Appendix A

MEDICAL BILLING AND CODING SPECIALIST

WORK PROCESS SCHEDULE

AND

RELATED INSTRUCTION OUTLINE

Appendix A

WORK PROCESS SCHEDULE
MEDICAL BILLING AND CODING SPECIALIST
O*NET-SOC CODE: 29-2072.00 RAPIDS CODE: 1114CB (Medical Coder/Biller)

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

1. APPRENTICESHIP APPROACH

☐ Time-based ☒ Competency-based ☐ Hybrid

2. TERM OF APPRENTICESHIP

The term of the occupation is twelve (12) months through the demonstration and achievement of workplace competencies and supplemented by the required related instruction courses.

3. RATIO OF APPRENTICES TO JOURNEYWORKERS

Consistent with proper supervision, training, safety, continuity of employment throughout the apprenticeship, the ratio of apprentices to journeyworker mentors will be: Two (2) apprentices may be employed in each medical office for each regularly employed Office or Business Manager or Supervisor.

Apprentices will be supervised in-person and via phone, internet webcam, text or email to ensure that a mentor is available to answer questions and monitor their progress throughout their apprenticeship under the Alaska Primary Care Association registered apprenticeship program.

4. APPRENTICE WAGE SCHEDULE

Apprentices are paid a progressively increasing schedule of wages during their apprenticeship based on the acquisition of increased skill and competence on the job and in related instruction courses.

Apprentices shall be paid a progressively increasing schedule of wages based on either a percentage or a dollar amount of the current hourly Medical Billing & Coding Specialist journeyworker wage rate, which is $20.34 per hour.

Period	Hourly Wage	OJL Duration	OJL Competencies	Related Instruction
1st	$12.20	6 months or 1,000 OJL hours	Demonstrated Skills	Satisfactory progress
2nd	$16.27	6 months or 1,000 OJL hours	Demonstrated Skills	Satisfactory progress
End	$20.34	Complete	Complete	Complete

Before an apprentice is advanced to the next segment of training or to journeyworker completion status, the program sponsor will evaluate all progress to determine whether advancement has been

earned by satisfactory performance in their on-the-job learning (OJL) and in related instruction courses.

The current base journeyworker completion wage rate may be adjusted by a participating employer if they pay a higher wage rate, and the adjusted base rate will apply equally to all apprentices who are hired by that employer. Such wages will become part of the approved Appendix-E Employer Acceptance Agreement.

5. PROBATIONARY PERIOD

Every applicant selected for apprenticeship will serve a probationary period of three (3) months.

6. SELECTION PROCEDURES

Sponsors should familiarize themselves with the Apprenticeship EEO Introductory Video, Tools, and Resources at www.apprenticeship.gov/eeo.

APPLICATION PROCEDURES

A. Openings for applications for apprenticeship will be determined by the Sponsor. All applications will be identical in form and requirements.

B. Receipt of the properly completed application form, along with required supporting documents will constitute the completed application. Incomplete applications will not be considered.

C. All applicants who have met the minimum qualifications and have submitted a complete application will be notified of the date, time, and place to appear for interview (if applicable).

SELECTION PROCEDURES

A. The Sponsor will schedule the interview (if applicable) and evaluation session. All qualified applicants will be interviewed and evaluated for selection within 60 days of their application date.

B. The interviewer or evaluator will rate each applicant on each of the factors on the applicant rating form, taking into account the information on the application and required documents. The interviewer will record the questions asked and the general nature of the applicant's answers.

C. After completing the interview and evaluation of the qualified applicants, the individual rating scores of the interviewer(s) will be added together and averaged to determine the applicant's final rating.

D. Applicants will be placed on a "Ranking List" according to their scores at the evaluation session, with the applicant having the highest score being at the top of the list, and all applicants then listed in descending order based on score.

E. As openings for the registration of new apprentices occur, the highest ranked applicant will be notified of selection. It will be the responsibility of the applicant to keep the Sponsor informed of their current home mailing address, telephone number, and e-mail address. Selected applicants must respond to the notice of selection within forty-eight (48) hours of notice.

F. Incumbent Employees: Employees who are gainfully employed in the occupation and who have met the minimum qualifications for apprenticeship may qualify for immediate registration into the program upon approval by the program sponsor and employer. The sponsor will determine what additional training requirements are needed to ensure that the employee receives all necessary training for completion of the apprenticeship program.

G. Pre-Apprenticeship Preparatory Programs: An individual who has completed a structured pre-apprenticeship training program that meets the requirements outlined in Training and Employment Notice 13-12, Defining a Quality Pre-Apprenticeship Program and Related Tools and Resources, in any occupational area covered in these standards of apprenticeship and who meets the minimum qualifications of the apprenticeship program may be admitted directly into the program. The candidate shall provide official documentation confirming that he or she fulfilled the specific requirements of the pre-apprenticeship program, such as completion/graduation certificates, transcripts, notarized letters of confirmation, and sworn statements. The sponsor will evaluate the training received to grant appropriate credit on the term of apprenticeship.

WORK PROCESS SCHEDULE
MEDICAL BILLING AND CODING SPECIALIST
O*NET-SOC CODE: 29-2072.00 RAPIDS CODE: 1114CB (Medical Coder/Biller)

Description: Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the healthcare system. Classify medical and healthcare concepts, including diagnosis, procedures, medical services, and equipment, into the healthcare industry's numerical coding system. Includes medical coders.

On-the-Job Learning (OJL)

1. During the Apprenticeship, the Apprentice shall receive work experience and job related education in all phases of the occupation, including safe work practices, necessary to develop the skill and proficiency of a skilled professional.
2. The program sponsor a must ensure Apprentices are rotated throughout the various work processes to ensure a well-rounded professional upon completion of the Apprenticeship, and identify what methodology will be used to track progression of experience on-the-job.
3. Such on-the-job training shall be carried on under the direction and guidance of a qualified professional.
4. The employer and skill mentor (where appropriate) shall review all of the work processes and adapt the appropriate competencies, which are appropriate for the Agency's specific needs/requirements and to ensure the Apprentice is properly trained in all aspects of the occupation.

Each employer and/or program sponsor will determine the appropriate examples of each core competency in the below work process schedule. In the list below, each core competency should be completed depending on stated scope of practice and employer requirements.

Field Training (FT) - Mentor/Journeyworker has provided training and demonstrated task to the apprentice
Demonstrated Fundamentals (DF) - Apprentice can perform the task with some coaching
Proficient in Task (PIT) - Apprentice performs the task properly and consistently
Completion Date (CD) - Date apprentice completes final demonstration of competency

Initial and date in the box when complete

WORK PROCESSES MEDICAL CODING & BILLING SPECIALIST	FT	DF	PIT	CD
A. Perform clerical work in medical settings.				
1. Release information to persons or agencies according to regulations.				
2. Retrieve patient medical records for physicians, technicians, or other medical personnel.				
3. Scan patients' health records into electronic formats.				
4. Transcribe medical reports.				

B. Process healthcare paperwork.				
1. Process and prepare business or government forms.				
2. Process patient admission or discharge documents.				
3. Scan patients' health records into electronic formats.				
C. Classify materials according to standard systems.				
1. Assign the patient to diagnosis-related groups (DRGs), using appropriate computer software.				
D. Code data or other information.				
1. Identify, compile, abstract, and code patient data, using standard classification systems.				
E. Collect medical information from patients, family members, or other medical professionals.				
1. Identify, compile, abstract, and code patient data, using standard classification systems.				
F. Communicate with management or other staff to resolve problems.				
1. Resolve or clarify codes or diagnoses with conflicting, missing, or unclear information by consulting with doctors or others or by participating in the coding team's regular meetings				
G. Enter patient or treatment data into computers.				
1. Enter data, such as demographic characteristics, history and extent of disease, diagnostic procedures, or treatment into computer.				
H. Maintain medical facility records.				
1. Maintain or operate a variety of health record indexes or storage and retrieval systems to collect, classify, store, or analyze information.				
I. Maintain medical or professional knowledge.				
1. Consult classification manuals to locate information about disease processes.				
J. Maintain security.				
1. Protect the security of medical records to ensure that confidentiality is maintained.				

K. Monitor medical facility activities to ensure adherence to standards or regulations.				
1. Review records for completeness, accuracy, and compliance with regulations.				
L. Prepare official health documents or records.				
1. Process and prepare business or government forms.				
M. Process medical billing information.				
1. Post medical insurance billings.				
N. Record patient medical histories.				
1. Compile and maintain patients' medical records to document condition and treatment and to provide data for research or cost control and care improvement efforts.				
O. Schedule patient procedures or appointments.				
1. Schedule medical appointments for patients.				

RELATED INSTRUCTION OUTLINE
MEDICAL BILLING AND CODING SPECIALIST
O*NET-SOC CODE: 29-2072.00 RAPIDS CODE: 1114CB (Medical Coder/Biller)

Related Instruction Provider: Alaska Primary Care Association
Method: Synchronous Online, Electronic Media, Self-study

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The related instruction outlines the courses that provide the technical ability that supplements the on-the-job training. It is through the combination of both the on-the-job training and the related technical instruction that the apprentice can reach the skilled level of the occupation. Under a registered apprenticeship, 144 hours of related instruction each year of the apprenticeship is recommended. The following is the course curriculum during the term of apprenticeship.

Instructional Guide:
Certified Billing and Coding Specialist Study Guide, National Healthcare Association

Supplemental References:
- *Understanding Health Insurance: A Guide to Billing and Reimbursement,* Michelle Green
- *Insurance Handbook for the Medical Office* , Marilyn Fordney
- *Step-by-Step Medical Coding*, Carol Buck
- *Principles of Healthcare Reimbursement*, Anne Castro
- *Health Information Management Technology: An Applied Approach*, Nanette Sayles

Billing and Coding Specialist (BCS) Study Guide	Hours
Chapter 1 - Regulatory Compliance This course gives an introduction to BCS of the appropriate documentation required to release patient information, how to audit billing against medical documentation to prevent fraud and abuse, and how to identify laws and regulations relevant to medical coding. **Objectives:** I. Appropriate Documentation a. Information and implied consent b. Legislation protecting patient privacy II. Billing Audits a. Importance of being compliant III. Laws, Regulations and Administering Agencies a. HIPPA, Stark Law, False Claims Act, Fair Debt Collection Practices Act, Office of the inspector General.	**25 Hours**

Chapter 2 - Claims Processing This course the BCS will learn the CMS-1500 form, how to properly fill out the form and how to transmit claims to third party payers. **Objectives:** I. Transmitting Claims a. Correct claim processing b. Populating correct information on a claim c. The procedures for transmitting a claim d. How to identify the cause of transmission errors e. What are clean and dirty claims II. CMS-1500 Form a. Member information b. Rendering provider	**40 Hours**
Course 3 – Front End Duties This course is designed to help the BCS to understand how to collect patient information, determine insurance eligibility and amount due on a bill. **Objectives:** I. Collect patient information a. Collect basic information II. Insurance eligibility a. Identify other patient insurance issues III. Government and commercial Insurance a. What is government insurance b. What id commercial insurance IV. Patient Authorization and Referral forms a. HMO's b. PPO's V. Determine Balance Due a. Deductibles b. Copayments c. Coinsurance	**35 Hours**
Chapter 4 – Payment Adjudication In this chapter the BCS will analyze reports, interpret remittance advice, post payments and determine reasons for insurance company denials. **Objectives:** I. Analyze aging reports a. Manage aging reports b. Assessing the status of accounts II. Interpreting remittance advice a. Components of a RA b. RA's for Medicare participates III. Post payments IV. Determine reasons for insurance company denial a. Managing denials	**40 Hours**

b. Denial code c. Appeals Process	
Chapter 5 – Apply Knowledge of Coding In this chapter the BCS will examine medical terminology. The apprentice will also develop their knowledge of the ICD and the HCPCS. **Objectives:** I. Coding guidelines and conventions for diagnoses and procedures a. Comparing ICD-9-CM and ICD-10-CM b. Procedures codes II. Healthcare Common Procedure Coding Systems (HCPCS) a. CPT HCPCS Level I b. HCPCS Level II III. Abstracting medical documentation a. Transfer information from encounter forms b. Coding abstracted information c. Consulting with physicians IV. Common medical terminology a. Body systems and their functions V. Hospital terminology a. Types of facilities b. Hospital departments c. Laboratory testing d. Identifying health care providers	**12 Hours**
Case Studies – In Practice **Case Study 1: Determine Patient Coverage** **Case Study 2: Billing Mistakes** **Case Study 3: Denied Insurance Form**	**12 Hours**
Total	**164 Hours**