics including data analysis, probability, random variables, sampling techniques, tests of hypotheses, confidence intervals, linear regression and correlation will be discussed. Prerequisite: MATH 115 or 116 or 117. Typically offered online Fall, Spring and Summer Semesters. Offered in seat in Big Rapids in Fall and Spring semesters. Offered in seat in Grand Rapids in Fall semester.

COHP 450 EVIDENCE-BASED HEALTH PRACTICE**3 cr.**

This course introduces the role of the healthcare professional as translator of healthcare research for a basis of evidence-based practice within a collaborative, interdisciplinary healthcare environment. Students will engage in critical evaluation of research, explore the relationship of credible evidence to development of healthcare quality and safety measures, and consideration of healthcare policy and cost effectiveness when implementing evidence-based improvements. Students will employ basic research methods and techniques as part of a simulated research project. Prerequisite: COHP 350. Offered online only. Typically offered Fall, Spring, and Summer Semesters.

ACADEMIC AFFAIRS POLICY LETTER

December 15, 2001 01:8

(supercedes Academic Affairs Policy Letter 01:3)

COURSE SUNSET POLICY ON FULFILLING UNDERGRADUATE DEGREE REQUIREMENTS

1. Ferris State University undergraduate students who maintain uninterrupted enrollment (not including summer semester) are subject to the requirements of their degree program (including General Education) which were in force when they entered the program. In the event degree program requirements change during the uninterrupted course of a student's enrollment, the student may exercise the option to meet the most recent program requirements. An interruption of enrollment is defined as not being enrolled at Ferris for two consecutive semesters, not including summer semester.
2. If a student returns to the university after an interrupted enrollment (not including summer semester), the requirements of the curriculum (including General Education) which are in force at the time of return must be met, not the requirements in effect at the time of original admission. In special circumstances, the academic department head/chair may permit the student to finish under the program requirements in force at the time of original admission to the program.
3. When a returning or transfer student's transcript is reviewed, the student may, at the discretion of the academic department head/chair and in conjunction with any standing department policies, be required to repeat courses deemed no longer current. Such determinations may be appealed to the Dean, whose decision is final. Appeals regarding General Education requirements are made to the Assistant Vice President for Academic Affairs who, after consulting with the General Education Coordinator, makes a final determination.

APPENDIX F

Repeating an Internship/Corrective Action Plan

REPEATING AN INTERNSHIP - CORRECTIVE ACTION PLAN MRIS 293/493

NAME _____ DATE _____
INTERNSHIP _____

OBJECTIVE: The intern will complete this form at the beginning of any internship that is being repeated. This should be done with the assistance of the faculty coordinator that supervised the unsuccessful internship.

1. IDENTIFY CONCERNS FOR LACK OF SUCCESSFUL INTERNSHIP

2. PERSONAL PLAN FOR IMPROVEMENT ON INTERNSHIP

FERRIS STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS

POLICY - CRIMINAL BACKGROUND CHECK REQUIREMENT

All students enrolled in clinical courses within the COLLEGE OF HEALTH PROFESSIONS will be required to undergo criminal background checks as part of the requirement for clinical placement in any agency. In some instances additional requirements may be imposed by the clinical agency, to include drug screening and fingerprinting. The timing and frequency of the criminal background check process will be determined by the program of study in accordance with requirements of each individual clinical agency. It is the student's responsibility to complete and assume payment for these background checks as directed by the program of study.

If a criminal history is identified and determined by the clinical agency to be in violation of the employment guidelines for that agency, the student will not be allowed to complete the clinical experience in that agency. This may jeopardize the student's ability to progress in the CAHS program of study if an alternate setting is not available.

All CAHS students will be made aware of this requirement at the time of application to the professional sequence of the program of study.

Rationale:

Current regulations within the health care setting require that criminal background checks be carried out on all personnel who will have contact with patients in that setting. This requirement is a condition for affiliation with each clinical agency. This requirement is intended to protect vulnerable populations, such as patients in the clinical setting. Individuals with certain criminal histories may not be eligible for licensure as a health care provider.

Adopted:
February 1, 2007

**FERRIS STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS**

PROCEDURE - CRIMINAL BACKGROUND CHECK

In accordance with the COHP policy to require criminal background checks (CBC) for all students to assure compliance with clinical agency guidelines for placement, the following process will be utilized within the COLLEGE OF HEALTH PROFESSIONS:

Student Notification:

1. All COHP students will be provided with information regarding the requirement for a criminal background check through the following mechanisms:
 - a. A Copy of the COHP policy will be included in the orientation packet or as a handout for transfer students or students making a program change into a COHP program
 - b. As part of the individual program's progression policy for all students
 - c. As part of the list of requirements to enroll in clinical/internship courses provided by each program
 - d. A signed release of information form prior to the start of the clinical or internship sequence.
 - e. All of the above must clearly state that qualification to be placed in a clinical agency will be dependent on the student demonstrating no criminal history that has the potential to prohibit clinical placement and subsequent licensure or certification in the discipline

Process to Complete the CBC:

1. The COLLEGE OF HEALTH PROFESSIONS will contract with an approved outside vendor to perform the criminal background checks for all COHP students in the professional sequence of the program of study.
2. Each program will designate a faculty or staff representative to administrate the criminal background checks. Responsibilities include:
 - a. Identified as the contact person for the CBC vendor to receive or access student CBC records electronically
 - b. Provide the instructions for the CBC to the students
 - c. Monitor the completion and results of the CBC process for each student cohort
 - d. Document completion of each CBC as required by the program.
 - e. Provide information regarding the CBC to the clinical agency as appropriate
3. Each student will be required to submit to a criminal background check at the following points:
 - a. Prior to placement in the initial clinical or internship sequence for the program.
 - i. This initial criminal background check can be completed as early as one semester prior to clinical/internship placement but must be completed and verified by the program designee before the student can be placed in the clinical setting.
 - b. For programs with a clinical sequence that exceeds one year, additional criminal background checks will be required prior to the start of each academic year during the professional sequence of the program.
4. The student is responsible for the cost of the criminal background check. A credit card or debit card is required to complete the CBC online.

5. If a student's criminal background check reveals a history of an offense, the program designee will contact the clinical agency to determine if the student can be placed.
6. The student who cannot be placed for clinical experiences due to an identified criminal history will not be allowed to progress in the COHP program.

Documentation & Notification:

1. The student will sign a release of information form that will allow the program to share the information from the CBC with clinical agencies when appropriate to determine if student placement can occur.
2. The program designee will verify that all students have completed the required criminal background check in accordance with this procedure and the COHP policy. This will be documented on the COHP Clinical Requirements Documentation Form.
3. The CBC report will not be retained in the student file, as the results are available on the vendor website.

Related Forms

1. COHP Criminal Background Check Policy
2. COHP Clinical Requirements Documentation Form Program Progression Policy
3. Program list of Requirements to enroll in Clinical/Internship courses

Adopted:
February 1, 2007

The National Cancer Registrars Association

PROFESSIONAL PRACTICE CODE OF ETHICS

(Established 1986, Revised 1995, Revised 2002, Revised 2005. Revised 2008)

Preamble

The cancer registrar is concerned with the development, use, and maintenance of hospital, centralized, or special purpose cancer programs that meet the needs of physicians, administrators, and planners; protect the patients' rights to privacy; and comply with ethical and legal requirements of the health care delivery system. To provide members of the Association and other registry professionals with definitive and binding guidelines of conduct, the National Cancer Registrars Association, Inc., adopted the following Professional Practice Code of Ethics, outlining principles of professional conduct.

I. GENERAL

A. Conduct myself in the practice of the Cancer Registry profession so as to bring honor and dignity to myself, the cancer registry profession, and the Association.

GUIDES

1. The Cancer Registrar shall maintain high standards of conduct, integrity, and fairness in all professional actions and decisions to establish and sustain an irreproachable, professional reputation.
Examples:
 - a. Make judgments and decisions without personal bias or prejudice.
 - b. Give primary consideration in all decisions as to the affect actions may have on a patient's health and welfare.
2. Business on behalf of the employer should be conducted honestly and ethically, declining favors that will influence any decisions, and avoiding commercialization of one's position.
3. A member has the obligation to refrain from commenting disparagingly, without justifications, about the professional work of another member.
4. Evaluation of performance of another registrar should be done fairly and with objectivity. Examples:
 - a. Never let personal prejudice influence the type of evaluation or reference given.
 - b. Offer only job-related, solicited information.
- The Cancer Registrar shall use professional titles and degrees as earned and consistent with the dignity of the profession. A Certified Tumor Registrar should use the letters CTR.

- The Cancer Registrar shall not exert undue pressure in obtaining employment/clients.¹ Advertising should contain only the registrar's name, degree(s), address, telephone and fax numbers, nature of services offered, and professional memberships. If requested, a resume and list of references may be furnished. Qualifications listed should be those for which supporting evidence (e.g., employment history) is available.
 - 7. Distribution of announcements concerning the formal organization and availability of Cancer Registry consultant services is ethical. Repeated distribution of unsolicited announcements is unethical. Any distribution should be in keeping with the practice of other health-related professionals in the community.
 - 8. Use of business cards and letterhead stationery is acceptable but should not promote a commercial endeavor that may lower public esteem for the profession. The NCRA logo or address may not be used in this context.
 - 9. A member has the obligation to recognize appropriately the contributions of fellow members and co-workers to advance cancer registry practice. Publications should give credit where due to one's peers.
 - 10. A member has the right to speak out against policies espoused by the Association; however, representing one's own view as that of the Association or the majority of the members is unethical.
- B. Uphold the doctrine of confidentiality and the individual's right to privacy in the disclosure of personally identifiable medical and social information.

GUIDES

1. The patient has a right to feel confident that all identifiable information about him possessed by the cancer registry will be kept confidential unless he waives the privilege, or release of the information is compelled by statute, regulations, or other legal means.
2. Use and release of identifiable and non-identifiable information shall be according to the established institutional policies. Example:

Providing lists of patients' names for marketing research or other commercial use is not a proper function of a health institution and such lists should not be released by a cancer registrar without approval of the chief executive officer.
3. Every effort must be made to ensure that the computerization of cancer registry information is accomplished in a manner that protects the confidentiality of patient information.

¹ Client: a person, entity, or organization who engages the professional advice or services of another.

Example: Actively participate in establishing controls to protect the patient's privacy when processing information electronically.

- C. Cooperate with other health professions and organizations to promote the quality of health care programs and the advancement of medical care, ensuring respect and consideration for the responsibility and the dignity of medical and other health professions.

GUIDES

1. Cooperation with other professions and entities engaged in or supportive of health services is an essential factor in the cancer registry profession's greater aim of improving health services and supporting research relevant to the advancement of medical care. Examples:
 - a. Accept the right of other health professions to have purpose in their occupation and attempt to understand the thinking and work patterns of professional groups whose primary interest may be different from yours.
 - b. Treat all members of the medical and component professional staff with equal respect and due recognition of the status, privilege, and authority belonging to their respective professions.
 - c. Refrain from making decisions or expressing opinions for which you are not qualified.
 - d. Assist the medical staff and/or institution in working with other professional groups or entities engaged in utilization review and patient care evaluation, continuing education for professional staff, health services planning, clinical studies, proposed legislation or regulations affecting medical and statistical record systems, and like activities.
2. Courtesy, respect, and cooperation should govern the relationships of fellow cancer registrars.
 - a. Recognize that consultants and co-workers may have differing opinions regarding certain proposals or recommendations. Do not allow such differences to lead to utterances or actions inconsistent with the professional stature and dignity of a colleague.
 - b. Do not place loyalty above duty by protecting a fellow cancer registrar who is guilty of unfair or unethical practices. Questions of conduct should be referred to the Ethics Committee for review and evaluation.

II. JOB ORIENTATION

- A. Recognize the source of the authority and powers delegated to me and conscientiously discharge the duties and responsibilities thus entrusted.

GUIDES

1. It is the cancer registrar's duty to give loyal service and competently carry out the responsibilities of the position. Accepting a position for which one is inadequately prepared, or vacating a position without responsibility vested in the position or with the policies of the institution, is unethical.
 2. The Cancer Registrar shall always responsibly carry out the duties entrusted to him/her, including:
 - a. Render a truthful accounting of the status of the work over which one has responsibility.
 - b. Assist the medical staff and other health professional staff in programs related to cancer patient care, cancer education, research, and committee activities in accordance with assigned responsibilities.
 - c. Resort to the special knowledge, skill, or experience of fellow professionals for referral, counsel, guidance, or consultation when one lacks in some detail the capability required to serve an employer.
 3. For the protection of the employer/client and cancer registrar (including consultants and part-time supervisors), an agreement should specify responsibilities, functions, objectives, and terms of service to be fulfilled.
 4. Relationships with cancer registry and other institutional personnel should be characterized by courtesy and respect. When serving as a consultant, part-time supervisor, or official surveyor/observer, one's responsibility and authority for seeking and obtaining certain information, files, and statistical data should be tempered with respect for another individual's tenable position and the institution's good name in the community.
 5. The Cancer Registrar, including consultants and other advisors, should maintain personal integrity and should not hesitate to advise the employer/client if, in the professional judgment of the registrar, the facility is in danger of errors of commission or omission.
- B. Preserve and secure cancer registry records, the information contained therein, and the appropriate secondary records in my custody in accordance with professional management practices, employer's policies, and existing legal provisions.

GUIDES

1. The Cancer Registrar shall always support and uphold the professional standards that would produce complete, accurate, and timely information to meet the health and related needs of the patient.
 2. The Cancer Registrar shall not participate in any improper preparation, alteration, or suppression of medical/health records or official minutes duly maintained as part of the operation of the health institution.
- C. Preserve the confidential nature of professional determinations made by official committees of health and health-service organizations.

GUIDE

1. The Cancer Registrar shall abstain from discussing observations, comments, or findings concerning the practice of individuals that result.
 2. Agreement (Contract): an understanding, preferably in writing, between consultant and client which spells out responsibilities, functions, objectives, and terms of the relationship including financial arrangements and charges.
 3. Institution: a public or private organization of facilities and/or staff established to ensure continuity of program; a legally established agency or corporation. from committee activities (such as medical audit findings, individual patient care, professional standards review recommendations or information obtained from any other source) with anyone except the appropriate institutional authority.
- D. Disclose to no one but proper authorities any evidence of conduct or practice observed or revealed in medical reports that suggests possible violation of established rules and regulations of the employer or professional practice.

GUIDE

The Cancer Registrar shall exercise discretion when releasing or discussing sensitive information acquired during employment or fulfillment of contracted services which concerns the administrative conduct or professional practices within the health institution. Examples:

- a. Disclose only to proper authorities the conduct or practices believed to be violating the institution's internal policies and rules.
- b. Disclose to proper regulatory or law enforcement agencies the conduct or practices believed to be illegal only when, after informing the health institution, no corrective action has been enacted.

III. COMPENSATION

- A. Place service before material gain and strive always to provide services as needed to achieve quality health care and treatment for all who are ill with cancer or other neoplasms.

GUIDE

The Cancer Registrar shall place primary importance on providing a high standard of professional service; financial considerations are secondary to this objective.

- B. Accept compensation only for services rendered to, or negotiated with, the health institution.

GUIDES

1. A Cancer Registrar shall not accept anything of value from a third party provider of services nor products to the health institution when that third party is functioning for the health institution.
2. Unless openly engaged in placement bureau service, the cancer registrar shall refuse to accept finder and referral fees. The Cancer Registrar shall refuse acceptance or an offer to divide cancer registrar service fees with another party who is not a partner in or an associate of a medical consultant group.
3. The Cancer Registrar should avoid conflict of interest by providing full disclosure to the employer or client of any interest in a provider of services or products.

IV. PROFESSIONALISM

- A. Represent truthfully and accurately professional credentials, education, and experience in any official transaction or notice, including other positions and duality of interests.

GUIDES

1. Misrepresentation of one's professional qualifications, employment, and interests reflects adversely on the profession and on oneself, and lowers the public esteem for the profession.
2. A statement of any other positions of duality of interest in the health or health-related fields, both remunerative or non-remunerative in nature, should be made available on request of the employer. Examples of duality of interest are outside consultation services, committee appointments, advisory positions, elected office, business enterprise interests, and the like.

3. Credentials, professional education, and experience are to be stated truthfully and accurately in any official transaction with NCRA or any other professional association, any employer or prospective employer, and any program coordinator or publisher.
 4. Those documents that authenticate registration, accreditation, academic achievements, and membership status in recognized professional organizations may be displayed. Displays that imply qualifications not possessed are unethical.
- B. The Cancer Registrar shall strive to increase the profession's body of systematic knowledge and individual competency through continued self-improvement and application of current advancements to the conduct of cancer registry practices.

GUIDES

1. The achievements and preservation of professional status are accomplished through the mastery of cancer registry activities competently applied and the continual striving for the application of new knowledge and increased skills.

Examples:

- a. Acquire information by reading pertinent literature.
 - b. Attend workshops, institutes, and other continuing education programs.
 - c. Examine and scrutinize functions performed as a cancer registrar for purpose of self-evaluation in carrying out professional duties.
2. Advancements in the knowledge and practice of cancer registry administration emerge through participating in studies and projects related to the principles and practices underlying its activities.

Examples:

- a. Promote and/or participate in advancing the development, maintenance, use, and preservation of cancer registry practices.
 - b. Foresee subjects necessary in current and future training of cancer registrars.
3. The Cancer Registrar shall share information regarding changes in practice with fellow cancer registrars to increase professional knowledge and skills in accordance with the mission of the Association. The cancer registrar shall exercise care to distinguish the sharing of such information from the promotion of products or services of the employer or favorite commercial firm.

4. The Cancer Registrar should provide for professional growth and development of those under his/her supervision.
- C. Participate in developing and strengthening professional manpower and appropriately represent the profession in public.

GUIDE

The future of the profession is dependent upon the affirmative and responsible activities of members to recruit and train fellow cancer registrars. Examples:

- a. Encourage and assist in the recruitment of students for professional training, while the need exists.
- b. Help the student and new cancer registrar to participate in activities and services for their continued development as cancer registrars.
- c. Use your special skills and knowledge to enhance the status and productivity of professional colleagues through participation in continuing education programs and publication of scholarly papers.
- d. Promote understanding of, respect for, and interest in the profession within one's community.

V. ASSOCIATION

- A. Discharge honorably the responsibility of any Association position to which I am appointed or elected.

GUIDE

The Association has a dual responsibility: safeguarding the members of the profession and promoting the services to be rendered by the professional to the health field. These two functions should be borne in mind in any deliberation undertaken by members, committees, officers, or delegates of the Association. Examples:

- a. Discharge one's obligation to the profession with integrity, discretion, and by one's best endeavors in representing the Association.
- b. Perform conscientiously the duties of any Association office to which elected or the assignments of any committee to which appointed.
- c. Resign one's office or assignment if unforeseen circumstances prevent one from carrying out the responsibilities of an office or committee after the acceptance of the post.
- d. Preserve the confidentiality of any privileged information obtained as a member of the Executive Board or of a committee or other empanelled group, including

information about qualifying examinations gained while serving the National Cancer Registrars Association, Inc.

- B. Uphold the standards of the profession by reporting to the Ethics Committee of this Association any breach of this code of ethics by fellow members of the profession.

GUIDES

1. Any evidence of illegal, unfair, or incompetent practice or unethical conduct by fellow members or persons credentialed by this Association should be reported to the Ethics Committee of the National Cancer Registrars Association, Inc.
 - a. Transmit all referrals in writing, accompanied by supportive evidence of the unethical behavior or alleged violation.
 - b. Do not shield an individual guilty of unfair or unethical practices.
 2. Judgments of unethical behavior and recommendations for sanctions are the responsibility of the Ethics Committee rather than of individuals.
- C. Acknowledge that a finding of guilt of a violation of the Code of Ethics shall be subject to one or more of the following:
- a. rendered ineligible to be nominated for or elected to an office in the association.
 - b. suspension of NCRA membership.
 - c. revocation of NCRA membership.
 - d. revocation of CTR credential.

CTR Exam Blueprint

[Based on the 2012 NCRA Job Analysis Study for Cancer Registrars]

APPENDIX I

Each specific task is assigned to one content domain.

Knowledge may be associated with all applicable domain(s).

Domain 1. Data Collection

Tasks

A. Case Finding

- Establish methods and processes of reporting and agreements with relevant sources.
- Review source documents/records to determine reportability of each suspense case prior to abstracting.
- Determine single versus multiple primaries and histologies

B. Abstracting/Coding

- Verify demographic information at diagnosis (e.g., social security number, date of birth, address).
- Consult with physicians and other registries, as necessary, to clarify conflicting, ambiguous, or incomplete documentation pertinent to primary site, stage, or treatment.
- Research the characteristics of rare types of malignancies as needed to complete abstracting.
- Analyze medical record source documents to interpret, stage, and code primary cancer characteristics.
- Record pertinent information from source documents in text format to support all coded data items.
- Analyze medical record source documents to interpret and code first course of treatment.
- Analyze medical record source documents to interpret and code facility-specific information (e.g., Date of First Contact, Class of Case, Managing Physician)

Knowledge

- ❑ Laws, regulations, and policies governing, release of information, use of medical records, and research (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), The Common Rule, meaningful use)
- ❑ Safeguards for maintaining the confidentiality of protected health information
- ❑ NCRA Code of Ethics
- ❑ State/provincial legal reporting requirements
- ❑ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
 - Programmatic requirements
 - Data requirements
- ❑ Guidelines for reportable case identification
- ❑ Case finding methods (including active/rapid case ascertainment, passive/death clearance)
 - Electronic pathology (E-path) reporting/electronic casefinding
- ❑ Casefinding sources (e.g., disease indices, death clearance, case audit, radiation/oncology therapy logs)
- ❑ Standard data items included in a cancer registry abstract
- ❑ Elements included in and organization of source documents
- ❑ Staging systems and their use (e.g., SEER, AJCC, specialty staging)
- ❑ Diagnostic and staging procedures (e.g., PET, MRI, endoscopy)
 - Prognostic indicators (e.g., HPV, KRAS, Her-2, CD117)
 - Specialty lab testing methods (e.g., RT-PCR, FISH)
- ❑ Types of cancer
- ❑ Characteristics of cancer
- ❑ Medical terminology

<p><u>C. Follow-up, Survivorship and Outcomes</u></p> <ul style="list-style-type: none"> • Obtain follow-up or follow-back information from physicians, patients and/or other sources. • At least annually, enter and code follow-up information such as vital status, cancer status, date of last contact, first recurrence, progression of disease, and subsequent treatment. • Submit corrections and/or additional information to centralized registries for previously reported patients. • Interpret incoming information and update registry cases as necessary to maintain accurate, complete information and current follow up information. 	<ul style="list-style-type: none"> • Types of cancer treatment appropriate to diagnosis • Cancer treatment coding (e.g., chemotherapy, hormone therapy, radiation therapy) • Multiple primary and histology (MPH) rules • Hematopoietic and lymphoid neoplasm rules • Follow-up principles and processes • ICDO 3 Tumor classification (topography, morphology, behavior, grade) • Human anatomy and physiology (e.g., derivation of cells and tissues, tissues, body systems, and neoplasms, anatomical positions and locations)
--	--

KNOWLEDGE CONTENT AREAS

Legal and Professional
 Considerations Registry Operations
 Data Collection and Coding
 Data Management and Quality
 Data Analysis and Interpretation

Domain 2. Data Quality Assurance

Tasks

- ☐ Develop/update quality control plan.
 - Interpret and resolve single-field, inter-field and inter-record edit errors, using the appropriate metafile, edit software, and edit set.
- ☐ Update or correct cases as necessary per information from a centralized registry to which the cases were submitted.
- ☐ Analyze the use of unknown and NOS data values.
- ☐ Respond to inquiries from centralized registries regarding data errors and/or inconsistencies.
- ☐ Conduct case finding studies to assess completeness of case reporting.
 - Conduct re-abstracting studies to assess accuracy of data.
- ☐ Perform visual review of source records to assess accuracy of data and consistency with text information.
- ☐ Perform quality control of cases abstracted by others for consistency and quality.
 - Review edit reports from centralized cancer registries to improve the quality of the facility's data.
- ☐ Identify education and training needs based on results of quality reviews.
- ☐ Communicate results of quality assurance activities to appropriate entities.
- ☐ Participate in quality studies conducted by standard setters (e.g., reliability studies).

Knowledge

- ☐ Safeguards for maintaining the confidentiality of protected health information
- ☐ NCRA Code of Ethics
- ☐ State/provincial legal reporting requirements
- ☐ Types of cancer registries (including facility, centralized, specialty)
 - Roles and functions of registry-relevant organizations (e.g., COC, NAACCR, NPCR, NCI, NCCN, CAP)
- ☐ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
 - Data requirements
 - Clinical requirements
- Central registry-specific edits
- ☐ Audit best practices
- ☐ Quality improvement principles
- ☐ Benchmarking principles and methods
- ☐ Guidelines for reportable case identification
- ☐ Casefinding sources (e.g., disease indices, death clearance, case audit, radiation/oncology therapy logs)
- ☐ Standard data items included in a cancer registry abstract
- ☐ Elements included in and organization of source documents
- ☐ Staging systems and their use (e.g., SEER, AJCC, specialty staging)
- ☐ Diagnostic and staging procedures (e.g., PET, MRI, endoscopy)
 - Prognostic indicators (e.g., HPV, KRAS, Her-2, CD117)
 - Specialty lab testing methods (e.g., RT-PCR, FISH)
- ☐ Types of cancer
- ☐ Characteristics of cancer
- ☐ Medical terminology
- ☐ Types of cancer treatment appropriate to diagnosis
- ☐ Cancer treatment coding (e.g., chemotherapy, hormone therapy, radiation therapy)
- ☐ Multiple primary and histology (MPH) rules
- ☐ Hematopoietic and lymphoid neoplasm rules

- | | |
|--|---|
| | <ul style="list-style-type: none"><input type="checkbox"/> ICDO 3 Tumor classification (topography, morphology, behavior, grade)<input type="checkbox"/> Human anatomy and physiology (e.g., derivation of cells and tissues, tissues, body systems, and neoplasms, anatomical positions and locations)<input type="checkbox"/> Quality control plan elements and activities<input type="checkbox"/> Quality control methods for cancer registry data (e.g., visual review of abstracts, edit checks, reabstracting studies, case finding studies, recoding studies, statistical analysis)<input type="checkbox"/> Data selection and database query techniques |
|--|---|

KNOWLEDGE CONTENT AREAS

Legal and Professional
Considerations Registry Operations
Data Collection and Coding
Data Management and Quality
Data Analysis and Interpretation

Domain 3. Analysis and Data Usage

Tasks

- ☐ Provide guidance to data requesters in the development of study data selection criteria.
- ☐ Provide data for the evaluation of patient outcome, quality of life, and treatment.
- ☐ Prepare reports to document research results and satisfy requests for data.
- ☐ Process data requests from the general public according to institutional policy.
- ☐ Provide information to support strategic planning, education, research, publication and marketing.
- Monitor program adherence to nationally accepted, evidence- based clinical practice guidelines, utilizing benchmarking techniques when available, to identify areas for improvement.
- ☐ Generate data to identify the need for screening, prevention, or educational programs.
- ☐ Interpret data from research studies.
- ☐ Conduct statistical analyses and interpret results.
- ☐ Analyze patterns of referral, prevalence, geographic location, and incidence of cancer among specific populations
- ☐ Maintain data request log.

Knowledge

- ☐ Laws, regulations, and policies governing, release of information, use of medical records, and research (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), The Common Rule, meaningful use)
- ☐ Safeguards for maintaining the confidentiality of protected health information
- ☐ NCRA Code of Ethics
 - Roles and functions of registry-relevant organizations (e.g., COC, NAACCR, NPCR, NCI, NCCN, CAP)
- ☐ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
 - Data requirements
 - Clinical requirements
- ☐ Standard data items included in a cancer registry abstract
- ☐ Staging systems and their use (e.g., SEER, AJCC, specialty staging)
- ☐ Diagnostic and staging procedures (e.g., PET, MRI, endoscopy)
 - Prognostic indicators (e.g., HPV, KRAS, Her-2, CD117)
 - Specialty lab testing methods (e.g., RT-PCR, FISH)
- ☐ Types of cancer
- ☐ Characteristics of cancer
- ☐ Medical terminology
- ☐ Types of cancer treatment appropriate to diagnosis
- ☐ Cancer treatment coding (e.g., chemotherapy, hormone therapy, radiation therapy)
- ☐ Multiple primary and histology (MPH) rules
- ☐ Hematopoietic and lymphoid neoplasm rules
- ☐ ICDO 3 Tumor classification (topography, morphology, behavior, grade)
 - Database management concepts (e.g., updates, back-ups, relational databases, data extraction)
- ☐ Data analysis tools (e.g., spreadsheets, databases, statistical software packages)
- ☐ Basic statistics (e.g., frequency distributions, measures of central

	<p>tendency, risk ratio, odds ratio, relative risk)</p> <ul style="list-style-type: none"> • Basic parametric and nonparametric tests (e.g., chi-square, t-test, analysis of variance) • Statistical validity (e.g., p values, confidence intervals) • Survival analysis principles (e.g., survival rates, how to ensure valid comparison of populations being analyzed) and methods (e.g., Life Table, Kaplan-Meier) • Principles of epidemiology (e.g., incidence and prevalence calculation, study designs: case control, cohort, clinical trials) • Data selection and database query techniques • Tabular and graphical data presentation techniques • Technical writing • Uses for facility cancer registry data (e.g., patient outcomes, strategic planning, marketing, community outreach)
--	--

KNOWLEDGE CONTENT AREAS

Legal and Professional
 Considerations Registry Operations
 Data Collection and Coding
 Data Management and Quality
 Data Analysis and Interpretation

Domain 4. Operations and Management

Tasks

- ☐ Maintain and expand knowledge of current trends and developments in oncology, cancer registry, and cancer program management.
- ☐ Establish liaisons with peer professionals and organizations and encourage their utilization of data derived from the registry.
- ☐ Review state/provincial and national registry rules, regulations and standards for program compliance.
- ☐ Prepare and submit data to a centralized cancer registry.
- ☐ Recommend appropriate changes in state/provincial or national regulatory reporting requirements.
- ☐ Consult with medical staff to discuss opportunities to improve clinical documentation.
 - Develop and maintain up-to-date disaster recovery plans for database backups to prevent the loss or corruption of data.
- ☐ Process registry software upgrades or data conversions.
 - Maintain historical information on changes in staging systems, ICDO manuals, ACoS coding, state/provincial coding, vendor- specific factors, and medical record numbering systems.
- ☐ Maintain and ensure use of current versions of national and central cancer registry data collection resources to ensure compliance in reporting.
- ☐ Comply with applicable laws, regulations and policies regarding confidentiality, release of information, use of medical records, and research.
- ☐ Develop or update policies and procedures to accommodate changes in cancer program accreditation, cancer committee, and/or centralized registry requirements.
- ☐ Participate in the development and production of outcomes analyses and dissemination to appropriate

audiences.

- ☐ Participate in the development and production of the annual report and dissemination to appropriate audiences.
- ☐ Provide organizational/administrative oversight and/or support to the cancer program in order to facilitate the accreditation

Knowledge

- ❑ Laws, regulations, and policies governing, release of information, use of medical records, and research (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), The Common Rule, meaningful use)
- ❑ Safeguards for maintaining the confidentiality of protected health information
- ❑ NCRA Code of Ethics
- ❑ State/provincial legal reporting requirements
- ❑ Types of cancer registries (including facility, centralized, specialty)
 - Roles and functions of registry-relevant organizations (e.g., COC, NAACCR, NPCR, NCI, NCCN, CAP)
- ❑ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
 - Programmatic requirements
 - Data requirements
 - Clinical requirements
- ❑ Audit best practices
- ❑ Human resource management principles (e.g., recruitment and selection, training and development, delegation and supervision, performance management and appraisal)
- ❑ Strategic planning principles
- ❑ Cancer registry budget development and monitoring principles
 - Accounting principles (e.g., return on investment, cost-benefit analysis)
- ❑ Contract management principles
- ❑ Quality improvement principles
- ❑ Principles of healthcare administration (e.g., reimbursement systems, healthcare organizations)
- ❑ Facilitative leadership techniques (e.g., team building, forming coalitions)

- ❑ Mentoring techniques
- ❑ Education and training principles and methods
- ❑ Benchmarking principles and methods
- ❑ Guidelines for reportable case identification

process.

- ☐ Coordinate or participate in cancer program accreditation surveys.
- ☐ Coordinate resolution of deficiencies identified during cancer program accreditation survey.
- ☐ Define staff roles and responsibilities.
- ☐ Recruit and manage staff.
- ☐ Establish staff productivity and quality metrics.
- ☐ Manage work assignments to meet project goals.
- ☐ Provide training, education, and development to staff and peers.
- ☐ Monitor staff for compliance with applicable policies and procedures.
- ☐ Define and document operational requirements.
- ☐ Manage budget processes.
- ☐ Negotiate and manage contracts.
- ☐ Participate in community outreach and screening events.
- ☐ Share information for reportable cases with other cancer registrars within the institutional confidentiality guidelines.

- ☐ Case finding methods (including active/rapid case ascertainment, passive/death clearance)
 - Electronic pathology (E-path) reporting/electronic casefinding
- ☐ Casefinding sources (e.g., disease indices, death clearance, case audit, radiation/oncology therapy logs)
- ☐ Standard data items included in a cancer registry abstract
- ☐ Elements included in and organization of source documents
- ☐ Staging systems and their use (e.g., SEER, AJCC, specialty staging)
- ☐ Diagnostic and staging procedures (e.g., PET, MRI, endoscopy)
 - Prognostic indicators (e.g., HPV, KRAS, Her-2, CD117)
 - Specialty lab testing methods (e.g., RT-PCR, FISH)
- ☐ Types of cancer
- ☐ Characteristics of cancer
- ☐ Medical terminology
- ☐ Types of cancer treatment appropriate to diagnosis
- ☐ Cancer treatment coding (e.g., chemotherapy, hormone therapy, radiation therapy)
- ☐ Multiple primary and histology (MPH) rules
- ☐ Hematopoietic and lymphoid neoplasm rules
 - Follow-up principles and processes
- ☐ ICDO 3 Tumor classification (topography, morphology, behavior, grade)
- ☐ Human anatomy and physiology (e.g., derivation of cells and tissues, tissues, body systems, and neoplasms, anatomical positions and locations)
 - Database management concepts (e.g., updates, back-ups, relational databases, data extraction)
- ☐ Electronic data transfer techniques
- ☐ Quality control plan elements and activities
- ☐ Quality control methods for cancer registry data (e.g., visual review of abstracts, edit checks, reabstracting studies, case finding studies, recoding studies, statistical analysis)
- ☐ Data analysis tools (e.g., spreadsheets, databases, statistical software packages)
- ☐ Basic statistics (e.g., frequency distributions, measures of central tendency, risk ratio, odds ratio, relative risk)

- Basic parametric and nonparametric tests (e.g., chi-square, t-test, analysis of variance)

- | | |
|--|--|
| | <ul style="list-style-type: none"> • Statistical validity (e.g., p values, confidence intervals) • Survival analysis principles (e.g., survival rates, how to ensure valid comparison of populations being analyzed) and methods (e.g., Life Table, Kaplan-Meier) • Principles of epidemiology (e.g., incidence and prevalence calculation, study designs: case control, cohort, clinical trials) • Data selection and database query techniques • Tabular and graphical data presentation techniques • Technical writing • Uses for facility cancer registry data (e.g., patient outcomes, strategic planning, marketing, community outreach) • Uses for central cancer registry data (e.g., public health initiatives, descriptive epidemiology, cluster investigations, surveillance) |
|--|--|

KNOWLEDGE CONTENT AREAS

Legal and Professional
 Considerations Registry Operations
 Data Collection and Coding
 Data Management and Quality
 Data Analysis and Interpretation

Domain 5. Cancer Committee and Conference

Tasks

- ☐ Collaborate with Cancer Committee to plan and schedule committee activities.
- ☐ Participate in the coordination of Cancer Committee meetings.
- ☐ Participate in Cancer Committee meetings.
- ☐ Document cancer program activities in Cancer Committee meeting minutes.
- ☐ Maintain supporting documentation necessary for accreditation.
- ☐ Participate in the application, approval, and evaluation processes for maintaining continuing education credits for cancer conferences/tumor boards.
- ☐ Participate in the coordination of cancer conference/tumor board activities.
- ☐ Prepare data and reports for presentation at cancer conference/tumor board meetings.
- ☐ Participate in cancer conferences/tumor boards.
- ☐ Provide documentation on, and facilitate discussion of, NCCN guidelines, prognostic indicators, and options for clinical trial participation.
- ☐ Monitor and document, cancer conference/tumor board activities.

Knowledge

- ☐ Laws, regulations, and policies governing, release of information, use of medical records, and research (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), The Common Rule, meaningful use)
- ☐ Safeguards for maintaining the confidentiality of protected health information
- ☐ NCRA Code of Ethics
 - Roles and functions of registry-relevant organizations (e.g., COC, NAACCR, NPCR, NCI, NCCN, CAP)
- ☐ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
 - Programmatic requirements
 - Clinical requirements
- ☐ Staging systems and their use (e.g., SEER, AJCC, specialty staging)
- ☐ Uses for facility cancer registry data (e.g., patient outcomes, strategic planning, marketing, community outreach)

KNOWLEDGE CONTENT AREAS

Legal and Professional
Considerations Registry Operations
Data Collection and Coding
Data Management and Quality
Data Analysis and Interpretation

Domain 6. Activities Unique to Centralized Registries

Tasks

- ☐ Assign correct census code to case.
- ☐ Process death certificate cases on an annual basis.
- ☐ Conduct death clearance activities.
- ☐ Abstract reportable cases for facilities with limited or no reporting capability.
- ☐ Consolidate case information from multiple sources.
 - Compare submitted cases to centralized registry-specific edits.
- ☐ Perform visual editing of consolidated records to assess accuracy of data and consistency with text information.
- ☐ Monitor reporting from facilities to assess the level of completeness, timeliness, and accuracy.
- ☐ Monitor and report on data submissions.
- ☐ Perform record linkage activities.
- ☐ Perform periodic interstate/interprovincial data exchange in accordance with data exchange agreements.
- ☐ Conduct case finding audit analyses and reconciliations.
- ☐ Document minutes from central registry advisory committee meetings.
- Provide central registry-sponsored education and training to registrars.

Knowledge

- ☐ Laws, regulations, and policies governing, release of information, use of medical records, and research (e.g., HIPAA, Health Information Technology for Economic and Clinical Health Act (HITECH), The Common Rule, meaningful use)
- ☐ Safeguards for maintaining the confidentiality of protected health information
- ☐ NCRA Code of Ethics
- ☐ State/provincial legal reporting requirements
 - Roles and functions of registry-relevant organizations (e.g., COC, NAACCR, NPCR, NCI, NCCN, CAP)
- ☐ Requirements of standard setting agencies (e.g., COC, SEER, NPCR, NAACCR, CCR, NAPBC)
- ☐ Geocoding
 - Central registry-specific edits
- ☐ Central registry algorithms used to determine accuracy of race and ethnicity codes (e.g., NHIA, NAPIIA)
- ☐ Guidelines for reportable case identification
- ☐ Case finding methods (including active/rapid case ascertainment, passive/death clearance)
- ☐ Casefinding sources (e.g., disease indices, death clearance, case audit, radiation/oncology therapy logs)
- ☐ Record linkage purposes and methods (e.g., probabilistic, deterministic)
- ☐ Records consolidation concepts and processes
- ☐ Quality control plan elements and activities
- ☐ Quality control methods for cancer registry data (e.g., visual review of abstracts, edit checks, reabstracting studies, case finding studies, recoding studies, statistical analysis)
- Death clearance and follow-back
- ☐ Uses for central cancer registry data (e.g., public health initiatives, descriptive epidemiology, cluster investigations, surveillance)

CTR Exam Content Distribution



Exam Content (2014)	Weighting (%)	Quantity (225)
Data Collection	55%	123
a) Case Finding		
b) Abstracting		
c) Follow-up, Survivorship & Outcomes		
Data Quality Assurance	10%	23
Analysis and Data Usage	12%	27
Operations and Management	8%	18
Cancer Committee and Conference	10%	23
Activities Unique to Centralized Registries	5%	11
Closed book	80%	180
Open book [Coding & Staging]	20%	45
Exam Content (2007 – 2013)	%	Qty (250)
Registry Organization & Operations	25%	62.5
Data Management & Analysis	20%	50
Concepts of Abstracting, Coding & FU	35%	87.5
Application of Coding & Staging	20%	50
Closed book	80%	200
Open book	20%	50

Updated 12/05/2016

Bachelor Degree in HIM Competencies

Entry-Level Competencies	Required Bloom's Level Note: The Revised Bloom's Taxonomy is used.	Curricular Considerations - These are topics programs may use to guide students to achieve the competency at the required Bloom's taxonomy level.	List the course number/prefix, course name and the location of the assignment/activity schedule or calendar that demonstrates the each Competency (C) Maximum of two (2) assignments
Institution Name/Program Name:			
Program Director/Credentials:			
Address/City, State:			
Submission Date:			
Programs must provide CAHIIM with faculty viewing access in the Learning Management System (LMS) for all HIM core courses offered in asynchronous format. Program response in CAS must include the login URL/link, username, & password.			
Domain I. Data Content, Structure & Standards (Information Governance)			<i>Note:</i> Program can increase row height as needed Set paste settings to "Match Content"
Subdomain I.A. Classification Systems			<i>Example: HIM 300: Healthcare Quality, Patient Safety</i>
1. Evaluate, implement and manage electronic applications/systems for clinical classification and coding	5	* Encoders, Computer Assisted Coding (CAC), Systems Development Life Cycle	
2. Identify the functions and relationships between healthcare classification systems	3	* Healthcare Classification Systems, taxonomies, nomenclatures, terminologies and clinical vocabularies (ICD, CPT, SNOMED-CT, DSM, RxNorm: Standard Clinical Drug Naming catalog)	

3. Map terminologies, vocabularies and classification systems	4	* Mapping from a standard clinical terminology to a HIPAA code set (LOINC to CPT or SNOMED to ICD); Mapping from one code set to another code set (one revision of ICD to another)	
4. Evaluate the accuracy of diagnostic and procedural coding	5	* Principles and applications of Classification Systems and auditing	
Subdomain I.B. Health Record Content and Documentation			
1. Verify that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status	4	* Health record components for all record types	
2. Compile organization-wide health record documentation guidelines	6	* Standards and regulations for the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), & Centers for Medicare and Medicaid Services CMS); Health record documentation policies and procedures	
3. Interpret health information standards	5		
Subdomain I.C. Data Governance			
1. Format data to satisfy integration needs	4	* Interoperability principles; Capture, structure, and use of health information	
2. Construct and maintain the standardization of data dictionaries to meet the needs of the enterprise	6	* Data sources and data dictionary composition	

3. Demonstrate compliance with internal and external data dictionary requirements	3	* Accreditation standards for The Joint Commission, National Committee for Quality Assurance (NCQA), CARF, Community Health Accreditation Program (CHAP), Utilization Review Accreditation Commission (URAC), HL7, American Society for Testing and Materials (ASTM), Healthplan Employer Data Information Sets (HEDIS), Outcome and Assessment Information Set (OASIS), and Uniform Hospital Discharge Data Set (UHDDS)	
4. Advocate information operability and information exchange	5	* Interoperability Standards and Health Information Exchanges (HIEs)	
Subdomain I.D. Data Management			
1. Analyze information needs of customers across the healthcare continuum	4		
2. Evaluate health information systems and data storage design	5	* Storage media, disaster recovery, and cloud computing	
3. Manage clinical indices/databases/registries	5	* Policies for secondary data sources, registries, and indices	
4. Apply knowledge of database architecture and design to meet organizational needs	3	* Data dictionary, data modeling, and data warehousing; Database architecture and design	
5. Evaluate data from varying sources to create meaningful presentations	5		
Subdomain I.E. Secondary Data Sources			
1. Validate data from secondary sources to include in the patient's record, including personal health records	3	* Data stewardship & Information Governance Standards; Patient-Centered Health Information technology and portals	

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

Subdomain II.A. Health Law

1. Identify laws and regulations applicable to health care	3	* Health information laws and regulations including HIPAA, The Joint Commission, State laws, and Centers for Medicare and Medicaid Services (CMS)	
2. Analyze legal concepts and principles to the practice of HIM	4		

Subdomain II.B. Data Privacy, Confidentiality & Security

1. Analyze privacy, security and confidentiality policies and procedures for internal and external use and exchange of health information	4	* Patient verification and identity management policies; Privacy, confidentiality, security principles, policies and procedures, and federal/state laws; E-Discovery	
2. Recommend elements included in the design of audit trails and data quality monitoring programs	5	* Data security (audits, controls, data recovery, e-security, disaster recovery planning, and business continuity planning)	
3. Collaborate in the design and implementation of risk assessment, contingency planning, and data recovery procedures	4	* Health information archival and retrieval systems; Data security protection methods (authentication, encryption, decryption, and firewalls)	
4. Analyze the security and privacy implications of mobile health technologies	4		
5. Develop educational programs for employees in privacy, security, and confidentiality	6	* Privacy & security laws/regulations, adult education strategies, and training methods	

Subdomain II.C. Release of Information

1. Create policies and procedures to manage access and disclosure of personal health information	6	* Principles for releasing PHI; Elements of an authorization	
2. Protect electronic health information through confidentiality and security measures, policies and procedures	3	* Audit techniques and principles	
Domain III. Informatics, Analytics and Data Use			
Subdomain III.A. Health Information Technologies			
1. Utilize technology for data collection, storage, analysis, and reporting of information	3	* Health information archival and retrieval systems; Computer concepts (hardware components, network systems architecture operating systems and languages, software packages and tools, and cloud computing applications)	
2. Assess systems capabilities to meet regulatory requirements	5	* Electronic signatures, data correction, and audit logs	
3. Analyze device selection based on workflow, ergonomic and human factors	4	* Human factors and user interface design	
4. Take part in the development of networks, including intranet and Internet applications	4	* Communication technologies (Network-LANS, WANS, WLANS, and VPNs); Internet technologies (Intranet, web-based systems, standards SGML, and XML)	
5. Evaluate database design and data warehousing	5	* System testing; Interface management; Data relationships	
6. Create the electronic structure of health data to meet a variety of end user needs	6	* Data information and file structures (data administration, data definitions, data dictionary, data modeling, data structures, data warehousing, and database management systems)	
Subdomain III.B. Information Management Strategic Planning			

1. Take part in the development of information management plans that support the organization's current and future strategy and goals	4	* Corporate strategic plan, operation improvement planning, and information management plans; Disaster and recovery planning	
2. Take part in the planning, design, selection, implementation, integration, testing, evaluation, and support of health information technologies	4	* Systems development life cycle (systems analysis, design, implementation, evaluation, maintenance, EHRs, HIEs, and RECs)	
Subdomain III.C. Analytics and Decision Support			
1. Apply analytical results to facilitate decision-making	3	* Data display, power point, and dashboards	
2. Apply data extraction methodologies	3	* Healthcare statistical formulas (LOS, death, birth, and infection rates); Data capture tools and technologies (forms, computer screens, templates, other health record documentation tools; clinical, financial, and administrative)	
3. Analyze organizational action based on knowledge obtained from data exploration and mining	4		
4. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare	4	* Descriptive statistics (mean, standard deviation, ranges, and percentiles); Inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Epidemiological applications	
5. Apply knowledge of database querying and data exploration and mining techniques to facilitate information retrieval	3		
6. Evaluate administrative reports using appropriate software	5		
Subdomain III.D. Health Care Statistics			

1. Interpret inferential statistics	5	* Inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Computerized statistical packages (SPSS & SAS)	
2. Analyze statistical data for decision making	4	* Data reporting of statistical healthcare data and presentation techniques	
Subdomain III.E. Research Methods			
1. Apply principles of research and clinical literature evaluation to improve outcomes	3	* Research design/methods (quantitative, qualitative, evaluative, mixed, and outcomes); Literature review and evaluation; Knowledge-based research techniques (Medline, CMS libraries, AHRQ, and other websites)	
2. Plan adherence to Institutional Review Board (IRB) processes and policies	3	* National guidelines regarding human-subjects research (IRB process); Research protocol data management	
Subdomain III.F. Consumer Informatics			
1. Educate consumers on patient-centered health information technologies	3	* Patient centered medical homes; Patient portals, patient safety, and patient education; Personal Health Record (PHR)	
Subdomain III.G. Health Information Exchange			
1. Collaborate in the development of operational policies and procedures for health information exchange	4	* HIE's, local, regional including providers, pharmacies, and other health facilities	
2. Apply system testing to ensure data integrity and quality of health information exchange	3	* Integration, interfaces, and data reliability	
3. Identify various models for health information exchange	3		
Subdomain III.H. Information Integrity and Data Quality			
1. Discover threats to data integrity and validity	3	* Intrusion detection systems, audit design, and principles	

2. Implement policies and procedures to ensure data integrity internal and external	3	* Authentication, encryption, and password management	
3. Apply quality management tools	3	* Control charts, pareto charts, fishbone diagrams and other statistical process control techniques	
4. Perform quality assessment including quality management, data quality, and identification of best practices for health information systems	4	* Data quality assessment and integrity; Disease management process (case management, critical paths, and care coordination); Outcomes measurement (patient as patient, customer satisfaction, and disease specific); Patient and organization safety initiatives	
5. Model policy initiatives that influence data integrity	3		
Domain IV. Revenue Management			
Subdomain IV. A. Revenue Cycle and Reimbursement			
1. Manage the use of clinical data required by various payment and reimbursement systems	5	* Clinical data management; Case mix management; Reimbursement management; Payment Systems (Prospective Payment System (PPS), DRGs, Resource-Based Relative Value Scale (RBRVS), Resource Utilization Groups (RUGs), Value-Based Purchasing (VBP), MSDRGs, commercial, managed care, and federal insurance plans); Billing and reimbursement at hospital inpatient & outpatient, physician offices, and other delivery settings	
2. Take part in selection and development of applications and processes for chargemaster and claims management	4	* Chargemaster management	

3. Apply principles of healthcare finance for revenue management	3	* Cost reporting, budget variances, and budget speculation	
4. Implement processes for revenue cycle management and reporting	3	* Corrective Coding Initiative (CCI)-Electronic Billing X12N; Compliance strategies and reporting; Audit process (compliance and reimbursement); Revenue cycle process; Utilization and resource management	
Domain V. Compliance			
Subdomain V.A. Regulatory			
1. Analyze current laws and standards related to health information initiatives.	4	* Compliance strategies and reporting; Regulatory and licensure requirements; Elements of compliance programs; Patient safety	
2. Determine processes for compliance with current laws and standards related to health information initiatives and revenue cycle	5	* Policies and procedures; Non-retaliation policies; Auditing and monitoring	
Subdomain V.B. Coding			
1. Evaluate processes, policies, and procedures to ensure the accuracy of coded data based on established guidelines	5	*UHDDS and Federal compliance guidelines; Official coding guidelines from CMS, AMA, National Committee on Vital and Health Statistics (NCHVS), National Correct Coding Initiative (NCCI), and AHA	
2. Manage coding audits	5	* Audit principles and reporting	
3. Identify severity of illness and its impact on healthcare payment systems	3	* Case mix; Computer Assisted Coding (CAC) systems	
Subdomain V.C. Fraud Surveillance			
1. Determine policies and procedures to monitor abuse or fraudulent trends	5		

Subdomain V.D. Clinical Documentation Improvement			
1. Implement provider querying techniques to resolve coding discrepancies	3	* Query process (written, verbal, & template queries; timeliness & interpretation; and query retention)	
2. Evaluate components of clinical documentation for compliance with regulations and guidelines for revenue management and reporting.	5	* Clinical Documentation Improvement (CDI) metrics and reporting process (concurrent, retrospective, and post-bill review)	
Domain VI. Leadership			
Subdomain VI.A. Leadership Roles			
1. Take part in effective negotiating and use influencing skills	4		
2. Discover personal leadership style using contemporary leadership theory and principles	3		
3. Take part in effective communication through project reports, business reports and professional communications	4		
4. Apply personnel management skills	3	* Communication and interpersonal skills; Leadership and governance	
5. Take part in enterprise-wide committees	4	* Facilitation, networking, and consensus building	
6. Build effective teams	6	* Team/consensus building	
Subdomain VI.B. Change Management			
1. Interpret concepts of change management theories, techniques and leadership	5	* Change management; Risk exposure; Organizational design and mergers	

Subdomain VI.C. Work Design and Process Improvement

1. Analyze workflow processes and responsibilities to meet organizational needs	4	* Workflow reengineering and workflow design techniques	
2. Analyze performance management measures	4	* Benchmarking techniques (productivity standards, report cards, and dashboards)	
3. Demonstrate workflow concepts	3	* Use cases; Top down diagrams; Swimlane diagrams	

Subdomain VI.D. Human Resources Management

1. Manage human resources to facilitate staff recruitment, retention, and supervision	5	* Principles of human resources management (recruitment, supervision, retention, counseling, and disciplinary action)	
2. Demonstrate compliance with employment laws	3	* Employment laws and labor laws (federal/state); Equal Employment Opportunity Commission (EEOC)	
3. Create and implement staff orientation and training programs	6		
4. Benchmark staff performance data incorporating labor analytics	4		
5. Evaluate staffing levels and productivity, and provide feedback to staff regarding performance	5	* Performance standards; Professional development in self and others	

Subdomain VI.E. Training and Development

1. Evaluate initial and on-going training programs	5		
--	---	--	--

Subdomain VI.F. Strategic and Organizational Management

1. Identify departmental and organizational survey readiness for accreditation, licensing, and/or certification processes	3	* Accreditation standards (The Joint Commission, National Committee for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Community Health Accreditation Partners (CHAP), Utilization Review Accreditation Commission (URAC), Provider credentialing requirements, and CMS Conditions of Participation)	
2. Implement a departmental strategic plan	3	* Strategic planning, critical thinking, and benchmarking	
3. Apply general principles of management in the administration of health information services	3	* Organizational structures and theory	
4. Analyze how healthcare policy-making both directly and indirectly impacts the regional and national healthcare delivery systems	4	* State, local, and federal policies	
5. Identify the different types of organizations, services, and personnel and their interrelationships across the health care delivery system	3	* Payers/providers in all delivery settings; Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs); Medical devices and biotech	
6. Collaborate in the development and implementation of information governance initiatives	4		
7. Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives	4	* Information management planning; Enterprise information management; Master data/information management	
Subdomain VI.G. Financial Management			
1. Evaluate capital, operating and/or project budgets using basic accounting principles	5	* Budget process (capital & operating; staffing & budgeting)	
2. Perform cost-benefit analysis for resource planning and allocation	4	* Accounting principles; Cost/benefit analysis (outsourcing & acquisition)	

3. Analyze the stages of the procurement process	4	* Content of and answers to a Request for Proposal (RFP), Request For Information (RFI), and Request for Quotation (RFQ)	
Subdomain VI.H. Ethics			
1. Comply with ethical standards of practice	5	* Professional ethics issues; Ethical decision making process; AHIMA Code of Ethics; Patient rights; Patient safety	
2. Analyze the culture of a department	4		
3. Promote cultural competency and sensitivity in healthcare	3	* Healthcare professionals and cultural diversity; Cultural competence and self-awareness; Assumptions, biases, and stereotypes	
4. Analyze programs and policies that support a culture of diversity	4	*Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, and disability	
		* Regulations such as Americans with Disabilities Act (ADA) and Equal Employment Opportunity Commission (EEOC)	
Subdomain VI.I. Project Management			
1. Take part in system selection processes	4	* RFI and RFP	
2. Recommend clinical, administrative, and specialty service applications	5	* RFP vendor selection	
3. Apply project management techniques to ensure efficient workflow and appropriate outcomes	3	*GANTT Charts, benchmarking, and risk analysis tools	
4. Facilitate project management by integrating work efforts	4	* Project management principles; Issue tracking, and facilitation techniques	

Subdomain VI.J. Vendor/Contract Management

1. Analyze vendor contracts	4	* Contract management; System acquisition and evaluation	
2. Take part in effective negotiating, utilizing influencing skills in the process of system selection	4		

Subdomain VI.K. Enterprise Information Management

1. Manage information as a key strategic resource and mission tool	5	* Information Management Plan; Information as an asset	
--	---	--	--

Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)

1. Pathophysiology and Pharmacology	
2. Anatomy and Physiology	
3. Medical Terminology	
4. Computer Concepts and Applications	
5. Statistics	

