

Commission on Certification for Health Informatics and Information Management (CCHIIM)

Candidate Guide



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ABOUT THE CANDIDATE GUIDE

Introduction

Congratulations on your decision to earn an American Health Information Management Association (AHIMA) credential. We commend your commitment to your career and the health informatics and information management (HIIM) profession.

This guide includes information about:

- Eligibility qualifications
- Guidelines for applying for and scheduling the examination
- What to expect at the test center
- What to expect after completing the examination

About the Commission on Certification for Health Informatics and Information Management (CCHIIM)

Purpose

CCHIIM serves the public by establishing, implementing, and enforcing standards and procedures for certification and recertification of health informatics and information management (HIIM) professionals.

CCHIIM Mission

Through certification, the CCHIIM ensures the competency of professionals practicing health informatics and information management worldwide.

CCHIIM Vision

Professional excellence in health informatics and information management through certification.

CCHIIM Values

- The application of evidence-based best practices for certification;
- The validation of workforce competence through professional certification;
- The commitment to ongoing professional development, lifelong learning, and workforce excellence, and
- The recognition of CCHIIM-certified professionals' role in maintaining and enhancing quality health information for the safety of the public and the improvement of healthcare.

CCHIIM Exam Development Process: An Overview for Stakeholders

AHIMA / CCHIIM certification exams are valid, reliable, and legally defensible assessment instruments that measure the competency of potential certificants against a codified and relevant body of HIIM competencies (also referred to

as knowledge, skills, and abilities). The subject matter (also referred to as a body of knowledge, or BoK for short) represented by these competencies is further segmented across specific roles and disciplines throughout the HIIM profession as a whole by the requisite levels of depth, breadth, and experiences necessary for successful job performance, as exemplified by each respective AHIMA certification.

About CCHIIM Exam Development Committees (EDC)

CCHIIM EDCs are comprised of experienced, credential-specific subject matter experts, representing HIIM leaders, practitioners, and other relevant stakeholders. EDCs are responsible for the specific oversight and performance of their respective credential's certification examination. EDC responsibilities are codified in the CCHIIM operating code, and typically include recurring review of content relevancy, both item-level and examination-level performance data, and expertise with respect to establishing the cut score for their respective certification examinations.

Job Analysis

The job analysis process assures quality control of the relevancy, currency, and validity of the competencies that are assessed by each certification examination. Job analyses are typically performed every three to five years; however, CCHIIM plans for and conducts comprehensive job analyses according to the rate and amount of changes that take place within a given certification examination. Consistent with best practices, the task of job analysis is overseen by a diverse and representative sample of stakeholders, including recently certified professionals and employers / supervisors. These stakeholders assess the criticality of current workplace practices, skills, tasks, and responsibilities, with respect to the importance and frequency of performance. The results of the job analysis influence to what extent the competencies are revised for each certification examination.

Examination Blueprints and Specifications

The job analysis serves as the foundation for the examination blueprint. First, the individual competencies are grouped into domains that represent specific and similar areas of content. Next, the percentage weighting of each content domain is determined, in part, through the individual competency statement criticality scores, considered collectively, within each domain. This weighting of domains relative to one another allows the EDCs to determine how much, or to what extent, each domain is assessed (both by the number and difficulty of test items), relative to the other domains. For example, domains with competencies that have higher criticality scores (i.e., more important and/or more frequently performed) typically represent a larger percentage of test items than those domains with lower criticality scores for their respective competencies.

The examination specifications are typically established or revised at the same time as the development of the examination blueprint. The specifications usually include the total number of test items (both scored and non-scored), test item type(s), such as multiple-choice or other, total test duration, scoring methodology, etc.

For additional information on CCHIIM, please visit www.ahima.org/certification/aboutcchiim.

About AHIMA

AHIMA is a professional association comprised of 52 Component State Associations and more than 60,000 HIIM professionals who work in a variety of healthcare settings. Since 1932, AHIMA has certified HIIM professionals through its rigorous testing standard.

VALUE OF CERTIFICATION

AHIMA-Certified Professionals Deliver the Results Your Organization Needs

Setting the standard since 1932 as the leader in HIIM certification

The AHIMA Commission on Certification is nationally recognized as the most respected HIIM credentialing agency. AHIMA certifications provide validation of professional competency to employers. Healthcare quality, financial performance, and operational efficiency are strengthened by hiring AHIMA-credentialed professionals.

Professional Certification through AHIMA

Excellence in Operations and Healthcare Delivery

AHIMA establishes professional standards of excellence. Credentials are issued in HIIM, compliance and data quality, coding, privacy and security, and health data analysis, responding to the demands of the rapidly changing healthcare environment.

Dedication Required, Competency Ensured

Credentials are earned through a combination of education, experience, and performance on certification exams. Following initial certification, credentials must be maintained through rigorous continuing education, ensuring the highest level of competency for employers and consumers.

AHIMA currently sponsors the following certification examinations:

1. Registered Health Information Administrator (RHIA)
2. Registered Health Information Technician (RHIT)
3. Certified Coding Associate (CCA)
4. Certified Coding Specialist (CCS)
5. Certified Coding Specialist—Physician-based (CCS-P)
6. Certified Health Data Analyst (CHDA)
7. Certified in Healthcare Privacy and Security (CHPS)

Certified for Success

Organizations that employ credentialed HIIM professionals can expect the highest levels of competency. The ability to adhere to industry standards and regulations is demonstrated through attaining credentials. Certified professionals are leaders in healthcare, displaying a commitment to the industry, their colleagues, and consumers.

Leverage the Benefits and Anticipate Results

Credentialed professionals offer employers a broad range of benefits that can be leveraged for immediate application to HIIM and other operations functions. Because they have pursued certification, credentialed professionals are ready to apply their skills and require less training than non-credentialed peers. Their expertise reduces exposure to fraud and abuse charges through precise, ethical management of health information. The accuracy of health data is increased, making it more meaningful and positively affecting the revenue cycle.

These key factors influence the success of healthcare organizations through improved delivery of quality healthcare and enhanced operational efficiency, producing results that impact the bottom line.

ABOUT CERTIFICATION

Certification is a means for showing that a certified professional possesses the knowledge and skills necessary for the optimal performance of his or her job. Through credentialing, the practitioner's employer, peers, and the public are reassured that the certified individual is both competent and well-informed in the daily and accurate administration of his or her professional duties. Certain professions (for example doctors, lawyers, technicians, and others) require that the individuals performing their duties be certified, owing to legal or safety reasons or high professional standards. Whatever the reason, credentialing makes a professional a likelier candidate for gainful employment and career advancement.

Other benefits include:

- Credentialed professionals receive better compensation from their employers

- Employers know they've hired productive and knowledgeable individuals
- Certification marks a professional as an exceptional individual in his or her field
- Greater chance for advancement in one's chosen career
- Certification gives greater insight on potential employees during the hiring process
- Consumers are protected from the threat of incompetent or unfit practitioners
- A certified professional's work reflects the best practices and high professional standards of his or her field.

(Reference: www.noca.org/GeneralInformation/WhatisCertification/tabid/63/Default.aspx)

ABOUT AHIMA CREDENTIALS

Certified Coding Associate (CCA)

The CCA credential distinguishes coders by exhibiting commitment and demonstrating coding competencies across all settings, including both hospitals and physician practices. The US Bureau of Labor Statistics estimates a shortage of more than 50,000 qualified HIM and HIT workers by 2015. Becoming a CCA positions you as a leader in an exciting and growing market. CCAs:

- Exhibit a level of commitment, competency, and professional capability that attracts employers
- Demonstrate a commitment to the coding profession
- Distinguish themselves from non-credentialed coders and those holding credentials from organizations less demanding of the higher level of expertise required to earn AHIMA certification

Based upon job analysis standards and state-of-the-art test construction, the CCA designation has been a nationally accepted standard of achievement in the health information management (HIM) field since 2002. More than 8,000 people have attained the certification since inception. The CCA is the only HIM credential worldwide that is currently accredited by the National Commission for Certifying Agencies (NCCA).

Eligibility Requirements

CCA examination candidates must have a high school diploma from a United States high school or an equivalent educational background.

Although not required, it is strongly recommended that candidates have at least six months experience in one of the following:

- A healthcare organization applying ICD-9-CM and CPT coding conventions and guidelines,

OR

- Have completed an AHIMA-approved coding certificate program

OR

- Have completed another formal coding training program

Certified Coding Specialist (CCS)

Certified Coding Specialists are professionals skilled in classifying medical data from patient records, generally in the hospital setting. These coding practitioners review patients' records and assign numeric codes for each diagnosis and procedure. To perform this task, they must possess expertise in the ICD-9-CM and CPT coding systems. In addition, the CCS is knowledgeable in medical terminology, disease processes, and pharmacology. Hospitals and medical providers report coded data to insurance companies, or to the government in the case of Medicare and Medicaid recipients, for reimbursement of expenses.

Researchers and public health officials also use coded medical data to monitor patterns and explore new interventions. Coding accuracy is thus highly important to healthcare organizations because of its impact on revenues and describing health outcomes, and in fact, certification is becoming an implicit industry standard. Accordingly, the CCS credential demonstrates tested data quality and integrity skills in a coding practitioner. The CCS certification exam assesses mastery proficiency in coding rather than entry-level skills. Professionals experienced in coding inpatient and outpatient records should consider obtaining this certification.

Eligibility Requirements

CCS exam candidates must have earned a high school diploma from a United States high school or have an equivalent educational background.

Although not required, it is strongly recommended that candidates have at least three years of on-the-job experience in:

- Hospital-based inpatient coding for multiple case types (for example, circulatory, pregnancy, neoplasms, genitourinary, musculoskeletal, respiratory, and endocrine, nutritional and metabolic diseases, and immunity disorders)
- Hospital-based ambulatory/outpatient care coding for multiple case types (for example, eye, musculoskeletal, integumentary, ENT, injury and poisoning, cardiac catheter, interventional radiology, and pain management)

AND

- Completed coursework in anatomy and physiology, pathophysiology, and pharmacology, or demonstrated proficiency in these areas

Certified Coding Specialist—Physician-based (CCS-P)

The CCS-P is a coding practitioner with expertise in physician-based settings such as physician offices, group practices, multi-specialty clinics, and specialty centers. He or she reviews patients' records and assigns numeric codes for each diagnosis and procedure. To perform this task, the individual must possess in-depth knowledge of the CPT coding system and familiarity with the ICD-9-CM and HCPCS Level II coding systems. The CCS-P is also an expert in health information documentation, data integrity, and quality. Because patients' coded data is submitted to insurance companies or the government for expense reimbursement, the CCS-P plays a critical role in the health provider's business operation. With the growth of managed care and the movement of health services delivery beyond the hospital, the employment outlook for this coding specialty looks highly favorable. The CCS-P certification exam assesses mastery-level proficiency in coding rather than entry-level skills. Professionals performing coding in a doctor's office, clinic, or similar setting should consider obtaining the CCS-P certification to attest to their capabilities.

Eligibility Requirements

CCS-P exam candidates must have earned a high school diploma from a United States high school or have an equivalent educational background. Although not required, it is strongly recommended that candidates have at least three years of on-the-job experience in:

- Coding for physician services in multiple settings, (for example, hospital, emergency room, operating room, and physician office or clinic) utilizing codes in the E/M, surgery, medicine and/or anesthesia, radiology and laboratory chapters of CPT and HCPCS II

AND

- Completed coursework in anatomy and physiology, pathophysiology, and pharmacology, or demonstrated proficiency in these areas

Registered Health Information Administrator (RHIA)

Working as a critical link between care providers, payers, and patients, the RHIA is an expert in managing patient health information and medical records, administering computer information systems, collecting and analyzing patient data, and using classification systems and medical terminologies. Underlying this expertise is a comprehensive knowledge of medical, administrative, ethical and legal requirements and standards related to healthcare delivery and the privacy of protected patient information. RHIAs often manage people and operational units, participate in administrative committees, and prepare budgets. RHIAs interact with all levels of an organization—clinical, financial, administrative, and information systems—that employ patient data in decision making and everyday operations.

Job opportunities for RHIAs exist in a multitude of settings throughout the healthcare industry. These include the continuum of care delivery organizations, including hospitals, multi-specialty clinics and physician practices, long-term care, mental health, and other ambulatory care settings. The profession has seen significant expansion in non-patient care settings, with careers in managed care and insurance companies, software vendors, consulting services, government agencies, education, and pharmaceutical companies.

Eligibility Requirements

RHIA applicants must meet one of the following eligibility requirements:

- Successfully complete the academic requirements, at the baccalaureate level, of an HIM program accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)¹

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement²

The academic qualifications of each candidate will be verified before a candidate is deemed eligible to take the examination. All first-time applicants must submit an official transcript from their college or university.³ (see footnotes on page 6).

Registered Health Information Technician (RHIT)

Professionals holding the RHIT credential are health information technicians who ensure the quality of medical 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. An additional role for RHITs is cancer registrars—compiling and maintaining data on cancer patients. With experience, the RHIT credential holds solid potential for advancement to management positions, especially when combined with a bachelor's degree. Although most RHITs work in hospitals, they are also found in 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.

Eligibility Requirements

RHIT applicants must meet one of the following eligibility requirements:

- Successfully complete the academic requirements, at an associate's degree level, of an HIM program accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)¹

OR

- Graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement²

The academic qualifications of each candidate will be verified before a candidate is deemed eligible to take the examination. All first-time applicants must submit an official transcript from their college or university³

Certified in Healthcare Privacy and Security (CHPS)

The Certified in Healthcare Privacy and Security (CHPS) credential denotes competence in designing, implementing, and administering comprehensive privacy and security protection programs in all types of healthcare organizations. Becoming certified in healthcare privacy and security demonstrates a choice to focus and advance by specializing in privacy and security dimensions of HIM.

Being distinguished with this special expertise signifies a commitment to advancing privacy and security management practices and lifelong learning and professional development.

Eligibility Requirements

CHPS applicants must meet one of the following eligibility requirements for the CHPS examination:

- Baccalaureate degree and a minimum of four (4) years experience in healthcare management

OR

- Master's or related degree (JD, MD, or PhD) and two (2) years of experience in healthcare management

OR

- HIM credential (RHIT or RHIA) with a baccalaureate or higher degree and a minimum of two (2) years of experience in healthcare management

Experience in healthcare management will be verified through the application, which requires a resume describing professional experience managing people and projects in healthcare organizations. The candidate is responsible for ensuring their eligibility to sit for certification.

1. Students interested in obtaining a Post-Baccalaureate Certificate, Certificate of Completion, or Transfer of Credits information must contact the CAHIIM-accredited program in which they wish to enroll regarding their institutional policies. Please visit the program directory Web site at www.cahiim.org/directory to access the list of CAHIIM-accredited programs.
2. AHIMA and the Canadian Health Information Management Association (CHIMA) shall permit a graduate of a program in HIM at the associate or baccalaureate degree level to apply to write the appropriate certification examination consistent with the academic level achieved and given independently by the two associations. The graduate must meet the educational competencies for certification as a technician or administrator established by the association to which the application is made.

3. Students in CAHIIM-accredited programs for RHIT or RHIA, enrolled in their final term of study, are now eligible to apply for and take their respective certification exam early. Eligible students include the following:
 - Students currently enrolled and in their last term of study
 - Students who have completed their course work but have not yet graduated
 - Graduates that are currently waiting for their official transcripts

Certified Health Data Analyst (CHDA)

Individuals who earn the CHDA designation will achieve recognition of their expertise in health data analysis and validation of their mastery of this domain. This prestigious certification provides practitioners with the knowledge to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information, while balancing the “big picture” strategic vision with day-to-day details. CHDA-certified professionals will exhibit broad organizational knowledge and the ability to communicate with individuals and groups at multiple levels, both internal and external.

Eligibility Questions

CHDA applicants must meet one of the following eligibility requirements for the CHDA examination:

- Baccalaureate degree or higher and a minimum of five (5) years of healthcare data experience

OR

- Registered healthcare information administration credential (RHIA) and a minimum of one (1) year of healthcare data experience

Experience in healthcare data will be verified through the application, which requires a resume describing work related experience in healthcare data management, analysis, and reporting.

Eligibility Requirements

AHIMA’s Commission on Certification reserves the right to verify the information supplied by, or on behalf of, a candidate. If selected for an audit, the candidate may be asked to submit additional documentation supporting eligibility.

Taking the certification examination is voluntary. AHIMA strictly adheres to the eligibility requirements for certification. It is the responsibility of the candidate to comply with all procedures and deadlines in order to establish eligibility for the examination. For questions about eligibility, please contact:

Attn: Certification Department
AHIMA
233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601
Telephone: (800) 335-5535
E-mail: info@ahima.org

Nondiscrimination Policy

AHIMA and Pearson VUE do not discriminate against any candidate on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, or source of income. All examination applicants will be judged solely on the criteria established by the Commission on Certification.

APPLYING FOR THE EXAM

Submitting an Application

Before submitting an application, carefully review the information contained in this guide. It is the candidate’s responsibility to ensure eligibility before submitting the application. Applicants who are determined to be ineligible, and submit an ineligible application or request withdrawal of their application, will receive a refund of the application fee minus a \$75 processing fee.

Applicants may register online at www.ahima.org/certification or by submitting a paper application, which can also be found www.ahima.org/certification.

When completing the application be sure to:

1. Ensure the name on the application matches the name on the identification (ID) to be used for admission to the test center (see section on Identification Requirements).
2. Indicate if an acknowledgment letter should be sent to your employer after certification is achieved.
3. Include the education program code (EPC) on the application (for RHIA, RHIT, and CCA applicants only).
4. Submit verification of eligibility, if applicable. (Official transcript for RHIA and RHIT only)

5. Sign and date the application in ink (if using a paper application).
6. Make copies for your records.
7. Include the correct application fee by referring to the AHIMA Web site for current exam pricing.
8. Mail paper application, using a traceable method, to:

Attn: Certification Examinations
AHIMA
Dept 77-3081
Chicago, IL 60678-3081

Incomplete Applications

An application may be considered incomplete for the following reasons:

- Insufficient fee included, declined credit card, or returned check
- Application is not signed
- Missing official transcript
- Missing Request for Accommodations form and documentation form (if applicable)

Checks for insufficient funds (NSF) will not be re-deposited. If the bank does not clear your check, a fee of \$25 will be incurred. Visa, MasterCard, and American Express transactions declined or not approved will also be subject to a \$25 handling fee. A certified check or money order for the amount due, including the NSF fee, must be submitted to AHIMA to cover returned checks or credit card transactions. Postdated checks are not an acceptable form of payment.

Once an application is complete, the application will be processed and Pearson VUE will send an Authorization to Test (ATT) letter.

Refund Policy (effective January 1, 2011)

Candidates can request a refund for their exam application up to fourteen (14) business days prior to their scheduled test date or eligibility end date.

All appointments must be canceled through Pearson VUE prior to the request for a refund. This request can be submitted by e-mail to certification@ahima.org or by fax to (312) 233-1500; Attn: Certification with the following information:

1. Candidate's name
2. AHIMA ID# (optional)
3. Exam type

There is a \$75 processing fee for all refund requests. Please allow four to six weeks for processing.

Independent Testing Agency

Pearson VUE has been contracted by AHIMA to help develop and administer AHIMA's certification examinations in the United States and internationally. Pearson VUE delivers millions of high-stakes tests every year across the globe for clients in the licensure, certification, academic admissions, regulatory, and government testing service markets. It boasts the world's leading test center network, with over 5,000 test centers in 165 countries, 230 of which are fully-owned and -operated Pearson Professional Centers. Pearson Professional Centers utilize a patent-winning design, which was created specifically for high-stakes testing and offers a carefully controlled, consistent testing environment.

For more information about Pearson VUE, please visit www.pearsonvue.com/ahima.

TEST TAKERS' RIGHTS AND RESPONSIBILITIES

As a test taker, you have the right to:

1. Be informed of your rights and responsibilities as a test taker.
2. Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation, or other personal characteristics.
3. Be tested with measures that meet professional standards and that are appropriate, given the manner in which the test results will be used.
4. Receive written explanation prior to testing about the purpose(s) for testing, the kind(s) of tests to be used, if the results will be reported to you or to others, and the planned use(s) of the results. If you have a disability, you have the right to inquire and receive information about testing accommodations.
5. Know in advance of testing when the test will be administered, if and when test results will be available to you, and if you are expected to pay a fee for testing services.
6. Have your test administered and your test results interpreted by appropriately trained individuals who follow a professional code of ethics.
7. Know the consequences of taking or not taking the test, fully completing the test, or canceling the scores. You may need to ask questions to learn these consequences.
8. Receive a written explanation of your test results within a reasonable amount of time after testing and in commonly understood terms.
9. Have your test results kept confidential to the extent allowed by law.
10. Present concerns about the testing process or your results, and receive information about procedures that will be used to address such concerns.

As a test taker, you have the responsibility to:

1. Read or listen to your rights and responsibilities as a test taker.
2. Treat others with courtesy and respect during the testing process.
3. Ask questions prior to testing if you are uncertain about why the test is being given, how it will be given, what you will be asked to do, and what will be done with the results.
4. Read or listen to descriptive information in advance of testing and listen carefully to all test instructions. You should inform AHIMA before scheduling your test if you wish to receive a testing accommodation, or if you have a physical condition or illness that may interfere with your performance on the test.
5. Know when and where the test will be given, pay for the test if required, appear on time with any required materials (for example, valid identification and code-books, if allowed), and be ready to be tested.
6. Follow the test instructions you are given and represent yourself honestly during the testing.
7. Be familiar with and accept the consequences of not taking the test, should you choose not to take the test.
8. Inform appropriate person(s) (as specified to you by the organization responsible for testing) if you believe that testing conditions affected your results.
9. Ask about the confidentiality of your test results, if this aspect concerns you.
10. Present concerns, if you have any, about the testing process or results in a timely, respectful way.

(Adopted from the American Psychological Association Test Takers' Rights and Responsibilities)

AHIMA Exam Application Checklist

- Read Candidate Guide
- Apply for exam
- Submit all paperwork necessary (transcripts, resume, other documentation)
- Upon receipt of authorization to test (ATT), read it completely
- Schedule exam with Pearson VUE
- Verify what materials are needed at the testing center
- Verify time and date of exam

SCHEDULING THE EXAMINATION

Authorization to Test (ATT) Letters

After eligibility for the examination is determined, Pearson VUE will send the candidate an Authorization to Test (ATT) letter via email for those candidates with a valid email address (see Appendix C). Letters will be mailed to those candidates without a valid email address. The ATT letter contains an authorization number, the eligibility period for testing, and instructions for scheduling an appointment. Candidates may only schedule their appointment within their four month eligibility window. The eligibility start date and end date are provided in the ATT letter.

Scheduling an Appointment to Test

The testing appointment should be scheduled soon after receiving the ATT letter. Scheduling an appointment early in the eligibility period increases the likelihood that the candidate can sit for the exam at his or her optimal date and time. Space at the Pearson VUE testing centers is limited and the availability of a testing “seat” is not guaranteed. Therefore, candidates who schedule their exams in the latter part of their eligibility period run the risk of not sitting for the exam.

Before scheduling a testing appointment, be sure the name on the eligibility letter matches the name on all forms of identification being used. In the event of a name change, please contact AHIMA at (800) 335-5535, or at info@ahima.org.

For fast and easy scheduling, testing appointments may be scheduled by logging in at www.PearsonVUE.com/ahima. You may also call Pearson VUE’s customer service number at (888) 5AHIMA2 (wait time may vary depending on candidate volume). When scheduling an exam, candidates should be prepared to provide the authorization number located in the ATT letter. After the exam is scheduled, candidates will receive information about the time and date of the exam, as well as a confirmation number. Candidates should keep a copy of this information for future reference.

Directions to the testing center may be obtained by logging on to www.PearsonVUE.com. ATT letters are not required at the testing center.

Test Centers

Test centers are available throughout the United States and internationally. A complete listing of test center locations, including addresses and driving directions, may be found on Pearson VUE’s Web site: www.PearsonVUE.com/ahima. Before the day of the examination, please be sure the address and directions to the test center are correct. If a candidate goes to the wrong test center on the day of the examination and cannot test, the candidate must re-apply and re-submit another application fee.

APPOINTMENT CHANGES

Policy on Cancelling or Rescheduling your Exam Appointment

AHIMA’s policies about changing a testing appointment are as follows:

1. Candidates may cancel and reschedule the examination up to 15 days prior to the scheduled examination date at no charge.
2. Any candidate who reschedules or cancels his or her appointment between 14 days and 24 hours prior to the exam date will be charged a penalty of \$30 by Pearson VUE. Rescheduling and payment must be completed using a valid credit card via www.PearsonVUE.com/ahima or by calling the Pearson VUE Call Center at (888) 524-4622.
3. Candidates may not reschedule the examination less than 24 hours prior to the examination appointment.
4. Candidates who do not arrive or who arrive late to their scheduled exam appointment time will be considered no-shows and will forfeit their application fee.
5. Candidates failing to appear for the scheduled appointment or who are over thirty (30) minutes late will not be allowed to test. A new application and the full application fee must be submitted in order to test.

Deadline	Rescheduling Fee
Up to 15 days before exam date	No charge
Between 14 days and 24 hours prior to exam date	\$30
No-shows	Forfeit application fee

Refunds must be requested through AHIMA. Candidates requesting a refund must first cancel their appointment with Pearson VUE and then contact AHIMA to request the refund.

(see refund policy on page 8)

:

ELIGIBILITY EXTENSION FEE AND POLICY

Candidates may request an extension for their eligibility period by following the policy outlined below:

1. 1st Request for an Extension - \$75.00 (only good for 45 days)
2. 2nd and Final Request for an Extension - \$150.00 (only good for an additional 30 days)

Note: No additional extension will be authorized

Steps for Requesting an Extension:

1. Complete and submit the Eligibility Extension Request Form (form available on www.AHIMA.org/certification) along with the required fee to:

2. ATTN: Certification Dept./Extensions
AHIMA
233 N. Michigan Ave., 21st Fl
Chicago, IL 60601

Note: Requests for an extension must be made no later than 14 business days from your scheduled exam date or eligibility end date.

3. If you already scheduled your exam date with Pearson VUE, you must contact Pearson VUE at (888) 524-4622 directly and cancel your exam appointment.
4. You will be notified via e-mail (e-mail address required on form) once your request has been processed and approved.

PREPARING FOR THE EXAM

Tips for Success

- Read through the entire candidate guide.
- Visit AHIMA's exam preparation page at www.ahima.org/certification. You will be able to:
 - Review exam specifications
 - Review content outlining
 - Allow enough time to prepare for the exam. "Cramming" is discouraged.

- Know when and where the test will be given, appear on time with any required materials (for example, valid identification and codebooks if allowed), and be ready to be tested.
- Please ensure that both forms of your identification abide by all requirements as posted on www.pearson-vue.com/ahima under "On Examination Day."

ON EXAMINATION DAY

Examination Procedures

The Pearson VUE staff adheres to approved procedures to ensure the test center meets AHIMA's testing criteria. Please review the following information prior to the testing date to ensure familiarity with the procedures.

Plan to arrive at the test center 30 minutes before the scheduled appointment. Candidates arriving at the test center 30 minutes after the scheduled appointment will not be allowed to test and will forfeit the testing fee.

When arriving at the test center, candidates will:

- Receive the Professional Examination Rules Agreement
- Submit two valid, correct forms of identification (ID)
- Have their digital signature captured to verify that signatures match
- Have their palm vein pattern captured
- Have a photograph taken
- Store belongings
- Show reference materials for approval (when applicable)

A dry erase board will be provided to all candidates for use during the examination. No scratch paper is allowed.

Identification Requirements

The identification (ID) requirements to be allowed to test include a primary form of ID that contains the candidate's signature and picture, and a secondary form of ID that contains the candidate's signature. The name on the primary and secondary forms of ID should be the same as the name that appears on the testing application.

Acceptable forms of primary ID are valid and non-expired with the candidate's photograph and signature, including:

- Government-issued driver's license, including temporary licenses with all required elements (refer to "Unacceptable forms of Candidate Identification" for an exception when presented with a Texas driver's license that carries two expiration dates)
- U.S. Dept of State driver's license
- U.S. learner's permit (plastic card only with photo and signature)

- National/state/country identification card
- Passport
- Passport card
- Military ID
- Military ID for spouses and dependents
- Alien registration card (Green Card, Permanent Resident Visa)
- Government-issued local language ID (plastic card with photo and signature)

The following are examples of **unacceptable** forms of ID:

- Expired driver's license or expired passport
- Social security card
- Library card
- Marriage certificate
- Voter's registration card
- Club membership card
- Public aid card
- Temporary driver's license without proper paperwork and photo identification
- Video club membership card
- Traffic citation (arrest ticket)
- Fishing or hunting license
- AHIMA membership card

Without acceptable forms of ID, candidates will not be allowed to test and will forfeit the application fee. Pearson VUE reserves the right to deny a candidate from taking the exam if there is a question in regards to the validity of the ID(s).

To review the list of acceptable primary and secondary forms of identification, please refer to www.pearsonvue.com/ahima.

Exam Times and Number of Questions

Exam	# of Questions	Exam Time
RHIA	180 multiple choice	4 hours
RHIT	150 multiple choice	3½ hours
CCA	100 multiple choice	2 hours
CCS	Part 1: 60 multiple choice Part 2: 13 cases	Part 1: 1 hour Part 2: 3 hours
CCS-P	Part 1: 60 multiple choice Part 2: 16 cases	Part 1: 1½ hour Part 2: 2½ hours
CHDA	154 multiple choice	3 hours, 30 minutes
CHPS	150 multiple choice	3 hours, 30 minutes

Test Center Restrictions

To ensure that examination results for all candidates are earned under comparable conditions, it is necessary to maintain a standardized testing environment. Candidates must adhere to the following:

- No reference or study materials may be brought into the examination room. Code books with tabs, handwritten notations, or comments are allowed but must be free of any notes containing coding rules and guidelines from other reference materials (for example, Coding Clinic, CPT Assistant, and similar materials). The testing center staff reserves the right to deny code books that contain excessive writing and information that may give the candidate an unfair advantage. Post-It® Notes and any loose materials are not allowed (code books are for use on CCA, CCS, and CCS-P exams only).
- Documents or notes of any kind may not be removed from the examination room. All computer screens, paper, and written materials are the copyrighted property of Pearson VUE and may not be reproduced in any form.
- Candidates will not be allowed to take anything into the examination room other than those items given to them by the administrator and their identification documents.
- Prohibited items will not be allowed into the examination room. Prohibited items include, but are not limited to, the following: calculators, pagers, cell phones, electronic digital devices (PDAs, watches, etc.), recording or photographic devices, weapons, briefcases, computers or computer bags, and handbags or purses. Candidates cannot bring in drinks or snacks of any kind.
- Eating, drinking, and smoking are prohibited in the test center.
- Questions regarding the content of the examination may not be asked of the test center administrator during the examination.

Security

All proprietary rights in the examinations, including copyrights and trade secrets, are held by AHIMA. In order to protect the integrity of the examinations and to ensure the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling copyrighted proprietary examinations. Any attempt to reproduce all or part of the examinations, including, but not limited to, removing materials from the examination room, aiding others by any means in reconstructing any portion of the examinations, selling, distributing, receiving or having unauthorized possession of any portion of the examinations, is strictly prohibited by law. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should be noted that all

examination scores may be invalidated in the event of this type of suspected breach.

Candidates may not write on any examination materials distributed by or belonging to AHIMA.

A candidate can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, or the candidate's scores might be cancelled, if

Pearson VUE determines through proctor observation, statistical analysis, and other evidence that the candidate's score may not be valid or that the candidate was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of the examination.

Test centers are continuously monitored by audio and video surveillance equipment for security purposes.

Misconduct

Individuals who engage in the following conduct may be dismissed from the test center and their scores will not be reported. Examples of misconduct include, but are not limited to:

- Using electronic communications equipment such as personal digital assistants (PDAs), calculators, pagers, and cellular telephones
- Giving or receiving help during the examination or being suspected of doing so

- Attempting to take the examination for someone else
- Using notes, books, or other aids
- Removing or attempting to remove note paper from the test center
- Creating a disturbance or behaving in an abusive or otherwise uncooperative manner

Cancellation Due to Bad Weather or Other Emergencies

In the event of bad weather, a natural disaster, or other emergency (for example, a test center power outage), Pearson VUE will determine whether circumstances warrant cancellation and rescheduling of examinations at a particular test center.

Examinations will not be cancelled and rescheduled if the test center administrator can open the test center. Every attempt will be made to administer all examinations as scheduled.

However, should examinations at a test center be cancelled, all affected candidates will be contacted by Pearson VUE about rescheduling their examinations.

AFTER THE EXAMINATION

Notification of Examination Results

After completing the examination and evaluation, candidates will be asked to report to the test center staff to receive their score report.

The score report will not include performance on pretest questions, and these questions will not be used to determine passing or failing. Candidates will receive their results immediately upon completion of their exam.

In the event a new exam format is introduced and the passing mark has not been pre-established, exam candidates will receive a test completion notice upon completion of their exam. Once the passing mark has been determined, exam results will be sent to candidates via regular mail. Passing scores for examinations will be published on AHIMA's Web site at www.ahima.org/certification.

Confidentiality Procedures

AHIMA and Pearson VUE have adopted policies and procedures to protect the confidentiality of examination candidates. AHIMA and Pearson VUE staff members will not discuss pending examination applications with anyone

but the candidate and will not report scores via telephone, e-mail, or fax.

AHIMA and Pearson VUE will not release exam results to educational institutions unless authorized by the candidate.

Validation of Scores

AHIMA and Pearson VUE are responsible for the validity and integrity of the scores reported. Occasionally, computer malfunctions or candidate misconduct may cause a score report to be suspect. AHIMA and Pearson VUE reserve the right to void or withhold examination results if, upon investigation, violation of AHIMA's regulations is discovered. Candidates are expected to fully cooperate with any investigation.

Release of Information

All individuals who successfully complete an examination may be recognized for this achievement on AHIMA's Web site. (Authorization by the candidate is required.) AHIMA and Pearson VUE will not release scores to any other third party.

Certificates

Candidates who pass the examination will receive a certificate specifying the credential has been awarded. AHIMA's certificate vendor will send the official certificate within four (4) months of passing the examination. The candidate's name will appear on the certificate exactly as it appears on the examination application form.

Individuals seeking a replacement certificate because the original was lost, stolen, destroyed, or the name on the certificate has changed, are required to complete the certificate replacement form. A form is available at www.ahima.org/certification/contact.

If candidates do not receive their initial certificate, new certificates are free of charge only when requested within nine months. Once nine months have passed since the certification date, candidates must pay the \$35 fee for the certificate.

Examination Complaints

Candidates are required to report any complaints at the test center on the day of their examination.

Because of the secure nature of the examination, neither AHIMA nor Pearson VUE will disclose examination questions or candidate's responses to individual questions.

Re-taking the Examination

Candidates who have taken and failed an examination must wait a minimum of 91 days before testing again for CHDA, CHPS, CCS, CCS-P and 45 days for CCA, RHIA, and RHIT. To re-take an examination, a candidate must resubmit a new application with the appropriate examination fee. Transcripts are kept on file and do not need to be resubmitted.

For more information and for retesting fees, please visit www.ahima.org/certification.

Use of the Credential

Candidates who pass the examination will be authorized to use RHIA, RHIT, CCA, CCS, CCS-P, CHDA, or CHPS, as applicable, following their name. AHIMA suggests the following guidelines when using credentials:

- Academic degrees (for example, PhD, JD, and MBA) are listed closest to the last name.
- General credentials (for example, RHIA and RHIT) follow the academic degree. If there is no academic degree listed, the certification credential follows the last name.
- *The RHIT credential will be superseded once a candidate passes the RHIA exam.

- Specialty credentials and coding credentials (for example, CHDA, CHP, CHS, CHPS, CCS, CCS-P, and CCA) follow the general credential.
- *The CCA credential will be superseded once a candidate passes the CCS or CCS-P exam
- Fellowship credentials (for example, FAHIMA) follow the specialty credential.
- Early testing candidates are not authorized to use their credential until all requirements have been met and verified through AHIMA.

Registry

Once certified, candidates are added to the AHIMA registry. Certification status may be verified by employers, government agencies, and accrediting agencies. In addition, newly credentialed individuals are listed at: https://secure.ahima.org/certification/exams/staff/newly_credentialed.asp.

Credential Verification

Certification status may be verified by employers, government agencies, and accrediting agencies by submitting a request by fax at (312) 233-1500 or email at: credential_verification@ahima.org and are processed within 2-3 business days. Requests must be submitted on the company letterhead with the following information:

1. Requestor's name and title
2. Certified professional's name
3. Credential
4. Certified professional's current residence (city and state)

APPENDIX A

Sample Examination Screen

Sample Examination Screen 2 of 3

Question 6 of 60 Test Taker
Certified Coding Specialist Examination Time Remaining: 00:59:48

Click to go back to the previous question

Click to go back to the previous question

If you wish to tag a question to come back to it at a later time, click the "Mark" button

The "Review" button allows you to see an itemized list of the questions. While in the Review screen, questions are displayed as "Marked," "Completed," or Skipped.

PREVIOUS **NEXT** **MARK** **REVIEW**

APPENDIX B AHIMA Membership Application

YES, please activate my AHIMA membership. By submitting my application I agree to abide by AHIMA's Code of Ethics. To review the Code of Ethics, visit www.ahima.org/about/ethicscode.aspx.

Last Name	First Name	Middle Initial	
Address: <input type="checkbox"/> Home <input type="checkbox"/> Work			
City	State	Zip Code	Country
Home Phone			
E-mail Address			

Membership Categories

Active Membership—Individuals interested in the AHIMA purpose and willing to abide by the Code of Ethics. Active members in good standing shall be entitled to all membership privileges including the right to vote.

Senior Membership—In recognition of service to the profession, current AHIMA members 65 and over are eligible for this member type.

Student Membership—Students formally enrolled in an AHIMA-approved or CAHIIM-accredited program. Student membership is valid only for those not holding an AHIMA credential. **Those applying for student membership must apply online at www.ahimastore.org.**

Membership Dues

- Active.....\$165
(plus the additional credential maintenance fee listed below when applicable)
- Senior \$60

Credential Maintenance Fees with Membership

- CCA, CCS, CCS-P, RHIT, RHIA, CHDA\$10
(any combination of these credentials only)
- CHP or CHS\$37.50
- CHP or CHS\$47.50
(plus any combination of CCA, CCS, CCS-P, RHIT, RHIA, or CHDA)
- CHPS \$62.50
- CHPS \$72.50
(plus any combination of CCA, CCS, CCS-P, RHIT, RHIA, or CHDA)
- Voluntary AHIMA Foundation Contribution.....\$10

If you are no longer working, and not planning to maintain your credential, please call Customer Relations at (800) 335-5535 to discuss your options.

Membership dues prices are guaranteed through December 31, 2011.

Payment Methods

- Check/Money Order.
Make checks payable to AHIMA.
- Visa MasterCard American Express

Card #	Exp. Date
Signature	Date

Component State Association (CSA)

Twenty percent (20%) of membership dues are reimbursed to the CSA of your choice. CSA will be assigned based on your address on this form. Please contact AHIMA if you would like to change your assigned CSA. Some CSAs charge an additional assessment for membership.

There are 52 state associations, representing the 50 US states, the District of Columbia, and Puerto Rico. For details on how to contact your state association, visit www.ahima.org.

Dues Information

Dues are not refundable and membership is not transferable. A portion of your dues is allocated to a *Journal of AHIMA* subscription, \$10 for student members, and \$22 for all others. The *Journal* subscription rate is \$100 per year. Members may not deduct the subscription price from dues. A subscription to *AHIMA Advantage* is included in dues. The annual member subscription rate is \$8 for all members.

AHIMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. AHIMA estimates that 5 percent (5%) of your dues is not deductible because of AHIMA's lobbying activities on behalf of members.

Remit to:

AHIMA, Dept. 77-3081,
Chicago, IL 60678-3081
or fax to: (312) 233-1500

APPENDIX C (continued)

Authorization to Test Letter

made less than one full business day (24 hours) before your scheduled appointment time, or you fail to arrive for your appointment, you will be considered a no-show and you will forfeit your exam fee.

To schedule this examination, follow the instructions below. Schedule early to obtain the date, time, and location of your choice. Have your AHIMA candidate ID ready.

AFTER THE EXAM

After completing the examination and evaluation, candidates will be asked to report to the test center staff to receive their score report or test completion notice. Candidates who pass the examination will receive a certificate specifying that the credential has been awarded. The certification will be mailed out within four (4) months of the examination.

INSTRUCTIONS FOR SCHEDULING YOUR CERTIFICATION EXAM

You may schedule the certification exam at a Pearson VUE testing center through the Pearson VUE Web site or by calling the Pearson VUE Contact Center.

To schedule your certification exam on the Pearson VUE Web site, go to this address:

www.pearsonvue.com/ahima

This Web site provides more information about certification exams, programs, and testing center locations.

To schedule your certification exam, first obtain a Pearson VUE Web account, username, and password. Follow instructions on the Web site to create an account and register for the certification exam.

Once you set up your account, you can use it to review your certification exam information and also schedule, reschedule, and cancel certification exams.

To schedule your certification exam or to get more information, you may contact the Pearson VUE Contact Center for your region:

Americas: 1-888-5AH-IMA2 (1-888-524-4622)

Europe, Middle East & Africa: Register on Pearson VUE website

Asia Pacific: Register on Pearson VUE website

You will be able to select a date and time within the authorized testing dates listed above, at a testing center near you. Do not call the testing center directly. We encourage you to make an appointment soon, before all seats are taken.

After scheduling the certification exam, you will be given instructions and sent a confirmation that includes certification exam and appointment information, directions to the testing center, instructions on what to bring, and other pertinent information.

Sincerely,
Pearson VUE

APPENDIX D

Sample Pass Score Report



Score report for the
[Name of the exam typed here]

Test Taker
1002 Examination Lane
Houston, TX 00000

Examination Date: 7/1/XXXX

Passing Score: 300
Your Score: 300
Result: Pass

Content Category By domain
Correct

Percent

1 – Domain description	XXX %
2 – Domain description	XXX %
3 – Domain description	XXX %
4 – Domain description	XXX %
5 – Domain description	XXX %
6 – Domain description	XXX %
7 – Domain description	XXX %
8 – Domain description	XXX %
9 – Domain description	XXX %

* *The amount of domains will depend on the exam that you are taking.*

Congratulations on your achievement! You have passed your examination.

You have successfully passed [Exam name typed here]. You will receive your official certification in 3-4 months. If you are interested in a plaque or frame for your certification, please visit <http://imprintmall.com/ahimaframes>.

For information on Recertification (e.g., continuing education requirements, etc.) Please visit <http://ahima.org/certification>.

For information on Membership please visit <http://ahima.org/membership>.

For additional information on the scoring of your exam please visit <http://www.ahima.org/certification>.

APPENDIX D (continued)

Sample Fail Score Report



Score report for the
[Name of the exam typed here]

Test Taker
1002 Examination Lane
Houston, TX 00000

Examination Date: 7/1/XXXX

Passing Score: 300
Your Score: 297
Result: Fail

Content Category By domain Correct	Percent
1 – Domain description	XXX %
2 – Domain description	XXX %
3 – Domain description	XXX %
4 – Domain description	XXX %
5 – Domain description	XXX %
6 – Domain description	XXX %
7 – Domain description	XXX %
8 – Domain description	XXX %
9 – Domain description	XXX %

* The amount of domains will depend on the exam that you are taking.

Reapplying for the [Exam name typed here].

Candidates, who have taken the examination and were unsuccessful, must wait a minimum of 91 days between administrators. To retake the examination, candidate must submit another application with the appropriate fee. Please visit AHIMA's web site at <http://www.ahima.org/certification> or call 312-233-1100 for additional registration information.

For additional information on the scoring of your exam please visit <http://www.ahima.org/certification>.

APPENDIX E

Sample Test Completion Notice



Score report for the
[Name of the exam typed here]

Test Taker
1002 Examination Lane
Houston, TX 00000

Examination Date: 7/1/XXXX
Control ID:

This confirms that you have completed the [Name of the exam typed here] examination. Once sufficient candidate volume (estimated to be 100 candidates) has been reached, the final score audits will be conducted and the passing score shall be set. At this junction, your official [Exam] Score Report will be mailed to your attention.

The [Exam] Score Report will include the number of questions answered correctly in each domain. Your score report will not include your performance on the pre-test questions, nor will these pre-test questions be used to determine your pass/fail status.

APPENDIX F

Scale Scoring FAQs

1. What is a scaled score?

A scaled score is a conversion of a candidate's raw score based on a scale of 100 to 400. The Commission on Certification for Health Informatics and Information Management (CCHIIM) will be administering the CCA, RHIA, and RHIT exams using multiple test forms. As such, each test form may have a different passing score to ensure that the difficulty level of each form is the same. To simplify the process of reporting scores, the CCA, RHIA, and RHIT exam will be calibrated on a scale of 100 to 400, and will have a passing score of 300.

Scaled scoring is a commonly used method for reporting test scores among major allied health professional organizations and is the currently adopted scoring method for the SAT and GMAT.

2. How can I interpret my score?

Candidate's scores are converted to scaled scores in such a way that a particular score corresponds to the same level of achievement regardless of the form of the examination actually taken. In other words, a score of 300 on a specific examination has the same meaning as a score of 300 on any form of the examination. This means that the candidate will not be penalized if the form of the examination taken is harder than one given to another candidate.

Please note that a scaled score is neither the number of questions you answered correctly nor the percent of questions you answered incorrectly. You cannot look at the scale score and determine the number of questions that you needed to answer correctly to pass the examination.

3. Did the exam content change?

No. The exam content has not changed nor has the amount of items included on the exam.

4. Does the use of scaled scoring change the amount of candidates that will pass the exam?

No. The change of scoring will not affect the rate of those who pass the exam. If a raw score would have passed or failed using the cold score reporting method, it will pass or fail using the scaled scoring method.

5. What information will appear on my score report?

- Your score report will identify the passing score, your score, and the results.
- Content categories will be listed by domain along with the percentage of correct answers in each domain.
- If a candidate passes, the following information is provided on the Web:
 - Certificate information
 - Recertification information
 - Membership information
 - Exam scoring information
- If a candidate fails, he or she will receive information on reapplying for the exam as well as exam scoring information.

APPENDIX G

AHIMA Policy on Accommodations under the Americans with Disabilities Act (ADA)

AHIMA and Pearson VUE comply with the ADA and will provide reasonable accommodations for individuals with disabilities that substantially limit one or more major life activities.

“Individual with a disability” is one who:

- has a physical or mental impairment that substantially limits that person in one or more major life activities;

OR

- has a record of such as physical or mental impairment;

OR

- is regarded as having such a physical or mental impairment.

“Major life activities” are activities that an average person can perform with little or no difficulty (for example walking, talking, hearing, seeing, and performing manual tasks).

“A qualified individual with a disability” is one who:

- with a disability, satisfies the requisite skill, experience, education, and other requirements of the service, program or activity,

OR

- with or without reasonable accommodation, can perform the essential functions of the service, program, or activity.

NOTE: To be protected under the ADA, a person must be a “qualified individual with a disability.”

Candidate Responsibilities

1. Candidates must meet the stated eligibility requirements for the examination for which the candidate has applied.
2. Candidates requesting accommodations under the ADA must complete and submit the form labeled “Request for Test Accommodations” located in the candidate guide.
3. Candidates must provide or arrange to provide documentation verifying the disability and supporting the request for accommodations.
4. Supporting documentation verifying the disability and the candidate’s need for specific accommodations must be completed by a licensed professional or certified specialist appropriate for the disability and must include:
 - a. A formal diagnosis using professionally recognized diagnostic criteria
 - b. A discussion of accommodations necessary and previous accommodations recommended or provided
 - c. A statement of how the disability impacts the candidate’s “major life activities”
5. Documentation must reflect that the candidate has been evaluated by the licensed professional or certified specialist within the past three years. If a candidate has a long-standing disability that is not likely to improve, documentation older than three years may be acceptable if provided with an update obtained within the past three years.
6. Reasonable accommodations that may be provided for AHIMA’s examinations include:
 - a. An accessible testing site
 - b. A separate testing room
 - c. Extended testing time
 - d. A screen magnifier
 - e. A reader
7. The application for accommodations and supporting documentation will be reviewed and the candidate will be notified, in writing, of the accommodations that are approved for that candidate. The accommodations provided will be appropriate for the documented disability but may not be the exact accommodations that have been requested.
8. Accommodations requested by a third party (for example, a teacher or family member) will not be honored.
9. Accommodations that are not required by the ADA and will not be provided are those that:
 - a. Alter the knowledge and skills measured by the examination and may affect the validity of the examination
 - b. Provide an unfair advantage for the disabled candidate
 - c. Compromise examination security
 - d. Are requested for candidates who speak English as a second language
 - e. Address temporary physical conditions
 - f. Provide personal services and devices (for example wheelchairs, hearing aids)
 - g. Pose an undue financial or administrative burden on the Association or testing company

APPENDIX G (continued)

AHIMA Policy on Accommodations under the Americans with Disabilities Act (ADA)

Form A—Request for Accommodations under the Americans with Disabilities Act (ADA)

1. First Name: _____ MI: _____ Last Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

3. For which of the following exams are you requesting accommodations?

CCA CCS CCS-P RHIA RHIT CHPS CHDA

4. Nature of your disability:

Hearing Learning
 Visual Psychiatric
 Physical Other, please specify _____

5. How long ago was your disability diagnosed?

Less than 1 year 2–5 years
 1–2 years Over 5 years

6. In order to fully document your need for accommodations, please include a brief personal statement describing your disability and its impact on your daily life and educational functioning.

7. Have you previously received accommodations in any educational or testing situation?

Yes No

If yes, please describe the accommodations received.

8. Which of the following accommodations are you requesting?

Separate testing room Reader
 Extended testing time Other, please specify _____
 Screen magnifier/zoom technology

I certify that the information provided above is true and accurate.

Signature: _____ Date: _____

APPENDIX G (continued)

AHIMA Policy on Accommodations under the Americans with Disabilities Act (ADA)

Form B—Documentation of Disability-Related Needs

To the Professional:

By submitting this form with your signature and license number, you are verifying that you have formally diagnosed the candidate named on this form as having the disability documented below or, in a professional capacity, have worked with the candidate in dealing with the documented disability. You further verify that the accommodation you recommend is necessary to fairly demonstrate the candidate's ability on the examination.

The intent is to provide equal opportunity for all candidates. The accommodation must not unfairly advantage or disadvantage the candidate.

I have known _____ since (date) _____

in my capacity as a _____.

Please include the following:

- Diagnosis (note: mental and emotional disabilities must include a diagnosis code from the DSM-IV)
- Description of the candidate's disability and how the disability affects the candidate's major life activities (for example, hearing, seeing, walking, talking, performing manual tasks).
- Recommended accommodations

Signature: _____ Date: _____

Title: _____ License Number: _____

APPENDIX H

Registered Health Information Administrator (RHIA) Examination Content Outline (Effective October 2009)

Number of Questions on Exam: 180 multiple choice
Exam Time: 4 hours

DOMAIN I. Health Data Management (20%)

1. Manage health data elements and/or data sets
2. Develop and maintain organizational policies, procedures, and guidelines for management of
3. health information
4. Ensure accuracy and integrity of health data and health record documentation
5. Manage and/or validate coding accuracy and compliance
6. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS) in healthcare delivery
7. Code diagnosis and procedures according to established guidelines
8. Present data for organizational use (e.g., summarize, synthesize, and condense information)

DOMAIN II. Health Statistics and Research Support (11%)

1. Identify and/or respond to the information needs of internal and external healthcare customers
2. Filter and/or interpret information for the end customer
3. Analyze and present information for organizational management (e.g., quality, utilization, risk)
4. Use data mining techniques to query and report from databases

DOMAIN III. Information Technology and Systems (20%)

1. Implement and manage use of technology application
2. Develop data dictionary and data models for database design
3. Manage and maintain databases (e.g., data migration, updates)
4. Apply data and functional standards to achieve interoperability of healthcare information systems

5. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)
6. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)
7. Manage master person index (e.g., patient record integration, customer/client relationship management)

DOMAIN IV. Organization and Management (30%)

1. Develop and support strategic and operational plans for facility-wide health information management
2. Monitor industry trends and organizational needs to anticipate changes
3. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolve personnel issues)
4. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)
5. Establish and monitor productivity standards for the HIM function
6. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance)
7. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring)
8. Prepare and manage budgets
9. Analyze and report on budget variances
10. Determine resource needs by performing analyses (e.g., cost-benefit, business planning)
11. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)
12. Organize and facilitate meetings
13. Advocate for department, organization and/or profession
14. Manage projects
15. Prepare for accreditation and licensing processes (e.g., Joint Commission, Medicare, state regulators)

APPENDIX H (continued)

Registered Health Information Administrator (RHIA) Examination Content Outline (Effective October 2009)

DOMAIN V.

Privacy, Security, and Confidentiality (13%)

1. Design and implement security measures to safeguard Protected Health Information (PHI)
2. Manage access, disclosure, and use of Protected Health Information (PHI) to ensure confidentiality
3. Investigate and resolve healthcare privacy and security issues/problems
4. Develop and maintain healthcare privacy and security training programs

DOMAIN VI.

Legal and Regulatory Standards (6%)

1. Administer organizational compliance with health-care information laws, regulations and standards (e.g., audit, report and/or inform; legal health record)
2. Prepare for accreditation and licensing processes (e.g., Joint Commission, Medicare, state regulators)

APPENDIX H (continued)

RHIA Recommended Resources

Products	Content Domains				
	Health Data Management	Health Statistics, Biomedical Research and Quality Management	Health Services Organization and Delivery	Information Technology and Systems	Organization and Management
BOOKS					
LaTour, Kathleen M.; Eichenwald Maki, Shirley <i>Health Information Management: Concepts, Principles, and Practices</i> Third Edition	✓		✓	✓	✓
Schraffenberger, Lou Ann <i>Basic ICD-9-CM Coding</i> , 2011 Edition	✓				
Shaw, P., et.al. <i>Quality and Performance Improvement in Healthcare</i> , Fourth Edition		✓			✓
Smith, Gail I. <i>Basic Current Procedural Terminology and HCPCS Coding</i> , 2010 Edition 2011 edition will be available January 2011	✓				
Horton, Loretta A. <i>Calculating and Reporting Healthcare Statistics</i> , Third Edition		✓	✓		
Brodnik, Melanie; McCain, Mary; Reynolds, Rebecca and Rinehart-Thompson, Laurie <i>Fundamentals of Law for Health Informatics and Health Information Management</i>			✓		
Servais, Cheryl E. <i>The Legal Health Record</i>			✓		
REVIEW GUIDE					
Shaw, Patricia; Merkle, Heather; Carter, Darcy <i>Registered Health Information Administrator (RHIA): Exam Preparation</i> , ©2011	✓	✓	✓	✓	✓
E-LEARNING					
RHIA Exam Prep Series	✓	✓	✓	✓	✓
RHIA Practice Exam	✓	✓	✓	✓	✓

The Commission on Certification does not require the purchase of additional study materials to sit for the RHIA exam. AHIMA offers the materials above for purchase to help candidates prepare for the RHIA exam; additional references can be found at www.ahima.org/certification.

All materials listed above may be released in a newer version after the creation of this candidate guide.

APPENDIX I

Registered Health Information Technician (RHIT) Examination Content Outline

Number of Questions on Exam: 150 multiple choice
Exam Time 3 ½ hours

DOMAIN I.
Health Data Management

Subdomain A **Health Data Structure, Content, and Standards**

Knowledge of:

- Collecting and maintaining data sets and databases
- Conducting qualitative analysis to ensure that documentation in the health record supports the diagnosis and reflects the progress, clinical findings and discharge status
- Applying clinical vocabularies and terminologies used in the organization's health information systems
- Complying with national patient safety goals as related to abbreviation usage
- Verifying timeliness, completeness, accuracy, and appropriateness of data and data sources (such as patient care, management, billing reports, and databases)

Subdomain B **Healthcare Information Requirement and Standards**

Knowledge of:

- Monitoring the accuracy and completeness of the health record as defined by organizational policy, external regulations and standards
- Performing analysis of health records to evaluate compliance with regulations and standards:
- Quantitative analysis
- Qualitative analysis
- Applying policies and procedures to ensure organizational compliance with regulations and standards

Subdomain C **Clinical Classification Systems**

Knowledge of:

- Use and monitoring of applications and work processes to support clinical classification and coding
- Applying diagnosis and procedure codes using ICD-9-CM
- Applying procedure codes using CPT and HCPCS
- Ensuring accuracy of diagnostic and procedural groupings (such as APC, DRG, and IPF)

- Adhering to current regulations and established guidelines in code assignment
- Validating coding accuracy using clinical information found in the health record
- Identifying discrepancies between coded data and supporting documentation

Subdomain D **Reimbursement Methodologies**

Knowledge of:

- Applying policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery (such as APC, DRG, RVU, and RBRVS)
- Support accurate revenue cycle through coding
- Use established guidelines to comply with reimbursement and reporting requirements (such as National Correct Coding Initiative [NCCI]; Local Medical Review Policies [LMRP])

DOMAIN II
Health Statistics, Biomedical Research, and Quality Management

Subdomain A **Healthcare Statistics and Research**

Knowledge of:

- Abstracting and maintaining data for clinical indices, databases, and registries
- Collecting, organizing, and presenting data for:
- Administrative purposes
- Financial purposes
- Performance improvement programs
- Quality management

Subdomain B **Quality Assessment and Performance Improvement**

Knowledge of:

- Participate in facility-wide quality assessment program
- Present data in verbal and written forms

APPENDIX I (continued)

Registered Health Information Technician (RHIT) Examination Content Outline

DOMAIN III
Health Services Organization and Delivery

Subdomain A Healthcare Delivery Systems

Knowledge of:

- Complying with accreditation, licensure, and certification standards from government (national, state, and local levels) and private organizations (such as Joint Commission on the Accreditation of Healthcare Organizations)
- Applying policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Centers for Medicare and Medicaid Services (CMS), managed care
- Differentiating the roles of various providers and disciplines throughout the continuum of healthcare and responding to their information needs
- Understanding the role of various providers and disciplines throughout the continuum of healthcare services

Subdomain B Healthcare Compliance, Confidentiality, Ethical, Legal, and Privacy Issues

Knowledge of:

- Implementing the legal and regulatory requirements related to health information
- Applying regulatory policies and procedures for access and disclosure of protected health information (PHI)
- Maintaining user access logs and systems to track access to and disclosure of patient-identifiable data
- Identifying and reporting privacy issues and problems
- Demonstrating and promoting legal and ethical standards of practice
- Reporting compliance issues according to organizational policy
- Collaborating with staff to prepare the organization for accreditation, licensing, and certification surveys
- Implementing health record documentation guidelines and providing education to staff

DOMAIN IV
Information Technology and Systems

Subdomain A Information and Communication Technologies

Knowledge of:

- Use of technology, including hardware and software, to ensure data collection, storage, analysis, retrieval and reporting of information
- Use of common software applications (such as spreadsheets, databases, presentation, and e-mail) in the execution of work processes
- Use of specialized software in the completion of HIIM processes (such as chart management, coding, and release of information)
- Applying policies and procedures for the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications
- Protecting data integrity using software or hardware technology (Note: Integrity means that data should be complete, accurate, consistent, and up-to-date.)

Subdomain B Data, Storage, and Retrieval

Knowledge of:

- Use of appropriate electronic or imaging technology for data and record storage
- Maintain integrity of patient numbering and filing systems
- Design forms, computer input screens, and other health record documentation tools
- Maintaining integrity of master patient/client index/Enterprise Master Patient Index (EMPI)
- Querying and generating reports using appropriate software
- Designing and generating reports using appropriate software
- Coordinating, using, and maintaining archival and retrieval systems for patient information (such as in multiple formats)

APPENDIX I (continued)

Registered Health Information Technician (RHIT) Examination Content Outline

Subdomain C

Data Security

Knowledge of:

- Applying confidentiality and security measures to protected health information (PHI)
- Applying departmental and organizational data and information system security policies
- Use and summarizing of data compiled from audit trail

Subdomain D

Health Information Systems

Knowledge of:

- Collecting and reporting data on incomplete records and timeliness of record completion
- Maintaining filing and retrieval systems for health records

DOMAIN V.

Organizational Resources

Subdomain A

Human Resources

Knowledge of:

- Applying the fundamentals of team leadership
- Developing and contributing to:
 - Strategic plans, goals, and objectives for area of responsibility and responsibilities
 - Job descriptions
- Developing and conducting performance appraisals
- Participating in intradepartmental and interdepartmental teams and committees
- Developing and implementing staff orientation and training programs
- Providing consultation, education, and training to users of health information:
 - Internal users (such as healthcare providers and administrators)
- Assessing, monitoring, and reporting:
 - Quality standards
 - Productivity standards

- Performing staffing analysis to determine adequate coverage
- Prioritizing job functions and activities
- Using quality improvement tools and techniques to assess, report, and improve processes
- Promoting positive customer relations
- Applying the principles of ergonomics in work process design
- Complying with local, state, and federal regulations regarding labor relations

Subdomain B

Financial and Physical Resources

Knowledge of:

- Determining and monitoring resources to meet workload needs including staff, equipment and supplies
- Making recommendations for items to include in budgets
- Monitoring coding and revenue cycle processes
- Recommending cost-saving and efficient means of achieving work processes and goals

APPENDIX I (continued)

RHIT Recommended Resources

Products	Content Domains				
	Health Data Management	Health Statistics, Biomedical Research and Quality Management	Health Services Organization and Delivery	Information Technology and Systems	Organizational Resources
BOOKS					
Johns, Merida L. <i>Health Information Management Technology: An Applied Approach</i> , Third Edition	✓		✓	✓	✓
Schraffenberger, Lou Ann <i>Basic ICD-9-CM Coding</i> , 2011 Edition	✓				
Smith, Gail I. <i>Basic Current Procedural Terminology and HCPCS Coding</i> , 2010 Edition 2011 edition will be available January 2011	✓				
Horton, Loretta A. <i>Calculating and Reporting Healthcare Statistics</i> , Third Edition		✓			
Brodnik, Melanie; McCain, Mary; Reynolds, Rebecca and Rinehart-Thompson, Laurie <i>Fundamentals of Law for Health Informatics and Health Information Management</i>			✓		
Servais, Cheryl E. <i>The Legal Health Record</i>			✓		
REVIEW GUIDE					
Johns, Merida L. <i>Registered Health Information Technician (RHIT): Exam Preparation</i> , ©2011	✓	✓	✓	✓	✓
E-LEARNING					
RHIT Exam Prep Series	✓	✓	✓	✓	✓
OTHER					
RHIT online practice exam	✓	✓	✓	✓	✓

The Commission on Certification does not require the purchase of additional study materials to sit for the RHIT exam. AHIMA offers the materials above for purchase to help candidates prepare for the RHIT exam; additional references can be found at www.ahima.org/certification.

All materials listed above may be released in a newer version after the creation of this candidate guide.

APPENDIX J

Certified Coding Associate (CCA) Examination Content Outline

Number of Questions on Exam: 100 multiple choice
Exam Time: 2 hours

DOMAIN I
Health Records and Data Content (20%)

Knowledge of:

- Collecting and maintaining health data.
- Analyzing health records to ensure that documentation supports the patient's diagnosis and procedures, and reflects progress, clinical findings, and discharge status.
- Requesting patient-specific documentation from other sources (for example, ancillary departments, physician's office, and so on).
- Applying clinical vocabularies and terminologies used in the organization's health information systems.

DOMAIN II
Health Information Requirements and Standards (14%)

Knowledge of:

- Evaluating the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.
- Monitoring compliance with organization-wide health record documentation guidelines.
- Reporting compliance finding according to organizational policy.
- Assisting in preparing the organization for accreditation, licensing and/or certification surveys.

DOMAIN III
Clinical Classification Systems (36%)

Knowledge of:

- Using electronic applications to support clinical classification and coding (for example, encoders).
- Assigning secondary diagnosis and procedure codes using ICD-9-CM official coding guidelines.
 - Assigning principal diagnosis (inpatient) or first listed diagnosis (outpatient).
 - Assigning secondary diagnosis(es), including complications and comorbidities (CC).
 - Assigning principal and secondary procedure(s).
- Assigning procedure codes using CPT coding guidelines.

- Assigning appropriate HCPCS codes.
- Identifying discrepancies between coded data and supporting documentation.
- Consulting reference materials to facilitate code assignment.

DOMAIN IV
Reimbursement Methodologies (10%)

Knowledge of:

- Validating the data collected for appropriate reimbursement.
 - Validating Diagnosis Related Groups (DRGs).
 - Validating Ambulatory Payment Classifications (APCs).
- Complying with the National Correct Coding Initiative.
- Verifying the National and Local Coverage Determinations (NCD/LCD) for medical necessity.

DOMAIN V
Information and Communication Technologies (6%)

Knowledge of:

- Use of a computer to ensure data collection, storage, analysis and reporting of information.
- Use of common software applications (for example, word processing; spreadsheets; e-mail) in the execution of work processes.
- Use of specialized software in the completion of HIM processes.

DOMAIN VI
Privacy, Confidentiality, Legal, and Ethical Issues (14%)

Knowledge of:

- Applying policies and procedures for access and disclosure of personal health information.
- Releasing patient-specific data to authorized individuals.
- Applying ethical standards of practice.
- Recognizing and reporting privacy issues and problems.
- Protecting data integrity and validity using software or hardware technology.

APPENDIX J (continued)

CCA Exam Allowable Code Books

These materials may be spiralbound, softbound, compact softbound, in hard cover form or in a ring binder. Please visit www.ahima.org/certification to verify the current year codebooks necessary to take the examination.

AMA

- *AMA Hospital ICD-9-CM*, Vols. 1, 2, & 3
- *ICD-9-CM, Generic, Hospital Version*
- *ICD-9-CM, The Educational Annotation, Annual Hospital Version*
- *ICD-9-CM, The Educational Annotation, Hospital Version*
- *ICD-9-CM for Hospitals and Payers* Vols., 1, 2, and 3, Professional Edition
- *ICD-9-CM*, Vols. 1, 2, and 3, Standard Edition
- *ICD-9-CM*, Vols. 1, 2, and 3, Professional Edition

HCPRO

- *ICD-9-CM Manual*, Vols. 1, 2, and 3

INGENIX

- *ICD-9-CM Expert for Hospitals* Vols. 1, 2, and 3
- *ICD-9-CM Professional for Hospitals* Vols. 1, 2, and 3
- *ICD-9-CM Expert for Hospitals* Vols. 1, 2, and 3
- *ICD-9-CM for Hospitals and Payers* Vols., 1, 2, and 3, Professional Edition

MAG Mutual

- *ICD-9*, Vols. 1, 2, and 3, Professional

PMIC

- *ICD-9-CM Binder Edition*, Vols. 1, 2, and 3
- *ICD-9-CM Hospital Edition*, Vols. 1, 2, and 3 (Indexed)
- *ICD-9-CM Standard Edition*, Vols. 1, 2, and 3
- Color coded is acceptable

SAUNDERS

- *ICD-9-CM*, Vols. 1, 2, and 3, Professional Edition
- *ICD-9-CM*, Vols. 1, 2, and 3, Standard Edition

CPT

Published by AMA only

- *CPT Deluxe Edition*
- *CPT Professional Edition*
- *CPT Standard Edition*

APPENDIX J (continued)

CCA Recommended Resources

Products	Content Domains					
	Health Records and Data Content	Health Information Requirements and Standards	Clinical Classification Systems	Reimbursement Methodologies	Information and Communication Technologies	Privacy, Confidentiality, Legal, and Ethical Issues
BOOKS						
Johns, Merida L. <i>Health Information Management Technology: An Applied Approach</i> , Third Edition	✓	✓			✓	✓
Schraffenberger, Lou Ann <i>Basic ICD-9-CM Coding</i> , 2011 Edition			✓			
Smith, Gail I. <i>Basic Current Procedural Terminology and HCPCS Coding</i> , 2010 Edition 2011 edition will be available January 2011			✓			
Casto, Anna B; Layman, Elizabeth <i>Principles of Healthcare Reimbursement</i> , Third Edition				✓		
AHIMA Practice Staff <i>Clinical Coding Workout: Practice Exercises for Skill Development</i> , 2010 Edition			✓			
REVIEW GUIDE						
Bennett, Dorine and Dorale, Kathy <i>Certified Coding Associate (CCA): Exam Preparation</i> , ©2011	✓	✓	✓	✓	✓	✓
E-LEARNING						
AHIMA Coding Basics	✓	✓	✓	✓	✓	✓
AHIMA Human Anatomy and Physiology (Prerequisite for AHIMA Coding Basics)						

The Commission on Certification does not require the purchase of additional study materials other than the required ICD-9 and CPT books for the CCA exam. AHIMA offers the materials above for purchase to help candidates prepare for the CCA exam; additional references can be found at www.ahima.org/certification.

All materials listed above may be released in a newer version after the creation of this candidate guide.

APPENDIX K

Certified Coding Specialist (CCS) Examination Content Outline

Number of Questions on Exam: 60 multiple choice (Part 1) / 13 medical record coding cases (Part 2)

Exam Time: 4 hours

DOMAIN I

Health Information Documentation (15%)

Knowledge of:

- Interpreting health record documentation using knowledge of anatomy, physiology, clinical disease processes, pharmacology, and medical terminology to identify codable diagnoses and/or procedures.
- Determining when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s).
- Consulting with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment.
- Consulting reference materials to facilitate code assignment.
- Identifying patient encounter type.
- Identifying and posting charges for healthcare services based on documentation.

DOMAIN II

Diagnosis Coding (20%)

Knowledge of:

- Selecting the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services.
- Selecting the diagnoses that require coding according to current coding and reporting requirements for outpatient services.
- Interpreting conventions, formats, instructional notations, tables, and definitions of the classification system to select diagnoses, conditions, problems, or other reasons for the encounter that require coding.
- Sequencing diagnoses and other reasons for encounter according to notations and conventions of the classification system and standard data set definitions (such as Uniform Hospital Discharge Data Set [UHDDS])
- Applying the official ICD-9-CM coding guidelines.

DOMAIN III

Procedure Coding (20%)

Knowledge of:

- Selecting the procedures that require coding according to current coding and reporting requirements for acute care (inpatient) services.
- Selecting the procedures that require coding according to current coding and reporting requirements for outpatient services.
- Interpreting conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding.
- Sequencing procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS).
- Applying the official ICD-9-CM coding guidelines.
- Applying the official CPT/HCPCS Level II coding guidelines.

DOMAIN IV

Regulatory Guidelines and Reporting Requirements for Acute Care (Inpatient) Service (10%)

Knowledge of:

- Selecting the principal diagnosis, principal procedure, complications, co-morbid conditions, other diagnoses and procedures that require coding according to UHDDS definitions and Coding Clinic for ICD-9-CM.
- Evaluating the impact of code selection on Diagnosis Related Group (DRG) assignment.
- Verifying DRG assignment based on Inpatient Prospective Payment System (IPPS) definitions.
- Assigning the appropriate discharge disposition.

APPENDIX K (continued)

Certified Coding Specialist (CCS) Examination Content Outline

DOMAIN V
Regulatory Guidelines and Reporting Requirements for
Outpatient Services (10%)

Knowledge of:

- Selecting the reason for encounter, pertinent secondary conditions, primary procedure, and other procedures that require coding according to UHDDS definitions, CPT Assistant, Coding Clinic for ICD-9-CM, and HCPCS.
- Applying Outpatient Prospective Payment System (OPPS) reporting requirements:
 - Modifiers
 - CPT/ HCPCS Level II
 - Medical necessity
- Evaluation and Management code assignment (facility reporting)

DOMAIN VI
Data Quality and Management (8%)

Knowledge of:

- Assessing the quality of coded data.
- Educating healthcare providers regarding reimbursement methodologies, documentation rules, and regulations related to coding.
- Analyzing health record documentation for quality and completeness of coding.
- Reviewing the accuracy of abstracted data elements for database integrity and claims processing.
- Reviewing and resolving coding edits such as Correct Coding Initiative (CCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE).

DOMAIN VII
Information and Communication Technologies (5%)

Knowledge of:

- Use of a computer to ensure data collection, storage, analysis, and reporting of information.
- Use of common software applications (for example, word processing, spreadsheets, and e-mail) in the execution of work processes.
- Use of a specialized software in the completion of HIM processes.

DOMAIN VIII
Privacy, Confidentiality, Legal, and Ethical Issues (6%)

Knowledge of:

- Applying policies and procedures for access and disclosure of personal health information.
- Applying AHIMA Code of Ethics/Standards of Ethical Coding.
- Recognizing and reporting privacy issues/problems.
- Protecting data integrity and validity using software or hardware technology.

DOMAIN IX
Compliance (6%)

Knowledge of:

- Participating in the development of institutional coding policies to ensure compliance with official coding rules and guidelines.
- Evaluating the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.
- Monitoring compliance with organization-wide health record documentation and coding guidelines.
- Recognizing and reporting compliance concerns/findings

APPENDIX K (continued)

CCS Exam Allowable Code Books

These materials may be spiral bound, softbound, compact softbound, in hard cover form or in a ring binder. Please visit www.ahima.org/certification to verify the current year codebooks necessary to take the examination.

ICD-9-CM

AMA

- *AMA Hospital ICD-9-CM*, Vols. 1, 2, and 3
- *ICD-9-CM, Generic, Hospital Version*
- *ICD-9-CM, The Educational Annotation, Annual Hospital Version*
- *ICD-9-CM, The Educational Annotation, Hospital Version*
- *ICD-9-CM for Hospitals and Payers* Vols. 1, 2, and 3, Professional Edition
- *ICD-9-CM*, Vols. 1, 2, and 3, Standard Edition
- *ICD-9-CM*, Vols. 1, 2, and 3, Professional Edition

HCPRO

- *ICD-9-CM Manual*, Vols. 1, 2, and 3
- *ICD-9-CM Expert for Hospitals*, Vols. 1, 2, and 3
- *ICD-9-CM Professional for Hospitals*, Vols. 1, 2, and 3
- *ICD-9-CM Expert for Hospitals*, Vols. 1, 2, and 3 (Updateable)

MAG Mutual

- *ICD-9*, Vols. 1, 2, and 3 Professional
- *ICD-9-CM*, Vols. 1, 2, and 3, Professional for Hospitals and Payers

PMIC

- *ICD-9-CM Binder Edition*, Vols. 1, 2, and 3
- *ICD-9-CM Hospital Edition*, Vols. 1, 2, and 3 (Indexed)
- *ICD-9-CM Standard Edition*, Vols. 1, 2, and 3
- *ICD-9-CM Expert for Hospitals*, Vols. 1, 2, and 3 (Updateable)

SAUNDERS

- *ICD-9-CM*, Vols. 1, 2, and 3 and HCPCS Level II
- *ICD-9-CM*, Vols. 1, 2, and 3 Professional Edition
- *ICD-9-CM*, Vols. 1, 2, and 3 Standard Edition

CPT

Published by AMA only

- *CPT Deluxe Edition*
- *CPT Professional Edition*
- *CPT Standard Edition*

Other

- Medical Dictionary (Optional)

APPENDIX K (continued)

CCS Recommended Resources

Products	Content Domains								
	Health Information Documentation	Diagnosis Coding	Procedure Coding	R/G and R/R for Acute Care (Inpatient) Service	R/G and R/R for Acute Care Outpatient Service	Data Quality and Mgmt	Information and Communication Technologies	Privacy, Confidentiality, Legal, and Ethical Issues	Compliance
BOOKS									
Johns, Merida L. <i>Health Information Management Technology: An Applied Approach, Third Edition</i>						✓	✓	✓	✓
Schraffenberger, Lou Ann; Kuehn, Lynn <i>Effective Management of Coding Services: The Clinical Coding Manager's Handbook, Fourth Edition</i>				✓	✓		✓		
Kennedy, James S. <i>Severity DRGs and Reimbursement: An MS-DRG Primer</i>				✓	✓				
AHIMA Practice Staff <i>Clinical Coding Workout: Practice Exercises for Skill Development, 2010 Edition</i>		✓	✓						
Von Kirchoff, Susan <i>Coding and Reimbursement for Hospital Outpatient Services, Second Edition</i>			✓						
Scott, Karen S. <i>Coding and Reimbursement for Hospital Inpatient Services, Second Edition</i>		✓							
Odem-Wesley, Barbara; Brown, Diann <i>Documentation for Medical Records</i>	✓								
Bowman, Sue <i>Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse, Fourth Edition</i>									✓
REVIEW GUIDE									
Horhung Garvin, Jennifer <i>Certified Coding Specialist (CCS) Exam Preparation, ©2011</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓
E-LEARNING									
Coding Assessment and Training Solutions – Coding Focus Topics		✓	✓	✓	✓				
<i>Coding Overview</i> – Courses and Assessments		✓	✓						

The Commission on Certification does not require the purchase of additional study materials other than the required ICD-9 and CPT books for the CCS exam. AHIMA offers the materials above for purchase to help candidates prepare for the CCS exam; additional references can be found at www.ahima.org/certification.

All materials listed above may be released in a newer version after the creation of this candidate guide.

APPENDIX L

Certified Coding Specialist—Physician-Based (CCS-P) Examination Content Outline

Number of Questions on Exam: 60 multiple choice (Part 1) / 16 medical record coding cases (Part 2)

Exam Time: 4 hours

DOMAIN I

Health Information Documentation (18%)

Knowledge of:

- Locating appropriate source documents within the health record for coding or data collection.
- Interpreting health record documentation using knowledge of anatomy, physiology, clinical disease processes, pharmacology, and medical terminology to identify codable diagnoses and procedures.
- Determining when additional clinical documentation is needed to assign or validate the diagnosis and/or procedure code(s).
- Consulting with or querying physicians and non-physician practitioners when additional information is needed for coding, or to clarify conflicting or ambiguous information.
- Consulting clinical reference materials to enable interpretation of health information documentation.
- Determining those elements of the documentation that are extraneous or unnecessary for coding purposes.

DOMAIN II

ICD-9-CM Diagnosis Coding (24%)

Knowledge of:

- Applying ICD-9-CM conventions, formats, instructional notations, tables, and definitions to select diagnoses, conditions, problems, or other reasons for the encounter.
- Assigning ICD-9-CM code by applying “Diagnostic Coding and Reporting Guidelines for Outpatient Services (Hospital-Based and Physician Office).”
- Consulting *AHA Coding Clinic* to assist in proper assignment of diagnostic codes.

DOMAIN III

CPT and HCPCS II Coding (24%)

Knowledge of:

- Applying CPT guidelines, format, and instructional notes to select services, procedures, and supplies that require coding.
- Assigning CPT code(s) for procedures and services rendered during the encounter:
 - Evaluation and Management (E/M) services
 - Anesthesia
 - Surgery
 - Radiology
 - Pathology and Laboratory
 - Medicine
 - Category III
- Applying HCPCS II guidelines and instructional notes to select services, procedures, drugs and supplies that require coding.
- Assigning HCPCS II codes for services, procedures, drugs and supplies provided.
- Appending modifiers to CPT and HCPCS II codes when applicable.

DOMAIN IV

Reimbursement (8%)

Knowledge of:

- Creating and maintaining encounter form or charge tickets and electronic equivalents.
- Applying bundling and unbundling guidelines (for example National Correct Coding Initiative [NCCI]).
- Applying reimbursement methodologies for billing and/or reporting (for example OIG, CMS, Federal Register).
- Linking diagnosis code to the associated procedure code for billing or reporting.
- Identifying, posting and submitting charges for healthcare services based on documentation and payer guidelines.
- Evaluating payer remittance or payment (for example, RA, EOB, EOMB) reports for reimbursement and denials.
- Processing claim denials and appeals

APPENDIX L (continued)

Certified Coding Specialist—Physician-Based (CCS-P) Examination Content Outline

DOMAIN V

Data Quality and Analysis (10%)

Knowledge of:

- Validating accuracy and completeness of coded data by comparing the documentation to the encounter form or electronic equivalent.
- Assessing the quality of coding and billing using generated reports.
- Verifying the accuracy and completeness of the data on the claim.
- Conducting coding and billing audits for compliance and trending.
- Educating health care providers and staff regarding reimbursement methodologies, documentation rules, and regulations related to coding.

DOMAIN VI

Information and Communication Technologies (6%)

Knowledge of:

- Use of computer systems to ensure data collection, storage, analysis and reporting of information.
- Use of common software applications (for example, word processing, spreadsheets, e-mail, encoders) in the execution of work processes.

DOMAIN VII

Compliance and Regulatory Issues (10%)

Knowledge of:

- Applying policies and procedures for access to and disclosure of personal health information.
- Releasing patient-specific data to authorized individuals.
- Applying AHIMA Code of Ethics and Standards of Ethical Coding.
- Recognizing and reporting privacy issues and problems.
- Protecting data integrity and validity using software or hardware technology.
- Participating in the development of coding policies to ensure compliance with official coding rules and guidelines.
- Evaluating the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards (e.g., signature, teaching physician rules, PA co-sign requirements).
- Recognizing and reporting compliance concerns/findings.

APPENDIX L (continued)

CCS-P Exam Allowable Code Books

These materials may be spiral bound, softbound, compact softbound, in hard cover form, or in a ring binder. Please visit www.ahima.org/certification to verify the current codebooks required to take the examination.

ICD-9-CM

AMA

- *AMA Hospital ICD-9-CM*, Vols. 1 and 2
- *AMA Hospital ICD-9-CM*, Vols. 1, 2, and 3
- *AMA Physician ICD-9-CM*, Vols. 1 and 2
- *ICD-9-CM, The Educational Annotation, Annual Hospital Version*
- *ICD-9-CM, The Educational Annotation, Annual Physician Version*
- *ICD-9-CM, The Educational Annotation, Hospital Version*
- *ICD-9-CM Professional for Physicians*, Vols. 1 and 2
- *ICD-9-CM Professional Edition for Hospitals and Payers*, Vols. 1, 2, and 3

ELSEVIER

- *ICD-9-CM*, Vols. 1, 2, and 3, *Standard Edition*
- *ICD-9-CM*, Vols. 1, 2 and 3, *Professional Edition*

HCPRO

- *ICD-9-CM Manual*, Vols. 1, 2, and 3
- *ICD-9-CM Manual*, Vols. 1 and 2

INGENIX

- *ICD-9-CM Expert for Hospitals*, Vols. 1, 2, and 3
- *ICD-9-CM Expert for Physician*, Vols. 1 and 2
- *ICD-9-CM Professional for Hospital*, Vols. 1, 2, and 3
- *ICD-9-CM Professional for Physician*, Vols. 1 and 2
- *ICD-9-CM Expert for Hospital*, Vols. 1, 2, and 3 (Updateable)

MAG Mutual

- *ICD-9-CM Professional*, Vols. 1 and 2
- *ICD-9-CM* Vols. 1, 2, and 3, *Professional for Hospitals and Payers*

PMIC

- *ICD-9-CM Binder Edition*, Vols. 1, 2, and 3
- *ICD-9-CM Deluxe Edition*, Vols. 1 and 2
- *ICD-9-CM Hospital Edition*, Vols. 1, 2, and 3 (Indexed)
- *ICD-9-CM Office Edition*, Vols. 1 and 2
- *ICD-9-CM Standard Edition*, Vols. 1 and 2
- *ICD-9-CM Standard Edition*, Vols. 1, 2, and 3
- *ICD-9-CM Expert for Hospital*, Vols. 1, 2, and 3 (Updateable)
- *ICD-9-CM Expert for Physicians*, Vol. 1 & 2 (Updateable)
- *ICD-9-CM, Generic, Physician Version*
- *ICD-9-CM*, Vols. 1, 2, and 3, *Professional Edition*
- *ICD-9-CM*, Vols. 1, 2, and 3, *Standard Edition*

- *ICD-9-CM* Vols. 1 and 2, *Standard Edition*
- *ICD-9-CM* Vols. 1 and 2, *Professional Edition*

CPT

Published by AMA only

- *CPT Deluxe Edition*
- *CPT Professional Edition*
- *CPT Standard Edition*

HCPCS Level II

HCPRO

- *HCPCS Level II*

CONTEXO

- *HCPCS Level II Professional*

INGENIX

- *HCPCS Level II Expert*
- *HCPCS Level II Professional*
- *HCPCS Level II Expert* (Updateable)

MAG Mutual

- *HCPCS Level II Professional*

PMIC

- *HCPCS Color Coded*
- *HCPCS Level II*

SAUNDERS

- *HCPCS Level II*

Other

- *Medical Dictionary* (Optional)

APPENDIX L (continued)

CCS-P Recommended Resources

Products	Content Domains						
	Health Information Documentation	ICD-9-CM Diagnosis Coding	CPT / HCPCS II Coding	Reimbursement	Data Quality & Mgmt	Information and Communication Technologies	Privacy, Confidentiality, Legal and Ethical Issues
BOOKS							
Johns, Merida L. <i>Health Information Management Technology: An Applied Approach, Third Edition</i>	✓			✓	✓	✓	
Hazelwood, Anita C; Venable, Carol A. <i>ICD-9-CM Diagnostic Coding and Reimbursement for Physician Services, 2011 Edition</i>		✓		✓			
Kuehn, Lynn <i>Procedural Coding and Reimbursement for Physician Services: Applying Current Procedural Terminology (CPT) and HCPCS, 2010 Edition</i>			✓	✓			
AHIMA Practice Staff <i>Clinical Coding Workout: Practice Exercises for Skill Development, 2010 Edition</i>		✓	✓				
Bowman, Sue <i>Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse, Fourth Edition</i>							✓
REVIEW GUIDE							
Hazelwood, Anita C.; Kuehn, Lynn; and Venable, Carol A. <i>Certified Coding Specialist—Physician-based (CCS-P): Exam Preparation, ©2011</i>	✓	✓	✓	✓	✓	✓	✓
E-LEARNING							
<i>Coding Assessment and Training Solutions – Coding Focus Topics</i>		✓	✓				
<i>Coding Overview – Courses and Assessments</i>		✓	✓	✓			

The Commission on Certification does not require the purchase of additional study materials other than the required ICD-9, CPT, and HCPCS books for the CCS-P exam. AHIMA offers the materials above for purchase to help candidates prepare for the CCS-P exam; additional references can be found at www.ahima.org/certification.

All materials listed above may be released in a newer version after the creation of this candidate guide.

APPENDIX M

Certified Health Data Analyst (CHDA) Examination Content Outline

Number of Questions on Exam: 150 multiple choice
Exam Time: 3 hours and 45 minutes

DOMAIN I DATA MANAGEMENT (32%)

TASK 1. Assist in the development and maintenance of the data architecture and model to provide a foundation for database design that supports the business' needs.

Knowledge of:

- Relationship between the data and the organization's strategic goals and priorities
- Data models (conceptual, logical, and physical)
- Basic knowledge of various architecture platforms (Oracle, SQL server)
- Relational database structure (primary key, secondary key)
- Electronic Health Record (EHR) systems
- Database language (SQL, XML, etc.)

TASK 2. Establish uniform definitions of data captured in source systems to create a reference tool (data dictionary).

Knowledge of:

- Applicable data standards (ASTM, CDISC, HL7)
- Reference classification/terminology systems and industry data sets requirements (ICD-9-CM, CPT, UB-04, SNOMED, LOINC)

TASK 3. Formulate validation strategies and methods (i.e., system edits, reports, and audits) to ensure accurate and reliable data.

Knowledge of:

- Systems testing (integration, load, interface, user acceptance)
- Industry standards (regulatory requirements)
- Best practices for auditing (audit guidelines, system audit trails, and audit logs)

TASK 4. Evaluate existing data structures using data tables and field mapping to develop specifications that produce accurate and properly reported data.

Knowledge of:

- Standard administrative healthcare data (UB-04, CMS form 1500)
- Classification systems data (ICD-9-CM, CPT, SNOMED, LOINC)

TASK 5. Integrate data from internal or external sources in order to provide data for analysis and/or reporting.

Knowledge of:

- Source systems (HIS systems, pharmacy, radiology, financial, etc.)
- Reference classification and terminology systems and industry data sets requirements (ICD-9-CM, CPT, UB-04, SNOMED, LOINC)
- Relational database structure (primary key, secondary key)
- Software applications (word processing, spreadsheet, presentation, and databases)

TASK 6. Facilitate the update and maintenance of tables for organization's information systems in order to ensure the quality and accuracy of the data.

Knowledge of:

- Applicable data standards (ASTM, CDISC, HL7)
- Source systems (HIS systems, pharmacy, radiology, financial)
- Reference classification and terminology systems and industry data sets requirements (ICD-9-CM, CPT, UB-04, revenue codes)
- Classification systems and their history (retirement of codes and their allowed reuse with new descriptors)
- Structure of the data tables
- Scheduled updates of source system content
- Industry standard maps between classification systems

DOMAIN II DATA ANALYTICS (37%)

TASK 1. Analyze health data using appropriate testing methods to generate findings for interpretation.

Knowledge of:

- Basic principles of clinical, financial, and operational data
- Basic understanding of database query syntax (such as SQL)
- Basic understanding of SAS, or SPSS procedures
- Appropriate use of data mining techniques

APPENDIX M (continued)

Certified Health Data Analyst (CHDA) Examination Content Outline

TASK 2. Interpret analytical findings by formulating recommendations for clinical, financial, and operational processes.

Knowledge of:

- Quality standards, processes, and outcome measures
- Risk adjustment techniques
- Business processes (workflow, system limitations, regulatory and payer guidelines)
- Medical terminology
- Healthcare reimbursement methodologies
- Classification systems
- Industry-standard terms of clinical, financial, and operational data

TASK 3. Validate results through qualitative and quantitative analyses to confirm findings.

Knowledge of:

- Source data content and field attributes
- Qualitative and quantitative analysis techniques
- Healthcare operations to improve clinical and financial outcomes

DOMAIN III.
DATA REPORTING (31%)

TASK 1. Design metrics and criteria to meet the end users' needs through the collection and interpretation of data.

Knowledge of:

- Standard healthcare data sets
- Classification systems and clinical vocabularies and nomenclature (ICD, CPT, HCPC, LOINC, SNOMED-CT, NDC)
- Basic principles of clinical, financial, and operational data
- Quality standards and outcome measures

TASK 2. Generate routine and ad-hoc reports using internal and external data sources to complete data requests.

Knowledge of:

- Database programs such as Access or SQL Server
- Basic understanding of database query syntax (such as SQL)
- Basic understanding of SAS, or SPSS procedures

TASK 3. Present information in a concise, user-friendly format by determining target audience needs to support decision processes.

Knowledge of:

- Stakeholders within healthcare delivery system
- Software applications (Microsoft Word, Excel, PowerPoint, Access)
- Appropriate modes of presentation (Web conferencing, teleconferencing, AV)

TASK 4. Provide recommendations based on analytical results to improve business processes or outcomes.

Knowledge of:

- Healthcare industry
- Stakeholders within healthcare delivery system

APPENDIX M (continued)

CHDA Recommended Resources

Products	Content Domains		
	Data Management	Data Analytics	Reporting
BOOKS			
Horton, Loretta A. <i>Calculating and Reporting Healthcare Statistics</i> , Third Edition	✓	✓	
Kuehn, Lynn <i>A Practical Approach to Analyzing Healthcare Data</i> , 2010 Edition		✓	
Layman, Elizabeth J; Watzlaf, Valerie J. <i>Health Informatics Research Methods: Principles and Practice</i>		✓	
REVIEW GUIDE			
White, Susan <i>Certified Health Data Analyst (CHDA): Reference Guide</i> , ©2010	✓	✓	✓
E-LEARNING			
<i>CHDA Exam Prep Series</i>	✓	✓	✓
OTHER			
AHIMA Data Analyst Institute (if available) www.ahima.org/events	✓	✓	✓

The Commission on Certification does not require the purchase of additional study materials to sit for the CHDA exam. AHIMA offers the materials above for purchase to help candidates prepare for the CHDA exam; additional references can be found at www.ahima.org/certification.

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APPENDIX N

Certified in Healthcare Privacy and Security (CHPS) Examination Content Outline

Number of Questions on Exam: 180 multiple choice

Exam Time: 4 hours

DOMAIN I

Management and Administration (20%)

Tasks:

- Provide guidance regarding applicable standards of accreditation agencies (Joint Commission, AAAHC, AOA, NCQA).
- Administer an appropriate organizational infrastructure for privacy and information security.
- Create, document, and communicate company privacy and security policies, procedures, and guidelines.
- Review relationships to identify business associates.
- Ensure appropriate contract development and management procedures comply with business associate requirements.
- Ensure the maintenance of the inventory of software, hardware, and all information assets.
- Participate in business continuity planning for planned downtime and contingency planning for emergencies and disaster recovery.
- Perform data criticality analysis.
- Establish and maintain facility security plan to safeguard unauthorized physical access to information and prevent theft or tampering.
- Participate in analysis, implementation, and decisions regarding privacy and security solutions.
- Develop, deliver, evaluate, and document training and awareness of privacy and security.
- Work with appropriate organization officials to ensure information used or disclosed for research complies with applicable privacy regulations.
- Facilitate ongoing assessments of organizational policies, procedures, and practices related to privacy and security.

DOMAIN II

Regulatory Requirements, Investigation, and Compliance (23%)

Tasks:

- Assess and communicate risks and ramifications of breaches of privacy and security, including those by business associates to leadership.
- Establish incident response plan and identify team members (for example, Human Resources, Legal, Risk Management, Physical Security, Legal Law Enforcement, Public Relations).
- Coordinate privacy and security compliance documentation required by law.
- Ensure and monitor compliance with state and federal laws and regulations related to privacy and security.
- Coordinate the organization's response to inquiries and investigations from external entities relating to privacy and security.
- Develop system to maintain and retain applicable documentation.
- Establish compliance indicators and develop methods to measure compliance to improve organizational performance.
- Coordinate incident investigations and response.
- Develop, implement, and ensure follow-through on a system to evaluate risk.
- Enforce privacy and security policies, procedures, and guidelines to enable compliance with federal, state, and other regulatory or accrediting bodies.
- Monitor appropriateness of access to identifiable health information.
- Establish a complaint investigation and resolution process.

APPENDIX N (continued)

Certified in Healthcare Privacy and Security (CHPS) Examination Content Outline

DOMAIN III Information Technology (25%)

Tasks:

- Monitor data backup plan.
- Develop and manage strategic information security plan.
- Assess security risks and identify threats and vulnerabilities.
- Establish audit controls (for example, logging guidelines, administrative access).
- Ensure technical safeguards such as configuration management, intrusion detection, and preventive countermeasures are adequate for the organization.
- Ensure the documentation of the maintenance of software, hardware, and all information assets.
- Ensure that preventive measures are in place to prevent attacks (for example, malicious code, hacking).
- Establish internal standards to determine compliance to security requirements by system, network, application, and user.
- Ensure that the transmission of secure and private information is protected appropriately.
- Implement disaster recovery plan as needed after disaster has occurred.
- Establish guidelines, procedures, and controls to ensure the integrity, availability and confidentiality of communication across networks (for example, wireless Internet, secure sockets, VPNs, and PKI).
- Ensure the use of event triggering to notify abnormal conditions within a system (for example, intrusion detection, denial of service, and invalid log-on attempts).
- Establish and manage process for verifying and controlling access authorizations and privileges including emergency access (for example, context-based access, role-based access, and user-based access).
- Establish and manage authentication mechanisms (for example, guidelines, unique user ID, password, biometrics, PIN, token, telephone call back).
- Develop process for the use of cryptography, digital signatures, and public and private key infrastructure technologies.
- Provide forensic services (for example, data recovery, evidence preservation, and event tracing).

DOMAIN IV Physical Safeguards (8%)

Tasks:

- Establish media control practices that govern the receipt, removal, or disposal (internal and external destruction) of any media containing data.
- Establish physical security mechanisms to limit the access to authorized personnel for approved activities (for example, workstation placement, fax machine control, printer control).
- Establish reasonable safeguards to reduce incidental disclosure.
- Ensure use of generally accepted physical and system security principles.

DOMAIN V Health Information Management (24%)

Tasks:

- Recommend appropriate de-identification methodologies.
- Ensure that recipients of secure and private information are permitted to receive the information (subpoena, court orders, search warrants).
- Ensure the rights of the individual who is a subject of individually identifiable health information (amendments, access, restrictions, confidential communications).
- Define HIPAA-designated record sets for the organization.
- Identify information and record sets requiring special privacy protections.
- Identify permitted disclosures (for example, research, marketing, fund development, valid authorizations).
- Identify permitted uses of health information (for example, treatment, payment, healthcare operations, minimum necessary, need-to-know).
- Ensure protocols are in place to verify identity of recipients of health information.

APPENDIX N (continued)

CHPS Recommended Resources

Products	Content Domains				
	Management and Administration	Regulatory Requirements, Investigation, and Compliance	Information Technology	Physical Safeguards	Health Information Management
BOOKS					
LaTour, Kathleen M. and Eichenwald-Maki, Shirley <i>Health Information Management: Concepts, Principles and Practices</i> , Third Edition	✓				✓
Nichols, Cindy <i>Medical Identity Theft</i>		✓		✓	
Bowman, Sue <i>Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse</i> , Fourth Edition		✓			
E-Learning					
Privacy and Security Program http://www.ahima.org/ContinuingEd	✓	✓	✓	✓	✓
OTHER					
Privacy and Security Institute (if available)	✓	✓	✓	✓	✓

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