



## Program Proposal: Medical Coding - One Year Certificate of Completion

After VPAA approval of the program concept, faculty proposers must fill out this form for submission to Academic Affairs Committee review in Fall term. The Office of Assessment and Curriculum is available to consult and support faculty throughout the program development and approval process.

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## Accreditation

Is there an accreditation association that aligns with the program? If yes, answer the following:

1. What is the name of the accrediting body or bodies?  
The Commission on Accreditation for Health Informatics and Information Management Education
2. Will this program seek accreditation? No.  
If yes, what is the cost (budget and time) to seek accreditation?

## Evidence of Need (Standard A)

Submit a Occupational Profile Report as a PDF from Oregon’s Employment Department website, [qualityinfo.org](http://qualityinfo.org) for the relevant career entry point for your program (See “Standard A” in the Appendix below for more information). The Director of Assessment and Curriculum can assist with generating the correct report if you need assistance. If there is additional evidence of need that you’d like to share here for program approvers, please do so, but do not replicate information that is contained in the Occupational Profile Report.

See Appendix A for occupational profile report from [qualityinfo.org](http://qualityinfo.org)

See Appendix B for AHIMA Letter to Congress Addressing Healthcare Workforce Shortage

## Advisory Board Collaboration (Standard B)

Please provide the names of your advisory board members, as well as the organizations they represent:

- Gloria Ahern, RHIA, AHIMA Professional Emeritus, Professor Emeritus Retired COCC, COCC HIM Program Director 1982-2001
- Beverlee Jackson, BCPA, RHIT, CCS, COCC Professor Emeritus, Board Certified Patient Advocate, COCC HIM Program Director 2001-2016
- Diana Gehring, RHIA, CPHQ  
Quality Lean Improvement Specialist, St. Charles Health Systems
- Kim Smith, RHIT, CPC, CPMA, CRC, CASCC, COSC

- Coding Manager, The Center – Orthopedic & Neurosurgical Care & Research
- Laurie Tanita, BSHA, RHIT, CCS-P  
Part-Time Instructor, Central Oregon Community College
- Erin Dailey, RHIT, COCC Graduate
- Amy Falkenrath, RHIT  
Utilization Management Specialist, St. Charles Health System,
- Mandalynn Marcus, BSHS, RHIA, CMAS, LSSYB, AHI  
COCC Full-Time Faculty
- Darris Mishler II, MBA, PMP, CPHIMS, CHTS - IS, CHTS – TS  
CKD EHR Division, Manager, Epic Technical Applications, DaVita
- Lahrae Wirtz, RHIT, CCA  
Health Information Services Coordinator and Compliance Officer, Partners In Care
- Raylene Spicer, RHIT, CCS, CIRCC  
Coding Consultant, MRA
- Therese Garrett, RHIA  
Coding QI Auditor and Trainer, Providence St. Joseph Health

Provide advisory board letter of support and confirmation of program need. This should be a short letter of support with all advisory board members as signatories. If the advisory board has not yet been convened, please list all stakeholders that participated in program conception and development. **Note: the final advisory board list and letter of support must be provided before the program will be approved by Academic Affairs.**

**Advisory Letter has been signed and a copy provided to Director of Assessment and Curriculum.**

### Alignment (Standard C)

#### College Mission

The program’s mission aligns with three of the four goals from COCC’s current strategic plan: student success, student experience, and community enrichment. HIM faculty have extensive professional backgrounds within the HIM field, allowing them to share real-world experiences with students thus enriching the learning process, increasing student engagement, and improving student success in the program.

Providing students professional practice experiences (PPE) in clinical settings gives students direct exposure to industry standards and current professional practices which prepares them for success as they enter the professional workforce. Some healthcare employers have allowed internships and service learning projects with their facilities, which provide students with additional exposure to the day-to-day healthcare work environment.

Community enrichment is achieved through the cultivation of relationships with healthcare employers in the community and establishing the HIM Program as a source for knowledgeable and skilled entry-level HIM candidates. In addition to being recognized as a

pipeline for qualified HIM candidates, employers are encouraged to allow second year HIM students to perform service-learning projects for their organizations.

### **Strategic**

How does this program fit into important educational and/or workforce needs of the College, of the Central Oregon region, and of Oregon as a whole? Identify specific alignments between your proposed program and these needs. Potential sources of evidence to meet this approval standard (not an exhaustive list):

- COCC Strategic Plan
- State priorities (HECC/CCWD)
- Workforce initiatives
- Long-term grants and funding initiatives
- National workforce or educational initiatives
- Articulation agreements with local high schools, colleges, and/or universities.

This program aligns with Strategic Plan initiative Student Success SS-2 Enhance and promote the resources and tools available to help students efficiently complete their academic goals, and Student Experience SE-2 Increase access to academic programs and courses on all campuses and online.

SS-2: This one year certificate of completion will prepare students to attain a nationally recognized medical coding credential. The curriculum is designed for maximum efficiency in preparing students for a professional medical coding career in as little as 12 months. Virtual tools such as an electronic health record environment and a medical coding encoder facilitate student learning and hands on experience necessary for success in the workforce.

SE-2: The program is accessible to all learners as it is designed to be fully online and delivered asynchronously, granting students the flexibility to access the curriculum at a place and time of their convenience. Students across central Oregon and statewide may conveniently complete the program in this online format.

### Catalog Description(s) (Standard D)

Provide a catalog description for each award proposed. New program proposals require a catalog description that explains the award's purpose and transfer or employment goals; the description should address the implicit student question, "why should I enroll in this program?". Descriptions have a 1500 character maximum and are limited to one or two paragraphs. They should help students differentiate between similar programs (if applicable) and should not be identical for multiple programs in a discipline. Do not include information about admissions, program requirements, prerequisites, or format.

Description:

The Medical Coding one year certificate of completion provides individuals education to understand the sequencing of codes and their impact on reimbursement and training on how to assign diagnostic codes and procedure codes. This program provides a thorough understanding of ICD-10-CM, ICD-10-PCS, and CPT/HCPCS coding to prepare students to sit for a national coding certification exam to earn credentials as an entry-level professional medical coder.

## Design (Standard D)

### **Program Learning Outcomes**

For each award proposed, provide a maximum of eight program learning outcomes in a numbered list. Please see tips on [this intranet page](#). The Director of Assessment and Curriculum is available to assist with the development of observable learning outcomes (and keep in mind that all CTE programs are required to assess student learning in the context of their approved program-level outcomes).

1. Demonstrate understanding of the etiology, pathology, symptoms, signs, diagnostic studies, treatment modalities, and prognosis of diseases and procedures to be coded.
2. Apply the use of coding conventions, guidelines, and standards to the assignment of diagnostic and procedural coding using ICD-10-CM, ICD-10-PCS, CPT and HCPCS code sets.
3. Determine diagnosis, procedure, and service codes utilizing encoder software.
4. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines
5. Demonstrate knowledge of abstracting health records and assigning standardized codes to diagnoses and procedures to accurately meet reporting needs and processing claims for insurance reimbursement.
6. Compose effective and efficient verbal and written communication for other members of the health care team.
7. Apply principles of healthcare privacy, confidentiality, legal & ethical issues, and data security.
8. Analyze requirements for compliant coding.

### **Courses**

#### **Related Instruction:**

Computation: AH 105 Calculations for Allied Health (3 cr) or HIM 281 Healthcare Statistics (4cr)

Communication: BA 214 Business Communications (3cr) or WR 121Z (4cr)

Human Relations: Comm 218Z Interpersonal Communication (4cr)

Credits: 10-12 credits

#### **Core Courses:**

- AH 111 Medical Terminology (3 cr)
- BI 105 Essentials of Human Biology (5 cr) **OR** BI 231/2/3 Sequence (12 cr)
- CIS 120 Computer Concepts (4cr)
- HIM 182 Introduction To Reimbursement and Classification Systems (4 cr)
- HIM 190 HIPAA for Practical Experience (2 cr)
- HIM 184 Pathophysiology and Pharmacology (5 cr)
- HIM 282 Reimbursement Systems (4 cr)
- HIM 283 Coding Classifications I (4 cr)
- HIM 284 Coding Classifications II (ICD-10-PCS)(5 cr)
- HIM 286 Coding Classifications III (4 cr)

Credits: 40-47 credits

**Total Program Credits: 50-59 credits**

List any new courses that will need approval to bring the program online: None.

#### Effective Year and Term (Standard D)

Practice is that new programs are effective the fall following approval. If a different year and term are desired, identify those here and provide a rationale.

Effective academic year 24-25 fall term.

#### Enrollment Options (Standard D)

- Rolling entry (students can begin any term)
- Rolling entry (students can begin any term except summer)
- Cohort program (a group of students have the same schedule throughout program)
- Part-time and full-time attendance options available
- Full time attendance in cohort or core courses required
- Program begins every fall term
- Program begins every other year in fall term
- Program begins in fall (daytime courses) and spring (evening courses)
- Program orientation course required in first term
- Courses must be sequenced carefully; work closely with an advisor

#### Program Entrance (Standard D)

- Selective admission
- Enforced prerequisites for first term
- Recommended preparation for first term
- No formal entrance requirement; course prerequisites in program
- No entrance requirement

#### Capacity (Standard E)

**Program Director**

Christina Grijalva, RHIA

**Load**

Identify one-time faculty load impacts and ongoing load impacts.

No impact. Courses in HIM program are being resequenced to be able to offer this one year certificate of completion.

Budget (Standard E)

**Expenses**

Use the table below to identify current resources to be directed to the program and new resources needed. Ongoing expenses should be included in each year to display cumulative expenses. For guidance, contact the chair and/or dean.

<b>EXPENSE</b>	<b>First Year <i>Reallocation</i></b>	<b>First Year <i>New</i></b>	<b>Second Year <i>Reallocation</i></b>	<b>Second Year <i>New</i></b>	<b>Third Year <i>Reallocation</i></b>	<b>Third Year <i>New</i></b>
Personnel	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Hardware	0	0	0	0	0	0
Software	0	0	0	0	0	0
Materials	0	0	0	0	0	0
Curriculum	0	0	0	0	0	0
Other capital	0	0	0	0	0	0
Accreditation	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Revenue**

Identify new course/program fees. Identify other dedicated external resources (grants, outside funding).

AHIMA VLab Medical Coder software. One year subscription is \$75. Students purchase subscription directly from AHIMA.org. Faculty access to AHIMA VLab is free.

Course fee of \$200 attached to HIM 190 for EHRGo access. Faculty access to EHRGo is free.

**Student Aid**

Identify special aid, scholarships, or other student resources. Email Financial Aid if you need assistance filling out this portion of the form.

Internal Impacts (Standard E)

Identify impacts to the following areas. If none, write “none.” If you are unsure, the Director of Assessment and Curriculum can connect you to the appropriate person in the relevant unit to help faculty proposers understand potential impacts.

Admissions and Records: None

Advising: None

Bookstore: None

Campus Services: None

College Now: None

College Relations: None

Financial Aid: None

Information Technology Services: None

Library: None

Policy: None

Risk Management: None

Tutoring and Testing: None

Is current faculty staffing adequate to meet (a) the likely enrollment needs of the program and (b) the content knowledge requirements to teach the curriculum?

Yes, current faculty is adequate to meet program needs.

If no, please explain the personnel needs:

#### External Impacts (Standard E)

Are adequate internship, work-based learning experience and/or Cooperative Work Experience sites available? Please list current or potential sites (or write "none" if not applicable):

- Central Oregon Pediatric Associates, Bend, OR
- City of Bend Ambulance & Fire Rescue, Bend, OR
- Kaiser Permanente NW, Portland, OR
- MRA, Boston, MA
- Pacific Source Health Plans, Bend, OR
- Partners In Care, Bend, OR
- St. Charles Health Systems, Bend, OR
- The Center Orthopedic & Neurosurgical Care, Bend, OR
- Volunteers In Medicine, Bend, OR



## Appendix

For reference, HECC/CCWD review program proposals against the five standards below. If the proposed program cannot show evidence of how it will align with these standards, the program will not be approved by HECC/CCWD (and should not be approved by Academic Affairs). The information collected in this form should show how the proposed program meets each of these standards:

**Standard A: Need:** The community college provides clear evidence of the need for the program.

### **Program Elements**

The program need is clearly indicated by labor market research based on current, valid, and reliable information, statistics and forecasts.

The program need is based on current and projected employment demand that is not being met by training provided by existing programs.

The program will lead to jobs demonstrating opportunities for competitive wages and wage progression for program completers.

This standard can be met by attaching the Occupational Profile Report for the career associated with the proposed program, which per HECC/CCWD, must be generated from the State of Oregon's Employment Department website, <https://www.qualityinfo.org/>

In some cases, an Occupational Profile Report will either not exist for a particular career (or will not exist with data pertinent to the Central Oregon region), or will generate a report that covers multiple career paths with divergent educational requirements (i.e., EMTs and Paramedics will be grouped under the same report despite differences in training and education requirements). In those cases, a Supplementary Occupation Profiles form can be attached along with the Occupational Profile form generated from Oregon's Employment Department. The Director of Assessment and Curriculum can provide the supplemental form if you think this is the case for your proposed program.

### **Evidence of Need:**

There has been great interest from the healthcare community and residents of Central Oregon about a medical coding program. Inquiries from prospective students convey an interest in a short-term program that allows them to become medical coders as soon as possible. Healthcare employers seek certified coders to fill critical roles in their revenue cycle and routinely reach out to the Health Information Management (HIM) program director seeking HIM graduates and current students. Residents of Central Oregon inquire about a medical coding program as medical coding is a high-paying and high in-demand job. See Appendix A Occupation & Wage Information from [qualityinfo.org](https://www.qualityinfo.org).

There is a shortage of credentialed coders available to healthcare employers both locally and nationally. See Appendix B AHIMA Letter to Congress addressing national healthcare workforce shortage.

Growth of healthcare jobs indicates a need for additional certified coders. Oregon Industry Employment Projections, 2021-2031 increase of 17% as shown in Appendix C.

Most coding jobs require a credential or certificate for employment. In order to sit for a national credential exam, students must have certificate of completion from a coding program. The HIM faculty at COCC are American Health Information Management Association (AHIMA) credentialed professionals qualified to teach all aspects of medical coding and the revenue cycle. The COCC HIM program is uniquely positioned to deliver this coding program as the courses are currently offered in the first year of the Associate of Applied Science in Health Information Management degree. For this new program no additional courses would need to be added and no additional faculty would need to be hired.

**Standard B: Collaboration**: The community college utilizes systemic methods for meaningful and ongoing involvement of the appropriate constituencies.

### **Program Elements**

The program has been developed through joint ventures and significant systemic working relationships with business, industry, labor communities, and/or workforce development partners, such as:

Advisory committees Apprenticeship committees/trusts

Business/industry associations or alliances

Cooperative Work Experience (CWE) and work-based learning experience sponsors/supervisors

Part-time faculty from industry

Customized training and development departments

Partners/co-applicants in college led grant activities

The program has been developed through joint ventures and significant systemic working relationships with educational partners

The program is proactive in creating a supportive environment for minority students, students with disabilities, and ELL/LEP students.

This program has been developed with the input of HIM program faculty, part-time faculty from the medical coding profession, Allied Health Department leadership, the HIM advisory committee, and Oregon and SW Washington HIM Consortium of Program Directors.

**Standard C: Alignment:** The program is aligned with appropriate education, workforce development, and economic development activities.

Alignment is the demonstrable outcome or produce of collaboration. Programs that are aligned share common outcomes and proficiencies for students and workforce providers. Students can transfer credit or get credit for proficiency. In PK 20 systems, students can move not only vertically but laterally between and among programs, building skills and credit as they go and transitioning to their next step.

### **Program Elements**

Program is aligned with appropriate PK-20 educational programs and related activities.

Program supports workforce and economic development initiatives as identified by the local economic and workforce development boards or agencies, state appointed task forces, the Workforce Investment Board, business, and industry associations, and HECC priorities.

The program is part of a clear career ladder or career pathway with education and training options leading to the program identified and continuing training and career advancement opportunities identified.

The program and/or related occupations are clearly identified within the appropriate career learning area, career cluster, and career focus area.

Alignment:

The Medical Coding One Year Certificate of Completion program is designed as a career ladder within the AAS HIM two year degree to allow learners to enter the workforce within the first year of the program. Learners may begin working in the healthcare industry as professional medical coders while continuing the pursuit of their associates degree and obtaining their credential as a Registered Health Information Technician, which greatly broadens their health career options.

The Medical Coding program prepares students to qualify for well paying medical coding jobs, most of which have a starting wage of over \$22 per hour. See Appendix D for 29-9021 Portland-Metro Wage Information from [qualityinfo.org](http://qualityinfo.org) and Appendix E for Oregon Employment Department job posting by Providence Health listing entry-level coding salaries

**Standard D: Design:** The community college program leads to student achievement of academic and technical knowledge, skills, and related proficiencies.

Design involves program admission procedures, instructional methodologies, student assessments, learning outcomes, student follow-up processes, performance indicators, program evaluation, and all other aspects of the program of study.

### **Program Elements**

The program has the curriculum, instruction, and student evaluation systems to assure a sequential program of study that provides students with the instruction and experiences to achieve academic, technical and career related skills.

The curriculum demonstrates a cohesive instructional program that will lead to the attainment of the academic, and career and technical exit proficiencies and clearly documented program and learner outcomes needed for success in the field of study for the occupational area.

CTE academic and technical skill performance indicators are used as measurements of program effectiveness.

The program is designed or may be delivered in distinct segments that contribute to increase student completion and success.

The college and program affirmatively provide access, accommodations, flexibility and additional/supplemental services for special population and protected classes of students, including students with disabilities, ELL/LEP students, and minoritized students.

Standard E: Capacity: The community college identifies and has the resources to develop, implement, and sustain the program.

The capacity needed will be largely determined by the need and design of the proposed program. The college must have the resources to offer the proposed program without negatively impacting existing approved programs. Capacity may also reflect financial and in-kind resources contributed by partners.

### **Program Elements**

The college demonstrates the capacity to offer the program and will provide the necessary and accessible facilities and services to assure that all students can attain the skills and knowledge necessary to fulfill program objectives.

There are sufficient and accessible facilities, instructional materials, and equipment for the program.

Financial resources are adequate for the implementation and continued operation of the proposed program.

Personnel resources are adequate for the number of students in the proposed program in fulfilling the stated objectives/outcomes in accordance with bargaining unit criteria for full-time to part-time faculty ratios and accreditation standards.

Adequate internship, work-based learning experience and/or Cooperative Work Experience sites are available.

This program is created from the existing AAS in Health Information Management. The AAS program courses have been resequenced to allow for the completion of medical coding competencies within the first year of the program and prepare students to earn a national certification as a professional medical coder. There are no additional funding, curricular, or staffing requirements necessary to support this certificate program.

## Appendix A



The Occupation Profiles tool is located on QualityInfo.org, a website of the Oregon Employment Department

### Medical Records and Health Information Technicians (292071) Oregon (All Counties)

Median Hourly Wage	2021 Employment	Job Openings per Year	10-Year Growth
\$25.30	4,212	355	10.5%

#### Descriptio

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 health care system. Process, maintain, compile, and report patient information for health requirements and standards in a manner consistent with the healthcare industry's numerical coding system. Excludes "File Clerks" (43-4071).

#### Wage Range 2023 for Medical Records Specialists \*\*

Area	10th Percentile	25th Percentile	50th Percentile (median)	75th Percentile	90th Percentile	Average Hourly	Average Annual
Oregon	\$18.90	\$20.92	\$25.30	\$32.14	\$39.52	\$26.97	\$56,104
Central Oregon	\$18.84	\$19.51	\$23.49	\$29.21	\$30.69	\$24.70	\$51,395
Clackamas	\$19.99	\$22.41	\$25.73	\$32.20	\$33.82	\$27.24	\$56,649
Columbia Basin	\$17.57	\$21.90	\$28.57	\$29.38	\$30.32	\$26.17	\$54,429
Columbia Gorge	\$17.20	\$19.48	\$21.87	\$29.15	\$31.09	\$23.92	\$49,751
Douglas	\$18.40	\$18.83	\$20.75	\$25.78	\$30.96	\$22.94	\$47,723
East Cascades	\$18.84	\$19.82	\$24.55	\$30.69	\$39.77	\$26.02	\$54,121
Eastern Oregon	\$18.00	\$21.38	\$25.38	\$29.38	\$30.83	\$25.35	\$52,721
Eastern Six	\$18.00	\$20.31	\$24.35	\$29.51	\$30.83	\$24.65	\$51,280
Lane	\$18.01	\$19.83	\$26.19	\$38.21	\$41.06	\$28.35	\$58,959
Linn-Benton	\$20.21	\$25.14	\$31.58	\$31.70	\$38.93	\$29.42	\$61,186
Mid-Valley	\$18.74	\$20.07	\$24.69	\$29.28	\$33.78	\$25.47	\$52,976
Northwest Oregon	\$18.50	\$23.56	\$30.75	\$31.70	\$38.93	\$28.15	\$58,552

Area	10th Percentile	25th Percentile	50th Percentile (median)	75th Percentile	90th Percentile	Average Hourly	Average Annual
Southwestern Oregon	\$18.01	\$18.90	\$20.88	\$25.78	\$31.71	\$23.03	\$47,905
Portland Tri-County	\$19.77	\$22.40	\$25.60	\$32.85	\$39.52	\$28.16	\$58,586
Portland-Metro	\$19.77	\$22.40	\$25.60	\$32.85	\$39.87	\$28.27	\$58,805
Rogue Valley	\$18.17	\$19.22	\$22.92	\$26.80	\$31.64	\$23.63	\$49,168
South Central	\$19.71	\$23.29	\$33.22	\$39.77	\$39.77	\$31.01	\$64,504
South Coast	\$17.93	\$19.19	\$21.25	\$24.94	\$34.68	\$23.14	\$48,115

\*\* Wage data is not available for Medical Records and Health Information Technicians, but is available for the related occupation of Medical Records Specialists (292072).

### Area Employment Projections for Medical Records and Health Information Technicians

Area	2021 Employment	2031 Employment	Change	% Change	Annual Growth Openings	Annual Replacement Openings	Total Annual Openings
Oregon	4,212	4,656	444	10.5%	44	311	355
Central Oregon	294	328	34	11.6%	3	22	25
Columbia Basin	56	63	7	12.5%	1	4	5
Columbia Gorge	47	51	4	8.5%	0	3	3
Eastern Oregon	124	136	12	9.7%	1	9	10
Eastern Six	68	73	5	7.4%	0	5	5
Lane	409	455	46	11.2%	5	30	35
Linn-Benton	182	203	21	11.5%	2	14	16
Mid-Valley	472	524	52	11.0%	5	35	40
Northwest Oregon	166	183	17	10.2%	2	12	14
Portland Tri-County	2,088	2,285	197	9.4%	20	152	172
Rogue Valley	315	353	38	12.1%	4	24	28
Southwestern Oregon	146	165	19	13.0%	2	10	12

Replacement openings occur when workers permanently leave an occupation for reasons such as retirement.

## Appendix B



[www.ahima.org](http://www.ahima.org) |

March 20, 2023

The Honorable Bernard Sanders  
Chair  
Health, Education, Labor, and Pensions  
Committee  
US Senate  
332 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy, M.D.  
Ranking Member  
Health, Education, Labor, and Pensions  
Committee  
US Senate  
455 Dirksen Senate Office Building  
Washington, DC 20510

RE: Response to Request for Information on Drivers of Healthcare Workforce Shortages and Solutions

Submitted via email to [HealthWorkforceComments@help.senate.gov](mailto:HealthWorkforceComments@help.senate.gov)

Dear Chairman Sanders and Ranking Member Cassidy:

Thank you for the opportunity to provide feedback on the drivers of the healthcare workforce shortages and potential solutions. The pandemic exacerbated many challenges with the healthcare workforce in the US, and now is the time to fully address the strain on the healthcare system. We applaud your continued leadership in this area.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide. AHIMA members also bring the expertise and knowledge around health information and data that is necessary to inform investments in our healthcare system.

We appreciate the commitment to addressing challenges associated with the workforce in our healthcare system. As the healthcare ecosystem becomes increasingly interoperable, we must ensure that the healthcare workforce is viewed holistically to include operational staff that are vital to the safety of patients, the privacy and security of their health information, and the maintenance of the revenue cycle in healthcare which supports over 3.7 billion claims per year.<sup>1</sup> This includes health

information professionals. AHIMA offers the following feedback in response to the Request for Information.

### **The Health Information Profession**

Health information (HI) professionals fill a wide range of roles within the healthcare system to ensure patient health information is complete, accurate, timely, and secure. HI professionals work in a number of areas, including:

- **Privacy, Risk, and Compliance:** Positions within the privacy, risk, and compliance sector ensure regulatory compliance for healthcare organizations and ensure patient safety, including overseeing compliance with the Health Insurance Portability and Accountability Act (HIPAA). Jobs may include Compliance Managers, Privacy Analysts and Privacy Officers, and Directors of Health Information Management.
- **Data Quality:** Patient health information must be complete, accurate, and timely to reflect the full scope of services and to ensure that all parties involved in the health ecosystem – patients, providers, and payers, are able to make the best decisions with regard to the patient’s health. Data quality jobs include Clinical Documentation Improvement (CDI) Quality Assurance Auditors, Coding Auditors and Educators, medical coders, Master Patient Index Specialists, and Disease Registry Registrars.
- **Data Analytics:** Data analytics in healthcare analyzes health information to predict trends, manage spread of diseases, improve clinical decision-making, and improve patient outcomes. Data analytics jobs include Clinical Researchers, Clinical Data Managers, and Health Data Analysts.
- **Informatics:** Healthcare informatics combines health data with technology to improve patient treatment and outcomes. Informatics jobs include Data Quality Analysts, Clinical Data Specialist, Health Informatics Specialists, and Clinical Data Developers.
- **Revenue Cycle Management:** The Revenue Cycle Management sector oversees billing, reimbursement, customer service, and medical coding. Revenue Cycle Management jobs include Directors of Revenue Cycle Management, Revenue Integrity Specialists and Analysts, Chargemaster Analysts, and Medical Billers and Coders.
- **Consumer Health Information:** Consumer health information jobs involve working in patient services by supporting patient-facing administrative tasks, navigating health and social services for patients, and interfacing with diverse agencies to ensure optimal patient care is provided. Jobs may include Patient Service Representatives, Community Health Workers, Patient Navigators, and Medical Records Clerks.

### **Shortages within the Health Information Profession**

As with many healthcare sectors, the COVID-19 pandemic contributed to shortages already growing within the profession. One of the main drivers of the HI professional shortages is remote work tied to geography. While remote work is a benefit to many HI professionals and is essential to ensure a healthcare organization is able to retain employees, remote work has created an environment where healthcare organizations in high cost of living areas can afford to pay more, even to professionals located in rural or low cost of living areas. This leaves rural and underserved hospitals and health systems unable to compete with pay, causing worker shortages within the entities least able to afford those shortages. These shortages also extend to the HI workforce in federal, state, and local government agencies, including public health agencies.



A second driver of the HI profession's workforce shortages is a skills mismatch between some already in the workforce and available positions. As technology advances and as the complexity of state and federal regulations increases, existing training of the current workforce is not always suited to the specific needs of healthcare systems. The initial cost of education is also a barrier to many entering into the field. There is also a continual need for upskilling the profession as technology and processes become increasingly automated, requiring HI professionals to take on newer roles that involve more oversight and audit functions within their institutions.

Finally, the HI workforce is an aging workforce. Fewer are entering the workforce than will be retiring in coming years, leaving huge gaps in the health information job functions that healthcare systems require to ensure the most sensitive and vital patient health information duties are performed.

### **Implications of Health Information Workforce Shortages**

Without the necessary job functions provided by HI professionals, the healthcare system will experience patient safety, financial, and regulatory consequences. Data quality and integrity will be compromised, potentially resulting in inaccurate documentation and reporting as well as potential errors in billing. Inaccurate reporting could also further result in poor decision-making clinically and administratively, with implications at the individual and community level. If the health system relies on poor data, it is impossible to know if programs or interventions are working, which can decrease patient safety and clinical and public health efficacy, as well as increase inefficiency and costs. Without accurate patient data, data analytics is also more challenging, which can affect reporting on disease trends and public health issues.

HI professionals are the main protectors of patient health data privacy. Shortages within the workforce could compromise privacy and security practices, leading to HIPAA violations and heightened patient distrust within health systems being able to keep their information private, confidential, and secure.

Patient safety is also compromised when there is a lack of trained HI professionals. The presence of inaccurate patient information often leads to duplicative testing and incorrect test results being tied to a patient's medical record. Shortages within the workforce may also lead to medical record requests having slower turnaround times, lengthening the time patients must wait to access clinical services.

Finally, recent regulatory requirements rely on trained HI professionals to support compliance activities. Without a fully staffed HI profession, the health system may not be able to implement some of the recent regulatory requirements, such as the 21<sup>st</sup> Century Cures Act or the Trusted Exchange Framework and Common Agreement (TEFCA), much less any forthcoming regulatory frameworks.

### **Solutions to the Health Information Workforce Shortages**

Historically, the HI profession has traditionally been excluded from many healthcare workforce training grants and incentives, despite being integral to the healthcare ecosystem. AHIMA recommends the following to improve the shortages within the HI workforce:

- **Federally funded grants for education and training.** Congress should look to include the health information profession and its educational programs as potential recipients to existing grants or in the creation of new grants within the Department of Health and Human Services. The cost of education is a barrier to many wanting to enter the field, and the HI profession must have a

significant increase of those entering the profession in order to handle the health information needs of the US health system. Specifically, grants should be provided through the Health Resources and Services Administration (HRSA) to support training and education for health information professionals in rural and underserved areas.

- **Federally funded grants for rapid upskilling programs for HI professionals.** As technology progresses and the privacy and accuracy of patient health information becomes more complex, the health ecosystem needs to ensure that the HI workforce is in place to handle these complex patient health information transactions. The creation of federally funded rapid upskilling programs for the current HI workforce would help ensure that the workforce is appropriately trained as they advance throughout their careers.
- **Federal incentives to work in rural, underserved, and critical access hospitals and health systems.** Rural, underserved, and critical access hospitals are often unable to pay and retain HI professionals compared to hospitals and health systems in high cost of living areas, and remote work has exacerbated that issue. The creation of incentives specific to HI professionals to work in these healthcare settings would work to alleviate shortages and ensure the equity of services rendered to those in rural and underserved areas.

AHIMA thanks Chairman Sanders and Ranking Member Cassidy for their leadership in strengthening our healthcare workforce and for the opportunity to provide feedback. We look forward to working with you to ensure a healthcare system that is prepared for the workforce needs of the future. Should you or your staff have any additional questions or comments, please contact Kate McFadyen, Director, Government Affairs, at [kate.mcfadyen@ahima.org](mailto:kate.mcfadyen@ahima.org) or (202) 480-6058.

Sincerely,



Lauren Riplinger  
Chief Public Policy & Impact Officer

<sup>1</sup> Available at: <https://www.caqh.org/sites/default/files/2022-caqh-index-report%20FINAL%20SPREAD%20VERSION.pdf>.

## Appendix C

<b>Industry Employment Projections, 2021-2031 Crook, Deschutes, and Jefferson Counties</b>				
	<b>2021</b>	<b>2031</b>	<b>Change</b>	<b>% Change</b>
<b>Total employment</b>	<b>108,440</b>	<b>125,240</b>	<b>16,800</b>	<b>15%</b>
Total payroll employment	101,790	118,100	16,310	16%
Total private	88,510	104,200	15,690	18%
Natural resources and mining	1,600	1,750	150	9%
Mining and logging	310	320	10	3%
Construction	8,500	10,190	1,690	20%
Manufacturing	7,620	8,740	1,120	15%
Durable goods	5,080	5,800	720	14%
Wood product manufacturing	1,870	2,030	160	9%
Nondurable goods	2,540	2,940	400	16%
Trade, transportation, and utilities	18,370	20,000	1,630	9%
Wholesale trade	2,770	3,050	280	10%
Retail trade	13,020	14,020	1,000	8%
Transportation, warehousing, and utilities	2,580	2,940	360	14%
Information	2,080	2,390	310	15%
Financial activities	5,860	6,240	380	6%
Professional and business services	10,950	13,100	2,150	20%
Private educational and health services	16,430	19,180	2,750	17%
Health care and social assistance	15,240	17,800	2,560	17%
Health care	12,470	14,600	2,130	17%
Leisure and hospitality	13,430	18,300	4,870	36%
Accommodation and food services	11,350	15,260	3,910	34%
Other services	3,670	4,310	640	17%
Government	13,280	13,900	620	5%
Federal government	1,380	1,400	20	1%
State government	1,380	1,450	70	5%
Local government	10,520	11,050	530	5%
Local education	4,440	4,520	80	2%
Self-employment	6,650	7,140	490	7%

Contact: Sarah Cunningham, Projections Economist, Sarah.E.Cunningham@employ.oregon.gov, (503) 871-0046  
Oregon Employment Department, Workforce and Economic Research Division

*Published: February 9, 2023*

## Appendix D

2022 Oregon Wage Information for Portland-Metro (Washington and Multnomah Counties)										
Oregon Employment Department, Workforce and Economic Research Division										
Row	Occupation Code	Occupation Title	2021 Employment*	10th Percentile	25th Percentile	50th Percentile (Median)	75th Percentile	90th Percentile	Mean (Average)	2022 Annual Mean (Average)**
326	29-1299	Healthcare Diagnosing or Treating Practitioners, All Other	337	\$23.69	\$31.26	\$38.88	\$49.16	\$80.02	\$44.25	\$92,026
327	29-2010	Clinical Laboratory Technologists and Technicians	1,610	\$19.99	\$24.01	\$37.21	\$40.35	\$49.95	\$34.59	\$71,942
328	29-2031	Cardiovascular Technologists and Technicians	331	\$23.49	\$26.01	\$47.25	\$50.42	\$59.67	\$42.35	\$88,090
329	29-2032	Diagnostic Medical Sonographers	352	\$38.88	\$47.43	\$50.59	\$51.83	\$64.43	\$49.44	\$102,827
330	29-2033	Nuclear Medicine Technologists	46	\$38.88	\$39.75	\$49.51	\$50.63	\$50.63	\$47.75	\$99,309
331	29-2034	Radiologic Technologists and Technicians	825	\$30.99	\$33.17	\$39.52	\$49.30	\$50.42	\$40.98	\$85,243
332	29-2035	Magnetic Resonance Imaging Technologists	161	\$37.54	\$41.22	\$47.50	\$50.63	\$52.11	\$46.39	\$96,486
333	29-2036	Medical Dosimetrists	(3)	\$64.10	\$64.10	\$65.53	\$83.84	\$83.84	\$72.26	\$150,296
334	29-2042	Emergency Medical Technicians	356	\$15.04	\$18.11	\$18.52	\$23.32	\$23.48	\$20.55	\$42,753
335	29-2043	Paramedics	236	\$23.38	\$25.15	\$30.51	\$36.98	\$38.68	\$30.93	\$64,338
336	29-2051	Dietetic Technicians	48	\$19.54	\$23.70	\$23.70	\$24.11	\$29.58	\$23.67	\$49,232
337	29-2052	Pharmacy Technicians	1,730	\$18.41	\$18.99	\$23.81	\$29.58	\$29.87	\$23.93	\$49,786
338	29-2053	Psychiatric Technicians	129	\$14.50	\$18.22	\$18.22	\$18.22	\$18.89	\$18.33	\$38,113
339	29-2055	Surgical Technologists	551	\$24.09	\$25.94	\$30.72	\$37.82	\$39.08	\$31.69	\$65,917
340	29-2056	Veterinary Technologists and Technicians	411	\$15.76	\$18.99	\$23.14	\$24.84	\$30.04	\$22.46	\$46,711
341	29-2057	Ophthalmic Medical Technicians	279	\$19.88	\$22.91	\$25.07	\$30.77	\$31.80	\$26.26	\$54,619
342	29-2061	Licensed Practical and Licensed Vocational Nurses	1,272	\$24.36	\$29.62	\$30.72	\$32.06	\$37.82	\$30.82	\$64,104
343	29-2072	Medical Records Specialists	989	\$18.76	\$22.55	\$25.78	\$31.76	\$39.09	\$27.57	\$57,360
344	29-2081	Opticians, Dispensing	341	\$16.01	\$18.78	\$23.14	\$29.13	\$30.77	\$23.47	\$48,799
345	29-2091	Omnistists and Prosthetists	53	\$25.52	\$31.01	\$38.87	\$52.85	\$66.07	\$43.28	\$90,035
346	29-2092	Hearing Aid Specialists	65	\$23.49	\$29.64	\$30.72	\$33.48	\$42.20	\$32.48	\$67,551
347	29-2099	Health Technologists and Technicians, All Other	720	\$18.93	\$23.25	\$25.71	\$36.98	\$39.52	\$29.53	\$61,417
348	29-9021	Health Information Technologists and Medical Registrars	412	\$23.36	\$23.36	\$30.77	\$40.24	\$49.48	\$33.92	\$70,559
349	29-9091	Athletic Trainers	92	\$48,905	\$50,409	\$61,801	\$65,800	\$81,536	(4)	\$63,332
350	29-9092	Genetic Counselors	24	\$39.02	\$47.50	\$49.84	\$49.84	\$50.63	\$47.48	\$98,760
351	29-9093	Surgical Assistants	62	\$23.60	\$23.85	\$24.09	\$30.41	\$41.72	\$29.61	\$61,577
352	29-9099	Healthcare Practitioners and Technical Workers, All Other	195	\$16.59	\$19.24	\$28.43	\$39.60	\$50.30	\$32.03	\$66,619
353	31-0000	Healthcare Support Occupations	25,491	\$15.27	\$15.71	\$19.34	\$24.43	\$30.68	\$20.87	\$43,406
354	31-1120	Home Health and Personal Care Aides	9,439	\$15.11	\$15.35	\$15.67	\$18.49	\$19.16	\$16.93	\$35,216
355	31-1131	Nursing Assistants	4,502	\$16.21	\$18.85	\$19.50	\$24.36	\$24.55	\$20.93	\$43,520
356	31-1132	Orderlies	(3)	\$15.35	\$19.16	\$19.35	\$19.50	\$24.36	\$19.90	\$41,401
357	31-1133	Psychiatric Aides	(3)	\$16.89	\$24.36	\$24.36	\$24.49	\$24.49	\$23.79	\$49,497
358	31-2011	Occupational Therapy Assistants	108	\$26.91	\$31.54	\$31.58	\$32.37	\$41.18	\$33.18	\$69,016
359	31-2021	Physical Therapist Assistants	319	\$24.21	\$25.27	\$31.54	\$34.39	\$41.18	\$31.18	\$64,851
360	31-2022	Physical Therapist Aides	222	\$15.15	\$15.24	\$15.36	\$18.49	\$19.35	\$16.88	\$35,098
361	31-9011	Massage Therapists	588	\$15.79	\$25.12	\$34.84	\$39.69	\$41.97	\$33.40	\$69,463
362	31-9091	Dental Assistants	2,049	\$24.14	\$24.62	\$25.16	\$30.78	\$31.00	\$26.75	\$55,639
363	31-9092	Medical Assistants	4,138	\$19.35	\$20.28	\$24.43	\$24.91	\$30.83	\$23.81	\$49,514
364	31-9093	Medical Equipment Preparers	465	\$19.51	\$19.62	\$24.86	\$30.80	\$31.63	\$25.14	\$52,279
365	31-9094	Medical Transcriptionists	578	\$14.92	\$14.92	\$15.49	\$19.71	\$24.95	\$18.56	\$38,593
366	31-9095	Pharmacy Aides	108	\$14.92	\$15.18	\$15.58	\$23.75	\$24.24	\$18.77	\$39,059
367	31-9096	Veterinary Assistants and Laboratory Animal Caretakers	983	\$15.16	\$15.60	\$18.61	\$19.90	\$23.27	\$18.31	\$38,097
368	31-9097	Phlebotomists	805	\$19.13	\$19.38	\$19.68	\$24.85	\$24.91	\$22.00	\$45,758
369	31-9099	Healthcare Support Workers, All Other	942	\$15.70	\$18.75	\$23.73	\$25.40	\$31.74	\$23.83	\$49,569
370	33-0000	Protective Service Occupations	11,716	\$15.79	\$16.21	\$22.50	\$40.89	\$51.43	\$29.26	\$60,858
371	33-1011	First-Line Supervisors of Correctional Officers	141	\$46.64	\$51.86	\$54.09	\$65.85	\$87.69	\$58.44	\$121,554
372	33-1012	First-Line Supervisors of Police and Detectives	368	\$52.40	\$54.11	\$66.62	\$66.67	\$70.06	\$63.17	\$131,395
373	33-1021	First-Line Supervisors of Firefighting and Prevention Workers	114	\$51.86	\$54.12	\$65.85	\$70.52	\$81.89	\$63.26	\$131,581
374	33-1091	First-Line Supervisors of Security Workers	195	\$19.64	\$20.17	\$26.38	\$33.04	\$42.02	\$29.50	\$61,363
375	33-1099	First-Line Supervisors of Protective Service Workers, All Other	144	\$20.76	\$24.76	\$28.51	\$33.04	\$39.04	\$28.82	\$59,838
376	33-2011	Firefighters	797	\$31.69	\$39.69	\$42.99	\$54.70	\$54.70	\$45.21	\$94,042
377	33-2021	Fire Inspectors and Investigators	40	\$42.49	\$51.43	\$55.20	\$66.07	\$68.82	\$57.43	\$119,447
378	33-3011	Bailiffs	43	\$25.65	\$32.56	\$32.70	\$32.70	\$32.70	\$31.91	\$66,371
379	33-3012	Correctional Officers and Jailers	(3)	\$31.62	\$33.08	\$40.89	\$42.03	\$42.03	\$38.88	\$80,874
380	33-3021	Detectives and Criminal Investigators	240	\$26.36	\$33.57	\$51.43	\$62.99	\$77.69	\$50.68	\$105,410
381	33-3041	Parking Enforcement Workers	43	\$16.11	\$24.57	\$25.05	\$30.16	\$31.30	\$25.82	\$53,699
382	33-3051	Police and Sheriff's Patrol Officers	1,444	\$33.54	\$40.66	\$41.45	\$42.58	\$48.35	\$41.94	\$87,235
383	33-9011	Animal Control Workers	24	\$25.65	\$25.65	\$31.30	\$32.27	\$32.70	\$29.73	\$61,844
384	33-9021	Private Detectives and Investigators	142	\$20.35	\$32.91	\$39.42	\$64.20	\$64.20	\$42.26	\$87,892
385	33-9032	Security Guards	4,737	\$15.70	\$15.81	\$15.82	\$18.82	\$24.43	\$18.20	\$37,843
386	33-9091	Crossing Guards and Flaggers	719	\$16.36	\$19.58	\$20.07	\$21.99	\$33.05	\$21.64	\$45,008
387	33-9092	Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers	185	\$14.92	\$14.92	\$15.81	\$16.10	\$18.53	\$15.99	\$33,263
388	33-9093	Transportation Security Screeners	382	\$19.78	\$21.63	\$22.50	\$24.36	\$26.18	\$22.97	\$47,779
389	33-9094	School Bus Monitors	122	\$15.28	\$16.10	\$20.05	\$20.51	\$26.09	\$19.87	\$41,327
390	33-9099	Protective Service Workers, All Other	755	\$16.21	\$16.21	\$16.24	\$25.60	\$32.70	\$21.41	\$44,516

## Appendix E



Employment Department

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# Job Display

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**Job Listing ID:** 3815083      **Job Title:** Coder, Ambulatory \*Remote\*

**Application Deadline:** Open Until Filled


**Job Location:** Hood River

**Date Posted:** 08/29/2023

**Hours Worked Per Week:** Not Provided

**Shift:** Not Provided

**Duration of Job:** Either Full or Part Time, more than 6 months

 **You may contact this employer directly.**  
(Obtain the contact information to print or add to your jobs.)

[Obtain Contact Information](#)

### Description

#### Job Summary:

**Providence St. Joseph Health is calling a Coder, ASU to work remotely within our footprint states: AK, CA, MT, OR, TX and/or WA. This position has multiple openings.**

Under the direction of the Coding Manager, the Coder appropriately assigns MS/DRG's, ICD, and CPT codes to all account types according to American Hospital Association (AHA) and Uniform Hospital Discharge Set (UHDDS) guidelines. These individual abstracts clinical data and assists in regular analyses of patient records. In addition, the Coder

provides coding insight and answers coding related questions for other inquiring physicians and PSJH employees.

Providence caregivers are not simply valued - they're invaluable. Join our team at Revenue Cycle Business Services and thrive in our culture of patient-focused, whole-person care built on understanding, commitment, and mutual respect. Your voice matters here, because we know that to inspire and retain the best people, we must empower them.

**Required Qualifications:**

- Associate's Degree Health Information Management
- Completion of coding classes in AHIMA-certified coding program.
- Upon hire: National Certification from American Academy of Professional Coders Or
- Upon hire: National Certified Coding Associate - American Health Information Management Association Or
- Upon hire: National Certified Coding Specialist - American Health Information Management Association Or
- Upon hire: National Certified Coding Specialist - Physician - American Health Information Management Association Or
- Upon hire: National Certified Documentation Improvement Practitioner - American Health Information Management Association Or
- Upon hire: National Certified Health Data Analyst - American Health Information Management Association Or
- Upon hire: National Registered Health Information Administrator - American Health Information Management Association Or
- Upon hire: National Registered Health Information Technician - American Health Information Management Association
- 4 years CPT experience and/or 1-4 years ICD-10-CM/PCS acute care hospital coding experience.
- Experience in other clinical or healthcare disciplines.

**Preferred Qualifications:**

- Bachelor's Degree Health Information Management.

**Salary Range:**

NorCal (Napa, Sonoma)

Min: \$30.10, Max: \$47.90

Southern California, NorCal (Humboldt) Alaska (Kodiak, Seward, Valdez)

Min: \$26.83, Max: \$42.69

WA Puget Sound Oregon (Portland) Alaska (Anchorage)

Min: \$25.74, Max: \$40.96

Oregon (Hood River, Medford, Seaside)

Min: \$23.99 Max: \$38.18

Eastern Washington (Richland, Spokane, Walla Walla)

Min: \$22.90 Max: \$36.45

Montana

Min:\$20.72, Max: \$32.97

Texas

Min:\$19.63, Max: \$31.24

### **Why Join Providence?**

Our best-in-class benefits are uniquely designed to support you and your family in staying well, growing professionally, and achieving financial security. We take care of you, so you can focus on delivering our Mission of caring for everyone, especially the most vulnerable in our communities.

### **About Providence**

At Providence, our strength lies in Our Promise of "Know me, care for me, ease my way." Working at our family of organizations means that regardless of your role, we'll walk alongside you in your career, supporting you so you can support others. We provide best-in-class benefits and we foster an inclusive workplace where diversity is valued, and everyone is essential, heard and respected. Together, our 120,000 caregivers (all employees) serve in over 50 hospitals, over 1,000 clinics and a full range of health and social services across Alaska...

**Job Classification:** Medical Records and Health Information Technicians

Access our [statewide](#) or [regional](#) occupation report for more information about wages, employment outlooks, skills, training programs, related occupations, and more.

### **Compensation**

**Salary:** Not Provided

### **Job Requirements**

**Experience Required:** See Job Summary

**Education Required:** None

**Minimum Age:** N/A

**Gender:** N/A

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